



Solano County Behavioral Health

DIVERSITY & EQUITY

ANNUAL REPORT 2024

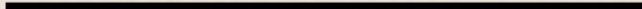


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Special Acknowledgements

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.

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

Purpose

SCBH continues to strengthen its efforts to develop a culturally and linguistically responsive system of care (SOC) in support of the behavioral health and recovery needs of our increasingly diverse population. As contracted by the Department of Health Care Services (DHCS), SCBH is required to submit annual Cultural Competency Plan (CCP) Updates detailing efforts towards reducing disparities for underserved and underserved communities. While this Plan Update is a state regulatory requirement, this document and the equity efforts outlined in this Plan Update are not treated as a simple checkbox strategy, but rather reflects core values and the Plan is used as a guide in the work towards advancing health equity. While our county is rich in its diversity, SCBH recognizes the significant inequities that continue to persist in the communities served. In 2016 SCBH adopted—and continues to implement—the national **Culturally and Linguistically Appropriate Services (CLAS) Standards**, which are used by health care providers as the benchmark for evaluation and are aligned with the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2010). This Plan Update provides details regarding recent data and demographic changes in our county, culturally responsive strategies implemented during Calendar Year (CY) 2023, as well as updates on planning, community engagement and ongoing goals to address disparities during CY 2024.



This Plan includes data from various sources to help summarize trends and disparities experienced within the county behavioral health SOC and the Solano community at large. It is important to note, some demographic data referenced throughout this document may not be named consistently which is a result of demographic information being collected and reported out differently on Federal, State, and local levels. As an organization committed to racial equity, it is imperative for SCBH to acknowledge that race is a social construct which continues to be used systemically, institutionally, and individually throughout our society to perpetuate racial inequalities. However, race is currently utilized to identify local disparities, determine funding, and allocate resources for underserved communities.

Therefore, demographic data included in this document is intended to assist in identifying gaps in the SOC which informs SCBH’s strategies for reducing behavioral health disparities.

County Demographics Update for 2024

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.

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

Over sixty percent of Solano residents identify as people of color and 32% speak a language other than English at home². Based on the most recent data available for local business owners in Solano County in 2017, 29% of businesses were owned by people of color, and 18% were owned by women³.

Solano County was ranked as the 6th most diverse county in America⁴. 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. Forty-three percent of Solano County residents ages five and older speak a language other than English at home⁶. 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	56.1%
Speak Spanish	28.3%
Speak Asian or Pacific Island Languages	10.0%
Speak Other Indo-European Languages	4.5%
Speak Other Languages	1.1%

Source: United States Census Bureau⁷

¹ Racially Diverse: (2023, December 19) Retrieved from: <https://www.niche.com/places-to-live/search/most-diverse-cities/>

² United States Census Bureau Solano County 2022. (2023, December 19) Retrieved from: https://data.census.gov/table?tid=ACSDP5Y2020.DP02&g=0400000US06_0500000US06095&hidePreview=true

³ United States Census Bureau Solano County Businesses 2012. (2023, December 19) Retrieved from: <https://www.census.gov/quickfacts/solanocountycalifornia>

⁴ U.S. News. *The 15 Most Diverse Counties in America*. (2023, December 19). Retrieved from: <https://www.usnews.com/news/health-news/slideshows/the-15-most-diverse-counties-in-the-us>

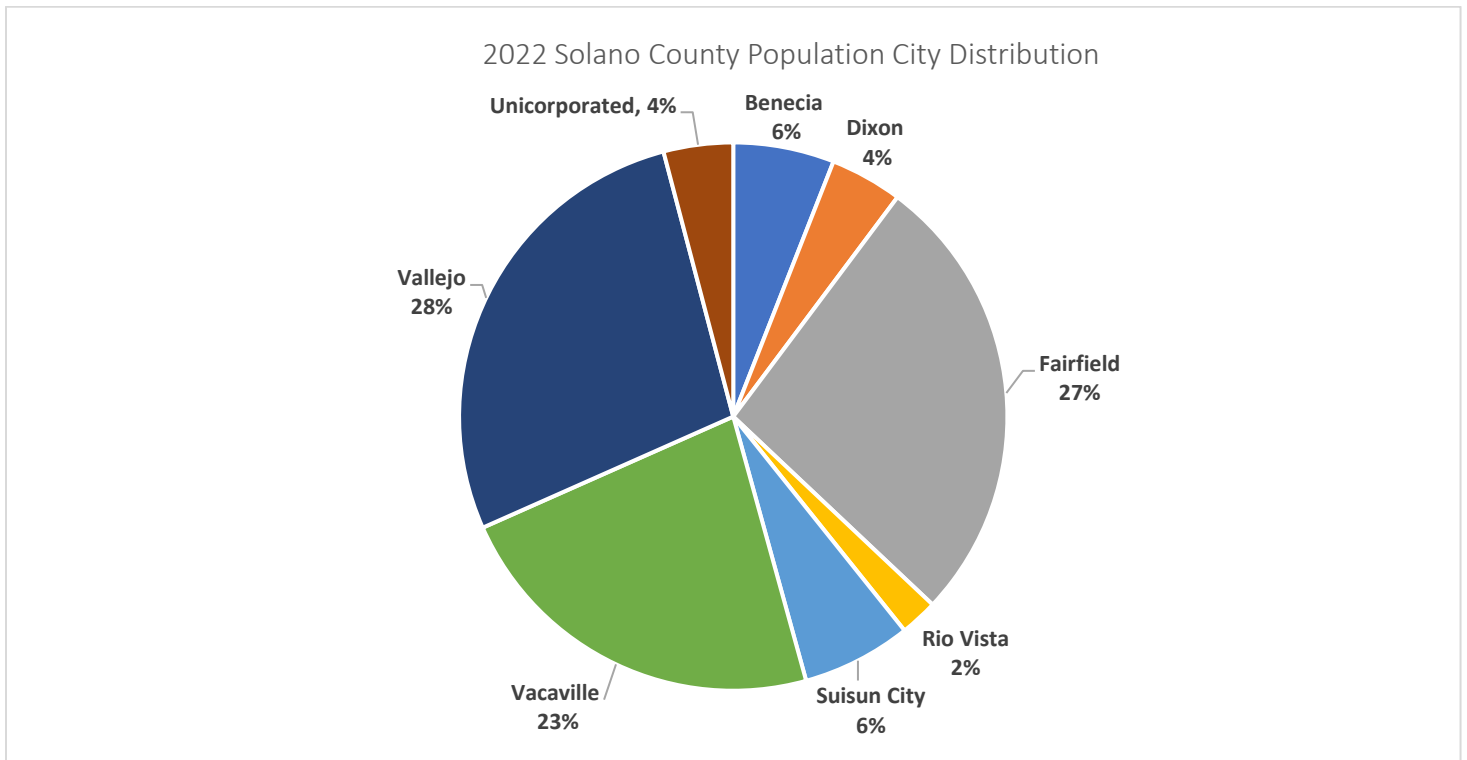
⁵ Data USA: Solano County, CA. (2023, December 19). Retrieved from: <https://datausa.io/profile/geo/solano-county-ca/#demogrphics>

⁶ United States Census (2023, December 19). Quick Facts: Solano County. Retrieved from: [U.S. Census Bureau QuickFacts: Solano County, California](https://www.census.gov/quickfacts/solanocountycalifornia)

⁷ United States Census Bureau Solano County 2020. (2023, December 19) Retrieved from: https://data.census.gov/table?tid=ACSDP5Y2020.DP02&g=0400000US06_0500000US06095&hidePreview=true

Population City Distribution

There are seven (7) incorporated cities in Solano County, with Vallejo (28%), 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, 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.

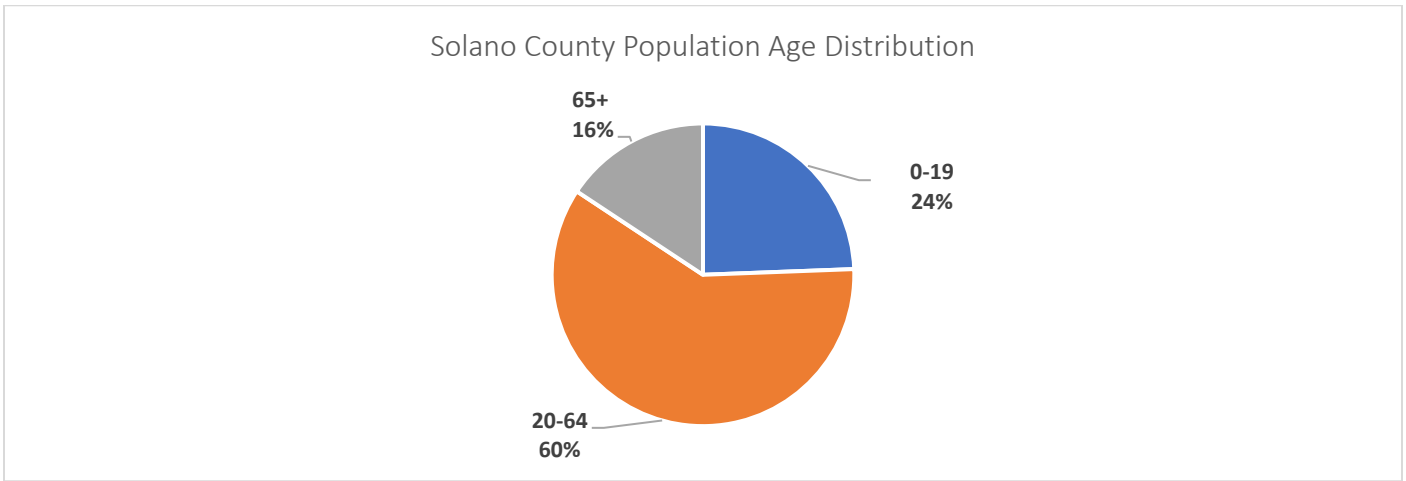


Source: U.S. Census Bureau⁸

Population Age Distribution

The graph to follow shows the Solano County population separated into three (3) different age groupings. Residents under the age of 19 (24.8%), residents ages 20-64 (57.1%) and seniors ages 65 and older (18.1%). In 2020, the median age of all people in Solano County was 38.3.

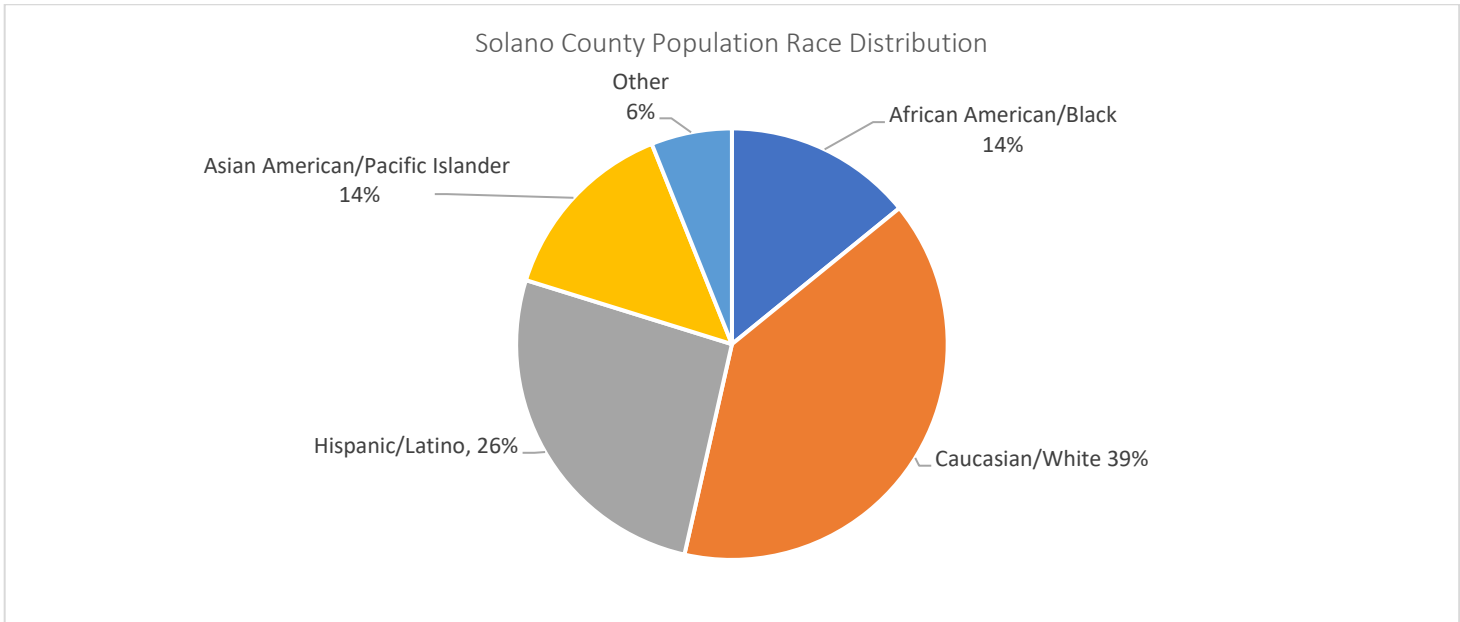
⁸ Solano County Statistical Profile en. (2023, December 19). Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36948>



Source: Solano County Statistical Profile FY 2022/23⁹

Population Race/Ethnicity Distribution

The graph below shows Solano County’s population by proportion of racial/ethnic groups. Approximately 61% of the Solano County population is identified as a race other than White/Caucasian. Persons who are Caucasian/White represent 39% of the population; 26% Hispanic/Latino; 14% African American/Black, 14% Asian American/Pacific Islander (AAPI); and 6% other race/ethnicity groups¹⁰.



Source: 2021 Solano County Annual Report¹¹

⁹ Solano County Website. (2023, December 19) Solano County Statistical Profile FY 2022/23. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36948>

¹⁰ Solano County Website. (2023, December 19). County of Solano 2022 Annual Report. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36119>

¹¹ Solano County Website. (2022, January 20). County of Solano 2021 Annual Report. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36119>

Review of Goals f Calendar Year 2023

During CY 2023, SCBH leadership, the Ethnic Services Coordinator (ESC) and the Diversity & Equity (DE) Committee utilized the national Standards for Culturally and Linguistically Appropriate Services (CLAS) [Action Worksheet](#) to identify areas for improvement which led to the development of four (4) overarching goals with the following themes: quality improvement and system monitoring for disparities, governance & workforce, increasing access to quality language assistance services, and increasing community engagement efforts. The goals and strategies were overseen by the ESM in partnership with SCBH leadership, the Quality Assurance (QA) Unit and the Diversity & Equity (DE) Committee. Please see the progress towards the goals below:

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

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

- [Calls to the Access Line](#) - monitored regularly but no less than quarterly.
- [Access Timeliness](#) - first offered intake appointment as well as actual intake appointment monitored regularly but no less than quarterly.
- [Service Utilization of both the Children’s SOC and Adult SOC](#) - monitored regularly but no less than quarterly.
- [Linguistic Capacity](#) - utilization of bilingual staff and interpreter services to meet the needs of non-English speaking consumers monitored on a bi-annual basis.
- [Admission Type](#) - monitoring whether a consumer’s first admission to the BHP was through a routine request for service or through an acute crisis, e.g., admission to the following crisis services: crisis stabilization unit (CSU), crisis residential treatment (CRT), inpatient hospitals and mobile crisis. Admission Type will be monitored on an annual basis or as resources permit due to the complexity of this data point.
- [Service Retention](#) - monitored on a bi-annual basis.
- [Suicide and Overdose Deaths](#) – review of data received from the Solano County Sheriff’s Office-Coroner for all suicide and overdose deaths of Solano County residents. Suicide and overdose deaths will be monitored on a monthly basis by the MHSA Unit in partnership with the Suicide Prevention Committee.
- [Mobile Crisis Utilization](#) - review of mobile crisis data for both the Community-Based and School-Based programs. This data will be monitored on a monthly basis or more frequently as needed.

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

Goal Met/Ongoing: SCBH utilized the access timeliness dashboard developed last year to assess the above-mentioned data metrics. Due to staffing challenges, SCBH faced difficulties in consistently monitoring the data dashboard as

initially planned. Nevertheless, committee members have expressed support for retaining this objective in 2024 and are collaborating with senior leadership to implement regular reporting.

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 Programs

CLAS Standard(s): 1,10

Person(s) Responsible: ESC, QA Unit, BHP

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 2024.

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: Target recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals through actions such as: posting job openings on social media; distributing job postings to targeted community organizations geared towards specific diverse populations; and creating career pipelines with local schools including the community college and higher level academic institutions.

Target Date: Ongoing
BHP Intern Coordinator

CLAS Standard(s): 3

Person(s) Responsible: SCBH Administration, ESC,

Goal Met/Ongoing: SCBH's Performance Improvement Team developed a monthly newsletter that features a peer corner section written by the Wellness and Recovery Unit that shares stories of individuals and family members with lived experience navigating mental and substance use challenges. These efforts have helped generate more interest in peer support groups and consumers interested in the Medi-Cal Peer Support Specialist Certification. The Performance Improvement Team has also worked to increase the number of diverse interns and partnerships with collegiate programs. In addition, SCBH now advertises vacant positions and promotional opportunities via social media. Committee members and SCBH Administration endorsed maintaining this goal for CY 2024.

Strategy 2: Create a mentorship program within the BHP that will provide opportunities for individuals in leadership and senior management to share career guidance and tacit knowledge to help foster a more culturally and linguistically diverse workforce.

Target Date: 12/31/2023
and Leadership, Contractor Leadership

Person(s) Responsible: ESC, SCBH Administration

Goal Not Met/Continuing: SCBH was unable to achieve this goal during CY 2023. However, DE Committee and SCBH Administration endorsed maintaining this goal for CY 2024.

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/Ongoing: (Pending results of Workforce Equity Survey 2023)

*The annual Workforce Equity Survey was administered in **December of 2023, and 76%** 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. **This marks a 4% increase from the year prior.***

SCBH will work to add topics reviewed during monthly Diversity & Inclusion Approaches to Service Delivery Meetings to Adult and Children’s Bureau meetings to continue promoting CLAS related topics as a system of care. SCBH continues to contract with Dr. Kenneth Hardy to provide coaching sessions for more than 50 County and contractor supervisors and managers who participated in two cohorts of Promoting Cultural Sensitivity in Clinical Supervision training. Coaching sessions were held monthly throughout the CY. The DE Committee and SCBH Administration endorsed maintaining this goal for CY 2024.

Strategy 4: Continue to promote and organize continuous CLAS-related trainings with an emphasis on utilizing existing awareness campaigns such as: Asian American and Pacific Islander Heritage Month, Black History Month, Hispanic Heritage Month, Native American Heritage Month, and Pride Month, in addition to including discussions related to diversity and equity at various All Staff meetings.

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

Goal Met/Ongoing: SCBH has partnered with the Health & Social Services Community in Action for Racial Equity (CARE) Team to develop awareness materials related to significant cultural months, which is shared with staff via email. SCBH leadership has also consulted with an online training platform to explore additional CLAS-related trainings staff can access for continuous learning. SCBH also continues to engage staff in CLAS related discussions (i.e. ableism, white privilege, racism, etc.) and the impacts on consumers and communities served during the Monthly Diversity & Inclusion Approaches to Service Delivery meeting. Committee Members and SCBH Administration endorsed maintaining this goal for CY 2024.

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
Leadership

CLAS Standard(s): 2,3,7,9

Person(s) Responsible SCBH Administration and

Goal Met/Ongoing: SCBH recently revised annual performance evaluations to incorporate staff feedback related to their individual commitment to equity in their daily work, trainings, culturally relevant interventions, etc. DE Committee and SCBH Administration endorsed maintaining this goal for CY 2024.

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: 12/31/2023

CLAS Standard(s): 8,10, 12

Person(s) Responsible: SCBH Administration,

ESC, QA Unit

Goal Not Met/Ongoing: SCBH was unable to achieve this goal during CY 2023. However, DE Committee and SCBH Administration endorsed maintaining this goal for CY 2024.

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: 12/31/2023

CLAS Standard(s): 5,6,7,8

Person(s) Responsible: SCBH Administration

QA Unit, ESC, BHP Programs

Goal Not Met/Ongoing: SCBH was unable to achieve this goal during CY 2023. However, DE Committee and SCBH Administration endorsed maintaining this goal for CY 2024.

Strategy 3: Formalize processes for ensuring all new BHP written materials are translated into Spanish the threshold language, and Tagalog the sub-threshold language when appropriate, and for evaluating the quality of these translations. This may include identifying key BHP partners to review translated materials.

Target Date: 12/31/2023

CLAS Standard(s): 13

Person(s) Responsible: QA Unit, ESC

Goal Met/Ongoing: SCBH continues to translate all written materials into Spanish the threshold language and Tagalog the sub-threshold language when appropriate. SCBH also utilizes key BHP partners to review translated materials to ensure accuracy. DE Committee and SCBH Administration endorsed maintaining this goal for CY 2024.

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
ESC, MHSA Unit, QA Unit

CLAS Standard(s): 13

Person(s) Responsible: SCBH Administration,

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. DE Committee and SCBH Administration endorses maintaining this goal for CY 2024.

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
Unit, Wellness Recovery Unit

CLAS Standard(s): 13,14

Person(s) Responsible: ESC, MHSA Unit, QA

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 (6% peers/individuals with lived experience and 41% community partners). DE Committee and SCBH Administration endorses maintaining this goal for CY 2024.

Goals for Calendar Year 2024

SCBH continues to implement the CLAS Standards across the SOC, 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 ESM in partnership with SCBH leadership, the Quality Assurance (QA) Unit and the DE 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, ESC, 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:** ESC, 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: 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
BHP Intern Coordinator

CLAS Standard(s): 3

Person(s) Responsible: SCBH Administration, ESC,

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: ESC, 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.

Target Date: Ongoing
Leadership

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.

Target Date: Ongoing

CLAS Standard(s): 2,3,4

Person(s) Responsible: SCBH Administration, ESC

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
Leadership

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: 12/31/2024
ESC, QA Unit

CLAS Standard(s): 8,10, 12

Person(s) Responsible: SCBH Administration,

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 CLAS 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

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 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

Vision

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

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

Mission

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

- Hope
- Resilience & Recovery
- Voice & Choice
- Community Inclusion
- Diversity, Equity, Justice

Dedicated Role: Equity Services Manager (ESM)

Each county is mandated by the Department of Health Care Services (DHCS) to have a designated representative who is responsible for the oversight of the BHP's efforts towards equity and addressing the needs of underserved communities. In Solano County the role of the Equity Services Manager (ESM)(formerly titled Ethnic Services Coordinator) has been established for several years and is currently held by Eugene Durrah, LCSW. The ESM leads the DE Committee; participates in program planning, policy development including hiring practices, and reviews grievances related to identified disparities or grievances related to discrimination; sits on various state and local advisory groups/task forces; monitors data related outcomes for race and other culturally diverse populations; and is responsible for developing and monitoring the SCBH annual DE Plan in partnership with the DE Committee and community partners.

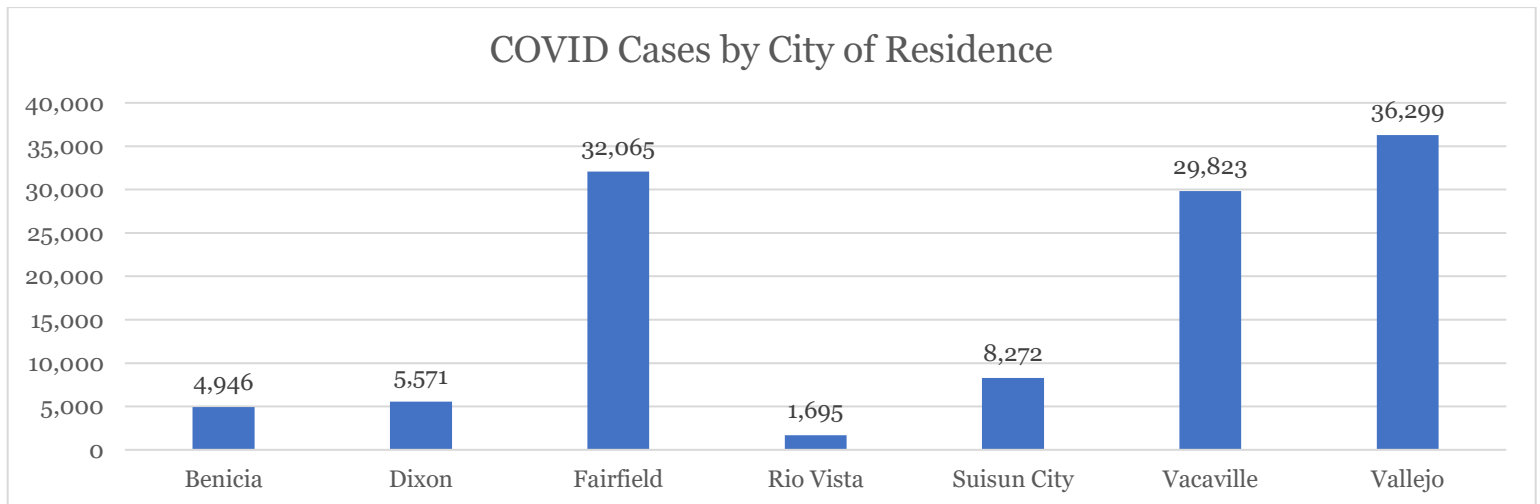
Criterion 2: Updated Assessment of Service Needs

Social Determinants of Health

Although many community members are thriving in Solano County, there are significant disparities that must be addressed. This section highlights recent local, state, and national disparities. As a BHP, it is important for all staff and providers within the SOC to recognize social inequities and injustices which often trigger and/or worsen mental health symptoms and outcomes particularly for underserved communities. This information gathered throughout this needs assessment is utilized to help inform and strengthen proposed culturally and linguistically responsive strategies deployed by SCBH and its vendors.

COVID-19 Healthcare Disparities

The Coronavirus (COVID-19) global pandemic has had significant impacts on the overall community. Solano County was one of the first counties where a resident tested positive for COVID-19, through community transmission in February 2020. Like other California counties, Solano County adhered to the Governor’s Stay-at-Home orders starting in March 2020 and continued to adhere to the statewide colored tiered system in order to determine safety guidelines regarding reopening. Solano County Public Health provided regular updates throughout the pandemic including information on community orders, sharing the data on how the virus is spreading throughout the county through a **COVID-19 Dashboard**¹², testing, masking requirements, and vaccinations. The COVID-19 Dashboard was last updated on March 2nd, 2023, and it provided relevant metrics and demographics related to how COVID has impacted Solano residents including tracking positive cases, hospitalizations, deaths, and vaccination rates by race/ethnicity and age group available in English and Spanish. As demonstrated in the graphs to follow, certain populations were disproportionately impacted by COVID-19.

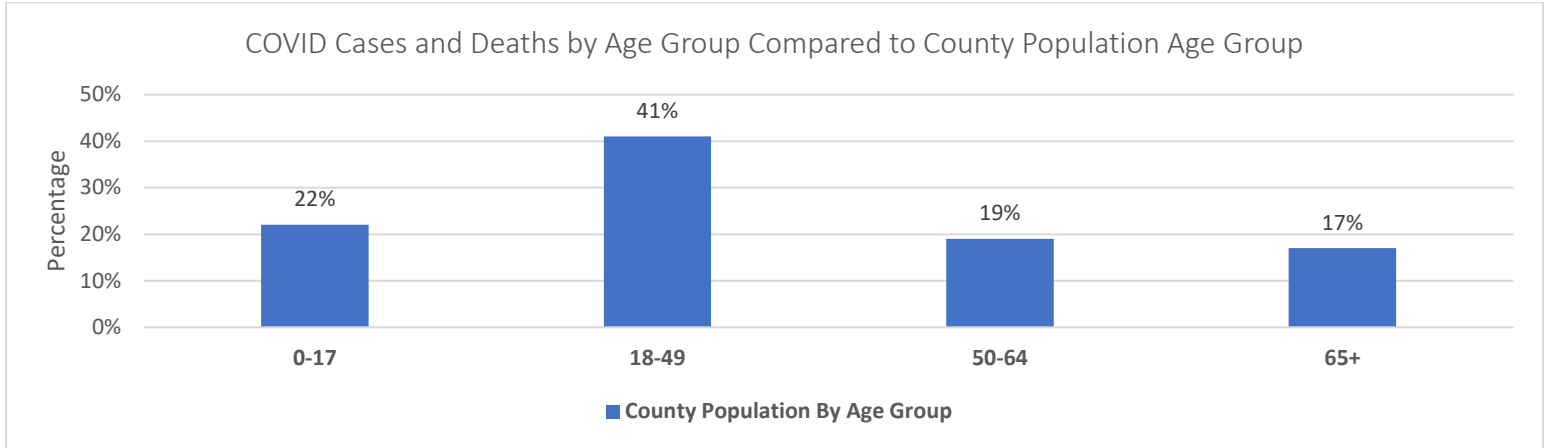


Source: Solano County Public Health Dashboards¹³

¹² Solano County Public Health COVID-19 Dashboards. (2023, December 19). Retrieved from: <https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=055f81e9fe154da5860257e3f2489d67>

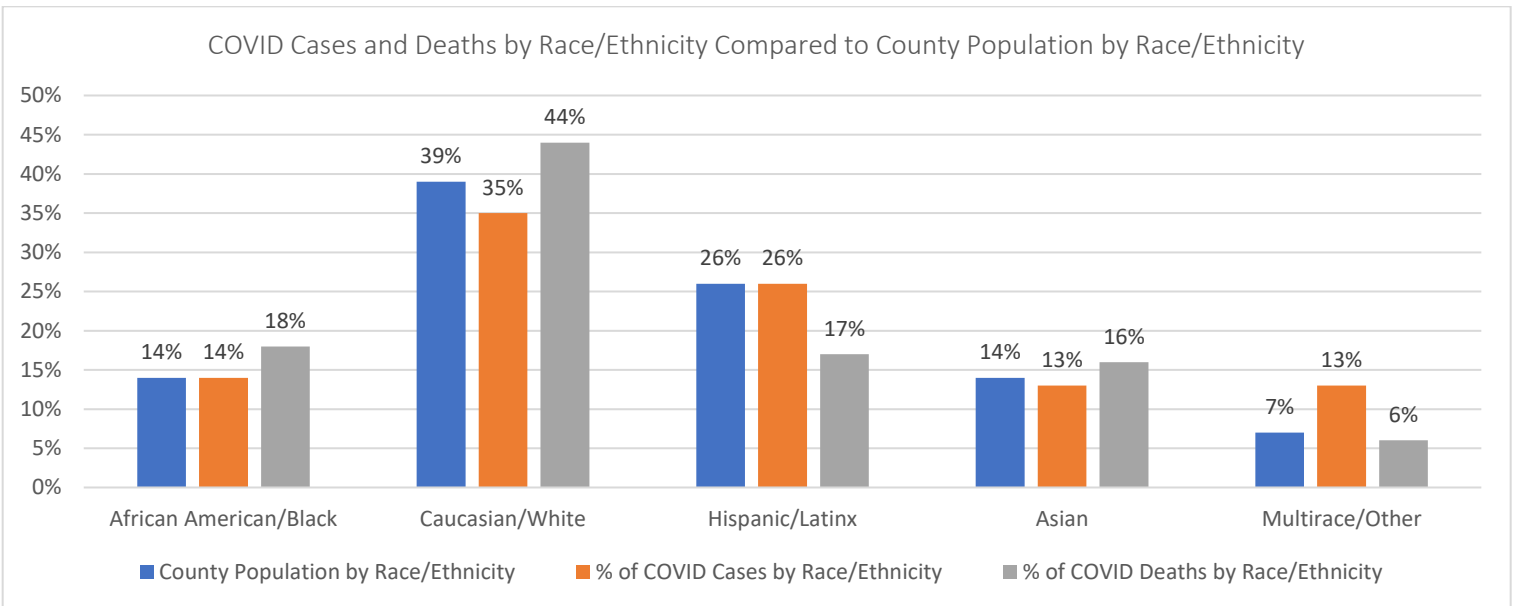
¹³ Solano County Public Health COVID-19 Dashboards. (2023, December 19). Retrieved from: <https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=055f81e9fe154da5860257e3f2489d67>

The senior community ages 65 and older were disproportionately represented in the County’s COVID-19 deaths in comparison to this age group’s County representation at large.¹⁴



Source: Solano County Public Health Dashboards¹⁵

When analyzing the impact of COVID-19 by race/ethnicity African Americans, Asians, Multiracial, and Caucasian/White communities were disproportionately represented in the county’s COVID-19 deaths in comparison to these racial/ethnic groups’ County representation at large. For example, Asians represent 14% of the county population, yet 16% of the County’s deaths throughout the pandemic. Inferences can be made regarding the impact of socio-economic conditions and disparities related to access to preventative healthcare.



Source: Solano County Public Health Dashboards¹⁶

¹⁴ Solano County Public Health. (2023, December 19). COVID-19 Dashboard: Details/Demographics. Retrieved from <https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=055f81e9fe154da5860257e3f2489d67>

¹⁵ Solano County Public Health COVID-19 Dashboards. (2023, December 19). Retrieved from: <https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=>

¹⁶ Solano County Public Health COVID-19 Dashboards. (2023, December 19). Retrieved from: <https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=055f81e9fe154da5860257e3f2489d67>

BHP COVID-19 Response

SCBH BHP provided critical behavioral health services and supports for the community of Solano County while navigating the impacts of COVID-19. Of greatest concern is the impact on the vulnerable populations the system serves; and adding to the complexity, COVID-19 significantly impacted staffing, infrastructure, and other resources creating new challenges to address. In response to COVID-19, SCBH implemented a COVID Warmline for any County resident experiencing stress, anxiety and/or depression as a result of dealing with the daily struggles and impacts of COVID. The warmline was operated by staff members embedded in the Access Unit and was available in both English and Spanish.

A significant unexpected impact of COVID-19 is a statewide workforce crisis particularly in behavioral health which has impacted service delivery and has created capacity challenges across the system of care. Staff vacancies continue to impact both the County and contract providers at significantly higher rates than the pre-pandemic period. For example, SCBH has had vacancy rates ranging from 15-20% with up to 46 vacant positions at one time including leadership positions. Furthermore, there has been a significant reduction in applications for vacant positions for both County and contract providers. SCBH and our contract partners are continuing to explore strategies to improve recruitment efforts and to retain staff.

Cost of Being Californian 2021

The Cost of Being Californian 2021 Report¹⁷ 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*¹⁸

¹⁷ Insight. (2023, December 19). *The Cost of Being Californian Solano County Fact Sheet*. Retrieved from: <https://insightcced.org/the-cost-of-being-californian-solano-county-fact-sheet/>

¹⁸ Insight. (2023, December 19). *The Cost of Being California 2021*. Retrieved from: <https://insightcced.org/wp-content/uploads/2018/04/SolanoCounty-FactSheet-FINAL.pdf>

*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.¹⁹

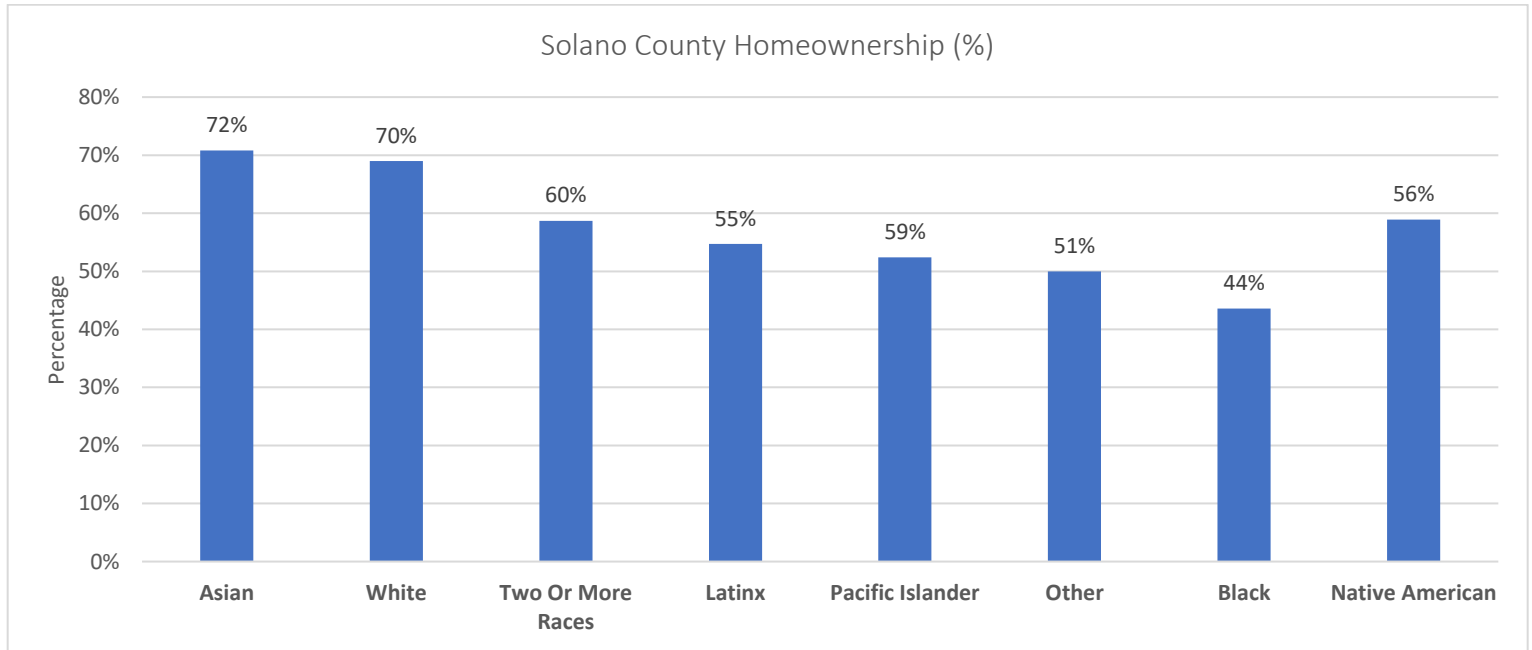
Households That Struggle To Meet Basic Needs, By Gender

	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*²⁰

Housing

The self-sufficiency rates referenced above contribute to the disparities Solano County residents experience related to housing as seen in the graphs on the pages to follow. In Solano County Caucasian/White and Asian/Pacific Islander families are more likely to own their homes as compared to Hispanic/Latino, Native American and African American/Black families.²¹



Source: *Race Counts: Solano*²²

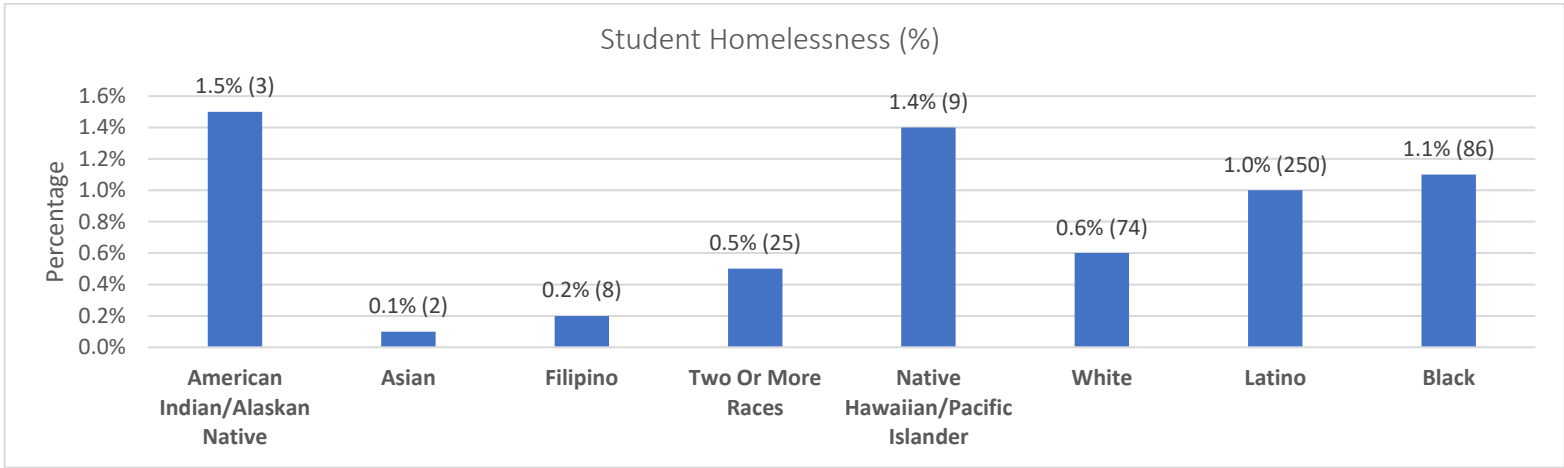
¹⁹ Insight. (2023, December 19). *The Cost of Being Californian 2021*. Retrieved from: <https://insightccd.org/the-cost-of-being-californian-solano-county-fact-sheet/>

²⁰ Insight. (2023, December 19). *The Cost of Being Californian 2021*. Retrieved from: <https://insightccd.org/wp-content/uploads/2018/04/SolanoCounty-FactSheet-FINAL.pdf>

²¹ Race Counts. (2023, December 19). Retrieved from: <https://www.racecounts.org/county/solano/>

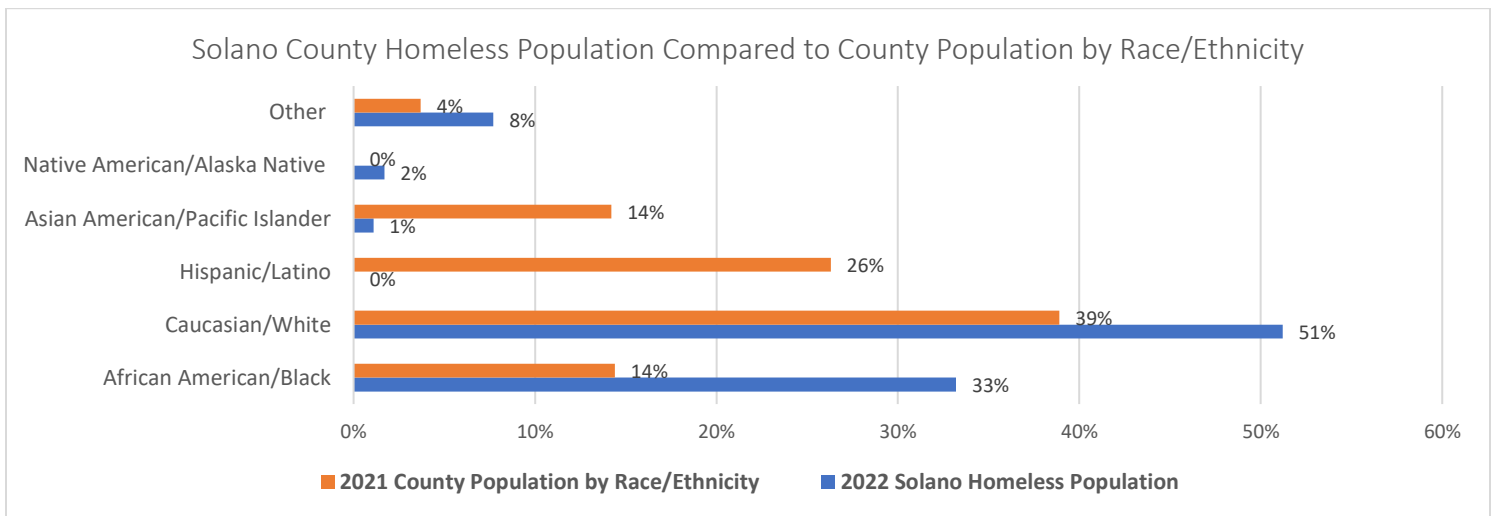
²² Race Counts. (2023, December 19). Retrieved from: <https://www.racecounts.org/county/solano/>

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



Source: Race Counts: Solano 2021²³

According to the Point in Time (PIT) Count²⁴ for 2022, the most recent data available at the writing of this Plan Update, the number of homeless individuals was 1,179 and 16% were identified as chronically homeless. Approximately 51% of the homeless population identified as White, 33% Black, 8% Other, 2% American Indian/Alaska Natives, and 1% as Asian American/Pacific Islander. When comparing the 2022 homeless population by race/ethnicity to the 2021 County population by race/ethnicity the African American/Black community in Solano County is disproportionately impacted by homelessness which is consistent with national trends throughout the state and country. It is also important to note that when conducting the PIT Count, questions regarding race and ethnicity were asked separately which is why the Hispanic/Latino homeless population is missing from the chart below. However, the PIT Count found that 19% of the homeless population identified as Hispanic or Latino.



Source: 2021 Solano County Annual Report & 2022 PIT Count

²³ Race Counts: Solano. (2023, December 20). Retrieved from: <https://www.racecounts.org/county/solano/>

²⁴ Point In Time Count Report for Solano County (2023, December 20).

Seventy-three percent (73%) of those counted via the PIT Count reported experiencing homelessness for the first time in the past year majority of those counted sleep in encampments (44%), vehicle/boat/RV (23%), or on the street/sidewalk (18%). Many individuals self-reported various health conditions such as Mental Health Issues (22%), Alcohol/Drug Use (21%), Chronic Health Issues (16%), Physical Disability (14%), HIV/AIDS Related Illness (1%), and Developmental challenges (5%). Sixty-five (65%) identified as Male, 33% as Female, and 2% as Transgender, Questioning, or Nonbinary.

Education

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

2022-23 Five-Year Cohort Graduation Rate

Cohort Outcome Period: For the calculation of the five-year Adjusted Cohort Graduation Rate (ACGR)²⁵, the period for determining cohort inclusion is 07/01/Year1 – 08/15/Year6. This provides LEAs with an additional year beyond the four-year cohort outcome period (07/01/Year1 – 08/15/Year5) to report cohort graduates, including an opportunity to report year 5 summer graduates through 08/15/Year6. All cohort graduation requirements, including the awarding of the diploma, must be completed by the end of the five-year cohort outcome period (August 15). At the writing of this Plan this is the most recent data available.

Cohort Students: The five-year cohort graduation rate is a metric that includes the number of students who graduated from high school in Solano County within five years with a regular high school diploma.

During the 2022-23 Academic School Year, Pacific Islander (76.7% of 43 students), African American (83.9% of 634 students) and Hispanic or Latino (87.4% of 1,969 students) students had the lowest graduation rates in Solano County in comparison to other groups as seen in the chart below. Inferences can be made that environmental factors and social determinants of health may contribute to such disparities.

²⁵ 2022-23 Five-Year Cohort Graduation Rate. (2023, December 19). Retrieved from: [Five-Year Cohort Graduation Rate - Solano County \(CA Dept of Education\)](#)

<u>Race/Ethnicity</u>	<u>Cohort Students</u>	<u>Regular HS Diploma Graduates</u>	<u>Cohort Graduation Rate</u>	<u>Graduates Meeting UC/CSU Requirements</u>	<u>Graduates Earning a Seal of Biliteracy</u>	<u>Graduates Earning a Golden State Seal Merit Diploma</u>
African American	634	532	83.9%	158	14	48
American Indian or Alaskan Native	28	26	92.9%	13	0	3
Asian	209	201	96.2%	138	26	68
Filipino	507	489	96.4%	310	52	145
Hispanic or Latino	1,969	1,721	87.4%	567	172	163
Pacific Islander	43	33	76.7%	15	0	6
White	1,148	1,045	91.0%	559	72	149
Two or More Races	344	316	91.9%	167	18	62
Not Reported	19	17	89.5%	9	1	1

2022-23 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	401	384	95.8%	178	17	76
Dixon Unified	320	277	86.6%	128	12	0
Fairfield-Suisun Unified	1,611	1,450	90.0%	596	120	397
Solano County Office of Education	47	28	59.6%	0	0	0
Travis Unified	426	412	96.7%	208	51	141
Vacaville Unified	926	892	96.3%	483	115	0
Vallejo City Unified	837	631	75.4%	196	0	0

Source: Data Quest: California Department of Education²⁶

²⁶ 2022-23 Four-Year Adjusted Cohort Graduation Rate. (December 19, 2023). Retrieved from: [Four-Year Adjusted Cohort Graduation Rate - Solano County \(CA Dept of Education\)](#)

2022-23 Suspension Rate – Disaggregated by Ethnicity

<i>Ethnicity</i>	<i>Cumulative Enrollment</i>	<i>Total Suspensions</i>	<i>Unduplicated Count of Students Suspended</i>	<i>Suspension Rate</i>	<i>Percent of Students Suspended with One Suspension</i>	<i>Percent of Students Suspended with Multiple Suspensions</i>
<i>African American</i>	8,065	2,001	1,036	12.8%	60.1%	39.9%
<i>American Indian or Alaskan Native</i>	171	37	15	8.8%	46.7%	53.3%
<i>Asian</i>	2,638	67	49	1.9%	81.6%	18.4%
<i>Filipino</i>	4,981	130	98	2.0%	76.5%	23.5%
<i>Hispanic or Latino</i>	27,233	2,173	1,399	5.1%	70.5%	29.5%
<i>Pacific Islander</i>	634	76	46	7.3%	52.2%	47.8%
<i>White</i>	13,001	894	576	4.4%	71.4%	28.6%
<i>Two or More Races</i>	5,641	556	306	5.4%	65.4%	34.6%
<i>Not Reported</i>	491	48	27	5.5%	55.6%	44.4%

Source: Data Quest: California Department of Education²⁷

²⁷ 2022-23 Suspension Rate (December 19, 2023). Retrieved from: [Suspension Rate - Solano County \(CA Dept of Education\)](#)

2022-23 Percentage of Suspensions – Disaggregated by Ethnicity

Race/Ethnicity	Percent of Cumulative Enrollment	Percent of Students Suspended
African American	12.8%	29.2%
American Indian or Alaskan Native	0.3%	0.4%
Asian	4.2%	1.4%
Filipino	7.9%	2.8%
Hispanic or Latino	43.3%	39.4%
Pacific Islander	1.0%	1.3%
White	20.7%	16.2%
Two or More Races	9.0%	8.6%
Not Reported	0.8%	0.8%

Source: Data Quest: California Department of Education²⁸

²⁸ 2022-23 Suspension Rate. (December 19, 2023). Retrieved from: [Suspension Rate - Solano County \(CA Dept of Education\)](#)

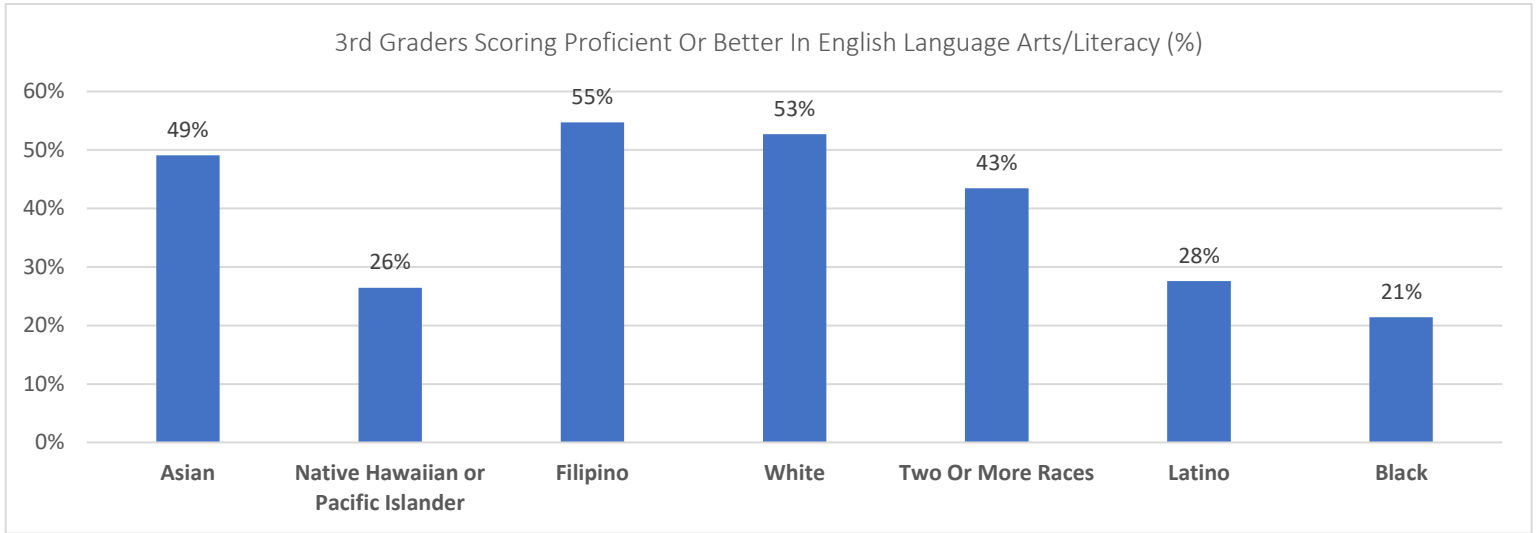
2022-23 Expulsion Rate – Disaggregated by Ethnicity

Ethnicity	Cumulative Enrollment	Total Expulsions	Unduplicated Count of Students Expelled	Expulsion Rate
African American	8,065	23	23	0.3%
American Indian or Alaskan Native	171	0	0	0.0%
Asian	2,638	1	1	0.0%
Filipino	4,981	0	0	0.0%
Hispanic or Latino	27,233	26	26	0.1%
Pacific Islander	634	0	0	0.0%
White	13,001	9	9	0.1%
Two or More Races	5,641	4	4	0.1%
Not Reported	491	1	1	0.2%

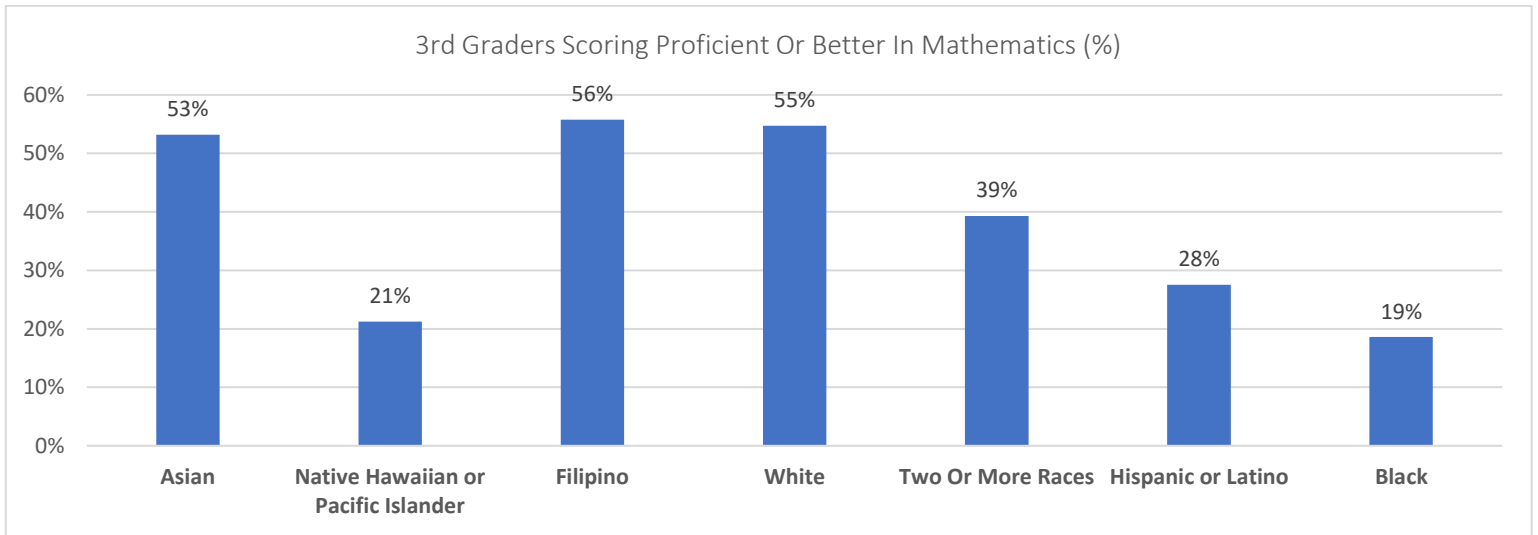
Source: Data Quest: California Department of Education²⁹

²⁹ 2022-23 Expulsion Rate Disaggregated by Ethnicity. (December 19, 2023). Retrieved from: [Expulsion Rate - Solano County \(CA Dept of Education\)](#)

Recent data suggests 3rd grade academic performance related to Mathematics and English Language proficiency, Black, Native Hawaiian/Pacific Islander, and Hispanic/Latino students experience significantly lower scores than their counterparts³⁰ as demonstrated in the graphs below.



Source: California Assessment of Student Performance and Progress³¹



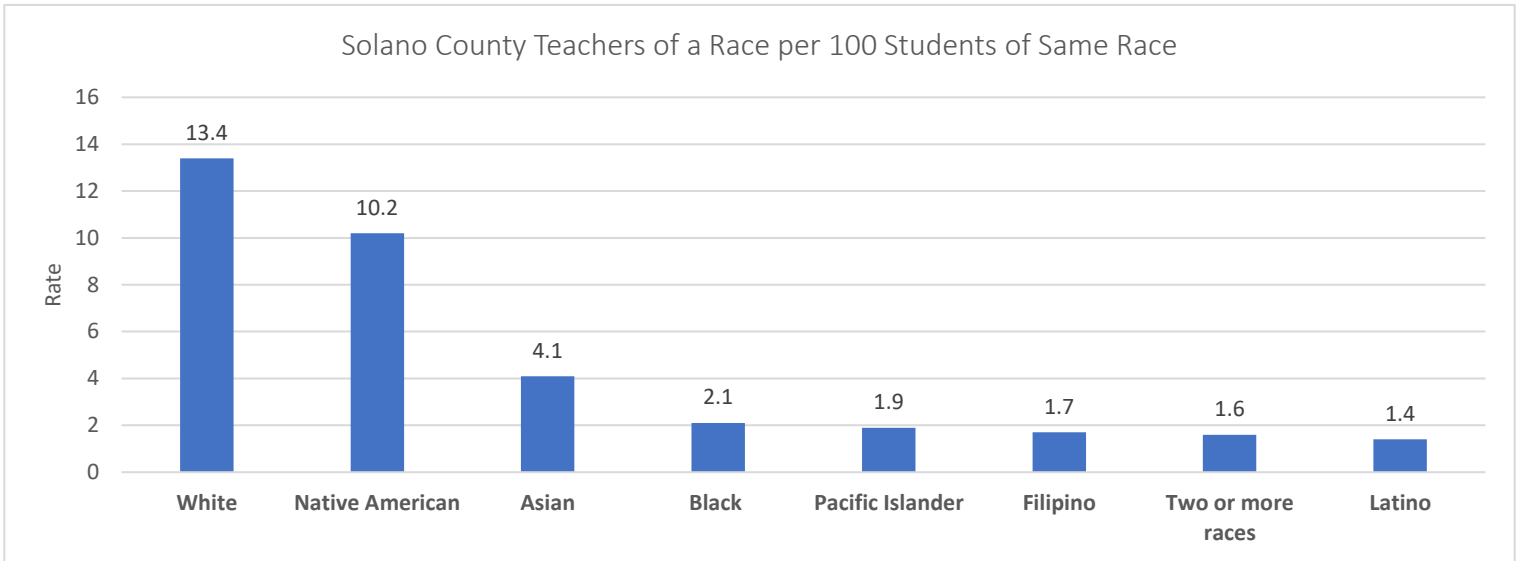
Source: California Assessment of Student Performance and Progress³²

³⁰ Race Counts: Solano. (2023, December 19). [online] Available at: <https://www.racecounts.org/county/solano/>

³¹ California Assessment of Student Performance and Progress: (2023, December 19). [online] Available at: [2021–22 Smarter Balanced ELA and Mathematics Detailed Test Results – CAASPP Reporting \(CA Dept of Education\) \(ets.org\)](https://www.ets.org/2021-22-smarter-balanced-ela-and-mathematics-detailed-test-results-caaspp-reporting)

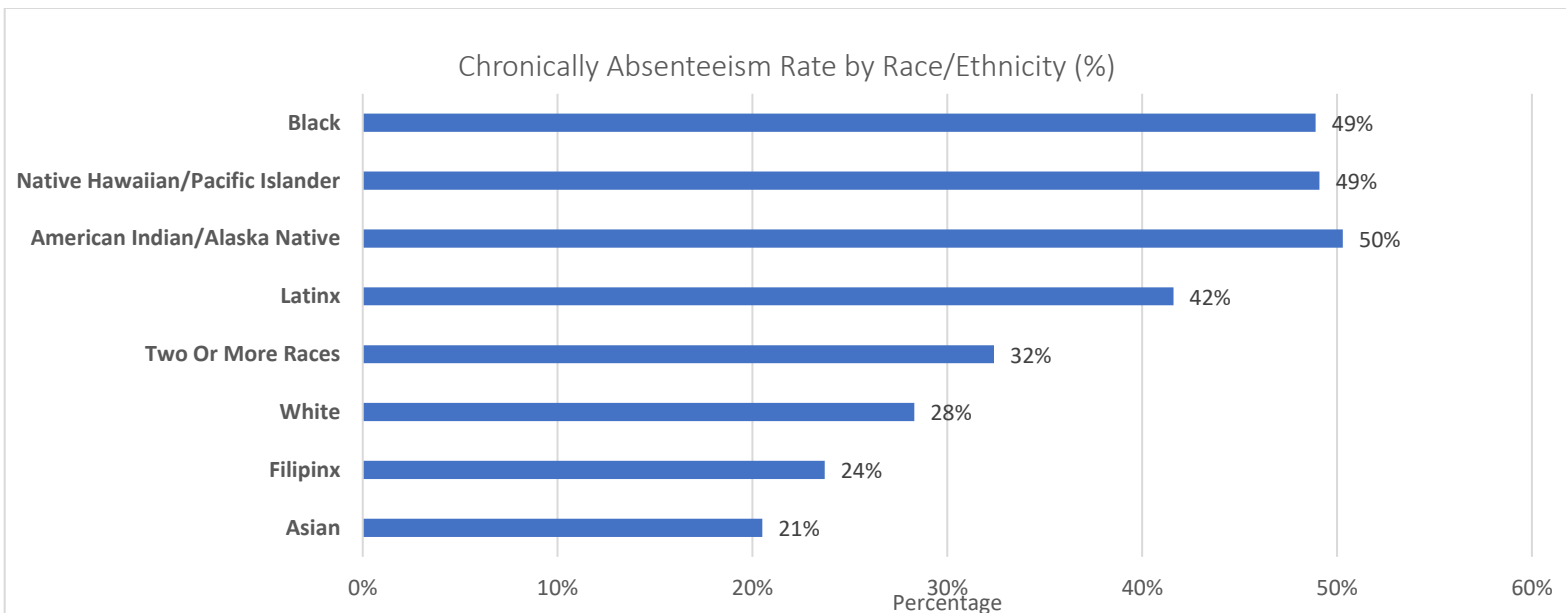
³² California Assessment of Student Performance and Progress: (2023, December 19). [online] Available at: [2021–22 Smarter Balanced ELA and Mathematics Detailed Test Results – CAASPP Reporting \(CA Dept of Education\) \(ets.org\)](https://www.ets.org/2021-22-smarter-balanced-ela-and-mathematics-detailed-test-results-caaspp-reporting)

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



Source: Race Counts: Solano³³

The data demonstrates that in Solano County students of color are experiencing significantly higher rates of chronic absenteeism.



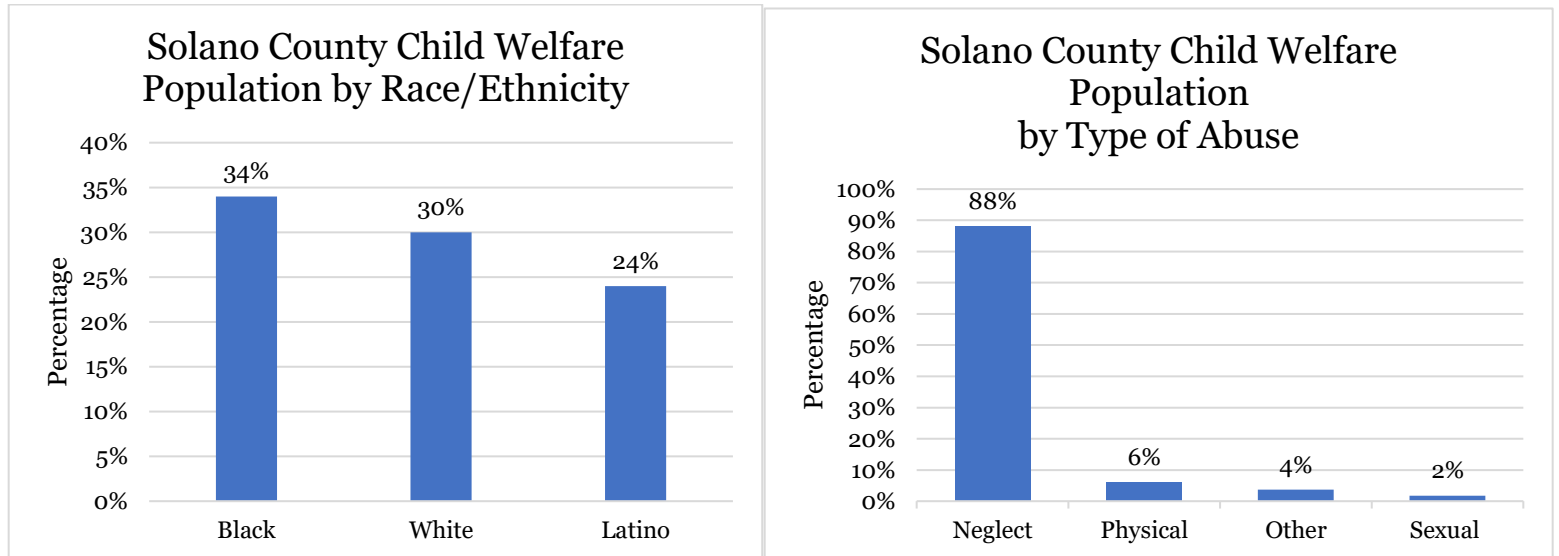
Source: Race Counts: Solano³⁴

³³ Race Counts: Solano. (2023, December 19). [online] Available at: <https://www.racecounts.org/county/solano/>

³⁴ Race Counts: Solano. (2023, December 19). [online] Available at: <https://www.racecounts.org/county/solano/>

Involvement with Child Welfare

Involvement with the Child Welfare system is known to be a contributing factor for homelessness, commercial sexual exploitation, involvement with the criminal justice system and poor health outcomes including the development of disabling mental health conditions for current and former foster youth. The California Child Welfare Indicators Project (CCWIP) is a collaborative venture between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS)³⁵. The CCWIP collects and publishes data related to the health and wellbeing of children in communities across California. The charts to follow represent the most recent data (December 2023) gathered from the Lucile Packard Foundation for Children’s Health which also monitors demographic changes for children involved in the child welfare system which can be seen below.

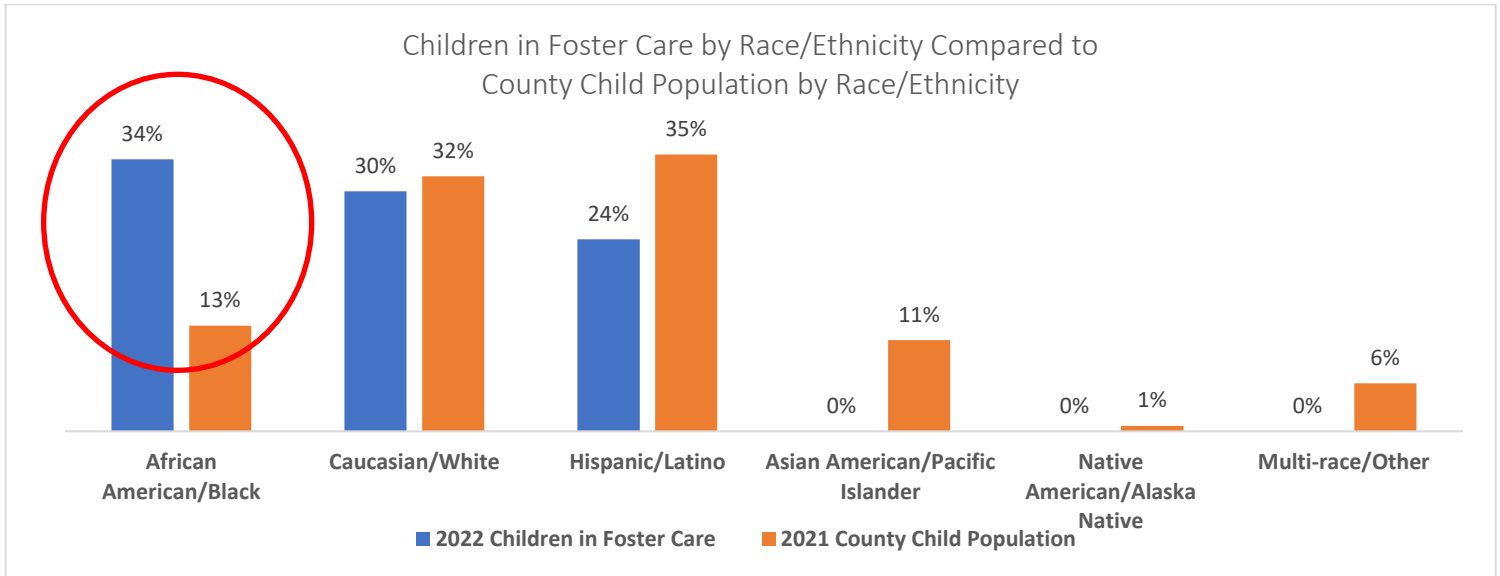


Source: UC Berkeley Child Welfare Indicators Project (CCWIP)³⁶

Upon further analysis when comparing the percentage of children in foster care in 2022 by race/ethnicity to percentage of the child population in the County by race/ethnicity for 2021 (most current data for the County’s child population), there is a significant misrepresentation of African American youth involved in the child welfare system in comparison to other groups. During 2021 in Solano County, African American/Black children comprised 13% of the child population yet 34% of the children in foster care as of December 2022.

³⁵ California Child Welfare Indicators Project (CCWIP) (berkeley.edu) (2023, December 19). Retrieved from: [Entry Rates Report California Child Welfare Indicators Project \(CCWIP\) \(berkeley.edu\)](https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s)

³⁶ California Child Welfare Indicators Project (CCWIP) (berkeley.edu) (2023, December 19). Retrieved from: <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>



Source: UC Berkeley Child Welfare Indicators Project (CCWIP)³⁷

Other Relevant Solano County Racial Disparities

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

- The African American/Black community experiences the most preventable hospitalizations per 100,000 people by a significant margin. Such disparities reflect inequities in access to health care and discrimination in the health care system. Underinvestment in communities of color also leaves residents with fewer or no options to care for chronic conditions.
- African American/Black (10.9%) and Asian American (9.2%) communities experience more low birthweight births in comparison to other racial/ethnic groups. Stress from discrimination and living in neighborhoods with limited employment opportunities, abandoned housing, crime, and limited resources are associated with adverse birth outcomes, like low birthweight.
- African American/Black and Native American residents have the lowest life expectancy in Solano County. Inequities in neighborhood environments, socioeconomic circumstances, and medical care are key factors in determining life expectancy by race and ethnicity.
- Pacific Islander (31.8%) and African American/Black (28.5%) residents have significantly higher rates of Asthma than any other group. Redlining and a lack of protective regulations which enable polluting industries and land uses (e.g., freeways) to locate in low-income communities of color resulted in disproportionate exposure to air pollution.

³⁷ California Child Welfare Indicators Project (CCWIP) (berkeley.edu) (2023, December 19). Retrieved from: [Entry Rates Report California Child Welfare Indicators Project \(CCWIP\) \(berkeley.edu\)](https://www.cwip.org/entry-rates-report-california-child-welfare-indicators-project-ccwip/)

³⁸ Race Counts: Solano. (2023, December 19). [online] Available at: <https://www.racecounts.org/county/solano/>

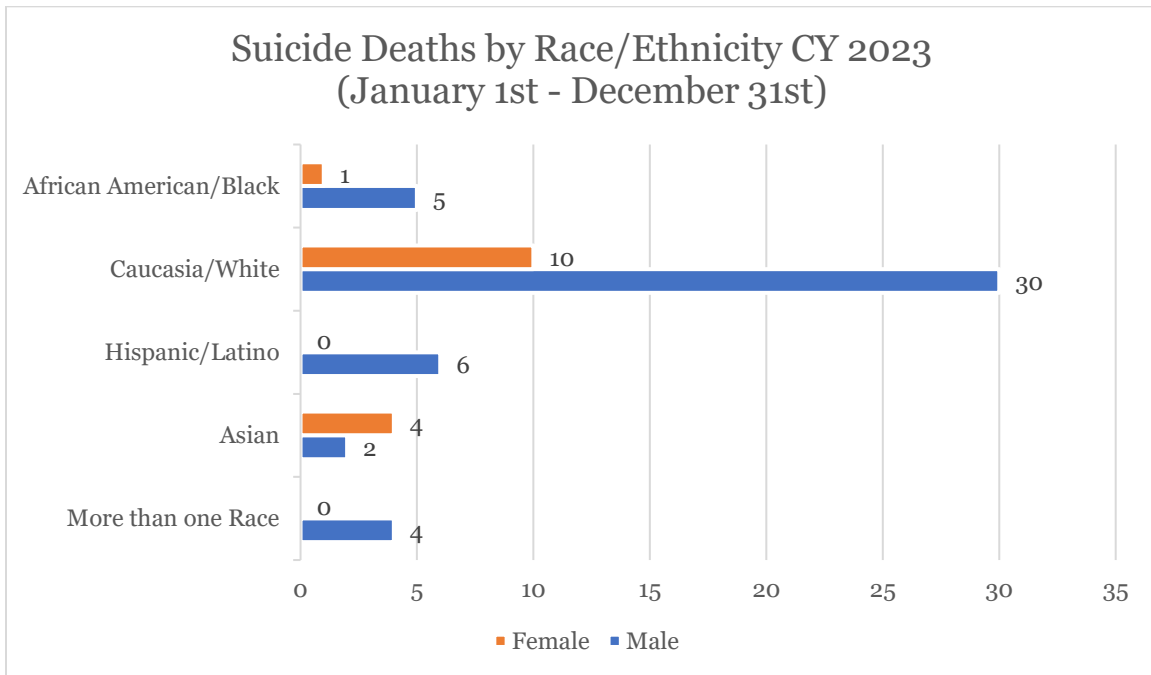
- Only 41.5% of Latino and 48.8% of Asian residents sought help for mental health or substance use issues compared to other groups. Disparities in whether groups get help for mental or behavioral health are rooted in access to providers, differences in insurance coverage, and discrimination by health systems and professionals.
- African American/Black residents are incarcerated at 634 per 100,000 people whereas their Caucasian/White and Hispanic/Latino counterparts are incarcerated at 204 and 192 per 100,000 people respectively. Incarceration inequities stem from the ‘tough on crime’ mindset beginning in the 1980’s, over-policing, and harsher sentencing of people of color.
- American Indian/Alaska Native, Black, Latinx, and Asian/Pacific Islander elected officials are significantly underrepresented in comparison to White counterparts per 100,000 people of that race. Some contributing factors could be the costs of running a campaign along with the often-low compensation for elected office reduce the number of candidates of color.

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. There were 62 suicide deaths in Solano County during CY 2023 which is one more than CY 2022. 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.

An analysis of suicide deaths by race/ethnicity demonstrates that the largest percentage of suicide deaths occurred among White residents at 63% (40) followed by 11% (10) for Hispanic/Latino; 10% (6) for Asian American Pacific Islander, 6% (4) More than one race, 8% (5) African American/Black, and 0% (0) for Native American/Alaska Native. National trends indicate Latinx and Black females ages 15-24 have had the greatest increases in suicide deaths, 133% and 125% respectively, compared to an 88% increase among White and 61% among females in that age group between 1999-2017. Locally in Solano County there was a 60% increase in African American/Black females dying by suicide from CY 2020 to CY 2022. Such data represents the need to continue suicide prevention efforts for diverse communities.³⁹

³⁹ Trends of Suicidal Behaviors Among High School Students in the United States. (2022, January 26). [online] Available at: <https://publications.aap.org/pediatrics/article/144/5/e20191187/76987/Trends-of-Suicidal-Behaviors-Among-High-School>



Source: Solano County Sheriff's Office-Coroner Bureau

Upon further analysis, when comparing the number of suicide deaths by race/ethnicity per 100,000 residents, White/Caucasian community members are five times more likely to die by suicide than any other race. 63% of deaths were White/Caucasian, of that 77% were White/Caucasian males.

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 general public⁴⁰.



Solano County is one of seven California counties to have a suicide prevention plan used as a guide for both private and public sectors to combat stigma and reduce suicide deaths locally. 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

⁴⁰ American Psychiatric Association (APA). (January 21, 2022). Retrieved from: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

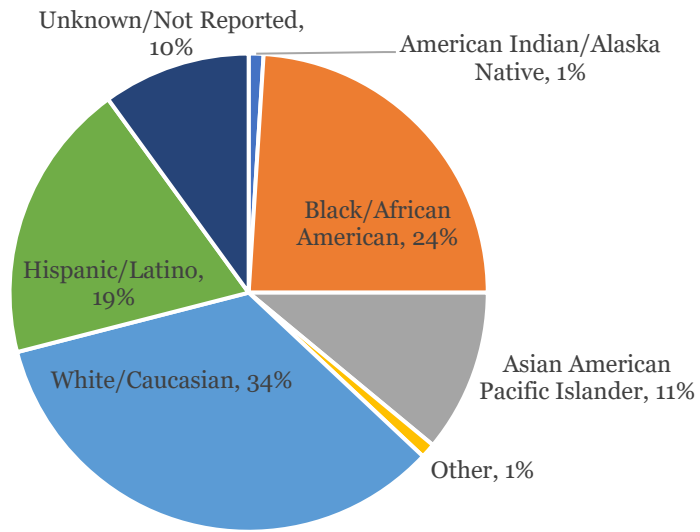
identified to be at increased risk for suicide. Specific focus groups were held with residents and representation from all the racial/ethnic groups in Solano County, the LGBTQ+ community, youth, older adults, etc.

Mobile Crisis Utilization

Over the last few FYs SCBH has implemented two Mobile Crisis programs, the Community-Based Mobile Crisis Program which launched in May of 2021 serving residents of all ages regardless of insurance or immigration status, and the School-Based Mobile Crisis Program which launched in August of 2021 serving students experiencing a crisis on K-12 school campus regardless of insurance or immigration status. SCBH and the Suicide Prevention Coalition closely monitor the utilization of mobile crisis services including monitoring various data points such as referring party, city of residence, insurance type, age, race/ethnicity, as well as sexual orientation and gender identity/expression (SOGIE). For the purposes of this report data related to race/ethnicity and SOGIE has been included in this Plan Update on the pages to follow. Data will be presented with both programs combined.

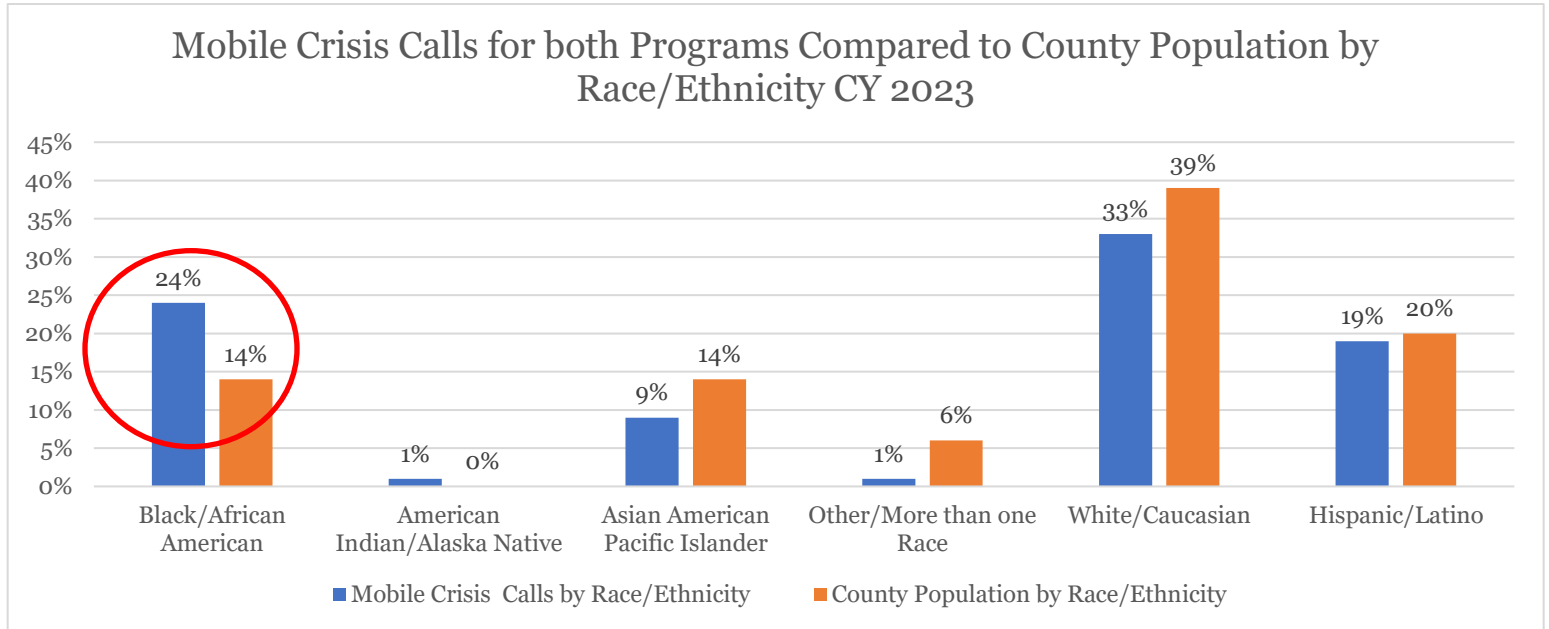
The graph below represents data related to race/ethnicity for unduplicated consumers receiving a mobile crisis service for CY 2022. This data shows that the largest percentage of crisis calls occurred among Caucasian/White consumers at 34% (136) followed by 24% (95) for African American/Black consumers; 19% (78) for Hispanic/Latino; 11% (46) for Asian American/Pacific Islanders; 1% (5) Other; 1% (4) American Indian/Alaska Native; and 10% (35) for persons with No Entry or Unknown for race/ethnicity.

CY 2022 Mobile Crisis Calls by Race/Ethnicity



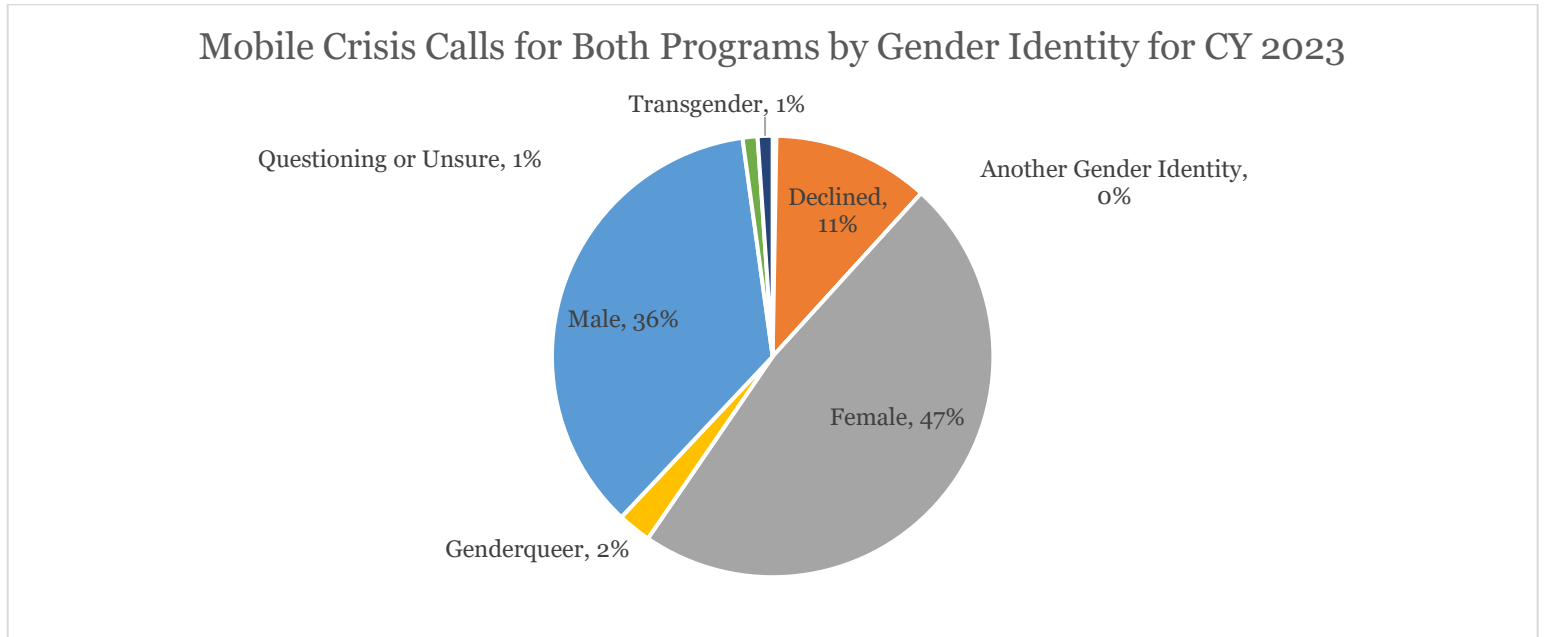
Source: SCBH EHR

The following graph demonstrates mobile crisis calls by race/ethnicity compared to the County population by race/ethnicity. African Americans residents are disproportionately experiencing acute crises resulting in mobile crisis service compared to County population by race and ethnicity.



Source: SCBH EHR and Solano County Annual Report 2022

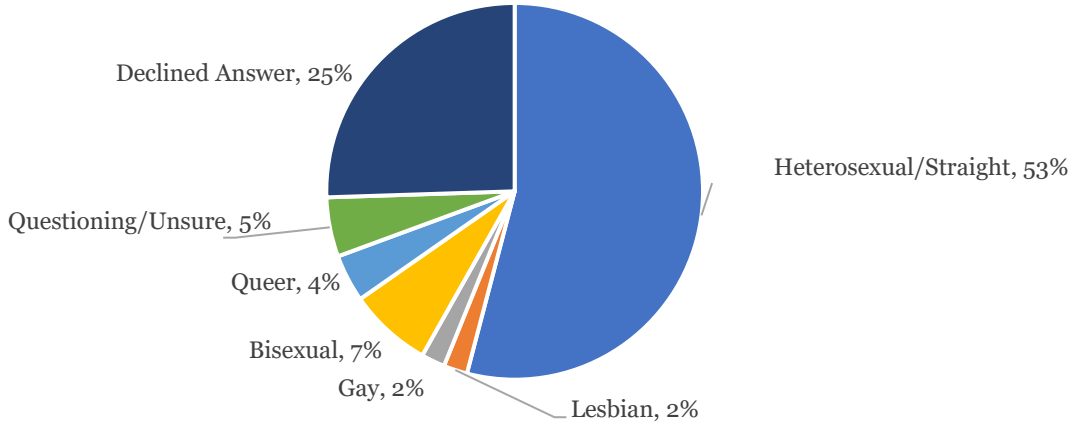
The graph below represents data related to gender identity for unduplicated consumers receiving a mobile crisis service for CY 2023. 4% (19) of the persons served by mobile crisis programs identified as Transgender, Genderqueer, Non-binary, Questioning, or Another Gender Identity.



Source: SCBH HER

The graph below represents data related to sexual orientation for unduplicated consumers served by both mobile crisis service programs during CY 2023. 18% of individuals served by both mobile crisis programs identified as LGBTQ+ (non-heterosexual).

Mobile Crisis Calls for Both Programs by Sexual Orientation for CY 2023

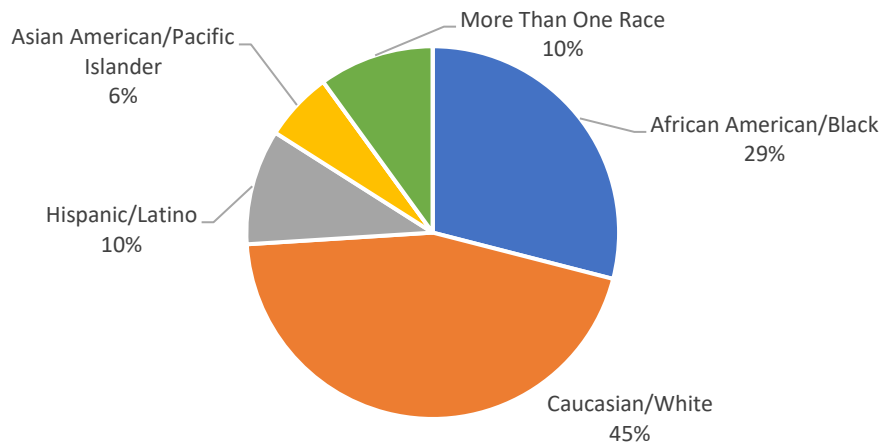


Source: SCBH HER

Overdose Deaths

SCBH and the Suicide Prevention Coalition reviews overdose deaths for Solano County residents monthly with the understanding that a portion of these deaths may have been intentional. The data is provided by the Solano County Sheriff’s Office-Coroner who captures state driven demographic data points: race/ethnicity, gender (sex assigned at birth), age, city of residence and substance used. In partnership with the Suicide Prevention Committee the Coroner’s Bureau is now collecting veteran’s status, occupation for individuals who die by overdose, as well as data related to homelessness. For the purposes of this report data related to race/ethnicity has been included for overdose deaths for CY 2023.

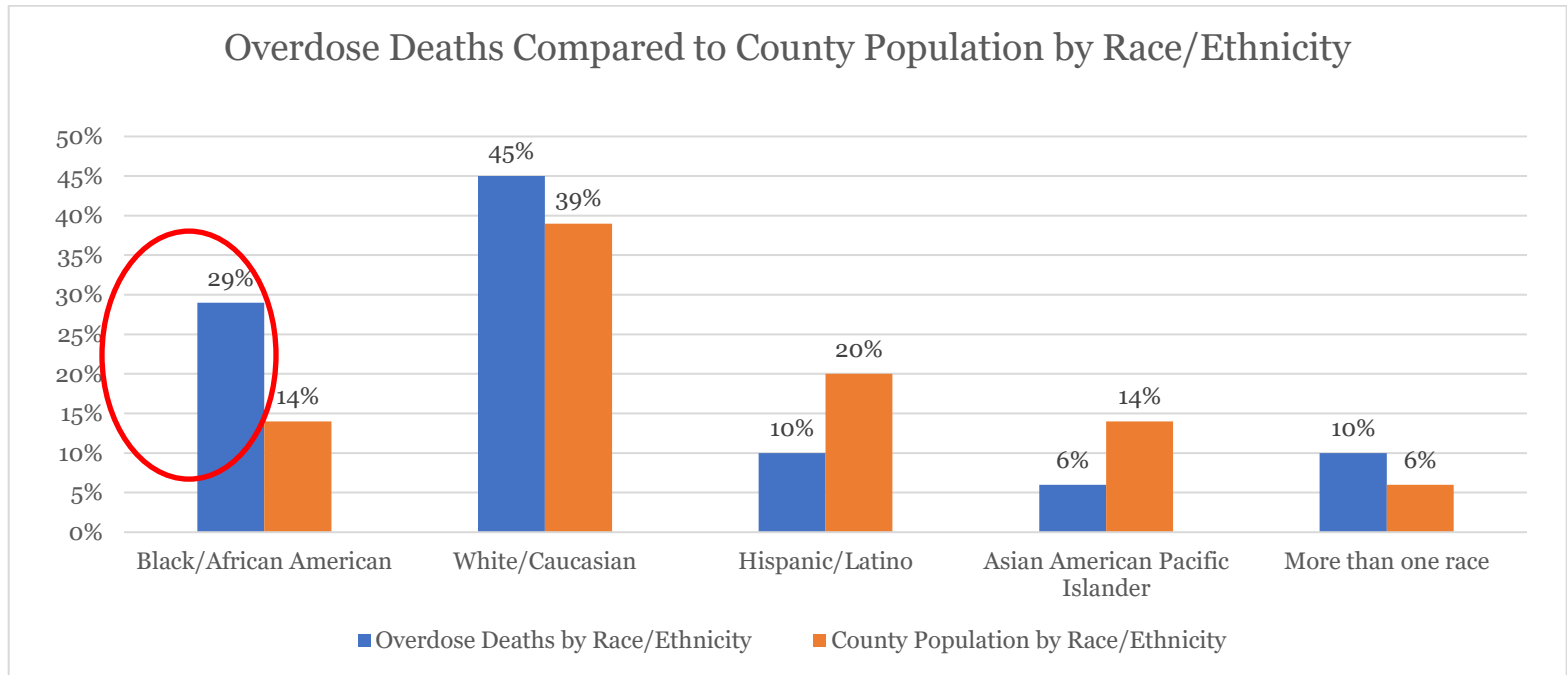
Overdose Deaths by Race/Ethnicity CY 2023 (Jan 1st -Dec 12th)



Total overdose deaths 100

Source: Solano County Sheriff’s Office-Coroner Bureau

Upon further analysis, when comparing the percentage of overdose deaths by race/ethnicity to the County population by race/ethnicity the data demonstrates that African Americans residents are disproportionately dying by overdose in comparison to other groups.



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

Mental Health Indicators

The American Psychiatric Association⁴¹ 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.

⁴¹ American Psychiatric Association (APA). (January 25, 2023). Retrieved from: <https://www.psychiatry.org/psychiatrists/cultural-competency/mental-health-disparities>.

- 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.

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 1,432 surveys during FY 2022/23. 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 2022-2023

Survey Verification Client Satisfaction Survey Results for FY 22-23	# of Surveys:	1,432	
Questions:	Yes, definitely	Yes, somewhat	No
1. Did the staff explain things in a way that was easy to understand?	94%	5%	0%
2. Did the staff listen carefully to you?	96%	3%	0%
3. Did the staff show respect for what you had to say?	97%	3%	0%
4. Did you feel the staff was respectful of your race/ethnicity?	96%	3%	0%
5. Did you feel the staff was respectful of your religion/spirituality?	95%	2%	1%
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?	13%	1%	81%
	Yes, definitely	Yes, somewhat	No
8. Did the interpreter/bilingual staff meet your needs? (Of those that answered “Yes” to the previous question)	13%	1%	0%
9. Do you feel better?	72%	21%	2%
10. Would you recommend our services to others?	82%	8%	2%

Specialty Mental Health Service Penetration Rates & Consumers Served

As an BHP, SCBH is required to serve individuals who have serious mental health conditions, show functional impairment that is more “moderate to severe”, and have Medi-Cal insurance, or are uninsured.

Individuals whose mental health condition is considered more mild-to-moderate are referred to the managed care plan, which is Partnership Health Plan (PHP) in Solano County. PHP then sub-contracts with Beacon Health Options to serve the mild-to-moderate population. It is also noteworthy that Solano County is unique as it is one of only two counties in California that has a Kaiser carve out situation whereby PHP contracts with Kaiser to provide services for a portion of the seriously mentally ill (SMI) population. Additionally, SCBH leverages Mental Health Services Act (MHSA) PEI funding to provide services and supports for the mild-to-moderate population.

California uses this method to highlight disparities and identify gaps in access to behavioral health treatment. Penetration rates are calculated by taking the total number of individuals who receive a Specialty Mental Health Services (SMHS) or Early and Periodic Screening Diagnostic and Treatment (EPSDT) services through County BHPs in a CY based on billing to the state and dividing that by the total number of Medi-Cal eligible individuals in the general population for that same CY. Annual penetration rates are reviewed through the annual External Quality Review Organization (EQRO) review process. EQRO penetration rates do not include consumers accessing services through Beacon, the Kaiser-Medi-Cal carve out, or MHSA PEI funded programs. It is also important to note that EQRO only reviews Medi-Cal billing through DHCS which will not include services that the BHP provides for uninsured indigent consumers. While SCBH continues to monitor state driven penetration rates as determined by EQRO to measure impact reaching underserved communities, SCBH has broadened our perspective as related to addressing disparities and the definition of “underserved” to also include disparities pertaining to social determinants of health.

The graph to follow shows penetration rates for populations by race comparing Solano County to other medium-sized counties and the state as reported in the EQRO FY 2022/23 Report (reviewing CY 2021 data). It is important to note that EQRO only reviews Medi-Cal billing through the Department of Health Care Services (DHCS) which will not include services that the BHP provides for uninsured indigent consumers, or consumers served through PEI funded programs that do not bill Medi-Cal.

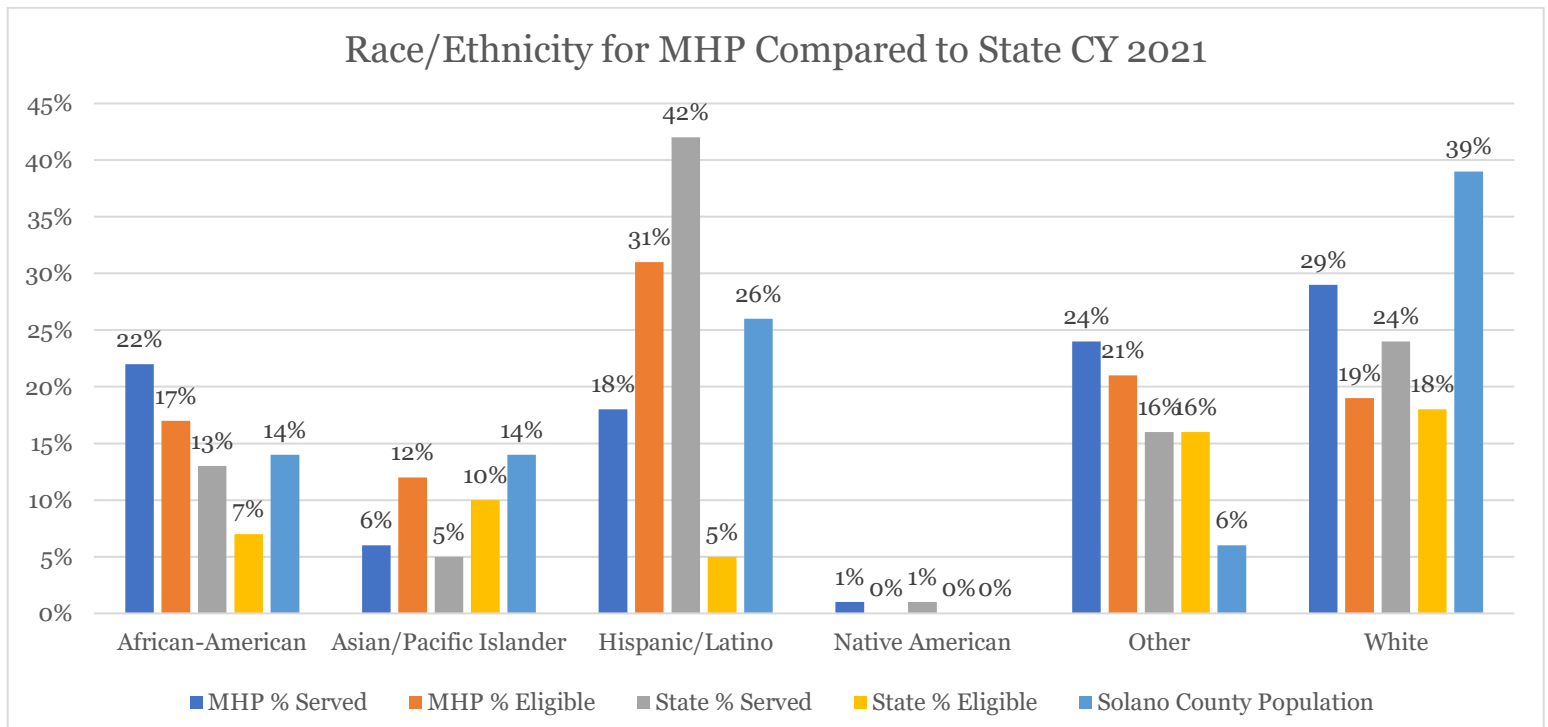
Penetration Rates of Beneficiaries Served by Race/Ethnicity CY 2021

Race/Ethnicity	Annual Eligibles	Beneficiaries Served	PR MHP	PR State
African American	22,778	1,000	4.39%	7.64%
Asian/Pacific Islander	15,579	285	1.83%	2.08%
Hispanic/Latino	40,792	844	2.07%	3.74%
Native American	591	44	7.45%	6.33%
Other	27,170	1,098	4.04%	4.25%
White	25,376	1,368	5.39%	5.96%
Total	132,286	4,639	3.51%	4.34%

Source: Solano County EQRO Final Report 2022/23

According to the Medi-Cal Specialty Behavioral Health External Quality Review (EQRO) report for Solano County during FY 2022-23:

- While the Hispanic/Latino population represents 30.83 percent of the annual eligibles, they represent only 18.16 percent of the beneficiaries served by the MHP. The percent of the Hispanic/Latino population served by the MHP increased by 17.12 percent served in the CY. This community has the second lowest PR in comparison to all other Racial/Ethnic groups which warrants further outreach and engagement to this community.
- The API community has a PR of 1.83 percent and represents 11.78 percent of the annual eligibles. Although the API has the smallest margin of difference between the PR within the MHP and the average PR statewide, this community is accessing services the least in comparison to all other racial/ethnic groups which warrants additional consideration for further outreach and engagement to this community.
- African American and White comprise a higher percentage of beneficiaries served by the MHP compared to their proportion of annual eligibles in the county. However, it is important to note that African Americans have the largest difference between the PR within the MHP in comparison to the PR averaged statewide which warrants consideration for further outreach and engagement to this community.
- While Native Americans have high penetration rates (PR), their overall numbers are small. A change of a few Native Americans can have considerable effect on the PR. However, it is widely known that American Indian and Alaska Natives experience significant barriers to accessing mental health services due to economic barriers, stigma, mistrust of care providers, and lack of culturally sensitive mental health services and interventions.



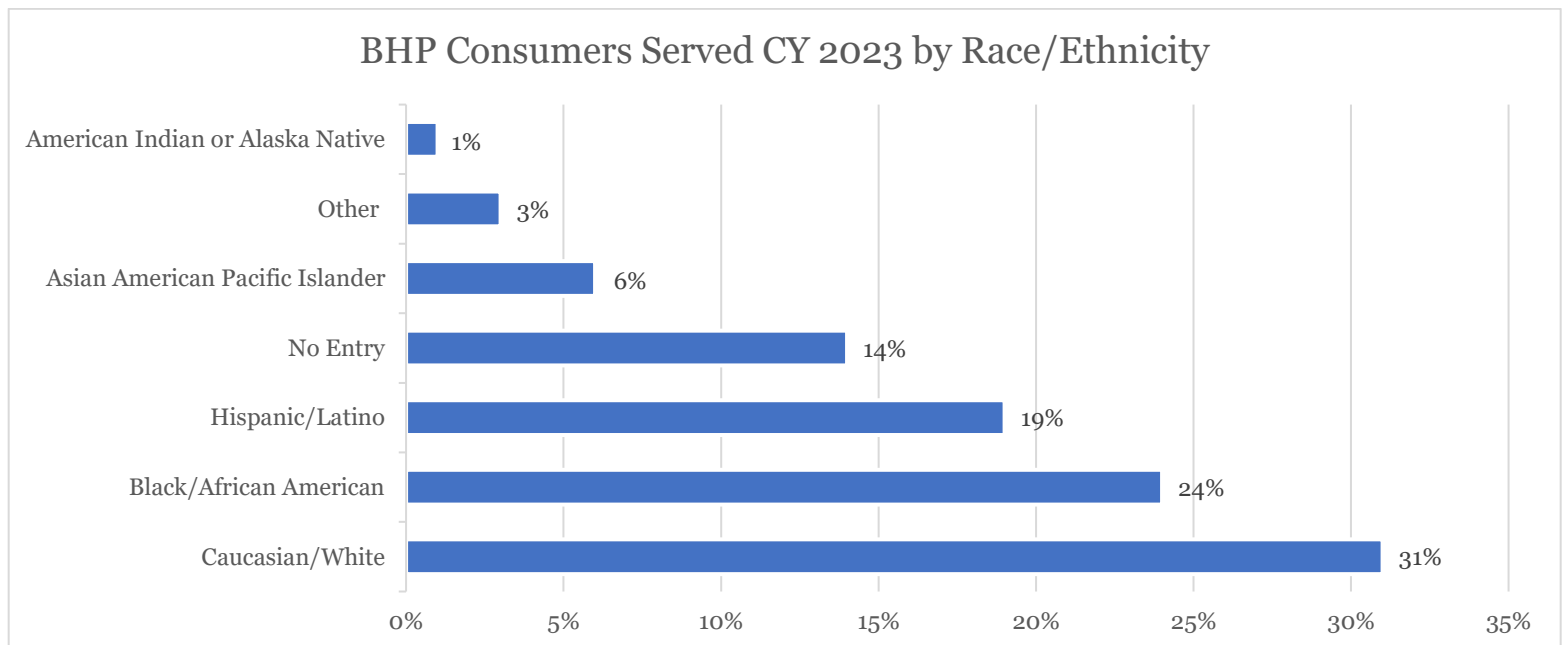
The Medi-Cal Specialty Behavioral Health External Quality Review (EQRO) report for Solano County during FY 2022-23 also provided the above information related to the percentage of racial/ethnic groups served and eligible for services within the MHP and the average percentage of such groups served and eligible throughout the state. For

further analysis, SCBH added data regarding each racial/ethnic groups county representation for comparison. The following inferences may be made as a result:

- African Americans are disproportionately receiving specialty mental health services in comparison to their county representation, medi-cal eligiblity, and average percentage served and eligible for services throughout the state.
- Asian American Pacific Islander and Hispanic/Latino communities are underserved in comparison to the percentage eligible to receive services within the MHP and county representation.
- Whites may also be disproportionately receiving speciality mental health services in comparison to the percentage of medi-cal eligible within the MHP, average served and eligible throughout the state. However, it is important to note that White community make up the largest racial/ethnic group in the Solano community which may contribute to this larger representation.

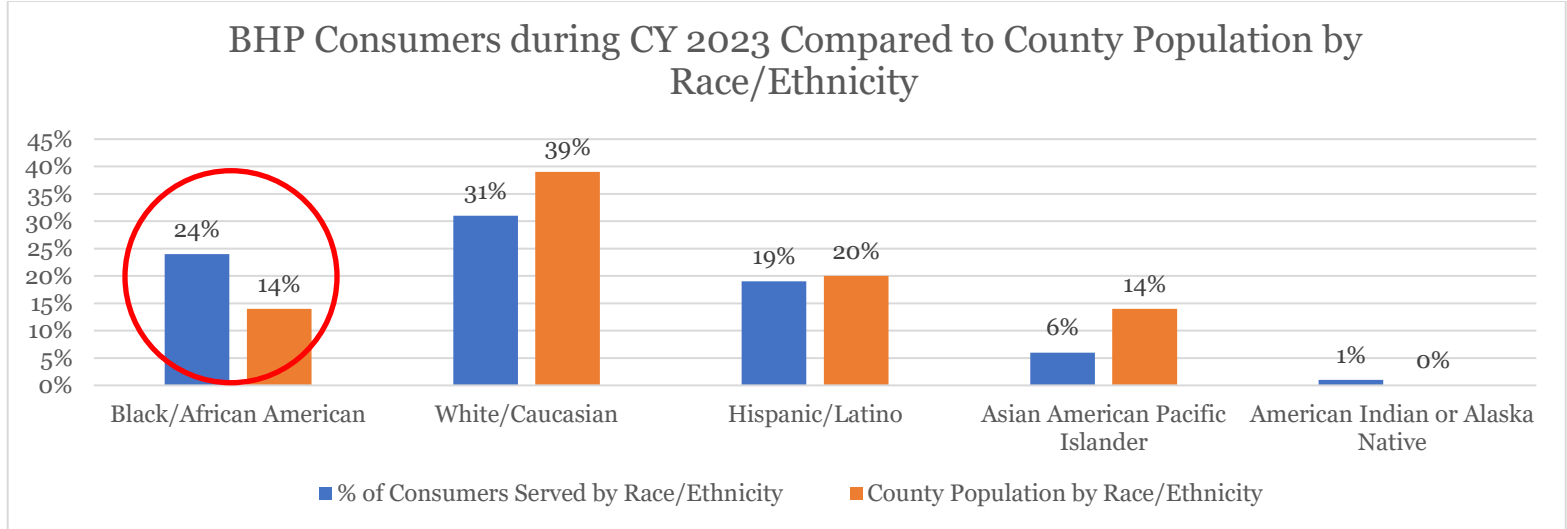
Additionally, the Solano BHP has historically underserved the LGBTQ+ community based on not collecting or monitoring sexual orientation and gender identity/expression (SOGIE) data until 2016. **As a result of the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) MHPA Innovation Project that took place between 2016-2021, significant strides have been made.** To learn more about the ICCTM Project, click [here](#).

The graphs on the pages to follow show the demographics of the 5,878 consumers served through the BHP during CY 2023. This data shows that the largest percentage of consumers served occurred among Caucasian/White consumers at 31% (1,774) followed by 24% (1,408) for African American/Black; 19% (1,095) for Hispanic/Latino; 6% (370) for Asian American/Pacific Islanders; 3% (158) Other; 1% (85) Native American/Alaska Native; 2% (141) for persons with an unknown race/ethnicity; and 14% (820) individuals whereby there was no race entered. SCBH is working with providers and programs to improve demographic data collection.



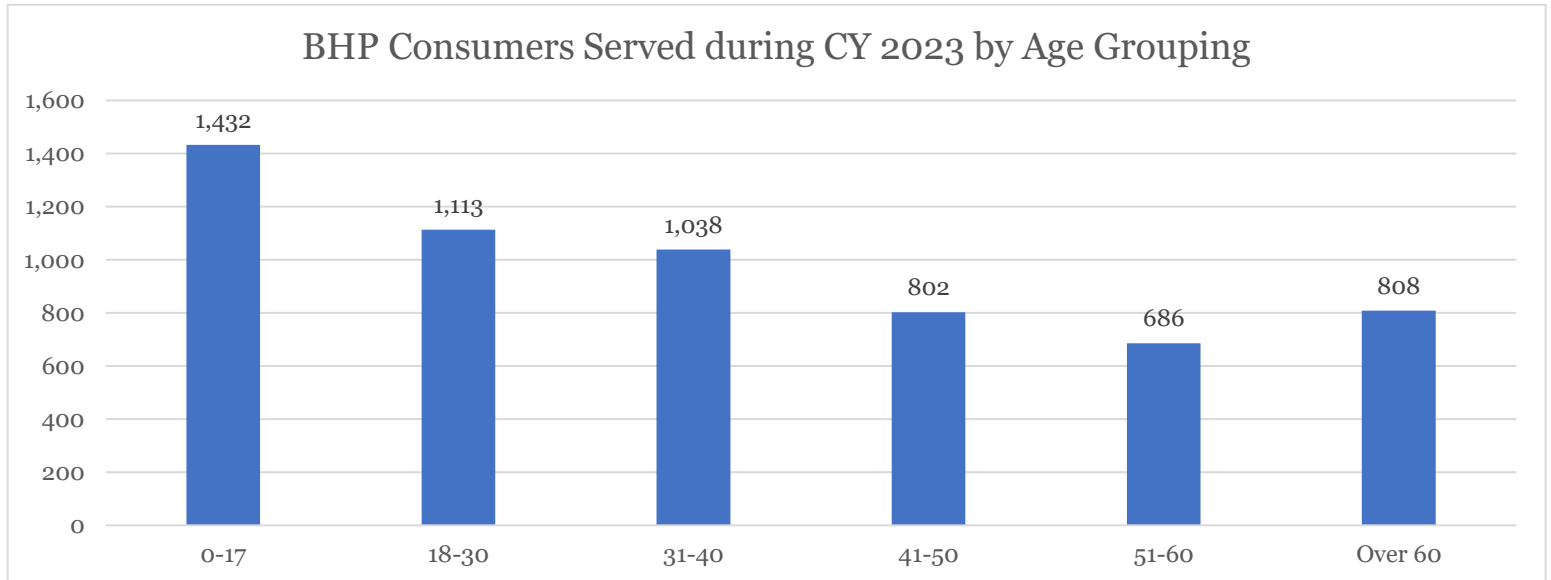
Source: Solano County BHP Electronic Health Record

The graph to follow shows that there is a disproportionate number (24%) of African American/Black consumers receiving specialty mental health services through the BHP given this community only represents 14% of the county population. There are many contributing factors impacting this including the social determinants of health outlined previously in this document which further highlights the need for SCBH and our partners to make efforts to engage this community in order to combat stigma and increase access to preventative services.



Source: Solano County BHP Electronic Health Record and Solano County's 2021 Annual Report⁴²

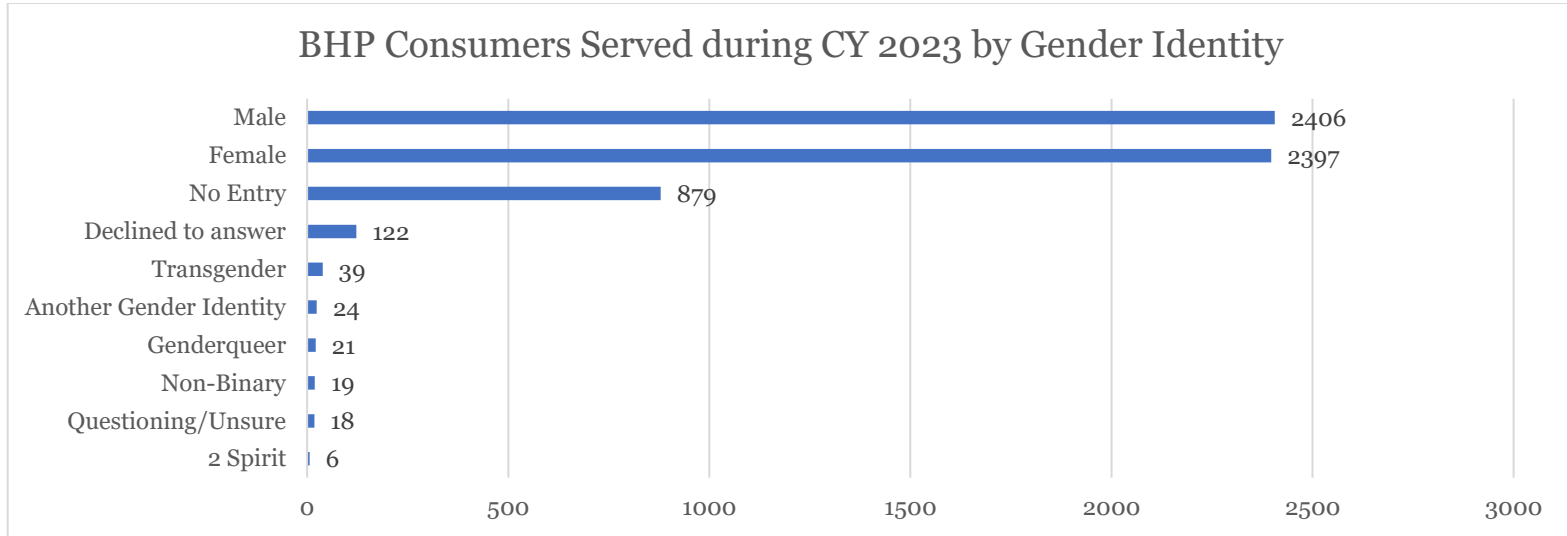
The data in the graph below shows that the largest percentage of consumers served occurred among individuals ages 0-17 at 24% (1,432) followed by 19% (1,113) ages 18-30; 18% (1,038) ages 31-40; 14% (808) ages 60 and over; 14% (802) ages 41-50; and 12% (686) ages 51-60.



Source: Solano County BHP Electronic Health Record

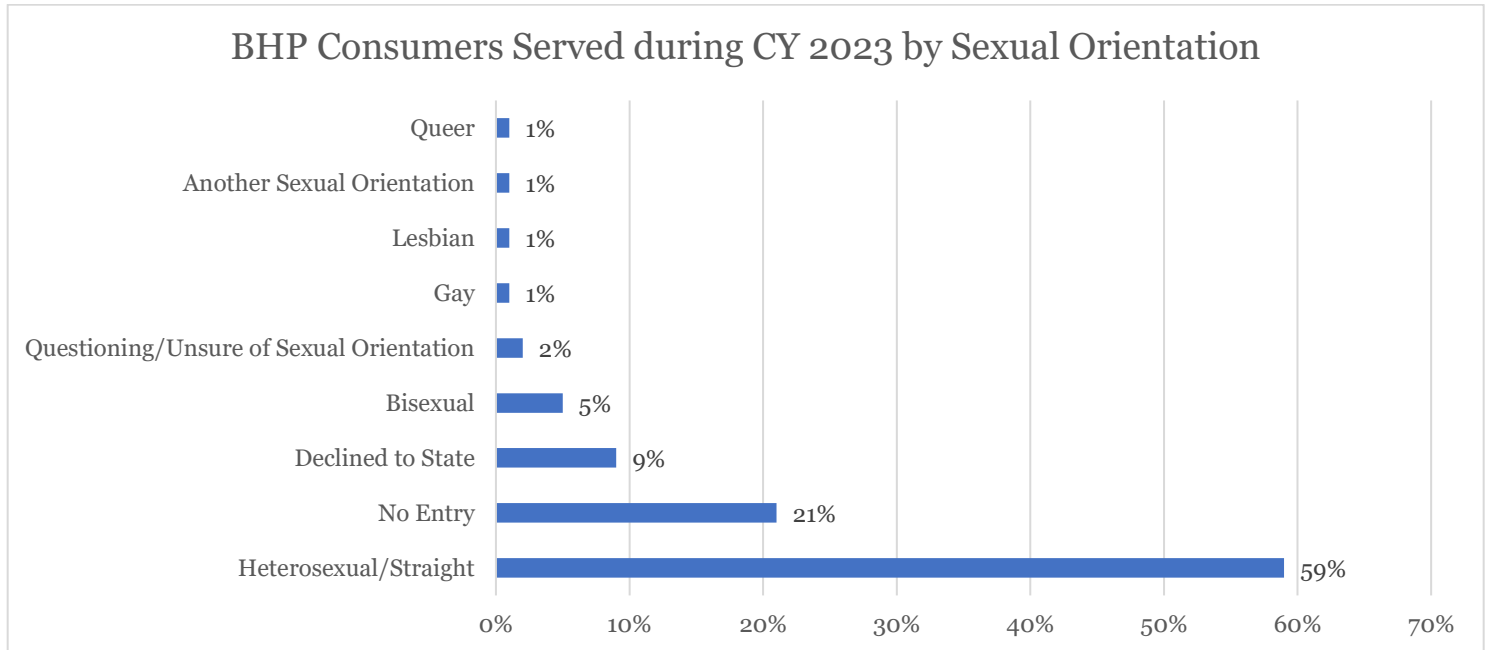
⁴² Solano County Website. (2022, January 20). County of Solano 2021 Annual Report. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=26003>

The data in the graph to follow demonstrates that the majority of consumers served identified as male or female and 2% (127) of the consumers served identified as 2 Spirit, transgender, genderqueer, non-binary, another gender or questioning. Seventeen percent (1,001) consumer records are missing data related to gender identity. SCBH will continue to address missing data related to gender identity.



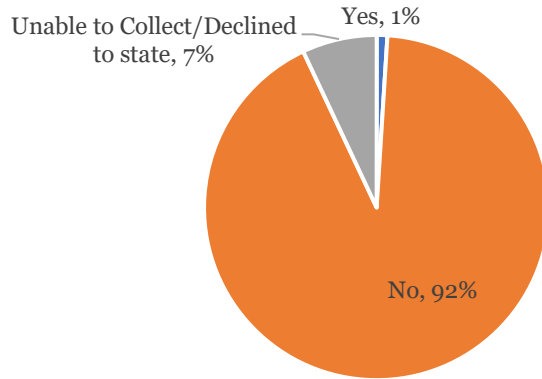
Source: Solano County BHP Electronic Health Record

The data in the graph to follow shows that the majority of consumers served identified as heterosexual (59%) and 11% of the consumers served identified as members of the LGBTQ+ community (lesbian, gay, bisexual, queer, questioning, or another sexual orientation). Thirty-percent (30%) consumer records are missing data related to gender identity. SCBH will continue to address missing data related to sexual orientation.



Source: Solano County BHP Electronic Health Record

BHP Consumers Served during CY 2023 by Veteran Status



Source: Solano County BHP Electronic Health Record

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 2022, between March and October 2022 SCBH engaged the community in several rounds of CPP meetings with one round focused on the development of new Innovation projects and one round focused on planning for the MHSA Annual Update FY 2022/23. Overall, ten (10) virtual community forums were held; two (2) focus groups were held with consumers served through the adult Wellness Recovery Center sites; and short presentations on MHSA were facilitated at three (3) standing committee meetings. The CPP meetings include 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 2022/23 document.

During the community forums small breakout sessions were held and focused questions were utilized to elicit information regarding the strengths of the SOC and gaps including gaps for underserved communities. These questions were also utilized for the focus groups with adult peer consumers.

CPP Identified Strengths of the SOC

Below are the top five strengths identified by community partners:

1. Collaboration between partners including County and contractor partners
2. **Equity efforts to address disparities**
3. The support of SCBH and efforts to build trust and engage the community
4. Strength of the contracted partners
5. Peer-to-Peer Model and Peer staff

CPP Identified Needs/Gaps

Below are the top five priorities/needs identified by community partners:

1. Culturally responsive stigma reduction activities and utilization of multi-media, including social media, to educate the community and raise awareness of services.
2. Staff shortages impacting access to care
3. Services and support for children/youth with an emphasis on school-based services, parent education and postvention support for suicides and community violence
4. Services and support for homeless population and access to affordable housing
5. Services for seniors

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 these initiatives below:

- Beginning in 2015, MHSA PEI funds were used to implement the **African American Faith-Based Initiative (AAFBI) Mental Health Friendly Communities (MHFC) project**, delivered by a group of consultants, who provided training for faith leaders on the signs and symptoms of mental health conditions, support for faith communities to build internal support systems to address mental health needs of congregants, and training for providers on how to engage the African American community and incorporate a consumer's faith in their mental health treatment. The AAFBI Project, which was intended to be time limited strategy from its inception, which ended in December 2021. Over the course of the project, 8 faith centers were certified as MHFA and of those 7 continued to carry forward the goals of the MHFC designation.
- Since 2015, MHSA PEI funds have been used to fund a **LBGTQ+ Outreach and Access Program**. Currently, SCBH contracts with the Solano Pride Center, a local LBGTQ+ organization to provide education for the community, social and support group activities, and brief counseling. Starting in FY 2018/19 the program began providing the "Welcoming Schools" training for our local schools to create safe spaces in schools for LBGTQ+ youth.
- In response to community feedback, SCBH continues to utilize MHSA community services and support (CSS) funds for **Expanded Bilingual Services**, which included the funding of several County bilingual positions during FY2022/23, both Spanish and Tagalog-speaking staff. Currently the expanded bilingual staff are embedded in the Access Unit as well as in programs in both the Children's and Adult SOC.

- In order to support the **Native American/ Indigenous Community**, SCBH continues to support strategies that help reduce stigma, increase access and improve treatment outcomes for our local Native American Indigenous population, including continuing to share the Land Acknowledgement Statement for public meetings and piloting a data collection process that is more culturally sensitive in an effort to support the community and the BHP workforce in self-identifying as an Indigenous person. The pilot data collection process included adding questions to surveys used in the MHSA CPP process as well as the BHP Workforce Equity Survey which was done in partnership with a previous staff member of the local Tribal Temporary Assistance for Needy Families (TANF) program who continues to serve as a member of the DE Committee.
- In 2016 in response to new expanded **MHSA PEI regulations**, SCBH began to collect expanded data for PEI funded programs to include state-defined demographic data: age category, race, ethnicity, primary language, gender assigned at birth, current gender identity, sexual orientation, veteran’s status, and disabilities for participants receiving services. SCBH made the decision at that time to also start collecting and reporting out the expanded demographic data for MHSA Community Services and Support (CSS) funded programs. An **“Equity Efforts”** section was added to each MHSA program/strategy report out in the MHSA Annual Update as implemented with the FY 2021/22 Annual Update. Additionally, in the MHSA Annual Update data is included for all PEI consumers receiving direct services by race/ethnicity and city of residence. Similarly, a summary of the demographics of all FSP consumers served by race/ethnicity, city of residence, gender identity and sexual orientation is now included. The most recent MHSA Annual Update FY 2022/23 can be accessed [here](#).
- Over the course of the last several years SCBH has continued to improve processes to **collect sexual orientation gender identity/expression (SOGIE) data**. During FY 2016/17 SCBH created fields in the EHR to collect “gender assigned at birth”, “current gender identity”, and “sexual orientation”. In December of 2017, SCBH launched a data collection process to collect the abovementioned data points for all consumers who were already opened to the BHP. This process involved the revision of consumer self-reporting forms in order to add questions related to SOGIE. SCBH worked with LGBTQ+ partners on the development of the questions added to the forms. During FY 2021/22 fields for preferred name and pronouns were added to the EHR.
- Starting in FY 2020/21, SCBH implemented the **Diversity and Inclusion Talks monthly meetings** which are open to all County Behavioral Health which serves as a space for staff to continue working together to meet the cultural and linguistic needs the diverse community. In addition, the meetings serve as an opportunity for staff to be informed of current equity efforts, provide an opportunity for mini lectures on various cultural humility topics, and to provide a safe space for staff to discuss the impacts of social injustices and oppression on the mental health of vulnerable communities. These meetings are facilitated by the divisions Equity Services Manager.
- The SCBH **Community Integration Services (CIS)** includes homeless outreach and housing programming. Consumer engagement is a core component of outreach efforts which includes engaging individuals who are unhoused using the Housing First best practice approach which focuses on meeting basic needs such as housing, food, etc. before attending to engagement in behavioral health or employment services. SCBH started

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.

a Street Medicine Team with a psychiatrist, nurse, and clinician to find and engage people in mental health treatment, medications, and follow up supports where they live. In addition to clinical staff, SCBH funds two Patient Benefit's Specialists who assist individuals in applying for Medi-Cal and other government assistance programs. The SCBH Mental Health Service Manager who oversees SCBH's CIS programming participated in a learning collaborative called **Racial Equity Action Lab: Addressing Anti-Black Racism and Racial Disparities in Bay Area Homelessness Response**, which was a six-session program held from October 2020 through April 2021 sponsored by Bay Area Regional Health Inequities Initiative (BARHII), Homebase, All Home and the Federal Reserve Bank of San Francisco. Since that time, locally the **Solano County Racial Equity Action Lab (REAL) Team** multi-sector collaborative has been implemented and consists of participants from SCBH's homeless outreach team, members of local grassroots and Non-Profit homeless service delivery programs, and board members from the Housing First Continuum of Care. The primary focus of the REAL Team is to address racial inequity as it relates to housing and homelessness.

- SCBH continues to utilize MHSA funding to support **Workforce Development** through an internship program which includes the provision of stipends for master's and PhD/PsyD level students who represent the County's underserved/underrepresented communities. Starting in FY 2022/23 SCBH began participating in the statewide Five-Year Workforce Education & Training (WET) Plan. The California Department of Health Care Access and Information (HCAI) is providing \$210M and asked California counties to collectively provide a 33% match in order to implement the statewide WET Plan. Counties were organized by region and each region was tasked with developing regional WET Plans with agree upon strategies. Solano County is part of the Bay Area Region which agreed to focus on reinitiating a loan repayment program which will be available for County and/or contractor staff who work in programs under the BHP in hard to fill positions with an emphasis on staff members who represent the County's underserved/underrepresented communities. Additionally, in support of the ICCTM *Cultural Game Changers* QI Action Plan, SCBH will continue seeking opportunities to develop a local career pipeline including outreach to middle and high schools as well as the local community college. Recently SCBH, in partnership with the Solano County Office of Education, began to collaborate with Solano Community College to provide opportunities for students enrolled in either the Human Services or Psychology AA certification tracks to volunteer in SCBH programs and/or in the 47 school wellness centers located on K-12 and adult education sites that have been implemented over the last several years as a result of the ICCTM *Takin' CLAS to the Schools* QI Action Plan.
- SCBH continues to enhance our **Social Media Presence** and **Multi-Media Campaigning** efforts. SCBH currently posts on Facebook, Instagram and Twitter platforms and during the last several years has increased the number of posts in Spanish as well as Tagalog. In support of the ICCTM *Bridging the Gap* QI Action Plan, SCBH funded the development of a stigma reduction multi-media campaign that included the development of nine (9) TV commercials in three languages English, Spanish and Tagalog. These commercials included



actors that represented diverse communities within Solano County including Latino, AA/PI, Black, White and the LGBTQ+ communities. The commercials ran from July-December 2021. Additionally, social media posts were developed in support of this campaign. As a result of feedback gathered during the suicide prevention CPP process, SCBH has funded and launched a multi-media campaign focused on suicide prevention. Five (5) TV commercials were developed with a focus on communities at great risk for suicide: White/Caucasian, Black/African American, AA/PI, Native American/Indigenous, and the LGBTQ+ community, specifically the Transgender community. Additionally, four (4) radio ads were developed as well as social media content, and materials for bus stands, buses and billboards in Solano County. Several commercials/radio ads will be in Spanish or Tagalog. This campaign ran from December 2021-May 2022. As a result, **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.** Videos related to both multi-media campaigns referenced above can be viewed on the SCBH [Vimeo account](#). More recently SCBH has funded and developed a new multi-media campaign that is focused on advertising the public facing phone number for the Community-Based Mobile Crisis program and is scheduled to be released in 2024.

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

MHSA ICCTM Innovation Project

Project Description

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

ICCTM Project. All of the QI Action Plans are focused on community engagement, workforce development and training. The ***Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project: Final Evaluation Report*** can be accessed [here](#). To learn more about the status of the 14 QI Action Plans please use this [link](#).

As a result of the ICCTM Innovation Project, SCBH has been asked to present on the project and our local equity efforts to various state entities including the California Quality Improvement Coordinator (CalQIC) Conference (March 2020); Breaking Barriers Conference (October 2020); MHSOAC Commission Meeting (November 2020); CA Pan Ethnic Health Network: Mental Health Briefing (November 2020); California Behavioral Health Directors Association MHSA Committee (February 2021); MHSOAC CLCC Committee (May 2021); Forensic Mental Health Association of California webinar (May 2021), the Regional Ethnic Services Managers Meeting (May 2021, and the Behavioral Health Policy Conference (October 2022). Additionally, other Counties have begun to reach out to request consultation and support regarding their equity efforts.

The MHSOAC allocated COVID-19 funding the Commission received in order to support a statewide ICCTM Learning Collaborative (LC) whereby SCBH, UC Davis CRHD and other expert trainers facilitated two training cohorts **of county staff and key stakeholders** that included 11 training sessions over the course of 11 months. The ICCTM LC **was** made available to all counties in California, two cities who receive MHSA funding and Behavioral Health Authorities. The ICCTM LC launched in October of 2022 and **ended in September 2023 which** covered the core components of the ICCTM Project including the CLAS Standards, community engagement practices and quality improvement as well as trainings on social determinants of health, the impacts of COVID-19 on communities of color, etc. In addition to the eleven (11) training sessions, SCBH **was** funded to provide mentorship for four (4) counties: Los Angeles, Fresno, Kern and Marin which included coaching and consultation.

It is noteworthy that the Solano ICCTM Project has also garnered national attention. In June of 2022 the Solano ICCTM Project was awarded 2nd place for the 2022 **“Innovations that Bolster Community Trust in Science Award”** from the American Association of Medical Colleges (AAMC) and recently was selected to be included as a best practice case exemplar in the upcoming 3rd edition of the ***Principles of Community Engagement*** that is being finalized at the writing of this Plan Update. This publication is developed by the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) and is widely disseminated. The 2nd edition that was made available in English and Spanish, has been downloaded nearly 10 million times since it was posted back in 2011 on the CDC website and has been widely used all over the world by 170 countries whose citizens primarily speak English and 67 countries whose citizens primarily speak Spanish.

Policy Changes

To further promote a system that is culturally responsive and equitable, beginning in FY 2017/18 SCBH began to insert more formal language into contracts with behavioral health vendors to require annual cultural humility training for all staff at every level, a requirement to use the CLAS Standards as a guide in policy and program development, and an emphasis on the provision of culturally and linguistically appropriate services. A sample of the “Cultural Responsivity”

section of the contract template can be found in Appendix, pages 77-78. Additionally, SCBH inserted language into all Requests for Proposals (RFPs) to pull for information related to each prospective agency’s efforts towards equity and cultural responsiveness. A sample of the section of the RFP template can be found in Appendix, pages 79-83. In FY 2019/20 SCBH inserted a new section, “Cultural and Linguistic Considerations” into all revised and new policies. This new section references the CLAS Standards and throughout the policy itself any cultural or linguistic procedures are clearly articulated further demonstrating SCBH’s commitment to the implementation of the CLAS Standards systemwide. Additionally, Policy AAA203 *Ensuring and Providing Multi-Cultural and Multi-Lingual Mental Health Services* was reviewed and updated in April of 2020 and can be found in Appendix, pages 84-88.

As mentioned previously, starting FY 2019/20, SCBH inserted a requirement into behavioral health contracts for vendors to develop their own agency Diversity and Equity Plans as aligned with the ICCTM *CLAS Gap Finders* QI Action Plan. In July of 2019, a training was held for key staff from each contract agency to orient participants to the CLAS Standards, share expectations regarding the content of agency plans, and to communicate how the County would support them by providing sample plans and technical assistance. The ESM worked collaboratively with vendors to assist them in finalizing their agency plans and continues to provide support for vendors on their annual plan updates. Fourteen (14) vendors have submitted Plans or Plan Updates.

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

Equity Collaborations & Partnerships

During FY 2016/17 the Public Health Division coordinated having staff members from across Divisions—including Behavioral Health—attend a [Government Alliance on Race Equity \(GARE\)](#) training. GARE national network of government working to achieve racial equity and is a joint project of the new Race Forward and the Haas Institute for a Fair and Inclusive Society. There were two cohorts of H&SS staff and other community partners (Solano County Library, Solano County Office of Education, Fairfield Police Department) that participated in the GARE training, including a train-the-trainer component. As a result of the GARE training, the H&SS Community Action for Racial Equity (CARE) Team was initiated and is comprised of individuals from various H&SS Divisions and other county entities. The CARE Team was organized to lead the H&SS Department’s racial equity efforts to include normalizing discussions about race and racial inequities, the provision of Advancing Race Equity (ARE) trainings and partnering with executive leadership to systemize racial equity strategies throughout the departments systems of care. Additionally, starting in FY 2018/19 the CARE Team began to hold caucuses for three (3) underserved groups: the Latino, African American and the Asian/Pacific Islander communities. These caucuses are attended by H&SS staff—including Behavioral Health staff—on a voluntary basis with a goal to assist team members in identifying the needs of these communities, developing, and implementing strategies that will develop a more diverse workforce, inclusive workplace and reduce racial disparities within Solano County. A component of the GARE training included orientation to a race equity tool intended to be utilized when developing policies, practices and contracting. The SCBH ESM is a

member of the CARE Team and continues to work collaboratively to align efforts related to the implementation of processes to strengthen policy development and contracting, as well as support for H&SS's diverse staff.

SCBH provides support for external partners—law enforcement, local education agencies and municipalities—regarding equity and inclusion efforts as requested. In FY 2019/20 at the request of the BH Division, H&SS funded two officers from Fairfield Police Department and a deputy from the Sheriff's Office to attend the GARE train-the-trainer cohort which will allow these law enforcement agencies to incorporate the core concepts of the ARE training into their existing offerings. SCBH collaborated with Fairfield Police Department, the Sheriff's Office and the local National Alliance on Mental Illness (NAMI) chapter to develop a 40-hour Crisis Intervention Team (CIT) training which includes a session titled "Cultural Humility: The Impact of Culture on Behavioral Health" and several sessions with consumer and family member panels. CIT training were delayed due to COVID-19; however, the inaugural 40-hour CIT training resumed the week of October 3rd, 2022 and most recently the week of September 25th, 2023, with officers from several local law enforcement departments.

SCBH works closely with Solano County Office of Education (SCOE) and local school districts to provide mental health services and supports through schools, which includes funding and offering trainings for students, parents/caretakers and school personnel on various topics including wellness, suicide prevention, etc. This has been expanded to include the ARE training for school districts. In August of 2019, H&SS staff provided the ARE training for the leadership of a local school district who had racial tensions on school campuses. The ARE training is currently being offered to the remaining five school districts, however, the COVID-19 pandemic created a barrier to the provision of this training. In addition to funding GARE train-the-trainer slots for law enforcement, H&SS funded one representative from SCOE and one representative from a local school district. By increasing the number of ARE trainers across sectors the goal is to offer this training to all our behavioral health contractors, other law enforcement departments and all school districts. Furthermore, providing support for local education agencies to address disparities within the educational system and providing them with tools to address race equity is intended to promote more inclusive school campuses thus enhancing the ICCTM *Takin' CLAS to the Schools* QI Action Plan which has resulted in culturally responsive wellness centers located on forty-seven (47) K-12 and adult education campuses across Solano County. Furthermore, a race equity lens incorporated into the education system ideally will address disparities outlined earlier in this document related to graduation rates, attendance and suspension/expulsion rates.

Five (5) pilot wellness centers opened pre-COVID, and the remaining centers were launched during last school year (SY) 2021/22. Given the challenges with transitioning students back to in-person learning last SY, the school wellness centers did not start collecting data until this SY 2022/23. The data collection includes capturing demographic data for students during the initial check-in of the SY including race/ethnicity, language, SOGIE (excluding elementary schools) grade level and housing stability. For each visit to a center the following data is collected: referral source, day of week, time of day of check-in, reason for visit, emotional status at check-in, and then at check-out students report the activity they engaged in during the visit and emotional status at check-out. The data is available to each school site and aggregate data is collected and analyzed by SCOE who is funded by SCBH to support the ongoing implementation of

the school wellness centers. SCOE creates and provides aggregated dashboard reports for elementary sites, middle school sites and high school/adult education sites. A sample of a dashboard can be found in the Appendix page 89.

Additionally, the SCBH ESM is a member of the state’s Mental Health Services Oversight & Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee (CLCC) tasked with assisting the Commission in reviewing MHSOAC processes, policies, and contracts to reduce disparities. Additionally, the CLCC organizes and participates in efforts intended to produce learning related to cultural and linguistic competence.

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

Diversity & Equity Committee

SCBH has an active Diversity and Equity (DE) Committee which works to ensure community members have timely access to equitable and quality behavioral health care that is responsive to their cultural and linguistic needs. The Committee met bi-monthly during CY 2023, and it continues to be co-chaired by the Equity Services Manager and a representative from a local CBO contracted partner.

Efforts continue to be made to recruit new members including County and contractor behavioral health providers, consumers, family members and other community partners. The Committee utilizes a *Participant Agreement* form which can be accessed [here](#). Submissions are regularly monitored by SCBH staff and community members are provided with the meeting details once completed. This form was developed to help garner more consistent participation and to establish a more formal membership process. The Committee also provided feedback to SCBH to enhance the Diversity & Equity Efforts subpage on the County website to help ensure information related to the Committee and SCBH’s efforts are more accessible for the general public. The subpage can be found [here](#).

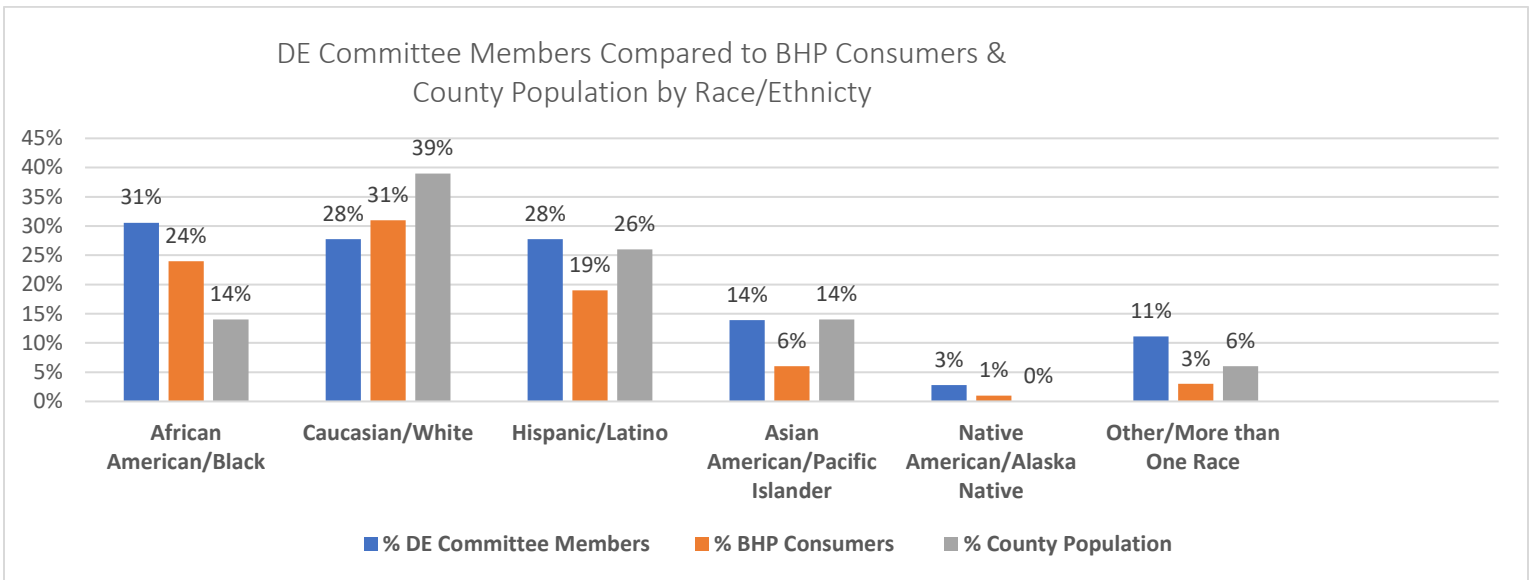
During CY 2023, meetings were primarily held online via Microsoft Teams and the Committee endorsed bringing meetings back in person for CY 2024.

The DE Committee is comprised of a diverse representation of community partners which includes:

- Solano County Behavioral Health & Contracted Community Based Organizations (CBOs)
- Touro University
- Travis Airforce Base
- Solano Community College
- Local Faith Leaders
- Community Members
- Peers
- Solano County Office of Education

- Solano County Public Defender’s Office
- Solano County Sheriff’s Office
- Solano County Probation Department
- Solano County Women Infants & Children (WIC)
- Travis Credit Union
- TabiMoms
- Fighting Back Partnership
- Drug Safe Solano
- California Tribal TANF Partnership
- Emanuel Arms Community Inc.

The DE Committee is not only a state requirement, but a vital component of the BHP SOC. Members help develop and monitor SCBH’s progress towards annual goals and efforts to reduce disparities within the SOC. SCBH makes every effort to ensure Committee participants reflect the demographic profile of Solano’s diverse community, which includes representatives from the Hispanic/Latino, Asian American/Pacific Islander, African American, Native American/Indigenous, and LGBTQ+ communities. The graph to follow demonstrates the racial/ethnic diversity of the DE Committee during CY 2023 in comparison to the BHP consumers served during CY 2023 and the county population by race/ethnicity.

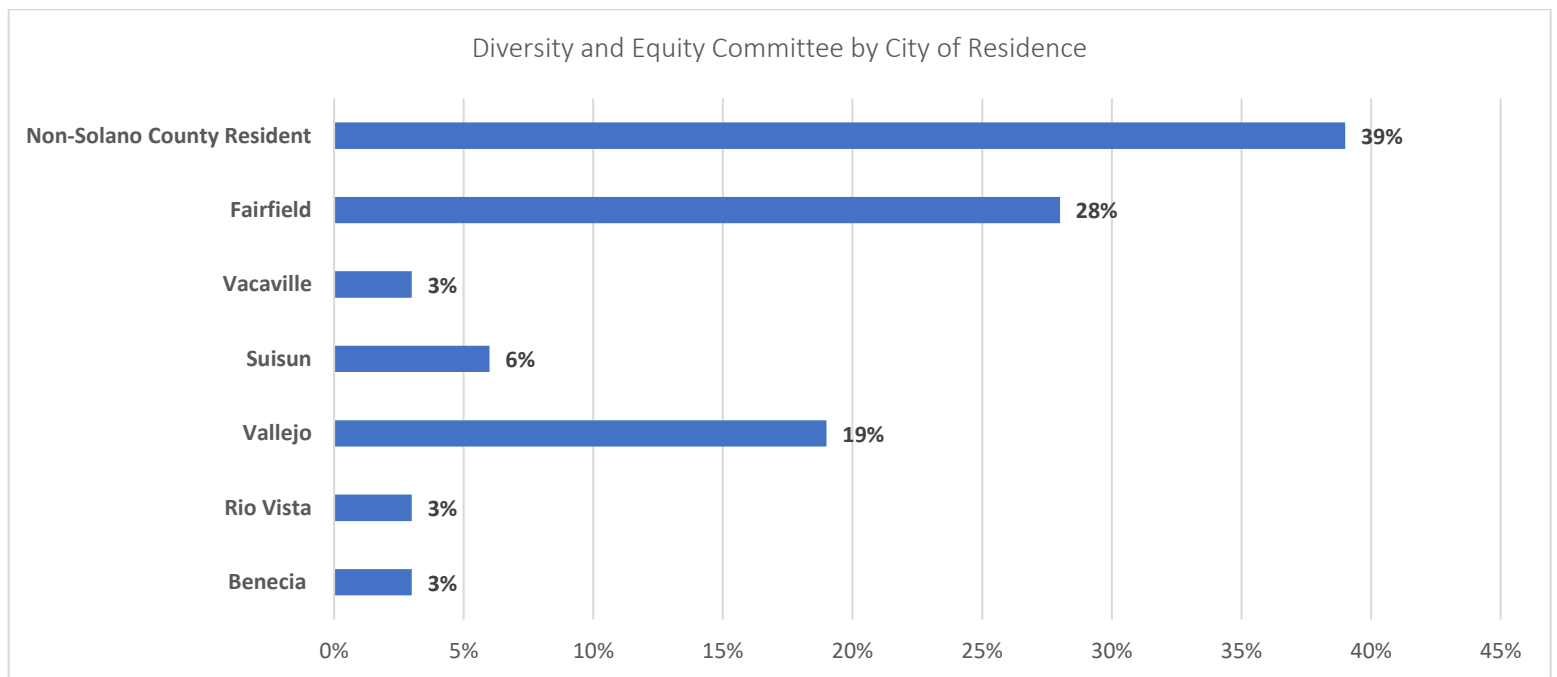


Source: Committee Survey & Solano County Demographics⁴³

The DE Committee also has individuals who are affiliated with the Tuolumne Band of Mewuk Indians and the Mississippi Choctaw Tribes. Committee members represent diverse ethnic communities including African, Central American, Chinese, Eastern European, European, Filipino, Mexian/Mexican-American/Chicano, Middle Eastern, Puerto

⁴³ Solano County Website. (2022, January 20). County of Solano 2020 Annual Report. Retrieved from <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=26003>

Rican, and Salvadorian. Eighty percent (81%) of the Committee members identified their current gender identity as Female and 19% as Male. Ninety-two percent (92%) of the respondents identified their sexual orientation as heterosexual/straight, 6% as Lesbian, and 3% as gay. The Committee has individuals who identified English, Spanish, Tagalog, Italian, and Punjabi as their primary language. Eight percent (8%) of the Committee members identified as veterans and twenty five-percent 25% as individuals who have a loved one who served or is currently an active member in the military. Sixty-nine percent (69%) of the Committee members identified as an individual with lived mental health experience and ninety two percent (92%) have a friend/family member with lived mental health experience. Eight (9%) of the Committee members endorsed having lived experience as a person with a history of substance use and seventy-two percent (72%) also have a friend/family member with a history of substance use. The graph to follow shows Committee members by city of residence which demonstrates that 61% of the Committee members are Solano residents while 39% of the Committee members do not live in Solano County, however they work in Solano.



Source: DE Committee Survey

Committee members provide feedback and guidance related to the BHP’s implementation of the CLAS Standards, provide input for the annual plan update, formulate, and monitor procedures that evaluate the implementation and effectiveness of the plan in developing culturally responsive services and practices. During CY 2023, Committee members continued to provide guidance and support for many of the goals and strategies referenced on page 13. Several initiatives monitored by the DE Committee are also reported out to the BHP through the Quality Improvement Committee which meets quarterly and is comprised of county and contractor behavioral health providers as well as peers representing the consumer voice. Over the last few years several SCBH’s contracted vendors have implemented their own internal agency DE Committees, further supporting a systemwide implementation of the CLAS Standards.

During CY 2022, Committee members shared the following feedback regarding how they and/or their organization have benefited from participating on the DE Committee:

- “It has allowed me to stay abreast of the most current information about diversity and equity. In turn, it makes me think differently about how I work with clients and how I can be more effective.”
- “Have increased my knowledge, language, and stretched my comfort level discussing topics related to diversity and equity matters. In my organization there has been a noticeable growth in discussing diversity and equity issues and topics in open forums and asking questions and confronting concerns.”

Committee members identified ways SCBH’s equity efforts have made a difference in the community:

- “SCBH has provided an opportunity for ongoing conversations with colleagues and partner organizations to improve outcomes for all Solano residents.”
- “SCBH DEI efforts have invited/created a parallel process of experience between program and staff with the clients and community we serve. SCBH’s DEI efforts have been an example in the community how to foster and sustain important and healing conversations and reparative experiences.”

Criterion 5: Cultural Humility Trainings

SCBH Training Efforts

Over the last several years SCBH has invested considerable resources into enhancing training for BHP staff including County and contractor staff as well as key community partners (see Appendix, pgs. 90-92 for a list of trainings provided over the course of the last five years). Below is a list of targeted trainings funded and/or offered through SCBH during CY 2023:

- A cohort comprised of SCBH staff and contractor staff developed a ***Diversity and Social Justice Training*** which is an introduction training that is now available on-line at <https://vimeo.com/374531348>. This training is intended to introduce staff to SCBH’s culturally responsive strategies, provide an overview of human diversity, disparities and provide a foundational understanding and shared language around core concepts for social justice education. This training was made available for all SCBH staff in 2020 and in 2021 was made available to contractor behavioral health staff and external partners and continues to be used for onboarding new staff. The training materials include a discussion guide for facilitators to use to debrief content reviewed during the training. Participants also received additional resources following the training such as links to implicit bias tests, short educational videos, and articles staff can utilize to support their cultural humility efforts. As of December 2023, the online training

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

has been viewed over 650 times. See Appendix, pages 93-96 to view discussion questions, pre/post evaluation, and an additional resource guide for staff.

- During FY 2018/19 the first cohort of ***Promoting Cultural Sensitivity in Clinical Supervision*** provided by Dr. Kenneth Hardy was completed as the core component of the ICCTM *Culturally Responsive Supervision* QI Action Plan. During FY 2019/20 a second cohort was completed. Forty-six (46) County and contractor supervisors, managers and senior leaders were trained. Dr. Hardy continues to provide monthly consultation and coaching sessions for the training participants and SCBH has contracted with him to train a 3rd cohort during FY 2022/23.
- A specialized online training titled ***Filipino Core Values & Considerations in Culturally Responsive Care*** was developed by the previous SCBH Kaagapay AA/PI Outreach Coordinator and was made available to BHP staff—both County and contractors—during CY 2021 and has been viewed 413 times as of December 2023.
- UC Davis CRHD developed a training targeted for front desk reception staff in support of the ICCTM ***ISeeU*** QI Action Plan. This training was focused on building skills necessary for these support staff who are often the initial faces of the SOC and will include content related to cultural sensitivity for LGBTQ+ consumers, how to access interpreter services, etc. This training was provided virtually for 3 cohorts with a total of 49 participants from both County and contractor programs. SCBH plans to facilitate the ISeeU training for a 4th cohort during FY 2022/23.
- In April of 2022 Dr. Hardy provided ***Untangling Intangible Loss in the Treatment of Traumatic Grief Training*** During FY 2022/23 in addition to providing the ***Promoting Cultural Sensitivity in Clinical Supervision*** training for a 3rd cohort of supervisors and managers, Dr. Hardy will be providing additional trainings on the impacts of trauma and racism on marginalized communities.
- The Solano County H&SS Department—including the Behavioral Health Division—is currently in the process of implementing the **Trauma Informed Systems of Care (TISC)** model which includes systemwide training for both clinical and non-clinical staff and the development of Trauma Informed Leadership Team (TILT) who will be responsible to develop system improvement projects. The TISC model incorporates topics related to diversity, equity and inclusion.
- In June 2022, SCBH partnered with Dr. Kenneth Hardy to record a webinar titled ***How to Effectively Talk About Racism***. In this training, Dr. Hardy describes the Privilege And Subjugated Task (PAST) Model he developed which details recommended steps for individuals seeking to have authentic relationships and conversations about race. This webinar fulfilled the SCBH cultural humility training requirements for staff during CY 2022. As of December 2023, the webinar has been viewed nearly 900 times and can be accessed [here](#).

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

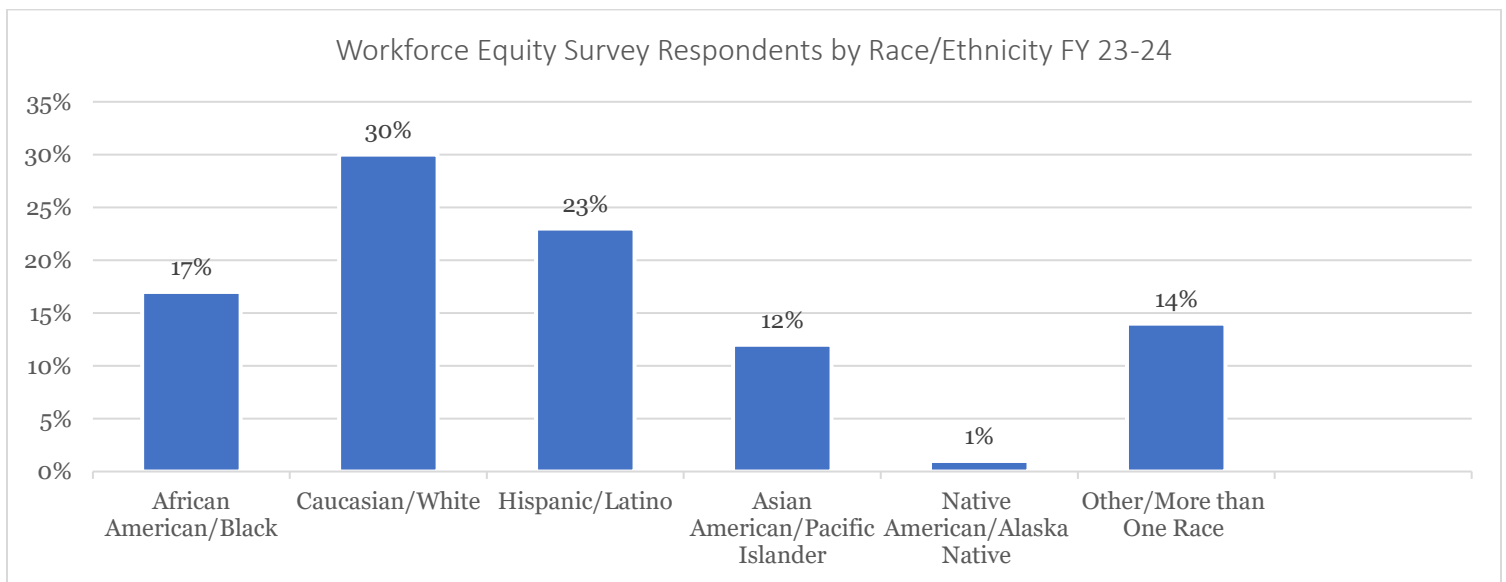
Criterion 6: County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining

Workforce Equity Survey

Starting in December of 2017, SCBH began to administer a voluntary annual survey of the BHP workforce to gather data related to the diversity of the workforce—both County and contractor—to include employees at all levels to assess the cultural and linguistic diversity of the BHP workforce. In addition to monitoring the demographics of the BHP workforce, the survey collects information related to participation in cultural humility trainings, job satisfaction and attitudes towards equity and inclusivity efforts. The annual “Workforce Equity Survey” was administered in December of 2023 and yielded 223 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 30% followed by 23% Hispanic/Latino; 17% for African American/Black; 14% Other/More than One Race; 12% for Asian American Pacific Islander; and 1% Native American/Alaska Native.

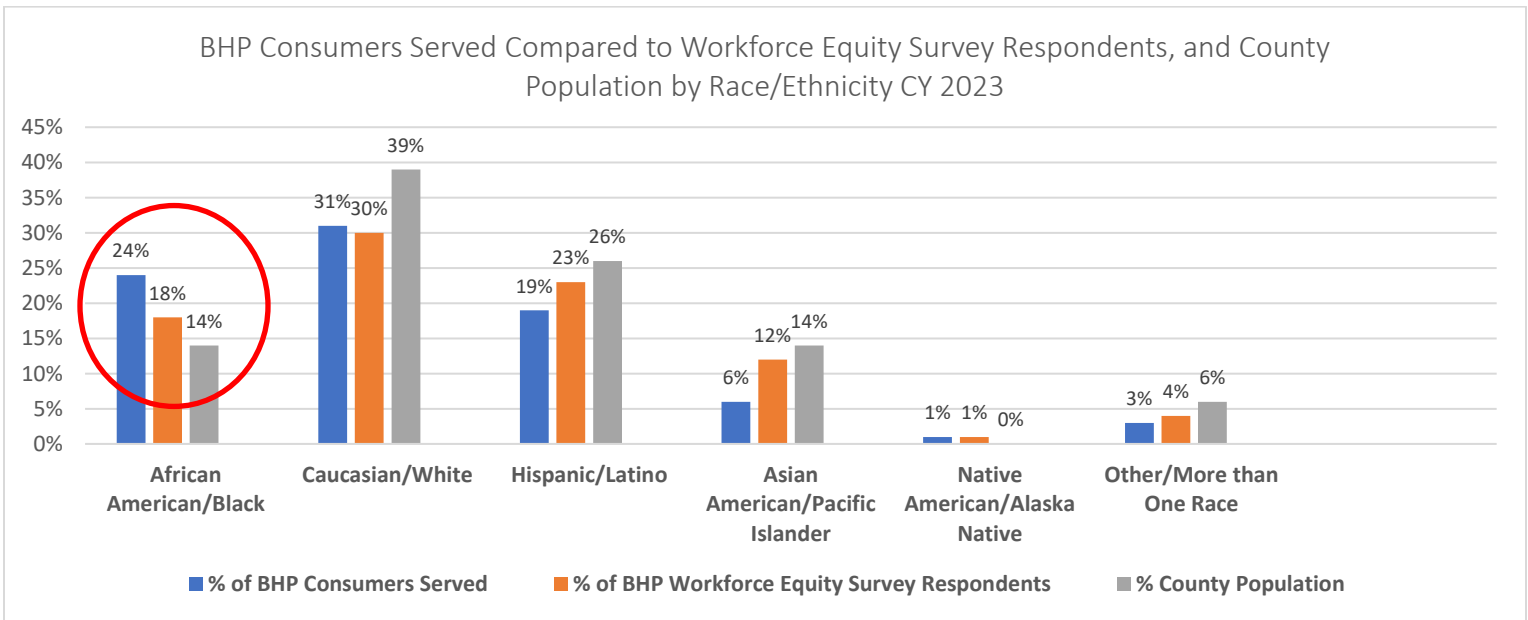


Source: Solano County BHP Workforce Equity Survey FY 2023/24

Although only 1% (2) of staff identified as American Indian/Native Indigenous or Alaska Native, however, there were several affiliated with the following Tribes: Cherokee, Te-Moak Tribe of Western Shoshone, Madagascar Indian, Turtle Mountain Chippewa of North Dakota, Comanche, and Choctaw. It is important to note one staff shared that although they identify as Native American, they were unable to be assigned to a Tribe due to restrictions for African American lineage. 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.



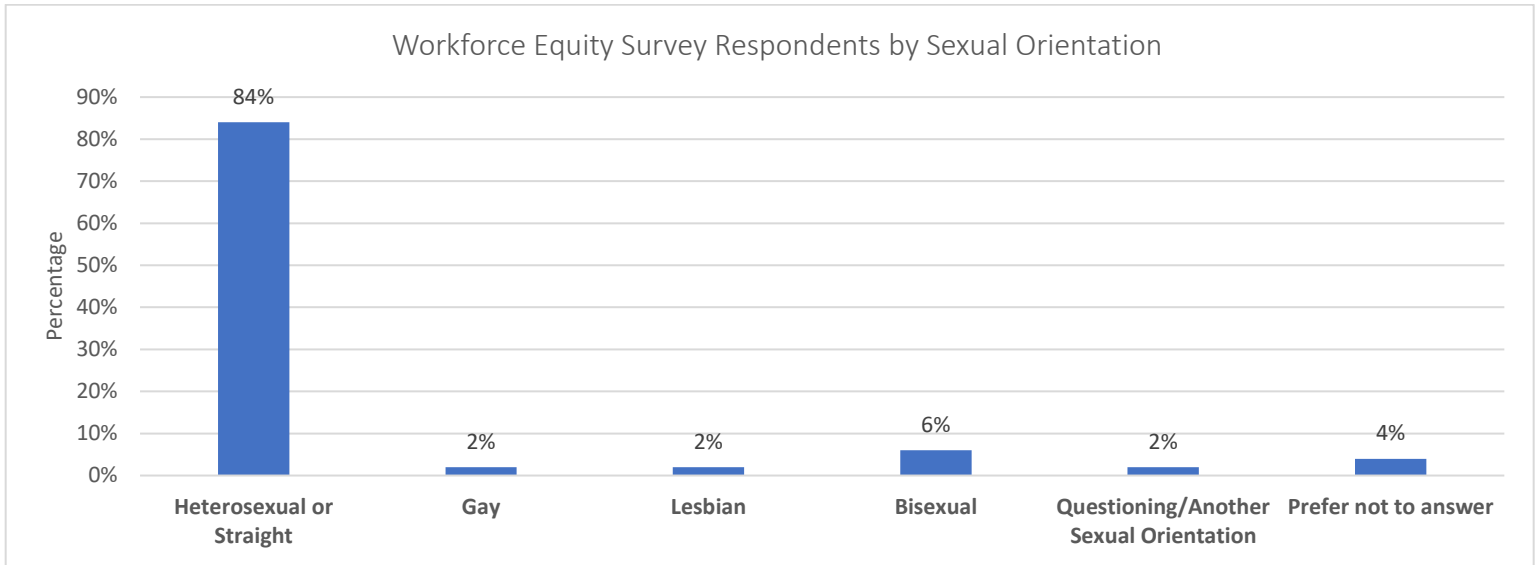
The graph to follow shows the consumers served by the BHP during CY 2023, compared to the BHP Workforce Survey respondents (survey administered December 2023), then compared to the County’s population by race/ethnicity. Findings indicate that two of Solano County’s underserved communities, Hispanic/Latino and Asian American Pacific Islander communities are well represented regarding the BHP workforce. This is a significant achievement related to SCBH’s efforts to build a diverse and equitable workforce. There does however continue to be a disparity related to the disproportionate representation of African American/Black consumers as compared to the BHP workforce. Community partners continue to identify the need to expand the African American/Black workforce in Solano County. As such SCBH and contractors will continue to make efforts to recruit and retain African American/Black BHP staff members.



Source: SCBH EHR, Solano County BHP Workforce Equity Survey FY 2023/24,⁴⁴

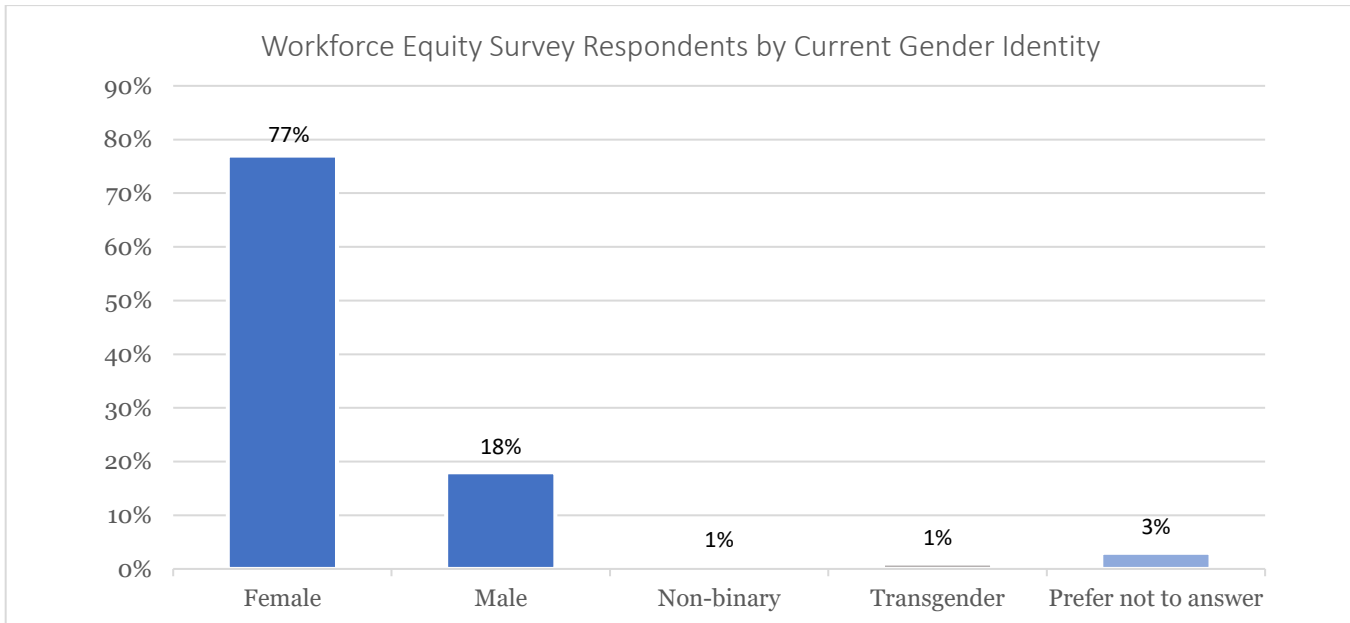
⁴⁴Solano County Website. (2023, December 19). County of Solano 2022 Annual Report. Retrieved from: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=36119>

Since the implementation of the ICCTM MHSA Innovation Project in 2016, SCBH has made significant efforts to address the needs of the LGBTQ+ community in Solano County. Since the inception of the annual workforce survey, questions related to sexual orientation and gender identity/expression have been included. In addition to a goal of providing culturally responsive services and inclusive spaces for LGBTQ+ consumers, SCBH continues to strive to ensure a more inclusive work environment for LGBTQ+ staff. The following two graphs shows the BHP survey respondents by sexual orientation and gender identity/expression. The most recent survey showed that 12% (27) of the respondents identified as non-heterosexual or members of the LGBQ+ community.



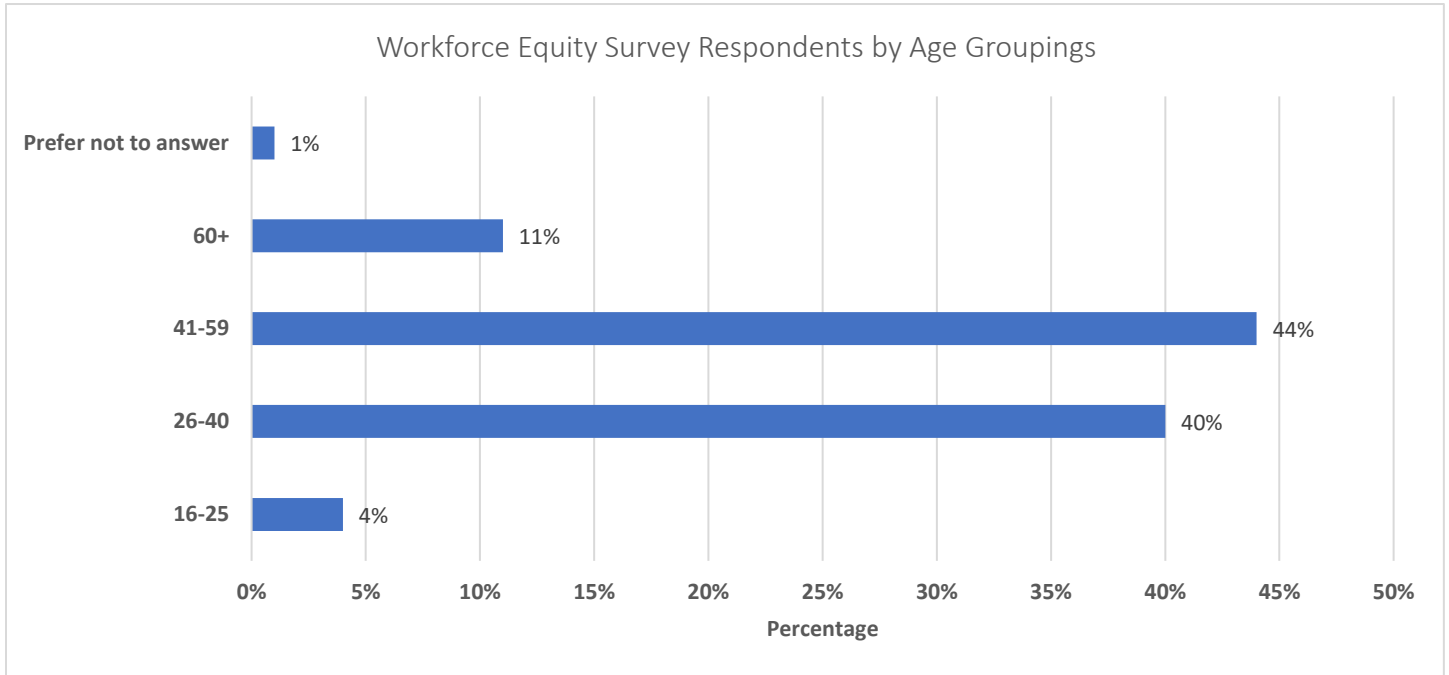
Source: Solano County BHP Workforce Equity Survey FY 2023/24

Regarding gender identity, 2% (4) of the survey respondents identified as non-binary or transgender.



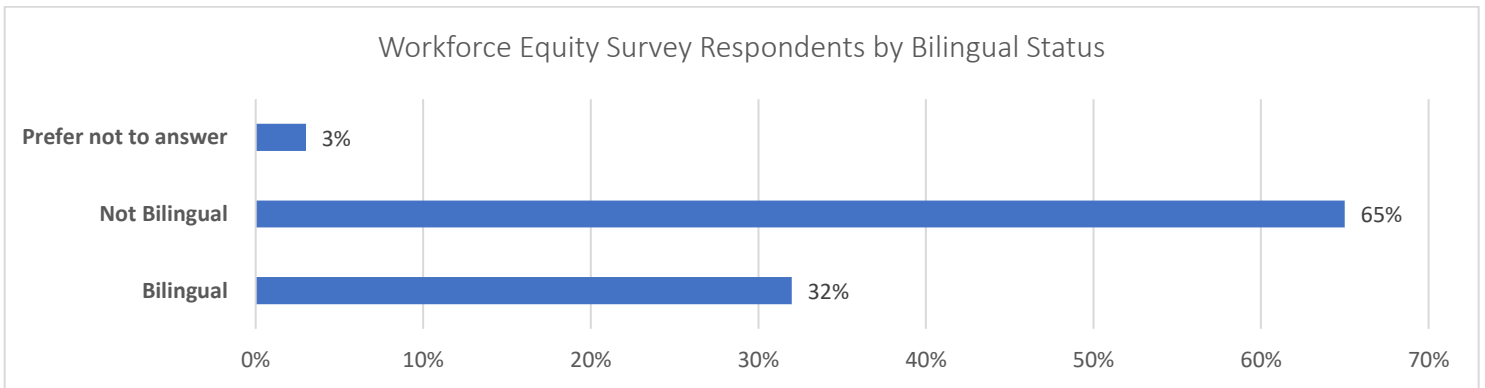
Source: Solano County BHP Workforce Equity Survey FY 2023/24

The following graph demonstrates the age groupings for survey respondents. Four percent (9) of the respondents identified as transitional age youth (ages 16-25), 11% (24) 60 and over, 40% (87) between 26-40, and 44% (70) of the respondents identified as being between the ages of 41 and 59 years old.



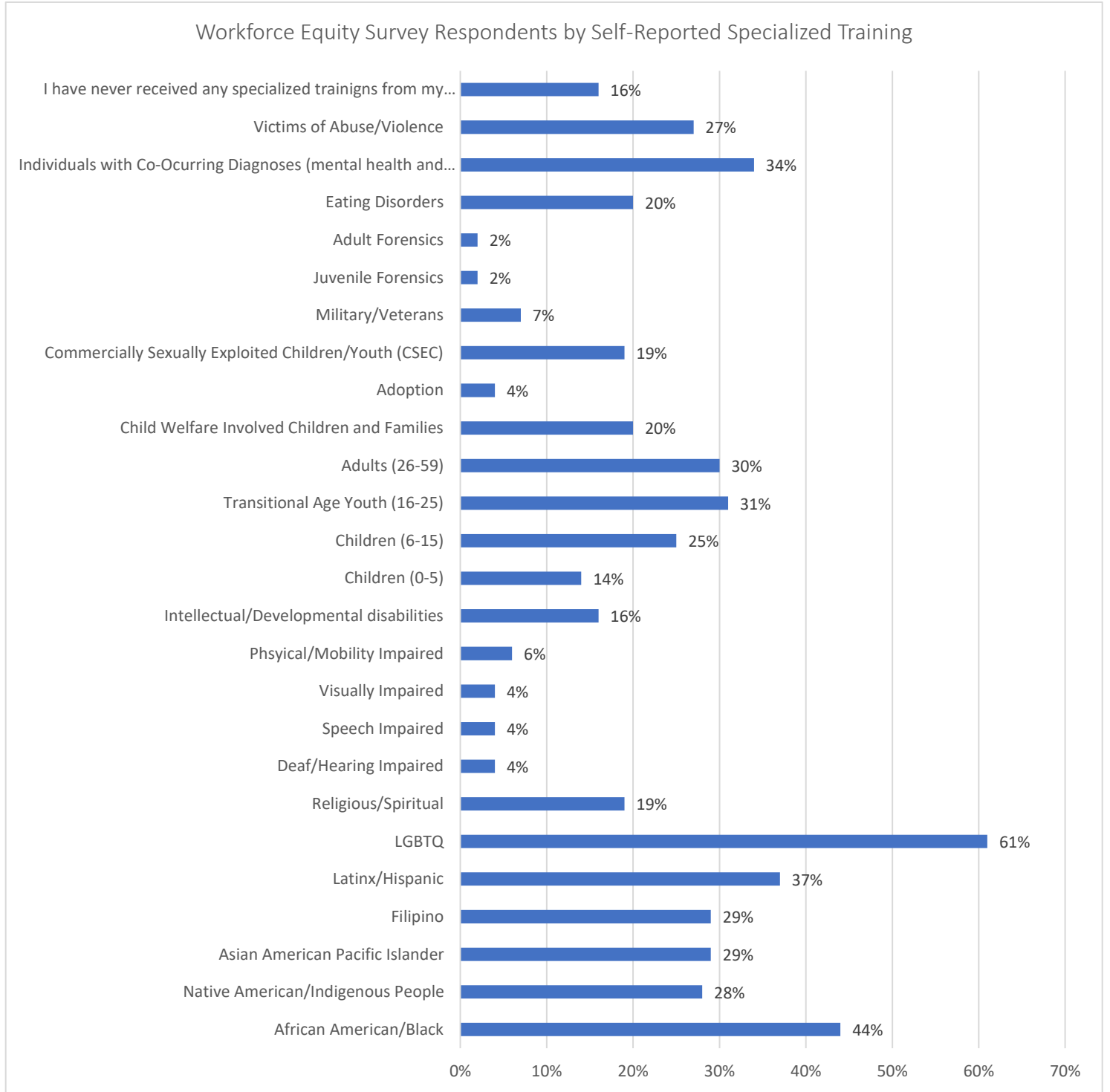
Source: SCBH BHP Workforce Equity Survey FY2023/24

The following graph demonstrates bilingual status for survey respondents with 37% (82) of the 223 survey respondents identifying as bilingual, and of those 32% (23) identified as being in bilingual certified positions and compensated for their linguistic skills. Twenty-eight percent (19) of the bilingual respondents reported having received formal interpreter training. Bilingual survey respondents identified speaking the following languages: Arabic, Cantonese, Farsi, Spanish, Tagalog, Punjabi, Tigrinya, Hindi, Urdu, Hebrew, Visayan (Cebuano), Russian, French, Bisaya, German, Gujarati, Setswana, and Swedish. There has been a historical shortage of applicants who speak Spanish and Tagalog, however 66% (42) of the staff who identified as bilingual speak Spanish (threshold language) and 13% (8) speak Tagalog (sub-threshold language).



Source: Solano County BHP Workforce Equity Survey FY 2023/24

Eighty-six percent (223) of the total respondents reported receiving Cultural Humility training in the past year. Of the 195 respondents who answered a question related to comfortability utilizing interpreter services, 45% (87) endorsed being comfortable using interpreters when necessary. The following graph demonstrates survey respondents' reporting of specialized training received by their employer to better meet the needs of various cultural groups or populations.



Source: Solano County BHP Workforce Equity Survey FY 2023/24

SCBH continues to ask staff members who have lived experience with mental health, substance use, trauma (family violence, community violence, intimate partner violence, neglect, etc.), and involvement with the foster care system to continue to combat stigma and promote the values of recovery and resilience. The results are as follows:

- Fifty-two percent (101) of the survey respondents identified lived experience of mental health, and 78% (152) have a friend/family member with lived experience of mental health.
- Fifteen percent (29) of the survey respondents identified lived experience of substance use, and 70% (135) have a friend/family member with lived experience of substance use.
- Forty-three percent (83) of the survey respondents identify having experienced significant trauma, and 64% (125) have a friend/family member who have experienced significant trauma.
- Three percent (6) of the respondents identify as a person with lived experience in the foster care system and 22% (42) have a friend/family member with lived experience in the foster care system.

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

- Ninety-four percent 95% (158) endorsed examining their own cultural backgrounds and biases and that this may influence their behavior towards others.
- Seventy-nine percent (153) agreed that their organization is committed to racial equity and reducing disparities for underserved communities.
- Ninety-four percent (183) of staff reported that their job is very meaningful to them.
- Seventy-six percent (148) of staff reported that their organization makes intentional efforts to provide welcoming and inclusive spaces for the consumers served (ex. cultural humility trainings for staff, language assistance services, artwork and materials in lobbies and office spaces that represent diverse cultures including the LGBTQ+ community, as well as materials in different languages, etc.)
- Sixty-six percent (128) of staff reports the office space they work in promotes a welcoming environment for staff (ex. posters or other materials representing diverse cultures).
- Sixty-five percent (124) of staff reported their organization promotes the expression of their cultural identity and being their authentic self.
- For the 161 respondents that answered a question related to the frequency of the topics of race and culture (including LGBTQ+) and the impacts on the consumers being served being discussed in supervision, staff meetings, case consultations, etc. 75% (143) responded positively.

Peer Workforce

SCBH continues to demonstrate a commitment to building a workforce that is inclusive of peers and persons with lived experience. Several years ago, SCBH successfully hired three Peer Support Specialists (PSS) who are co-located in programs serving adults. Having PSS embedded within the treatment team has enhanced the programs' ability to better support and serve consumers. In addition to securing several PSS positions, the SCBH operated Wellness and

Recovery Unit continues to identify peers and family members who are interested in receiving training to provide peer counseling. A peer volunteer network has been developed to provide additional opportunities to implement a peer-to-peer model within the SOC as well as career pathways should new PSS positions be approved. Additionally, SCBH encourages the employment of persons with lived experience through our contracted programs.

During Calendar Year 2023, SCBH developed new brochures and updated the counties webpage for the Wellness and Recovery Unit which can be accessed [here](#). The Wellness and Recovery Unit is comprised of a team including a Peer Recovery & Resilience Liaison, a Family Liaison, and Peer/Family Support Specialist who are embedded in County-operated treatment programs. The team offers supportive services to the community and system of care through education about mental health and co-occurring substance use challenges and support for individuals and their family members through personal wellness, responsibility, empowerment, and hope. Some of the Services and Supports Available include the following:

- 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

BHP Network Adequacy

In February of 2018, County BHPs were informed by the DHCS that they would need to track and report on the adequacy of the BHP network of services it uses to serve Medi-Cal eligible individuals. This process of certifying to DHCS consists of providing evidence to demonstrate timely access to care, reasonable time, and distance from provider sites to consumers' residences, and an adequate number of outpatient psychiatrist and clinical providers in both the Adult and Children's Services Systems. Evidence to substantiate Network Adequacy includes, but is not limited to, submission of the Network Adequacy Certification Tool (a listing of all mental health programs, site locations, services provided, languages offered, and staff), contracts with mental health programs who provide services in Solano County, policies and procedures, timeliness data from the EHR, Geographic Information System (GIS) maps, data demonstrating use of interpreters, etc. During FY 2021/22, Solano County submitted the annual submission and received the certifications from DHCS endorsing that SCBH remains in compliance with all Network Adequacy standards. SCBH has submitted reports for FY 2022/23 as required in November 2023 and are awaiting notification from DHCS as to the status of the County's Network Adequacy certification.

Criterion 7: Communication and Language Assistance

Linguistic Initiatives

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

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

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

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

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

During FY 2017/18 and FY 2018/19 SCBH leveraged Mental Health Block Grant (MHBG) first episode psychosis (FEP) funding to enable U.C. Davis – Behavioral Health Center of Excellence (BHCE), who is the contractor who supports the local Early Psychosis (EP) Treatment Program, to translate materials used in treatment. The translated materials were made available for consumers and their families for the threshold language of Spanish to improve access to care for the Hispanic/Latino population. These translated materials are now being used in the Sacramento County EP Program and will be shared with other counties across California through the *Early Psychosis Learning Health Care Network (EP LHCN)* statewide MHA Innovation Project which includes San Diego, Solano, Sonoma, Stanislaus, Orange, Los Angeles, and Napa Counties. The app being developed through the EP LHCN is intended for consumer and family member usage to self-report progress in treatment and will be made available in seventeen (17) languages. During FYs 2020/21 and 2021/21 the UC Davis consultation team developed videos on psychoeducation for psychosis in Spanish to be used with monolingual Spanish parents whose children are served by the local EP program. The videos have been well received, and monolingual Spanish-speaking parents have reported how helpful the videos are in assisting parents in understanding their child's illness.

In August 2019, a *Behavioral Health Interpreter Training (BHIT)* for bilingual staff was provided and focused on supporting bilingual staff in learning behavioral health terminology (both in Spanish the threshold language and Tagalog which is a sub-threshold language), learning how to hold the role of interpreter when asked to support English speaking colleagues, and learning laws and ethics related to the provision of interpreting services. Between August 2019 and June 2021 five (5) cohorts of monolingual English-speaking clinical staff attended the BHIT focused on best practices related to using interpreter services, laws and

ethics related to the provision of linguistically appropriate services and how to access the County's interpreter services. Additionally, three (3) cohorts of front desk reception staff attended a specialized BHIT developed for the unique needs of these support staff. All sessions of the BHIT trainings included a section on how to access interpreter services through the County's vendor.

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

Beginning July of 2020 SCBH expanded the contract the H&SS Department has with Language Link to allow our behavioral health vendors to utilize the services—both interpreter and translation—for uniformity and to be able track the utilization of interpreter/translation services to better monitor the linguistic needs of the community. Additionally, trainings were offered to the vendors and SCBH created a training video on how to access Language Link services intended to be used ad hoc for on-boarding new staff and training existing County and contractor staff. SCBH continues to monitor the quality of interpretation services and regularly communicates and problem solves to address any barriers identified.

Beginning in FY 2019/20 SCBH began to make concerted efforts to create videos and social media content in Spanish and Tagalog. SCBH brochures and flyers for different community events and meetings are made available in English, Spanish and Tagalog. As referenced on page 50. SCBH has funded several multi-media campaigns that have also included assets that are in Spanish and/or have Spanish and Tagalog sub-titles.

Data related to primary and preferred language for BHP consumers served during CY 2023 is listed in the table to follow. Eighty-five percent (5,012) of the consumers served identified their “primary language” as English, 8% (475) as Spanish and 1% (62) as Tagalog. In regard to “preferred language” 82% (4,801) of the consumers identified English, 6% (340) Spanish and .6% (38) as Tagalog.

Total # of Consumers: 5,874		
Language	# of Consumers by Primary Language	# of Consumers by Preferred Language
American Sign Language (ASL)	2	4
Arabic	5	1
Cambodian	0	0
Cantonese	8	7
English	5,012	4,801
Farsi	4	2
Hattian	0	0
Hebrew	0	0
Hindi	1	0
Italian	0	1
Korean	2	3
Laotian	2	1
Lithuanian	0	0
Mandarin	1	1
Mien	1	1
No Entry	269	659
Other Chinese Language	1	0
Other Non-English	17	21
Other Sign Language	0	1
Polish	0	0
Portuguese	4	3
Punjabi	11	0
Samoan	0	0
Spanish	475	340
Tagalog	62	38
Tamil	0	0
Thai	2	0
Unknown/Not Reported	4	10
Vietnamese	13	10

Source: Solano County BHP Electronic Health Record 337

The table below includes data related to the BHP’s use of interpreter services to provide linguistically appropriate services for FY 2022/23. It is important to note that the data represents individual requests/utilization of interpreter services not unduplicated consumers.

Total Interpreter Services Used: 963	Total In-Person Interpreter Services: 643	Total Phone Interpreter Services: 186
Language	# of In-Person Interpreter Services by Language	# of Phone Interpreter Services
American Sign Language (ASL)	117	0
Arabic	0	1
Cantonese	0	2
Dari	0	1
Farsi	0	1
Mandarin	0	4
Portuguese	0	6
Portuguese-Brazilian	0	5
Punjabi	2	2
Romanian	0	6
Russian	0	1
Spanish	518	126
Tagalog	0	18
Tamil	0	7
Thai	0	1
Vietnamese	6	5

Source: Language Link billing

An analysis of Language Link utilization for FY 2022/23 demonstrates that BHP providers are accessing interpreter services primarily for Spanish-speaking consumers and deaf consumers. For FY 2022/23, 81% of the total in-person interpreter services were in Spanish and 18% in American Sign Language (ASL). A review of phone interpreter services for the same FY demonstrates that 68% of these services were in Spanish. It is important to note, SCBH recently extended the Language Link services to all contracted vendors starting July 1, 2020.

Each County BHP is required to have all clinical and legal forms and other relevant BHP documentation translated and available in all threshold languages. As mentioned above Spanish is currently the only Solano County threshold language, while Tagalog is a sub-threshold language. However, SCBH continues to have forms and documents translated into Tagalog as well in alignment with the National CLAS Standards.

Spanish Translation Expenses FY 2022/23	Tagalog Translation Expenses FY 2022/23	Other Translation Expenses FY 2022/23	ASL Translation Expenses FY 2022/23
\$ 71,208.90	\$ 432,43	\$ 2,884.06	\$ 25,931.52

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 of feedback from SCBH. After completing each of the 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 10: Conduct ongoing assessments of the organizations CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

CLAS Standard Addressed	Progress Made CLAS Organizational Assessment Scoring Scale 0-3 with 3 being the highest score
<p>CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.</p> <p>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.</p>	<p>SCBH maintained the same score (2.50) from 2019 to 2021 for this CLAS Standard.</p> <p>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.</p>
<p>CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<p>SCBH maintained the same score (2.0) from 2019 to 2021 for this CLAS Standard.</p>

<p>The CLAS Organizational Assessment questions related to Standard 6 measured written materials and verbal practices related to informing consumers of language assistance support.</p>	<p>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/objectives related to improving linguistic capacity including clinic signage.</p>
<p>CLAS Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
<p>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.</p> <p>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.</p>	<p>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.</p> <p>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</p>

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.

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.

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

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.

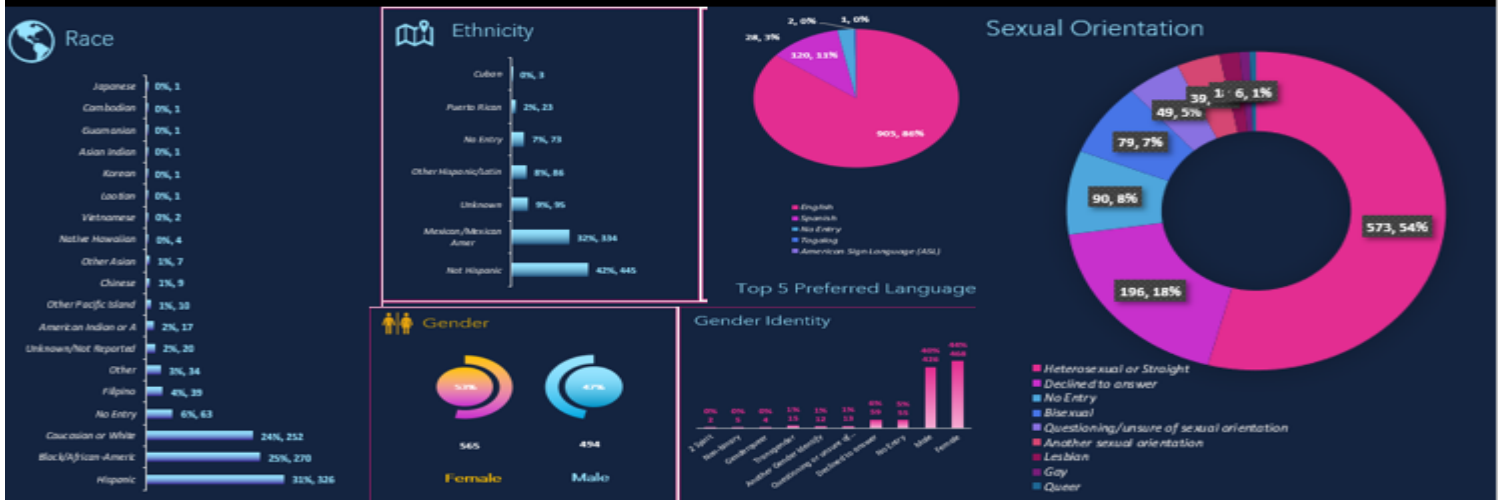
APPENDICES

SCBH Data Dashboard Samples

Data Dashboards – Adult System of Care 2022 Demographics



Data Dashboards – Children’s System of Care 2022 Demographics



Data Dashboards – Access Timeliness

ACCESS TIMELINESS DASHBOARD Solano County Behavioral

TOTAL CALLS SCREENED
6,851



NEW CALLERS
4,535 66%

TOTAL UNIQUE CALLERS
6,001



Average Days from Screening to:

OFFER
6.2

6

ASSESSMENT
22

9

MED
54

23

FOLLOWUP
22

7

SCREENED by MONTH



CALLS by CITY Top 7



Data Dashboards – Access Timeliness

SCREENING TO OFFER by Race

Days between screening and first offered appointment by race from FY19/20 to present.



Avg Screen to Offer by Race vs FY14 & FY15



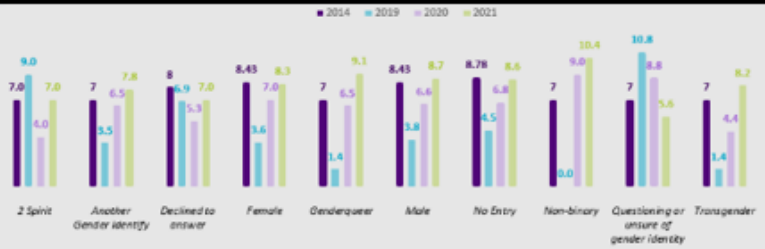
6 Median
6.23 Average Days Screen to Offer
6,839 Count of Screen/Offer

-2.5 Days ▼ from FY14/15 Baseline
-1.5 Days ▼ from FY15/16 Baseline

Data Dashboards – Access Timeliness

SCREENING TO OFFER by Gender Identity

Days between screening and first offered appointment by gender identity from FY19/20 to present.

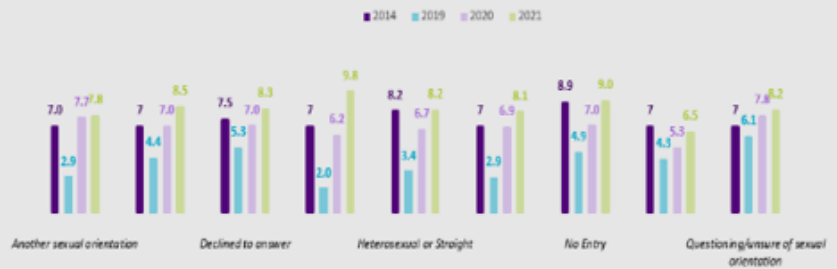


Avg Screen to Offer by Gender ID vs FY14 & FY15

12

SCREENING TO OFFER by Sexual Orientation

Days between screening and first offered appointment by Sexual Orientation from FY19/20 to present.



Data Dashboards – Access Timeliness

SCREENING TO OFFER by Language

Days between screening and first offered appointment by language from FY19/20 to present.



Avg Screen to Offer by Language vs FY14 & FY15

Avg Screen to Offer by Language vs FY14 & FY15



-2.5 Days ▼ from FY14/15 Baseline

-1.5 Days ▼ from FY15/16 Baseline

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 in order to ensure culturally and linguistically appropriate service delivery.
 - a. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Quality Improvement by July 30th of each Fiscal Year for the current Fiscal Year.
 - b. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards.
 3. **(Only include if vendor has not done initial plan)** During FY 21/22 Contractor will develop an agency Cultural Responsivity Plan to include goals and objectives towards improving cultural and linguist competencies and addressing local disparities. County will provide technical assistance, useful tools and a plan template to be used for organizations that do not already have such a plan.
 - a. The Cultural Responsivity Plan shall be submitted to County QI Unit for qualitative review, feedback, and approval no later than September 30, 2021.
 - b. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Quality Improvement by July 30th of each Fiscal Year for the current Fiscal Year.
 - c. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards.
 4. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the intentional outreach, hiring, and retention of a diverse workforce;

5. Provide culturally sensitive service provision and staff support/supervision, including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.
- C. Contractor will ensure agency representation for the County Diversity and Equity Committee held monthly in order stay apprised of—and inform—strategies and initiatives related to equity and social justice as informed by the goals included in the County Cultural Responsivity Plan and Annual Updates.
1. Assign an agency staff member designated to become an active committee member attending meetings consistently. Designee will be required to complete the *Diversity and Equity Committee Participation Agreement* form.
 2. Make an effort to ensure that the designated representative can also participate in ad hoc sub-committee meetings scheduled as needed to work on specific initiatives related to goals in the BHP Diversity and Equity Plan.
 3. Identify a back-up person to attend committee meetings in the absence of the designated person.
- D. Provision of Services in Preferred Language:
1. Contractor shall provide services in the preferred language of the beneficiary and/or family member with the intent to provide linguistically appropriate mental health services per ACA 1557 45 CFR 92, nondiscrimination in healthcare programs. This may include American Sign Language (ASL). This can be accomplished by a bilingual clinician or the assistance of an interpreter. The interpreter may not be a family member unless the beneficiary or family expressly refuses the interpreter provided.
 2. Contractor may identify and contract with an external interpreter service vendor, or may avail themselves to using the vendor provided and funded through Solano County Health and Social Services.
 3. Contractor shall ensure that interpretation services utilized for communications or treatment purposes are provided by interpreters who receive regular cultural competence and linguistic appropriate training. Training specifically used in the mental health field is recommended.
 4. Contractor shall ensure that all staff members are trained on how to access interpreter services used by the agency.
 5. Contractor will provide informational materials as required by Section 9.D below, legal forms and clinical documents that the beneficiary or family member may review and/or sign shall be provided in the beneficiary/family member's preferred language whenever possible.
 6. Contractor shall at a minimum provide translation of written informing materials and treatment plans in the County's threshold language of Spanish as needed for beneficiaries and/or family members.
- E. Cultural Competence Training:
1. Contractor shall ensure that all staff members including direct service providers, medical staff, administrative/office support, reception staff, and leadership complete at least one training in cultural competency per year.
 - a. On a monthly basis, Contractor shall provide County Quality Improvement with an updated list of all staff and indicate the most recent date of completing Solano BHP approved Cultural Competence Training. Evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving Cultural Competence training, should also be provided to County Quality Improvement at that time.
- F. Contractor will Participate in County and agency sponsored training programs to improve the quality of services to the diverse population in Solano County.

SCBH RFP Template: Cultural Responsivity Section

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SOLANO
COUNTY

REQUEST FOR PROPOSALS (RFP) NUMBER: **TBD**

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 BEHAVIORAL HEALTH DIVISION

TBD

(name service/program purchasing)

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

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

Content Related to Diversity, Equity and Inclusion

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

Scoring

a. Proposal Review Criteria

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

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

ATTACHMENT 2

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

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

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

	b	Training plan related to HIPPA and Compliance.
3		Organization's infrastructure related to quality improvement, data collection and performance outcome tracking.
4		A statement as to whether there is any pending litigation against the Proposer.
5		<p>A list, if any, of all current contractual relationships with the County of Solano and all those completed within the previous five-year period the list must include:</p> <ul style="list-style-type: none"> - Contract number - Contract term - Core service/s being delivered - Description of any corrective action plans that have been in place for any of the associated contracts. <p>(NOTE: Current or prior contracts with the County are NOT a prerequisite to being awarded the maximum available points for the Proposer Qualifications and Experience category.)</p>

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

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

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



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

POLICY NUMBER: AAA203

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

IMPLEMENTATION DATE: March 24, 2009

LAST REVIEWED: November 30, 2020

NEXT SCHEDULED REVIEW: November 29, 2023

PARTY RESPONSIBLE FOR REVIEW: Mental Health Services Quality Improvement Unit

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

REVISED POLICY (and renamed)

I. DEFINITIONS

- A. **Beneficiary:** The individual currently receiving or requesting services or supports from a Mental Health Plan (MHP) and/or paid for by an MHP. The term beneficiary is also synonymous with mental health consumer, patient, or client; person who utilizes mental health services from Solano MHP.
- B. **Certified Bilingual Employee:** A Solano Mental Health Plan employee who is certified by Solano County Human Resources Department as fluent in a language other than English and uses this bilingual skill to serve Mental Health Plan beneficiaries.
- C. **Contract Agency Service Provider:** An agency that contracts with Solano Mental Health Plan to provide services for a fee or rate specified by a contractual agreement.
- D. **Culturally Sensitive Services:** Services provided to beneficiaries that take into account a beneficiary's age, ancestry, creed, color, disability, marital status, veteran status, medical condition, national origin, political and/or religious affiliation or lack thereof, race, gender, sexual orientation, etc.
- E. **Interpreter:** A person who is either a certified bilingual employee or who is provided by a contracted interpreter services agency to perform the oral or manual (i.e., sign language) transfer of a message from one language to another.
- F. **Major Written Communication:** Mental Health Plan publications, forms, and documents that:
 - 1. Describe services, beneficiaries' rights and responsibilities, or changes in benefits, eligibility, or service; or
 - 2. Request information from a beneficiary, or a response on the part of a beneficiary or notify a client of an adverse action; and/or
 - 3. Require a beneficiary's signature or consent for treatment
- G. **Mandated Key Points of Contact:** Common points of entry into the Solano County Mental Health Plan system, including but not limited to the 24-hour, toll-free Access telephone line, Crisis Stabilization unit, Office of the Problem Resolution Coordinator and other designated central access or contact locations where there is direct contact with beneficiaries who meet threshold language population criteria.
- H. **Mental Health Plan or MHP:** An entity that enters into a contract with the California Department of Health Care Services to provide directly or arrange and pay for specialty

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

- I. **Preferred Language:** The language identified by the beneficiary as being the preferred or only language for effective communication.
- J. **Primary Language:** The language identified by the beneficiary as being their original language spoken at birth.
- K. **Threshold Language Population:** 3,000 beneficiaries, or five (5) percent, of the Medi-Cal beneficiary population, whichever is lower, whose primary language is other than English.
- L. **Translator** – A certified bilingual person or a person who is provided by a contracted translation services agency to perform the written transfer of information from one language to another.

II. CULTURAL AND LINGUISTIC CONSIDERATIONS

- A. The Solano County MHP utilizes the national Culturally and Linguistically Appropriate Services (CLAS) standards to achieve cultural proficiency in service delivery, reduce health disparities, and provide services that are equitable for all beneficiaries.
- B. Assessments and treatment shall be informed by and include information gathered directly from the beneficiary regarding their spiritual beliefs, cultural practices, traditions, customs, and other relevant considerations.
- C. All requests for services, assessments and treatment services shall be conducted in each beneficiary's preferred language by using a bilingual staff or an interpreter when needed.

III. POLICY

- A. All Solano MHP programs and mandated key points of contact shall make services available to beneficiaries who need them in a manner that promotes, facilitates, and provides the opportunity for use of such services. Services shall be delivered in ways which recognize, are sensitive to, and are respectful of, individual and cultural differences.
- B. In all instances where interpreter services are referred to in this policy this also includes American Sign Language (ASL).
- C. Solano MHP shall ensure that all persons who have limited English language proficiency, or who have other language or communication barriers, are afforded equal access to mental health services.
 - 1. This includes parents or care providers who have limited English language proficiency.
- D. This policy is designed to:
 - 1. Provide effective and timely communication with beneficiaries while taking into account cultural and linguistic considerations.
 - 2. Provide equal access to appropriate mental health services for persons regardless of culture and/or who have limited English proficiency or who have other language or communication barriers.
 - 3. Ensure that clinical decisions are based on accurate information, considering cultural/linguistic differences resulting in appropriate treatment and referrals relative to the beneficiaries' concerns.
- E. Solano maintains and monitors the MHP's Provider Network in the following manner:
 - 1. Monitor overall Medi-Cal eligibility and expected service utilization.
 - 2. Monitor the number and types of providers in terms of training, experience and specialization needed.
 - 3. Monitor number and types of providers in terms of languages spoken and cultures represented.
 - 4. Monitor the providers who are not accepting new beneficiaries.

5. Monitor geographic locations to ensure provider coverage and accessibility to beneficiaries in terms of distance, travel time, access to public transportation, and physical access for disabled beneficiaries.
 6. Recruit to increase Provider Network in geographic and service areas where deficits exist.
- F. Training to provide cultural competence/diversity and equity, as well as interpreter competencies
1. All MHP staff (county and contracted), at administrative and management level as well as those providing specialty mental health services, will be required to participate in annual cultural competence/diversity and equity training.
 - a. Cultural competence/diversity and equity training focus and curriculum will be informed by the Cultural Competence Training Plan and coordinated by the Cultural Competence Committee and Ethnic Services Manager.
 - b. Diversity and Equity (cultural competence) Committee and Ethnic Services Manager will maintain an annual training plan and an annual training report related to Cultural Competence, per DMH Information Notice 10-02.
 - c. Solano MHP will have tracking, monitoring and reporting systems in place to ensure participation of all county and contracted staff in cultural competence training.
 2. Interpreters who provide services to beneficiaries in Solano's MHP will be competent to provide interpretation services:
 - a. Contracted interpreters will pass an initial language competency test and receive ongoing training through their employer.
 - b. County staff who are certified by the county as bi-lingual, will pass an initial test given by Human Resources, and will receive additional interpreter training thereafter.
 - 1) Monitoring of ongoing language competence will occur through random reviews of translated treatment plans and beneficiary surveys re: interpreter competence.
- G. Interpreter services will be offered at no cost to the beneficiary.

IV. PROCEDURES

- A. Solano MHP shall maintain a statewide 24-hour toll free telephone line with capacity to provide services in any language at all mandated key points of contact.
- B. In addition, staff who speak the county threshold language(s) and/or interpreters shall be made available at all service sites.
- C. **Appropriate Use of Interpreter Services**
 1. Beneficiaries with limited English language proficiency and beneficiaries with specific cultural considerations, language or communication barriers shall be identified as early as possible and documented in the medical record.
 - a. Documentation shall include whether or not interpreter services were offered and the beneficiary's response.
 2. The beneficiaries' family members, friends or escorts may not provide interpreter services unless expressly requested by the beneficiary.
 3. In emergent situations, a beneficiary's adult family members, friends or escorts may be asked to provide basic information (e.g., name, address, phone number, current reason for seeking services and general health problems) in order for the beneficiary to receive immediate and appropriate mental health services until the County provides an alternative.
 - a. Minors may not act as an interpreter.
 4. Interpreter services must be provided in all of the following situations:
 - a. An interpreter is requested by the beneficiary or care provider.
 - b. An interpreter is requested by a service provider on behalf of the beneficiary.
 5. Interpreter services shall be offered and provided at no cost to the beneficiary.

6. When interpreter, translation or culturally specific services are offered to a beneficiary, the staff person who made the offer shall appropriately document the offer and the beneficiaries' response in the medical record.
- D. Steps for Securing Interpreter Services**
1. Whenever possible, a Solano MHP certified bilingual, and if possible bicultural, employee shall be used to facilitate bilingual communication.
 - a. The names, phone numbers, work locations, and times of availability of certified bilingual, and if possible, bicultural staff shall be placed on a centralized list, which shall be updated the Mental Health Director or designee and distributed at least bi-yearly to all staff.
 2. In the absence of a certified bilingual employee, staff shall offer and secure an interpreter contracted by the department.
 - a. The Cultural Competency Coordinator or Mental Health Director or his/her designee shall keep all managers and supervisors advised of the most current information regarding the use of contracted interpreter services.
 - b. Each program shall maintain a record of on-site interpreter services.
 3. All interpreter services, where a contracted interpreter is used, including over the telephone, must be documented by completing a Health & Social Services Request for Interpreter/Translation Services Form or other form approved and maintained by individual contract agencies.
 4. When neither a certified bilingual employee nor a contracted interpreter service is available or feasible to provide interpreter services, Solano MHP staff shall access the contracted provider for over-the-telephone interpreter services for language assistance.
 5. California Relay shall be made available for hearing impaired beneficiaries.
- E. Interpreters Provided by Beneficiaries**
1. Mental Health Plan beneficiaries may secure, at their own expense, the services of their own interpreter.
 - a. This does not waive the responsibility of Solano MHP to arrange for interpreter services at no cost to the beneficiary.
- F. Translated Written Materials**
1. Major written communications of Solano MHP shall be made available in Solano County's identified threshold language(s).
 2. Translations of written communications shall be obtained from official State, Federal or County government publishers or from a contracted language translation agency.
 3. All translated materials produced under the direction of Solano MHP shall be reviewed by county certified bilingual staff prior to public release.
 4. Major written communications usually displayed and easily accessible to beneficiaries in all public reception areas of Solano MHP programs and/or facilities shall be made available in the threshold language(s).
 5. Visually impaired beneficiaries shall be offered recorded versions of Solano MHP major written communications in the threshold language(s).
 6. Major written communications mailed to beneficiaries from Solano MHP shall be made available in the threshold language(s).
- G. Program/Agency Responsibilities**
1. Solano MHP Administration shall stipulate in contracts with agency service providers that contractors of agency service providers are responsible for obtaining interpreter, translation and cultural services needed to serve beneficiaries in the identified language and that those services be offered at no cost to the beneficiary.
 2. Solano MHP staff and contract agency providers of direct services to beneficiaries shall do the following:
 - a. Implement policies and procedures regarding the provision of interpreter and translation services that either meet or exceed the County requirements.

- b. Ensure that staff is trained regarding effective communication, cultural competency, and use of interpreter services.
 - c. Post signs in threshold language(s) in beneficiary reception/waiting areas which explain the availability of interpreter services at no cost to the beneficiary.
 - d. Assure the appropriate display and/or availability of translated Major Written Communications for use by beneficiaries.
 - e. Document the offer and use of interpreter services.
 - f. Assure compliance with obligations under this policy.
- H. Monitoring Linguistic and Multicultural Services**
- 1. Solano MHP Administration shall annually assess the development of additional threshold language population based on County Medi-Cal beneficiary data.
 - 2. Solano MHP Administration shall be responsible for monitoring the following:
 - a. The implementation of the Mental Health Services Cultural Competency Plan as it pertains to language access and the delivery of culturally competent mental health services.
 - b. The compliance of county-operated mental health services programs and/or contract agency providers with the obligations under this policy.
 - 3. Monitoring for compliance with this policy and procedure shall be performed as a regular component of the routine review process conducted by the contract monitor/manager.
- I. Monitoring the MHP's Provider Network**
- 1. Provider Relations Coordinator and Access Supervisor will consider geographic locations and service needs.
 - 2. Provider Relations Coordinator and Access Supervisor will monitor and report data at Quality Improvement Committee.

V. AUTHORITY

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

VI. FORMS

- A. None

VII. RELATED POLICIES

- A. None

APPROVALS:


 Behavioral Health Services Sr. Manager, Quality Improvement

12/02/20
 Date


 Deputy Director, Behavioral Health

12/16/2020
 Date

Electronic Distribution Date:

The signed original is maintained on file in the Mental Health Quality Improvement Unit.

Sample School Wellness Center Data Dashboard

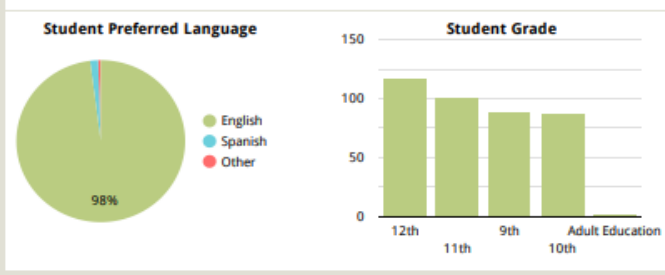
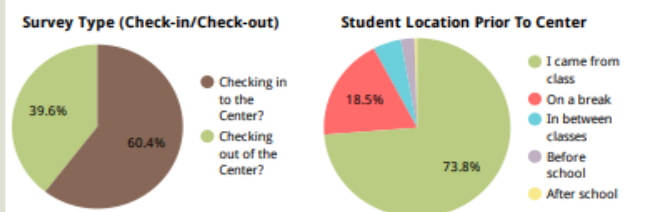
2022.2023 Wellness Center High/Adult Schools Performance Dashboard

Report Date Range Sep 1, 2022 - Nov 30, 2022

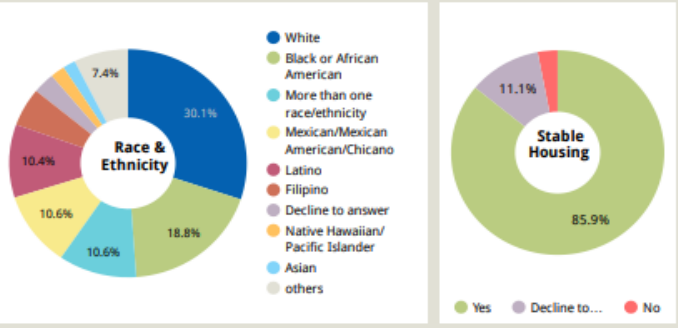
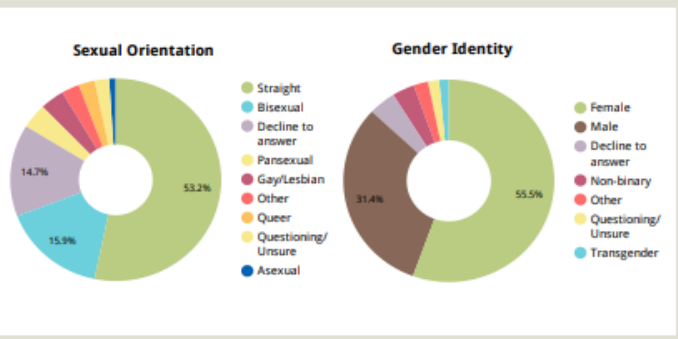
School Name

Total Surveys Collected
3,120

Unique Student Count Visited Center
594
By Student ID/Name

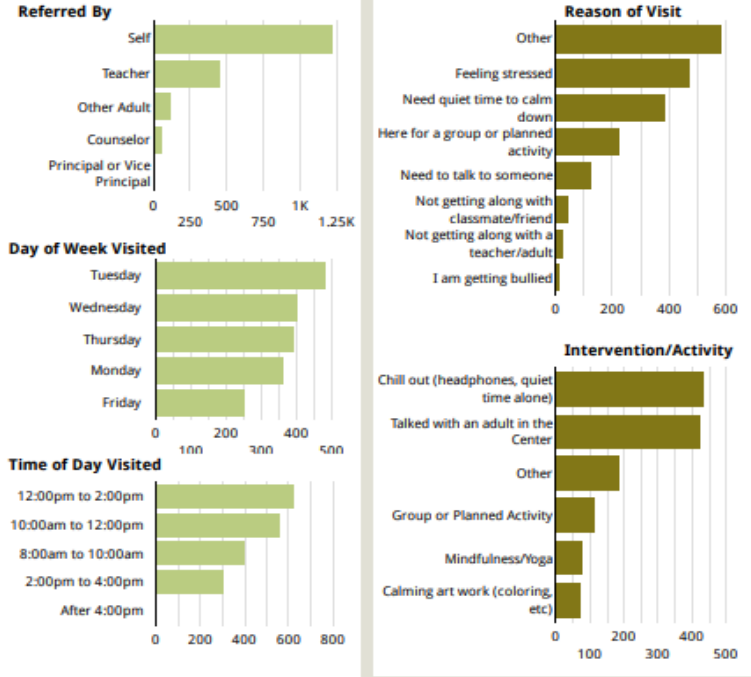


Demographic



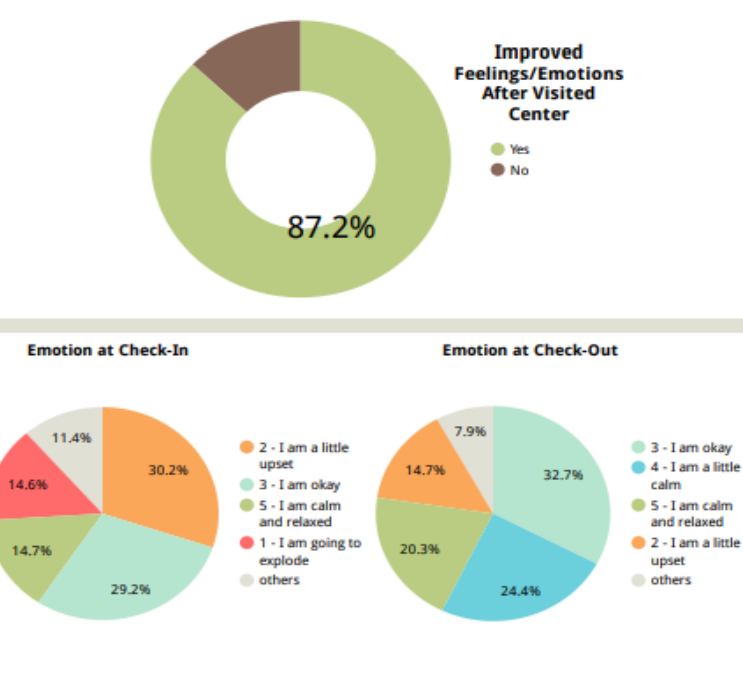
Report Date Range Sep 1, 2022 - Nov 30, 2022

Utilization



School Name

Impact



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

Title of Training	Date/Month/Year of Training	Targeted Audience for Training	Training Provided By
<i>Cultural Competency (CC) 101</i>	FY 2017/18	Mandated for all County and CBO staff—including non-clinical staff	UC Davis Center for Reducing Health Disparities (CRHD)
<i>Cultural Competency (CC) 102</i>	FY 2017/18	County and CBO staff including non-clinical staff	UC Davis Center for Reducing Health Disparities (CRHD)
<i>CC 101 & 102 Train the Trainer Cohort Training</i>	FY 2017/18	County and CBO clinical staff	UC Davis Center for Reducing Health Disparities (CRHD)
<i>Advancing Race Equity (ARE)</i> developed by GARE	FY 2018/19	Mandated for all County staff—including non-clinical staff	H&SS staff including BH staff
<i>Gender Diversity – The Transgender Experience</i>	FY 2018/19	Mandated for all County staff—including non-clinical staff	BH staff member
<i>Promoting Cultural Sensitivity in Clinical Supervision</i>	FYs 2018/19 and 2019/20	County and CBO supervisors and managers	Dr. Kenneth Hardy, Ph.D.
<i>Ally Training</i>	March of 2019	Teachers, school counselors and school administrators	#Out4MentalHealth a state funded organization
<i>How to Support LGBTQ Youth Training</i>	March of 2019	Teachers, school counselors and school administrators	#Out4MentalHealth a state funded organization
<i>A Path Towards Healing: Native American Forum</i>	March of 2019	County and CBO staff	Solano TANF and guest speakers from the Native Indigenous Community
<i>Diversity and Social Justice Training</i> <i>(online video)</i>	FY 2019/20	Mandated for all County staff—including non-clinical staff	County and CBO staff trained as CC 101 and 102 trainers
<i>Trauma in the Trenches</i>	FY 2019/20	County and CBO behavioral health	Dr. Kenneth Hardy, Ph.D.

		providers and other human service workers	
<i>Behavioral Health Interpreter Training (BHIT) included a section on how to access Language Link</i>	FYs 2019/20 and 2020/21	County and CBO bilingual, monolingual and reception staff	National Latino Behavioral Health Association in partnership with Devin Ma a SCBH QI staff member
<i>3-Day Tulong (Help), Alalay (Assistance), and Gabay (Guidance) (TAG) included a train-the-trainer training</i>	October of 2019	Filipino community members	“Kamalayan” Youth Crisis Intervention Program Staff
<i>Spirituality 101 with a focus on the African American Community</i>	February of 2020	County and CBO behavioral health providers and other human service workers	African American Faith Based Initiative/Mental Health Friendly Communities
<i>The Impact of Suicide Locally & Prevention from the Youth Voice</i>	September of FY 2020/21	County and CBO staff, community members	Mayra Montano and Angel Cortes
<i>Recovery in Indian Country: Cultural Competency Training</i>	September of FY 2020/21	County and CBO staff	Mike Duncan
<i>Filipino Core Values & Considerations in Culturally Responsive Care</i> (online video)	FY 2021/22	County and CBO clinical staff	Roanne de Guia-Samuels, LMFT
<i>ISeeU Reception Staff Training</i>	March of FY 2020/21	County and CBO reception staff	UC Davis Center for Reducing Health Disparities (CRHD)
<i>Cultural Psychiatry: Cultural Humility</i>	May of FY 2020/21	County and CBO psychiatry providers	UC Davis Center for Reducing Health Disparities (CRHD)
<i>Traumatic Grief: Untangling Intangible Loss</i>	May of FY 2020/21	County and CBO behavioral health providers and other human service workers	Dr. Kenneth Hardy, Ph.D.
<i>Therapy in Times of Turmoil and Trauma</i>	May of FY 2020/21	County and CBO behavioral health	Dr. Kenneth Hardy, Ph.D.

		providers and other human service workers	
<i>Untangling Intangible Loss in the Treatment of Traumatic Grief Training</i>	April of FY 2021/22	County and CBO behavioral health providers and other human service workers	Dr. Kenneth Hardy, Ph.D.
<i>How to Effectively Talk About Racism</i> <i>(online video)</i>	FY 2021/22	County and CBO behavioral health providers and other human service workers	Dr. Kenneth Hardy, Ph.D.

Diversity and Social Justice Training Resources

DIVERSITY AND SOCIAL JUSTICE TRAINING

ADDITIONAL RESOURCES

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

Videos:

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

Tests:

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

Readings:

- Mass Shootings and Mental Illness: Click [here](#)
- Reflections on cultural humility: Click [here](#)

References:

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

POST TRAINING DISCUSSION GUIDE

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

Recommended Discussion Prompts:

- 1.) What are your initial thoughts after watching this video? Was there anything that resonated with you about any of the topics reviewed?
- 2.) Why is it important for Behavioral Health staff to understand these core concepts of social justice education and the inequities different groups continue to experience in society?
- 3.) Is there anyone willing to share any personal experiences that stand out for you that made you especially aware of a privileged or disadvantaged identity? **(As a facilitator, it helps to model first if the group is unwilling to share)**
- 4.) One of the quotes shared in the training came from a community member who stated, “Staff should treat clients as human beings rather than assume they are potentially violent. I have had no violent history and have never hurt anyone, yet staff assumed I would become violent.” What are things we can do as a system and individually to help prevent people from feeling this way about our services?
- 5.) What are some of common stereotypes about people experiencing severe mental illness?
- 6.) What are ways we can help change this narrative?
- 7.) As we learned in the video, microaggressions are the everyday verbal or nonverbal insults that cause harm to target groups such as clinicians stating “That’s not my job” when asked to do clerical task or “You’re not like the other back people I know. You speak so well.” Have you ever observed or overheard a microaggression in the workplace, your neighborhoods, schools, or families?
- 8.) Have you tried to interrupt a microaggression? Can you provide an example of interrupting a microaggression successfully? **(Microaggressions can be directed towards staff and community members so having a discussion amongst your team can help staff address any issues that may arise in the future especially since cultural humility is a lifelong journey for all of us)**

PRE-EVALUATION SURVEY

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

TRUE	FALSE	STATEMENT
<input type="checkbox"/>	<input type="checkbox"/>	People with serious mental illness contribute to about 3% of all violent crimes.
<input type="checkbox"/>	<input type="checkbox"/>	Compared with men, women are twice as likely to experience PTSD.

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

POST-EVALUATION SURVEY

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

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

Place an "x" in the appropriate column that reflects your response to the statements

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am more aware of the disparities different groups experience in Solano					

County including access to quality behavioral health services.					
I learned something new from this training.					
I feel more comfortable having conversations about social justice at work.					
I would recommend other colleagues to attend this training.					
The PowerPoint presentation and training materials were clear and understandable.					
The instructors were clear and explained topics thoroughly.					

Any additional comments?