SOLANO COUNTY BEHAVIORAL HEALTH

MHSA REVERSION EXPENDITURE PLAN

FOR FY2018/2019 THROUGH FY2019/2020

Table of Contents

MHSA COUNTY REVERSION CERTIFICATION

County/City: _____Solano_____ FY: 2009/10 and FY2010/11_____

Local Mental Health Director	**County Auditor-Controller / City Financial Officer**
Name: Sandra Sinz Telephone Number: 707-784-8332 E-mail: slsinz@solanocounty.com	Name: Simona Padilla-Scholtens Telephone Number: 707-784-6287 E-mail: sjpailla@solanocounty.com
Local Mental Health Mailing Address: 275 Beck Ave Fairfield, CA 94533	

I hereby certify that the Adjustments Worksheet is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Appeal Worksheets are true and correct to the best of my knowledge.

_____ _____

Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30, _____ . I further certify that for the fiscal year ended June 30, _____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

_____ _____

County Auditor Controller / City Financial Officer (PRINT) Signature Date

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Introduction

Mental Health Services Act History

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposes 1% taxation on personal income exceeding $1 million. Over the past 10 years, these funds have transformed, expanded and enhance the current mental health system. MHSA has allowed Solano County Behavioral Health Services (SCBH) to significantly improve services and increase access for previously underserved groups through the creation of community based services and support, prevention and early intervention programs, workforce education and training, as well as innovative new approaches to providing programs to the public.
The Act includes five different components:

1. Prevention & Early Intervention (PEI)
   PEI funds are intended to reduce stigma and discrimination associated with mental illness and provides preventative and early intervention services to avert mental health crises and the development of more severe disabling mental illnesses. Suicide Prevention activities are funded through PEI funding. Approximately 20% of MHSA funding is directed to PEI programming and at least 51% of that funding must be used for programs and services dedicated to children and youth under the age of twenty-five.

2. Community Services & Supports (CSS)
   CSS is the largest funding component of MHSA and is intended to expand and transform services for children, youth, adults and older adults living with serious mental illness with an emphasis on culturally competent and recovery oriented services. Additionally, CSS funding focuses on consumer and family driven services, community collaboration and integration of services. CSS services include Full Service Partnership (FSP) programs of which 51% of the CSS funding is mandated. In addition to FSP programming, CSS includes General Systems Development which is used to enhance the system of care and Outreach and Engagement to increase access to unserved/underserved communities as determined by the County penetration rates. CSS funds may also be used to provide housing support for mental health consumers.

3. Innovation (INN)
   INN funds are used to increase access to mental healthcare by funding new and innovative mental health practices and approaches that are expected to: contribute to increasing access to unserved and underserved groups, to improve the quality of services, demonstrate better outcomes, and to promote interagency collaboration.

4. Workforce Education & Training (WET)
   WET funds are used to develop and grow a diverse, linguistically and culturally competent mental health workforce which includes the training of existing providers, increasing the diversity of individuals entering the mental health field, and promoting the training and employment of consumers and family members to further promote the MHSA value of wellness and recovery. WET funds were only made available for the first 10 years of MHSA funding. Once WET funding is exhausted CSS funds can be used to fund particular projects that are intended to develop and grow the workforce provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

5. Capital Facilities & Technology Needs (CFTN)
   CFTN funds are used to develop or improve buildings used for the delivery of MHSA services and to improve the technological infrastructure for the mental health system which includes electronic health record implementation. This funding component is intended to facilitate the highest quality and cost-effective services and supports for consumers and their families. Similar to the WET funding, CFTN funds were only made available for the first 10 years of MHSA funding. Once CFTN funding is exhausted CSS funds can be used to fund particular projects that are intended to support the mental health system infrastructure provided the current MHSA Three-Year Integrated Program & Expenditure Plan includes content addressing an identified need and how the funds will be used.

Introduction

Purpose of the Reversion Plan

With the passage of Assembly Bill (AB 114), counties received notification that previously unspent Mental Health Services Act funds were subject to reversion if not spent locally. This created another opportunity for Solano County and other jurisdictions to spend these funds within their originally allocated funding categories to prevent reversion of those funds to the State.

The purpose of the *Solano County MHSA Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* is to provide the public with the strategies developed to utilize the funds subject to reversion according to the guidelines set forth by the Department of Health Care Services (DHCS). This Plan will act as a separate update to the *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*, approved by the Board of Supervisors on January 24, 2017.

Information Notice 17-059 was issued by DHCS on December 28, 2017 and gave the following instructions for reverted funds:

> "*Assembly Bill (AB) 114 became effective July 10, 2017. The bill amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017 are deemed to have been reverted and allocation to the county of origin for the purposes for which they were originally allocated. Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from FY 2005-06 through FY 2014-15.*
>
> *Every county must develop a plan to spend its reallocated funds and post it to the county's website. The county must submit a link to the plan to DHCS via email at MHSA@dhcs.ca.gov by July 1, 2018. Each county's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county's website. Each county must submit its final plan to DHCS and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of adoption by the county's BOS. The county must not spend the funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds.*
>
> *In addition, each county must comply with the following:*
>
> - *The expenditure plan must account for the total amount of revered and reallocated funds for all impacted FYs, as indicated in the applicable notice of unspent funds subject to reversion or in the final determination on an appeal;*
> - *The county must include the plan in the County's Three-Year Program and Expenditure Plan or Annual Update, or as a separate update to the County's Three-Year Program and Expenditure Plan, and comply with WIC 5847 (a);*
> - *Reallocated funds must be expended on the component for which they were originally allocated to the county;*
> - *If reallocated funds were originally allocated to the INN component, the funds are subject to the requirements of California Code of Regulations, Article 9, Sections 3900-3935;*
> - *The county must follow the stakeholder process identified in WIC Section 5848 when determining use of reallocated funds; and*
> - *The county must report expenditures of reallocated funds, by component, on its Annual MHSA Revenue and Expenditure Report.*
>
> *A county may expend reallocated funds for an already approved program/project or use the reallocated funds to expand an already approved program/project provided the program/project is in the same component as the component for which the funds were originally allocated to the county, which must be in compliance with applicable MHSA statutes and regulations.*
>
> *Any reallocated MHSA funds that are unexpended as of July 1, 2020, will be reverted to the State and reallocated to other counties".*

Introduction

Summary of Solano County Reversion Funds

On April 26, 2018 SCBH received the final notification from DHCS that the following funds from Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovations (NN), Workforce and Education Training (WET), and Capital Facilities and Technological Needs (CFTN) components have been have been identified as unspent MHSA funds subject to reversion:

Solano	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	$ -					$ -
FY 2006-07	$ -			$ 547,223		$ 547,223
FY 2007-08	$ -	$ -			$ 338,660	$ 338,660
FY 2008-09	$ -	$ -	$ -			$ -
FY 2009-10	$ -	$ 370,701	$ -			$ 370,701
FY 2010-11	$ -	$ -	$ 533,974			$ 533,974
FY 2011-12	$ -	$ -	$ -			$ -
FY 2012-13	$ -	$ -	$ 455,509			$ 455,509
FY 2013-14	$ -	$ -	$ 440,314			$ 440,314
FY 2014-15	$ -	$ -	$ -			$ -
Total	$ -	$ 370,701	$ 1,429,797	$ 547,223	$ 338,660	$ 2,686,381

As of April 2018, Solano County Behavioral Health does not have any CSS funds at risk of reversion. However $370,701 PEI funds, $1,429,797 INN funds, $547,223 WET, and $338,660 CFTN funds may be at risk of reversion if not spent down locally by June 30, 2020. These funds must either be already allocated in the current MHSA Three-Year Plan or developed into a new Plan specifically to address the funds subject to reversion. Analysis of anticipated expenditures shows that the existing Three-Year Plan has already allocated all of the funds with the exception of the amount stated for INN funds. These funds are addressed within this Reversion Plan.

Public Comment

Solano County's *Mental Health Services Act Reversion Expenditure Plan for FY 2018/19-2019/20* is based on statutory requirements, a review of recent community planning over the past several months, and recent stakeholder input.

SCBH is seeking comment on the *Solano County MHSA Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* during a 30-day public review period between June 28, 2018 and July 27, 2018. A copy of the plan may be found on the Solano County website. You may also request a copy by contacting the Solano County MHSA unit at SolanoMHSA@SolanoCounty.com or 707-784-8320. A Public Hearing regarding this Plan will be held during the Mental Health Advisory Board on Tuesday, August, 21, 2018 at 4:30pm—6:00pm at 2101 Courage Drive, Multi-Purpose Room, Fairfield, CA 94533.

All comments regarding the *Solano County MHSA Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* may be directed to the Solano County MHSA Unit via email at SolanoMHSA@SolanoCounty.com or by calling 707-784-8320 during the 30-day public review period.

The methods used to circulate, for the purpose of public comment, the Reversion Expenditure Plan are listed below:

- Email notice sent out to an MHSA email distribution list of 450 recipients
- Ads in local newspapers
- Posting of the Reversion Expenditure Plan in local clinics.

Comments from the public comment period and public hearing held on August 21, 2018, will be listed in the Appendix of this document. Any changes made to the *Solano County MHSA Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* based upon the public comment and review will be included in the body of the document and will be identified as a change.

Introduction

Local Review Process

The MHSA Steering Committee was convened on June 21, 2018, to review the final notice regarding reversion funds by component and to receive presentations on how the actual funds that are at risk of reversion could be spent locally. The Steering Committee includes representation from the following stakeholder categories: consumers, family members, mental health and physical health providers, law enforcement, community organizations, educational community, veterans, and representatives from the County's unserved/underserved Latino, Filipino and the LGBTQ communities. Not all of the stakeholders invited to participate in this specific committee meeting were able to attend, however efforts will be made to engage them in the future.

Community Stakeholder meetings will be held in each of the three major cities in order to advise the community of the Reversion Plan. These meetings will be advertised through the following avenues: email announcements to over 450 community stakeholders; meeting fliers printed in English, Spanish and Tagalog posted in County and Contractor clinic lobbies; ads in the local newspapers in Solano County's major cities; Facebook posts; and posting on the Solano County Mental Health website. The *Solano County MHSA Reversion Expenditure Plan Fiscal Years (FY) 2018/19 through 2019/20* will be presented to the Solano County Board of Supervisors on September 11, 2018.

Spending Plan for Funding Subject to AB114 Reversion

Community Services and Supports (CSS)

SCBH does not have any CSS funding identified as being at risk for reversion.

Prevention and Early Intervention (PEI)

The $370,701 in PEI funds that have been identified to be at risk of reversion will be expended per the current PEI programming and services outlined in the approved *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*. SCBH anticipates that these funds will be spent down during FY 2019/20 and before the June 30, 2020 deadline for reversion and there is no need for a Reversion Plan for these funds.

Workforce and Education Training (WET)

The $547,223 in WET funds that have been identified to be at risk of reversion will be expended per the current WET initiatives outlined in the approved *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*. SCBH anticipates that these funds will be spent down during FY 2018/19 a year later than initially planned in the MHSA Three-Year Program and Expenditure Plan. Once the WET funds are exhausted SCBH, with stakeholder endorsement, will continue to fund WET initiatives using CSS funding as allowable per the MHSA regulations. There are no funds subject to this Reversion Plan.

Capital Facilities and Technological Needs (CFTN)

The $338,660 in CFTN funds that have been identified to be at risk of reversion will be expended per the current CFTN initiatives outlined in the approved *Solano County Mental Health Services Act Three-Year Integrated Program and Expenditure Plan for Fiscal Years 2017/18 through 2019/20*. SCBH anticipates that these funds will be spent down during this FY 2017/18, a year earlier than initially planned in the MHSA Three-Year Program and Expenditure Plan. Once the CFTN funds are exhausted SCBH, with stakeholder endorsement, will continue to fund CFTN initiatives using CSS funding as allowable per the MHSA regulations. The only CFTN initiative remaining is the County's electronic health record (EHR) which is used to maintain clinical records, bill the state for services rendered, and report out data. There are no funds subject to this Reversion Plan.

Innovations (INN)

$1,429,797 in INN funds are the only funds in which a Reversion Plan applies per AB 114. Innovation funding is unique in that it is intended to provide mental health systems with an opportunity to learn from innovative practices. Innovation programs are not designed to support existing or ongoing programs or services, but rather to provide the mental health system with innovative "demonstration projects" that will support system improvements in order to increase access to services for the unserved and unserved communities and to improve consumer outcomes. This may not include evidence-based practices or even programs that are in place in other jurisdictions, even if they are not in existence locally, they are not considered innovative for purposes of these funds.

The MHSA Steering Committee endorsed the use of INN reversion funds to support two initiatives that are currently funded and have been identified as priorities by community stakeholders:

- A Statewide Early Psychosis Learning Health Care Network; and
- The current INN Project which is the implementation of the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM).

Spending Plan for Funding Subject to AB114 Reversion

Statewide Early Psychosis Learning Health Care Network

The PEI component of the Mental Health Services Act (MHSA), coupled with a legislative focus on early psychosis (AB 1315, SB 1004), has served as a catalyst for the delivery of early psychosis (EP) services across California. Currently 23 counties have established EP services using state or federal dollars. Locally SCBH uses both MHSA PEI funds and Mental Health Block Grant (MHBG) First Episode Psychosis funds to provide a local Early Treatment Psychosis Program which uses an evidence-based model, Cogitative Behavioral Therapy for Psychosis (CBT-P) to treat consumers who have recently experienced their first psychotic episode. In collaboration with the UC Davis Behavioral Health Center of Excellence, SCBH plans to use Innovation Funds to develop the infrastructure for a sustainable learning health care network for EP programs. Furthermore, the proposed Innovation project seeks to demonstrate the utility of the network via a collaborative multi-county evaluation to clarify the effect of the network and these programs on the clients and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties, will bring client-level data to the clinician's fingertips for real-time sharing with clients, allow programs to learn from each other through a training and technical assistance collaborative, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US.

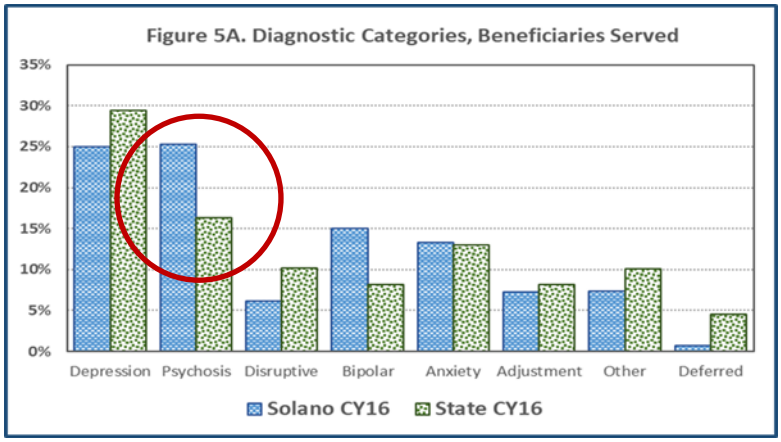
The primary purpose of this 3-5-year project is to increase the quality of mental health services, including measurable outcomes, for consumers with a diagnosis of psychosis and/or consumers with a high risk of psychosis. Consumers will utilize technology, such as tablets to complete questionnaires measuring their symptomatology and progress in treatment. With the support of this innovative learning health care network, EP programs and their associated counties recognized the unique opportunity to have longitudinal patient-level and service-level clinical data available to providers and their clients in real-time that can be used as part of the consultation. In addition, the project partners also recognized that this network would allow an opportunity for improved outcome recording and reporting, which can be used as a statewide benchmark that supports service planning and improving standards of care.

LA County will be the primary partner submitting the multi-county INN Plan to the MHSOAC for approval.

Estimated Cost per Year: $84,087

The cost listed above includes the equipment needed, the development of the learning network, evaluation provided by UCD and costs for staffing from the local Early Treatment Psychosis Program, and the County IT staff and administration.

We note that the External Quality Review Organization in a recent site visit included the following chart in its report regarding the high demand for services for individuals with psychotic disorders. It shows that compared to other County Mental Health Plans statewide, Solano County shows a higher proportion of individuals with psychotic disorders in the population served. More proactive efforts toward early intervention in psychotic illnesses can help address this.



Spending Plan for Funding Subject to AB114 Reversion

Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

In FY 2014/15, the Solano County Board of Supervisors and the California MHSOAC approved the County's Innovation Component Plan to implement the *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*. The County partnered with the University of California, Davis – Center for Reducing Health Disparities (CRHD) to implement the ICCTM project which aims to increase culturally competent and linguistically appropriate services for Solano County-specific unserved and underserved populations with low mental health service utilization rates: the Latino, Filipino, and LGBTQ communities. The 5-year project which was initiated in January of 2016 includes the creation of a region-specific curriculum based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards and the local community's perspective on culturally competent practices that should be integrated into the current local mental health system to increase access to targeted populations. SCBH is the first county to design a multi-phase transformation project that combines the CLAS standards with community engagement in order to create a region-specific curriculum and quality improvement activities that are intended to create a system that is serving those who were previously under-served.

Long term goals for the project include the following system changes and community impacts:

- Reducing shame and stigma related to accessing mental health services;
- Increase timely access and improve outcomes of care for the Latino, Filipino, and LGBTQ communities;
- Build mental-health knowledgeable community alliances so that compassionate understanding and connection to services can occur from within one's own community;
- Increase workforce diversity; and
- Develop organizational policies, programs and support systems to ensure and sustain cultural and linguistic competency in service delivery.

Phase 1 of the project included a comprehensive cultural health assessment of the local community which included the collection of qualitative data captured through key informant interviews, focus groups, community forums, organizational surveys as well as quantitative service data pulled from the County EHR. See Appendix (page 11) to review the Executive Summaries collating the information gathered from the community engagement process. Additionally, UCD developed and facilitated Cultural Competency trainings for the system of care.

Phase 2 is underway which focuses on facilitating three CLAS Training Cohorts specific to the mental health needs of Solano County. Each CLAS Cohort is comprised of 20-30 stakeholders representing consumers, providers, and representatives from partners including schools, faith communities, law enforcement, Child Welfare, Public Health, and participants who represent the three target communities; Latino, Filipino, and LGBTQ. During the CLAS Training the participants are grouped into smaller workgroups and tasked with the developing quality improvement (QI) Action Plans geared to address barriers in the system of care including stigma resulting in poor access to services, need for more bilingual and diverse staff, poor retention rates, etc.

Phase 3 will involve the coordination and implementation of the QI Action Plans, all potentially in different phases of implementation, and coaching from the UCD CRHD staff. Additionally, during Phase 3 a key focus will be on evaluation of the QI Action Plans using a "Quadruple Aim" mixed-methods (qualitative and quantitative) approach that will examine: consumer experience, provider experience, mental health outcomes, and cost effectiveness.

Spending Plan for Funding Subject to AB114 Reversion

CLAS Cohort 1 and 2 are complete and working on their QI Action Plans, and Cohort 3 is scheduled to begin in August 2018. Eight QI Action Plans have been developed and are underway. These plans are focused on Outreach & Education, Workforce Development, and Supervisory Support for bilingual/bicultural staff. INN reversion funds will be utilized to fund the implementation activities associated with QI Action Plans. Based upon the Plans in place so far, this may include funding directed to:

- Development of outreach materials and signage to combat stigma
- Stigma reduction public service announcements or campaigns
- Translation of mental health materials into Tagalog, sub-threshold language in Solano County
- Career pipeline projects with local high schools and community colleges
- Internship stipends for trainees who represent the 3 target communities
- Equipment needed for surveying the community; i.e. development of phone apps or use of tablets
- Redesign both county and contractor clinic lobbies to promote welcoming environments
- Trainings and education for providers
- Netsmart EHR enhancements or products that would support the overall project including data dashboards to track progress and outcomes of the QI Action Plans

Other items that that are associated with any of the CLAS implementation plans could be funded as part of this Plan. As Plans are implemented and initial results reviewed, the groups leading the Plans may change strategies in order to achieve their goals. This Plan is intended to allow for that flexibility so that these Plans can be implemented successfully in support of system change and improvement. This will ensure that the long-term goals and sustained system change occur so that all populations needing mental health services access services appropriate to their needs.

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Appendix

Appendix

THE SOLANO COUNTY COMMUNITY PERSPECTIVE: Filipino American, Latino, and LGBTQ Voices on Improving Mental Health in Solano County

UC Davis Center for Reducing Health Disparities Team

Purpose

The purpose of these community member interviews and work groups was to obtain their diverse perspectives and experiences in the delivery, access, and utilization of mental health services appropriate to Filipino American, Latino, and LGBTQ populations residing in Solano County. These individuals offered their perspectives and experiences on mental health services including challenges to access and utilization, and strategies to reduce disparities for their underserved communities.

Participants

A total of 66 individuals (53 community forum participants; 7 community-based organization leaders; 4 consumers; and 2 Solano County leadership staff) participated in a forum-type or individual interview format. Of the 66 participants, 26 identified as Filipino Americans, 21 as Latinos, and 19 as LGBTQ persons. The majority of the participants were women 46 (70%), 19 men (29%), and 1 (2%) as genderqueer/gender non-confirming.

Procedure

All data collection activities were done within Solano County's cities (e.g., Fairfield, Rio Vista, Vallejo, etc.). These data were collected between February and May of 2017. At each of the data collection sessions, all participants were first provided information about the Solano County Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) project. For the individual interviews, participant's questions were answered and interviews recorded for accuracy. These 60-minute interviews were then transcribed, coded and analyzed. For the community forums, the participants were divided into small workgroups and provided specific questions with instructions. Each community forum was 2-hours in duration.

Data Analysis

All data collection points (i.e., transcripts, researcher's notes, participants paper-pen responses) were combined and analyzed for major themes relating to disparities suffered by the three target groups. The initial open coding consisted of a line-by-line analysis of all notes and responses. The final level of coding rendered 12 overarching themes and 36-item descriptions (see Exhibit 1).

Implications for Action

The findings from these interactions provide the basis for assessing the challenges and solutions that are community-defined through the community-based organization perspective, consumer experience, Solano County leadership staff, and general members of the Filipino American, Latino, and LGBTQ communities. The findings have important practice implications for improving access to and utilization of mental health services for these three communities.

Filipino American Community

- Ensure that mental health care happens where Filipino Americans live, work, study and worship.
- Engage and empower the young Filipino generation, so that they feel a sense of community and take a role as agents of change.
- Work with Filipino communities to identify a network of effective practices, programs, and human resources that are culturally and linguistically appropriate for Filipinos.
- Build on the communities' resiliency to reduce the stigma and shame associated with seeking services.

Latino Community

- Work with Latino immigrants to reduce their distress caused by the current political climate that has intensified fear, discrimination and racism.
- Recognize the negative political climate, and the social determinants (e.g., stigma, stress, poor housing conditions, etc.), that put Latinos in greater risk of a mental disorder.
- Increase training and education opportunities for staff with an incentive program based on their capabilities to culturally and linguistically appropriately serve Latinos.
- Build connections and community trust by going to where Latinos live, work, and study to provide services.

LGBTQ Community

- Promote social inclusion and ensure that the LGBTQ community feel a sense of community and that their life experiences and stories are valued.
- Recognize and build from the diversity and expertise within the LGBTQ communities toward improving their mental health outcomes.
- Support LGBTQ community-defined best practices and programs that are successful in appropriately serving LGBTQ people.
- Ensure safe community environments and use appropriate terminology/pronouns to connect and establish trust.

Appendix

Exhibit 1. Overarching Themes and Item Descriptions

Filipino American	Latino	LGBTQ
Theme 1: Health Literacy: Advocacy and Awareness	**Theme 1: Health Literacy: Access to Knowledge of Services**	**Theme 1: Health Literacy: Knowledge of LGBTQ Community**
1. Access to information on what a mental illness is and its early warning signs or risk factors. 2. Caring and trusting environments that respect individuals and family's cultural beliefs and privacy. 3. Culturally and linguistically appropriate mental health advocates within the Filipino community.	1. Literature and knowledge about mental health care in people's preferred language (Spanish). 2. Culturally and linguistically relevant interpreters, interpretation and translation of information. 3. Providers with familiarity with the Latino culture, language, and life experiences, to build trust.	1. LGBTQ person-friendly and school programs that support LGBTQ youth exposed to bullying. 2. LGBTQ person-friendly providers with knowledge and competency to meet the needs of LGBTQ persons. 3. Think systemically and politically to influence change and address the challenges facing LGBTQ persons.
Theme 2: Social Determinants: Cultural Stigma and Access	**Theme 2: Social Determinants: Cultural Stigma, Fear, and Access**	**Theme 2: Social Determinants: Social Exclusion, Inequity, and Access**
1. Cultural stigma and shame is strongly perceived as a barrier to seek mental health services. 2. Cultural and immigration experiences must be understood to appropriately tailor services to the cultural needs of Filipino Americans. 3. Inadequate services relevant to the needs of Filipino Americans (e.g., transportation, stigma).	1. Latino consumers and families' help seeking behaviors are strongly associated with cultural stigma. 2. Discrimination combined with immigration status and fear of deportation, trauma, and other risk factors (e.g., poverty, transportation). 3. Political climate/impact on mixed status Latino families and causing stress and fear of being separated.	1. Build trust with LGBTQ communities and create a sense of culture, inclusion, and acceptance. 2. Support and promote LGBTQ communities' diversity and provide safe spaces to unite all LGBTQ groups and give a voice. 3. Recognize that each LGBTQ person has an identity and the right to claim resources to achieve wellness.
Theme 3: Workforce: Filipino Youth Engagement and Workforce	**Theme 3: Workforce: Latino Youth Engagement and Workforce**	**Theme 3: Workforce: LGBTQ Youth Engagement and Workforce**
1. Generational differences among Filipino youth are seen as predictors of future mental health problems. 2. Engage youth in conversations about specific risk factors that impacts their lives and community wellbeing. 3. Develop Filipino youth leaders with opportunities to become future mental health professionals.	1. Generational/identity issues among Latino youth struggling to reconcile two cultures, and causing stress. 2. Prevention and early intervention strategies for youth are strong predictors of mental health wellness. 3. Workforce programs for Latino youth that help them recognize their language potential in mental health.	1. Build on the LGBTQ youth bilingual and bicultural strengths to ensure a workforce for LGBTQ communities. 2. Build school partnerships to increase workforce opportunities for LGBTQ youth interested in mental health. 3. Focus on youth exposed to violence when they come out and reduce bullying while increasing acceptance.
Theme 4: Community Engagement: Resiliency and Life Experiences	**Theme 4: Community Engagement: Community Connections and Assets**	**Theme 4: Community Engagement: Full Participation in Community Life**
1. Build on the Filipino communities' resiliency, life experiences, and family-focused practices to reduce stigma and increase access to care. 2. Increase collaboration and resource sharing among county agencies serving the Filipino community. 3. Take inventory of existing promising practices, resources, and approaches within the Filipino community that have effectively reduced disparities.	1. Community engagement through more county community forums for Latinos to engage in *plâticas* or conversations about access to care. 2. Community connections or social networks essential to engage in these *plâticas* about community strengths. 3. Latino community advocates (e.g., *promotoras/es*) that are visible and respected by the community are key partners to addressing disparities.	1. Encourage personal narratives unique to LGBTQ persons and safe spaces to promote connectedness within the LGBTQ community. 2. Recognize, appreciate, and celebrate the diversity and needs of the LGBTQ community. 3. Create networking opportunities for LGTBQ people to dialogue with others to identify solutions to discrimination, bullying, and trauma.

Appendix

THE SOLANO COUNTY LEADERSHIP PERSPECTIVE: Improving the Mental Health Needs of Underserved Filipino American, Latino, and LGBTQ Communities

UC Davis Center for Reducing Health Disparities Team

Purpose

For this brief report, the participants were asked to focus on underserved Filipino American, Latino, and LGBTQ communities. A total of five major themes and 26 item descriptions emerged that speak to the challenges and opportunities to achieve cultural diversity in service delivery to the three target underserved communities, and its implications to providing mental health services that are culturally, linguistically and contextually appropriate.

Participants and Procedure

The data for this brief report came from 12 participants (9 females and 3 males) who serve in leadership positions for Solano County Behavioral Health Division and Solano County Health & Social Services. This group also serve in the Cultural Competence and Mental Health Collaborative committees. This was a purposeful sample, reflecting a cohort of individuals whose characteristics (project managers and administrators) and experiences (worked with Filipino American, Latino, and LGBTQ populations) matched the project's inclusion criteria. For this data collection process, the participants were asked to focus on the three target underserved communities.

Data Analysis

All transcripts and notes were independently read the and marked meanings and themes representing key concepts were identified. A list of themes or concepts emerged and written summaries were created. As part of the process of triangulation, or consideration of multiple meanings, the County leadership participants were contacted and asked to review the themes and provide feedback. Participants responded positively and no new ideas were provided.

Implications for Action

The findings from these data revealed 11 important implications that can help guide the work of the Solano County Behavioral Health and Health & Social Services Divisions toward increasing cultural competence and increasing access and utilization of behavioral health services, not only for these three target communities, but for all underserved communities of Solano County.

1. Engage in culturally, linguistically, and contextually relevant practices that tap into personal (and lived) experiences are important to building trust with Filipino American, Latino, and LGBTQ communities.
2. Increase transparency and bi-directional communication between the County staff and Filipino American, Latino, and LGBTQ communities that promote intrinsic trust, meaningful collaborative efforts, and remain in tune with core cultural and community values.
3. Increase community participation in the planning, designing and implementation processes of solutions is important toward developing new community-defined approaches that creates the change that matters most to Filipino American, Latino, and LGBTQ communities.
4. Create opportunities for Filipino American, Latino, and LGBTQ communities, and increase their visibility that can lead to real change.
5. Create supportive and safe environments for Filipino American, Latino, and LGBTQ populations that increase inclusion and reduce stigma, racism and discrimination.
6. Ensure that procedures and practices, and staff training components are flexible and linked to increasing equitable access to treatment for Filipino American, Latino, and LGBTQ communities.
7. Increase experiential learning (with feedback loop) opportunities that will enable the County staff to put into practice the CLAS standards training principles in real-life situations.
8. Work with religious leaders and law enforcement that interact with Filipino American, Latino, and LGBTQ communities, that can benefit from and help improve CLAS standards training sessions.
9. Align the CLAS standards with the County's Cultural Competence Plan that centers on staffs' sets of skills and capabilities in the treatment of Filipino American, Latino and LGBTQ communities.
10. Embrace storytelling and other narrative methods that tap into peoples' life experiences, that can lead to meaningful connections with Filipino American, Latino, and LGBTQ communities.
11. Build a systemic-change purpose in future trainings that enables County staff to recognize confidentiality as an important component in creating a work culture that promotes respect and trust.

Appendix

Exhibit 1. Overarching Themes and Item Descriptions

Theme 1: Culturally, Linguistically, and Contextually Appropriateness

1. Ensure that the County procedures and practices are consistent with the culture and language of individuals and families, and advance their continuum of care in a culturally and linguistically appropriate manner.
2. Recognize language as an oral and written tool to engage both consumers and families in dialogue with providers that increases the appreciation of diverse backgrounds and life experiences.
3. Achieve a context with representations (e.g., pictures, artifacts, etc.) that consumers and families can identify with will help them feel safe and comfortable, and increase their trust in seeking services.
4. Empower and connect communities through storytelling, and create opportunities for people to share perspectives and personal stories about their life experiences.
5. Embrace cultural differences, treat people with respect, and show a genuine interest of wanting to learn more about their culture and life experiences.

Theme 2: Commitment to Cultural Inclusivity and Community-Driven Solutions

1. Promote the notion that mental health begins at the community level, working with schools, faith-based organizations, law enforcement,
2. Serve underserved communities where they live, where people thrive and feel celebrated and accepted.
3. Ensure that county staff working closely with underserved communities are equipped to identify interventions or treatments compatible to communities' unique blend of cultural values.
4. Prepare a workforce that mirrors the cultural diversity of underserved communities, and display a genuine interest to value diversity and inclusivity.
5. Invest in human resources with the capacity to work with foster care youth and youth transitioning out of foster care, and assist with their transition into community life with adequate life and job skills.
6. Commit to outreaching, recruiting and persevering in locating and hiring a diverse workforce.
7. Convey to consumers and families the message that they are the priority and the most important persons or group at that moment.

Theme 3: Creating Opportunities to Build Partnerships and Trust with Communities

1. Commit to cultural humility and reaching the hardest-to-reach underserved communities to make meaningful connections.
2. Demonstrate a sense of responsibility toward building trust and relationships with the hardest-to-reach communities and seeing them through their recovery.
3. Recognize community dialogue as a path toward cultural knowledge that gives a voice and hope to historically underserved communities.
4. Create partnerships with schools, faith-based organizations, law enforcement, and other community-based organizations to join the fight against stigma, and increase communities' trust in community mental health.
5. Be transparent with communities and deliver on promises in a timely manner to build community trust.
6. Make sure to not alienate individuals and families from participating in shared decision-making, trusting them and letting them guide mental health transformation for their community.

Theme 4: Cultural Competence From a Leadership Perspective

1. Demonstrate openness, patience, empathy and willingness to work with people from diverse backgrounds.
2. Show courage (be brave) and stand up to discrimination and confront racist dynamics within cultures and communities.
3. Speak as an advocate for cultural, gender, and sexual identity development among individuals and communities with a commitment to their confidentiality.
4. Demonstrate the willingness to be a good listener and not make assumptions.
5. Display the willingness to be warm, welcoming and treat people like human beings.
6. Relate to communities by being visible and accessible in neighborhoods and at community-based events.

Theme 5: Measuring Cultural Competence

1. Engage in community-driven research that involves input from Filipino American, Latino, and LGBTQ communities.
2. Use culturally and linguistically appropriate instruments/tools to collect meaningful data that assess communities' and County staffs' attitudes, behaviors and motivations toward mental health treatment.