



Solano County

H&SS Behavioral Health

Cultural and Linguistic Competency Report

Responding to Demographic Changes in Solano County

December 2017



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Solano County CLC Plan

Solano County Mental Health (SCMH) continuously updates its Cultural and Linguistic Competency Plan to ensure alignment with best practices in diversity workforce development and culturally and linguistically appropriate services (CLAS) standards. In 2014, SCMH created and implemented the Solano County Cultural Competency Plan (2014-2017) which is attached. This plan addresses the planning process, seven (7) community developed cultural competency goals, and CLAS standards.

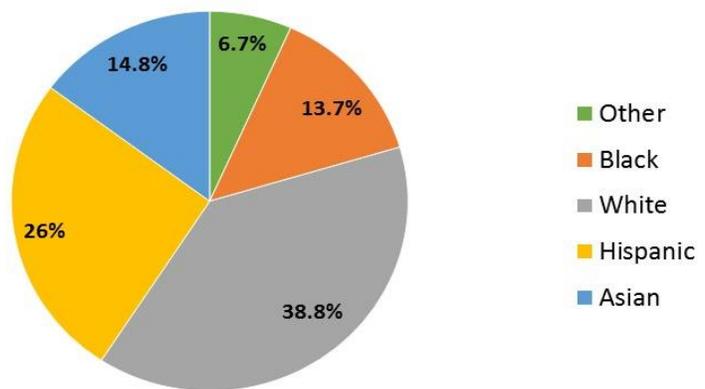
This report highlights some of the more recent data such as population growth (6.5%) & poverty rates (3%) as well as demographic changes to our county and ways we are actively addressing disparities and incorporating community feedback.

Demographics

Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento. The County includes 675.4 square miles of rural land area. In 2016, the County's population was 431,498 and 49.7% of the population is male and 50.3% of the population is female.

Per 2016 data, 38.8% of our county residents identify as White, 26% as Latino/Hispanic, 14.8% as Asian/Pacific Islander, 13.7% as African American; and the remaining 6.7% identified as multiracial/other. Approximately 61.2% of the population identified with a race other than White or Caucasian.

Population Race Distribution



In 2014, Solano County was ranked as the 5th most racially diverse County in the United States.

Foreign Born Birthplace: At least 20% of the population is foreign born. In 2015, the most common birthplace for the foreign-born residents of California was Mexico, the natal country of 4.32M California residents, followed by Philippines with 878,605 and China with 555,855.

At 52,641 Filipinos in the County making up 12% of the population, Solano County has the largest percentage Filipino population of any County in all the United States.

Language: In 2015, the most common non-English language spoken in Solano County, CA was Spanish at 15.2%; 6.29% speak Tagalog and 0.75% speak Chinese. Solano has a relatively high number of residents that are native Tagalog speakers.

Citizenship: Approximately 91.2% of Solano residents are US citizens, lower than the national average of 93%.

Socioeconomic Status¹: The most common racial/ethnic group living below the poverty line is white (38%) followed by Hispanic/Latino (25%) and Black (17%). At least 12% of the total population lives in poverty and the largest demographic living in poverty are females between the ages of 25-34 followed by males between the ages of 18-24. One key change between 2010 and 2016 includes a 3% overall increase in poverty rates.

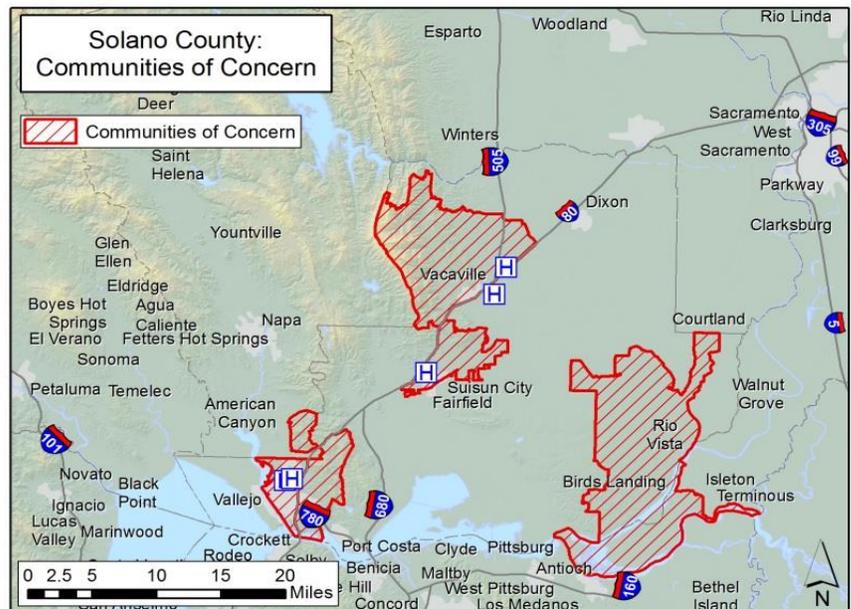
Homelessness: According to the Homeless Point in Time (PIT) count² for 2017, the number of homeless individuals is 1,232 (0.3%) where 86% (434) individuals are chronically homeless. Approximately 46% are white, 33% Black, 16% multiracial, and 3% are American Indian/Alaska Natives. At least 21% of those counted report having been in the foster care system at some point. Related to health conditions, 48% report psychiatric/emotional conditions and 41% drug or alcohol abuse.

Health Outcome Data

According to a Community Health Needs Assessment (March 2013³) of the Solano health service area on health outcome data (including Emergency department visits, hospitalizations, mortality rates, mental health and other chronic concerns), *these mapped areas* in our county experience a higher burden of disease and are prone to poor health outcomes relative to other communities in the county.

The report’s findings identified the priority health needs which are typically associated with health outcomes:

1. Limited access to healthy foods
2. Personal safety
3. Lack of or limited access to health education
4. Limited access to follow-up treatment and specialty care
5. Transportation
6. Lack of or limited access to dental care
7. Limited access to medications and prescription drugs
8. Limited places to walk, bike, exercise, or play
9. Limited places and social space for civic engagement
10. Lack of preventive services and community programs



¹ <https://datausa.io/profile/geo/solano-county-ca/#demographics>

² <http://www.housingfirstsolano.org/hic-pit-count.html>

³ <http://www.healthylivingmap.com/pdf-Reports/Sutter%20Solano.pdf>

Other key findings by groups show insight into their community needs that can help guide our behavioral health system to better address access and retention in treatment:

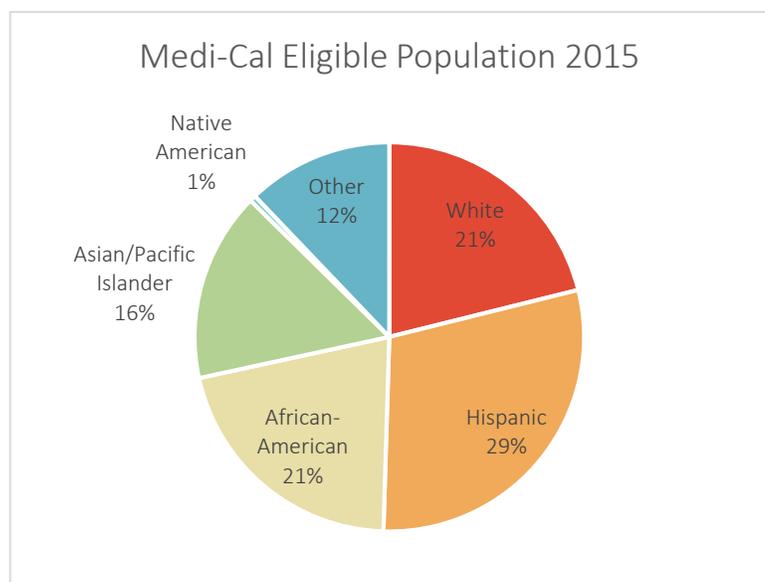
- ED/Hospitalization is higher for both Blacks and Whites among all racial and ethnic groups.
- Low income families shared that the economic downturn has hurt many families and they struggle to pay for basic needs and cannot afford health care – many lack of Medi-Cal coverage or have no insurance at all.
- Black communities stated that asthma, stroke, and hypertension rates seemed higher
- Latino key informants stated that diabetes was common and that many of the Latinos in rural areas are undocumented and, therefore, lack any health coverage
- Seniors identified having issues around transportation and health care access in the rural parts of Solano
- Filipinos reported that those living in Vallejo are having poor health outcomes
- Youth report that substance abuse and tobacco use at an early age and many experience asthma
- Homeless individuals mentioned high rates of the homeless in Fairfield and Vallejo

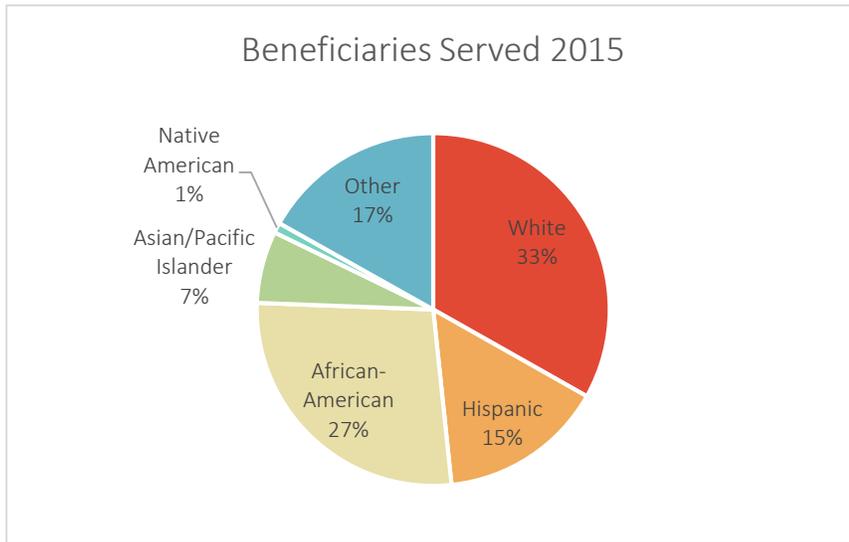
Additionally, the report shows that respondents felt that the biggest health issue in their community in relation to behavioral health was around (1) the stress of having to obtain basic needs and pay for personal and family health care expenses and (2) prevailing substance abuse issues. Many of the challenges faced in Solano include navigating the system of care- knowing where to go, who to talk to, returning to appointments and ensuring that staff that not only speaks the person’s language, but is also from the person’s culture.

This report serves inform our system of care about health outcome needs by highlighting specific demographic, cultural, and linguistic data to identify areas in which behavioral health disparities exist and ensure that our quality improvement processes address noted disparities.

Behavioral Health Population Served

Solano County Mental Health’s (SCMH) Medi-Cal eligible population is similarly diverse but also reflects the growing needs of minority populations who often lack access to services and experience poor health outcomes:





Solano served beneficiaries representing a wide array of cultural groups. The chart shows that the two largest ethnic groups of Asian/Hispanic have been underserved consistent with known trends of poor access to care due to prevailing socioeconomic factors and stigma around seeking services⁴.

Strategies to Address Disparities

Solano County ensures that services and supports are available to all individuals and are tailored to meet the needs of the diversity in our county. Many disparities in behavioral health are attributed to factors such as the multicultural interpretations of mental illness, stigma, and description of symptoms. More often than not, Hispanic/Latino perspectives focus on spirituality and moral characteristics for their understanding of mental illness. Similarly, African Americans often consider mental illness a private family matter. Many ethnic groups often first discuss symptoms with a primary care doctor through somatic complaints, where if not prompted by the physician, underlying behavioral health issues continue to go untreated.

Motivated by a desire to increase competence across our system of care, this Disparity Impact Report was developed that contains background information and progress for implementation of the National CLAS standards⁵ throughout the county. Our Mental Health Plan continues to address overall health and access needs in a holistic manner to support positive mental health outcomes through a variety of ways described below.

Latino Outreach Program: Hispanic Outreach and Latino Access (HOLA)

The Hispanic Outreach and Latino Access (HOLA) program was launched in June of 2014 to address an identified need to increase access to the Latino Community that is considered underserved in Solano County. The HOLA Program, which is SCBH operated, is designed to decrease stigma and increase awareness regarding the mental health services available for the Latino community. Through outreach and the development of relationships with non-mental health organizations including school districts, faith communities, primary care, family resources centers, migrant camps, etc. the HOLA program provides information and resources as they relate to mental health and the Latino community. The HOLA Coordinator, who is a SCBH Clinician, provides a culturally and linguistically appropriate bridge for accessing mental health services.

⁴ <https://www.nami.org/Blogs/NAMI-Blog/July-2017/Challenging-Multicultural-Disparities-in-Mental-He>

⁵ <https://www.thinkculturalhealth.hhs.gov/clas/standards>

There is a designated HOLA phone line (707) 784-8469 which is routed directly to the HOLA Coordinator allowing this clinician to follow up with individuals engaged during outreach activities. The County HOLA Coordinator focuses half her time on outreach activities and half her time working as the County's Ethnic Services Coordinator.

Filipino Outreach Program: KAAGAPAY

In May of 2015, Solano County launched the Filipino Outreach KAAGAPAY (English translation is "Reliable Companion") Program. The KAAGAPAY Program's goal is to educate and provide information to Filipino community on holistic wellness—including mental health topics—in an effort to reduce stigma and increase access to mental health services and programs. The half-time KAAGAPAY Coordinator establishes and brokers existing partnerships with mental health providers and non-mental health community-based organizations including school districts, faith communities, primary care, family resources centers, libraries, etc. to provide information and resources to the Filipino community.

In addition to the outreach activities provided, the KAAGAPAY Coordinator occasionally is asked to provide translation and cultural brokering support for select individuals when they are initially accessing services. This has been a vital service given there is a lack of Tagalog-speaking providers for both County and agencies.

Homeless Outreach: Accessible Resources and Care for the Homeless (ARCH)

The ARCH Program, which was launched in January 2016 with a focus on addressing the needs of homeless mentally ill individuals with a goal of supporting individuals in accessing mental health treatment and linkage for other needed resources. Currently ARCH is staffed by two full time employees; one licensed clinician who focuses on outreach to transition age youth (TAY) homeless population, and one mental health specialist who focuses efforts on working with mentally ill homeless adults. The clinician working with the TAY population also provides outreach and linkage services for youth who are identified as Commercially Sexually Exploited Children/Youth (CSEC). ARCH staff conduct outreach efforts at local shelters, Wellness & Recovery Centers, schools, libraries, community locations where the homeless population tends to congregate, and homeless encampments. Strong partnerships have been forged with local law enforcement and community partners serving the same population

African American Faith Based Initiative (AAFBI)

In FY 2013/14, the CalMHSA Stigma and Discrimination Reduction-Mental Health and Spirituality Initiative was launched in Solano County to develop a partnership with the African American faith community to increase understanding, collaboration, and recognition of the important role that spirituality can take in the recovery process. The goal of the project was to create mental health friendly communities to support individuals with mental illness and their families. This initiative has been successful with the African American community and is delivered in partnership with three independent contractors and several faith-leaders. In 2017 a partnership between AAFBI and the local chapter of National Alliance on Mental Illness (NAMI) was developed to provide mini grants to local Mental Health Friendly Church communities to support awareness events to combat stigma.

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Outreach and Access Program

In May 2015 Solano County partnered with a local community-based LGBTQ organization to develop a community-based social support program designed to decrease stigma, isolation, depression and suicidal ideation among members of the LGBTQ community residing in Solano County. The program is funded by Mental Health Services Act

(MHSA) prevention and early intervention (PEI) funding. In addition to providing outreach and education to the larger community about issues impacting the LGBTQ community, the center provides support groups, social activities and brief counseling services for members of the LGBTQ community.

Mental Health Services Act (MHSA) Innovation Plan

The current MHSA Innovation Plan, is a 5-year initiative focused on addressing health disparities for three identified unserved/underserved communities in Solano County: the Latino, Filipino, and LGBTQ communities. SCBH has partnered with UC Davis Center for Reducing Health Disparities (CRHD) to launch a multi-phase initiative known as the Solano County Health *Interdisciplinary Collaboration and Cultural Transformation Model* (ICCTM). The ICCTM Innovation Project aims to increase culturally competent and appropriate services for County-specific unserved and underserved populations with low mental health service utilization rates in Solano County: the Latino, Filipino, and LGBTQ communities. The project includes the creation of a region-specific curriculum based on the National Enhanced Culturally and Linguistically Appropriate Standards (CLAS) 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.

- Phase 1 of the ICCTM project consisted of conducting a cultural health assessment which included a review of data, key informant interviews, focus groups and community forums. The UC Davis CRHD team engaged members of the identified unserved/underserved communities, providers and community partners in this effort. Additionally, UC Davis developed a basic Cultural Competency training curriculum and provided the training for all County staff including direct services providers, office support staff, and management in December of 2016. This training was also offered to staff members from all community-based organizations that contract directly with Solano County Mental Health. To ensure sustainability UC Davis and the County partnered to develop a train the trainer program for the Cultural Competency training.
- Phase 2 of the project will be initiated in 2018 and will include the development of CLAS cohorts that will receive more in depth training and will be tasked with developing quality improvement (QI) action plans to improve the mental health system's cultural competencies in an effort to reduce disparities.
- Phase 3 of the project will be focused on the implementation of the QI action plans and evaluation of the overall project.

Ethnic Services Coordinator

Solano County has dedicated a full-time clinician position who both oversees the County Mental Health Plan's CLC efforts and the HOLA outreach program. In the role of Ethnic Services Coordinator this staff member organizes and facilitates the Cultural Competency Committee, works closely with administration to address barriers in the system, participates in the MHSA Innovation project, etc.

Cultural Competency Committee

The SCMHC Cultural Competence Committee (CCC) includes a diverse group of stakeholders, including county and contract providers, Consumer family members, and MH Consumers with lived experience, and to help the system to be changed and improved through the implementation of the Cultural Competence Plan (attached). The CLC Committee has been in place since 2006. However, as a result of working with UC Davis and having dedicated coordination for CLC services, Solano County has refocused its Cultural Competency Committee meeting in last 6 months. The group membership consists of county staff from a variety of backgrounds as well as peers, family

members, and providers representing our client diversity (i.e., Hispanic/Latino, Filipino, African-American, Caucasian, Asian, LGBTQ).

During its September 2017 meeting, the Committee identified these top areas of focus for the group to increase community participation and diversity of members:

- Improve communications about the meeting/committee
- Creating a measure and goal to determine the system benefit of CLC activities (surveying clients/staff, etc.) as part of the overall QI plan.
- Location & time for meetings to increase access (Morning vs. Afternoon vs. Evening (after business hours) and finding rooms at other sites (utilizing county locations & CBO sites open to the public)
- Discuss options for facilitating transportation & food
- Have a shared Mission/Vision statement and goals of the group for new participants
- Have the overall goal(s) clear before opening the meetings up to the public
- Partnering with CBO's that are part of the MHP & those that are not
- Reconsideration for the name of the committee to ensure it clearly conveys the goals

Workforce Development Efforts

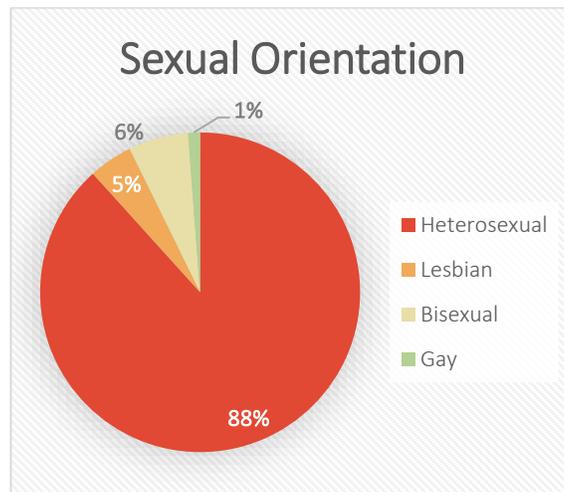
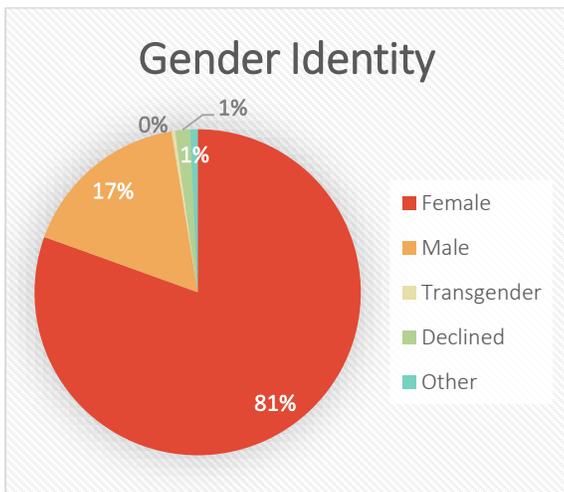
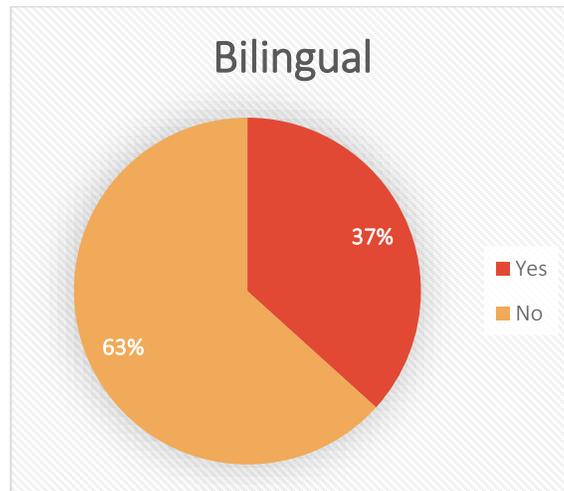
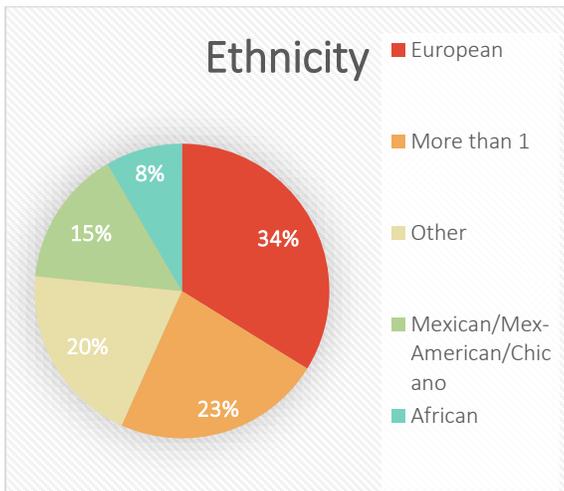
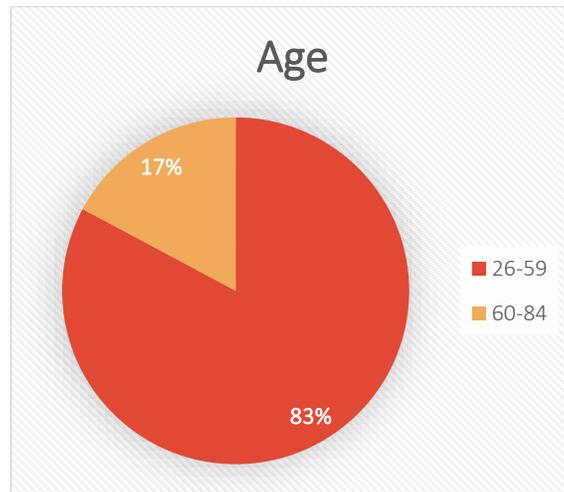
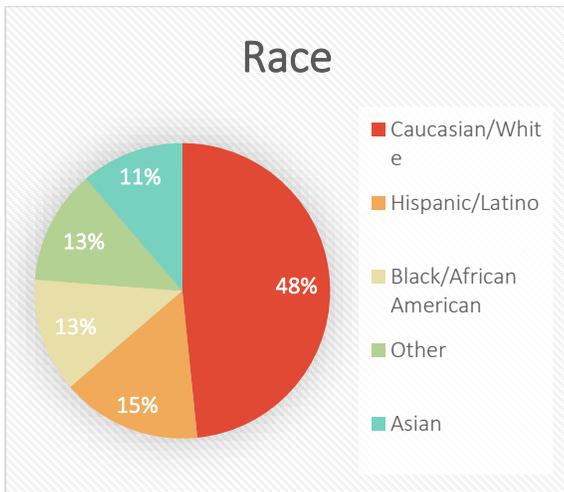
SCBH has set aside MHSA funding to support the recruitment of post-doctoral and master's level interns who represent diverse and underserved populations in Solano County. Additionally, in 2018 Solano County will be partnering with California Institute for Behavioral Health Solutions (CIBHS) to host a pipeline project with local high school students to provide information about behavioral health career paths. SCBH has identified the community of Vallejo to be the pilot for this project and will invite students from the two high school sites to participate in this event. Vallejo is a very diverse community and the goal is to recruit Solano County's youth into the behavioral health field.

Diversity Workforce Survey

In June 2017, the CLC committee developed a survey (attached) to assess the demographics of our current workforce. The Diversity Workforce survey yielded **236 total responses**. The purpose was to assess the level of cultural competency in our system of care. The results show that:

- **75%** total respondent's report receiving Cultural Competency Training in the past year
- **11.85%** are certified bilingual county employees through HR
- **18%** of contractors have identified individuals in the organization that are bilingual in Spanish (61.9%), Tagalog (9.5%) and Ilocano (4.76%)

Survey Results:

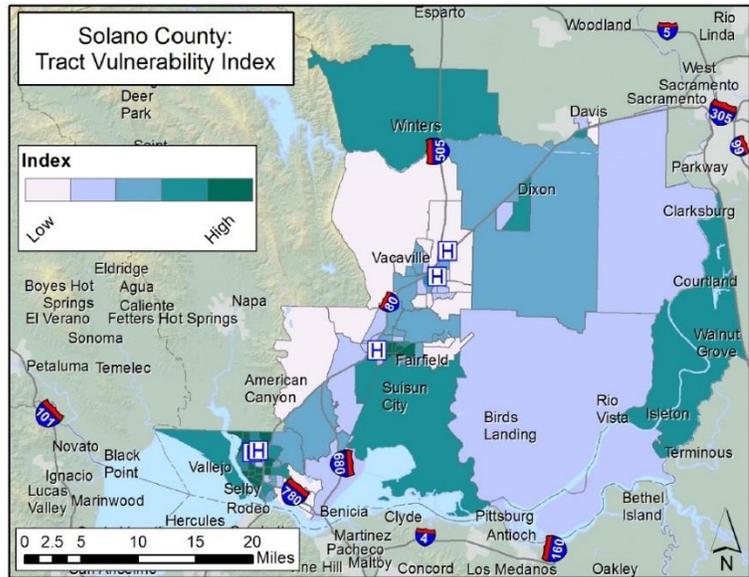


Summary

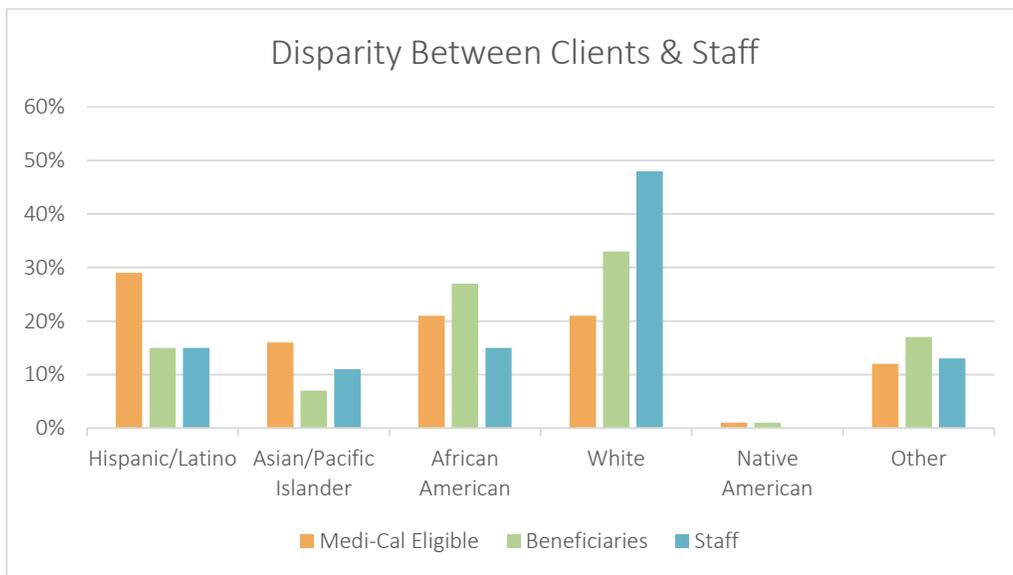
SCMH provides services across areas in the county and has made steps to increase its focus to rural towns such as Rio Vista, Vallejo, Suisun, Winters, and others highlighted in the *Vulnerability Index Map*⁶. These towns often include residents identified as foreign born or other language speakers. Many of the people in these communities have difficulties with transportation, access to healthcare services, or limited education related to the needs and benefits of treatment. These areas are critical for SCMHS outreach and engagement.

SCMH hires qualified, bi-lingual staff whenever possible. There’s been a historical shortage of applicants who speak Spanish Tagalog, our top two foreign languages.

The chart below shows a disparity between eligible Medi-cal Population, current beneficiaries and our hired Provider/County staff. Inferences can be made related eligible beneficiaries who might not have culturally competent engagement and are not receiving necessary treatment due to outreach by staff who do not represent their culture, particularly with the Hispanic/Latino, African-American, and Filipino community.



Health service area map of vulnerability for Solano County



⁶ <http://www.healthylivingmap.com/pdf-Reports/Sutter%20Solano.pdf>

SCMH is working to engage candidates through hiring incentives, internships, outreach to local forums, and other ventures to increase likelihood of local, bilingual applicants. Clients and their families with Limited English Proficiency (LEP) are informed of their services, available accommodations or treatment progress in their native language through direct staff or phone translation services as necessary. Accommodations are available and provided to any client or family member who needs them. SCMH clinics all have informational brochures in their lobbies and staff offer such technology or accessibility accommodations as necessary.

In order to ensure a good match between clients and their practitioners, Solano County also has a process in place for requests to change providers. At any point, a client can request a new specialist, clinician, physician, etc. The document is displayed in all the clinic lobbies and is called “Request to Change Service Provider Form” and is currently available in English and Spanish; we are in process of updating the forms and creating one in Tagalog. SCMH continues to ensure that materials such as brochures are available in both Spanish and Tagalog, as well as alternative formats upon request at no cost to the client or their family. Our staff offer these formats as well as auxiliary aids like TTY services as necessary. Our materials are also being reviewed to ensure the language is easily understood in both the language level and culturally appropriate words/slang.

Contact

For more information about our Cultural Competency Plan or to join our CLC Committee, please reach out to:

Mara León Sammartino, LCSW #70176

MHSA Hispanic Outreach and Latino Access Coordinator (HOLA) and Ethnic Services Coordinator

Office: 707-784-8469

Cell: 707-386-5876

MSLeon@SolanoCounty.com