Solano County's Behavioral Health Department

Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

Proposal to the Mental Health Services Oversight and Accountability Commission

Innovation Component

Overview of the Project

Solano County proposes to implement and evaluate a novel approach to improve utilization of mental health services by seriously mentally ill adults and severely emotionally disturbed children/adolescents in three underserved populations: the Filipino, Latino and LGBTQ communities. Traditional approaches used to engage and serve these three communities appropriately have focused mostly on the providers' skill sets, and community engagement to improve utilization. This project will take a decidedly collaborative and community oriented approach to these challenges, engaging consumers, community and organizational leaders, advocates, and County and contract staff in a collaborative education, training, and problem solving process using Culturally and Linguistically Appropriate Services Standards (CLAS), a set of nationally accepted standards for cultural proficiency in service organizations. The approach will feature building teams of key stakeholders, who once formed and trained, will ensure that the standards for CLAS are being met or exceeded using well-tested quality assurance and evaluation approaches. Each team will identify and implement concrete objectives that must be met to reach this goal, assess whether or not change has occurred, and identify what barriers next need to be addressed to assure culturally and linguistically appropriate services and service levels to the Latino, Filipino, and LGBTQ communities. Evaluation of the impact of each Team's work will be made, by Solano County's project partner, the University of California, Davis Center for Reducing Health Disparities (CRHD) and its investigators, with the goal of determining whether this model improves system performance across the multiple dimensions detailed in the CLAS standards in relation to these three most underserved populations. The working hypothesis of this project is that quality and quantity of care, access, engagement, retention, workforce composition, and many other areas will be improved for individuals challenged by mental illness in these communities, as a result of using the unique community team building, training, and problem solving approach outlined in subsequent pages. It is also anticipated the CLAS training and quality improvement efforts will result in systems improvements that will benefit the overall system of care and have positive benefits to other cultural communities.

Background and Needs

The current implementation of the Mental Health Services Act (MHSA) means major workforce transformation challenges for California's mental health system, which encompasses new and/or modified mental health practices and community-driven approaches. The MHSA, which funds the largest expansion of mental health services in the past 60 years, calls for cultural transformation that will support a recovery-focused system of care. This transformation requires staff trained in new approaches to better serve populations that traditionally have been seriously underserved in the mental health service delivery system.

A 2015 study of MHSA by the Little Hoover Commission[1] cited "available programs to meet California's diverse cultural and linguistic needs" and "California populations falling through the cracks" as persistent issues that require investigation and new and refined perspectives aligned to the needs of underserved diverse communities. Also, in NAMI California's report "*MHSA Programs 2013: Saving Lives, Saving Money*"[2] which illustrates community-driven funding priorities, we found that out of 70 MHSA-funded Innovative projects in California, none focused on reviewing, refining and implementing the Culturally and Linguistically Appropriate Service (CLAS) standards. Solano County is excited to be the first County to design a multi-phase Innovation training and transformation project that combines the CLAS standards with community engagement to improve culturally and linguistically competent services for Latinos and Filipino Americans, its most underserved communities. To achieve cultural and linguistic competency and enhance workforce diversity and efficacy in Solano's mental health service delivery system, we propose a rigorous program of organizational development and training of staff, leaders, and community stakeholders. This will be achieved using a uniquely participatory, inclusive, and collaborative model that builds on the power of community collaboration and affiliation to effect systems change. In Phase I, Solano County will create, test and implement a CLAS-training blueprint grounded in partnerships and stakeholder input, using community-informed knowledge and strategies to identify gaps in treatment and services for the two most underserved ethnic communities in Solano County. In Phase II, SOLANO will use community-based quality improvement workgroups to assist Solano County in implementing strategies identified in Phase I.

In Solano County, mental health disparities still exist among women, children and older adults in the Latino and Filipino American communities. Based on 2010 census data, Solano County ranked first among California counties with a Filipino American population percentage of 10.5% and 31st with Latino population percentage of 24.0%. According to a 2013 report entitled "*A Community Health Needs Assessment of the Solano County Service Area*,"[3] key informants identified Latinos and Filipino Americans as specific populations seriously affected by poor health outcomes.

The MHSA Innovations component calls for "increasing access to and quality of services and promoting interagency and community collaboration" in order to transform the mental health system from a narrow crisis response system to one promoting long term recovery. Solano County's recognizes that engaging community agencies and stakeholders is a promising strategy for dispelling fear or misunderstanding and identifying true barriers to service utilization. The collaboration model proposed is consistent with MHSA general standards and Solano County's commitment to ensuring that its services are person-centered, welcoming, promote wellness and recovery, and emphasize shared decision-making between consumers, family members and providers and result in an integrated service experience for clients and their families.

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[1] Little Hoover Commission, The. (2015). Promises Still to Keep: A Decade of the Mental Health Services Act. Sacramento, CA

[2] NAMI California. (2013). *MHSA Programs 2013: Saving Lives, Saving Money*. Sacramento, CA: Reinhardt, Betty. Czarnecki, David.

[3] Valley Vision, Inc. (2013). *A Community Health Needs Assessment of the Solano County Service Area. Fairfield, CA: Valley Vision, Inc.*

Proposal

Solano County Mental Health Department proposes a **Mental Health Interdisciplinary Collaboration and Cultural Transformation Model in Interagency Collaboration.** As a result of this collaboration, changes will be made to existing mental health practices or approaches, including, but not limited to, adaptation for a new setting or community. This project represents a novel approach in ensuring that services to diverse communities of individuals with mental challenges are optimally tailored to the needs of those cultural communities. A combination of proven community engagement, community-driven training in CLAS standards, and cross-sector quality improvement approaches are employed in the context of Solano County to achieve this goal. This project is innovative in the degree to which it proposes to tailor cultural competence training efforts based on a very rigorous community engagement and inquiry process, and to the extent that it features a formidable cross-sector problem solving approach designed to create accountability while capitalizing on the strengths of each of the participating quality improvement team partners. It combines past learnings regarding organizational change through CLAS transformations, and builds upon it. This proposal explores the feasibility of a community derived and community driven transformation of Solano's personnel and delivery systems using novel and established approaches, and further distinguishes itself in the scale and rigor of its methodology. This project addresses three of four 'primary purposes' as defined in MHSA Section 9, W&I 5830(a), (b): to increase access to underserved groups (Latinos, LGBTQ, Filipinos and LGBTQ); to increase the quality of services; to promote interagency and community collaboration In the course of doing so, administrative, governance, and organizational practices will be scrutinized and improved through community development and listening processes, using the CLAS platform as a vehicle for first learning, then transforming the current mental health system of care for individuals with serious mental illness, and those at risk of one. Solano County is a very diverse county; in years past it has taken important but partial steps to improve its access to underserved populations including division-wide training in the California Brief Multicultural Competence Scale (CBMCS), culture-specific trainings such as the Family Acceptance training, and an ongoing Cultural Competence Committee. More recently, in an effort to update its Cultural Competence plan, a preliminary needs assessment was conducted and focus groups were employed to determine the need and basis for a project of this scope and scale. This project goes well beyond traditional cultural competence training and is expected to accomplish much more than these prior efforts with an overall benefit for the community of clients and family members.

Goal and Objectives

The project's principal goal is to create a model for collaboration between Solano County agencies, community-based organizations, and leaders and members of the targeted communities. As a result of this innovation in collaboration we anticipate that the project will also:

1. Increase access to Solano County's most underserved Latino Filipino American communities;
2. Improve the quality of mental health services delivered to these communities;
3. Apply lessons learned to then address the mental health needs of other underserved populations such as LGBTQ community members.

In order to do this, Solano County and its partner, the Center for Reducing Health Disparities (CRHD) at the University of California Davis will:

1. Conduct **CLAS-training** for implementation of the 15 CLAS standards that define a culturally and linguistically competent health care framework;
2. Improve **collaboration** through interdisciplinary and cross-sector partnerships between Solano County and community members to identify *core strategies* to ensure a more effective mental health service delivery system for culturally diverse communities;
3. Through **teamwork** and a well-defined quality improvement process, work with Solano County to bring about change in priority areas using these core strategies;
4. Continuously **evaluate** the quality improvements that result from these 'Change Teams' (i.e., interdisciplinary teams) and measure against the CLAS framework.

A major focus will be for Solano County and its community partners to jointly develop an innovative approach that emphasizes collaboration, fine-tuning CLAS standards, designing and implementing a CLAS-training model in Solano County and using a team-based quality improvement approach to identify core strategies tailored to the underserved communities. As outcomes, Solano County's Mental Health Care System will increase Latino, Filipino and LGBTQ American residents' access to mental health services, and develop a new, culturally-grounded approach to improve the accessibility, quality, and cultural responsiveness of services to these underserved communities.

This Innovation project is guided by five key principles:

1. **Cultural Transformation:** Stakeholders express their values about the characteristics of a culturally and linguistically responsive behavioral health system in Solano County, and take action toward those values and outcomes that matter to the communities.
2. **Reduction of Health Disparities:** The CLAS standards, created by the DHHS Office of Minority Health, serve to reduce health disparities by setting standards for mental health and health care organizations to ensure appropriate language access, workforce diversity and cultural competence, and organizational supports for culturally and linguistically appropriate care.
3. **Inclusion:** We aim to develop action plans that incorporate the perspectives, needs, and assets of key community-based partners, mental health consumers, their families, and their communities, in addition to Solano County's Mental Health Care System.
4. **Transparency and Public Access:** We will build transparency into the process and ensure public access to agendas and minutes and a way for unsolicited input to be received and considered.
5. **Lean Management:** We will optimize efficient utilization of culturally and linguistically appropriate services by building upon community and organizational assets with high potential to contribute to CLAS, and work across organizational silos while minimizing wasted efforts.

Solano County will rollout this project in two phases:

Phase I - Engagement and Training

We will first focus on the engagement and training of interdisciplinary teams, whose members will be drawn from the target communities, community-based organizations (CBOs), and the County. These teams will participate in a curriculum developed by the CRHD, and work together to develop CLAS-based themed action plans. Utilizing activities that enhance group process, improve cultural competency, and teach system change strategies, this curriculum has been successfully piloted with mental health, health, and public health administrators. However, the curriculum has never been applied to interdisciplinary, inter-organizational and community stakeholder teams working together across silos. These teams may include members of each level of the organization, from administration, to clinical staff, to administrative support staff. Further, teams will cross sectors, including the County, CBOs, members of the target cultural communities, as well as individuals and family members who live with mental illness. We believe that training interdisciplinary teams that draw upon the lived experiences of consumers and community members, reflect the community-defined practices of the CBOs, and incorporate the resources and experience of Solano County staff and administration in an organized, purposeful manner will lead to creative, 'out of the box' thinking and bringing about lasting organizational and service change.

Phase I - Objectives and Outcomes

Year 1: Increase access to Solano County's Filipino American, Latino, and LGBTQ underserved communities.

Goal: To develop a process for community outreach and engagement in Filipino American, Latino, and LGBTQ historically underserved communities to encourage ongoing, meaningful input and participation in the planning and implementation of the CLAS Transformational Curriculum.

- **Objective 1:** To identify cultural brokers in Solano County's Filipino American, Latino, and LGBTQ communities and initiate a process of community asset mapping.
- **Objective 2:** To interview 3-5 key informants (community leaders) in each of these three communities to characterize existing community resources relevant to innovation efforts, unmet mental health needs, and patterns of mental health service access and utilization.
- **Objective 3:** To organize and conduct three focus groups in each of these three communities to initiate conversations about existing community assets related to innovation, identify perceptions among community members about mental health needs and barriers to care, and outline strategies for continued engagement and targeted programming. A total of at least nine focus groups will be conducted.
- **Objective 4:** To organize and conduct two community forums in each of these three communities, to initiate conversations about existing community assets related to innovation, identify perceptions among community members about mental health needs and barriers to care, and outline strategies for continued engagement and targeted programming. We will strive to include consumers with lived experiences and their families from the Filipino American, Latino, and LGBTQ communities.

- **Objective 5:** To organize and conduct interviews with six local community-based organizations (CBOs; non-profits, and faith organizations) serving these communities to collect views on existing community assets and strengths, mental health needs and barriers to care, and beliefs and values around physical and mental health. We will use interview data to address gaps and identify opportunities and challenges to improve CLAS services, and outline strategies for continued engagement and targeted programming.
- **Objective 6:** To organize and conduct one focus group with each of the three cultural competency advisory workgroups (Latino, Filipino American, and LGBTQ) to discuss the process and outcomes of the most updated Solano County Cultural Competency Plan and build upon the work already done. *Upon completing objectives 1-6, we will have engaged a diverse group of community stakeholders (e.g., consumers, family members, CBO leaders, and county) that represent and have extensive knowledge, both culturally and linguistically, working with the targeted underserved communities. These individuals will play a critical role in tailoring the CLAS Standards curriculum to mirror the linguistic needs of these communities, and create community-defined strategies to increase language proficiency.*
- **Objective 7:** To review existing data sources within the State of California (including public health, education, and health services data in addition to mental health services data relevant to Solano County) and Solano County (e.g., penetration rates for Solano County residents diagnosed as severely mentally ill and eligible for Medi-Cal services, 2013 Consumer Satisfaction Survey, Solano County's Behavioral Health Cultural Competency Plan, etc.) to better identify and characterize these three underserved communities in Solano County.
- **Objective 8:** To provide expert consultation, documents, and support to County staff on activities on mental health disparities, stigma and discrimination, and best practices in Innovation efforts.
- ***Objective 9:*** *To involve community and organizational leaders, consumers, advocates, County and contract staff, mental health county providers, policy makers and researchers. These stakeholders will engage in assessing: (1) existing community health indicators; (2) statistical quantitative metric options; and (3) identifying outcome metrics relevant to their own priorities. Efforts will be focused on outcome priorities on mental health issues that matter to them and that have the greatest potential to increase access to care, and improve the quality of mental health services delivered to these three target underserved communities.*

Deliverables for Year 1 will include, but are not limited to, the following items:

1. A summary outlining cultural brokers' recommendations on the mental health priorities of the Filipino American, Latino, and LGBTQ communities. Additionally, the summary will include the names of key community leaders who will act as key informants to the research team throughout the project.
2. Community engagement interview protocols based on cultural brokers' recommendations and community priorities that are appropriate for the Filipino American, Latino, and LGBTQ communities.

3. Three or four narrative summaries for each target community, based on initial key informant interviews on disparities, assets, resources, and strategies consistent with the project's innovation efforts.
4. Narrative summaries illustrating the barriers to care and an outreach mechanism to benefit Solano County Behavioral Health agencies for Filipino American, Latino, and LGBTQ communities, based on achievement of deliverables 1-3.
5. An analysis of gaps in mental health services for the target communities based on interviews with the six CBOs, resulting in proposed solutions to address these gaps in line with the implementation of the CLAS Standards.
6. Recommendations for strategies that will guide the training and implementation of QI plans developed as part of the CLAS training, based on interviews, focus groups, and community forums conducted with all stakeholders (i.e., community members with lived experiences and their families, cultural competency plan participants, faith-based organizations, CBOs, criminal justice agencies, social services, educational institutions, etc.).
7. *A menu of community health indicators and statistical quantitative metrics used to collect and analyze priorities of the various community stakeholders.*

Year 2: Implement the CLAS Cultural Transformational Training.

Goal: To improve the quality of services delivered to the Filipino American, Latino and LGBTQ communities as a result of increased interagency collaboration around development and leadership of the CLAS Cultural Transformational Training.

- **Objective 1:** To use the data from the interviews, focus groups, and community forums conducted with community cultural brokers, key informants and members of the underserved communities, to design and implement the CLAS training.
- **Objective 2:** To identify the leaders and key stakeholders from Solano County's Filipino American, Latino and LGBTQ communities that will participate in teams during the implementation of CLAS training.
- **Objective 3:** To implement the CLAS Transformational Curriculum Training using innovative ways and methods that contextualize care and services based on the accounts of participants' lived experiences.
- **Objective 4:** To work in teams to develop QI plans aimed at implementing one or more of the 15 CLAS Standards.

Deliverables for Year 2 will include, but are not limited to, the following items:

1. A CLAS Transformational Curriculum that utilizes innovations in adult education and systems change to empower participants to transform behavioral health systems through knowledge and application of culturally and linguistically appropriate services and techniques.
2. A framework for building interagency collaboratives critical for implementing the CLAS training, grounded in community-based partnerships with diverse perspectives.

3. A CLAS Transformational Curriculum Training based on information gained through key informant interviews, focus groups, community forums, etc. This training will be customized based on the experience of implementing the curriculum in Year 2, in which three cohorts, consisting of 18-24 participants per cohort (a total of 54-72 participants; see Table 1) will have completed the CLAS Transformational Curriculum Training. The CLAS training is a 16-hour program, based on the national Enhanced CLAS Standards aimed at preparing leadership, administrative and clinical staff to contextualize care and services. It will draw upon the accounts of the Filipino American, Latino, and LGBTQ community members' own lived experiences and education about behavioral health.
4. CLAS QI plans, based on the CLAS Standards, aimed at establishing effective, respectful, equitable, and understandable mental health care and services. The plans will be initially reviewed by the CRHD and later by the top leadership and the participants as a whole. This review process will also coordinate the multiple QI plans, utilizing lean management concepts to maximize impact and optimize resource utilization.

Phase II - Implementation

This phase will focus on implementation of CLAS projects that were described in Phase I using the established team structures and core strategies identified. Ongoing collaboration from within and across every interdisciplinary team will allow for the projects to be well coordinated towards the common goal of implementing CLAS standards to expand and improve mental health services to the Latino and Filipino American communities. A central thesis of this innovation project is that collaboration across sectors will both enhance understanding of the affected communities, and result in an increased accountability to meet and exceed CLAS standards. Each team will develop quality improvement (QI) plans for systems improvement to meet the selected CLAS standard based on the unique strengths and perspectives of stakeholders. Phase II will include the implementation of these quality improvement efforts and the identification and measurement of benchmarks of success. In Phase I and Phase II, the project model incorporates continuous evaluation and revision to reflect ongoing learning of the teams. Solano County and its community partners will design and refine an evaluation plan, during years 2-3 of the project. As part of our evaluation process, qualitative and quantifiable questions we hope to answer include:

- Is this cross-sectional team approach to systems culture change effective in addressing the specific needs of Solano County's Latino and Filipino American communities and are these approaches adaptable for other communities?
- Did we maximize the mental health consumer experience of care as defined through the core strategies determined by the teams?
- Did the core strategies result in increased care and treatment, or increased access to existing resources?
- What are the strengths and weaknesses of using a cross-sector team quality improvement approach as a means to gather information reflective of the specific, localized need of Solano County's underserved groups for mental health services?
- How faithfully are these needs translated into effective quality improvement plans? If these approaches are effective, what about the approach was most effective in bringing about needed systems change?

- How did the projects measurably improve the cultural responsiveness of the Behavioral Health Service Delivery System? Which projects were more effective and which less in terms of implementation and realization by Solano County?
- Were the following basic CLAS goals achieved collaterally or indirectly, even if not identified specifically as a team project goal; service access, linguistic access, cultural matching between consumer and provider, improved engagement, improved treatment outcomes, consumer satisfaction, and timeliness?

Phase II - Objectives and Outcomes

Years 3 and 4: Implement the QI plans and continue evaluation efforts based on CLAS Transformation Teams.

Goal: To implement QI plans aimed at addressing the mental health needs of Filipino American, Latino, and LGBTQ underserved communities of Solano County.

- **Objective 1**: To implement QI plans developed by the CLAS Transformation Teams that address one or more of the CLAS Standards.
- **Objective 2**: To monitor, evaluate, and fine-tune QI plans so that they are continually responsive to the systems of care addressing the mental health needs of the targeted communities of Solano County and align with the CLAS framework.
- **Objective 3**: To organize CLAS Transformation Team meetings on a monthly basis to report the progress of QI plan implementation and discuss ways and methods to share progress with underserved communities.
- **Objective 4**: To recruit and train (on Year 4) a Solano County-based sustainability coordinator to provide continuing support for CLAS efforts (i.e., ongoing trainings, evaluation, coordination of multiple CLAS efforts).

Deliverables for Years 3 and 4 will include, but not limited to, the following items:

1. A sourcebook of QI plan strategies aimed at addressing each of the fifteen CLAS Standards that will be disseminated to Solano County underserved communities and to other counties throughout the state. This sourcebook will be developed after all three cohorts are trained (a total of 54-72 participants) and QI plans have been developed. Participants will be asked to attend a retreat to share their QI plans, develop greater collaborative relationships, and share implementation strategies. For the retreat, the following items will be collected; agenda, retreat minutes (indicating attendees, topics of discussion, action items, accomplishments, any follow up and other related items), handouts, and materials.
2. A "CLAS Implementation Strategies" sourcebook to be disseminated to all CLAS Transformation Teams and to other counties throughout the state. This resource will catalogue the challenges, opportunities, and strategies for implementing QI plans.
3. An evaluation plan and assessment tools measuring the effectiveness of QI plans in improving quality of care (enhanced consumer satisfaction and improved outcomes) for the three identified underserved communities of Solano County.

4. An evaluation plan to measure the effectiveness of the efforts of the Solano County governance, leadership, and workforce in delivering culturally and linguistically appropriate services to Filipino American, Latino, and LGBTQ underserved communities. *This evaluation plan will include the statistical metrics identified by the various stakeholders in Year 1 under Objective 9.*
5. A Solano County-based position that will work closely with the CRHD team in years 4 and 5 to focus on support and sustainability of CLAS efforts.

Evaluation of Implementation

We aim to measure the effectiveness of the collaborative model and its modified CLAS curriculum, and monitor the training participants' (i.e., administrative staff, clinical staff, support staff) progress through assessment of changes in the participants' network, the quality of their collaborations, the degree to which they feel the voices of their constituents are represented in the CLAS training process, and changes in their knowledge, skills, and attitudes towards collaboration, systems change, and CLAS standards. Results from this evaluation will reflect the success or failure of the County's continued community collaboration utilizing cross-sector teams to meet its CLAS goals, and allow for continuous improvement of the team processes throughout the duration of the entire project.

When measuring outcomes derived from the project team's identified goals, we will use specific instruments to the extent possible for measuring dimensions of the Solano County's system of care. These instruments will include some or all of the following: The Triple Aim Measures (Bisognano & Kenny, 2012), (1) population health (e.g., defining underserved population(s) and health and risk status and possible outcomes and metrics), (2) patient experience (e.g., safe, effective, timely, efficient, equitable, and patient-centered) and, (3) per capita cost (e.g., penetration and utilization rates, socio-economic status, and cost of care before and after crisis); pre- and post-test self-report data from population surveys; data from electronic health records; key informant interviews; focus groups; and community engagement surveys that assess dimensions of collaboration and engagement in order to identify the most effective strategies which result from the Innovation in Collaboration. As noted, continuous evaluation will occur in each phase of the project as much as possible to ensure the best possible curriculum and team efficacy.

In summary, evaluation during the project's implementation will examine the extent to which improving collaboration is linked to transforming the health care systems in Solano County into one that advances the care of underserved communities, improves quality of care, and reduces the cost of care. The long-term outcome will show the decline in health disparities and an improved health care system and well-being for the underserved communities discussed in this innovative project. Our evaluation process will prove that the implementation of the CLAS standards and IQ plans were successful in creating healthier and more equitable communities by demonstrating outcomes that are consistent with these essential community-engaged research principles (Petrauskas, 2015; Plough, 2015): (1) met the identified need and priority of the Latino, Filipino American, and LGBTQ communities; (2) established a collaborative and multifaceted process to ensure continuity in quality of care, positive patient experiences when

seeking treatment, and affordable care; (3) created a non-prescriptive framework that is unique to each underserved community; (4) achieved a community-based stakeholder collaboration process that is structured and methodical yet flexible and trustworthiness; (5) increased cross-sector partnerships to ensure an effective and efficient delivery of care to these underserved communities; (6) defined and measured collaboration on community transformation and well-being outcomes; and (7) strengthened sustainability and level of trust across sectors in their collaborative efforts to improve population health systems and well-being.

This evaluation process will be fine-tuned and used in the final evaluation of this project. It is also important to restate that both qualitative and quantitative methods may be used because of the diversity of issues that will be presented by the underserved communities. Our goal for the evaluation process is to be structured and well organized, but also flexible and organic (Petrauskas, 2015) to ensure that our choice of methods fit the evaluation needs of the Latino, Filipino American, and LGBTQ underserved communities.

Phase III: Community Workgroup Project Implementation and Final Evaluation

Year 5: Strengthen sustainability and ongoing community engagement to support the project's long-term goals.

Goal: To create a seamless partnership infrastructure between Solano County, underserved communities, and community-based organizations for sustaining CLAS collaboration and the resultant improvement efforts beyond project end.

- **Objective 1**: To continue to work with a Solano County-based sustainability coordinator to provide continuing support for CLAS efforts (i.e., ongoing trainings, evaluation, and coordination of multiple CLAS efforts)
- **Objective 2**: To identify and address Solano County-specific factors that mediate sustainability (e.g., continued community involvement, participation, and empowerment; seeking funding at the state and federal levels, etc.)
- **Objective 3**: To design and implement a county-wide evaluation plan using methods that measure impact of CLAS on patient satisfaction and outcomes and effectiveness of the efforts of the Solano County governance, leadership, and workforce
- **Objective 4**: To incorporate CLAS-based evaluations and processes into standard practices and processes of the Solano County mental health system
- **Objective 5**: To engage Solano County community stakeholders (i.e., community members with lived experiences and their families, cultural competency plan participants, faith-based organizations, CBOs, criminal justice agencies, social services, educational institutions, etc.) in supporting ongoing CLAS efforts

Deliverables for Year 5 will include but not limited to, the following items:

1. A Solano County-based position that will work closely with the CRHD team in years 4 and 5 to focus on support and sustainability of CLAS efforts.

2. A CLAS Sustainability Symposium of all CLAS Transformation Teams and other stakeholders to discuss the CLAS transformation process and identify county-specific sustainability factors and develop a CLAS Sustainability Plan.
3. Materials for dissemination, presentation, and publication which use public venues and formats (i.e., community forums, community conversations or *platicas comunitarias*, and media formats, content and language relevant to underserved communities) and that are familiar to, or preferred by, the underserved communities of Solano County. These materials and resources will reflect the success of Solano County's responsiveness to the mental health needs of the Filipino American, Latino, and LGBTQ underserved communities.

Table 1. Participants of the CLAS Transformational Curriculum Program

Cohort	County Agencies (including Behavioral Health)	CBOs	Community Members from Filipino American, Latino and LGBTQ communities	Total
One	TBA	TBA	TBA	18-24
Two	TBA	TBA	TBA	18-24
Three	TBA	TBA	TBA	18-24
				54-72

CLAS Transformation Teams will address the following factors to maximize the possibility for implementation:

1. Baseline Assessment
2. Stakeholders
3. Resources
4. Plan of Action
5. Timeline
6. Challenges
7. Tangible Products
8. Outcomes

As shown in Table 2, the activities for years 1 to 5 are divided into four quarters.

Table 2. Timeline and Activities

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
One	• Recruit staff for project • CRHD attend community forums/agency meetings to foster CRHD-Solano relationship • Identify cultural brokers and key informants • Identify County data sources to establish baseline	• Initiate key informant Interviews • Analyze County data sources • Continue to build CRHD-Solano Relationships • Plan and starting to conduct focus groups • Plan community forums • Plan interviews with CBOs • Plan focus groups with cultural competency advisory workgroups (Latino, Filipino-American and LGBTQ)	• Analyze Key Informant Interviews • Conduct focus groups and community forums • Conduct focus groups with cultural competency advisory workgroups	• Analyze community forum and focus group data • Starting to customize CLAS Transformational Curriculum based on information gained through key informant interviews, focus groups, and community forums. • Recruit for participants CLAS Transformational Curriculum • Train CLAS Transformational Curriculum Trainers
Two	• Customize CLAS Transformational Curriculum • Recruit cohorts	• Train Cohort 1 • Cohort 1 implementation process	• Train Cohort 2 • Cohorts 1 implementation process	• Train Cohort 3 • Cohorts 1 and 2 Implementation Process
Three	• CLAS Transformational Curriculum Conference • Design and disseminate CLAS Strategies Sourcebook • Implementation Process	Identify key strategies for successful cross sector collaboration. Implementation and Ongoing Quality Improvement Process		
Four	• Implementation and Ongoing Quality Improvement Process • Design and disseminate CLAS Implementation Tips Sourcebook • Recruit and train CLAS sustainability coordinator		• Design evaluation methods to measure County-wide impact of CLAS on patient satisfaction and outcomes and effectiveness of the efforts of the Solano County governance, leadership and workforce.	
Five	• Continue work with the CLAS sustainability coordinator	• Convene CLAS Sustainability Symposium • Implement County-wide CLAS evaluation process	• Design and Implement CLAS Sustainability Plan	• Design and disseminate resources on the Solano County CLAS Transformation Process

Solano County's Behavioral Health Department

Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

Community Planning Process

The Community Planning Process which culminated in the development of this project has occurred over an extensive period of time, through a robust process spanning from July 2012 through March 25, 2015. In April 2013 two Steering Committee Meetings were held to identify the focus of the Innovation Proposal. In October 2013 a Latino and Asian Pacific Islander, subcommittee meeting was held to solicit input from the Latino and Filipino service providers, members of these communities which have experienced mental illness and administrators to further identify the barriers to service for these communities and strategies to meet these needs. Under the direction of the Cultural Competence Coordinator, cultural competence committees were formed for Latino, Filipino, African American and LGBTQ communities. The extensive work of these committees formed the basis for the updated Cultural Competence Plan and systems recommendations which were built upon to form this Innovation Plan. These planning efforts, built upon earlier community planning processes dating from 2012 which included:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law Enforcement Agencies
- Veterans
- Providers of alcohol and drug services
- Health care organizations
- Representatives of unserved and underserved populations and family members of unserved/underserved populations
- Stakeholders that represent the demographics of the county including geographic location, age gender, race and ethnicity

Feedback obtained as a result of these stakeholder processes, identified the need for culturally specific strategies which are comprehensive and are adapted to the specific needs of the most underserved communities in Solano County, Latino and Filipino. These strategies range from addressing the stigma and cultural understanding of mental illness which results in barriers to the access to needed care to staff development from the cultural communities which are most underserved to identifying the LGBTQ individuals within this community who may or may not yet be identified as recipients of service and who may face barriers to care. The specific recommendations of these subcommittees are attached in Appendix A.

A comprehensive review of material from the Innovation Plans from other counties, was conducted, which focused on improving access and quality of care to underserved cultural

groups. Many effective strategies have been developed throughout the state to meet the needs of underserved cultural groups. One area which was identified through this plan review, was the need for the development of a comprehensive approach for the implementation of Culturally and Linguistically Standards for Healthcare, (CLAS), the evaluation of the effectiveness of these strategies, a methodology for the creation of system improvement efforts, and the dissemination of an approach which would be adaptable to other mental health systems, including a means to measure the effectiveness of the cultural adaptations.

As a medium sized county, Solano County does not have the necessary infrastructure to conduct the rigorous evaluation which would be required to effectively undertake this project. Members of the Cultural Competence Committee, as well as the Behavioral Health Director and other members of this administration explored the development of a partnership with The Center for Reducing Health Disparities, at UC Davis to ensure the efficacy and the evaluation of the attached project. A series of meetings were held between August 8, 2014 and March 16, 2015 to collaborate on the development of this proposal. Consultation was sought from the Mental Health Oversight and Accountability Commission (MHSOAC) during plan development and the attached proposal reflects the input and the collaboration of the many participants identified above. One of the recommendations from the MHSOAC was to increase the length of the project to ensure that ample time and resources were allocated to ensure that the cultural communities which participated in the project would experience the fruits of their labors, that result from the systems transformation efforts which occur as a product of the cross-sector quality improvement approaches described in this proposal.

The planning dates and committee composition are identified on the following page:

	Provider of Services	Probation/Law Enforcement	Social Services	Consumer/Family Member/NAMI Member	Education	Peer Provider	Representatives and family members of unserved/underserved	Veterans	Faith-Based Community
Steering Committee Meetings									
March 19, 2013: CSS/PEI	8	1			2	1			
April 9, 2013: Innovation Pt. 1	9	1	2		2	1		1	
April 15, 2013: Innovation Pt. 2	9	1	2		2			1	
August 29, 2013	7	1	2	3	2	1		1	
September 9, 2013	11	1	3	2	3			1	
October 17, 2013	9		2	1	3				1
November 5, 2013	9		3	1	3	1			
February 10, 2014	10	1	3	1	2			1	1
Subcommittee Meetings									
September 26, 2013: Early Childhood	8			1			1		
September 27, 2013: Adults	2			3					
September 30, 2013: School-Age	4	1	1	1	4	1	1		
October 2, 2013: Older Adults	2		1	2					1
October 3, 2013: TAY	4			3	1				
October 8, 2013: Older Adults	3		1	2					1
October 10, 2013: Latino/API	5			2	2	1	3		
February 24, 2014: Filipino-American	4		3	1	1		2		1
March 10, 2014: Filipino-American	2		6	1			1		
March 11, 2014: LGBTQ	4		3				4		
March 24, 2014: Filipino-American	1		3		1		2		1
April 8, 2014: LGBTQ	1		4	1			4		1
April 10, 2014: Filipino-American	4		1	1			3		
April 22, 2014: LGBTQ	2		6				6		
July 24, 2014: African-American	5		2				2		1
August 7, 2014: African-American	5		2				3		1
September 9, 2014: African-American	4		3				4		2
September 25, 2015: U.C. Davis	4						2		
October 24, 2014: U.C. Davis Reducing Disparities	6			1	7	2	3		
Mental Health Advisory Board									
January 20, 2015	6		1	2		1	1	1	
February 17, 2015	7		2	1			2		
March 17, 2015	5		2	2			1		

Solano County's Behavioral Health Department

Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

Budget Narrative

The attached budget narrative describes the anticipated Innovation Proposal Costs. During the course of the project, the emphasis shifts from costs which are primarily those associated with the principal investigators and trainers to those which are based in Solano County to support the sustainability and efficacy of the project. The evaluation component is comprehensive and woven into each phase of the Innovation Plan. The aim of the staff from the Center for Reducing Health Disparities will be to build the strength of the community through successful collaboration processes and ensure the project impact continues beyond the length of the project. The results of the Innovation in Collaboration will be jointly disseminated in cooperation with the MHSOAC. Plan and budget revisions will be submitted to the MHSOAC should they arise during the course of the project.

Innovation - Cultural Transformation Model

Personnel	FTE	Y1 Salary	FTE	Y2 Salary	FTE	Y3 Salary	FTE	Y4 Salary	FTE	Y5 Salary
Principal Investigator	0.25	$62,519	0.25	$64,394	0.25	$66,326	0.20	$54,653	0.20	$56,292
Co-Principal Investigator	0.25	$48,000	0.25	$49,440	0.25	$50,923	0.20	$41,961	0.20	$43,220
Ethics and Community Eng. Expert Consultant	0.15	$26,850	0.15	$27,655	0.10	$18,990	0.10	$19,560	0.10	$20,157
Evaluation Consultant	0.05	$8,950	0.05	$9,219	0.10	$18,990	0.10	$19,560	0.10	$20,136
Project Manager	0.25	$28,325	0.25	$29,175	0.25	$30,050	0.20	$24,761	0.20	$25,504
Analyst V	0.40	$32,151	0.40	$33,116	0.40	$34,109	0.20	$17,566	0.20	$18,093
Analyst IV (Evaluation)	1.00	$70,000	1.00	$72,100	1.00	$74,263	1.00	$81,000	1.00	$83,430
Analyst I	1.00	$60,000	1.00	$61,800	1.00	$63,654	1.00	$65,000	1.00	$66,950
Community Health Worker (at Solano County)	1.00	$60,000	1.00	$61,800	1.00	$63,654	1.00	$65,000	1.00	$66,950
Community Health Worker (at Solano County)	1.00	$60,000	1.00	$61,800	1.00	$63,654	1.00	$65,000	1.00	$66,950
Sub-Total	**5.35**	**$456,795**	**5.35**	**$470,499**	**5.35**	**$484,614**	**5.00**	**$454,061**	**5.00**	**$467,682**
Fringe Benefits	**42.17%**	**$192,621**	**43.08%**	**$202,703**	**43.60%**	**$211,309**	**44.32%**	**$201,245**	**44.32%**	**$207,282**
Personnel Total		**$649,416**		**$673,202**		**$695,923**		**$655,306**		**$674,964**

Subcontractors		Amount		Amount		Amount		Amount		Amount
Gustavo Loera (Evaluator)		$75,000		$75,000		$75,000		$50,000		$50,000
CBOs (Solano County)		$200,000		$200,000		$200,000		$265,617		$245,958
Subcontractor Totals		**$275,000**		**$275,000**		**$275,000**		**$315,617**		**$295,958**

Operating Expenses		Amount		Amount		Amount		Amount		Amount
Supplies		$20,000		$20,000		$7,000		$7,000		$7,000
Travel		$28,000		$28,000		$25,000		$25,000		$25,000
Printing		$15,000		$15,000		$13,000		$13,000		$13,000
Equipment		$30,000		$7,000		$0		$0		$0
Miscellaneous		$29,975		$26,190		$27,556		$27,556		$27,556
Operating Expenses Total		**$122,975**		**$96,190**		**$72,556**		**$72,556**		**$72,556**

Indirect Cost (15%)		**$152,609**		**$155,609**		**$156,522**		**$156,522**		**$156,522**

Grand Total		**$1,200,000**		**$1,200,000**		**$1,200,000**		**$1,200,000**		**$1,200,000**

Solano County's Behavioral Health Department
Mental Health Interdisciplinary Collaboration and Cultural Transformation Model
Proposal to the Mental Health Services Oversight and Accountability Commission
Innovation Component

MENTAL HEALTH ADVISORY BOARD & PUBLIC COMMENTS/FEEDBACK AND CHANGES ADOPTED MATRIX

Name and Contact Information	Comments/Feedback Received	Changes Adopted in Proposal
Elizabeth Barber, LMFT Catholic Charities of Solano ebarber@csssolano.org 707-556-9137 x 2203	**Comment: "**Requested information re: the CLAS Transformational Curriculum and how the language challenges will be addressed."	**Response:** We agree with Ms. Barber and added a brief several sentences to Objective #6 on page 6 that highlights the language proficiency that will be achieved. Specifically we add: "Upon completing objectives 1-6, we will have engaged a diverse group of community stakeholders (e.g., consumers, family members, CBO leaders, and county) that represent and have extensive knowledge, both culturally and linguistically, working with the targeted underserved communities. These individuals will play a critical role in tailoring the CLAS Standards curriculum to mirror the linguistic needs of these communities, and create community-defined strategies to increase language proficiency."
The Global Center for Success base in Vallejo Joshua L & Success Joshua 1 & success@ aol.com 707-562-5673	**Comment: "…**Marc Island would like to know how we can get involved to serve the Filipino community."	**Response:** Thank you for your comment. During phase I, the team will conduct a series of meetings to gather input from community stakeholders representing the three underserved communities (i.e., Filipino, Latino, and LGBTQ communities). Marc can be engaged during this phase and throughout the rest of this project in helping to provide input on ways to better serve the Filipino community.
mehippocrazi@comcast.net Private Practice	**Comment:** 1. "How will it be decided who/what community agencies/service providers will be invited to discussions?" 2. "How will/what support can you offer to manage the caseloads of service providers (independent/agencies) to ensure client needs are being met?"	**Response:** Thank you for these comments. 1. Central to this project is meaningful community engagement. The goal is to engage in conversations with the three underserved communities (i.e., Filipinos, Latinos, and LGBTQ), community-based organizations, and Solano County to identify these key individuals and leaders to participate in the decision-making and other tasks pertinent to these three communities.

		2. Strategies and solutions on managing caseloads and ensuring that consumer needs are met, will emerge during the implementation of the CLAS training. The Quality Improvement plans will give us ideas on how to improve access to mental health care and quality service delivery.
Angela Faulkner Faulkner_A@rocketmail.com Solano Mental Health Advisory Board Member	**Comment: "**As we move towards Evidence-Based Practices, I recommend adding objective #9 to the Phase I – Objectives and Outcomes, Year 1 Goals (p. 6) to define outcome metrics for use in the program for Years 3 - 5. This would have staff spend a year identifying what statistical metrics are best for this program and make recommendations at the end of Year One (along with objectives 1 - 8). Examples of Evidence-Based Practices would look at possibly four areas: 1. **Medical** – What is the recidivism rate with or without these treatments/programs, reduction in hospitalization, reduction in adverse events for the consumer? 2. **Housing –** What programs had positive effects, quantitatively on reducing homelessness and more permanent housing situations (also reduction in incarceration)? 3. **Education –** What percent of consumers in these programs were able to begin, and separately complete, either academic or job skills programs? 4. **Financial –** What percent of consumers in these programs were able to engage in paid or volunteer employment? In summary, goals #1 thru #8 work out the needs & get the desires of the community. But once programs are developed to address those needs, we need a way to evaluate what is working & how ell. It is in the best interests of the community to know what works, what doesn't, and where our efforts should be focused. And this should come [truncated text]"	**Response:** We agree with Ms. Faulkner and added Objective #9 on page 6 of the amended proposal that reads "To involve community and organizational leaders, consumers, advocates, County and contract staff, mental health county providers, policy makers and researchers. These stakeholders will engage in assessing: (1) existing community health indicators; (2) statistical quantitative metric options; and (3) identifying outcome metrics relevant to their own priorities. Efforts will be focused on outcome priorities on mental health issues that matter to them and that have the greatest potential to increase access to care, and improve the quality of mental health services delivered to these three target underserved communities." We also added Deliverable **#7** ("A menu of community health indicators and statistical quantitative metrics used to collect and analyze priorities of the various community stakeholders") to reflect this objective on page 7 of the amended proposal. We also added the following text: "This evaluation plan will include the statistical metrics identified by the various stakeholders in Year 1 under Objective 9." to Deliverable 4 for Years 3 and 4 on page 10.

Name and Contact Information	Comments/Feedback Received	Responses
Erin Hannigan, Board of Supervisors, District 1	Will La Clinica de La Raza be on the list of providers as part of this project?	**Response by Gustavo Loera, EdD:** That would be a community based organization that is part of the process, correct.
	What do the metrics and outcomes look like? What are the actual hands on impact to the Latino, Filipino and LGBT community? In other words, what is success?	**Response by Mary Roy:** The goal is to increase penetration rates of these underserved populations; and we will start out by building a relationship of trust and understanding to create access to services for those who would not historically seek mental health services due to cultural barriers and to make sure we are serving people equitably.
	There is relevance and importance of understanding lived experiences when delivering services.	**Response by Mary Roy:** The inquiry, planning process, and quality improvement efforts will all be inclusive of those with lived experience.
Lori Espinosa, Mental Health Advisory Board Chair	With the amount of diversity in Solano County and the number of different dialects used, how are we realistically going to provide services specific to each individual's particular culture?	**Response by Gustavo Loera, EdD:** We focus on how to use interpreters more effectively and how to use what already exists in the community to help people get engaged and to reduce stigma. We will begin the process with focus groups and meetings to find out what already exists in the community.
Alan Werblin, Mental Health Advisory Board Member	The best program to run a similar community program was Nueva Vida in Dixon which due to a lack of sustainable funding, folded. Dr. Werblin acknowledged the need to address sustainability in the plan.	**Comment by Gustavo Loera, EdD:** We find that organizations that are based on a community-defined need are sustainable through the strength of the community.
Alan Werblin, Mental Health Advisory Board Member	Raised concern about transportation issues as a barrier to accessing services; the people most lacking services are the people who cannot get to their services.	**Response by Gustavo Loera, EdD:** Transportation is a critical issue and will need to be addressed.

Solano County

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Fairfield, California 94533
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Meeting Minutes - Action Only

Board of Supervisors

Erin Hannigan (Dist. 1), Chairwoman
(707) 553-5363
John M. Vasquez (Dist. 4), Vice-Chair
(707) 784-6129
Linda J. Seifert (Dist. 2)
(707) 784-3031
James P. Spering (Dist. 3)
(707) 784-6136
Skip Thomson (Dist. 5)
(707) 784-6130

Tuesday, May 12, 2015 **8:30 AM** **Board of Supervisors Chambers**

21 15-0308 Approve proposal submission of Solano County's Mental Health Interdisciplinary Collaboration and Cultural Transformation Model to the Mental Health Services Oversight and Accountability Commission in order to expend $1,200,000 of Mental Health Services Act funding specifically earmarked for an innovative research oriented project of benefit to the Solano County Mental Health System

Approved as Amended

Solano County's Behavioral Health Department

Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

Attachments

Filipino-American Workgroup Recommendations:

1. Educate/neutralize fear and stigma about mental health care within the Filipino-American community, starting with the Faith Community:
    a. Consult with priests, pastors, youth leaders and pastoral care staff about mental health, using Filipino-American mental health clinicians to provide information about mental health and resources, and discuss how the churches can better recognize and serve the mental health needs of their community (consultation should start with a group meeting of pastoral and youth staff, perhaps followed by meeting with individual churches).
    b. Suggested methods to educate congregations, including using testimonies from well-known community leaders about their (or their families) experiences with mental illness, to "humanize mental health."
    c. Key youth and pastoral staff may need additional information about signs of mental illness, how to respond to individuals and family members with mental health issues, resources, how to approach the mental health system, etc.
    d. Parents of youth, seniors, and adult children of seniors may also need assistance.
    e. Critical to use members of the Filipino-American community to consult, educate, to ensure cultural competency.
    f. Inform youth groups about career options in mental health and social work

    Suggested partners include local Catholic, Episcopal, Methodist and other pastoral and youth staff serving the Filipino Community; Common Ground; and Filipino-American mental health staff and community leaders who have experience with mental health issues and are willing to speak out.

2. Use media and marketing strategies to educate the Filipino-American community about mental health and neutralize fear and stigma.
    Vehicles include Pistas at community festivals, church and school newsletters, Facebook, teleseryes, print media, short videos, TFC and GMA Filipino TV channel, posters and events at shopping areas such as Seafood City and Island Pacific.

    Partners may include TV stations, schools, community service and eldercare agencies, newspapers, community event organizers, shopping mall management, local photographers, videographers and artists, etc.

3. Provide Filipino-specific cultural competency education to mental health and other community providers serving the Filipino Community.
    Content should include a discussion of Filipino cultural norms, values, and practices that affect mental health, such as culture-specific roles of men and women in the family, varying levels of acculturation to the larger American society, use of appropriate language, (i.e. "wellness" and "wholeness" better than "mental health"), culture-specific indicators of mental health issues (withdrawn youth, romantic or family break-ups, etc.)

and other key topics. It should also include signs of mental illness, how to respond, and resources.

a. Make training mandatory for county mental health staff and contract providers.
b. Expand Filipino-specific mental health consultation/education to other community providers serving the Filipino-American community, including teachers and administrators in schools with high concentrations of Filipino-American children, law enforcement and judges, primary health care and elder care providers, etc.

Partners should include all contract providers and other community agencies providing health, education, law enforcement and social services to the Filipino-American community.

4. Increase the number of Filipino American mental health staff (county and community providers):
    a. Use social and traditional media to get the word out about the low number of Filipino mental health providers and other staff and the benefits of mental health careers
    b. Collaborate with colleges and universities to offer career days, visit classes
    c. Create, fund internships with Solano County mental health
    d. Visit high schools and church youth groups to promote mental health careers, offer shadowing.

    Partners may include Filipino mental health staff, high schools and church youth groups with large populations of Filipino-Americans, and local colleges and universities.

5. Make county mental health clinics more welcoming to the Filipino American community
    a. Place children's art or photographs of Filipino and other cultural groups on the walls, create videos "starring" Filipinos to show in lobbies and waiting areas.
    b. Ensure that signs and "dichos" are in Tagalog and Spanish as well as English
    c. Ensure that Vallejo clinic has bi-cultural, bi-lingual staff
    d. Train staff, volunteers as "cultural translators"

    Partners may include local artists, photographers, and videographers.

6. Include wellness education and outreach materials, as well as mental health services in Public Health Family Health mobile vans. Bring vans to ethnic festivals.

LGBTQ Workgroup Recommendations:

High Priority Barriers:

- No data on referrals or utilization of services for LGBTQ persons
- Lack of welcoming "signs", i.e. rainbow flag
- Youth in process of self-identifying –and their families—not supported
- Most providers (county and private) are not culturally competent, need training on LGBTQ issues, culture and appropriate services, including understanding that coming out is a lifelong process – different phases of life, different settings
- Few providers who are LGBTQ
- Institutions which throw up barriers to community outreach
- Substance abuse

No data available on referrals or utilization of services for LGBTQ persons

- No breakdowns by LGBTQ

No welcoming environment

- Privacy and confidentiality barriers may prevent asking about LGBTQ status
- "(Non-LGBTQ) Providers don't know anything"
- Providers give no visual evidence or clues for clients of safety
- Providers may not have same identity; there is a preference for LGBTQ providers
- Don't know it's safe until you come out to a provider
- Most referrals word of mouth

Solano County is conservative; some schools, nursing homes and faith communities are not accepting or tolerant of LQBTQ

Lack of coherent support networks

County mental health services

- Lack of County outreach
- No welcoming signs
- No mention of LGBTQ services in resource guide
- Fear of homophobic services at hands of government agencies
- Latinos more suspicious of government (documentation issues)

Ethic groups face additional stigma – racial ethnic issues/racism plus LGBTQ status

- Latinos face obstacles to utilization due to stigma
- African American community particularly intolerant

Youth have additional issues – adolescence plus discerning LGBTQ status

- Bullying especially directed to youth
- Youth fear stigma of LGBTQ
- Identifying "clubs" may feel unsafe
- Some schools do not have Gay-Straight alliances, or allow LGBTQ speakers
- Families may be unaccepting

Parking Lot for Solutions, other ideas

- Web-based chat rooms
- Gay-Straight Alliance in middle and high school
- Resource listings should include explicit “welcoming” signs
- Visible representation in institutions
- Use Latino and Filipino-American work groups and African American spirituality group to discuss, provide ideas for specific ethnic groups.

Latino Workgroup Recommendations:

Highest Priority Barriers

- ACCESS/access. Language barriers to initial entry to the system
- Insufficient bi-lingual staff
- Inadequate time and process to engage families (need to establish confianza before paperwork, clipboards, and computers; 60 day time limit on assessment)
- Inadequate case management, collaboration with other agencies
- Language barriers: translation ≠ culturally appropriate services

Cultural Issues and Barriers/Culturally Inappropriate Services

- Building confianza, establishing relationship must be done first (before paperwork), or clients lost
- Clients may feel "grilled" about deepest services, process to building relationship takes longer
- Lengthy intake and paperwork is overwhelming, turns clients off; need personal assistance to navigate
- Stigma around mental illness:
    - Mental illness is "loco" or "crazy"
    - Latinos keep mental health issues in family too long
    - Fear that children will be removed or deported
    - Don't want to disclose domestic violence
- Generational/acculturation issues
- Immigration issues
    - Fear of ICE
    - Trauma of immigration process
    - Can I/should I return?

Workforce Shortages and Language Barriers

- Issues in bilingual/bicultural staff
    - Inadequate number of bilingual clinicians, other staff to serve monolingual, limited English clients; results in longer wait services, losing clients
    - Existing bilingual staff overtaxed
    - Bilingual, bicultural staff typically end up case-managing eligibility, other services such as education, health immigration, legal issues, etc.
        - Clients' top priority is usually basic needs, then mental health issues emerge
        - Case management often necessary to ensure confianza.
        - As a result, sessions are longer, fewer clients served
        - Collaboration with other services critical
- Workforce
    - Fewer Spanish speakers coming out of grad schools
    - Fewer interns available due to budget cuts, expense of grad school
    - Test for bilingual stipend very difficult – CWS stipend is higher

- Interpreters
    - Although clinicians clearly state clients have right to interpreter, non-bilingual staff reluctant to use interpreters due to cost, fear of no-shows for last-minute interpreters, etc.
    - Staff training on use of interpreters needed
    - Many staff and interpreters do not know technical terms in Spanish
    - Occasionally, kids still used as interpreters
- Assessment tools only in English – pose barriers for both providers and clients
- Aldea CARE program ending – Where can uninsured/undocumented clients go?

Social/Economic Barriers

- Undocumented consumers
    - have no insurance, are ineligible for Medi-Cal (except Emergency Medi-Cal which doesn't cover mental health)
    - Won't come in because they will be billed
- Fear of seeking services because of potential immigration issues of family members
- Transportation – limited access; new driver license law could help
- Many Latino clients live in overcrowded, substandard housing
- Latino children under-tested for Special Education services