Solano County Innovations Project:
Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

Maria Alaniz, MPH, Tracy Lacey, LMFT, Gustavo Loera, Ed.D., Jill Lopez-Rabin, MPH, Mauricio Rodriguez, MPH, Jacqulyn Holley-Young, MA, and Sergio Aguilar-Gaxiola, M.D., Ph.D.
UC Davis Center For Reducing Health Disparities, Solano County Behavioral Health Division
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Introduction

In November 2004, California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA). That Act set a 1% tax on personal adjusted gross income above $1 million, and earmarked those tax dollars to transform California's mental health system into a consumer and family driven culturally and linguistically appropriate and recovery-oriented system (Cashin, Scheffler, Felton, Adams, & Miller, 2008).

In 2016 Solano County Behavioral Health Department (SCBHD), partnered with UC Davis Center for Reducing Health Disparities (CRHD), to launch a multi-phase five year community initiated MHSA Innovation project known as the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM). The project focuses on key cultural and linguistic competencies required to successfully highlight the experiences and mental health needs of the Latino, Filipino American, and LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) communities of Solano County.

While significant disparities also exist for other ethnic/racial groups, these three populations were selected for this project because they have historically shown more severe patterns of disparities when accessing and utilizing County mental health services, compared to other populations in Solano County.

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 takes a decidedly collaborative and community-oriented approach to these challenges by creating a training curriculum based on the Culturally and Linguistically Appropriate Services (CLAS) standards - a set of nationally accepted standards for cultural proficiency in service organizations and information gathered directly from the three target communities. This education, training, and problem solving process brought together workgroups comprised of consumers, community and organizational leaders, advocates, and County and contract staff, to address identified barriers through CLAS-focused interventions.

Core Project Components

Community-Engaged Research – A framework that is used to increase our understanding of mental health disparities associated with race, ethnicity, gender, sexual orientation, current gender identity, and socio-economic status, and to increase community engagement to achieve mental health equity and increase access to care (Minkler & Wallerstein, 2008).

Culturally and Linguistically Appropriate Services (CLAS) standards – CLAS standards are designed to ensure that mental health consumers can access, utilize, and benefit from mental health services in the context of their language, race, ethnicity or other personal characteristics (Hollinger-Smith, 2016).

Quality Improvement (QI) and Sustainability – A focus on systematic and continuous actions that lead to measurable improvement in mental health services and the health status of targeted patient groups that sustain over time.

Project Phases

Phase		
Phase 1 Years 1-2	Collect stories, histories and strengths of the Latino, Filipino American, and LGBTQ communities, Solano County, and community-based organizations (CBOs) and build on them	Comprehensive cultural health assessment
Phase 2 Years 2-3	Develop a CLAS leadership and program development training specific to the health and mental health needs of Solano County and use this transformational knowledge as foundation for quality improvement (QI) plans	CLAS training and quality improvement (QI) plan development
Phase 3 Years 4-5	Coordinate and implement Quality Improvement (QI) plans with coaching from both the Center for Reducing Health Disparities and County and feedback from the community to accomplish positive outcomes	QI plan implementation
Evaluation Years 1-5	Evaluate joint QI plans using a "Quadruple Aim" mixed-methods (qualitative and quantitative) approach that will examine: consumer experience, provider experience, health outcomes, and cost effectiveness	Quadruple aim & sustainable community engagement

Project Goals/Outcomes

Outcome Driven: Multi-Level

On an _individual level_, the CLAS training would increase participant's knowledge, experience, and self-confidence in using CLAS standards.

On a _community level_, the following outcomes would be evident: (1) increase in community outreach and community engagement; (2) increase community partnerships across the county; (3) improve awareness of mental health services; and (4) proven innovative strategies that decrease stigma of mental health in their respective communities.

On a _county (systemic) level_, outcomes include: (1) improve access and utilization of mental health services for Latino, Filipino American, and LGBTQ communities; (2) enhance collaborative partnerships between County, Community, and Community Based Organizations (CBOs); (3) increase workforce diversity; and (4) improve organizational policies, programs and support systems to ensure and sustain culturally and linguistically competency in service delivery.

Outcome Framework: "Quadruple Aim"

This project is grounded in the Quadruple Aim framework—to-date the most effective evaluation model in healthcare—to measure the impact that the ICCTM will have on Latino, Filipino American, and LGBTQ mental health consumers in Solano County. 2014-2016 baseline data was used to assess change in access and utilization over time.

- Consumer Satisfaction Surveys
- Focus Groups
- Utilization Rates

Consumer Experience

Provider Experience
- Provider Satisfaction/Burnout* Indicators
- Social Network Inventories

- Hospitalization rates
- Emergency room use
- Screeners (e.g., BDI, PHQ-9, Hopkins)

Health Outcomes

Cost Effectiveness
- Per capita costs

* Source: Bodenheimer & Sinsky, From Triple to Quadruple Aim, 2014

Cultural Transformation Training

The ICCTM is the first community-initiated project that combines CLAS with community-informed recommendations through a tailored curriculum.

The CLAS Training consisted of four in-depth training sessions:
Session 1: Overview/Health Disparities
Session 2: Community Needs/Gaps
Session 3: CLAS Standards
Session 4: Quality Improvement Development

In Phase 1, CRHD collected hundreds of stories using qualitative research methods and spoke with a range of Latino, Filipino American, and LGBTQ individuals regarding the current state of mental health care and access in Solano County. Interviewees from SCBHD staff include both those, working regularly with community-based organizations providing services to each of the three priority communities and their consumers, and shared important insights into the larger context of mental health care service delivery in Solano County. We spoke with "on the ground" key informants (e.g., consumers, volunteers, advocates, and directors of CBOs) who consisted of people serving key roles within the three communities and who are engaged in the promotion of community mental health. Through a series of community forums, consistent with CBPR principles, preliminary results from these interviews (including cultural brokers, community key informants and county staff) were shared with community members. The forums offered participants a chance to provide feedback on these results, and to identify additional priorities, gaps, strategies, and solutions to increase access and utilization of mental health services in the three priority communities.

Inter-sectorial: Participants were selected from (1) SCBHD (2) CBOs (3) social services (4) schools (5) faith-based organizations (6) law enforcement (7) housing, (8) public health

Multi-stakeholders: Participants were selected from County, CBOs, and the Community. They included: (1) QI staff members; (2) mental health providers; (3) community and county leaders; and (4) consumers and their family members.

Multi-Cohorts: Three cohorts were trained. Each cohort created 3-4 teams, each team created one QI project that was grounded in the community-defined challenges and community-defined solutions findings from Phase 1 efforts.

County | CBOs

CLAS Teams and Quality Improvement Plans

Community

For additional information, please contact Maria Alaniz, Project Manager at malaniz@ucdavis.edu or Tracy Lacey tclacey@solanocounty.com

Community Engagement

Phase 1: Key Findings

Qualitative Approach: Purposive sampling was used to ensure that we obtained a diverse sample of Latino, Filipino American, and LGBTQ individuals. To ensure a wide range of perspectives, interviewees included community members from the three priority communities with various community roles. Based on this data, the four key priorities to improve access and utilization of care are:

Cultural Communication
• Language and translation in a cultural context
• Terminology and language that promotes acceptance and reduces stigma

Culture and Community
• Recognize people's lived/life experiences and resiliency as cultural strengths/assets
• Meaningful connections and partnerships to ensure full participation in community life

Workforce Education and Training
• Diverse workforce that is culturally and linguistically appropriate
• Focus on youth and increase their knowledge of careers in the mental health field

Systemic/Societal Determinants of Health
• Provide services in the communities that consumers live and address issues with transportation
• Promote the mental health recovery model and prevention and early intervention

Type	Number of Participants	Detail
Key Informant Interviews		Interviews conducted with community leaders and advocates, including faith, CBO, and school leaders
Latino	14	
LGBTQ	14	
Filipino	12	
Consumers	6	Aggregated
Focus Groups	37	Aggregated for 8 focus groups
County staff	12	Administrative and programmatic staff and leaders
Providers	13	Primarily County Behavioral Health Providers
CBOs (Online Survey)	20	CLAS Self-Assessment Survey
Other County Leaders	13	Transportation; Housing; Insurance; Law Enforcement, Other Health Systems
Community Forums	61	1 Community Forum per community
Total Number	202	

Community Narrative Reports: Based on the qualitative data collected in 2016, a set of community specific narrative reports were created that summarized experiences shared by each of the three priority communities in describing their access and utilization of mental health care services in Solano County.

Each report gives an overview of the community, outlines their mental health priorities, highlights barriers to accessing and receiving quality services, identifies their particular strengths and assets, and showcases their community-defined strategies and solutions to improve mental health service delivery in Solano County.
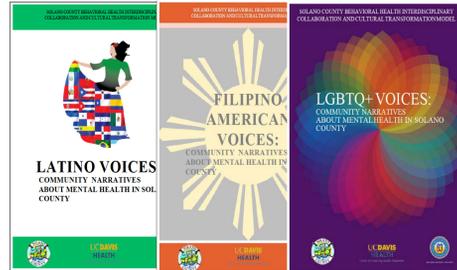
Community Partners

Countywide Community Engagement: The current project's scope encompasses seven major cities in Solano County: (1) Benicia (2) Dixon (3) Fairfield (4) Rio Vista (5) Suisun City (6) Vacaville (7) Vallejo. Additional partners include three Solano County CBOs, each with expertise working with one or more of the three priority communities. These CBOs', in collaboration with Solano County are identifying individuals throughout the seven cities in need of mental health services and connecting them to treatment.

Each CBO created a three-year workplan with specific community-identified strategies to help achieve project outcomes at the community level.

Latino Community Outreach/Engagement Efforts:
Rio Vista CARE is a regionally based nonprofit counseling and family resource center in Rio Vista, California. Its clients are children, families, and individuals who live in the small Delta town of Rio Vista and surrounding rural areas. Rio Vista, CARE is the Delta's only low-cost, professional counseling and family resource center.

Rio Vista, CARE is partnering with organizations that celebrate Latino cultural events throughout Solano County to encourage community engagement opportunities to discuss Latino culture/identity/history as a strategy for mental health prevention and to promote wellness. Rio Vista, CARE is also partnering with clinical providers to coordinate CLAS ready support groups for the Spanish-speaking Latino community in Solano County.

Filipino American Community Outreach/Engagement Efforts:
Fighting Back Partnership is a nonprofit organization "committed to preventing and ending poverty and its effects" in the city of Vallejo and throughout Solano County. It focuses on strengthening families, youth development, and civic engagement in public health initiatives.

Fighting Back Partnership created an initiative called Kapwa Connect. Kapwa means "shared identity" and emphasizes togetherness as a core value in the Filipino culture. The Kapwa Connect initiative is guided by the Filipino community's culture, values, and traditions to increase access to care through storytelling, capacity building, and health education.

LGBTQ Community Outreach/Engagement Efforts:
Solano Pride is a community-based nonprofit organization "welcoming any who wish to work toward an inclusive community for all regardless of sexual orientation or gender identity." Solano Pride is a resource center geared towards improving the lives of the LGBTQ+ community in all of Solano County through community engagement, peer support groups, counseling, social gatherings and events.

Solano Pride, in partnership with faith-based organizations is creating a sense of community and safe spaces for the LGBTQ population around mental health and well-being. Specific to LGBTQ youth of color, Solano Pride is developing peer support groups for parents to discuss risk factors associated with mental illness such as, stigma, discrimination, and isolation, while promoting culture, inclusivity, and mental health wellness.

Four Examples of Quality Improvement (QI) Plans Developed from Community-Defined Solutions

Workforce Development

The "Cultural Game Changers" QI action plan from CLAS Cohort 2 encompasses all three communities' emphasis on the importance of a diverse mental health workforce shared during Phase I of the project.

This team's QI plan will provide Solano County's Human Resources (HR) department with a set of recommendations to support inclusive recruitment and hiring practices valuing a diverse workforce. It will work with high schools to develop pipeline strategies and create CLAS ready recruitment materials for promoting mental health career options.

"Being welcoming, being knowledgeable, being open…and actively finding ways to portray that openness when meeting the cultural needs of [an underserved] community"
-Community Cultural Broker

"To access and utilize services, it is important to see persons from your own culture and that speak your own language"
-Community Key Informant

"I'm less likely to trust just the average everyday [staff or] hotline because I think it takes a deeper understanding and higher degree of empathy about [my] situation and the culture and all of the kinds [of issues] that impacts [me]"
-Community Key Informant

Provider/Consumer Satisfaction

The "Culturally Responsive Supervision" QI action plan from CLAS Cohort 2 was developed to address findings from Phase 1 that focused on the importance of cultural sensitivity for providers and staff.

This team's QI plan will train clinical supervisors and their supervisees, both County and CBO staff, to increase competence in 1) supervisors to address multicultural issues with supervisees; 2) clinicians to address multicultural issues with their clients; and 3) support and possible retention of bilingual and multicultural staff.

"Mental health providers must demonstrate humility and [feel] privileged to be able to serve the consumers and families who are trusting us"
-Provider

"It is important for mental health providers to not only understand and speak the language, but also demonstrate ability to use the appropriate terminology relevant to the consumer"
-Community Key Informant

"I have not been involved in culturally and linguistically appropriate training or any quality improvement efforts led by the county."
-Provider

Targeted Outreach

The "LGBTQ Ethnic Visibility" QI action plan from CLAS Cohort 1 was developed to address findings from Phase I whereby the LGBTQ community highlighted the importance of LGBTQ visibility and welcoming spaces.

This team's QI plan will create CLAS ready LGBTQ signage (imagery and translations) to be posted in County and CBO clinic spaces and in the community. This plan addresses the intersect between the LGBTQ community, the Latinx, and the Filipinx communities to address stigma related to both LGBTQ status and mental health.

"Building relationships with the communities and creating a systems culture of learning through dialogue"
-Community Cultural Broker

"There is not a really inclusive and safe, emotionally safe, policy and procedure to work with our LGBTQ clients. They don't come in for services…..they're asked their gender identify, but they're not asked a whole lot of other stuff"
-Community Key Informant

"cultural competence trainings are not mindful of where our [mental health care] system is really at… it's like 'oh we need a gay training and we've heard of this person that can do the training'… at the end, there [is] no follow-through or strategies to integrate lessons learned to better serve the LGBTQ consumer."
-Community Cultural Broker

Access: Co-Locating Services

The "Takin' CLAS to the Streets" QI action plan from CLAS Cohort 3 was developed to address all three communities' input to increase access to services in locations that the three priority communities already convene.

This team's QI plan will work with school districts and adult education programs to create schools based wellness centers for students. Partnerships will be developed to co-locate clinical staff to provide services when needed.

"We are all in this [fight for equality] together and there are a lot of champions within communities…it's about supporting each other and collaborating"
-Solano County Staff

"[Solano County Behavioral Health] needs to sit down and have a huge meet and greet with all the nonprofits providing services… If they can partner with those nonprofits, because they've already got the established connections within the community, and start developing those relationships, and start expanding those services."
-Community Key Informant

"There is a lot of bullying that goes on, especially for LGBTQ students. It doesn't seem like—talking to the teachers, there's really not a big effort going on to reduce the bullying"
-Community Key Informant