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.

Outcomes include: (1) improve participant’s knowledge, experience, and self-confidence in the CLAS-focused interventions. (2) increase access and utilization over time. (3) social services (4) schools (5) faith-based organizations (6) law enforcement.

Outcome Driven: Multi-Level

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.

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

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

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.

Core Project Components

Community-Based Participatory Research (CBPR) – 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 (Minaker & 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 of mental health services and the health status of targeted patient groups that sustain over time.

Project Phases

Phase 1
- Year 1-2
- Launch of project
- CRHD Community Engagement
- Baseline data collection
- Plan project timeline
- Multi-sectorial: Participants were selected from (1) SCBHD (2) CBOs (3) social services (4) schools (5) faith-based organizations (6) law enforcement

Phase 2
- Year 3-4
- ICCTM training/curriculum
- Core Project Components

Phase 3
- Year 5-6
- Quality improvements
- Inter-sectorial: 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.

Outcome Driven: Multi-Level

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.

<table>
<thead>
<tr>
<th>Community Experience</th>
<th>Consumer Satisfaction Surveys</th>
<th>Focus Groups</th>
<th>Utilization Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>Provider Experience</td>
<td>Provider Satisfaction Survey/Indicators</td>
<td>Social Network Inventories</td>
</tr>
<tr>
<td>Cost Effectiveness</td>
<td>Hospitalization rates</td>
<td>Emergency room use</td>
<td>Screening rates (e.g., BDI, PHQ-9, MoodINDEX)</td>
</tr>
<tr>
<td>Per capita costs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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.

**Provider/Consumer Satisfaction**

- **The ‘Culturally Responsive Supervision’ QI action plan from CLAS Cohort 2** was developed to address findings from Phase I 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 supervising multicultural issues with supervisees; 2) clinicians to address multicultural issues with their clients; and 3) support and possible retention of bilingual and multicultural staff.

**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) and integrate into County and CBO clinic spaces and in the community. This plan addresses the intersection 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 systems of care and culture of learning through dialogue**

- **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’ interest in increasing 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 meeting 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**

---

**Qualitative Approach:**

- **Purposeful 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/experiences and resiliency and how it relates to systemic factors
    - Meaningful connections and partnerships to ensure full participation in community life

**Systemic/Social Determinants of Health**

- **Focus on youth and increase their knowledge and understanding of their cultural identity**
- **Language and translation in a cultural context**
- **Terminology and language that promotes acceptance and reduces stigma**
- **Transportation**

**Workforce Education and Training**

- **Meaningful connections and partnerships to ensure full participation in community life**

**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 shows how their community-defined strategies and solutions to improve mental health service delivery in Solano County.

**Community Partners**

- **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.

**Filipino American Community Outreach/Engagement Efforts:**

- 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.

- 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.