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.

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.

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 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.

Project Goals/Outcomes

**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.

### 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**

1. Phase 1: Needs Assessment
2. Phase 2: Education and Training
3. Phase 3: Implementation
4. Phase 4: Evaluation

**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 LGBTIQ 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.
Community Engagement

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 a community
  - Meanings and 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 and utilization of care

- **Systemic/Societal Determinants of Health**
  - Meaningful connections and partnerships 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”

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 workforce materials for promoting mental health career options.

**Community Cultural Broker**

“Being welcoming, being knowledgeable, being open… and actively finding ways to portray that openness when meeting the cultural needs of an underserved community”

**Community Key Informant**

“To access and utilize services, it is important to see persons from your own culture and that speak your own language”

**Targeted Outreach**

The “Cultural Responsiveness 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 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 Cultural Broker**

“[I have not been involved in culturally and linguistically appropriate training or any quality improvement efforts led by the county]”

- **Community Key Informant**

**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.

**Countywide Community Engagement: The current project seeks to encourage seven main 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 interest in post offices without those given 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.**

**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.**

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 that works in partnership with all three priority communities 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+ community in all of Solano County. It is important for mental health providers to support the LGBT community as well.

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

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

**Interviews conducted with community leaders and advocates, including faith, community leaders and key informants.**

“Terminology and language that promotes acceptance and reduces stigma

**Investigates the following areas:**

1. **Culture and Community**
2. **Promote the mental health recovery model**
3. **Provide services in the communities that**
4. **Focus on youth and increase their knowledge**

**CLAS Self-Assessment Survey**

**Community Forums**

**Total number 202**

**Transportation; Housing; Insurance; Law Enforcement, Other Health Systems**

**Latino Cultural/Identities and Clinical Practice**

**Focus Groups 37 Aggregated for 8 focus groups**

**CBOs (Online Survey) 20**

**CLAS Self-Assessment Survey**

**Other Community Leaders**

**Transportation; Housing; Insurance; Law Enforcement, Other Health Systems**

**Community Cultural Brokers**

“[There is a lot of bullying that goes on, especially for LGBTQ students. It is more than just a school issue… it’s about supporting each other and collaborating with the community]”

- **Solano County Staff**

“[Solano County Behavioral Health] needs to sit down and have a huge meeting and meet 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.”

“[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”

“[There is a lot of bullying that goes on, especially for LGBTQ students. It doesn’t seem like—taking to the teachers, there’s really not a big effort going on to reduce the bullying]”

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