THE INTERDISCIPLINARY COLLABORATION AND CULTURUAL TRANSFORMATION MODEL
COMMUNITY DRIVEN QUALITY IMPROVEMENT ACTION PLANS

INNOVATION CASE STUDIES

CREATING COMMUNITY-DRIVEN QUALITY IMPROVEMENT ACTION PLANS

The Solano County Behavioral Health (SCBH) Division used MHSA Innovation funds to develop their Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) project in partnership with the UC Davis Center for Reducing Health Disparities (CRHD), three local community-based organizations, and community members. A core component of this project was the creation of fourteen community-driven Quality Improvement (QI) Action Plans that were focused on workforce development, training, and the enhancement of community outreach and awareness efforts. These QI Action Plans focused on increasing culturally and linguistically responsive mental health services to improve the experiences and mental health of three underserved communities in Solano County: Filipino-American, Latino, and LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning). The County identified these populations based on the community health needs of the Solano County service area report and by reviewing the County's Mental Health Plan (MHP) penetration data; this data is determined by comparing the overall County's Medi-Cal eligible population by race and ethnicity to the consumers the MHP served and other similarly sized Counties. The LGBTQ+ population was included as a community of focus because the penetration data and SCBH did not collect sexual orientation and gender identity (SOGI) data until 2016.

As an overarching goal, the ICCTM project aimed to increase access and utilization of mental health services, improve the consumer experience and outcomes, reduce healthcare costs, and improve the provider experience.

CONDUCTING A COMPREHENSIVE CULTURAL HEALTH ASSESSMENT

To begin the process of developing culturally relevant QI Action Plans, CRHD conducted a comprehensive cultural health assessment using a **community-engaged research framework.** Based on this framework, CRHD gathered insight into the mental health disparities correlated with race, ethnicity, gender, and sexual orientation in the County. Over the first year of the project, CRHD conducted the following research with 202 members from the Filipino-American, Latino, and LGBTQ+ communities (*see the appendix for more detail)*:

- Interviews with key informants (community members, leaders, advocates, school leaders).
- Interviews with Community-based Organizations (CBOs) that serve the communities of focus.

- Multiple focus groups with community members representing each of the three focus communities.
- Community forums (one per community of focus).
- Online self-assessment survey with various CBO organizations on their efforts to provide culturally and linguistically appropriate services.
- Analysis of existing State and County data on access and utilization of mental and public mental health services.

This research resulted in **three community-specific narrative reports** (Latino, Filipino American, and LGBTQ+) that share each community's mental health priorities, challenges in accessing and utilizing quality services, specific strengths, and community-defined strategies and solutions to improve mental health service delivery in Solano County.

DEVELOPING TRAINING SESSIONS: PROVIDING QUALITY CARE WITH CLAS TRAINING

The CRHD team used the findings from the health assessment along with the CLAS Standards to **develop an in-depth training course** in line with specific community needs: *Providing Quality Care with CLAS Training*. The course curriculum consisted of four interactive sessions: Overview/Health Disparities, Community Needs/Gaps, CLAS Standards, and Quality Improvement Action Plan Development. The sessions included lectures from trainers and guest speakers, group activities, and homework.

Over the course of a year, three cohorts of cross-sector stakeholders (including consumers, advocates, County and CBO behavioral health staff, health care providers, and representatives from education, law enforcement, child welfare, and public health – of which many represented the three communities of focus) participated in the *Providing Quality Care with CLAS Training* sessions. Each cohort engaged in this training over four consecutive months.

The National CLAS Standards are a set of 15 action steps intended to advance health equity and improve the quality of care through improving cultural proficiency in service and health organizations. They are designed to ensure that health consumers can access, utilize, and benefit from health services in the context of their language, race, ethnicity, or other personal characteristics.

This community-driven approach is in contrast with historical efforts to engaging the three underserved communities, which had focused primarily on improving providers' skill sets and the utilization of existing services. The ICCTM project, however, intentionally uses a systemic, collaborative, and community-oriented approach to address the utilization and quality challenges identified in the cultural health assessment.

QUALITY IMPROVEMENT PLAN DEVELOPMENT

In between session three (CLAS Standards) and four (Quality Improvement Action Plan Development) in the training series, participants were asked to form teams and begin developing one (QI) Action Plan. During the fourth session, the CRHD team provided support for the groups to further develop their plans. After the training series concluded, each team also had access to approximately five coaching sessions provided by both the team from UC Davis CRHD and SCBH to further refine and finalize their Action Plans.

QI Action Plans were based on the community-defined barriers and solutions identified in the community-specific narrative reports. Each plan outlined the community need(s) to be addressed, which CLAS standard

the plan addressed, key strategies, intended objectives, and the recommended stakeholders or resources needed for implementing the plan. Each plan aimed to address at least one of the 15 CLAS Standards to establish effective, respectful, and equitable mental health care and services. Additionally, the Action Plans were designed to take a systematic and sustainable approach to build an implementation strategy for the County to help achieve positive measurable mental health outcomes of the communities of focus.

QI ACTION PLAN SPOTLIGHT: LGBTQ+ ETHNIC VISIBILITY QI ACTION PLAN

Challenge identified in cultural needs assessment: The importance of the intersection of the LGBTQ+ community with the Latinx and Filipinx communities to highlight LGBTQ+ visibility and create welcoming spaces to address stigma related to both LGBTQ+ status and mental health.

Resulting Action Plan: Create a CLAS-informed signage campaign (imagery and messaging) with a goal for the signs to be posted in community locations that the Latino and Filipino American communities frequent such as restaurants, grocery stores, family resource centers, and libraries, as well as in County and CBO clinic spaces. The Action Plan team actively gathered continuous feedback on imagery, messaging, and other content with community members that represented the LGBTQ+ Latinx/Filipinx communities to ensure that the campaign was designed in conjunction with the communities of focus. Additionally, the feedback loop helped ensure that the signs developed were truly representative of the Action Plan goal to reduce stigma and discrimination for LGBTQ+ Latinx/Filipinx communities.

"Building relationships with the communities and creating a systems culture of learning through dialogue."
– COMMUNITY CULTURAL BROKER

LESSONS LEARNED: TAKEAWAYS FOR COUNTY LEADERS

Based on their experiences with the ICCTM project in Solano, County leaders offer the following lessons learned for others looking to develop QI Action Plans in their Counties.

PRIORITIZE COMMUNITY PARTICIPATION AND ENGAGEMENT

- Enhance the current community engagement efforts beyond the Mental Health Services Act (MHSA) community program planning process. For example, when a problem or disparity is identified it is imperative that Counties work directly with the communities being impacted to identify culturally responsive community-defined solutions.
- Ensure tools for gathering data and creating QI Action Plans are community-friendly (i.e., use clear language, conduct short surveys, develop a QI Action Plan template that is user-friendly).
- When able and if County policy allows, compensate community members who participate in workgroups to develop QI Action Plans (e.g., provide gift cards).
- Time commitment for the workgroup may be more that initially estimated; therefore, communicate that additional time may be needed as soon as possible.
- Following the development of QI Action Plans, create a well-defined feedback loop to obtain real-time evaluation on the plan and multimedia materials from the community of focus.

ENGAGE DEEPLY WITH CULTURAL AMBASSADORS

- Identify cultural ambassadors for each community of focus; they are likely to participate in QI Action Plan projects and help identify community members to participate in workgroups.
- Appoint project coordinators for each CBO to gather real-time feedback from the communities of focus; this will help foster a positive working relationship from the beginning and enhance communication about the overarching project.

ALLOCATE COUNTY RESOURCES & BUDGET FOR QI PLAN IMPLEMENTATION

- Ensure that the County staff involved in workgroups and community engagement have the bandwidth to fully participate and complete the project.
- Prior to starting any community-defined QI Action Plan project, identify the funding available to support any solutions or strategies identified through the community engagement process.
- Communicate the budget for QI Action Plans and whether the funding is sustainable to participants; be prepared to share that efforts will be made to secure funding in the future if the County cannot fully fund a strategy at the time.

ACCOUNT FOR UNFORESEEN DELAYS & BARRIERS IN THE DEVELOPMENT OF QI ACTION PLANS

- Plan for participant attrition in workgroups or community engagement activities due to a variety of factors (e.g., job change, not able to maintain time commitment, etc.).
- Factor in additional time for community-based feedback loops on proposed solutions developed through QI Action Plans.

APPENDIX

RESEARCH METHODS USED TO CONDUCT COMPREHENSIVE CULTURAL HEALTH ASSESSMENTS WITH THREE COMMUNITIES OF FOCUS: FILIPINO-AMERICAN, LATINO, AND LGBTQ+

RESEARCH METHOD	STAKEHOLDERS INVOLVED	QUANTITY	OBJECTIVE
Interviews	Key informants (community leaders, advocates, school leaders)	Three to ten interviews in each community; 28 interviews with key community leaders	To characterize existing community resources, gaps, and patterns of mental health service utilization
	Community-based Organizations (CBOs)	Six different CBOs that serve the communities of focus	To collect views on existing community assets, strengths, needs, and beliefs and values around physical and mental health – and to identify gaps and opportunities to improve or implement CLAS Standards within CBOs
Focus groups	Community members	Three per each community of focus (37 participants in total)	To initiate conversations on existing community assets, identity perceptions and barriers to care, and outline engagement strategies and targeted programming
Community Forums	Community members	One per community of focus	To identify existing community assets, perceptions and barriers to care, and engagement strategies – with an emphasis on those with lived experiences and their families
Surveys	Community-based Organizations	20 participants	To determine self-assessment scores of CBOs' provision of culturally and linguistically appropriate services
Data review	State of California and Solano County data	N/A	To better understand existing mental and public health and education services to identify and characterize the utilization and access patterns of the three communities of focus