

# Ventura County Behavioral Health

2021-2026

Strategic Plan



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## Director's Message



**Sevet Johnson, PsyD, MA, MFT**

Our strategic planning process began in the middle of responding to the pandemic, highlighting the importance of having a workforce and community that is equitable, flexible, and creative in its response to the emergent and unfolding behavioral health environment.

We know the need for our services will only increase along with state and federal mandates that are imminent, requiring increased population health coordination, integration, and expanded continuum-of-care services.

This strategic plan was developed to assess and adjust our direction in response to the many behavioral health care challenges we face, political and economic developments, changing demographics and service needs, as well as population health policy changes at the local, state, and national levels. One significant state mandate that will have a major impact on how we implement behavioral health services is the California Advancing and Innovating Medi-Cal Initiative (CalAIM), which we note below.

This plan will guide our department in navigating these immense changes and serve as a roadmap to more integrated, coordinated, whole-person, and culturally competent behavioral health services. It sets new strategic priorities, focuses resources, aligns system-wide goals, and identifies desired key outcomes.

I want to thank our beneficiaries, staff, contracted providers, and other valuable stakeholders for their ongoing input to this strategic plan. I especially appreciate the courage and perseverance our staff have demonstrated in the face of adversity and uncertainty. I am proud of our collective efforts to support the well-being of our Ventura County community.

On behalf of our management team, we are excited to continue our engagement and collaboration with our beneficiaries, families, contracted providers, County partners, the Health Care Agency, Board of Supervisors, our County CEO, and the community at large as we begin to implement this strategic plan.

### California Advancing and Innovating Medi-Cal Initiative (CalAIM)

The Department of Healthcare Services (DHCS) has been making significant changes to the structure of behavioral health services throughout California. The California Advancing and Innovating Medi-Cal initiative, otherwise known as CalAIM, creates opportunity for much needed reform and transformation. CalAIM has three primary goals:

1. Identify and manage member risk and need through whole person care approaches and addressing the social determinants of health.
2. Move Medi-Cal to a more seamless system by reducing complexity and increasing flexibility.
3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Complex challenges facing California's most vulnerable residents will be a priority, and a commitment to health equity and integrated services is foundational in serving those managing dual-diagnoses, homelessness, justice involvement, complex medical conditions, marginalized and under-served populations, and needs related to aging. This statewide initiative has significant influence over the development and refinement of this strategic plan.

## Ventura County Health Care Agency's Pillars of Excellence

Behavioral Health is a department within Ventura County's Health Care Agency (HCA) along with Public Health, Ambulatory Care, and the Health Care Plan. Given this relationship, Ventura County's Health Care Agency's Pillars of Excellence greatly influenced the Ventura County Behavioral Health's Strategic Goals. It is important to note that HCA's Pillars use language that is hospital/medical specific. HCA's Pillars consist of the following:

- ❖ **Financial Stewardship:** Our goal is financial stability and being operationally efficient. We strive to achieve that by meeting or exceeding operating budget indicators in each department and developing efficient business processes with a focus on revenue cycle management.
- ❖ **Quality & Safety:** We display a spirit of service, cooperation, and professionalism in personal interactions, whether that be with a patient/client/vendor, and equally important, with one another. We are mindful of our charge in improving the community health status and access to care. This will be accomplished by continuous improvement efforts in achieving high-quality and safety in the care we provide. We believe in transparency and in publicly communicating these outcomes.
- ❖ **People Engagement:** We endeavor to be the employer of choice; to recruit and retain highly competent physicians to meet hospital/patient needs. We will achieve that by creating a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to our mission and value.
- ❖ **Service Experience:** Our goal is to treat every customer and co-worker as if he/she is the most important person in our workplace; to model the importance of creating an attitude of gratitude and to respond to inquiries in a timely, effective manner. Our ultimate commitment is to serve with mercy and tenderness.
- ❖ **Growth:** We encourage innovation and constant improvement in efficiency and effectiveness. We have a commitment to achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. Our focus is on the future needs of the community we serve.
- ❖ **Community Outreach & Engagement:** Ultimately our goal is to be the health system of choice for the community and physicians in Ventura County. Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone is facilitated by engaging and educating the community, to improve the overall health of everyone in our county.

## Behavioral Health Services Delivery in Ventura County

Ventura County Behavioral Health provides a full continuum of coordinated mental health and substance use services to meet the needs of the Ventura County community and Medi-Cal beneficiaries struggling with moderate to severe needs, in collaboration with community-based, faith-based, and other public/private partners. The goal is to assure timely and culturally appropriate access to effective mental health and substance use treatment and supports for all children, adolescents, transitional-aged youth, adults, and older adults and their families in Ventura County. Many of our programs provide services in-home, at schools, and at other accessible locations within the community.

The regional clinics are located in Oxnard, Ventura, Santa Paula, Fillmore, Thousand Oaks, and Simi Valley.

## Behavioral Health Services Overview

- ❖ Mobile Crisis Response Team
- ❖ Outpatient Treatment Services
- ❖ Substance Use Services
- ❖ Driving Under the Influence (DUI)
- ❖ Transitional Age Youth
- ❖ Adult Residential Services
- ❖ Short -Term Residential Services (Crisis Residential)
- ❖ Inpatient Hospitalization
- ❖ Crisis Stabilization Unit (CSU)



# Executive Summary

## The Strategic Planning Process

VCBH staff formally began the strategic planning process in mid-October 2020, in the middle of the global COVID-19 pandemic. The strategic planning process was led by the Special Projects Manager and the Strategic Planning Steering Committee, which consisted of Behavioral Health Division Chiefs and the Director.

The initial strategic planning process entailed an examination of key data documents and feedback resources, which are noted under the Strengths, Weaknesses, Opportunities and Threats (SWOT) section below. The first draft of the plan was created based on these resources.

Given the limitations of in-person collaboration due to the pandemic, stakeholder input was gathered through multiple rounds of surveys, small group meetings and teleconferencing discussions. During the strategic planning period, over 400 stakeholders offered input and feedback on the iterative drafts of the vision, mission, values list, strategic goals, and objectives. The strategic planning process took ten months to complete and was guided by the following process:



The strategic plan is organized around six, high-level, strategic goals, each of which has a specific set of objectives. The key outcomes at the end of the plan outline some of the actions that will be taken over the next five years to achieve the vision and mission. These six strategic goals are directly connected to the Ventura County Health Care Agency’s Pillars of Excellence. This strategic plan is a living document which will be updated to reflect changes that occur both externally and internally as the implementation, monitoring, and tracking progresses towards our strategic goals.

The next steps in the strategic planning process will be the creation of the detailed implementation plans which will guide the implementation process and help ensure that system-wide efforts are aligned, focused, and well-coordinated. The plans will be developed through a series of targeted, collaborative efforts with affected stakeholders.

## Environmental Scan

### Strengths, Weaknesses, Opportunities and Threats (SWOT)

The following resources were reviewed and utilized to help establish patterns, trends, and/or themes to inform the SWOT process, as well to inform the initial draft of the strategic plan:

- ❖ Ventura County's Strategic Plan
- ❖ Ventura County's Public Health Strategic Plan
- ❖ Health Care Agency's Pillars of Excellence
- ❖ Current and future legislative requirements
- ❖ Current mission statement and values list
- ❖ Strategic planning notes from prior staff meetings
- ❖ Recent audit reports (EQROs and Triennial)
- ❖ Cultural Competency plan
- ❖ One-page program overviews
- ❖ Current budget allocation
- ❖ 2019 Draft Youth and Family strategic plan
- ❖ 2019 Employee Engagement survey results
- ❖ 2020 Employee Engagement survey results
- ❖ 2019 MHSA Needs Assessment
- ❖ 2019 QMAC SWOT outcomes
- ❖ 19-20 QMAC grievance summary
- ❖ 19-20 Consumer Perception Survey
- ❖ 19-20 Treatment Perception Survey

Through surveys, emails, small group meetings, and discussions, stakeholders were invited to share their feedback on areas of strengths and areas of improvement as well as specifically any Political, Economic, Social, Technology, Legal, Environment/Climate, Security/Safety, Religion, Regulatory, and Demographic (PESTLE+) factors.



The following SWOT analysis, informed by the PESTLE+, emerged:

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>❖ Proactive, dedicated, compassionate, knowledgeable, and committed staff</li> <li>❖ Depth and quality of client-centered services</li> <li>❖ Diverse programs to meet the needs of our clients</li> <li>❖ Community partnerships and interagency collaborations</li> <li>❖ Strong stakeholder collaboration</li> <li>❖ Adaptable and flexible systems</li> <li>❖ Commitment to creative, innovative, and proactive approaches to service</li> <li>❖ Commitment to continuous quality improvement processes</li> <li>❖ Knowledgeable leadership committed to organizational success</li> <li>❖ Compliance with state and federal mandates</li> </ul>	<ul style="list-style-type: none"> <li>❖ Need more bilingual, bi-cultural staff including psychiatrists, clinical, and BH staff</li> <li>❖ Underutilization of volunteers and peers</li> <li>❖ Client barriers to accessing services including stigma/fears of discrimination, awareness of services, transportation, availability of services, and location of services</li> <li>❖ Need more housing and/or bed availability for severe and/or homeless</li> <li>❖ Lack of community understanding and support for behavioral health needs</li> <li>❖ Retention and staff turnover impact to institutional history/transfer of knowledge</li> <li>❖ Current Netsmart system (e.g., no client portal)</li> <li>❖ Staff discomfort with technology updates and improvements</li> <li>❖ Providers have different electronic health records</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>❖ Increase anti-racism, decrease bias, stigma, and discrimination</li> <li>❖ Integration of clinic operations</li> <li>❖ Increase types and location of services</li> <li>❖ Increase intra and interagency collaboration to support whole-person care/care coordination</li> <li>❖ Increase recruitment efforts for volunteers, peers, and qualified staff</li> <li>❖ Expand telehealth with increasing client ease with telehealth</li> <li>❖ Increase organizational efficiency and quality through technology and technical training</li> <li>❖ Improve performance outcome and data tracking</li> <li>❖ Improve the electronic health record to support reporting and data driven decision making</li> <li>❖ Seek non-traditional and other grant funding sources</li> </ul>	<ul style="list-style-type: none"> <li>❖ Infectious disease (COVID-19, etc.) and/or other public health threats</li> <li>❖ Natural disasters (fires, etc.) and response capability</li> <li>❖ Political environment</li> <li>❖ Impending funding cuts due to loss of tax revenue</li> <li>❖ Uninsured population who needs MH and SUS services</li> <li>❖ Increased need for services with potential inability to hire to meet those needs</li> <li>❖ DHCS Information Notices sometimes lack proper instruction, which can lead to misinterpretation</li> <li>❖ Staff morale and capacity under pandemic and natural disaster situations</li> <li>❖ Resistance to change with a fixed mindset</li> <li>❖ Lack of appropriate or adequate funding and competing for funding</li> </ul>



## Strategic Goals at a Glance

The following six, high-level, strategic goals will guide our multi-year behavioral health integration planning process, including participation by community stakeholders in services and program design towards a coordinated and integrated system of care. The plan focuses on advancing health equity with strategies for achieving system outcomes, as well as population health improvements.

1. **Client and Community Engagement:** Actively engage, empower, and build trust through culturally appropriate services, partnering with clients, their families, and the community for their care and well-being.
2. **Service Excellence and Innovation:** Provide an enhanced continuum of care through system-wide integration, drawing on evidence-based, trauma and culturally informed practices, innovative technologies, and appropriate levels of services.
3. **Quality:** Expand care management quality and effectiveness through data-driven, continuous process improvement, training, education, and stakeholder engagement.
4. **Growth and Access:** Serve as a behavioral health leader and community partner through accessible, timely, appropriate, and comprehensive care.
5. **Staff Engagement and Leadership Development:** Develop and sustain a skilled, collaborative, and motivated workforce who have a passion for service and quality at all levels of the organization.
6. **Financial Stability and Performance:** Ensure efficient, responsible, and strategic use of resources for long-term sustainability.



## Vision, Mission, and Values

The following Vision, Mission, and Values list emerged through stakeholder input to guide the next five years.

### Vision

Ventura County Behavioral Health envisions a community where our diverse residents are respected and empowered so those impacted by mental health and substance use can heal, thrive, and lead a healthy, engaged life.



### Mission

Ventura County Behavioral Health is committed to reducing stigma and discrimination. We promote wellness through a whole-person care approach where clients and families are empowered by appropriate, accessible, timely, culturally sensitive, and collaborative behavioral health services.

### Values

Respect, Equity, Integrity, Compassion, Collaboration, and Quality



## Strategic Goals and Objectives

The plan draws on the core philosophy of health equity and “No Wrong Door” so we can actively engage and meet our clients and community members where they are and when they are in need. The following Strategic Goals and Objectives outline our efforts.

### Strategic Goal #1: Client and Community Engagement

Actively engage, empower, and build trust through culturally appropriate services, partnering with clients, their families, and the community for their care and well-being.

#### Objectives:

- ❖ Increase anti-racism and decrease bias, stigma, and discrimination through expanded culturally informed staff education and training.
- ❖ Enhance the experience of “No Wrong Door” to services by supporting access to services at any location.
- ❖ Continue to increase outreach, engagement, and education to unserved, underserved, and marginalized populations.
- ❖ Actively engage historically unserved, underserved, and marginalized populations to increase service engagement and retention.
- ❖ Improve community engagement in forums and focus groups.
- ❖ Expand awareness and access of available services through modifications to the website, social media, etc.

### Strategic Goal #2: Service Excellence and Innovation

Provide an enhanced continuum of care through system-wide integration, drawing on evidence-based, trauma and culturally informed practices, innovative technologies, and appropriate levels of services.

#### Objectives:

- ❖ Enhance coordination of care across plans (i.e., MHP/DMC-ODS) to promote the full continuum of care.
- ❖ Continue to build culturally and linguistically appropriate services.
- ❖ Continue improvements to access and timeliness to services.
- ❖ Increase technology and technical training to increase cultural competence, efficiency, and productivity.
- ❖ Improve communication best practices throughout the organization.



### Strategic Goal #3: Quality

Expand care management quality and effectiveness through data-driven continuous process improvement, training, education, and stakeholder engagement.

#### Objectives:

- ❖ Expand care management focused trainings and education with emphasis on unserved, underserved, and marginalized populations.
- ❖ Increase continuous quality/process improvements, refinement of key performance and outcome measures.
- ❖ Enhance the electronic health record to support the expanded, integrated continuum of care and meet state and federal reporting mandates.

### Strategic Goal #4: Growth and Access

Serve as a behavioral health leader and community partner through timely, accessible, appropriate, and comprehensive care.

#### Objectives:

- ❖ System-wide integrations of clinic operations as led by state initiatives and priorities.
- ❖ Enhance and where possible, expand VCBH's service continuum.
- ❖ Implement equity initiatives for unserved, underserved, and marginalized populations.
- ❖ Expand and enhance ongoing interagency collaborations that increase and enact health in all policies and activities for the well-being of clients and those whose lives are impacted by those we serve.
- ❖ Increase peer support and services at all levels of the organization.

### Strategic Goal #5: Staff Engagement and Leadership Development

Develop and sustain a skilled, collaborative, and motivated workforce who have a passion for service and quality at all levels of the organization.

#### Objectives:

- ❖ Expand recruitment for culturally diverse staff to meet the needs of the community.
- ❖ Increase staff retention and opportunities for promotion.
- ❖ Increase and refine cultural competency training and education to address experiences of racial trauma within all levels of the organization.
- ❖ Support staff wellness through workload assessment, re-distribution, recognition, and collaboration best practices.
- ❖ Expand professional development and research-based training, cross training, formalized knowledge transfer, and operational support.
- ❖ Increase and formalize VCBH-specific employee onboarding and training standards to support staff engagement.

## Strategic Goal #6: Financial Stability and Performance

Ensure efficient, responsible, and strategic use of resources for long-term sustainability.

### Objectives:

- ❖ Ensure fiscal accountability best practices.
- ❖ Effective and responsive navigation of state and federal changes to align with Centers for Medicare & Medicaid Services (CMS) objectives.
- ❖ Nimble and flexible organizational infrastructure to respond to COVID and post-COVID-19 reality.
- ❖ Leverage resource optimization and revenue enhancement.
- ❖ Evaluate and reshape all programs to reduce redundancies and ensure effective service delivery to support a robust continuum of care.

## Monitoring and Reporting Progress

### Key Outcomes

Ventura County Behavioral Health expects the following key performance outcomes will help us demonstrate progress towards and achievement of the goals and objectives in this strategic plan. In addition to the performance outcomes, we will identify specific activities, tactics, and/or approaches in the implementation plan for each goal. Some of the key outcomes may be relevant to more than one strategic goal. Where applicable, key outcomes will be compared to existing baseline data and/or baselines will be established. Additional methodologies will be utilized, as needed, to identify and track success.

**Strategic Goal #1: Client and Community Engagement:** Actively engage, empower, and build trust through culturally appropriate services, partnering with clients, their families, and the community for their care and well-being.

- ❖ Increased client experience of “No Wrong Door.”
- ❖ Increased number of clients served through Request for Service (RFS) each year.
- ❖ Increased retention of clients being served while also, when appropriate, increasing clients moving to lower levels of care.
- ❖ Increased penetration rates.
- ❖ Increased number and percentage of clients in unserved, underserved, and marginalized populations.
- ❖ Increased client satisfaction in services on items related cultural and linguistic appropriateness of care.
- ❖ Decreased no show rates.
- ❖ Increased number of community members who are knowledgeable and aware of mental health and substance use challenges and how to get help.
- ❖ Increased number of community forums that are knowledgeable about services and can become bridges to help individuals get the help they need.
- ❖ Increased outreach and engagement activities, each year, to unserved, underserved, and marginalized populations as compared to baseline data.
- ❖ Expanded number and types of trainings and education for staff focused on cultural competency.
- ❖ Increased community partnerships.

**Strategic Goal #2: Service Excellence and Innovation:** Provide an enhanced continuum of care through system-wide integration, drawing on evidence-based, trauma and culturally informed practices, innovative technologies, and appropriate levels of services.

- ❖ Increased client support through coordination of care.
- ❖ Increased number of individuals with comprehensive, whole-person treatment plans.
- ❖ Increased client satisfaction with the care and services received.
- ❖ Reduced number of high-cost clients, where a decrease would be appropriate.
- ❖ Increased rate of timely access to services.
- ❖ Increased emergency crisis assessment/interventions services conducted in the field.
- ❖ Reduced re-hospitalizations.
- ❖ Reduced incidents of justice involvement.
- ❖ Increased client satisfaction related to items that address access to services.
- ❖ Improved quality of life, including measures of recovery and resilience.
- ❖ Increased number of multi-disciplinary treatment teams.
- ❖ Increased number of treatment plans actively driven by clients and that include peers and family members.
- ❖ Reduced perception of division "silos" by staff.
- ❖ Increased attention to and staff experience of improving communications at all levels.
- ❖ Increased availability of translated materials and use of interpretation services.
- ❖ Decreased utilization review disallowances.

**Strategic Goal #3: Quality:** Expand care management quality and effectiveness through data-driven continuous process improvement, training, education, and stakeholder engagement.

- ❖ Increased performance measures tracking and establishment of critical baselines.
- ❖ Improved and consistent quality of services throughout the department.
- ❖ Increased beneficiary satisfaction with the care and services received.
- ❖ Increased and improved "timely access" to services.
- ❖ Increased bilingual capacity of providers.
- ❖ Increased data-driven process improvement projects that include internal and external stakeholders.
- ❖ Reduced paper workflows with improved electronic processes.
- ❖ Increased institutional knowledge retention through cross training and procedure development.

**Strategic Goal #4: Growth and Access:** Serve as a behavioral health leader and community partner through timely, accessible, appropriate, and comprehensive care.

- ❖ Increased use of telehealth for clients served where applicable.
- ❖ Reduced wait times across the system to transition to appropriate levels of care.
- ❖ Increased client experience of clinics that are welcoming, culturally competent, and relevant for the community they serve.
- ❖ Increased use of peer advocates across the system.
- ❖ Increased housing support.
- ❖ Increased support for families of clients.
- ❖ Increased coordination with other systems significantly impacting children and youth (e.g., educational, juvenile justice, and child welfare systems).
- ❖ Increased coordination with inpatient psychiatric units to support new and existing clients transition to outpatient care.
- ❖ Increased rates of service to vulnerable populations.
- ❖ Increased contracted provider meetings.

**Strategic Goal #5: Staff Engagement and Leadership Development:** Develop and sustain a skilled, collaborative, and motivated workforce who have a passion for service at all levels of the organization.

- ❖ Increased hiring and shortened hiring process timeline.
- ❖ Decreased vacancy rate.
- ❖ Increased professional development opportunities at all levels.
- ❖ Increased diversity, equity, and inclusion (DEI) trainings for all staff.
- ❖ Increased successful, supportive staff orientation and onboarding.
- ❖ Increased staff recognition.
- ❖ Increased caseload assessment and redistribution, as appropriate.
- ❖ Increased supervision and management leadership trainings.
- ❖ Increased staff promotional opportunities.

**Strategic Goal #6: Financial Stability and Performance:** Ensure efficient, responsible, and strategic use of resources for long-term sustainability.

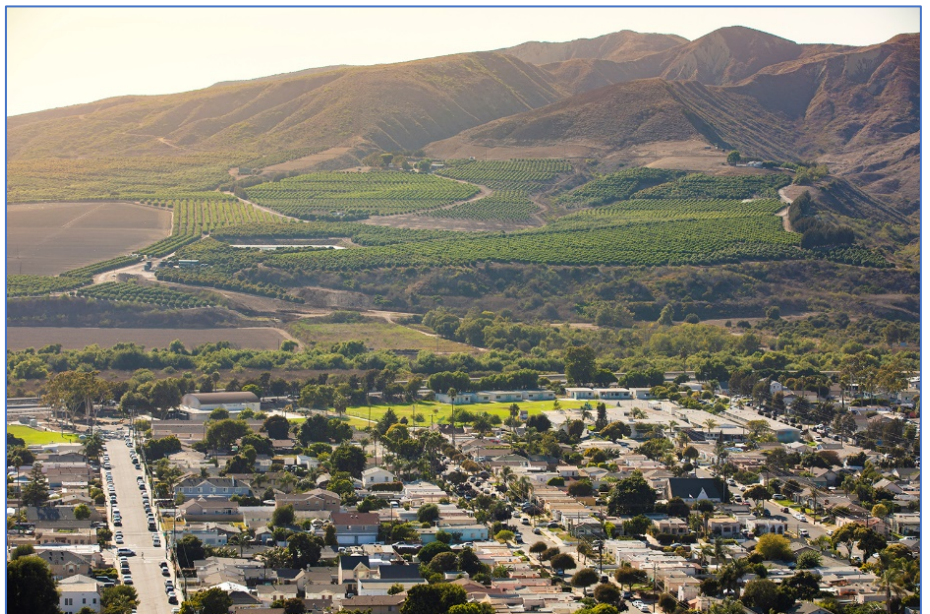
- ❖ Establish a flexible proforma suited for the state’s proposed behavioral health payment reform.
- ❖ Develop key processes for revenue cycle Key Performance Indicators (KPI) to monitor progress and improvement in the following areas: Authorization, Eligibility, Insurance Verification, Billing and Claims Submission, Collections, Denial, and Customer Service.
- ❖ Improve cost analysis and ensure costs are captured appropriately.
- ❖ Enhance labor productivity analysis to ensure proper program cost allocation.

## Implementation Plans

The execution and implementation of the strategic plan will be overseen by the Strategic Planning committee through our implementation plans, which will include detailed action steps to carry out the key goals and objectives with identified stakeholders and timelines.

Questions, comments and/or suggestions about the plan should be directed to the VCBH Special Projects Manager at [VCBHSpecialProjects@Ventura.org](mailto:VCBHSpecialProjects@Ventura.org).

To contribute to our work and/or learn more Ventura County Behavioral Health, please visit our website: <https://vcbh.org>



## Glossary

- ❖ **American Society of Addiction Medicine (ASAM) Criteria:** An outcome-oriented, results-based set of guidelines for treatment criteria, placement, continued stay and transfer/discharge of individuals with substance use disorders, also known as addiction.
- ❖ **Behavioral Health:** A term used to refer to both mental health and substance use.
- ❖ **Behavioral Health/Contracted Provider:** A mental health or substance use treatment provider such as a psychiatrist, social worker, psychologist, certified substance use disorder counselor, or psychiatric nurse.
- ❖ **CBO:** Community-Based Organization
- ❖ **Continuum of Care:** A term that implies a progression of services that a person moves through, usually one service at a time. More recently, it has come to mean comprehensive services.
- ❖ **Consumer Perception Survey:** A semi-annual survey conducted by DHCS and submitted to the California Department of Health Care Services to collect data for reporting on the federally determined national outcome measures.
- ❖ **Coordination of Care:** The process of coordinating care among behavioral health care providers and between behavioral health care providers and physical health care providers with the goal of improving overall quality of health care.
- ❖ **Cultural Competence:** The capacity of the network to address behavioral health needs of consumers and their families/support systems related to their care, in a manner that is congruent with their cultural, religious, socio-economic, ethnic, educational, and linguistic backgrounds.
- ❖ **DHCS:** Department of Health Care Services
- ❖ **Drug Medi-Cal Organized Delivery System (DMC-ODS):** A pilot program to test a new paradigm for the organized delivery of healthcare services for Medicaid eligible individuals with Substance Use Disorders (SUD).
- ❖ **EHR:** Electronic Health Record
- ❖ **Managed Care Organization:** An organization that combines the functions of health insurance, delivery of care, and administration.
- ❖ **Mental Health Plan (MHP):** Provides or arranges for the provision of specialty mental health services to Medi-Cal beneficiaries/clients in the county that meet medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals.
- ❖ **Medi-Cal:** California's Medicaid program. It provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services. People enroll in Medi-Cal through their county social services department.
- ❖ **NAMI:** National Alliance on Mental Illness
- ❖ **Outreach:** The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to, come forth to seek it.
- ❖ **Peer:** A person who has lived experience with a psychiatric, traumatic, and/or addiction challenge, and may benefit from offering peer support towards their own healing.
- ❖ **Penetration Rates:** The penetration rate calculates the percentage of Medi-Cal eligible population that receive services. This rate is calculated by the Department of Health Care Services (DHCS). For example, if the total number of Medi-Cal eligible in the county is 200,000 and VCBH serves 10,000 of those eligible, the penetration rate would be 5%.
- ❖ **Prevention:** Services using interventions that reduce the likelihood of an onset of a serious illness or disorder.
- ❖ **Quality Assurance (QA):** Activities and programs intended to ensure or improve the quality of care in a health care setting or program. The concept includes: the assessment or evaluation of the quality of care; identification of problems or shortcomings in the delivery of care; designing activities to overcome these deficiencies; and follow-up monitoring to ensure effectiveness of corrective steps.



- ❖ **Quality Management Action Committee (QMAC):** This committee reviews, evaluates, and advises on the Quality Action Plans and other quality management activities to support improved access, quality of care, and outcomes of the service delivery system.
- ❖ **Quality Management (QM):** QM is responsible for reviewing the quality of behavioral health services provided to Medi-Cal beneficiaries/clients and ensuring compliance with contract requirements and relevant state and federal regulations.
- ❖ **SUTS:** Substance Use Treatment Services.
- ❖ **TAY:** Transitional Age Youth (16-25).
- ❖ **Threshold Language:** A term used by the state of California to denote a language spoken by 3,000 beneficiaries or 5% of the Medi-Cal population, whichever is lower, whose primary language is not English.
- ❖ **Utilization Management:** The process of evaluating the necessity, appropriateness, and efficiency of behavioral health care services against established guidelines and criteria.
- ❖ **Warm hand-off:** An approach in which the primary care provider does a personal introduction of a patient to the behavioral health specialist to which he or she is being referred.
- ❖ **Wellness:** A proactive, lifelong process of becoming aware of and making choices toward a healthier and fulfilling mental and physical life.



## Acknowledgments

Thank you to everyone who contributed to the development of the strategic plan.

We would like to recognize the hundreds of VCBH staff and stakeholders who shared their ideas for this strategic plan by participating in meetings, emails, and surveys. These stakeholders included consumers, contracted providers, the Disparities Reduction Committee, Behavioral Health Advisory Board, and NAMI. Your candid feedback was essential in the development of this plan.

Additional specific appreciation and acknowledgement goes out to the following individuals for their contribution to the strategic plan.

### Strategic Plan Steering Committee

- ❖ Sevet Johnson, PsyD, MA, MFT – Director
- ❖ Terri Yanez, CPA – VCBH Administration Division Chief
- ❖ Loretta Denering, DrPH, MS – VCBH Substance Use Services Division Chief
- ❖ Dina Olivas, LCSW – VCBH Youth and Family Division Chief
- ❖ John Schipper, PhD – VCBH Adults Division Chief
- ❖ Courtney Lubell, MA, PMP – Special Projects Manager and Strategic Plan Project Manager

### Additional individuals include:

- ❖ Cynthia Salas Salgado – Health Equity/Ethnic Services and Cultural/Linguistic Manager
- ❖ Ophra Ashur, LCSW – Compliance Senior Manager, Quality Management
- ❖ Sloane Burt, MA – Quality Improvement Manager
- ❖ Shanna Zanolini, PsyD – Sr. Program Administrator, Quality Improvement
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