



Office of Health Equity and Cultural Diversity

Cultural Competence Plan

3-Year Plan: 2018-2021





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CRITERION 1 – COMMITMENT TO CULTURAL COMPETENCE

Ventura County Behavioral Health demonstrates its commitment to cultural competence by its continual investment, expansion, and development of the Office of Health Equity and Cultural Diversity. Efforts toward commitment to cultural competence are visible through community engagement when developing policies, procedures and operational practices that aim to incorporate the recognition and value of racial, ethnic and cultural diversity in all things VCBH. Quality Management Action Committee (QMAC) which annually reviews, evaluates and develops the VCBH Quality Assurance Performance Improvement Plan and Department leadership now has the support of the Equity Services Manager to help with evaluating cultural and linguistic competence within all areas of Ventura County Behavioral Health (VCBH).

As an integrated division of the Ventura County Health Care Agency (HCA), VCBH provides a full continuum of coordinated mental health and substance use treatment services to meet the needs of Ventura County residents. In collaboration with community-based, faith-based, and other collaborative partners the goal is to assure access to effective treatment and support for all children, adolescents, transitional-aged youth, adults, older adults, and their families. In addition to regional clinics located in Oxnard, Ventura, Santa Paula, Thousand Oaks, Fillmore and Simi Valley, field-based programs provide services at home, schools and other locations accessible to clients.

VCBH strengthens and enhances its commitment to cultural competence by improving ways to involve stakeholder clients and family members who reflect the diverse populations in Ventura County with the sole purpose of developing, implementing, and monitoring of the VCBH programs and services. VCBH takes measures to make sure participation of stakeholder clients and family members reflect cultural diversity on panels, committees, and in stakeholder groups whose work impacts current and future programs and services.

Commitment to cultural competence has always been a priority for our department leadership. The pandemic has resulted in amplified health disparities and barriers that increased the risk of community members not being able to access and link to substance use treatment and mental health services. The traumatic events that in the last two years alone that our country has faced demands that all efforts and services be led from an anti-racist, diversity, equity, inclusion (DEI-AR) lens. Moreover, the events in the last two years along have solidified that we cannot truly serve our community in a cultural and linguistic proficient manner without including DEI-AR. Additionally, the heightened trauma experienced by communities of color as a result of the pandemic, and the continual murder of Black people and members of Indigenous and Latino/a/x community re-enforces the importance of leading all efforts with race, as people of color are always the most burdened. In line with CLAS standards which begin with the Principal Standard and Governance, Leadership, and Workforce we introduce our CEO, County Health Care Agency, and VCBH leadership's commitment to advance, improve, and eliminate disparities throughout our county agencies which include Ventura County Behavioral Health. Dedication to Cultural and Linguistic competence starts with leadership and Dr. Sevet Johnson has made that a priority as we serve the needs of Ventura County's residents.



COMMITMENT TO CULTURAL COMPETENCE

I. The County of Ventura Behavioral Health’s commitment to cultural competence shall include the following:

A. List policies, procedures or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic and cultural diversity within the County Behavioral Health system.

VCBH targets and addresses various cultural and linguistic competency areas through several policies and procedures (PnP). While some are focused exclusively on the rights of clients, other polices embed information related to the accessibility of services, information and support through cultural and language adaptations. Historically VCBH has sought out the Equity Services Manager (ESM) for recommendations tied to policies connected to cultural and linguistic competence. VCBH has now incorporated the Office of Health Equity and Cultural Diversity as a decision-making body. The ESM who leads the OHECD is now part of the policy approval committee that along with the Executive Team, and the VCBH Director review and approve policies. This step was created and supported by VCBH Director to ensure that policies are created, edited, and retired through a DEI-AR and cultural proficient lens. The OHECD leads policy and procedure efforts through the lens of and use of DEI-AR language in order to make progress in creating a system where clients and community feel they are respected and removes policies that inadvertently create barriers to services and/or information. As we make progress in reviewing PnPs and imbed DEI-AR and CC/LC language we have included the following language in all our polices.

“Ventura County Behavioral Health (VCBH) is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e., assistive devices for blind/deaf). Treatment teams will assess for, consider and work to mitigate all relevant cultural and/or linguistic barriers, as applicable.”

All policies available as exhibits in the Cultural Competence Plan can be accessed by VCBH employees and contracted providers. As a department we plan to move policies and procedures into a public facing platform that would allow the general public access to this information. It is the goal that through that opportunity the community can provide input and feedback to PnP that create challenges for community residents to access information or care in an appropriate culturally and linguistically manner.

A summary of several policies as it relates to cultural and linguistic competence are listed below.

<u>(Exhibit) Policy Name</u>	<u>Cultural Competency Relevance</u>
1. Policy Development, Distribution, and Training	Policy updated to include the Office of Health Equity and Cultural Diversity Manager in the development, updating, and approval of polices to ensure cultural and linguistic competence is an important part of policies for VCBH.
2. Cultural Competence Policy and Culture Competence Plan	It is the policy of Ventura County Behavioral Health that Cultural and Linguistic Competence is embedded as a critical component in the planning and the delivery of mental health and substance use disorder program services. The Cultural Competence Plan (CCP) is the framework by which the department delivers cultural and linguistic competent services and it is updated annually in compliance with regulatory and/or contractual requirements with Department of Health Care Services (DHCS).



<p>3. Beneficiary Information</p>	<p>States that the Ventura County Behavioral Health (VCBH) will ensure that beneficiaries are provided with information available interpretive services. Information on access to Specialty Mental Health Services and Substance Use Services will be readily available in English and Spanish and interpreted in other languages as needed.</p>
<p>4. Mental Health Plan and Substance Use Disorder Plan - Services Provider List</p>	<p>States that a current list of all providers will be organized by region and will identify any cultural and/or linguistic specialties.</p>
<p>5. Patients' Rights Advocacy</p>	<p>Addresses Ventura County Behavioral Health (VCBH's) adherence to all laws and regulations relating to the provision of patient rights advocacy, including ensuring that agreements are in a language the client understands.</p>
<p>6. Contract Services</p>	<p>States that the contracts are monitored to ensure contract providers comply with State and Federal regulations and provide comply with documentation standards. There are annual Annual reviews with regards to the ensure the availability of types of providers types required to meet the cultural and linguistic needs of beneficiaries.</p>
<p>7. Mandatory Trainings</p>	<p>Lists Cultural Competence as required trainings completed annually by all staff.</p>
<p>8. Accessing Specialty Mental Health and Substance Use Disorder Services</p>	<p>Defines VCBH's position on access to mental health and substance use treatment services and its commitment to serving clients² in their preferred languages. States beneficiaries may contact the STAR or SUTS Care Coordination Team through a toll-free, 24/7 telephone line with multi-linguistic capabilities. Also states that the beneficiary can choose from culturally specific and other preferred providers.</p>
<p>9. Creation and Translation of Written Standards and Process</p>	<p>VCBH establishes standardized criteria for the creation and translation of all documents provided to consumer/client, family members, or the general community. To establish a standard process for the creation and translation of Ventura County Behavioral Health (VCBH) documents into the threshold language.</p>
<p>10. Stakeholder Collaboration</p>	<p>To provide information on how Ventura County Behavioral Health (VCBH) collaborates with stakeholders regarding programs, services and policies.</p>
<p>11. Cultural and Linguistic Competency</p>	<p>Ventura County Behavioral Health (VCBH) recognizes that cultural and linguistic competence for the organization and staff requires ongoing assessment and training. The Cultural and Linguistic Competency Training Plan acts as the systematic plan by which these competencies are integrated into the organization.</p>
<p>12. Use of Interpreter/Certified County Employees</p>	<p>VCBH ensures through this policy that persons with Limited English Proficiency (LEP) have access to interpreter services, in order to have the same opportunity to participate in eligible Ventura County Behavioral Health (VCBH) treatment services, activities, programs, and other benefits.</p>
<p>13. Beneficiary Rights</p>	<p>Ensures beneficiary rights are clearly communicated to the beneficiaries, which includes ensuring oral interpretation services are accessible in ALL non-English languages.</p>



County of Ventura- Human Resources

The Human Resource department of the count provides training and recruitment policies at the organizational and agency levels that address equality and diversity in recruitment, hiring and training practices.

County of Ventura County – Americans with Disabilities Act Policy

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the County of Ventura will not discriminate against qualified individuals with disabilities based on disability in its services, programs, or activities.

Employment

The County of Ventura does not discriminate based on disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the Americans with Disabilities Act (ADA).

Effective Communication

The County of Ventura generally, and upon request, provides appropriate aids and services for effective communication to persons with disabilities so they can participate equally in the County of Ventura’s programs, services and activities. These services include qualified sign language interpreters, documents available in braille, and other ways of making information and materials accessible to those who have speech, hearing or vision impairments.

Modifications to Policies and Procedure

VCBH makes all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to benefit from its programs, services and activities. For example, individuals with service animals are welcomed in VCBH offices, even where pets are generally prohibited. The ADA does not require the County of Ventura to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

VCBH does not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Non-Discrimination Policy

The County of Ventura policy, Equal Employment Opportunity Plan, states, “It is the policy of the County of Ventura to assure equal employment opportunity to its employees and applicants for employment based on fitness and merit without regard to race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, or familial/parental status; and, to otherwise adhere to all state and federal EEO related mandates.”

The County of Ventura follows this policy in all areas of employment, including (but not limited to) recruitment, hiring and promotion into all classifications; and with respect to compensation, benefits, transfers, assignments, tours of duty, shifts, layoffs, returns from layoff, demotions, terminations, training, educational leave, social and recreational programs and use of County facilities. It is not the intent of this policy to permit or require the lowering of bona fide job requirements or qualification standards to give preference to any employee or applicant for employment.



Diversity and Equal Opportunity:

Ventura County is committed to diversity and inclusion, which is reflected in the following areas:

- Strategic Plan (Goal #1) - Attract, hire, develop and retain an effective, diverse professional, dedicated and responsive team of employees;
- Strategic Plan (Objective #7) - Employ strategies to develop and encourage cultural competence. Our values include equitable treatment and respect.
- As the strategic plan for the County of Ventura is finalized the DEI Council for Ventura County is directly involved in writing this document in order to ensure our county agencies leads with Race through the lens of Diversity, Equity, Inclusion and antiracist practices.
- Creation of the Diversity and Inclusion Task Force recently renamed Diversity Equity and Inclusion Task Force (DEIT)
- Establishment of DEIO
- Hiring of DEI Officer

Resolution Declaring Racism a Public Health Crisis

The County of Ventura Board of Supervisors approved a resolution declaring racism a public health crisis as a pledge that the county will become a justice-oriented system that will interweave racial equity within all parts of Ventura County Agency. In doing so these practices will be evident within the services it delivers to the community it serves. Even though the murders of Breonna Taylor, Ahmaud Arbery, and George Floyd are not the first of its kind in the history of our country it was one of the two reasons the county pushed for this resolution. The second reason being the pandemic which continues to bring to the spotlight systemic, structural and institutional racism that continues to contribute to inequalities that adversely impact the health, economic and financial growth of Black, Indigenous, and People of Color, and marginalized communities.

On November 10th, 2020 the County of Ventura Board of Supervisors unanimously passed a Resolution Declaring Racism a Public Health Crisis which outlined the following specific goals:

- To endorse the Task Force's work to review policies and procedures to prevent racism and further develop equity, inclusion, and diversity in County service and incorporating these components in the Strategic Plan
- To collaborate with community members and law enforcement agencies in establishing an advisory group to foster communication and identify public concerns related to policing policies and procedures
- To establish a health care working group with community stakeholders to study delivery and improvement of health care services to underserved populations
- To incorporate equity, inclusion, and diversity into County organizational practices to guide County employees in best serving the community in a culturally competent manner
- To advocate for policies that improve the health of the community
- To encourage similar resolutions by other governmental entities

- Creation and hiring of Diversity Equity and Inclusion Officer (DEIO)

The purpose of the task force is to build internal capacity within the County to ensure we have the knowledge, systems and practices to work effectively and leverage difference with all team members, so all workforce members are connected, respected, and valued. It also aims to improve outcomes for community members, deliver culturally responsive services and maintain successful partnerships with community organizations. With the onboarding of the DEIO, the DEIT is now re-visiting how we approach all things DEI with specific focus on how to bring systemic change and take next steps in implementing racial equity throughout the county. Our county and department use the pandemic, and the murders of George Floyd, and Breonna Taylor as a reminder that we all must do better in order for our community to be healthier.



Ventura County DEI Charter

The Ventura County DEI Charter is structured in the following manner. The DEI Task Force is now a council that is made up of representatives from all agencies that make up the County of Ventura. The DEI Council is currently working on creating a community advisory group to bring the voice of those we serve to the efforts generated by this council. DEI Leadership Accountability Council (DEI LAC) that is composed of all executive level directors. The DEI Council Chair and DEI Officer share updates and work on efforts with the DEI LAC and CEO Executive team. This structure allows for the CEO to have transparent conversations of items that will move the County of Ventura forward in enriching all efforts through a DEI-AR lens. Our department's director Dr. Sevet Johnson and Equity Services Manager are heavily and actively involved in these efforts.

Ventura County Advisory Groups

In the last year alone, our county has started their journey in transforming the systemic challenges that exist within the county. The most important part of this work is ensuring that the community is present and is part of the decision-making process. In order to move towards a trajectory of Health both agencies and community must share power, resources, and accountability to truly serve the community with true collaborative efforts. Therefore, the following advisory groups have been created:

- Public Safety Racial Equity Advisory Group
- Health Equity Advisory Committee

It is important to bring to light that this resolution is in line with the commitment to cultural and linguistic competence. As outlined in the four sections that make up the 15 **National CLAS standards**, this resolution makes the commitment as an entire organization to provide services that are effective, equitable and respectful to the community of Ventura County. This important step has brought to the forefront the negative impacts racism has on communities that are negatively impacted as a result of disparities and barriers due to Social Determinates of Health. The resolution has put into motion much needed change as to how strategic plans, policies, practices are created and where resources are allocated to ensure health equity, diversity and inclusion.

Ventura County Behavioral Health Mandatory Training Policy

It is the policy and practice of VCBH to comply and promote compliance with all relevant state and federal laws, regulations, VCBH policies and procedures, contracts and guidelines regarding trainings. With the onboarding of the Equity Services Manager, trainings will be reviewed, updated and approved to meet the relevant needs of the community and department staff including leadership.

- ***Code of Conduct Training*** promotes and encourages proper ethical and proper behavior. It is mandatory for new employees and existing employees to participate in code of conduct training. This training provides an overview of fraud and abuse laws with the goal of helping employees identify circumstances of fraud, waste, abuse, and it provides an explanation of the elements of Compliance Program, including the compliance or reporting process. It also highlights VCBH's commitment to integrity in its business operations and compliance with applicable laws and regulations.
- ***Cultural Competence Training*** is the VCBH policy that requires staff members to complete a minimum of two-hour cultural competence training per year.



Cultural and Linguistic Compliance

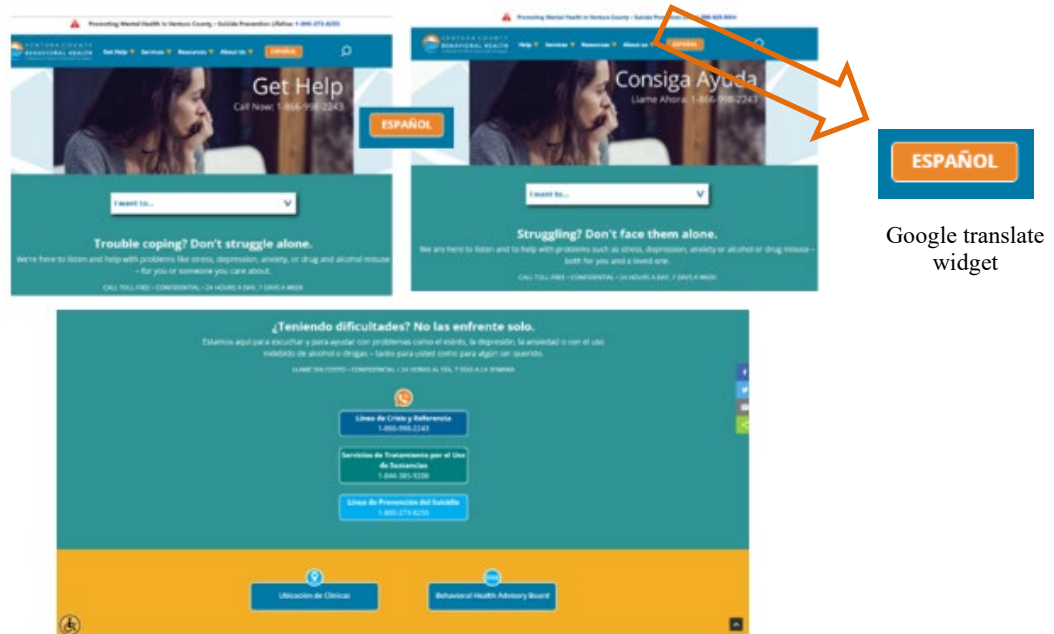
VCBH administration policies incorporate cultural and linguistic compliance into the contracts of County contract providers. Each contractor agrees to comply with applicable Federal, State and local statutory mandates concerning the delivery of cultural and linguistic competence services to clients and consumers. Contractors also develop and maintain their own Cultural Competence Plans (CCPs) that contain data and supporting documentation inclusive of policies and procedures, operational practices and evidence-based practices that demonstrate a commitment to cultural and linguistic competence. This requirement applies to all contracted mental health and substance use treatment providers serving the community through our department.

In addition, the County provides contract providers with training and guidance on the CCP and reporting requirements. Following these trainings, providers submit a CCP within 90 days, and an updated plan every year thereafter. By doing so, the providers demonstrate the capacity to provide culturally competent services to culturally diverse clients and their families through reports outlining cultural competence data elements in their completed plan. Moreover, demonstrate how they use the CCP as a way to plan, assess needs, and close gaps to accessing services.

Relevant Culturally Competent and Threshold Translated Documents

Spanish is Ventura County’s sole threshold language, so most VCBH brochures, flyers and forms have been translated into Spanish by a contracted certified translator or by the VCBH Review Committee. Translated materials include information related to available services, mental health and substance use conditions, beneficiary rights, satisfaction surveys, grievances, informed consent, release of information and privacy practices.

Ventura County Behavioral Health’s website features a Spanish-language section visible on the homepage titled “Español” (“Spanish”)* that explains how to obtain services, what programs are available and frequently asked questions. Visitors can also select to have the entire website translated to Spanish with a Google translate widget located on the upper right-hand corner of the homepage.



*Above is a screen shot of our website and allows our threshold language community have access to information. Clicking on image will take you to website.



The following is a selection of VCBH documents translated in Spanish.

List of Translated Documents

Ventura County Behavioral Health Brochure	Consent to Obtain and Release Confidential Information
Ventura County Mental Health Plan Beneficiary Handbook	Consent to Treatment Form
Ventura County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook	Ventura County Substance Use Treatment Services – Provider Directory
Medi-Cal Provider Directory, Ventura County Mental Health Plan	Notification of Unlicensed Status form
Advance Health Care Directive	UDAP Brochure
Right to Fair Hearing Notification	Caregiver Authorization Affidavit
Release of Confidential Client Information	Important Information about Program Fees
Consent for Mental Health Services	Compliance Hotline Flyer
Consent for Group Services	Change of Address Form
Consent and Client Plan for Psychotropic Medication	For Consumers: How to Dispose of Unused Medicines
Authorization for Use & Disclosure of Psychotherapy Notes	Audio Version of Guide to Mental Health Services
Request to Inspect & Copy Protected Health Info.	Free Translation Services Available
Approval to Inspect to & Copy Protected Health Info.	HIV State of Client Rights
Authorization for Video or Audio Taping Form	If you do not have health coverage-
Response to Request to Inspect & Copy Protected Health Info.	Notice of Interpreter Services If you do not have health coverage.....
Legal Authorization to Consent for Mental Health Services of a Minor or Conserved Adult	Payments Accepted Here Notice of Interpreter Services
Important Information About Complaints	Mental Health Billing Rates Payments Accepted Here
Appeal/Expedited Appeal Forms	Mental Health Billing Rates
Your Right to Make Decisions about Medical Treatment Brochure	Medical Questionnaire Form Medication Treatment Agreement
Notice of Problem Resolution Processes	Medical Questionnaire Form



COMMITMENT TO CULTURAL COMPETENCE

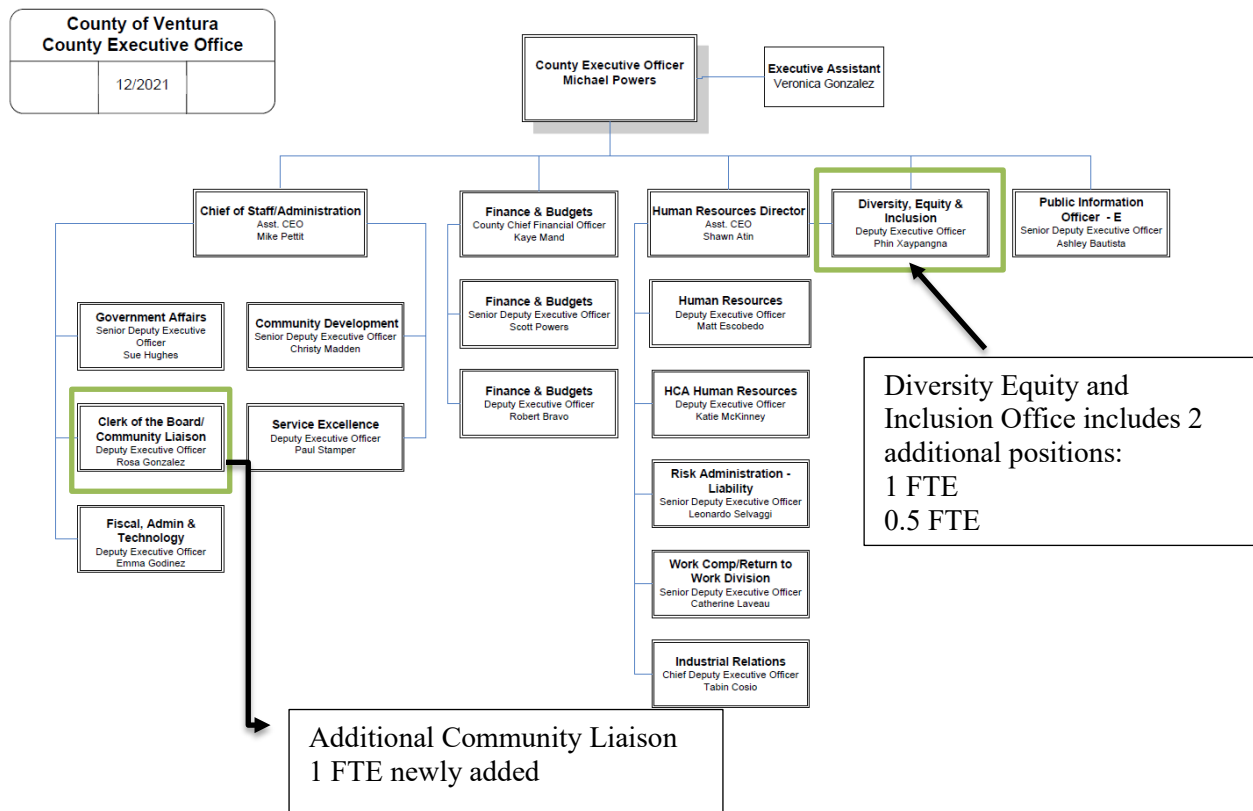
The County shall have the following items available on-site during the compliance review:

- B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:
 - Mission statement
 - Statement of philosophy
 - Strategic plan
 - Policy and procedure manual
 - Human Resource training and recruitment policies
 - Contract requirements
 - Other key documents selected by the County that indicate a system-wide commitment to cultural and linguistic competence

The following links provide evidence of items listed above in demonstrating its commitment to cultural and linguistic competence.

COUNTY EXECUTIVE OFFICE

The County Executive Office is committed to cultural and linguistic efforts by ensuring the community’s voices is at the table through the position of Community Liaison and Diversity, Equity, and Inclusion Officer. These two positions are part of the executive team and provide the CEO and Board of Supervisors perspective/views from a community lens. You can click on the title above to learn more about the County Executive Office. The Community Liaison position was established in 2016, and another Community Liaison position was adopted in 2021. As of Tuesday Dec. 15th, 2021 the Board of Supervisor approved one more position in the County Executive Office that will coordinate with the Sheriff’s Office of Emergency Services and our public safety agencies on emergency response and recovery with an emphasis on community engagement with those having access, disability and functional needs.





[VENTURA COUNTY HUMAN RESOURCE](#)

The County of Ventura has a dedicated website that provides information about training and hiring practices. On this website you will also find the mission and values statement, employee testimonials. Access to this website can be achieved by clicking on the title above. Additionally county's **[EEO Plan](#)** also has Objectives which are crafted to promote our commitment to Diversity, Equity & Inclusion. This is highlighted on page 7. .

[VENTURA COUNTY HEALTH CARE AGENCY.](#)

You will find a message from the Health Care Agency (HCA) Director, Agency Mission and Vision statement, and information about all the departments that make up the HCA.

[VENTURA COUNTY BEHAVIORAL HEALTH MISSION](#)

To promote hope, resiliency and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment and support to persons with mental health and substance abuse issues.

[VENTURA COUNTY BEHAVIORAL HEALTH STRATEGIC PLAN](#)

If you click on the title above it will take you to VCBH's strategic plan which outlines our departments goals for the next five years and demonstrates VCBH's commitment to cultural competence. It also includes the Vision, Mission, and Values.

[VENTURA COUNTY BOARD OF SUPERVISORS RESOLUTION DECLARING RACISM A PUBLIC HEALTH CRISIS](#)

The resolution is a pledge from the Board and the County to promote equity, inclusion, and diversity in housing, employment, economic development, health care, and public safety. The resolution also pledges that the County will work to become a more racial equity and justice-oriented organization in service to the community. It is our goal for this to become part of our culture to best serve our community.



COMMITMENT TO CULTURAL COMPETENCE

II. County recognition, value and inclusion of racial, ethnic, cultural and linguistic diversity within the system.

The CCPR shall be completed by VCBH. The County will hold contractors accountable for reporting the information to be inserted into the CCPR.

The County shall include the following in the CCPR:

A. Provide a narrative description of practices and activities that demonstrate community outreach, engagement and involvement efforts with identified racial, ethnic, cultural and linguistically diverse communities with behavioral health disparities' including recognition and value of racial, ethnic, cultural and linguistic diversity within the system. This may include the solicitation of diverse input to local behavioral health planning process and services development.

A Mental Health Needs Assessment is conducted every three years with the support of two external, private research and consulting firms which are utilized to conduct a robust, thorough and formal countywide mental health needs assessment using primary and secondary data. Additionally, the evaluation workgroup reviews the annual outcomes and previous-year comparisons, contractual obligations and cost-effectiveness of all currently funded Mental Health Services Act programs. Recommendations from both workgroups are presented to the BHAB.

Community Program Planning Process

A Mental Health Needs Assessment is conducted every three years. The current assessment was completed in 2019 the next assessment will be carried out over the summer of 2022. The Community Mental Health Needs Assessment (CMHNA) identifies priority populations and gaps in services. The Community Program Planning Process (CPP) is an annual process that reviews how to better serve priority populations and fill these gaps in services identified by the CMHNA.

Additional priorities addressed though the CPP are set by VCBH, the MHSOAC, and the Behavioral Health Advisory Board (BHAB) to pursue additional gaps, legislation, and/or feedback from community stakeholders. The MHSA (Mental Health Services Act) department, MHSA Planning Committee, and MHSA Evaluation Committees lead the community planning and review processes for all MHSA components. MHSA Planning Committee's mission is to review new program ideas and recommend filling gaps and/or goals based on the community planning process. MHSA Evaluation Committee's mission is to review MHSA program performance outcomes, stated program and component goals, cultural competency and penetration rates, fiscal impact, and client satisfaction surveys. The committee makes recommendations to VCBH based on its survey of each program on an annual or emergent basis. VCBH presents both committee's- recommendations and all reports to the BHAB for review. Through this process, and in partnership with stakeholders, community needs related to mental illness are identified and analyzed. It follows that priorities and strategies can be determined and continually refreshed by re-evaluating programming to meet these prioritized needs, as well as ensuring service gaps are filled and unserved and underserved populations are adequately served.

Elements of the FY 2018/19 Ventura County CPP process included:

- MHSA team members lead, coordinate, and manage all aspects of the CPP process.
- Two external, private research and consulting firms were utilized to conduct a robust, thorough and formal countywide mental health needs assessment using primary and secondary data.
- Stakeholders representing various interests were afforded the opportunity to participate in the CPP process.
-



- Members of standing stakeholder groups such as the County Behavioral Health and Advisory Boards (BHABs) representing youth and families, TAY population, Adult and Older Adults.
- Other participating stakeholders included representatives from the BHABs, community-based organizations, law enforcement, social services, faith-based organizations, public health, older adult agencies, probation, education, coroner, and clinical services.
- Clients with Serious and Persistent Mental Illness (SPMI) and families of clients with Serious Emotional Disturbance (SED), and their families.
- As required throughout the year, specific focus groups were created to address certain populations and their needs within the County in support of the Mental Health Needs Assessment.
- Countywide geographic representation was intentional and monitored to promote and secure all geographic areas, and target populations were represented.
- The practice of utilizing independent facilitators was executed during focus groups to encourage freedom of participants in voicing their views and to eliminate bias during the Mental Health Needs Assessment.
- Transparency with the public and County organizations was imbedded in the structure by creating advisory and community leadership groups and by involving them at key points during the Needs Assessment.
- Intensive outreach and engagement took place during the process to encourage and solicit participation, along with raising awareness of the process within the context of MHSA.
- Outreach and participation data were collected and continually monitored using demographic information to secure population and geographic diversity.
- In addition to community and stakeholder input, the CPP process considered other factors in program planning:
 - Requirements as set forth in Senate Bill, SB-1004 Mental Health Services Act: Prevention and Early Intervention.
 - County compliance with regulatory spending percentages per regulations.
 - Evaluation of programs regarding performance and relevance.
 - County compliance in programming alignment with MHSA components and their respective categories.

Stakeholder involvement was accomplished by using different forums, which include various stakeholder groups listed below:

General Behavioral Health Advisory Board (BHAB)

The mission of the BHAB is to advocate for members of the community that live with mental illness and/or substance abuse disorders and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the VCBH. The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to VCBH Director and the Board of Supervisors. It plays a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plans and updates, provides feedback prior to the required 30-day posting then conducts the public hearing. The BHAB has authority to vote on recommendations for the plan and updates submitted to the Board of Supervisors for final approval.

Behavioral Health Advisory Board (BHAB) Subcommittees

In order to address needs of specific populations, there are other special BHAB subcommittees. These groups report to the General BHAB and ensure coordination and alignment of mission and activities. They are designed to serve populations by age group for Adult and Older Adult, Transitional-Aged Youth (TAY) and Child/Youth and Prevention, and each group sets its own goals and generates year-end reports on accomplishments.



Consumer and Family Groups

Feedback is encouraged from other stakeholder groups, such as the National Alliance on Mental Illness (NAMI), United Parents and the Client Network through direct consumer/family contact and by encouraging their participation in the BHAB as well as its subcommittees, workgroups, and task forces. Another avenue for engagement is through the VCBH's Patients Rights' Advocate, whose function is to provide information and investigate concerns.

Cultural Equity Advisory Committee (CEAC)

The committee is comprised of mental health and alcohol and drug department staff, key stakeholders from community and faith-based organizations, other county and city departments, and individuals from the community at-large. CEAC's mission is to ensure mental health and alcohol and drug programs services are responsive in meeting the needs for care of diverse cultural, linguistic, racial, and ethnic populations. The committee identifies indicators used to actively address conditions that may contribute to a need for appropriate and equitable care.

MHSA Community Program Planning Committees, Focus Groups and Workgroups

VCBH also conducts active outreach to ensure key stakeholders are included in the development of programs and services so they are reflective of the needs of the population to be served. The Mental Health Services Act (MHSA) requires public involvement in the stakeholder process because it's crucial in achieving an equitable three-year program plan and annual updates. Groups involved in the CPP process include consumers, law enforcement, personal advocacy groups, and health agencies. While there are shared requirements for CPP, the process allows for Ventura County to tailor its programming to align with Ventura County to tailor its programming to align with its specific needs and adherence to State priorities and regulatory requirements.

Community Mental Health Needs Assessment Process

The CMHNA was designed with the goal of creating accessible ways for a wide range of community stakeholders, including community members and providers, to share their perceptions on mental health needs for Ventura County residents, and to identify the most urgent mental health needs among unserved and underserved populations in the county. Ventura County Behavioral Health (VCBH) during this planning period conducted a formal, robust community mental health needs assessment (CMHNA) to be able to prepare for an informed program planning process. From March 2018 through February 2019, VCBH used Harder+Company Community Research to lead the CMHNA, report results and facilitate community engagement for prioritization of issues and development of strategies. EVALCORP Research & Consulting also collaborated in the design, deployment and analysis of a survey tailored for providers and agencies throughout the county that encounter the mentally ill during their work



Mental Health Services Act Components (MHSA)

MHSA consists of five components, each of which addresses specific goals for priority populations, key community health needs, and age groups that require special attention. The programs developed under these components draw on the expertise and experience of behavioral health and primary care providers, community-based organizations, education systems, law enforcement, and local government departments and agencies.

MHSA Five Components

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities and Technology Needs (CF/TN)



1. Community Service and Support

Community Services & Support (CSS) is the largest component of the MHSA. It is focused on community collaboration, cultural competence, client- and family-driven services and systems, wellness, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component and will continue to grow in the coming years.

The County system of care under this component consists of programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with a serious mental illness and serious emotional disturbance, while emphasizing a reduction in service disparities unique to the County. Below is a listing of the active FY 18/19 MHSA components. Each category is then followed by individual program information.

Programs funded by this component will be presented in accordance with the following regulatory categories:

- Full-Service Partnership (FSP)
- Outreach and Engagement (O&E)
- General System Development (GSD) or System Development (SD)
- Housing

Other Programmatic Components

- Prevention and Early Intervention (PEI)
- Innovations (INN)



Full-Service Partnership (FSP)

Full-Service Partnership (FSP) programs are designed specifically for children who have been diagnosed with severe emotional disturbances and for transition age youth, adults and seniors who have been diagnosed with a severe mental illness and would benefit from an intensive service program. Full-Service Partnerships embrace client-driven services and supports, with each client choosing services based on individual needs. Wrap-around services include treatment, case management, transportation, housing, crisis intervention, education, vocational training and employment services, as well as socialization and recreational activities, based on the individual needs for successful treatment outcomes as set in the individual treatment plan. The foundation of Full-Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. Embedded in FSP programs is a commitment to deliver services in ways that are culturally and linguistically responsive and appropriate.

List and Description of FSP-CSS Programs

Insights Program

The Ventura County Probation Agency and Behavioral Health Department, working in partnership with the Ventura County Juvenile Court, the Ventura County Public Defender’s office, the Ventura County District Attorney’s office, the Ventura County Office of Education and the Public Health Department participate in the INSIGHTS program. The program was developed in response to the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program utilizes a multidisciplinary approach to provide intensive treatment and case management services to youth. Through a collaborative process, coordinated services are offered to the youth/caregivers which may include comprehensive mental health services, substance abuse services, peer and parent support, and other county and community-based support resources. With focus on the special needs of these high-risk youth and their families, interagency team members work in strong collaboration to develop individualized multidisciplinary case plans with the overarching goals of reducing incarcerations, hospitalizations, and other out-of-home placements and providing those supports necessary for these youths to be successful in their home communities.

TAY Expanded Transitions Program

This clinical outpatient program serves youth ages 18-25 who are diagnosed with a Serious and Persistent Mental Illness (SPMI), many of whom are dually diagnosed with co-occurring substance abuse disorders and are at risk of homelessness, incarceration or psychiatric hospitalization and with little to no support in their natural environments.

This program focuses upon a client driven model with services including psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. The Transitions Program ensures that clinicians and case managers will also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. Staff support clients in the achievement of their wellness and recovery goals. The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally un-served and underserved TAY in these areas. The program’s clinical services include Evidenced Based Practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Cognitive Behavioral Therapy to address symptoms of depression, dual diagnosis and



trauma. Cognitive Behavioral Therapy and Motivational Interviewing are two foundational practiced treatment methods that are used with clients. Programming is specially designed to successfully engage and meet the unique developmental needs of the TAY. Examples include Creative Expression, Cinema therapy, Relationship Group, Life Skills, Wellness Recovery Action Plan (WRAP) Groups, and Community Engagement to name a few.

Casa Esperanza TAY Transitions Program (TAY FSP)

Casa Esperanza is an 18-month maximum-stay social rehabilitation program that assists clients in their transition to the community. Casa Esperanza serves adults ages 18-25 who are diagnosed with a SPMI. The primary focus of the program is community integration and skill development. It is a daily structured therapeutic program that encourages community involvement and in partnership with Ventura County Behavioral Health, services offered to reach the overall goal of transitioning to a less restrictive and more independent level of care are as follows:

- Individual and Group Counseling
- Case Management
- Therapy
- Securing Housing Assistance
- Psychiatric Services

Assisted Outpatient Treatment (AOT) Program (Laura's Law)

The AOT program uses a consumer-centered approach to engage untreated individuals with SMI and helps them engage in outpatient treatment, using the Assertive Community Treatment (ACT) model. ACT is an evidence-based behavioral health program for people with SMI who are at-risk of or would otherwise be served in institutional settings (e.g., hospitals, jails/prisons) or experience homelessness. ACT has the strongest evidence base of any mental health practice for people with SMI. Under ACT, a community-based, mobile, multidisciplinary, and highly trained mental health team delivers services with low staff- to-consumer ratios. When followed to fidelity, ACT produces reliable results that improve psychosocial outcomes and lead to decreases in hospitalizations, incarcerations, and homelessness.

Voluntary Enrollment– Persons referred to the AOT program are first offered the opportunity to voluntarily participate in mental health services. There is no court action involved in an individual's voluntary agreement to participate in the AOT program. However, if the individual does not voluntarily accept mental health services, it is likely that a court petition will be filed, and the court will compel him/her to enroll in these services. Thus, although this enrollment process does not include court involvement, the possibility of court involvement may be a factor in influencing the person to accept AOT services.

Court-Involved Enrollment - If the AOT program team has made a reasonable, consumer-centered effort to engage a referred individual in services and the individual refuses to accept these services, program staff may submit a declaration to the Ventura County Counsel, initiating a court process to compel program participation. County Counsel files a court petition seeking a hearing to compel program enrollment. The court notifies the referred individual of the hearing date and assigns the individual a public defender. In court, the individual either enters a settlement agreement or contests the petition. If the individual contests the petition, the judge may issue a court order to participate.

Ventura County Behavioral Health FSP Treatment Track (Adult FSP Program)

This program allows the county to improve the mental health delivery system for all clients by transporting clients to and from, clinical, psychiatric, and group therapy appointments at VCBH Adult Outpatient



Clinics and special events throughout the county. VCBH is in the process through the INN FSP Multi-County Collaborative work to expand staffing and services available to these clients in FY 2022/23.

Empowering Partners through Integrative Community Services (EPICS)

Empowering Partners through Integrative Community Services (EPICS) provides comprehensive, intensive, “whatever it takes” services for those consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment placements), who are at high risk to require those levels of care without intervention, and who have been historically underserved in the mental health system due to a variety of barriers that make access to traditional services challenging.

The EPICS program serves roughly 70 individuals per year who would otherwise struggle to manage their mental health needs in the community. Program efforts are aimed at assisting consumers who are returning to the community after treatment in long-term locked and/or structured treatment programs, or short-term acute hospitalizations, and serve to ensure that these individuals are successful as they re-engage with community living and service systems.

It offers intensive case management services, individual and group therapy, and intensive psychiatric and medication services. All services are offered at the location most convenient for the consumer, and are



largely field based, the psychiatrist is also able to serve individuals at their place of residence as needed. The entire team is trained and is structured to deliver services in alignment with an Evidence-Based Practice models: The Assertive Community Treatment model of delivering flexible, comprehensive and team-oriented services.

VISTA (Adult FSP Program)

The mission of this program is to deliver excellent and effective mental health services through a Full Service Partnership model that engage individuals with complex needs in recovering in their health, hopes, and dreams. Telecare is the provider for VISTA and provides program services to adults with serious mental illness in Ventura County, California.

The VISTA Adult Forensic ACT (Assertive Community Treatment) program provides services to people that have been identified as severely and persistently mentally ill, homeless or at risk for homelessness, and incarcerated within the past year. Upon release from jail, a Telecare VISTA team member will be there to pick up the potential member, address immediate needs, and schedule an appointment for psychiatric assessment. Additionally, some of the adult members participate in what is known as Mental Health Court. The VISTA team works with an individual to assist in successfully meeting their court and probation requirements. When an individual has met their legal obligation(s) they "graduate" from mental health court. Building on traditional ACT standards, this program uses a recovery-centered experience for people served based on a belief that recovery can happen. Programs and staff strive to create an environment where a person can choose to recover. By connecting to each individual's core self and trusting it to guide the way, it is possible to awaken the desire to embark on the recovery journey. Building on traditional ACT standards, this program uses a recovery-centered experience for people served based on a belief that recovery can happen. Programs and staff strive to create an environment where a person can choose to recover. By connecting to each individual's core self and trusting it to guide the way, it is possible to awaken the desire to embark on the recovery journey.

The ACT programs use multidisciplinary teams that include psychiatrists, nurses, masters-level clinical staff, and personal service coordinators. Some staff may be consumers who are in recovery themselves.

Services include, but are not limited to:

- Psychiatric assessment
- 24/7 crisis response
- Individual treatment planning
- Intensive case management services
- Psychosocial rehabilitative skill building
- Psychotropic medication education and support
- Linkage and advocacy with entitlements
- Linkage to vocational and educational services in the community
- Housing linkage and some limited funding
- Advocacy and support with Mental Health Court participants
- Support with adhering to Probation requirements

VCBH Older Adults FSP Program

The Older Adults Program provides mental health services to unserved and underserved seriously mentally ill individuals ages 60 and over in Ventura County. As a result of serious mental illness, compounded by medical issues often facing the elderly, the Older Adult clients often have a reduction in personal or community functioning prior to acceptance into program. Special priority is given to those with persistent mental illness and to those who are homebound, homeless and/or in crisis and who require the intensive services of a Full-Service Partnership (FSP).



This population is often unable to access more traditional outpatient services. In addition to the community-based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers.

These opportunities include:

- Rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians.
- Rehabilitation groups are offered weekly in one of the largest Residential Facilities for Care of the Elderly (RFCE).
- Events that take place in the clinic that include a Thanksgiving Dinner, A Holiday Event with dinner, and several other social events that are scheduled throughout the year.

This category employs strategies and resources to reach, identify, and engage unserved individuals and communities in the County mental health system with the goal of reducing disparities unique to the County. In addition to reaching out to and engaging several entities, such as community-based organizations, schools, primary care providers, and faith-based organizations, this category of programs engages community leaders, community population that face home-insecurities, are incarcerated, and families of individuals served. The Outreach and Engagement category under CSS is fulfilled by the Rapid Integrated Support and Engagement (RISE) Program that assigns various staff to support different areas and programs. In addition to the RISE program, there are general outreach efforts executed county-wide to inform and engage the community regarding mental illness and services available. The next section includes comprehensive demographic data for the RISE program, including incorporation of the RISE TAY Expansion program and RISE staff working under the PEI component.

Rapid Integrated Support and Engagement (RISE) Program

RISE is an outreach and engagement program that reaches out to individuals who have difficulty connecting to services, fall through the cracks and have traditionally been underserved within the behavioral health system of care. RISE and RISE TAY Expansion provide services to all individuals within the communities of Ventura County who need being connected to a variety of resources which include but are not limited to mental health services. RISE Services are defined as any outreach contact that is provided to an individual to help connect them to the appropriate treatment provider or community resource. In 2016 when youth crisis services were brought in house to VCBH, RISE partnered with United Parents to provide support for families with youth age 17 and under. The parent partner role is to assist families who may not have much support, or who may be overwhelmed navigating processes to getting their youth into services. The parent partner will stay connected to the family until the youth is successfully connected to the treating clinic. If continued support is needed, the RISE parent partner can make that recommendation to the clinic as there are parent partners in each youth and family clinic who may provide ongoing support for families.

Rapid Integrated Support and Engagement (RISE) Expansion Project (CSS-SD-RISE-TAY)

RISE is an outreach Through the RISE program, team members provide multiple services including extensive countywide outreach to clients who are at risk of a mental health crisis, currently experiencing, or at high risk of re-experiencing a mental health crisis. The primary goal of the RISE program is to successfully link clients to the appropriate level of mental health care by providing robust transitional case management and clinical services in a field setting. Two expansion strategies exercised in this project:

Law Enforcement Partner Team: This strategy reflects a team model using collaboration between mental health and law enforcement personnel to impact crises escalation among highest-risk populations in cities and areas where teams are deployed. Community Services Coordinators (CSCs) ride along with dedicated police officers to provide field-based assessment, interventions, treatment planning, and case



management. The primary goal of the strategy is to avoid hospitalization and incarceration by stabilizing clients by providing robust transitional case management and clinical services in a field setting until successfully linked to the appropriate level of mental health care. The clients are those persons identified on police Person of Concern lists as high utilizers based on the number of police calls, incarcerations, hospitalizations, and ER visits due to mental health crises.

TAY Engager: Based on a client-driven model, services include outreach and engagement, risk assessment, safety planning, mental health treatment, intensive/targeted case management, linkage to VCBH services or lower level of care as determined by the clinician, and rehabilitation services. Clinician, CSC, and Peer Recovery Coach teams provide field-based services within homes, schools, colleges, community-based settings, and the TAY Wellness and Recovery Center. TAY are stabilized and linked to VCBH treatment and specialized TAY programs, including temporary emergency housing, health coordination, and mental health services. Law enforcement, hospitals, EDs, jail, schools, colleges, and social and community organizations are key partners in providing access points, referrals, and linkage to services. This strategy expands upon RISE Program outreach and services provided by an existing Behavioral Health Clinician and CSC team currently serving TAY and provides staffing for a West County and East County team rather than a single team that serves the entire county.

Office of Health Equity and Cultural Diversity Outreach Program

This Office of Health Equity and Cultural Diversity aims its efforts to build stronger connections with the community through ongoing engagement and culturally competent and linguistically competent outreach efforts aimed at informing local communities regarding available services, access processes and procedures.

General System Development (GSD)

General System Development is a category under CSS that funds programs and services that support and improve the existing health service delivery system designed for all clients, and when appropriate their families, including those qualifying for Full-Service Partnerships and especially, target populations. While these funds may be used to improve the county mental health service delivery system for all clients and their families. They can also be applied to collaborate with other non-mental health community programs and/or services and develop and implement strategies for reducing ethnic/racial disparities. These programs are also designed to promote interagency and community collaboration, and develop values- driven, evidence-based, and promising clinical practices to support populations with mental illness and emotional disturbance.

Crisis Team Services

Crisis Team (CT) provides field and phone crisis intervention services to individuals of all ages throughout Ventura County. CT manages calls coming into the 24/7 toll-free VCBH ACCESS line which is unique in that Ventura County is one of very few counties in California whose crisis line is staffed around the clock by mental health professionals. This program provides post- crisis follow-up and coordinates extensively with other programs, such as Screening, Triage, Assessment and Referral (STAR) and Rapid Integrated Support and Engagement (RISE), to engage and facilitate linkage to VCBH services and to other indicated resources or services. Additionally, the CT advocates intensively and mediates on clients' behalf in conjunction with community partners and treatment providers to ensure appropriate service delivery. Services are provided in clients' preferred language by a certified clinician or interpreter.



Crisis Residential Treatment

Located in Ventura, California, Ventura CRT is a Crisis Residential Treatment (CRT) Program for individuals experiencing an acute behavioral health crisis. Located in a premier, state-of-the-art facility, the Ventura CRT is designed to deliver superior programming, client care, and safety for both clients and staff. A maximum of 15 individuals are served at any given time, staying an average of 7-10 days as they participate in a highly structured stabilization program and work with a team of specialists who help them through the behavioral or emotional tenants associated with their crisis and give them the tools necessary to help them work through future challenges and re-integrate back into the community.

The CRT specializes in the following:

- Depression
- Anxiety & Panic Disorder
- Bipolar Disorder
- Schizophrenia
- Borderline Personality Disorder
- Obsessive Compulsive Disorder
- Dual Diagnosed Substance Use and Psychiatric Disorders

The CRT offers the following:

- Short-term intensive mental health treatment (length of stay is flexible and based on medical necessity).
- Three meals per day, including working with any dietary restrictions.
- An expert Treatment Team that consists of licensed Clinicians, Registered Nurses, Licensed Vocational Nurses, Mental Health Rehabilitation Workers, Peer Support Specialists, and a Nurse Practitioner.
- Evidence-based treatment practices, including Cognitive Behavioral Therapy, Seeking Safety, WRAP, Mindfulness Based Therapy, and Motivational Interviewing.
- Comprehensive assessment, psychiatric evaluation, individual, group, and family therapy, and psycho-education.
- Care that focuses on stabilizing individuals, reducing their psychiatric symptoms and related conditions (lack of sleep, dietary changes, etc.) and transitioning them into the most appropriate level of care upon discharge.
- An increased understanding of the role of medication, including its therapeutic benefits, side effects, and self-management.
- Relapse prevention and coping skills training.
- Exercise and recreational activities.



Crisis Residential Treatment in the Santa Clara Valley

Jackson House Santa Paula is a residential mental health treatment center that provides the comfortable next step in inpatient care. The focus is on providing structure without loss of the freedoms needed to transition home. Supporting those under their care to partake in everyday activities such as shopping, transportation to an interview, and seeking vocational opportunities.

Crisis Stabilization Unit (CSU)

The Crisis Stabilization Unit (CSU) serves Ventura County resident youth ages 6 to 17 who are experiencing a mental health crisis. Youth who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level of care up to inpatient hospitalization. Should inpatient hospitalizing be required, the CSU facilitates this transfer process. Youth who do not meet criteria are stabilized at the CSU and discharged following a psychiatrist assessment, safety planning process and aftercare meeting with the youth and their caregiver. The CSU is staffed with a master's Level Clinician and a Registered Nurse 24 hours a day, 7 days per week. Mental Health Counselors are also onsite providing stabilization services around the clock and a psychiatrist is available 24 hours a day, 7 days per week.

Screening, Triage, Assessment and Referral (STAR)

This program coordinates access county wide to specialty mental health services provided by Ventura County Behavioral Health. Clients receive timely, appropriate and consistent information regarding access to specialty mental health services. STAR program includes the screening, triage, assessment and/or linkage to the appropriate mental health services, and supports in an efficient, high quality, culturally sensitive manner County-wide. STAR ensures excellent access by also conducting assessments at VCBH clinics, community centers, public health clinics, hospitals, and private homes, as clinically indicated. Services are provided in clients' preferred language by a certified clinician or interpreter. The program employs a "Time to Service" model that allows the risk level to determine the time to the initial appointment so that clients at a higher risk are seen more quickly.

Fillmore Community Project

The Fillmore Community Project provides a variety of mental health treatment including support, case management, and psychiatric services. Staff is fully bilingual, and services are community-based, culturally-competent, client- and family-driven, and designed to overcome the historical stigma and access barriers to services in these communities. This program primarily targets Severely Emotionally Disturbed (SED) youth (0-18 years) in the historically underserved communities of Fillmore and Piru. These communities include a significant number of migrant workers and Spanish speakers.

Transitional Age Youth Outpatient Treatment Program—Transition (Non-FSP)

The Transitions Program focuses on a client-driven model with services including psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. Clinicians and case managers also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas.

Ventura County Behavioral Health Adult Treatment System (Non-FSP)

These services are provided at outpatient clinics in Ventura, Oxnard, Santa Paula, Thousand Oaks, Simi Valley and South Oxnard. Services are also provided in the community, in the home and within residential placements as needed to serve consumer needs. Services are provided based on the level of acuity, engagement with services, and the needs of the consumers. Services may include individual and group therapy, case management, medication support and peer support. Consumers are moved from one recovery track to another as their needs change. Consumers who are engaged and actively working toward wellness and recovery are served by the non-FSP Adult



treatment tracks where they are provided with medication services, individual and group therapy, and/or regular case management. More than 70% of clients served at the adult outpatient clinics are receiving services at this level. Additionally, VCBH has implemented several evidence-based practices to increase the provision of group services to consumers, including “Seeking Safety,” Life Enhancement Training (LET), social skills for clients with psychosis (CORE), and Cognitive-Behavioral Therapy (CBT) for anxiety, depression, and co-occurring disorders. Currently, a total of 60 groups are available every week at the outpatient clinics, and more than 300 consumers are served on average per week. Also, VCBH has embarked on training all clinicians in CBT as the Individual Treatment Modality of choice. Each clinic is staffed with a multi-disciplinary team that provides a wide array of services designed to treat severe symptoms of mental illness and assist individuals and their families in living successfully in the community. Each clinic provides psychiatric assessment, medication services, psychological testing, individual and group therapy, crisis intervention, rehabilitation services, and case management services. In addition, the outpatient programs assist individuals in obtaining employment, accessing medical care, treatment for addictions, socialization programs, and safe and secure housing as available.

The Client Network (CN)

The Client Network is a peer-run advocacy organization with a client-centered approach to mental health recovery. It empowers clients to become full partners in their unique treatment and recovery journeys. The Client Network advocates for consumers by promoting measures that counteract stigma and discrimination against mental health recipients through increasing client representation, involvement, and empowerment at all levels of the mental health system. The Client Network promotes hope, respect, personal empowerment and self-determination through client-driven mental health services and programs. Members participate in stakeholder groups, meetings, workshops, and conferences, the Client Network actively contributes to shaping mental health policy and programming at the local and state level. Clients participate at BHAB general meetings subcommittee meetings, QMAC, EQRO, and with department leadership where their voices have not traditionally been heard. The Client Network is key partner in ensuring clients with lived experience participate in the Community Planning Process each year. The program includes peers that provide individual client support, resources and referrals, and collaboration with community partners. Additional peer lead one-on-one support services and system navigation was added in FY 19/20.

Family Access and Support Team (FAST)

This program is designed to provide services to severely emotionally disturbed (SED) children, youth and their families served by the Behavioral Health Department who are at high risk for hospitalization or out-of-home placement. FAST is contracted to United Parents and is staffed solely with Parent Partners, who have raised a child with a serious mental/emotional disorder and receive specialized training to support others in similar situations. Parent Partners collaborate with the treatment team, providing intensive home-based services to families. They



model techniques with both individual and group modalities to support parents in strength-based, skill-building and increasing knowledge regarding their child’s mental health status. It also addresses increasing knowledge regarding services and resources to assist in alleviating crises.

Client Transportation Program

This program allows the County to improve the mental health delivery system for all clients and their families by transporting clients to and from doctor, clinical, psychiatric and group therapy appointments at VCBH Adult Outpatient clinics and special events throughout the County. The transportation service facilitates clients keeping appointments due to the provision of door to door service to and from the clinics. This has led to a feeling of empowerment on behalf of clients since they do not have to rely on other for assistance.

Linguistics Competence Services

In FY 20/21, Ventura County Behavioral Health utilized a continuum of 6 independent Language Assistance Services contract providers to provide Language Assistance Services (LAS) to individuals and/or family members requesting services, or identified as Limited English Proficient (LEP) by department staff. The independent contract providers augment the primary delivery of LAS whenever the VCBH bi-lingual staff are unavailable to provide these services.

HOUSING PROGRAMS

VCBH housing programs are consistent with the priorities identified under the CSS component. VCBH housing programs are designed to foster the goal of establishing and strengthening partnerships with other agencies, private partnerships and community-based organizations throughout the County. VCBH housing programs reflect local priorities and expanding safe, affordable housing options for individuals with serious mental illness who receive services through the MHSA.

29 VCBH housing programs have fully integrated into the County’s Continuum of Care (CoC) and the Coordinated Entry System (CES) where appropriate. VCBH offers a variety of housing options for clients including independent living for both adults and families, as well as Adult Residential Facilities (ARF) commonly known as Board and Care or Residential Care for the Elderly.

The tables below provide the breakdown of type of housing by facility name and the spread of beds/units.

Facility Name	Housing Type	Beds/Units
Brown's Board & Care	Board and Care (B&C)	9
Cottonwood Residential	B&C	24
Thompson Place	B&C	26
Saundra's Board & Care	B&C	6
Sunrise Manor	B&C	60
Elm's Residential	B&C/RCFE (Residential Care for the Elderly)	54
Oak Place	B&C/RCFE (Residential Care for the Elderly)	34



Total, Adult Residential Facility (ARS) Beds		184
Telecare Corp. Casa B	Temporary Transitional Housing	10
Telecare Corp. Casa C	Temporary Transitional Housing	10
Telecare Corp. Casa D	Temporary Transitional Housing	10
Total, Transitional Housing Beds		30
Hillcrest Villa Apartments	Permanent Supported Housing	15
Paseo De Luz	Permanent Supported Housing	24
Paseo Del Rio / Santa Clara	Permanent Supported Housing	15

The table below provides the number of permanent supportive housing units established through original California Finance Housing Finance Agency.

MHSA Housing Projects	Housing Type	Current Supported Units
MC3	Permanent Supported Housing	5
La Rahada- Simi Valley	Permanent Supported Housing	8
Peppertree- Simi Valley	Permanent Supported Housing	11
D Street Apartments- Oxnard	Permanent Supported Housing	7
Total Permanent Supportive Housing Units		80

2. Prevention and Early Intervention (PEI)

2. Prevention and Early Intervention (PEI)

Prevention programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 180,287 individuals were served through PEI in Fiscal Year 2019-2020. A total of 176,810 participants were served by Prevention programs in Fiscal Year 2019-2020 not including the 15,956 outreached to by Wellness Everyday social media campaigns.



Prevention Program Description Summaries

Adult Mobile Wellness and Adult Wellness and Recovery Center

Serves adults recovering from mental illness and are at risk of homelessness or incarceration through peer support, referrals, and recovery planning. Provides mobile support services and social engagement opportunities in local board and care facilities to improve their quality of life.

Growing Works

Serves adults recovering from mental illness and are at risk of homelessness or incarceration through vocational support, peer support, referrals, and recovery planning.

One Step A La Vez

Serves Latino, LGBTQ+, and TAY at risk of homelessness or in the juvenile justice system through outreach, a drop-in center, wraparound wellness, stress and wellness classes, a high school equality club, and LGBTQ+ support groups.

Proyecto Esperanza

Offers mental health service assistance, educational and wellness classes, and activities to Latino families in the Santa Paula community.

Promotoras Conexión Program – Promotoras y Promotores Foundation (PyPF)

Facilitates mental health for immigrant Latina/Hispanic women at risk of depression through support groups and one-on-one support to manage stress and depression, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Promotoras – Proyecto Conexión Con Mis Compañeras – Mixteco Indígena Community Organizing Project (MICOP)

Facilitates mental health for the Latino and Indigenous community through support groups and one-on-one support to manage stress and depression, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services. This program will be revamped in FY 20/21 to continue a successful innovation program. The new program will be titled Healing the Community.

Diversity Collective (Formally Rainbow Umbrella)

Hosts weekly support groups for LGBTQ+ youth and TAY and their allies, as well as promotes cultural competency and other mental health trainings to schools and agencies to spread awareness of LGBTQ+ mental health needs.

TAY Wellness Center

Supports and engages TAY in designing personal recovery plans, setting goals, and self- managing their care through bilingual staff and peers.

Tri-County GLAD

Increases knowledge and awareness of mental health concerns in the Deaf and Hard of Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle school students.



Wellness Everyday

Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website.

Early Intervention Category Program Summaries

Early Intervention Programs provide treatment, services, and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Intervention Programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 1,438 individuals were served in Early Intervention programs in Fiscal Year 2019-2020.

COMPASS: A short-term residential program for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. Services include individual and family therapy, case management, psychiatric care, medication support, and assessment to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community.

Family & Friends: A seminar in English and Spanish about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminar leaders have personal experience with mental health conditions in their families.

Primary Care Integration: Clinicas Del Camino Real provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

Primary Care Program: The Health Care Agency in collaboration with VCBH provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

Ventura Intervention and Prevention Services: Provides outreach and education about early warning signs of psychosis and available resources; provides two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, and education and vocation services; and supports participants and families after discharge.

Intervention (PEI) Other Programs

Other Categories' Program Summaries

Crisis Intervention Team (CIT): Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and reduction in recidivism. In FY 20/2021 the program expanded to include an 8-hour refresher course for participants who had completed the CIT program 3 or more years ago.

In Our Own Voice: A presentation given by those living with mental health conditions that reduces misconceptions and stigma about mental illness and provides an opportunity for people with mental illness to gain self-confidence, earn income, and serve as role models for their community.



Positive Behavior Interventions and Supports: Provides training for educators in classroom management competencies including teaching expectations, positive interactions, and establishing consequences for misbehavior, with the goal of reducing suspensions and disciplinary action.

Restorative Justice: Helps students develop healthy relationships and conflict management strategies in order to reduce suspensions and expulsions. The program provides coaching and technical assistance to schools and districts.

Rapid Integrated Support and Engagement: Offers field-based connection to mental health assessment and treatment as well as case management.

Suicide Prevention: Provides free suicide alertness trainings to schools and community members to identify persons with thoughts of suicide and connect them with suicide first aid resources.

3. Innovation (INN)

MHSA Innovation component provides California the opportunity to develop and test new, unproven mental health models with the potential to become tomorrow's best practices. The primary purpose of Innovation projects is to achieve at least one of the following: Increase access to mental health services to underserved groups, including permanent supportive housing; Increase the quality of mental health services, including measurable outcomes; Promote interagency and community collaboration related to mental health services or supports or outcomes; Increase access to mental health services, including permanent supportive housing. Innovation projects may address issues faced by children, transition-age youth, adults, older adults, families (self- defined), specific neighborhoods, tribal and other communities, counties, multiple counties, or regions. The project may initiate, support, and expand collaboration between systems, with a focus on organizations and other practitioners not traditionally defined as a part of mental health care. The project may influence individuals across all life stages and all age groups, including multi-generational practices/approaches.

The following projects have been approved or are in process of achieving approval by the MHSOAC for

Healing the Soul

Healing the Soul, a Mixteco project, is an innovative research plan that is designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project introduces changes to existing treatment services through an evaluation of the effectiveness of indigenous cultural healing practices and alternative perspectives on mental well-being. The aim is to assess the feasibility of the results to be integrated with Cognitive-Based Treatment for symptoms of stress, anxiety, and depression. This program will sunset FY2021 and be revamped as a prevention program titled Healing the Community.

Children's Accelerated Access to Treatment and Services (CAATS)

The Children's Accelerated Access to Treatment and Services innovation project proposed to make several significant changes in the way mental health services are provided to foster youth. The role of VCBH is to provide a comprehensive intake process that includes mental health assessments, coordinated interagency service linkages, medication support, and clinical intervention for all youth entering the child welfare system.



Bartenders as Gatekeepers

The Bartenders as Gatekeepers project is a short-term selective suicide prevention program. It consists of targeted advertisements for men ages 45-64 as well as mental health gatekeeper training for bartenders and alcohol servers focused on the same population. Program will sunset in FY 20/21.

Push Technology

The Push Technology project focuses on individuals exiting county inpatient psychiatric hospitals and crisis stabilization units. The project is designed to increase the quality of mental health services. The primary goal of the project is to improve post-discharge outcomes through the employment of Ecological Momentary Intervention (EMI), mobile assessments administered in real time, through automated push texts provided in partnership with the local 211 services providers. The project creates a change to an existing mental health practice by utilizing EMI to improve discharge outcomes and reduce re-hospitalization through repeated mini-assessments and appropriate follow-up during the first 90 days post-hospitalization. The goal of the program is to intervene with linkage to existing support services prior to the participant decompensating to the point of needing re-hospitalization. Program will sunset in FY 20/21.

Conocimiento

Since core competencies can be developed at any age, this project is designed to promote the development of the following four competencies, as developed through research by The Center for the Developing Child at Harvard: (1) Facilitating supportive adult relationships, (2) Building a sense of self-efficacy and perceived control, (3) Providing opportunities to strengthen adaptive skills and self-regulatory capacities, and (4) Mobilizing sources of faith, hope and cultural traditions. Focus on each of these areas will take place over a four-year period to build resilient youth between the ages of 13 to 19 years.

Multi-County Full-Service Partnership (FSP) Project

This project responds to the challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to improve coordination of FSP service delivery, operations, data collection, and evaluation. Through participation in this multi-county project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. This project is in its development phase. A financial expansion will be requested for additional support from the Third Sector contractor to implement all proposed changes in FY 22/23 the project timeline will not change.

Full-Service Partnership (FSP) Information Exchange

The County has been working to integrate multiple data systems to gain a better understanding of the highest needs for clients in the County and consequently, improve service. The goal is to bridge a four-way data exchange to track FSP clients across law enforcement encounters, hospital stays, health care services, and homeless management systems. The relevant agencies are teaming to work on the project in the coming year.



Mobil Mental Health

Innovation project approved in FY 19/20. The Mobile Mental Health program goal is to provide reliable flexible physical health and mental health care to in the community especially focused on unserved and underserved individuals in Ventura County regardless of insurance or legal status. The objectives of Mobile Mental Health and the literature also supports the program aims to include increasing access to care, decreasing mental health symptoms, easing the stigma of mental health, and reducing the toll mental illness takes on local people, organizations, and the social network of the community. A menu of flexible services provided by a diverse multidisciplinary team focused on patient centered care through patient education and empowerment in the community and on-call.



5. Capital Facilities and Technology Needs (CF/TN)

The CFTN component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families, or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. Funds expired on June 30, 2018. At this time, all services have been and will continue to be absorbed by VCBH administrative functions.

Programs Focused on Substance Use Disorder

Substance Use Services (SUS) Division Description

Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan is a managed care initiative that organizes and transforms the delivery of health care services for Medicaid-eligible individuals with substance use disorders (SUD). DMC-ODS counties are required to provide a continuum of treatment services to eligible beneficiaries modeled after the American Society of Addiction Medicine (ASAM) Criteria. These services also include:

- 24/7 SUD Access Line
- Medication Assisted Treatment (MAT)
- Case Management/Care Coordination
- Recovery Support Services

VCBH Offered Substance Use Treatment Services:

VCBH offers outpatient and intensive outpatient levels of care at six county-operated clinics to adults and youth. Individuals meeting medical necessity for are provided:

- Assessment and Treatment Planning
- Individual and Group Counseling
- Crisis Intervention
- Family Therapy
- Case Management
- Recovery Support Services
- Medication Assisted Treatment





A New Start For Moms (ANSFM)

A New Start For Moms (ANSFM) is a county-operated specialty clinic located in Oxnard. The program addresses the special needs of women who require treatment for substance use disorders and are pregnant and/or parenting children as old as 17 or attempting to regain legal custody of their children. ANSFM also offers mental health services, integrating the mental health and substance use services into the treatment plan. Treatment modalities use a trauma informed approach, along with parenting and perinatal education. A childcare cooperative and transportation services are also available.

VCBH Contracted Substance Use Treatment Services:

- Residential Treatment – Three levels of short-term 24-hour residential care for rehabilitation services in a non-institutional setting:
 - Clinically Managed Low-Intensity Residential Services (ASAM 3.1)
 - Clinically Managed Population-Specific High-Intensity Residential Services (ASAM 3.3)
 - Clinically Managed High-Intensity Residential Services (ASAM 3.5)
- Residential/Inpatient Withdrawal Management (Detox) – Intake, observation, medication services and discharge services (ASAM 3.2-WM)
- Opioid (Narcotic) Treatment Program – Daily or several times weekly opioid agonist medication and counseling available to maintain stability for those with opioid use disorder

VCBH Driving Under the Influence (DUI) Program

The Ventura County DUI Program offers a First Offender DUI Program and a Multiple Offender DUI Program for individuals convicted of driving under the influence of alcohol, drugs (Illegal/Legal) or a combination of alcohol and drugs. The objectives of the DUI Program are to reduce the number of repeat offenders, provide opportunity for offenders to explore problems related to their alcohol or other drug use and to satisfy court and DMV terms/return of driver's license. The programs consist of education sessions, groups and individual counseling. Programs are offered at five county-operated sites located in Thousand Oaks, Simi Valley, Oxnard, Ventura and Fillmore.

Prevention Services

Substance Use Services Prevention conducts culturally informed health promotion activities, working upstream to reduce alcohol and drug-related problems by working with local stakeholders. Initiatives are aimed at limiting the harms related to underage and binge drinking; impaired driving; prescription drug misuse; cannabis abuse and vaping, especially as they relate to youth. To effectively reduce health disparities among vulnerable populations, the primary goal of SUS Prevention is to delay the age of first use of alcohol and or other drugs by youth, using culturally appropriate education and messaging.

Strengths in Serving Latinos and Vulnerable Populations

With extensive health education experience and bi-lingual and bi-cultural staffing, SUS Prevention, Treatment, and DUI Program activities engage a broad spectrum of our Ventura County community. The SUS Division deploys both county staff and contractors to engage Spanish-speaking residents with effective prevention and treatment messages that resonate with local Latino populations. Community Service Coordinators provide education to parents as well as community agencies in both Spanish and English; participate in countywide community outreach events; present timely information in meaningful formats; and strategically organize activities to reach underserved and at-risk communities. In addition to required Cultural Competency trainings and webinars, staff and contractors have a strong track record of working with community members to develop locally tailored



messaging and tools. Customized *fotonovelas* about impaired driving prevention, and colorful *historietas* about vaping -- used in many agency and community contexts-- are just two recent examples. All media and targeted messaging, including videos, publications, and presentations, are provided in Spanish and English, to achieve a desired community awareness and dialogue on key issues affecting our communities. Media campaigns developed with and for culturally and linguistically specific communities create effective awareness while facilitating the process of changing community norms in relationship to substance abuse and populations most at risk. Prevention messaging necessarily involves dealing with issues of health equity, and therefore has been a primary concern of Prevention Services local initiatives.

<https://www.venturacountylimits.org/> and Social Determinants of Health website at <https://www.healthequityvc.org/>.

COMMITMENT TO CULTURAL COMPETENCE

The County shall include the following in the CCPR:

B. A narrative description, not to exceed two pages, addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local behavioral health boards and commissions, and community organizations in the behavioral health system's planning process for services.

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.

To access the entire strategic plan is found on our website and you can click on the following to access it:

[Ventura County Behavioral Health 2021-2026 Strategic Plan](#)



Quality Management Action Committee (QMAC)

VCBH's Quality Improvement Committee (QIC), referred to as the Quality Management Action Committee (QMAC), reviews, evaluates, and advises on VCBH's Quality Assessment Performance Improvement (QAPI) work plan and other quality management activities. QMAC representation includes MHP and SUS leadership and providers from county and contracted program, consumers and consumer advocates, as well as family members. The QMAC meets throughout the year for all member sessions that include focused data review and to provide guidance on process improvement efforts, and quality of care areas of focus, such as, grievances/appeals, access, satisfaction, and outcomes. QMAC also convenes ad hoc committees on a time-limited basis for focused discussion to support carrying out QAPI-related activities.



COMMITMENT TO CULTURAL COMPETENCE

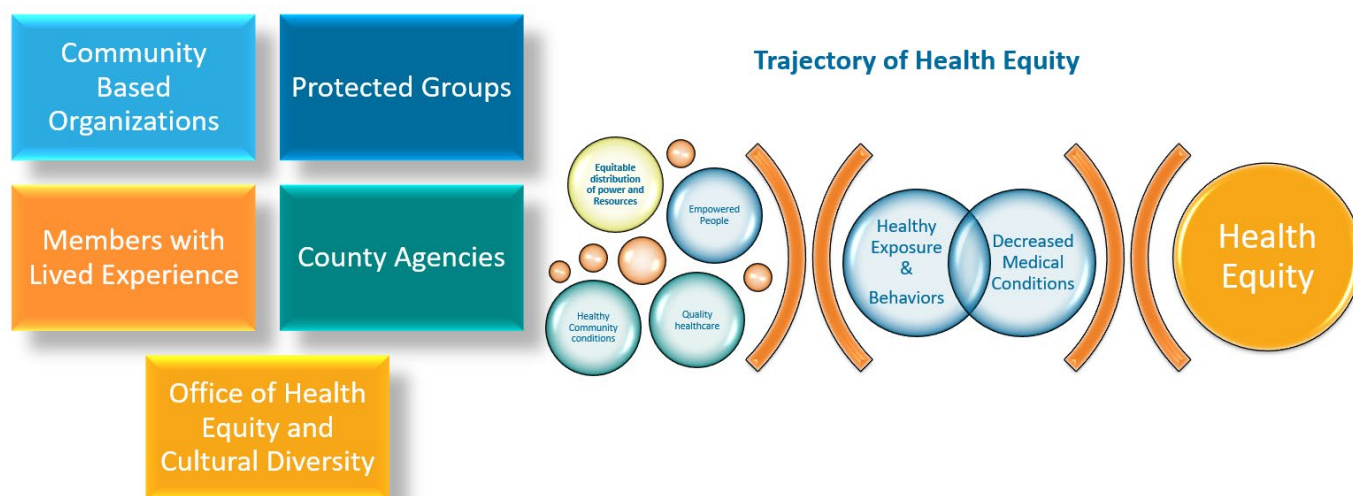
The County shall include the following in the CCPR:

- C. A narrative, not to exceed two pages, discussing how the County is working on skills, development and strengthening of community organizations involved in providing essential services.

The department works closely with stakeholder and community organizations in varying capacities to provide ongoing support in several ways including but not limited to technical assistance, training, one-on-one support in areas such as, but not limited to program development, planning evaluation, and evaluation. For community-based contract providers, the department meets on a regular basis to review/discuss program progress, mandatory data collection/reporting, and program evaluation. Inclusion in department sponsored training, e.g., cultural competence training, further provides strengthening of the system’s provider network in expanding knowledge on the importance that culture plays in the delivery of care. Clinical skills and competencies of organizations are enhanced through ongoing clinical focused trainings such as Cognitive Behavioral Therapy (CBT), American Society of Addiction Medicine (ASAM), Diagnostic Statistical Manual 5 (DSMV), to name a few.

In addition to the listed efforts above, the County of Ventura and without exception VCBH aims to reach racial health equity for its community. In order to achieve this the following must take place:

1. Empower community stakeholders/clients
2. Equitability distribute power and resources
3. Shared accountability between county agencies and community stakeholders





It is important to ensure those most in need and historically racially marginalized share governance in the decision-making process in order to have a voice at the decision-making table. Clients and community-based organizations that provide services to the community have valuable insight to how best to reach those we aim to serve. They provide insight on what policies, and practices prevent adaptation to services, or create barriers to services. Moreover, in order to put into our action, the sole purpose of a government agency's purpose of service to the community, we must serve the community by equitably distributing power and resources. Every community member that resides in Ventura County is important and has the right to services, but we must consider which communities in Ventura County suffer the most as a result of health inequities that are a result of systemic racism and social determinants of health. A relevant and present example are the inequities tied to COVID-19 infections and deaths that impact many residents living within/under the poverty line but burden people of color the most heavily. Last but not least is shared accountability between agencies and community stakeholders. This step is the most important and crucial in order to reach racial health equity. Leading with urgency and accountability is the most successful way to dismantle the belief that change is hard and takes time. When agencies make change a priority and urgency is felt then change is embraced, and it will happen quickly. This will create trust and positive momentum with the community and lead to supporting agencies in reaching goals that meet the need of community. Shared accountability starts with evaluating policies, practices, establishing measurable outcomes, and using qualitative and quantitative data to assess gaps in services with the point of view of the community.

COMMITMENT TO CULTURAL COMPETENCE

The County shall include the following in the CCPR:

D. Shared lessons learned with respect to the efforts made in A, B and C above.

Even though the department does a great job of providing technical support to community providers writing their cultural competency plan; there are no system in place to foster organic interactions between the Office of Health Equity and Cultural Diversity, and contracted providers to seek support in addressing cultural/linguistic competence challenges within their program/institutions on an ongoing basis. Contracted providers at all levels should understand the importance of completing a CCP. Many providers do not understand how to use it to assess the cultural and linguistic needs of the community they serve, and how this document is of value to them. There is a need to separate providers into two categories: those who provide direct mental and substance treatment services, and prevention early intervention services. The Office of Health Equity and Cultural Diversity will structure two separate sessions to support these needs and will provide technical support with the goal of understanding how to use the CCP as an assessment tool to help guide providers. The individual one-on-one meetings have been useful in understanding the technical needs of providers.

The department does a great job when it comes to creating and developing material/information for each of its divisions. VCBH can benefit by creating a coalition of representatives from each part of the department to deliver cohesive messaging about the services offered when conducting outreach efforts. Presenting in a cohesive manner will allow for the formation of a pipeline to PEI, MH, and SUS service. The Department is implementing strategies that will be in place to help uniform this process.



COMMITMENT TO CULTURAL COMPETENCE

E. Identify County technical assistance needs.

VCBH and community partners need assistance researching and developing new and innovative ways to reach isolated communities. Examples of small ethnic group include Indigenous communities of Mexico, Asian/Pacific Islander; as well as support in reaching the LGBTQ+ community and older adult population. With the onboarding of the new Equity Services Manager efforts through the Office of Health Equity and Cultural Diversity may result in progress in reaching said communities.

COMMITMENT TO CULTURAL COMPETENCE

III. Each County has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence.

The CC/ESM will report to and/or have direct access to the Behavioral Health Director regarding issues impacting behavioral health issues related to the racial, ethnic, culture and linguistic populations within the County.

The County shall include the following in the CCPR:

A. Evidence the County Behavioral Health System has a designated CC/ESM who is responsible for cultural competence and promotes the development of appropriate behavioral health services that will meet the diverse needs of the county’s racial, ethnic, cultural and linguistic populations.

The department demonstrates its commitment to the importance of cultural competence by utilizing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Guiding Principles for the Development of Culturally Competent Services, Framework for Eliminating Cultural, Linguistic, Racial & Ethnic Behavioral Health Disparities, In County Behavioral Health Services, 2015, framed by the Cultural Competence/Equity and Social Justice Committee (CC/ESJC), of the California Behavioral Health Directors Association (CBHDA), and the Government Alliance on Race and Equity.

Dr. Sevet Johnson is committed to leading with racial equity and in this manner ensuring that VCBH implements efforts that are led through the lens of Diversity, Equity, Inclusion and anti-racist practices. Dr. Johnson is an example of how racial equity is achieved by supporting and ensuring that all efforts put forth by the Equity Services Manager Cynthia Salas are given the same level of priority and importance to ensure the needs of the residents we serve are met with cultural humility and sensitivity.

The organizational chart below is evidence that the Equity Services Manager reports directly to the VCBH Director and is part of the Executive leadership team. As a result of the structure created by the VCBH Director the Equity Services Manager is interweaved in all areas of the department.

The framework above, has served to guide the department in its selection and placement of the Equity Services Manager, Cynthia Salas, who was hired on December 2019 is a long-time resident of Ventura County, Ms. Salas holds degrees from Iowa State Science and Technology University in the areas of Liberal Studies and Biochemistry which has allowed her to address academic inequities that negatively impact our at-risk youth within the K-22 sector; this has played a large role in preparing youth for higher education and includes students seeking a career in the Science, Technology, Engineering, Arts/Agriculture and Math (STEAM) fields. Ms. Cynthia Salas’s experience in program development and outreach/engagement coupled with her community advocacy role experience makes her the suited leader in DEI-AR practices. Ms. Salas’ life-long experience, educational attainment and her invested advocacy in the areas of education, health, immigration, and civil rights, positions the department to further its work in promoting the development of



culturally informed behavioral health services to meet the diverse needs of the county's diverse population. Ms. Salas completed a Diversity, Equity, and Inclusion certification program through University of California Sol Price School of Public Policy. Ms. Salas is a member and chair for the Ventura County Diversity Equity & Inclusion Council where she along with 26 agency representatives lead effort tied to dismantling systemic racism, implementing Racial Equity, and normalizing discussions around race.

The Ethnic Services Manager will work directly with VCBH Director and engage the three division managers to plan, implement, monitor, and evaluate the Ventura County Behavioral Health's cultural and linguistic healthcare, outreach services and programs. An example of some of Ms. Salas's duties include:

- Participating as an official member of the behavioral health management/leadership team that makes program and procedure policy recommendations to the behavioral health director.
- Developing and implementing cultural competence planning within the VCBH organization.
- Engage Division Managers is regularly assessing community needs through cultural and linguistic proficiency, and racial equity.
- Participating and providing approval in planning, policy, compliance and evaluation components of the County system of care and making recommendations to the Behavioral Health Director that assure access to services for ethnically and culturally diverse groups.
- Promoting the development of responsive behavioral health services that will meet the diverse needs of the county's racial, cultural, and ethnic populations.
- Participating in the development of planning documents, contracts, proposals, and grant applications which would form the foundation of the county's delivery of behavioral health services to unserved/underserved and marginalized ethnic groups and protected populations within Ventura County.
- Participate in the development and implementation of policies and procedures that would potentially impact services for racially, ethnically, and culturally diverse beneficiaries.
- Review and providing feedback to the Behavioral Health Director on materials generated at the State and local levels, including, but not limited to, proposed legislation, State plans, policies, and other documents.
- Monitoring of County and service contractors to verify that the delivery of services is in accordance with local and State mandates as they affect unserved, underserved or inappropriately served populations.
- Develop and manage division manager implementation of the cultural competence plan, including training and education program.
- Provide guidance and meet on a regular basis with all divisions (from management to line-staff) to ensure updating the cultural competence plan annually.
- Facilitate and coordinate the development and management of the cultural Equity, Advisory committee.
- Develop programs to assess the cultural competency of staff.
- Develop a minimum core curriculum standard for annual diversity trainings.
- Identify the Behavioral Health needs of ethnically and culturally diverse populations as they impact County systems of care, make recommendations to management, and coordinate and promote quality and equitable care.
- Maintain an ongoing relationship with community organizations, planning agencies and the community at large.
- Visiting and assessing VCBH contract agency facilities and making recommendations about facility changes and location in accordance with the needs of diverse population.
- Planning, organizing and managing outreach and engagement activities.
- Developing, managing and documenting the process for monitoring access responsiveness and providing corrective feedback regarding all unserved, underserved and inappropriately served cultural populations.
- Maintaining an active advocacy, consultative and supportive relationship with beneficiary and family, organizations, local planning boards, advisory groups and taskforces, the State and other behavioral health advocates.
- Working with County's Human Resources Office to help ensure the workforce is ethnically, culturally and linguistically diverse.



- Developing and implementing translation and interpretation services.
 - Oversee all functions tied to the Office of Health Equity and Cultural Diversity.
 - Collaborating and working with the VCBH Quality Improvement team to track penetration and retention rates;
 - Identifying disparities and outcomes data for racially, ethnically and culturally diverse populations, and working with leadership to develop strategies to eliminate disparities.
 - Attending meetings as required by the position including, but not limited to CBHDA, CCESJC, regional ESM meetings, various State meetings, meetings convened by various advisory bodies and other meetings as appropriate.
 - Attending trainings that, inform, educate and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the Behavioral Health system.
 - Completing other duties that ensure services in the Behavioral Health system of care are culturally, linguistically and ethnically competent.
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COMMITMENT TO CULTURAL COMPETENCE

IV. Identify budget resources targeted for culturally competent activities.

The County shall include the following in the CCPR:

A. Evidence of a budget dedicated to cultural competence activities.

The amount of funding provided for cultural competency related services and activities are immeasurable. Culturally competence service funding is, embedded in all programs, services, personnel salaries and benefits. The department provides an array of services that supports and augments each division of the department with activities reflecting dedication and valuing of the importance of cultural competence. Examples of dedicated funding are, but not limited to:

Existing budgetary allocations from specific programs such as the Mental Health Services Act enable the department to augment and leverage funding from other streams to support culturally competent activities in varying ways. Federal and State funding to the department's Substance Use Disorder services is used to reflect culturally competent activities.

The department is moving to identify with greater precision the dedication of budgetary resources that can be specifically identified for culturally competent activities, as well as, the expansion of the Office of Health Equity and Cultural Diversity from specific funding streams and programs. Because of the complexity of these varying funding streams, it is, anticipated that this will be included in the submission of the next 3 Year Cultural Competence Plan (FY2021-24). This will enable the department to provide an in-depth affirming perspective of how it values and practices the cornerstone of culturally competent services.

2013-The Office of Health Equity and Cultural Diversity was established. The Office primary responsibility was to address mental health equity within all areas of the department, address all mandates that support cultural and linguistic competence, and dedicate efforts to community outreach with development. Therefore, the following FTES were dedicated:

- 2.0 FTES – Ethnic/Equity Services Manager and Community Services Coordinator.

2015-Achieving Wellbeing- Logrando Bienestar program was established. This brought on

- 5 additional FTES
 - 4 Community Services Coordinators
 - 1 Administrative Assistant.

2019- Achieving Wellbeing- Logrando Bienestar program was expanded.

- 5 additional FTES which included
 - 5 additional Community Services Coordinators
 - 1 Program Administrator to support both the program and the Ethnic/Equity Services Manager.

2021-Dedicated budget is being created to expand and support Health Equity and Cultural Diversity in order to meet the needs of all three divisions, psychiatric unit, outreach services, front door services, and administrative support for all activities within the Office of Health Equity and Cultural Diversity. The Achieving Wellbeing- Logrando Bienestar program is also being expanded to serve the needs of the entire county. It is the intent of the department's director to appropriately and fully staff the Office of Health Equity in order to meet the needs of the department and the community of Ventura County.



COMMITMENT TO CULTURAL COMPETENCE

The County shall include the following in the CCPR:

- B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:
 1. Interpreter and translation services;
 2. Reduction of racial, ethnic, cultural and linguistic mental health disparities; school-based services and the Hispanic youth;
 3. Outreach to racial and ethnic county-identified target populations;
 4. Culturally appropriate mental health services; and
 5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers

Cultural Competence Trainings

VCBH has traditionally designated a budget per speaker to hire subject matter experts in their respective disciplines to provide cultural competency trainings. As previously mentioned, it is anticipated that the budget for trainings will continue to increase and be included in the submission of the next 3 Year Cultural Competence Plan (FY2021-24). This will enable the department to provide an in-depth affirming perspective of how it values and invests in practices that are the cornerstone of culturally competent services.

Interpreter and Translation Services

From FY 2017-18 through FY 2018-19, VCBH set aside increasing funding for the provision of interpreter and translation services. In those fiscal years, VCBH contracted for interpreter and translation services at the following amounts: (1) \$398,833 in FY 2017-18, (2) \$487,370 in FY 2018-19, and (3) \$745,000 in FY 2019-20. In FY 2020-21 through FY 2021-22, VCBH’s contracting for interpreter and translation services decreased slightly from the upward trend that was occurring previously due to the impact from the COVID-19 pandemic. Specifically, VCBH contracted for interpreter and translation services at \$305,500 for FY 2020-21 and \$345,000 for FY 2021-22. These contracted amounts include services for the County’s mandated threshold language of Spanish, but also include services for the Indigenous languages, and deaf and hard of hearing communities, among others. It is anticipated that the community will require ongoing interpreting and translation support services in the coming year.

Contractor	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
All Languages Translating and Interpreting, Inc. (ALIT)	\$351,463	\$400,000	\$565,000	\$100,000	\$100,000
Homeland Language Services LLC	\$0	\$35,000	\$105,000	\$105,000	\$150,000
Health Care Interpreter Network	\$2,500	\$2,500	\$2,500	\$0	\$0
Life Signs, Inc.	\$20,000	\$20,000	\$25,000	\$25,000	\$10,000
Mixteco Indigena Community Organizing (MICOP)	\$5,870	\$10,870	\$15,500	\$15,500	\$15,500
Language Line Services, Inc.	\$19,000	\$19,000	\$32,000	\$60,000	\$70,000
Total	\$398,833	\$487,370	\$745,000	\$305,500	\$345,500

Note: In FY 2017-18, VCBH did not have a contract with Homeland Language Services LLC. In FY 2021-22, VCBH did not contract with Health Care Interpreter Network for services.

VCBH currently contracts with the following language and translation assistance providers:

- Homeland Language Services, LLC
- MICOP
- ALIT
- Language Line Services, Inc.
- LifeSigns, Inc.



To address the increasing demand for interpreter and translation services, VCBH monitors service utilization, and conducts regular service usage analyses throughout the fiscal year to ensure our contracts are sufficiently funded to meet the required language and translation assistance service requirements.

To address the increasing demand for interpreter and translation services, VCBH on a regular basis conducts a use analysis report in order to monitor the need of increasing its budget allocation for language assistance services.

Mental Health Services Act

Under VCBH Community Services and Support (CSS), Workforce Education and Training (WET)* , and Prevention and Early Intervention (PEI), multiple programs and services have been implemented that are culturally competent. Precise budget figures are available for each of these components on the VCBH website at:

<http://www.vchca.org/mental-health-services-act-prop-63>. * Funding for WET ended FY 17/18 but our department retained components from its structure until funding becomes available in the next few years.



CRITERION 2 – UPDATED ASSESSMENT OF SERVICE NEEDS

UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

The County shall include the following in the CCPR:

Summarize County’s general population by race, ethnicity, age, gender and other relevant small county cultural populations. The summary may be narrative or as a display data (other social-cultural groups may be addressed as data is available and collected locally).

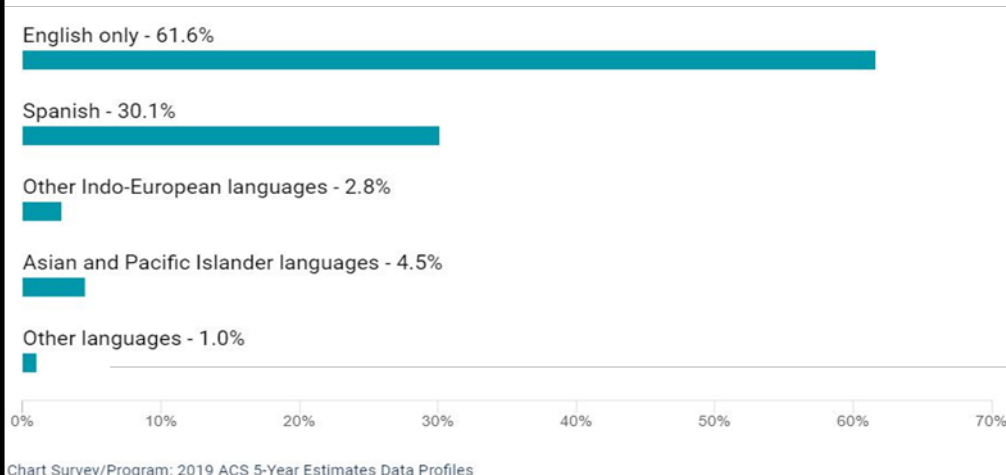
Ventura County is 1,842 square miles and is the 26th largest county in California by total area. In 2020, there were 843,843 residents living in Ventura County. The median household income was \$92,236, however, 7.9% of people in the

County are at or below the poverty line. Thirty-eight (38%) of households spoke a language other than English as their primary language, with 30.1% of households speaking Spanish as their primary language in the home.

(Data Source: 2019 American Community Survey 1-Year Estimates; <https://data.census.gov/>).

Population by Race, in Ventura County	
Total:	843,843
Population of one race:	698,662
White alone	428,677
Black or African American alone	15,330
American Indian and Alaska Native alone	14,573
Asian alone	64,923
Native Hawaiian and Other Pacific Islander alone	1,723
Some Other Race alone	173,436
Population of two or more races:	145,181

Types of Language Spoken at Home, in Ventura County



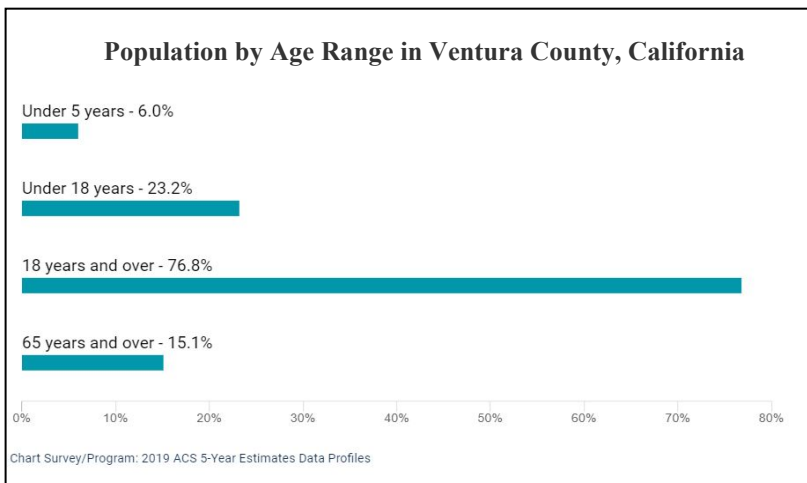


A

Age Distribution for Ventura County

Age distribution for Ventura County impacts the healthcare needs of the population. Economic means, work status, and entitlement program eligibility are based on age, which can affect an individual’s ability to access preventive health care services. The chart shows the age distribution for Ventura County residents by group for 2019. Children younger than 18 make up slightly more than 23% of the population, and children under five make up 6%. Residents

65+ years account for 15.1% of the total population.

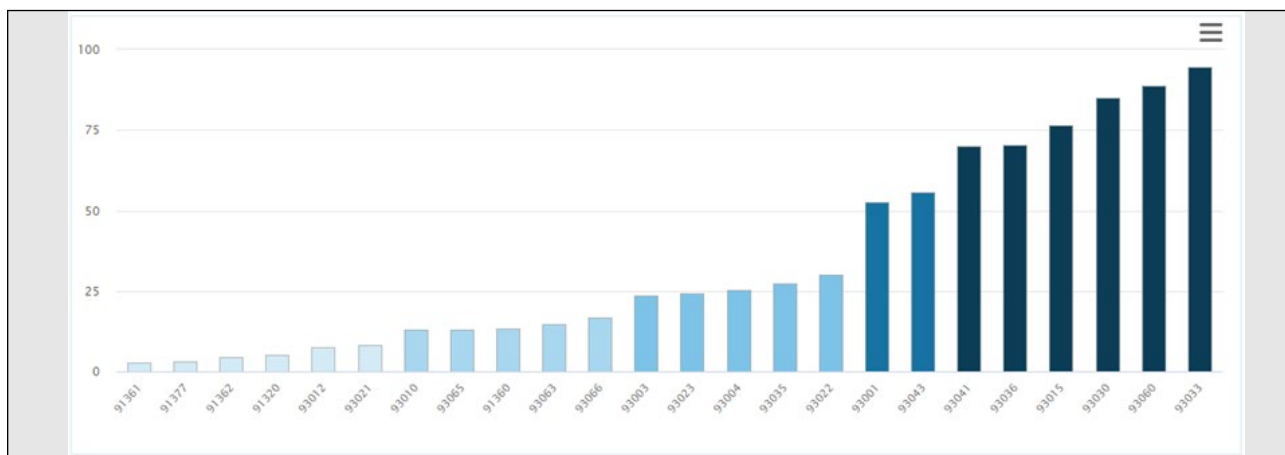


Drug Medi-Cal Population

As of November 2021, Ventura County’s Public Managed Care Health Plan, Gold Coast recorded a population of 240,807 Medi-Cal members.³ Of this number, 39% are youth under the age of 18, and 61% are adults ages 18 and older. It is estimated that approximately 7.2% (or 17,338) of this population will need substance use treatment services.⁴

Source: VC Public Health site www.healthmattersinvc.org

Geographically, the areas with the biggest need for substance use treatment services are located in four zip codes in Oxnard, two in Ventura, two in Port Hueneme, and one each in Fillmore, Santa Paula, and Oak View.⁵ These 10 zip codes are listed on the Conduent Health Communities Institute’s 2021 SocioNeeds Index, which is a measure of socioeconomic need that is correlated with poor health outcomes.



³ <https://www.goldcoasthealthplan.org/about-us/fast-facts.aspx>

⁴ Source: 2012 California Behavioral Health Prevalence Estimates

⁵ “SocioNeeds Index” by Conduent Health Communities - Claritas, 2021

(<http://www.healthmattersinvc.org/index.php?module=indicators&controller=index&action=socioneeds>)



UPDATED ASSESSMENT OF SERVICE NEEDS

II. Medi-Cal population service needs (use current CAEQRO data if available)

The County shall include the following in the CCPR:

- A. Summarize Medi-Cal population and client utilization data by race, ethnicity, language, age and gender (other social/cultural groups may be addressed as data is available and collected locally).

According to the FY 21-22 California External Quality Review MHP Performance Measure Report, Ventura County served 10,440 clients in calendar year 2020. Table 1 below provides detail on beneficiaries served by race/ethnicity.

County Medi-Cal Eligible Population and Beneficiaries Served in CY 2020, by Race/Ethnicity

Ventura MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Beneficiaries	Percentage of Medi-Cal Beneficiaries	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
White	45,889	20.1%	3,104	29.7%
Latino/Hispanic	130,557	57.2%	4,691	44.9%
African-American	3,140	1.4%	279	2.7%
Asian/Pacific Islander	8,526	3.7%	184	1.8%
Native American	485	0.2%	32	0.3%
Other	39,846	17.4%	2,150	20.6%
Total	228,443	100%	10,440	100%

The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.

Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

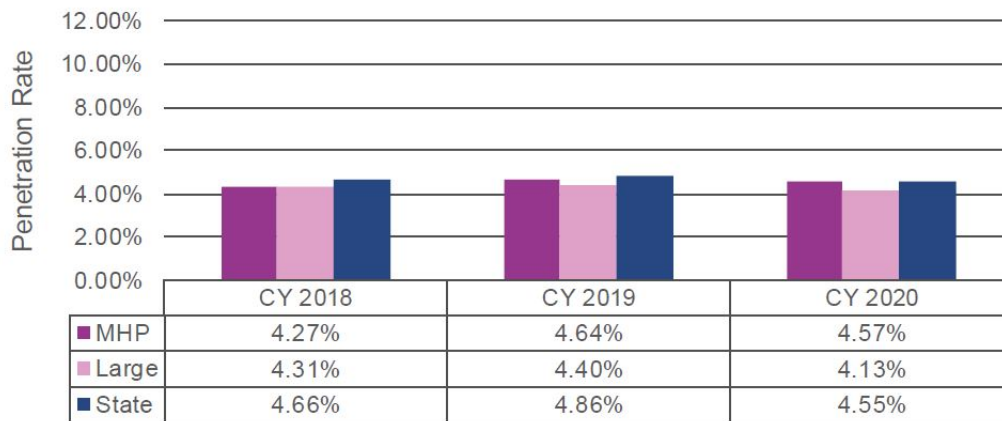


Overall Approved Claims

Figures 1A and 1B below show the three-year trend (calendar years 2018-2020) of VCBH’s overall approved claims per beneficiary and penetration rates compared to the State average and the average for large MHPs.

Figure 1A Overall Penetration Rates CY 2018-20

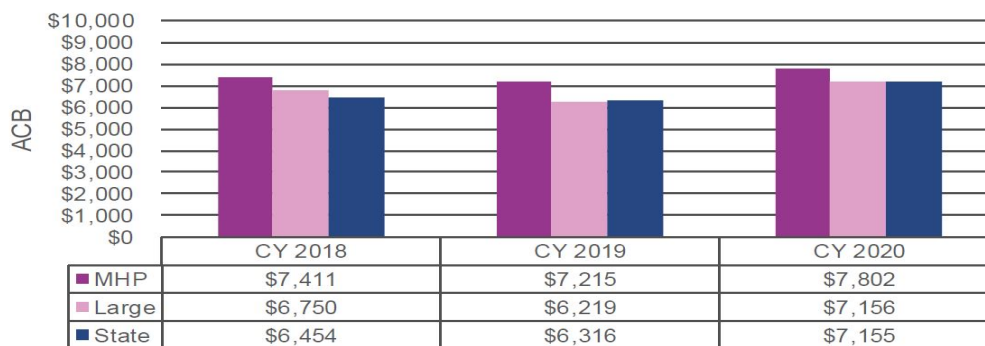
Ventura MHP



Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

Figure 1B Overall Approve Claims per Beneficiary CY 2018-20

Ventura MHP



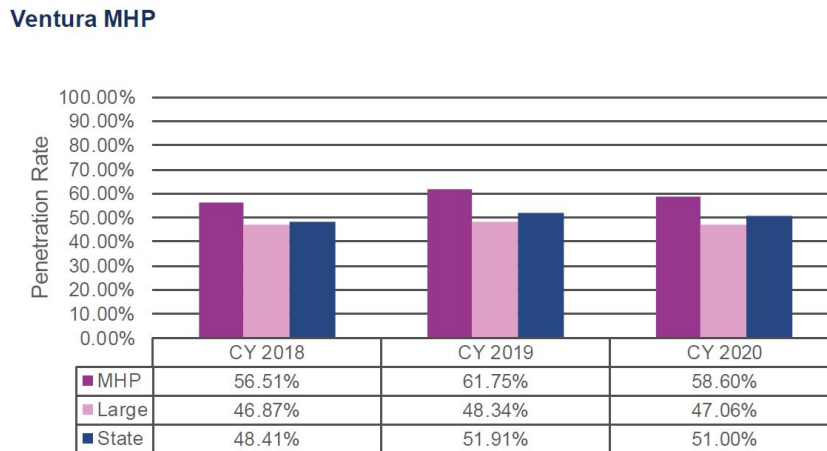
Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report



Foster Care Approved Claims

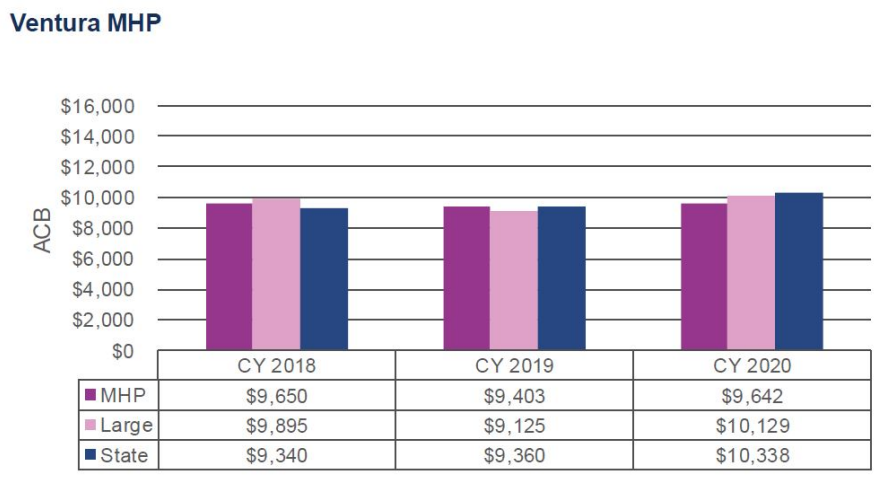
Figures 2A and 2B show three-year trends of the MHP’s foster care approved claims per beneficiary and penetration rates for calendar years (calendar years 2018-2020), compared to the State average and the average for large MHPs.

Figure 2A: FC Penetration Rates CY 2018-20



Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

Figure 2B: FC ACB CY 2018-20



Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report



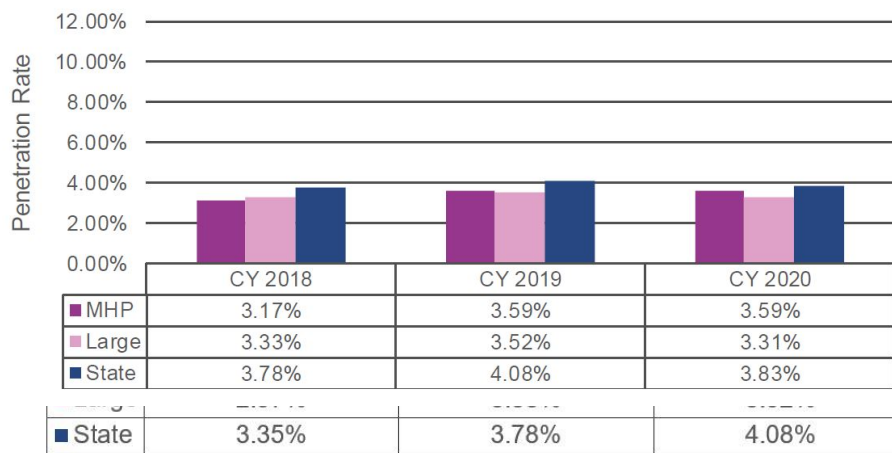
Latino/Hispanic Approved Claims

Figures 3A and 3B show the three-year trends of the MHP’s Latino/Hispanic approved claims per beneficiary and penetration rates for calendar years 2018-2020, compared to both the State average and the average for large MHPs.

Figure 3A: Latino/Hispanic Penetration Rates CY 2018-20

Ventura MHP

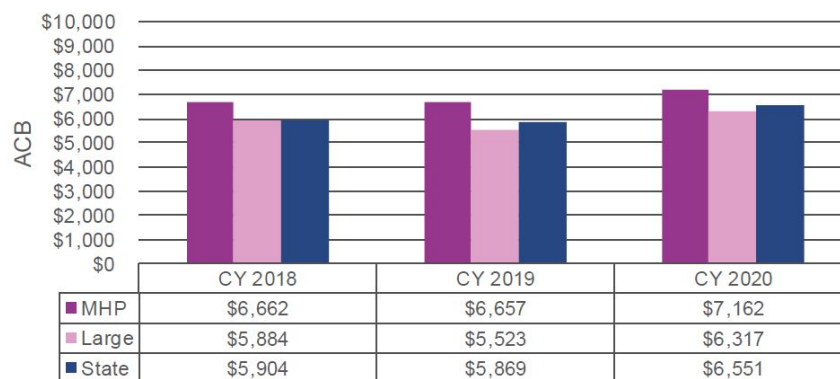
Ventura MHP



Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

Figure 3B: Latino/Hispanic ACB CY 2018-20

Ventura MHP



Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report



High-Cost Beneficiaries

Table 2 below compares State data for High-Cost Beneficiaries with the MHP’s data for CY18-20. HCBs in this table are identified as those with approved claims of more than \$30,000 in a year.

Table 2: High-Cost Beneficiaries CY 2018-20

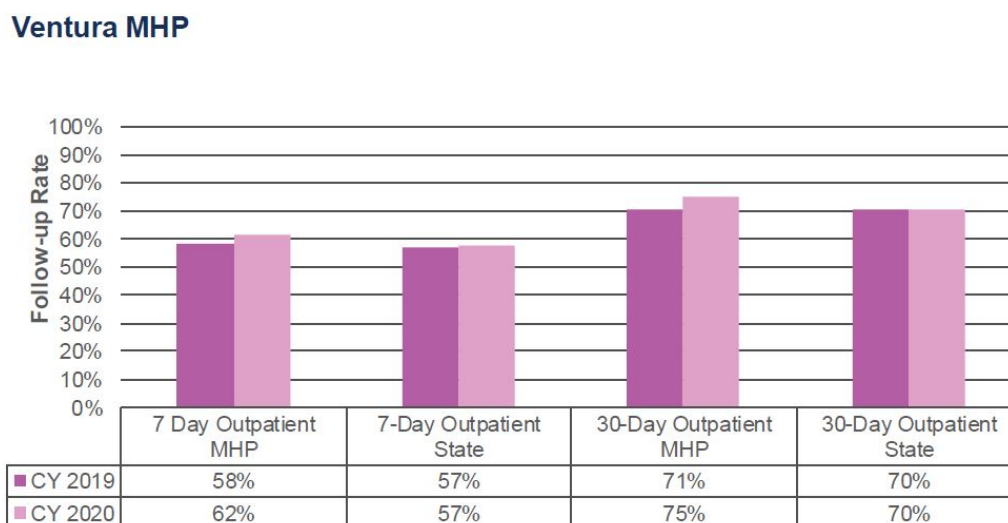
Ventura MHP							
	Year	HCB Count	Total Beneficiary County	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2020	24,242	595,596	4.07%	\$53,969	\$1,308,318,589	30.70%
MHP	CY 2020	441	10,440	4.22%	\$60,885	\$26,850,466	32.96%
	CY 2019	426	10,405	4.09%	\$56,372	\$24,014,417	31.99%
	CY 2018	408	9,839	4.15%	\$58,474	\$23,857,306	32.72%

Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

Timely Follow-up after Psychiatric Inpatient Discharge

Figures 4A and 4B show the State and MHP 7-day and 30-day outpatient follow-up and readmission rates for calendar years 2019 and 20.

Figure 4A: 7-Day Post Psychiatric Inpatient Follow-up CY 2019 and 2020

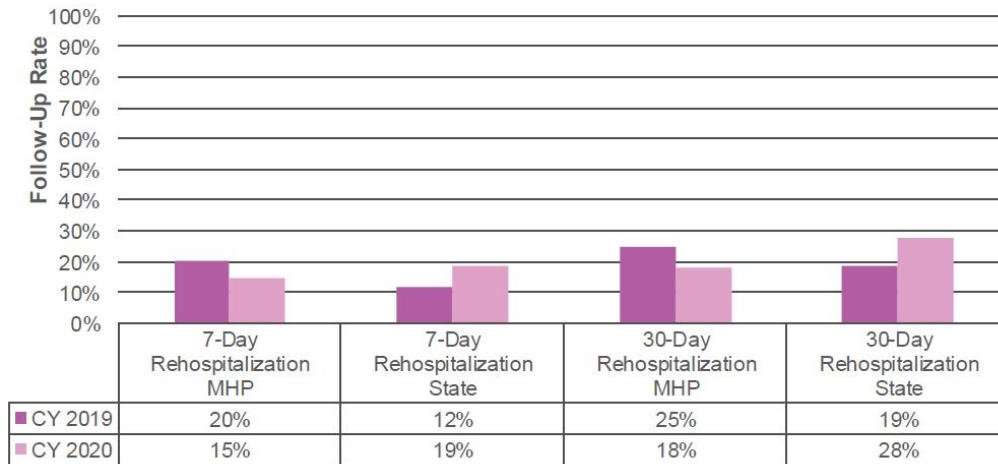


Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report



Figure 4B: 30-Day Post Psychiatric Inpatient Readmission Rates CY 2019 and 2020

Ventura MHP



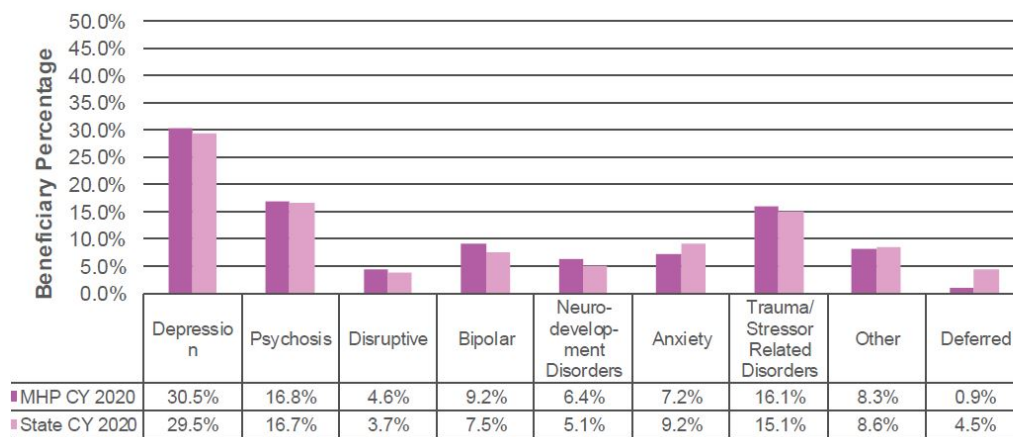
Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

Diagnostic Categories

Figures 5A and 5B compare the breakdown by diagnostic category of the statewide and MHP percentage of beneficiaries served and total approved claims amount, respectively, for CY20.

Figure 5A: Diagnostic Categories by Percentage of Beneficiaries CY 2020

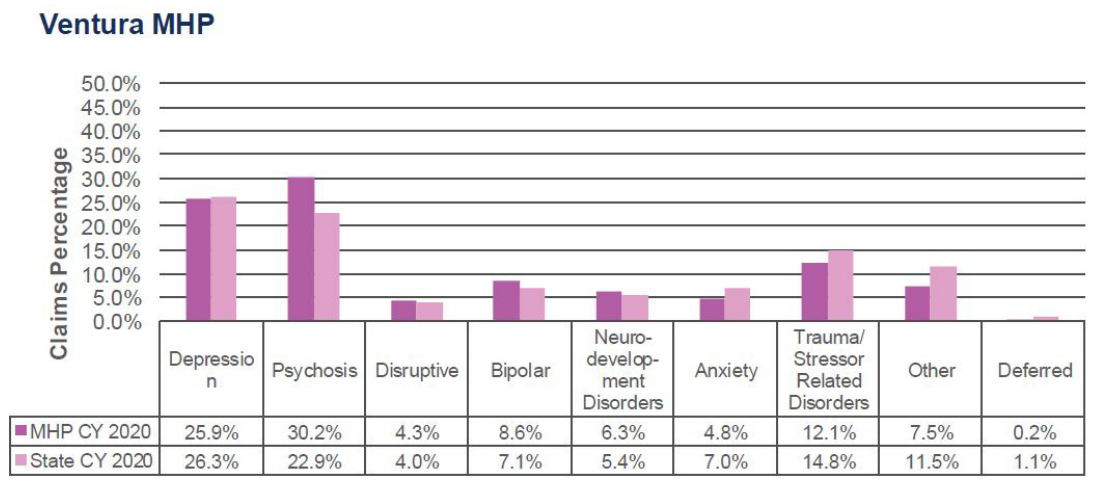
Ventura MHP



Source: CAEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report



Figure 5B: Diagnostic Categories by Percentage of Approved Claims CY 2020



Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

UPDATED ASSESSMENT OF SERVICE NEEDS

The County shall include the following in the CCPR:

- A. Provide an analysis of disparities as identified in the above summary.

Specialty Mental Health Services

The calendar year 2020 Medi-Cal Specialty Mental Health External Quality Review – Performance Measure Report indicated the following findings with respect to access to care, timeliness of service, quality of care, consumer outcomes, race/ethnicity, gender, language and age:

Access to Care

The eligible number increased in the calendar year 2020 and though the number of beneficiaries served decreased slightly, the MHPs calendar year 2020 penetration rate was higher than the large County and State average.

The MHP’s Latino/Hispanic penetration rate has maintained at 3.59% in CY 2020. The county rate of service in CY 2020 remains higher than the large County average and continues to move closer to the State average in CY 2020. The MHP utilized Logrando Bienestar, a Latinx outreach program, to provide outreach and maintain Latinx penetration rates.

Timeliness of Services

In calendar year 2020, the MHP’s 7-day outpatient follow-up rate after discharge from a psychiatric inpatient episode increased over the previous year and continues to exceed the state average. This was related to continued targeted efforts on this area of service. The MHP’s 30-day outpatient follow-up rate also increased from calendar year 2019 to 2020 and continues to exceed the statewide average. Both will likely continue to improve as MHP continues a Performance Improvement Project in this area.



Quality of Care

The MHP’s average overall approved claims per beneficiary increased from calendar years 2019 to 2020 which remains higher than the large County and State averages in 2020. The MHP’s average foster care approved claims per beneficiary increased from calendar years 2019 to 2020, however, were lower than the large County average and the State average.

The MHP’s average Latino/Hispanic approved claims per beneficiary increased from calendar year 2019 to 2020 and remain higher than the large County and State averages in calendar year 2020.

The number of high cost beneficiaries (HCB) increased in calendar year 2020 and was higher than the statewide average. The percent of all claims that were HCB also increased in 2020 and were higher than the state average. Past MHP’s analysis has shown the composition of HCBs were consumers who utilized high-level residential treatment programs or were high utilizers of inpatient and crisis care.

Consistent with the State diagnostic pattern in the prior year, a primary diagnosis of depressive disorders accounted for the largest percentage of beneficiaries served. The MHP had a rate of deferred diagnoses that was below the statewide average.

Consumer Outcomes

EQRO data analysis and internal reports conducted last year were used to identify potential unmet needs in the Medi-Cal population. VCBH’s Medi-Cal population penetration rate was 4.57% and higher than other large MHPs (4.13%) and the state overall (4.55%). Approved claims per beneficiary (\$7, 802) served is higher compared to the average large sized MHP and the statewide average (\$7,155).

Race/Ethnicity

In order to assess whether we serve consumers in an equitable manner, we compared the CY 2020 percentage of Medi-Cal beneficiaries served across racial/ethnic groups. When comparing the following groups, the rates across racial/ethnic groups (listed from highest to lowest) varied in Ventura County.

- African-Americans 8.89%
- White 6.76%
- Native Americans 6.60%
- Other 5.40%
- Hispanic/Latino 3.59%
- Asians 2.16%

Source: CalEQRO Medi-Cal Approved Claims Data for VENTURA County MHP Calendar Year CY20

Throughout the state, the highest penetration rates occurred for African Americans and Native Americans. The lowest penetration rates were among Hispanics and Asians/Pacific Islanders. In addition, the penetration rate for the Hispanic/Latino race/ethnicity was lower compared to the African American, Native American and White races.

- African-Americans 7.98%
- Native Americans 6.76%
- White 6.27%
- Other 4.68%
- Hispanic/Latino 3.83%
- Asians 2.13%

Source: CalEQRO Medi-Cal Approved Claims Data for VENTURA County MHP Calendar Year CY20



Gender

Males received more Medi-Cal services than females and have more approved claims; and have a higher penetration rate compared with other large counties and the State overall.

Source: CalEQRO Medi-Cal Approved Claims Data for VENTURA County MHP Calendar Year CY20

Language

Ventura County’s threshold language is Spanish.

When comparing the service needs met for Spanish speakers and speakers of all other languages, Ventura County’s MHP served:

- 2,145 (21.3%)..... Spanish speakers
- 7,947 (78.7%)..... Other speakers

Source: CalEQRO data-FY 21-22: California External Quality Review MHP Performance Measure Report

Age

The penetration rates by age groups for CY 2020 were:

- 0-5 population 1.81%,
- 6-17 population 5.74%,
- 18-59 population 4.97%
- 60+ population..... 3.18%.

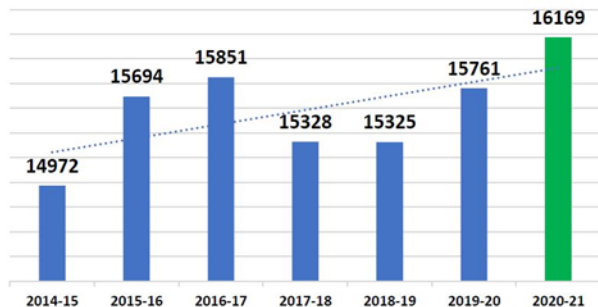
As shown in the data, the 0-5 population and 60+ had the lowest penetration rates. When comparing these two age groups with other large counties, VCBH’s rate of service for 0-5 and 60+ populations was higher. When comparing to the State penetration rates, VCBH’s 0-5 penetration rates were lower while the 60+ penetration rates were higher.

Source: CalEQRO Medi-Cal Approved Claims Data for VENTURA County MHP Calendar Year CY20



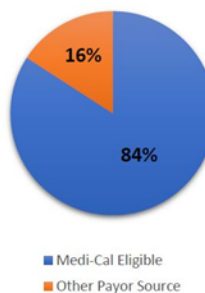
VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency
**VCBH Mental Health
Consumers Served FY 2020-21**

Unduplicated Client Count



Unduplicated Client Count includes clients with Medi-Cal and other payor sources

Medi-Cal Eligibility



Ethnicity

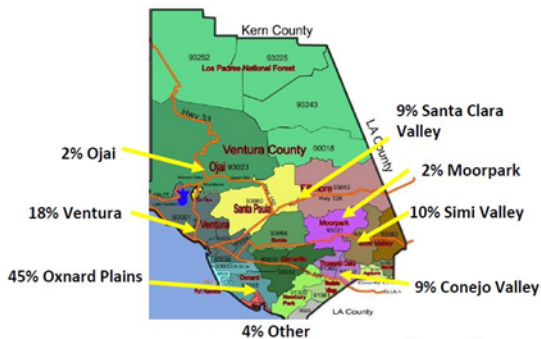
Latinx	51%
Non-Latinx	41%
Unknown	8%

Age

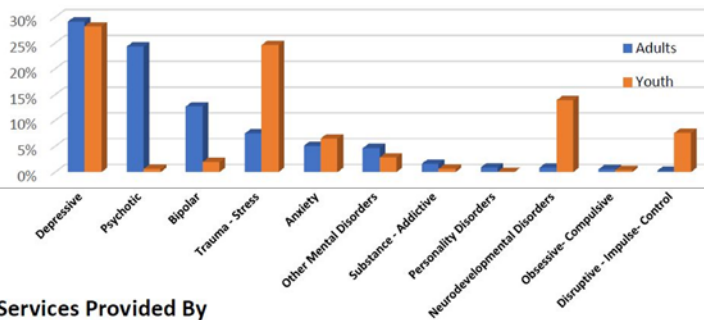
0-5	4%
6-17	34%
18-25	12%
26-64	45%
65+	5%

Gender

Female	52%
Male	48%



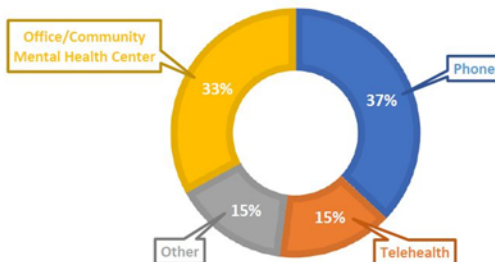
Diagnosis



Services Provided By

VCBH Adult	48%
VCBH Youth & Family	31%
VCBH STAR	19%
Adult Crisis	19%
Youth & Family Contractors	11%
IPU	4%
CSU Adult	4%
Adult Contractors	4%

Service Location



Data source: VCBH summary of clients served from Electronic Health Record 9/15/2021

vcbh.org



Substance Use Services

Clients Served and Penetration Rates

The FY 20-21 California External Quality Review SUS Performance Measure Report indicates that Ventura County served 2,995 clients in calendar year 2020. Figure 6 below provides detail on beneficiaries served by race/ethnicity.

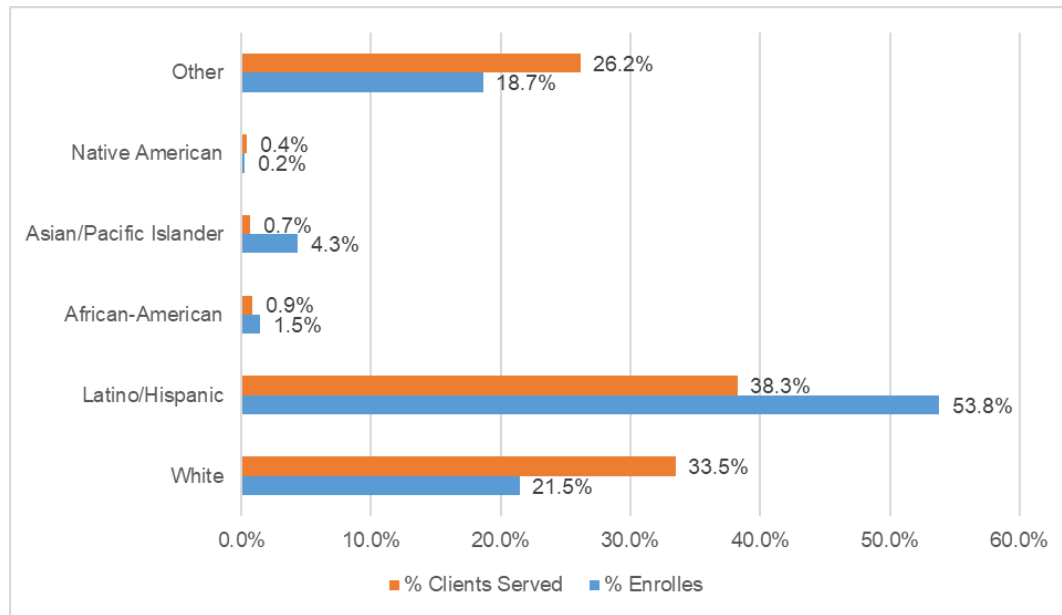


Figure 6: Percentage of Eligibles and Clients Served by Race/Ethnicity, CY 2020

The following two tables show the trends over the past calendar year and previous two fiscal years for penetration rates compared to the state average and the average for large counties. Ventura’s penetration rates compare favorably to the state and other large counties by age, ethnicity, and overall.

Table 3: Penetration Rates by Age

		Ventura			Large Counties	Statewide
		Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
FY 18-19	Ages 12-17	29,639	140	0.47%	0.28%	0.26%
	Ages 18-64	117,436	2,152	1.83%	1.24%	1.12%
	Ages 65+	18,783	222	1.18%	0.79%	0.70%
	Total	165,857	2,514	1.52%	1.02%	0.93%
FY 19-20	Ages 12-17	30,058	163	0.54%	0.34%	0.32%
	Ages 18-64	115,680	2,689	2.32%	1.55%	1.33%
	Ages 65+	19,368	262	1.35%	0.97%	0.81%
	Total	165,105	3,114	1.89%	1.27%	1.10%
CY 2020	Ages 12-17	30,790	149	0.48%	0.26%	0.25%
	Ages 18-64	120,316	2,594	2.16%	1.44%	1.26%
	Ages 65+	19,781	252	1.27%	0.90%	0.77%
	Total	170,887	2,995	1.75%	1.18%	1.03%



Table 4: Penetration Rates by Ethnicity

		Ventura			Large Counties	Statewide
		Average # of Eligible per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
FY 18-19	White	37,173	973	2.62%	2.11%	1.76%
	Latino/Hispanic	93,064	1,019	1.09%	0.72%	0.67%
	African-American	2,578	33	1.28%	1.33%	1.28%
	Asian/Pacific Islander	7,466	17	0.23%	0.17%	0.16%
	Native American	406	17	4.19%	2.44%	1.55%
	Other	25,172	455	1.81%	1.11%	1.05%
	Total	165,859	2,514	1.52%	1.02%	0.93%
FY 19-20	White	36,027	1,156	3.21%	2.61%	2.08%
	Latino/Hispanic	90,477	1,230	1.36%	0.85%	0.76%
	African-American	2,514	29	1.15%	1.65%	1.44%
	Asian/Pacific Islander	7,280	22	0.30%	0.20%	0.19%
	Native American	400	10	2.50%	3.07%	1.91%
	Other	28,409	667	2.35%	1.54%	1.38%
	Total	165,107	3,114	1.89%	1.27%	1.10%
CY 2020	White	36,658	1,004	2.74%	2.34%	1.96%
	Latino/Hispanic	91,959	1,146	1.25%	0.76%	0.69%
	African-American	2,509	27	1.08%	1.53%	1.34%
	Asian/Pacific Islander	7,407	21	0.28%	0.17%	0.17%
	Native American	410	13	3.17%	2.77%	1.84%
	Other	31,946	784	2.45%	1.58%	1.41%
	Total	170,889	2,995	1.75%	1.18%	1.03%

Diagnostic Categories

Table 5 compares the breakdown by substance use diagnosis for VCBH compared to statewide and total approved claims amount by each diagnosis category, respectively, for the past calendar year and previous two fiscal years. As seen, the most common diagnosis continues to be opioid use, followed by stimulants and alcohol.



Table 5: Percentage Served and Average Cost by Diagnosis Code

		Ventura	Statewide
FY 18-19	Total WM Clients	135	5,010
	3+ Episodes & no other services	0.7%	2.4%
FY 19-20	Total WM Clients	261	7,836
	3+ Episodes & no other services	0.00%	3.4%
CY 2020	Total WM Clients	227	8,824
	3+ Episodes & no other services	0.00%	3.34%

	Other Stimulant Abuse	15.0%	\$1,835	24.4%	\$3,736
	Other Psychoactive Substance	-	-	0.4%	\$5,521
	Sedative, Hypnotic Abuse	0.6%	\$906	0.5%	\$4,033
	Other	0.2%	\$1,276	1.0%	\$2,586
	Total	100%	\$2,844	100%	\$3,868
FY 19-20	Alcohol Use Disorder	13.1%	\$3,343	17.1%	\$5,317
	Cannabis Use	6.9%	\$1,013	9.0%	\$2,328
	Cocaine Abuse or Dependence	0.6%	\$860	1.9%	\$5,273
	Hallucinogen Dependence	0.0%	\$0	0.23%	\$5,151
	Inhalant Abuse	0.03%	\$470	0.03%	\$6,809
	Opioid	61.2%	\$5,988	45.7%	\$5,084
	Other Stimulant Abuse	17.3%	\$2,362	24.4%	\$4,723
	Other Psychoactive Substance	0.0%	\$0	0.11%	\$6,172
	Sedative, Hypnotic Abuse	0.8%	\$2,576	0.52%	\$5,095
	Other	0.1%	\$762	0.90%	\$3,259
	Total	100.0%	\$4,607	100.0%	\$4,776
CY 2020	Alcohol Use Disorder	14.5%	\$4,164	17.6%	\$5,936
	Cannabis Use	5.9%	\$1,614	8.0%	\$2,921
	Cocaine Abuse or Dependence	0.5%	\$2,432	1.8%	\$5,769
	Hallucinogen Dependence	0.0%	\$0	0.2%	\$6,112
	Inhalant Abuse	0.0%	\$0	0.0%	\$8,581
	Opioid	62.7%	\$5,391	47.4%	\$4,788
	Other Stimulant Abuse	15.2%	\$3,257	23.1%	\$5,269
	Other Psychoactive Substance	0.0%	\$100	0.1%	\$7,114
	Sedative, Hypnotic Abuse	1.1%	\$4,231	0.5%	\$6,077
	Other	0.1%	\$641	1.2%	\$2,923
	Total	100%	\$4,632	100%	\$4,962



High-Cost Beneficiaries

Table 6 below compares average costs for Ventura’s High-Cost Beneficiaries with the State, for the past calendar year and previous two fiscal years. In this table are identified as those with annual approved claims greater than 90% of clients in the state in a year.

Table 6: High-Cost Beneficiaries

	Ages	Ventura					Statewide				
		Total Client Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	Total Client Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
FY 18-19	12-17	140	-	-	-	-	2,498	25	1.0%	\$17,005	\$425,116
	18-64	2,152	24	1.1%	\$13,927	\$334,259	54,833	3,939	7.2%	\$29,974	\$86,556,047
	65+	222	-	-	-	-	6,511	173	2.7%	\$20,893	\$3,614,507
	Total	2,514	24	1.0%	\$13,927	\$334,259	63,842	4,137	6.4%	\$21,899	\$90,595,670
FY 19-20	12-17	163	0	0.0%	\$0	\$0	5,018	22	0.4%	\$18,095	\$398,083
	18-64	2,689	54	2.0%	\$16,365	\$883,694	91,813	5,377	5.9%	\$19,374	\$104,171,358
	65+	262	1	0.4%	\$23,079	\$23,079	10,592	41	0.4%	\$18,713	\$767,217
	Total	3,114	55	1.8%	\$16,487	\$906,773	107,423	5,440	5.1%	\$19,363	\$105,336,659
CY 2020	12-17	149	0	0.00%	\$0	\$0	3,980	53	1.33%	\$19,547	\$1,036,014
	18-64	2,594	42	1.62%	\$19,039	\$799,645	89,545	5,355	5.98%	\$20,688	\$110,786,886
	65+	252	-	0.00%	\$0	\$0	10,277	217	2.11%	\$20,676	\$4,486,743
	Total	2,995	42	1.40%	\$19,039	\$799,645	103,802	5,625	5.42%	\$20,677	\$116,309,644

Timely Follow-up after Residential Discharge

Transitioning to lower levels of treatment (i.e., outpatient) after discharge from residential services is important for maintaining clients’ involvement in the continuum of care and supporting their recovery over time. Table 7 compares Ventura with the State for 7-day, 14-day, and 30-day outpatient follow-up for the past calendar year and previous two fiscal years.

Table 7: Timely Transitions in Care Following Residential Treatment

		Ventura		Statewide	
		Transition Admits	Cumulative %	Transition Admits	Cumulative %
FY 18-19	Within 7 Days	*	*	2,034	8.3%
	Within 14 Days	*	*	2,728	11.1%
	Within 30 Days	12	6.0%	3,383	13.8%
	Any days (TOTAL)	21	10.5%	4,607	18.7%
FY 19-20	Within 7 Days	9	1.99%	11,560	7.63%
	Within 14 Days	12	2.65%	15,805	10.43%
	Within 30 Days	22	4.87%	19,935	13.16%
	Any days (TOTAL)	54	11.95%	30,080	19.85%
CY 2020	Within 7 Days	13	2.16%	3,757	7.54%
	Within 14 Days	21	3.49%	5,160	10.36%
	Within 30 Days	34	5.65%	6,422	12.90%
	Any days (TOTAL)	76	12.62%	10,112	20.31%



Residential Withdrawal Management with No Other Treatment

One measure of overutilization of services is the percentage of clients who were admitted to residential withdrawal management treatment three or more times in one year with no other DMC-ODS services. This indicates that clients are relapsing and utilizing higher levels of care without transitioning to less intensive treatment. Lower rates indicate greater success. Table 8 compares Ventura’s performance in this area with the State for the past calendar year and previous two fiscal years.

Table 8: Residential Withdrawal Management with No Other Treatment

		Ventura	Statewide
FY 18-19	Total WM Clients	135	5,010
	3+ Episodes & no other services	0.7%	2.4%
FY 19-20	Total WM Clients	261	7,836
	3+ Episodes & no other services	0.00%	3.4%
CY 2020	Total WM Clients	227	8,824
	3+ Episodes & no other services	0.00%	3.34%

Access to Care

Findings from the VCBH Quality Improvement unit as well as the FY 19-20 Drug Medi-Cal Organized Delivery Service (DMC-ODS) External Quality Review Final Report indicated the following findings with respect to access to care, timeliness of service, quality of care, consumer outcomes, race/ethnicity, gender, language and age:

Access to Care

The number of Medi-Cal-eligible beneficiaries decreased from 165,105 in FY 19-20 to 170,887 in CY 2020. The overall penetration rate for CY 2020 was 1.75%, a slight decrease of .14% from FY 19-20 and over 70% greater than the statewide average. Total clients served in CY 2020 was 2,791, a slight decrease of 5.6% from FY 19-20. The total number of assessments slightly decreased by 1.8% over the same time period, to 2,584.

We offer a range of services to meet the needs of our diverse client population, including women, youth, perinatal, and Spanish-speaking services. We have Spanish-speaking counseling groups, and Access Line agents that are bilingual. Results from the 2020 Treatment Perceptions Survey indicate that clients consistently have a high level of satisfaction with services across several dimensions. Areas of particular strength include client perceptions that staff treats them with respect, that staff communicates with them clearly, and that they feel welcome at the site where they receive treatment.

Race/Ethnicity

In order to assess whether we serve consumers in an equitable manner, we compared the penetration rates of those served across racial/ethnic groups. When comparing the following groups, the penetration rates across racial/ethnic groups for CY 2020 varied in Ventura County:

- Native Americans..... 3.17%
- Caucasians..... 2.74%
- Other..... 2.45%
- Latinos/Hispanics..... 1.25%
- African-Americans..... 1.08%
- Asian/Pacific Islanders..... 0.28%



The penetration rate within the Latino/Hispanic community, whom comprise nearly 40% of the Ventura DMC-ODS client population, was 1.25% for CY 2020, over 80% higher than the statewide average for the same time period. However, penetration rates were lower than the statewide figures for African Americans.

- Caucasians..... 1.96%
- Native Americans..... 1.84%
- Other..... 1.41%
- African-Americans..... 1.34%
- Latinos/Hispanics..... 0.69%
- Asian/Pacific Islanders..... 0.17%

Timeliness of Services

For FY 20-21, it took an average of 2.9 days from the time clients requested services to their first clinical appointment for routine treatment. Over the fourth year of the DMC-ODS waiver, we aim to maintain this average to continue to meet the DHCS standard of 10 days. For the same time period, it took an average of 2.7 days from the time clients requested services to their first clinical appointment for urgent treatment. We aim to bring this within the DHCS standard of two calendar days.



UPDATED ASSESSMENT OF SERVICE NEEDS

III. 200% of Poverty (minus Medi-Cal) population and service needs

- A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age and gender (other social/cultural groups may be addressed as data is available and collected locally).
- B. Provide an analysis of disparities as identified in the above summary.

For the calendar years 2017-2020 the Ventura County Behavioral Health’s Medi-Cal Beneficiaries served per year in Ventura County (EQRO Data) by Race/Ethnicity were as follows:

Caucasian

Beneficiaries Served Per Year (Penetration Rate 6.10%)	Beneficiaries Served Per Year (Penetration Rate 6.65%)	Beneficiaries Served Per Year (Penetration Rate 7.03%)	Beneficiaries Served Per Year (Penetration Rate 6.76%)
3,189	3,253	3,245	3,104

Hispanic

Beneficiaries Served Per Year (Penetration Rate 2.98%)	Beneficiaries Served Per Year (Penetration Rate 3.17%)	Beneficiaries Served Per Year (Penetration Rate 3.59%)	Beneficiaries Served Per Year (Penetration Rate 3.59%)
4,272	4,355	4,783	4,691

African American

Beneficiaries Served Per Year (Penetration Rate 7.92%)	Beneficiaries Served Per Year (Penetration Rate 8.73%)	Beneficiaries Served Per Year (Penetration Rate 9.33%)	Beneficiaries Served Per Year (Penetration Rate 8.89%)
281	289	304	279

Asian/Pacific Islander

Beneficiaries Served Per Year (Penetration Rate 1.93%)	Beneficiaries Served Per Year (Penetration Rate 2.18%)	Beneficiaries Served Per Year (Penetration Rate 2.30%)	Beneficiaries Served Per Year (Penetration Rate 2.16%)
194	196	198	184

Native American

Beneficiaries Served Per Year (Penetration Rate 6.65%)	Beneficiaries Served Per Year (Penetration Rate 6.92%)	Beneficiaries Served Per Year (Penetration Rate 6.57%)	Beneficiaries Served Per Year (Penetration Rate 6.60%)
35	34	32	32

Other

Beneficiaries Served Per Year (Penetration Rate 6.67%)	Beneficiaries Served Per Year (Penetration Rate 5.53%)	Beneficiaries Served Per Year (Penetration Rate 5.64%)	Beneficiaries Served Per Year (Penetration Rate 5.40%)
1,913	1,712	1,843	2,150



For the calendar years 2017-2020 the Ventura County Behavioral Health’s Medi-Cal Beneficiaries served per year in Ventura County (CalEQRO Data) by Gender:

Female

Beneficiaries Served Per Year (Penetration Rate 3.80%)	Beneficiaries Served Per Year (Penetration Rate 3.91%)	Beneficiaries Served Per Year (Penetration Rate 4.25%)	Beneficiaries Served Per Year (Penetration Rate 4.28%)
<u>4,853</u>	<u>4,849</u>	<u>5,152</u>	<u>5,277</u>

Male

Beneficiaries Served Per Year (Penetration Rate 4.56%)	Beneficiaries Served Per Year (Penetration Rate 4.69%)	Beneficiaries Served Per Year (Penetration Rate 5.09%)	Beneficiaries Served Per Year (Penetration Rate 4.91%)
<u>5,031</u>	<u>4,990</u>	<u>5,253</u>	<u>5,163</u>

Disparities Explained

Analysis of disparities as identified in the above summary is forthcoming. Further examination of metrics data by population characteristics, such as ethnicity, is underway to better understand the current state of services and identify areas of opportunity.



UPDATED ASSESSMENT OF SERVICE NEEDS

IV. MHSA Community Services and Supports (CSS) population assessment and service needs.

- A. From the County's approved plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age and gender (other social/cultural groups may be addressed as data is available and collected locally).

Updated MHSA Needs Assessment

Through the community planning process, the County identified community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act. It also analyzed the mental health needs in the community and identified and re-evaluated priorities and strategies to meet those mental health needs.

This needs assessment allowed the County to align programs and services within CSS and included countywide surveys, focus groups and advisory group participation. A planning workgroup convened to review the gaps and needs identified, offer recommendations to the agency about community priorities and align with new SB1004 Mental Health Services Act priority populations. These populations included, but were not limited to, the following priority groups:

- Serious Mental Illness (SMI)/ Severe Emotional Disturbance (SED)
 - Underserved/unserved
 - Homelessness
 - School aged mental health (grades K-12)
 - College aged and TAY mental Health (ages 16-25)
 - Older Adults
 - LGBTQ
 - Priority ethnic groups identified in Ventura County as Hispanic/Latino, African American and Asian Pacific Islander
 - Suicide prevention
 - Settings that reduced stigma and geographical barriers for access by Latino countywide
 - Community health educators-promotors-from Latino communities will provide outreach, education and linkages to underserved members of the Latino community
 -
-



The client demographic data for each of the Community Services and Support programs (CSS) best displays the representation by race/ethnicity, language, age and gender. The complete data can be accessed through the following link [https://vcbh.org/images/VCBH_CMHNA_Appendices_FINAL - 2019-03-29.pdf](https://vcbh.org/images/VCBH_CMHNA_Appendices_FINAL_-_2019-03-29.pdf), and a few parts of the data is highlighted below.

Full-Service Partnership (FSP)

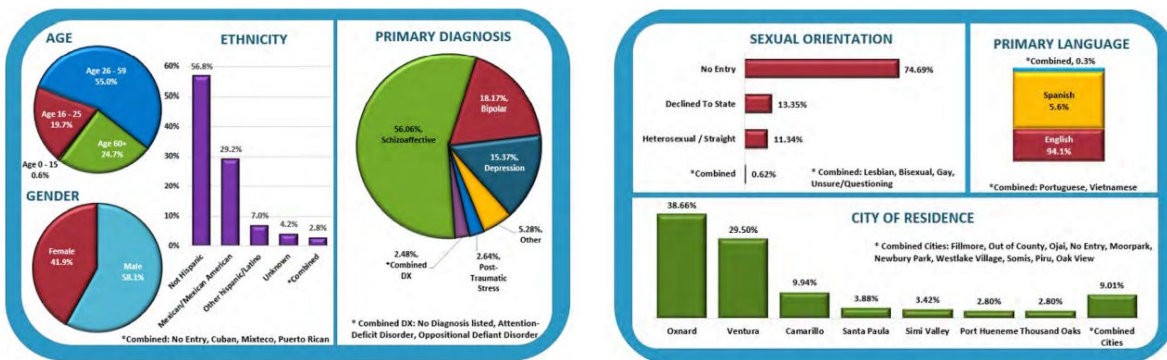
Although, services are accomplished through a collection of programs, the data are summarized and presented by age groups as the table below indicates.

Unduplicated Counts Served in FSP Programs

Age Group	Rollover Clients from FY 18-19	New Clients During FY 19-20	Total Clients Served FY 19-20
0-15	2	2	4
16-25	78	49	127
26-59	223	131	354
60+	131	28	159
Totals FSP Unduplicated*	434	210	644

*Represent unduplicated counts. The sum of the age group counts may not add up to the unduplicated totals due to clients qualifying for 2 age groups within the fiscal year. The last row is unduplicated and are the participants represented in the demographic charts.

More than half of clients served were in the 26-59 age group (n=364, 55%), followed by age 60+ (n=159, 24.7%), 16-25-year-old (n=127, 19.7%) and 0-15-year-old (n=4, 0.6%).





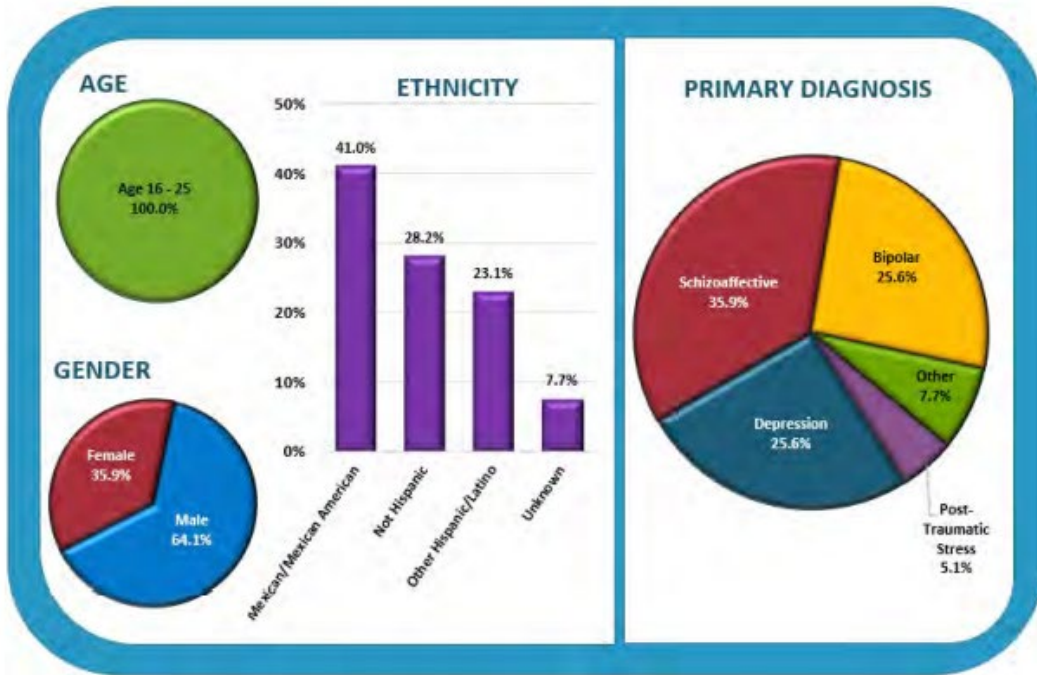
CSS Program #1: Insights (Youth FSP)

This program served a total of 35 unduplicated clients. Of the 35 served, 22 were rolled over from the previous fiscal year and 13 were admitted during FY 19/20. The program’s goal is to complete the program in 12 months. Below is a brief demographic summary of clients. There were 21 males and 14 females in the program. The youth in the program were from the following Ventura County cities: 20 (57%) were from Oxnard, 7 (20%) from Ventura, 2 (6%) from Fillmore, 3 (9%) from Santa Paula, 1 (2%) from Port Hueneme, and 2 (6%) from Simi Valley. Services received by most clients include individual therapy, case management, assessment and evaluation, provision of collateral services, discharge planning with client, medicine support and crisis intervention.

CSS Program #2: TAY Expanded Transitions Program- FSP(TAY FSP)

The target population for this program are Transitional Age Youth (TAY) individuals with Severe Persistent Mental Illness (SPMI) treatment.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	17	22	39

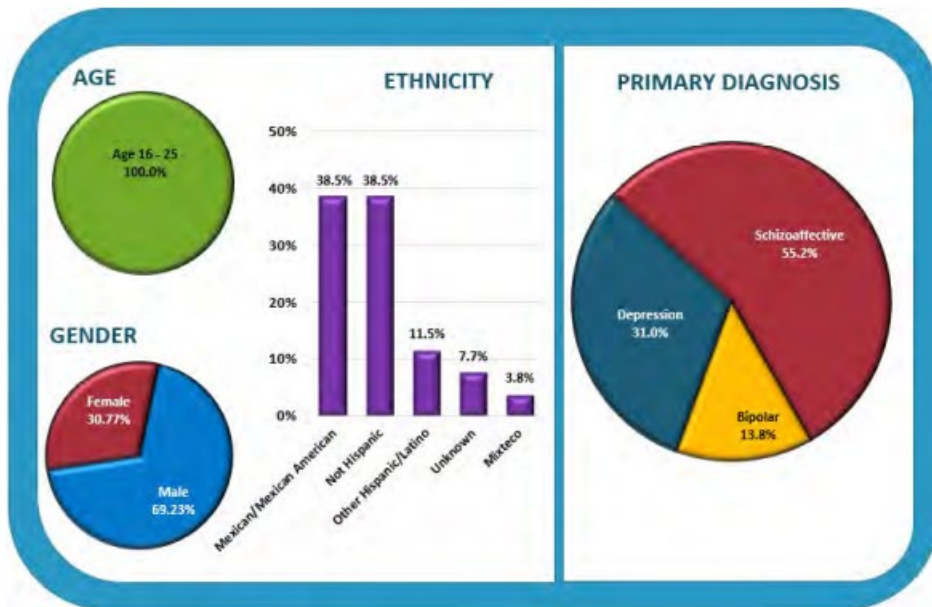




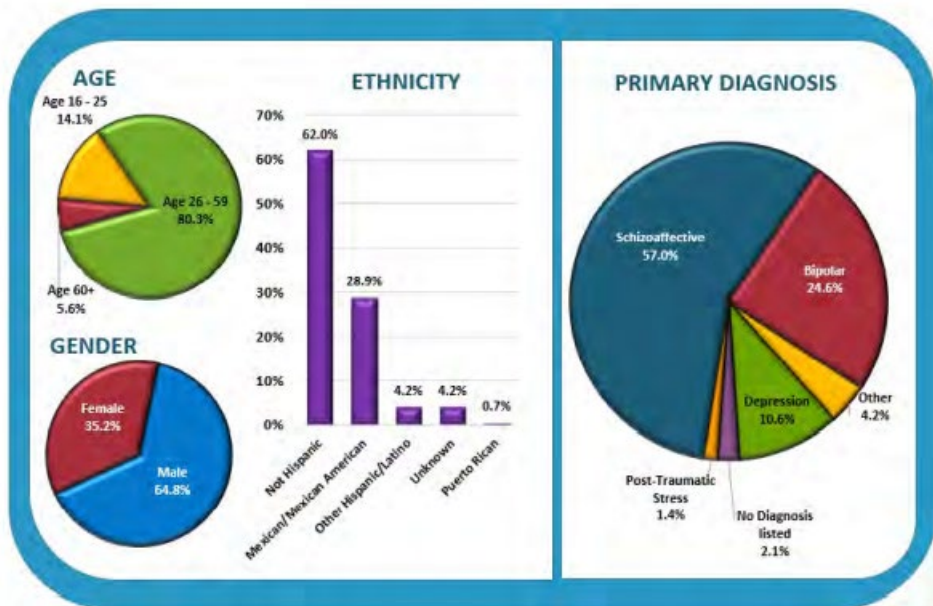
CSS Program #3: CASA ESPERANZA TAY TRANSITIONS PROGRAM (TAY FSP)

Adults ages 18-59 with Severe Persistent Mental Illness (SPMI).

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	12	14	26

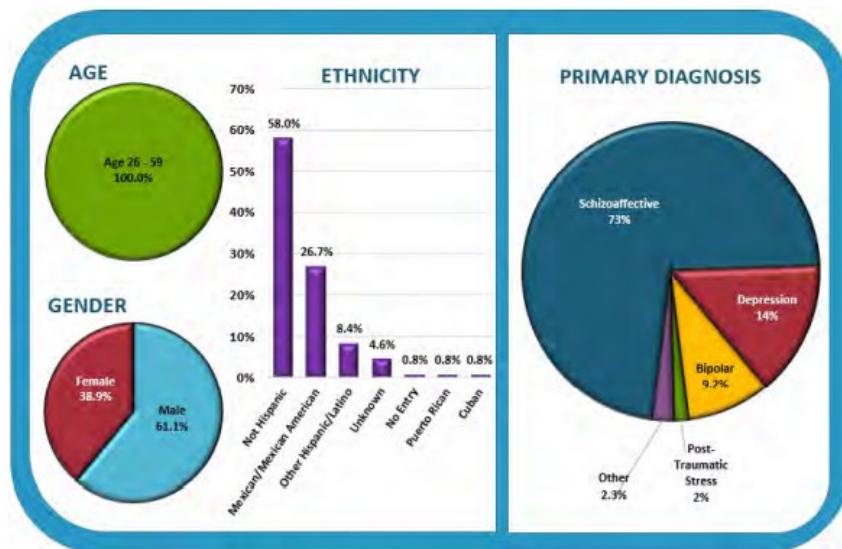


CSS Program #4: Assisted Outpatient Treatment (AOT) Program (ASSIST—Laura’s Law)



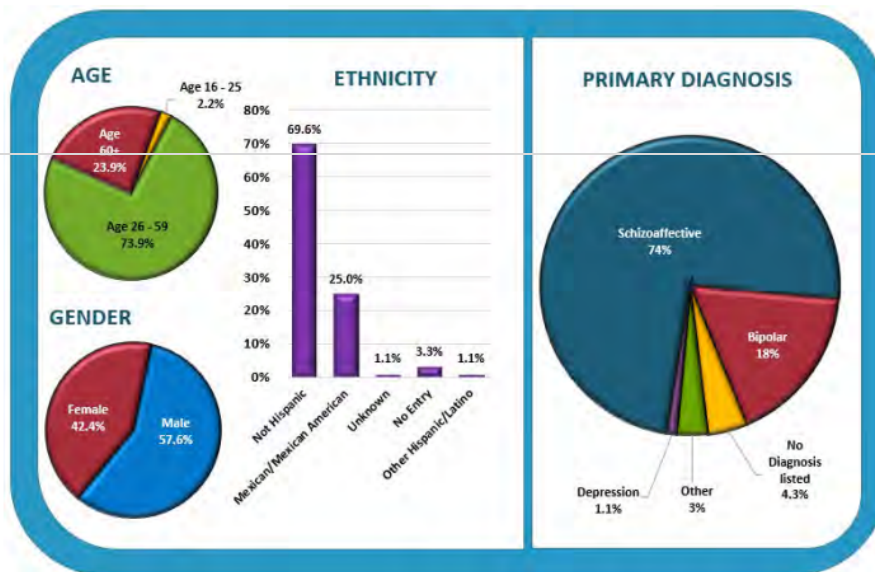


CSS Program #5: Ventura County Behavioral Health FSP Treatment Track (Adults FSP Program)



CSS Program #6: Empowering Partners through Integrative Community Services (EPICS)

Serious and Persistent Mental Illness individuals receiving outpatient mental health services.

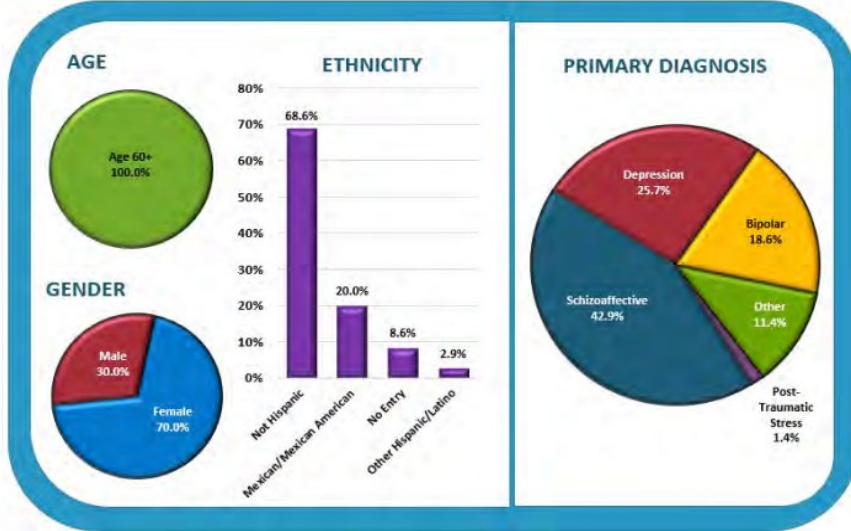


Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	2	0	2
26-59	52	16	68
60+	18	4	22
Totals	72	20	92



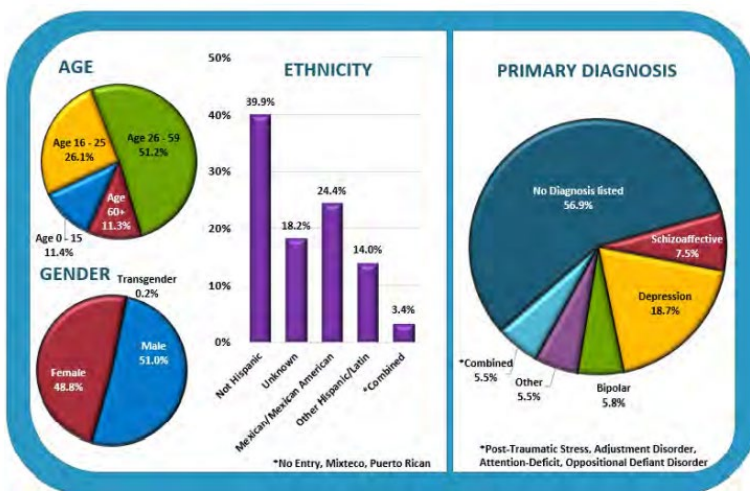
CSS Program #8: Ventura County Behavioral Health Older Adult FSP Program (Older Adults FSP Program)

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
60+	61	9	70



CSS Program #9: Comprehensive RISE Demographics

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	132	33	165
16-25	312	64	376
26-59	520	218	738
60+	122	41	163
Totals	1,081	354	1,435



Age

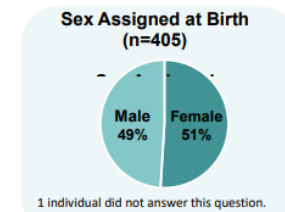
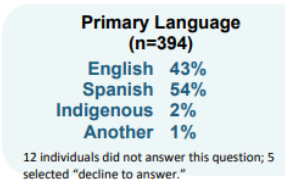
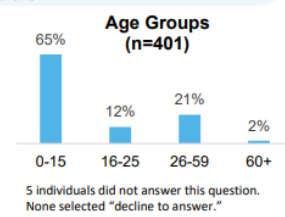
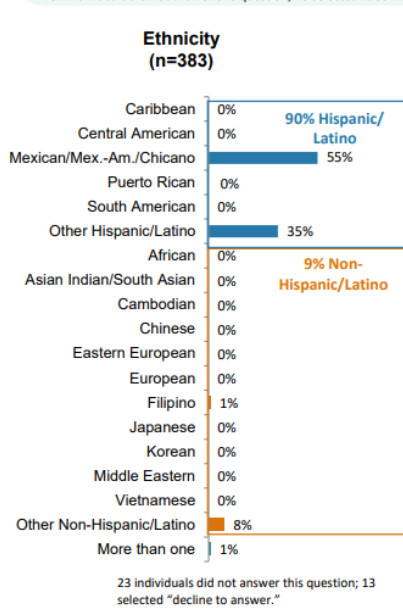
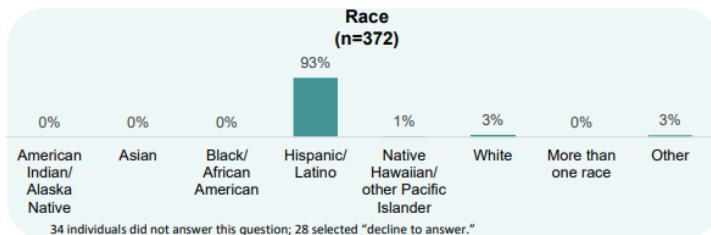
*Counts may be duplicative due to clients falling into more than one age group during the reporting year. Total unduplicated clients served is 1,126.



CSS Program #12: Office of Health Equity & Cultural Diversity Outreach 26

Demographic Data

Logrando Bienestar collects unduplicated demographic data from the individuals they serve. Of the 406 individuals who received core program services all provided some demographic information; this information is presented below.



LOGRANDO BIENESTAR EVALUATION OVERVIEW

Overview

Logrando Bienestar (“Achieving Wellbeing”) began in 2016 as an outreach and engagement program for the Latinx and Indigenous communities in Ventura County, specifically to bridge the gap for those seeking mental health services and treatment. The program provides mental health education to youth and adults, helps community members navigate mental health care systems, and forms relationships with community partners with the common goal of advocating for the Latinx and Indigenous population. The Logrando Bienestar team consists of managerial staff and Community Service Coordinators (CSCs) who support the connection to behavioral health services to community members. The program’s CSCs provide mental health and services access trainings/workshops, help individuals navigate the behavioral health system, conduct outreach to community members and organizations, and utilize social media to expand outreach efforts. Logrando Bienestar is primarily funded through the Mental Health Services Act (MHSA) and in 2019, the program was approved for an expansion of resources and activities. Subsequently, additional support and outreach staff were hired to reach a greater proportion of community members. The logic model below describes the program goals and activities following the expansion.



Before Expansion

After Expansion

2016-2019

Existed only within two school districts:

- Oxnard School District
- Santa Paula Unified School District

LBP has expanded to the following areas:

- Human Services Agency
- Probation Agency
- Public Defenders Office
- District Attorney's Office
- Ventura County Public Health
- Ventura County Medical Center

Ventura County of Education
Migrant Student Program
School Districts **2020-2021**

- Oxnard School District
- Port Hueneme School District
- El Rio School District
- Briggs School District
- Moorpark Unified School District
- Oxnard School District
- Pleasant Valley School District
- Santa Paula Unified School Districts
- Somis Union School District
- Conejo Valley School District
- Oak Park Unified School District
- Ojai Valley Unified School District
- Ocean View School District



Ongoing Efforts to Increase services to Latinx and Indigenous community members 2020-2021

County Agencies	Community Institutions /Nonprofits	Faith based Groups
District Attorney's Office Public Defender's Office Probation Sheriff	Oxnard Police Department Ventura Police Department Santa Paula Police Department Port Hueneme Police Department	San Buenaventura Mission Mary Star of the Sea Our Lady of Guadalupe Revive Community Church Evangelistic Center New Life Community Church Family Life Church Total Life Christian Center
Ventura County Public Health Area on Aging Agency Human Services Agency Ventura County Medical Center	Child Development Resources (CDR) Adverse Childhood Experiences Ventura County—Dr. Landon Woman of Honor Men of Substance* The Coalition for Family Harmony- LaClave Mexican Consulate UFWF	Higher Education Institutions (Hispanic Serving Institutions) Oxnard College Ventura College East Campus CSUCI CLU



La CLaVe

- Logrando Bienestar Program reached **517** as of today



Summary of Evaluation

The Logrando Bienestar program demonstrated their activities aligned with their intended goals to promote mental health awareness, increase service access knowledge, and help connect members of the Latinx community of Ventura County to mental health services at VCBH. Through a variety of outreach activities and presentations, the program has been able to form strong partnerships with community organizations, housing/shelter groups, schools, faith-based groups, and county organizations and employees who work in 'high-touch' areas. These partnerships have resulted in more visibility for the program within the community, and in FY 2020-2021, Logrando Bienestar was able to reach over 4,000 individuals. The program has become a valuable resource for the individuals in the Latinx community, especially those who are seeking mental health services.

Data demonstrates that Latinx individuals who were referred by Logrando Bienestar were significantly more likely to make a formal request for service and engage in mental health care at VCBH. Most Logrando Bienestar clients who go on to engage in services reside in Oxnard and Santa Paula, which are targeted regions for the program's activity. Further program improvements based on recommendations above will allow the Logrando Bienestar program to strengthen its community partnerships and reach a greater proportion of Latinx individuals in Ventura County.

Our QI Team complete report is attached at the end of the report





UPDATED ASSESSMENT OF SERVICE NEEDS

B. Provide an analysis of disparities as identified in the above summary.

Please refer to the following reports for analysis.

[Community Mental Health Needs Assessment](#)

[Ventura County MHSA Act -PEI FY 2019-20 Evaluation Report](#)

The last link provides updates from last year and new plan that VCBH will implement or planned to implement in 19/20 and roll up of PEI demographics, and fiscal breakdown for each program.

[Mental Health Services Act \(MHSA\) Annual Update 2020-21](#)



UPDATED ASSESSMENT OF SERVICE NEEDS

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations.

The County shall include the following in the CCPR:

- A. Which PEI priority population(s) did the County identify in their PEI plan? The County should choose from the following six PEI priority populations:
- Underserved cultural populations
 - Individuals experiencing onset of serious psychiatric illness
 - Children/youth in stressed families
 - Trauma exposed
 - Children/youth at risk of school failure
 - Children/youth at risk of experiencing juvenile justice involvement

Prevention and Early Intervention (PEI) - Highlights for FY 19-20 Services

Programs under the PEI component, in collaboration with consumers and family members, serve to promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. Target populations include all ages with a requirement of serving children and TAY (0-25 years) utilizing 51% of PEI funds.

Ventura County categorized all PEI programs to align with regulations' requirements and definitions. The required program types are prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment and stigma and discrimination reduction. Suicide prevention and improving timely access to services for underserved populations became optional categories. Additionally, all PEI programs are designed and implemented in accordance with strategies that help access and services for people with severe mental illness, the reduction of stigma and discrimination with respect to mental illness and improving timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally- appropriate. Additionally, all PEI programs must be designed and implemented in accordance with strategies that help create access and linkage to treatment, improve timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally appropriate.

**The following is an update to FY 19/20 by component
Prevention and Early Intervention (PEI)**

- Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools program was initiated during FY 19/20 to serve school aged children and youth.
- Early Detection & Intervention for the Prevention of Psychosis (EDIPP) was moved in-house from an external provider.
- Logrando Bienestar Expansion is a new addition under PEI increasing the access and linkage capability of PEI programming for K-6th in the schools. This includes education to support the PEI Prevention category.
- An Older Adult Intervention program provided by Ventura County Area Agency on Aging (VCAAA) was implemented to address this special population and their unique needs.



- The American Foundation for Suicide Prevention Program is to continue for equipping Ventura County community and potential first responders with tools to identify those at risk of suicide and respond accordingly.
- La Clave Education & Training will be a new addition to outreach to recognize early signs of mental illness, especially with in those with psychosis. This program is in support of early intervention programming and targets the Latino community.
- The Crisis Intervention Team (CIT) using law enforcement

The table below illustrates programs by PEI categories.

Program	PEI Program Categories				
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma & Discrimination Reduction	Access and Linkage to Treatment
Adult Wellness Center					
Growing Works					
One Step a La Vez					
Project Esperanza					
Promotoras Conexión Program					
Proyecto Conexión Con Mis Compañeras					
Rainbow Umbrella					
TAY Wellness Center					
Tri-County GLAD					
Wellness Everyday					
COMPASS					
Family & Friends					
Primary Care Integration					
Primary Care Program					
Ventura Intervention and Prevention Services					
Crisis Intervention Team*					
Positive Behavior Interventions & Supports					
Restorative Justice					
Suicide Prevention*					
In Our Own Voice					
Rapid Integrated Support and Engagement					



Process used to identify the PEI priority populations

The community program planning (CPP) process takes place annually. Priorities are set by VCBH, the MHOAC, and the Behavioral Health Advisory Board (BHAB) to address gaps identified by these same entities and/or community stakeholders. The MHSA (Mental Health Services Act) department, MHSA Planning Committee, and MHSA Evaluation Committees lead the community planning and review processes for all MHSA components. MHSA Planning Committee’s mission is to review new program ideas and recommend filling gaps and/or goals based on the community planning process. MHSA Evaluation Committee’s mission is to review MHSA program performance outcomes, stated program and component goals, cultural competency and penetration rates, fiscal impact, and client satisfaction surveys. The committee makes recommendations to VCBH based on its survey of each program on an annual or emergent basis. VCBH presents both committee’s recommendations and all reports to the BHAB for review. Through this process, and in partnership with stakeholders, community needs related to mental illness are identified and analyzed. It follows that priorities and strategies can be determined and continually refreshed by re-evaluating programming to meet these prioritized needs, as well as ensuring service gaps are filled and unserved and underserved populations are adequately served.

The following link provides updates, description of all PEI efforts as well as key findings that share what is priority under MHSA.

https://vcbh.org/images/FY_2020-21_MHSA_Annual_Update_Final_April_2021.pdf



CRITERION-3 STRATEGIES AND EFFORTS FOR REDUCING RACIAL ETHNIC CULTURAL AND LINGUISTIC MENTAL HEALTH DISPARITIES

STRATEGIES & EFFORTS FOR REDUCING DISPARITIES

I. Identified unserved/underserved target populations (with disparities) The County shall include the following in the CCPR:

- Medi-Cal
- CSS (Full-Service Partnership population)
- WET (Targets to grow a multicultural workforce)
- PEI (County-identified from the six PEI priority populations)

A. List identified target populations, with disparities, within each of the above selected populations (Medi-Cal, CSS, WET and PEI priority populations)

Identified Target Populations

VCBH has identified disparities in Medi-Cal and all MHSA components (CSS, WET, and PEI) for the following target populations:

- Serious Mental Illness (SMI) / Severe Emotional Disturbance (SED)
- Underserved/Unserved
- Homelessness
- School aged mental health grades K-12
- College aged and TAY mental health ages 16-25
- Older Adults
- LGBTQ
- Priority ethnic groups identified in Ventura County as Hispanic/Latino, African American and Asian Pacific Islander

Process Used to Identified Target Population

Ventura County Behavioral Health used the same Community Program Planning process to identify target populations as described in MHSA report. https://vcbh.org/images/FY_2020-21_MHSA_Annual_Update_Final_April_2021.pdf

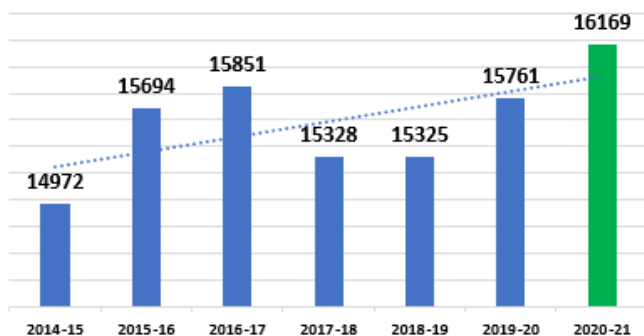
Identified Disparities within target populations

Over the years, Ventura County Behavioral Health has focused on certain demographic groups. In these pockets lay disparities within the mental health community. VCBH has placed special interest in identifying the individuals and families in need of mental health services.



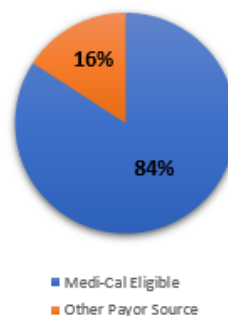

**VENTURA COUNTY
BEHAVIORAL HEALTH**
 A Department of Ventura County Health Care Agency
**VCBH Mental Health
Consumers Served FY 2020-21**

Unduplicated Client Count



Unduplicated Client Count includes clients with Medi-Cal and other payor sources

Medi-Cal Eligibility



Ethnicity

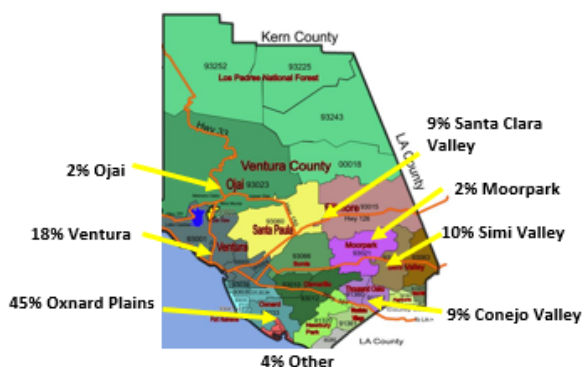
Latinx	51%
Non-Latinx	41%
Unknown	8%

Age

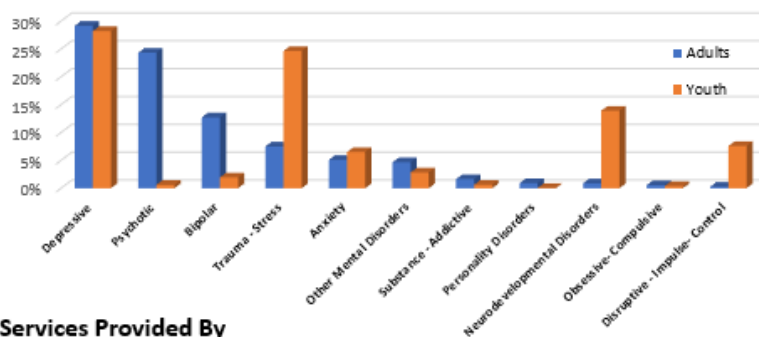
0-5	4%
6-17	34%
18-25	12%
26-64	45%
65+	5%

Gender

Female	52%
Male	48%



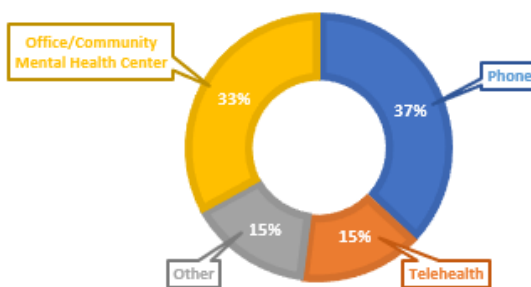
Diagnosis



Services Provided By

VCBH Adult	48%
VCBH Youth & Family	31%
VCBH STAR	19%
Adult Crisis	19%
Youth & Family Contractors	11%
IPU	4%
CSU Adult	4%
Adult Contractors	4%

Service Location





Identified strategies for the Medi-Cal population, as well as strategies identified in the MHSA plans (CSS, WET and PEI), for reducing disparities described above:

- **Employing the Promotoras Model:** A unique program offered by VCBH that utilizes the Promotoras Model. This model is designed to reach the underserved Latino community by providing Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) community support activities that increase knowledge, understanding and service access within the Latino community. Promotoras are comprised of respected community members who serve as liaisons between their community and health, human and mental health organizations. Ventura County currently has two programs that employ this model: Proyecto Conexión Con Mis Compañeras/ Project Connecting with My Peers, and Promotoras y Promotes Foundation.
 - **Wellness & Recovery Centers – Adults:** The Adult Wellness Center (AWC) serves adults recovering from mental illness who are at risk of homelessness, incarceration or increasing severity of mental health issues. The program is a portal for access to recovery services by that offers support commonly utilized by individuals with serious mental illnesses without the pressure of enrolling in traditional mental health services.
 - **TAY Wellness Center:** The Transition Age Youth (TAY) Wellness and Recovery Center serves young adults ages 18-25 who are recovering from mental illness or are in need of referral services. Provided by Pacific Clinics, the TAY Wellness Center is located in Oxnard and reaches out to underserved individuals throughout the County. As a portal entry to engage unserved or underserved TAY, the program offers a range of supports and service linkages to those who historically have not accessed services through the traditional clinic system.
 - **Outreach, Referral and Engagement Programs:**
 - One Step a La Vez (for parent and youth Latinos in Fillmore, Santa Paula and Piru)
 - Project Esperanza (for parent and youth Latinos in Fillmore and Santa Paula)
 - Tri-County GLAD (for deaf and hard of hearing in Ventura County)
 - Diversity Collective (LGBTQ+ community in Ventura County)
 - RISE Program
 - Logrando Bienestar
 - **Multi-Tiered Services and Supports-School Based Intervention Programs:** School-based intervention is a service strategy represented by the following programs that VCBH has contracted VCOE to implement in school districts and schools across the County. These programs serve as an enhancement and/or supplement to other non-MHSA funded school-based programs.
 - **Positive Behavior Interventions & Supports (PBIS) – Outreach and Engagement for Increasing Recognition of Early Signs of Mental Illness:**
 - Access and Linkage to Treatment
 - Improving Timely Access to Services for Underserved Populations
 - Stigma and Discrimination Reduction through psychoeducation workshops
 - **SafeTALK (Tell, Ask, Listen and KeepSafe):** SafeTALK is a suicide awareness training program that teaches participants, primarily in school settings, to identify and talk with people who have thoughts of suicide and connects them to first aid intervention caregivers.
-



- **Healing the Soul – Mixteco Research Project:** This Mixteco project is an innovative research project designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. This program will sunset FY 2021.
- **Assisted Outpatient Treatment:** California Assembly Bill 1421, also known as Laura’s Law, was passed in 2002 to address one of the largest issues facing the mental health community across the nation – the cycle of repetitive psychiatric crises and resulting hospitalizations and incarcerations of the most seriously mentally ill who struggle to engage in services. A.B. 1421 authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopted a resolution to implement AOT. The California Legislature developed AOT to “equitably assign high-risk, hard-to-treat individuals with increased needs in a system with limited resources.”⁶

AOT changes the mental health system in three ways:

- **Referrals:** AOT expands the referral process to allow “qualified requestors”⁷ to refer someone to receive mental health services
- **Outreach and Engagement:** AOT increases outreach and engagement to link clients to the appropriate level of mental health service.
- **Civil Court Involvement:** AOT introduces civil court involvement to compel eligible individuals to participate in outpatient mental health services

The following strategies, identified by the Ethnic Services Manager, will be brought forward for discussion and consideration:

- Reconvene the Equitable Access to Mental Health Services for the Latino Community workgroup
- Promote community engagement by providing educational forums and developing natural community settings that are welcoming to people in recovery, including outreach to ethnically and culturally diverse communities.
- Provide cultural and gender-sensitive outreach and services at schools, primary care clinics and community programs in ethnic communities that proactively reach children who may have emotional and/or behavioral disorders and provide easy and immediate access to mental health services when needed.
- Hire cultural/bicultural staff consistent with racial/ethnic composition of clients.
- Promote the inclusion of representatives of diverse ethnic and cultural communities in the planning and management of peer-run Recovery Learning Centers in each region of the County.
- Identify key strategies in the WET plan that include the incorporation of cultural competence and language capacity in the workforce.

⁶ Le Melle, Stephanie. (2013). Assisted Outpatient Treatment, Kendra’s Law, the New York Story. Paper presented at the SAMHSA Seminar on Assisted Outpatient Treatment on December 12, 2013; Rockville, Maryland.

⁷ As specified in the Welfare and Institutions Code, Section 5346, qualified requestors include: An adult who lives with the individual; a parent, spouse, adult sibling, or adult child of the individual; the director of an institution or facility where the individual resides; the director of the hospital where the person is hospitalized; the treating or supervising mental health provider; or a probation, parole, or peace officer.



- Provide direction and support to the internship and practicum program designed to: (1) afford interested beneficiaries and family members an opportunity to participate in the beneficiary/family training program; (2) provide supervision and training in Spanish; (3) develop training opportunities for diverse/ethnic groups.
- Identify and help implement key strategies in the WET plan that include the incorporation of cultural competence and language capacity in the workforce.
- Restructuring of how Cultural Competence is operationalize within the department.

Dedication to Improving Excellence (Implementation of Evidence-Based Practices)

The integration of EBPs in community behavioral health is vital to ensuring community clients have access to the highest level of services that integrate clinical expertise and external scientific evidence with the perspective, values, needs, choice, and voice of those served.

Cognitive Behavioral Therapy (CBT)

CBT is valued in the behavioral health field and is considered to be a highly effective and culturally sound evidence-based treatment. Using the client's worldview, it is a culturally competent practice, especially when delivered by culturally responsive clinicians. Since mental health providers are bound by a code of ethics to practice within their scope of competence and be trained in treatments in which they are not proficient, VCBH contracted with The Academy of Cognitive Therapy to provide this training. "The Academy of Cognitive Therapy™, a non-profit organization founded in 1998, supports continuing education and research in cognitive therapy and provides a valuable resource in cognitive therapy for professionals and the public at-large. The academy actively works toward the identification and certification of clinicians skilled in cognitive therapy, and certification is awarded to those individuals who, based upon an objective evaluation, have demonstrated an advanced level of expertise in cognitive therapy.

In close collaboration with the Adult, Youth and Family (YFS) and Substance Use Services (SUS) divisions, all VCBH clinical staff and clinical contracted providers received CBT Basics training by the Academy. Many staff attended additional advanced CBT trainings and subject specific CBT Training – such as, CBT for Eating Disorders, CBT for Psychosis, Trial-Based CBT, CBT for Depression and Anxiety, CBT with Youth and Families, and CBT using DBT skills. Currently, VCBH has 42 clinicians certified by ACT as CBT experts (ACT Diplomates). These staff mentor and provide ongoing clinical supervision to CBT trained staff to ensure fidelity. CBT adherence is measured through the use of the Cognitive Therapy Rating Scale (CTRS), which is used to rate recorded sessions. A peer mentoring model is used to review recorded sessions in team meetings and fidelity to CBT that's measured by the rating scale. Culturally sensitive and developmentally versatile outcome measures (PhQ9 and GAD7) are used during these sessions. In addition, 18 Diplomates have received additional training to be ACT VCBH CBT Trainers, with 5 additional Trainers in training.

In addition to CBT, Motivational Interviewing (MI) Training is offered annually to all Adult, YFS and SUS Division service providers. MI is a trauma informed treatment practice which embraces the client's current state and explores the client's perspective of possibilities for change. Cultural awareness and diversity are at the core of this evidence-based model of treatment.



Other Evidence-Based Practices

Motivational Interviewing (MI)

MI is a SAMSHA-recognized EBP that's helpful in the treatment of mental health and substance abuse. Clinicians are not required to be certified in Motivational Interviewing but are trained in the four MI principles ("expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy") and use of the model to gain competence. VCBH staff (Youth & Family, Adult and ADP Division) and contractors are required to attend a basic training and annual booster to assure competent use of the model.

Seeking Safety

Seeking Safety is a SAMSHA recognized EBP. This clinical approach addresses the relationship between PTSD and substance abuse and can be generalized to other self-harming behaviors. Clinicians are not required to be certified in Seeking Safety; however, they are required to receive a one-time training from a certified trainer or certified training video. Contractors and VCBH staff in the ADP, Youth and Family, and Adult divisions are trained to use Seeking Safety, and they are provided the manual to support provision of the model to fidelity.

La Clave

La CLAVE is a mental health outreach campaign managed by the University of Southern California (USC) to help Spanish-speaking Latinos living identify the signs of serious mental illness and promptly seek professional care.

Strengthening Families Program (SFP)

SFP, an internationally disseminated family skills training evidenced based practice for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. "The original Strengthening Families Program lessons have been evaluated in non-experimental and quasi-experimental studies in 17 countries; and in randomized control trials (RCTs) in nine countries (United States, Canada, Australia, UK, Sweden, Netherlands, Spain, Italy, and Thailand) with different cultural groups by independent evaluators. Using documented evaluation tools, SFP skills-training proved to be effective in reducing multiple risk factors for later alcohol and drug abuse, mental health problems, and delinquency."

The Community Resiliency Model® (CRM)

CRM of the Trauma Resource Institute trains clinicians and non-clinicians to not only help themselves but to share simple wellness skills with their community. The primary focus of this skills-based, stabilization program is to reset the natural balance of the nervous system. CRM skills help individuals understand their nervous system and learn to track sensations connected to their own well-being, which CRM calls the "Resilient Zone." CRM's goal is to help create "trauma-informed" and "resiliency-informed" communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach. CRM have been used worldwide. To learn simple biologically based skills, based upon current science, to help individuals and communities get back into balance in body, mind and spirit.

Workforce Education and Training (WET)

The goal of the WET component of MHSa is to develop a diverse workforce that supports the broad continuum of CSS, PEI, Capital Facilities and Technological Needs (CFTN) and Innovation. More specifically, WET addresses the fundamental concepts of creating and supporting a current and future workforce that is culturally competent, provides client/family-driven mental health services and adheres to wellness, recovery and resilience values.



Additionally, clients and families/caregivers may be given training in coordination with Southern County Regional Partnership that provides skills to promote wellness and other positive mental health outcomes. As an MHSA component, the system of care relies on the ability for all concerned to work collaboratively to deliver client- and family-driven services and provide outreach to unserved and underserved populations. It also provides services that are linguistically and culturally competent and relevant and includes the viewpoints and expertise of clients and their families/caregivers.

For trauma exposed individuals, VCBH works with the Southern County Regional Partnership to provide a series of Trauma Informed Care Training in 2018-19. The series of trainings includes topics regarding fundamentals, substance abuse, complex trauma and eating disorders.

WET Strategies in place FY19-20

WET funding was expended in FY17-18. Clinical training opportunities continued to be provided to graduate students, but funds for educational stipends are no longer available through WET funds and the internship programs will no longer be under the auspices of WET. VCBH will continue to encourage bilingual students to participate in the training programs by promoting excellent training experiences. VCBH is now once again entering a period where WET grant funds are becoming available (managed by OSHPD) for a 5-year period commencing FY21-22. Our department will benefit from this grant via our involvement in SCRCP (Southern California Regional Partnership), of 10 counties leveraging OSHPD grant funds to support 4 areas over 4 Fiscal Years with Santa Barbara County as the fiscal intermediary and CALMHSA as the third-party reviewer.

The new 5-year grant will also fund stipends, loan assumption and training – Ventura County has opted to use these funds not only for our clinical staff but to enhance the workforce across all divisions and disciplines.

- Retention
 - Training current staff
 - SCRCP Conference
 - Cultural Competence and Evidence Based Practices
- Pipeline Development
 - Peers
 - Paraprofessional
- Loan Assumption
 - Support continued education of current staff
- Stipends
 - Professional Development for students (Master level Trainees and Interns)

We will then supplement stipends with CSS funds if needed to meet our department WET needs.



The Quality Assessment and Process Improvement (QAPI) plan

The QAPI provides the framework for monitoring, implementing, and documenting of efforts to improve VCBH service delivery across the continuum of Mental Health (MH) and Substance Use Services (SUS) divisions. These goals, and accompanying objectives, were embedded at the operational program level and address overarching priorities related to improving access, timeliness, quality of care, health equity, and acuity levels; more specifically, current QAPI goals cover the following focus areas:

- Timely Access to Services
- Care Coordination
- Cultural and Linguistic Competence
- Contract Provider Information Workflow Improvement
- Beneficiary Outcomes and Satisfaction with Services
- Utilization Review of Overutilization of Services
- Grievances and Appeals
- Employee Engagement

The creation and application of the goals and objectives is an ongoing and iterative process that involves many leaders across VCBH, as well as stakeholder input, with an eye toward health equity. The year-end evaluation which progress toward goals and objectives identifies areas where further work is needed to inform the next year's QAPI work plan.

How WET activities are monitored

A variety of techniques are employed to monitor and evaluate WET activities. For each training that is offered evaluations are collected from the attendees. Attendees are asked about their rating on the usefulness and effectiveness of the training that is provided. In regard to Cognitive Behavioral Therapy training, monthly coaching supervision groups are conducted during which audiotapes are shared and adherence to the therapy model is rated using a standardized rating scale by the attendees. For internship programs students are asked to complete evaluations of the programs and the supervision that is offered.

What worked well and lessons learned

Evidenced-based practice implementation

Staff have been trained in Advanced CBT, with several staff identified for specialized training to become a certified diplomat. Session tape review and utilization of a rating scale to score the sessions in coaching groups have been effective methods for monitoring and ensuring competency to the model. Other evidence-based practices are a challenge because they require a significant, ongoing allocation of resources and labor hours to maintain fidelity. In addition, they are not culturally tested or proven to be effective considering diversity of the populations in our clinics. In collaboration with the Equity Services Manager, Behavioral Health Managers, and feedback from clinical care staff we aim to understand the specific needs of clinicians and diversify the type of presenters that meet the needs of our clients



CRITERION 4 – CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE VCBH SYSTEM

INTEGRATION OF THE COMMITTEE WITHIN VCBH

- I. Ventura County has a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community.**

The County shall include the following in the CCPR:

- A. Provide a brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions and role).

As an integrated division of the Ventura County Health Care Agency (HCA), VCBH provides a full continuum of coordinated mental health and substance use treatment services to meet the needs of Ventura County residents. In collaboration with community-based, faith-based and other collaborative partners, VCBH provides access to effective treatment and support for all children, adolescents, transitional-aged youth, adults, and older adults and their families.

Regional clinics are conveniently located in Oxnard, Ventura, Santa Paula, Thousand Oaks, Fillmore and Simi Valley, while field-based programs provide services at home, schools and other locations that are accessible to clients.

VCBH involves consumers and their family members who reflect the diverse populations in Ventura County when developing, implementing and monitoring programs and services. By doing so, it ensures participation of beneficiaries and family members who reflect cultural diversity on panels, committees and stakeholder groups whose work impacts current and future programs and services. One example of Ventura County Behavioral Health's dedication to servicing the county's diverse community is the establishment of the Office of Health Equity and Cultural Diversity.

The Office of Health Equity and Cultural Diversity is embedded within the VCBH Administrative Division and provides support/direction tied to cultural and linguistic services to the VCBH director, as well as representatives from Adult Mental Health, Youth and Family Mental Health, Substance Use Treatment Services programs and a collaboration of community partners. Its purpose is to align and guide the delivery of behavioral health services across the communities by transforming the delivery of services through a foundation that is culturally and linguistically competent.

Additionally, the Equity Service Manager actively recruits individuals throughout the county to create a diverse network of representatives within the CEAC. VCBH policies such as Stakeholder Collaboration, Cultural and Linguistic Competency formally establish and recognize the CEAC and cultural competence requirements as an essential component to service planning and delivery. CEAC members include participants from the Latino, LGBTQ and Indigenous communities, as well as the farm work community, deaf and hard of hearing population, substance use disorder and public health departments, the adult/older adult community and population, the Ventura County school district and family members of affected populations.



The main goals of CEAC members included:

- Advocating for culturally competent services
- Advocating for outreach to underserved, unserved and/or inappropriately served communities
- Providing recommendations for reducing reduce behavioral health disparities for racially, ethnically and culturally diverse communities
- Collaborating with VCBH administration to address disparities
- Steers the Cultural and Linguistic competence of department

Given the emergency of the pandemic and staff/management being relocated to serve the needs of the community the CEAC meetings were discontinued. The county's public health department connected with several communities to address the inequities tied to COVID-19, and our Equity Services Manager was present at many meetings possible. Additionally, was part of a special task force that was formed with community leaders and VCPH Director Rigoberto Vargas to address the hardest hit community in South Oxnard.

The Cultural Equity Advisory Committee is being restructured.

The Office of Health Equity and Cultural Diversity plans to reignite/restructure the committee and will lead efforts with Race. The deliberate and intentional effort to invite community organizations, community base partners, faith-based groups, county agencies, and municipal agencies, and education institutions. More importantly have a strong representation of Ventura County residents present in CEAC discussions. The following is the link to apply to the committee.

<https://forms.office.com/g/7AGsTtF3Zb> The Office of Health Equity and Cultural Diversity Equity Service Manager attends QMAC meetings as another way to engage with community members, stakeholders, clients, and family members. The QMAC team will be part of the CEAC meetings to allow for collaborative opportunities with the aim to learn from members about delivery of services/experiences.

Quality Management Assurance Committee

VCBH has developed the Quality Management Action Committee (QMAC), which annually reviews, evaluates and develops the Quality Assurance Performance Improvement Plan. The QMAC Health Equity Committee works in close partnership with the Office of Health Equity and Cultural Diversity to systematically monitor review and improve health equity outcomes related to twelve key performance indicators.

Latino Disparities Reduction Committee

VCBH inline of putting into practice equitable practices meets with community Latino leaders with the focus of generating solutions in a collaborate manner. The meeting is composed of a Latino parent group, Ventura County of Education leadership, Latino Townhall civil rights group, and Social Justice Fund philanthropy group.

The meeting is led by Dr. Sevet Johnson and attended by Cynthia Salas Equity Services Manager.

The Health Care Agency Director Barry Zimmerman.



Cultural Equity Advisory Committee – VCBH



Prior to the pandemic VCBH Under the Office of Health Equity and Cultural Diversity, the Culture and Equity Advisory Committee (CEAC) serves as a cross-agency committee comprised of representatives from the Mental Health and Substance Use Services divisions and Public Health, as well as community stakeholders reflective of the County’s diversity. The CEAC was established four years ago to ensure all Mental Health Services Act (MHSA) programs fulfilled the requirement of serving the unserved and underserved communities. CEAC members focus on services for the culturally and ethnically underserved populations with an emphasis on Latinos, since Latinos represent the largest ethnic minority majority group in Ventura County.

The CEAC also works collaboratively to support, coordinate and ensure the accountability and communication of cultural and linguistic competence within Mental Health plan-operated services, as well as services provided by contract service providers. In addition, the CEAC reviews data outcome, organizes cultural activities and promotes cultural sensitivity to help improve the lives of the beneficiaries it serves.

Members of the CEAC include the VCBH clinicians and non-clinician staff, consumers, family members, members of the legal system, social services and other community-minded organizations. Ten to 20 members regularly attend the monthly meetings, which take place in a centrally located facility. The meetings are typically conducted in English with interpreter services, which help increase the participation of monolingual Spanish- speaking consumers and family members.

The CEAC thrives on the inclusivity and the collective partnership of Ventura County Behavioral Health staff, providers, community partners, advisory groups, consumers and family. CEAC meetings are held the third Wednesday of each month and are open to the public.

Advisory Groups

The resolution brought forth by County of Ventura Board of Supervisors in response to the murder of George Floyd and the pandemic called for community engagement, therefore the following advisory groups are being formed.



Public Safety Racial Equity Advisory Group (PSREAG)

The County of Ventura upon establishment of the resolution in response to the community’s demands that we do better set forth to make the commitment to address racism and lawenforement practices in this county. Community leaders, county agencies and law enforcement elected officials now make up the PSREAG. Dr. Sevet Johnson as VCBH serves as a representative of Ventura County Behavioral Health. It is the hope of the department that this committee will work together to bring solutions to barriers and challenges that many face tied to mental and substance use treatment services as a result of being in contact with the judicial system. It is our departments aim to listen and serve the community to meet the needs of our community as it relates to access to pyschoeducation, information, direct services and ealy prevention and intervention services.

1. VC Sheriff's Office	Sheriff Bill Ayub (lead) Undersheriff Monica McGrath (alternate)
2. VC District Attorney	Erik Nasarenko (lead) Dean, Rachele (alternate)
3. VC Public Defender	<i>Claudia Bautista– Co-Chair</i>
4. VC Probation	Mark Varela (lead) Gina Johnson (alternate)
5. City of Oxnard Police	Chief Jason Benites (lead) Denise Shadinger (alternate)
6. VC NAACP	<i>Ron Robinson (lead) - Secretary</i> Cynthia Gonzales (alternate)
7. Santa Paula Latino Townhall	Laura Espinosa (lead) Cynthia Salas (alternate)
8. Black Lawyers of VC	<i>Rabiah Rahman (lead) – Co-Chair</i> Damon Jenkins (alternate)
9. Mexican American Bar Association	Vanessa Benitez (lead) David Olivias (alternate)
10. We Belong 805	Cindy Liu (lead) Allice Chou (alternate)
11. VC Asian American Bar Association	Jessica Wan
12. Conejo Valley Interfaith Association	Bob Bland (lead) Willie Lubka (alternate)
13. MICOP	Genevieve Flores-Haro (lead) Brooke Lautz (alternate)



Health Equity Advisory Committee

The Ventura County Health Care Agency in line with leading with RACE is in the implementing process and working with the listed community members to form this committee. The committee is now taking community applications and will undergo a selection process to be part of this committee. The following link takes you to the application and website: <https://vchca.org/heac>

Healthcare Equity Advisory Council – Formation Committee

Community Members:

- Dr. Linda McKenzie - Global Empathy Training
- Laura Espinosa – Santa Paula Latino Town Hall
- Ted Bagley – Gold Coast
- Genevieve - Flores-Haro- MICOP
- Cindy Liu- We Belong 805

County:

- Barry Zimmerman – Health Care Agency Director
 - Dr. Sevet Johnson – Ventura County Behavioral Health Director
 - Rigoberto Vargas – Ventura County Public Health Director
 - Dr. John Fankhauser -Ventura County Medical Center -Santa Paula Hospital CEO
 - Dr. Minako Watabe -Ventura County Medical Center
 - Rosa Gonzalez – Ventura County Executive Office Community Liaison
 - Erik Cho – Ventura County Health Care Agency- Director of Strategy and Business Development
 - Theresa Cho -Ventura County Health Care – Ambulatory Care Medical Director and CEO
 - Phin Xaypangna (convener/facilitator)- Ventura County Executive Office Diversity Equity Inclusion Officer
-



INTEGRATION OF THE COMMITTEE WITHIN VCBH

I. Ventura County has a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community.

The County shall include the following in the CCPR:

B. Policies, procedures and practices that assure members of the cultural competence committee will be reflective of the community, including County management level and line staff, clients and family members from ethnic, racial and cultural groups, providers, community partners, contractors and other members as necessary

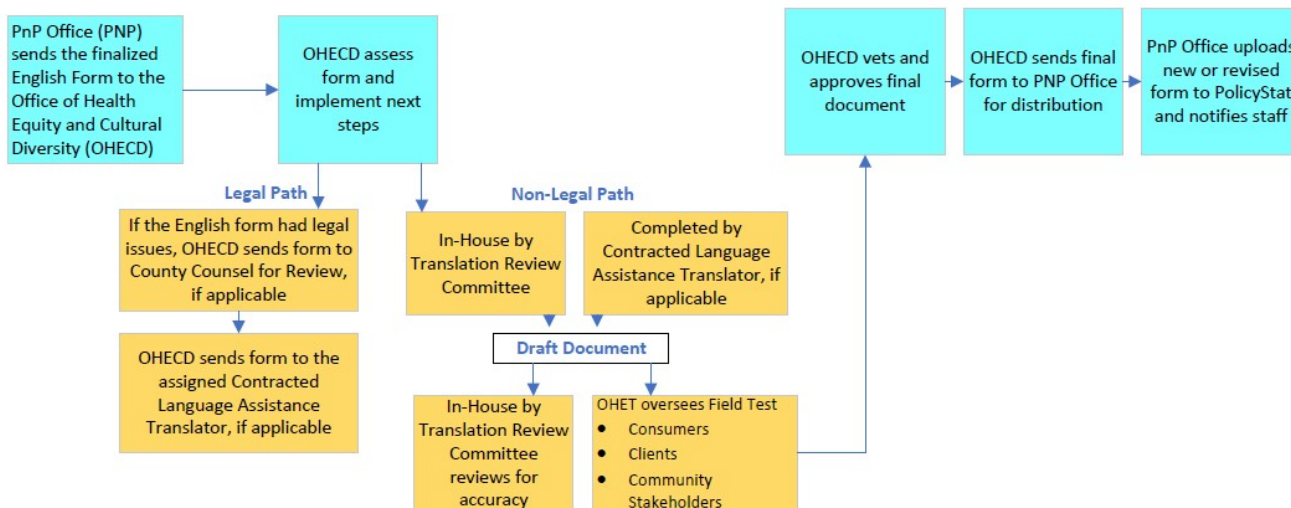
Cultural Competence Policy

In addition to the QMAC and CEAC committees, the Behavioral Health department has a policy (VCBH Policy CC02) that established a standard and process for the creation and translation of documents into the threshold language.

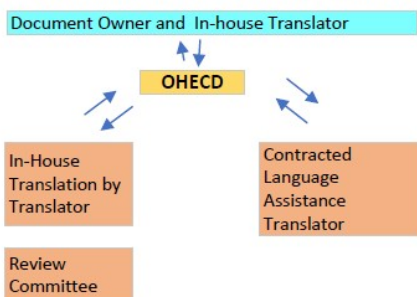


CC02 TRANSLATION FLOWCHART

1. All VCBH forms/documents attached to a policy



2. All VCBH forms/documents NOT attached to a policy



CC02_Creating_and_Translation_of_Written_Docs_Standards_and_Process REV 1-22-2020

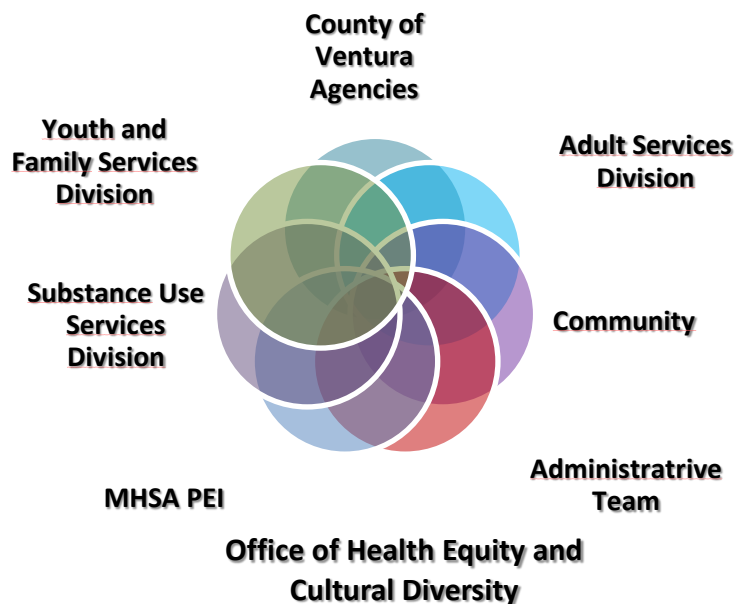


INTEGRATION OF THE COMMITTEE WITHIN VCBH

C. Organizational Chart

Ventura County Behavioral Health Organization Chart

The integration of the client/family member/community committee into the VCBH system follows the organizational structure, (click on title to access chart). As demonstrated above our department is looking to strengthen the stakeholder client, family, and community partner involvement in our organizational structure, to enhance how we deliver services in a culturally and linguistically appropriate manner.



INTEGRATION OF THE COMMITTEE WITHIN VCBH

D. Provide the committee membership roster listing member affiliation, if any

As mentioned above the Equity Services Manager is restricting and reigniting the Cultural Equity Advisory Committee is to ensure the representation of all unserved/underserved members of the community that belong to the Black, Indigenous, and People of Color (BIPOC) community groups; this also includes but is not limited to Veterans, LGBTQ+, members of the community experiencing homelessness and living with a disability. Additionally, as mentioned in previous sections above the name of agencies, community organizations are listed above with affiliated organizations and committees.



CRITERION-5 CULTURALLY COMPETENT TRAINING ACTIVITIES

CULTURALLY COMPETENT TRAINING ACTIVITIES

1. The Ventura County system shall require all staff and stakeholders to receive annual competence training.

The County shall include the following in the CCPR:

A. The County shall develop a three-year training plan for required cultural competence training that includes the following:

1. The projected number of staff who need the required competence training. This number shall be unduplicated.

The Ventura County Behavioral Health projects that approximately 602+ VCBH staff will need to be, trained annually based on 2019 staffing levels and will continue to reassess this number yearly to ensure all VCBH staff are considered when developing a training plan.

CULTURALLY COMPETENT TRAINING ACTIVITIES

2. Explain steps the County will take to provide cultural competence training to 100% of their staff over a three-year period

This is an area that continues to be develop but it must be noted that due to the pandemic there was and may still be a need to shift training to a virtual/online format. In response to the pandemic our department has taken advantage of relevant trainings to help support our department in navigating the needs of the community during these times. Trainings were acquired through the following organizations; National Latino Behavioral Health Association (NLBHA), Substance Abuse and Mental Health Services Administration (SAMHSA) to name a few. The Office of Health Equity and Cultural Diversity is finalizing the assessment to be able to conduct a cultural competence assessment to help steer the areas that training should be considered. The goal is to conduct this assessment at the beginning of FY2022. In addition to assessing the needs of the department as it relates to cultural proficiency training, the training committee will provide curriculum and presenter information to the Equity Services Manager to review material to assess how cultural content will be interweaved within the presentation, while meeting the needs of the clinicians that deliver services to the diverse residents/community of Ventura County

CULTURALLY COMPETENT TRAINING ACTIVITIES

3. Explain how cultural competence has been embedded into all trainings.

Department practices is that trainings are sponsored by the department and specifically facilitated to meet its annual cultural competence training requirement as stipulated in Policy and Procedure CA-48, incorporates the outlined State training requisites below (#B). The sole focus is to ensure that staff receive training that reflects the information, significance and application of cultural and linguistic competence. Moving forward all training curriculum must include cultural/ linguistic components and will be approved by the Equity Services Manager in order to provide heightened exposure to DEI-AR and CC/LC.



CULTURALLY COMPETENT TRAINING ACTIVITIES

II. Annual cultural competence trainings

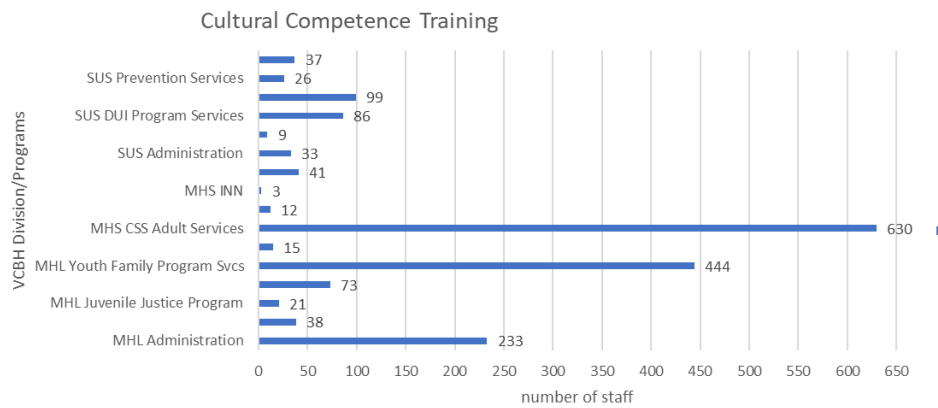
The County shall include the following in the CCPR:

A. Please report on the cultural competence training for staff. List training, staff and stakeholder attendance by function (if available, include if they are clients and/or family members).

1. Administration/Management
2. Direct Services, Counties
3. Direct Services, Contractors
4. Support Services
5. Community Members/General Public
6. Community Event
7. Interpreters
8. Mental Health Board and Commissions

In FY2020-2021, 1800 VCBH department employees attended Cultural and Linguistic Competence training. Those attending, comprised administrative and support level staffing. Consistent with prior years training, personnel providing direct services make up the majority of those attending training.

Row Labels	Count of ID
MHL Administration	233
MHL Adult Services	38
MHL Juvenile Justice Program	21
MHL Quality Assurance Services	73
MHL Youth Family Program Svcs	444
MHS Administration	15
MHS CSS Adult Services	630
MHS CSS Youth and Family Servi	12
MHS INN	3
MHS PEI	41
SUS Administration	33
SUS DUI Administration	9
SUS DUI Program Services	86
SUS Non-Residential Services	99
SUS Prevention Services	26
SUS Supportive Services	37
Grand Total	1800

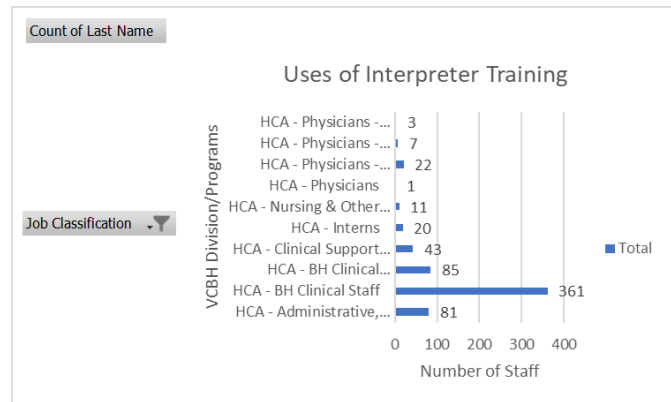


Of importance, is the emphasis on “the use of interpreter” training provided, attended by 634 individuals. Recognizing the importance of language assistance services in the delivery of care and subsequent, outcome made this a high priority area for the department.

Over the course of the next two years, the department will work to increase its specificity in the compilation of Cultural and Linguistic Competency training across its system by ensuring that all trainings will interweave cultural and linguistic appropriate curriculum into training materials. All presenters and curriculum will be reviewed and approved by the Equity Services Manager/Office of Health Equity and Cultural Diversity. These efforts will heighten VCBH’s commitment to the community of color it serves.



Row Labels	Count of Last Name
HCA - Administrative, Clerical, & Support Staff	81
HCA - BH Clinical Staff	361
HCA - BH Clinical Support Staff	85
HCA - Clinical Support Staff	43
HCA - Interns	20
HCA - Nursing & Other Designated Staff	11
HCA - Physicians	1
HCA - Physicians - Psychiatry	22
HCA - Physicians - Psychiatry - Child/Adolescent	7
HCA - Physicians - Psychology	3
Grand Total	634



CULTURALLY COMPETENT TRAINING ACTIVITIES

B.

Annual cultural competence training topics shall include, but not be limited to the following:

1. Cultural formulation
2. Multicultural knowledge
3. Cultural sensitivity
4. Cultural awareness
5. Social/Cultural diversity (diverse groups, LGBTQI, SES, Elderly, disabilities, etc.)
6. Mental health interpreter training
7. Training in the use of interpreters in the mental health setting

In FY 2019/2020, the department hired the Equity Services Manager who started on Dec 13th, 2019, began to structure trainings in the seven areas listed below. Unfortunately, the pandemic resulted in having to cancel trainings since many presenters did not have the virtual ability, or access that we have in place now. Additionally, the Equity Services Manager

was reassigned to work out of the Public Information Officers Office within the County Executive Office to support efforts in reaching families and our community to deliver information, resources, and safety information relevant to COVID-19. The Office of Health Equity and Cultural Diversity is finalizing Cultural and Linguistic assessment which will be used to create annual trainings tied to several of the areas listed under this criterion. Assessing the need of the department will provide the opportunity to meet the needs of all staff that directly interacts and provides services to the community. In addition to the assessment generated schedule of trainings, the following opportunities will be made available to everyone in our department.

Jan 26th	2hour training	Making the Case for DEI & Leading with Race
Feb 23rd	2hour training	Sahar Andrade: Implicit Bias
Mar 30th	2hour training	Dr. David Garcia: Strategies of Segregation in Oxnard
Apr 27th	2hour training	Dr. Frank Barajas: on Chicano/a/x History (date pending)
May 25th	2hour training	Dr. Michael Benitez: Understanding Structural Racism
Jun 29th	2hour training	Dr. Sandy Gomez + panel: Understanding Trans Identities



CULTURALLY COMPETENT TRAINING ACTIVITIES

III. Relevance and effectiveness of all cultural competence

trainings. The County shall include the following in the CCPR:

A. Training Report on the relevance of effectiveness of all cultural competence trainings, including the following:

- 1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities**

Consistent with the breath of literature on the relevancy and benefits of incorporating cultural competence training across the workforce, the department recognizes that cultural competence training allows staff to properly assess a situation and modify individual behaviors in order to meet the needs of patients in other cultures “while maintaining a professional level of respect, objectivity, and identity. This continues to be a priority and will be enhanced with training around racial equity and the impact racism has on the mental health of BIPOC communities.

In working to ensure that department staff have an understanding about the dynamic nature that culture plays in service delivery and quality of care outcome, trainings become ever more important in order to develop needed skills sets and understanding of staff to, but not limited, to the following:

- Active and unbiased listening skills
- Respect of others’ points-of-view
- Encouragement of expression of diverse opinions and perspectives
- Enacting appropriate methods for interacting sensitively, effectively, and professionally with people of all ages, lifestyles, races, ethnicities, and professions.
- Be able to recognize the important role of cultural, social, and behavioral factors when deciding the best method of delivery for public health services.
- Consider cultural, social, and behavioral factors when developing a care plan: behavior changes, compliance with treatment plans, medications, discharge plans, etc.
- Understanding the importance of the “dynamic forces contributing to cultural diversity” and “of a diverse public health workforce.”
- Importance of qualitative data indicators to measure health disparities across local systems, quality of care outcomes, etc.

Based on existing literature review, cultural competence training reinforces the department’s belief that investment in training such as this, results in increased awareness to:

- Perception of illnesses, diseases, and their causes varies by culture
- Beliefs about health, healing, and wellness vary from culture to culture
- Help-seeking behaviors and attitudes toward healthcare providers and services vary according to cultural and socio-economic factors.
- The number of healthcare providers from culturally and linguistically diverse groups is under-represented.
- The development of cultural awareness is an ongoing process as individuals and different cultures change. With these changes, your understanding and ability to successfully reach different cultures are vital.



CULTURALLY COMPETENT TRAINING ACTIVITIES

2. Results of pre/posttests (counties are encouraged to have a pre/posttest for all trainings).

To date, the results of pre/post testing (when included), indicates that participants show improvements in post-training testing in the areas of increased understanding and knowledge of the topics presented. Systemically, the department is actively moving to include pre/post for 100% of all training cultural competence training conducted. It believes that its goal will be reached in the final year of this current 3 Year CC Plan. This will enable the department to position itself to, better understand with increased specificity and sensitivity, areas of need related to the development and areas of, emphasis in future training

The Office of Health Equity and Cultural Diversity will work closely with the Quality Improvement team to create a pre/post assessment that will allow for a measurable understanding of what was captured or still is a need for our department managerial leadership, clinical, medical, and frontline staff.

CULTURALLY COMPETENT TRAINING ACTIVITIES

3. Summary report of evaluations.

As previously mentioned, the Office of Health Equity and Cultural Diversity, Training Manager and Quality Improvement team will work closely to report out on evaluations including but not limited to the following:

As part of the standard protocol, following the completion of cultural competence training, participants complete evaluations about the topic/course presentation. In summary, the evaluation tool (utilizing a Likert Scale model), provides the presenter and the department with an evaluation addressing the following:

- Qualification of instructor/presenter to present this course
- Teaching methods of instructor
- Did training meet outlined objectives
- Course content
- Facility and Administration of Training
- Overall experience of the participant
- Participant Information (discipline of participant, e.g. Administrative, support, direct)
- Additional feedback (e.g., what kind of training do you (participant) need?), etc.

Overall training evaluations reveal that cultural competence training is a positive experience and is relevant to the job requirements that staff are engaged with and that trainings do increase understanding and knowledge about culture in general.

CULTURALLY COMPETENT TRAINING ACTIVITIES

4. Provide narrative of current efforts Ventura County is taking to monitor advancing staff skills/post skills learned in trainings.

In part, the department utilizes various methods to monitor the effects of cultural competence training in its service delivery system. Such as, but not limited to:



- Annual perception of treatment survey completed by identified consumers/clients etc.
- Community/stakeholder forums asking consumers/clients
- Utilization of Evidence Based Practice (EBPs), such as Cognitive Behavioral Therapy
- Ongoing clinical supervision staff meetings

CULTURALLY COMPETENT TRAINING ACTIVITIES

5. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned

Annual employee performance evaluations are perhaps the single method used by the department to formally monitor individual employee competencies and professional development. A second practice would be the participation of all clinical staff in weekly clinical staff meetings and specific set aside meetings designed to provide individual supervision, training and/or instruction. It is the plan of the department to conduct a yearly cultural competence assessment to guide the need of training activities within all levels of the department. With the onboarding of the Equity Services Manager efforts to fully integrate assessment of cultural competence that will provide better direction on what topic to focus on when looking into cultural and linguistic competence training component will begin FY20-21 and should become part of the operational structure beginning with the new 3 Year CC Plan 2021 – 2024.

CULTURALLY COMPETENT TRAINING ACTIVITIES

IV. Counties must have a process for the incorporation of Client Culture Training throughout the Behavioral Health system.

The County shall include the following in the CCPR:

- A. Evidence of an annual training on Client Culture that includes a client’s personal experience inclusive of racial, ethnic, cultural and linguistic communities. Topics for client culture training may include the following:
- Cultural-specific expression of distress (e.g., nervous)
 - Explanatory models and treatment pathways (e.g., indigenous healers)
 - Relationship between client and mental health provider from a cultural perspective
 - Trauma
 - Economic impact
 - Housing
 - Diagnosis/labeling
 - Medication
 - Hospitalization
 - Societal/familial/personal
 - Discrimination/stigma
 - Effects on culturally and linguistically incompetent services
 - Involuntary treatment
 - Wellness
 - Recovery
 - Culture of being a mental health client, including the experience of having a mental illness and of the mental health system.



CULTURALLY COMPETENT TRAINING ACTIVITIES

- B. The training plan must also include – for children, adolescents and transition age youth – the parent’s and/or caretaker’s personal experiences with all of the following:
- Family-focused treatment
 - Navigating multiple agency services
 - Resiliency

In working to incorporate training addressing client culture, the department is working to outline course training content and will work with the department’s contract provider Client Network. It is anticipated that a newly created training outline will be in place by the end (2021) of the current 3 Year CC Plan. Full integration of this training component will be fully operational beginning with the new 3 Year CC Plan 2021 – 2024.



CRITERION 6 – VCBH’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

I. Recruitment, hiring and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations.

The County shall include the following in the CCPR:

- A. Extract a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. Rationale: Will ensure continuity across the County Behavioral Health System.***

Workforce Education and Training (WET)

The goal of the WET component is to develop a diverse workforce that supports the broad continuum of CSS, PEI, CFTN and Innovation. More specifically, WET addresses the fundamental concepts of creating and supporting a workforce (both present and future) that is culturally competent, provides client/family driven mental health services and adheres to wellness, recovery and resilience values.

Additionally, clients and families/caregivers may be given training to help others by providing skills to promote wellness and other positive mental health outcomes. As an MHSA component, the system of care relies on the ability for all concerned to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations and provide services that are linguistically and culturally competent and relevant. It also includes the viewpoints and expertise of clients and their families/caregivers.

WET funding was expended in FY17-18. Clinical training opportunities continued to be provided to graduate students, but funds for educational stipends are no longer available through WET funds and the internship programs will no longer be under the auspices of WET. VCBH will continue to encourage bilingual students to participate in the training programs by promoting excellent training experiences. VCBH is now once again entering into a period where WET grant funds are becoming available (managed by OSHPD) for a 5-year period commencing FY21-22. Our department will benefit from this grant via our involvement in SCRPP (Southern California Regional Partnership), with Santa Barbara County as the fiscal intermediary and CALMHSA as the third-party reviewer.

The new 5-year grant will also fund stipends, loan assumption and training – Ventura County has opted to use these funds not only for our clinical staff but to enhance the workforce across all divisions and disciplines. We will then supplement stipends with CSS funds if needed to meet our department WET needs.



The following program discussion highlights our department’s commitment to developing a bicultural and bilingual workforce even though WET funding was expended in FY 17-18.

Program Discussion-

FY19-20 Budget Position Changes:

Budget allotment is shared amongst MHAs: Mental Health Associates (to create a pathway to strengthen the workforce in the field of mental health) and bi-lingual Clinical Interns.

- FY18/19: 7 Bi-lingual MSW Interns and 10 MHA interns (4 Bi-lingual)
- FY19/20: 4 Bi-lingual MSW Interns, 1 Bi-lingual MFT Trainee and 14 MHAs
- FY 20/21: 7 Bi-lingual MSW Interns, 1 Bi-lingual Doctoral Practicum student, and 2 Bi-lingual Behavioral Health Workers (a new paraprofessional practicum opportunity integrating mental health and substance use services)

Accomplishments

Provided stipends for:

- 5 Behavioral Health Workers, with approximately 40% fluent in Spanish (the County’s threshold language)
- 11 Master level clinical Interns/Trainees, with approximately 64% fluent in Spanish (the County’s threshold language)
- 2 Doctoral Practicum students, with approximately 50% fluent in Spanish (the County’s threshold language)

Objectives

a. Funding ended for Workforce Education and Training as of June 30, 2018. Funding will remain for stipends to encourage bilingual internships and enhance pathways for strengthening the workforce and will be allocated from other MHSA/MHL program budgeting. Funds leveraged from the OSHPD grant through the SCRIP 10 county partnership will be used to support stipends over the following four fiscal years.

Performance Measure

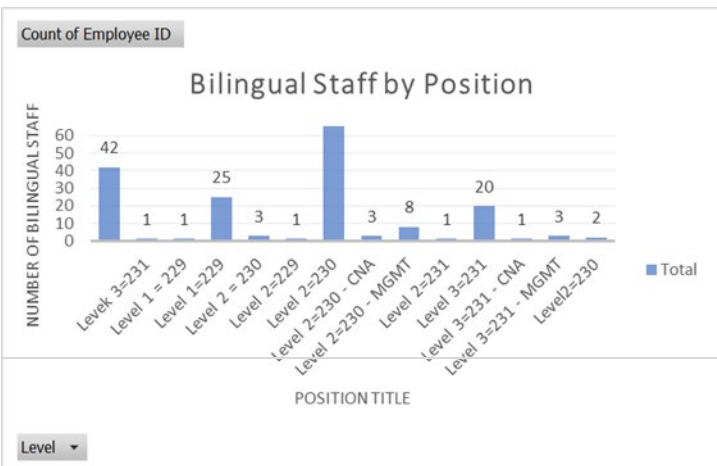
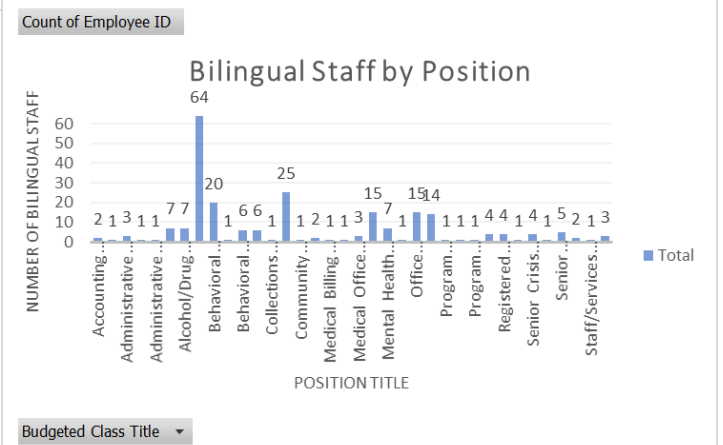
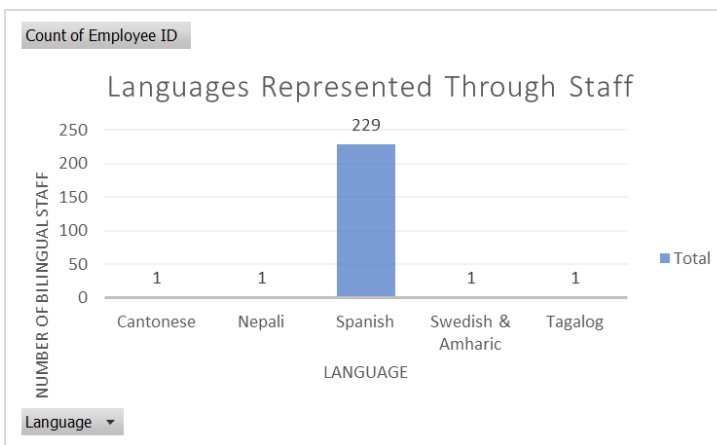
Description	Unit of Measure	Benchmark	Prior Year Actual		Current FY Target	Current FY Estimated	Next FY Target
Maintain Mental Health Associate Internship Program	Number of MHA Interns/BHWs	10	10		14	10	10
Bi-lingual Clinical Internship Program: MFT Trainee, MSW Trainee	Number of Clinical Interns	10	7	5	10	10	10



VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

B. Compare the WET Plan assessment data with the general population, Medi-Cal population and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.

The comparison between the public mental health population and the department’s workforce needs assessments appear to be consistent in terms of demographic distribution for the county. Similar distribution of workforce is seen in the greater Oxnard plains and Santa Clara Valley, which represents the largest concentration of Latinos.





Within the department there are 233 staff that are bilingual certified and of the 233 staff 229 are bilingual certified in Spanish; which is the threshold language for Ventura County. Starting with Bilingual Level 1 that allows staff to interact with clients to give basic instruction such as directions to offices, or restrooms, and Bilingual Level 2 and 3 were supporting clients and being part of the direct conversation requires a robust vocabulary and the ability to communicate directly. Bilingual Level 3 allows staff to support in translation of documents.

The pandemic has impacted recruitment and retention rates as we experience health care provider burnt out, with that said we continue to make hiring bilingual staff at all levels a priority. As you can see from the chart titled “Bilingual Staff by Position” we began to see an increase well before the pandemic. For further breakdown please see charts at the end of the report for a visual representation of VCBH staff composition.

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

C. If applicable, the County shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the County during the review of their WET Plan submission to the State.

The internship programs are effective in providing training in public mental health and substance use treatment and encourages students to seek employment in hard-to-fill positions once they have completed their degree and/or training program. The challenge is sustainability if there becomes no funding for stipends. Due to the geographical location of Ventura County, we continue to have challenges in competing with Los Angeles County for students. Many of our students come from Los Angeles County educational institutions and they have many other options. Due to the high demand for bilingual students, the stipends have been instrumental in the recruitment of these students to complete their training with our department. Without ongoing funding of these stipends, it will become more challenging.

Acquiring certain grants has been helpful, especially in the recruitment and training of PMHNP’s to fill the gap in the availability of psychiatrists. The department has been able to recruit and subsequently employ several of these students once they completed their training. The challenges have come in the system’s ability to provide the required support for the program. The students need training and supervision from staff and when the physicians have very high caseloads it is difficult for them to carve out time out of the day to provide the necessary support for the students. This has led to restrictions on the number of PMHNP students that we have been able to host. As stated earlier WET funds ended FY 2017/18 our department is anticipating receiving funds in the near future.

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

D. Provide a summary of targets reached to grow a multicultural workforce in rolling out County WET planning and implementation efforts.

As previously mentioned VCBH is entering a period where we will again have WET grant funds (managed by OSHPD) available for a 5-year period commencing FY21-22. Again, we will benefit from this grant via our involvement in SCRIP (Southern California Regional Partnership), with Santa Barbara County as the fiscal intermediary and CALMHSA as the third-party reviewer. The new 5-year grant will also fund stipends, loan assumption and training – Ventura County has opted to use these funds not only for our clinical staff but to enhance the workforce across all divisions and disciplines. We will then supplement stipends with CSS funds if needed to meet our department WET needs.



The shortage of doctors within Black, Indigenous, and People of Color (BIPOC) communities is of great concern, is an ongoing challenge, and impacts VCBH’s ability to serve the county; this is also the case across the country. That said, VCBH is committed to taking proactive steps to recruit, hire, and retain doctors who can help meet the need of linguistic competence within mental health care. The follow are effort that our department is structuring to increase the possibility of recruiting and retaining psychiatrist.

Equity Services Manager (ESM) is working closely with recruiter to identify programs within medical schools that recruit and support students of color that are bilingual/bicultural.

ESM will work closely with recruiter to identify other university and academic institutions where recruitment of BIPOC doctors (bilingual/bicultural) can be further explored.

ESM will be part of the interviewing process to ensure the cultural competence of the doctors who may be interviewed. Ventura County Medical Center Medical Education Residency Program: VCBH Medical Director, Program Director of Psychiatry and ESM will take proactive measures to recruit and make offers to bilingual/bicultural doctors who are participants of the VCMC residency program.

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

E. Share lessons learned on efforts in rolling out County WET planning and implementation efforts. Budget constraints continue to impact recruitment and pipeline efforts; our department can benefit by establishing intentional relationships with student organizations and academia programs who historically serve students of color. For example, McNair Scholar and other TRIO funded programs. The Equity Services Manager/Office of Health Equity is also actively involved in SCRPS meetings along side many of the state ESM to bring innovative ideas to support these efforts.

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

F. Identify County technical assistance needs. As we assess how we connect with both academic and recruitment agencies our department can benefit from receiving assistance on how to create pipelines to help move students towards careers in mental health and into our department. Funds leveraged from the OSHPD grant through the SCRIP 10 county partnership will be used to support Pipeline development projects over the next four fiscal years, focusing on primary, secondary and college students and all behavioral health professional and paraprofessional categories - basing workforce needs on data available MHSA data and other sources, such as CBHDA’s workforce assessment preliminary findings.

CRITERION 7 – LANGUAGE CAPACITY

LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

The County shall include the following in the CCPR:

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following:

1. Evidence in the WET Plan



Ventura County Behavioral Health’s Workforce Education and Training (WET) Manager, is responsible for overseeing all aspects of the WET component of MHSa and developing long-term workforce plans to ensure that shortages in critical areas are met. As stated above the WET program ended FY 17/18 but parts of the structure were retained within our department to continue recruit future workforce that is bilingual and bicultural to our department.

Candidates who indicate on the employment application they are bilingual in Spanish, management and leadership staff ask interview questions in Spanish to identify the candidate’s general level of fluency. At hire, bilingual employees are encouraged to complete a bilingual fluency exam offered by the county. Successful completion of fluency testing qualifies employees for a bilingual allowance.

In addition to these in-house resources, the Ventura County Behavioral Health contracts with Homeland Languages, LLC. (HLL), LifeSigns, Inc. (LS), Mixtec/Indigena Community Organizing Project (MICOP), Language Line Services, (LLS), LifeSigns, Inc., and All Languages Interpreting Inc. (ALIT), for Translation and Interpretation services. Language Line services are available over the phone 24/7 in over 240 languages from a pool of 8,000+ professional interpreters. The follow interpreter providers are housed within Ventura County:

- Homeland Languages, LLC. (HLL)
- Mixtec/Indigena Community Organizing Project (MICOP)
- All Languages Interpreting, Inc. (ALIT)

LANGUAGE CAPACITY

B. Updates from MHSa, CSS or WET plans on bilingual staff members who speak languages of the target populations.

We are currently conducting a review of department personnel report where we hope to show indicates a percentage increase in the number of bi-lingual staff over the prior fiscal years, A listing of county certified bilingual staff, who speak languages of the target populations, is provided at the end of the report.

LANGUAGE CAPACITY

C. Total annual dedicated resources for interpreter services.

Contractor	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
All Languages Translating and Interpreting, Inc. (ALIT)	\$351,463	\$400,000	\$565,000	\$100,000	\$100,000
Homeland Language Services LLC	\$0	\$35,000	\$105,000	\$105,000	\$150,000
Health Care Interpreter Network	\$2,500	\$2,500	\$2,500	\$0	\$0
Life Signs, Inc.	\$20,000	\$20,000	\$25,000	\$25,000	\$10,000
Mixteco Indigena Community Organizing (MICOP)	\$5,870	\$10,870	\$15,500	\$15,500	\$15,500
Language Line Services, Inc.	\$19,000	\$19,000	\$32,000	\$60,000	\$70,000
Total	\$398,833	\$487,370	\$745,000	\$305,500	\$345,500

Note: In FY 2017-18, VCBH did not have a contract with Homeland Language Services LLC. In FY 2021-22, VCBH did not contract with Health Care Interpreter Network for services.



Interpreter and Translation Services

From FY 2017-18 through FY 2018-19, VCBH set aside increasing funding for the provision of interpreter and translation services. In those fiscal years, VCBH contracted for interpreter and translation services at the following amounts: (1) \$398,833 in FY 2017-18, (2) \$487,370 in FY 2018-19, and (3) \$745,000 in FY 2019-20. In FY 2020-21 through FY 2021-22, VCBH's contracting for interpreter and translation services decreased slightly from the upward trend that was occurring previously due to the impact from the COVID-19 pandemic. Specifically, VCBH contracted for interpreter and translation services at \$305,500 for FY 2020-21 and \$345,000 for FY 2021-22. These contracted amounts include services for the County's mandated threshold language of Spanish, but also include services for the Indigenous languages, and deaf and hard of hearing communities, among others. It is anticipated that the community will require ongoing interpreting and translation support services in the coming year.

VCBH currently contracts with the following language and translation assistance providers:

- Homeland Language Services, LLC
- MICOP
- ALIT
- Language Line Services, Inc.
- LIFESIGNS, Inc.



LANGUAGE CAPACITY

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

The County shall include the following in the CCPR:

A. Evidence of policies, procedures and practices in place for meeting clients’ language needs

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable
2. Least preferable are language lines. Consider use of new technologies such as video language conferencing. Use new technology capacity to grown language access.
3. Description of protocol used for implementing language access through the county’s 24-hour phone line with statewide toll-free access.
4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access to meet the clients’ linguistic capabilities.

Ventura County Behavioral Health has policies and procedures in place and implemented for a 24-hour access phone line available to all individuals, including those who require linguistic accommodations and TDD/TTY/California Relay Service for the hearing impaired. Interpretation equipment is available for meetings and other events as needed. The Ethnic Services Manager and Contracts department has provided training on Language Line usage as needed. Tele-health has become the preferred method to use interpreters as a result of the pandemic. This has allowed many families to continue to access care in their preferred language using an interpreter. Many virtual platforms that are HIPPA compliant also allow for simultaneous interpretation as a result of their built-in translation capabilities.

LANGUAGE CAPACITY

B. Evidence clients are informed in writing, in their primary language, of their rights to language assistance services, including posting of this right.

Throughout clinics and programs, signs informing clients of language assistance services are posted in reception areas, and all signage is available in English and Spanish. When a client needs language assistance, an interpreter is called. Clients are also informed an interpreter will be provided at no cost to them. This signage is available and easily assists clients in self-identifying their language by simply pointing to the document. Client primary language preference is also documented within the electronic health record.

LANGUAGE CAPACITY

C. Evidence the county/agency accommodates persons who have LEP by using bilingual staff or interpreter services.

1. Share lessons learned around providing accommodations to persons who have LEP and have needed interpreter services or who use bilingual staff.

D. Share historical challenges on efforts made on the items A, B and C above. Share lessons learned



The County ensures that no individual or family suffers due to language, or cultural barriers to care by providing culturally sensitive interpretation services that utilize bilingual/bicultural staff or a contracted interpreter. More than ever our department is laser focused on linguistic competence as a result of the pandemic; from considering the level of register used when creating material to ensuring our community is aware of free services. An area of focus for the Office of Health Equity and Cultural Diversity is the assessing interpreter services to continually improve and enhance how LEP clients receive services through an interpreter provider. The following is a snapshot of what clinics our contracted interpreting services providers are servicing. This summary highlights the commitment of our department to ensure clients have access to services in their preferred language.

Language Service Summary for FY2020-21

Ventura County Behavioral Health (VCBH), strives to provide equitable and culturally competent mental health services including appropriate linguistics services to mental health clients in Ventura County. Meeting the needs of the threshold language (Spanish) is a priority for the department and its executive leadership. VCBH department retains a pool of bilingual staff (insert%) whom are tiered into defined bilingual levels; level 1 (understand), level 2 (conversational) and level 3 (speak and write). VCBH recognizes the needs to contract a variety of interpreter services to meet the high demand and to avoid the inability to provide services from a provider at any given time. VCBH currently retains contracts with five language service providers who support the needs of the department’s in closing the gap for culturally and linguistic services in all division and programs throughout the department. The graphs below begin with a summary of services language and per provider. In FY 2020-21 VCBH revised its contracts to address the challenges and barrier brought forth by the Pandemic. VCBH amended contracts to include a variety of platforms to continue to provide services and minimize the disruption of treatment and services. Contracts included Telephone services, Remote Video Cals and Zoom services. These contracted were adjusted to also change to a 2-hour minimum rate to a “per minute rate”. The graphs/tables below will reflect the billable hour and cost per provider.

Interpretation Services Provided in FY2020-21

Table 1. Unit of Service *Per Language* (includes all five providers)

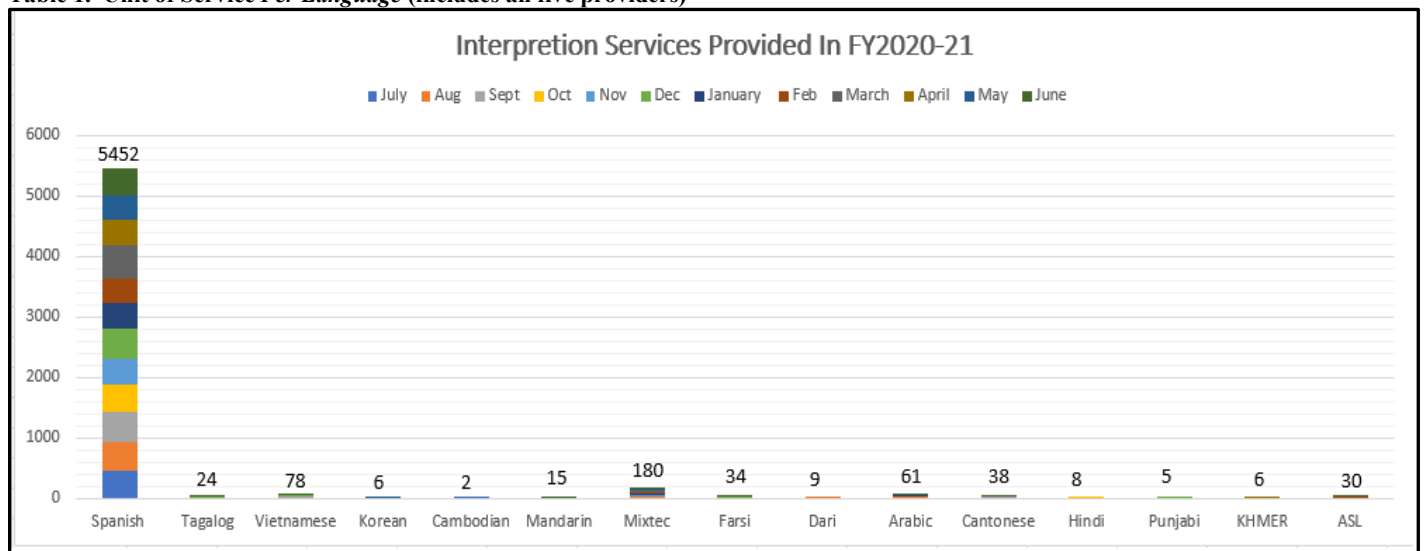


Table 1 reconfirms that in Ventura County the threshold language is Spanish, and as we assess our own use of Interpreters within in our clinics, the Office of Health Equity and Cultural Diversity learns about what other LEP clients we are servicing besides the threshold language (Spanish).

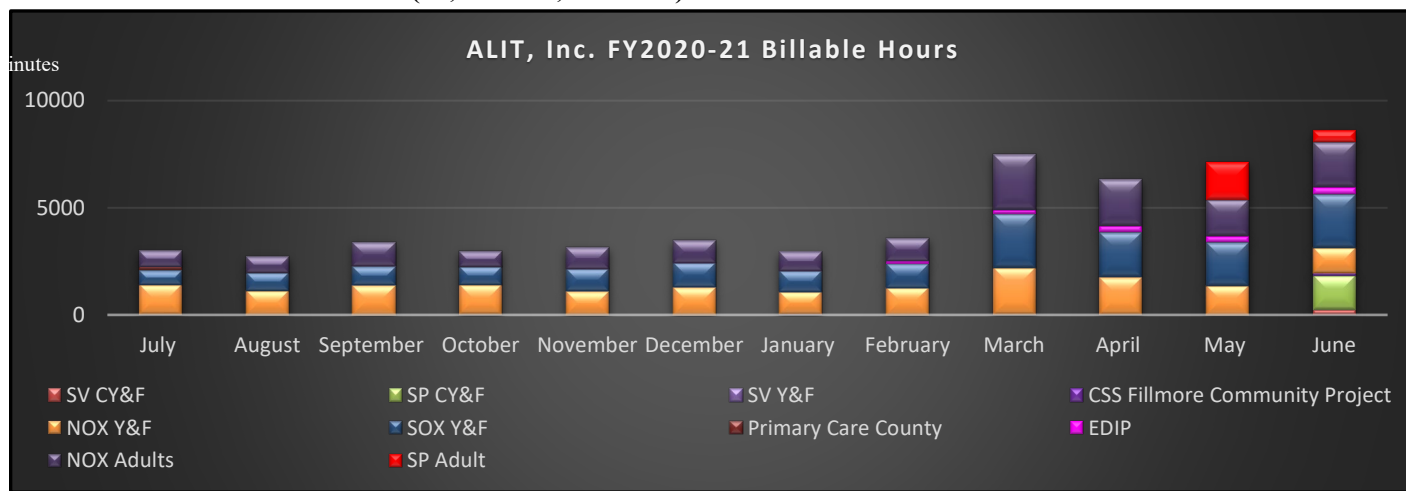


In response to COVID 19, Ventura County Behavioral Health amended provider contracts to include a variety of service delivery modalities for continuity of care and to minimize the disruption of services/treatments. These adaptations to services were of most important given the limited access our community had to in person visits because of the pandemic. Amendments included telephone services, and video platform service rates. A “per minute “rate is now permanently included in all VCBH Contracts as a result of adaptations.

The tables and graphs below labeled “Billable Hours” in FY2020-21 were converted to hours denoted by the *. In graphs where months are not noted, services were not delivered for those months.

Provider #1 - ALIT, Inc. Billable Hours 1,132.55 Total Cost \$75,639.66

Table 2. Billable Hours Per Month (67,953m=1,132.55h*)



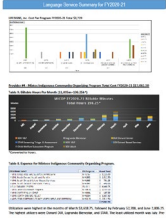
*Converted minutes to hours.

Table 3. Cost Per Program – Data provided by VCBH Fiscal

PROGRAM NAME	CODE	GRAND TOTAL
MHL ADMINISTRATION	MHL950	\$ 375.00
MHL ADULT RESIDENTIAL SERVICES	MHL765	\$ 31.90
MHL NORTH OXNARD YOUTH AND FAMILY	MHL861	\$ 15,803.75
MHL SANTA PAULA CHILD YOUTH AND FAMILY	MHL734	\$ 1,408.00
MHL SOUTH OXNARD YOUTH AND FAMILY	MHL862	\$ 17,592.10
MHL VENTURA YOUTH AND FAMILY	MHL731	\$ 200.00
MHL NORTH OXNARD YOUTH AND FAMILY	MHL861	\$ 1,287.00
MHL QUALITY IMPROVEMENT - UNLICENSED 50 PERCENT	MHL851	\$ 450.00
MHS CSS FILLMORE COMMUNITY PROJECT	MHS014	\$ 133.00
MHS LATINO OUTREACH PROGRAM	MHS974	\$ 150.00
MHS PEI-PRIMARY CARE COUNTY	MHS043	\$ 192.82
MHS VCBH EDIPP	MHS051	\$ 1,830.50
MHS QUALITY IMPROVEMENT - UNLICENSED 50 PERCENT	MHS851	\$ 150.00
MHS NORTH OXNARD ADULT	MHS083	\$ 16,631.90
MHS SANTA PAULA ADULT	MHS081	\$ 520.00
MHS SOUTH OXNARD ADULT	MHS084	\$ 15,088.20
MHS STAR SCREENING TRIAGE ASSESSMENT AND REFERRAL	MHS018	\$ 4,245.49
		\$ 75,639.66



The following link provides quarterly tables that break down utilization of interpreting services per month, cost, and location, department division, program and clinics.



LANGUAGE CAPACITY

E. Identify county technical assistance needs.

There are no technical assistance needs currently.



LANGUAGE CAPACITY

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: *The use of the language line is viewed as acceptable in the provision of services only when other options are not available.*

The County shall include the following in the CCPR:

- A. *Policies, procedures and practices the County uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients), who encounter the behavioral health system at all key points of contact, to culturally and linguistically appropriate services.*
- B. *Documented evidence interpreter services are offered and provided to clients, and the response to the offer is recorded.*

The Behavioral Health cultural competence policy CC-02, “Creation and Translation of Written Documents Standards and Process,” adopts standard procedures for the creation and translation of all documents that includes the following:

- Written in low register language
- Readable at a sixth- to eighth-grade level
- Tested for understanding by the intended audience
- When appropriate, formatted to allow for dual language printing
- Cultural and linguistically appropriate
- Translation of documents by identified Human Resources certified VCBH bilingual staff or by a VCBH contracted language services provider

Language Assistance contractors provide documented evidence of interpreters’ competence in providing interpretation services. See language summary report on page 108.

LANGUAGE CAPACITY

C. Evidence of providing contract or agency staff who are linguistically proficient in threshold languages during regular day operating hours.

As mentioned above, signs are posted in clinic and program reception areas that inform clients of language assistance services. All signage is available in English and Spanish and can easily assist a client in self-identifying his/her language by simply pointing. When a client needs language assistance, an interpreter will be called, and clients are informed that an interpreter will be provided at no cost to them. Beneficiary Rights and Responsibility materials are also posted and available in English and Spanish in all clinics, as are bulletins regarding the availability of interpreter services and language assistance. During the intake process, clients are asked to identify their language preference, which is then documented in the client electronic health record. At first contact, Ventura County Behavioral Health collects demographic information from the client, including primary/preferred language. This information may be documented on the electronic health record during the client’s intake/assessment.

Even though Transitional Behavioral Health (TBH) works diligently to secure/recruit and retain bilingual providers to meet the need of our department we are still in need of bilingual psychiatric representation. Currently they have 1 bilingual psychiatric provider who meets the needs of the South Oxnard Spanish speaking client within the Youth and Family Division. All other providers currently use VCBH contracted interpreters to communicate with LEP clients in their preferred language. The ESM continues to work closely with Medical Director to provide support with linguistic needs.



LANGUAGE CAPACITY

D. Evidence the County has a process in place to ensure interpreters are trained and monitored for language competence (e.g., formal testing)

Language assistance contractors provide documented evidence of interpreters' competence for providing interpretation services. Our department ensures that the following minimum qualifications are met by interpreter providers:

- Demonstrate proficiency in both English and the target language.
- Knowledge in both English and the target language of health care terminology and concepts relevant to health care delivery systems.
- Adheres to generally accepted interpreter ethics principles, including client confidentiality.
- Adheres to regulations, standards, and requirements, such as:
 - Publications and standards issued by federal agencies, including but not limited to the Culturally and Linguistically Appropriate Services (CLAS).
- Interpreter provider will submit a Cultural and Linguistic Competency (CLC) plan that out-lines their commitment to serving our clients as outlined by CLAS and Criterions focused on CLC.

Our department is in the process of developing training for providers to ensure linguistic competence is understood and implemented to increase the best possible outcome for our clients' health. September 2020, VCBH's Health Equity/Ethnic Services and Cultural/Linguistic Manager, Cynthia Salas, attending certification training with Bridging the Gap and is now certified to provide interpreter training for medical and mental health settings.



LANGUAGE CAPACITY

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health systems at all points of contact.

The County shall include the following in the CCPR:

- A. Policies, procedures and practices the County uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients), who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.*

Ventura County Behavioral Health has made an unprecedented commitment to develop its language assistance services to improve access to care and meet the needs for its limited English proficient clients. **Policy CA-48, “Use of Interpreters,” is in place to assist clients who do not meet the threshold language criteria.**

LANGUAGE CAPACITY

- B. Provide a written plan for how clients do not meet the threshold language criteria are assisted to secure or are linked to culturally and linguistically appropriate services.*
- C. Policies, procedures and practices that comply with the following Title VI of the Civil Rights Act of 1964 requirements:*
 - 1. Prohibiting the expectation that family members provide interpreter services*
 - 2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services*
 - 3. Minor children should not be used as interpreters.*

Utilization of VCBH bilingual certified staff as interpreters

VCBH’s priority for language interpretation is to utilize a bilingual-certified staff person by contacting his/her immediate supervisor or designee. A list of VCBH bilingual certified staff is available at every VCBH site and can be obtained by contacting the VCBH Personnel office. Assignment of staff is, made between administrative supervisors. Interpretation work may occur at the staff member’s worksite or other VCBH designated sites. VCBH bilingual certified staff are provided annual training on the use of interpretation services.

If staff is not readily available, an outside vendor will be contacted to address the client’s language need. A list of approved vendors is available at each VCBH site or is obtained by contacting the VCBH Office of Health Equity and Cultural Diversity. Interpreting services are available to the client throughout their treatment. When follow up by VCBH is planned the client is assured interpretation will be made available again.

Staff must ensure interpreters identify themselves to the client. They must also inform the client personal information will be kept confidential and obtain clients’ verbal consent for interpreter service. When the interpreter service is provided, the client’s response to the services is documented in the client’s electronic health record.



Use of Approved Vendors for Language Assistance Services

All language assistance services provided by VCBH are intended to be available in a reasonable time for any VCBH staff to utilize and do not require the advance approval of the immediate supervisor and/or manager. A bilingual-certified staff person who can speak the client's primary language is engaged and must follow procedures outlined policy CA-48.

The Request for Language Assistance Services form must be completed when utilizing vendors and contractors. It must be completed within 24 hours of the requested service and sent to the VCBH Office of Health Equity and Training, which will assign the cost to the appropriate program. Interpretation services are not separately billable to Medi-Cal or other payers. At the conclusion of the interpreting service, the contractor must forward their invoice to: C/O VCBH Office of Health Equity and Cultural Diversity, 1911 Williams Drive; Oxnard, CA 93036 or send electronic copies to OHET@ventura.org.

It is standard practice to offer clients interpreter service even when the client has a family member present who is proficient in the client's primary language. Minor children shall not be used as interpreters. If the client refuses interpreter services, the VCBH staff member may rely on the family member to provide the interpretation service. The client's refusal to utilize a VCBH interpreter service must be documented in the progress note.

Client Refuses Interpretation Service

If the client refuses interpreter service and requests to only see a mental health or substance use disorder professional fluent in the client's primary language, VCBH will, when possible, connect the client with providers in the community or adjoining communities who are proficient in the client's primary language. This process is followed if there are no emergency issues. Interpreter service offered and/or provided to clients as well as the client's acceptance or rejection of services is documented in the progress note.

Telecommunication Relay Service (TRS)/ California Relay Services (CRS)

This free service is available to individuals who are deaf or hard of hearing. It uses a third party to relay conversation through text, video or a telecommunications device. For the TRS, the Federal Communications Commission provides a list of contacts that provide relay services. The CRS can be initiated by dialing 711 from a landline phone. When initiating a call from a cell phone in English, clients or staff can call dial 1-800-855-7100 or 1-800-855-7200 for Spanish. The instructional brochure, "How to Make a Relay Call" is available and explains the process for making incoming and outgoing calls through this service.

LANGUAGE CAPACITY

V. Required translated documents, forms, signage and client informing materials.

The County shall include the following available for review during the compliance visit:

- A. Culturally and linguistically appropriate written information for threshold languages, including the following (at minimum):***
- 1. Member service handbook or brochure***
 - 2. General correspondence***
 - 3. Beneficiary problem, resolution, grievance and fair hearing materials***
 - 4. Beneficiary satisfaction surveys***
 - 5. Informed Consent for Medication form***
 - 6. Confidentiality and Release of Information form***
 - 7. Service orientation for clients***
 - 8. Mental health education materials***
 - 9. Evidence of appropriately distributed and utilized translated materials.***



The Ventura County Behavioral Health (VCBH) has met this criterion by offering standard beneficiary information in English and Spanish. At entry to services and annually, clients are provided with information in English and Spanish for the following: services offered, general welcome and correspondence, new client orientation, beneficiary rights, problem resolution processes and forms, release of information form, informed consent for medication form, compliance hotline, informative mental health materials, state fair hearings and privacy practices and advance directives. Availability of materials in waiting rooms is also monitored for all the VCBH clinic sites. The pandemic has provided the opportunity for our department to continue to make this information accessible to clients by offering it in the following ways; via email, US mail and directing those who have access to the internet to documents and audio files on our VCBH website.

LANGUAGE CAPACITY

B. Documented evidence in the clinical chart that clinical findings/reports are communicated in the clients' preferred language.

Documentation of clients receiving services in their preferred language is documented in the electronic health record, specifically in the client financial record, assessment and progress notes. Additionally, Equity Services Manager is collaborating closely with the Medical Director to help him ensure that Transitional Behavioral Health (TBH) staff understand the importance of linguistic competence when serving clients.

LANGUAGE CAPACITY

C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).

The Consumer Perception Survey conducted by VCBH is available in the Spanish. As summary reports become available, the Ventura County Behavioral Health will analyze the outcomes and make recommended improvements.

LANGUAGE CAPACITY

D. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g. back translation and culturally appropriate field testing).

Currently, Level 3 staff translates documents for the department. This is an area the Equity Services Manager intends to research to establish whether it's the best or most efficient method to deliver this type of service.

LANGUAGE CAPACITY

***E. Mechanism for ensuring translated materials is at an appropriate reading level (6th grade).
Source: Department of Health Services and Managed Risk Medical Insurance Boards.***

The Ventura County Behavioral Health continues to research most efficient method to ensure educational materials i.e., signs, handouts, and brochures are at an appropriate level of register. Best practices include testing materials with members of the LEP community.



CRITERION 8 – ADAPTATION OF SERVICES

ADAPATION OF SERVICES

I. Client-driven/operated recovery and wellness programs

The County shall include the following in the CCPR:

A. List and describe the County's/Agency's client-driven/operated recovery and wellness programs.

The Adult Wellness Center (AWC)

The AWC is contracted to the Turning Point Foundation. It serves adults who are recovering from mental illness and are at risk of homelessness, incarceration or increasing severity of mental health issues. The program is a portal for access to recovery services by offering support commonly utilized by individuals with a serious mental illness without the pressure of enrolling in traditional mental health services. The main center is located in Oxnard and has a satellite center in Ventura. The Wellness Center reaches out to underserved individuals throughout the County, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional Behavioral Health clinic system. The program also provides support for individuals as they transition out of other mental health programs on their journey towards wellness and recovery. The program was developed and run by peers who support members in the design of their own unique recovery plans and in creating a set of meaningful goals.

A primary goal of the AWC is to meet the needs of underserved individuals in communities served by the center, including the Hispanic/Latino community. In FY 2015/16, the Turning Point Foundation launched the Programa Latino Indígena (PLI) at its location in Oxnard. This program provides the same services as the AWC but with a specific focus on meeting the needs of the Hispanic/Latino community in a culturally relevant and supportive manner.

The Client Network

The Client Network is a peer-run culturally sensitive advocacy organization with a client-centered approach to mental health recovery. It empowers clients to become full partners in their own unique treatment and recovery journeys. The Client Network advocates for clients by promoting measures that counteract stigma and discrimination against mental health recipients through increasing client representation, involvement and empowerment at all levels of the mental health system. The organization promotes hope, respect, personal empowerment and self-determination through client-driven mental health services and programs.

Through participation in stakeholder groups, meetings, workshops and conferences, the Client Network actively participates in shaping mental health policy and programming at the local and state level. Clients present at meetings, workshops and conferences (for which they also provide financial sponsorship) where their voices have not traditionally been heard. Additionally, they host general monthly meetings that are open to the public, develop and host community events and workshops on topics that are relevant to client-related issues, and provide transportation support for these activities. The program includes peers who provide individual client support, resources and referrals, and collaboration with community partners. It also conducts outreach activities to increase engagement with clients and has become a hub for clients gathering for support.



TAY Wellness Center

The TAY Tunnel run by Pacific Clinics is a drop-in center developed and run by and for peer members. Transitional age youth – 18 to 25 years of age who are recovering from mental illness or co-occurring mental illness and substance abuse – can find a place to continue their wellness journey in the company of caring and encouraging staff and peers. They offer self-help groups that include job preparation and employment readiness, computer skills, substance use awareness, housing opportunities and support, yoga, recreational outings and more. There are featured activities onsite that are developmentally appropriate and encourage socialization and positive rehabilitation such as air hockey, ping pong, drums, cooking classes, board games, arts and crafts, exercise equipment and books. It also includes lockers, showers, a laundry room and a meditation quiet room. There are links for evaluation and support, housing and benefits specialists as well as community partners/resources onsite. The TAY Tunnel empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment.

Quality of Life (QOL)

The QOL program stemmed from an innovation project that proved successful. The program was established to provide residents living in board and care facilities with meaningful non-clinical activities in order to enhance and enrich their lives. Board and care facilities are often described to be depressing and lonely and can further isolate the residents within these facilities. Through the implementation of a Peer Model approach in service delivery, the staff is able to connect with and relate to the residents within these facilities in an effective manner. QOL program staff works to engage all residents within the board and care sites through extensive one-on-one interactions in order to build relationships and enhance their sense of connectedness and also help to manage their symptoms, to the extent possible. QOL program staff provides varied and tailored activities suited to the residents within each facility. This table below is a summary for Quality of Life.

Transformational Liaison

Transformational liaisons are individuals with personal experience within the mental health system as clients or family members. They provide advocacy and resource development, represent the consumer and family perspective within the mental health system, and most importantly, serve as liaisons between the County, client, family member and community. The transformational liaison provides orientations to clients and family members new to the Behavioral Health system. These orientations welcome clients and are conducted at all adult clinics in English and Spanish. Additionally, the liaison mitigates general support cases in the office, on the phone and in the field, and offers referrals to Behavioral Health and other resources.

Family Access and Support Team (FAST)

FAST is a VCBH program designed to provide services to severely emotionally disturbed (SED) children and youth who are at high risk for hospitalization or out-of-home placement, as well as their families. FAST is contracted to United Parents and is staffed solely with Parent Partners, who have raised a child with a serious mental/emotional disorder and receive specialized training to support others in similar situations. Parent Partners collaborate with the treatment team and provide intensive home-based services to families. They model techniques with individual and group modalities to support parents in strength-based skill building and increasing knowledge of their child's mental health status and resources to help alleviate crises.



ADAPTATION OF SERVICES

1. *Evidence the County has alternatives and options available within the above programs that accommodate individual preference and racially, ethnically, culturally and linguistically diverse differences.*

The department has an established network of services, both in-house and contractor-based providers, to provide services for the culturally and linguistically diverse populations served. In cases involving request for changes in services, established protocols are followed in accordance with the department’s policies and procedures. Clients/consumers requesting alternative options for their program services are reviewed and considered for viable options or alternatives.

ADAPTATION OF SERVICES

2. *Briefly describe from the list in section A above, those client-driven/operated programs that are racially, ethnically, culturally and linguistically specific.*

Each program cited above, is specifically based on a client driven program model. Each program described above, is defined as a racially, ethnically and culturally and linguistic specific program by the nature of the program model, in this case, a “peer to peer” structure that enables participating consumers/clients to receive structured services from a peer.

For example, the Transitional Age Youth, or TAY Tunnel, provides drop-in center services for young adults between the ages of 18-25. Programming is provided by trained peer members who are in recovery from a mental illness or co-occurring mental illness or substance use disorder.

Family Access and Support Team (FAST)

FAST is a VCBH program designed to provide services to severely emotionally disturbed (SED) children and youth who are at high risk for hospitalization or out-of-home placement, as well as their families. FAST is contracted to United Parents and is staffed solely with Parent Partners, who have raised a child with a serious mental/emotional disorder and receive specialized training to support others in similar situations.

ADAPTATION OF SERVICES

II. Responsiveness of Mental Health services

The County shall include the following in the CCPR:

- A. *Documented evidence that the County/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the County contractor and/or referral to community-based, culturally appropriate, non-traditional mental health provider.*

(The County may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The County may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the County.)



The department maintains a regularly updated network listing of panel providers for both specialty mental health and substance use treatment services that can provide a range of culturally and linguistically suitable services. The listing is found in the beneficiary handbooks, as well as, the department public internet page. Department staff also maintain such information at program clinic sites.

Click links below to access information:

[Substance Use Resources](#)

[Mental Health Resources](#)

ADAPTATION OF SERVICES

B. Evidence the County informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the County will include it in their next printing or within one year of the submission of their CCPR.

Information can be found in the beneficiary handbooks, as well as, the department public internet page. Department staff also maintain such information at program clinic sites. Click on hyperlink to access information: [Beneficiary Handbooks](#)

ADAPTATION OF SERVICES

C. County has policies, procedures and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services (Outreach requirements as per Section 1810.310, 1A and 2B, Title 9).

(The County may include (1) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services or (2) Evidence of outreach for informing underserved populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health, etc.).

Please refer to Criterion 1 under Outreach and Engagement efforts.

ADAPTATION OF SERVICES

D. Evidence the County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

- 1. Location, transportation, hours of operation or other relevant areas*
- 2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs)*
- 3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships such as primary care and in community settings. (The County may include evidence of a study or analysis of the above factors or evidence the County program is adjusted based on the findings of their study or analysis).*

Our department has continued to provide support to the community during the pandemic. For example, Logrando



Bienestar has expanded their hours of operation to allow for access and linkage to services. Our program adjusted their operational hours to meet the needs of working families, specifically, our essential farm-field working community, and the Latino and Mexican Indigenous community. All three divisions within our department have made modifications to provide services in a safe and responsible manner during the pandemic. Description of services below demonstrate our ability to serve the community in a pre-pandemic environment.

VCBH offers a variety of referral options that meet the cultural needs of residents for mental health and substance use services. Mental health referrals are completed via the Screening Triage Assessment and Referral (STAR) team, Rapid Integrated Support and Engagement (RISE) team, Logrando Bienestar (Achieving Well-Being), and the Transformational Liaison program when appropriate for culturally and linguistically appropriate services (i.e. Spanish speaking network providers, LGBTQ resources, peer counseling, support groups and various natural and community supports). All consumers requesting SUD screening services shall be screened for need and ASAM level of care the same day or given an appointment for screening the next business day. The consumer shall complete the ASAM 6- dimension screening during the initial phone call, initial face-to-face interaction, or during the scheduled appointment. Once the ASAM predetermination level of care is made through the screening tool, the consumer shall be scheduled for an appointment with a County clinic or Provider for a complete intake and assessment to determine diagnosis and medical necessity. If the provider determines the consumer requires residential or withdrawal management services, they will contact the Ventura County Behavioral Health Centralized Care Coordination Team personnel to coordinate the consumer's care. Clinics and contractors refer or offer culturally sensitive services, as well as research evidenced-based culture-specific programs, to ensure availability of the most appropriate services within available resources.

VCBH provides consumer services that meet needs on varying levels. These services are established by policy and procedures, as well as operational practices. Policy CA-38 – Client Informing Materials and the Medi-Cal Beneficiary Handbook, a beneficiary guide, provide evidence of such practices. Consumers are provided with copies of the guide at the point of entry into the mental health system and are readily available at all clinic locations in English and Spanish.

VCBH staff participate in a variety of outreach and engagement activities to inform the community of the availability of services. Presentations on the availability of services and access to care are frequently provided in community forums such as health fair events, community centers, schools, churches and during weekend events.

Additionally, the Substance Use Disorder program disseminates written materials that advertise how to obtain substance use treatment services and the availability of the Beneficiary Access Line in English and Spanish. Additionally, the Substance Use Disorder program disseminates written materials that advertise how to obtain substance use treatment services and the availability of the Beneficiary Access Line in English and Spanish.

Transportation

In fiscal year 2011, VCBH implemented a new transportation program that made transportation available to program sites across the department. Currently, consumers are provided with door to door transportation under the auspices of a local transportation company. Outcome measures are in process of being identified for this program in conjunction with the Ventura County Behavioral Health's quality improvement unit. Today, Clients/consumers receiving are made aware that access to transportation is part of the covered benefit and may be obtained by calling the County's Health Care Plan, Gold Coast. Information for transportation services is available at all clinic sites via the Beneficiary Handbook, printed brochures etc. For additional needs related to transportation, the department makes available case management staff to transport individuals and/or make available transportation tokens for the public bus or taxi systems.

Adapting physical facilities

The County follows facilities regulations to maintain compliance with the Americans with Disability Act (ADA), and contractors are required to do the same. As part of an ongoing system change effort, the Ethnic Services Manager (in collaboration with the VCBH facility manager) will promote a redesign project to encourage welcoming environments throughout the department. This will include ideas like updating wall colors, furniture and art, and including photos and drawings that reflect diverse cultural backgrounds.



Locating facilities in settings that are non-threatening and reduce stigma

This is an area that the Ventura County Behavioral Health continues to explore and create partnerships with the community. However, school-based services are provided through our integrated primary care settings with County- operated ambulatory care clinics

ADAPTATION OF SERVICES

III. Quality of Care: Contract Providers

The County shall include the following in the CCPR:

Evidence of how a contractor’s ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

All contract providers scope of work outlines the contractor’s ability to provide needed services and/or specific cultural or linguistic requirements. Upon execution of contractor service agreements, a team approach is, used for the ongoing management of each contractor’s agreement/contract. The assigned operations manager for each contractor assumes a lead role on the team. Contractors meet on a monthly and/or quarterly basis with the assigned team and are positioned to review the, providers performance in relation to the respective agreement. If needed, technical assistance is made available to each provider/contractor in ensuring the overall scope of work is needed.

ADAPTATION OF SERVICES

IV. Quality Assurance

Requirements: *A description of current planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:*

Evidence of how a contractor’s ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

The County shall include the following in the CCPR:

- A. *List, if applicable, any outcome measures, identification and description of any culturally relevant consumer outcome measures used by the County.*



Methods by which Ventura County Behavioral Health assesses the ease with which culturally and linguistically diverse populations obtain services include via administration of the Consumer Perception and Treatment Perception surveys.

The Consumer Perception Survey (CPS) is a consumer satisfaction survey administered in Spanish and English, annually, to Ventura County Behavioral Health (VCBH) Mental Health beneficiaries in county and contractor operated programs over a one-week period. This survey asks adults, youth and parents of consumers, to rate their perception of the quality and appropriateness of the location and convenience of services (parking, public transportation, distance, etc.) and the availability of appointment times. All responses are summarized into aggregate and program level reports for analysis and findings are distributed to operational leadership for review with clinic management and staff for consideration of process improvement opportunities based on findings, as appropriate.

Additionally, to collect information from more clients on an ongoing basis, the Treatment Perception Survey (TPS) is administered in Spanish and English, annually and at discharge, to Ventura County Behavioral Health (VCBH) Mental Health beneficiaries in county and contractor operated programs. This survey asks adults, youth and parents of consumers, to rate their perception of the quality and appropriateness of the location and convenience of services (parking, public transportation, distance, etc.) and the availability of appointment times. This data is collected in the Electronic Health Record and summary reports are provided to leadership. Currently, efforts are underway to build on-demand and automated reports to analyze data on an ongoing basis by division, program, and/or provider; this will allow for a more nuanced look at how programs and/or providers are serving specific sub-populations and to use this information for ongoing decision-making.



ADAPTATION OF SERVICES

B. Staff Satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organizations' ability to value cultural diversity in its workforce and culturally and linguistically competent services

A detailed summary of outcome measures evaluations used by the county will be included in the CC Plan Update FY2021-21.

ADAPTATION OF SERVICES

C. Grievance and Complaints: Provide a description of how the County mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

Grievances and Appeals data are monitored by the VCBH Utilization Review team, is now collected through the Electronic Health Record, is reviewed on an ongoing basis, and summarized each year by the team for the Annual Beneficiary Grievances and Appeals Report (ABGAR). The Quality Management (QM) unit has collaborated with the Quality Improvement unit to develop a long-term analysis and monitoring plan for grievances and appeals. The goals of this plan are to supplement and expand on the ABGAR findings, to develop processes for systematic analysis, to ensure ongoing reporting and data dissemination, and to facilitate process improvements in response to grievances and appeals.

As part of the analysis and monitoring plan, Quality Improvement conducted an analysis to identify patterns in the last several years of grievances data. This included reporting on trends from year to year, highlighting potential process improvement opportunities, and most significantly, identifying additional themes that may not have been included in the ABGAR classifications. For an example of the latter, grievances may have been previously categorized under issues of cultural appropriateness, but there may be other nuances to further distinguish these issues such as challenges with access based on cultural background, or feelings of being marginalized as part of a minority group. Findings from this analysis were reviewed with QM staff and presented in a QMAC in June 2021. Findings were also shared with both county and contract providers at several provider meetings in the fall of 2021.

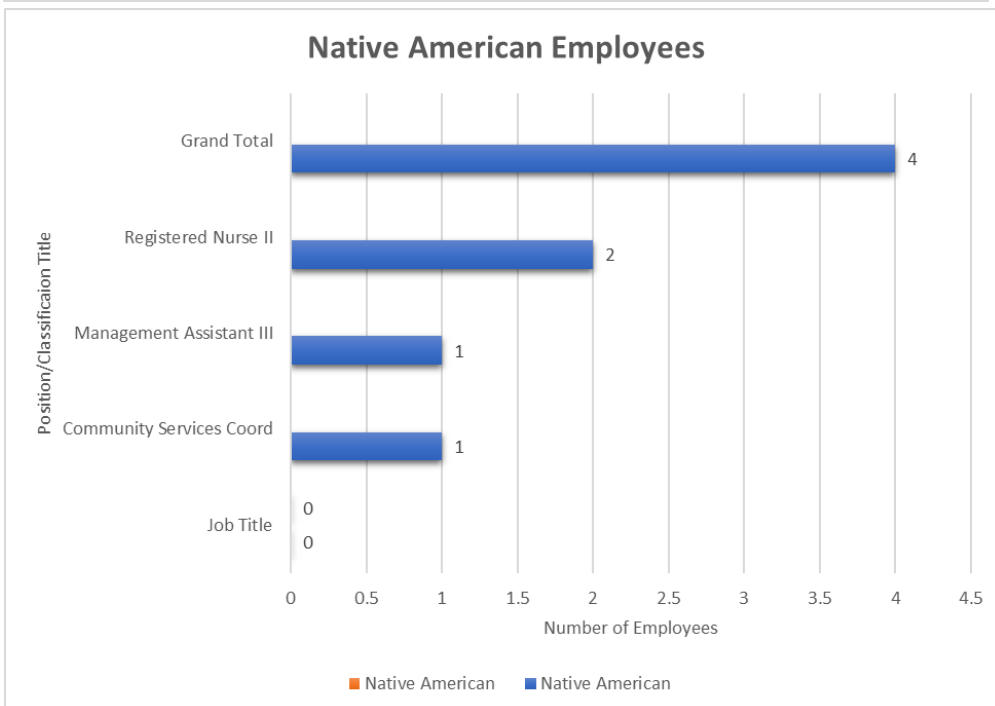
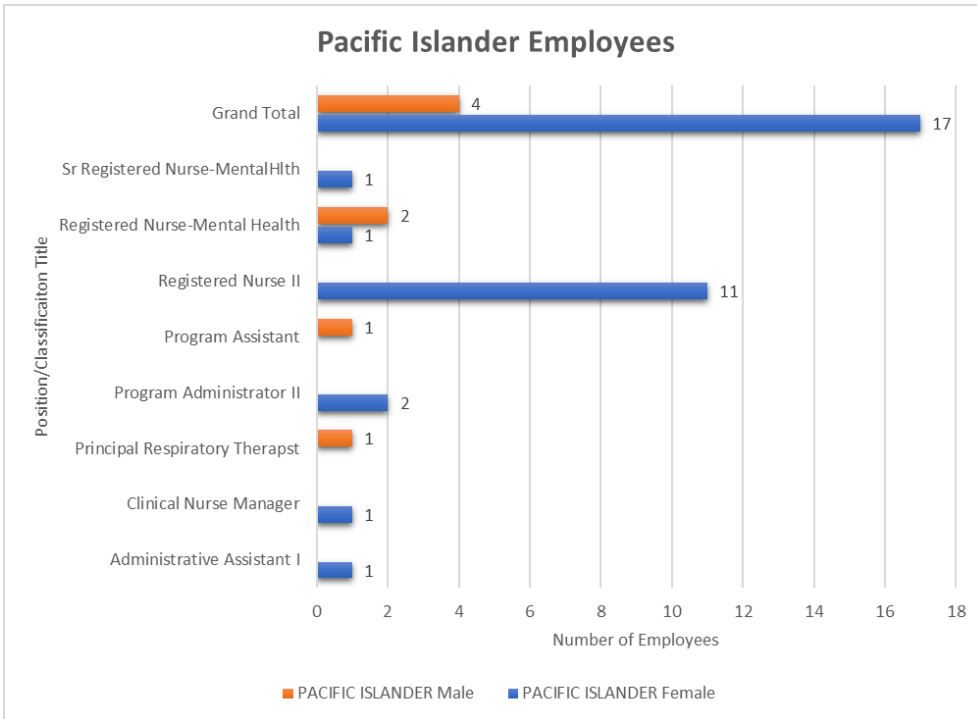
Quality Improvement's analysis will be repeated at least annually and possibly on a more frequent basis depending on the volume of grievances, and availability of data from contracted providers. QM staff will continue to vet the analyses and provide an operational perspective on interpretations of findings. The QM team will use the findings to determine what/if action steps are needed. Demographics data, including comparison rates based on race/ethnicity, will be incorporated into future analyses.

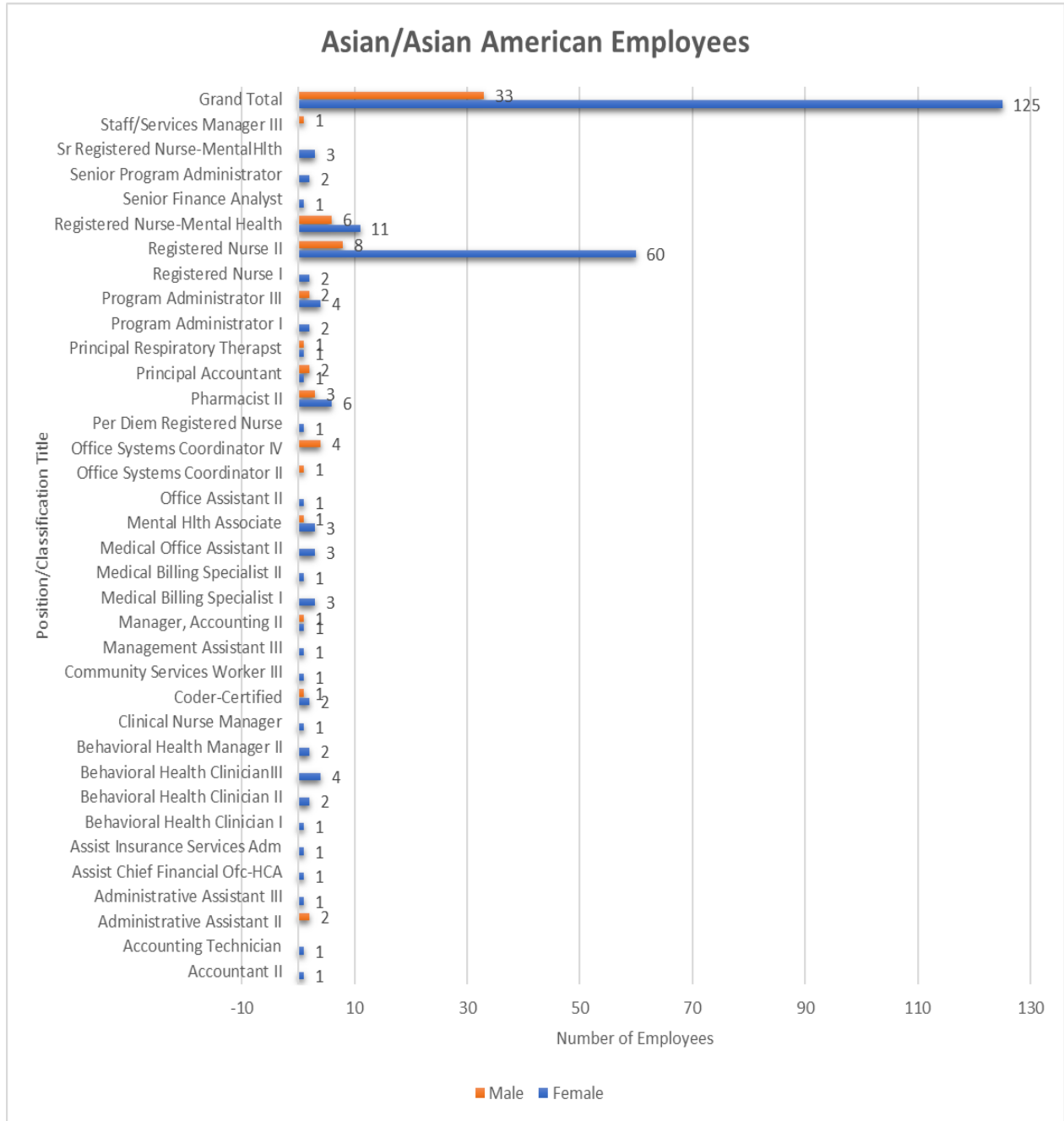


EXHIBIT ATTACHMENTS *None

***Note: Please see hyperlinks where noted throughout the document.**

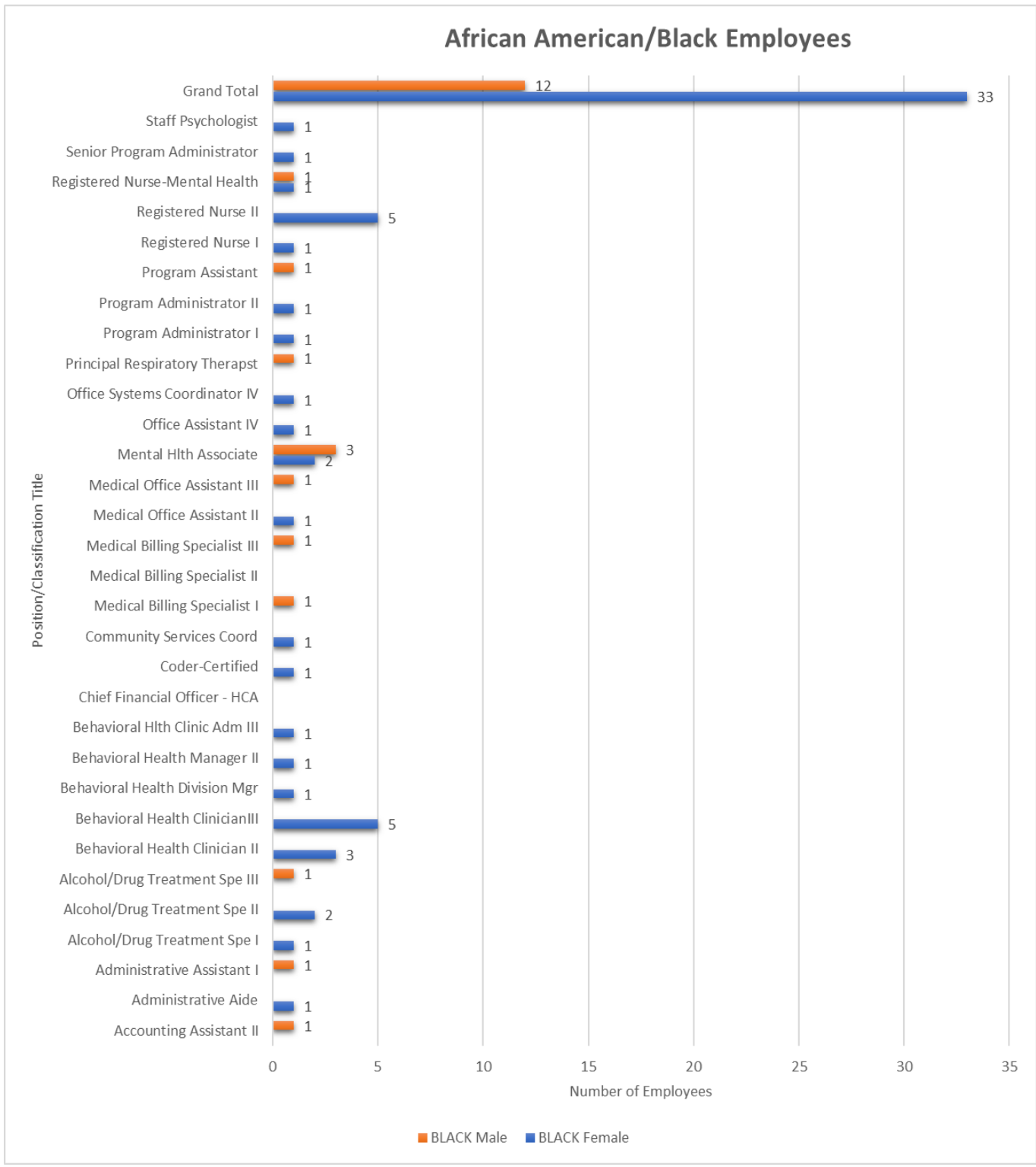
**Ventura County Behavioral Health
Employees by position and ethnicity**





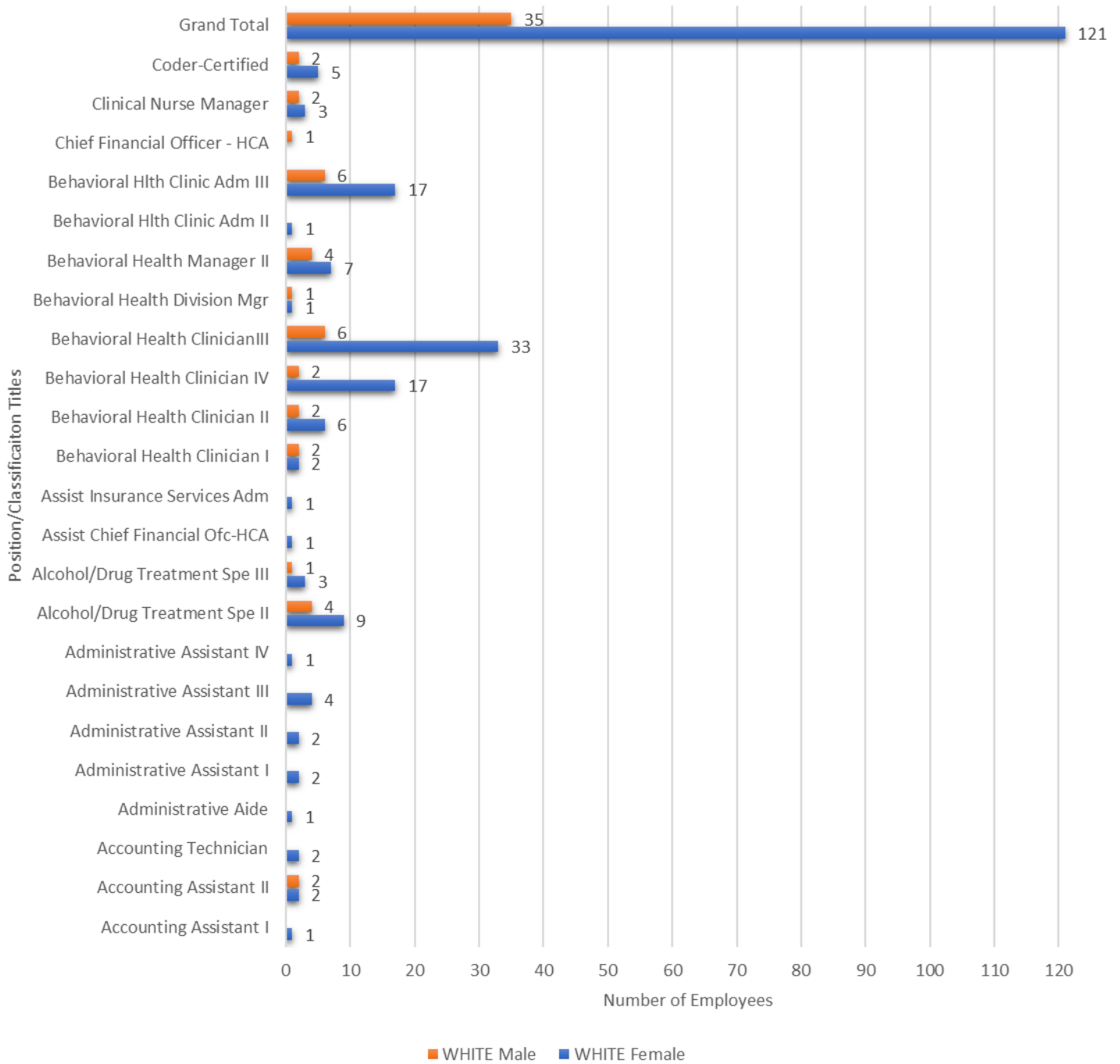


African American/Black Employees



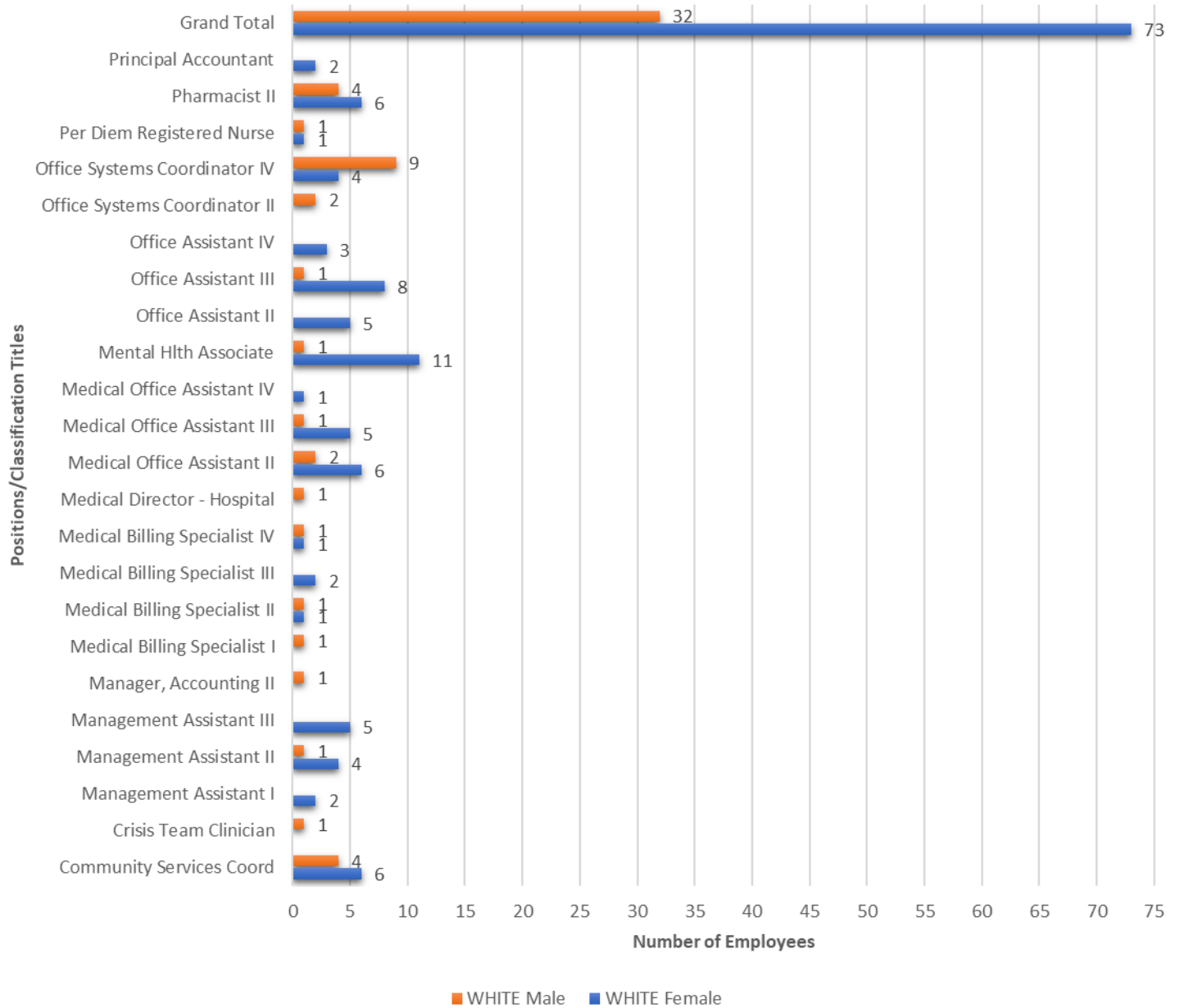


White Employees Chart 1.



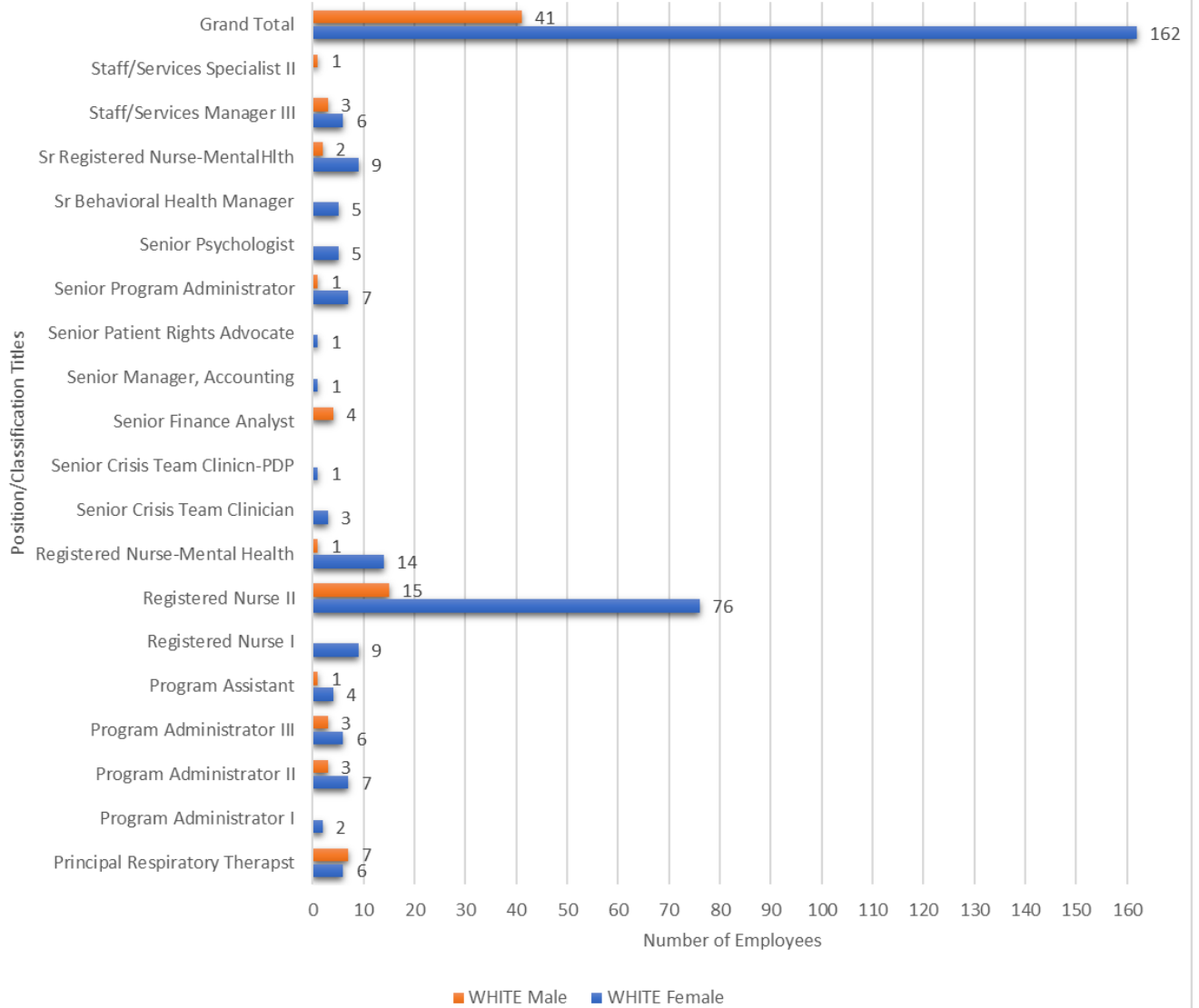


White Employees Chart 2.



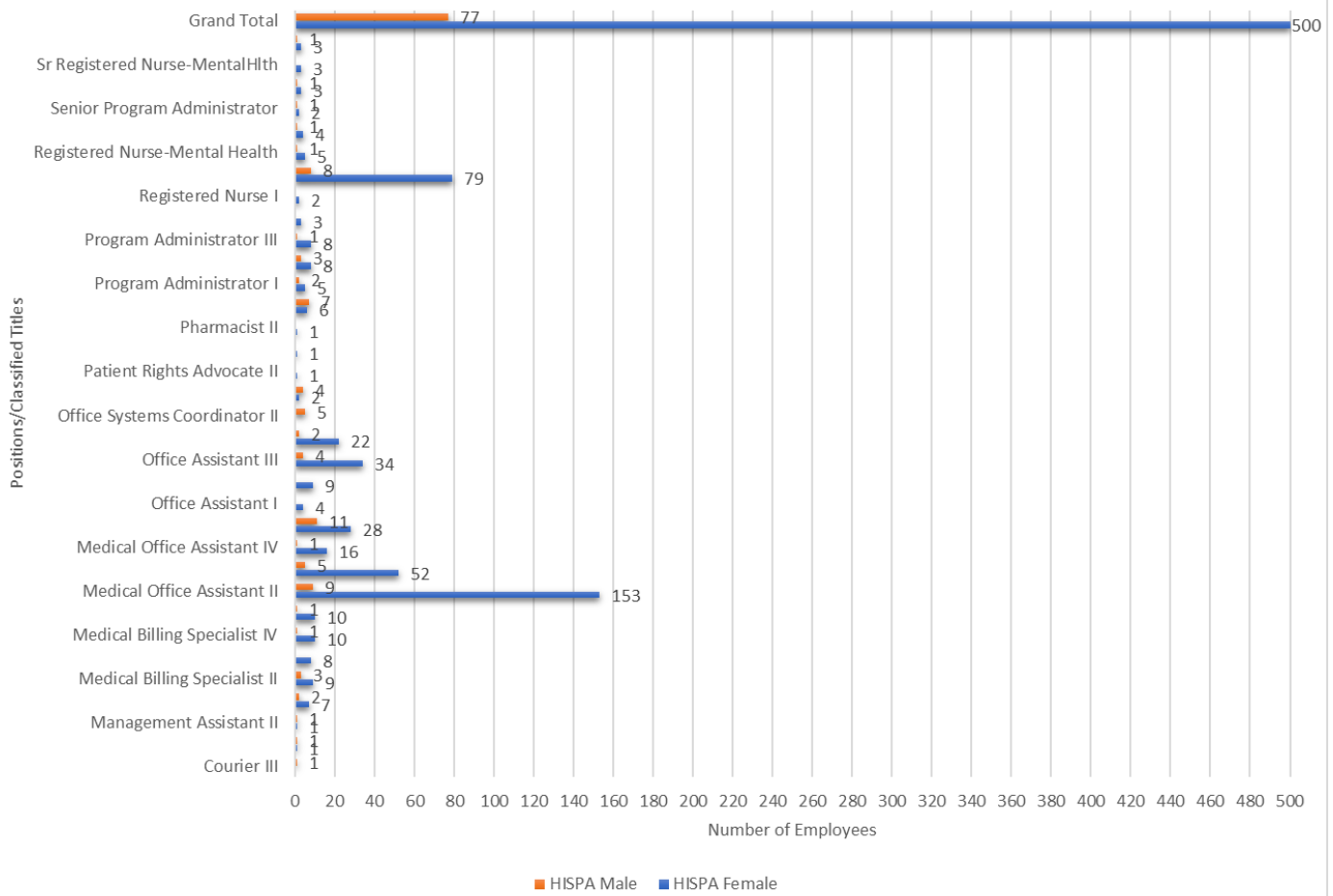


White Employees Chart 3.



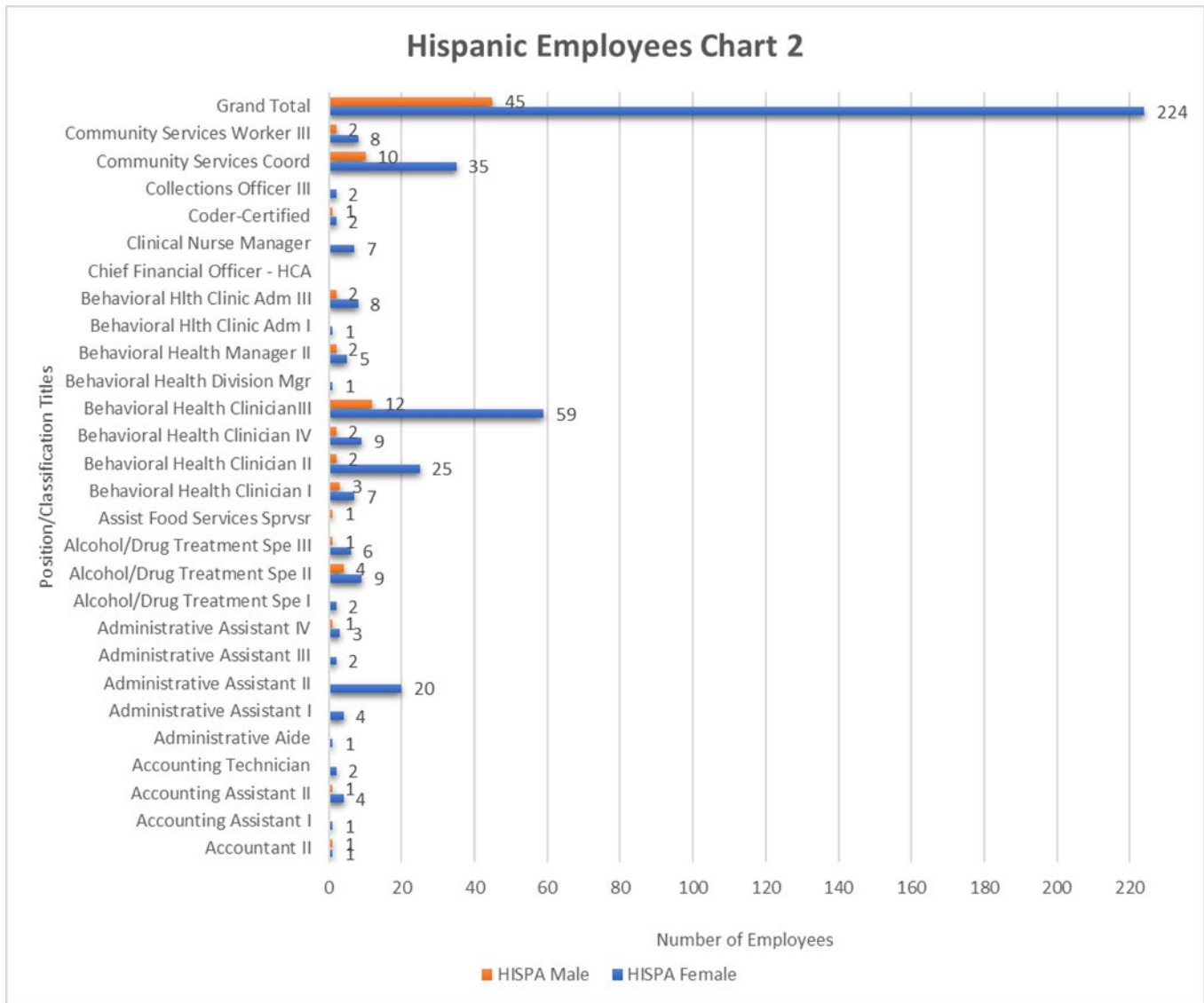


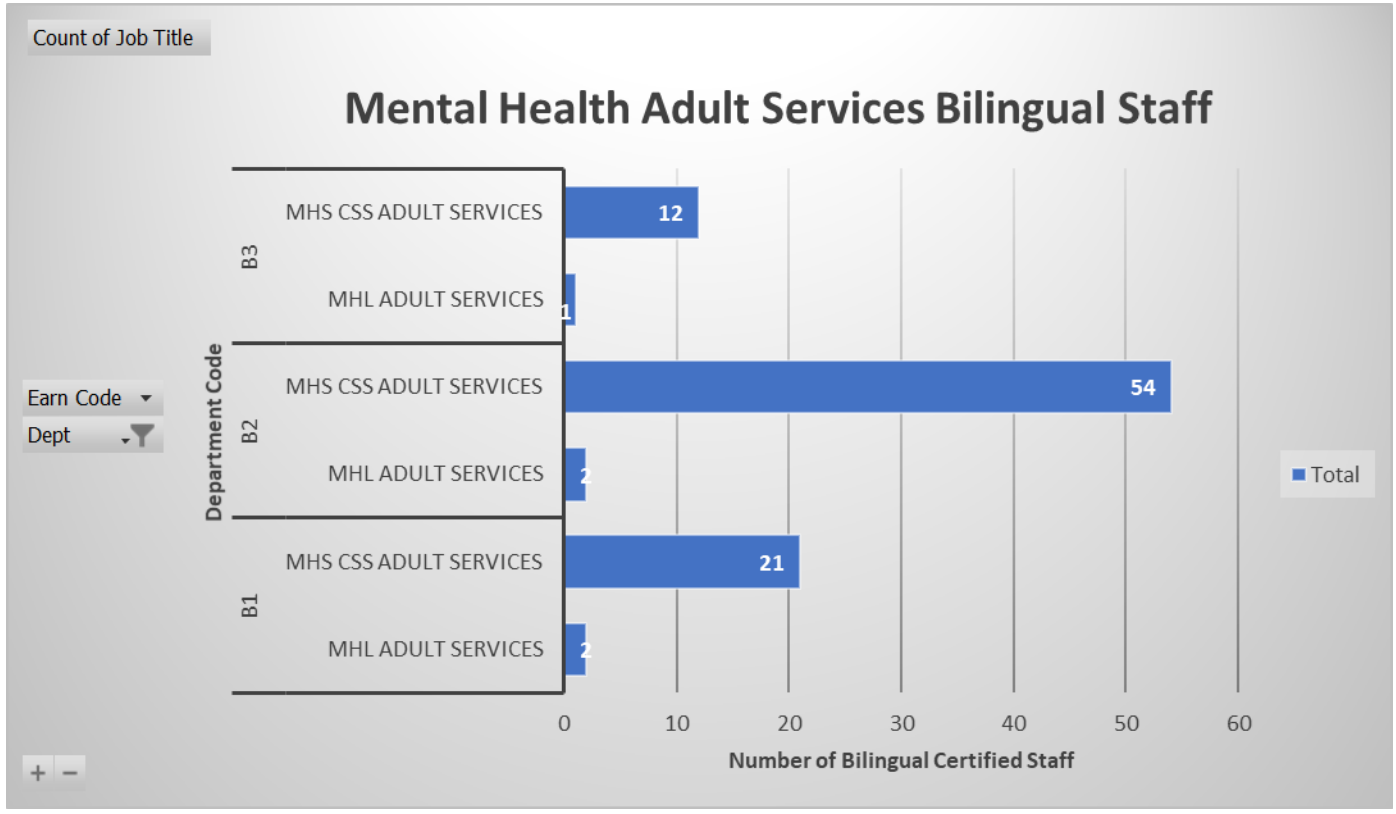
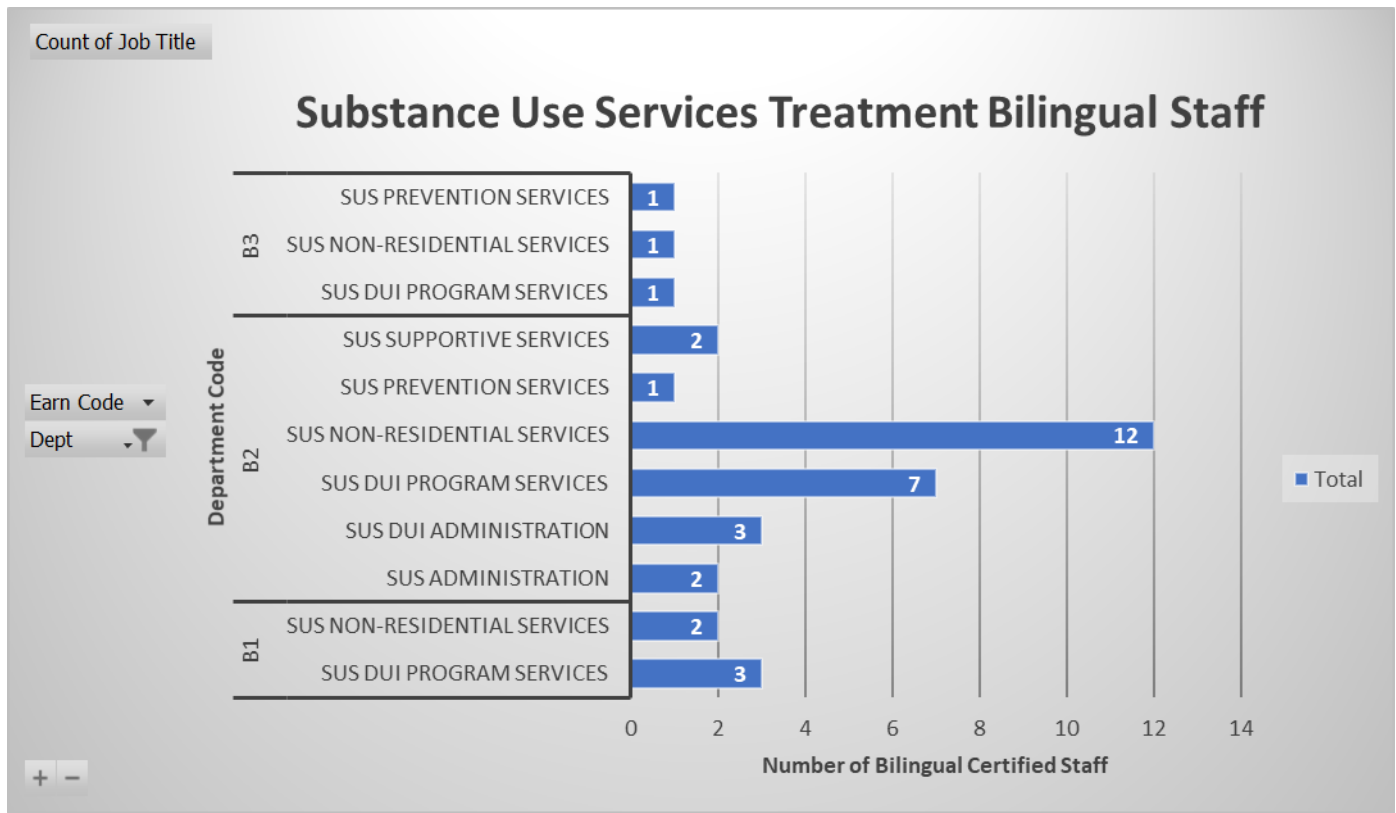
Hispanic Employees Chart 1



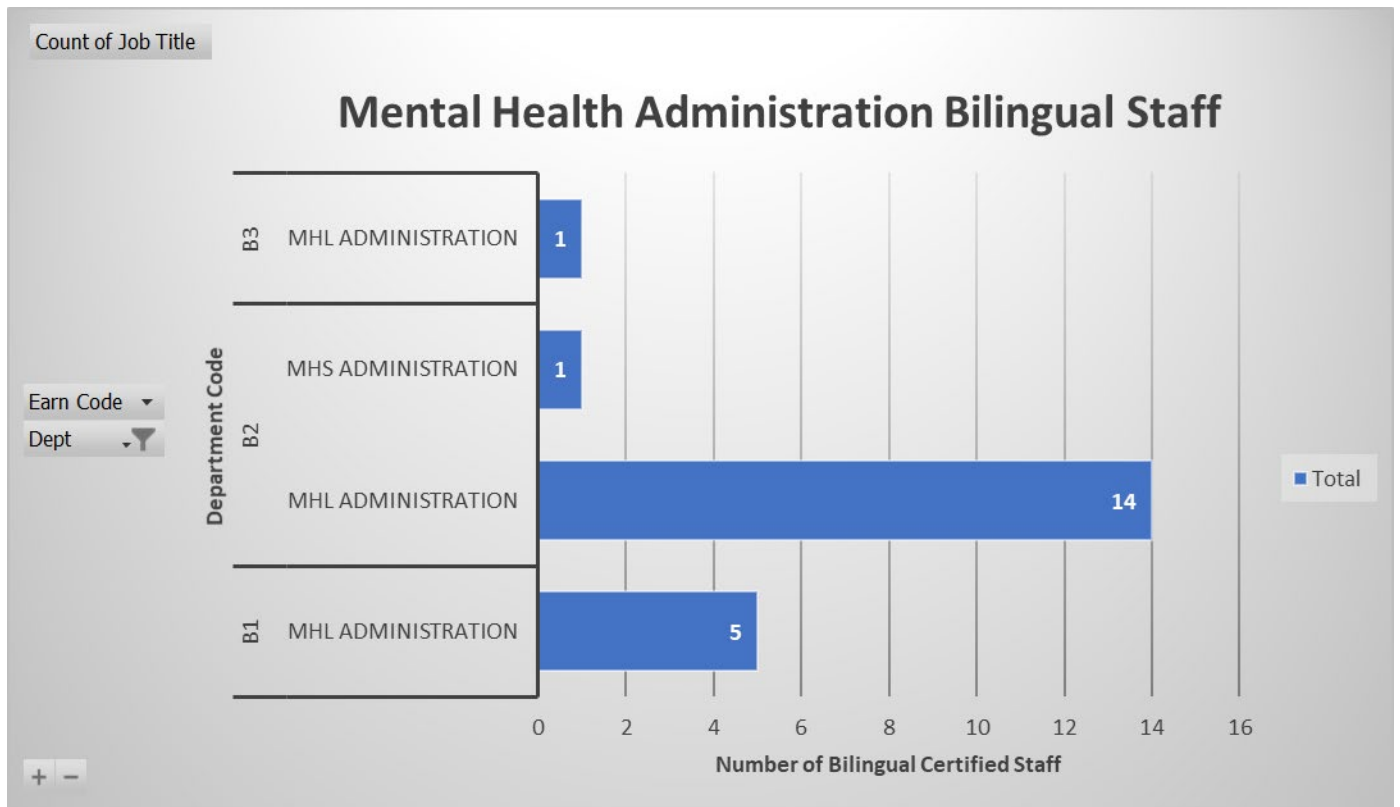
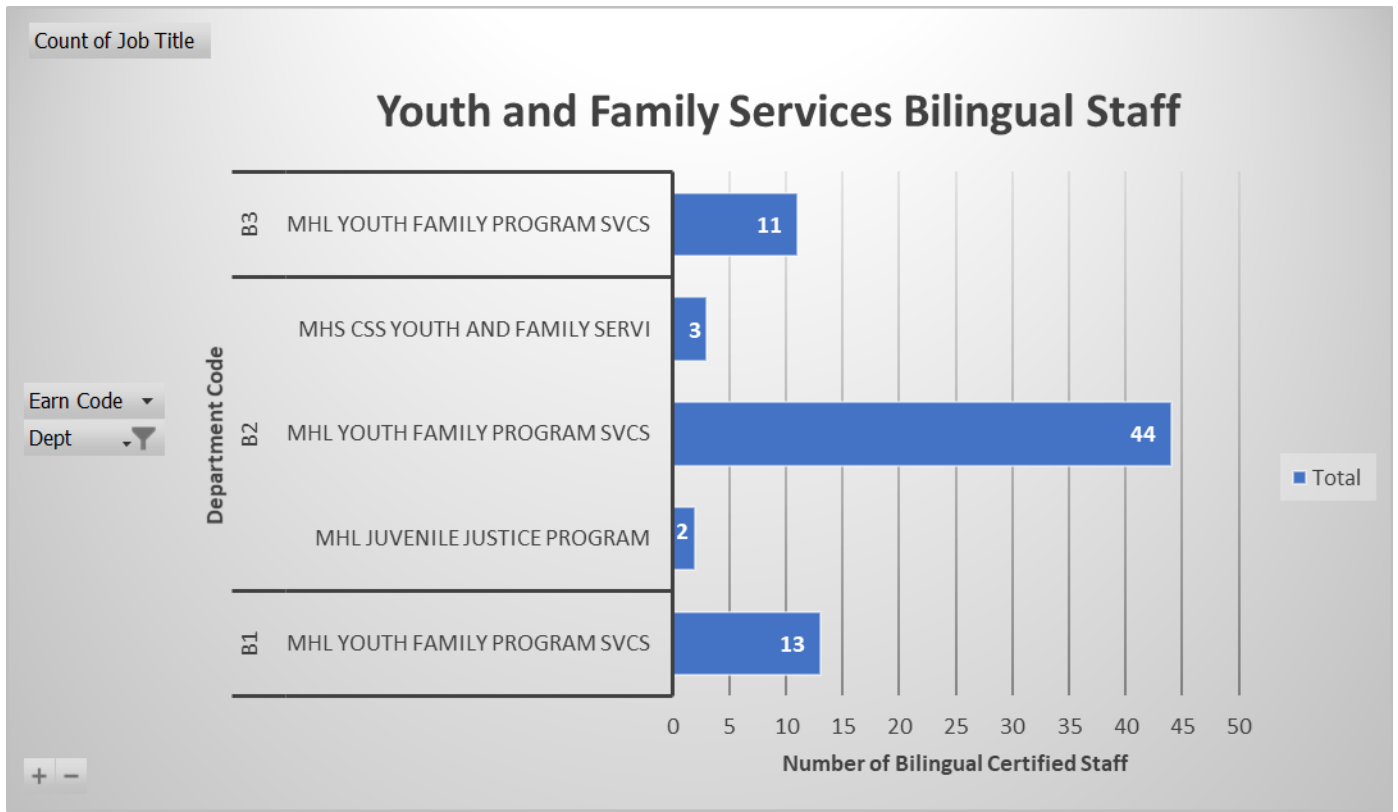


Hispanic Employees Chart 2

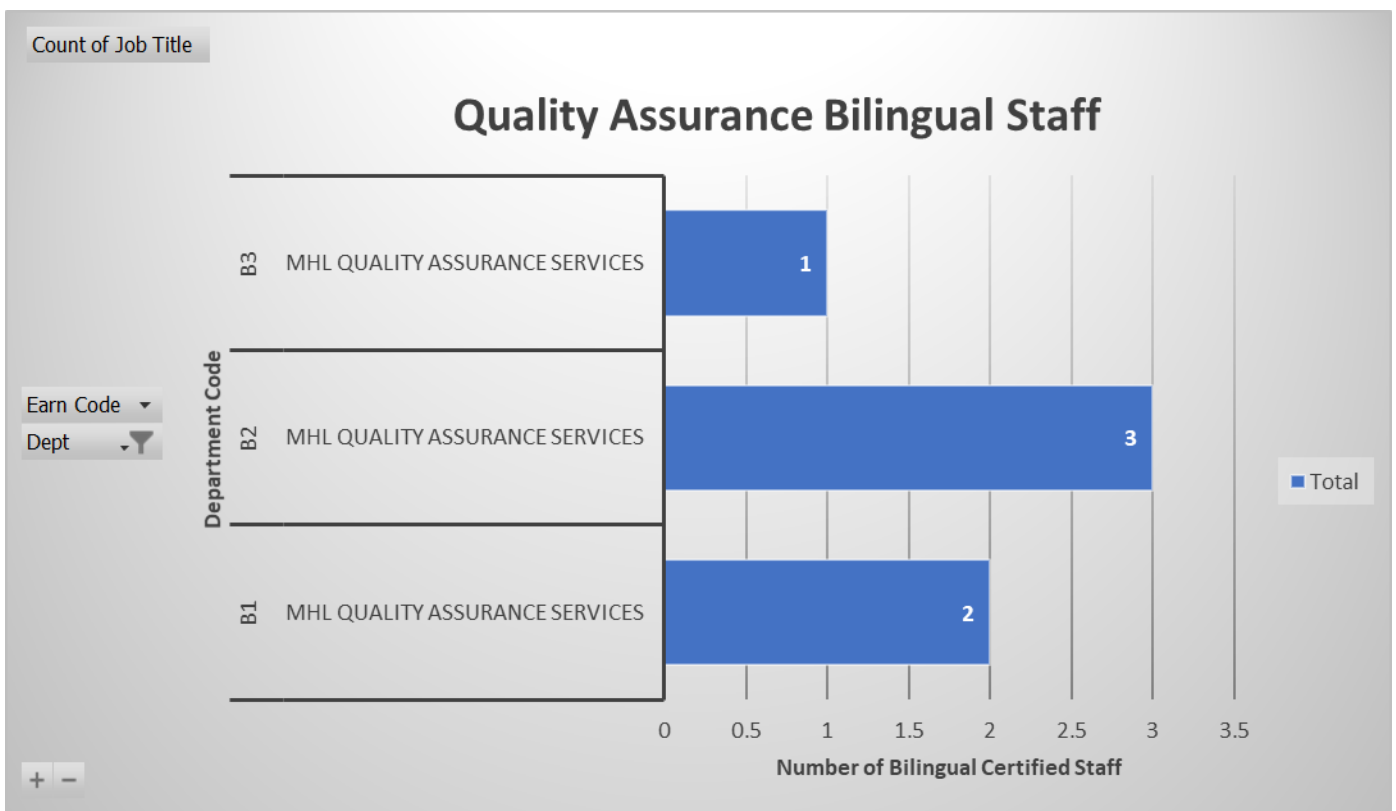
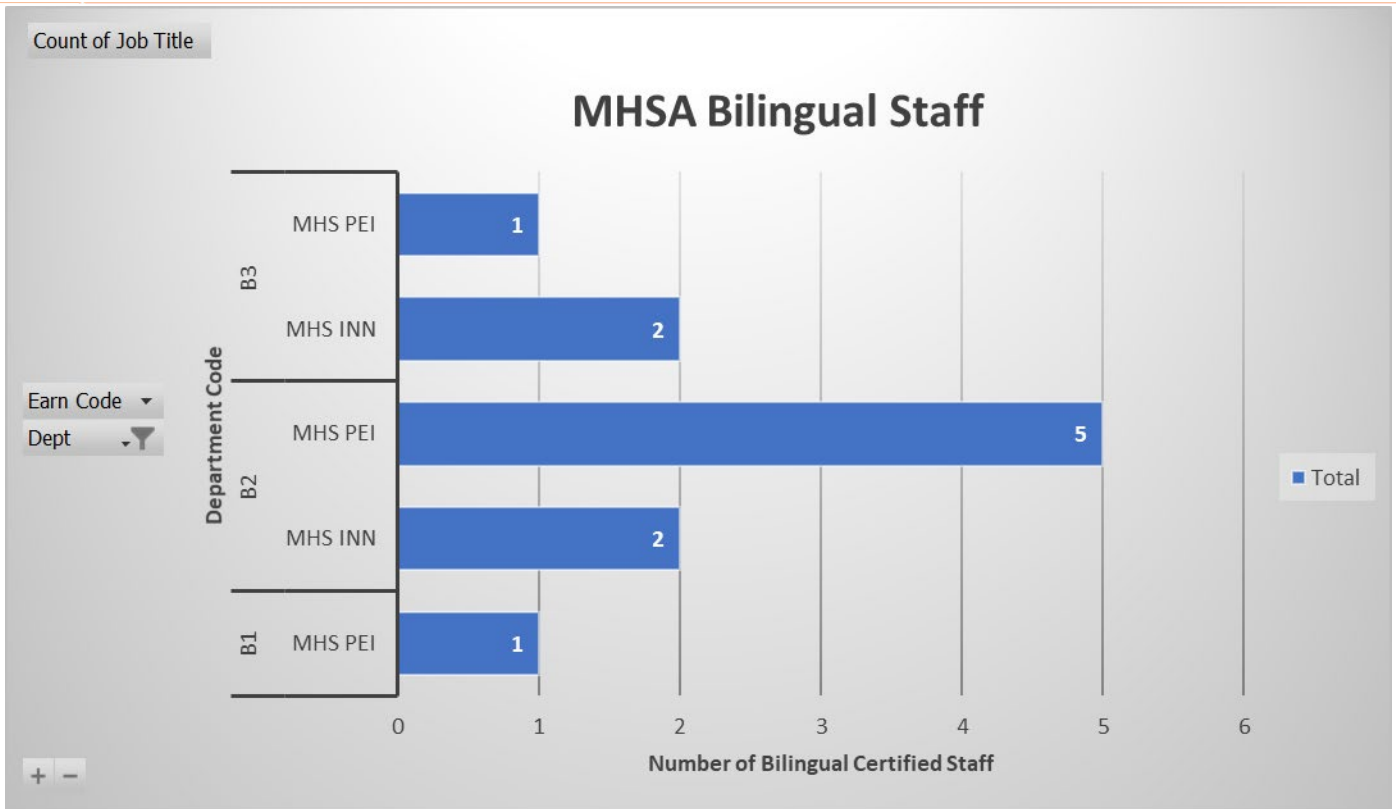




Certification level ranges include: Bilingual 1 (B1) Bilingual 2 (B2) Bilingual 3 (B3)



Certification level ranges include: Bilingual 1 (B1) Bilingual 2 (B2) Bilingual 3 (B3)



Certification level ranges include: Bilingual 1 (B1) Bilingual 2 (B2) Bilingual 3 (B3)



Transitional Behavioral Health-Psychiatric Services Provider

