Behavioral Health Equity Plan: Cultural Competence Plan Requirements

Reporting Template for County Behavioral Health Plans

October 2023

Section 1: County Behavioral Health Plan (BHP) Information

County BHP Name	Ventura County Behavioral Health
County BHP Staff Name	Nicole Salazar
Telephone Number	(805) 973-1493
Email	Nicole.Salazar@ventura.org
Report Submission Due Date	April15, 2024
Date Submitted	April 15, 2024

Section 2: Submission Requirements

County BHPs are required to submit a Comprehensive Behavioral Health Equity Plan every three years, focusing on community recommendations, priorities, goals, objectives, and identified targets. This Comprehensive Plan must be submitted by October 1 of each year to MCBHD.CCPR@dhcs.ca.gov.

An Annual Update shall be submitted in the interim years demonstrating progress on identified goals, objectives, and identified targets. County BHPs are expected to use annual updates to demonstrate reductions in disparities and increases in culturally responsive care. Annual updates are due to the department October 1 of each year to MCBHD.CCPR@dhcs.ca.gov.

This guidance aligns with the National Culturally and Linguistically Appropriate Services (CLAS) Standards and is applicable to both Mental Health Plans (MHPs) and counties operating under the Drug-Medi-Cal Organized Delivery System (DMC-ODS). County BHPs that have integrated both delivery systems are encouraged to submit one consolidated Three-Year Comprehensive Plan and the Annual Update to the department.

Section 3: Cultural Competence Plan Requirements (CCPRs)

Introduction:

The CCPRs are divided into three subsections:

I. Governance, Leadership, and Workforce;
II. Communication and Language Assistance; and
III. Engagement, Continuous Improvement, and Accountability.

Each subsection requires county BHPs to develop specific, measurable goals, objectives, strategies, and timelines. In addition, each section states the Three-Year Comprehensive Plan and the Annual Update submission requirements. The goal is for county BHPs to describe in the Three-Year Comprehensive Plan and in the Annual Updates how they will achieve reduction in disparities and provide culturally responsive care to their beneficiaries. Each subsection prescribes length of descriptions to enable county BHPs to focus on essential information and data only.

When developing priorities, measurable goals, objectives, strategies, and timelines in each subsection of the CCPRs, county BHPs should consider the following guiding questions:

- What are your county BHP's priorities over the next three years to address disparities?
- How will you ensure community stakeholder participation in this process?
- How will the county BHP measure the goal(s) to determine progress, including timeline and milestones?
- What is the methodology for data collection and analysis to accurately determine the outcome of services to beneficiaries from diverse cultures?
- What type of behavioral health equity-focused interventions are needed to address priorities and goals?
- What challenges do you anticipate, and what strategies will your county BHP employ to mitigate/avoid these challenges, and/or unintended consequences?

I. Governance, Leadership, and Workforce (CLAS Standards 2, 3, and 4)

a. Cultural Competence/Ethnic Service Managers

Each county BHP is required to have a designated Cultural Competence/Ethnic Services Manager (CC/ESM). The CC/ESM is responsible for promoting and monitoring quality and anti-racist equitable care as they relate to diverse racial, ethnic, and cultural populations served by both county-operated and contracted behavioral health programs (CLAS Standards 2, 3). [1] [2]

Three-Year Comprehensive Plan Requirement

1. Does your county BHP have a dedicated CC/ESM with prescribed roles and responsibilities related behavioral health equity?

☐Yes ☒ No

If you marked "No" above, please explain using the space below. Please limit your response to 300 words or less.

The CC/ESM became vacant in March 2023. The role and responsibility of the CC/ESM shifted temporarily to the Division Chief of Access and Outreach to oversee while VCBH continues its recruitment process.

[1] 42 U.S.C. 2000d; Title 9, CCR Section 3200.100
[2] Cal. Code Regs. Tit. 9, § 1810.410 - Cultural and Linguistic Requirements

2. Does the CC/ESM working closely with the BHP Director and their staff?

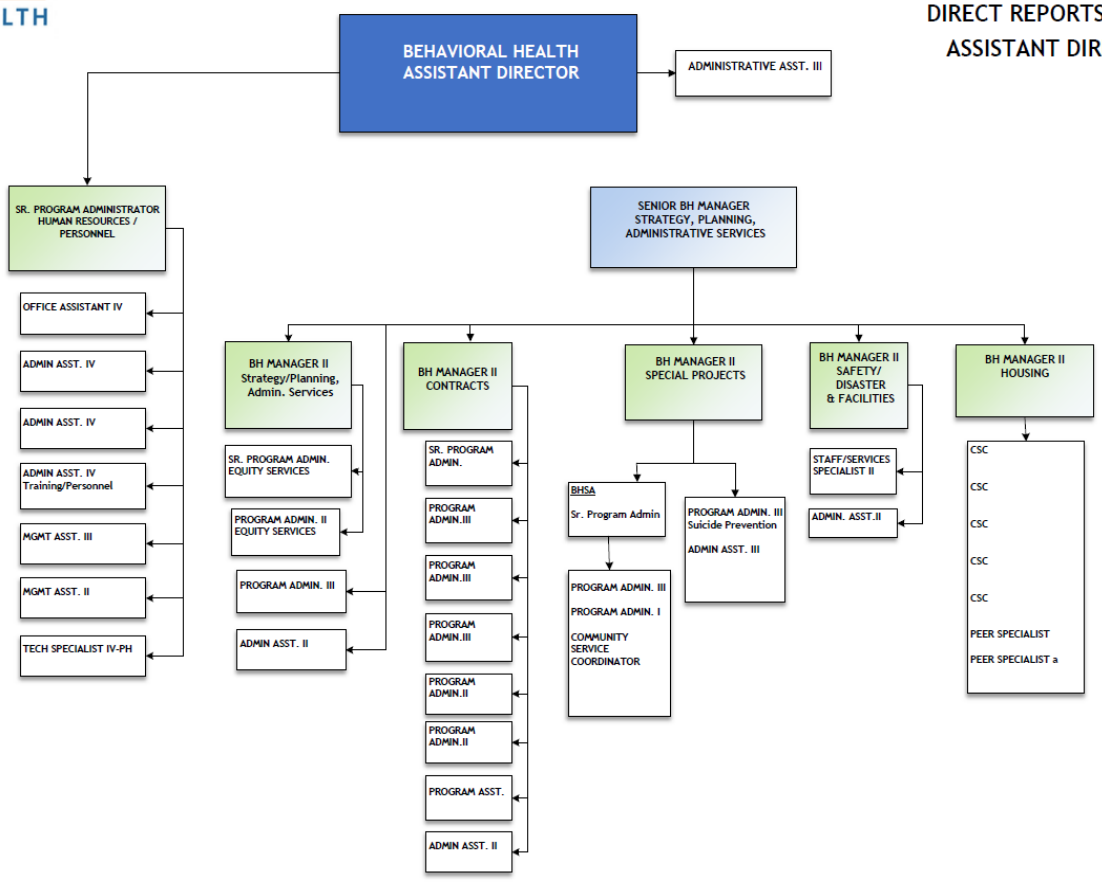
☒Yes ☐ No

If you marked "No" above, please explain using the space below. Please limit your response to 300 words or less.

3. Please provide an organizational chart with the location of the CC/ESM position within your county BHP.

VENTURA COUNTY BEHAVIORAL HEALTH

ADMINISTRATION - DIRECT REPORTS TO THE ASSISTANT DIRECTOR



As of 3.28.2024

Annual Update Requirement

1. Were there any changes to the CC/ESM position and responsibilities within the last year?

☐Yes ☒ No

If "yes", please describe using the space below. Please limit your response to 300 words or less.

b. County BHP Policies

Advance and sustain organizational governance and leadership that promotes CLAS and racial health equity through policy, practices, and allocated resources (CLAS Standard 2). [3]

Organizations must maintain a commitment to culturally responsive and linguistically appropriate care services by incorporating the CLAS standards into the organization's mission, goals, and policies, ensuring that these standards are central to the organization's functions. County BHPs shall regularly review and update the following documents ensuring a culturally responsive and equitable approach is incorporated into the following documents:

- Mission Statement
- Statements of Philosophy
- Strategic Plans
- Policy and Procedure Manuals
- Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic appropriate practices)

Three-Year Comprehensive Plan Requirement

1. Using the space below, please describe how the county BHP's Mission, Statement of Philosophy, Strategic Plans, and Policy Procedure manual, and other key documents demonstrate the organization's commitment to ending inequities and disparities, how these reflect inclusivity, and the promotion of culturally responsive and equitable care.
2. Using the space below, please describe and demonstrate how policies are relevant and committed to removing institutional racism and barriers to care.
3. Using the space below, please identify the county BHP's processes to regularly review and update relevant documents.
4. Using the space below, please describe how this is communicated and reflected

[3] 42 U.S.C. 2000d; W&I Code Section 5600.2(g); Title 9, CCR Section 3200.210

throughout the county BHP including but not limited to leadership and service delivery.

Please limit your response to one page. Please do not attach any of the above documents to this CCPR document.

Ventura County Behavioral Health demonstrates its commitment to cultural competence as stated in the Cultural Competence plan and evidenced by the development of the Office of Health Equity and Cultural Diversity, policies, procedures and/or operational practices as a reflection to fully incorporate the recognition and value of racial, ethnic and cultural diversity. Additionally, VCBH has developed the Quality Management Action Committee (QMAC) which annually reviews, evaluates and develops the VCBH Quality Assurance Performance Improvement Plan.

As an integrated division of the Ventura County Health Care Agency, Ventura County Behavioral Health (VCBH) provides a full continuum of coordinated mental health and substance use 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, and 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 is committed to involving consumers and family members (including individuals who reflect the diverse populations in Ventura County) in developing, implementing, and monitoring of the VCBH programs and services. VCBH ensures participation of consumers and family members who reflect cultural diversity on panels, committees, and in 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.

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.

VCBH targets and addresses various cultural and linguistic competency areas through several policies and procedures. While some are focused exclusively on the rights of clients of all diverse backgrounds, other policies embed information related to the accessibility of services, information and supports through cultural and language adaptations. 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 PnPs that create challenges for community residents to access information or care in an appropriate culturally and linguistically manner.

Annual Update Requirement

- No annual update is required unless one of the core documents is significantly updated and the county BHP would like to note it in the annual update.

Please limit your response to one page.

While no updates are required, it's important to highlight that in 2023, VCBH established an initiative known as the Quality Improvement Committee (QIC). The QIC serves as a decision-making body tasked with evaluating various aspects of the department's operations, including safety, quality (with a focus on cultural competency), processes, costs, accessibility, and service timeliness.

Furthermore, the Quality and Performance Improvement (QAPI) Work Plan undergoes regular review within the framework of the QIC. This ensures a systematic approach to assessing and enhancing the quality and effectiveness of our services.

c. Budget Resources

Demonstrate allocation of budget resources for activities that promote diversity, equity, inclusion, and accessibility in operations and service delivery (CLAS Standard 2). [4]

Three-Year Comprehensive Plan Requirement

[4] W&I Code Sections 5813.5(d)(3), 5820

Certification

☐ I hereby certify that county BHP has allocated budget resources for activities that promote diversity, equity, inclusion *and accessibility in operations and service delivery (Standard 2).* [5]

Behavioral Health Plan Director's Name:	
Signature:	
Date Signed:	

Annual Update Requirements

Certification

☑ I hereby certify that County BHP Ventura County Behavioral Health has allocated budget resources for activities that promote diversity, equity, inclusion and accessibility in operations and service delivery (Standard 2). [6]

Behavioral Health Plan Director's Name:	**Dr. Loretta L. Denering; Interim Director**
Signature:	
Date Signed:	4/11/2024

d. Workforce

Recruitment, Hiring, and Retention of a multicultural governance, leadership, and workforce that are responsive to the populations served (CLAS Standards 2, 3, 4, 5, and 7). [7,8]

[5] W&I Code Sections 5813.5(d)(3), 5820
[6] W&I Code Sections 5813.5(d)(3), 5820
[7] W&I Code Sections 5600.9(a), 5802(a)(4), 5807, 5822(d) and (i)
[8] Title 9, CCR Section 3610(b)(1)

Three-Year Plan Requirement

1. Workforce Assessment

Using the table below, please provide a summary of your current workforce. This table is a suggested format. You may include an attachment or a link to a document demonstrating workforce development using your county BHP's Human Resources data, or other supporting information, regardless of funding source.

Race/Ethnicity /Demographic/Language Information							
BHP Positions	**Black/African American**	**Asian American/ Pacific Islander**	**American Indian/ Native American**	**Hispanic/ Latino**	**White/ Caucasian**	**Gender Identity/** SOGI	**Bi-Lingual Capacity**
Licensed Clinicians	8	7		119	73	N/C	106
Certified Behavioral Health Staff	22	34		177	165	N/C	14
Non-clinical/ Non-certified county BHP staff	22	123	4	669	299	N/C	162
Contractor staff						N/C	
Totals	**52**	**164**	**4**	**965**	**537**	**N/C**	**282**

Using the space below, please provide an analysis of your county BHP's workforce assessment data reflective of community needs, including any gaps that your county BHP needs to address.

Please limit your response to one page.

The shortage of doctors, clinicians, and certified behavioral health staff within Black, Indigenous, and People of Color (BIPOC) communities is an ongoing challenge and is also the case across the country. VCBH is committed to taking proactive steps to recruit, hire, and retain staff who can help meet the needs of our diverse community.

2. Using the space below, please describe current strategies used to recruit, hire, and retain a workforce that reflects the racial, ethnic, gender, sexual, and cultural diversity of the community served and provides culturally responsive services and supports, inclusive of contracted providers.
Consider the following:

- Integration of community health workers, promotores, peer support specialists,

and traditional health practitioners
- Creation and retention of a culturally inclusive workplace for people of color, LGBTQ+ people, people with lived experience, and other intersectional cultural identities
- Opportunities for professional development and promotion including paraprofessionals (e.g., community health workers and peer support specialists)
- Outreach to underrepresented groups in recruitment processes

Please limit your response to one page.

Recruiting, hiring, and retaining a workforce that reflects the diverse demographics of the community served is crucial for VCBH to provide culturally responsive services and support. Several strategies are employed to achieve this goal.

VCBH is actively engaging in diversity-focused recruitment efforts. This involves casting a wide net in recruitment channels, including job boards, community organizations, and educational institutions with diverse student populations. Additionally, leveraging social media platforms and digital outreach is being used to reach a broader and more diverse pool of candidates.

To ensure a fair and inclusive hiring process, VCBH is also implementing strategies to mitigate bias in recruitment and selection. Including but not limited to standardized interview protocols, and diversity training for hiring managers to minimize unconscious bias and ensure equitable opportunities for all candidates.

Once hired, VCBH is prioritizing inclusive workplace practices to retain diverse talent. This includes fostering a culture of belonging where employees feel valued, respected, and supported regardless of their background and providing ongoing diversity training.

3. Using the space below, please develop one or more goals that address one or more priorities for workforce, governance, and/or leadership.

Please limit your response to one page.

The following goal has been set for 2023-2024:

Peer Support Services: Our Peer Support Services encompass culturally competent individual and group interventions designed to foster recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, the cultivation of natural supports, and the identification of strengths through structured activities. Following the

launch of the Medi-Cal Peer Support Services benefit, VCBH has been working on including certified peers into our workforce.

Our Peer Specialists are individuals with lived experience in mental health or substance use conditions, actively engaged in their own recovery journey. They have successfully completed rigorous training through a California State-Approved Medi-Cal Peer Support Certification Training program and are duly certified by the certifying body, California Mental Health Services Authority (CalMHSA). As the certifying body, CalMHSA is responsible not only for certification but also for examination and enforcement of professional standards for Certified Peers. Working under the guidance of a licensed, waivered, or registered Behavioral Health Professional recognized by the State of California, our Peer Specialists deliver these invaluable services with dedication and professionalism.

Annual Update Requirement

- Using the space below, please provide an analysis and evaluation of activities related to achieving the goal(s) identified in the Three-Year Comprehensive Plan, considering the following:
  1. Describe the progress made in the previous year including providing comparisons of baseline data to current data, as applicable.
  2. Identify how members of the community and advisory committee are involved in monitoring the progress of the implementation plan.
  3. Discuss any changes or updates to the goal based on progress, new information, and/or input from the community.

Please limit your response to one page.

In alignment with our objectives for 2024, VCBH is dedicated to enhancing Peer Support Services to promote recovery, resilience, and empowerment among individuals facing mental health or substance use challenges.

Since the inception of the Medi-Cal Peer Support Services benefit, VCBH has been integrating certified peers into our workforce. To date, we have successfully onboarded thirteen (13) Peer Support Specialists, and we are currently in the process of recruiting additional peers to expand our workforce. These Peer Specialists are individuals who have personally navigated the complexities of mental health or substance use conditions and are actively engaged in their own recovery journeys. They undergo rigorous training through a California State-Approved Medi-Cal Peer Support Certification Training program, ensuring they meet the stringent standards set forth by the certifying body, California Mental Health Services Authority (CalMHSA). As the overseeing entity, CalMHSA not only handles certification but also conducts examinations and enforces professional standards for Certified Peers. Through this

concerted effort, VCBH remains committed to providing comprehensive and effective Peer Support Services to our community.

e. Training

County BHPs must have a plan and process to provide training to staff and contractors regarding CLAS Standards, diversity, equity, and inclusion, cultural humility, community-defined practices, and other competencies related to behavioral health equity (CLAS Standard 4).

Training must consider and address structural and institutional racism and health inequities and their impact on consumers and providers. The training(s) must include, but are not limited to, the following requirements:

- Promote access and delivery of services in a culturally responsive manner to all consumers and potential consumers, regardless of sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, and sexual orientation; and

- Information about the health inequities and identified cultural groups in the county's service area which includes but is not limited to: the groups' beliefs about illness and health; need for gender affirming care; methods of interacting with providers and the health care structure; community defined evidence practices; and language and literacy needs.

- Example topics include, but are not limited to:
  - History of Underserved Communities and how social determinants of health (SDOH) that may impact client care
  - Cultural Formation
  - Understanding intersectional identities
  - Multicultural knowledge

Three-Year Comprehensive Plan Requirement

- Using the space below, the county BHP shall develop a Three-Year Training Plan that includes the following:
  - Identify proposed training topics and rationale for the trainings the county BHP intends to provide in the Three-Year Comprehensive Plan, based on the needs assessment and input from the Cultural Competence Committee.
  - Discuss how you will measure the effectiveness of the training(s), identifying outcomes and how the training advances the county BHP's identified goal(s) of reducing disparities and advancing culturally responsive care.
  - Describe how behavioral health equity and culturally responsive approaches will be embedded in all training activities provided by the county BHP, including integration of culturally linguistic components. This includes components of

diversity, equity, inclusion, antiracism, and client culture.
- Based on assessments and the training plan identify a minimum threshold for training requirements and the county BHP's plan to ensure this requirement is met.

Please limit your response to two pages, and attach your training plan related behavioral health equity topics.

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 clients and of colleagues 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 became ever more important in order to develop needed skills sets and understanding for staff. Staff are provided with annual Cultural Competency training.

As part of the standard protocol, following the completion of cultural competence training, participants complete evaluations about the topic/course presentation. 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

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.

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.

In working to incorporate training addressing client culture, the department is working to outline course training content.

Annual Update Requirement

- Using the space below, the county BHP will identify the following:
  - Describe trainings requested by staff and how the Three-Year Comprehensive Plan will be updated to incorporate emerging needs
  - Identify trainings offered (including topics, rationale for providing the training, and the intended audience)
  - Identify effectiveness of training (e.g., pre-post survey data) based on the county's identified goals in the Three-Year Comprehensive Plan. Year Plan.

Please limit your response to one page and attach supporting documents that training related to behavioral health equity topics in according with your Three-Year Training Plan occurred within the past year.

The Office of Health Equity has proactively fostered collaborative relationships with stakeholders, county sister agencies, and grassroots organizations, recognizing the importance of collective action in promoting health equity. During this period, the Logrando Bienestar community services coordinator team augmented its workforce by incorporating trilingual staff members. This strategic expansion aimed to effectively engage residents who are limited English proficient or monolingual speakers, thereby enhancing accessibility to essential services.

As part of our ongoing commitment to expanding outreach and embracing cultural diversity, Ventura County Behavioral Health (VCBH) proudly launched the Promotores and Promotoras Team. These community advocates play a pivotal role in enhancing

the welfare of the communities they serve. Tasked with facilitating outreach, they organize tabling events, educational sessions, and foster active community engagement. VCBH is deeply committed to these initiatives, aiming to tackle disparities and ensure fair access to healthcare services for all.

The department collaborates extensively with stakeholders and community organizations, engaging in multifaceted support mechanisms. These encompass, though are not limited to, offering technical assistance, delivering training sessions, and providing personalized guidance in various areas, including program development, planning, evaluation, and assessment.

For community-based contract providers, the department conducts regular meetings to meticulously review and discuss program advancements, obligatory data collection and reporting procedures, as well as program evaluations. Furthermore, participation in department-sponsored training initiatives, such as cultural competence training, serves to fortify the provider network by expanding awareness of the pivotal role culture plays in healthcare delivery.

In addition to cultural competency training, the department facilitates ongoing clinical-focused trainings tailored to enhance organizational clinical skills and competencies. These sessions cover a spectrum of vital areas, including Cognitive Behavioral Therapy (CBT), American Society of Addiction Medicine (ASAM) protocols, and Diagnostic Statistical Manual 5 (DSM-5) guidelines, among others. Such initiatives are instrumental in bolstering the capacity and effectiveness of our provider network, thereby ensuring the delivery of high-quality care aligned with best practices.

II. Communication and Language Assistance (CLAS Standards 5, 6, 7, and 8)

a. Language translation, print, signage, and multimedia resources (CLAS Standards 5, 6, 8).[9]

Three-Year Comprehensive Plan Requirement

The county BHP is responsible for providing behavioral health-related informational materials in applicable threshold languages that meet the communication and cultural needs of all residents in order to facilitate access to all health care and services. Please mark below that the documents listed below have been updated and translated in applicable threshold languages. The documents need to be available during audits and compliance reviews.

[9] 42 U.S.C. 2000d; W&I Code Section 5600.3; CGC Section 7290-7299.8; Title 9, CCR Sections 1810.410(a-e), 3610(b)(1)

☒Member service handbook or brochure
☒General correspondence issued by the county
☒Beneficiary problem, resolution, grievance, and fair hearing materials
☒Beneficiary satisfaction surveys
☒Informed Consent for Medication form
☒Confidentiality and Release of Information form;
☒Service orientation for clients;
☒Behavioral health education materials, and
☒Evidence of appropriately distributed and utilized translated materials.
☒Documented evidence in the clinical chart that clinical findings and reports are communicated in the clients' preferred language, culturally responsive, and affirming manner.
☒Documentation reflecting the client's lived name, gender, and pronouns, where applicable.
☒Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).

Using the space below please describe the following:

- Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).
- Mechanism for ensuring translated materials is at an appropriate reading level.
- Mechanism demonstrating the capability to refer or link beneficiaries to culturally and linguistically appropriate services, including outreach activities to beneficiaries and informing them about the availability of behavioral health services and programs.

Please limit your response to one page.

Ventura County Behavioral Health is committed to ensuring that no individual or family faces obstacles in accessing care due to language or cultural differences. To this end, we offer culturally sensitive interpretation services facilitated by bilingual/bicultural staff or contracted interpreters. In light of the pandemic, our department has intensified its focus on linguistic competence, from tailoring communication materials to suit different registers to promoting awareness of available free services within our community.

A central objective of the Office of Health Equity and Cultural Diversity is to continually evaluate interpreter services, aiming to enhance the quality and effectiveness of support provided to Limited English Proficiency (LEP) clients.

The county is dedicated to delivering behavioral health services that are both equitable and culturally competent. Ensuring appropriate linguistic services, particularly for Spanish-speaking individuals, is a top priority for the department and its executive leadership. VCBH maintains a pool of bilingual staff to meet the linguistic needs of our diverse community.

Annual Update Requirement

- No annual update is required unless one of the core documents is updated and the county BHP would like to note it in the annual update. Describe staff training requests and how the Three-Year Comprehensive Plan will be updated to incorporate emerging needs.

Please limit your response to one page.

N/A

b. Evidence of policies, procedures, and practices in place for meeting clients' language needs, including the following: (CLAS Standards 5, 7, 8)

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. Least preferable are language lines. Consider use of new technologies, such as video language conferencing, to grow language access capacity.

Three-Year Comprehensive Plan Requirement

- Using the space below, please provide a description of the protocol used for implementing language access through the county BHP's 24-hour phone line with statewide toll-free access.
- Using the space below, please provide a description how the county BHP ensures that staff receive appropriate training on how to utilize an interpreter when a client requires language assistance services, including American Sign

Language Services and TDD or California Relay Services.

- Using the space below, please provide a description of evidence of availability of interpreters (e.g., posters/bulletins) and/or bilingual staff for clients who speak threshold languages.
- Using the space below, please describe how clients who need services in a language other than English receive referrals and linkages to appropriate services are made at all key points of contact.
- Using the space below, please provide a description how your county BHP test call data will be used to ensure that the 24/7 Access Line is functional.

Please limit your response to one page.

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 Office of Health Equity and Cultural Diversity (OHECD) and Contracts department has provided training on Language Line usage as needed.

Annual Update Requirement

- Using the space below, please provide your county BHP's test call data from the 24/7 Access Line Test Call Report as evidence that the 24/7 Access Line is functional.
- No other Annual Update information is required unless there are significant changes and the county BHP would like to note it in the annual update.

Ventura County FY22-23 24/7 Access Line Test Call Report

	Q1	Q2	Q3	Q4
# TEST CALLS MADE DURING BUSINESS HOURS:	16	15	21	17
# TEST CALLS MADE DURING AFTER-HOURS:	8	7	8	8
TOTAL TEST CALLS MADE:	24	22	29	25
TOTAL NON-ENGLISH TEST CALLS:	5	6	9	8
TOTAL:	53	50	67	58

c. Describe your county BHP's approach to ensuring that language assistance is provided by appropriate and linguistically competent people (e.g., professional interpreters, bilingual staff) (CLAS Standard 7).[10]

[10] CGC Section 7290-7299.8

Three-Year Comprehensive Plan Requirement

1. Using the space below, please provide evidence that the county/agency accommodates persons who have Limited English Proficiency (LEP) by employing a multilingual workforce and using interpreter services when needed.
2. Using the space below, please provide evidence of contract or agency staff who are linguistically proficient in threshold languages during regular day operating hours. This can include the certification process used for agency staff to receive bilingual status. Include documentation of proficiency in medical and behavioral health terminology.
3. Using the space below, please provide evidence that counties have a process in place to ensure that interpreters are trained and monitored for competence in language, cultural practices and philosophies (e.g., formal testing).
4. Using the space below, please report the number of staff who are bilingual; include languages spoken and identify whether they are direct service providers or support staff.

Please limit your response to one page.

Across our clinics and programs, we prioritize effective communication by prominently displaying signs in reception areas, informing clients of our comprehensive language assistance services available in both English and Spanish. In instances where a client requires language assistance, our protocol involves promptly requesting/scheduling a qualified interpreter to facilitate effective communication, at no cost to the client.

Furthermore, our signage is designed to facilitate easy self-identification of language preferences, allowing clients to simply point to their preferred language. This information is then documented within our electronic health records for seamless communication during all interactions.

At VCBH, we recognize the importance of meeting the diverse linguistic needs of our clients. To ensure uninterrupted service delivery, we maintain contracts with five reputable language service providers. These partnerships enable us to address the high demand for culturally and linguistically appropriate services across all divisions and programs within our department.

Annual Update Requirement

- Using the space below, please describe the progress made in the previous year including providing comparisons of baseline data to current data, as applicable.

Please limit your response to one page.

Across our clinics and programs, we continue to prioritize effective communication by prominently displaying signs in reception areas and informing clients of our comprehensive language assistance services available in both English and Spanish. In instances where a client requires language assistance, our protocol involves promptly requesting/scheduling a qualified interpreter to facilitate effective communication, at no cost to the client.

Furthermore, our signage is designed to facilitate easy self-identification of language preferences, allowing clients to simply point to their preferred language. This information is then documented within our electronic health records for seamless communication during all interactions.

At VCBH, we recognize the importance of meeting the diverse linguistic needs of our clients. To ensure uninterrupted service delivery, we maintain contracts with five reputable language service providers. These providers monitor staff's quality of service and the level of cultural and linguistic competency to ensure their staff are appropriately trained and ready to aid in interpretation and translation services. Additionally, staff participate in cultural competency trainings and trainings covering interpreter services in a behavioral health setting. These partnerships enable us to address the high demand for culturally and linguistically appropriate services across all divisions and programs within our department.

As we continue to work on improving the accessibility of language assistance services available in English and Spanish for our clients, VCBH offers formal testing to assess bilingual fluency of internal staff. The assessment service offers an oral exam testing the individual's ability to listen and speak in a second language. It assesses the candidate's ability to verbally translate from English to a second language and vice versa. The candidate receives a score of no pass, Level 1 or Level 2. For candidates who receive a score of Level 2, there is an additional written exam that may be administered which evaluates the candidate's ability to write in a second language. It also assesses the candidate's ability to read and translate into a written document from English to a second language and vice versa. Currently, there are 282 internal staff at VCBH who are bilingual certified through the means of this formal assessment. Of these numbers, 277 are certified for Spanish, 2 for Tagalog, 1 for Spanish and ASL, and 2 for Spanish and Mixteco. There are currently 176 support staff and 106 bilingual certified direct service providers at VCBH.

d) Describe the county BHP's priorities for assessing and enhancing language assistance services and informing materials in the period covered by this plan.

Three-Year Comprehensive Plan Requirement

Using the space below, please identify gaps in culturally and linguistically appropriate

services and create a plan addressing those gaps.

Please limit your response to one page.

VCBH aims to enhance the effectiveness of our services by soliciting feedback from providers and consumers through stakeholder group meetings. Through this collaborative effort, we seek to identify cultural and linguistic gaps in our materials and brochures, ensuring our services are inclusive and responsive to the needs of our community.

In line with our commitment to diversity and inclusivity, VCBH is proactively expanding our team by recruiting individuals from diverse cultural and ethnic backgrounds. By increasing representation among our staff, we aim to better serve the diverse population of Ventura County and promote cultural competence within our organization.

Annual Update Requirement

Using the space below, please provide an analysis and evaluation of activities related to achieving the goal(s) identified in the Three-Year Comprehensive Plan, considering the following:

a. Describe the progress made in the previous year including providing comparisons of baseline data to current data, as applicable.
b. Identify how members of the community are involved in monitoring the progress of the implementation plan
c. Discuss any changes or updates to the goal based on progress, new information, and/or input from the community

Please limit your response to one page.

The collective approach between VCBH and the County in recruiting, community engagement, and DEI initiatives are important in advancing our mission to engage with diverse cultures and languages within our region. VCBH is committed to assessing policies, outreach strategies, clinical staffing, and other metrics to drive the changes that build and breed inclusivity.

III. Engagement, Continuous Improvement, and Accountability (CLAS Standards 9, 10, 11, 12, 13, 14, and 15)

a. Collect and maintain accurate and reliable demographic data to monitor and

evaluate the impact of CLAS on health equity and outcomes and to inform service delivery (CLAS Standards 10, 11, 12).[11]

Needs Assessment and Identifying Populations of Interest

The needs assessment require the evaluation of several different datasets, including county-wide population demographics and Medi-Cal client and non-Medi-cal usage data. The needs assessment also requires analysis of these data to identify prevention and early intervention (PEI) populations for ongoing monitoring. This process will require collaborative data analysis partnerships and consultation. The county's collaborative advisory committee should be directly involved in the needs assessment to gain community-level insight and guidance on the data interpretation.

Three-Year Comprehensive Plan Requirement

1. Please provide a summary of the Needs Assessment using the following datasets outlined in 1 a – d and summarize them in table format using the Data Toolkit or your county BHP's tools.

1a: Overall County Population Data

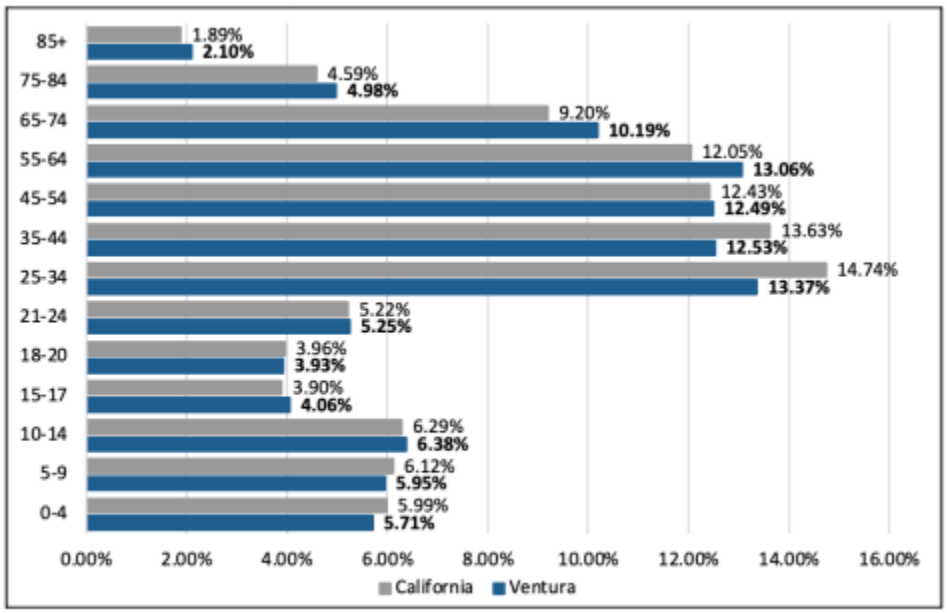
TABLE 1: TOTAL POPULATION: PAST FOUR YEARS, 2016-2019

Total Population					
	2016	2017	2018	2019	Percent Change 2016-2019
Ventura County	848,921	850,802	850,967	846,006	-0.34
California	39,209,127	39,399,349	39,557,045	39,512,223	0.77
United States	323,071,342	325,147,121	327,167,434	328,239,523	1.59

Source: U.S. Census Bureau

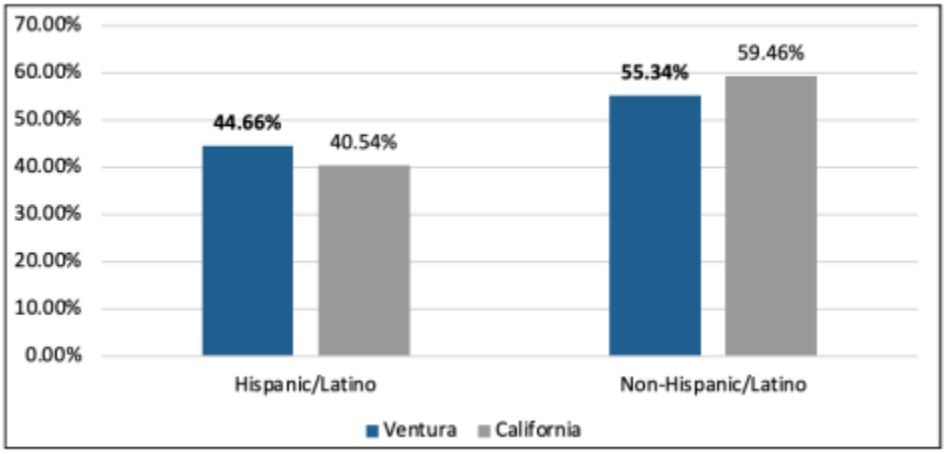
[11] W&I Code Sections 3200.100, 5840(b) and (e), 5848, 5865(b), 5855(f), 5878.1, 5880(b)(6), 14683(b); Title 9, CCR Sections 1810.310 1(a-b), 3300

FIGURE 6: POPULATION BY AGE, 2022



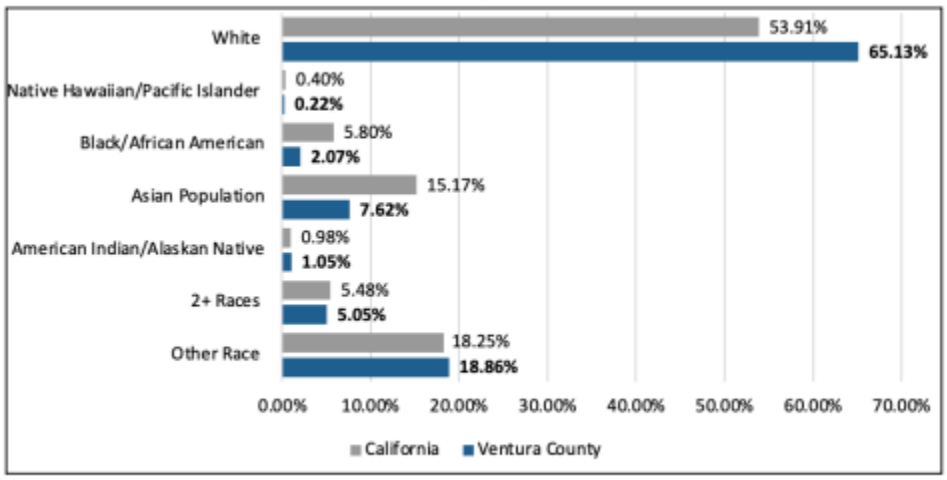
Source: Claritas Pop-Facts

FIGURE 7: VENTURA COUNTY POPULATION BY ETHNICITY, 2022



Source: Claritas Pop-Facts

FIGURE 8: VENTURA COUNTY POPULATION BY RACE, 2022



Source: Claritas Pop-Facts

Ventura_CHNA_2022_v4.pdf (healthmattersinvc.org)

1b: Threshold Languages[12]

Threshold Language of Medi-Cal Beneficiaries Served in CY 2021

Threshold Language	Unduplicated Annual Count of Medi-Cal Beneficiaries Served by the MHP	Percent of Beneficiaries Served
Spanish	1,938	20.51%
Total Threshold Languages	**1,938**	**20.51%**
Threshold language source: Open Data per BHIN 20-070		

[12] BHIN 20-070; https://data.chhs.ca.gov

1c: Utilization/Encounter Data[13] (MH + SUD)

	Ventura				Large		Statewide
	Average Number of Eligibles per Month	Number of Beneficiaries Served per Year	Penetration Rate		Penetration Rate		Penetration Rate
Total							
	262,795	10,872	4.14%		3.60%		3.96%
Age Group							
0-5	26,451	251	0.95%		1.50%		1.82%
6-17	65,478	3,653	5.58%		5.01%		5.65%
18-59	136,602	5,881	4.31%		3.72%		4.00%
60+	34,266	1,087	3.17%		2.31%		2.63%
Gender							
Female	141,373	5,774	4.08%		3.50%		3.89%
Male	121,422	5,098	4.20%		3.71%		4.04%
Race/Ethnicity							
White	49,527	2,977	6.01%		5.38%		5.45%
Hispanic/Latino	141,704	4,666	3.29%		3.06%		3.51%
African-American	3,312	251	7.58%		6.00%		7.08%
Asian/Pacific Islander	9,409	196	2.08%		1.75%		1.91%
Native American	511	33	6.46%		6.21%		5.94%
Other	58,335	2,749	4.71%		3.57%		3.57%
Eligibility Categories							
Disabled	16,608	2,797	16.48%		12.75%		13.69%
Foster Care	1,042	467	44.82%		44.06%		46.00%
Other Child	61,436	2,529	4.12%		3.74%		4.28%
Family Adult	40,060	1,262	3.15%		2.50%		2.81%
Other Adult	32,424	265	0.82%		0.74%		0.82%
MCHIP	30,661	1,202	3.92%		3.49%		3.82%
ACA	83,511	2,810	3.36%		3.02%		3.42%
Service Categories							
Inpatient Services	262,795	953	0.36%		0.29%		0.32%
Residential Services	262,795	346	0.13%		0.07%		0.06%
Crisis Stabilization	262,795	607	0.23%		0.50%		0.42%
Day Treatment	262,795	1	0.00%		0.00%		0.00%

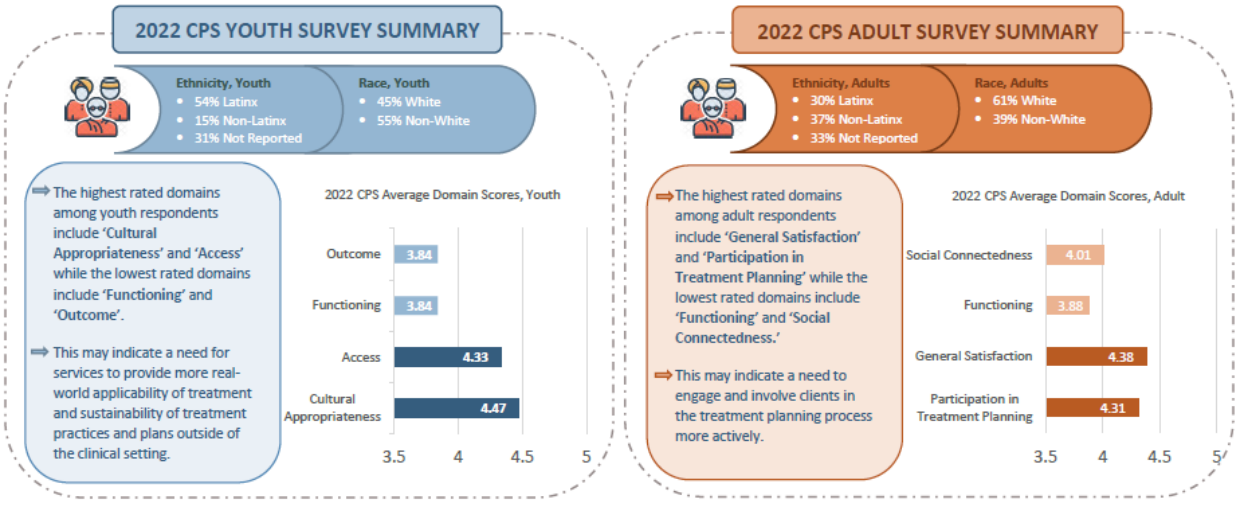
[13] Behavioral Health Reporting (ca.gov)

Case Management	262,795	7,582	2.89%		1.54%		1.52%
Mental Health Services	262,795	9,013	3.43%		2.80%		3.10%
Medication Support	262,795	6,470	2.46%		1.78%		1.95%
Crisis Intervention	262,795	1,094	0.42%		0.34%		0.47%
TBS	262,795	218	0.08%		0.05%		0.04%
Look-A-Like	262,795	0	0.00%		0.00%		0.00%
TFC	262,795	0	00.00%		0.00%		0.00%
IHBS	262,795	74	0.03%		0.09%		0.10%
ICC	262,795	940	0.36%		0.22%		0.22%

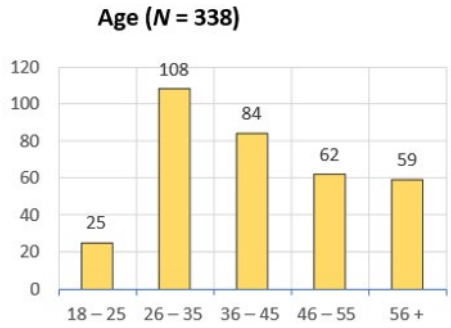
**Medi-Cal Approved Claims Data for Ventura County MHP Calendar Year C22 as prepared by Behavioral Health concepts*

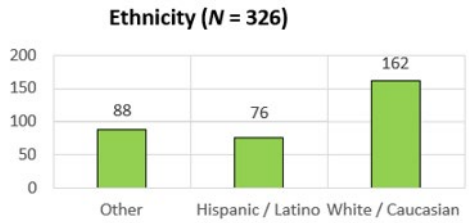
1d: Beneficiary Satisfaction Survey Data (include MH and SUD)

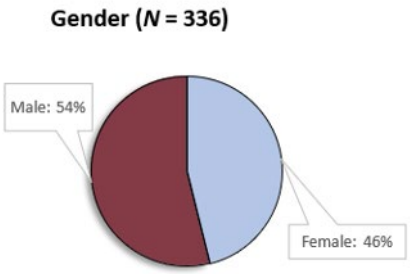
Mental Health Survey Data



SUD Survey Data







2. Using the space below, please provide a data analysis using the above data elements and information. Your county BHP's analysis should include service utilization trends, including differences and disparities in different service types and levels of care, summarizing any other observable trends and/or disparities in the data analysis that the county BHP needs to address in this Behavioral Health Equity Plan.

Please limit your response to one page.

Spanish is the threshold language among Medi-Cal beneficiaries served, highlighting the importance of providing culturally and linguistically appropriate services. The disparities in utilization rates suggest the need for targeted interventions to address barriers to access, particularly among underrepresented or marginalized populations. The low penetration rates for certain services like inpatient and residential care indicate potential gaps in the continuum of care, necessitating efforts to improve access to these services for those in need.

Ventura County Behavioral Health (VCBH) has identified disparities in service provision for the Latinx community. VCBH has implemented outreach programs and is actively working on expanding its pool of bilingual providers and staff through incentives for language proficiency and

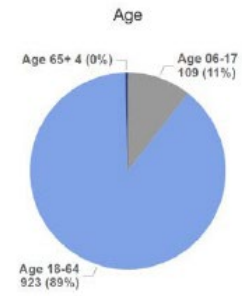
targeted recruitment efforts. In addition, staff conduct language preference assessments during client intake to ensure appropriate language accommodations for Latinx clients, including the provision of interpretation services throughout healthcare encounters. To directly gather insights from Latinx clients, the county employs feedback mechanisms such as anonymous surveys or focus groups to solicit input on their healthcare experiences. Through these avenues, clients are encouraged to share feedback, suggestions, and concerns regarding the accessibility, cultural competence, and quality of care received. VCBH consistently analyzes this feedback to identify areas for improvement and inform strategic decision-making.

VCBH remains steadfast in its commitment to addressing disparities in serving the Latinx community, with the overarching goal of promoting equitable access to healthcare services, enhancing health outcomes, and fostering trust and satisfaction among Latinx clients.

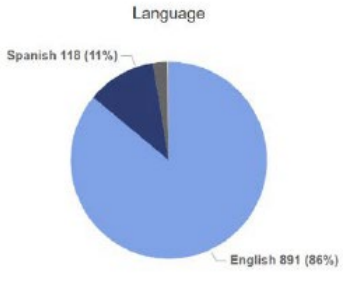
3. In alignment with DHCS' Comprehensive Quality Strategy, county BHPs are required to report behavioral health equity data on the following performance measures.

a. For Mental Health Plans:

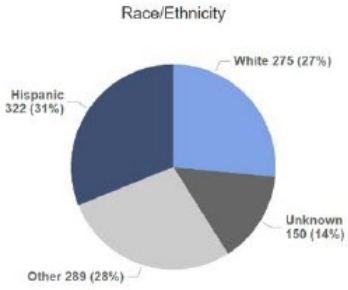
1) Follow-Up After Emergency Department Visit for Mental Illness (FUM): 7 days & 30 days



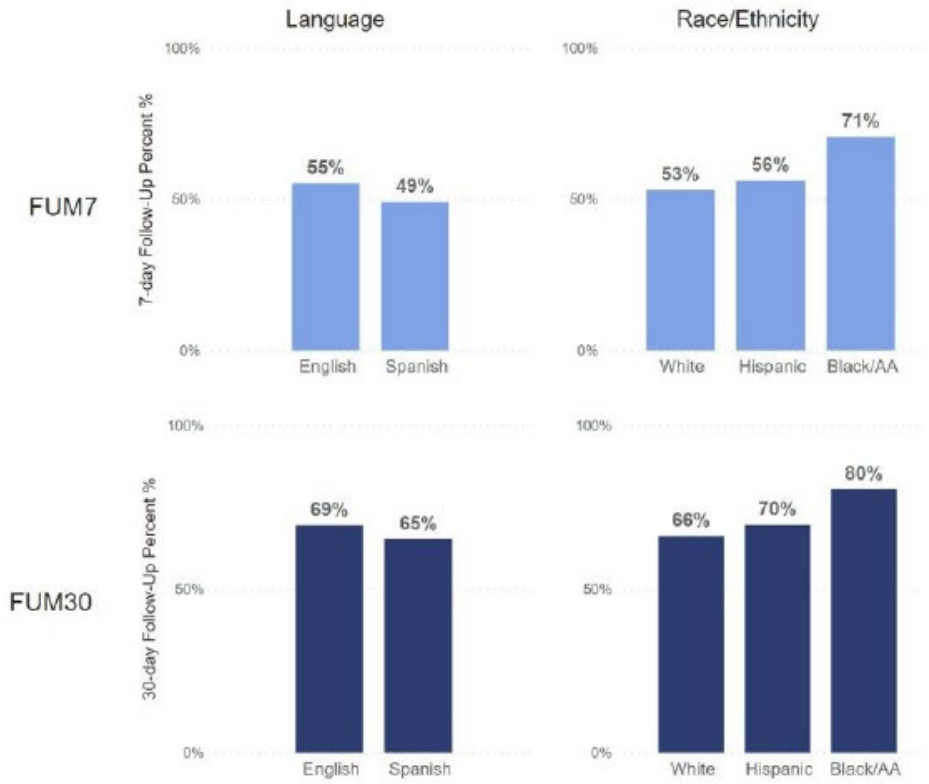
Age	ED Visits	% ED Visits
Age 06-17	109	10.5%
Age 18-64	923	89.1%
Age 65+	4	0.4%
Total	**1036**	**100.0%**



Language	ED Visits	% ED Visits
English	891	86.0%
Spanish	118	11.4%
Language_Unknown	24	2.3%
Language_Other	2	0.2%
Arabic	1	0.1%
Total	**1036**	**100.0%**

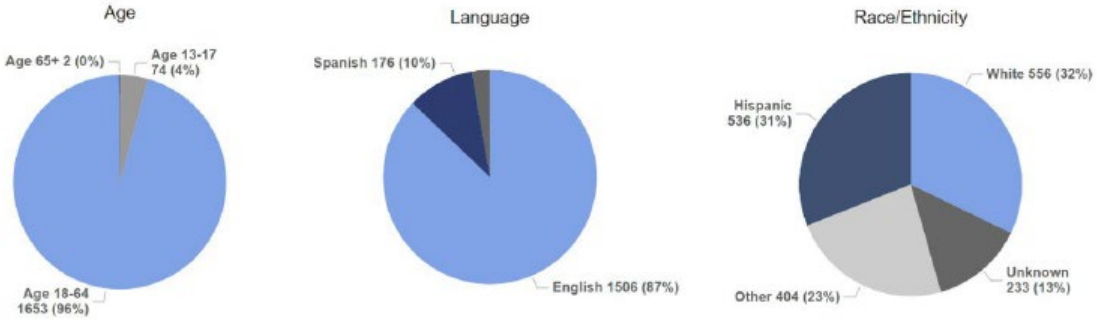


Race/Ethnicity	ED Visits	% ED Visits
Hispanic	322	31.1%
White	275	26.5%
Other	228	22.0%
Unknown	150	14.5%
Black/AA	41	4.0%
Asian/PI	17	1.6%
AI/AN	3	0.3%
Total	**1036**	**100.0%**



b. For DMC-ODS Counties

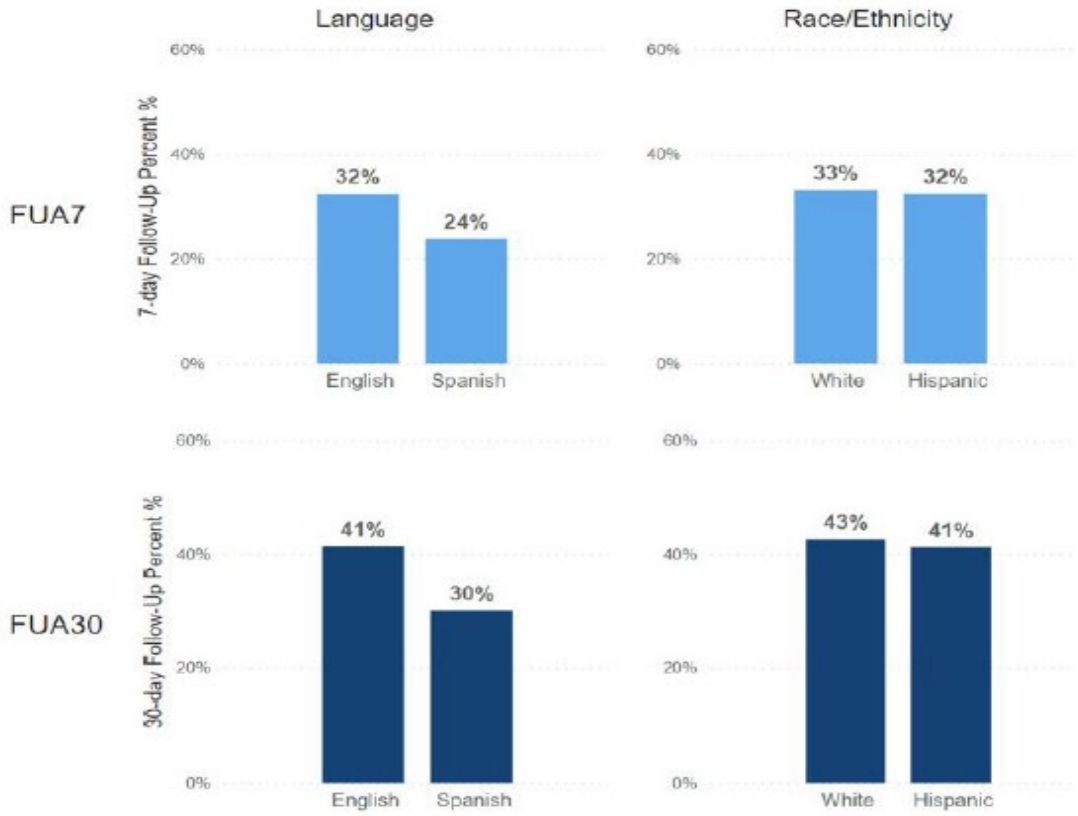
1) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA): 7 days & 30 days



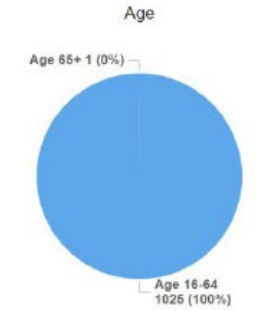
Age	ED Visits	% ED Visits
Age 13-17	74	4.3%
Age 18-64	1653	95.6%
Age 65+	2	0.1%
Total	**1729**	**100.0%**

Language	ED Visits	% ED Visits
English	1506	87.1%
Spanish	176	10.2%
Language_Unknown	46	2.7%
Farsi	1	0.1%
Total	**1729**	**100.0%**

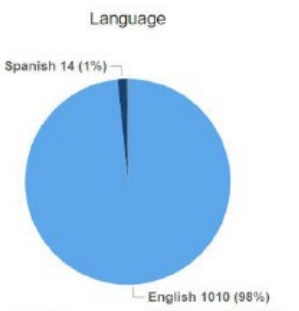
Race/Ethnicity	ED Visits	% ED Visits
White	556	32.2%
Hispanic	536	31.0%
Other	370	21.4%
Unknown	233	13.5%
Black/AA	19	1.1%
Asian/PI	11	0.6%
AI/AN	4	0.2%
Total	**1729**	**100.0%**



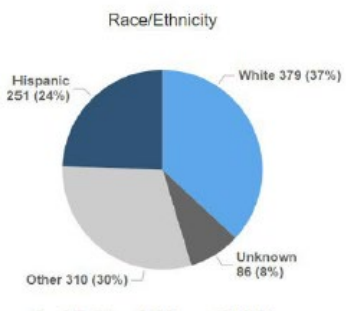
2) Pharmacotherapy for Opioid Use Disorder (POD)



	Initiations	Initiations
Age 16-64	1025	99.9%
Age 65+	1	0.1%
Total	**1026**	**100.0%**



Language	MOUD Initiations	% MOUD Initiations
English	1010	98.4%
Spanish	14	1.4%
Language_Unknown	2	0.2%
Total	**1026**	**100.0%**



Race/Ethnicity	MOUD Initiations	% MOUD Initiations
White	379	36.9%
Other	300	29.2%
Hispanic	251	24.5%
Unknown	86	8.4%
Asian/PI	5	0.5%
Black/AA	3	0.3%
AI/AN	2	0.2%
Total	**1026**	**100.0%**

Annual Update Submission Requirements

- Using the space below, please submit updates to the above data and information as needed. Please limit your response to one page.

There are no updates available at this time. The information provided reflects the most current data available.

b. Establish culturally and linguistically appropriate, and affirming goals, policies and accountability, infusing them throughout the organizations planning and operations; developing strategies for addressing disparities among identified populations of interest; and conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities (CLAS Standards 9, 10, 11, 12, 13, 14, 15). [14]

Three-Year Comprehensive Plan Requirement

- Using the space below and the information from the Needs Assessment above, please identify priorities, goals, and strategies.
- Examples of improvement goals:
  - **Example 1:** A County has identified a disparity based on language when looking at rates of follow-up after emergency department presentations for mental illness, and Spanish-speaking beneficiaries were less likely to follow-up compared to English-speaking beneficiaries. In response, the County establishes a goal of closing the disparity in follow-up by 50% in the next 1 year and chooses the strategy of outreach calls by language-concordant community health workers.
  - **Example 2:** A County has identified through utilization data that beneficiaries who identify as Black are less likely to be engaged in buprenorphine-based care for opioid use disorder compared to beneficiaries identifying as white. In response, the County establishes a goal of understanding this disparity in greater detail in the next 1 year and chooses the strategy of holding a series of interviews and focus groups with beneficiaries to learn more about this phenomenon and potential barriers in care.

Please limit your response to one page.

As Ventura County experiences population growth, the burden of financial, familial, emotional, and mental hardships becomes increasingly pronounced. Unfortunately, stigmas surrounding mental health services exacerbate these challenges, particularly among communities grappling with economic uncertainties.

[14] W&I Code Sections 3200.100, 5840(b) and (e), 5848, 5865(b), 5855(f), 5878.1, 5880(b)(6), 14683(b); Title 9, CCR Sections 1810.310 1(a-b), 3300

FUA care for alcohol and other drug abuse dependency within 7 and 30 days falls below the national average, with Spanish-speaking communities facing even greater disparities. In response, Ventura County Behavioral Health is committed to reassessing policies and engaging in community dialogues to identify and rectify deficiencies in our mental health services.

By conducting inclusive meetings and actively involving community members, we aim to bridge gaps and ensure coordinated support reaches the most vulnerable individuals. Through collaborative efforts and targeted interventions, we strive to dismantle barriers to mental health care access and promote well-being across our diverse population.

Annual Update Requirement

Using the space below, please provide an analysis and evaluation of activities related to achieving the goals identified in the Three-Year Comprehensive Plan, considering the following:

- Describe the progress made in the previous year including providing comparisons of baseline data to current data, as applicable to the goal
- Identify how members of the community are involved in monitoring the progress of the implementation plan and discuss their contributions (e.g. Cultural Competence Committee, Quality Improvement Committee, MHSA Stakeholder Committee, and Local Behavioral Health Board).

Please limit your response to one page.

VCBH has undertaken the revision of its policies to ensure alignment with CLAS (Culturally and Linguistically Appropriate Services) standards. In leveraging the upcoming Stakeholder meeting (i.e. Quality Improvement Committee, Mental Health Services Act Stakeholder Committee, Behavioral Health Advisory Board, Latino Disparities Reduction Committee), VCBH aims to discern any deficiencies within the BH Equality standards, thereby formulating strategic plans for future initiatives.

Furthermore, VCBH employs Consumer Perception Surveys to gather beneficiary feedback, intending to expand the utilization of such surveys to elucidate beneficiary perspectives on identified disparities. Through outreach efforts, training on cultural responsiveness, and incorporation of beneficiary input, VCBH is committed to collaborating with the community to elevate penetration

rates among underserved demographics and bolster utilization among groups currently underrepresented in accessing services.

c. <u>The county BHP must have a collaborative advisory committee (e.g., Cultural Competence Committee; Cultural Humility Committee; Diversity, Equity and Inclusion Committee) responsible for helping to guide the county behavioral health system toward reducing behavioral health disparities. Committee representation and participation should reflect county and contractor staff, peer and family supports, and culturally, ethnically, and linguistically diverse community members (CLAS Standard 13).</u>

<u>Three-Year Comprehensive Plan Requirement</u>

1. Does your county BHP have a separate Cultural Competence Plan Committee?
   ☐Yes ☒ No

2. If you marked "No," are topics related to cultural humility and disparities reduction discussed in one of the below committees?

   ☒Quality Improvement Committee

   ☒Committee related to MHSA Planning

   ☐Other; please specify in the space below

3. Please briefly provide the current committee composition, structure and meeting frequency in the space below.

   Please use 300 words or less.

Due to a transitional phase within the Office of Health Equity and Cultural Diversity, the integration of cultural competency has been incorporated into the Ventura County Behavioral Health Advisory Board (BHAB), Quality Improvement Committee (QIC), the Latino Disparities Reduction Committee (LDRC) and MHSA Stakeholder meetings. This inclusion aims to facilitate the identification of community needs and concerns.

4. Please check which of the following tasks committee members perform actively:

☒Participates in CCP development
☒Participates in the review of county BHP's disparities data review and provides feedback
☒Reviews of services/programs with respect to health equity issues at the county
☒Provides reports to Quality Assurance/Quality Improvement Program in the county
☐Participates in overall planning and implementation of services at the county
☐Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Behavioral Health Director
☒Participates in and reviews the county MHSA planning process and stakeholder engagement
☐Participates in and reviews client developed programs (wellness, recovery, and peer support programs)

5. Please describe in the space below how you ensure enclosure of diverse community stakeholders in committee activities.

Please use 300 words or less.

The county is dedicated to community development, ensuring the inclusion of diverse stakeholders is paramount to our mission of fostering equitable and sustainable growth. We have implemented a range of strategies to actively engage and involve members from all segments of our community.

We recognize that our community is rich in diversity, comprising individuals from various cultural, socioeconomic, and demographic backgrounds. We understand that embracing this diversity is essential for crafting policies and initiatives that truly reflect the needs and aspirations of all residents.

To ensure broad representation, we employ diverse outreach methods, including community meetings (i.e. LDRC, BHAB, MHSA Stakeholder Meetings), social media campaigns, newsletters, and direct outreach to local organizations and minority groups. We make concerted efforts to engage with traditionally underserved communities, including non-English speakers and marginalized populations.

All our communication materials and meetings are designed to be accessible to everyone. We provide translations of essential documents into multiple languages, offer interpretation services at meetings, and ensure that venues are physically accessible to

individuals with disabilities. Moreover, we use plain language and avoid jargon to make information easily understandable for all.

Annual Update Requirement

- Please provide annual updates to the above information, using the space below.

Please use 300 words or less.

We regularly assess the effectiveness of our outreach and engagement efforts, seeking feedback from community members on how we can better involve diverse stakeholders. Based on this feedback, we adapt our strategies to address any gaps or barriers to participation, ensuring continuous improvement in our inclusivity practices. We make decisions openly and transparently, with opportunities for public input and scrutiny at every stage. By holding ourselves accountable to the community we serve, we strive to build trust and confidence in our actions.

The county is dedicated to ensuring the enclosure of diverse community stakeholders in all our activities. Through inclusive outreach, accessible communication, active engagement, diverse representation, continuous evaluation, collaborative decision-making, and accountability, we work tirelessly to create an environment where every voice is heard and valued.

Appendices

Appendix A:

Federal and State Statutes; National Culturally and Linguistically Appropriate Services (CLAS) Standards; and Mental Health Services Act (MHSA) Guidelines

Federal Statute

Title VI of the Civil Rights Act of 1964-"No person in the United States shall on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. 2000d).

As pertains to language access: Title VI of the Civil Rights Act prohibits recipients of federal funds from providing services to limited English proficient (LEP) persons that are limited in scope or lower in quality than those provided to others. An individual's participation in a federally funded program or activity may not be limited on the basis of LEP. Since Medi-Cal is partially funded by federal funds, all MHPs must ensure that all Medi-Cal LEP members have equal access to all mental health care.

Executive Order 13160 of June 23, 2000. Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs. To ensure that persons with limited English skills can effectively access critical health and social services, the Office of Civil Rights (OCR) published policy guidance which outlines the responsibilities under federal law of health and social services providers who receive Federal financial assistance from HHS to assist people with limited English skills.
As pertains to language assistance to persons with limited English proficiency (LEP). The guidance explains the basic legal requirements of Title VI of the Civil Rights Act of

1964 (Title VI) and explains what recipients of Federal financial assistance can do to comply with the law. The guidance contains information about best practices and explains how OCR handles complaints and enforces the law.

Title 42 – The Public Health and Welfare, Chapter 126, Equal Opportunity For Individuals with Disabilities Section 12101. Findings and Purpose. [Section 2}
-- to provide a clear and comprehensive national mandate, and a strong, consistent, enforceable standard, for the elimination of and addressing discrimination against individuals with disabilities. The Nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals.

California State Statute

Welfare and Institutions Code (WIC), Section 4341 -- relates to DMH activities and responsibilities in implementing a Human Resources Development Program and ensuring appropriate numbers of graduates with experience in serving mentally ill persons. Subsection (d) states: “Specific attention shall be given to ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective services to the diverse population of the state.”

WIC, Section 5600.2 -- relates to the Bronzan-McCorquodale Act and general provisions to organize and finance community mental health services. “To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are beneficiary-centered, culturally competent, and fully accountable…”

WIC, Section 5600.2(g) -- “Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations’ cultural diversity. Systems of care should: (1) Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. (2) Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups. (3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.

WIC, Section 5600.3—Relates to populations targeted for services. This section details the target populations that shall be served by mental health funds. Target populations include the following: Seriously emotionally disturbed children and adolescents, adults and older adults who have serious mental disorders, adults or older adults who require or are at risk of requiring acute treatment, and those persons who need brief treatment as a result of natural disaster or severe local emergency.

WIC, Section 5600.9(a) -- “Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs.”

WIC, Section 5802. (a)(4) -- relates to Adult and Older Adult Mental Health System of Care. “System of care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, least restrictive level of care are necessary to achieve the desired performance outcomes.”

WIC, Section 5807. – relates to Human Resources, Education, and Training

Programs. Requires counties to work in an interagency collaboration (and public and private collaborative programs) to effectively serve target populations to assure service effectiveness and continuity and help set priorities for services.

WIC, Section 5813.5 (d)(3) – relates to distribution of funds, services to adults and seniors, funding, and planning for services. “Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers…to reflect the cultural, ethnic and racial diversity of mental health consumers.”

WIC, Section 5820. – relates to Human Resources, Education, and Training Programs. This section details “the intent to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.” A needs assessment is required of the mental health programs in each county that detail anticipated staff shortages where the county will need to fill positions in order to meet requirements in reducing discrimination and improving services for underserved populations as detailed in WIC, Section 5840.

WIC, Section 5822 (d) and (i) – relates to Human Resources, Education, and Training Programs. Relates to the State Department of Mental Health. Section 5822 (d) requires an establishment of regional partnerships among mental health and educational systems to expand outreach to multicultural communities and increase the diversity of the mental health workforce. Section 5822 (i) requires promotion of the inclusion of cultural competency in training and educational programs.

WIC, Section 5840 (b) and (b)(4) and (e)– relates to Prevention and Early Intervention Programs. This section requires programs to reduce discrimination and improve services for underserved populations. Additionally, this section requires the department to revise elements of the program to reflect lessons learned. “The program shall emphasize improving timely access to services for underserved populations.” “Reduction in discrimination against people with mental illness.” “In consultation with mental health stakeholders, the department shall revise the program elements in Section 5840 applicable to all county mental health programs in future years to reflect what is learned about the most effective prevention and intervention programs for children, adults and seniors.”

WIC, Section 5848– relates to the development of prevention and early intervention plans with local stakeholders. This section requires stakeholder participation in the development of the PEI plan.

WIC, Section 5855. (f) -- relates to Children’s Mental Health System of Care. “Cultural competence. Service effectiveness is dependent upon both culturally relevant and competent service delivery.”

WIC. Section 5865. (b) -- relates to the county System of Care Requirement

in place with qualified mental health personnel within three years of funding by the state. “(b) A method to screen and identify children in the target population including persons from ethnic minority cultures which may require outreach for identification. (e) A defined mechanism to ensure that services are culturally competent.”

WIC Section 5878.1—relates to establishing programs that assure services are culturally competent. “It is the intent of this act that services provided under this chapter to severely mentally ill children are accountable, developed in partnership with youth and their families, culturally competent, and individualized to the strengths and needs of each child and their family.”

WIC. Section 5880. (b)(6) -- relates to establishing beneficiary and cost outcome and other system performance goals for selected counties. “To provide culturally competent programs that recognize and address the unique needs of ethnic populations in relation to equal access, program design and operation, and program evaluation.”

WIC, Section 14683 (b) -- requires the department establish minimum standards of quality and access for managed mental health care plans. This section sets forth a requirement that managed mental health care plans include a system of “outreach to enable beneficiaries and providers to participate in and access mental health services under the plans, consistent with existing law.”

WIC, Section 14684 (h) -- “Each plan shall provide for culturally competent and age- appropriate services, to the extent feasible. The plan shall assess the cultural competence needs of the program. The plan shall include, as part of the quality assurance program required by Section 4070, a process to accommodate the significant needs with reasonable timelines. The department shall provide demographic data and technical assistance. Performance outcome measures shall include a reliable method of measuring and reporting the extent to which services are culturally competent and age-appropriate.”

California Government Code (CGC) Section 7290-7299.8 – “This chapter may be known and cited as the Dymally-Alatorre Bilingual Services Act." Relates to the Legislature’s findings and declarations regarding rights and benefits to those precluded from utilizing public services because of language barriers. This section details the need for effective community between the government and its citizens and describes legislative intention to provide for effective communication to those that either do not speak or write English at all or their primary language is other than English.

California Code of Regulations

California Code of Regulations (CCR), Title 9, Rehabilitative and Developmental Services. Division 1, Department of Mental Health, Chapter 10, Medi-Cal Psychiatric Inpatient Hospital Services, Article 1, Section 1704 “Culturally Competent Services means a set of congruent behaviors, attitudes and policies in a

system or agency to enable effective service provision in cross-cultural settings."

CCR, Title 9, Rehabilitative and Developmental Services. Division 1, Department of Mental Health, Chapter 11, Medi-Cal Specialty Mental Health Services, Article 4, Section 1810.310 1(a-b) Implementation Plan. This section discusses how an MHP must submit an Implementation Plan with procedure details for screening, referral and coordination with other necessary services and "Outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP."

CCR, Title 9, Rehabilitative and Developmental Services. Division 1, Department of Mental Health, Chapter 11, Medi-Cal Specialty Mental Health Services, Article 4, Section 1810.410 (a-e), Cultural and Linguistic Requirements. This section provides an in-depth listing of cultural and linguistic requirements. "Each MHP shall develop and implement a Cultural Competence Plan that includes…" provisions of the CCPR that work to improve cultural and linguistic competence. "The MHP shall submit the Cultural Competence Plan to the Department for review and approval in accordance with these timelines. "The MHP shall update the Cultural Competence Plan and submit these updates to the Department for review and approval annually."

Cultural Competence Plan provisions in this section include but are not limited to the following: strategies and objectives, cultural and linguistic assessments, resource listing of linguistically appropriate services, and cultural and linguistic training for mental health workers. MHPs shall have a statewide, toll-free number, oral interpreters available, referrals for linguistic and cultural services the MHP does not provide, policies and procedures to assist beneficiaries who need interpreters in non-threshold languages, and general program literature in threshold languages

CCR, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act, Article 2: Definitions, Section 3200.100. Cultural Competence. This section provides an in depth definition of "Cultural Competence". It identifies nine goals to incorporate in all aspects of policy- making, program design, administration and service delivery and assist in the development of an infrastructure of a service, program or system, as necessary in achieving these goals.

CCR, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14. Mental Health Services Act, Article 2, Definitions, Section 3200.210. "Linguistic Competence" means organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures, and dedicated resources are in place that enables organizations and individuals to effectively respond to the literacy needs of the populations being served.

CCR, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14. Mental Health Services Act, Article 2,

Definitions, Section 3200.260. "'Small County' means a county in California with a total population of less than 200,000, according to the most recent projection by the California State Department of Finance."

CCR, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14. Mental Health Services Act, Article 3, General Requirements, Section 3300. Community Program Planning Process. This section provides requirements related to designated positions for community planning processes and details minimum Community Program Planning Process requirements. The planning process shall include opportunities for stakeholder participation of "unserved and/or underserved populations" and their family members as well as to "stakeholders who reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity."

CCR, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14. Mental Health Services Act, Article 6, General Requirements, Section 3610 (b)(1). General Community Services and Supports. "The County shall conduct outreach to provide equal opportunities for peers who share the diverse race/ethnic, cultural, and linguistic characteristics of the individuals/clients served."

The National CLAS Standards

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

MHSA Guidelines

Prevention and Early Intervention: Cultural Competence

"Improving access to mental health programs and interventions for unserved and underserved communities and the amelioration of disparities in mental health across racial/ethnic and socioeconomic groups are priorities of the MHSA. Therefore cultural competence must be emphasized in PEI programs."

Cultural Competence means incorporating and working to achieve cultural competence goals into all aspects of policy-making, program design, and administration and service delivery. (Source: PEI, 2007, p. 2).

Workforce Education and Training: Cultural Competence

Guides counties for the "development and implementation of recruitment, retention and promotion strategies for providing equal employment opportunities to administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic cultural and linguistic characteristics of individuals with severe mental illness/emotional disturbance in the community." "Staff, contractors and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and /or

linguistic population or community they serve." (Source: WET, 2007, p.4-5)

Workforce Education and Training: Objectives in the Five Year Plan
Guides counties in the "development of strategies for the meaningful inclusion of individuals with mental health client and family member experience, and incorporate their viewpoints and experiences in all training and education programs." (Source: WET, 2007, p.6)

Workforce Education and Training: Workforce Needs Assessment
Guides counties to "establish a current, standardized baseline set of workforce data that depicts personnel shortages and the needs of ethnic/racial and culturally underrepresented populations." (Source: WET, 2007, p.11)