



VENTURA COUNTY  

---

BEHAVIORAL HEALTH

---

Cultural Competency Plan

Annual Update FY 23-24

## Ventura County Behavioral Health Plan Responses to Cultural Competence Plan Requirements (CCPR)

### Cover Sheet

<b>Name of County:</b>	Ventura
<b>Mental Health Director:</b>	Loretta Denering, Behavioral Health Director
<b>Name of Contact:</b>	Nicole Salazar
<b>Contact's Title:</b>	Behavioral Health Manager II, Strategic Initiatives
<b>Contact's Unit/Division:</b>	Behavioral Health Department, Ventura County Health Care Agency (HCA)
<b>Contact's Telephone:</b>	(805) 973-1493
<b>Contact's Email:</b>	<a href="mailto:Nicole.Salazar@ventura.org">Nicole.Salazar@ventura.org</a>

## TABLE OF CONTENTS

INTRODUCTION .....	4
CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE .....	5
CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS .....	18
CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES .....	26
CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM .....	33
CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES .....	39
CRITERION 6: COUNTY’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF .....	41
CRITERION 7: LANGUAGE CAPACITY .....	43
CRITERION 8: ADAPTATION OF SERVICES .....	45

## INTRODUCTION

This report presents the annual update of the Ventura County Behavioral Health (VCBH) Cultural Competency Plan (CCP), which aligns with the Cultural, Linguistic, and Ability Standards (CLAS).

VCBH is steadfast in its commitment to cultural competence, demonstrated by its continual investment in and expansion of the Office of Health Equity. This commitment is evident in our community engagement efforts, policy development, and operational practices, all of which prioritize the recognition and value of racial, ethnic and cultural diversity across every facet of VCBH.

Collaboration is at the heart of VCHB's approach, encompassing partnerships within our department's internal infrastructure – including finance, contracting, human resources and information systems- as well as with our community stakeholders and community-based organizations. Together, we uphold CLAS-focused approaches that foster equity and promote inclusive practices throughout the department.

Our commitment is further reinforced by actively involving clients and family members from Ventura County's diverse communities in the development, implementation, and monitoring of VCBH programs and services. We ensure that cultural diversity is reflected in the composition of panels, committees, and stakeholder groups, allowing their work to shape current and future initiatives.

Commitment to cultural competence has always been a priority for VCBH leadership. The COVID-19 pandemic exposed and amplified health disparities, creating barriers that increased the risk of community members accessing substance use treatment and mental health services. The traumatic events that our country has faced underscore the necessity of leading all efforts and services from an anti-racist, diversity, equity, inclusion (DEI-AR) perspective. The past three years have reinforced that true cultural and linguistic proficiency in our services is impossible without integrating DEI-AR principles.

In alignment with CLAS standards, which prioritize Principal Standards, Governance, Leadership, and Workforce, committed to advancing, improving, and eliminating disparities across our county agencies emphasizes our dedication to cultural and linguistic competence.

In this update, we continue to adhere to the eight criteria established in the original CCP plan, striving to eliminate health disparities and improve overall health outcomes for all Medi-Cal beneficiaries. VCBH remains dedicated to creating a welcoming, healing, and recovery-centered environment for individuals and families of all cultures, languages, and abilities.

## CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

**Rationale:** An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

### I. County Mental Health System commitment to cultural competence

- A. Policies, procedures, or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Mental Health System.

### **Ventura County Behavioral Health (VCBH): A Commitment to Cultural Competence and Quality Improvement**

Ventura County Behavioral Health (VCBH), an integral part of the Ventura County Health Care Agency, is dedicated to providing comprehensive, coordinated mental health and substance use services that meet the diverse needs of Ventura County residents. VCBH's commitment to cultural competence is reflected in the establishment of the Office of Health Equity and the implementation of policies and practices that emphasize the recognition and value of racial, ethnic, and cultural diversity.

A cornerstone of VCBH's efforts to enhance service quality is the Quality Management Action Committee (QMAC), which annually reviews, evaluates, and develops the Quality Assurance Performance Improvement Plan. This initiative underscores VCBH's dedication to ensuring services are accessible, effective, and responsive to the community's diverse needs.

Collaboration with community-based, faith-based, and other partners is central to VCBH's mission, ensuring that individuals of all ages—children, adolescents, transitional-aged youth, adults, and older adults—have access to effective treatment and support. Services are provided not only through regional clinics located in Oxnard, Ventura, Santa Paula, Thousand Oaks, Fillmore, and Simi Valley but also through field-based programs that deliver care in homes, schools, and other community settings.

VCBH actively engages consumers and family members in its programs, particularly those representing the county's diverse populations. These individuals participate in panels, committees, and stakeholder groups that shape both current and future services. The Office of Health Equity is a testament to VCBH's commitment to serving the community inclusively and equitably.

VCBH continues to enhance its cultural competence by improving stakeholder involvement in program development, implementation, and monitoring. Stakeholders from diverse backgrounds are integral to decision-making processes, ensuring services remain accessible and culturally appropriate.

Through a variety of policies and procedures, VCBH ensures that services are accessible to clients from all backgrounds. These policies are embedded with culturally and linguistically appropriate information, ensuring that services are respectful of and responsive to diverse health beliefs and needs. All VCBH policies include the following language:

“Ventura County Behavioral Health (VCBH) is committed to the principles of cultural competence and recognizes 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 reflect the integration of diversity and cultural literacy throughout the Department. Information, services, and treatments will be provided in the individual’s preferred language or mode of communication (e.g., assistive devices for blind/deaf individuals) whenever possible. Treatment teams will assess, consider, and work to mitigate relevant cultural and linguistic barriers.”

VCBH employees and contracted providers have access to all policies included in the Cultural Competence Plan, with plans to make these policies publicly available for feedback. This initiative aims to improve access to culturally and linguistically appropriate information and services.

In 2023, VCBH introduced the Quality Improvement Committee (QIC), a decision-making body responsible for evaluating various aspects of the department’s operations, including safety, quality (with a focus on cultural competency), processes, costs, accessibility, and service timeliness. The QIC regularly reviews the Quality and Performance Improvement (QAPI) Work Plan to ensure ongoing assessment and enhancement of service quality.

Through these initiatives, VCBH demonstrates its unwavering commitment to cultural competence and continuous quality improvement, ensuring that all Ventura County residents receive the highest standard of care that is both respectful and responsive to their diverse needs.

- B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

**Mission Statement;**

Ventura County Behavioral Health (VCBH) is dedicated to reducing stigma and discrimination within the community. We promote wellness by embracing a whole-person care approach, ensuring that clients and families are empowered through behavioral health services that are appropriate, accessible, timely, culturally sensitive, and collaborative.

**Statements of Philosophy**

Ventura County Behavioral Health (VCBH) actively targets and addresses various cultural and linguistic competency areas through a range of policies and procedures. Some of these policies are dedicated exclusively to protecting the rights of clients, while others embed critical information related to the accessibility of services, information, and support through cultural and language adaptations.

Historically, VCBH sought the guidance of the Equity Services Manager (ESM) for recommendations on policies connected to cultural and linguistic competence. However, VCBH has now integrated the Office of Health Equity as a decision-making body in the policy approval process. The ESM, who leads the Office of Health Equity, is now a key member of the policy approval committee, which also includes the Executive Team and the VCBH Director. This inclusion was championed by the VCBH Director to ensure that all policies are created, edited, and retired through a lens of Diversity, Equity, Inclusion, Accessibility, and Racial (DEI-AR) proficiency.

The Office of Health Equity leads efforts to incorporate DEI-AR language in policies and procedures, striving to create a system where clients and the community feel respected. The goal is to identify and remove policies that may inadvertently create barriers to services or access to information, thus fostering an environment of inclusivity and equity within VCBH.

## Strategic Plan

Ventura County Behavioral Health (VCBH) is guided by six high-level, strategic goals that will shape our multi-year behavioral health integration planning process. These goals, developed with the participation of community stakeholders, aim to create a coordinated and integrated system of care focused on advancing health equity and achieving system-wide outcomes, as well as improving population health. The strategic goals are as follows:

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

## Policy and Procedure Manuals

1. **Policy Development, Distribution, and Training**

This policy has been updated to include the Office of Health Equity Manager in the development, updating, and approval process to ensure that cultural and linguistic competence is a vital component of all VCBH policies.

**2. Cultural Competence Policy and Cultural Competence Plan**

Ventura County Behavioral Health mandates that Cultural and Linguistic Competence is integral to the planning and delivery of mental health and substance use disorder services. The Cultural Competence Plan (CCP) serves as the framework for delivering culturally and linguistically competent services and is updated annually to comply with Department of Health Care Services (DHCS) requirements.

**3. Beneficiary Information**

VCBH ensures that beneficiaries are provided with accessible information, including interpretive services. Information about accessing Specialty Mental Health Services and Substance Use Services is readily available in English and Spanish, with interpretation in other languages as needed.

**4. Mental Health Plan and Substance Use Disorder Plan - Services Provider List**

This policy states that VCBH maintains a current list of all providers, organized by region, and identifies any cultural and/or linguistic specialties.

**5. Patients' Rights Advocacy**

This policy addresses VCBH's adherence to all laws and regulations related to patient rights advocacy, ensuring that agreements are provided in a language the client understands.

**6. Contract Services**

This policy ensures that contracts with providers comply with State and Federal regulations and documentation standards. Annual reviews are conducted to ensure the availability of provider types required to meet the cultural and linguistic needs of beneficiaries.

**7. Mandatory Trainings**

Cultural Competence is listed as a required annual training for all staff.

**8. Accessing Specialty Mental Health and Substance Use Disorder Services**

This policy outlines VCBH's commitment to providing mental health and substance use treatment services in clients' preferred languages. It specifies that beneficiaries can contact the STAR or SUTS Care Coordination Team via a toll-free, 24/7 telephone line with multi-linguistic capabilities and choose culturally specific or preferred providers.

**9. Creation and Translation of Written Standards and Process**

VCBH establishes standardized criteria for the creation and translation of all documents provided to consumers, family members, or the community, ensuring they are available in the threshold language.



**10. Stakeholder Collaboration**

This policy details how VCBH collaborates with stakeholders regarding programs, services, and policies to ensure cultural and linguistic considerations are included.

**11. Cultural and Linguistic Competency**

VCBH recognizes the need for ongoing assessment and training in cultural and linguistic competence. The Cultural and Linguistic Competency Training Plan is the systematic approach by which these competencies are integrated into the organization.

**12. Use of Interpreter/Certified County Employees**

This policy ensures that persons with Limited English Proficiency (LEP) have access to interpreter services, providing them with the same opportunities to participate in VCBH treatment services, activities, programs, and other benefits.

**Human Resource Training and Recruitment Policies**

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

**1. Code of Conduct Training**

The Code of Conduct Training is mandatory for all new and existing employees. It promotes ethical behavior and compliance with VCBH’s standards of integrity. This training provides an overview of fraud and abuse laws, helps employees identify potential instances of fraud, waste, and abuse, and explains the elements of the Compliance Program, including the reporting process. It underscores VCBH’s commitment to conducting business operations in accordance with applicable laws and regulations.

**2. Cultural Competence Training**

VCBH requires all staff members to complete a minimum of two hours of cultural competence training per year. This policy ensures that staff are equipped to provide services that are culturally responsive and sensitive to the diverse needs of the community.

**3. Cultural and Linguistic Compliance**

VCBH is committed to incorporating cultural and linguistic compliance both within the department and in the services provided by contracted providers. Each contractor is required to comply with applicable federal, state, and local statutory mandates concerning the delivery of culturally and linguistically competent services to the residents they serve. Contracted partners must develop and maintain their own Cultural Competence Plans (CCPs), which must include data, supporting documentation, policies and procedures, operational practices, and evidence-based practices that demonstrate their commitment to cultural and linguistic competence.

VCBH provides contract providers with training and guidance on developing their CCPs and meeting reporting requirements. Following these trainings, providers are required to submit a CCP within 90 days and provide an updated plan annually thereafter. These plans must demonstrate the provider’s capacity to deliver culturally competent services to diverse clients and their families. The reports must also outline cultural competence data elements and show how the CCP is used to plan, assess needs, and address gaps in access to services.

**Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).**

Ventura County's sole threshold language is Spanish. Consequently, Ventura County Behavioral Health (VCBH) brochures, flyers, and forms have been translated into Spanish by a contracted certified translator. These translated materials cover a wide range of information, including available services, mental health and substance use conditions, beneficiary rights, satisfaction surveys, grievances, informed consent, release of information, and privacy practices.

An area for potential improvement is the creation of electronic versions of these documents, making them accessible in various non-threshold languages.

**Ventura County Behavioral Health Website**

In the past year, VCBH has enhanced its website to include a Spanish-language section, easily accessible from the homepage under the title “Español” (“Spanish”). Visitors also have the option to translate the entire website into Spanish or another non-threshold language, improving accessibility for a broader audience.

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

- A. A description, not to exceed two pages of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including, recognition and value of racial, ethnic, cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local mental health planning processes and services development.

**Community Outreach and Access**

Ventura County Behavioral Health (VCBH) employs multiple strategies to reach out to the community and ensure access to care. VCBH has four dedicated outreach teams that engage Ventura County residents, ensuring that outreach and engagement efforts are conducted from a culturally and linguistically informed perspective.

**Internal Programs Include:**

- **Substance Use Services Access and Outreach Team**
- **Rapid Integrated Support and Engagement (RISE)**
- **Rapid Integrated Support and Engagement - Transitional Age Youth (RISE-TAY)**
- **Logrando Bienestar Access and Outreach Team**

VCBH recognizes that successful outreach and engagement require collaboration. To effectively reach county residents in need, VCBH partners with various organizations, providing funding to support their services and integrating them into our outreach and engagement efforts. All programs receiving Prevention Early Intervention (PEI) funding include components that facilitate access to services, as well as outreach and engagement with clients, residents, and family members. The Promotoras y Promotores Foundation prioritizes outreach and access as key functions of their programming.

**PEI Programs:**

- **Mixteco/Indígena Community Organization Project (MICOP)**
- **One Step a la Vez**
- **Proyecto Esperanza**
- **Promotoras y Promotores Foundation**
- **TAY Tunnel**
- **Tri-County GLAD**
- **Adult Wellness Center**
- **American Foundation for Suicide Prevention**
- **The Client Network**
- **Clinicas Del Camino Real**
- **Conocimiento - Youth Led Mental Health Program, Diversity Collective**
- **Family Urgent Response System (FURS)**

These programs, in collaboration with VCBH, are integral in providing access to mental health and substance use services across Ventura County, ensuring that outreach efforts are comprehensive and culturally competent.

- 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 mental health boards and commissions, and community organizations in the mental health system’s planning process for services.

## **General Behavioral Health Advisory Board**

The mission of the Behavioral Health Advisory Board (BHAB) is to advocate for community members living with mental illness and/or substance use disorders, as well as their families. This is achieved through the support, review, and evaluation of treatment services provided and/or coordinated by Ventura County Behavioral Health (VCBH). The BHAB comprises stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to the VCBH Director and the Board of Supervisors.

BHAB plays a significant role in facilitating public discussions on the Mental Health Services Act (MHSA) plans and updates, providing feedback, and conducting public hearings. As the local behavioral health board, the BHAB holds the authority to submit plans and updates to the Board of Supervisors for final approval. The BHAB is composed of 20% consumers, 20% family members, and includes seats for law enforcement, veterans, and a psychiatrist, ensuring representation from all geographic regions of Ventura County.

To address the needs of specific populations, additional BHAB subcommittees have been established. These subcommittees report to the General BHAB and ensure the coordination and alignment of mission and activities. They are designed to serve specific populations by age group, including Adults and Older Adults, Transitional-Aged Youth (TAY), and Children/Youth. Non-age-specific priority subcommittees include the Disparities Reduction Committee and the Prevention Committee. Each subcommittee sets its own goals and produces year-end reports on their accomplishments.

## **Community Program Planning - Stakeholder Involvement**

The Mental Health Services Act (MHSA) mandates public involvement in the stakeholder process, which is crucial for developing an equitable three-year program plan and annual updates. The Community Program Planning (CPP) process involves a diverse range of stakeholders, including consumers, law enforcement, advocacy groups, and partner agencies. While there are shared requirements for CPP, the process allows Ventura County to tailor its programming to meet local needs while aligning with state priorities and regulatory requirements.

Ventura County's Stakeholder Policy can be found in Appendix G of this report. The basis for the Ventura County planning process is outlined in WIC 5898, 5813.5(d), and 5892(c). In Ventura County, standing groups represent various interests across the county, and as needed, focus groups are formed to address specific population needs. In addition to providing opportunities for participation within these forums, a formal, robust Community Health Needs Assessment (CHNA) was conducted across the county, reflecting VCBH's commitment to addressing the health needs of a diverse population. A targeted component of the CHNA focused exclusively on unserved and underserved populations.

Stakeholder involvement was facilitated through various forums, which included a range of stakeholder groups listed below.



**Public Safety Racial Equity Advisory Group (PSREAG)**

The Public Safety Racial Equity Advisory Group (PSREAG) serves as a collaborative forum where public safety and community stakeholders work together to enhance communication and understanding among all parties and the broader public. The PSREAG focuses on identifying potential solutions to improve law enforcement policies and procedures, as well as enhancing community engagement.

**Health Equity Advisory Council (HEAC)**

The Health Equity Advisory Council (HEAC) is a working group comprised of healthcare subject matter experts and community stakeholders dedicated to advocating for equity for historically underserved communities. The Council convenes to evaluate the delivery of healthcare services to underserved populations, including the allocation of resources and personnel practices. HEAC aims to recommend strategies for improvement whenever gaps are identified.

- 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.

### **Crisis Stabilization Unit (CSU)**

Throughout FY 22-23, the Crisis Stabilization Unit (CSU) explored unique collaborative opportunities with Public Health, hospitals, law enforcement, crisis teams, community members, families, and service providers. Ventura County Behavioral Health (VCBH) continues to maintain strong partnerships with law enforcement agencies, offering Crisis Intervention Training (CIT) to officers. This training enhances their ability to identify mental health issues and reduce unnecessary incarceration. CIT is now integrated into the Law Enforcement Training Academy. Police departments across the county account for 12% of referrals to the CSU.

### **Assisted Outpatient Treatment (AOT) Program**

The ASSIST team collaborates with various community stakeholders, including police departments, hospitals, and community well-care providers, to enhance client monitoring and connect them with necessary services. This collaborative effort aims to improve service coordination and support for clients in need.

### **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 Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

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

The position of Cultural Competence/Equity Services Manager (CC/ESM) became vacant in March 2023. During the recruitment process to fill this role, the responsibilities of the CC/ESM have been temporarily assigned to the Division Chief of Access and Outreach. The Division Chief will oversee these duties until a new CC/ESM is appointed.

- B. Written description of the cultural competence responsibilities of the designated CC/ESM.

### **Role of the Cultural Competence/Equity Services Manager (CC/ESM)**

The Cultural Competence/Equity Services Manager (CC/ESM) operates through the Office of Health Equity to work closely with stakeholders and community organizations. This collaboration provides ongoing support in several areas, including technical assistance, training, and one-on-one support. The areas of focus include program development, planning, and

evaluation. Regular meetings with community-based contract providers are held to review program progress, mandatory data collection, reporting, and program evaluation. By including these providers in department-sponsored training, such as cultural competence training, the system's provider network is strengthened, expanding knowledge on the importance of culture in care delivery. Clinical skills and competencies are further enhanced through ongoing clinical-focused training sessions, including Cognitive Behavioral Therapy (CBT), American Society of Addiction Medicine (ASAM), and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), among others.

### **Duties and Responsibilities of the ESM**

The Equity Services Manager (ESM) works directly with the VCBH Director and engages with the three division managers to plan, implement, monitor, and evaluate the Ventura County Behavioral Health's (VCBH) cultural and linguistic healthcare, outreach services, and programs. The ESM's responsibilities include:

- **Management and Leadership Involvement:** Participating as an official member of the behavioral health management/leadership team, making program and procedure policy recommendations to the behavioral health director.
- **Cultural Competence Planning:** Developing and implementing cultural competence planning within the VCBH organization.
- **Community Needs Assessment:** Regularly assessing community needs through cultural and linguistic proficiency and racial equity, engaging Division Managers in this process.
- **Policy and Compliance:** Participating in and providing approval for planning, policy, compliance, and evaluation components of the County system of care, making recommendations to ensure access to services for ethnically and culturally diverse groups.
- **Behavioral Health Service Development:** Promoting the development of responsive behavioral health services that meet the diverse needs of the county's racial, cultural, and ethnic populations.
- **Program Planning:** Participating in the development of planning documents, contracts, proposals, and grant applications to ensure the delivery of behavioral health services to unserved/underserved and marginalized ethnic groups and protected populations within Ventura County.
- **Policy and Procedure Development:** Participating in the development and implementation of policies and procedures that impact services for racially, ethnically, and culturally diverse beneficiaries.
- **Legislative Feedback:** Reviewing and providing feedback to the Behavioral Health Director on materials generated at the State and local levels, including proposed legislation, State plans, policies, and other documents.

- **Monitoring and Compliance:** Monitoring County and service contractors to ensure the delivery of services is in accordance with local and State mandates affecting unserved, underserved, or inappropriately served populations.
- **Cultural Competence Plan Management:** Developing and managing the implementation of the cultural competence plan, including training and education programs for division managers.
- **Cultural Equity Advisory Committee:** Facilitating and coordinating the development and management of the Cultural Equity Advisory Committee.
- **Staff Training Programs:** Developing programs to assess the cultural competency of staff and establishing a minimum core curriculum standard for annual diversity training.
- **Needs Assessment and Recommendations:** Identifying the behavioral health needs of ethnically and culturally diverse populations as they impact County systems of care, making recommendations to management, and coordinating and promoting quality and equitable care.
- **Community Engagement:** Maintaining ongoing relationships with community organizations, planning agencies, and the community at large.
- **Facility Assessment:** Visiting and assessing VCBH contract agency facilities, making recommendations about facility changes and locations in accordance with the needs of diverse populations.
- **Outreach and Engagement:** Planning, organizing, and managing outreach and engagement activities.
- **Monitoring and Feedback:** Developing, managing, and documenting the process for monitoring access, responsiveness, and providing corrective feedback regarding all unserved, underserved, and inappropriately served cultural populations.
- **Advocacy and Support:** Maintaining an active advocacy, consultative, and supportive relationship with beneficiary and family organizations, local planning boards, advisory groups, task forces, the State, and other behavioral health advocates.
- **Workforce Diversity:** Collaborating with the County’s Human Resources Office to ensure the workforce is ethnically, culturally, and linguistically diverse.
- **Translation and Interpretation Services:** Developing and implementing translation and interpretation services.
- **Oversight of Health Equity Office:** Overseeing all functions related to the Office of Health Equity.
- **Collaboration with Quality Improvement Team:** 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 developing strategies to eliminate disparities.

- **Meeting Attendance:** Attending required meetings, including but not limited to CBHDA, CCESJC, regional ESM meetings, various State meetings, meetings convened by advisory bodies, and other relevant gatherings.
- **Ongoing Training:** Participating in training sessions that inform, educate, and develop the skills necessary to enhance understanding and promote cultural competence in the behavioral health system.
- **Additional Duties:** Completing other duties as needed to ensure that services in the behavioral health system of care are culturally, linguistically, and ethnically competent.

#### IV. **Identify budget resources targeted for culturally competent activities**

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

##### **Funds and Budget Dedicated to the Office of Health Equity**

**2013:** The Office of Health Equity was established with the primary responsibility of addressing mental health equity across all areas of the department. The office was tasked with supporting cultural and linguistic competence and dedicating efforts to community outreach and development.

##### **Additional Staff Dedicated to DEI, Health Equity, and Cultural Diversity Efforts:**

- **Administrative Assistant III:** Filled with 1.0 FTE

##### **Vacant Positions:**

- **Program Administrator I/II:** In recruitment.
- **Senior Program Administrator:** In recruitment.
- **Ethnic/Equity Services Manager:** In recruitment.

## CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

**Rationale:** A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

**Note:** All counties may access 2007 200% of poverty data at the DMH website on the following page: [http://www.dmh.ca.gov/News/Reports\\_and\\_Data/default.asp](http://www.dmh.ca.gov/News/Reports_and_Data/default.asp) within the link titled “Severe Mental Illness (SMI) Prevalence Rates”.

### I. General Population

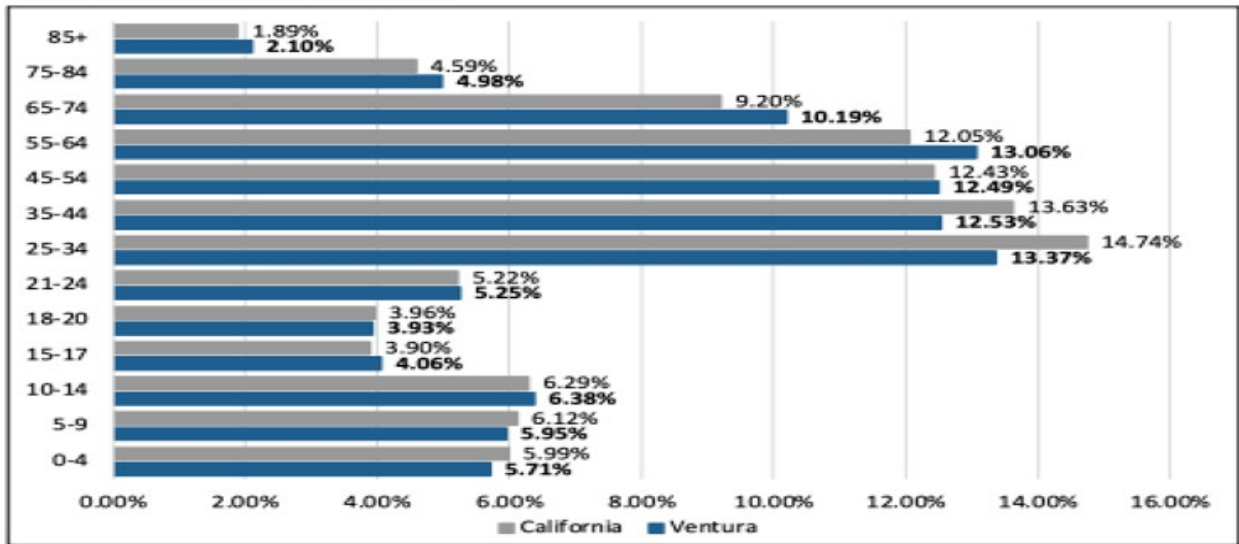
- A. Summarize the county’s general population by race, ethnicity, age, and gender. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally).

**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

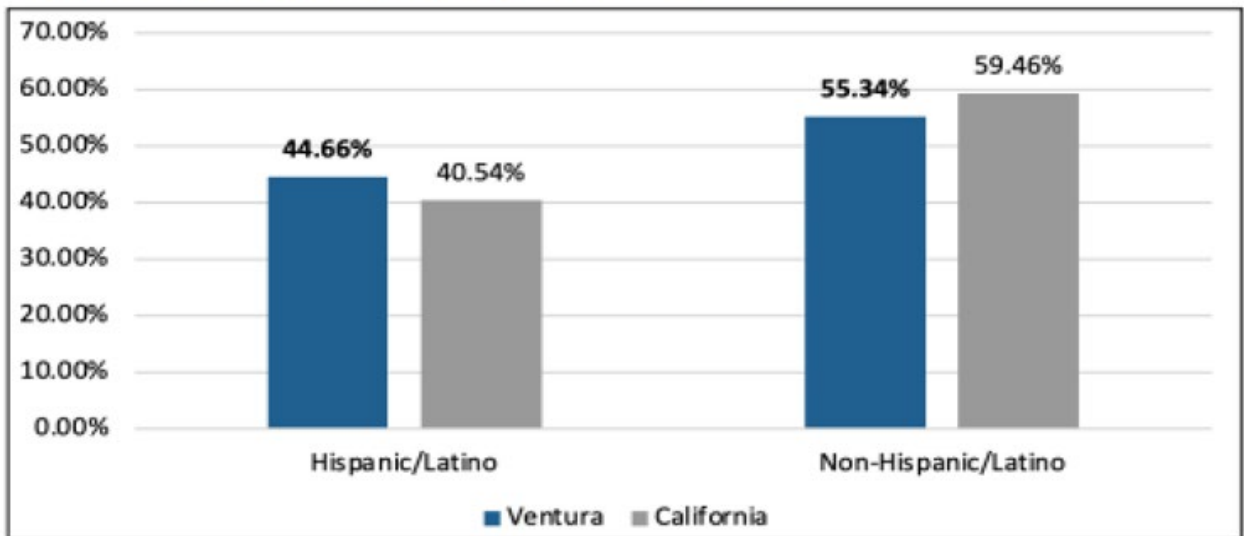
Source: U.S. Census Bureau

FIGURE 6: POPULATION BY AGE, 2022



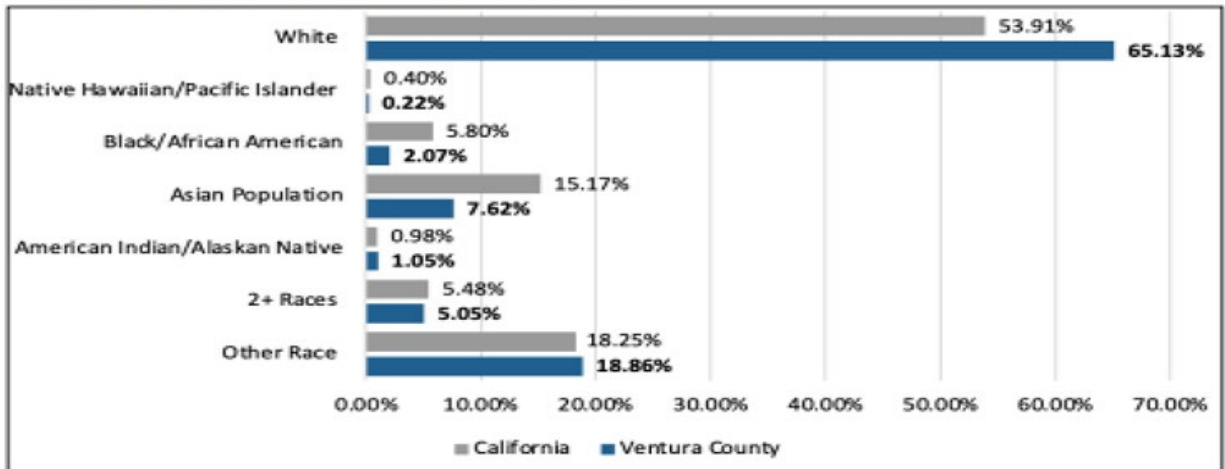
Source: Claritas Pop-Facts

FIGURE 7: VENTURA COUNTY POPULATION BY ETHNICITY, 2022



Source: Claritas Pop-Facts

FIGURE 8: VENTURA COUNTY POPULATION BY RACE, 2022



Source: Claritas Pop-Facts

FIGURE 9: POPULATION AGE 5+ LANGUAGE SPOKEN AT HOME, 2022

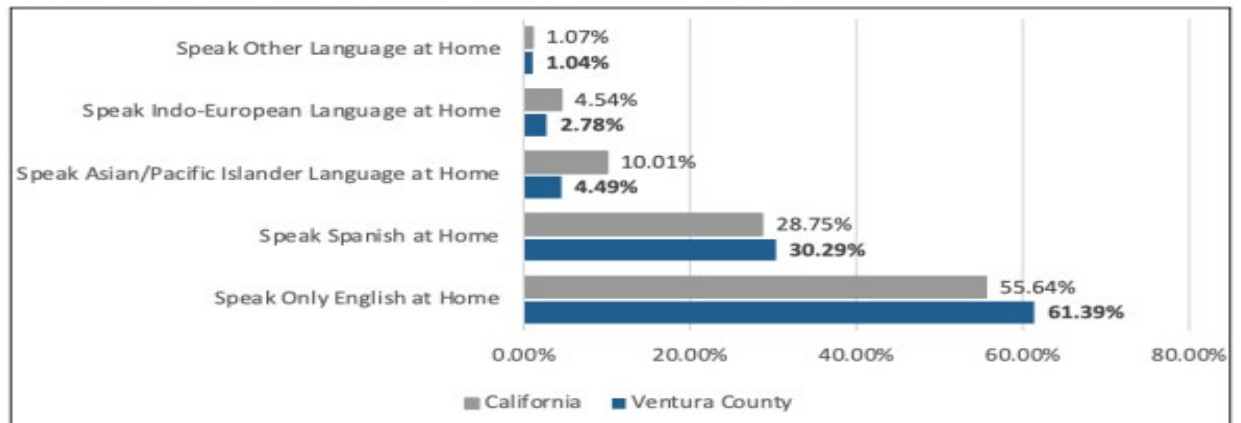


FIGURE 10: EDUCATIONAL ATTAINMENT BY PEOPLE 25+, 2022

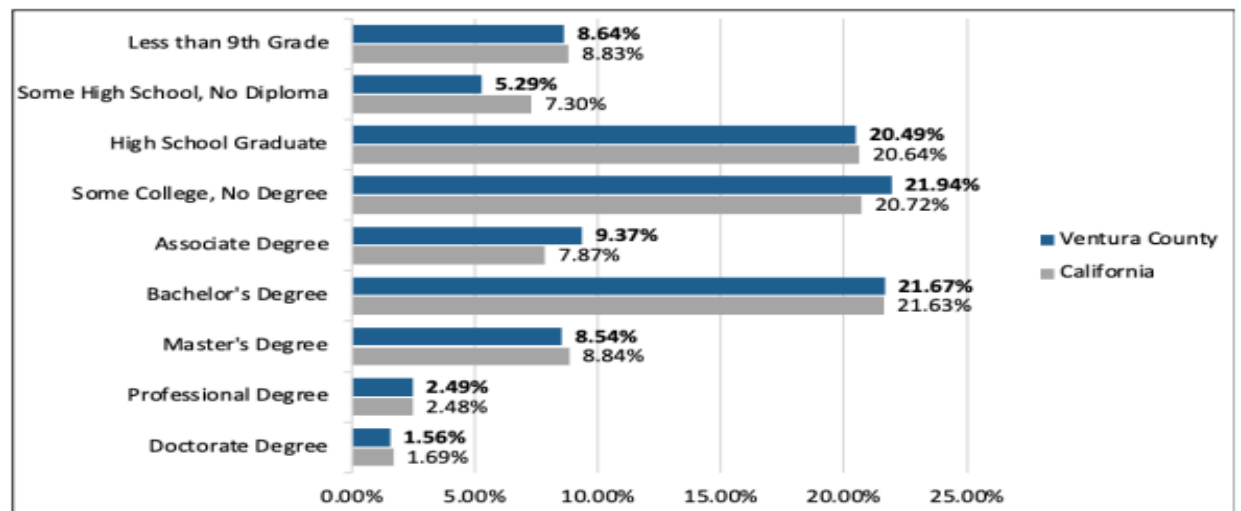


FIGURE 13: MEDIAN HOUSEHOLD INCOME BY RACE OR ETHNICITY, 2022

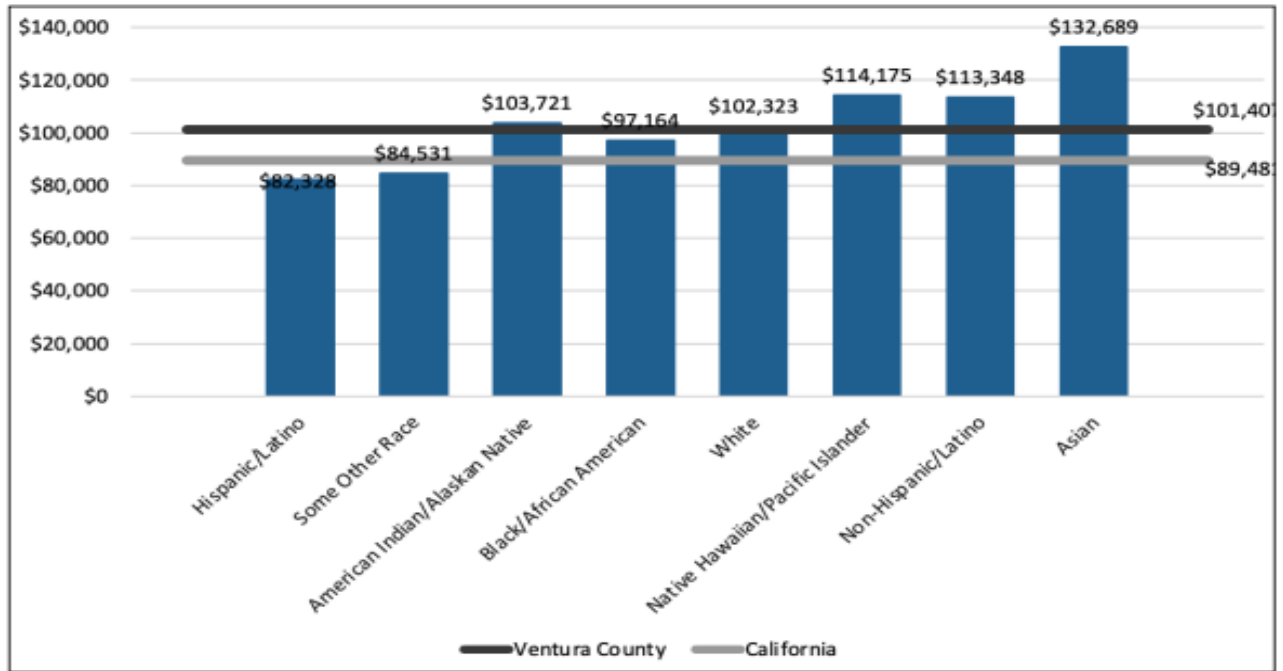
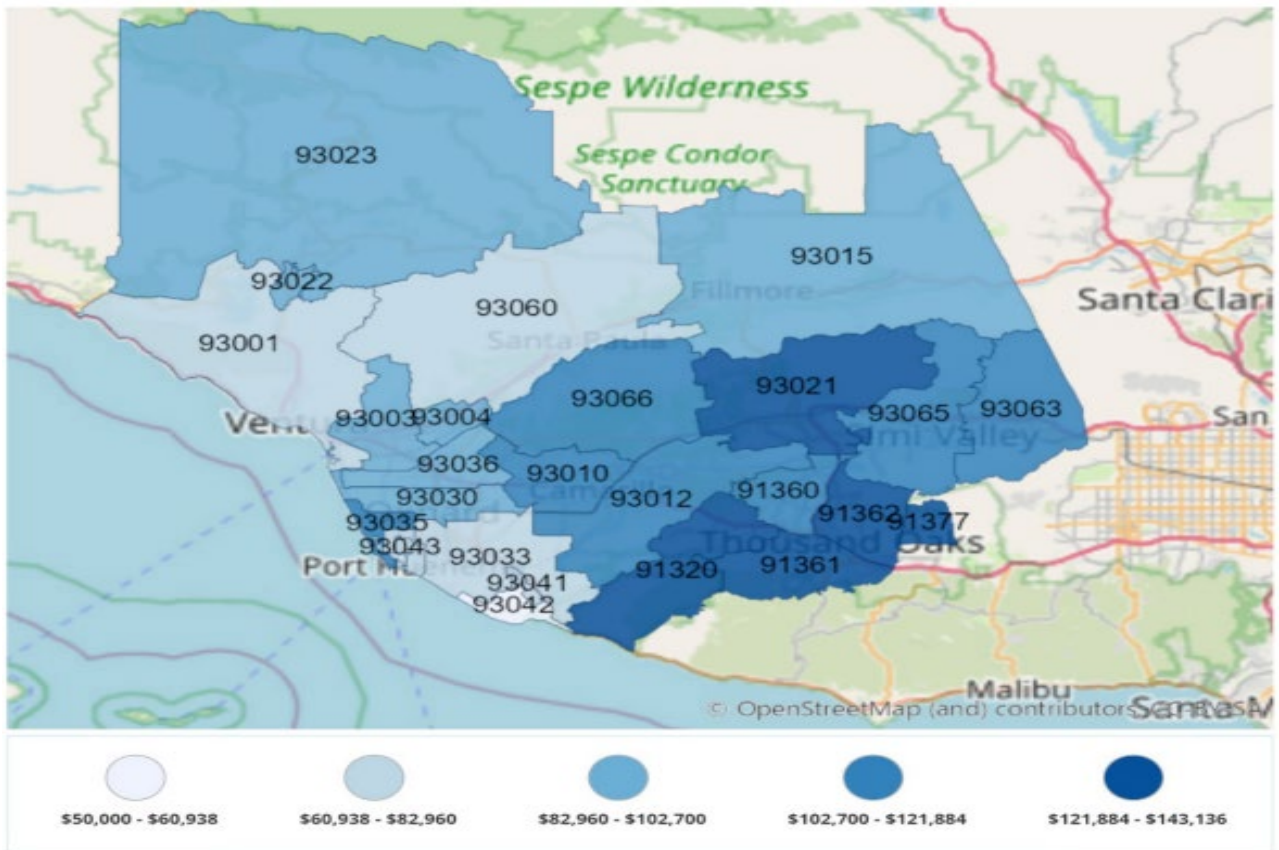
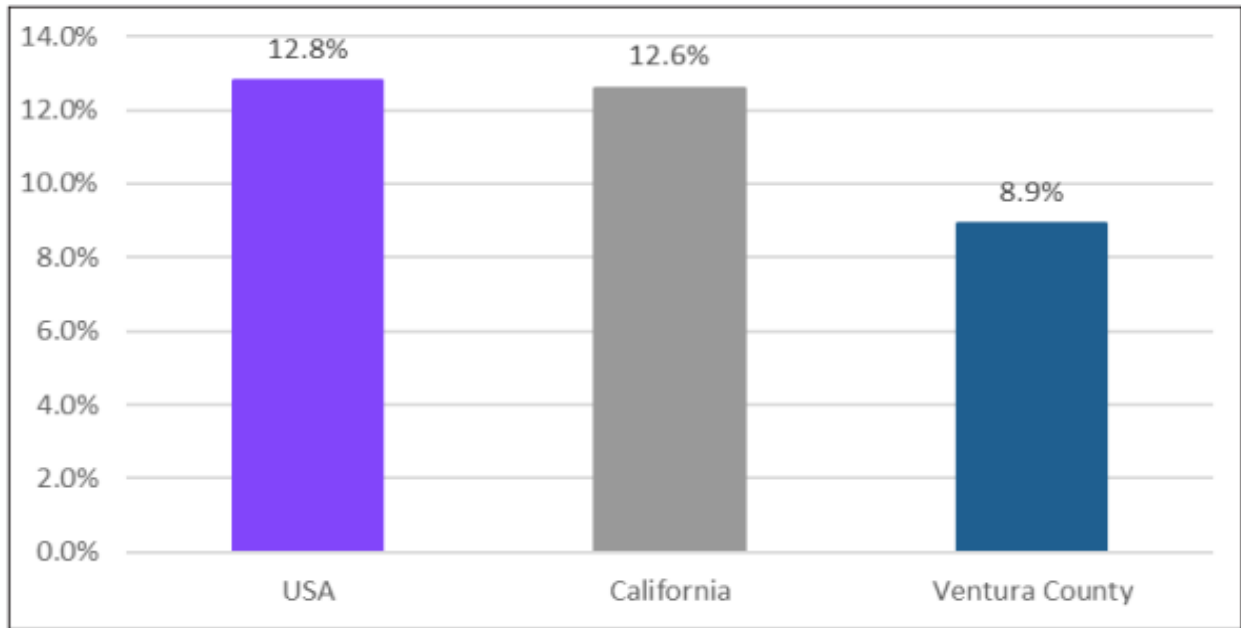


FIGURE 14: MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2022

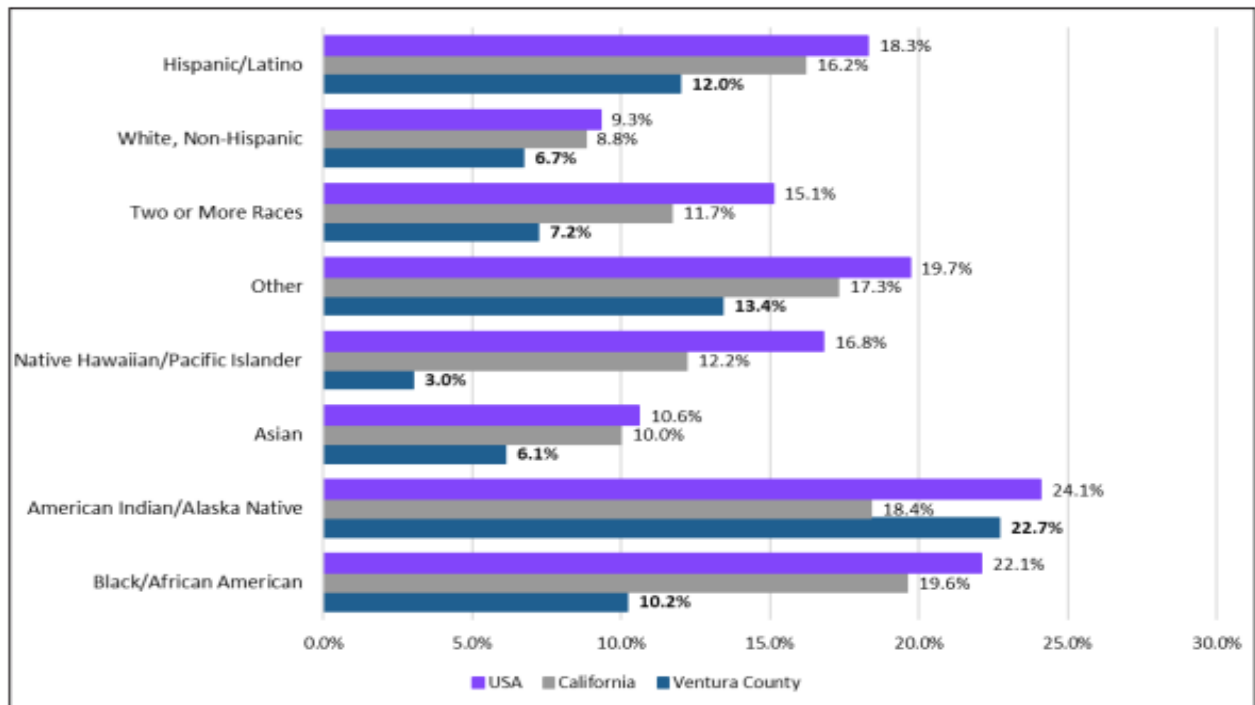


**FIGURE 16: PEOPLE LIVING BELOW POVERTY LEVEL, 2016-2020**



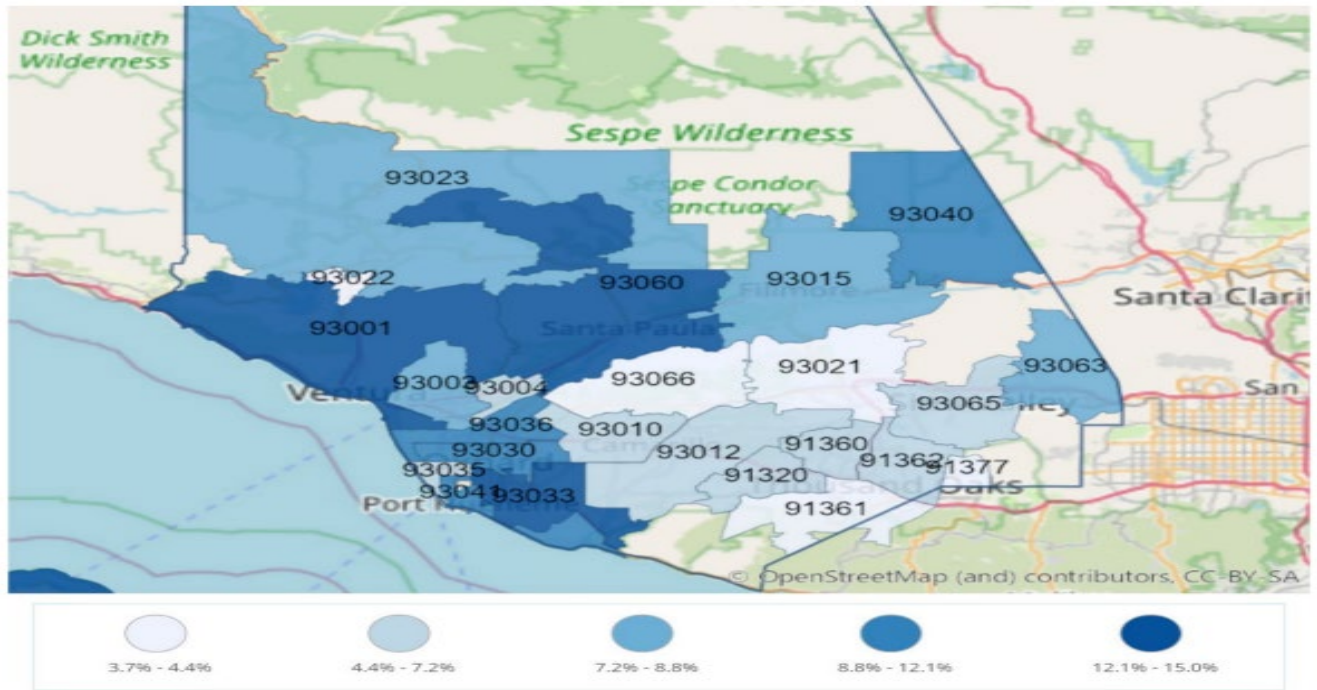
Source: American Community Survey

**FIGURE 19: PEOPLE LIVING BELOW POVERTY LEVEL BY RACE OR ETHNICITY, 2016-2020**



Source: American Community Survey 2016-2020

FIGURE 18: PEOPLE LIVING BELOW POVERTY LEVEL, 2016-2020



Source: American Community Survey

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

- 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).

	Ventura			Large	Statewide
	Average Number of Eligibles per Month	Number of Beneficiaries Served per Year	Penetration Rate	Penetration Rate	Penetration Rate
<b>Total</b>	262,795	10,872	4.14%	3.60%	3.96%
<b>Age Group</b>					
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%
<b>Gender</b>					
Female	141,373	5,774	4.08%	3.50%	3.89%
Male	121,422	5,098	4.20%	3.71%	4.04%
<b>Race/Ethnicity</b>					
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%



Ventura County Behavioral Health – FY23-24 Cultural Competency Plan

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%
<b>Eligibility Categories</b>					
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%
<b>Service Categories</b>					
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%
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%

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

**Spanish** is the threshold language among Medi-Cal beneficiaries served by Ventura County Behavioral Health (VCBH), emphasizing the critical need for culturally and linguistically appropriate services. The disparities in utilization rates highlight the necessity for targeted interventions to address access barriers, particularly for underrepresented or marginalized populations. The low penetration rates for specific services, such as inpatient and residential care, reveal potential gaps in the continuum of care, underscoring the need to enhance access to these essential services. VCBH has identified significant disparities in service provision for the Latinx community, indicating a priority area for improvement.

**I. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI**



**priority)**

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

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.

- B. Describe the process and rationale used by the county in selecting their PEI priority population(s) (e.g., assessment tools or method utilized).

Ventura County has categorized all PEI-funded programs to comply with regulatory requirements and definitions. The mandated program categories include prevention, early intervention, outreach to increase 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 are optional categories. Moreover, all PEI-funded programs are designed and implemented using strategies that enhance access to services for individuals with severe mental illness, reduce stigma and discrimination related to mental health, and improve timely access to mental health services for individuals and families from underserved populations in a non-stigmatizing, non-discriminatory, and culturally appropriate manner.

## CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

**Rationale:** “Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment, they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations, they continue to experience significant disparities, if these disparities go unchecked they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

**Note:** As counties continue to use this CCPR as a logic model, counties will use their analyses from Criterion 2, to respond to the following:

### **I. Identified unserved/underserved target populations (with disparities)**

- A. List identified target populations, with disparities, within each of the above selected populations (Medi-Cal, CSS, WET, and PEI priority 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 Identify Target Population Ventura County Behavioral Health used the same Community Program Planning process to identify target populations as described in MHSA report.

### **II. Identified strategies/objectives/actions/timelines**

- A. List the strategies identified in CSS, WET, and PEI plans, for reducing the disparities identified.

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 SCRIP (Southern California Regional Partnership), of 10 counties leveraging OSHPD grant funds to support four areas over four 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. We will then supplement stipends with CSS funds if needed to meet our department WET needs.

To further reduce disparities, key findings from the mental health component of the Community Health Needs Assessment are briefly outlined below. These findings inform program planning in all MHSA categories for the next three years including FY 22/2023. Full reports on the CHNA findings and the coalition’s implementation plan can be found at [www.healthmattersinVC.org](http://www.healthmattersinVC.org). Video presentations explaining the findings of the specialized mental health focus groups and the summary of the combined (N=3,430) survey findings primarily reporting on mental health questions of the CHNA survey can be found on [www.VCBH.org](http://www.VCBH.org). A few of the most poignant findings from the survey are reflected below.

- Mental health was a top source of stress across all respondents, but especially among younger individuals and those with a lower income.
- Individuals who identified as Native Hawaiian/Pacific Islander, Asian, Black, or African American and Multi-racial were more likely to report at least moderate levels of stress about their mental health.
- COVID-19 exacerbated concerns regarding personal and children’s mental health.
- Suicidal thoughts were more common among younger respondents and those who did not identify as cis-gendered men or women.
- More than half of all survey respondents, as well as those who had suicidal thoughts, received the MH care that they needed.

Some formal recommendations include:

- Rethinking how we engage the community in conversations about mental health.
- Involve individuals using language that is free from stigma.
- Educate the community about the mental health risks linked to unmet basic needs and exposure to trauma

Based on the needs assessment results, stakeholder engagement, and feedback sessions, VCBH initiated its internal program assessment. This process involved comparing existing services to current and projected community needs, gaps, and ensuring compliance and sustainment with regulatory requirements. The results are organized into five categories listed below in alphabetical order, which the department plans to address by leveraging existing operations and utilizing local MHSA funding for implementation

Priorities for the use of MHSA funds from 2023 through 2026

**1. Access**

- a. Improved articulation of continuum of care and drivers of levels of care
- b. Examine timeliness in relation to level of care.
- c. Examine quality improvement opportunities around physical locations and remote access.
- d. Develop options for immediate response for enrolled youth.

**2. Alternatives to VCBH**

- a. Develop more contracted clinical providers/options for those in the mild-moderate category. Develop more non-clinical providers/options through mini grants (e.g., drop-in centers, after school programs, indigenous/culturally informed interventions, etc.)
- b. Develop session based indicated BH prevention interventions for high schools.
- c. Develop more providers/options for those with other conditions (e.g., developmental/intellectual, traumatic brain injury, dementia, etc.)

**3. Clinical Treatment & Services**

- a. Addition of staff clinic/program
- b. Expand the number/nature of physical plants to provide clinical treatment and services.
- c. Add/expand the types of treatment, cultural and indigenous practices, and other services provided by VCBH
- d. Some examples include expanding the role of peers and increasing 24/7 community crisis response services.

**4. Housing**

- a. Addition of staff for the development of a specialized housing team.
- b. Acquisition/development/preservation of housing.
- c. Financial support to preserve/expand existing tenancy for VCBH clients.

**5. Outreach & Education**

- a. Increase outreach capacity for vulnerable and at-risk populations (i.e., in-house and via contractors)
- b. Expand media campaigns to target vulnerable populations at all care levels.
- c. Expand staff and provider training menu.
- d. Expand specialized Behavioral Health Outreach Team to:
- e. Educate around moderate-severe (VCBH domain) versus mild-moderate (others) mental illness; and significant functional impairment (i.e., what VCBH can be expected to do). Educate around stigma reduction, substance use and impacts, trauma, diversity, equity, and inclusion, changes across the lifespan, and other pertinent topics.

**III. Additional strategies/objectives/actions/timelines and lessons learned**

- A. Share what has been working well and lessons learned through the process of the county's development of strategies, objectives, actions, and timelines that work to reduce disparities in the county's identified populations within the target populations of Medi-Cal, CSS, WET, and PEI.

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 practice shares a challenge because they require 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.

Described below are the program changes that are currently in process, planned, or have occurred in the last year at VCBH.

### **Capital Facilities and Technology (CFTN)**

Over the past two three-year planning periods, both housing and clinical service sites, particularly in East County, have been identified as crucial needs. For the first time in several years, VCBH will allocate monies to its Capital Facilities component. One project considered to be top priority for the county is a new Mental Health Recovery Center, which will require state approval before MHSF funds can be utilized. The department is committed to this project and believes it has strong justification for funding after four years of exploring other avenues to support it.

- Board and Care Acquisition
- Mental Health Recovery Center (Braided funding) (pending state approval)
- Wellness Center for youth and family (braided funding with state monies)
- Additional clinical plant locations for traditional services and FSP level of care
- Renovation for a Crisis Stabilization Unit in East County
- Accounting system to align with CalAIM payment processing
- Secondary Data tracking System for all non EHR required program data.

### **Community Services and Supports (CSS)**

Since the onset of the pandemic, the number of clients has increased, along with the department's vacancy rate. These competing trends have prompted the department to explore various strategies to expand both staff and services. Additionally, some programs have outgrown their current offices and require additional locations to accommodate their growth and better serve clients.

- Providers will be able to apply for money to upgrade, repair, or modify existing service sites.
- The Full-Service Partnership (FSP) Services have been undergoing a program re-organization, which has demonstrated the need for continued expansion. Almost all FSP age groups will need to serve more clients and work towards fidelity of the Forensic/Assertive Community Treatment (ACT) Model.
- Additionally, transportation for these field-based services will be needed for all FSP programs.

- Another FSP specific program launching in 24/25 will be an evidence-based program Individual Placement and Support (IPS) a model of supported employment for people with serious mental illness.
- The Peer Support & Case Management Services and staff provision will continue to be expanded.
- Peer Respite: a home-like environment that operates as a short-term residential center staffed by peers for individuals experiencing mental distress.
- A new Crisis Stabilization Unit (CSU) is planned for East County.
- The Rapid Integrated Support & Engagement (RISE) Transitional Age Youth (TAY) Expansion grant will be supported by CSS funding when the grant concludes in 2022.
- The TAY Youth Rapid Response Team (MCOT) will be supported with MHSA funding.
- The need for co-occurring (Substance use and Mental Health) treatment has been long identified and will be supplied by adding Alcohol Drug Treatment Staff (ADTS) certified staff to Behavioral Health service sites.
- The loss of board and care facilities in the county has been steady. The department is working to sustain, bolster, and expand board and cares that are at risk of closing.
- One-time incentives for medical providers will be offered in exchange for meeting milestones as the providers transition to CalAIM requirements.
- New Permanent Supported Housing units are being added, and additional units will be created as well as housing vouchers for FSP clients.
- Mobile Response Team (MRT): a community-based crisis response service for enrolled VCBH Youth and Family Division clients.
- CARE Act will become an additional service site with staffing to work with eligible clients.
- Access is an area that that department is working to define further. The referral process can be confusing especially as community members have to sort through insurance and eligibility requirements. The department is hoping to develop materials clarifying the process.
- New service for VCBH clients: Transcranial magnetic stimulation (TMS).
- New Services for VCBH clients: Eye movement desensitization and reprocessing (EMDR).
- Additional staff is needed to adequately staff the new Short Term Treatment Teams and Youth and Family Intake Team.
- A one stop service site for Parents of SED youth to be established in Oxnard.
- MHRC will be built with CFTN funding and eligible operating costs will be partially funded with MSHA dollars.
- Administration infrastructure will be expanded (temporary staffing, consulting, and evaluation) to support the influx of MHSA funding and changes via CalAIM to provide appropriate oversight, fair distribution, tracking and data collection for programing.
- Maintaining and increasing the number of Capitalized Operating Subsidy Reserve (COSR) accounts which are used to match rental income on a housing unit for individuals experiencing SMI/SED

## Prevention and Early Intervention (PEI)

- Current PEI programs will continue and be expanded to meet unmet needs, pilot new programs, develop training, transportation, and provide infrastructure upgrades and modifications at existing service sites.
- In response to the ongoing youth Mental Health crisis, several programs are being created
  - The two newest programs being proposed for continuation are the youth teen centers that have been a part of Conocimiento: Addressing ACES through Core Competencies Innovation Project.
  - A new afterschool teen drop-in center program is being pursued for Oxnard.
  - Wellness Services in Community Colleges.
  - Child First program with Public Health.
  - Early intervention services for mild to moderate youth in the Santa Clara Valley and other priority populations.
- Continued growth to set up additional wellness centers at local school districts for the K-12 Wellness Center Expansion program.
- To develop more non-clinical providers/options Network Expansion Grants (formerly known as mini grants) will be distributed to new providers through a notice of available funding. At their successful conclusion, providers can apply for additional years of funding. The breakout of each of these programs is listed below:
  - Special Populations
    - Survivors of Crime: Pathways of Hope
    - ECSEL Safe Spaces at Ventura County Courthouse
    - Everyone has a Story (Autism)
    - Community Careers for Deaf Youth
  - All the Feels Sensory Museum Therapeutic Arts
    - Avenue Teen Band Camp
    - Teen Wellness Retreat in Ojai
    - Haling through the Arts: Intergenerational Workshop
  - The Conservatory Project Wellness Activities
    - Team Changing Minds
    - Mental Health Workshop Series
    - FIND's Novel Peer Support Groups
    - Great Futures Start with Kindness
    - Empowering at Risk Youth Adults through Trauma Informed Therapeutic Yoga
    - Nates Place Outdoors
    - Art is Wellness Summer Club 2023
    - Adelante Project
    - Paloma Youth
    - Swap Meet Justice Mental Health Awareness
    - TAY HOPE (Helping Our Population Excel) Wellness Events
- Mental Health Awareness through the Arts Program. Murals and other public arts projects designed to promote awareness and destigmatize mental illness. To keep up with the

increased client admission rate, Ventura County Power Over Prodromal Psychosis (VCPOP), formerly named Early Detection & Intervention for the Prevention of Psychosis, will continue to hire staff to maintain fidelity ratios.

- Expanding primary care integration service treatment options and clients served.
- Reestablish the Tripple P Parenting program in East County
- Reestablishing the Innovation Program Bartenders as Gatekeepers as a PEI program. Medical transition support for providers who may be able to bill Medical for services if they become certified.
- To focus on suicide prevention in Ventura County, a Suicide Prevention Coordinator has been added to the department. As a result, additional events, conferences, and a completed Suicide Prevention Plan for the County is anticipated.
  - Suicide Prevention Council
  - Annual Suicide Prevention Conference
  - Empower Up – Events for youth

### **Innovation (INN)**

VCBH has INN projects planned through 2025. A community planning process will need to solicit new INN ideas, this is reflected as Community Projects for Innovation and is budgeted for 3 million. This process would be planned for 2024 and ideas can always be submitted at [www.WellnessEveryday.org](http://www.WellnessEveryday.org)

- The M.A.S.H. Homelessness Prevention for Seniors project will continue.
- In FY23-24, VCBH will apply to join the Learning Healthcare Network Collaborative (LCHN) Multi- County Collaborative Early Psychosis Intervention in 2024.
- Mentoring programs for Veterans and First Responders will pursue the INN approval process in 2024.
- The Mobile Mental Health Van has been delayed for two full years due to the Covid-19 pandemic. The van has been pending during this time and most recently is set to be completed in 2024.
- An animal therapy project that involves regular sessions with professionally trained animals and their handlers to help clients cope with mental health conditions.
- Collaborative Care model designed in partnership with Community Memorial Hospital that aims to improve access to care and keeps patients in their medical homes for mild to moderate mental illness through training for health care professionals.
- Community Projects for Innovation: VCBH will solicit Innovation ideas from the community for new programs serving priority populations.

### **Workforce Enhancement and Training (WET)**

Through Southern California Regional Partnership (SCRIP), there will continue to be internship opportunities, loan forgiveness opportunities, and additional training. Initial training for TMS and EMDR will also be funded with these dollars. Additionally, money will be allocated for supporting new and existing Peers to become trained and certified.



## CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

**Rationale:** A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

**I. The 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 system shall require all staff and stakeholders to receive annual cultural competence training.**

**A. Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).**

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.

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.

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

### **Behavioral Health Advisory Board: General Monthly Meeting**

#### **Structure:**

1. Chair
2. 1<sup>st</sup> Vice Chair
3. 2<sup>nd</sup> Vice Chair
4. Secretary
5. Member At Large
6. Chair Emeritus
7. 14 additional members of the community

The purpose of this meeting is to convene the appointed members of the Behavioral Health Advisory Board (BHAB) to exercise their voting authority on issues presented to the board. The meeting will focus on:

- **Reviewing and Evaluating Community Behavioral Health Needs:** Assessing housing, services, facilities, and special challenges to ensure services that promote wellness and recovery, while improving the health and safety of individuals, families, and communities affected by mental health and/or substance abuse issues.
- **Reviewing Behavioral Health Service Performance Contracts:** Evaluating contracts entered into pursuant to Section 5650 to ensure they meet the community's needs.
- **Advising the Board of Supervisors and Behavioral Health Department Director:** Providing input on all aspects of the County's mental health and substance abuse disorder treatment and prevention services.
- **Reviewing and Approving Planning Procedures:** Ensuring citizen and professional

involvement at all stages of the planning process.

- **Submitting an Annual Report:** Preparing and submitting a report to the Board of Supervisors on the needs and performance of the County’s Behavioral Health system.
- **Reviewing and Recommending Applicants for Behavioral Health Director:** Participating in the selection process for the Behavioral Health Director, who also serves as the County Mental Health Director, and making recommendations to the Board of Supervisors.
- **Reviewing Funding Stream Impacts:** Analyzing the effects of funding on local Behavioral Health Services and making recommendations for service level expansions or reductions.

This meeting is crucial for ensuring that the County's behavioral health services are effectively meeting the needs of the community and operating efficiently.

### **Quality Improvement Committee**

The Quality Improvement Committee (QIC) shall meet every other month for two (2) hours and may call special meetings as necessary. Meetings may be held in-person or as a video conference.

The QIC is chaired by the Quality Division Staff and includes the following:

- VCBH Director
- VCBH Medical Director
- VCBH Assistant Director
- VCBH Fiscal
- Patient Advocate
- Policy Office
- Office of Health Equity
- All Division Chiefs / Designees
- Subcommittee Delegates

The following are non-voting attendees: Quality Care Managers or Designees, Guests, or Designated Consultants when applicable.

The VCBH QIC’s role is to oversee and promote:

- Alignment with the VCBH Strategic Plan;

- Delivery of quality care to the people and communities VCBH serves;
- Full compliance with applicable contracts, Federal, state and county laws and regulations, and adherence to professionally recognized standards of care and best practices;
- A department-wide culture of continuous improvement, safety, cultural competence, accountability, and just behavior; and,
- Data driven decision-making.

The QIC will be comprised of a central committee which will establish permanent or ad-hoc subcommittees. These subcommittees will work at the direction of, and report on their activities to, the QIC. Additionally, the QIC will:

- Review and revise this Charter as applicable.
- Oversee and evaluate the effectiveness of the designated subcommittees; re-organize or dissolve subcommittees as needed.
- Promote a system-wide organizational culture focused on safety, cultural competence, accountability, and just behavior.
- Review safety event data trends, risk assessments and management, health care quality, and other areas of focus.
- Utilize data-driven decision making to review, audit and monitor departmental metrics and benchmarks.
- Maintain oversight of audit readiness, including staying abreast of significant developments relating to regulatory requirements and associated standards and expectations.
- Ensure that VCBH develops and implements timely, appropriate corrective and preventative actions in response to any monitoring activities and audit findings.

### **Latino Disparities Reduction Committee**

The Latino Disparities Reduction Committee (LDRC) was established in 2015 after Ventura County Behavioral Health was investigated by Ventura County League of United Latin American Citizens, the investigation was prompted by numerous complaints from local community members, community leaders, several elected officials, and concerned staff from within the Ventura County Behavioral Health (VCBH) department as it pertained to meeting the health needs of Latino residents of Ventura County. Since then, this group has collaborated and worked with both Health Care Agency and Behavioral Health leadership to ensure that the Latino community receives timely access to behavioral health services, address racism,

inequities and disparities that impact how Latino Ventura County residents receive care. The group consist of representatives from areas of Ventura County that are Latino densely populated communities. This committee meets once a month and select what areas of focus they will dedicate efforts to. Topics have included: closing the service delivery gap, leading efforts tied to both mental health and substance use services, prevention early intervention programs, and outreach. This committee has been and continues to be instrumental in helping VCBH address cultural and linguistic deficiencies at all levels of service delivery. In attendance is the DEI Officer, Equity Services Manager, Department Director, Board of Supervisors or representative, and Ventura County Health Care Agency Director.

B. Committee membership roster listing member affiliation if any.

**BHAB Roster:**

- Janis Gardner
- Liz Warren
- Elizabeth R. Stone
- James Espinoza
- Michael Rodriguez
- Soledad Barragan
- Nancy Borchard
- Gane Brooking
- Kevin Clerici
- Genevieve Flores-Haro
- Cheryl Heitmann
- Carol J. Keavney
- Supervisor Matt LaVere
- Naomi (Nomi) Marrufo
- Dianne McKay
- Jennifer Morrison
- Sergeant Shawn Pewsey
- Dalia Robkin
- Christopher Tejeda
- Marlen Torres

**QIC Roster:**

- Loretta Denering
- Narcisa Egan
- Jason Cooper
- Tina Coates
- Aliona Pavlovskaya
- Chauntrece DeVeyra
- Karen Lee
- Sara Sanchez
- John Schipper
- Raena West
- Cheryl Fox
- Subcommittee Delegates
- Sloane Burt
- Geneveve Zapeda
- Angela Riddle
- Courtney Lubell
- Lisa Tryk
- Michael White
- Maryza Seal
- Guests as needed

**II. The Cultural Competence Committee, or other group with responsibility for cultural competence, is integrated within the County Mental Health System.**

Ventura County Behavioral Health does not currently have a Cultural Competency Committee.

## CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

**Rationale:** Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

**I. The county system shall require all staff and stakeholders to receive annual cultural competence training.**

**A. How cultural competence has been embedded into all trainings.**

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) Page | 15
- 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.



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

**Rationale:** The diversity of an organization’s staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring diverse and bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

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

- A. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

To date, two of the FY21-22 MSW Intern and 3 MFT Trainee students have been hired by VCBH in the Behavioral Health Clinician classification - both MSWs are bilingual (with fluency in Spanish). One MSW intern and one MHA Intern were hired as a Mental Health Associate. Further, one BHW Practicum Student (bilingual with fluency in Spanish) was hired by Health Care Agency as an Alcohol and Drug Treatment Specialist I counselor. For FY23-24, the goal is to increase MSW student and Behavioral Health Workforce to address the workforce shortage in the area. The Mentorship Internship Program (MIP) stipend funds were extended from October 1, 2023 to December 31, 2024. Additionally, the Southern California Regional Partnership (SCRIP) stipend allocation will be used to fund stipends for students who are not placed at MIP sites.

Following collaborative planning with Ventura County Community College District and Oxnard Community College, VCBH added a new Practicum Learning experience focused on integrating mental health and substance use treatment and creating a career pathway into the mental health field as a Mental Health Associate (MHA) or the substance use treatment services field as an Alcohol and Drug Treatment Specialist, as well as being better prepared to provide integrated services. Overall, VCBH partnered with six universities and one community college to provide clinical placements for 19 students (2 MFT Trainees, 9 MSW Interns, and 2 Doctoral Practicum students, and 6 Behavioral Health Workers), with approximately 53% fluent in Spanish (the County’s threshold language), as well as stipends to those students.

VCBH is honored to be an awardee of The Mentored Internship Program grant or 2 VCBH sites - a component of the California Department of Health Care Services (DHCS) Behavioral Health Workforce Development (BHWD) efforts. The “MIP”’s overarching goal is to enhance the professional development of diverse talent to help meet California’s urgent need for BH workforce in the near-term, ... expand California’s future BH workforce, ... and develop ongoing

partnerships ... between BH organizations and local educational institutions.” or 2 VCBH sites. The 2022-2023 Academic Year is focused on improving the Internship Program structure to establish standardized clinical experiences and strengthen a mentorship supervision model through the MIP grant process. VCBH will be working closely with Advocates for Human Potential, Inc (AHP), the grant Administrative Entity on behalf of DHCS, and our endorsing educational partners to create structures which will support future capacity. The Conejo site focuses on supporting 4 graduate level students and 2 undergraduate level students, as well as 1 graduate student who extended her learning from the 21-22 academic year. The Williams location focused on Integrated care, hosting 2 Doctoral Practicum students, 2 Behavioral Health Workers and 2 of new Internship category for undergraduate students, focused on access and outreach. VCBH sincerely appreciates the endorsement of the local educational partners and looks forward to ongoing collaborative partnerships: Ventura County Community College District; Oxnard College; California Lutheran University; California State University, Northridge; California State University, Channel Islands; and Antioch University, Santa Barbara.

Retention approaches focus on staff training in evidence-based practices (EBPs) and in staff wellness programs. When staff are well trained in current interventions, they will be able to perform their job duties more adequately and will have more job satisfaction. This includes training in such topics as Trauma Informed Care, Cognitive Behavioral Therapy, Seeking Safety, Motivational Interviewing, and other EBP’s. In addition to this professional development training, staff are also provided with staff wellness programs focused on reducing job stress and a reduction of job burnout. These include training and programs in self-care, trauma informed care, and vicarious trauma strategies. In addition to the individual regional training, the retention strategy will also include an annual conference for 150 attendees each year that addresses strategies for staff wellness and enhanced professional skills for engaging and treating challenging populations. This type of conference was funded through the original Southern Regions partnership WET funding and has been a highly successful program.

## CRITERION 7: LANGUAGE CAPACITY

**Rationale:** Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the language of the client that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.

### I. Increase bilingual workforce capacity

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

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.

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.

VCBH spent over \$600,000.00 in the past year for internal bilingual staff services.

<b>Race/Ethnicity /Demographic/Language Information</b>							
<b>BHP Positions</b>	<b>Black/African American</b>	<b>Asian American/Pacific Islander</b>	<b>American Indian/ Native American</b>	<b>Hispanic/Latino</b>	<b>White/Caucasian</b>	<b>Gender Identity/SOGI</b>	<b>Bi-Lingual Capacity</b>
<b>Licensed Clinicians</b>	8	7		119	73	N/C	106
<b>Certified Behavioral Health Staff</b>	22	34		177	165	N/C	14

Ventura County Behavioral Health – FY23-24 Cultural Competency Plan

<b>Non-clinical/ Non-certified county BHP staff</b>	22	123	4	669	299	N/C	162
<b>Contractor staff</b>						N/C	
<b>Totals</b>	<b>52</b>	<b>164</b>	<b>4</b>	<b>965</b>	<b>537</b>		

## CRITERION 8: ADAPTATION OF SERVICES

**Rationale:** Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

At VCBH, we are committed to Criterion 8 of the CLAS standards, which focuses on the adaptation of services to meet the needs of diverse populations. VCBH will utilize the Cultural Competency Plan (CCP) to continue to expand services to achieve the goals and objectives outlined in this Plan and continually identify opportunities to promote the delivery of culturally competent services.