



V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

Cultural Competence Plan

Annual Update FY 2024/2025

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

Cover Sheet

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OVERVIEW

This report provides the annual update of the Ventura County Behavioral Health (VCBH) Cultural Competence Plan (CCP), in alignment with the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

VCBH is committed to delivering culturally, ethnically, and linguistically appropriate services to clients and their families. This commitment is demonstrated through our continued investment in and expansion of the Office of Health Equity. Our dedication is further reflected in our community engagement efforts, policy development, and operational practices, all of which prioritize recognizing and valuing racial, ethnic, and cultural diversity across every facet of VCBH.

This Fiscal Year (FY) 2024-2025 Cultural Competence Plan Annual Update serves as a guide for addressing health disparities and fostering cultural competence across the County's behavioral health system. It provides an overview of initiatives related to cultural competency, including the assessment of service needs, implementation of disparity-reduction strategies, language accessibility, race and ethnicity considerations, cultural competency training, and our ongoing focus on cultivating a diverse and multicultural workforce.

This update continues to align with the eight core criteria outlined in the original CCP, reflecting our commitment to advancing health equity, eliminating disparities, and improving outcomes for all Medi-Cal beneficiaries. VCBH remains dedicated to creating an environment of inclusivity, healing, and recovery for individuals and families of all cultures, languages, and abilities.

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.

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

- 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) is currently open for recruitment. In the interim, the responsibilities associated with this role have been temporarily assigned to the Strategic Initiatives Behavioral Health Manager II, who is currently overseeing the Office of Health Equity.

- 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:

1. **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.
2. **Cultural Competence Planning:** Developing and implementing cultural competence planning within the VCBH organization.
3. **Community Needs Assessment:** Regularly assessing community needs through cultural and linguistic proficiency and racial equity, engaging Division Managers in this process.
4. **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.
5. **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.
6. **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.
7. **Policy and Procedure Development:** Participating in the development and implementation of policies and procedures that impact services for racially, ethnically, and culturally diverse beneficiaries.
8. **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.
9. **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.
10. **Cultural Competence Plan Management:** Developing and managing the implementation of the cultural competence plan, including training and education programs for division managers.
11. **Cultural Equity Advisory Committee:** Facilitating and coordinating the development and management of the Cultural Equity Advisory Committee.
12. **Staff Training Programs:** Developing programs to assess the cultural competency of staff and establishing a minimum core curriculum standard for annual diversity training.
13. **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.

14. **Community Engagement:** Maintaining ongoing relationships with community organizations, planning agencies, and the community at large.
15. **Facility Assessment:** Visiting and assessing VCBH contract agency facilities, making recommendations about facility changes and locations in accordance with the needs of diverse populations.
16. **Outreach and Engagement:** Planning, organizing, and managing outreach and engagement activities.
17. **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.
18. **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.
19. **Workforce Diversity:** Collaborating with the County's Human Resources Office to ensure the workforce is ethnically, culturally, and linguistically diverse.
20. **Translation and Interpretation Services:** Developing and implementing translation and interpretation services.
21. **Oversight of Health Equity Office:** Overseeing all functions related to the Office of Health Equity.
22. **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.
23. **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.
24. **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.
25. **Additional Duties:** Completing other duties as needed to ensure that services in the behavioral health system of care are culturally, linguistically, and ethnically competent.

II. 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

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.

Staff Dedicated to DEI, Health Equity, and Cultural Diversity Efforts

- Administrative Assistant II: Filled in February 2024.
- Program Administrator I/II: Filled in January 2024.
- Senior Program Administrator: In recruitment.
- Ethnic/Equity Services Manager: Position temporarily filled since January 2024 by the Strategic Initiatives Behavioral Health Manager II.

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:

- a. Interpreter and translation services;

Ventura County Behavioral Health (VCBH) collaborates with a network of providers to ensure clients have access to services in their preferred or required languages, eliminating language or cultural barriers to care. VCBH remains committed to expanding its language assistance provider network to meet the diverse needs of the community. Currently, VCBH contracts with four language assistance service providers, offering a comprehensive range of translation and interpretation services. The allocated funding for each of these active providers is detailed below.

- **Homeland Language Services:** \$400,000
- **Language Line:** \$29,000
- **LifeSigns:** \$10,000
- **MICOP (Mixteco/Indígena Community Organizing Project):** \$9,500

The allocated funding amounts go through a constant review process throughout the fiscal year as community language assistance needs are continuously assessed. Thus, funding allocation amounts are subject to change.

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.

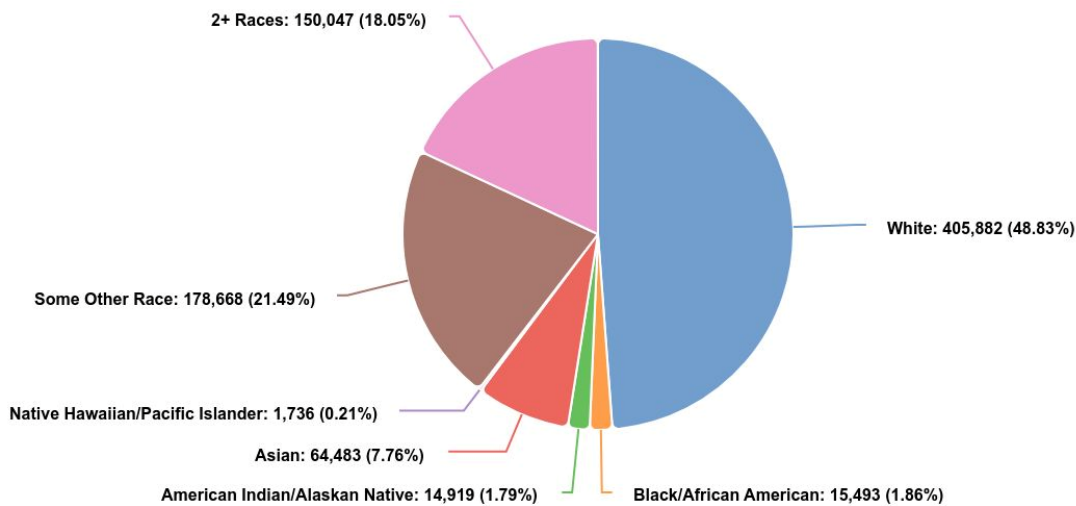
I. General Population

- 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).

<p>Population County: Ventura 831,228 Persons State: California 39,172,872 Persons</p>	<p>Percent Population Change: 2020 to 2024 County: Ventura -1.49% State: California -0.92%</p>
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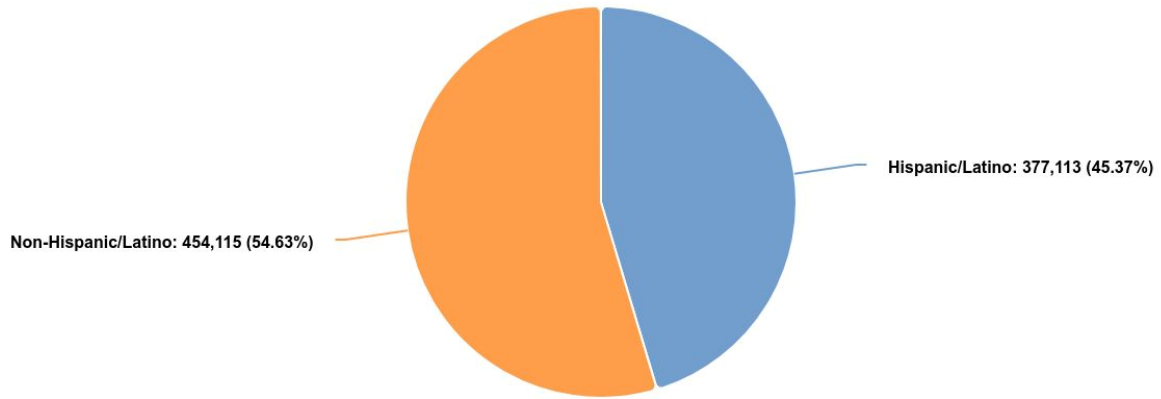
Population by Sex				
Population by Sex	County: Ventura		State: California	
	Persons	% of Population	Persons	% of Population
Male	407,872	49.07%	19,351,680	49.40%
Female	423,356	50.93%	19,821,192	50.60%

Population by Race
County: Ventura



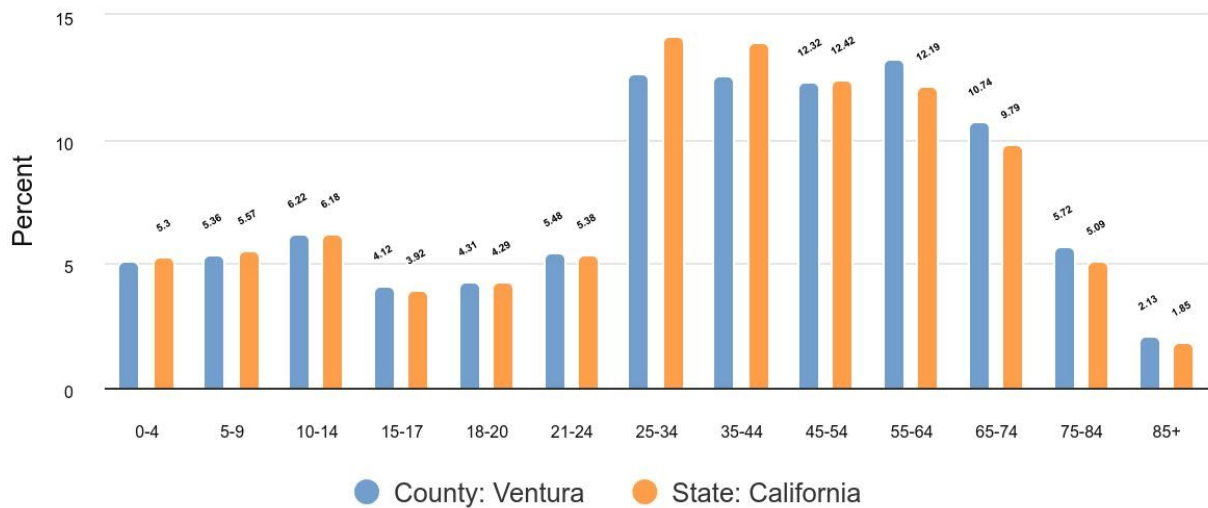
Claritas, 2024. www.healthmattersinvc.org

Population by Ethnicity County: Ventura



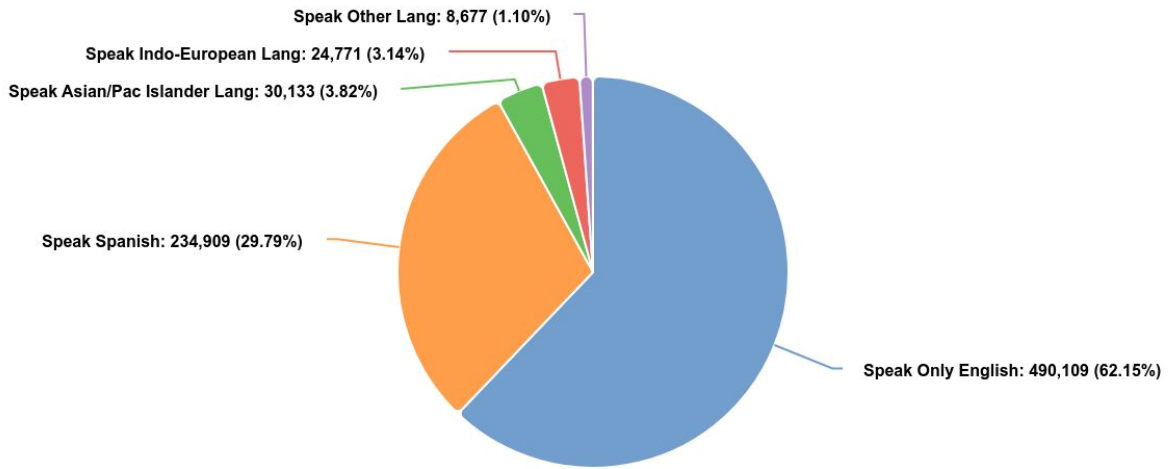
Claritas, 2024. www.healthmattersinvc.org

Population by Age Group County: Ventura



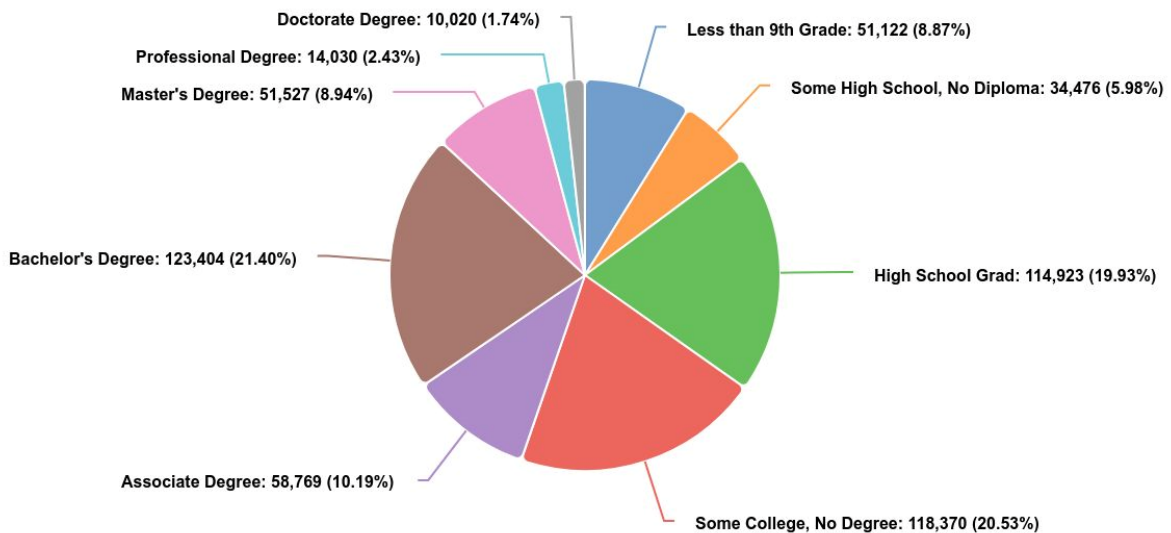
Claritas, 2024. www.healthmattersinvc.org

Population Age 5+ by Language Spoken at Home County: Ventura



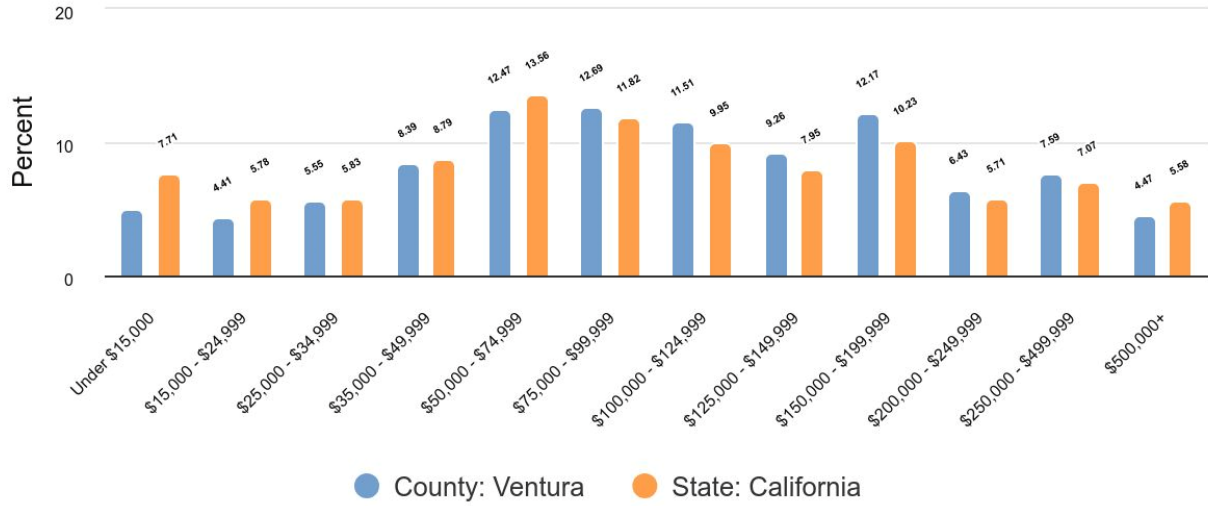
Claritas, 2024. www.healthmattersinvc.org

Population 25+ by Educational Attainment County: Ventura



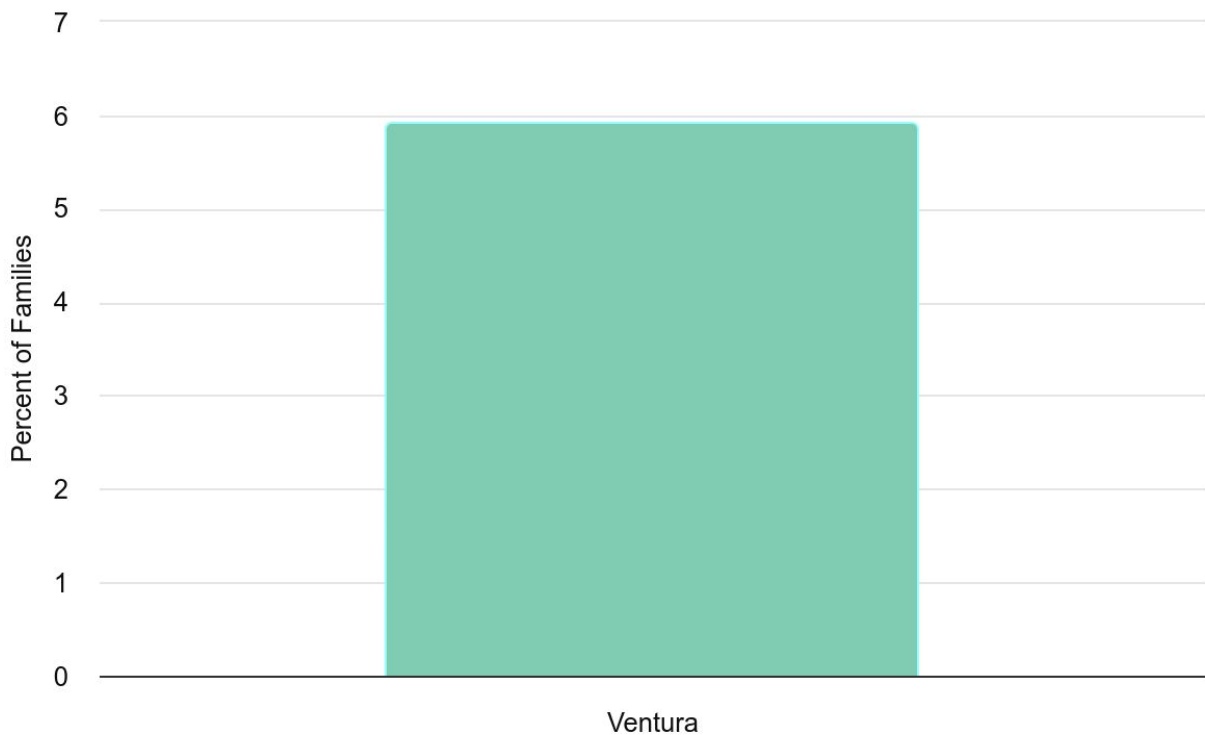
Claritas, 2024. www.healthmattersinvc.org

Households by Income County: Ventura



Claritas, 2024. www.healthmattersinvc.org

Families Below Poverty



Ventura County

Ventura County is home to two universities (California State University Channel Islands and California Lutheran University), several small private colleges, and three community colleges (Oxnard, Ventura, and Moorpark).

Through these and other programs, Ventura County enjoys a strong structure for workforce development.

As of July 2022, the estimated population of Ventura County was 832,871.¹ Hispanic or Latinos comprised 44.5% of the population and non-Hispanic/Latino comprised 55.5%. Approximately 21.6% of the population was under 18 years of age while 17.5% of County residents were 65 or older.² Ventura County was also comprised of 21.4% foreign-born persons and 4.2% veterans.

The median household income was \$102,141, however, 9.5% of the people in the County were at or below the poverty level.

Certain areas of Ventura County have a higher concentration of Hispanic populations. The chart below reflects the County percentages of Hispanic versus non-Hispanic origin among other demographics.

Ventura County Census ¹ Population N=832,871	
Requested Age Breakouts^{2,3}	
0-15 yrs.	N/A
16-25 yrs.	N/A
26-59 yrs.	N/A
60+ and older	24.3%
Census Age Breakout Available²	
0-14 yrs.	17.5%
15-24 yrs.	13.1%
25-59 yrs.	45.1%
60 and older	24.3%
Gender	
Female	50.2%
Male	49.8%
Other gender identity ⁴	0.5%
Veteran Status	
Veteran (among 18+)	4.2%
Active Duty	N/A
Civilian	N/A

Underserved Populations	
Latinx	African American
LGBTQ+	Unhoused
Risk of Suicide	
Those with co-occurring disorders (mental health and substance abuse)	

Race/Ethnicity ⁵	
American Indian/Alaskan Native	1.9%
Asian	8.2%
Black/African American	2.5%
Hispanic or Latino	44.5%
Native Hawaiian/Pacific Islander	0.3%
White (alone)	43%
White (not alone)	83.3%
Multi-racial	3.8%
Another Race/Ethnicity	0.8%
Language Spoken²	
English (only)	61.6%
Spanish (any)	28.8%
Other	9.6%
Language thresholds are English and Spanish.	

¹From the 2022 US Census Bureau QuickFacts unless noted otherwise.

²From the 2021 US Census Bureau American Community Survey 1-year estimates.

³Requested CPP age breakouts did not Census age breakouts.

⁴Gender: The source reports 0.5% of individuals aged 18+ in the state of California identifies as transgender.

<https://williamsinstitute.law.ucf.edu/publications/trans-adults-united-states/>

⁵ Race/Ethnicity: More than one option is permitted.

II. MHS Community Services and Supports (CSS) population assessment and service needs

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

Community Services and Supports (CSS) Overview

Since the 2020 pandemic, the number of clients at VCBH has increased. However, the department's vacancies have also increased since the pandemic. These competing trends indicate that our department is working from multiple angles in order to expand staff and services. Additionally, some of our programs have outgrown their current office spaces and require additional sites 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 Individual Placement and Support (IPS) model, which is an evidence-based program that helps find and sustain 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 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 Medi-Cal providers were 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 launched December 2, 2024, and has 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.
- A Ventura County Mental Health Rehabilitation Center 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.

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

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

Prevention Programs

- A. **Mixteco Indígena Community Organization Project (MICOP):** Facilitates mental health for the Latinx and Indigenous communities through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.
- B. **Multi-Tiered System of Support (MTSS), VCOE:** Provides education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County.
- C. **Multi-Tiered System of Support (MTSS), LEA:** Provides mental health screenings, referrals, and mental health services for at-risk students. Contracted districts also provide education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness.

- D. **Network Extension Grants:** Provides financial support to time-limited, community-based projects or programs promoting wellness among Ventura County residents. Listed in the PEI plan section.
- E. **One Step A La Vez:** Serves a rural area focused on Latinx, LGBTQ+, and TAY at risk of homelessness or in the juvenile justice system through outreach, a drop-in center, wraparound wellness, stress and wellness classes, a high school equality club, and LGBTQ+ support groups and ACES resiliency programming.
- F. **Program to Encourage Active, Rewarding Lives for Seniors (PEARLS):** Offers an in-home counseling program for seniors that teaches participants how to manage depression through counseling sessions supported by a series of follow-up phone calls.
- G. **Project Esperanza:** Offers mental health service assistance, educational and wellness classes, and activities to Hispanic/Latino families in the Santa Paula community.
- H. **Promotoras Conexión Program (Promotoras y Promotores Foundation [PyPF]):** Facilitates mental health for immigrant Latinas/Hispanic women at risk of depression through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.
- I. **Tri-County GLAD:** Increases knowledge and awareness of mental health concerns in the Deaf and Hard of Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle-school students. Also provides Early Intervention Services for deaf and hard of hearing individuals by a deaf clinician for culturally appropriate services that do not require an interpreter.
- J. **Wellness Centers Expansion:** Provides coordinated health/mental health and other support services to maximize student engagement and success through staff and student trainings, family engagement activities, screenings, referrals, and early intervention activities.
- K. **Wellness Everyday and STAY Media:** Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website.

Early Intervention Program Descriptions

- A. **COMPASS:** A short-term residential program for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. Services include individual and family therapy, case management, psychiatric care, medication support and assessment to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community.
- B. **Primary Care Program:** Provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.
- C. **Ventura County Power Over Prodromal Psychosis (VCPOP, formerly EDIPP):** Conducts community outreach and education to community members about early warning signs of psychosis; provides a two-year intervention program with services and

supports including psychiatric assessment, medication management, individual therapy, educational/vocational services, case management, multi-family groups, and peer skill-building groups. Multi-Family Groups, and peer skill building groups.

Other PEI Programs

- A. **Crisis Intervention Team (CIT):** Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and collaboration with consumers, families, the community, and other stakeholders.
- B. **Diversity Collective:** Hosts weekly support groups for LGBTQ+ youth, TAY, and their allies, as well as promotes cultural competency and other mental health trainings to schools and agencies to spread awareness of LGBTQ+ mental health needs.
- C. **Logrando Bienestar:** Helps youth and adults in the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles.
- D. **VCBH Suicide Prevention:** Provides resources to advance awareness and knowledge of suicide and related topics.

Prevention and Early Intervention (PEI) Additional Spending for new programing under PEI

- A. 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.
- B. 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 though Core Competencies Innovation Project.
 - a. A new afterschool teen drop-in center program is being pursued for Oxnard.
 - b. Wellness Services in Community Colleges.
 - c. Child First program with Public Health.
 - d. Early intervention services for mild to moderate youth in the Santa Clara Valley and other priority populations.
- C. Continued growth to set up additional wellness centers at local school districts for the K-12 Wellness Center Expansion program.
- D. To develop more non-clinical providers/options Network Expansion Grants will be distributed to new providers though 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:
 - a. Special Populations

- i. Survivors of Crime: Pathways of Hope
 - ii. ECSEL Safe Spaces for Survivors at Ventura County Courthouse
 - iii. Everyone has a Story (Autism)
 - iv. Community Careers for Deaf Youth
 - b. Therapeutic Arts
 - i. Avenue Teen Band Camp
 - ii. Teen Wellness Retreat in Ojai for Queer and Gender non-conforming
 - iii. Healing though the Arts: Intergenerational Workshop
 - iv. The Conservatory Project Music workshops and songwriting
 - c. Wellness Activities
 - i. Team Changing Minds
 - ii. Mental Health Workshop Series
 - iii. FIND's Novel Peer Support Groups
 - iv. Great Futures Starte with Kindness
 - v. Empowering at Risk Youth Adults through Trauma Informed Therapeutic Yoga
 - vi. Nates Place Outdoors
 - vii. Art is Wellness Summer Club - Low Income Youth and their families
 - viii. Adelante Project
 - ix. Paloma Youth
 - x. Swap Meet Justice Mental Health Awareness
 - xi. TAY HOPE (Helping Our Population Excel) Wellness Events
- E. Mental Health Awareness though the Arts Program. Murals and other public arts projects designed to promote awareness and destigmatize mental illness.
- F. 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.
- G. Expanding primary care integration service treatment options and clients served.
- H. Reestablish the Tripple P Parenting program in East County
- I. Reestablishing the Innovation Program Bartenders as Gatekeepers as a PEI program.
- J. Medical transition support for providers who may be able to bill Med-Cal for services if they become certified.

- K. 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.
- a. Suicide Prevention Council
 - b. Annual Suicide Prevention Conference
 - c. Empower Up – Events for youth

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)

- Medi-Cal population
- Community Services Support (CSS) population: Full Service Partnership population
- Workforce, Education, and Training (WET) population: Targets to grow a multicultural workforce
- Prevention and Early Intervention (PEI) priority populations: These populations are county identified from the six PEI priority populations

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

- a. From the above identified PEI priority population(s) with disparities, describe the process and rationale the county used to identify and target the population(s) (with disparities)

Identified underserved Populations in Ventura County are Latino/a/x, African American, LGBTQ+, people who are unhoused, those with co-occurring disorders (mental health and substance abuse), and those at risk of suicide.

II. Identified strategies/objectives/actions/timelines

A. List the strategies identified for each targeted area as noted in Criterion 2 in the following sections:

- a. MHSA/CSS population:

Expansion and increase of VCBH’s Full-Service Partnership programs: The county has been working to improve and expand FSP programs after joining the Third Sector Full Services Partnership Multi-County Collaborative Innovation Project. These programs aim to serve our

most vulnerable population, those with SMI/SED and at risk of homelessness, incarceration, failure from school, or institutionalization.

- b. PEI priority population(s) selected by the county, from the six PEI priority populations
 - 1. Underserved cultural populations:
 - 2. Individuals experiencing onset of serious psychiatric illness
 - 3. Children/youth in stressed families
 - 4. Trauma-exposed
 - 5. Children/youth at risk of school failure
 - 6. Children/youth at risk or experiencing juvenile justice involvement

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

- A. List any new strategies not included in Medi-Cal, CSS, WET, and PEI.
 - 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.

The PEI Network Expansion Grants have been very successful, and several will be extended for another year. These grantees are focused on underserved populations. The majority of these grantees work with children and youth. These programs leverage organizations that already have trusted relationships with the communities that they serve which has proved to be a successful approach. Several of the grantees who are renewing will aim to expand their numbers served, explore evidence based, or billable approaches to be sustainable under proposed Proposition 1 changes.

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.

- A. Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).
- B. Committee membership roster listing member affiliation if any.

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., Latino Disparities Reduction Committee (LDRC), Behavioral Health Advisory Board (BHAB), Mental Health Services Act (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.

The integration of cultural competency is 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

The mission of the Behavioral Health Advisory Board (BHAB) is to advocate for members of the community living with mental illness and/or substance use disorders and their families. This is accomplished through support, review, and evaluation of treatment services provided and/or coordinated through the Ventura County Behavioral Health Department.

All appointed members to the BHAB have the authority to vote on all issues presented to the board. Board members review and evaluate the community’s behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance use issues.

Members:

Chair: Cheryl Heitmann; District 1

1st Vice Chair: Dianne McKay; District 2

2nd Vice Chair: James Espinoza Veteran Rep; District 4

Secretary: Carol J. Keavney; District 2

Member At Large: N/A

Chair Emerita: Janis Gardner; District 3

- Soledad Barragan; District 5
- Andrei Bobrow; District 1
- Nancy Borchard; District 3
- Gane Brooking; District 3
- Jeffrey Alan Davis; District 2
- Genevieve Flores-Haro; District 1
- Supervisor Matt LaVere; Board of Supervisors
- Naomi (Nomi) Marrufo; District 3
- Jennifer Morrison; District 4

- Sergeant Shawn Pewsey; Law Enforcement Rep
- Dalia Robkin; District 4
- Michael Rodriguez; District 5
- Christopher Tejeda; District 4
- Marlen Torres; District 5
- Liz Warren; District 5

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

- Review and evaluate the community's behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance abuse issues.
- Review mental health service performance contracts entered into pursuant to Section 5650.
- Advise the Board of Supervisors and the Behavioral Health Department Director, as to any aspect of the County's mental health and substance abuse disorder treatment and prevention services.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the Board of Supervisors on the needs and performance of the County's Behavioral Health system.
- Review and make recommendations on applicants for the appointment of the Behavioral Health Director, who also serves as the County Mental Health Director. The board shall be included in the selection process prior to the vote of the Board of Supervisors.
- Review the impact of funding streams on the delivery of local Behavioral Health Services in order to make recommendations for any service level expansions or reductions.

BHAB meetings are 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) meets 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 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's overarching goal is to guide and assist VCBH in delivering more effective and inclusive mental health services for the Latino/a/x community. The committee holds monthly meetings to select areas of focus to dedicate efforts to address the mental health needs of the Latino/a/x community. The committee is composed of diverse community members, with attendees including the Health Care Agency Director, VCBH Director, representatives from the Board of Supervisors, and various VCBH staff. These sessions involve reviewing data from VCBH regarding services provided to Latino/a/x individuals. In addition to fostering collaboration, the committee advises VCBH executive staff on strategies to close service gaps and enhance support for the Latino/a/x population. This committee continues to be instrumental in helping VCBH address cultural and linguistic needs at all levels of service delivery.

Members:

- Laura Espinosa
- Richard Castaniero
- Antonio Alatorre
- Slyvie Clara Garcia

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. Annual cultural competence trainings

- A. Please report on the cultural competence trainings for staff. Please list training, staff, and stakeholder attendance by function (If available, include if they are clients and/or family members):
 - a. Administration/Management;
 - b. Direct Services, Counties;
 - c. Direct Services, Contractors;
 - d. Support Services;
 - e. Community Members/General Public;
 - f. Community Event;
 - g. Interpreters; and
 - h. Mental Health Board and Commissions; and
 - i. Community-based Organizations/Agency Board of Directors
- B. Annual cultural competence trainings topics shall include, but not be limited to the following:
 - a. Cultural Formulation; (1.2.a)
 - b. Multicultural Knowledge; (1.2.b)
 - c. Cultural Sensitivity; (1.2.c)
 - d. Cultural Awareness; and (1.2.d)
 - e. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.). (1.2.e)
 - f. Mental Health Interpreter Training (1.2.f)
 - g. Training staff in the use of mental health interpreters (1.2.g)
 - h. Training in the Use of Interpreters in the Mental Health Setting (1.2.h)

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Reference table below. This table includes the training items and can be located by viewing the “Item” column to search for the appropriate label (i.e., 1.2.a, 1.2.b, etc.)

Training Event	Item	Description of Training	How long and often	Attendance by Function	Date of Training	Name of Presenter
<i>Basic Skills/Techniques in Clinical Practice</i>	<i>1.2.c 1.2.d 1.2.e 3.1.c 3.1.d 3.1.g 3.1.j</i>	<i>This workshop is designed as a review of what you had or should have learned in your graduate practice courses and field placements, as well as addressing common issues faced by those early in clinical practice.</i>	<i>6 hours, offered annually</i>	<i>*Direct Services: 26 *Direct Services Contractor: 0 *Administration: 0 *Interpreters: 0 Total attendees: 26</i>	<i>10/3/23 and 10/4/23</i>	<i>Marshall Jung, DSW</i>
<i>Bringing Culture into our Practice</i>	<i>1.2.a 1.2.b 1.2.c 1.2.d 1.2.e 3.1.c 3.1.d 3.1.g 3.1.k 3.1.p</i>	<i>This 3-hour interactive training will lead the participants through fundamental strategies necessary in the investigation and remediation of issues of equity, culture, and diversity from a relationship-based perspective. Attendees will reflect on their social identities as related to areas of privilege and marginalization. We will define and explore the role of culture, intersectionality, implicit bias, as related to client engagement and service delivery. Attendees will be provided with practical strategies to begin a curious conversation with clients related to culture, family history, and microaggressions by systems.</i>	<i>3 hours, specialty topic (specialty topics vary and are offered annually)</i>	<i>*Direct Service: 27 *Direct Services Contractors: 0 *Administration: 0 *Interpreters: 0 Total attendees: 27</i>	<i>3/27/24</i>	<i>Barbara Stroud, PhD</i>

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<p><i>CBT Basics</i></p>	<p>1.2.c 1.2.d 1.2.e 3.1.c 3.1.d 3.1.g 3.1.k 3.1.p</p>	<p><i>Cognitive therapy is one of the few forms of psychotherapy that has been scientifically tested and found to be effective in over three hundred clinical trials for many different disorders. In contrast to other forms of psychotherapy, cognitive therapy is usually more focused on the present, more time-limited, and more problem-solving oriented. Indeed, much of what the patient does is solve current problems. In addition, patients learn specific skills that they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.</i></p>	<p>6 hours, offered bi-annually</p>	<p>*Direct Services: 38 *Direct Services Contractors: 5 *Administration: 0 *Interpreters: 0</p> <p>Total attendees: 43</p>	<p>11/15/23</p>	<p><i>Academy of Cognitive Therapy - Sokol, Leslie, PhD</i></p>
<p><i>CEOVC - Developing Cultural Competency & Inclusion</i></p>	<p>1.2.b 1.2.c 1.2.d 1.2.e 3.1.j 3.1.k 3.1.l</p>	<p><i>Mandatory class for DEI for all County of Ventura employees, taken biannually.</i></p>	<p>self-paced (approx 2 hrs)</p>	<p>*Direct Services *Direct Services Contractors *Administration *Interpreters</p> <p>Total Attendees: 796</p>	<p>FY23-24</p>	<p><i>Ventura</i></p>
<p><i>Community Resiliency Model (CRM): Introduction</i></p>	<p>1.2.a 1.2.c 1.2.d 1.2.e 3.1.a 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o</p>	<p><i>The Community Resiliency Model® (CRM) of the Trauma Resource Institute trains clinicians and non-clinicians to not only help themselves but to share simple wellness skills with their community. The primary focus of this training is to learn simple biologically-based skills, based upon current science, to help individuals and communities regain balance in body, mind, and spirit.</i></p>	<p>3 hours, Offered bi-annually</p>	<p>*Direct Services: 36 *Direct Services Contractors: 8 *Administration: 0 *Interpreters: 0</p> <p>Total attendees: 44</p>	<p>12/4/23</p>	<p><i>Joy Chudzynski PsyD</i></p>

		<p><i>CRM skills help individuals understand their nervous system and learn to track sensations connected to their own well-being, which CRM calls the “Resilient Zone.” CRM’s goal is to help create “trauma-informed” and “resiliency-informed” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach. CRM has been used worldwide.</i></p>				
<p><i>Community Resiliency Model (CRM): Introduction with Spanish interpretation</i></p>	<p><i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.a 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o</i></p>	<p><i>The Community Resiliency Model® (CRM) of the Trauma Resource Institute trains clinicians and non-clinicians to not only help themselves but to share simple wellness skills with their community. The primary focus of this training is to learn simple biologically-based skills, based upon current science, to help individuals and communities regain balance in body, mind, and spirit. CRM skills help individuals understand their nervous system and learn to track sensations connected to their own well-being, which CRM calls the “Resilient Zone.” CRM’s goal is to help create “trauma-informed” and “resiliency-informed” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be</i></p>	<p><i>3 hours, Offered bi-annually</i></p>	<p><i>*Direct Services: 14 *Direct Services Contractors: 11 *Administration *Interpreters</i></p> <p><i>Total attendees: 25</i></p>	<p><i>6/17/24</i></p>	<p><i>Joy Chudzynski PsyD</i></p>

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		<i>restored or increased using this skills-based approach. CRM has been used worldwide.</i>				
<i>Community Resiliency Model (CRM): Introduction with Spanish interpretation</i>	1.2.a 1.2.c 1.2.d 1.2.e 3.1.a 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o	<i>The Community Resiliency Model® (CRM) of the Trauma Resource Institute trains clinicians and non-clinicians to not only help themselves but to share simple wellness skills with their community. The primary focus of this training is to learn simple biologically-based skills, based upon current science, to help individuals and communities regain balance in body, mind, and spirit. CRM skills help individuals understand their nervous system and learn to track sensations connected to their own well-being, which CRM calls the “Resilient Zone.” CRM’s goal is to help create “trauma-informed” and “resiliency-informed” communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach. CRM has been used worldwide.</i>	<i>3 hours, Offered bi-annually</i>	<i>*Direct Services: 9 *Direct Services Contractors: 10 *Administration *Interpreters Total attendees: 19</i>	<i>6/24/24</i>	<i>Joy Chudzynski PsyD</i>
<i>Community Resiliency Model (CRM): Skills</i>	1.2.a 1.2.c 1.2.d 1.2.e 3.1.a 3.1.d 3.1.g 3.1.j 3.1.n	<i>The Community Resiliency Model® (CRM) is a set of wellness skills one can learn and use to help regulate their nervous system. CRM aims to teach people about how their nervous system works, how it responds to stress, and how it can become dysregulated.</i>	<i>9 hours, offered annually</i>	<i>*Direct Services: 8 *Direct Services Contractors *Administration: 1 *Interpreters</i>	<i>3/13/24</i>	<i>Joy Chudzynski PsyD</i>

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	3.1.o	<i>CRM is a collection of six wellness skills that can be used for self-care, that restore balance to the mind, body, and spirit. CRM focuses on helping people learn to connect their minds and bodies as they learn to pay attention to sensations "on the inside of their body". When people learn how to tell the difference between sensations of distress and wellbeing, resiliency can expand by learning simple wellness skills. The result is feeling greater balance in mind, body and spirit. When we are balanced, we are better able to function to our highest capacity.</i>		<i>Total attendees: 9</i>		
<i>Cultural Core Competencies</i>	1.2.a 1.2.c 1.2.d 1.2.e 3.1.a 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o	<i>Southern Counties Regional Partnership (SCRP) Core Competencies Project provides the Core Competencies and associated Knowledge, and Abilities (KSAs) considered to be essential performance criteria for collaborative behavioral health service providers supporting the continued excellence on the quality of care provided to individual, family member, and stakeholders served by the SCRCP counties.</i>	<i>self-paced (approx. 2 hrs.)</i>	<i>*Direct Services *Direct Services Contractors *Administration *Interpreters Total: 753</i>	<i>FY23-24</i>	<i>VCBH/SCR P Project</i>
<i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency</i>	1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p	<i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE.</i>	<i>3 hours, available 8 times per year</i>	<i>*Direct Services: 12 *Direct Services Contractors: 0 *Administration: 5 *Interpreters Total: 23</i>	<i>11/16/23</i>	<i>Los Angelas LGBT Center - Ramos, Nako ,Garcia, Keilani</i>

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		<p><i>Participants will be taught to identify biases faced by the LGBTQ+ community.</i></p> <p><i>Learning Objectives include: Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i></p>				
<p><i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency</i></p>	<p><i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i></p>	<p><i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE.</i></p> <p><i>Participants will be taught to identify biases faced by the LGBTQ+ community.</i></p> <p><i>Learning Objectives include: Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i></p>	<p><i>3 hours, available 8 times per year</i></p>	<p><i>*Direct Services: 6 *Direct Services Contractors: 2 *Administration: 1 *Interpreters</i></p> <p><i>Total attendees: 9</i></p>	<p><i>2/8/24</i></p>	<p><i>Los Angelas LGBT Center - Ramos, Nako</i></p>
<p><i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency</i></p>	<p><i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i></p>	<p><i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE.</i></p> <p><i>Participants will be taught to</i></p>	<p><i>3 hours, available 8 times per year</i></p>	<p><i>*Direct Services: 4 *Direct Services: 0 Contractors *Administration: 2 *Interpreters</i></p> <p><i>Total attendees: 6</i></p>	<p><i>2/14/24</i></p>	<p><i>Los Angelas LGBT Center - Ramos, Nako</i></p>

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		<p><i>identify biases faced by the LGBTQ+ community.</i> <i>Learning Objectives include:</i> <i>Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i></p>				
<p><i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency</i></p>	<p><i>1.2.a</i> <i>1.2.c</i> <i>1.2.d</i> <i>1.2.e</i> <i>3.1.d</i> <i>3.1.j</i> <i>3.1.p</i></p>	<p><i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE. Participants will be taught to identify biases faced by the LGBTQ+ community.</i> <i>Learning Objectives include:</i> <i>Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i></p>	<p><i>3 hours, available 8 times per year</i></p>	<p><i>*Direct Services: 11</i> <i>*Direct Services: 5 Contractors</i> <i>*Administration: 0</i> <i>*Interpreters</i></p> <p><i>Total attendees: 16</i></p>	<p><i>5/21/24</i></p>	<p><i>Los Angelas LGBT Center - Bustamante , Ariel</i></p>
<p><i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency AM</i></p>	<p><i>1.2.a</i> <i>1.2.c</i> <i>1.2.d</i> <i>1.2.e</i> <i>3.1.d</i> <i>3.1.j</i> <i>3.1.p</i></p>	<p><i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE. Participants will be taught to identify biases faced by the LGBTQ+ community.</i></p>	<p><i>3 hours, available 8 times per year</i></p>	<p><i>*Direct Services: 17</i> <i>*Direct Services Contractors: 1</i> <i>*Administration: 2</i> <i>*Interpreters</i></p> <p><i>Total attendees: 22</i></p>	<p><i>12/13/23</i></p>	<p><i>Los Angelas LGBT Center - Ramos, Nako ,Garcia, Keilani</i></p>

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		<i>Learning Objectives include: Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i>				
<i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency AM</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i>	<i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE. Participants will be taught to identify biases faced by the LGBTQ+ community. Learning Objectives include: Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i>	<i>3 hours, available 8 times per year</i>	<i>*Direct Services: 4 *Direct Services Contractors: 1 *Administration: 1 *Interpreters Total attendees: 6</i>	<i>12/14/23</i>	<i>Los Angelas LGBT Center - Ramos, Nako ,Garcia, Keilani</i>
<i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency PM</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i>	<i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE. Participants will be taught to identify biases faced by the LGBTQ+ community. Learning Objectives include: Demonstrate understanding of</i>	<i>3 hours, available 8 times per year</i>	<i>*Direct Services: 8 *Direct Services Contractors: 1 *Administration: 2 *Interpreters Total attendees: 12</i>	<i>12/13/23</i>	<i>Los Angelas LGBT Center - Ramos, Nako ,Garcia, Keilani</i>

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		<i>permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i>				
<i>LGBTQ+ RISE Part I Introduction to SOGIE and Permanency PM</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i>	<i>This course is evidence-informed to help all staff gain working knowledge of permanency and childhood development. Learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE. Participants will be taught to identify biases faced by the LGBTQ+ community. Learning Objectives include: Demonstrate understanding of permanency and childhood development for the LGBTQ+ population; Use appropriate language and terminology relating to LGBTQ+ identities and SOGIE; Demonstrate ability to identify biases faced by the LGBTQ+ community.</i>	<i>3 hours, available 8 times per year</i>	<i>*Direct Services: 11 *Direct Services Contractors: 2 *Administration: 1 *Interpreters Total attendees: 14</i>	<i>12/14/23</i>	<i>Los Angelas LGBT Center - Ramos, Nako ,Garcia, Keilani</i>
<i>LGBTQ+ RISE Part II for Administrative Staff</i>	<i>1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i>	<i>This course is designed to help non-clinical administrative staff to gain working knowledge of biases in daily interactions for LGBTQ+ clients. Learn about risk and protective factors in healthcare spaces. How to create and maintain trustful, safe, spaces while serving LGBTQ+ clients</i>	<i>3 hours, available 4 times per year</i>	<i>*Direct Services: 3 *Direct Services Contractors: 4 *Administration: 4 *Interpreters Total attendees: 11</i>	<i>5/28/24</i>	<i>Los Angelas LGBT Center - Bustamante , Ariel ,Ramirez-Mercado, Josh</i>

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<p><i>LGBTQ+ RISE Part II for Administrative Staff AM</i></p>	<p>1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</p>	<p><i>This course is designed to help non-clinical administrative staff to gain working knowledge of biases in daily interactions for LGBTQ+ clients. Learn about risk and protective factors in healthcare spaces. How to create and maintain trustful, safe, spaces while serving LGBTQ+ clients</i></p>	<p>3 hours, available 4 times per year</p>	<p><i>*Direct Services: 2 *Direct Services Contractors: 2 *Administration: 3 *Interpreters Total attendees: 7</i></p>	<p>1/11/24</p>	<p><i>Los Angelas LGBT Center - Ramos, Nako</i></p>
<p><i>LGBTQ+ RISE Part II for Administrative Staff PM</i></p>	<p>1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</p>	<p><i>This course is designed to help non-clinical administrative staff to gain working knowledge of biases in daily interactions for LGBTQ+ clients. Learn about risk and protective factors in healthcare spaces. How to create and maintain trustful, safe, spaces while serving LGBTQ+ clients</i></p>	<p>3 hours, available 4 times per year</p>	<p><i>*Direct Services: 2 *Direct Services Contractors: 2 *Administration: 2 *Interpreters Total attendees: 6</i></p>	<p>1/11/24</p>	<p><i>Los Angelas LGBT Center - Ramos, Nako</i></p>
<p><i>LGBTQ+ RISE Part II for Direct Service Providers</i></p>	<p>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</p>	<p><i>This course is designed to help understand the risk and protective factors associated with the coming out process. The importance of creating and maintaining trustful, safe spaces while serving clients. Having responsible and culturally responsive Information management. The program will provide a legal framework for working with LGBTQ+ clients.</i></p>	<p>3 hours, available 4 times per year</p>	<p><i>*Direct Services: 13 *Direct Services Contractors *Administration *Interpreters Total attendees: 13</i></p>	<p>5/28/24</p>	<p><i>Los Angelas LGBT Center - Bustamante, Ariel, Stecklein, Kaitlin</i></p>
<p><i>LGBTQ+ RISE Part II for Direct Service Providers AM</i></p>	<p>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</p>	<p><i>This course is designed to help understand the risk and protective factors associated with the coming out process. The importance of creating and maintaining trustful, safe spaces while serving clients. Having responsible and culturally responsive Information management. The program will provide a legal</i></p>	<p>3 hours, available 4 times per year</p>	<p><i>*Direct Services: 7 *Direct Services Contractors *Administration: 2 *Interpreters Total attendees: 9</i></p>	<p>1/25/24</p>	<p><i>Los Angelas LGBT Center - Ramos, Nako</i></p>

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		<i>framework for working with LGBTQ+ clients.</i>				
<i>LGBTQ+ RISE Part II for Direct Service Providers Best Practices and Legal Protections for LGBTQ+ Clients</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i>	<i>This course is designed to help understand the risk and protective factors associated with the coming out process. The importance of creating and maintaining trustful, safe spaces while serving clients. Having responsible and culturally responsive Information management. The program will provide a legal framework for working with LGBTQ+ clients.</i>	<i>3 hours, available 4 times per year</i>	<i>*Direct Services: 12 *Direct Services Contractors *Administration: 5 *Interpreters Total attendees: 17</i>	<i>11/16/23</i>	<i>Los Angelas LGBT Center - Ramos, Nako, Garcia, Keilani</i>
<i>LGBTQ+ RISE Part II for Direct Service providers PM</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.p</i>	<i>This course is designed to help understand the risk and protective factors associated with the coming out process. The importance of creating and maintaining trustful, safe spaces while serving clients. Having responsible and culturally responsive Information management. The program will provide a legal framework for working with LGBTQ+ clients.</i>	<i>3 hours, available 4 times per year</i>	<i>*Direct Services: 12 *Direct Services Contractors *Administration: 1 *Interpreters Total attendees: 13</i>	<i>1/25/24</i>	<i>Los Angelas LGBT Center - Ramos, Nako</i>
<i>Mental Health First Aid (MHFA) for Adults - County</i>	<i>1.2.b 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.k 3.1.n 3.1.o 3.1.p</i>	<i>Similar to how CPR training helps you assist someone in cardiac arrest, MHFA teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives you skills to provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.</i>	<i>7 hours, offered 6 times annually</i>	<i>*Direct Services: 13 *Direct Services Contractors *Administration *Interpreters Total attendees: 13</i>	<i>9/21/23</i>	<i>VCBH - Munoz, April M., Aguilar, Norma A.</i>

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<p><i>Mental Health First Aid for Adults (MHFA)</i></p>	<p>1.2.b 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.k 3.1.n 3.1.o 3.1.p</p>	<p><i>Similar to how CPR training helps you assist someone in cardiac arrest, MHFA teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives you skills to provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.</i></p>	<p>7 hours, offered 6 times annually</p>	<p><i>*Direct Services: 6 *Direct Services Contractors: 2 *Administration: 1 *Interpreters</i></p> <p><i>Total attendees: 9</i></p>	<p>3/25/24</p>	<p><i>VCBH - Aguilar, Norma A. and Julie Ehret, LCSW</i></p>
<p><i>Mental Health First Aid for Adults (MHFA)</i></p>	<p>1.2.b 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.k 3.1.n 3.1.o 3.1.p</p>	<p><i>Similar to how CPR training helps you assist someone in cardiac arrest, MHFA teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives you skills to provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.</i></p>	<p>7 hours, offered 6 times annually</p>	<p><i>*Direct Services: 7 *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 13</i></p>	<p>4/16/24</p>	<p><i>VCBH - Julie Ehret, LCSW and Aguilar, Norma A.</i></p>
<p><i>Mental Health First Aid for Adults (MHFA) - County</i></p>	<p>1.2.b 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.k 3.1.n 3.1.o 3.1.p</p>	<p><i>Similar to how CPR training helps you assist someone in cardiac arrest, MHFA teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives you skills to provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.</i></p>	<p>7 hours, offered 6 times annually</p>	<p><i>*Direct Services: 9 *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 16</i></p>	<p>5/9/24</p>	<p><i>VCBH - Dougherty, Jennifer, LCSW and Julie Ehret, LCSW</i></p>
<p><i>Mental Health First Aid for Youth (MHFA) - County</i></p>	<p>1.2.b 1.2.c 1.2.d 1.2.e 3.1.d 3.1.j 3.1.k</p>	<p><i>Similar to how CPR training helps you assist someone in cardiac arrest, MHFA teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The</i></p>	<p>7 hours, offered 6 times annually</p>	<p><i>*Direct Services: 2 *Direct Services Contractors *Administration *Interpreters</i></p>	<p>5/2/24</p>	<p><i>VCBH - Jennifer Dougherty, LCSW</i></p>

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	3.1.n 3.1.o 3.1.p	<i>training gives you skills to provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.</i>		<i>Total attendees: 7</i>		
<i>Real Colors (S Oxnard)</i>	1.2.b 1.2.c 1.2.d 1.2.e 3.1.j 3.1.k 3.1.l	<i>Real Colors® is a unique four-color personality assessment and workshop designed to be entertaining and user-friendly. The four-color personality assessment is based on the premise that you can take left-brain (linear) information, and turn it into an exciting, interactive right-brain experience. The right brain style uses colors, pictures, and interactive activities to hook the participants. It allows participants to learn a great deal of information more quickly. They leave the four-hour workshop with tools they can use and apply to their own life. Through right and left-brain activities, small group interaction, and large group discussion, participants take an active role in learning. A portion of the workshop involves the participants teaching each other. This not only cements the new information for the participants, but in fact adds to the instrument's validity.</i>	<i>4 Hours, offered to programs annually</i>	<i>*Direct Services: 19 *Direct Services Contractors *Administration: 2 *Interpreters Total attendees: 23</i>	<i>1/3/24</i>	<i>County of Ventura - Hendrickson, Gina Rae</i>

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<p><i>Real Colors (N Oxnard)</i></p>	<p><i>1.2.b 1.2.c 1.2.d 1.2.e 3.1.j 3.1.k 3.1.l</i></p>	<p><i>Real Colors® is a unique four-color personality assessment and workshop designed to be entertaining and user-friendly. The four-color personality assessment is based on the premise that you can take left-brain (linear) information, and turn it into an exciting, interactive right-brain experience. The right brain style uses colors, pictures, and interactive activities to hook the participants. It allows participants to learn a great deal of information more quickly. They leave the four-hour workshop with tools they can use and apply to their own life. Through right and left-brain activities, small group interaction, and large group discussion, participants take an active role in learning. A portion of the workshop involves the participants teaching each other. This not only cements the new information for the participants, but in fact adds to the instrument's validity.</i></p>	<p><i>4 Hours, offered to programs annually</i></p>	<p><i>*Direct Services: 22 *Direct Services Contractors *Administration: 2 *Interpreters</i></p> <p><i>Total attendees: 28</i></p>	<p><i>1/9/24</i></p>	<p><i>County of Ventura - Hendrickson, Gina Rae</i></p>
<p><i>Real Colors</i></p>	<p><i>1.2.b 1.2.c 1.2.d 1.2.e 3.1.j 3.1.k 3.1.l</i></p>	<p><i>Real Colors® is a unique four-color personality assessment and workshop designed to be entertaining and user-friendly. The four-color personality assessment is based on the premise that you can take left-brain (linear) information, and turn it into an exciting, interactive right-brain experience. The right brain style uses colors, pictures,</i></p>	<p><i>4 Hours, offered to programs annually</i></p>	<p><i>*Direct Services *Direct Services Contractors *Administration: 2 *Interpreters</i></p> <p><i>Total attendees: 27</i></p>	<p><i>4/10/24</i></p>	<p><i>County of Ventura - Hendrickson, Gina Rae</i></p>

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		<p><i>and interactive activities to hook the participants. It allows participants to learn a great deal of information more quickly. They leave the four-hour workshop with tools they can use and apply to their own life.</i></p> <p><i>Through right and left-brain activities, small group interaction, and large group discussion, participants take an active role in learning. A portion of the workshop involves the participants teaching each other. This not only cements the new information for the participants, but in fact adds to the instrument's validity.</i></p>				
<p><i>Special Topics in Suicide: LGBTQ+, Older Adults, Support for Survivors of Suicide Loss</i></p>	<p><i>1.2.a 1.2.b 1.2.c 1.2.d 1.2.e 1.2.h 3.1.d 3.1.j 3.1.p</i></p>	<p><i>In this workshop participants will learn techniques and obtain tools for assessing suicidal risk among LGBTQ+ and Older Adults, with cultural awareness, humility, and sensitivity. They will learn prevention and resilience strategies to reduce risk. Exacerbating and mitigating factors and theories/goals of grief work to support survivors of suicide loss will be explored. External and internal resources to support these special populations will be discussed and self-care for clinicians to protect them from burnout with these populations will also be discussed.</i></p>	<p><i>6 hours, specialty topic (specialty topics vary and are offered annually)</i></p>	<p><i>*Direct Services *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 79</i></p>	<p><i>11/17/23</i></p>	<p><i>SCRP sponsored: Deborah Silveria, PhD</i></p>

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<p><i>Trial-Based Cognitive Therapy: Expanding CBT Tools (Spanish)</i></p>	<p>1.2.a 1.2.b 1.2.c 1.2.d 1.2.e 1.2.f 3.1.a 3.1.c 3.1.d 3.1.g 3.1.k 3.1.l</p>	<p><i>Trial-Based Cognitive Therapy (TBCT) is an active therapeutic approach based on Cognitive-Behavior Therapy (CBT) that aims to help clients recognize and modify their situationally based automatic thoughts and unhelpful beliefs, including core beliefs (CBs). TBCT uses a three-level, three-phase case formulation approach with unique conceptualization and techniques to modify clients' cognitions. Attendees of this course will observe Dr. Reis de Oliveira implement TBCT's main innovative techniques, including:</i></p> <ul style="list-style-type: none"> • <i>The TBCT Conceptualization Diagram, which provides a framework for understanding and addressing three levels of cognitive processing: automatic thoughts, underlying assumptions, and CBs.</i> • <i>The Intrapersonal Thought-Record (Intra-TR) is a tool used to guide the patient in identifying and modifying their negative automatic thoughts. By systematically answering specific questions, the patient can gain a more balanced and accurate perspective on the situation and develop more adaptive and helpful thoughts.</i> • <i>The Participation Grid (PG) is a narrative exposure technique that helps the patient transform guilt into participation and ultimately responsibility through</i> 	<p><i>6 hours, offered annually</i></p>	<p><i>*Direct Services: 11</i> <i>*Direct Services Contractors</i> <i>*Administration: 1</i> <i>*Interpreters</i></p> <p><i>Total attendees: 12</i></p>	<p><i>5/29/24</i></p>	<p><i>Academy of Cognitive Therapy - Reis De Oliveira, Irismar</i></p>
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		<p><i>progressive exposure to the guilt-provoking situation. The therapist then helps the patient transform guilt into responsibility, now in a different context, related to the patient's desired values and commitment.</i></p> <ul style="list-style-type: none"> <i>• The Trial-Based Thought Record (TBTR), which engages individuals in a courtroom metaphor, encouraging them to challenge and modify CBs and reduce emotional distress.</i> 				
Use of Interpreter Training	<p>1.2.a 1.2.b 1.2.c 1.2.d 1.2.e 1.2.g 1.2.h 3.1.k 3.1.l</p>	<p><i>This training will provide guidance on Working with Interpreters in a Mental Health Setting.</i></p> <p><i>The following topics will be discussed:</i></p> <ol style="list-style-type: none"> <i>1. Latinx, Language Access, & COVID-19</i> <i>2. The importance of trained interpreters</i> <i>3. Common practices of trained interpreters</i> <i>4. Strategies for working with trained and untrained interpreters</i> <i>5. Considerations for mental health settings</i> <p><i>Click on link to watch the video. It is 1 hour and 32 minutes long.</i></p>	<p><i>1.5 hours, annual for everyone</i></p>	<p><i>*Direct Services *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 754</i></p>	<p><i>FY23-24</i></p>	<p><i>Cecily Rodriguez, MPA</i></p>
Seeking Safety - Introductory Session	<p>1.2.a 1.2.c 1.2.d 1.2.e 3.1.c 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o 3.1.p</p>	<p><i>This training is an evidence-based model for trauma and/or substance abuse. By the end of the training, participants can implement Seeking Safety in their setting if they choose to. Seeking Safety teaches present focused coping skills to help clients attain safety in their lives. It is highly flexible and can be</i></p>	<p><i>6 hours, offered annually</i></p>	<p><i>*Direct Services: 28 *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 28</i></p>	<p><i>10/1323</i></p>	<p><i>Gabriella Grant</i></p>

		<p><i>conducted in any setting by a wide range of counselors and also peers. There are 25 treatment topics, each representing a safe coping skill relevant to both trauma and/or substance abuse, such as “Asking for Help”, “Creating Meaning”, “Compassion”, and “Healing from Anger”. Seeking Safety strives to increase hope through emphasis on ideals; it offers exercises, emotionally evocative language, and quotations to engage patients; and provides concrete strategies to build recovery skills. In this training we cover (a) background on trauma and substance abuse (rates, presentation, models and stages of treatment, clinical challenges); and (b) overview of Seeking Safety including its evidence base; and (c) clinical implementation, such as use of the model with specific populations.</i></p>				
<p><i>Advanced Seeking Safety</i></p>	<p><i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.c 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o 3.1.p</i></p>	<p><i>This training goes beyond the basic Seeking Safety training. It focuses on implementation methods to improve engagement and high-quality delivery of the model. It offers a brief refresher on the model; adaptation of Seeking Safety for different populations; deepening the approach to trauma; therapeutic Seeking Safety games; responding to challenging clients; fidelity; and how to sustain the model. In addition, there is ample</i></p>	<p><i>6 hours, offered bi-annually at minimum</i></p>	<p><i>*Direct Services: 21 *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 82</i></p>	<p><i>2/28/24</i></p>	<p><i>SCRP: Treatment Innovations /Summer Krause, LPC, CADCIII</i></p>

		<p><i>opportunity for attendees to share their successes, obstacles and case examples. If desired, an attendee can conduct a mini roleplay of a session and obtain constructive feedback based on the Seeking Safety fidelity scale (if you would like to volunteer for this excellent learning opportunity email training@treatment-innovations.org). The webinar is highly interactive with a variety of clinical exercises. Attendees can also email specific questions and clinical scenarios in advance they would like to discuss.</i></p>				
<p><i>Advanced Seeking Safety</i></p>	<p><i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.c 3.1.d 3.1.g 3.1.j 3.1.n 3.1.o 3.1.p</i></p>	<p><i>This training goes beyond the basic Seeking Safety training. It focuses on implementation methods to improve engagement and high-quality delivery of the model. It offers a brief refresher on the model; adaptation of Seeking Safety for different populations; deepening the approach to trauma; therapeutic Seeking Safety games; responding to challenging clients; fidelity; and how to sustain the model. In addition, there is ample opportunity for attendees to share their successes, obstacles and case examples. If desired, an attendee can conduct a mini roleplay of a session and obtain constructive feedback based on the Seeking Safety fidelity scale (if you would like to volunteer for this excellent learning opportunity email</i></p>	<p><i>6 hours, offered bi-annually at minimum</i></p>	<p><i>*Direct Services: 7 *Direct Services Contractors *Administration *Interpreters</i></p> <p><i>Total attendees: 67</i></p>	<p><i>4/24/24</i></p>	<p><i>SCRP: Treatment Innovations /Summer Krause, LPC, CADCI</i></p>

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		<i>training@treatment-innovations.org). The webinar is highly interactive with a variety of clinical exercises. Attendees can also email specific questions and clinical scenarios in advance they would like to discuss.</i>				
<i>Co-occurring Disorders</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.g 3.1.j 3.1.k 3.1.m 3.1.n 3.1.o 3.1.p</i>	<i>This course will prepare participants for how to provide integrated assessments and treatment for clients who present with both psychiatric and substance use disorders and why evidence-based integrated strategies result in more effective treatment for both disorders. Examples will be provided of how the disorders interact and why this interaction may result in a confusing diagnostic presentation. The course will discuss assessment and treatment procedures for examining the interactive relationship of the disorders from a client-centered perspective. The course will explain the relationship between stress/trauma and substance use and the neuroanatomical and neurobiological factors related to this interaction. The long-term impact of adverse childhood experiences on both disorders will be discussed. Medication Assisted Treatment and the principles of Harm Reduction will be addressed. The course will also cover the process of Recovery Management as well as Recurrence of Substance Use. The course</i>	<i>6 hours, twice annually</i>	<i>*Direct Services: 33 *Direct Services Contractors *Administration: 6 *Interpreters Total attendees: 39</i>	<i>1/30/24</i>	<i>VCBH - Linda Gertson, PhD</i>

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		<i>will conclude with an examination of “self-help” groups and how/why client participation in such groups can enhance professional interventions.</i>				
<i>Co-occurring Disorders</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.d 3.1.g 3.1.j 3.1.k 3.1.m 3.1.n 3.1.o 3.1.p</i>	<i>This course will prepare participants for how to provide integrated assessments and treatment for clients who present with both psychiatric and substance use disorders and why evidence-based integrated strategies result in more effective treatment for both disorders. Examples will be provided of how the disorders interact and why this interaction may result in a confusing diagnostic presentation. The course will discuss assessment and treatment procedures for examining the interactive relationship of the disorders from a client-centered perspective. The course will explain the relationship between stress/trauma and substance use and the neuroanatomical and neurobiological factors related to this interaction. The long-term impact of adverse childhood experiences on both disorders will be discussed. Medication Assisted Treatment and the principles of Harm Reduction will be addressed. The course will also cover the process of Recovery Management as well as Recurrence of Substance Use. The course will conclude with an examination of “self-help”</i>	<i>6 hours, twice annually</i>	<i>*Direct Services: 25 *Direct Services Contractors *Administration: 4 *Interpreters Total attendees: 29</i>	<i>2/7/24</i>	<i>VCBH - Linda Gertson, PhD</i>

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		<i>groups and how/why client participation in such groups can enhance professional interventions.</i>				
<i>Crisis Assessment</i>	<i>1.2.a</i> <i>1.2.c</i> <i>1.2.d</i> <i>1.2.e</i> <i>3.1.a</i> <i>3.1.c</i> <i>3.1.d</i> <i>3.1.g</i> <i>3.1.j</i> <i>3.1.k</i> <i>3.1.p</i>	<i>This training will review how to initiate, coordinate, and complete a crisis evaluation. This training will cover assessment considerations and review case examples. Participants will learn how to analyze and assess appropriateness of potential outcomes in crisis evaluations, such as, safety planning, voluntary hospitalization, and involuntary hospitalization. Participants will be able to explain how to assess staff safety, client safety and community safety when responding to crisis evaluations. This training will cover utilization of referrals and collaborating with community partners.</i>	<i>1.5 hours, offered at minimum annually</i>	<i>*Direct Services: 42</i> <i>*Direct Services Contractors</i> <i>*Administration: 5</i> <i>*Interpreters</i> <i>Total attendees: 49</i>	<i>1/23/24</i>	<i>VCBH: Estefania Elizalde, LCSW</i>
<i>Crisis Assessment</i>	<i>1.2.a</i> <i>1.2.c</i> <i>1.2.d</i> <i>1.2.e</i> <i>3.1.a</i> <i>3.1.c</i> <i>3.1.d</i> <i>3.1.g</i> <i>3.1.j</i> <i>3.1.k</i> <i>3.1.p</i>	<i>This training will review how to initiate, coordinate, and complete a crisis evaluation. This training will cover assessment considerations and review case examples. Participants will learn how to analyze and assess appropriateness of potential outcomes in crisis evaluations, such as, safety planning, voluntary hospitalization, and involuntary hospitalization. Participants will be able to explain how to assess staff safety, client safety and community safety when responding to crisis</i>	<i>1.5 hours, offered at minimum annually</i>	<i>*Direct Services: 29</i> <i>*Direct Services Contractors</i> <i>*Administration</i> <i>*Interpreters</i> <i>Total attendees: 29</i>	<i>6/26/24</i>	<i>VCBH: Estefania Elizalde, LCSW</i>

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		<i>evaluations. This training will cover utilization of referrals and collaborating with community partners.</i>				
<i>DSM 5TR Update: What Every Clinician Needs to Know</i>	<i>1.2.a 1.2.c 1.2.d 1.2.e 3.1.a 3.1.g 3.1.p</i>	<i>Released in March 2022, the DSM-5 Text Revision (TR) includes a handful of major changes along with numerous clarifications to improve your ability to both diagnose and document crisis issues. Join Dr. Diane Gehart as she explains these changes in easy-to-understand language. Changes include discussion of Prolonged Grief Disorder, new codes for suicide and self-harming behaviors, reinsertion of NOS Mood Disorder, and significant changes to language of diagnostic criteria.</i>	<i>1.5 hours, offered at minimum annually</i>	<i>*Direct Services *Direct Services Contractors *Administration *Interpreters</i>	<i>9/19/23, 9/21/23, 9/28/23, 10/5/23, 10/10/23</i>	<i>SCRIP: Diane Gehart, Ph.D.</i>
<i>Human Trafficking 101</i>	<i>3.1.d 3.1.n 3.1.o</i>	<i>Defining Human trafficking, identifying risks, recognizing red flags, creating safety</i>	<i>2 hours annually</i>	<i>*Direct Services: 29 *Direct Services Contractors: 2 *Administration *Interpreters Total attendees: 31</i>	<i>4/23/24</i>	<i>VCOE</i>
<i>VCCAHT: Understanding and Responding to Familial Trafficking</i>	<i>3.1.d 3.1.j 3.1.n 3.1.o</i>	<i>Defining Human trafficking, identifying risks, recognizing red flags, creating safety</i>	<i>2 hours annually</i>	<i>*Direct Services *Direct Services Contractors Total attendees: unknown</i>	<i>10/18/23</i>	<i>Ventura County Coalition Against Human Trafficking; Cesa, Christine</i>

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<i>Psy WIAT-IV Administration & Interpretation:</i>	3.1.g	<i>Administration and Interpretation of a psychological assessment tool for youth</i>	14 hours (one time)	*Direct Services: 11 *Direct Services Contractors: 2 *Administration *Interpreters Total attendees: 13	1/3/24; 1/9/24: 2/6/24 3/5/24; 3/12/24; 4/2/24; 4/16/24;	<i>Learning Dynamics; Brown, Nicole ,Lopez, Lizeth</i>
<i>CANS:</i>	3.1.d 3.1.g 3.1.j 3.1.n 3.1.o	<i>Online TCOM training to address strengths, needs and navigating multi-agency partnerships when working with youth, especially within the foster care system</i>	6 hours	*Direct Services *Direct Services Contractors Total attendees: 400 annually	Available on LMS as needed	<i>TCOM PRAED Foundation</i>
<i>CANS: Informing Treatment and Sharing at CFTs</i>	3.1.d 3.1.g 3.1.j 3.1.n 3.1.o	<i>The use the Child and Adolescent Needs and Strengths (CANS) -guidelines for Child and Family Team (CFT) meetings, addressing the framework for navigating multi-agency collaborative care planning.</i>	3 hours offered 4 times	*Direct Services: 22 *Direct Services Contractors: 1 Total attendees:23	1/31/24 2/20/24 2/22/24 4/24/24	<i>PRAED Foundation : Brandon Howlett; Cassandra Cooper</i>

II. Relevance and effectiveness of all cultural competence trainings

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

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

Professional development and other learning opportunities supported by the department are instilled with the constructs and practice of cultural and linguistic competency, wellness, recovery, and resiliency and incorporates outcome evaluations to ensure effectiveness and fiscal value. Training is organized and facilitated utilizing an informed decision-making process which employs effective communication pathways between all levels of staff and incorporating a genuine stakeholder process. In addition to internal annual and regular needs assessments, VCBH works collaboratively with the Southern Counties Regional Partners to identify and address training needs to support the implementation of County Cultural Competency Plans,

enhancing the workforce development efforts to incorporate cultures, values, beliefs, languages, and practices of its consumers into the services.

- b. Results of pre/post tests (Counties are encouraged to have a pre/post test for all trainings);

While VCBH does not have a method to extract test scores, the use of pre and post tests are captured in various Learning Management System (LMS) trainings, where trainees may not move to the next section of the training until they demonstrate an 80% knowledge of the previous section. Staff cannot earn credit for attending County Required Cultural Competence training without earning a minimum of 80%. Further, course evaluations are used so that the training, trainer and knowledge gained toward course learning objectives are rated.

- c. Summary report of evaluations; and

VCBH training protocol includes requesting training attendees to complete a course evaluation following each training session. Attendees are asked to rate the trainer's level of expertise, the training's relevance to practice and intended goals, and whether the training achieved its identified objectives. Additionally, attendees are asked to evaluate the training's appropriateness for the intended audience and whether it fostered a supportive and interactive environment for feedback. Using a health equity lens, additional course evaluation questions include rating how "diversity was considered and discussed as relevant to the topic" and whether necessary accommodations were provided and respected. Course evaluations are reviewed by the Training Team and Advisory Team, which includes the Office of Health Equity and various other departments. These insights help guide the planning and refinement of future training programs.

- d. Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/post skills learned in trainings. advancing staff skills/post skills learned in trainings.

VCBH provides annual trainings designed to enhance learning through repeated exposure and reinforcement. Staff are encouraged to share their insights and apply their learning during team meetings to promote collective growth and collaboration. Additionally, VCBH facilitates fidelity and adherence consultation groups following Evidence Based Practice (EBP) trainings as outlines in AD77_Operational Guideline 8-24-21.

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

VCBH provides annual trainings to reinforce learning through repeated exposure. Monthly consultation groups are used to support adherence to learned practices for many of the offered trainings. Staff are encouraged to share their insights and integrate their learning during team meetings to foster collaboration and knowledge sharing. Additionally, VCBH service providers are expected to participate in nine (9) model fidelity/adherence consultation groups annually as specified in AD77_Operational Guideline 8-24-21.

III. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

- A. Evidence of an annual training on Client Culture that includes a client’s personal experience inclusive of racial, ethnic, cultural, and linguistic communities. Topics for Client Culture training may include the following:
- a. Culture-specific expressions of distress (e.g., nervous); (3.1.a)
 - b. Explanatory models and treatment pathways (e.g., indigenous healers); (3.1.b)
 - c. Relationship between client and mental health provider from a cultural perspective; (3.1.c)
 - d. Trauma; (3.1.d)
 - e. Economic impact; (3.1.e)
 - f. Housing; (3.1.f)
 - g. Diagnosis/labeling; (3.1.g)
 - h. Medication; (3.1.h)
 - i. Hospitalization; (3.1.i)
 - j. Societal/familial/personal; (3.1.j)
 - k. Discrimination/stigma; (3.1.k)
 - l. Effects of culturally and linguistically incompetent services; (3.1.l)
 - m. Involuntary treatment; (3.1.m)
 - n. Wellness; (3.1.n)
 - o. Recovery; and (3.1.o)
 - p. Culture of being a mental health client, including the experience of having a mental illness and of the mental health system. (3.1.p)

Reference table above the “II. Relevance and effectiveness of all cultural competence trainings” section. This table includes the training items and can be located by viewing the “Item” column to search for the appropriate label (i.e., 3.1.a, 3.1.b, etc.).

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

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	CPPP Participants (N=2,999)	Census ¹ (N=839,784)	Difference
Requested Age Breakouts²			
0-15 yrs.	4.6%	NA	NA
16-25 yrs.	10.0%	NA	NA
26-59 yrs.	58.0%	NA	NA
60 and older	27.0%	23.4%	-10.3
Census Age Breakouts²			
0-14 yrs.	NA	18.1%	NA
15-24 yrs.	NA	12.9%	NA
25-59 yrs.	NA	45.3%	NA
60 and older	NA	23.4%	NA
Race/Ethnicity	N=2,269, N=2,566³	N=839,784	
American Indian or Alaskan Native	6.0%	1.9%	4.1%
Asian	7.0%	8.0%	-1.0%
Black or African American	3.0%	2.4%	0.6%
Hispanic or Latinx	63% ³	44.1%	18.9%
Native Hawaiian or Pacific Islander	2.0%	0.3%	1.7%
White (alone)	35.0%	43.6%	-8.6%
White (not alone)	64.3%	83.6%	-19.3%
Multi-racial	1.0%	3.8%	-2.8%
Another Race/Ethnicity	14.0%	0.4%	13.6%
Gender	N=2,852	N=839,784	
Female	77.0%	50.9%	26.1%
Male	21.0%	49.1%	-28.1%
Other gender identity	2.0%	.5% ⁴	-1.5%
Veteran Status	N=2,786		
Veteran (among 18+)	4%	5.5%	-1.5%
Active Duty	NA	NA	NA
Civilian	NA	NA	NA
Have a Disability	N=2,735		
		11.8%	1.2%
LGBTQ+	N=2,419		
	15.0%	5.3% ⁵	14.7%
Language Spoken at home	N=2,818		
English	65.9%	61.6%	4.3%
Spanish	27.0%	28.8%	-1.8%
Another Language	7.1%	9.6%	-2.5%

¹From the 2021 US Census Bureau American Community Survey 1-year estimates unless otherwise specified.

²Requested CPP age breakouts did not match Census age breakouts

³Race and ethnicity were separate questions in the CHNA Survey. Indicated results reflect responses to ethnicity question.

Census values were reported for Hispanic/Latino are of any race, while other categories are "[category] AND non-Hispanic/Latino"

⁴Gender: The source below reports 0.5% of individuals aged 18+ in the state of California identify as transgender

The local estimates are using Ventura's age data from the Census.

Source: <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

⁵Sexual Orientation: The American Community Survey only reports two genders (male and female) and does not ask about sexual orientation. The Gallup Daily tracking survey reports 5.3% of California's population (from 2015-2017) answer yes to

"Do you, personally, identify as lesbian, gay, bisexual, or transgender?"

o Source: <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>

The "Difference" Column above compares the WET Plan assessment data with Ventura County's general and Medi-Cal population data.

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

Per DHCS recommendation, VCBH provides work detail for each Workforce, Education, and Training (WET) program/activity within the MHSA Annual Update that includes:

- The title of the program and/or activity
- A description of the program and/or activity
- The objectives of the program and/or activity

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

VCBH has made significant strides in growing a multicultural workforce through various initiatives. In the past year, VCBH hired five former students, three of whom are bilingual in Spanish, and invited a bilingual student to join as temporary staff. The department posted, and continues to post, job openings on the NeoGov website to actively advertise for multicultural and multilingual candidates. Additionally, VCBH offered 52 Loan Repayment opportunities through Southern Counties Regional Partnership WET funds, which serve as retention efforts. The department also encouraged bilingual and bicultural students to train with VCBH through the Student Practice Learning Experiences program while offering stipends funded by the Southern Counties Regional Partnership with our WET program. One bilingual student was invited to join as temporary staff, further supporting VCBH's commitment to multicultural recruitment and retention.

D. Share lessons learned on efforts in rolling out county WET planning and implementation efforts.

Staff shortage following the pandemic has impacted operations regarding the ability to host students as a pool of bi-lingual Spanish Speakers is not always available. Despite these challenges, VCBH was able to meet its projected goals for FY23-24; hosting 11 undergraduate students (goal: 10) and 21 graduate students (goal: 20)

E. Identify county technical assistance needs.

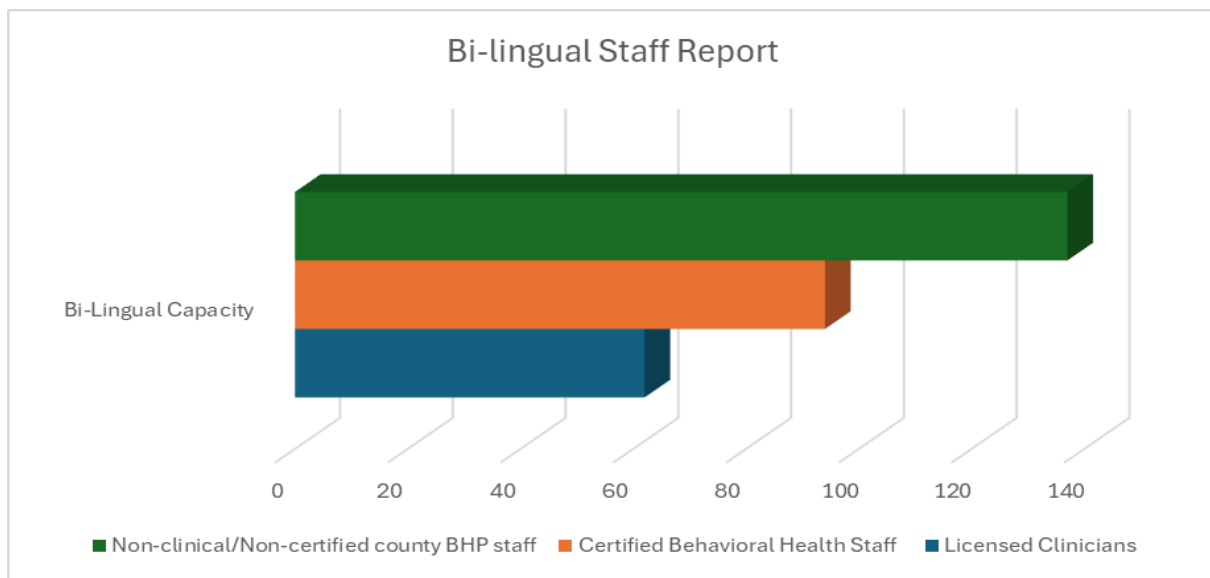
VCBH recognizes the ability to improve our tracking of WET activities and would benefit from further guidance by DHCS for tracking these components identified to align with the Cultural Competence Plan (CCP) requirements.

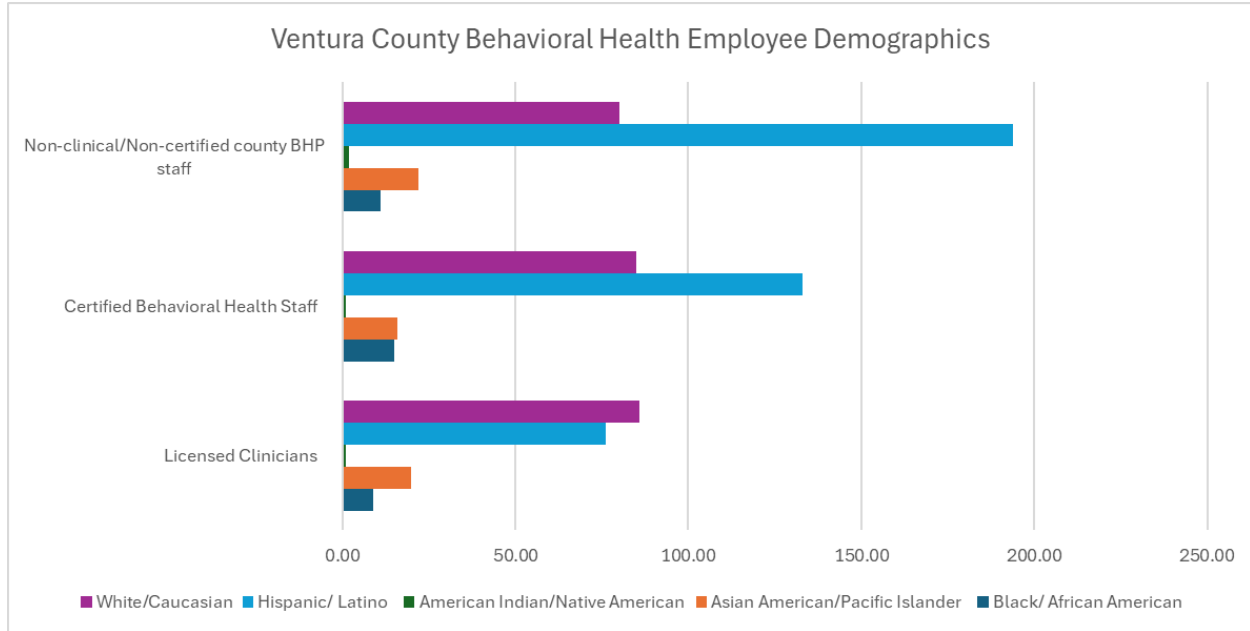
CRITERION 7: LANGUAGE CAPACITY

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 county is undertaking to grow bilingual staff capacity, including the following:
 - a. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.
 - b. Total annual dedicated resources for interpreter services.





Over the past year, Ventura County Behavioral Health (VCBH) allocated more than \$598,000 to support internal bilingual staff services. This expenditure reflects compensation provided directly to employees for their bilingual skills, which are utilized to bridge language gaps and ensure effective communication with clients who have limited English proficiency. These funds cover bilingual pay differentials or stipends, which recognize and reward the valuable contributions of employees fluent in multiple languages.

Ventura County Behavioral Health (VCBH) is deeply committed to cultural competency, ensuring that behavioral health services and resources are accessible and inclusive for all members of our community. By allocating funds to a range of translation and interpretation providers, VCBH strives to provide available materials and support in the languages spoken by our community we serve. This dedication to bridge language and cultural gaps is reflected in the agency’s budget distribution:

- **Homeland Language Services:** \$400,000 – Homeland Language Services enables VCBH to offer comprehensive language support across multiple languages and settings, ensuring broad accessibility. Homeland is also our only current provider who offers interpretation services for meetings, events, townhalls, etc.
- **Language Line:** \$29,000 – Language Line provides immediate on-demand over-the-phone interpretation services, enhancing our capacity for responsive communication.
- **LifeSigns:** \$10,000 – LifeSigns provides American Sign Language (ASL) interpretation, supporting our Deaf and hard-of-hearing clients with accessible communication.
- **MICOP (Mixteco/Indígena Community Organizing Project):** \$9,500 – MICOP provides interpretation services for our Mixtec community, offering numerous variants of Mixtec for communities from Oaxaca, Guerrero, and Michoacan.

Through these investments, VCBH continues to reflect and dedicate efforts to overcoming language barriers and fostering a culturally competent, inclusive environment for Ventura County's diverse population.

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

Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

- A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.
- B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.
- C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

At VCBH, we recognize the importance of meeting the diverse linguistic needs of our clients. 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 English, our County's threshold language Spanish, and other languages. 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 record for seamless communication during all interactions.

To ensure uninterrupted service delivery, we maintain contracts with four reputable language service contracted providers. These partnerships enable us to address the high demand for culturally and linguistically appropriate services across all divisions and programs within our department.

- D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).

VCBH contracts with four reputable language contract service providers. These providers monitor their staff's quality of service and the level of cultural and linguistic competency to ensure their interpreters are appropriately trained and ready to aid in interpretation and translation services. Additionally, contracted provider staff participate in trainings on cultural competency and interpretation 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.

Additionally, the Office of Health Equity (OHET) at VCBH collaborates with our language assistance providers to address and resolve concerns related to interpretation and/or translation services. Staff members may express concerns or suggestions regarding these services, which are then referred to OHET. Our team promptly reaches out to the appropriate provider to investigate the issue and determine the necessary steps to resolve the concern. Once the matter is resolved, the provider informs OHET of the action taken. We then notify the staff member that the provider has acknowledged and addressed their concern. Upon completion of this process, OHET logs and tracks the concern and its resolution for quality assurance and future reference.

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

- A. Policies, procedures, and practices the county uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.
- B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

The VCBH Office of Health Equity Team (OHET) has developed comprehensive operational guidelines to assist staff in effectively accessing and utilizing interpretation and translation services. These guidelines ensure that clients with Limited English Proficiency (LEP) or those who prefer a language other than Ventura County's threshold language of Spanish can access culturally and linguistically appropriate services. These protocols provide VCBH staff with clear guidance and direction to connect clients to:

- Immediate (On-Demand) Interpretation: Staff are trained to access interpretation services through designated providers to obtain services over-the-phone or virtually in order to address immediate language needs.
- Prescheduled Interpretation: Staff are trained to access interpretation services through designated providers online portals and forms to preschedule and obtain services over-the-phone, virtually, or in-person to address client's language needs.
- Translation of Materials: Staff are trained to request and access translation services to obtain and provide essential documents, such as treatment plans and consent forms, translated into the client's preferred language to facilitate understanding and informed decision-making.

To address ongoing challenges, OHET conducts regular meetings with VCBH Office Assistants (OAs), Management Assistants (MAs), Clinic Administrators (CAs), along with our contracted language assistance providers. These meetings focus on:

- Identifying and resolving barriers in providing language services.
- Streamlining processes for accessing interpretation and translation.
- Bridging any service gaps to ensure no client is left without appropriate support.

Through these measures, VCBH maintains its commitment to cultural competency and ensures that our clients receive linguistically tailored care, regardless of the county's threshold language.

IV. Required translated documents, forms, signage, and client informing material

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

- a. Member service handbook or brochure;
- b. General correspondence;
- c. Beneficiary problem, resolution, grievance, and fair hearing materials;
- d. Beneficiary satisfaction surveys;
- e. Informed Consent for Medication form;
- f. Confidentiality and Release of Information form;
- g. Service orientation for clients;
- h. Mental health education materials, and
- i. Evidence of appropriately distributed and utilized translated materials.

The Office of Health Equity supports VCBH in delivering culturally and linguistically appropriate information in Ventura County's threshold language, Spanish, at its clinics. This is confirmed through site visits, during which the team reviews lobby materials and forms to ensure that all necessary documents are available in both Spanish and English, promoting accessibility and equity in service delivery.

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

VCBH's Electronic Health Record (EHR) system collects data on primary language and whether interpretation services were scheduled. VCBH transitioned to a new EHR system on July 1, 2023, and thus, data collection of these fields are still in a process development stage with opportunities for improvement in collecting consistent and accurate data on interpreter services. Here, we present preliminary data on language/interpreter services from fiscal year 2023-2024 (FY23-24) with the goal of improving data collection methods and presenting more complete data in future reports.

In terms of interpretation services provided, language services data (i.e., whether an interpreter was scheduled) was available for approximately 16% of the services rendered. Of the clients who reported a primary language other than English, which was equivalent to roughly 4,000 unique clients for FY23-24, interpretation services were scheduled predominantly for Spanish speaking clients (greater than 50% of the instances). Other languages where interpretation services were scheduled, included American Sign Language, Vietnamese, Farsi, Thai, Arabic, and other non-English languages, but these interpretation services were scheduled in rarely compared to Spanish language services.

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

The consumer satisfaction survey is translated into Ventura County's threshold language, Spanish to ensure accessibility for Spanish-speaking clients. To further enhance inclusivity, the Office of Health Equity shares the survey materials with VCBH's contracted language assistance providers, equipping their interpreters to handle on-demand requests in language other than English or Spanish. This process ensures that VCBH staff can connect non-Spanish-speaking clients to on-demand over-the-phone interpretation services, allowing them to fully participate in the survey.

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

VCBH has a protocol in place for staff to submit translation requests for materials into the client's expressed preferred language.

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

VCBH has established a best practice guideline for staff to follow when creating materials for the community. This guide promotes the development of materials with cultural and linguistic appropriateness in mind, and staff can request translation services as needed. VCBH's contracted language providers then translate materials and documents into the equivalent reading level of the requested language. Additionally, staff can request translations tailored to various reading levels based on the specific needs of the target audience.

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).

I. Responsiveness of mental health services

- A. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.
- B. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services. (Outreach requirements as per Section 1810.310, 1A and 2B, Title 9)

(Counties may include **a.**) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or **b.**) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)

Overview: This policy outlines VCBH procedures for enrolling and onboarding plan members into our system of care delivery. This policy outlines enrollment requirements and helps ensure that all eligible individuals, including Medi-Cal beneficiaries and those in crisis, have timely and appropriate access to behavioral health services. Services are accessible through a 24/7 Access Line and by clinic walk-ins, following a "No Wrong Door" approach. Screenings and appointments are provided following standardized processes and within established timeframes.

The policy emphasizes non-discrimination and language accessibility, ensuring that no individual is excluded based on legally protected characteristics and providing free communication aids for those with disabilities or non-English speakers. During onboarding, members complete screenings, demographic and financial responsibility (insurance coverage) verification, and are informed of their rights, privacy practices, and available resources. Following initial assessments, individuals are either enrolled in VCBH programs or referred to alternative providers based on their care needs.

This policy also prioritizes cultural competency, ensuring that services are sensitive to diverse cultural and linguistic needs. Comprehensive documentation and oversight procedures are in place to maintain high standards in service delivery and adherence to established clinical, legal, and ethical guidelines. [CA-01: Plan Member Enrollment](#)

The policy referenced (CA-01) is located on an internal Policy Library SharePoint site, which can be shared with individuals outside of VCBH as needed.

The [VCBH Client Resources](#) page provides information on various support materials, including beneficiary handbooks for mental health and substance use treatment, provider directories, and notices on privacy practices. Resources for grievances, appeals, and language assistance are available, along with interoperability options for accessing health information through third-party apps and a plan member educational material on how to select a third-party app.

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

- a. Location, transportation, hours of operation, or other relevant areas;

VCBH's availability of Language Assistance Line document is sent out to clients when we distribute our patient notice forms. This notice is also posted in all VCBH clinic lobbies. Our lobbies also have documents posted and available for clients in Spanish/English.

- b. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and

VCBH utilizes an Accessibility Questionnaire, completed during the re-certification and certification, to assess the clinics' ability to accommodate individuals with varying abilities (including disabilities). Posters and brochures displayed in clinic lobbies feature individual from diverse cultural backgrounds, particularly prevalent in the local community. Additionally, VCBH staff are available to conduct field-based visits when needed to accommodate clients' specific needs.

- c. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)

VCBH serves clients through a network of community-based organizations in partnership with local agencies. VCBH staff are available to visit these community settings to check in with clients and provide ongoing support. Additionally, VCBH staff also provide services via satellite sites, such as Casa Esperanza. Some county sites, like Santa Paula Youth & Families location, are co-located with the Ventura County Human Services Agency, fostering a collaborative approach to service delivery.

II. Quality of Care: Contract Providers

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

When issuing Requests for Proposals (RFPs), there is typically a dedicated section requiring respondents to address their cultural competency. This section is evaluated and scored by the selection committee, ensuring that cultural competency is a considered factor in the decision-making process for these providers. While cultural competency is not always considered in the initial selection process for other providers, all contracts include a stipulation mandating the delivery of culturally and linguistically competent services. Providers delivering direct services are further required to develop and implement a cultural competency plan. This ensures that they proactively address and meet the diverse cultural and linguistic needs of the populations they serve.

This approach ensures that cultural and linguistic competence remains a priority in service delivery, whether during initial selection or ongoing contractual obligations.

III. Quality Assurance

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

- A. List if applicable, any outcome measures, identification, and descriptions of any culturally relevant consumer outcome measures used by the county.

Ventura County Behavioral Health (VCBH) has been collecting data on the Consumer Perceptions Survey for a number of years. The results of this survey are typically analyzed by the Quality Improvement Unit at VCBH and disseminated internally and externally to stakeholders. Below, is an outline of the methods of survey administration and results pertaining to cultural competency.

Consumer Perception Survey

Annually, the Department of Health Care Services (DHCS) mandates the Client Perception Survey (CPS) to be distributed to all clients receiving mental health services at Ventura County Behavioral Health (VCBH) over a designated one-week period. This state-wide survey collects information related to client satisfaction with services and perception of mental health outcomes. The responses are used to help establish state-level benchmarks for standards of care, and to identify gaps in services to inform quality improvement initiatives at VCBH. This document provides a summary and analysis of all CPS responses received at VCBH during the week of May 15-19, 2023, also referred to as the 2023 administration week. Table 1 details key elements of the CPS administration process, such as language availability and population surveyed.

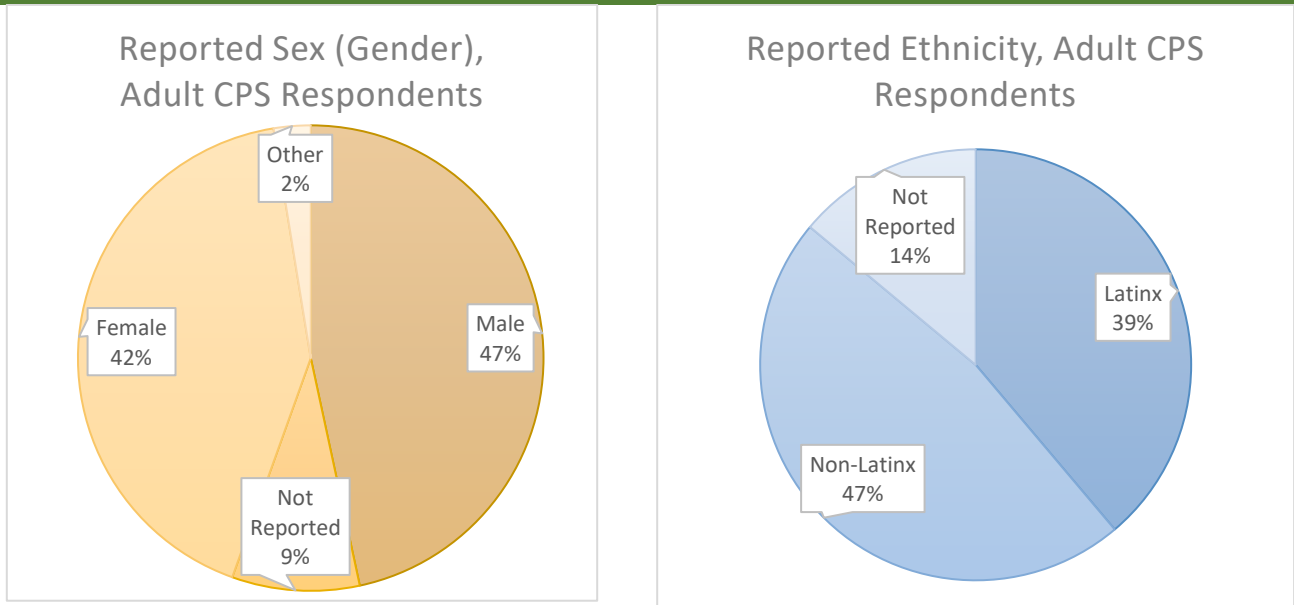
Table 1. 2023 Consumer Perception Survey Administration	
Time Frame	One week of the year (May 15-19, 2023)
Collection Method	Paper and Online (through QR code/link)

Completed By	Self, Caregiver, or Staff-Assisted
Population Surveyed	All individuals receiving outpatient mental health treatment during survey week at any program within the VCBH network
Language Availability	Available in 12 Languages

Demographics

The CPS collected demographics from respondents, including date of birth (age), sex (gender), ethnicity, and race. Figures 1a and 1b below summarize all Adult and Youth respondents’ self-reported demographics.

Figure 1a. Adult Reported Demographics (Sex, Ethnicity, and Race) for CPS Respondents
N=429



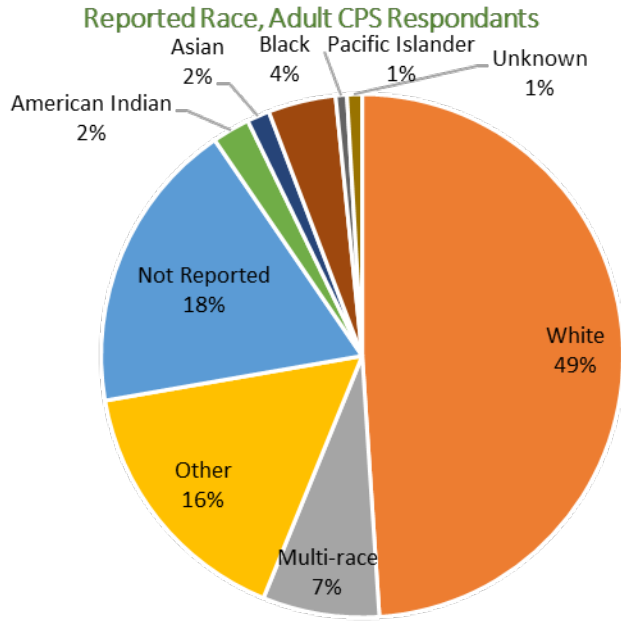
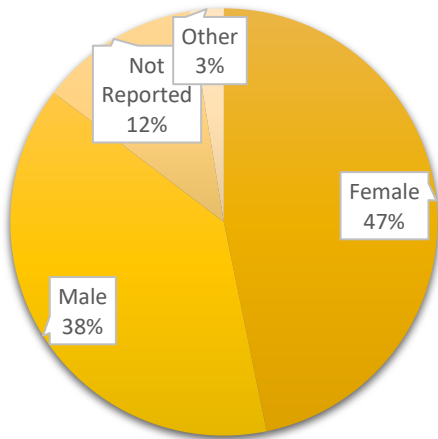


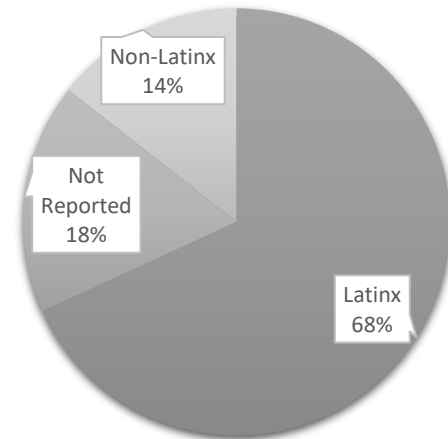
Figure 1b. Youth Reported Demographics (Sex, Ethnicity, and Race) for CPS Respondents

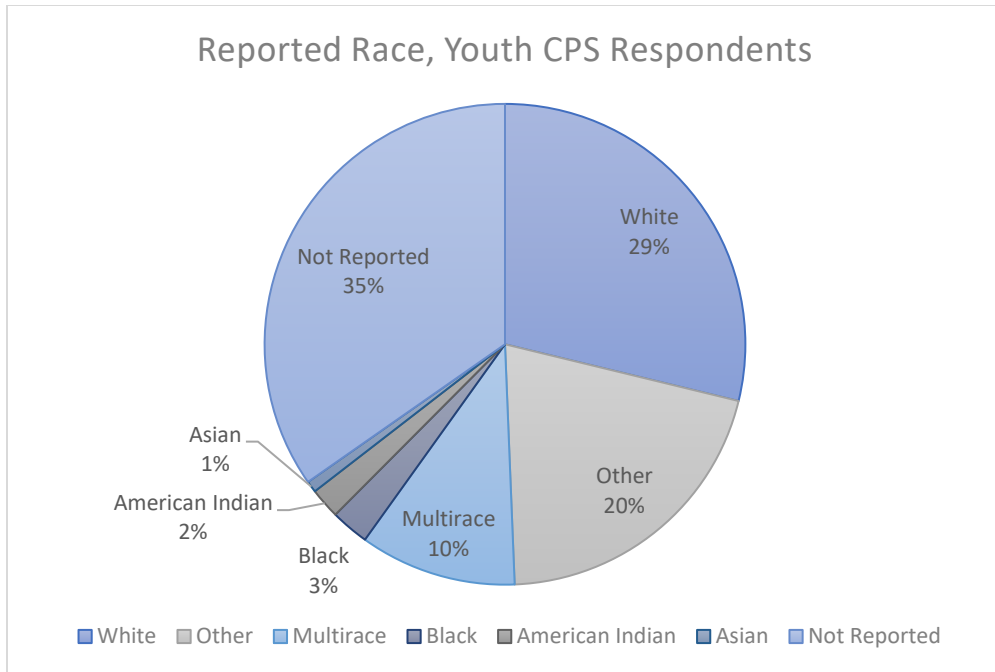
N=389

Reported Sex (Gender), Youth CPS Respondents



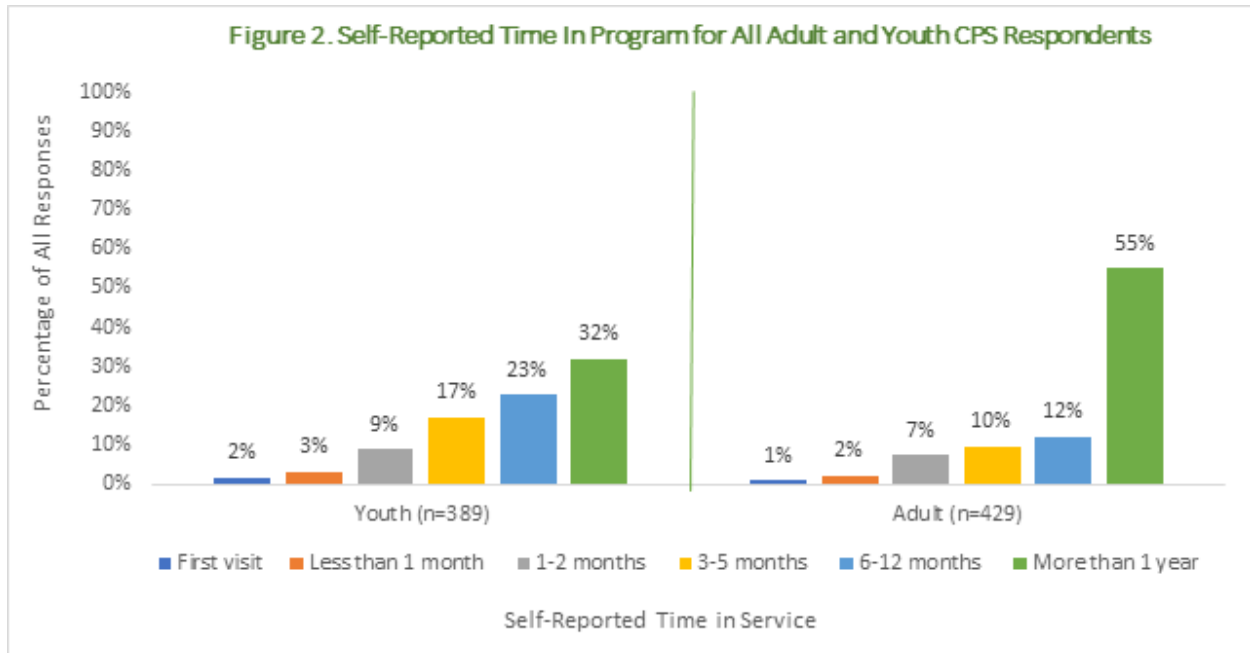
Reported Ethnicity, Youth CPS Respondents





Length of Time in Mental Health Services

Survey respondents were asked to report the length of time they had been enrolled in mental health services at VCBH. Figure 2 summarizes the responses to this question, separately for Adult and Youth survey respondents. At the time that the survey was completed, the majority of Adult respondents (55%) had been in services for more than one year. The Youth survey results saw a similar trend where 32% reported being enrolled in services for 12 months or more.



CPS: Perception of Services

The Adult survey contained 37 questions which inquired about clients’ perception of services and the Youth survey contained 30 questions. Each of the questions were categorized under DHCS-provided domains. Responses were provided using a 5-point Likert scale ranging from ‘Strongly Disagree’ (1 point) to ‘Strongly Agree’ (5 points). Table 2 below summarizes the CPS domains and response choices for both the Adults and Youth versions.

Table 2. Domains, Response Choices and Scoring for Youth and Adult CP Surveys		
2023 CPS Domains	CPS Domain Description	Response Choices (Score)
General Satisfaction	Assessment of client perceptions of services overall	Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)
Access	Assessment of client perceptions of accessibility and availability of service staff	
Quality and Appropriateness (Adult Only)	Assessment of client perceptions of staff’s ability to provide a comfortable environment and strong working relationship between client and staff	
Cultural Appropriateness (Youth Only)	Assessment of client perceptions of staff’s ability to respect clients’ cultural and religious background	
		Not Applicable

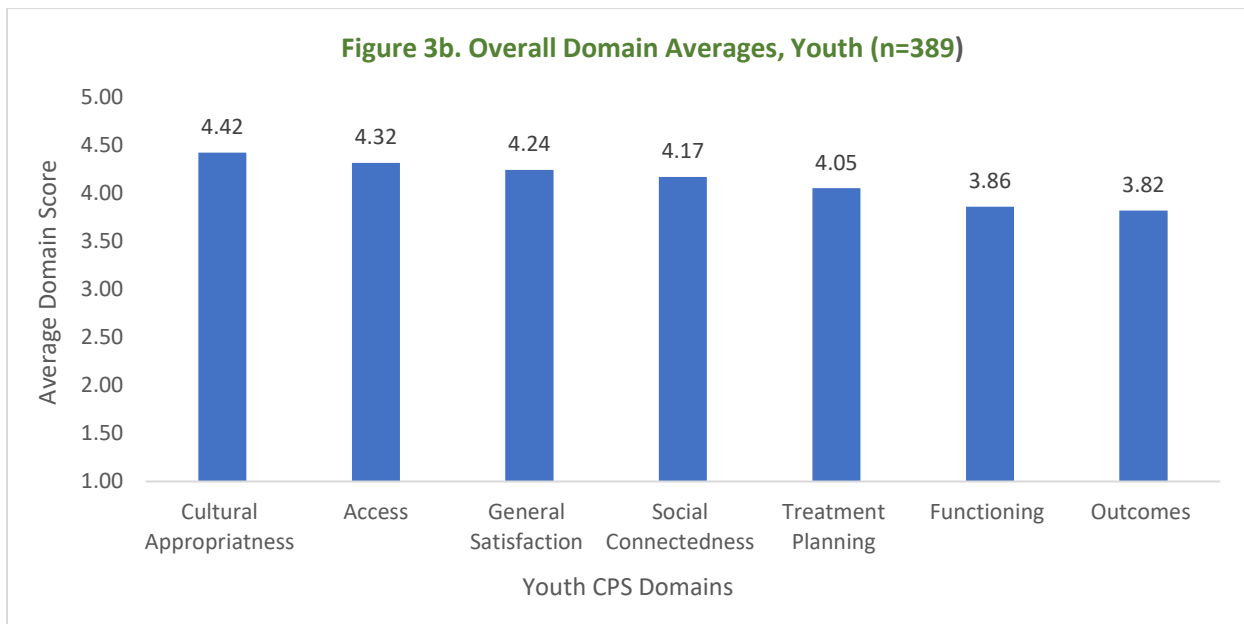
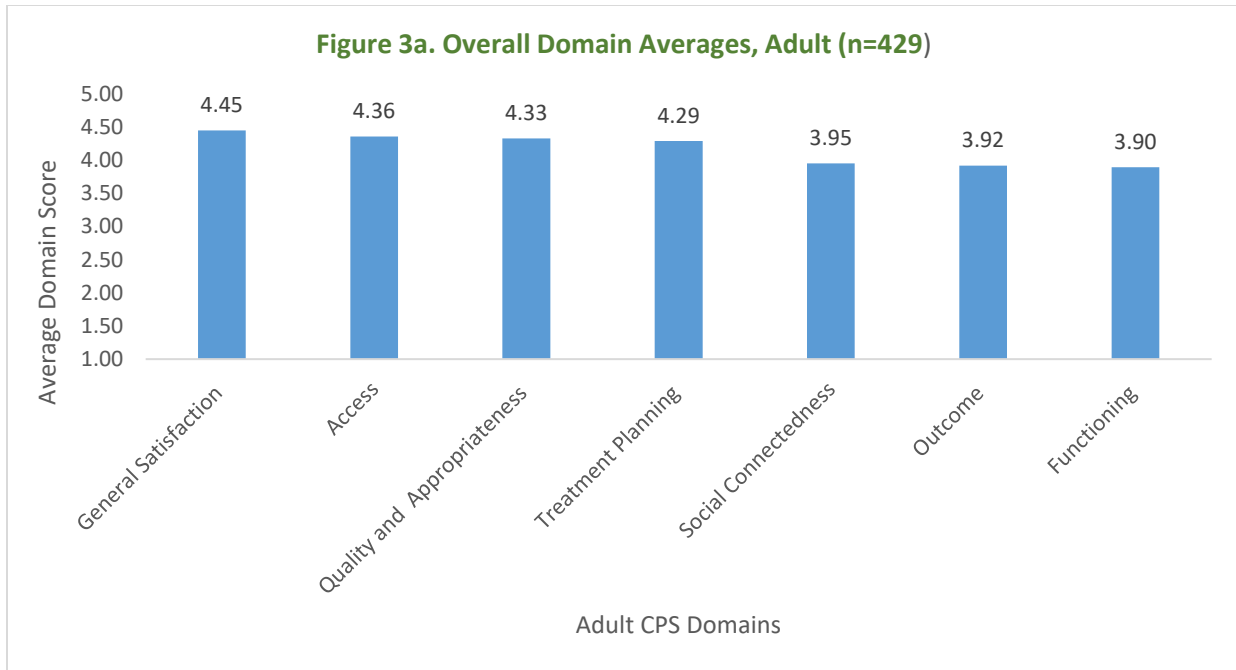
Treatment Planning	Assessment of client perceptions of clients input toward services	
Outcome	Assessment of client perceptions of ability of services to improve client wellbeing	
Functioning	Assessment of client perception of the result of services on ability to take care of needs	
Social Connectedness	Assessment of client perceptions of social support from family and friends	

Methods & Analysis

Domain-level average scores were calculated using the Likert-like scale response choices for completed surveys. The Percent agreement for Language and Written Information Services was calculated using the ‘Yes’ response option. In general, N/A and missing responses were removed when calculating average scores and percent agreement (percentage of ‘Yes’ responses) so that the scores reflect valid (unbiased) responses.

Responses by CPS Domain

Figures 3a and 3b report the average domain scores for all Adult and Youth surveys completed in 2023. Average scores can have a maximum value of 5. As seen in the figures, the ‘Functioning’ and ‘Outcome’ domains in the Adult and Youth surveys had the lowest average score. The low average scores in the ‘Functioning’ and ‘Outcome’ domains have also been observed in recent CPS analyses. The questions included in the ‘Functioning’ and ‘Outcome’ domains reflect a client’s point of view on how services have helped them and how they feel they are taking care of their needs.



Language and Written Services

In addition to the CPS domains, there are two specific items pertaining to language services (both spoken and written). Across all of the age groups, nearly all respondents agreed (98%-100%) that services were provided in the language they preferred (Figure 4). Similarly, across all age groups 96%-98% of respondents agreed that written information was provided in their preferred language (Figure 5).

Figure 4. Services Provided in the Language you Preferred? (Yes)

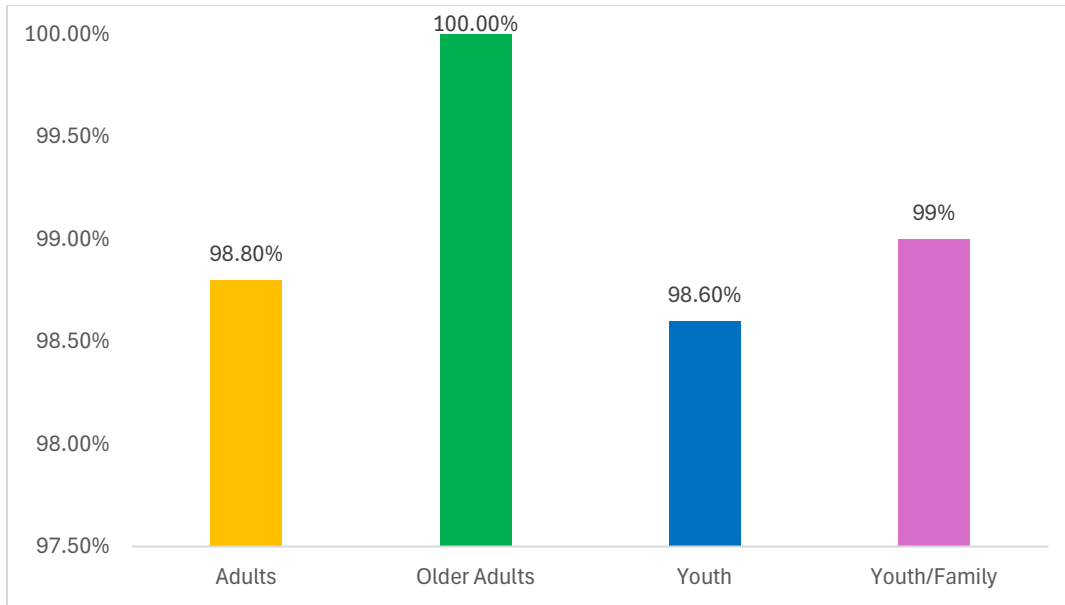
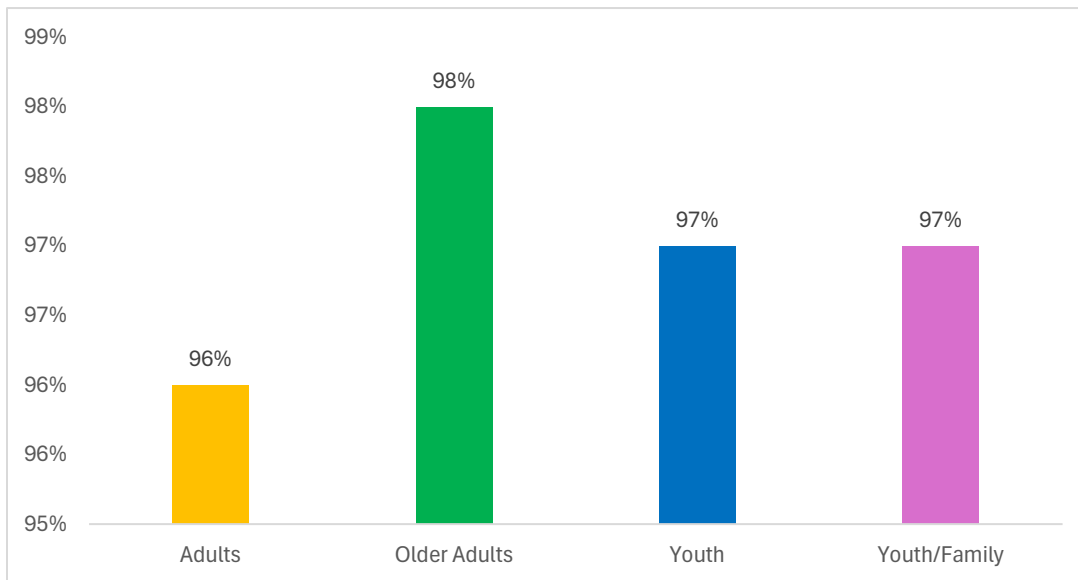


Figure 5. Was Written Information Available to you in the Language you Prefer? (Yes)



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

Employee Engagement Survey

In September of 2024, Ventura County Behavioral Health (VCBH) conducted its 4th employee engagement survey to better understand VCBH employees’ perceptions and satisfaction regarding their workplace. The survey collected information on various aspects of work, including Clinic or Team Culture and Strategic Alignment with VCBH’s mission, vision, and

goals. Only data for the domains pertaining to VCBH's ability to value cultural diversity in its workforce will be highlighted here.

Methods

All VCBH employees were invited via an official e-mail to participate in the Employee Engagement Survey using a SurveyMonkey link. The e-mail informed employees that all of the survey responses collected would be confidential, and since participation was voluntary, they could skip any questions.

The survey questions were rated on a 7-point Likert scale ('Strongly agree', 'Agree', 'Slightly agree', 'Neutral', 'Slightly disagree', 'Disagree', and 'Strongly disagree'). For the present analysis, average scores were calculated for individual items by calculating percent agreement with the item by combining the response options 'Strongly agree', 'Agree', and 'Slightly agree'.

Employees were also informed that the survey results will be used to:

1. Increase the department's understanding of employee satisfaction, employee recognition for good work, leadership/management, and adequate resources to do one's job.
2. Identify areas of high priority to inform leadership and organizational development.
3. Develop an integrated employee-focused strategy to create a more culturally responsive, client-driven, trauma-informed workplace where employees have the tools, resources, and leadership support to innovate, achieve their career goals, and perform the work that they care deeply about.

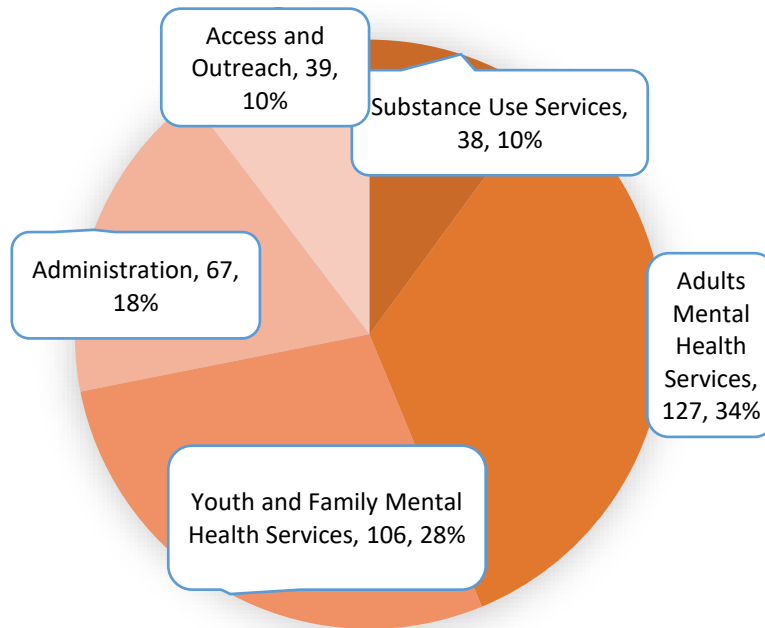
Results

A total of 464 surveys were completed and returned out of approximately 750 VCBH employees for a response rate of approximately 62%.

Employee Characteristics

Figures 1–3 below illustrate demographic information from the respondents. Results indicate that most of the respondents reported working in Adult Services (34%), reported that they have worked with VCBH for 1–5 years (n = 179), and identified their role to be that of a Clinician/Psychologist (n = 106).

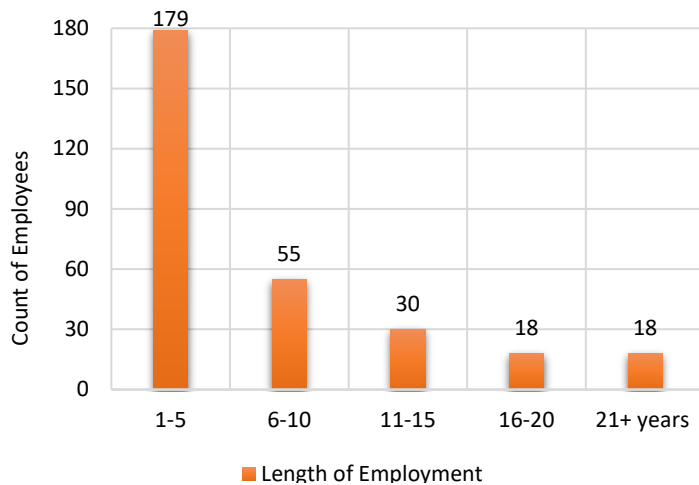
Figure 1. Employee Reported Division (n = 377)



No response = 87

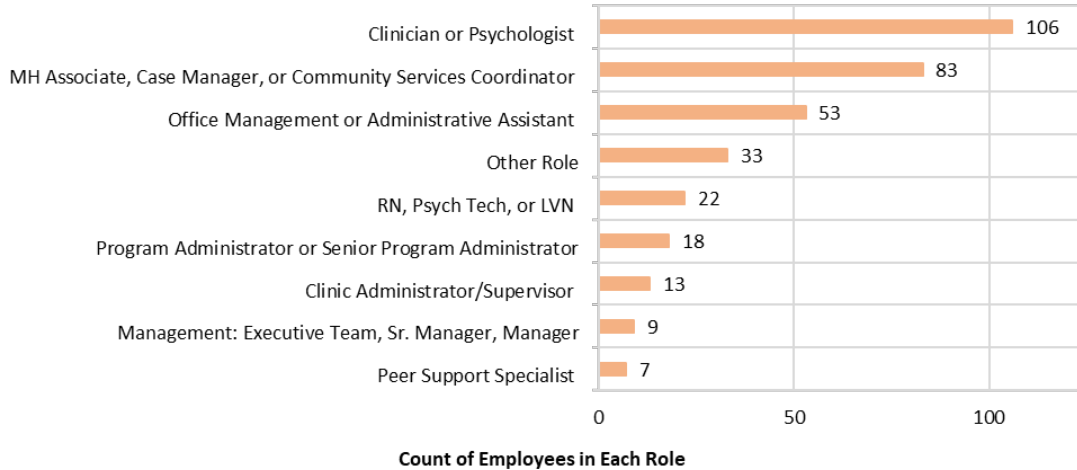
Figure 2 below presents the number of years respondents reporting being employed at VCBH. The average length of employment was approximately 7 years with the most frequently reported timeframe being from 1-5 years employed.

Figure 2. Years Employed (n = 300)



No responses = 164

Figure 3. Reported Role at VCBH



Note. Other Role examples include Drug/Addiction Counselor, IT, Billing Specialist, etc.)

Items Pertaining to Cultural Competency and Respecting Clients

Figure 4. Items on General Cultural Competency, Quality Care, and Interacting with Clients Respectfully



Note. Percentages indicate agreement with the statement. Percent agreement was calculated by combining the response options ‘Strongly agree,’ ‘Agree,’ and ‘Slightly agree.’

In addition, employees had the opportunity to respond to an open-ended item with any suggestions for improvements. Some comments pertaining to cultural competency, included adding additional bi-lingual or multi-lingual staff in order to meet the needs of the community of non-English and/or non-Spanish speakers.

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

VCBH's Grievance Team takes and processes grievances from all Plan Members. This process, and that for resolving these grievances, is equivalent for Medi-Cal and non-Medi-Cal Plan Members. To avoid any conflict of interest, all grievances are reviewed and investigated by staff who have not been involved in any previous level of review or decision making regarding the grievance under review. When grievance is regarding a clinical issue, a health care professional with clinical expertise in treating the person's condition reviews the case and makes a determination.

The VCBH Senior Compliance Manager acts as the Discrimination Grievance Coordinator responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. The Grievance Team tracks all discrimination grievances and reports on these, as required, to DHCS.

In compliance with Federal and State reporting requirements, VCBH tracks and reports all appropriate data on grievances to DHCS. To support training and operational excellence efforts, Quality Management reports trends and applicable data analyses of grievances to the Quality Improvement Committee (QIC) on an annual basis, at minimum.

VCBH has established policies that outline these processes to ensure that all Plan Members are receiving equal and fair treatment in the processing of their grievances. VCBH tracks each grievance, the details surrounding the grievance and the steps taken to resolve each grievance. VCBH respects and honors that any Plan Member may file a grievance regarding any matter at any time. While VCBH does track Discrimination Grievances, and when a client requires assistance in any language other than English, ethnicity of Plan Members filing the grievance is not tracked. Thus, VCBH has not been analyzing or comparing differences in grievance data for Plan Members in the general population versus ethnic Plan Members. This could be noted as an area of growth and improvement that could be focused on in the tracking and analysis of grievances.

Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.