Office of Health Equity and Cultural Diversity

Cultural Competence Plan

3-Year Plan: 2018-2021
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CRITERION 1 – COMMITMENT TO CULTURAL COMPETENCE

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

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

VCBH is committed to involving consumers and family members (including individuals who reflect the diverse populations in Ventura County) in developing, implementing, and monitoring of the VCBH programs and services. VCBH ensures participation of consumers and family members who reflect cultural diversity on panels, committees, and in stakeholder groups, whose work impacts current and future programs and services. One example of Ventura County Behavioral Health’s dedication to servicing the County’s diverse community is the establishment of the Office of Health Equity and Cultural Diversity.

COMMITMENT TO CULTURAL COMPETENCE

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

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

VCBH targets and addresses various cultural and linguistic competency areas through several policies and procedures. While some are focused exclusively on the rights of clients of all diverse backgrounds, other policies embed information related to the accessibility of services, information and supports through cultural and language adaptations. All policies are available as exhibits in the Cultural Competence Plan and on the VCBH’s website via this link: http://myvcweb/index.php/behavioral-health

Several policies and a summary of the function and/or specific language from the policy related to cultural competency are listed below:
Human Resource training and recruitment policies at the organizational and agency levels level address equality and diversity in recruitment, hiring and training practices.

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

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

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

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

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

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

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

**Diversity and Equal Opportunity:**
Ventura County is committed to diversity and inclusion, which is reflected in the following areas:
- Strategic Plan (Goal #1) - Attract, hire, develop and retain an effective, diverse professional, dedicated and responsive team of employees;
- Strategic Plan (Objective #7) - Employ strategies to develop and encourage cultural competence. Our values include equitable treatment and respect.
- Creation of the Diversity and Inclusion Task Force
  - The purpose of the task force is to build internal capacity within the County to ensure we have the knowledge, systems and practices to work effectively and leverage difference with all team members, so all workforce members are connected, respected, and valued. It also aims to improve outcomes for community members, deliver culturally responsive services and maintain successful partnerships
with community organizations.

**Mandatory Training Policy**

It is the policy and practice of VCBH to comply and promote compliance with all relevant state and federal laws, regulations, VCBH policies and procedures, contracts and guidelines regarding trainings.

- **Code of Conduct Training** promotes and encourages proper ethical and proper behavior. It is mandatory for new employees and existing employees to participate in code of conduct training. This training provides an overview of fraud and abuse laws with the goal of helping employees identify circumstances of fraud, waste, abuse, and it provides an explanation of the elements of Compliance Program, including the compliance or reporting process. It also highlights VCBH’s commitment to integrity in its business operations and compliance with applicable laws and regulations.

- **Cultural Competence Training** is the VCBH policy that requires staff members to complete an annual two-hour cultural competence training.

**Cultural and Linguistic Compliance**

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

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

**Relevant Culturally Competent and Threshold Translated Documents**

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

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

The following is a selection of documents translated in Spanish. These documents are available for review in the Exhibits section:

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<td>Consent to Obtain and Release Confidential Information</td>
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<td>Guide to Medi-Cal Mental Health Services</td>
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<td>Consent to Treatment Form</td>
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<td>Advance Health Care Directive</td>
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<td>Right to Fair Hearing Notification</td>
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<td>Consent for Release of Confidential Information</td>
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<td>Consent for Mental Health Services</td>
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<td>Consent for Group Services</td>
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<td>Consent and Client Plan for Psychotropic Medication</td>
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<td>Authorization for Use &amp; Disclosure of Psychotherapy Notes</td>
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<td>Request to Inspect &amp; Copy Protected Health Info.</td>
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<td>Approval to Inspect to &amp; Copy Protected Health Info.</td>
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<td>Authorization for Video or Audio Taping Form</td>
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<td>Response to Request to Inspect &amp; Copy Protected Health Info.</td>
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<td>Legal Authorization to Consent for Mental Health Services of a Minor or Conserved Adult</td>
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<td>Important Information About Complaints</td>
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<td>Appeal/Expedited Appeal Forms</td>
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<td>Your Right to Make Decisions about Medical Treatment Brochure</td>
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**COMMITMENT TO CULTURAL COMPETENCE**

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

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

VCBH will have items 1-7 available on-site during the compliance review.
COMMITMENT TO CULTURAL COMPETENCE

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

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

The County shall include the following in the CCPR:

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

The community program planning (CPP) process takes place at annual public forums with goals set by VCBH, the MHOAC, and the Behavioral Health Advisory Board (BHAB) to address gaps identified by these same entities and/or community stakeholders. The planning workgroup reviews and recommends programs based on the community program planning process. The evaluation workgroup reviews the annual outcomes and previous-year comparisons, contractual obligations and cost-effectiveness of all currently funded Mental Health Services Act (MHSA) programs. Recommendations from both workgroups are presented to the BHAB.

Through this process, VCBH representatives coordinate a variety of County-sponsored events and collaborates with a number of community-based organizations (CBOs) and to engage racial, ethnic, cultural and linguistically diverse clients and their families.

Programs Focused on Mental Health Services

Mental Health Services Act (MHSA)
Community Meetings take place during the spring of 2017 focused on the MHSA age categories of Youth, TAY, Adults, and Older Adults. Attendees review the continuum of Services provided by VCBH for their age range. Each group studied and identified gaps in the continuum. In conjunction with BHAB goals and active projects of the MHOAC the following list of priorities were identified:

- Transitional Age Youth Services
- Utilizing Technology
- Housing
- Criminal Justice & Mental Health
- Schools and Mental Health
- Improved Access to Services
- Prevention of Co-Occurring disorders

The following entities were involved in the planning process:
- Community-Based Organizations
- NAMI
- Family Members of Consumers
- Mental Health Consumers
- Law Enforcement
- Local and Continuation School Personnel
- Ventura County Office of Education Personnel
- Regional Center Staff
- Ventura County Child Welfare Workers
- VCBH Operations Managers
- Ventura County Homeless Services
- BHAB Subcommittees and Workgroups

Although priority areas were identified, the only available funding for program planning was in the Innovations category. Community Forums took place during the summer of 2017 in Thousand Oaks, Oxnard, and Santa Paula. All forums had translation services and took place at times and locations that were convenient for the community. Surveys were distributed at each forum confirming these findings as well as high participant satisfaction. Forums provided brief training on the history, regulations, and goals of MHSA and more specific information about how innovation funding is approved. Participants were asked to brainstorm innovative program ideas within the identified priorities. Submissions could be made during the meeting, through the brainstorming portion, on a submission form, or online. A staff member was made available in addition to any individuals who wanted technical assistance in developing an innovative submission. Though the CPP process 53 ideas were submitted to the Planning Committee.

MHSA Planning Committee received and reviewed all 53 project ideas along with a mini lit-review identifying how program ideas may have already been tried or tested in the past. Members of the committee voted for their top five ideas then narrowed those down to 10 projects for the County to pursue. Results were presented at the November 20th, 2017 BHAB meeting.

The MHSA Evaluation Committee conducted a detailed evaluation of all MHSA programs based on meeting program and contractual requirements, cost per consumer served, contract performance, efficiency, cost-effectiveness, outputs, and outcomes. This evaluation exercise will continue and be applied to existing programs (internal and external) that may exhibit duplication of services and/or present opportunities for consolidation of services and resources.

Within the Prevention and Early Intervention (PEI) aspect of MHSA, a group of programs exist under the heading of Outreach, Referral, and Engagement (OR&E). These are designed to reach those faith-based, rural, and other underserved communities. The unserved or underserved communities may be designated by geographic location or a group with a specific need. A primary goal of the OR&E programs is to reduce the stigma that prevents individuals from seeking mental health help. They provide services centered on this goal and also help to reduce discrimination. These programs accomplish their goal by increasing awareness of and sensitivity to mental health illness.

- **Proyecto Conexión Con Mis Compañeras (Project Connecting with My Peers)** is an outreach, engagement, and early intervention for the prevention of depression in immigrant Latina women living in the Santa Clara Valley and Oxnard Plains. Although services for these two areas are equal, they are provided by two different providers. Services in the Santa Clara Valley are provided by the Promotores y Promotoras Foundation (PyPF). While services are provided in the Oxnard Plains by the Mixteco Indigena Community Organizing Project (MICOP). The MICOP program offers two-hour “Mujeres y Nuestro Bienestar Emocional (MyNBE)” classes at local schools and community locations in Oxnard, El Rio and Port Hueneme.
- Project Esperanza primarily serves Latino parents and youth in the communities of Santa Paula and Fillmore. This group focuses on reducing stigma and discrimination among unserved and underserved populations through increased awareness and sensitivity to mental health issues. It also works to increase help-seeking behavior among those with mental illness. (Latinos, including parents and youth, Santa Paula and Fillmore)

- One Step a La Vez provides services to Latino parents and youth in Fillmore, Santa Paula and Piru. Its primary focus is engaging middle school and high school youth in positive experiences by providing support and referrals for underserved Hispanic/Latino youth and adults.

- Tri-County Greater Los Angeles Agency on Deafness (GLAD) addresses the broad social service needs of deaf and hard of hearing (DHH) individuals throughout Ventura County. The agency offers an array of advocacy, communication access, peer counseling, employment and community education services to the DHH community. Tri-County GLAD focuses on increasing awareness and knowledge regarding mental health in the DHH community and increasing sensitivity to issues they face as well.

- Rainbow Umbrella – Pride Project FY 2015/16 - FY 2016/17 a contract was created with Rainbow Umbrella to engage Gay Straight Alliance and provide and coordinate mental health topics as related to this underserved population. Additional support groups were created throughout the County to address LGBTQ mental health needs throughout the community. Areas identified were: 1) Improve or increase Gay Straight Alliance (GSA) groups on campus; 2) Create supportive groups for gathering; and 3) Provide LGBTQ education after school hours within the community.

- The Wellness and Recovery Center serves transition-aged youth ages 18-25 and adults who are recovering from mental illness or need referral services. Provided by Pacific Clinics, the center is located in Oxnard and reaches out to underserved individuals throughout the County. As a portal entry to engage unserved or underserved TAY and adults, the program offers a range of supports and service linkages to those who historically have not accessed services through the traditional clinic system. The program is staffed by professional young adults with lived experience and provides peer-driven activities and services such as Wellness Recovery Action Plan (WRAP) classes, skills for life training, job readiness, creative expression community activities, advocacy and support.

- The Fillmore Community Project
  The Fillmore Community Project is a VCBH project that provides a variety of mental health treatment, including support and case management services for historically underserved communities. This includes Fillmore and Piru residents who are predominantly Latino and are Severely Emotionally Disturbed (SED) youth as old as 18. These communities include a significant number of migrant workers and Spanish speakers. The staff for this project is fully bilingual and services are community-based, culturally-competent, client- and family-driven. Its purpose is to help overcome the historical stigma and access barriers to services in these communities.

- Healing the Soul – Mixtec Research Project is an innovative research project designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project introduces changes to existing treatment services through an evaluation of the effectiveness of indigenous cultural practices and perspectives on mental wellbeing. It also assesses the feasibility of those results, which are integrated with the CBT approach for symptoms of stress, anxiety and depression.

- Children’s Accelerated Access to Treatment and Services (CAATS) is an innovation project that makes significant changes to the way that mental health services are provided to foster youth. VCBH will provide
a comprehensive intake process that includes mental health assessments, coordinated interagency service linkages, medication support, and clinical intervention for all youth entering the child welfare system. VCBH perceives that these proposed changes will produce better outcomes for the youth and their families by reducing symptoms of traumatic stress, preventing and/or ameliorating the onset of mental illness through early intervention, improving medication monitoring of youth in treatment and medication education for caregivers, and reducing the overall recidivism rates of youth.

- **Rapid Integrated Support and Engagement (RISE)**
The RISE program is funded by the investment in the Mental Wellness Act of 2013 and the Mental Health Services Office of, MHSOAC SB 82 Triage Grant. The RISE team members provide multiple services including extensive County outreach to clients who are at risk of a mental health crisis, currently experiencing or at risk of re-experiencing a mental health crisis. The primary goal of the program is to successfully link clients to the appropriate level of mental health care by providing robust transitional case management and clinical services in a field setting. The primary target groups are those who traditionally “fall through the cracks” without special intervention. Service points (locations) include emergency rooms, jails, psychiatric hospitals, crisis stabilization programs, homeless shelters, and clinics. Another feature of this program is the “warm” handoff approach it uses to ensure successful client navigation through the mental health system of care.

- **Ventura County Office of Education (VCOE) / Ventura County Special Education Local Plan Area (SELPA)**
VCOE/SELPA contracts with VCBH to provide Educationally Related Social Emotional Services (ERSES) for special education students through the Individual Educational Plan (IEP) process. These services are provided to students who need support from a school-based therapist and provide intensive, long-term services such as individual therapy, group therapy, collateral and case management services to assist student access to the special education program. These students may have received school-based counseling services and require more intensive counseling services in the school setting.

In the eight years since the inception of ERSES, the collective goal of VCOE/SELPA and VCBH has been for children to remain in their homes and in the County instead of being relocated for services out of County or out of State. To this end, VCBH currently has 59 ERSES therapists who provide mental health services to more than 900 students in approximately 120 schools throughout the SELPA. The number of out of home placements has reduced from a high of nearly 100 to a current census of 26. This has greatly reduced the cost associated with residential placement and, most importantly, has kept children in their homes.

- **INSIGHTS**
The Ventura County Probation Agency and VCBH – in a full program partnership with the Ventura County Juvenile Court, the Ventura County Public Defender’s office, the Ventura County District Attorney’s office, VCOE and Public Health – participate in the INSIGHTS program. INSIGHTS was developed in response to the needs of a population of juvenile offenders diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders who do not respond well to existing dispositional alternatives and often linger on probation or revolve through custodial facilities and/or out-of-home placements. The program utilizes a multidisciplinary approach to provide intensive treatment and case management services to these youths.

Through a collaborative process, coordinated services are offered to the youth / caregivers. which may include comprehensive mental health services, substance abuse services, peer and parent support, and other County and community-based support resources. With focus on the special needs of these high-risk youth and their families, interagency team members collaborate to develop individualized multidisciplinary case plans with the overarching goals of reducing incarcerations, hospitalizations, and other out-of-home placements, as well as providing support necessary for these youths to be successful in their home communities.
Programs Focused on Substance Use Disorders

- Drug Medi-Cal Organized Delivery System (DMC-ODS)
  The Substance Use Services (SUS) Division implemented the Department of Health Care Services’ DMC-ODS waiver in Ventura County December 2018 with the goal of providing customers who require substance use treatment services a continuum of care modeled after the American Society of Addiction Medicine (ASAM). Through this plan, health care services are offered to those with at least one substance use disorder that a regular doctor is unable to treat. Treatment services include outpatient, intensive outpatient, residential, withdrawal management, opioid/narcotic treatment, medication assisted treatment, recover services and case management.

  Ahead of the launch, VCBH conducted three stakeholder forums and provided a number of in-person and online trainings on the topics of quality assurance, motivational interviewing, co-occurring disorders, ASAM criteria, medication assisted treatment and documentation. Beneficiary handbooks and provider directories are available in English and Spanish.

  The SUS division also provides services for specialized substance use treatment programs for female clients with children and high school age youth with substance use disorders.

- A New Start For Moms (ANSFM)
  ANSFM is a specialty clinic run by the County SUS division and is located in Oxnard. The program addresses the special needs of women who need treatment for substance use disorders and are pregnant, parenting children as old as 17, or attempting to regain legal custody of their children. Specialized services include individual and group counseling, an intensive perinatal treatment, methamphetamine intensive treatment, recovery group, relapse education group, crisis intervention, mental health assessment and referrals, and co-occurring disorder treatment. Parenting and perinatal education are provided, and transportation services are available.

- Ventura County Office of Education (VCOE)
  VCOE contracts with the ADP Prevention department to provide staff and volunteers who coordinate and/or conduct at least four (4) awareness presentations on alcohol, tobacco, cannabis, e-products and other drugs to youth. They serve those from specifically from underserved, selected and indicated populations such as youth in foster care, LGBTQ+ youth and allies, and economically disadvantaged youth. VCOE participates in at least eight (8) school and local community outreach opportunities to share substance use focused handouts and materials. Target audiences for these meetings are students, families, educators and the general public.

  In addition, VCOE staff, volunteers and youth advocates support and/or maintain at least ten (10) Friday Night Live (FNL) programs, which are designed to prevent and reduce drug and alcohol abuse among Ventura County youth. They also coordinate and present at least one (1) workshop/training that’s open to school administrators, educators, counselors, school nurses and community partners.

COMMITMENT TO CULTURAL COMPETENCE

The County shall include the following in the CCPR:

B. A narrative description, not to exceed two pages, addressing the county’s current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local behavioral health boards and commissions, and community organizations in the behavioral health system’s planning process for services.
The following components are key aspects of the Strategic Plan that demonstrate the steps leadership has taken to ensure racial, ethnic and cultural diversity is recognized and value within the system:

- Require annual cultural competency trainings for all staff and contract providers
- Contract a network of providers sufficient in numbers that are diverse in nature and geographically distributed across the County to ensure the needs are met of the beneficiaries served
- Provide an adequate range of specialty, age appropriate Mental Health and substance use disorder services for the various types of beneficiaries served
- Identify the unserved, underserved and inappropriately served population in Ventura County and increase outreach efforts to these communities
- Increase the ability of clinical staff to work with consumers from diverse populations
- Establish policies and procedures for the Substance Use Disorder plan’s programs and services that are culturally competent.
- Conduct quarterly bilingual/bicultural staffing level reports, which are presented to the Leadership Team
- Acknowledge and celebrate cultural holidays
- Continue work to increase the penetration rate for the Latino population
- Continue to increase access to services for clients with limited English proficiency.
- Provide services to identified culturally discrete groups with a focus on the prevalence of mental illness/substance use in that subset.
- Continue to support the Logrado Bienestar Outreach program
- Increase services to the geriatric population by 10%
- Increase and appropriately serve the LGBTQ population
- Train staff in the use of language interpreters

In addition, VCBH engages the community through a number of advisory committees, boards and commissions and community-based organizations. While a few focus on mental health and/or substance use treatment, the majority are specific to mental health.

Behavioral Health Advisory Board (BHAB)
The mission of BHAB is to advocate for members of the community who live with mental illness and/or substance use disorders and their families. It accomplishes this mission through support, review and evaluation of treatment services provided and/or coordinated through VCBH.

The BHAB is comprised of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to the County of Ventura Behavioral Health Director and Board of Supervisors. It serves a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plan approval, provides feedback prior to the required 30-day posting then conducts the public Hearing. The BHAB has authority to approve the plan before submission to the Board of Supervisors for final approval. Advisory board subcommittees, workgroups and taskforces are appointed by members of the board and may include respective board members or other interested stakeholders.

Office of Health Equity and Cultural Diversity Targeted Outreach
The Office of Health Equity and Cultural Diversity works diligently to build stronger connections with our community through ongoing outreach efforts aimed to educate communities about how to access services and behavioral health service delivery. Community outreach, engagement, and involvement efforts are discussed, planned and driven by the VCBH Office of Health Equity and Cultural Diversity and Mental Health Services Act team and in collaboration with the Health Care Agency outreach initiatives. The office of Health Equity and Cultural Diversity also helps facilitate document translation for all Behavioral Health divisions.

Health Care Agency - Whole Person Care (WPC) Program
WPC focuses on the coordination of health care, behavioral health and social services in a patient-centered manner with the goals of improving health and wellbeing through more efficient and effective use of resources. It allows the Health Care Agency to increase collaboration within its departments and groups, as well as with various County departments, Gold Coast Health Plan and community-based organizations.

WPC works to make a positive impact on the health care system by achieving better outcomes for high-utilizers. The target population is comprised of Medi-Cal beneficiaries who are ages 18 to 65 with complex care needs such as physical, mental and substance use issues. These patients can cost 10 times as much as the average one and have three times as many health care visits.

The program includes 14 field staff who are trained in motivational interviewing, mental health first aid, assaultive behavior management, and number of additional trainings. Staff provides services such as coordination and wraparound supports, and they address social/behavioral barriers to wellness. Referrals to WPC come from hospitals, ambulatory care clinics and community partners. If clients are not appropriate for WPC, they are referred to other programs.

VCBH keeps tracks of the efforts made through outreach, most of which are located in the VCBH Quality Assessment and Performance Improvement Plan (QAPI).

The QAPI is prepared on an annual basis and is updated quarterly to reflect the ongoing process of quality improvement within the agency. It provides a working document for implementing, monitoring and documenting efforts to improve the delivery of services, health equity and client outcomes. Through this plan, VCBH strives to meet its goals of improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care with twelve (12) DHCS areas of focus (shown in the diagram on the next page).

The QAPI plan is implemented through an operational infrastructure that includes the Quality Improvement specialty workgroups, relevant department teams, contract providers and stakeholders, and the Quality Management Action Committees (QMAC).

The QAPI infrastructure provides a framework by which the QAPI, as well as related performance improvement projects and research activities, can be implemented. Accurate measurement of progress against benchmarks, standards of care and applicable regulatory and accrediting requirements and standards can be facilitated as well.

Focus areas are designed to shape the culture so that it supports our strategy, links program performance to budgets, continuously improves our processes and invests in our staff. It also keeps a pulse on our support systems and infrastructure, creates policies that ensure high quality care, and stays on the forefront of the wellbeing and safety of individuals and communities, especially those who are marginalized.
DHCS Focus Areas shall be reviewed by the QMAC committee over a five (5) year cycle. The purpose of the QMAC is to provide recommendations and oversight of Behavioral Health’s Quality Assessment and Performance Improvement Plan (QAPI) and other quality management activities. QMAC representation includes MHP practitioners, providers, consumers and family members. The QMAC reviews, evaluates, and advises on results of QI/QM activities designed to improve the access, quality of care and outcomes of the service delivery system.

The QMAC meets quarterly for an all member session for focused data review and guidance on process improvement efforts and quality of care areas of focus, such as, grievances/appeals, change of provider trends, access, satisfaction, and quality data. The QMAC also convenes ad hoc committees on a time-limited basis for focused discussion to support carrying out QAPI-related activities.

The QAPI meets the contractual requirements of the Mental Health and Substance Use Disorder Plan Contract with DHCS as well as additional areas of performance improvement as identified by California External Quality Review Organization (CAEQRO), the County business plan and DBH strategic plan. The Quality Management Program is accountable to the Behavioral Health Director, is evaluated annually and is updated as necessary.

**COMMITMENT TO CULTURAL COMPETENCE**

*The County shall include the following in the CCPR:*

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

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

**COMMITMENT TO CULTURAL COMPETENCE**

*The County shall include the following in the CCPR:*

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

There were many lessons learned in the sections above. The first lesson involved communication and engagement styles when communicating on a large scale. VCBH’s chosen method of communicating with the community on a board scale normally involved sending flyers and electronic emails to community leaders and participating in community health fair events. While these methods are meaningful and serve a valuable purpose, VCBH learned these methods were not as effective with cultural, racial and ethnic communities.
Some cultural, racial and ethnic communities relied more on interpersonal relationships when communicating, so VCBH learned personal phone calls or in-person visits to the groups or agencies were more effective, especially when establishing and maintaining relationships with community leaders. Utilizing this communication style built trust and deepened relationships with community members.

The second lesson learned was the importance of becoming acquainted with community stakeholders/providers and partners and providing support to them. Pooling and leveraging various efforts had a greater impact reaching the community on available mental health and substance use treatment resources. Collaborating on strategies or joining an already-planned event benefit the community and strengthened partnerships.

The third lesson learned centered around the fear of deportation or losing the ability to obtain United States permanent residency. Members of the community feared the social service could have been perceived as a “public charge,” so many communities of color were reluctant to seek mental health and substance use treatment. VCBH experienced a decrease in new Latino admissions during FY 17-18 by 29%. New Latino enrollment for FY 16-17 was 6,184 but decreased in FY 17/18 to 4,378). VCBH continues to work with community leaders/stakeholders to address and develop strategies that will increase the Latino penetration rate.

COMMITMENT TO CULTURAL COMPETENCE

E. Identify County technical assistance needs.

VCBH and community partners need assistance researching and developing new, innovative ways to reach isolated communities. Small ethnic groups – including Mixtec, Asian/Pacific Islander, LGBTQ community and older adult population – are becoming more visible in the community and are in need of mental health and substance use treatment services.

COMMITMENT TO CULTURAL COMPETENCE

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

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

The County shall include the following in the CCPR:

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

The department demonstrates its commitment to the importance of cultural competence by utilizing the “Guiding Principles for the Development of Culturally Competent Services, Framework for Eliminating Cultural, Linguistic, Racial & Ethnic Behavioral Health Disparities, In County Behavioral Health Services, 2015," framed by the Cultural Competence/Equity and Social Justice Committee (CC/ESJC), of the California Behavioral Health Directors Association (CBHDA).
The framework above, has served to guide the department in its selection and placement of the Ethnic Services Manager, Cynthia Salas. A long-time resident of Ventura County, Ms. Salas holds degrees from Iowa State Science and Technology University in the areas of Liberal Studies and Biochemistry which has allowed her to address academic inequities that negatively impact our at-promise youth within the K-22 sector and has played a large role in preparing youth for higher education and includes students seeking a career in the Science, Technology, Engineering, Arts/Agriculture and Math (STEAM) fields; her experience in program development and outreach coupled with her community advocacy role experience makes her a suited leader in this role. Ms. Salas’ life-long experience, educational attainment and her invested advocacy in the areas of: education, health, immigration, and civil rights, position the department to further its work in promoting the development of culturally informed behavioral health services to meet the diverse needs of the county’s racial, ethnic, cultural and linguistic populations.

**COMMITMENT TO CULTURAL COMPETENCE**

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

The Ethnic Services Manager will plan, implement, monitor, and evaluate the Ventura County Behavioral Health’s cultural and linguistic healthcare and outreach services and programs. Ms. Hernandez’s duties include the following:

- Participating as an official member of the behavioral health management/leadership team that makes program and procedure policy recommendations to the behavioral health director.
- Developing and implementing cultural competence planning within the VCBH organization.
- Participating and providing advice in planning, policy, compliance and evaluation components of the County system of care and making recommendations to the Behavioral Health Director that assure access to services for ethnically and culturally diverse groups.
- Promoting the development of responsive behavioral health services that will meet the diverse needs of the county’s racial, cultural, and ethnic populations.
- Participating in the development of planning documents, contracts, proposals, and grant applications which would form the foundation of the county’s delivery of behavioral health services to ethnic, cultural, and linguistic minorities.
- Participating in the development and implementation of policies and procedures that would potentially impact services for racially, ethnically, and culturally diverse consumers.
- Reviewing and providing feedback to the Behavioral Health Director on materials generated at the State and local levels, including, but not limited to, proposed legislation, State plans, policies, and other documents.
- Monitoring of County and service contractors to verify that the delivery of services is in accordance with local and State mandates as they affect un-served, underserved or inappropriately served populations.
- Developing and managing the implementation of the cultural competence plan, including a training and education program.
- Updating the cultural competence plan annually.
- Facilitating and coordinating the development and management of the cultural Equity, Advisory committee.
- Developing programs to assess the cultural competency of staff.
- Developing a minimum core curriculum standard for annual diversity trainings.
- Identifying the Behavioral Health needs of ethnically and culturally diverse populations as they impact County systems of care, make recommendations to management, and coordinate and promote quality and equitable care.
- Maintaining an ongoing relationship with community organizations, planning agencies and the community at large.
- Visiting and assessing VCBH contract agency facilities and making recommendations about facility changes and location in accordance with the needs of diverse population.
- Planning, organizing and managing outreach and engagement activities, as well as documents efforts.
- Developing, managing and documenting the process for monitoring access responsiveness and providing corrective feedback regarding all unserved, underserved and inappropriately served cultural populations.
- Maintaining an active advocacy, consultative and supportive relationship with consumer and family organizations, local planning boards, advisory groups and taskforces, the State and other behavioral health advocates.
- Working with County’s Human Resources Office to help ensure the workforce is ethnically, culturally and linguistically diverse.
- Developing and implementing translation and interpretation services.
- Collaborating and working with the VCBH Quality Improvement team to track penetration and retention rates;
- Identifying disparities and outcomes data for racially, ethnically and culturally diverse populations, and working with leadership to develop strategies to eliminate disparities.
- Attending meetings as required by the position including, but not limited to CBHDA, CCESJC, regional ESM meetings, various State meetings, meetings convened by various advisory bodies and other meetings as appropriate.
- Attending trainings that, inform, educate and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the Behavioral Health system.
- Completing other duties that ensure services in the Behavioral Health system of care are culturally, linguistically and ethnically competent.

**COMMITMENT TO CULTURAL COMPETENCE**

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

*The County shall include the following in the CCPR:*

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

  1. 2.0 FTES – Ethnic Services Manager and Community Services Coordinator (dedicated to community outreach and development);
  2. Language Assistance Services (Contracting with 6 vendors);
  3. Cultural Competence Training;
  5. Logrando Bienestar Outreach and Engagement Unit. (6.0 FTEs)

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

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

### COMMITMENT TO CULTURAL COMPETENCE

**The County shall include the following in the CCPR:**

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

### Cultural Competence Trainings

VCBH has designated a budget of $2,500 per speaker to hire subject matter experts in their respective disciplines to provide cultural competency trainings.

### Interpreter and Translation Services

VCBH set aside increasing funding for the provision of interpreter and translation services. In FY 17/18, approximately $400,000 was, paid for interpreter and translation services. VCBH budgeted/contracted more than $430,990 in interpreter and translation services for FY18-19. This budget included services for the County’s mandated threshold language of Spanish, but also services for the Mixtec, deaf and hard of hearing communities, among others. The budget for FY19-20 is $497,100. It is, anticipated that the community will require ongoing support with both interpretive and translation services in the coming year.

VCBH contracts with the following the language assistance providers:
- All Language Interpretation and Translation Services (formerly Lourdes Campbell and Associates)
- Health Care Interpreter Network
- Homeland Language Services
- Mixteco Indigena (MICOP)
- Language Line
- LifeSigns

To address the increasing demand for interpreter and translation services, VCBH is in the process of increasing its budget allocation for language assistance services.

### Mental Health Services Act

Under VCBH Community Services and Support (CSS), Workforce Education and Training (WET), and Prevention and Early Intervention (PEI), multiple programs and services have been, implemented that are culturally competent. Precise budget figures are available for each of these components on the VCBH website at: [http://www.vchca.org/mental-health-services-act-prop-63](http://www.vchca.org/mental-health-services-act-prop-63).
UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

The County shall include the following in the CCPR:

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

Ventura County is 1,843.13 square miles in area with 446.7 persons per square mile. In 2017, there were 860,013 residents living in Ventura County.\(^1\) The median household income was $78,593. However, 11% of people in the County are at or below the poverty line. Thirty-nine (39%) of households spoke a language other than English as their primary language, with 31% of households speaking Spanish as their primary language in the home. (Data Source: 2012-2016 American Community Survey 5-Year Estimates)

As of April 2019, county demographics have changed very little with respect to the overall population total, the number of people below the poverty level, and the percentage of people who speak primarily Spanish in the household. The median income has increased significantly over the last two years. There are currently 859,967 people living in Ventura County, and the median household income is $86,683; however, 11.73% of people are at or below the poverty line.

Approximately 39% speak a language other than English as their primarily language, and almost 31% speak primarily Spanish in the household.\(^2\)

\(^1\) “Public Health Community Needs Assessment report,” Claritas, 2017

\(^2\) Ventura County Public Health site (www.healthmattersinvc.org), Claritas, January 2018
Age Distribution for Ventura County
Age distribution for Ventura County Distribution impacts the healthcare needs of the population. Economic means, work status, and entitlement program eligibility are based on age, which can affect an individual’s ability to access preventive health care services. The chart below shows the age distribution for Ventura County residents by five-year age group. Children younger than 18 make up slightly more than 23% of the population, and children under five make up just more than 6%. Residents 65+ years account for 15.5% of the total population, but the California Department of Finance estimates that this age group will account for 23.7% of the population by 2060. The 2017 U.S. Census indicated nationally most cities with a higher percent of Hispanics also have a higher percent of children less than 5 years of age; this is consistent in Ventura County as well. Young children and the aging population require special attention to their health care needs, which becomes critical when considering the economic status of these vulnerable populations.

<table>
<thead>
<tr>
<th>Population by Age Group</th>
<th>County: Ventura</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons</td>
</tr>
<tr>
<td>0-4</td>
<td>52,602</td>
</tr>
<tr>
<td>5-9</td>
<td>54,026</td>
</tr>
<tr>
<td>10-14</td>
<td>56,701</td>
</tr>
<tr>
<td>15-17</td>
<td>35,752</td>
</tr>
<tr>
<td>18-20</td>
<td>34,734</td>
</tr>
<tr>
<td>21-24</td>
<td>46,963</td>
</tr>
<tr>
<td>25-34</td>
<td>113,931</td>
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<tr>
<td>35-44</td>
<td>106,037</td>
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<tr>
<td>45-54</td>
<td>112,752</td>
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<tr>
<td>55-64</td>
<td>112,704</td>
</tr>
<tr>
<td>65-74</td>
<td>78,964</td>
</tr>
<tr>
<td>75-84</td>
<td>38,169</td>
</tr>
<tr>
<td>85+</td>
<td>16,632</td>
</tr>
</tbody>
</table>

Source: VC Public Health site [www.healthmattersinvc.org](http://www.healthmattersinvc.org)

Drug Medi-Cal Population
As of December 2019, Ventura County’s Public Managed Care Health Plan, Gold Coast recorded a population of 189,436 Medi-Cal members. It’s estimated approximately 8% (or 15,155) of this population will need substance use treatment services. Of this number, 44% are youths under the age of 18, and 56% are adults ages 18 and older.

Geographically, the areas with the biggest need for substance use treatment services are located in four zip codes in Oxnard, with one zip code in Ventura, Simi Valley, Fillmore, Santa Paula, Port Hueneme and Oak View. These 10 zip codes are listed on the Conduent Health Communities Institute’s 2019 SocioNeeds Index, which is a measure of socioeconomic need that’s correlated with poor health outcomes.

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4 Source: 2010 California Behavioral Health Prevalence Estimates
II. Medi-Cal population service needs (use current CAEQRO data if available)

The County shall include the following in the CCPR:

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

According to the FY17-18 Medi-Cal Specialty Mental Health External Quality Review MHP Final Report, Ventura County served 243,466 clients in calendar year 2016. Table 1 below provides detail on beneficiaries served by race/ethnicity.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Average Monthly Unduplicated Medi-Cal Enrollees</th>
<th>% Enrollees</th>
<th>Unduplicated Annual Count of Beneficiaries Served</th>
<th>% Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>55,321</td>
<td>22.7%</td>
<td>3,395</td>
<td>34.9%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>122,764</td>
<td>50.4%</td>
<td>3,829</td>
<td>39.4%</td>
</tr>
<tr>
<td>African-American</td>
<td>3,778</td>
<td>1.6%</td>
<td>318</td>
<td>3.3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>35,274</td>
<td>14.5%</td>
<td>630</td>
<td>6.5%</td>
</tr>
<tr>
<td>Native American</td>
<td>610</td>
<td>0.3%</td>
<td>49</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>25,721</td>
<td>10.6%</td>
<td>1,502</td>
<td>15.4%</td>
</tr>
<tr>
<td>Total</td>
<td>243,466</td>
<td>100%</td>
<td>9,723</td>
<td>100%</td>
</tr>
</tbody>
</table>
Overall Approved Claims

Figures 1A and 1B below show the three-year trend (calendar years 2014-2016) of VCBH’s overall approved claims per beneficiary and penetration rates compared to the State average and the average for large MHPs.

Source: CAEQRO data-FY 17-18: Medi-Cal Speciality Mental Health External Quality - Ventura MHP Final Report
Foster Care Approved Claims

Figures 2A and 2B show three-year trends of the MHP’s foster care approved claims per beneficiary and penetration rates for calendar years (calendar years 2014-2016), compared to the State average and the average for large MHPs.

Source: CAEQRO data-FY 17-18: Medi-Cal Speciality Mental Health External Quality - Ventura MHP Final Report
Latino/Hispanic Approved Claims

Figures 3A and 3B show the three-year trends of the MHP’s Latino/Hispanic approved claims per beneficiary and penetration rates for calendar years 2014-2016, compared to both the State average and the average for large MHPs.

Source: CAEQRO data-FY 17-18: Medi-Cal Speciality Mental Health External Quality - Ventura MHP Final Report
High-Cost Beneficiaries

Table 2 below compares State data for High-Cost Beneficiaries for CY16 with the MHP’s data for CY16, as well as the prior two years. HCBs in this table are identified as those with approved claims of more than $30,000 in a year.

<table>
<thead>
<tr>
<th>MHP</th>
<th>Year</th>
<th>HCB Count</th>
<th>Total Beneficiary Count</th>
<th>HCB % by Count</th>
<th>Average Approved Claims per HCB</th>
<th>HCB Total Claims</th>
<th>HCB % by Approved Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>CY16</td>
<td>19,019</td>
<td>609,608</td>
<td>3.12%</td>
<td>$53,215</td>
<td>$1,012,099,960</td>
<td>28.90%</td>
</tr>
<tr>
<td>Ventura</td>
<td>CY16</td>
<td>394</td>
<td>9,723</td>
<td>4.05%</td>
<td>$54,043</td>
<td>$21,292,983</td>
<td>32.16%</td>
</tr>
<tr>
<td></td>
<td>CY15</td>
<td>308</td>
<td>9,633</td>
<td>3.20%</td>
<td>$51,710</td>
<td>$15,926,791</td>
<td>28.17%</td>
</tr>
<tr>
<td></td>
<td>CY14</td>
<td>203</td>
<td>7,464</td>
<td>2.72%</td>
<td>$48,316</td>
<td>$9,808,149</td>
<td>24.81%</td>
</tr>
</tbody>
</table>

Source: CAEQRO data-FY 17-18: Medi-Cal Speciality Mental Health External Quality - Ventura MHP Final Report

Timely Follow-up after Psychiatric Inpatient Discharge

Figures 4A and 4B show the State and MHP 7-day and 30-day outpatient follow-up and re-hospitalization rates for calendar years 2015-16.

Source: CAEQRO data-FY 17-18: Medi-Cal Speciality Mental Health External Quality - Ventura MHP Final Report
Diagnostic Categories

Figures 5A and 5B compare the breakdown by diagnostic category of the statewide and MHP number of beneficiaries served and total approved claims amount, respectively, for CY16. MHP self-reported percent of consumers served with co-occurring (substance abuse and mental health) diagnoses: 26 percent for adults and 9 percent for youth.
Note: The Substance Use Disorder Plan has not completed an EQRO visit yet. The first EQRO visit is scheduled for January 29th through January 30th, and CAEQRO data will likely be received following the visit.

**UPDATED ASSESSMENT OF SERVICE NEEDS**

The County shall include the following in the CCPR:

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

**Specialty Mental Health Services**

The FY 17-18 Medi-Cal Specialty Mental Health External Quality Review - Ventura MHP Final Report indicated the following findings with respect to access to care, timeliness of service, quality of care, consumer outcomes, race/ethnicity, gender, language and age:

**Access to Care**

The eligible number increased in the calendar years 2015-16, but the number of beneficiaries served increased by a smaller number than those who were eligible. This resulted in a year-over-year drop in overall penetration rate of 0.20%. The MHPs calendar year 2016 penetration rate was comparable to the large County average but lower than the State average.

The MHP’s penetration rate for accessing care rose slightly from calendar years 2015 to 2016 and was higher than the large County and State averages; however, the MHP’s Latino/Hispanic penetration rate declined slightly from calendar years 2015 to 2016. This was comparable to the large County average but lower than the State average. The MHP utilized Logando Bienestar, a Hispanic outreach program, to provide outreach and improve Hispanic penetration rates.
Timeliness of Services

In calendar year 2016, the MHP’s seven-day outpatient follow-up rate after discharge from a psychiatric inpatient episode increased over the previous year and exceeded the 2016 State average. This was related to recent targeted efforts on this topic. The MHP’s 30-day outpatient follow-up rate also increased from calendar year 2015 to 2016 and exceeded the statewide average. Both will likely continue to improve as MHP has begun tracking child/youth hospitalizations during this last year and has specifically focused attention on monitoring post-hospital discharge follow-up events.

Quality of Care

The MHP’s average overall approved claims per beneficiary increased from calendar years 2015 to 2016 which was higher than the large County and State averages in 2016. The MHP’s average foster care approved claims per beneficiary increased from calendar years 2015 to 2016. The 2016 foster care approved claims were lower than the large County average and greater than the State average.

The MHP’s average Latino/Hispanic approved claims per beneficiary increased from calendar year 2015 to 2016, which was higher than the large County and State averages in calendar year 2016.

The HCB (home and community-based services) percent continued to increase in calendar year and was higher than the statewide average. The percent of all claims that were HCB also increased in 2016 and were higher than the State average. The MHP’s analysis revealed the composition of HCBs were consumers who utilized high-level residential treatment programs or were high utilizers of inpatient and crisis care.

Race shown in the diagram above includes the top four categories in Ventura County. “Other” is a CSI category. (Source: Avatar, FY 16-17, CSI, and Demographics, History of Legal Status)

Consistent with the State diagnostic pattern in calendar year 2016, a primary diagnosis of depressive disorders accounted for the largest percentage of beneficiaries served. The MHP had a rate of deferred diagnoses that
was below the statewide average, and the MHP’s approved claims dollars were consistent with its diagnostic patterns.

Consumer Outcomes
In calendar year 2016, the MHP’s 7-day re-hospitalization rate increased from the previous calendar year and was slightly greater than the State average. The MHP’s 30-day re-hospitalization rate increased from 2015 as well and was higher than the State average.

Considering improvements in 7- and 30-day post discharge follow-up rates, these re-hospitalization rate increases merit attention to the type of follow-up provided and the effectiveness of care coordination activities. The lack of ongoing emergency department coordination activities and the absence of an adult CSU are factors worth exploring as related to these increases.

EQRO data analysis and internal reports conducted last year were used to identify potential unmet needs in the Medi-Cal population. VCBH’s Medi-Cal population penetration rate was 3.99% and lower than other large MHPs (4.20%) and State MHPs (4.44%). approved claims per beneficiary ($6,810) served is higher compared the averaged large sized MHP, but lower than the statewide average ($5746). Exhibit CA EQRO 9/13/2017

Race/Ethnicity
In order to assess whether we serve consumers in an equitable manner, we compared the penetration rates of those served across racial/ethnic groups. When comparing the following groups, the penetration rates across racial/ethnic groups (listed from highest to lowest) varied in Ventura County:

- African-Americans .......... 8.42%
- Native Americans .......... 8.03%
- Caucasians ................. 6.14%
- Other ....................... 5.84%
- Hispanics ................... 3.12%
- Asians ...................... 1.79%

Throughout the state, the highest penetration rates occurred for African-Americans and Native Americans. The lowest penetration rates were among Hispanics and Asians/Pacific Islanders. In addition, the penetration rate for Hispanics was lower compared to Caucasians and African Americans:

- African-Americans .......... 7.76%
- Native Americans .......... 7.38%
- Caucasians ................. 6.01%
- Other ....................... 5.84%
- Hispanics ................... 2.25%
- Asians ...................... 1.79%

Ventura County Behavioral Health (VCBH) continues to commit in addressing the needs of the Hispanic population to increase the penetration rate.

Gender
Males received more Medi-Cal services than females and have more approved claims; however, compared with large counties and the State, the penetration rate is slightly lower.

Language
Ventura County’s threshold language is Spanish.
When comparing the service needs met for English and Spanish speakers, Ventura County's MHP served:
- 8,120 (86.1%) English speakers
- 1,161 (12.3%) Spanish speakers

In reviewing the Medi-Cal eligible data, there were 90,503 Spanish speakers who reside in Ventura County. When we apply the 7.93% prevalence rate for serious mental illness and serious emotionally disturbed, the mental health need was estimated at 7,177 Spanish-speaking individuals. In calendar year 2016, the Ventura County Behavioral Health served 1,161 Spanish-speaking Medi-Cal eligible, which was a penetration rate 1.3%. This is an area the Ventura County Behavioral Health (VCBH) continues to address.

**Age**

The DHCS approved Claims and MMEF Data for age groups, the penetration rates were:
- 0-5 population .................1.83%,
- 6-17 population .................4.98%,
- 18-59 population .................4.35%
- 60+ population ..................2.59%.

As shown in the data, the 0-5 population and 60+ had the lowest penetration rates. When comparing these two age groups with other large counties, the VCBH’s 0-5 and 60+ populations were slightly higher. When comparing 0-5 and 60+ State penetration rates, the VCBH’s penetration rates were slightly lower.34

**Substance Use Disorder Services**

**Access to Care**

In the year since the introduction of the DMC-ODS waiver in December 2018, total admissions increased from 1,968 in the calendar year 2017–2018 to 2,650, an increase of 37.4%. The largest increase was in withdrawal management admissions, which increased 940%, from 50 to 471. The total number of assessments increased as well over the same time period, from 1,865 to 3,306 (a 177% increase).

We offer a range of services to meet the needs of our diverse client population, including women, youth, perinatal, and Spanish-speaking services. We have Spanish-speaking counseling groups, and 50% of Access Line agents are bilingual. Results from the 2019 Treatment Perceptions Survey indicate that clients consistently have a high level of satisfaction with services across several dimensions. Areas of particular strength include client perceptions that staff treats them with respect, that staff communicates with them clearly, and that they feel welcome at the site where they receive treatment.

**Timeliness of Services**

For the period from December 1, 2018 through June 30, 2019 (partial fiscal year 2019), it took an average of 13.6 days from the time clients requested services to when they were assessed. Over the second year of the DMC-ODS waiver, we aim to bring this average to within the DHCS standard of 10 days. For the same time period, 70% of patients discharged from residential or withdrawal management services had a follow-up admission to a lower level of care within 30 days. We aim to increase this to 80% over the next year. The 30-day readmission rate for withdrawal management for the same time period is 2.9%, which indicates that patients are not relapsing and falling back into the same level of care.
UPATED ASSESSMENT OF SERVICE NEEDS

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

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

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

Based on the Estimates of Need for Behavioral Health Services Serious Mental Illness from CPES for Ventura County from ACS 2014-5YR data estimations and data availability, Ventura County has 236,376 individuals below the 200% of poverty level. In applying the 7.93% prevalence rate, 18,734 are considered to be seriously mentally ill/seriously emotionally disturbed.

For the calendar years 2013-2016 the Prevalence Estimates for Medi-Cal Population below the 200% poverty level compared to the Ventura County Behavioral Health’s Medi-Cal Beneficiaries served per year in Ventura County (EQRO Data) by Race/Ethnicity:

Caucasian

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence Estimates (Prevalence Rate)</th>
<th>Beneficiaries Served Per Year (Penetration Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8.77%</td>
<td>2485</td>
</tr>
<tr>
<td>2014</td>
<td>8.77%</td>
<td>2809</td>
</tr>
<tr>
<td>2015</td>
<td>8.77%</td>
<td>2913</td>
</tr>
<tr>
<td>2016</td>
<td>8.77%</td>
<td>2786</td>
</tr>
</tbody>
</table>

CY 2016 = 70.07% penetration of needs population; 34.92% population representation of all beneficiaries served

Hispanic

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence Estimates (Prevalence Rate)</th>
<th>Beneficiaries Served Per Year (Penetration Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>7.88%</td>
<td>7718</td>
</tr>
<tr>
<td>2014</td>
<td>7.88%</td>
<td>7887</td>
</tr>
<tr>
<td>2015</td>
<td>7.88%</td>
<td>3517</td>
</tr>
<tr>
<td>2016</td>
<td>7.88%</td>
<td>7940</td>
</tr>
</tbody>
</table>

CY 2016 = 28.71% penetration of needs population; 39.38% population representation of all beneficiaries served

African American

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence Estimates (Prevalence Rate)</th>
<th>Beneficiaries Served Per Year (Penetration Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8.21%</td>
<td>191</td>
</tr>
<tr>
<td>2014</td>
<td>8.21%</td>
<td>278</td>
</tr>
<tr>
<td>2015</td>
<td>8.21%</td>
<td>203</td>
</tr>
<tr>
<td>2016</td>
<td>8.21%</td>
<td>253</td>
</tr>
</tbody>
</table>

CY 2016 = 100.95% penetration of needs population; 3.27% population representation of all beneficiaries served

Asian/Pacific Islander

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence Estimates (Prevalence Rate)</th>
<th>Beneficiaries Served Per Year (Penetration Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>4.67%</td>
<td>416</td>
</tr>
<tr>
<td>2014</td>
<td>4.67%</td>
<td>154</td>
</tr>
<tr>
<td>2015</td>
<td>4.67%</td>
<td>747</td>
</tr>
<tr>
<td>2016</td>
<td>4.67%</td>
<td>305</td>
</tr>
</tbody>
</table>

CY 2016 = 118.86% penetration of needs population; 6.48% population representation of all beneficiaries served
Native American

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Estimates (Prevalence Rate 11.16%)</td>
<td>Prevalence Estimates (Prevalence Rate 11.16%)</td>
<td>Prevalence Estimates (Prevalence Rate 11.16%)</td>
<td>Prevalence Estimates (Prevalence Rate 11.16%)</td>
</tr>
<tr>
<td>Beneficiaries Served Per Year (Penetration Rate 8.7%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 10.15%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 7.91%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 8.03%)</td>
</tr>
<tr>
<td>33</td>
<td>30</td>
<td>41</td>
<td>37</td>
</tr>
</tbody>
</table>

CY 2016 = 80.33% penetration of needs population; 0.5% population representation of all beneficiaries served

Other

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Estimates (Prevalence Rate 9.43%)</td>
<td>Prevalence Estimates (Prevalence Rate 9.43%)</td>
<td>Prevalence Estimates (Prevalence Rate 9.43%)</td>
<td>Prevalence Estimates (Prevalence Rate 9.43%)</td>
</tr>
<tr>
<td>Beneficiaries Served Per Year (Penetration Rate 6.37%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 6.31%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 6.31%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 6.31%)</td>
</tr>
<tr>
<td>1002</td>
<td>677</td>
<td>1402</td>
<td>968</td>
</tr>
</tbody>
</table>

CY 2016 = 527.02% penetration of needs population; 15.45% population representation of all beneficiaries served

The following lists the Prevalence Estimates for Medi-Cal Population below the 200% poverty level (for CY 2015-2016) compared to VCBH Medi-Cal Beneficiaries served per year in Ventura County (EQRO Data) by Gender:

<table>
<thead>
<tr>
<th>CY 2015</th>
<th>CY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Estimates (Prevalence Rate 7.55%)</td>
<td>Prevalence Estimates (Prevalence Rate 7.55%)</td>
</tr>
<tr>
<td>Beneficiaries Served Per Year (Penetration Rate 4.8%)</td>
<td>Beneficiaries Served Per Year (Penetration Rate 4.70%)</td>
</tr>
<tr>
<td>8398</td>
<td>4376</td>
</tr>
</tbody>
</table>

VCBH needs a consistent collection to catalogue poverty level, Medi-Cal and non-Medi-Cal client utilization, and other data; therefore, the analysis of disparities that follows is based off internal historically findings since VCBH expects the percentages to resemble previous findings. Note: CPES Estimates generated for the DMH identify the estimated number of people below the 200% poverty level who have mental health needs are below by race, age, and gender.

Comparing the rate of prevalence of mental health need in the community to the number of those we’ve served in the population helps VCBH identify disparities and allocate resources, which helps eliminate health disparities in the delivery of mental health services.

**Disparities Explained**

**Race/Ethnicity**

When comparing the estimated needs between all the ethnic groups served by VCBH in the data above, Hispanics and Native Americans are, underrepresented compared to other ethnic groups. Hispanics make up the largest ethnic group of the total population needs (39.38%) in Ventura County but have the lowest penetration rate (28.71%). VCBH works diligently to close the gap through outreach and engagement in the Latino community. The penetration rate is better for Native Americans (80.33%), but there is still work to do in this community to reach the 100% target. Based on the estimated needs of other ethnic groups, VCBH meets the demands.
Language
Future focus to improve VCBH’s data collection will be achieved through administrative and clinical staff training and reviews of current data collection tools and systems. Based on internal data, those with estimated needs are comprised of 86% English speakers, 12.3% Spanish speakers and 1% speak other languages.

Age
Across the age categories, youth under the age of 5 have the lowest prevalence rate (8.80%). Compared to adults younger than 65, older adults have the lowest prevalence rate (2.78%), which is an area VCBH continues to address.

Gender
Historically, there has not been a large disparity between the percentages of males and females served. The number has hovered around the 50% mark for male or female (+/- 2%). VCBH expects this lack of discrepancy to remain consistent with its current population served.

### UPDATED ASSESSMENT OF SERVICE NEEDS

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

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

**Updated MHSA Needs Assessment**

Section 5898, Welfare and Institutions Code- Reference: Sections 5664(a), 5813.5, 5830(a)(1) and (2), 5830(a)(4), 5847(a)(2) and (3), 5847(c) through (e), 5848(c) and 5878.1, Welfare and Institutions Code.

Noted in Section 3650 (a)(1) (A, B) and (2)(A,B,C,D), the County must conduct a needs assessment with each three year report. A County needs assessment that begins in fiscal year 2018-19 is currently being conducted.

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

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

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

The client demographic data for each of the Community Services and Support programs (CSS) below best displays the representation by race/ethnicity, language, age and gender as reported in Fiscal year 2017-18:

### CSS Program #1: Children’s Outpatient Services

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>13-18</td>
<td>Hispanic/Latino</td>
<td>English</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>Non-Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>19-21</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

### CSS Program #2: Fillmore Community Project

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0 to 5</td>
<td>Hispanic/Latino</td>
<td>English</td>
</tr>
<tr>
<td>Male</td>
<td>6 to 12</td>
<td>Non-Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td>Unknown</td>
<td>13 to 18</td>
<td>Unknown/No Entry</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>19 to 24</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

* Duplicate count possible due to age progression

### CSS Program #3: Transitional Age Youth (TAY) Full-Service Partnership (FSP)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>18 to 25</td>
<td>Hispanic/Latino</td>
<td>English</td>
</tr>
<tr>
<td>Male</td>
<td>18 to 25</td>
<td>Non-Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>47%</td>
<td>72%</td>
</tr>
</tbody>
</table>

### CSS Program #4: TAY Outpatient (Transitions)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Preferred Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>18 to 25</td>
<td>Hispanic/Latino</td>
<td>English</td>
</tr>
<tr>
<td>Male</td>
<td>18 to 25</td>
<td>Non-Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td>Unknown</td>
<td>20%</td>
<td>5%</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>205</td>
<td>20%</td>
<td>356</td>
</tr>
<tr>
<td></td>
<td>174</td>
<td>72%</td>
<td>19</td>
</tr>
</tbody>
</table>
### CSS Program #5: Adult Treatment Tracks

<table>
<thead>
<tr>
<th>Client Demographic Data (FY 15-16)</th>
<th>N = 726</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>Female</td>
<td>292</td>
</tr>
<tr>
<td>Male</td>
<td>432</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
</tr>
</tbody>
</table>

* Duplicate count due to age progression

### CSS Program #6: Older Adults FSP

<table>
<thead>
<tr>
<th>Client Demographic Data (FY 15-16)</th>
<th>N=110</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>Female</td>
<td>77</td>
</tr>
<tr>
<td>Male</td>
<td>33</td>
</tr>
<tr>
<td>Unknown/No Entry</td>
<td>1</td>
</tr>
</tbody>
</table>

### CSS Program #7: Telecare XP2

<table>
<thead>
<tr>
<th>Client Demographic Data (FY 15-16)</th>
<th>N = 57</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
</tr>
<tr>
<td>Male</td>
<td>36</td>
</tr>
<tr>
<td>Unknown/No Entry</td>
<td>1</td>
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<tr>
<td>65+</td>
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</tbody>
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### CSS Program #8: Assist (Laura’s Law)

<table>
<thead>
<tr>
<th>Client Demographic Data (FY 15-16)</th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
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<tr>
<td>Male</td>
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<tr>
<td>36 to 45</td>
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<tr>
<td>46 to 55</td>
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<tr>
<td>56 to 63</td>
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</tbody>
</table>

### Client Demographic Data

| **Gender** | **Age** | **Ethnicity** | **Preferred Language** |
| Female | 4255 | 53% | 18 to 64 | 14 | 19% | Non-Hispanic | 4402 | 66% | English | 6802 | 85% |
| Male | 3753 | 47% | 65+ | 27 | 36% | Hispanic | 2572 | 32% | Spanish | 533 | 7% |
| Unknown/No Entry | 1725 | 22% | Unknown/No Entry | 1121 | 14% |

* Duplicate count due to age progression
For children’s outpatient services, the majority of clients were female (56%), most of which were under the age of 18. Although the majority of clients were Hispanic/Latino (75%), the preferred language was English (75%).

Data for The Fillmore Project indicated the majority of participants were male (72%) and fell into the TAY and youth 6-12 categories. Eighty percent of the participants were Hispanic/Latino, yet Spanish was the preferred language for only 38% of these participants.

The TAY FSP clients were split evenly among the Hispanic/Latino and Non-Hispanic populations, but 97% of the participants indicated English was their preferred language.

In the Adult treatment tracks, six out of 10 clients were male, and four were female. Only 33% of these clients were Hispanic/Latino, and four percent were of unknown ethnicity. The Older Adults Full-Service Partnership served 70% female clients, 77% of which were older than 65. Eighty percent of these clients were non-Hispanic with 95% who indicated English was their preferred language.

The Telecare XP2 program clients were predominantly male (65%) with English as their preferred language. The age demographic skewed heavily in the adults 25 to 64 age range, with only 2% in the older adults category. There were no preferred Spanish language speakers in this program.
V. **Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations.**

*The County shall include the following in the CCPR:*

A. Which PEI priority population(s) did the County identify in their PEI plan? The County should choose from the following six PEI priority populations:

- Underserved cultural populations
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stressed families
- Trauma exposed
- Children/youth at risk of school failure
- Children/youth at risk of experiencing juvenile justice involvement

**Prevention and Early Intervention (PEI) - Highlights for FY 16-17 Services**

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

During FY 2016-17, Ventura County categorized all PEI programs to align with regulations requirements and definitions. At that time, there were seven required program categories and three required strategies to be included in each program. The programs included:

- Prevention
- Early Intervention
- Improving timely access to service for underserved populations
- Outreach for increasing recognition of early signs of mental illness
- Access and linkage to treatment
- Stigma and discrimination reduction and suicide prevention.

Additionally, all PEI programs must be designed and implemented in accordance with strategies that help create access and linkage to treatment, improve timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally-appropriate.

Below is a table that summarizes the results of the program categories, which was the beginning of alignment with new regulations.
<table>
<thead>
<tr>
<th>Program/Provider(s)</th>
<th>Prevention</th>
<th>Early Intervention</th>
<th>Improving Timely Access to Services for Underserved Populations*</th>
<th>Outreach for Increasing Recognition of Early Signs of Mental Illness</th>
<th>Access and Linkage to Treatment*</th>
<th>Stigma and Discrimination Reduction*</th>
<th>Suicide Prevention</th>
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<tbody>
<tr>
<td>Outreach, Referral &amp; Engagement (OR&amp;E) Programs</td>
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<tr>
<td>One Step A La Vez</td>
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<td>Rainbow Umbrella</td>
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<tr>
<td>Rainbow Umbrella</td>
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<td>Ventura Intervention and Prevention Services (VIPS)</td>
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<td>TAY: Pacific Clinics</td>
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<tr>
<td>Positive Behavior Intervention and Supports (PBIS)</td>
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*In addition to possibly being “program” categories, these are required “strategies” imbedded in all PEI programs. (A “program” in the PEI regulations is defined as a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system. A “strategy” in the PEI regulations is defined as planned and specified methods within a Program intended to achieve a defined goal.)
Process used to identify the PEI priority populations

The Community Program Planning Process (CPP) identifies PEI priority populations. CCP holds annual public forums on goals set by VCBH, State and BHAB or gaps identified by these same entities and/or community stakeholders. The planning workgroup reviews and recommends programs based on the annual CPP process. The evaluation workgroup reviews the annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSA programs. Recommendations from both workgroups are presented to the BHAB.

During fiscal year 2015-2016, the CCP began meeting monthly to review gaps in services, program needs, and data outcomes and measures. During these meetings, each MHSA program was reviewed collaboratively with evaluators, program staff and workgroup members who represented clients, family members and underserved populations. Utilizing program-specific data (operations, outcomes and financial), the subcommittee reported program summaries back to the larger CCP and made program and funding recommendations for discussion.

This intensive participatory evaluation process demonstrates Ventura County Behavioral Health’s commitment to continuous quality improvement processes that involve stakeholders at every level and transparent communication with the public about program outcomes.

CSS and PEI planning processes identified disparities within target populations (Hispanics, African American and LGTBQ). For example, access to services between Caucasians and Latinos was identified to be a major disparity within target populations. A number of the PEI projects and strategies formulated to reach underserved segments of the Latino community are as follows:

- Mental health programs were strengthened in community health clinics;
- Settings that reduced stigma and geographical barriers for access by Latinos throughout the County;
- Community health educators/promotoras from Latino communities will provide outreach, education and linkages to underserved members of the Latino community.
CRITERION 3 – STRATEGIES AND EFFORTS FOR REDUCING RACIAL ETHNIC CULTURAL AND LINGUISTIC MENTAL HEALTH DISPARITIES

STRATEGIES & EFFORTS FOR REDUCING DISPARITIES

I. Identified unserved/underserved target populations (with disparities)
   The County shall include the following in the CCPR:
   - Medi-Cal
   - CSS (Full Service Partnership population)
   - WET (Targets to grow a multicultural workforce)
   - PEI (County-identified from the six PEI priority populations)

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

Identified Target Populations

VCBH has identified disparities in Medi-Cal and all MHSA components (CSS, WET, and PEI) for the following target populations:
- Serious Mental Illness (SMI) / Severe Emotional Disturbance (SED)
- Underserved/Unserved
- Homelessness
- School aged mental health grades K-12
- College aged and TAY mental health ages 16-25
- Older Adults
- LGBTQ
- Priority ethnic groups identified in Ventura County as Hispanic/Latino, African American and Asian Pacific Islander

Process Used to Identified Target Population

Ventura County Behavioral Health used the same Community Program Planning process to identify target populations as described above.

Identified Disparities with in target populations

Over the years, Ventura County Behavioral Health has focused on certain demographic groups. In these pockets lay disparities within the mental health community. As shown in Table 1, VCBH has placed special interest in identifying the individuals and families in need of mental health services.
Identified strategies for the Medi-Cal population, as well as strategies identified in the MHSA plans (CSS, WET and PEI), for reducing disparities described above:

- **Employing the Promotoras Model**: A unique program offered by VCBH that utilizes the Promotoras Model. This model is designed to reach the underserved Latino community by providing Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) community support activities that increase knowledge, understanding and service access within the Latino community. Promotoras are comprised of respected community members who serve as liaisons between their community and health, human and mental health organizations. Ventura County currently has two programs that employ this model: Proyecto Conexión Con Mis Compañeras/ Project Connecting with My Peers, and Promotoras y Promotes Foundation.

- **Wellness & Recovery Centers – Adults**: The Adult Wellness Center (AWC) serves adults recovering from mental illness who are at risk of homelessness, incarceration or increasing severity of mental health issues. The program is a portal for access to recovery services by that offers support commonly utilized by individuals with serious mental illnesses without the pressure of enrolling in traditional mental health services.

- **TAY Wellness Center**: The Transition Age Youth (TAY) Wellness and Recovery Center serves young adults ages 18-25 who are recovering from mental illness or are in need of referral services. Provided by Pacific Clinics, the TAY Wellness Center is located in Oxnard and reaches out to underserved individuals throughout the County. As a portal entry to engage unserved or underserved TAY, the program offers a
range of supports and service linkages to those who historically have not accessed services through the traditional clinic system.

- **Outreach, Referral and Engagement Programs:**
  - One Step a La Vez (for parent and youth Latinos in Fillmore, Santa Paula and Piru)
  - Project Esperanza (for parent and youth Latinos in Fillmore and Santa Paula)
  - Tri-County GLAD (for deaf and hard of hearing in Ventura County)
  - Rainbow Umbrella (LGBTQ community in Ventura County)
  - RISE Program
  - Logrand Bienestar

- **Early Supportive Services:** The primary goal of this program is to successfully link clients 0-18 years of age to Early Supportive Services (ESS) that provide focused, short-term, research-informed mental health services to children with emerging mental health issues who are from stressed families and at risk of school failure or juvenile justice involvement.

- **School Based Intervention Programs:** School-based intervention is a service strategy represented by the following programs that VCBH has contracted VCOE to implement in school districts and schools across the County. These programs serve as an enhancement and/or supplement to other non-MHSA funded school-based programs.

- **Positive Behavior Interventions & Supports (PBIS) – Outreach for Increasing Recognition of Early Signs of Mental Illness:**
  - Access and Linkage to Treatment
  - Improving Timely Access to Services for Underserved Populations
  - Stigma and Discrimination Reduction

- **SafeTALK (Tell, Ask, Listen and KeepSafe):** SafeTALK is a suicide awareness training program that teaches participants, primarily in school settings, to identify and talk with people who have thoughts of suicide and connects them to first aid intervention caregivers.

- **Healing the Soul – Mixteco Research Project:** This Mixtec project is an innovative research project designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County.

- **Children’s Accelerated Access to Treatment and Services (CAATS):** CAATS is an innovation project that intends to make several significant changes in the way that mental health services are provided to foster youth. VCBH will provide a comprehensive intake process that includes mental health assessments, coordinated interagency service linkages, medication support and clinical intervention for all youth entering the child welfare system. VCBH expects these proposed changes to produce better outcomes for the youth and their families by reducing symptoms of traumatic stress, preventing and/or ameliorating the onset of mental illness through early intervention, improving medication monitoring of youth in treatment and medication education for caregivers, and reducing the overall recidivism rates of youth.

- **Assisted Outpatient Treatment:** California Assembly Bill 1421, also known as Laura’s Law, was passed in 2002 to address one of the largest issues facing the mental health community across the nation – the cycle of repetitive psychiatric crises and resulting hospitalizations and incarcerations of the most seriously mentally ill who struggle to engage in services. A.B. 1421 authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopted a resolution to implement AOT. The California Legislature
developed AOT to “equitably assign high-risk, hard-to-treat individuals with increased needs in a system with limited resources.”

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

The following strategies, identified by the Ethnic Services Manager, will be brought forward for discussion and consideration:
- Reconvene the Equitable Access to Mental Health Services for the Latino Community workgroup
- Promote community engagement by providing educational forums and developing natural community settings that are welcoming to people in recovery, including outreach to ethnically and culturally diverse communities.
- Provide cultural and gender-sensitive outreach and services at schools, primary care clinics and community programs in ethnic communities that proactively reach children who may have emotional and/or behavioral disorders and provide easy and immediate access to mental health services when needed.
- Hire cultural/bicultural staff consistent with racial/ethnic composition of clients.
- Promote the inclusion of representatives of diverse ethnic and cultural communities in the planning and management of peer-run Recovery Learning Centers in each region of the County.
- Identify key strategies in the WET plan that include the incorporation of cultural competence and language capacity in the workforce.
- Continue to support the internship and practicum program designed to: (1) afford interested consumers and family members an opportunity to participate in the consumer/family training program; (2) provide supervision and training in Spanish; (3) develop training opportunities for diverse racial/ethnic groups.
- Identify key strategies in the WET plan that include the incorporation of cultural competence and language capacity in the workforce.

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

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

**Cognitive Behavioral Therapy (CBT)**

CBT is valued in the behavioral health field and is considered to be a highly effective and culturally sound evidence-based treatment. Using the client’s worldview, it is a culturally competent practice, especially when delivered by culturally responsive clinicians. Since mental health providers are bound by a code of ethics to practice within their scope of competence and be trained in treatments in which they are not proficient, VCBH contracted with The Academy of Cognitive Therapy to provide this training. “The Academy of Cognitive Therapy”\(^6\), a non-profit organization founded in 1998, supports continuing education and research in cognitive therapy and provides a valuable resource in cognitive therapy for professionals and the public at-

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

\(^7\) As specified in the Welfare and Institutions Code, Section 5346, qualified requestors include: An adult who lives with the individual; a parent, spouse, adult sibling, or adult child of the individual; the director of an institution or facility where the individual resides; the director of the hospital where the person is hospitalized; the treating or supervising mental health provider; or a probation, parole, or peace officer.
large. The academy actively works toward the identification and certification of clinicians skilled in cognitive therapy, and certification is awarded to those individuals who, based upon an objective evaluation, have demonstrated an advanced level of expertise in cognitive therapy.

In close collaboration with the Adult and Youth and Family divisions, all VCBH clinical staff and clinical contracted providers received CBT training by the Academy. More than 50 staff members also received additional training in providing CBT in group and family treatment modalities and in individual settings. To date, VCBH has 41 clinicians certified as CBT experts who mentor and provide ongoing clinical supervision to trained staff with 14 staff members who provide continued CBT training. CBT adherence is measured through the use of the Cognitive Therapy Rating Scale (CTRS), which rates recorded sessions. A peer mentoring model is used to review recorded sessions in team meetings and fidelity to CBT that's measured by the rating scale. Culturally sensitive and developmentally versatile outcome measures (PhQ9 and GAD7) are used during these sessions.

Other Evidence-Based Practices

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

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

**Aggression Replacement Therapy**
ART is a promising practice that serves youth, and certification is required. Currently, two VCBH clinicians are certified. This skill-building approach model is divided into three modules: social skill building, aggression replacement and moral reasoning. Group therapy is offered in 10-week modules throughout the year at the Oxnard Youth and Family Clinic.

**Program for the Education and Enrichment of Relational Skills (PEERS®) Program**
PEERS® is a structured evidence-based social skills intervention for adolescents who are interested in learning ways to help make and keep friends. During each group session, adolescents are taught important social skills and are given the opportunity to practice these skills in session during socialization activities. Parents are taught how to help their teens make and keep friends by providing feedback through weekly coaching and socialization homework assignments. It has a strong evidence base for use with adolescents and young adults with autism spectrum disorder, but it is also appropriate for adolescents and young adults with ADHD, anxiety, depression and other socio-emotional problems.

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

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

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

Areas identified as WET disparities included:
- Hard to fill positions
  - Psychiatrists
  - Mental Health Associates (Case Managers) = 23% vacancies
  - Licensed clinical psychologists = 37% vacancies
  - Behavioral Health Clinicians = 22% vacancies
  - Addiction Treatment Specialists = 36% vacancies
  - Community Service Coordinator = 48% vacancies
  - Mental Health Nurse = 33% vacancies
  - Clinical staff that is bilingual in Spanish and English

These positions are difficult to fill and retain because of low compensation, a high rate of burnout, high caseloads and record-keeping burdens.

**WET Strategies in place FY17-18**

VCBH offers several clinical training opportunities for students enrolled degree programs related to mental health. Training sites provide clinical fieldwork experience for students enrolled in a variety of educational programs, including Doctoral programs in Psychology, Master of Social Work (MSW), Marriage and Family Therapy (MFT), MFT/Art Therapy, Psychiatric Mental Health Nurse Practitioner (PMHNP) and undergraduate degrees in Psychology or Sociology. The internship programs support the goal of developing a competent, well-trained workforce with a focus on culturally sensitive services, access to services in preferred language, and a wellness, recovery and resilience orientation. Students are provided with supervision, training and clinical experience with the recruitment focused on the selection of bicultural and bilingual students to increase the diversity of our workforce. In FY16-17, there were 59 student interns and volunteers in the training programs with 40% (24 individuals) who were fluent in Spanish (the County’s threshold language). The ability to provide stipends for individuals who are fluent in the County’s threshold language has increased the recruitment success.

In addition to stipends for the internship programs, the department has also provided financial incentive programs that improve the ability to place hard-to-fill positions. VCBH continued to implement a grant that supported the training of PMHNPs to address the shortages of psychiatrists. The department also funded a staff scholarship program that supported current staff in acquiring clinical degrees to prepare new clinical staff. This scholarship program placed an emphasis on selecting individuals who were bicultural and bilingual. The department also supported staff in the application process for the State’s Mental Health Loan Assumption Program (MHLAP), which was funded through the MHSA-WET program. MHLAP was instrumental in retaining staff in the hard-to-fill positions. Finally, the department sponsored a loan forgiveness program for
PMHNPs who were hired to provide psychiatric services in our system. To incentivize employment, funding was issued to pay school loans after a one-year work obligation was completed.

VCBH plans and monitors efforts through a variety of quantitative and qualitative means, which include:
- External Quality Review Organization (EQRO) and Department Health Care Services (DHCS) audits
- Annual Data-book
- MHSA reporting to DHCS

VCBH has utilized its customized Ventura County Outcome System (VCOS) for the aggregation and reporting of instrument data elements, the composition of which is drawn from accepted instruments such as the Basis-24 and others. VCBH has developed a customized, locally informed version of the Child, Adolescent Needs and Strengths (CANS) survey to comply with the State requirement and to furnish consistent information for the evaluation of child/youth treatment progress. VCBH considers instruments relevant to the adult system of care consumers, but it has yet to select one to implement across the full population. VCBH recently finalized the process for annual clinical team review of each consumer, in which clinical observations and VCOS data were formally integrated.

VCBH has continued efforts to enhance the Quality Improvement (QI) function of the department by involving the executive team with QI activities. This past year, the Quality Improvement Committee (QIC) Executive Workgroup participated with projects on access, acuity, post-hospital follow-up, smoking cessation and discharge planning. Integrated with this process is the Lean Six Sigma model, which produces a structure similar to the process improvement plan conceptualization and is heavily focused on data analytics. VCBH has plans for quarterly review of timeliness and other key data elements.

The Quality Assessment and Process Improvement (QAPI) plan analyzes and reviews outcomes associated with our twelve (12) DHCS areas of focus:
- Service Utilization and Level of Care
- Access and Timeliness
- Service Delivery Effectiveness/Clinical Outcomes
- Health Equity and Cultural Competency
- Client Satisfaction and Grievances
- Provider Appeals/Grievances Distribution
- Documentation Review
- Patient Safety and Medications Practices
- Coordination and Continuity of Care
- Network Adequacy and Service
- Advance Prevention and Awareness
- Staff/Provider Satisfaction and Development
- Provider Appeals/ Grievances Distribution

Grievances and Complaints provides 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. It also provides comparison rates between the general beneficiary population and ethnic beneficiaries. This is a focus area in the Quality Assurance Performance Improvement Plan.

Performance Improvement Plans
Each year, the Quality Management Action Committees oversee two formal performance improvement plans, one clinical and one non-clinical. We are currently conducting two performance improvement projects to increase access, timeliness and healthy equity for Latino clients and clients who have difficulty accessing services.
TelePsych Performance Improvement Plan

The objective of the tele-psych performance improvement plan is to improve tele-psychiatry consumer perception of care and engagement levels. In doing so, we will also study methods for improving the perceptions of care and engagement levels of the Spanish speaking individuals who receive the service. One goal of tele-psychiatry is to increase the monolingual Spanish-speaking population access to a Spanish speaking provider. During 2018, 386 clients were served, the majority of whom were located within the cities of Santa Paula and Oxnard (348 and 386, respectively), and 43% were Spanish speakers. This service was an important means to promote health equity via the potential to improve service delivery and client satisfaction.

The most recent Consumer Satisfaction engagement survey highlighted the opportunity to improve Tele-Psychiatry consumer perception of care and engagement levels. The 2016 survey yielded 32 responses out of 82 consumers contacted. No consumer engagement survey was conducted in 2017 or 2018. Based on the annual 2016 survey, 31% of consumers who completed the survey stated they did not see tele-psychiatry as equivalent to seeing the psychiatrist in person, and 22% said they were not enthusiastic about using this type of clinical session again. Additionally, 19% of consumers stated they would not recommend tele-psychiatry to a friend.

The tele-psych performance improvement project seeks to identify and implement current state strategies to reach enhanced tele-psychiatry perception of care and engagement levels. This will be achieved through the study of current tele-psychiatry consumer perception of care and engagement levels, review of the tele-psychiatry process, and literature review.

Santa Paula Access Performance Improvement Plan

The project objective for the Santa Paula Access process improvement plan addresses the gap in access to specialty mental health services for the adult and youth Latino population in Ventura County. The plan also identifies strategies to reach enhanced access goals via study of data trends, contributing factors to changes in penetration rate over time, and literature review.

From 2012 to 2016, Medi-Cal eligible Latino beneficiaries increased by 32,055 (22,681 since 2014). Since 2012, Ventura County has served an additional 1,201 Latino clients. Despite the increase in our Latino access rate, there is still a gap in the number of Latino clients served. This requires an outcome-driven strategic plan of action.

How WET activities are monitored

A variety of techniques are employed to monitor and evaluate WET activities. For each training that is offered evaluations are collected from the attendees. Attendees are asked about their rating on the usefulness and effectiveness of the training that is provided. For all cultural competency training a pre and posttest is administered to measure the increase in knowledge and skills acquired through the training. In regards to Cognitive Behavioral Therapy training, monthly coaching supervision groups are conducted during which audiotapes are shared and adherence to the therapy model is rated using a standardized rating scale by the attendees. For internship programs students are asked to complete evaluations of the programs and the supervision that is offered. Employment of students following completion of their training program is tracked by the department’s workforce development manager.

What worked well and lessons learned

Evidenced-based practice implementation
Staff have been trained in Advanced CBT, with several staff identified for specialized training to become a certified diplomat. Session tape review and utilization of a rating scale to score the sessions in coaching
groups have been effective methods for monitoring and ensuring competency to the model. Other evidence-based practices are a challenge because they require a significant, ongoing allocation of resources and labor hours to maintain fidelity. In addition, they are not culturally tested or proven to be effective considering diversity of the populations in our clinics.

The internship programs effectively provide training in public mental health fields and encourage students to seek employment in hard-to-fill positions once they have completed their degree and/or training program. The challenge to this is sustainability when funding runs out or when stipends are no longer available. Due to the geographical location of Ventura County, we continue to have challenges competing with Los Angeles County for students. Many of our students come from Los Angeles County educational institutions and have many other options. Due to the high demand for bilingual students, the stipends have been instrumental in the success of recruiting LA County students to complete their training with VCBH. This challenge will only increase without ongoing stipend funding.

Grant acquisition has helped with recruitment and training of PMHNPs to fill the gap of available psychiatrists. The department has successfully recruited and subsequently employed several of these students once they completed their training. Challenges have come in the system’s ability to provide the required support for the program. Students require training and supervision from staff, but when physicians have high caseloads, it is difficult to carve time out of their days to provide the necessary support for the students. This factor has led to restrictions on the number of PMHNP students VCBH has been able to host.

Lessons learned during EQRO Consumer Focus Groups site review
In early April 2018, EQRO conducted a Consumer Focus Groups site review. There were several lessons learned during this meeting:
- Initial access to services took between one and two weeks, with the majority of potential clients experienced the longer duration
- The first psychiatry appointment occurred within one month for all participants
- There were barriers for seeking care associated with stigma and custody issues
- Use of the wellness center was limited to a very small subset of session participants. The classes and groups were reportedly beneficial, but several areas of opportunity were identified.
  - There were not enough wellness center activities, groups and sessions in Spanish
  - Many clients were not aware VCBH provided transportation assistance
  - The level of privacy in the school therapy rooms, which had limited sound-proofing, needed to be improved
  - Communication needed to be improved between the schools and the therapist so messages were more consistent and uniform, and parents did not feel as if they received conflicting messages
  - Child care was needed during times an older child had an appointment
CRITERION 4 – CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE VCBH SYSTEM

INTEGRATION OF THE COMMITTEE WITHIN VCBH

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

The County shall include the following in the CCPR:

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

The Culture, Equity Advisory Committee (CEAC) was established to support VCBH meet the cultural and linguistic needs of all Ventura County residents. Under the direction of the Office of Health Equity and Culture Diversity, the CEAC promotes appropriate cultural services that will meet the diverse needs of the county’s racial and ethnic populations and other cultural groups. Committee members serve as key community stakeholders in department planning efforts.

The main goals of CEAC members include:
- Advocating for culturally competent services
- Advocating for outreach to underserved, unserved and/or inappropriately served communities
- Providing recommendations for reducing reduce behavioral health disparities for racially, ethnically and culturally diverse communities
- Collaborating with VCBH administration to address disparities

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

INTEGRATION OF THE COMMITTEE WITHIN VCBH

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

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

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

The Office of Health Equity and Cultural Diversity is embedded within the VCBH Administrative Division (see organization chart to the right) chart at the end of this section) and works with the office of the VCBH director, as well as representatives from Adult Mental Health, Youth and Family Mental Health, Substance Use Treatment Services programs and a collaboration of community partners. Its purpose is to align and guide the delivery of behavioral health services across the communities by transforming the delivery of services through a foundation that is culturally and linguistically competent.

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

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

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

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

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

**Cultural Competence Policy**

In addition to the QMAC and CEAC committees, the Behavioral Health department has a policy (VCBH Policy CC02) that established a standard and process for the creation and translation of documents into the threshold language.
The integration of the client/family member/community committee into the VCBH system follows the organizational structure below:

![Organizational Chart Diagram]

In the VENTURA COUNTY BEHAVIORAL HEALTH organizational structure, the Quality Management Action Committee (QMAC) is a key component. This committee plays a critical role in the implementation of improvements and in adhering to state mandates. The QMAC committees work closely with the VCBH Director/Executive Team and the Division Lead Teams to ensure that quality management action is integrated effectively throughout the system. Additionally, the Office of Health Equity & Cultural Diversity oversees the Ethnic Services Manager and the Logando Bienestar, among other initiatives, to support cultural competency and equity initiatives.
## INTEGRATION OF THE COMMITTEE WITHIN VCBH

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

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Organization</th>
<th>Job Title</th>
<th>Community Representation</th>
<th>Email</th>
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<tr>
<td>Ana Avendano Torres</td>
<td>Mixteco Indigena Community Organizing Project</td>
<td>Project Coordinator</td>
<td>Mixtec Indigenous community</td>
<td><a href="mailto:ana.avendanotorres@mixteco.org">ana.avendanotorres@mixteco.org</a></td>
</tr>
<tr>
<td>Audrey Ford</td>
<td>Diversity Collective Ventura County</td>
<td>Youth Program &amp; Training Coordinator</td>
<td>LGBTQ Community</td>
<td><a href="mailto:jvg1206@gmail.com">jvg1206@gmail.com</a></td>
</tr>
<tr>
<td>Chris Novak</td>
<td>National Alliance on Mental Illness</td>
<td>Program Administrator</td>
<td>Family</td>
<td><a href="mailto:chris@namiventura.org">chris@namiventura.org</a></td>
</tr>
<tr>
<td>Claudia Quezada</td>
<td>Lideres Campesinas</td>
<td>Community Organizer</td>
<td>Woman Farmworkers</td>
<td><a href="mailto:claudia@liderescampesinas.org">claudia@liderescampesinas.org</a></td>
</tr>
<tr>
<td>David Deutsch</td>
<td>National Alliance on Mental Illness</td>
<td>Executive Director</td>
<td>Family</td>
<td><a href="mailto:david.deutsch@namiventura.org">david.deutsch@namiventura.org</a></td>
</tr>
<tr>
<td>Elvia Vasquez</td>
<td>Turning Point Wellness Center</td>
<td>Project Coordinator</td>
<td>Consumer and Family</td>
<td><a href="mailto:evasquez@turningpointfoundation.org">evasquez@turningpointfoundation.org</a></td>
</tr>
<tr>
<td>Esperanza Ortega</td>
<td>VCBH -MHSA</td>
<td>Community Services Coordinator</td>
<td>VCBH</td>
<td><a href="mailto:Esperanza.Ortega@ventura.org">Esperanza.Ortega@ventura.org</a></td>
</tr>
<tr>
<td>Gane Brooking</td>
<td>Member of Behavioral Health Advisory Board</td>
<td>BHAB Member</td>
<td>Mental Health Advocate/ Consumer</td>
<td><a href="mailto:gane.brooking@gmail.com">gane.brooking@gmail.com</a></td>
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<tr>
<td>Irene Gomez</td>
<td>Mixteco Indigena Community Organizing Project</td>
<td>Program Manager</td>
<td>Mixtec Indigenous community</td>
<td><a href="mailto:irene.gomez@mixteco.org">irene.gomez@mixteco.org</a></td>
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<tr>
<td>Julianna Fjeld</td>
<td>Tri-County GLAD</td>
<td>Regional Director</td>
<td>Deaf and Hard of Hearing population</td>
<td><a href="mailto:jfield@tcglad.org">jfield@tcglad.org</a></td>
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<tr>
<td>Jessica Vargas</td>
<td>Padres Juntos Promoviendo La Educacion</td>
<td>Parent Educator</td>
<td>Latino Parents</td>
<td><a href="mailto:jvg1206@gmail.com">jvg1206@gmail.com</a></td>
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<tr>
<td>Kate English</td>
<td>One Step A La Vez</td>
<td>Educator</td>
<td>LGBTQ Community</td>
<td>kate (<a href="mailto:kate@myonestep.org">kate@myonestep.org</a>)</td>
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<tr>
<td>Luis Tovar</td>
<td>VCBH staff</td>
<td>Senior Program Administrator, Substance use disorder program</td>
<td>SUD programs</td>
<td><a href="mailto:Luis.Tovar@ventura.org">Luis.Tovar@ventura.org</a></td>
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<tr>
<td>Lauren Lawson</td>
<td>Hope Counseling Center</td>
<td>Founder of HOPE Counseling Center</td>
<td>LGBTQ Community</td>
<td><a href="mailto:laurenlawson@counselinghope.info">laurenlawson@counselinghope.info</a></td>
</tr>
<tr>
<td>Maria Hernandez</td>
<td>VCBH staff</td>
<td>Ethnic Services Manager/ Equity Manager</td>
<td>VCBH Community Liaison</td>
<td><a href="mailto:MariaA.Hernandez@ventura.org">MariaA.Hernandez@ventura.org</a></td>
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<tr>
<td>Pam Roach</td>
<td>VCBH staff</td>
<td>Transformational Liaison Program</td>
<td>Family Member</td>
<td><a href="mailto:Pam.Roach@ventura.org">Pam.Roach@ventura.org</a></td>
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<tr>
<td>Peter Placencia</td>
<td>Community Member</td>
<td>Community Member</td>
<td>Older Adult Community</td>
<td><a href="mailto:pplacencia@yahoo.com">pplacencia@yahoo.com</a></td>
</tr>
<tr>
<td>Peter Schreiner</td>
<td>VCBH staff</td>
<td>Clinical Administrator</td>
<td>Older Adult population</td>
<td><a href="mailto:Peter.Schreiner@ventura.org">Peter.Schreiner@ventura.org</a></td>
</tr>
<tr>
<td>Priscilla Cisneros</td>
<td>Reiter Affiliated Companies</td>
<td>Sembrando Salud Program Manager</td>
<td>Farmworker Community</td>
<td><a href="mailto:Priscila.Cisneros@berry.net">Priscila.Cisneros@berry.net</a></td>
</tr>
<tr>
<td>Sandra Barrientos</td>
<td>VCBH staff</td>
<td>Staff Psychologist</td>
<td>North Oxnard Youth and Family</td>
<td><a href="mailto:Sandra.Barrientos@ventura.org">Sandra.Barrientos@ventura.org</a></td>
</tr>
<tr>
<td>Shanna Zanolini</td>
<td>VCBH staff</td>
<td>Senior Psychologist</td>
<td>Quality Improvement</td>
<td><a href="mailto:Shanna.Zanolini@ventura.org">Shanna.Zanolini@ventura.org</a></td>
</tr>
<tr>
<td>Selfa Saucedo</td>
<td>Ventura County Public Health</td>
<td>Public Health Educator</td>
<td>Public Health</td>
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<tr>
<td>Vanessa Martinez</td>
<td>VCBH staff</td>
<td>Marriage and Family Therapy</td>
<td>South Oxnard clinic, Youth and Family</td>
<td><a href="mailto:VanessaM.Martinez@ventura.org">VanessaM.Martinez@ventura.org</a></td>
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<tr>
<td>Victor Espinoza</td>
<td>Area Agency on Aging</td>
<td>Care Manager</td>
<td>Older Adult population</td>
<td><a href="mailto:Victor.Espinoza@ventura.org">Victor.Espinoza@ventura.org</a></td>
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<tr>
<td>Wendy Martinez</td>
<td>Oxnard School District</td>
<td>School Counselor</td>
<td>Oxnard School District</td>
<td><a href="mailto:wmarinez@oxnardsd.org">wmarinez@oxnardsd.org</a></td>
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CRITERION 5 – CULTURALLY COMPETENT TRAINING ACTIVITIES

CULTURALLY COMPETENT TRAINING ACTIVITIES

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

   The County shall include the following in the CCPR:

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

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

The Ventura County Behavioral Health projects that approximately 602 VCBH staff will need to be trained annually based on 2019 staffing levels.

CULTURALLY COMPETENT TRAINING ACTIVITIES

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

This is an area that needs to be addressed and implemented. Currently, the Ethnic Services Manager is in the process of working with the Client Network organization to bring about this training.

CULTURALLY COMPETENT TRAINING ACTIVITIES

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

Training sponsored by the department and specifically facilitated to meet its annual cultural competence training requirement as stipulated in Policy and Procedure CA-48, incorporates the outlined State training requisites below (#B). The sole focus is to ensure that staff receive training that reflects the information, significance and application of cultural and linguistic competence.
### II. Annual cultural competence trainings

The County shall include the following in the CCPR:

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

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

### Annual Cultural Competence Report for FY 2018/2019

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<th>Name of Training</th>
<th>Date(s) of Training</th>
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<th>Number of Non VCBH Attending</th>
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In FY2018-2019, 796 department and outside community organization members attended Cultural and Linguistic Competence training. Those attending, comprised administrative and support level staffing. Consistent with prior years training, personnel providing direct services make up the majority of those attending training. A total of 58 hours of cultural competence specific training was generated during the same period.

Of particular importance this year, is the emphasis on “the use of interpreter” training provided, attended by 398 individuals. Recognizing the importance of language assistance services in the delivery of care and subsequent, outcome made this a high priority area for the department.

Over the course of the next two years, the department is working to increase its specificity in the compilation of Cultural and Linguistic Competency training across its system. This will work to underscore the extent to which the department has invested in training over the course of the last 10 years in affirming, the importance of service delivery to communities of color.

### CULTURALLY COMPETENT TRAINING ACTIVITIES

- **B. Annual cultural competence training topics shall include, but not be limited to the following:**
  1. Cultural formulation
  2. Multicultural knowledge
  3. Cultural sensitivity
  4. Cultural awareness
  5. Social/Cultural diversity (diverse groups, LGBTQI, SES, Elderly, disabilities, etc.)
  6. Mental health interpreter training
  7. Training in the use of interpreters in the mental health setting

In FY 2018/19, the department has demonstrated its ongoing commitment to cultural competence for staff and community stakeholders. Each of the trainings provided over the course of the fiscal year, touch on each of the training topics outlined above. Under its cultural competence plan, the department will continue to ensure that all training incorporates and reflects the significance and application of culture in the delivery of care.

#### Cultural competence trainings topics provided to VCBH staff and stakeholders for 2018-2019:

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<tr>
<th>Training Topic</th>
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<tr>
<td>Cultural Competency - Competency through Cultural Formulation in Behavioral Health</td>
<td>12/13/2018</td>
<td>Leticia Ximenez, Ph.D.</td>
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<td>Cultural Competency - Enhancing Cultural Humility with Diverse Families in the Community-Based Mental Health Settings</td>
<td>8/16/2018</td>
<td>Jonathan I. Martinez, Ph.D.</td>
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<td>Cultural Competency - Mental Health Outreach for Deaf and Hard of Hearing</td>
<td>7/11/2018</td>
<td>Juliana Fjeld, Tri-County GLAD</td>
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</table>
### CULTURALLY COMPETENT TRAINING ACTIVITIES

#### III. Relevance and effectiveness of all cultural competence trainings.

*The County shall include the following in the CCPR:*

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

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

Consistent with the breath of literature on the relevancy and benefits of incorporating cultural competence training across the workforce, the department recognizes that cultural competence training allows staff to properly assess a situation and modify individual behaviors in order to meet the needs of patients in other cultures “while maintaining a professional level of respect, objectivity, and identity. An individual from a different culture perceives, understands and undertakes action based on one’s own cultural influencers. How he or she defines and evaluates situations, seeks help for problems, presents problems and information, and responds to interventions and service plans is dynamically influenced by one’s culture.

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

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

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

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

### CULTURALLY COMPETENT TRAINING ACTIVITIES

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

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

This will enable the department to position itself to, better understand with increased specificity and sensitivity, areas of need related to the development and areas of, emphasis in future training

### CULTURALLY COMPETENT TRAINING ACTIVITIES


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

• Qualification of instructor/presenter to present this course
• Teaching methods of instructor
• Did training meet outlined objectives
• Course content
• Facility and Administration of Training
• Overall experience of the participant
• Participant Information (discipline of participant, e.g. Administrative, support, direct)
• Additional feedback (e.g., what kind of training do you (participant) need?), etc.
Overall training evaluations reveal that cultural competence training is a positive experience and is relevant to the job requirements that staff are engaged with and that trainings do increase understanding and knowledge about culture in general.

**CULTURALLY COMPETENT TRAINING ACTIVITIES**

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

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

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

**CULTURALLY COMPETENT TRAINING ACTIVITIES**

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

Annual employee performance evaluations are perhaps the single method used by the department to formally monitor individual employee competencies and professional development. A second practice would be the participation of all clinical staff in weekly clinical staff meetings and specific set aside meetings designed to provide individual supervision, training and/or instruction.
CULTURALLY COMPETENT TRAINING ACTIVITIES

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

The County shall include the following in the CCPR:

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

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

In working to incorporate training addressing client culture, the department is working to outline course training content and will work with the department’s contract provider Client Network. It is anticipated that a newly created training outline will be in place by the end (2021) of the current 3 Year CC Plan. Full integration of this training component will be fully operational beginning with the new 3 Year CC Plan 2021 – 2024.
CRITERION 6 – VCBH’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

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

   The County shall include the following in the CCPR:

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

Workforce Education and Training (WET)

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

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

Workforce Staffing Support

Due to staffing reallocation and attrition, this program is not active. Supportive activities were decentralized in previous years, and the WET Coordinator is utilizing resources that are not dedicated to WET programming but are available for periodic support as needed.

Training Institute

The Training Institute is the umbrella entity of training events within VCBH. Training is provided in core competencies, cultural competency and evidence-based practices throughout the year. Community collaboration has gathered feedback from a variety of stakeholders, including educational institutions, clients, family members, Community-Based Organization (CBOs) representatives, and others from professional organizations within the community.

The Training Institute has provided clinical staff with a solid foundation CBT, which reinforces the structure and direction of VCBH clinical services. In addition to the basic CBT course, additional advanced training in specialty topics has been provided.
Mental Health Career Pathways

This program includes several subgroups geared toward developing and maintaining a culturally-competent workforce through career pathway development. In the past, these programs have included the Client Recovery Education Center, which trained and employed individuals with lived experience, and Language Assistance Services, which helped ensure Limited English Proficient (LEP) persons had access to services as needed. They also included the Career Ladder Program for secondary education, which encouraged high school students to enter the mental health field and the Human Service Certificate Program, a nine-unit community college case management certificate program focused on wellness and recovery concepts.

A significant challenge has been sustainability. Most of the projects within this program required ongoing funding that was not available through the WET plan. Projects like the high school curriculum and the community college certificate programs were intended to be adopted by the educational institutions once the materials were developed. The local community college and high school elected not to allocate funding for these two projects due to budget constraints and insufficient staffing resources within these community partnerships. Because of this, the programs have concluded or are no longer being funded. The Client Recovery Education Center and the Language Assistance Service are also no longer active or funded through WET.

A grant through the Office of Statewide Health Planning (OSHPD) was awarded to VCBH to fund a career pipeline program for high school and undergraduate students for FY 17-18. This grant provided career information and mentoring to high school students from underserved communities and funded stipends for the Mental Health Associate (MHA) Internship program. Since FY17-18, there has been no funding to support community outreach and career pipeline programs like this. Alternative funding sources to fund programs will be explored when possible, but there are no ongoing programs planned for the two subsequent years after FY 2017/18.

Residency and Internships Programs

Training sites have provided clinical fieldwork experience and training for students enrolled in a variety of educational programs, which include doctoral programs in Psychology, Master of Social Work (MSW), Marriage and Family Therapy (MFT), MFT/Art Therapy, Psychiatric Mental Health Nurse Practitioner (PMHNP), and undergraduate degrees in Psychology or Sociology. The internship programs have supported the goal of developing a competent, well-trained workforce with a focus on culturally-sensitive services as well as wellness, recovery and resilience.

This program had 59 student interns during the FY16-17 academic year. This is a large and vibrant internship program compared to the other mid-sized and larger counties. Of the interns, approximately 38% spoke Spanish, which helped improve accessibility for monolingual Spanish-speaking clients and their families. The multicultural group of interns also enhanced the culturally sensitive services for our client population.

The student internship programs have created a viable pathway to employment for many of the students. The majority of students who have pursued and accepted employment offers have been fluent in Spanish, which is the County’s threshold language.

After FY17-18, the WET funding will be expended and VCBH will not be receiving any additional WET funding. Clinical training opportunities will continue to be provided to graduate students, but funds for educational stipends will no longer be available through WET funds. The amount of $132,000 in funding through non-WET MHSA funds will be allocated to provide continued support of a smaller stipend program. This will aid in ongoing recruitment of students that are bilingual, bicultural and/or able to meet the needs of hard-to-fill positions.
Financial Incentive Programs

This program includes several financial incentive programs. First, educational stipends were provided for select categories of clinical training opportunities such as graduate students who are fluent in the County’s threshold language of Spanish, the Psychiatric Mental Health Nurse Practitioners (PMHNPs) training program, and the MHA Internship program. The second type of financial incentive program was a scholarship program for current staff, clients and family members interested in pursuing advanced degrees in the mental health field. Applicants who are bilingual in Spanish and English receive an advanced standing in the application process. The third type of financial incentive program supports the recruitment of PMHNPs. The Loan Assistance Program provided funding toward the educational loans of PMHNPs that seek and maintain employment with VCBH.

The financial incentive programs have provided much needed financial assistance to staff and students who pursue costly advanced degrees. This program has encouraged employment of students and staff retention, and it has provided job satisfaction for bicultural employees fluent in Spanish employed in hard-to-fill positions.

Due to Ventura County’s geographical location, recruitment of students has been a challenge due to competition with Los Angeles County. Many students come from Los Angeles County educational institutions and they have many available options. The success in recruitment thus far has been enhanced through offering of stipends. When the WET funding concludes in FY17-18 it will be difficult to fill these training positions with bilingual and bicultural students.

WET funding will be expended in FY17-18. Clinical training opportunities will continue to be provided to graduate students, but funds for educational stipends will no longer be available through WET funds and the internship programs will no longer be under the auspices of WET. VCBH will continue to encourage bilingual students to participate in the training programs by promoting excellent training experiences.

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

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

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

This table illustrates the race/ethnic composition of VCBH staff

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<td></td>
<td>4</td>
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<tr>
<td>Research Psychologist</td>
<td></td>
<td></td>
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<td>Senior Accountant</td>
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<td></td>
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</tbody>
</table>
The internship programs are effective in providing training in public mental health and substance use treatment and encourages students to seek employment in hard-to-fill positions once they have completed their degree and/or training program. The challenge is sustainability if there becomes no funding for stipends. Due to the geographical location of Ventura County, we continue to have challenges in competing with Los Angeles County for students. Many of our students come from Los Angeles County educational institutions and they have many other options. Due to the high demand for bilingual students, the stipends have been instrumental in the recruitment of these students to complete their training with our department. Without ongoing funding of these stipends, it will become more challenging.

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

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

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

D. Provide a summary of targets reached to grow a multicultural workforce in rolling out County WET planning and implementation efforts.
A detailed summary of measures the department has taken since FY2018 to be provided in CC Plan Update FY2020-21.

VCBH COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE

E. Share lessons learned on efforts in rolling out County WET planning and implementation efforts.

A detailed summary of lessons learned are, provided in earlier sections of this report. A detailed summary of lessons learned to will be, provided in CC Plan Update FY2020-21.

CRITERION 7 – LANGUAGE CAPACITY

LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

The County shall include the following in the CCPR:

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

1. Evidence in the WET Plan

Ventura County Behavioral Health’s Workforce Education and Training (WET) Manager, is responsible for overseeing all aspects of the WET component of MHSA and developing long-term workforce plans to ensure that shortages in critical areas are met. Currently, 33% of the Ventura County Behavioral Health (VCBH)’s direct care staff are bilingual; 31% are bilingual in Spanish. Bilingual/bicultural staffing is a mandatory element for CBOs.

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

In addition to these in-house resources, the Ventura County Behavioral Health contracts with LifeSigns, Inc., Mixtec/Indigena Community Organizing Project, Language Line Services, and Lourdes Campbell & Associates for Translation and Interpretation services. Language Line services are available over the phone.
24/7 in over 240 languages from a pool of 8,000 professional interpreters. Lourdes Campbell & Associates is a local company based in Ventura and provides in-person interpreters in a variety of languages common to the area, including Spanish, Mixtec and other languages.

**LANGUAGE CAPACITY**

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

A review of department personnel report indicates a 4% increase in the number of bi-lingual staff over the prior fiscal year, 17/18, bringing the percent of identified county certified bi-lingual staff to 36%, up from 31%. A listing of county certified bilingual staff, who speak languages of the target populations, will be provided in CC Plan Update for FY2020-21.

**LANGUAGE CAPACITY**

**C. Total annual dedicated resources for interpreter services.**

The total annual amount of dedicated resources for contracted interpreter services:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>All Languages Interpreting Inc.</td>
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<td>Health Care Interpreter Network</td>
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<td>Life Signs Inc.</td>
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<td>$23,000</td>
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<td>MICOP</td>
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<td>Language Line</td>
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<td><strong>Grand Total</strong></td>
<td><strong>$432,994</strong></td>
<td><strong>$430,990</strong></td>
<td><strong>$497,100</strong></td>
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Between FY2017 and 2019, an increase of 12.90%, in dedicated resources for interpreter services or as the department has identified these services known as Language Assistance Services (LAS). In part, the increase for LAS, resources are, based on estimated number of consumers/clients that will be served in FY2019-20 identified at 5,289 versus 4,685 in the prior fiscal year.

**LANGUAGE CAPACITY**

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

_The County shall include the following in the CCPR:_

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

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. **Note:** The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable

2. Least preferable are language lines. Consider use of new technologies such as video language conferencing. Use new technology capacity to grown language access.

3. Description of protocol used for implementing language access through the county’s 24-hour phone line with statewide toll-free access.

4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access to meet the clients’ linguistic capabilities.
Ventura County Behavioral Health has policies and procedures in place and implemented for a 24-hour access phone line available to all individuals, including those who require linguistic accommodations and TDD/TTY/California Relay Service for the hearing impaired. Interpretation equipment is available for meetings and other events as needed. The Ethnic Services Manager and Contracts department has provided training on Language Line usage as needed.

**LANGUAGE CAPACITY**

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

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

**LANGUAGE CAPACITY**

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

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

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

The County ensures no individual or family suffers due to language or cultural barriers to care by providing culturally sensitive interpretation services that utilize bilingual/bicultural staff or a contracted interpreter.

**LANGUAGE CAPACITY**

*E. Identify county technical assistance needs.*

There are no technical assistance needs at this time.
The Behavioral Health cultural competence policy CC-02, “Creation and Translation of Written Documents Standards and Process,” adopts standard procedures for the creation and translation of all documents that includes the following:
- Written in plain language
- Readable at a sixth- to eighth-grade level
- Tested for understanding by the intended audience
- When appropriate, formatted to allow for dual language printing
- Cultural and linguistically appropriate
- Translation of documents by identified VCBH bilingual staff or by a VCBH contracted language services provider

Language Assistance contractors provide documented evidence of interpreters’ competence in providing interpretation services.

As mentioned above, signs are posted in clinic and program reception areas that inform clients of language assistance services. All signage is available in English and Spanish and can easily assist a client in self-identifying his/her language by simply pointing. When a client needs language assistance, an interpreter will be called, and clients are informed that an interpreter will be provided at no cost to them. Beneficiary Rights and Responsibility materials are also posted and available in English and Spanish in all clinics, as are bulletins regarding the availability of interpreter services and language assistance.

During the intake process, clients are asked to identify their language preference, which is then documented in the client electronic health record. At first contact, Ventura County Behavioral Health collects demographic information from the client, including primary/preferred language. This information may be documented on the electronic health record during the client’s intake/assessment.
Language assistance contractors provide documented evidence of interpreters’ competence for providing interpretation services.

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

Utilization of VCBH bilingual certified staff as interpreters

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

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

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

**Use of Approved Vendors for Language Assistance Services**

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

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

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

**Client Refuses Interpretation Service**

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

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

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

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

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

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

The Ventura County Behavioral Health (VCBH) has met this criterion by offering standard beneficiary information in English and Spanish. At entry to services and annually, clients are provided with information in English and Spanish for the following: services offered, general welcome and correspondence, new client orientation, beneficiary rights, problem resolution processes and forms, release of information form, informed consent for medication form, compliance hotline, informative mental health materials, state fair hearings and privacy practices and advance directives. Availability of materials in waiting rooms is also monitored for all the VCBH clinic sites.

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

Documentation of clients receiving services in their preferred languages is documented in the electronic health record, specifically in the client financial record, assessment and progress note.

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

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

D. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g. back translation and culturally appropriate field testing).
Currently, Level 3 staff translates documents for the department. This is an area the Ethnic Services Manager intends to research to establish whether it’s the best or most efficient method to determine accuracy.

**LANGUAGE CAPACITY**

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

This criterion has not been met. The Ventura County Behavioral Health intends to research the best or most efficient method to determine accuracy.
### CRITERION 8 – ADAPTATION OF SERVICES

<table>
<thead>
<tr>
<th>ADAPTATION OF SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Client-driven/operated recovery and wellness programs</strong></td>
</tr>
<tr>
<td>The County shall include the following in the CCPR:</td>
</tr>
<tr>
<td>A. List and describe the County’s/Agency’s client-driven/operated recovery and wellness programs.</td>
</tr>
</tbody>
</table>

**The Adult Wellness Center (AWC)**

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

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

**The Client Network**

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

Through participation in stakeholder groups, meetings, workshops and conferences, the Client Network actively participates in shaping mental health policy and programming at the local and state level. Clients present at meetings, workshops and conferences (for which they also provide financial sponsorship) where their voices have not traditionally been heard. Additionally, they host general monthly meetings that are open to the public, develop and host community events and workshops on topics that are relevant to client-related issues, and provide transportation support for these activities. The program includes peers who provide individual client support, resources and referrals, and collaboration with community partners. It also conducts outreach activities to increase engagement with clients and has become a hub for clients gathering for support.
TAY Wellness Center
The TAY Tunnel run by Pacific Clinics is a drop-in center developed and run by and for peer members. Transitional age youth – 18 to 25 years of age who are recovering from mental illness or co-occurring mental illness and substance abuse – can find a place to continue their wellness journey in the company of caring and encouraging staff and peers. They offer self-help groups that include job preparation and employment readiness, computer skills, substance use awareness, housing opportunities and support, yoga, recreational outings and more. There are featured activities onsite that are developmentally appropriate and encourage socialization and positive rehabilitation such as air hockey, ping pong, drums, cooking classes, board games, arts and crafts, exercise equipment and books. It also includes lockers, showers, a laundry room and a meditation quiet room. There are links for evaluation and support, housing and benefits specialists as well as community partners/resources onsite. The TAY Tunnel empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment.

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

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

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

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

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

ADAPTATION OF SERVICES

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

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

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

Family Access and Support Team (FAST)

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

ADAPTATION OF SERVICES

II. Responsiveness of Mental Health services

The County shall include the following in the CCPR:

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

(The County may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The County may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the County.)
The department maintains a regularly updated network listing of panel providers for both specialty mental health and substance use treatment services that can provide a range of culturally and linguistically suitable services. The listing is found in the beneficiary handbooks, as well as, the department public internet page. Department staff also maintain such information at program clinic sites.

**ADAPTATION OF SERVICES**

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

Information can be found in the beneficiary handbooks, as well as, the department public internet page. Department staff also maintain such information at program clinic sites.

**ADAPTATION OF SERVICES**

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

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

<table>
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<tr>
<th>Community Outreach</th>
<th>Fiscal Year 2018-2019</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
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<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
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<tr>
<td>Total # Events</td>
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<td>Number of events with a primarily Spanish Speaking/Latino Outreach Audience</td>
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<td>9</td>
<td>12</td>
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</tr>
</tbody>
</table>
ADAPTATION OF SERVICES

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

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

VCBH offers a variety of referral options that meet the cultural needs of residents for mental health and substance use services.

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

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

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

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

**Transportation**

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

**Adapting physical facilities**

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

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

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

### ADAPTATION OF SERVICES

#### III. Quality of Care: Contract Providers

*The County shall include the following in the CCPR:*

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

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

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

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

**The County shall include the following in the CCPR:**

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

A detailed summary of outcome measures evaluations used by the county will be included in the CC Plan Update FY2020-21.

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

A description of the process the department uses to measure staff experience will be included in the CC Plan Update FY2020-21.

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

The VCBH Quality Assessment and Performance Improvement Plan (QAPI) is prepared on an annual basis and is updated quarterly to reflect the ongoing process of quality improvement within the agency. The purpose of the QAPI plan is to provide a working document for the monitoring, implementation, and documentation of efforts to improve delivery of services, health equity and client outcomes, as we strive to meet our triple aim goals:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.
The Implementation of the QAPI is through an operational infrastructure which includes the Quality Management Action Committees (QMAC), Quality Improvement specialty work groups, and relevant department teams, providers and stakeholders. The intent of such infrastructure is to provide a framework by which the QAPI, as well as related Performance Improvement Projects and research activities, can be implemented and facilitate accurate measurement of progress against benchmarks, standards of care, and applicable regulatory and accrediting requirements and standards.

The QAPI plan analyzes and reviews outcomes associated with our twelve (12) DHCS areas of focus:

- Service Utilization & Level of Care
- Access and Timeliness
- Service Delivery Effectiveness/Clinical Outcomes
- Health Equity & Cultural Competency
- Client Satisfaction & Grievances
- Provider Appeals/ Grievances Distribution
- Documentation Review
- Patient Safety & Medication Practices
- Coordination & Continuity of Care
- Network Adequacy & Service
- Advanced Prevention & Awareness
- Staff/ Provider Satisfaction & Development
EXHIBIT ATTACHMENTS

Note: Due to size of electronic document, all exhibit attachments are on file and will be available for review on site.