



Office of Health Equity and Cultural Diversity

Cultural Competence Plan

3-Year Plan: 2018-2021

## Table of Contents

Executive Summary .....	4
<b>Criterion 1. Commitment to Cultural Competence .....</b>	
Section I. County Mental Health System commitment to cultural competence.....	5
Section II. County Recognition, Value, and Inclusion.....	28
Section III. County Cultural Competence/Ethnic Services Manager.....	43
Section IV. Budget resources target for culturally competent activities.....	46
<b>Criterion 2. Updated Assessment of Service Needs.....</b>	
Section I. General Population.....	48
Section II. Medi-Cal population service needs.....	53
Section III. 200% of Poverty population and service needs.....	64
Section IV. MHSA Community Services and Supports (CSS) .....	68
Section V. Prevention and Early Intervention (PEI) Plan.....	74
<b>Criterion 3. Strategies and Efforts for Reducing Mental Health Disparities.....</b>	
Section I. Identified unserved/underserved target populations (with disparities).....	77
Section II. Identified disparities (within the target populations).....	77
Section III. Identified strategies/objective/actions/timelines.....	78
Section IV. Additional strategies and lessons learned.....	80
Section V. Planning and Monitoring of identified strategies to reduce mental health disparities.....	84
<b>Criterion 4. Client/Family Member/Community Committee: Integration of Committee within the County Mental Health System.....</b>	
Section I. Cultural Competence Committee Goals and Objectives.....	89
<b>Criterion 5. Culturally Competent Training Activities .....</b>	
Section I. Required Staff and stakeholder annual cultural competence training.....	92

Section II. Counties incorporation of Client Culture Training..... 94

**Criterion 6. County’s Commitment to Growing a Multicultural Workforce .....**

Section I. Recruitment, hiring, and retention..... 95

**Criterion 7. Language Capacity.....**

Section I. Increase bilingual workforce capacity ..... 102

Section II. Services to persons with Limited English Proficiency (LEP) ..... 103

Section III. Bilingual staff at all points of contact..... 104

Section IV. Services to all LEP clients at all points of contact ..... 105

Section V. Required translated documents, forms, signage, and client informing materials..... 105

**Criterion 8. Adaptation of Services.....**

Section I. Client driven/operated recovery and wellness programs ..... 107

Section II. Responsiveness of mental health services..... 110

Section IV. Quality Assurance..... 113

## Executive Summary

Ventura County Behavioral Health (VCBH) is committed to involving consumers, family members and individuals from diverse ethnic and cultural groups in developing, implementing and monitoring programs and services. Stakeholders from diverse communities are involved in various forums, including the Culture, Equity Advisory Committee.

An analysis of the population of Ventura County identified the threshold language as Spanish. VCBH's commitment to providing culturally competent services is embedded through a wide range of policies and procedures, operational practices including telephone access, human resources training and recruitment, bilingual allowances, cultural competence training, interpretation, signage and other areas documented in the plan.

A key strategy to advance the Ventura County Behavioral Health's (VCBH) commitment to providing culturally competent services are a series of trainings that will focus on ethnically and culturally diverse communities, including, but not limited to: Mixtecs/Indigenous Mexicans, Native American, LGBTQ, African American, Filipino, Latino, older adult population, and other diverse populations.

Another major strategy for hiring and maintaining a diverse workforce is the requirement that the Ventura County Behavioral Health (VCBH) and contractors provide sufficient Spanish-speaking bilingual/bicultural staff to meet the needs to the clients, which may vary by county region.

Through the Community Services and Supports (CSS), Workforce Education and Training (WET), and the Prevention and Early Intervention (PEI) components, the Mental Health Services Act (MHSA) supports a number of targeted initiatives for outreach, education, linkage and assistance to underserved ethnic and cultural populations. Under this revised Cultural Competence Plan, efforts will be maximized as a new Ethnic Services Manager assumes authority for Ventura County Behavioral Health (VCBH)-wide cultural competence programs and activities.

**CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE****I. County Mental Health System commitment to cultural competence**

**The county shall have the following available on site during the compliance review:**

- A. Copies of the following documents that ensures the commitment to cultural and linguistic competence services is reflected throughout the entire system.
  - 1. Mission Statement;
  - 2. Statement of Philosophy;
  - 3. Strategic Plans;
  - 4. Policy and Procedure Manuals;
  - 5. Human Resource Training and Recruitment Policies;
  - 6. Contract Requirements; and
  - 7. Other Key Documents.

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. 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.

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 alcohol and drug 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.

Ventura County Behavioral Health 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. Ventura County Behavioral Health 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 service 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**

The Office of Health Equity and Cultural Diversity, formerly known as "The Office of Health Equity and Training" was established in April 2013 to provide a key leadership role to ensure access to quality behavioral health services in a culturally and linguistic manner to all persons served by Ventura County Behavioral Health. The foundational frameworks of the Office of Health Equity and Cultural Diversity is the National Standards for Culturally and Linguistically Appropriate Services in Health Care as promulgated by the Office of Minority Health-U.S of Health and Human Services. An equally key source document that provides the Office of Health Equity and Cultural Diversity with guidance is "The Framework for Advancing Cultural, Linguistic, and Racial & Ethnic Behavioral Health Equity", in County Behavioral Health Services, updated 2016, developed by the State-wide Cultural Competence/Equity and Social Justice Committee (CC/ESJC) and adopted by the California Behavioral Health Directors Association (CBHDA).

The Office of Health Equity and Cultural Diversity is embedded with Ventura County Behavioral Health Administrative Division as shown by the organizational chart in this section. In collaboration with Ventura County Behavioral Health divisions of: Youth & Family Services; Adult Services; Substance Use Disorders Programs, Administration; and the Office of the Director, the Office of Health Equity, works across all Ventura County Behavioral Health (VCBH) divisions and the constellation of community partners to "Align and guide the delivery of behavioral health services across our communities by transforming the delivery of behavioral health services through a foundational culturally and linguistically competency framework.

Under the auspices of the Office of Health Equity and Cultural Diversity, the Culture and Equity Advisory Committee (CEAC) is a cross-agency committee comprised of representatives from mental health, alcohol and drug program and public health services, and community stakeholders reflective of the County's diversity. The Culture, Equity Advisory Committee (CEAC) was established 4 years ago to support that all MHSA programs fulfilled the requirement of serving the unserved and underserved communities. The Culture Equity Advisory Committee focuses on services for the culturally and ethnically underserved populations with an emphasis on Latinos, since Latinos represents the largest ethnic minority group in Ventura County.

The primary purpose of the CEAC is to work collaboratively to support, coordinate and ensure the accountability and communication of cultural and linguistic competence within mental health plan operated services and those 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 we serve.

Members of the CEAC include the Ventura County Behavioral Health's clinicians and non-clinician staff, consumer, family member, members of the legal system, social services, and other community-minded organizations. Approximately 10- 20 members regularly attend the monthly meetings held in a central location. The meetings are usually conducted in English with interpreter services provided to increase the participation of monolingual Spanish speaking consumers and family members.

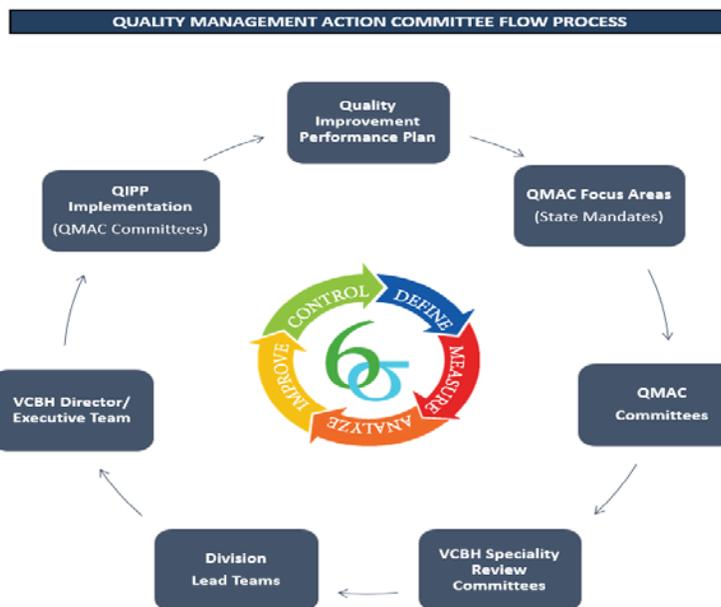
### **Quality Management Action Committee**

The Quality Management Action Committees (QMAC) conducts performance monitoring activities throughout the MHP's operations and oversight and implementation of the Quality Assurance Performance Improvement Plan goals. These monitoring activities are designed to improve the access, quality of care and outcomes of the service delivery system. QMAC Committees receive additional input from VCBH Specialty Committees, Administration/Management, community leaders, consumers and family members, focus groups/ surveys, and contractors.

QMAC shall review the quality of specialty mental health services and be involved in QA/QI activities, including annual Performance Improvement Projects (PIPs). The committees shall recommend policy decisions, review and evaluate the results of QI activities, ensure follow-up of QA/QI process and document committee minutes regarding decisions and actions taken. QMAC shall report recommendations and outcome results to the Behavioral Health Care Director and VCBH Executive and Lead Teams, with administrative oversight provided by the Quality Improvement Manager. Committees are comprised of appointed members. Committees will reflect diversity in the following areas: un-served/ underserved/ inappropriately served populations, Latino beneficiaries, children/youth, older adult, military/veterans and co-occurring conditions, including:

- Quality Assurance Administrators
- Behavioral Health Managers
- Clinic and Program Administrators
- Mental Health Board Appointees
- Ethnic Services Manager
- Electronic Health Record Administrators
- Adult Consumers
- TAY Consumers
- SUTS Consumers
- Family Members
- Provider Representatives
- Clinicians

QMAC is comprised of four oversight committees, including the QMAC Health Equity Committee. The QMAC Health Equity Committee evaluates information regarding the current type, number and geographic distribution of Mental Health Services in the system and systematically reviews the twelve QMAC focus areas through a healthy equity lens. Focus areas include: Service Utilization & Level of Care, Documentation Review, Access and Timeliness, Patient Safety & Medication Practices, Service Delivery Effectiveness/ Clinical Outcomes, Coordination & Continuity of Care, Health Equity & Cultural Competence, Network Adequacy & Service, Client Satisfaction & Grievances, Advanced Prevention & Awareness, Provider Appeals/ Grievances, Staff/ Provider Satisfaction & Development.



Quality Management Action Committee Membership (QMAC) 2018-2019

QMAC is comprised of four (4) Study/Action groups with representation from each division as well as Quality Management Stakeholders and Contractors, Study/Action Groups review key findings, make recommendations to QMAC and oversee implementation activities.

Youth and Family Group	Adult Services Group	Substance Use Treatment Services Group	Health Equity Group
<i>QI Rep (TBD)</i>	<i>QI Rep (TBD)</i>	<i>QI Rep (TBD)</i>	<i>QI Rep (TBD)</i>
<i>EHR Rep (TBD)</i>	<i>EHR Rep (TBD)</i>	<i>EHR Rep (TBD)</i>	<i>EHR Rep (TBD)</i>
Martie Miles, Aspiranet	Elizabeth Stone Wellness/ Recovery Stakeholder Rep	Nancy Springer, CA	BHAB Rep
Laura Litel, United Parents/ Stakeholder Representative	Casey Wake, Telecare Contractor Rep	Erica McKee, Prototypes	Jessica Vargas, Padre Juntos Promoviendo la educación
Cheryl Fox, Manager	Margaret Cortez (BHAB)	Vanessa Alva, BHAB Prevention Committee	Irene Gomez, MICOP
Monica Torres, CWS CA	Cheryl Dugan; New Start for Moms Rep	Richard LaPerriere, OX ADP CA	Laura Espinoza, LULAC Rep
Lillian DiBianca, Y&F Clinician	MHSA Rep Clara Barton	David Tovar, Prevention Program Administrator	Luis Tovar
Noe Villa, CFS Representative	Dr. Michael Rodriguez, Adults Manager	Destiny Foster, SUTS Care Coordination Lead Program Administrator	Maria Hernandez, Equity Manager
Hillary Carson MHSA Rep	Julie Glanz, Adults Manager	Pharmacist- vacant	Clara Barton, MHSA Rep
Anna Flores, ADP Manager	Alejandra Sebastian, Mental Health Associate)		Esperanza Ortega, CSC
	Dr. Patricia Gonzales, QA		Zandra Tadeo, Adults
	Gane Brookings (BHAB)		Dr. Sandra Barriento, North Oxnard Clinic Psychologist
	Pharmacist- vacant		Dr. Shanna Zanolini, QI Rep

**Cultural Competency as a Core Principle of the Mental Health Services Act**

The Mental Health Services Act (MHSA) requires meeting the needs of un-served and underserved cultural groups and providing culturally competent services. For MHSA target population the state has identified; Hispanic, African American, Asian Pacific Islander, Native American and LGBTQ. The target groups in Ventura County are Hispanic, African American, the LGBTQ. Ventura County Behavioral Health needs to increase attention to Latinos, African American, LGBTQ+, Older Adult population, veterans, and physical disabilities. Therefore, it is the strategy of the Ventura County Behavioral Health to establish a Cultural Competence Plan focused on system-wide implementation of cultural competency initiatives and standards, and to provide updated trainings that create awareness on cultural groups, health disparities, local issues and national diversity trends.

**Commitment to Outreach and Engaging the Latino Community: Logrando Bienestar Program**

To eliminate the service gap for Latinos in Ventura County, Logrando Bienestar was created to increase the number of Latinos who seek out and obtain mental health services through Ventura County Behavioral Health (VCBH), Beacon, Clinicas del Camino Real or like mental health provider. The program focuses on direct and indirect outreach through Community Education, Partner Collaboration and Client Advocacy to identify and engage clients. (Exhibit)

### **Commitment to a Diverse Workforce**

Moreover, Ventura County Behavioral Health strives to hire and maintain a workforce that is diverse and representative of the population. Currently, 33% of Ventura County Behavioral Health (VCBH) staff members are bilingual/bicultural. The compliance of this requirement is and will continue to be monitored on a quarterly basis with a Ventura County Behavioral Health (VCBH)-wide survey conducted annually.

In addition to the current reporting requirements, Ventura County Behavioral Health's guidelines will be enhanced to require that all County and CBO programs report:

- Number of bilingual/bicultural staff by position;
- Number and ethnicity of clients served;
- Clients' preferred language;
- Language in which the service was provided; and
- When interpretation services were provided, and who provided them, such as another clinician, a non-clinician staff person, or the language line, etc.

All requests for Spanish interpretation at public meetings such as the Behavioral Health Advisory Board, and all stakeholder meetings will be accommodated with advance notice.

Ventura County Behavioral Health is committed to providing culturally competent services. Trainings will focus on the how to best serve the Latinos, disabled, older adult population, Mixtecs, Native American, LGBTQ, African American, and various other marginally-under-served and un-served communities.

New initiatives will be made to teach community members from diverse cultures about accessing social services, psychosocial education regarding mental illness and advocacy for consumers, family members, unserved and underserved groups.

Ventura County Behavioral Health formally established recognition of the importance of culturally-adapted care with the Cultural and Linguistic Competency Policy-AD 40 (Exhibit). It is the policy of the Ventura County Behavioral Health to provide culturally and linguistically- adapted supports, services and treatments that respond effectively to the diverse needs of all individuals. Ventura County Behavioral Health recognizes that providing high-quality, conscientious, and equitable care requires cultural and linguistic adaptations that reflect the individual's race, ethnic and national heritage; primary or preferred language; age; physical or mental status, including mobility and developmental disabilities; spirituality or religious affiliation, veteran status, and gender identity and

sexual orientation.

One of the current initiatives that the Office of Health Equity and Cultural Diversity is working on with the collaboration with California State University-Northridge, under the direction of Dr. Jonathan Martinez is conducting an organizational and service provider cultural competence assessment. It is projected that this project will be completed by the next fiscal year.

Ventura County will have the following documents on site during the compliance review:

1. Mission Statement
2. Statement of Philosophy
3. Strategic Plans
4. Policy and Procedure Manuals
5. Human Resource Training and Recruitment Policies
6. Contract Requirements
7. Other Key Documents

**Mission Statement:**

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

**Statement of Philosophy:**

Ventura County Behavioral Health (VCBH) provides a system of coordinated services to meet the mental health and substance abuse treatment needs of Ventura County. Ventura County Behavioral Health is committed to excellence through “best practices” and a consumer-driven and culturally competent approach to service delivery. Ventura County Behavioral staff is dedicated to relieving suffering and enhancing recovery from mental illness, alcohol, and other drug problems. VCBH believes that real consumer and family member involvement is critical both to our commitment to excellence and for profound change in consumers lives. VCBH is dedicated integrating consumers and family members throughout the Ventura County Behavioral Health’s organization and activities. Ventura County Behavioral Health Plan plays an important role as an integrated component of the Ventura County Health Care Agency System.

In Ventura County, MHSA funds are leveraged to maximize existing services and resources to achieve outcomes in accordance with Ventura County Behavioral Health vision, mission and goals, while integrating MHSA requirements by component. Additionally, through collaboration with consumers, family members, public agencies, private providers, and communities, MHSA funds are used to ensure access to the

highest quality mental health services throughout the continuum of care beginning with outreach and prevention to integrated supportive services for those requiring treatment. In the spirit of organizational alignment and enterprise view, VCBH holds itself accountable to the Ventura County Health Care Agency (HCA) by ensuring that the six (6) Pillars of Excellence (below) are an integral part of administration, programs, operations, and culture.

**Pillars of Excellence:** *We build and foster public trust through:*

1. **Financial Stewardship**-The goal is financial stability and operational efficiency. This is achieved by meeting or exceeding operating budget indicators in each department and developing efficient business processes with a focus on revenue cycle management.
2. **Quality and Safety** – HCA strives to display a spirit of service, cooperation and professionalism in personal interactions, whether that be with a patient/client/vendor, and equally important, with one another. HCA is mindful of its charge to improve the community health status and access to care. This is accomplished by continuous improvement efforts in achieving high-quality and safety in the care provided. VCBH believes in transparency and in publicly communicating these outcomes.
3. **People Engagement**- HCA endeavors to be the employer of choice; to recruit and retain highly competent professionals to meet client needs. This will be achieved by creating a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to the mission and value.
4. **Service Experience- Service Experience** – HCA goal is to treat every consumer and co-worker as if he/she is the most important person in the workplace; to model the importance of creating an attitude of gratitude and to respond to inquiries in a timely, effective manner. VCBH ultimate commitment is to serve with mercy and tenderness.
5. **Growth** – Innovation and constant improvement in efficiency and effectiveness are encouraged. VCBH has the commitment to achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. Our focus is on the future needs of the community we serve.
6. **Community Outreach and Engagement** - Ultimately HCA's goal is to be the health system of choice for the community and professionals in Ventura County. HCA's commitment to value the diversity of all persons and to be respectful and inclusive of everyone is facilitated by engaging and educating the community, to improve the overall health of everyone in Ventura County. The many needs of the community cannot be met by one system alone, therefore partnerships and collaboration with community organizations, leaders and partners, is a major focus of VCBH. VCBH collaborates with diverse community partners to improve access to services and provide information that strives to hearten the safety net

population that the County serves.

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### **The Strategic Plan:**

The County of Ventura understands the need to provide excellence in service through the provision of client-centered, consumer-driven, recovery oriented, and culturally competent behavioral health care services that are integrated with primary

health care, and seeks to address each beneficiary's unique needs. It is our mission to assist individuals with issues of mental health and substance abuse to find solutions to the challenges they face, so they may live full and healthy lives and function within their families and communities.

The VCBH Quality Assurance 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:

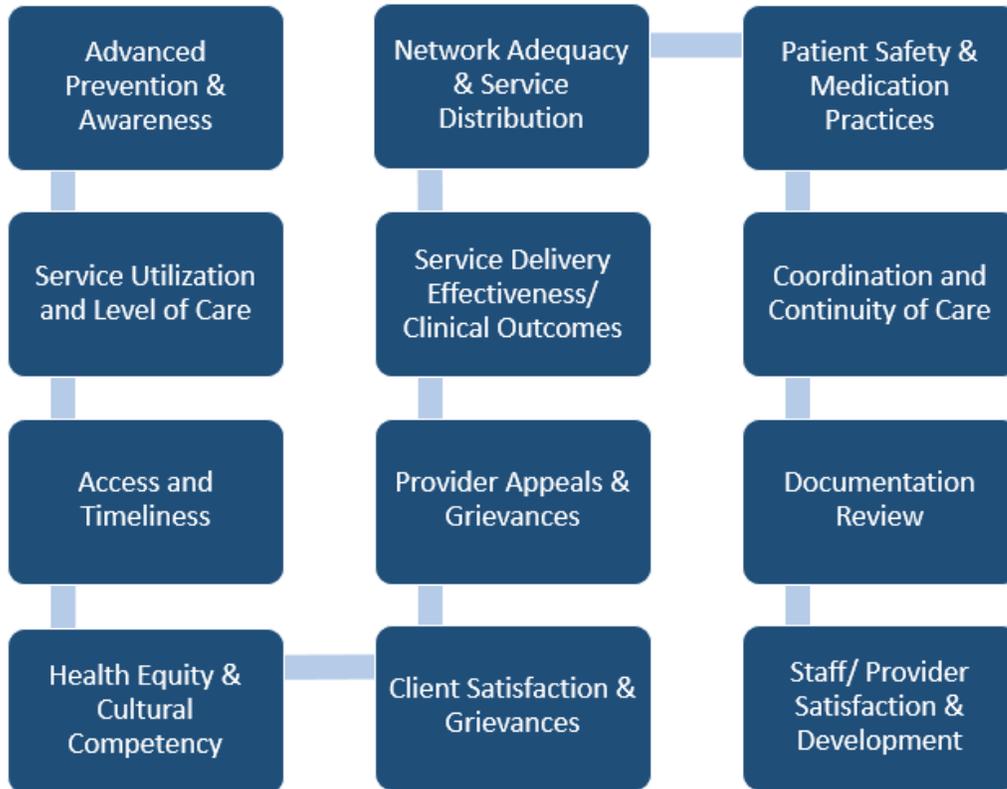
- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care

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

**QUALITY MANAGEMENT FOCUS/ ACTION AREAS**



Our focus areas are designed to shape the culture so that it supports our strategy, to link program performance to budgets, to continuously improve our processes, to invest in our staff, to keep a pulse on our support systems and infrastructure, to create policies that act to ensure high quality care, and to stay on the forefront of the well-being and safety of individuals and communities, especially those who are marginalized.

DHCS Focus Areas shall be reviewed by each QMAC committee over a five (5) year cycle. The Executive Team will identify 1-3 study areas per year for a deeper review process. Performance Improvement Projects will be identified for designated focus areas. QMAC is comprised of four (4) Committees:

- Health Equity
- Adult Services
- Youth & Families
- Alcohol & Drug Treatment Program

Committees are responsible for reviewing and making recommendations for the QAPI plan. Responsibilities include:

- Review performance monitoring activities to track beneficiary and system outcomes; review the quality of specialty mental health services; and approve actions to improve the process of providing care and better meeting the needs of consumers.
- Identify critical service needs and gaps and identify policy/ procedure change needs
- Identify Performance Improvement Projects (PIPs)
- Review and evaluate the results of QI activities, including performance improvement projects
- Document committee meetings minutes regarding decisions and actions taken as part of the annual Performance Improvement Plan

Additional areas of study will be added as needed. All such items will be addressed and identified through our Specialty Committees, department meetings, QMAC meetings and stakeholder input process.

The QAPI meets the contractual requirements of the Mental Health 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 MHP Director and is evaluated annually and updated as necessary.

## **Service Modalities for communities served in Ventura County**

### **Ventura County Behavioral Health Youth and Family Treatment- Fillmore Community Project**

#### **The Fillmore Community Project:**

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

**Ventura County Office of Education:**

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

During the eight years since the inception of ERSES, the collective goal of VCOE/SELPA and VCBH has been to maintain children in their homes and in the county as opposed to in out-of-county or out-of-state placements. To this end VCBH currently has 59 ERSES therapists providing mental health services to over 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 greatly reduces the cost associated with residential placement and, most importantly, keeps children in their homes.

**Ventura County Behavioral Health Youth FSP Program-Insights Program**

The Ventura County Probation Agency and Behavioral Health Department, working in partnership with the Ventura County Juvenile Court, the Ventura County Public Defender's office, the Ventura County District Attorney's office, the Ventura County Office of Education and the Public Health Department will participate in the INSIGHTS program. The program was developed in response to the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program will utilize 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 will work in strong collaboration to develop individualized multidisciplinary case plans with the overarching goals of reducing incarcerations, hospitalizations, and other out-of-home placements and providing those supports necessary for these youths to be successful in their home communities.

**Ventura County Behavioral Health TAY Treatment – Transitions (Non-FSP)**

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

Transitions focus on a client-driven model with services including psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. The Transitions Program ensures that clinicians and case managers will also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. Peer staff, or “Recovery Coaches,” support clients in the achievement of their wellness and recovery goals. The program served both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas.

### **Adult System of Care**

The adult treatment tracks provide a continuum of services to adult behavioral health consumers with serious and persistent mental illness. These services are provided at six adult outpatient clinics situated in Ventura, Oxnard, Santa Paula, Thousand Oaks, Simi Valley and South Oxnard. Services are provided based on the level of acuity, engagement with services, and the needs of the consumers. Services may include individual and group therapy, case management, medication support and peer support. Consumers are moved from one recovery track to another as their needs change.

Consumers who are engaged and actively working toward wellness and recovery are served by the non-FSP Adult treatment tracks where they are provided with medication services, individual and group therapy and regular case management. More than 70% of clients served at the adult outpatient clinics are receiving services at this level. Additionally, VCBH has implemented a number of evidence-based practices to increase the provision of group services to consumers, including “Seeking Safety,” Life Enhancement Training (LET), social skills for clients with psychosis (CORE), and Cognitive-Behavioral Therapy (CBT) for anxiety, depression and co-occurring disorders. Currently, a total of 60 groups are available every week at the outpatient clinics, and more than 300 consumers are served on average per week. Also, VCBH has embarked on training all clinicians in CBT as the Individual Treatment Modality of choice.

### **Older Adults Program-Full Service Program**

The Older Adult FSP Program provides rich, community-based, mobile, in-home services including psychiatric treatment, case management (linkage to housing, benefits, healthcare, & rehabilitation services), skill building services to decrease functional impairments, individual and group treatment crisis intervention, Recovery, and Wellness Programs, advocacy and referrals for medical, dental, legal, benefits support services and community agencies.

In addition to the community-based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers in regularly scheduled wellness and recovery groups facilitated by Recovery Coaches, and rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians. The program works collaboratively with community partners that include the Ventura County Area Agency on Aging (AAA), Adult Protective Services (APS), Public Health, Ambulatory Care and the District Attorney’s Office.

**Youth and Family System of Care**

The YFS Division provides a broad continuum of mental health services based on a comprehensive, individualized assessment and multidisciplinary treatment planning for youth and their families. Through streamlined referral processes aimed at increasing access and facilitating early detection and intervention, clients are referred to the respective youth and family services programs through collaborative partnerships with other public and community entities. Collaborative partnerships exist with Public Health, the Human Services Agency (HSA), First Five Ventura, the Probation Agency, Special Education Local Plan Area (SELPA) and school districts countywide. Eligible families may access county services through the STAR Team.

Outpatient YFS Behavioral Health Clinics are located in Ventura, Santa Paula, Fillmore, North and South Oxnard, Thousand Oaks and Simi Valley. Master's level clinicians provide clinic-based, school-based and home-based mental health services. Each clinic offers a full array of treatment services: assessment, individual treatment, group therapy, family therapy, case management, and medication monitoring. Services are family-focused, child-centered, strength-based and culturally competent.

School-based mental health services known as Educationally Related Social Emotional Services (ERSES), are provided through a Memorandum of Understanding (MOU) with the Ventura County Office of Education (VCOE) and the SELPA. Behavioral Health clinicians provide mental health services for special education students through the Individual Education Plan Process. During this fiscal year (FY), we expect to serve more than 1000 students in this program at schools countywide. Additionally, Behavioral Health clinicians provide intensive on-site mental health services at Phoenix School, a self-contained special education school located at three sites. A Behavioral Health Clinician was also added to the Providence School at the Juvenile Facility to provide ERSES mental health services for incarcerated youth. Collaborative Educational Services (COEDS), through a contract with AspiraNet, provides three levels of in-home behavioral support for youth at risk of out-of-home placement. Extensive collaboration with the in-home services that build upon the mental health goals has been a critical part of the continuum of services and has allowed 83 students to remain in their home and avoid out of home placement. Today, there are 20 students in residential placement. The ERSES continuum of care is funded through SELPA, with costs offset by Medi-Cal/ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). We currently have 56 ERSES clinicians serving more than 120 schools in 21 school districts and VCOE in the SELPA areas. This includes Las Virgenes Unified, which is located in LA County. The increase in clinicians allows for a decrease in caseload to facilitate increased family support. Of note, the greatest expansion of services has been in the South Oxnard and the Santa Paula/Fillmore areas to Latino school-aged children. South Oxnard has experienced an 87% increase in children served while adding two bilingual FTE clinicians to support the growth. Likewise, the Santa Paula / Fillmore area has experienced a 42% increase in children served, which is supported by the prior addition of two FTE bilingual clinicians.

**Family Access and Support Team (FAST)**

This program is designed to provide services to severely emotionally disturbed (SED)

children, youth and their families served by the Behavioral Health Department who are at high risk for hospitalization or out-of-home placement. FAST is contracted to United Parents and is staffed solely with Parent Partners, who have raised a child with a serious mental/emotional disorder and receive specialized training to support others in similar situations. Parent Partners collaborate with the treatment team, providing intensive home-based services to families. They model techniques with both individual and group modalities to support parents in strength-based, skill-building and increasing knowledge regarding their child's mental health status. It also addresses increasing knowledge regarding services and resources to assist in alleviating crises.

### **Primary Care Integration (PCI)**

Integration program provides short-term, early intervention treatment for depression and/or anxiety in a primary care setting. Clients with depression are at an increased risk for suicide. Primary care physicians screen and refer patients to mental health professionals for treatment. The referrals are timely in that all professionals are co-located and available. It uses IMPACT (Improving Mood- Promoting Access to Collaborative Treatment), an evidence-based collaborative care treatment model, and CBT is used to treat depression and anxiety. The Adult CBT model utilized was derived from University of California, San Francisco, Cognitive Behavioral Therapy Clinic Model, specifically utilized with the Latino Population (Jeanne Miranda, PH. D, Ricardo Munoz, PH.D, et al.) VCBH has modified the IMPACT model to meet the PCI program needs, and this model is utilized in a variety of medical settings, including with Native American populations, and older adults. Additionally, VCBH has used the Depression Treatment Quality Improvement Intervention (DTQI) model with a significant number of Latino teens and has been found to be effective.

Providing early intervention mental health services in a primary care setting is less stigmatizing and increases access to appropriate services and the evidence-based approach is an effective way to decrease symptoms.

### **Restorative Justice (RJ)**

Restorative Justice provides an evidence-based behavioral intervention to address discipline and behavioral issues and open communication in school districts and schools with high-needs students..

### **Comprehensive Assessment and Stabilization Services – Acute Care (COMPASS)**

A short-term residential program offered as part of the continuum of care for youth (12-17 years of age) transferring from the CSU and provides comprehensive clinical services to assist youth in gaining the stability and skills needed to safely return to the community. The goal of this program is to work collaboratively with the youth's caregivers and community supports to create a sustainable plan for youth to return home safely. A multi-disciplinary team assists youth in gaining the necessary skills for managing challenging situations. Individual and family therapy, case management and psychiatric care are part of the youth's structured treatment.

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

The Crisis Stabilization Unit (CSU) serves Ventura County resident youth ages 6 to 17 who are experiencing a mental health crisis. Youth who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level

of care up to inpatient hospitalization. Should inpatient hospitalizing be required, the CSU facilitates this transfer process. Youth who do not meet criteria are stabilized at the CSU and discharged following a psychiatrist assessment, safety planning process and aftercare meeting with the youth and their caregiver. The CSU is staffed with a Masters Level Clinician and a Registered Nurse 24 hours a day, 7 days per week. Mental Health Counselors are also onsite providing stabilization services around the clock and a Psychiatrist is available 24 hours a day, 7 days per week.

### **Ventura County Behavioral Health Adults FSP Program – Integrative Community Services (EPICS) and Telecare XP2**

This program provides intensive, wrap-around services for consumers with a history of multiple hospitalizations or incarceration, history of poor engagement with outpatient services, homeless or at risk of homelessness. FSP services are provided via two programs The Empowering Partners through Integrative Community Services (EPICS) program and Telecare XP2. Both programs provide comprehensive, intensive, “whatever it takes” services for those consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment placements), who are at high risk to require those levels of care without intervention, and who have been historically underserved in the mental health system due to a variety of barriers that make access to traditional services challenging. Consumers are provided with intensive case management services, medication support, and clinical interventions to engage them in services and stabilize them at the lowest level of care in the community. Those served at this level of service also have access to additional funding for housing or basic needs. Telecare XP2 receives referrals from the local jail for individuals with serious and persistent mental illnesses that is untreated in the community and are suspected of contributing to their legal problems.

### **Transformational Liaison**

Transformational Liaison includes individuals with personal experience within the mental health system as clients or family members. They provide advocacy, 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 is responsible for providing orientations to clients and their family members who are new to the behavioral health system. These orientations serve to welcome clients and conducted at all adult clinics. They are also offered in Spanish. Additionally, the liaison mitigates general-support cases in the office, phone, and in the field to people as well as offering referrals to behavioral health and other resources.

### **Strategic Plan**

The following are Key Components from the Ventura County Behavioral Health’s Strategic Plan:

- Ventura County Behavioral Health (VCBH) cultural competency trainings;
- Maintain a network of providers that is sufficient in numbers, diversity and of a geographical distribution that meets the needs of beneficiaries

- served;
- Offer a range of Specialty Mental Health Services that is age appropriate for the number of beneficiaries served;
- Identify un-served, underserved and inappropriate served population in Ventura County;
- Increase outreach efforts to the un-served, underserved and inappropriate served population;
- Increased ability of clinical staff to work with consumers from diverse populations.
- The Organized Delivery System (ODS) plan’s programs/services will be culturally competent.
- Quarterly bilingual/bicultural staffing level reports will be presented to the Leadership Team.
- Acknowledge and celebrate cultural holidays.
- Continue to work on increasing the penetration rate for the Latino Population
- Increased access to services for clients with limited English proficiency.
- Services to identified culturally discrete groups will represent prevalence of mental illness/substance use in that subset.
- Continue to support Logrando Bienestar Outreach program
- Increase services to the Geriatric population by 10%
- Increase and appropriately serve the LGBTQ population
- Train staff in the use of Mental Health interpreters
- Continue to provide cultural competence to trainings to staff

**Policies and Procedures:**

Through several policies and procedures, VCBH targets and addresses various cultural and linguistic competency areas. While some are focused exclusively on the rights of clients to all diverse backgrounds, other policies may embed information related to accessibility of services, information and supports through cultural and language adaptations. Below is a listing of several policies with a summary of the policy function and/or specific language from the policy related to cultural competency. All policies are available as exhibits in the Cultural Competence Plan and on the VCBH’s website via this link:

(Exhibit ). Policy Name	Cultural Competency Relevance
<p><b>1. Initial Informing Materials</b></p>	<p>The Ventura County Behavioral Health (VCBH) provides consumers with culturally and linguistically appropriate informing materials by ensuring that they will be provided with adequate written and verbal information regarding the Ventura County Behavioral Health (VCBH)'s services and their rights as a client.</p>

<b>2. Beneficiary Information</b>	States that the Ventura County Behavioral Health (VCBH) will ensure that beneficiaries are provided with information regarding the Ventura County Behavioral Health (VCBH)'s interpretive services. Information on access to specialty mental health services will be readily available in English and Spanish and interpreted in other languages as needed.
<b>3. Mental Health Plan - Provider List</b>	States that a current list of all providers will be organized by region and will identify any cultural and/or linguistic specialties.
<b>4. Patients' Rights Advocacy</b>	Addresses Ventura County Behavioral Health (VCBH) adherence to all laws and regulations relating to the provision of patient rights advocacy, including ensuring that agreements are in a language the client understands.
<b>5. Contract Services</b>	States that the contracts are monitored to ensure contract providers comply with State and Federal regulations and provide documentation standards. There are annual reviews with regards to the types of providers required to meet the cultural and linguistic needs of beneficiaries.
<b>6. Mandatory Trainings</b>	Lists Cultural Competence as required trainings completed annually by all staff.

<b>(Exhibit ). Policy Name</b>	<b>Cultural Competency Relevance</b>
<b>7. Accessing Specialty Mental Health Services</b>	Defines the Ventura County Behavioral Health (VCBH)'s position on access to mental health its commitment to serving client's preferred language. States that beneficiaries may contact the STAR Team through a toll-free, 24/7 telephone line, with multi-linguistic capabilities. Also, states that the beneficiary can choose from culture specific and other preference providers.
<b>8. Cultural and Linguistic Competency</b>	Ventura County Behavioral Health (VCBH)'s commitment to cultural and linguistic competency system-wide and the adoption of the Cultural Competence Plan. Ensures access to care and culturally competent service delivery for non-English-speaking beneficiaries.
<b>9. Beneficiary Rights</b>	Ensures that beneficiary rights are clearly communicated to the beneficiaries, which includes ensuring that oral interpretation services are accessible in ALL non-English languages.

<p><b>10. Use of Interpreters</b></p>	<p>Ensures the Ventura County Behavioral Health (VCBH) will provide appropriate interpretive services and written materials to beneficiaries with special visual, hearing and linguistic needs. Ventura County Behavioral Health (VCBH)'s commitment to ensuring steps taken to provide language services in a reasonable time and at no cost to clients.</p>
<p><b>11. Beneficiary Problem Resolution Process</b></p>	<p>To ensure that beneficiaries are treated and served in a respectful, culturally and linguistic manner by detailing how beneficiaries with problems or grievances are handled and resolved.</p>
<p><b>12. Creation and Translation of Written Documents Standards and Process</b></p>	<p>Details the Ventura County Behavioral Health (VCBH)'s policy on the standard for the creation and translation of ALL documents created by the Ventura County Behavioral Health (VCBH).</p>
<p><b>13. Stakeholder Collaboration</b></p>	<p>Addresses the Ventura County Behavioral Health (VCBH)'s commitment to the treatment needs of a diverse population and as such supports and facilitates multiple pathways through which stakeholders play an integral role in providing input regarding programs, services and policy.</p>

**Human Resource Training and Recruitment Policies:**

Policy at the agency/organization level that addresses 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: 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 ADA.
- **Effective Communication: County of Ventura** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in **County of Ventura's** programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

- **Modifications to Policies and Procedures: County of Ventura** will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all its programs, services, and activities. For example, individuals with service animals are welcomed in **County of Ventura** 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.
- **County of Ventura** will not place a surcharge on a 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.
- **Ventura County – 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 matters of 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.
- **County of Ventura – Diversity and Equal Opportunity:**
  - Ventura County is committed to diversity and inclusion, and it is reflected in our Strategic Plan, Focus Area #2, County Workforce; Strategic Goal #1 Attract, hire, develop and retain an effective, diverse professional, dedicated and responsive team of employees; Objective 7, Employ strategies to develop and encourage cultural competence. Our values include equitable treatment and respect.
  - The County of Ventura has a Diversity and Inclusion Task Force. The purpose of the Task Force is to:

- First, build internal capacity within the County of Ventura to ensure we have the knowledge, systems and practices to work effectively and leverage difference with all team members so that all workforce members are connected, respected, and valued.
  - Second, to improve outcomes for community members, deliver culturally responsive services, and maintain successful partnerships with community organizations.
- **Ventura County Behavioral Health (VCBH)'s – Mandatory Training Policy:**
    - It is the policy and practice of the Ventura County Behavioral Health (VCBH) to comply and promote compliance with all relevant state and federal laws, regulations, Ventura County Behavioral Health (VCBH)'s policies and procedures, contracts, and guidelines regarding trainings.
      - Code of Conduct Training: To promote and encourage proper ethical and proper behavior it is mandatory that new employees and existing employees partake in code of conduct training. This training provides an overview of fraud and abuse laws with the goal to assist the employee in developing the ability to identify circumstances of fraud, waste, abuse, an explanation of the elements of Compliance Program, including the compliant or reporting process and highlight the Ventura County Behavioral Health (VCBH)'s commitment to integrity in its business operations and compliance with applicable laws and regulations.
      - Cultural Competence Training: It is the policy of the Ventura County Behavioral Health (VCBH) to require annual two-hour cultural competence trainings to be completed each year by staff members.

#### **Contract Requirements (Exhibit):**

CULTURAL AND LINGUISTIC COMPETENCE COMPLIANCE. 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. CONTRACTOR shall develop and maintain a Cultural Competence Plan (CCP) that contains data and supporting documentation that is inclusive of policies and procedures, operational practices, and Evidence Based Practices that demonstrate a commitment to cultural and linguistic competence. COUNTY will provide CONTRACTOR with training and guidance on the CCP and reporting requirements. Following training regarding the CCP and reporting requirements, CONTRACTOR will submit a CCP within 90 days. After initial CCP submittal, CONTRACTOR must submit a CCP on an annual basis thereafter. CONTRACTOR shall demonstrate its capacity to provide culturally competent services to

culturally diverse clients and their families by reporting on the cultural competence data elements in CONTRACTOR’s CCP.

**Relevant Culturally Competent and Threshold Translated Documents:**

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

Ventura County Behavioral Health’s website features a Spanish-language section visible on the homepage titled “En Español” (“In 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. Below is a screenshot of the homepage with the Spanish-language section and Google translate widget:



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

Documents	Documents
1. Ventura County Behavioral Health Brochure	25. Consent to Obtain and Release Confidential Information
2. Guide to Medi-Cal Mental Health Services	26. Consent to Treatment Form
3. Advance Health Care Directive	27. Notification of Unlicensed Status form
4. Right to Fair Hearing Notification	28. UDAP Brochure
5. Consent for Release of Information	29. Caregiver Authorization Affidavit

6. Consent for Mental Health Services	30. Important Information about Program Fees
7. Consent for Group Services	31. Compliance Hotline Flyer
8. Consent and Client Plan for Psychotropic Medication	32. Change of Address Form
9. Authorization for Use and Disclosure of Psychotherapy notes	33. For Consumers: How to Dispose of Unused Medicines
10. Request to Inspect and Copy Protected Health Information	34. Audio Version of Guide to Mental Health Services
11. Approval to Inspect to and Copy Protected Health Information	35. Free Translation Services Available
12. Authorization for Video or Audio Taping Form	36. Free translation Services Available
13. Response to Request to Inspect and Copy Protected Health Information	37. No Weapons Allowed
14. Legal Authorization to Consent for Mental Health Services of a Minor or Conserved Adult	38. If you do not have health coverage.....
15. Important Information About Complaints	39. Notice of Interpreter Services
16. Appeal/Expedited Appeal Forms	40. Payments Accepted Here
17. Your Right to Make Decisions about Medical Treatment Brochure	
18. Notice of Problem Resolution Processes	
19. Mental Health Billing Rates	
20. Medication Treatment Agreement	

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

- A. Provide a copy of the county’s CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.
- B. A one page description addressing the county’s current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.
- C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs. Information on the county’s current MHSA Annual Plan may be included to respond to this requirement.

Programs under the CSS component provide services identified in the children's and adults' systems of care treatment plans. These systems of care are the programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with a serious mental illness and include an emphasis on eliminating disparities unique to the County.

The programs under this component are categorized per MHA Regulations.

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

The chart below illustrates each of these components.

Program	Ages Served	Component - Category
Rapid Integrated Support and Engagement (RISE)	All	CSS-O&E
County-Wide Crisis Team (CT)	All	CSS-SD-Crisis Interv/Stabilization
Crisis Stabilization Unit (CSU)	6-17	CSS-SD-Crisis Interv/Stabilization
COMPASS for Children	12-17	CSS-SD-Crisis Interv/Stabilization
Crisis Residential Treatment (CRT)	18-59	CSS-SD-Crisis Interv/Stabilization
Screening, Triage, Assessment, and Referral (STAR)	All	CSS-SD-Needs Assessment
Child/Youth Treatment (Non-FSP)	0-17	CSS-SD-Treatment
Fillmore Community Project	0-18	CSS-SD-Treatment
TAY Treatment (Non-FSP)	16-25	CSS-SD-Treatment
Transitional Age Youth (TAY) Outpatient (Transitions)	16-25	CSS-SD-Treatment
Adult Treatment (Non-FSP)	18-59	CSS-SD-Treatment
Older Adult Treatment (Non-FSP)	60+	CSS-SD-Treatment
Children's Outpatient Services	13-19	CSS-SD-Treatment
Assist (Laura's Law)	18+	CSS-SD-Treatment
Youth FSP	Up to 18	CSS-FSP-Youth
Transitional Age Youth (TAY) Full Service Partnership (FSP) Outpatient Program	16-25	CSS-FSP-TAY
Adults FSP Program	18-59	CSS-FSP-Adult
Older Adults FSP Program	60+	CSS-FSP-OA
The Client Network (CN)	All	CSS-SD-Peer Supt
Quality of Life (QOL)Improvement	18+	CSS-SD-Peer Supt
Transformational Liaison (TL)	All	CSS-SD-Peer Serv Coord/Case Mgmt
Family Access Support Team (FAST)	All	CSS-SD-Peer Serv Coord/Case Mgmt
National Alliance on Mental Illness (NAMI)	All	CSS-SD-Fam, Provider Ed & Supt Serv
Board and Care /RCFE (Residential Care for the Elderly)	18+	CSS-Housing
Board and Care	18+	CSS-Housing
TAY Transitional Housing	18-25	CSS-Housing
Permanent Supported Housing	18+	CSS-Housing

### **Involvement Efforts with Identified Racial, Ethnic, Cultural, Linguistic, and other relevant small county cultural communities with mental health disparities communities**

Ventura County Behavioral Health (VCBH) is committed to addressing the mental health needs of a diverse population. Therefore, VCBH supports and facilitates multiple pathways through which stakeholders play an integral role in providing input regarding programs, services, and policies. Stakeholder involvement is accomplished through various approaches, including:

**Behavioral Health Advisory Board**

The Behavioral Health Advisory Board (BHAB) purpose, mission, and responsibilities are described in full in the section titled, "Community Program Planning (CPP) Process."

MHSA Community Program Planning Committees, Focus Groups, and Workgroups

Community Program Planning Committees and Workgroups include representation of affected populations in MHSA programs and services planning. MHSA Committees and workgroups are time and project limited. VCBH will conduct active outreach to ensure key stakeholders are included in the development of programs and services so that they are reflective of the needs of the population to be served.

**VCBH MHSA Committees**

The MHSA department, MHSA Evaluation Committee, and MHSA Planning Committees lead the community planning and review processes for all MHSA components. MHSA Planning Committee's mission is to review new program ideas and recommend filling program gaps and or goals based on the community planning process. MHSA Evaluation Committee's mission is to review MHSA program performance outcomes, stated program and component goals, cultural competency and penetration rates, fiscal impact, and client satisfaction surveys. The committee makes recommendations to VCBH based on its review with an annual assessment. VCBH presents committee recommendations and all reports to the BHAB for review.

**Cultural Equity Advisory Committee**

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

**Consumer and Family Groups**

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

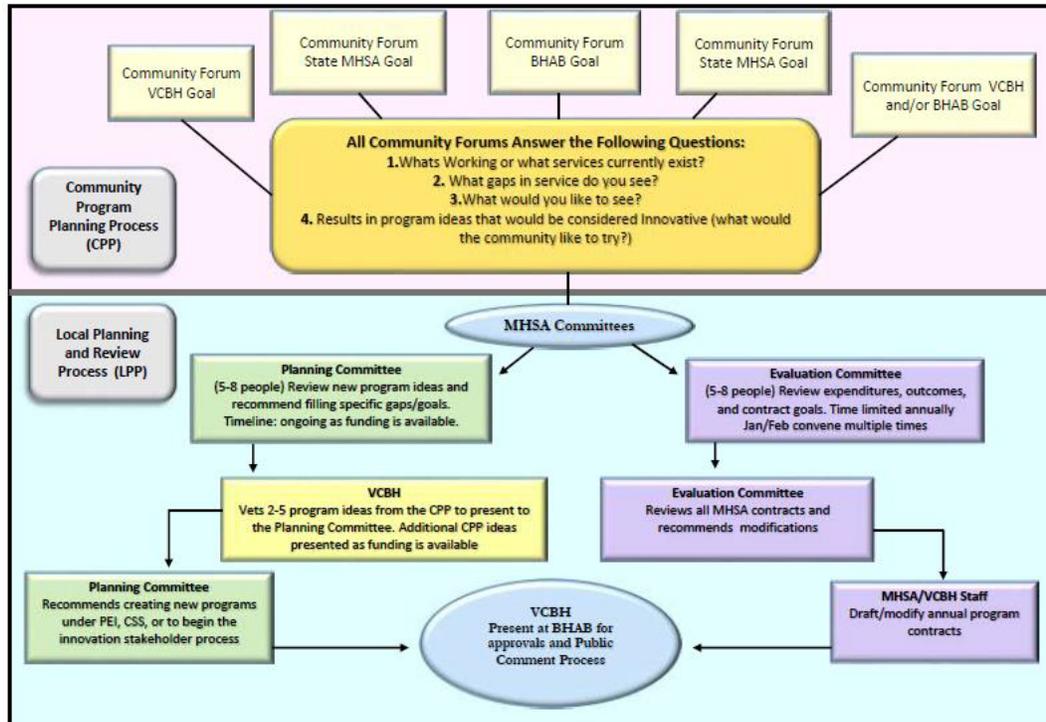
### **Issue Resolution Process**

Consumers may also voice their views/concerns through the issue grievance process. The MHSA issue resolution process can be found in full in Appendix A. At the time of this report, there have been no grievances filed.

### **Community Program Planning (CPP) Process**

Community Planning Process Evolution: The newly implemented community planning process included a more robust stakeholder process and added a more concentrated program review component. The new community planning process holds annual public forums on goals set by VCBH, the MHOAC, and the BHAB concerning 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 MHSA programs. Recommendations from both workgroups are presented to the BHAB.

This process is illustrated in the Process for Program Planning and Review Flowchart, below.



**Community Program Planning Process Results:** Community Meetings take place during the spring of 2017 focused on the MHA 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
- Criminal Justice and Mental Health
- Schools and Mental Health
- Housing
- 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
- Ventura County Behavioral Health Operations Managers

- Ventura County Homeless Services
- BHAB Subcommittees and Workgroups

Although priority areas have been identified the only available funding for program planning in the next fiscal year is 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 5 ideas and then narrowed those down to ten projects for the County to begin pursuing. 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. During FY 2016/17, the Evaluation Committee followed a rigorous and robust community planning process to arrive at reducing costs by approximately \$3 million to be applied beginning in FY 2017/18. The Three-Year Plan reflects these cost savings in the form of elimination and reduction of some contracts. 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.

### **Behavioral Health Advisory Board (BHAB)**

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

The BHAB is made up 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 Mental Health Services Act (MHSA) plan approval, provides feedback prior to the required 30-day posting and 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, work-groups and task forces are appointed by, and may include members from, their respective board as well as other interested stakeholders.

**Membership:** The table below lists the members and their respective geographic representation.

**MEMBERSHIP ROSTER 2016 - 2017**

<u>District</u>	<u>BHAB Members</u>	<u>Term Dates</u>
District 1	Claudia Armann Karyn Bates Mary Haffner Sidney L. White, AICP	9/13/16 – 3/10/18 10/6/15 – 10/6/18 4/7/15 – 4/7/18 3/10/15 – 3/10/18
District 2	Ratan Bhavnani Janis Gardner Patricia Mowlavi vacant	2/23/16 – 2/23/19 9/17/16 – 9/17/19 3/14/17 – 3/14/20 1/5/15 – 1/7/19
District 3	Nancy Borchard Gane Brooking Larry L. Hicks Kay Wilson-Bolton	1/27/15 – 1/26/18 1/12/16 – 1/12/19 12/2/14 – 12/1/17 4/14/15 – 4/14/18
District 4	Jerry M. Harris Ron Nelson Denise Nielsen McKian Nielsen	9/17/16 – 9/17/19 10/13/15 – 10/13/18 9/17/15 – 9/17/18 9/17/14 – 9/17/17
District 5	Monique Garcia Dr. Irene Pinkard Marlen Torres Sandra Wolfe	9/24/14 – 9/23/17 1/24/17 – 1/24/20 1/10/17 – 1/10/20 1/11/15 – 1/10/18
Governing Body	John Zaragoza, Supervisor Supervisor Linda Parks	1/1/15 – 12/31/17 1/1/17 – 12/31/18

**Outreach and Engagement**

Ventura County employs strategies and resources to reach, identify, and engage and provide awareness to unserved individuals and communities in the County mental health system with the goal of reducing disparities unique to the County. In addition to reaching out to and engaging several entities, such as community-based organizations, schools, homeless population, primary care providers, and faith-based organizations, the Mental Health Services Act outreach and engagement programs engages community leaders, homeless population, those who are incarcerated, and families of individuals served.

The Outreach and Engagement category will be affected by the Mental Health Services Oversight and Accountability Commission issuance of the Notice of Intent to award funds for the SB-82 Investment in Mental Health Wellness Act of 2013 Triage Grant. Ventura County was awarded this grant for a three-year total of \$2,486,224. This grant targets the TAY population and will become operational in FY 18-19.

**Rapid Integrated Support and Engagement (RISE)**

The RISE program is funded by the Investment in Mental Wellness Act of 2013, through the MHSOAC SB 82 Triage Grant. The RISE team members provide multiple services including extensive County-wide 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.

Age Group	Rollover Clients from FY 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	13	239	252
16-25	50	479	529
26-59	173	1,296	1,469
60+	13	115	128
<b>Totals</b>	<b>249*</b>	<b>2,129*</b>	<b>2,378*</b>

\*Counts considered duplicative. Unduplicated clients served are 2,313.

In addition to the RISE program, MHSA funds general and targeted outreach efforts to inform underserved communities regarding available services. These efforts are described below.

### **Office of Health Equity and Cultural Diversity- Targeted Outreach**

The Office of Health Equity and Cultural Diversity, continuous to work diligently in building stronger connections with our community through ongoing community outreach efforts aimed to inform our local 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.

Under the administration of the Office of Health Equity and Cultural Diversity the Logrando Bienestar (Achieving Wellbeing) Outreach and Engagement Program is a culturally tailored program aimed to outreach and engage the Latino community.

### **Logrando Bienestar Outreach and Engagement Program**

To eliminate the service gap for the Latino population in Oxnard and Santa Paula, Logrando Bienestar (Achieving Wellbeing) was established in 2016. The program focuses on direct and indirect outreach through Community Education, Partner Collaboration and Client Advocacy to identify and engage potential clients. Logrando Bienestar targets five elementary schools located in the 93033 zip code of Oxnard and six elementary schools in Santa Paula. These schools serve as the platform for

...serving the school but will also outreach to the community. Outreach activities of the Logrando Bienestar staff at each elementary school site include: six presentations for parents and the community on mental health, trainings for school staff and weekly drop-in office hours. Also, outreach activities include mental health educational sessions at partnering agricultural companies.

The chart below provides a summary of the community presentation by Logrando Bienestar Program for FY 2017/2018 more information regarding client engagement will be discussed under Criterion 3-Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities.

Presentation Date	Name of the orgcommunity organizaton	Estimated Average of attendees at each event:
10/27/17	LITTLE DOLPHINS	25.5
3/28/17	MCKEVETT TRIPLE P	5.5
3/27/17	MEXICAN AMERICAN OPPORTUNITY FOUNDATION 11AM	15.5
3/20/18	SANTA PAULA DISPLACED FARMWORKERS	15.5
3/24/17	MCKEVETT SCHOOL RGS. FAIR	15.5
3/13/18	CALIFORNIA RAUL LEGAL ASSISTANCE	5.5
12/1/17	COALITION OF FAMILY HARMONY	45.5
3/27/17	MEXICAN AMERICAN OPPORTUNITY FOUNDATION 4:30PM	15.5
3/22/18	RADIO INDIGENA	150
2/6/17	ISBELL MIDDLE SCHOOL	15.5
4/18/17	RODNEY FERN GARDENS	15.5
2/8/18	DELAC MOORPARK SCHOOL DISTRICT	45.5
4/20/17	GRACE THILL SCHOOL PARENT MEETING	5.5
3/8/18	CONSULADO DE MEXICO DIA INTERNACIONAL DE LA MUJER	35.5
1/24/17	SANTA PAULA HIGH SCHOOL ELAC	5.5
		<b>Total Estimated Number (Based on an Average) of Attendees at event: 417</b>

**Summary of Community Outreach Events by the Office of Health Equity and Cultural Diversity for FY 2017/2018**

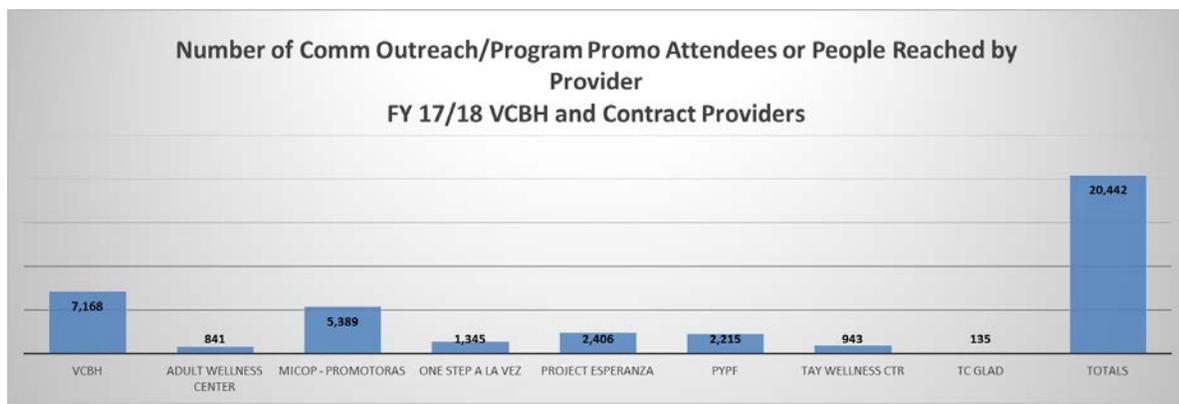
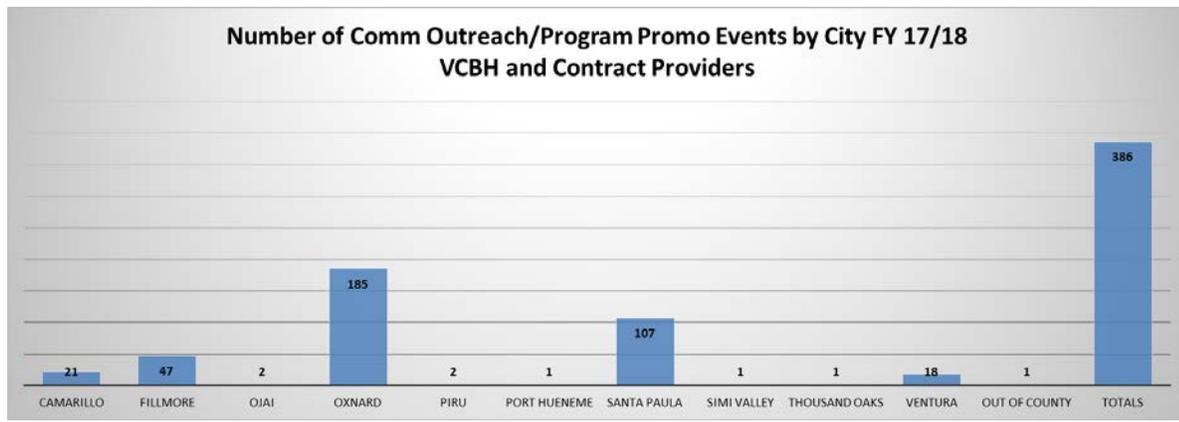
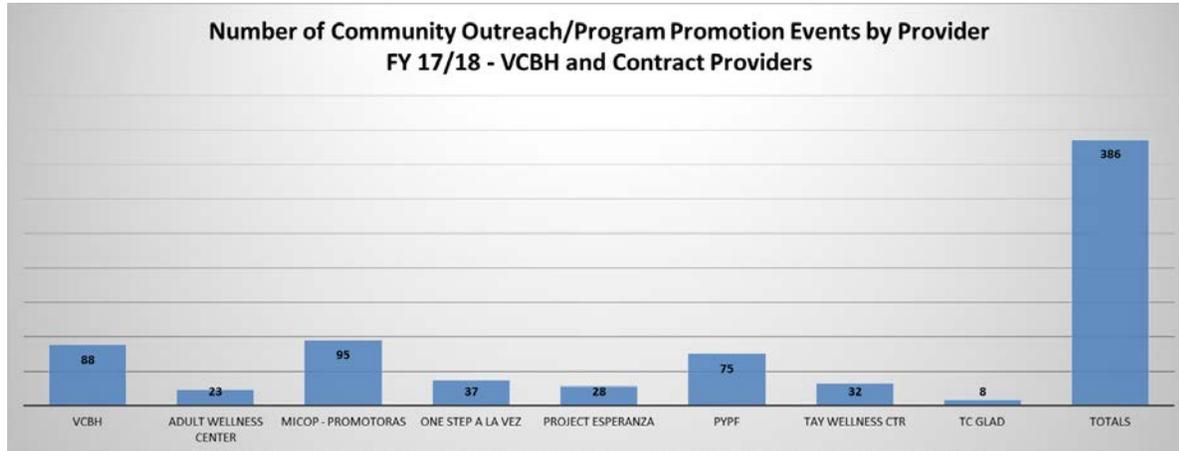
Program Highlights
<p><b>Program Activities and Outreach</b></p> <ul style="list-style-type: none"> <li>• <b>88 Total # Events</b></li> <li>• <b>7,168 Estimated number of attendees at event</b></li> <li>• <b>6,545 Publications distributed</b></li> <li>• <b>21 Presentation delivered with the following community based organizations:</b> <ul style="list-style-type: none"> <li>○ <b>Mexican Consulate</b></li> <li>○ <b>Saint Anthony Catholic Church</b></li> <li>○ <b>Projecto Esperanza</b></li> </ul> </li> </ul>

- **58 Events with a primarily Spanish Speaking/Latino Outreach Audience**

The Table below illustrates the outreach efforts done by the Office of Health Equity and Cultural Diversity by geographic location.

<b>FY 17/18 Number of Events by City</b>	
Camarillo	9
Fillmore	2
Moorpark	0
Ojai	1
Oxnard	46
Piru	0
Port Hueneme	1
Santa Paula	17
Simi Valley	0
Thousand Oaks	0
Ventura	11
Out of County	1
<b>Total</b>	<b>88</b>

**Summary of Community Outreach Events by VCBH and MHSA Contract Providers  
for FY 2017/2018**



**Additional Outreach & Engagement Efforts**

**Ventura County Office of Education/Ventura County Special Education Local Plan Area** (VCOE/SELPA) contracts with VCBH to provide Educationally Related Social Emotional Services (ERSSES) for special education student through the Individual Educational Plan (IEP) process. These services are provided to students needing support

from a school-based therapist, providing intensive, long-term services such as individual therapy, group therapy, collateral and case management services to assist them in accessing their special education program. These students may have been receiving school-based counseling services and need more intensive counseling services in the school setting.

During the eight years since the inception of ERSES, the collective goal of VCOE/SELPA and VCBH has been to maintain children in their homes and in the county as opposed to in out-of-county or out-of-state placements. To this end VCBH currently has 59 ERSES therapists providing mental health services to over 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 greatly reduces the cost associated with residential placement and, most importantly, keeps children in their homes.

### **Ventura County Behavioral Health Youth FSP Program-Insights Program**

The Ventura County Probation Agency and Behavioral Health Department, working in partnership with the Ventura County Juvenile Court, the Ventura County Public Defender's office, the Ventura County District Attorney's office, the Ventura County Office of Education and the Public Health Department will participate in the INSIGHTS program. The program was developed in response to the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program will utilize 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 will work in strong collaboration to develop individualized multidisciplinary case plans with the overarching goals of reducing incarcerations, hospitalizations, and other out-of-home placements and providing those supports necessary for these youths to be successful in their home communities.

Another effort to outreach and engage vulnerable populations is the ongoing collaboration with Ventura County Medical Center staff who manages the Health Care Agency's Whole Person Care initiative.

### **Health Care Agency: Whole Person Care Program (WPC)**

The program focuses on the coordination of health care, behavioral health, and social services in a patient-centered manner with the goals of improving health and well-being through more efficient and effective use of resources. Whole Person Care will allow the Health Care Agency to increase collaboration within its agencies and groups, along with

various other County departments, the Gold Coast Health Plan, and community-based organizations.

Its goal is to achieve better outcomes for high-utilizers and have a positive impact on the health care system. The target population is Medi-Cal beneficiaries' ages 18 to 65 with complex care needs, including physical, mental and substance use issues. They cost ten times as much as the average patient and have three times as many health care visits.

The WPC program includes 14 field staff that is trained in motivational interviewing, Mental Health First Aid, assaultive behavior management, and other training. The program provides services such as coordination, wraparound supports, and addresses social/behavioral barriers to wellness. Referrals to WPC can come hospitals, ambulatory care clinics, and community partners. If clients are not appropriate for WPC, they will be referred to other programs.

### **Involvement Efforts with Identified Racial, Ethnic, Cultural, and Linguistic communities**

Within the PEI component 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.

- **Program: “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 2 areas are equal, there are provided by 2 different providers. For services in the Santa Clara Valley are provided by Promotores y Promotoras Foundation (PyPF). Services provided in the Oxnard Plains area are provided by the Mixteco Indigena Community Organizing Project (MICOP). The program offers two-hour “Mujeres y Nuestro Bienestar Emocional” (MyNBE) classes at local schools and community locations in Oxnard, El Rio, and Port Hueneme.
- **Program: Project Esperanza** (Latinos, including parents and youth, Santa Paula and Fillmore) primarily serves the communities of Santa Paula and Fillmore. Their focus is on reducing stigma and discrimination among unserved and underserved populations through increasing awareness and sensitivity to mental health issues as well as increasing help-seeking behavior among those with mental illness.
- **Program: One Step a La Vez** (Latinos, including parents and youth, in Fillmore,

Santa Paula and Piru) primarily focuses on engaging middle and high school-aged youth in positive experiences and providing support and referrals for underserved Hispanic/Latino youth and adults.

- **Tri-County GLAD** (deaf and hard of hearing throughout Ventura County) addresses the broad social service needs of deaf and hard of hearing (DHH) individuals Countywide. The agency offers an array of advocacy, communication access, peer counseling, employment and community education services to the DHH community. TC GLAD is focused on increasing awareness and knowledge regarding mental health in the DHH community as well as increasing sensitivity to the issues faced by the DHH community.
- **Rainbow Umbrella** (LGBTQ community)-Pride Project- During 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 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 outreaches 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. 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 Adult Wellness Center (AWC)** is contracted to the Turning Point Foundation and 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 support 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.
- **The Fillmore Community Project** provides a variety of mental health treatment including support and case management services for historically underserved

communities that are predominantly Latino such as Severely Emotionally Disturbed (SED) youth between 0 and 18 in the communities of Fillmore and Piru. These communities include a significant number of migrant workers and Spanish speakers. Staff is fully bilingual, and services are community-based, culturally-competent, client and family-driven, and designed to overcome the historical stigma and access barriers to services in these communities.

▪ **Healing the Soul – Mixtec Research Project**

The Mixtec project, Healing the Soul, is an innovative research project that is designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project will introduce changes to existing treatment services through an evaluation of the effectiveness of indigenous cultural practices and perspectives on mental well-being and then assess the feasibility of those results to be integrated with the CBT approach for symptoms of stress, anxiety, and depression.

▪ **Children’s Accelerated Access to Treatment and Services (CAATS)**

The Children’s Accelerated Access to Treatment and Services is an innovation project that is proposing 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 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.

**Lessons Learned:**

In reviewing efforts in A and B above, there were lessons learned by Ventura County Behavioral Health (VCBH). The first lesson involves communication and engagement styles. Ventura County Behavioral Health is responsible for communicating on a large scale. The usual method of communicating with the community on a board scale involves flyers, electronic emails to community leaders and participating in community health fair events. While these methods of communication are meaningful and serve some valuable purposes, Ventura County Behavioral Health learned that these methods were not as effective with cultural, racial and ethnic communities.

Some cultural, racial and ethnic communities tend to focus on interpersonal relationship when communicating. Ventura County Behavioral Health learned that personal phone calls or in person visit were more effective, especially when establishing and maintaining relationships with community leaders. Having such communication style builds trust and deepen relationships with community members.

The second lesson learned is the importance of becoming acquainted and developing rapport with the many community stakeholders/providers and partners in Ventura County. Pooling and leveraging the various efforts will have a greater overall impact in reaching and educating the community on mental health resources available. Collaborating on

strategies or simply joining an already-planned event can benefit the community as well as strengthen partnerships.

The third lesson learned is that due to the political climate of fear of deportation or losing the ability to obtain United States permanent residency because of the fear that the social service might be perceived as a “public charge”, many communities of color are reluctant to seek mental health and other social services. VCBH has seen a decrease in new Latino admissions during the FY 2017/2018 by 29%. (FY 2016/2017 new Latino enrollment was 6,184 and FY 2017/2018 new Latino enrollment was 4,378). VCBH continues to work with community leaders/stakeholders to address and develop strategies to increase the Latino penetration rate.

### **Technical Assistance**

The Ventura County Behavioral Health and community partners need assistance on 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 services.

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

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

#### **The county shall include the following in the CCPR Modification (2010):**

- A. Detail who is designated the county’s CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county’s racial, ethnic, cultural, and linguistic populations.

In November 2017, Ventura County Behavioral Health, appointed Maria Hernandez, J.D. as the new Ethnic Services Manager for Ventura County Behavioral Health. Ms. Hernandez’s responsibilities include research, development and implementation of the Ventura County Behavioral Health’s Cultural Competence Plan as well as chairing and coordinating and facilitating the Cultural, Equity and Advisory Committee (CEAC). Ms. Hernandez is bilingual in Spanish and a Mexican-American raised in Ventura County. Her exposure and experience to areas pertaining to law, equity, health disparities, community engagement, and program and staff management in the Latino community makes her uniquely qualified to lead in this role. Prior to Ms. Hernandez hire, Luis Tovar was the Ethnic Services Manager.

As Ethnic Services Manager, Ms. Hernandez advocates and takes a leadership role in the development and implementation of policies, programs, practices and services that address the cultural and linguistic needs of all communities in Ventura County and reports to the Ventura County Behavioral Health Director to discuss issues impacting mental health issues related to racial, ethnic, cultural, and linguistic populations within the county.

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 will include:

- Participating as an official member of the behavioral health management/leadership team that makes program and procedure policy recommendations to the behavioral health director.
- Lead responsibility for the development and implementation of cultural competence planning within 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 underserved, underserved or inappropriately served populations.
- Develop and manage the implementation of the Cultural Competence Plan, including a training and education program.
- Update the Cultural Competence Plan annually.
- Facilitate and coordinate the development and on-going management of the cultural, Equity, Advisory committee.
- Develop programs to assess the cultural competency of staff.

- Develop a minimum core curriculum standard for annual diversity trainings.
- Identify the behavioral health care needs of ethnically and culturally diverse populations as they impact county systems of care, make recommendations to management, and coordinate and promote quality and equitable care.
- Maintain an ongoing relationship with community organizations, planning agencies, and the community at large.
- Visit and assess Ventura County Behavioral Health contract agency facilities and make recommendations about facility changes and location in accordance with the needs of diverse population.
- Plan, organize, and manage outreach and engagement activities and documents efforts.
- Develop, manage, and document process for monitoring access responsiveness and provide corrective feedback regarding all un-served, underserved, inappropriately served cultural populations.
- Maintaining an active advocacy, consultative, and supportive relationship with consumer and family organizations, local planning boards, advisory groups and task forces, the State, and other behavioral health advocates.
- Work with County's Human Resources Office to help ensure that the workforce is ethnically, culturally and linguistically diverse.
- Develop and implement translation and interpretation services.
- Collaborate and work with the Ventura County Behavioral Health's Quality Improvement team, to track penetration and retention rates, identify disparities, and outcomes data for racially, ethnically and culturally diverse populations, and work with leadership to develop strategies to eliminate disparities.
- Attend meetings as required by the position including, but not limited to CBHDA, CCESJC, Full Association, and other committee meetings, regional ESM regular meetings, various State meetings, meetings convened by various advisory bodies, and other meetings as appropriate.
- Attend trainings that inform, educate, and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the behavioral health system.
- Other duties to ensure services in the mental health system of care are culturally, linguistically and ethnically competent.

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

##### The county shall include the following in the CCPR Modification (2010):

- A. Evidence of a budget dedicated to cultural competence activities which may include, but not limited to the following:
1. Budget amount spend on Interpreter and translation services;
  2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities
  3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
  4. Special budget for culturally appropriate mental health services; and
  5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

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.

**For Cultural Competence trainings**, the Ventura County Behavioral Health has designated a budget of \$2500 per speaker to hire subject matter experts with expertise in their respective disciplines to provide Cultural Competency trainings.

**Interpreter and Translation Services** – The Ventura County Behavioral Health (VCBH) has set aside increasing funding for the provision of interpreter and translation services. In FY 17/18, Ventura County Behavioral Health (VCBH) paid over \$400,000 for both interpreter and translation services. VCBH has budgeted/contracted for over \$ 600,000 in interpreter/ translation services for FY18-19. These included services for not only in the County’s mandated threshold language of Spanish, but also, services for the county’s Mixtec, deaf and hard of hearing communities, and other communities. It’s anticipated that the community will require ongoing support with both interpretive and translation services in the coming year. The follow are the language assistance providers:

- All Languages Interpreting and Translation Services (formerly Lourdes Campbell and Associates)
- Health Care Interpreter Network
- Mixteco Indigena (MICOP)
- Language Line
- LifeSigns

To address the increasing demand for interpreter and translation services, Ventura County Behavioral Health is in the process of increasing budget allocation for language assistance services.

**Mental Health Services Act-** Under the Ventura County Behavioral Health’s Community Services and Support (CSS), Workforce Education and Training (WET), Prevention and Early Intervention (PEI), multiple programs and services

have been implemented, this also includes those positions funded under each of these plans. More precise budget figures are available for each of these components on the Ventura County Behavioral Health's web page found at: <http://www.vchca.org/mental-health-services-act-prop-63>

**Criterion 1 Exhibits:**

1. Cultural and Linguistic Competency Policy
2. Beneficiary Rights Policy
3. Beneficiary Problem Resolution Process
4. Initial Informing Materials Policy
5. Beneficiary Information
6. Mental Health Plan - Provider List
7. Patient's Rights Advocacy
8. Contract Services
9. Mandatory Trainings Guide
10. ADA Policies
11. Non-Discrimination Policy
12. Accessing Specialty Mental Health Services
13. Cultural and Linguistic Competency
14. Use of Interpreters
15. State Fair Hearings
16. HIPAA: Notice of Privacy Practices
17. Compliance Hotline Flyer
18. Creation and Translation of Written Documents Standards and Process
19. Mental Health Appeal Forms
20. Mental Health Change of Clinician Form
21. Consent Forms
22. Mental Health Grievance Form
23. ADP Grievance Form
24. ROI – Consent for Release of Patient Information or Records
25. Request for a Second Opinion
26. Advance Directives

## CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

### I. General Population

**The county shall include the following in the CCPR Modification (2010):**

- A. Provide a description of the 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), If appropriate, the county may use MHS Annual Update data here to respond to this requirement.

Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties. Ventura County is one of 58 counties in the State of California. The County offers 42 miles of beautiful coastline along its southern border, and the Los Padres National Forest make up its northern area. Fertile farmland and valleys in the southern **half** of the County make Ventura County a leading agricultural producer. Together, farming and the Los Padres National Forest occupy half of the County's 1.2 million acres.



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. (Public Health Community Needs Assessment report) The median household income is \$78,593. However, 11% of people in the County are at or below the poverty line. Thirty-nine (39%) of households speak 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)

Ventura County can be separated into two major sections, East County and West County. Communities which are considered to be in the East County are Thousand Oaks, Newbury Park, Lake Sherwood, Hidden Valley, Santa Rosa Valley, Oak Park, Moorpark and Simi Valley.

West County consists of the communities of Camarillo, Somis, Oxnard, Point Mugu, Port Hueneme, Ventura, Ojai, Santa Paula and Fillmore. The largest beach communities are located in West County on the coastline of the Channel Islands Harbor.

Fertile farmland and valleys in the southern half of the County make Ventura County a leading agricultural producer. Together, farming and the Los Padres National Forest occupy half of the County’s 1.2 million acres.

Ventura County has a strong economic base that includes major industries such as biotechnology, health care, education, agriculture, advanced technologies, oil production, military testing and development, and tourism.

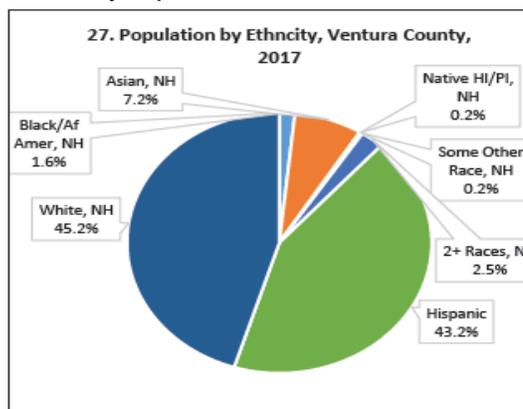
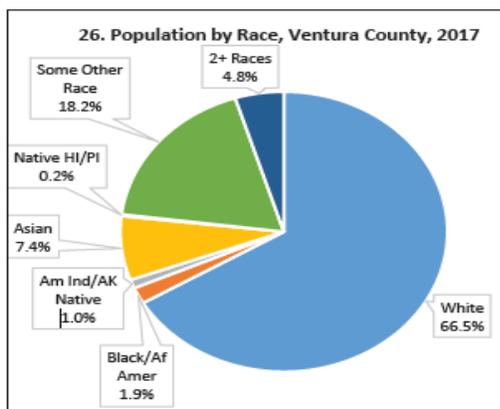
Naval Base Ventura County at Point Mugu is the largest employer in the county with more than 16,000 employees. The Port of Hueneme is California’s smallest, but only deep-water port between Los Angeles and San Francisco, and plays a major role in the local economy.

Ventura County is home to two universities (California State University Channel Islands and California Lutheran University), a small private college and three community colleges (Oxnard, Ventura, and Moorpark). Through these and other programs Ventura County enjoys a strong structure for workforce development.

Data below is from Ventura County Public Health Needs Assessment

[http://www.healthmattersinvc.org/content/sites/ventura/PH\\_CHA\\_Booklet\\_DIGITAL\\_4\\_2017-05-12\\_2.pdf](http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf)

In 2017, Race, Ethnicity, and Households In 2017, there were 860,013 residents living in Ventura County in 278,687 households. Figure 26 shows the racial breakdown of the county. The information was based on racial categorization per the U.S. Census, which asks a person to define both their race and ethnicity. Whites made up the largest racial group in the county at 66.5%, which includes the Hispanic ethnicity. If a person defines themselves as Non-Hispanic, their race was reported as their ethnicity. In 2017, Hispanics made up 43.0% of the population (see figure 27). The California Department of Finance estimates that Hispanics will comprise 48.7% and Whites (Non-Hispanic) will comprise 36.6% of the population in Ventura County by the year 2060; this shift in population demographics is being driven by a higher fertility rate in Hispanics as compared to Whites (Non-Hispanic) (California Department of Public Health, 2017). As the demographics of the population change over time, so do the health needs of the population-- Figure below provides this same data for all Ventura County zip codes.

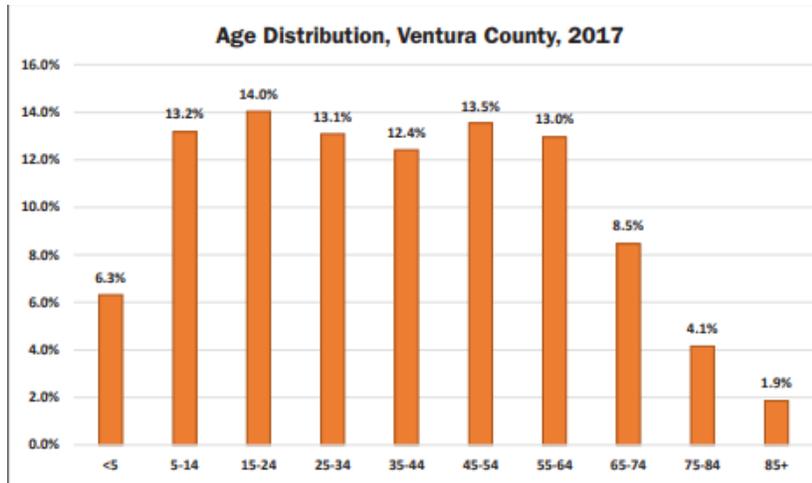


28. Population, Household, and Race/Ethnicity Breakdown by Zip Code, 2017

Geo Area	City	Population	# of Households	White	Black/Af Amer	Am Ind/AK Native	Asian	Native HI/PI	Some Other Race	2+ Races	% Hispanic
Ventura County	Ventura County	860,013	278,637	66.5%	1.9%	1.0%	7.4%	0.2%	18.2%	4.8%	43.0%
Zip Code: 91320	Thousand Oaks/Newbury Park	46,710	15,645	72.6%	1.5%	0.6%	12.9%	0.1%	7.5%	4.9%	18.4%
Zip Code: 91360	Thousand Oaks	42,823	15,115	79.2%	1.5%	0.5%	6.9%	0.2%	7.6%	4.1%	22.5%
Zip Code: 91361	Thousand Oaks/Westlake Village	20,708	8,652	83.9%	1.3%	0.2%	7.3%	0.2%	3.1%	4.0%	9.4%
Zip Code: 91362	Thousand Oaks/Westlake Village	37,435	14,080	79.5%	1.7%	0.3%	9.4%	0.1%	5.3%	3.7%	16.8%
Zip Code: 91377	Oak Park	14,385	5,337	80.3%	1.3%	0.3%	13.2%	0.1%	1.5%	3.5%	6.6%
Zip Code: 93001	Ventura	33,518	13,275	71.4%	1.5%	1.4%	2.1%	0.2%	17.8%	5.6%	41.8%
Zip Code: 93003	Ventura	52,031	19,840	75.5%	1.8%	1.2%	4.3%	0.3%	11.2%	5.7%	32.6%
Zip Code: 93004	Ventura	30,322	10,945	73.1%	1.9%	1.3%	4.4%	0.1%	13.8%	5.4%	35.5%
Zip Code: 93010	Camarillo	44,822	16,502	72.4%	2.3%	0.9%	7.9%	0.2%	10.9%	5.4%	30.2%
Zip Code: 93012	Camarillo	37,661	13,843	72.0%	1.9%	0.5%	13.7%	0.2%	6.4%	5.4%	21.1%
Zip Code: 93015	Fillmore	18,786	5,276	55.9%	0.6%	1.3%	1.1%	0.1%	35.1%	5.9%	77.2%
Zip Code: 93021	Moorpark	38,019	11,532	74.4%	1.6%	0.9%	6.9%	0.2%	11.0%	5.1%	33.2%
Zip Code: 93022	Oak View/Ojai Valley	5,475	2,052	77.9%	0.3%	1.6%	1.8%	0.1%	14.1%	4.2%	29.6%
Zip Code: 93023	Ojai	21,075	8,597	84.1%	0.7%	0.9%	2.1%	0.0%	9.1%	3.1%	21.5%
Zip Code: 93030	Oxnard	62,848	15,396	47.6%	3.2%	1.7%	8.2%	0.4%	34.2%	4.7%	77.0%
Zip Code: 93033	Oxnard	84,306	17,492	43.7%	2.0%	1.8%	6.7%	0.3%	41.6%	3.9%	85.3%
Zip Code: 93035	Oxnard	28,950	10,389	62.4%	2.9%	0.9%	6.5%	0.3%	21.4%	5.6%	47.9%
Zip Code: 93036	Oxnard	46,673	13,037	50.0%	2.7%	1.5%	7.0%	0.2%	33.4%	5.1%	71.5%
Zip Code: 93040	Piru	1,906	467	46.2%	1.3%	1.9%	0.5%	0.0%	45.3%	4.8%	89.1%
Zip Code: 93041	Port Hueneme	24,473	7,854	55.9%	4.6%	1.3%	5.2%	0.6%	26.6%	5.9%	56.0%
Zip Code: 93060	Santa Paula	34,691	9,919	65.1%	0.7%	1.6%	0.8%	0.1%	28.2%	3.5%	78.7%
Zip Code: 93063	Simi Valley, Santa Susana	56,838	19,434	73.4%	1.5%	0.6%	11.4%	0.2%	7.9%	5.0%	24.1%
Zip Code: 93065	Simi Valley, Santa Susana	75,246	24,377	69.9%	1.6%	0.7%	9.7%	0.2%	12.7%	5.3%	28.0%
Zip Code: 93066	Somis	3,449	1,131	78.0%	0.6%	1.1%	2.6%	0.3%	15.0%	2.4%	40.9%

Age Distribution for Ventura County

Age Distribution for Ventura County Distribution of age impacts the healthcare needs of a 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. Figure 29 shows the age distribution for Ventura County residents by 10-year age group. Children under 18 years make up 23.7% of the population, and children less than 5 years make up 6.3% of the population. Residents 65+ years account for 14.5% 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. Figure 30 shows that zip codes within Fillmore, Oxnard, Port Hueneme, and Santa Paula have a higher percentage of children under 5 years and children under 18 years as compared to other zip codes within the county. The U.S. Census shows that nationally most cities with a higher percentage of Hispanics also have a higher percentage of children less than 5 years of age; this is consistent in Ventura County as well. The percent of residents 65+ years varies significantly by zip code. More than 25% of the population is 65+ in Thousand Oaks/Westlake Village (91361) compared to 8.7% in Oxnard (93033). In general, zip codes with a higher percentage of children under 5 years have a lower percentage of the population that is 65+ years. Young children and the aging population require special attention to their health care needs; this issue becomes even more critical when considering the economic status of these vulnerable populations.



Data Source: Nielsen Claritas population estimates, 2017.

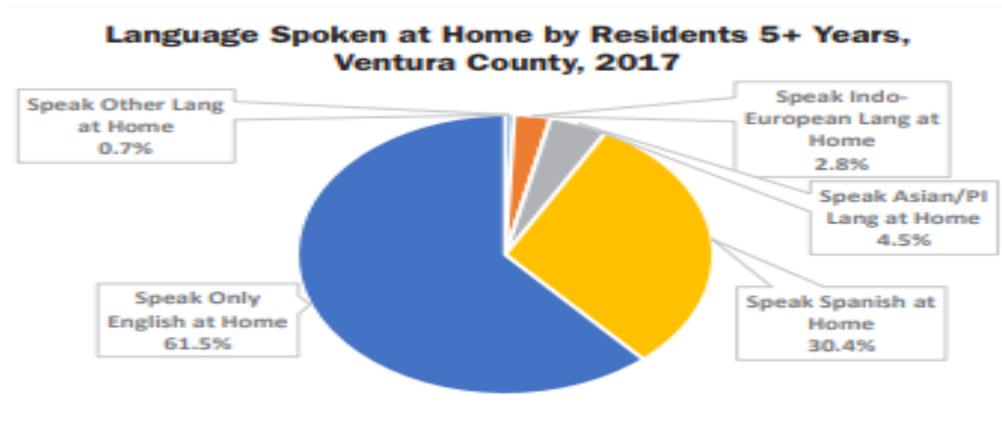
Geo Area	City	Population	Under 18 yrs.	65+ yrs.	<5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Ventura County	Ventura County	860,013	23.7%	14.5%	6.3%	13.2%	14.3%	13.1%	12.4%	13.5%	13.0%	8.5%	4.1%	1.9%
Zip Code: 91320	Thousand Oaks/Newbury Park	46,710	23.3%	15.0%	5.5%	13.3%	15.4%	10.2%	11.3%	16.2%	14.3%	9.3%	4.2%	1.5%
Zip Code: 91360	Thousand Oaks	42,823	18.9%	19.7%	4.6%	10.4%	11.9%	11.5%	10.3%	14.0%	14.2%	10.0%	6.2%	3.5%
Zip Code: 91361	Thousand Oaks/Westlake Village	20,708	16.8%	25.7%	3.9%	9.4%	13.8%	9.3%	9.0%	13.8%	17.1%	14.4%	7.8%	3.6%
Zip Code: 91362	Thousand Oaks/Westlake Village	37,435	20.0%	17.5%	4.7%	11.1%	15.9%	10.4%	10.3%	15.7%	16.6%	10.8%	4.7%	1.9%
Zip Code: 91377	Oak Park	14,385	19.6%	13.3%	4.2%	10.6%	11.2%	10.2%	9.8%	18.0%	18.0%	9.3%	3.0%	1.0%
Zip Code: 93001	Ventura	33,518	21.5%	14.7%	5.8%	12.2%	12.6%	13.7%	14.4%	14.1%	13.9%	9.1%	4.1%	1.5%
Zip Code: 93003	Ventura	52,031	20.2%	17.3%	5.2%	11.4%	13.9%	13.3%	12.8%	13.5%	14.0%	9.1%	5.1%	3.1%
Zip Code: 93004	Ventura	30,322	21.6%	16.8%	5.4%	11.9%	13.1%	12.1%	11.6%	14.2%	14.1%	9.6%	4.8%	2.4%
Zip Code: 93010	Camarillo	44,822	20.7%	19.5%	5.3%	11.4%	14.3%	12.4%	11.3%	12.9%	14.2%	10.8%	5.8%	2.8%
Zip Code: 93012	Camarillo	37,661	20.9%	20.3%	5.3%	11.7%	14.8%	10.3%	11.0%	13.4%	13.7%	9.9%	6.3%	4.1%
Zip Code: 93015	Fillmore	18,786	28.7%	12.2%	7.9%	16.1%	15.1%	13.3%	13.2%	12.2%	10.4%	7.1%	3.6%	1.5%
Zip Code: 93021	Moorpark	38,019	24.2%	11.1%	6.2%	13.3%	12.4%	13.6%	11.8%	14.5%	14.3%	7.6%	2.6%	0.9%
Zip Code: 93022	Oak View/Ojai Valley	5,475	19.7%	17.7%	4.8%	11.1%	12.0%	11.7%	10.8%	14.0%	17.6%	11.1%	4.7%	1.9%
Zip Code: 93023	Ojai	21,075	17.9%	22.8%	4.4%	10.0%	15.2%	10.2%	9.4%	13.4%	18.0%	13.1%	6.4%	3.2%
Zip Code: 93030	Oxnard	62,848	29.2%	9.3%	8.3%	16.1%	15.6%	15.4%	14.1%	12.1%	9.5%	5.6%	2.6%	1.2%
Zip Code: 93033	Oxnard	84,306	30.8%	8.7%	9.2%	16.8%	10.9%	16.1%	14.1%	11.1%	8.5%	5.2%	2.6%	0.9%
Zip Code: 93035	Oxnard	28,950	21.3%	16.7%	5.8%	12.1%	14.8%	13.6%	13.1%	13.2%	14.5%	10.5%	4.6%	1.6%
Zip Code: 93036	Oxnard	46,673	28.3%	9.4%	8.1%	15.6%	16.9%	16.2%	14.0%	12.2%	9.8%	5.7%	2.7%	1.0%
Zip Code: 93040	Piru	1,906	31.4%	8.6%	8.8%	17.4%	14.4%	14.7%	12.9%	12.1%	8.7%	6.0%	2.2%	0.4%
Zip Code: 93041	Port Hueneme	24,473	27.3%	12.2%	8.4%	15.0%	15.2%	15.8%	14.1%	10.4%	9.8%	6.7%	3.8%	1.7%
Zip Code: 93060	Santa Paula	34,691	28.1%	12.2%	8.0%	15.6%	13.5%	14.2%	13.0%	11.7%	10.2%	7.1%	3.7%	1.5%
Zip Code: 93063	Simi Valley, Santa Susana	56,838	21.8%	14.8%	5.4%	12.3%	13.6%	12.0%	12.6%	15.1%	14.3%	9.2%	4.1%	1.6%
Zip Code: 93065	Simi Valley, Santa Susana	75,246	22.7%	13.2%	5.7%	12.8%	13.6%	12.9%	12.9%	15.2%	13.8%	8.1%	3.8%	1.3%
Zip Code: 93066	Somis	3,449	19.4%	20.2%	5.1%	10.4%	14.0%	12.6%	9.4%	13.3%	15.5%	12.3%	5.7%	2.1%

Data Source: Nielsen Claritas population estimates, 2017. Data available at: [www.healthmattersinvc.org](http://www.healthmattersinvc.org)

Foreign-born Residents and Language Spoken at Home

Per the American Community Survey (2011-2015), 22.8% of the population in Ventura County was foreign-born. Oxnard has the highest percentage of residents that were foreign-born at 36.7%, but Fillmore, Port Hueneme, and Santa Paula all have more than 20% of the population that were foreign-born. Of those residents who were foreign-born in Ventura County, 45.5% are naturalized citizens. The foreign-born population was more likely to be living in linguistic isolation by language spoken at home than the native population. Figure 31 shows that 38.5% of the population of Ventura County speaks a language other than English at home; Spanish was the most common language other than English with 30.4% of the population speaking only Spanish at home. Figure 32 show that more than half of residents from Oxnard (93030, 93033, and 93036), Fillmore

(93015), and Santa Paula (93060) speak only Spanish at home. Of those residents that speak a language other than English at home, 41.9% speak English less than “very well”; residents 65+ years are more likely than other age groups to speak English less than “very well.” This shows that a significant portion of the population may require language interpretation services when seeking assistance for their healthcare needs.



Geo Area	City	Population	Only English	Only Spanish	Only Asian/PI Lang	Only Indo-European Lang	Speak Another Lang
Ventura County	Ventura County	860,013	61.5%	30.4%	4.5%	2.8%	0.7%
Zip Code: 91320	Thousand Oaks/Newbury Park	46,710	75.3%	12.6%	6.6%	5.1%	0.4%
Zip Code: 91360	Thousand Oaks	42,823	72.8%	16.5%	4.8%	5.0%	0.9%
Zip Code: 91361	Thousand Oaks/Westlake Village	20,708	85.8%	5.2%	3.9%	4.0%	1.1%
Zip Code: 91362	Thousand Oaks/Westlake Village	37,435	79.5%	8.4%	6.0%	5.0%	1.1%
Zip Code: 91377	Oak Park	14,385	78.0%	4.5%	9.8%	4.6%	3.2%
Zip Code: 93001	Ventura	33,518	64.7%	31.0%	1.5%	2.4%	0.4%
Zip Code: 93003	Ventura	52,031	75.0%	18.1%	3.0%	3.1%	0.9%
Zip Code: 93004	Ventura	30,322	77.5%	17.3%	2.0%	2.3%	1.1%
Zip Code: 93010	Camarillo	44,822	75.2%	17.7%	4.4%	2.6%	0.1%
Zip Code: 93012	Camarillo	37,661	81.2%	9.1%	5.9%	2.9%	0.8%
Zip Code: 93015	Fillmore	18,786	40.5%	58.6%	0.1%	0.3%	0.6%
Zip Code: 93021	Moorpark	38,019	72.1%	19.9%	3.2%	3.7%	1.2%
Zip Code: 93022	Oak View/Ojai Valley	5,475	84.8%	12.7%	0.4%	2.2%	0.0%
Zip Code: 93023	Ojai	21,075	82.9%	13.2%	0.4%	3.3%	0.3%
Zip Code: 93030	Oxnard	62,848	28.3%	66.4%	4.5%	0.6%	0.3%
Zip Code: 93033	Oxnard	84,306	20.5%	71.8%	6.6%	0.4%	0.8%
Zip Code: 93035	Oxnard	28,950	63.2%	29.6%	4.5%	2.6%	0.2%
Zip Code: 93036	Oxnard	46,673	38.3%	55.2%	5.2%	0.8%	0.6%
Zip Code: 93040	Piru	1,906	26.5%	72.8%	0.0%	0.8%	0.0%
Zip Code: 93041	Port Hueneme	24,473	50.9%	41.1%	5.8%	1.8%	0.4%
Zip Code: 93060	Santa Paula	34,691	41.5%	56.8%	0.5%	1.2%	0.0%
Zip Code: 93063	Simi Valley, Santa Susana	56,838	75.2%	13.1%	5.9%	4.9%	1.0%
Zip Code: 93065	Simi Valley, Santa Susana	75,246	73.4%	16.7%	5.2%	4.2%	0.5%
Zip Code: 93066	Somis	3,449	59.4%	35.9%	2.9%	1.8%	0.1%

**Public Transportation:**

- Gold Coast Transit District (GCTD) provides fixed-route bus and senior/ADA paratransit service in the cities of Ojai, Oxnard, Port Hueneme, Ventura and the unincorporated areas of Ventura County. Fixed-route bus and paratransit service is available 7 days a week.
- Ventura Intercity Transit Authority. This transit system operates 4 regular bus routes and 2 general public dial-a-ride services
- Amtrak provides national and regional rail service to the City of Ventura at the train platform located at Seaside Park on Harbor Boulevard.

- Metrolink is a premier regional rail system, including commuter and other passenger services, linking communities to employment and activity centers. Metrolink provides reliable transportation and mobility for the region. Current service is provided to the City of Ventura at a station in the Montalvo area off of Ventura Boulevard.

**MHSA Program Client Transportation Assistance:**

This program allows the County to improve the mental health delivery system for all clients and their families by transporting clients to and from doctor, clinical, psychiatric and group therapy appointments at VCBH Adult Outpatient clinics and special events throughout the County. The table below represents cities served across the County.

Cities	Passengers*
Agoura Hills	2
Camarillo	538
Fillmore	32
Moorpark	113
Newbury Park	40
Ojai	2
Oxnard	1,032
Port Hueneme	124
Santa Paula	92
Saticoy	317
Simi Valley	159
Somis	20
Thousand Oaks	113
Ventura	1,042
Westlake Village	90
<b>Total Passengers</b>	<b>3,716</b>

\*The following numbers are duplicated passenger counts.

- II.** Medi-Cal population service needs (Use current CAEQRO data if available.)  
The County shall include the following in the CCPR Modification (2010):
- A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:
    1. The county’s Medi-Cal Population (County may utilize data provided by DMH. See the **Note** at the beginning of Criterion 2 regarding data requests)
    2. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

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

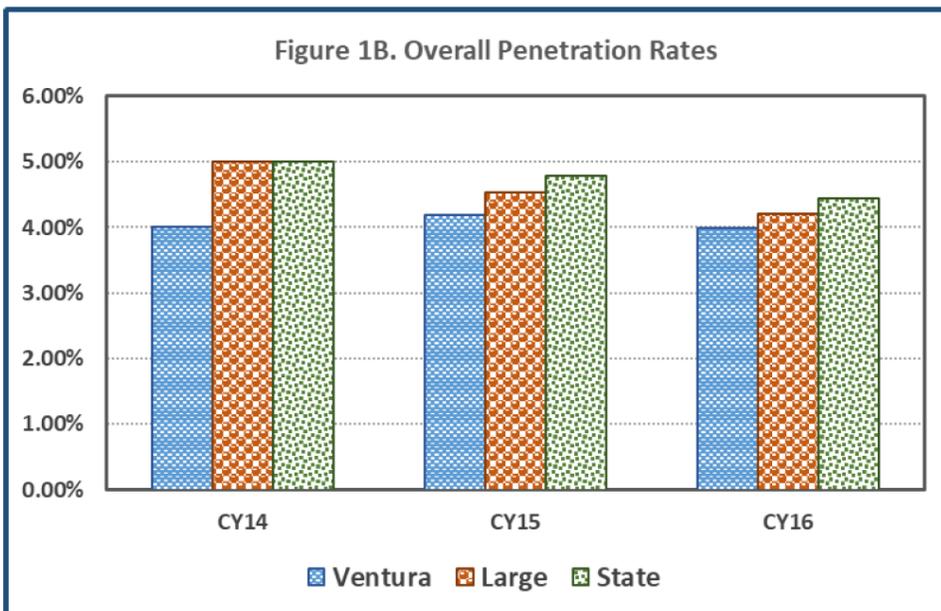
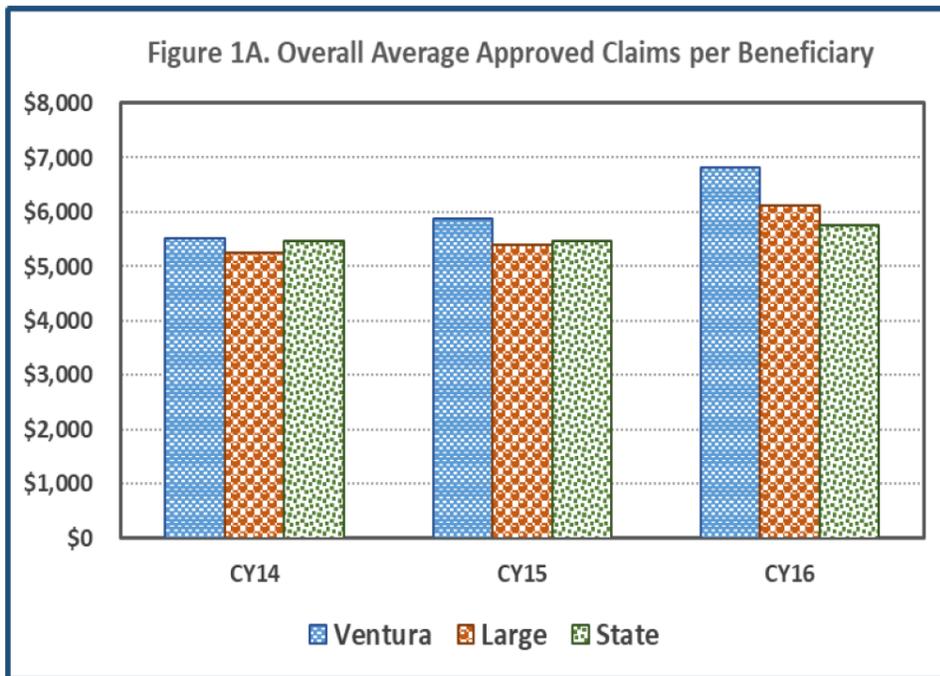
Total Beneficiaries Served

Table 1 provides detail on beneficiaries served by race/ethnicity.

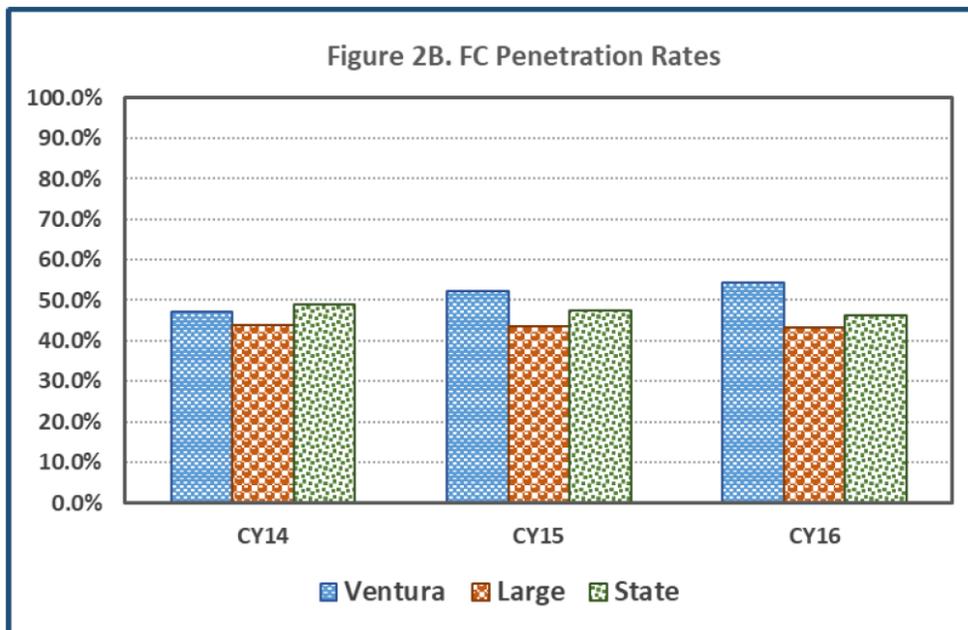
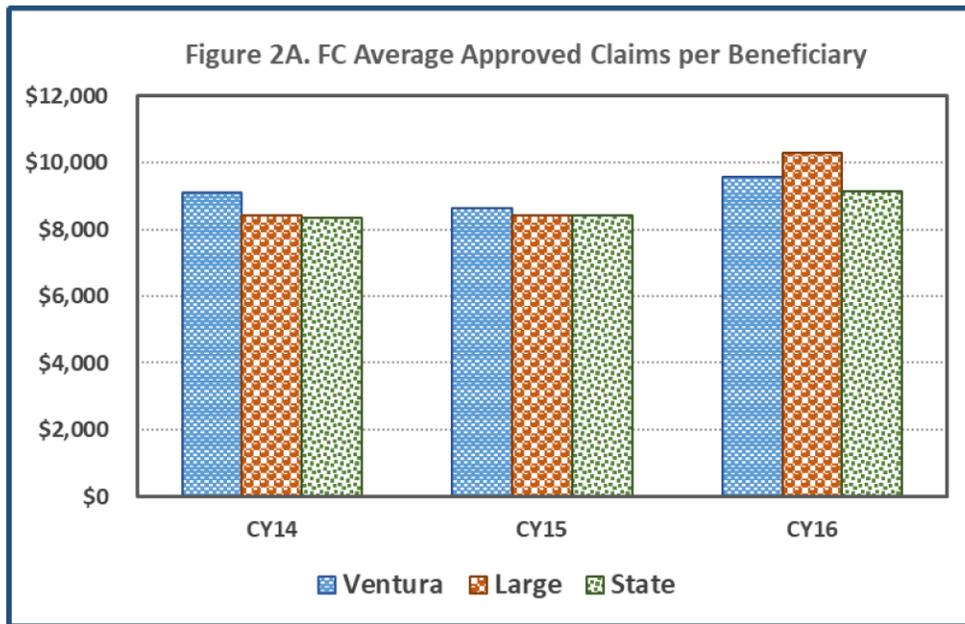
<b>Table 1: Ventura MHP Medi-Cal Enrollees and Beneficiaries Served in CY16, by Race/Ethnicity</b>				
<b>Race/Ethnicity</b>	<b>Average Monthly Unduplicated Medi-Cal Enrollees</b>	<b>% Enrollees</b>	<b>Unduplicated Annual Count of Beneficiaries Served</b>	<b>% Served</b>
White	55,321	22.7%	3,395	34.9%
Latino/Hispanic	122,764	50.4%	3,829	39.4%
African-American	3,778	1.6%	318	3.3%
Asian/Pacific Islander	35,274	14.5%	630	6.5%
Native American	610	0.3%	49	0.5%
Other	25,721	10.6%	1,502	15.4%
<b>Total</b>	<b>243,466</b>	<b>100%</b>	<b>9,723</b>	<b>100%</b>
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

Starting with CY16 performance measures, CalEQRO has incorporated the ACA Expansion data in the total Medi-Cal enrollees and beneficiaries served. See Attachment C, Table C1 for the penetration rate and approved claims per beneficiary for just the CY16 ACA Penetration Rate and Approved Claims per Beneficiary.

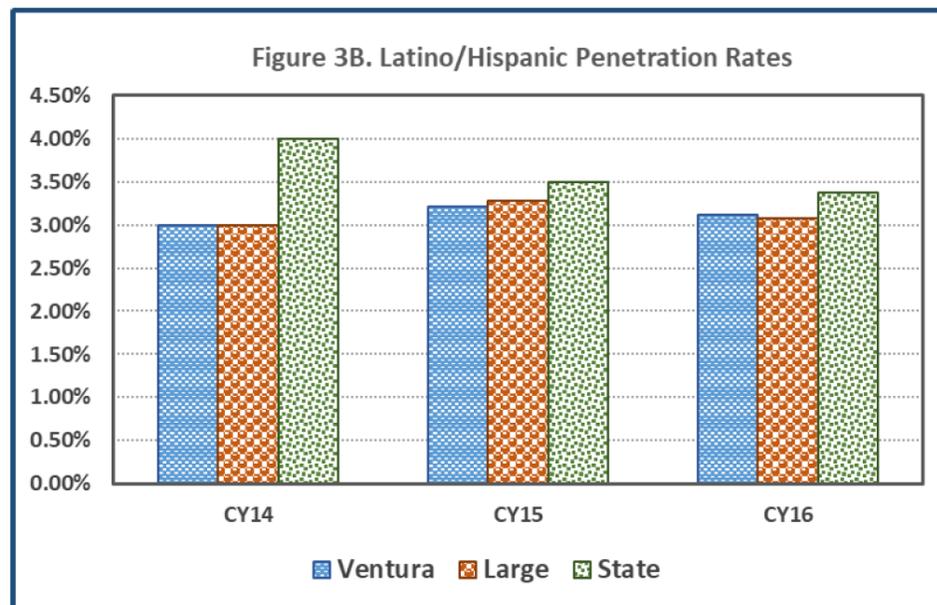
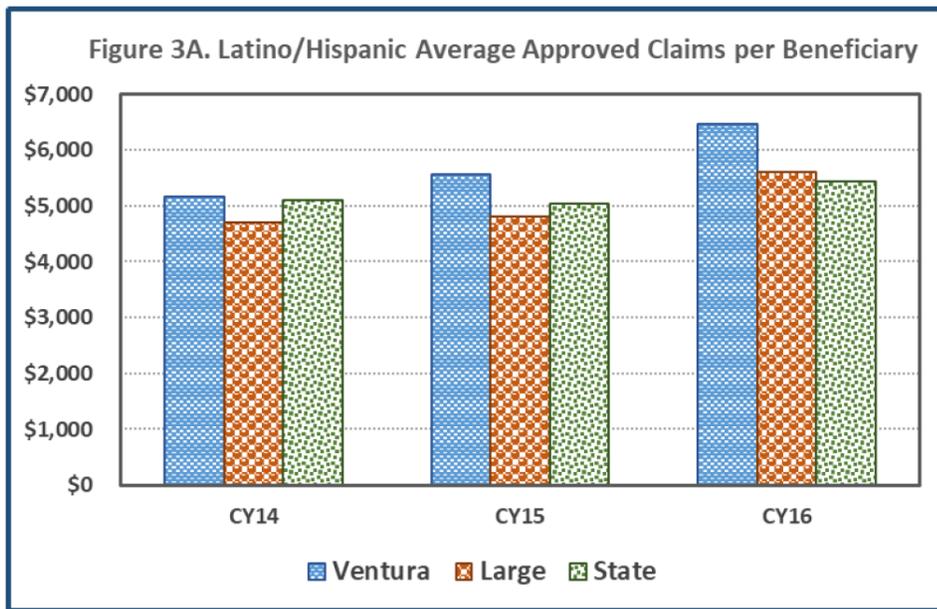
Figures 1A and 1B show 3-year (CY14-16) trends of the VCBH's overall approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for large MHPs.



Figures 2A and 2B show 3-year (CY14-16) trends of the MHP’s foster care (FC) approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for large MHPs.



Figures 3A and 3B show 3-year (CY14-16) trends of the MHP’s Latino/Hispanic approved claims per beneficiary and penetration rates, compared to both the statewide average and the average for large MHPs.



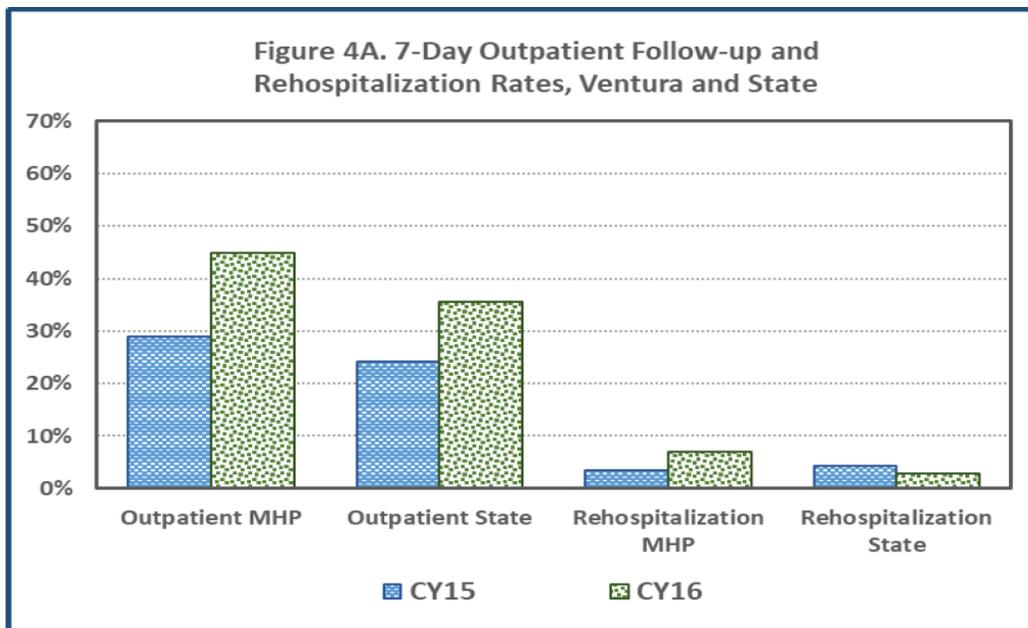
### High-Cost Beneficiaries

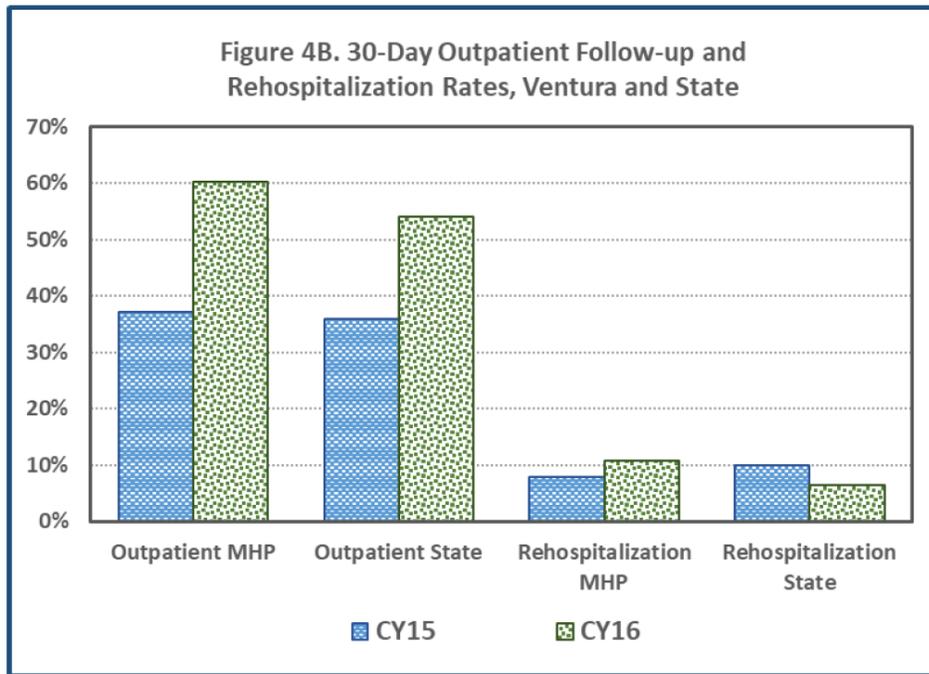
Table 2 compares the statewide data for High-Cost Beneficiaries for CY16 with the MHP’s data for CY16, as well as the prior two years. HCBs in this table are identified as those with approved claims of more than \$30,000 in a year.

Table 2: Ventura MHP High-Cost Beneficiaries							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Approved Claims
Statewide	CY16	19,019	609,608	3.12%	\$53,215	\$1,012,099,960	28.90%
Ventura	CY16	394	9,723	4.05%	\$54,043	\$21,292,983	32.16%
	CY15	308	9,633	3.20%	\$51,710	\$15,926,791	28.17%
	CY14	203	7,464	2.72%	\$48,316	\$9,808,149	24.81%

### Timely Follow-up after Psychiatric Inpatient Discharge

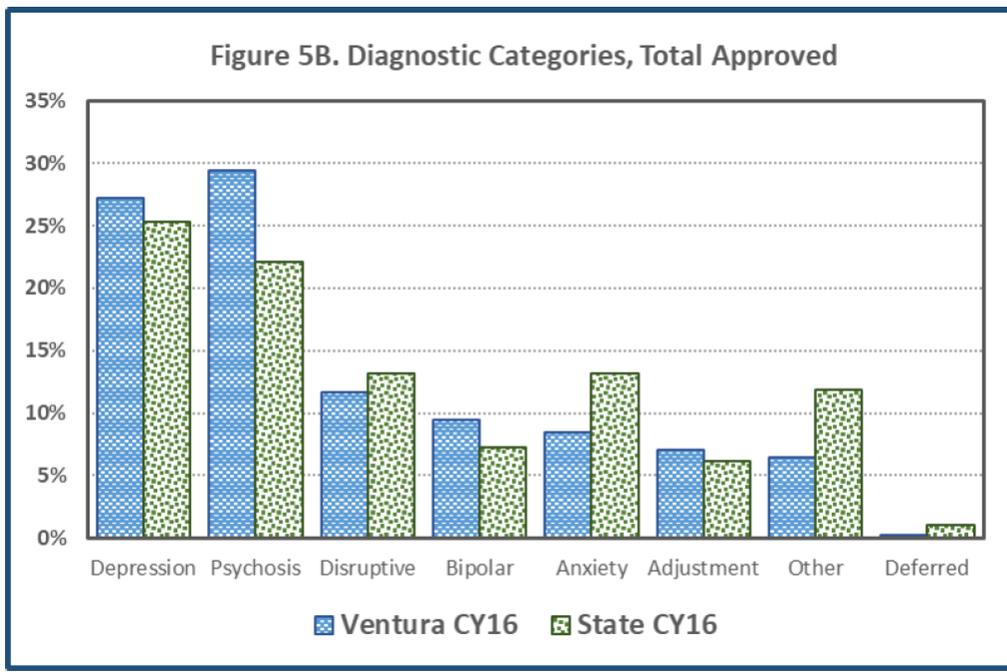
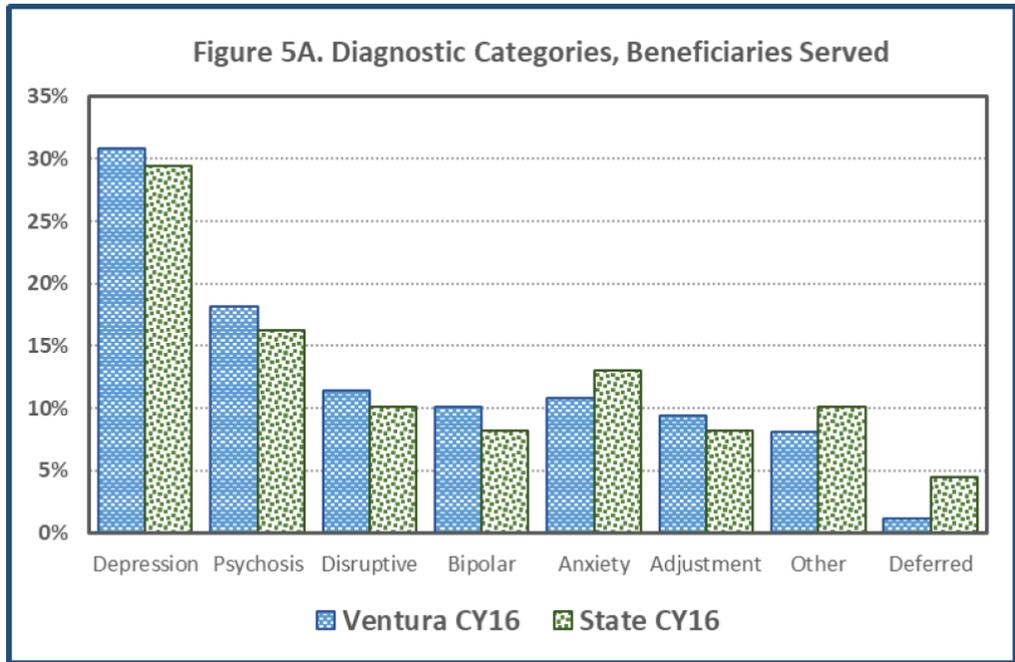
Figures 4A and 4B show the statewide and MHP 7-day and 30-day outpatient follow-up and re-hospitalization rates for CY15 and CY16.





### 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.



EQRO Performance Measures Findings-Impact and Implications (Data Source FY 17-18 Medi-Cal Specialty Mental Health External Quality Review: Ventura MHP Final Report)

**Access to Care**

- Eligible increased from CY15 to CY16, while beneficiaries served increased less, correlating to a year over year drop in overall penetration rate of approximately 0.20 percent. The MHPs CY16 overall penetration rate is comparable to the large county average but lower than the statewide average.
- The MHP's penetration rate rose slightly from CY15 to CY16 and is higher than both the large county average and the statewide average.
- The MHP's Latino/Hispanic penetration rate declined slightly from CY15 to CY16. This is comparable to the large county average but lower than the statewide average. The MHP continues to look to Logrando Bienestar, a Hispanic outreach program, to provide outreach and improve Hispanic penetration rates.

### **Timeliness of Services**

- In CY16, the MHP's 7-day outpatient follow-up rate after discharge from a psychiatric inpatient episode increased from CY15 and exceeds the CY16 statewide average. This may be related to recent targeted efforts on this topic.
- In CY16, the MHP's 30-day outpatient follow-up rate after discharge from a psychiatric inpatient episode increased from CY15 and exceeds than the statewide average. Both will likely continue to improve as MHP has started tracking child/youth hospitalizations during this last year, and specifically focused attention on monitoring post-hospital discharge follow-up events.

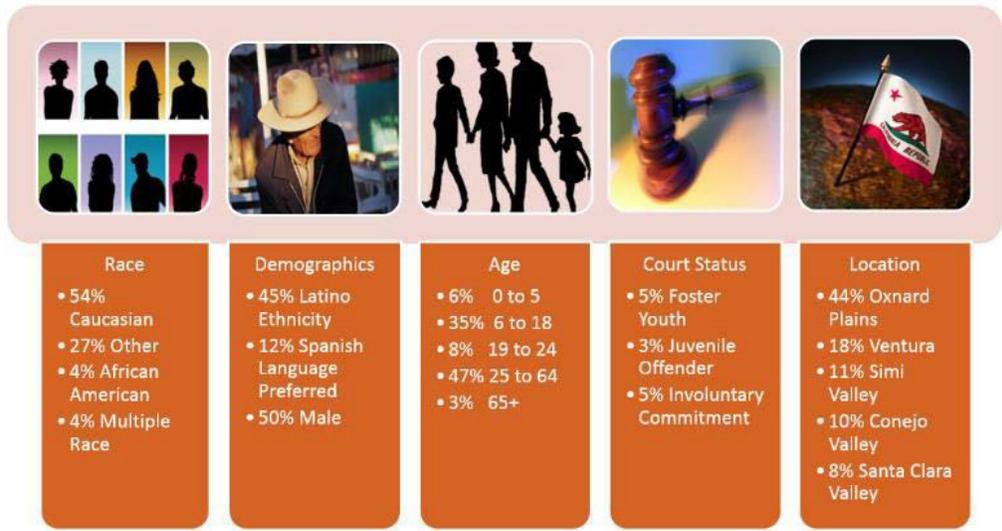
### **Quality of Care**

- The MHP's average overall approved claims per beneficiary increased from CY15 to CY16 and is higher than both the large county average and the statewide average in CY16.
- The MHP's average foster care approved claims per beneficiary increased from CY15 to CY16 but is lower than that for the large county average and greater than the statewide average in CY16.
- The MHP's average Latino/Hispanic approved claims per beneficiary increased from CY15 to CY16, and is higher than both the large county and statewide averages in CY16.
- The HCB percent continued to increase for CY16, and higher than the statewide average. The percent of all claims that are HCB also increased in CY16 and is higher than the statewide average. The MHP's analysis revealed the composition of the HCBs are consumers who utilize high-level residential treatment programs or are high utilizers of inpatient and crisis care.
- Consistent with the statewide diagnostic pattern in CY16, a primary diagnosis of depressive disorders accounted for the largest percentage of beneficiaries served. The MHP had a rate of deferred diagnoses that is below the statewide average. The MHP's approved claims dollars are consistent with its diagnostic patterns.

**Consumer Outcomes**

- In CY16, the MHP’s 7-day re-hospitalization rate increased from CY15 and is slightly greater than the statewide average.
- In CY16, the MHP’s 30-day re-hospitalization rate increased from CY15 and is higher than the statewide average.
- Considering the 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.

**VCBH Mental Health Consumer Characteristics**



Race shown here are the top four categories in our county. “Other” is a CSI category.

Source: Avatar, FY 16-17, CSI, and Demographics, History of Legal Status.

EQRO data analysis and internal reports conducted last year were used to identify potential unmet needs in the Medi-Cal population.

The Ventura County Behavioral Health’s Medi-cal population’s penetration rate is 3.99% and is lower than other Large sized Mental Health Plans (MHPs) ( 4.20%) and all other statewide (4.44%) MHPs. Our 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

To assess whether we serve consumers in an equitable manner, is to compare the penetration rates those served across racial/ethnic groups. In comparing the following groups, the penetration rates across racial/ethnic groups differ.

1. The penetration rates are as follows: Caucasian/Whites” is 6.14%, Hispanics is 3.12%, and African-American 8.42%, Asian is 1.79%, Native American is 8.03% and for others it is 5.84%
2. The highest penetration rates were for Caucasian/whites and African-American. The lowest penetration rate was observed among Hispanics and Asian/Pacific Islander.
3. The penetration rate for Hispanics was lower compared with Caucasian/White, and African Americans.
4. The statewide penetration rate for Caucasian/Whites was 6.01%, Hispanics 3.38% and African-American is 7.76%, Asian/Pacific 2.25% and Native American is 7.38%.
5. Ventura County Behavioral Health (VCBH) continues to commit in addressing the needs of the Hispanics population to increase the penetration rate.

### Gender

Males receive more Medi-Cal services than females, and have more approved claims. However, compared with a large county and statewide, the penetration rate is slightly lower.

### Language

Ventura County’s threshold language is Spanish. In comparing the service needs of English and Spanish speakers, 8,120 (86.1%) English speakers and 1,161(12.3%) Spanish speakers were served. In reviewing the Medi-Cal eligible data, there are 90,503 Spanish speakers residing in Ventura County. When applying 7.93% prevalence rate for serious mental illness and serious emotionally disturbed, the mental health need is estimated to be 7,177 of Spanish-speaking individuals. In calendar year 2016, the Ventura County Behavioral Health served 1161 Spanish- speaking Medi-Cal eligible for a of penetration rate 1.3%. This is an area the Ventura County Behavioral Health (VCBH) continues to address.

### Age

In reviewing the DHCS approved Claims and MMEF Data for age groups, the 0-5 population penetration rate is 1.83%, the 6-17 penetration rate is 4.98%, the 18-59 penetration rate is 4.35% and 60+ penetration rate is 2.59%. As shown in the data, the 0-5 population and 60+ have the lowest penetration rates. When comparing these two age groups with other large counties, the Ventura County Behavioral Health's 0-5 and 60+ populations are slightly higher. In comparing 0-5 and 60+ statewide penetration rates, the Ventura County Behavioral Health's penetration rates are slightly lower.

III. 200% of Poverty (minus Medi-Cal) Population and service needs. Please note that this information is posted at DMH Website at [Http://www.dmh.ca.gov/News/Reports\\_and\\_Data/default.asp](http://www.dmh.ca.gov/News/Reports_and_Data/default.asp).)

The county shall include the following include the following in the CCPR Modication (2010):

- A. Summarize the 200 % of proverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.
- B. Provide an analysis of disparities as identified in the above summary. This can be narrative discussion of the data. Data must support analysis.

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 Year 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:

1. Caucasian

CY 2013		CY 2014		CY 2015		CY 2016	
Prevalence Estimates (Prevalence Rate 8.77%)	Beneficiaries Served per Year (penetration rate 9.99%)	Prevalence Estimates (Prevalence Rate 8.77%)	Beneficiaries Served per Year (Penetration rate 8.33%)	Prevalence Estimates (Prevalence Rate 8.77%)	Beneficiaries Served per Year (Penetration Rate 7.7%)	Prevalence Estimates (Prevalence Rate 8.77%)	Beneficiaries Served per Year (Penetration Rate 6.14%)
2466	2809	2933	2786	3171	3648	4845	3395

2. Hispanics

CY 2013		CY 2014		CY 2015		CY 2016	
Prevalence Estimates (Prevalence Rate 7.88%)	Beneficiaries Served per Year (penetration rate 3.46%)	Prevalence Estimates (Prevalence Rate 7.88%)	Beneficiaries Served per Year (Penetration rate 3.15%)	Prevalence Estimates (Prevalence Rate 7.88%)	Beneficiaries Served per Year (Penetration Rate 3.31%)	Prevalence Estimates (Prevalence Rate 8.11%)	Beneficiaries Served per Year (Penetration Rate 3.12%)
7148	3167	7887	3157	7990	3722	13336	3829

3. African American

CY 13		CY 2014		CY 2015		CY 2016	
Prevalence Estimates Prevalence Rate	Beneficiaries Served per Year	Prevalence Estimates Prevalence Rate	Beneficiaries Served-per Year	Prevalence Estimates Prevalence Rate	Beneficiaries Served-per Year	Prevalence Estimates Prevalence Rate	Beneficiaries Served per Year
8.21%	11.93%	8.21%	10.19%	8.77%	10.6%	8.04%	8.42%
191	278	203	253	269	330	315	318

4. Asian/Pacific Islander

CY 2013		CY 2014		CY 2015		CY 2016	
Prevalence Estimates (Prevalence Rate 4.67%)	Beneficiaries Served per Year (penetration rate 1.73%)	Prevalence Estimates (Prevalence Rate 4.67%)	Beneficiaries Served per Year (Penetration rate 1.91%)	Prevalence Estimates (Prevalence Rate 4.67 %)	Beneficiaries Served per Year (Penetration Rate 1.99%)	Prevalence Estimates (Prevalence Rate 6.05%)	Beneficiaries Served per Year (Penetration Rate 1.79%)
416	154	747	305	955	522	530	630

5. Native American

CY 2013		CY 2014		CY 2015		CY 2016	
Prevalence Estimates (Prevalence Rate 11.16%)	Beneficiaries Served per Year (penetration rate 8.7%)	Prevalence Estimates (Prevalence Rate 11.16%)	Beneficiaries Served per Year (Penetration rate 10.19%)	Prevalence Estimates (Prevalence Rate 11.16%)	Beneficiaries Served per Year (Penetration Rate 7.91%)	Prevalence Estimates (Prevalence Rate 9%)	Beneficiaries Served per Year (Penetration Rate 8.03%)
33	30	41	37	59	42	61	49

6. Other

CY 2013		CY 2014		CY 2015		CY 2016	
Prevalence Estimates (Prevalence Rate 9.43%)	Beneficiaries Served per Year (penetration rate 6.37%)	Prevalence Estimates (Prevalence Rate 9.43%)	Beneficiaries Served per Year (Penetration rate 6.51%)	Prevalence Estimates (Prevalence Rate 9.43%)	Beneficiaries Served per Year (Penetration Rate 6.51%)	Prevalence Estimates (Prevalence Rate 8.57%)	Beneficiaries Served per Year (Penetration Rate 5.84%)
1002	677	1402	968	1524	1241	285	1502

Gender

CY 2015		CY 2016	
Prevalence Estimates (Prevalence Rate 7.55%)	Beneficiaries Served per Year (Penetration Rate 4.8%)	Prevalence Estimates (Prevalence Rate 7.55 %)	Beneficiaries Served per Year (Penetration Rate 4.7 %)
8398	4376	8398	4800

Ventura County Behavioral Health 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 as Ventura County Behavioral Health expects the percentages to be like previous findings.

Note: CPES Estimates generated for the DMH identify estimated number of people below the 200% poverty level that have mental health needs are below by race, age, and gender.

Comparing the rate of prevalence of mental health need in the community and the number of those we serve in the population, can assist Ventura County Behavioral Health with identifying disparities and allocating resources to help eliminate health disparities in the delivery of mental health services.

**Race/Ethnicity:**

Of those being served, in comparing the estimated needs (based on the above data) between all the ethnic groups being served by Ventura County Behavioral Health (White/Caucasian 38.4%, Hispanics 47.6%, African American 3.3%, Asian/Pacific Islander 6.6%, Native American 5%, Other 2.4%), it appears that the Hispanics are underrepresented compared to other ethnic groups. Hispanics make up the largest group in Ventura County. Ventura County Behavioral Health is diligently working on closing the gap by outreach and engagement to the Latino community. Based on the estimated needs of other ethnic groups, Ventura County Behavioral Health is meeting the demands.

**Language:** Future focus to improve Ventura County Behavioral Health’s data collection will be done through administrative and clinical staff training and by conducting reviews of the Ventura County Behavioral Health’s current data collection tools and systems. Based on internal data there are 86% of English speakers, 12.3% Spanish and 1% speak other languages.

**Age:** Across the age categories, youth under age five appear to have the lowest prevalence rate (8.80%); Compared to adults younger than 65, older Adult have the lowest prevalence rate (2.78%). This is an area that Ventura County Behavioral Health (VCBH) will continue to address.

**Gender:** Historically, there has not been a large disparity between the percentages of

females served and males served; it has hovered around 50% for male or female (+/- 2%). Ventura County Behavioral Health expects this lack of discrepancy to remain consistent with its current population served.

**IV. MHA Community Services and Supports (CSS) population assessment and service needs****The county shall include the following in the CCPR Modification (2010):**

- A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, and gender and other relevant small county cultural populations.
- B. Provide an analysis of disparities as identified in the above summary. This can be narrative discussion of the data. Data must support the analysis.

Updated MHA 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. Beginning in fiscal year 2018/19, a countywide needs assessment is currently being conducted.

Led by the community planning process, with results slated to be reported out by February 2019, the county plans to assess the following:

- Identify 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.
- Analyze the mental health needs in the community.
- Identify and re-evaluate priorities and strategies to meet those mental health needs."

From this current and up to date needs assessment, the county will be able to align programs and services within CSS. The needs assessment will include countywide surveys, focus groups and advisory group participation. A planning workgroup will convene, to review the gaps and needs identified and offer recommendations to the agency with regards community priorities, and to align with new SB1004 Mental Health

Services Act priority populations, which include but are not limited to the following priority groups:

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

The following 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

##### Client Demographic Data FY 15-16

N = 36\*

Gender	n	%
Female	20	56%
Male	16	44%
Age		
13-18	35	97%
19-21	1	3%
Ethnicity		
Hispanic/Latino	27	75%
Non-Hispanic	9	25%
Preferred Language		
English	27	75%
Spanish	9	25%

**CSS Program #2: Fillmore Community Project**

Client Demographic Data			FY 15-16
<b>Total Clients</b>			
N = 85			
<b>Gender</b>	<b>n</b>		<b>%</b>
Female	24		28%
Male	61		72%
Unknown	0		0%

**Age (the duplicate count is possible due to age progression)**

0-5	1	1%
6-12	38	45%
13-18	47	55%
19-24	2	2%

<b>Ethnicity</b>		
Hispanic	69	81%
Non-Hispanic	12	14%
Unknown/No Entry	4	5%

<b>Preferred Language</b>		
English	53	62%
Spanish	32	38%
Other Languages	0	0%

**CSS Program #3: Transitional Age Youth (TAY) Full Service Partnership (FSP) Outpatient Program****Client Demographic Data FY 15-16**

N=74

<b>Gender</b>	<b>n</b>	<b>%</b>
Female	35	47%
Male	39	53%

<b>Age</b>	<b>n</b>	<b>%</b>
18-25	74	100%

<b>Ethnicity</b>		
Hispanic/Latino	36	49%
Non-Hispanic	36	49%
Unknown/No Entry	2	3%

<b>Preferred Language</b>		
English	72	97%
Spanish	2	3%

**CSS Program #4: Transitional Age Youth (TAY) Outpatient (Transitions)**

**Client Demographic Data\* FY 15-16**

N=387

<b>Gender</b>	<b>n*</b>	<b>%</b>
Female	205	53%
Male	174	45%
<b>Age</b>		
18-25	387	100%
<b>Ethnicity</b>		
Hispanic/Latino	224	58%
Non-Hispanic	143	37%
Unknown/No	15	4%
Entry		
<b>Preferred Language</b>		
English	356	92%
Spanish	19	5%
Other	4	1%
Language(s)/Unkn		

**CSS Program #5: Adult Treatment Tracks**

**EPICS FY 15/16**

N=726

<b>Gender:</b>	<b>n</b>	<b>%</b>
Female	292	40%
Male	432	60%
Unknown	2	0%
<b>Age:</b> (the duplicate count is due to age progression within a fiscal year.)		
18-64	692	95%
65+	41	6%
<b>Ethnicity:</b>		
Hispanic	241	33%
Non-Hispanic	458	63%
Unknown/No	27	4%
Entry		
<b>Preferred Language:</b>		
English	677	93%
Spanish	39	5%
Other	11	2%
Languages		

Other Languages	121	2%
Unknown	1,121	13%

**CSS Program #6: Older Adults FSP Program****Client Demographics\* Fiscal Year 2015/16**

N=110

<b>Gender</b>	<b>n</b>	<b>%</b>
Female	77	70%
Male	33	30%
<b>Age</b>		
60-64	25	23%
65+	85	77%
<b>Ethnicity</b>		
Hispanic	22	20%
Non-Hispanic	88	80%
Unknown/No Entry	1	<1%
<b>Preferred Language</b>		
English	104	95%
Spanish	6	5%

**Telecare XP2****FY 15/16**

N=57

<b>Ethnicity</b>	<b>n</b>	<b>%</b>
Hispanic/Lati no	19	33%
White/ Not Hispanic	37	65%
Unknown/ No entry	1	2%
<b>Age Group</b>		
19 - 24 yrs old	7	12%
25 - 39 yrs old	26	46%
40 - 64 yrs old	23	40%
65 yrs old +	1	2%
<b>Gender</b>		
Male	38	67%
Female	19	33%
Unknown/No entry	0	0
<b>Preferred Language</b>		
Spanish	0	0
English	57	100%
Other	0	0

**CSS Program #7: Assist (Laura’s Law)**

**Table 7. Assist Consumer Demographics (N=74)**

Demographics	Consumers	% of Total
<b>Gender</b>		
Female	44	59%
Male	30	41%
<b>Age Group</b>		
TAY (19-25)	14	19%
26-35	27	36%
36-45	14	19%
46-55	12	16%
56-63	7	9%
<b>Race and Ethnicity</b>		
African American	7	9%
Caucasian	33	45%
Latino/Hispanic	17	23%
Other <sup>11</sup>	9	12%
Unknown	8	11%

Client Demographic Data*		FY 15-16
Number of Clients Served		
N=8,016		
Gender:	n*	%
Female	4,255	53%
Male	3,753	47%
Age (the duplicate count is due to age progression within a FY.)		
18-64	7,277	91%
65+	529	7%
<b>Ethnicity</b>		
Hispanic	2,572	32%
Non-Hispanic	4,462	56%
Unknown/No Entry	1,725	22%
<b>Preferred Language</b>		
English	6,862	85%
Spanish	533	7%
Other Languages	121	2%
Unknown	1,121	13%



**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 Modification (2010):

- A. Describe which PEI priority populations (s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

**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 of serving children and TAY (0-25 years) utilizing 51% of PEI funds.

During FY 2016-17, Ventura County categorized all PEI programs to align with regulations requirements and definitions. At that time, there were 7 required program categories and 3 required strategies to be included in each program. The program types are 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 summarizing the results of program categories- This was the beginning of alignment with new regulations.

Programs Serving Individuals or Families At Risk of or in Early Onset of Mental Illness							
Program/ Provider(s)	Program Categories						
	Prevention	Early Intervention	Improving Timely Access to Services for Underserved Populations*	Outreach for Increasing Recognition of Early Signs of Mental Illness	Access and Linkage to Treatment*	Stigma and Discrimination Reduction*	Suicide Prevention
<b>Outreach, Referral &amp; Engagement (OR&amp;E) Programs</b>							
One Step A La Vez	X		X		X	X	
Project Esperanza	X		X		X	X	
Tri County GLAD	X		X		X	X	
<b>Primary Care Program</b>							
Clinicas		X	X		X	X	
<b>Early Supportive Services</b>							
County		X	X		X	X	
<b>Promotoras Programs</b>							
MICOP	X		X		X	X	
PYPF	X		X		X	X	
<b>Rainbow Umbrella</b>							
Rainbow Umbrella	X		X	X	X	X	X
<b>Ventura Intervention and Prevention Services (VIPS)</b>							
Telecare		X	X		X	X	
<b>Wellness &amp; Recovery Centers</b>							
Adult: Turning Point	X		X		X	X	
TAY: Pacific Clinics	X		X		X	X	
<b>Wellness Everyday</b>							
Idea Engineering	X					X	X
<b>Crisis Intervention Team (CIT)</b>							
VC Law Enforcement				X	X	X	
<b>Positive Behavior Intervention and Supports (PBIS)</b>							
VCOE				X	X	X	
<b>Restorative Justice (RJ)</b>							
VCOE				X	X	X	
<b>safeTALK</b>							
VCOE				X	X	X	X

\*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

Community Program Planning Process (CPP) is the process used to identify 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 look at 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 under-served 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 which 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 reduce stigma and geographical barriers for access by Latinos countywide;
- 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****The county shall include the following in the CCPR Modification (2010):**

- I. List target populations, with disparities your county identified in Medi-Cal and all MHSa components (CSS, WET, and PEI)
  - A. Briefly describe the process and rationale the county used to identify and target populations(s) (with disparities) in its PEI population.
- II. Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).
- III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSa plans (CSS, WET, and PEI) for reducing those disparities described above.
- IV. Then discuss how the county measures and monitors activities/strategies for reducing disparities.
- V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET, and PEI).

**Identified Target Populations:**

Target populations with disparities that Ventura County Behavioral Health has identified in Medi-Cal and all MHSa components (CSS, WET, and PEI) are the following:

1. Serious Mental Illness (SMI)/ Severe Emotional Disturbance (SED)
2. Underserved/Un-served
3. Homelessness
4. School aged mental health grades K-12
5. College aged and TAY mental Health ages 16-25
6. Older Adults
7. LGBTQ
8. Priority ethnic groups identified in Ventura County as Hispanic/Latino, African American and Asian Pacific Islander

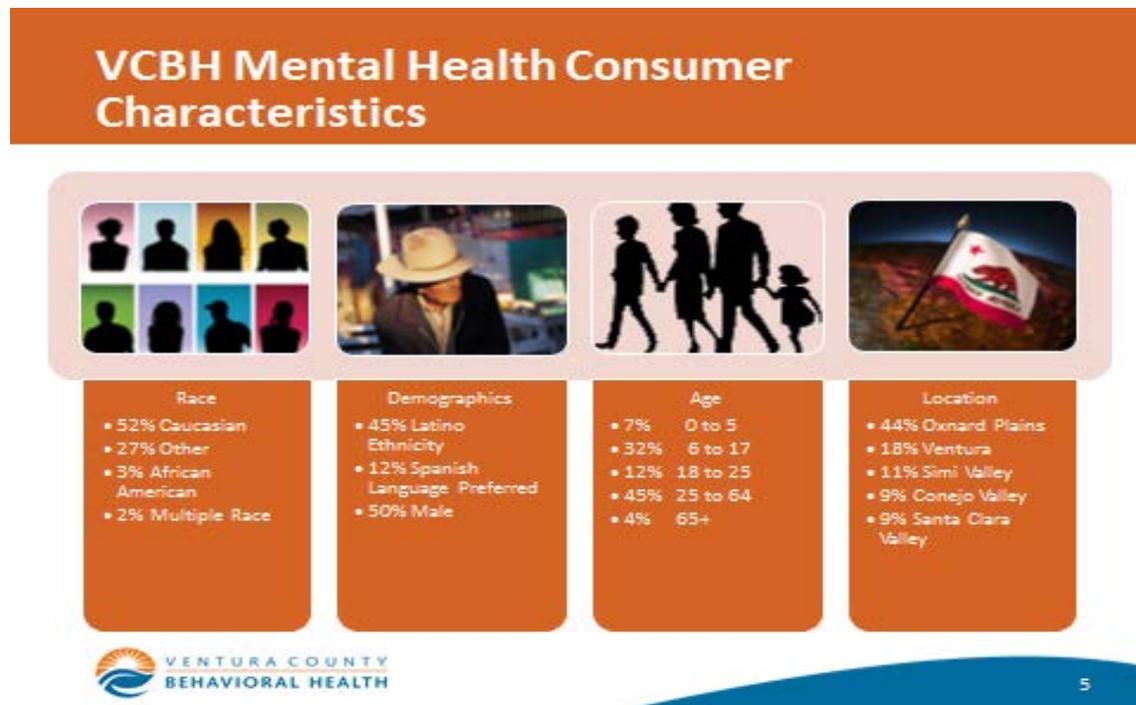
Process Used to Identified Target Population:

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.

**Table 1. Client characteristics –Source data: AVATAR, FY 16-17, CSI, and Demographics**



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

- **Employing the Promotoras Model-** A unique program offered by VCBH 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 2 programs employing 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 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.
- **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**
  1. One Step a La Vez (Latinos, including parents and youth, in Fillmore, Santa Paula and Piru)
  2. Project Esperanza (Latinos, including parents and youth, Santa Paula and Fillmore)
  3. Tri-County GLAD (deaf and hard of hearing throughout Ventura County)
  4. Rainbow Umbrella (LGBTQ community).
  5. RISE Program- (description of the program-previously mentioned)
  6. Logrando Bienestar-(description of the program-previously mentioned)
- **Early Supportive Services-** The primary goal of the program is to successfully link clients (0-18 years of age) to “The Early Supportive Services (ESS)” that provides focused, short-term, research-informed mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or juvenile justice involvement.
- **School Based Intervention Programs-** School-based intervention is a service strategy that is represented by the following programs that VCBH has contracted with the Ventura County Office of Education (VCOE) to implement in school districts and schools across the County. The programs implemented by VCOE 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 (Tell, Ask, Listen and KeepSafe)** 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-** The Mixteco project, Healing the Soul, is an innovative research project that is 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) -** The Children’s Accelerated Access to Treatment and Services is an innovation project that is proposing 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 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.
- **Assisted Outpatient Treatment:** California Assembly Bill 1421 (AB 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. AB1421 authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopt 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.”<sup>1</sup>
  - AOT changes the mental health system in three ways:
  - **Referrals:** AOT expands the referral process to allow “qualified requestors”<sup>2</sup> to refer someone to receive mental health services

<sup>1</sup> 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.

<sup>2</sup> 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.

- **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:
  - Re-convene the workgroup “Equitable Access to Mental Health Services for the Latino Community”
  - Promote community engagement by providing educational forums and developing natural community settings to be 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.
  - The WET plan (Exhibit) identifies key strategies which includes 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.
  - The WET plan (Exhibit) identifies key strategies which includes 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.

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

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

**Cognitive Behavioral Therapy (CBT)** valued in the behavioral health field to be highly effective and culturally sound evidence based treatment. Using the client's world-view, it is a culturally competent practice, especially when delivered by culturally responsive clinicians. As mental health providers are bound by a code of ethics to practice within their scope of competence and to be trained in treatments which they are not proficient, VCBH has contracted with The Academy of Cognitive Therapy. "The Academy of Cognitive Therapy™, a non-profit organization founded in 1998, supports continuing education and research in cognitive therapy, provides a valuable resource in cognitive therapy for professionals and the public at large, and actively works towards the identification and certification of clinicians skilled in cognitive therapy. 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 between the Adult and Youth and Family Divisions, all VCBH clinical staff and clinical contracted providers have received training in CBT by the Academy. Clinicians have received additional training in providing CBT in group and family treatment modalities in addition to individual treatment. More than 50 staff have received training in advanced CBT skills. To date, VCBH has 41 clinicians certified as CBT experts who serve to mentor and provide on-going clinical supervision to trained staff and 14 staff to provide continued CBT training. CBT adherence is measured through the use of the Cognitive Therapy Rating Scale (CTRS) used to rate recorded sessions. A peer mentoring model has been incorporated to support implementation, as recorded sessions are listened to in team meetings and fidelity to CBT is measured by the CTRS. Culturally sensitive and developmentally versatile outcome measures (PhQ9 and GAD7) are used.

### **Other Evidence based Practices**

- **Motivational Interviewing** is a SAMSHA recognized EBP. The clinical approach is helpful in the treatment of mental health and substance abuse. Clinicians are not required to be certified in Motivational Interviewing, but rather are trained in the 4 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** 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. VCBH staff (Youth & Family, Adult and ADP Division) and contractors trained to use Seeking Safety are provided with the manual to support provision of the model to fidelity.
- **Aggression Replacement Therapy** is a Promising Practice with serves youth – certification is required. 2 VCBH clinicians are certified. This skill building approach model is divided into 3 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.

### **PEERs Program**

The Program for the Education and Enrichment of Relational Skills (PEERS®) is a structured evidence-based social skills intervention for adolescents who are interested in learning ways to help them 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 assist their teens in making and keeping friends by providing feedback through coaching during weekly socialization homework assignments. It has a strong evidence-base for use with adolescents and young adults with autism spectrum disorder, but 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 Workforce Education & Training (WET) component is to develop a diverse workforce supporting 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 a MHSA component, the system of care relies on the ability for all concerned to work collaboratively in order to deliver client-and family-driven services, provide outreach to un-served and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

- I. For trauma exposed individuals – working with Southern County Regional Partnership to provide a series of Trauma Informed Care Training in 2018-19.

It will include the following topics in the series:

- a. Trauma Informed Care – Fundamentals
  - b. Trauma Informed Care – Substance Abuse
  - c. Trauma Informed Care – Complex Trauma
  - d. Trauma Informed Care – Eating Disorders
- II. Identified WET Disparities:
- a. Hard to fill positions: Psychiatrists, Mental Health Associates (Case Managers)- 23% vacancies, licensed clinical psychologists -37% vacancies, BHC – 22% vacancies, Addiction Treatment Specialists – 36% vacancies, community service coordinator – 48% vacancies, Mental Health Nurse – 33% vacancies, any clinical staff that is bilingual in Spanish/English
  - b. Reasons for difficulties in filling and retaining staff in these positions: low compensation, high rate of burnout, high caseloads, record keeping burden
- III. WET Strategies in place FY17-18:

VCBH offers a number of clinical training opportunities for students enrolled in mental health related degree programs. The training sites provide clinical fieldwork experience for students enrolled in a variety of educational programs which include Doctoral programs in Psychology, Masters 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 lend support to 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) that were fluent in Spanish (the County's threshold language). The ability to provide stipends for individuals that are fluent in the County's threshold language has increased the recruitment success.

In addition to stipends for the internship programs the department also provided other financial incentive programs to improve the ability to fill hard-to-fill positions. The department continued to implement a grant that supported the training of Psychiatric Mental Health Nurse Practitioners (PMHNP's) to address the shortages of psychiatrists. The department also funded a staff scholarship program which supported current staff in acquiring clinical degrees to prepare new clinical staff. This scholarship program placed emphasis on selecting bicultural and bilingual staff. The department also supported staff in the application process for the State's Mental Health Loan Assumption Program (MHLAP) that was funded through MHSA-WET funding. The MHLAP was instrumental in staff retention in hard-to-fill positions. Lastly, the department sponsored a loan forgiveness program for PMHNP's that became employed

to provide psychiatric services in our system. To incentivize employment, funding was issued to pay off school loans after completing a 1-year work obligation.

**How the county measures and monitors activities/strategies for reducing those disparities**

- Ventura County Behavioral Health (VCBH) plans and monitors efforts through a variety of quantitative and qualitative means: External Quality Review Organization (EQRO) and Department Health Care Services (DHCS) audits, annual Data-book, and MHSAs 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 furnish consistent information for the evaluation of child/youth treatment progress. VCBH is considering instruments relevant to adult system of care consumers but 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 are formally integrated.
- VCBH has continued efforts to improve the Quality Improvement (QI) function of the department, demonstrating ongoing involvement of the executive team with improvement activities. This past year the Quality Improvement Committee (QIC) Executive Work Group participated with projects on access, acuity, post-hospital follow-up, smoking cessation (PIP), and discharge planning. Integrated with this process is the Lean Six Sigma model, which produces a structure very similar to the PIP conceptualization and is heavily focused on data analytics. VCBH has plans for quarterly review of timeliness and other key data elements.
  - 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

### **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.

### **Tele-psych Performance Improvement Plan**

The project objective is to improve tele-psychiatry consumer perception of care and engagement levels. In doing so we will also be studying methods for improving the perceptions of care and engagement levels of the Spanish speaking individuals who receive the service. One of the goals of tele-psychiatry is to increase the monolingual Spanish speaking population access to a Spanish speaking provider. During 2018, 386 clients were served and the majority of which were located within the cities of Santa Paula and Oxnard (348: 386) and 43% were Spanish speakers. This service is an important means to promote Health Equity via the potential to improve service delivery and client satisfaction. The most recent consumer engagement survey highlighted opportunity to improve tele-psychiatry consumer perception of care and engagement levels. The 2016 consumer engagement survey yielded 32 responses out of 82 consumers contacted. Opportunity exists to improve utilization and response rates. No consumer engagement survey was conducted in 2017 or 2018.

Based upon the annual 2016 Consumer Satisfaction survey, 31% of consumers completing 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 goal of the Tele-psych performance improvement project is to identify and implement current state strategies to reach enhanced tele-psychiatry perception of care and engagement levels, via 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 is to address the gap in access to specialty mental health services for the adult and youth Latino population in Ventura County.

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 remains a gap in the number of Latino clients served. This requires an outcome driven strategic plan of action.

The goals for this project are to improve access to specialty mental health services for the adult and youth Latino population in the city of Santa Paula and identify strategies to reach enhanced access goals via study of data trends, contributing factors to changes in penetration rate over time, and literature review.

### **How are WET activities 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 and several have been identified for specialized training to become a certified diplomat. Review of session tapes and utilizing a rating scale to score the sessions in coaching groups has been very effective to monitoring and ensuring competency to the model. In considering other evidence based practices, it is very challenging as they require a significant ongoing allocation of resources and labor hours to maintain fidelity in these treatment approaches. Some evidence based practices are very costly to implement and maintain and this will continue to be a challenge. The other challenge is some of the evidence based practices are not all culturally tested and proven to be effective considering diversity of the populations in our clinics.

The internship programs are very effective in providing training in public mental health and encouraging 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.

What VCBH learned during EQRO Consumer Focus groups site review (April 3-5, 2018)

- Initial access to services took between one and two weeks, with majority experiencing the longer duration
- The first psychiatry appointment occurred within one month for all participants
- Use of the wellness center is limited to a very small subset of session participants. The classes and groups were reportedly beneficial. A need for more activities, outreach, and groups in Spanish was identified.
- Recommendations for improving care included the following:
  - More wellness center activities, groups, and sessions in Spanish.
  - Not all consumers are aware that VCBH provides transportation assistance to consumers
  - Improve the privacy offered in the school therapy rooms, which have limited sound-proofing
  - Improve the communication between the therapist and the schools so that messages are more consistent and uniform, and therapist, which often experienced by parents as conflicting messages.
  - Provide child care for times an older child has an appointment
- Barriers for seeking care associated with stigma and custody issues

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

**I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.**

**The county shall include the following in the CCPR Modification (2010):**

- A. If so, briefly describe the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee)- The so inclusive committee shall demonstrate how cultural competence issues are included in committee work.
- B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.

The Culture, Equity Advisory Committee was established to support VCBH efforts in meeting the cultural and linguistic needs of all Ventura County residents. Under the direction of the Office of Health Equity and Culture Diversity, the objective is to promote 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-wide planning efforts. CEAC member main goals are:

- Advocate for culturally competent services;
- Advocate for outreach to underserved, un-served, and/or inappropriately served communities;
- To provide recommendation on how to reduce mental health disparities for racially, ethnically, and culturally diverse communities
- Work in collaboration with VCBH administration to address disparities

The committee is integrated with VCBH Quality Improvement Department. As mentioned previously the QMAC Plan incorporates a Health Equity Committee. The

QMAC Health Equity Committee membership is comprised of representation from the Culture Equity Advisory Committee. The QMAC Health Equity Committee evaluates information regarding the current type number and geographic distribution of Mental Health Services in the system and systematically reviews the twelve QMAC focus areas through a health equity lens.

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. Ventura County Behavioral Health's policies such as Stakeholder Collaboration, Cultural and Linguistic Competency, formally establishes and recognizes the CEAC and Cultural Competence requirements as an essential component to service planning and delivery. Culture Equity Advisory Committee membership below:

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

## CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

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

#### The county shall include the following in the CCPR Modification (2010):

- A. The county shall develop a three year training plan for required cultural competence training that includes the following: (the county may submit information from the county's WET plan provisions for training. The county shall describe how training efforts are integrated and can reasonably be expected to create and maintain a culturally competent workforce).
1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three year period.
  2. How cultural competence has been embedded into all trainings.
  3. A report list of annual training for staff, documented stakeholder invitation. Attendance by function to include: Administration/Management, Direct Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community-based Organizations/Agency Board of Director, and if available, include if they are clients and/or family members.
- B. Annual cultural competence trainings 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 (Diversity groups, LGBTQ, SES, Elderly, Disabilities, etc.)
  6. Mental Health Interpreter Training
  7. Training staff in the Use of Mental Health Interpreters

1. The Ventura County Behavioral Health projects that approximately 602 VCBH staff will need to be trained annually based on 2018 staffing levels.
2. Per policy, upon hire all staff attends cultural competence

training and completes a minimum of two-hour of cultural competence training on an annual basis.

3. Trainings are provided by subject matter experts with expertise in the delivery of culturally and appropriate services in delivery of mental services based on their respective disciplines. Also, staff must take a pre-test before they register for the class and a post-test after the class. VCBH Training Institute tracks all training records.

Annual Cultural Competence Report for FY 17/2018

Name of Training	Description of Training	Training Hours	Attendance by Function	No. of Attendees and Total	Date(s) of Training	Name of Presenter
Cultural Competency - Sexual Orientation, Gender Identity and Expression Training	Primer of SOGIE terminology and concepts. It is aimed at creating a basic level of competency. To help all participants to increase knowledge, tools, and resources for working with lesbian, gay, bisexual, and transgender (LGBT) youth in Ventura County Behavioral Health.	2	Direct Services	15		
			Direct Services Contracted Providers	1		
			Admin	3		
			Interpreter	0		
			Total	19		
Cultural Competency - The Use of Multifamily Groups to Improve Outcomes in Latinos with Serious Mental Illness	This course will describe a culturally adapted, family-based intervention designed to promote treatment adherence among Mexican-Americans with serious mental illness.	2	Direct Services	23		
			Direct Services Contracted Providers	13		
			Admin	10		
			Interpreter	0		
			Total	46		
Cultural Competency - LGBTQ Rise Training	RISE has developed a train the trainer (T4T) program for potential and existing trainers working for private and public agencies. This program focuses on the skills and knowledge needed in order to deliver the RISE Program's evidence-informed Staff Training on Working with LGBTQ+ Foster Youth. The T4T Program is based upon strengths-based, best practices for supporting LGBTQ+ youth, including principles for effective communication. At the core of the RISE training, is the belief that with skilled, thoughtful and targeted interventions, LGBTQ+ youth can achieve permanency and positive outcomes in safe and loving homes.	2	Direct Services	10		
			Direct Services Contracted Providers	3		
			Admin	0		
			Interpreter	0		
			Total	13		
Cultural Competency - Implementing Evidence-Based, Culturally-Responsive Strategies for Engaging Latino's Families in Y&F Service	This talk has a central aim of reducing disparities in care by discussing provider implementation of evidence-based, culturally-responsive strategies for engaging Latino's families in community-based mental health services.	2	Direct Services	31		
			Direct Services Contracted Providers	30		
			Admin	3		
			Interpreter	0		
			Total	64		
Cultural Competency - LGBTQ+ Issues in The Latino/a Community	Clinical work with Latino/a/x LGBTQ+ individuals requires knowing and integrating information related to various areas, issues present in developing a gay, Lesbian, bisexual, Transgender, Queer/questioning and other identities related to sexual orientation and gender are impacted by an individual's ethnic identity, immigration/acculturative stress and family of origin history. This presentation reviews these issues and highlights the importance of including an individual's family when doing clinical work related to identity development and "coming out."	2	Direct Services	35		
			Direct Services Contracted Providers	30		
			Admin	6		
			Interpreter	0		
			Total	71		
Cultural Competency - Exploring LGBTQ Generations: Honoring Our Passage	This course examines the historical, cultural and geographical factors that contribute to the diverse make-up of the LGBTQ population. Theory and research of human development are explored and applied in this presentation, including insight into barriers and stigma faced by the various LGBTQ generations and sub-communities.	2	Direct Services	40		
			Direct Services Contracted Providers	6		
			Admin	5		
			Interpreter	0		
			Total	51		
Cultural Competency - Trauma on Families of Deported Family Members	This presentation will examine the extent of this treatment gap in Latinos in California and describe how a local public behavioral health agency and ethnically and culturally diverse community leaders have come together to transform the mental health services delivery for Latinos and two other underserved communities.	2	Direct Services	38		
			Direct Services Contracted Providers	25		
			Admin	4		
			Interpreter	0		
			Total	67		
Cultural Competency - Suicide Prevention Strategies: Trauma, Healing and Resilience in the Latino Community	Empowering Professionals, Families and the Community is vital to the reduction and risk of suicidal behaviors.	2	Direct Services	40		
			Direct Services Contracted Providers	27		
			Admin	6		
			Interpreter	0		
			Total	73		
Cultural Competency - Integrating Cultural Competency into Daily Practices	This presentation is designed to develop participants' competencies in understanding, first, the historical challenges found in the integration of cultural competencies	2	Direct Services	32		
			Direct Services Contracted Providers	16		
			Admin	10		
			Interpreter	0		
			Total	58		
Cultural Competency - Mixtec Culture and Perspectives on Mental Health	The presentation will teach audience about Mixteco culture and mental health, and will provide background on the Mixtec community.	2	Direct Services	28		
			Direct Services Contracted Providers	19		
			Admin	5		
			Interpreter	0		
			Total	52		
Cultural Competency - Indigenous Knowledge Conference	Presentations to learn more about gender issues affecting the indigenous Mexican community.	2	Direct Services	25		
			Direct Services Contracted Providers	0		
			Admin	6		
			Interpreter	0		
			Total	31		
Cultural Competency - Disaster Setting	For this reason, workers in our Nation's public health and human services systems increasingly recognize the importance of cultural competence in the development, planning, and delivery of effective disaster mental health services.	2	Direct Services	6		
			Direct Services Contracted Providers	14		
			Admin	4		
			Interpreter	0		
			Total	24		

Cultural Competence Trainings Topics provided to VCBH staff and stakeholders for 2017-2018:

1. Implementing Evidence- Based, Culturally- Responsive Strategies for Engaging Latino/a Families in Youth Mental Health Services by Dr. Jonathan Martinez
2. LGBTQ + Issues in the Latino/a Community by Dr. Marta A. Alquijay,
3. Exploring LBGTO Generations: Honoring Our Passage by Richard L. Zaldivar
4. Trauma on Families of Deported Family members by Dr. Sergio Aguilar-Gaxiola
5. Suicide Prevention Strategies: Trauma, Healing and Resilience in the Latino Community by Dr. Luis M. Garcia

6. Integrating Culture Competency in Behavioral Health Practices, by Rachel Guerrero
7. Mixtec Culture and Perspectives on Mental Health by Arcenio J. Lopez
8. Mental Health Outreach for Deaf & Hard of Hearing by Julianna Fjeld
9. Enhancing Cultural Humility with Diverse Families in the Community-Based Mental Health Settings by Dr. Jonathan I. Martinez
10. The Use of Interpreters in a Healthcare Setting (4 sessions) by Jose Garcia
11. Cultural Factors to Consider in Engaging Families and Working Together on Treatment Goals in the Recovery Process by Dr. Luis M. Garcia
12. Cultural Competency, Health, Mental Health & Spirituality by Dr. Leticia Ximenez
13. Cultural Formulation Interview by Dr. Leticia Ximenez

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

- A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and relevant small county cultural communities. Topic for Client Culture training are detailed on page 18 of the CCPR (2010) form DMH Information Notice 10-02.
- B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:
  1. Family focused treatment;
  2. Navigating multiple agency services; and
  3. Resiliency.

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.

**CRITERION 6: ORGANIZATION'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF****I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations.**

The county shall include the following in the CCPR Modification (2010):

- A. Extract and attach 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 Mental Health System.
- B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty date. Rationale: will give ability to improve penetration rates and eliminate disparities.
- C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.
- D. Share lessons learned on efforts in rolling out county WET Implementation efforts.
- E. Identify county technical assistance needs.

**Workforce Education and Training (WET)**

The goal of the Workforce Education & Training (WET) component is to develop a diverse workforce supporting 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 a MHSA component, the system of care relies on the ability for all concerned to work collaboratively in order to deliver client-and family-driven services, provide outreach to un-served and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include 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. The WET Coordinator will continue to provide oversight of WET programs through FY 2017/18 when the WET programs conclude. Supplemental support will be provided by other departments and staff within the VCBH administration as needed during the final year of the WET plan.

### **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 continues by gathering feedback from a variety of stakeholders including educational institutions, clients, family members, Community-Based Organizations (CBOs) representatives, and representatives from professional organizations within the community.

The Training Institute provided clinical staff with a solid foundation of **Cognitive Behavioral Therapy** training. This reinforces the structure and direction of VCBH clinical services. In addition to the basic CBT course, additional advanced CBT training in specialty topics was provided as indicated in the following table.

<b>Program Highlights: FY16-17</b>	
<b>Number Trained Per Topic</b>	<b>Accomplishments</b>
<ul style="list-style-type: none"> <li>Using CBT with Groups (47)</li> <li>Trauma and CBT (97)</li> <li>CBT and Culture (130)</li> <li>Trial Based CBT (84)</li> <li>Family Therapy and CBT (47)</li> </ul>	<ul style="list-style-type: none"> <li>43 clinicians have reached the level of CBT Diplomat</li> <li>43 trained as CBT Coaches</li> <li>12 Diplomats identified as CBT ongoing trainer</li> <li>Train-the-Trainer program yielded sustainable CBT training program</li> <li>CBT coaches continually ensuring fidelity to the model.</li> </ul>

VCBH will continue to provide ongoing training in CBT through CBT Diplomats that have participated in a Train the Trainer program. This will enable the training of staff in CBT in subsequent years as WET funding comes to an end. VCBH will continue to look for funding opportunities through grants as those become available, but training will no longer be under the auspices of MHS/WET, as funding will expire on June 30, 2018.

### **Mental Health Career Pathways**

This program has included 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, Language Assistance Services which helped to ensure that Limited English Proficient (LEP) persons had access to services as needed, 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 which is not available through the WET plan. Some of the projects like the high school curriculum and the community college certificate programs were always intended to be adopted by the educational institutions once the materials were developed. The local community college and high school have elected not to allocate funding for these

two projects due to budget constraints and insufficient staffing resources within these community partnerships.

These programs have concluded or are no longer being funded. The language services are provided now through traditional interpretive services and are not funded through WET funding.

The Client Recovery Education Center and the Language Assistance Service are no longer funded through WET. The other two programs are no longer active.

A grant through OSHPD has been awarded to VCBH to fund a career pipeline program for high school and undergraduate students for FY 17-18. This grant will provide career information and mentoring to high school students from underserved communities and fund stipends for the Mental Health Associate (MHA) Internship program. After FY17-18, there will be 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**

The training sites provide clinical fieldwork experience and training for students enrolled in a variety of educational programs which include doctoral programs in Psychology, Masters 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 and 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, helping to improve accessibility for mono-lingual Spanish-speaking clients and their families. The multi-cultural group of interns also helped to continue to enhance 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 those students that 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 that are fluent in the County's threshold language of Spanish, the Psychiatric Mental Health

Nurse Practitioners (PMHNPs) training program, and MHA Internship program. The second type of financial incentive program was a scholarship program for current staff, clients, and family members that are interested in pursuing advanced degrees in the mental health field. Applicants that are bilingual in Spanish/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. This table below is a summary for Financial Incentive Programs.

### Program Highlights: FY16-17

#### Accomplishments

- 30 students in FY16-17 and 31 students in FY17-18 received stipends
- 64% of the 30 students above were fluent in Spanish
- 3 staff in FY16-17 (Some fluent in Spanish)

The financial incentive programs have provided much needed financial assistance to staff and students that are pursuing costly advanced degrees. This program has encouraged employment of students and staff retention and job satisfaction for employees, especially those that are fluent in Spanish and are bi-cultural, in hard to fill positions.

Due to the geographical location of Ventura County, challenges continue in recruitment of students 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.

**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**

Job Title	AMIND	ASIAN	BLACK	HISPA	PACIF	WHITE	TOTAL
Accountant II				1			1
Accounting Assistant II				4			4
Accounting Technician		1					1
Administrative Assistant I				2			2
Administrative Assistant II				3			3
Administrative Assistant III						1	1
Administrative Assistant IV				2			2
Alcohol/Drug Treatment Spe II		1	4	13		15	33
Alcohol/Drug Treatment Spe III			1	6		4	11
Behavioral Health Clinician I			1	9			10
Behavioral Health Clinician II		1		29		9	39
Behavioral Health Clinician IV		1	1	4		21	27
Behavioral Health Clinician III		3	5	53		55	116
Behavioral Health Division Mgr			1			3	4
Behavioral Health Manager II		1		6		11	18
Behavioral Hlth Clinic Adm III			1	11		21	33
Clerical Supervisor III						1	1
Clinical Nurse Manager						1	1
Collections Officer III				1			1
Community Services Coord				16		4	20
Community Services Worker III				3			3
Courier III				1			1
Crisis Team Clinician			1	1		2	4
Director Behavioral Health			1				1
Management Assistant II			2	1		6	9
Management Assistant III						4	4
Manager, Accounting II		1					1
Medical Billing Specialist I				2			2
Medical Billing Specialist II						1	1
Job Title	AMIND	ASIAN	BLACK	HISPA	PACIF	WHITE	TOTAL
Medical Billing Specialist III				1		1	2
Medical Billing Specialist IV				1			1
Medical Office Assistant III				1			1
Medical Office Assistant IV				3			3
Mental Hlth Associate		3	5	38		12	58
Mental Hlth Associate-Lic	1			2	2	7	12
Office Assistant II				2			2
Office Assistant III				29		11	40
Office Assistant IV				19		6	25

Cultural Competency Plan

2018-2020

Office Systems Coordinator II				2			2
Office Systems Coordinator IV				1		2	3
Per Diem Registered Nurse II						1	1
Pharmacist II		1					1
Principal Accountant		1				1	2
Program Administrator I				1		2	3
Program Administrator II				5		1	6
Program Administrator III	1	1		2		7	11
Program Assistant				1			1
Psychiatric Technician-IPU				1		2	3
Registered Nurse-Mental Health		2		3		4	9
Research Psychologist				1			1
Senior Accountant			1				1
Senior Accounting Technician		2		2		2	6
Senior Crisis Team Clinician				1		9	10
Senior Crisis Team Clinician-PDP						1	1
Senior Finance Analyst		2					2
Senior Manager, Accounting						1	1
Senior Patient Rights Advocate						1	1
Senior Program Administrator			1	2		2	5
Senior Psychologist				4		8	12
Sr Behavioral Health Manager		1		1		1	3
Sr Registered Nurse-MentalHlth		3		2		8	13
Staff Psychologist			1	2			3
Staff/Services Specialist II						1	1
Supervisor-Mntl Hlth Svcs						1	1
Technical Specialist IV-PH						1	1
Grand Total	2	25	26	295	2	252	602

A. Share lessons learned on efforts in rolling out organization's workforce planning and implementation efforts.

The internship programs are very effective in providing training in public mental health and encouraging 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.

Identify county technical assistance needs.

None identified at this time

**CRITERION 7: LANGUAGE CAPACITY****I. Increase bilingual workforce capacity**

- A. Evidence of dedicated resources and strategies the organization is undertaking to grow bilingual/bicultural staff capacity.
1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual/bicultural staff capacity to address language needs.
  2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.
  3. Total annual dedicated resources for interpreter services.

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 those candidates who indicate on the employment application that he/she is 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.

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

Program Provider	Cost	Description
Lourdes Campbell and Associates	\$403,684	In person translation services- Primarily Spanish (85%)
Health Care Interpreter Network	\$1,208	Mobile translation services- All languages
Mixteco Indigena	\$6,120	Spanish to Mixteco Translation
Language Line	\$12,202	Phone translation services- Primarily Spanish (84%)
LifeSigns	\$9,780	American Sign Language (ASL)

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

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

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Services, 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 grow 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 so as to meet the client’s linguistic capability.

Ventura County Behavioral Health has policies and procedures in place and implemented for a 24-hour access phone line that is available to all individuals, including those that 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 provides training on Language Line usage as needed.

B. Evidence that 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 are posted in reception areas informing clients of language assistance services. All signage is available in English and Spanish. When a client needs language assistance an interpreter will be called. Clients are informed that an interpreter will be provided at no cost to them. This signage is available and can easily assist a client in self-identifying his/her language by simply pointing.

C. Evidence that the organization accommodate persons who have LEP by using bilingual/bicultural staff or interpreter services.

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

E. Identify county technical assistance needs.

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

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

A. Evidence of availability interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.

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

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

As mentioned above: Throughout clinics and programs, signs are posted in reception areas informing clients of language assistance services. All signage is available in English and Spanish. When client needs language assistance an interpreter will be called. Clients are informed that an interpreter will be provided at no cost to them. This signage is available and can easily assist a client in self-identifying his/her language by simply pointing.

Beneficiary Rights and Responsibility material is posted and available in English and Spanish in all clinics. Additionally, bulletins regarding the availability of interpreter services and Language Line are posted throughout clinic and program sites. 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 in providing interpretation services.

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

The county shall include the following in the CCPR Modification (2010):

- A. Policies, procedures, and practices the county uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.
- B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to cultural and linguistically appropriate services.
- C. Policies, procedures, and practices that comply with following Title VI of the Civil Rights Act of 1964 requirements:
  - 1. Prohibiting the expectation that family members provide interpreter services;
  - 2. A client may choose to use a family member or a friend as an interpreter after being informed of the availability of free interpreter services; and
  - 3. Minor children should not be used as interpreters.

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

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

The county shall have the following available for review during 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, and
  - 9. Evidence of appropriately distributed and utilized translated materials.
- B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the client's preferred language.
- C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results

- D. Report mechanism for ensuring accuracy of translated materials in terms of both language and culture.
- E. Report mechanism for ensuring translated materials are at an appropriate reading level (6<sup>th</sup> grade).

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 services offered to them (**EXHIBIT**), general welcome and correspondence (**EXHIBIT**), new client orientation (**EXHIBIT**), beneficiary rights (**EXHIBIT 1**), problem resolution processes and forms (**EXHIBITS**), release of information form (**EXHIBIT**), informed consent for medication form (**EXHIBIT 19**), compliance hotline (**EXHIBIT**), informative mental health materials (**EXHIBITS**), state fair hearings (**EXHIBIT**) and privacy practices and advance directives (**EXHIBITS**). Availability of materials in waiting rooms is also monitored for all the Ventura County Behavioral Health (VCBH) clinic sites.

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

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

Currently, level 3 staff translates documents for the department. This is an area that the Ethnic Services Manager intends to research the best or most efficient method to determine accuracy.

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****I. Client driven/operated recovery and wellness programs**

- A. List client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

- **The Adult Wellness Center (AWC)**

The Adult Wellness Center is contracted to the Turning Point Foundation and 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. Toward this goal, 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 Client Network 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 that provide individual client support, resources and referrals, and collaboration with community partners. This program conducts outreach activities to increase engagement with clients and is seen as a hub for clients gathering for support.

- **TAY Wellness Center**

The TAY (Transitional Age Youth) Tunnel ran by Pacific Clinics is a TAY drop in center developed and run by and for peer members. Transitional Age Youth, 18-25 years of age, 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 group including job preparation and employment readiness, computer skills, substance use awareness, housing opportunities and support, yoga, recreational outings and more. There are featured activities on site 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 as well as 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 on site. The TAY Tunnel empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment. By creating stepping stones to independent living, we can all light the path to happier and healthier lives.

- **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.

- **Client Network**

The Client Network is a peer-run advocacy organization with a client-centered approach to mental health recovery. It empowers clients to become full partners in their unique treatment and recovery journeys. The Client Network advocates for consumers by promoting measures that counteract stigma and discrimination against mental health recipients through increasing client representation, involvement, and empowerment at all levels of the mental health system. The Client Network promotes hope, respect, personal empowerment and self-determination through client-driven mental health services and programs. 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. The program includes peers that provide individual client support, resources and referrals, and collaboration with community partners. This table below is a summary for Client Network.

- **Transformational Liaison**

Transformational Liaison includes individuals with personal experience within the mental health system as clients or family members. They provide advocacy, 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 is responsible for providing orientations to clients and their family members who are new to the behavioral health system. These orientations serve to welcome clients and conducted at all adult clinics. They are also offered in Spanish. Additionally, the liaison mitigates general-support cases in the office, phone, and in the field to people as well as offering referrals to behavioral health and other resources. This table below is a summary for Transformational Liaison.

- **Family Access and Support Team (FAST)**

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

support parents in strength-based, skill-building and increasing knowledge regarding their child's mental health status. It also addresses increasing knowledge regarding services and resources to assist in alleviating crises.

## **II. Responsiveness of mental health services**

- 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.
- B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.
- C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services. (counties may include a.) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or b.) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services programs (e.g. number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)
- D. Evidence that the county has assessed factors and developed plans to facilitate the ease 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); and
  - 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 community settings.

The Ventura County Behavioral Health offers a variety of referral options to meet the cultural needs of consumers. Referrals are done via the Screening Triage Assessment and Referral (STAR) Team, Rapid Integrated Support and Engagement( RISE) Team, Logrando Bienestar (Achieving Wellness), 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). 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.

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

The Ventura County Behavioral Health participates 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 Ventura County Behavioral Health disseminates written materials that advertise how to obtain services in Ventura County and the availability of the Access Line in English and Spanish (**EXHIBIT**).

See the outreach report.

### **Transportation**

Regarding transportation, the Ventura County Behavioral Health in fiscal year 2011 implemented a new transportation program that will make transportation available to program sites across the Ventura County Behavioral Health. 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.

### **Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds.**

The County follows regulations for facilities to be American's with Disability Act (ADA) compliant and contractors are required to do the same.

As part of an ongoing System's Change effort, the Ethnic Services Manager in collaboration with the Ventura County Behavioral Health's facility manager will be engaged in promoting a redesign project to promote welcoming environments throughout Ventura County Behavioral Health. This will include possibly updating wall colors, furniture and art, including photos and drawings that reflected diverse cultural backgrounds.

### **Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships.**

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



**III. Quality Assurance**

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under 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 determined the outcome of services to consumers from diverse cultures included, but not limited to the following:

The county shall include the following in the CCPR Modification (2010):

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

The VCBH Quality Assurance 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
- Documentation Review
- Patient Safety & Medication Practices
- Coordination & Continuity of Care
- Network Adequacy & Service
- Advanced Prevention &

*Criterion 8: Adaptation of Services*

- Provider Appeals/ Grievances Distribution

- Awareness
- Staff/ Provider Satisfaction & Development

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

This is a focus area in the Quality Assurance Performance Improvement Plan.