VENTURA COUNTY
BEHAVIORAL HEALTH

Cultural Competence Plan

Annual Update FY 2025/2026

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

Cover Sheet

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OVERVIEW

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

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

This Fiscal Year's (FY) 2025-2026 Annual Update to the current Cultural Competence Plan (CCP) serves as a guide for addressing health disparities and fostering cultural competence across the County's behavioral health system. The report provides an overview of initiatives related to cultural competency, including the assessment of service needs, implementation of disparity-reduction strategies, language accessibility, race and ethnicity considerations, cultural competency training, and our ongoing focus on cultivating a diverse and multicultural workforce.

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

Mission Statement:

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

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

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

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

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

The Cultural Competence/Equity Services Manager (CC/ESM) position, along with its responsibilities, has been assigned. In February 2025, OHET was formally integrated into the Mental Health Services Act (MHSA) team to enhance collaboration with equity-related goals.

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

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

The Cultural Competence/Equity Services Manager (CC/ESM) operates through the Office of Health Equity to work closely with stakeholders and community organizations. This collaboration provides ongoing support and oversight in several areas, including technical assistance, training, and one-on-one support. The areas of focus include program development, planning, and evaluation. Regular meetings with community-based contract providers are held to review program progress, mandatory data collection, reporting, and program evaluation. These providers are also included in any department sponsored training. By including these providers in all offered courses such as cultural competence, the system's provider network is strengthened, expanding knowledge on the importance of culture in care delivery.

Duties and Responsibilities of the ESM

The Equity Services Manager (ESM) collaborates with the VCBH Director and maintains consistent engagement and collaboration with division teams to plan, implement, monitor, and evaluate the Ventura County Behavioral Health's (VCBH) cultural and linguistic healthcare, outreach services, and programs. The ESM's responsibilities include:

1. **Management and Leadership Involvement:** Participating as an official member of the behavioral health management/leadership team, making program and procedure policy recommendations to the behavioral health director.
2. **Cultural Competence Planning:** Developing and implementing cultural competence planning within the VCBH organization.

3. **Community Needs Assessment:** Regularly assessing community needs through cultural and linguistic proficiency and racial equity, engaging Division Managers in this process.
4. **Policy and Compliance:** Participating in and providing approval for planning, policy, compliance, and evaluation components of the County system of care, making recommendations to ensure access to services for ethnically and culturally diverse groups.
5. **Behavioral Health Service Development:** Promoting the development of responsive behavioral health services that meet the diverse needs of the county's racial, cultural, and ethnic populations.
6. **Program Planning:** Oversight in the development of planning documents, contracts, proposals, and grant applications to ensure the delivery of behavioral health services to unserved/underserved and marginalized ethnic groups and protected populations within Ventura County.
7. **Policy and Procedure Development:** Oversight in the development and implementation of policies and procedures that impact services for racially, ethnically, and culturally diverse beneficiaries.
8. **Legislative Feedback:** Reviewing and providing feedback to the Behavioral Health Director on materials generated at the State and local levels, including proposed legislation, State plans, policies, and other documents.
9. **Monitoring and Compliance:** Oversees the monitoring of county and service contractors to ensure the delivery of services is in accordance with local and State mandates affecting unserved, underserved, or inappropriately served populations.
10. **Cultural Competence Plan Management:** Developing and managing the implementation of the cultural competence plan, including training and education programs for division managers.
11. **Staff Training Programs:** Collaborates with the Training Department in developing programs to assess the cultural competency of staff and establishing a minimum core curriculum standard for annual diversity training.
12. **Community Engagement:** Maintaining ongoing relationships with community organizations, planning agencies, and the community at large.
13. **Facility Assessment:** Visiting and assessing VCBH facilities, making recommendations about facility changes and locations in accordance with the needs of diverse populations.
14. **Monitoring and Feedback:** Overseeing the development, managing, and documenting process for monitoring access, responsiveness, and providing corrective feedback regarding all unserved, underserved, and inappropriately served cultural populations.

15. **Advocacy and Support:** Overseeing the process of maintaining an active advocacy, consultative, and supportive relationship with beneficiary and family organizations, local planning boards, advisory groups, task forces, the State, and other behavioral health advocates.

16. **Workforce Diversity:** Collaborating with the County's Human Resources Office to ensure the workforce is ethnically, culturally, and linguistically diverse.

17. **Translation and Interpretation Services:** Overseeing the development and implementation of translation and interpretation services.

18. **Oversight of Health Equity Office:** Managing all functions related to the Office of Health Equity.
19. **Collaboration with Quality Improvement Team:** Collaborating with the VCBH Quality Improvement team to track penetration and retention rates, identifying disparities, and outcomes data for racially, ethnically, and culturally diverse populations, and developing strategies to eliminate disparities.

20. **Meeting Attendance:** Attending required meetings, including but not limited to County Behavioral Health Directors Association of California (CBHDA), Cultural Competency Equity Service Justice Committees (CCESJC), regional ESM meetings, various State meetings, meetings convened by advisory bodies, and other relevant gatherings.

21. **Ongoing Training:** Participating in training sessions that inform, educate, and develop the skills necessary to enhance understanding and promote cultural competence in the behavioral health system.

22. **Additional Duties:** Completing other duties as needed to ensure that services in the behavioral health system of care are culturally, linguistically, and ethnically competent.

II. Identify budget resources targeted for culturally competent activities

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

Funds and Budget Dedicated to the Office of Health Equity

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

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

- Program Administrator I: Ethnic/ Equity Service Coordinator
- Program Administrator II: Ethnic/Equity Services Manager
- Administrative Support as needed

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

    a. Interpreter and translation services.

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

- **Homeland Language Services**
- **Language Line**
- **LifeSigns**
- **Mixteco/Indígena Community Organizing Project (MICOP)**

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

CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

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

I. General Population

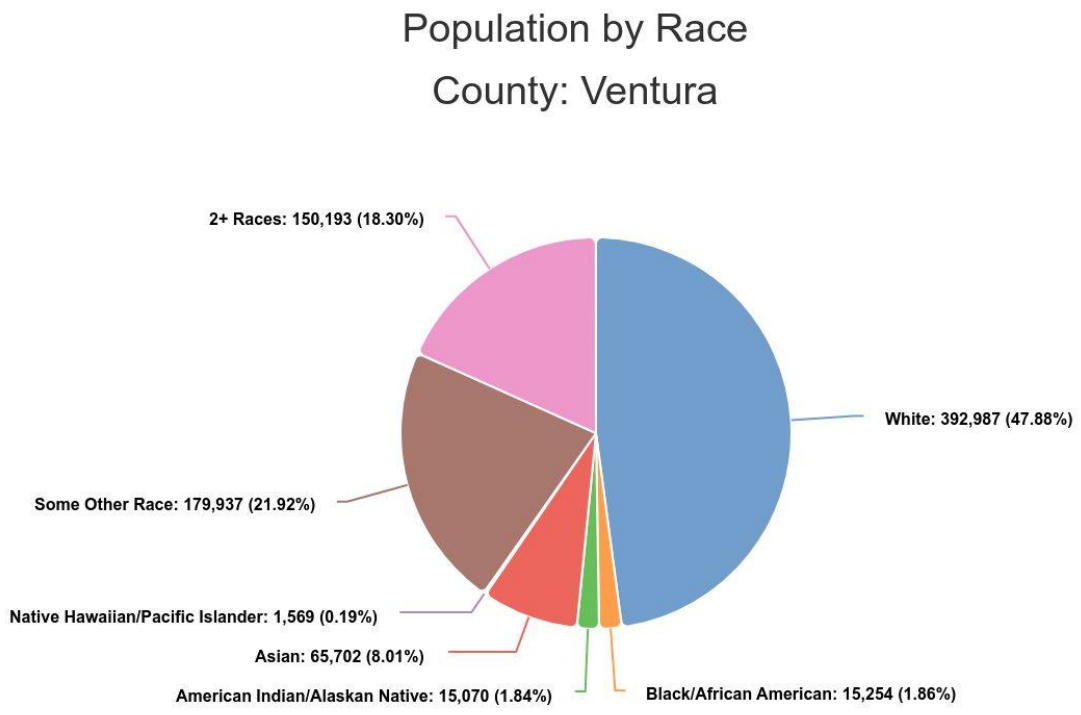
A. Summarize the county's general population by race, ethnicity, age, and gender. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally).

Population
County: Ventura
820,712 Persons
State: California 38,870,482 Persons

Percent Population Change: 2020 to 2025
County: Ventura
-2.74%
State: California -1.69%

Population by Sex

Population by Sex	County: Ventura		State: California	
	Persons	% of Population	Persons	% of Population
Male	408,743	49.80%	19,443,173	50.02%
Female	411,969	50.20%	19,427,309	49.98%



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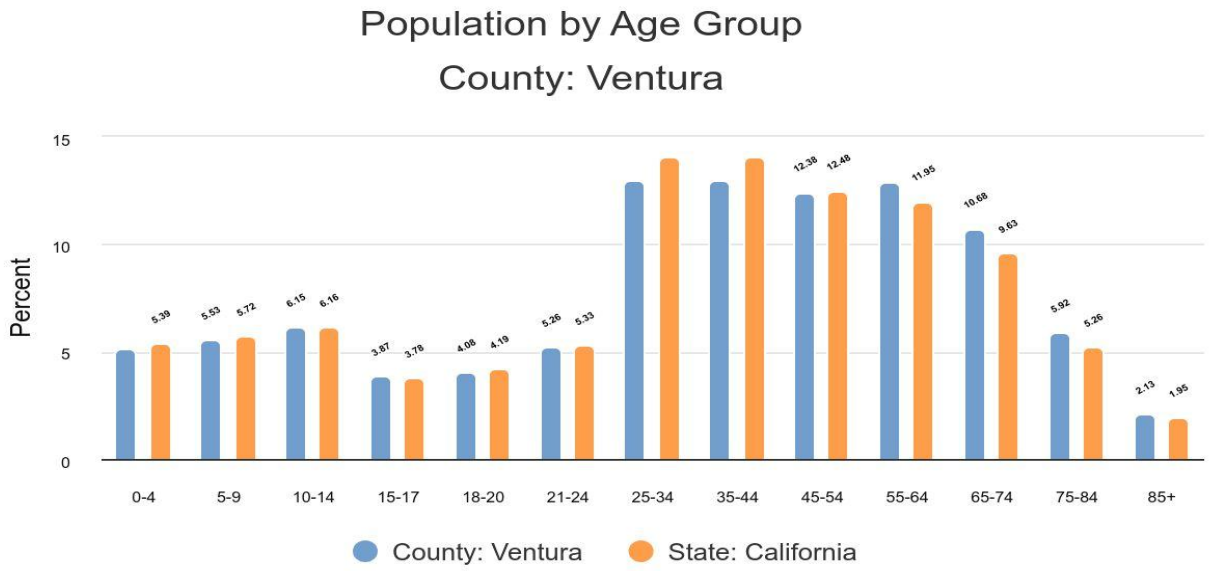

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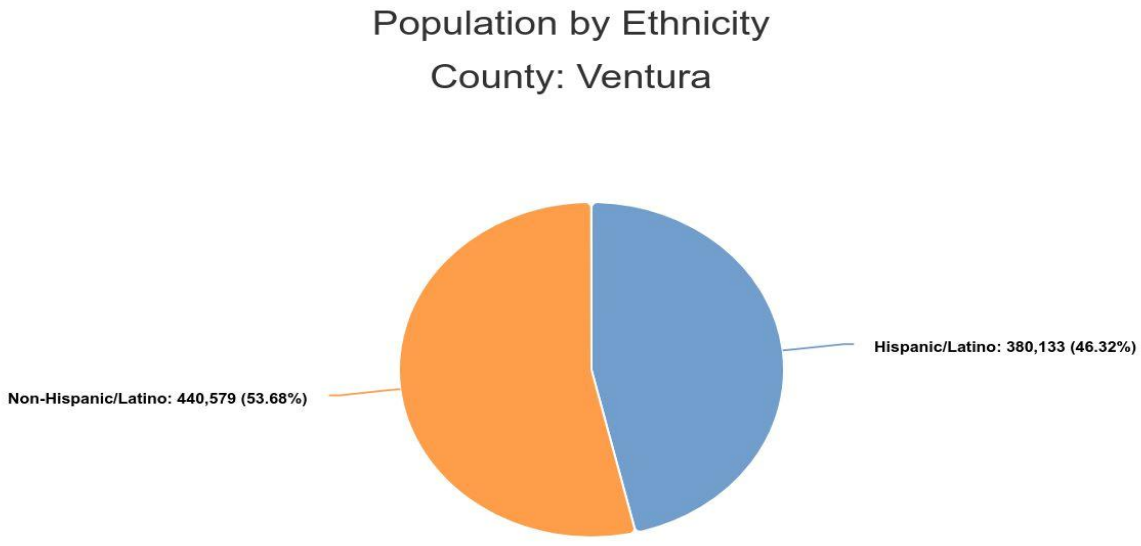

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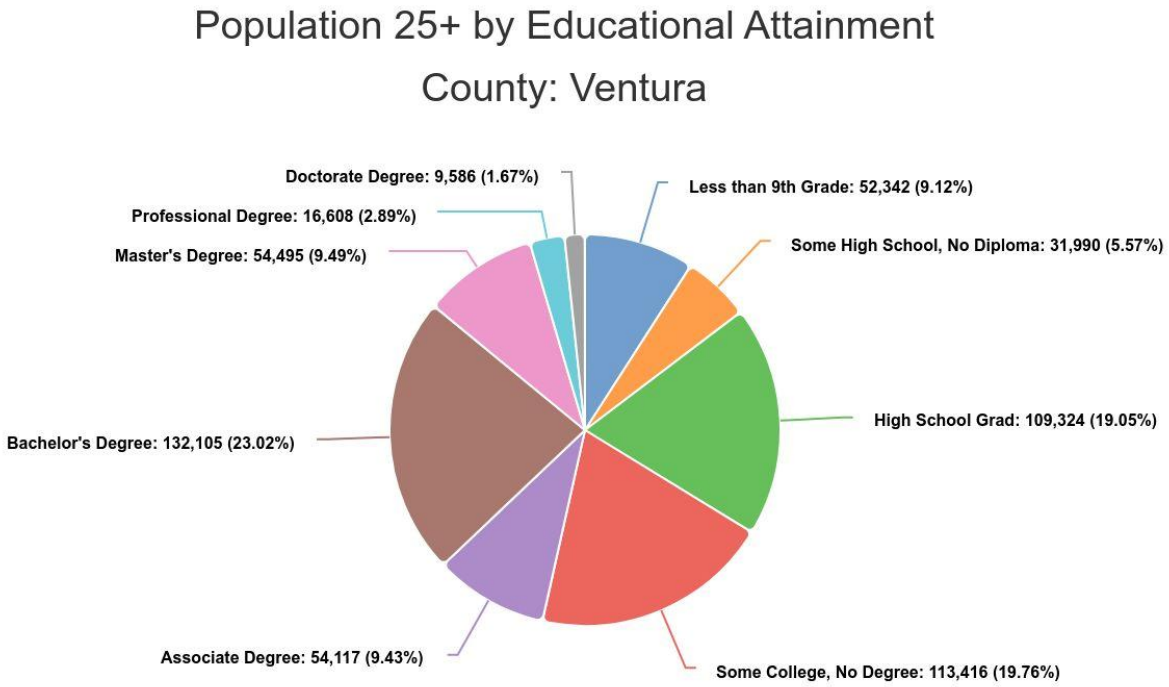

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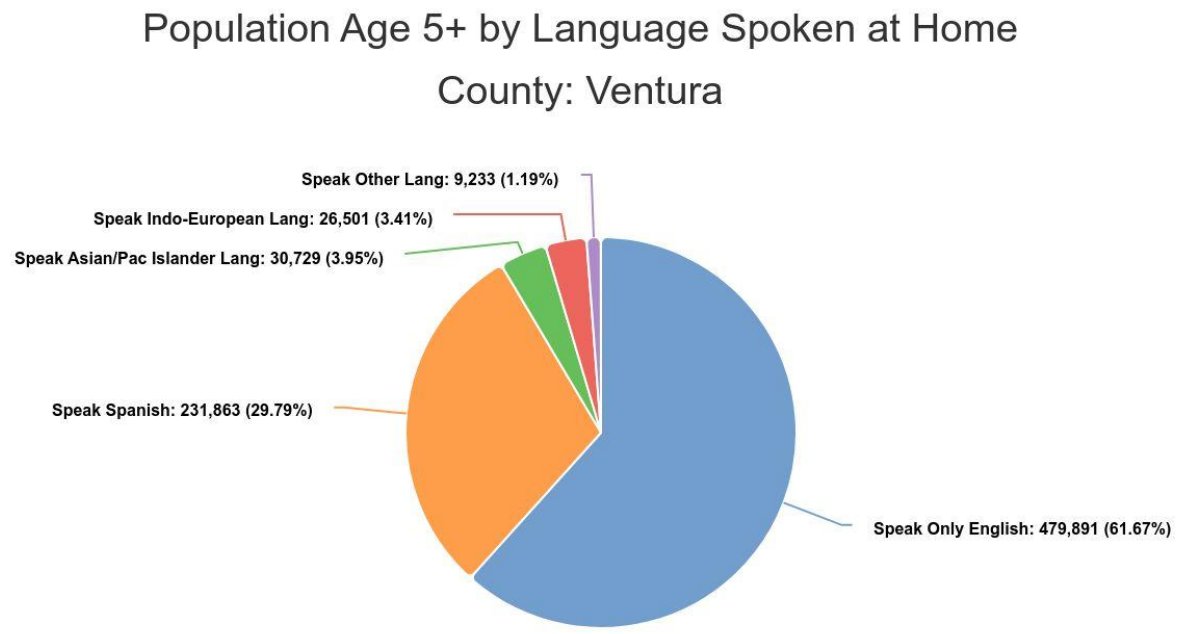

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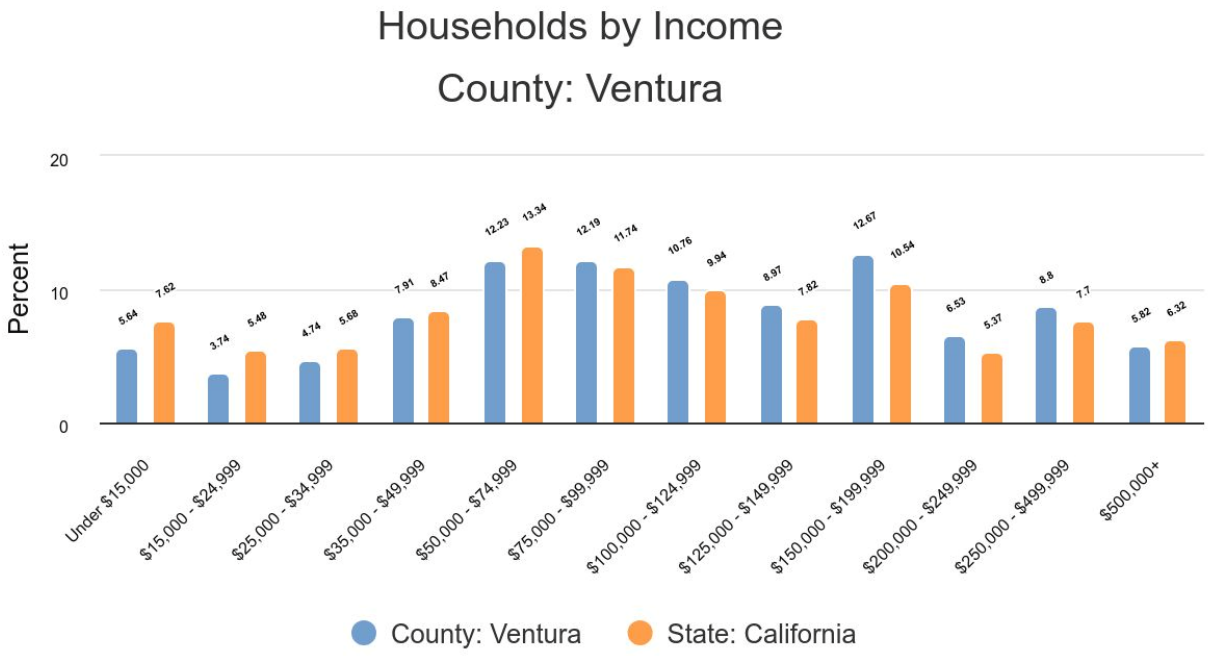

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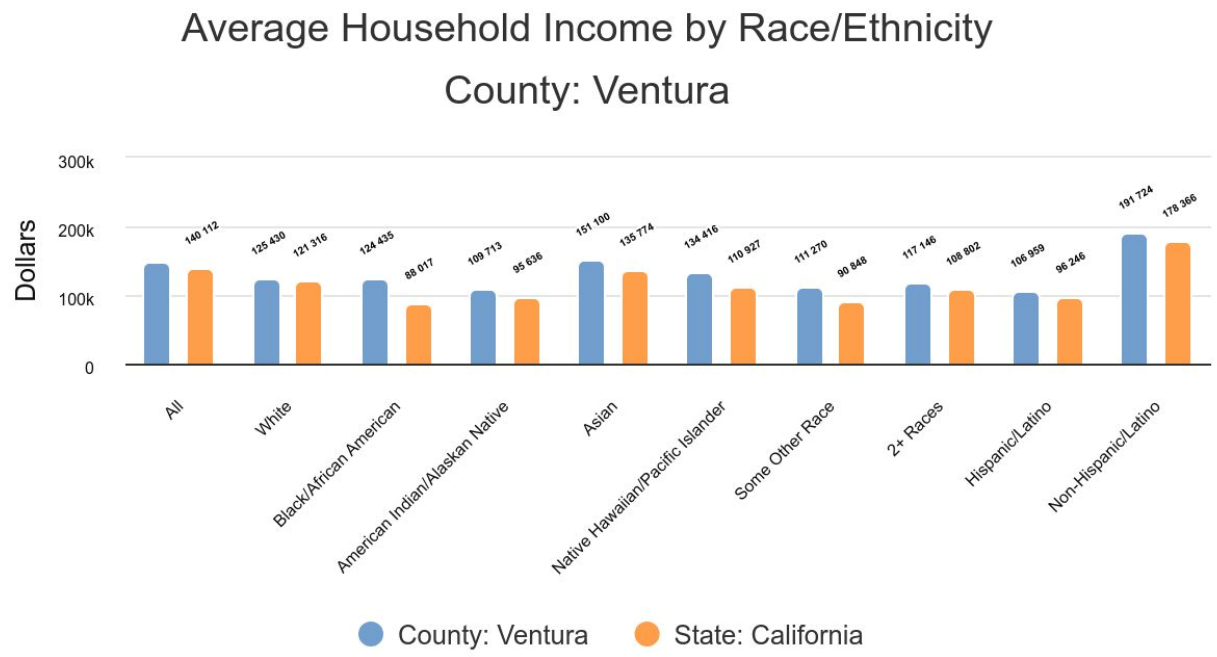


Claritas, 2025. www.healthmattersinvc.org

Families Below Poverty
County: Ventura
12,229 Families (6.07% of Families)
State: California 790,320 Families (8.62% of Families)

Families Below Poverty with Children
County: Ventura
8,291 Families (4.12% of Families)
State: California 534,375 Families (5.83% of Families)

Ventura County

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

As of July 2023, the estimated population of Ventura County was 829,590.[1] Hispanic or Latinos comprised 44.8% of the population and non-Hispanic/Latino comprised 55.2%. Approximately 21.5% of the population was under 18 years of age while 18.1% of County residents were 65 or older. Ventura County was also comprised of 22.9% foreign-born people and 4.9% veterans.

The median household income was $107,327, however, 9.8% of the people in the County were below the poverty level.

The chart below reflects additional Ventura County Census demographics.

Ventura County Census[1] Population	N=829,590
Census Age Groups[2]	
0-17 yrs.	21.5%
18-24 yrs.	8.7%
25-64 yrs.	51.7%
65 and older	18.0%
Gender	
Female	50.3%
Male	49.7%
Other gender identity[2]	0.5%
Veteran Status	
Veteran (among 18+)	4.9%

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

Race/Ethnicity[3]	
American Indian/Alaskan Native (alone)	1.4%
Asian (alone)	7.3%
Black/African American (alone)	2.0%
Hispanic or Latino (any)	44.8%
Native Hawaiian/Pacific Islander (alone)	0.2%
White (not Hispanic/Latino)	41.4%
White (all)	75.8%
Multi-racial	25.3%
Another Race (alone)	12.6%
Hispanic or Latino (any)	44.8%
Non-Hispanic	55.2%
Language Spoken	
English (only)	60.5%
Spanish (any)	31.6%
Other	7.9%
Language thresholds are English and Spanish.	

[1] From the 2023 US Census Bureau American Community Survey 1-year estimates unless noted otherwise.
[2] The source reports 0.5% of individuals aged 18+ in the state of California identifies as transgender. https://williamsinstitute.law.ucla.edu/publications/ /trans-adults -united-states/

[3] Race/Ethnicity: More than one option is permitted.

II. Mental Health Services Act (MHSA) Community Services and Supports (CSS) population assessment and service needs

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

Community Services and Supports (CSS) Overview

Fiscal year 25-26 is the final year of the current three-year plan and the final year of the MHSA before it transitions to the BHSA. In this final year of the plan the following initiatives are still in process for the Community Services and Supports section.

- Providers were awarded funds to upgrade, repair, or modify existing services and sites. Five providers were awarded funding through a competitive process to improve transportation, and facility repairs and upgrades.
- The Full-Service Partnership (FSP) Services have been undergoing a program re-organization, which has demonstrated the need for continued expansion. Almost all FSP age groups will begin to serve more clients and work towards fidelity of the Forensic/Assertive Community Treatment (F/ACT) Model. Additionally, transportation for these field-based services will be needed for all FSP programs.
- Individualized Placement and Support (IPS), an FSP service, was awarded through an RFP process and launches in FY25-26. The IPS model, which is an evidence-based program that helps find and sustain employment for people with serious mental illness.
- The Peer Support & Case Management Services and staff provision will continue to be expanded.
- A new Crisis Stabilization Unit (CSU) is in process for East County.
- The need for co-occurring (Substance Use and Mental Health) treatment has been long identified and will be supplied by adding Alcohol Drug Treatment Staff (ADTS) certified staff to all Behavioral Health service sites.
- The threat of losing board and care facilities in the county remains persistent. The department has been working to sustain, bolster, and expand board and cares that are at risk of closing.
- Housing is a newly established department within VCBH. Housing projects and partnerships have been steadily growing in preparation for BHSA implementation.
- Community Assistance Recovery and Empowerment (CARE) act launched December 2, 2024, and has become an additional service site with staffing to work with eligible clients.
- Transcranial Magnetic Stimulation (TMS) machines have been purchased and will begin serving clients in FY25-26.
- A new service for VCBH clients has been established: Eye Movement Desensitization and Reprocessing (EMDR).
- A one stop service site for Parents of Severely Emotionally Disturbed (SED) youth to be established in Fillmore and Oxnard.

- Administration infrastructure will be expanded (temporary staffing, consulting, and evaluation) to support the influx of MHSA funding and legislative changes to provide appropriate oversite, fair distribution, tracking and data collection for programing.

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

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

A community needs assessment is completed every three years in advance of the Three-year plan. The needs assessment included a community survey, which reached over 3,022 residents, was used to directly assess demographic factors, mental health indicators, and feedback on mental health services among community members. In addition, fifteen focus groups were held with priority populations. Focus group participants included persons from Black/African American communities, Hispanic/Latino/a/x monolingual Spanish speakers, older adults, LGBTQIA+ individuals, students, and those accessing mental health and substance use treatment services among others. After the initial survey period closed, a review was completed to compare county demographics with the survey responses. Given these results VCBH opted to continue data collection with a targeted focus on collecting surveys from some of the areas identified as having high health disparities primarily Santa Paula, Fillmore, Piru, and South Oxnard. Over three hundred additional surveys were collected from these areas. The final total number of surveys analyzed for this report was 3,430. The data included demographic characteristics and while it is acknowledged that this data does not in and of itself determine mental/behavioral health outcomes, it is established that factors such as socioeconomic status, housing and health are strongly linked to mental health. Demographic characteristics were also of interest to examine whether mental health outcomes in Ventura County might differ by characteristics such as age, gender, and race/ethnicity. As a result of the health needs assessment the following programs were continued or planned.

Prevention Programs

- **Mixteco Indígena Community Organization Project (MICOP):** Facilitates mental health for the Latinx and Indigenous communities through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

- **Multi-Tiered System of Support (MTSS), VCOE:** Provides education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County.

- **Multi-Tiered System of Support (MTSS), LEA:** Provides mental health screenings, referrals, and mental health services for at-risk students. Contracted districts also provide education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness.

- **Network Extension Grants:** Provides financial support to time-limited, community-based projects or programs promoting wellness among Ventura County residents**.** Listed in the PEI plan section.

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

Early Intervention Program Descriptions

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

Other PEI Programs

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

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

- Current PEI programs will continue and be expanded to meet unmet needs, pilot new programs, develop training, transportation, and provide infrastructure upgrades and modifications at existing service sites.
- In response to the ongoing youth Mental Health crisis several programs are being created. The two newest programs being proposed for continuation are the youth teen centers that have been a part of Conocimiento: Addressing ACES though Core Competencies Innovation Project.
- A new afterschool teen drop-in center program is being pursued for Oxnard.
- Wellness Services in Community Colleges.
- Child First program with Public Health.
- Early intervention services for mild to moderate youth in the Santa Clara Valley and other priority populations.
- Continued growth to set up additional wellness centers at local school districts for the K-12 Wellness Center Expansion program.
- To continue with additional non-clinical providers/options, Network Expansion Grants were renewed as standalone provider programs. after their successful conclusion as a grantee.. The breakout of each of these programs is listed below:
    - Special Populations
        i. Survivors of Crime: Pathways of Hope
        ii. ECSEL Safe Spaces for Survivors at Ventura County Courthouse
        iii. Everyone has a Story (Autism)

iv. Community Careers for Deaf Youth

- Therapeutic Arts
  i. Avenue Youth Flamenco Dance
  ii. Teen Wellness Retreat in Ojai for Queer and Gender non-conforming
  iii. Healing though the Arts: Intergenerational Workshop
  iv. The Conservatory Project Music workshops and songwriting
- Wellness Activities
  i. Team Changing Minds
  ii. Mental Health Workshop Series
  iii. FIND's Novel Peer Support Groups
  iv. Great Futures Starte with Kindness
  v. Empowering at Risk Youth Adults through Trauma Informed Therapeutic Yoga
  vi. Nates Place Outdoors
  vii. Art is Wellness - Low Income Youth and their families
  viii. Adelante Project
  ix. Paloma Youth
  x. TAY HOPE (Helping Our Population Excel) Wellness Events

- Mental Health Awareness though the Arts Program. Murals and other public arts projects designed to promote awareness and destigmatize mental illness.
- To keep up with the increased client admission rate, Ventura County Power Over Prodromal Psychosis (VCPOP), formerly named Early Detection & Intervention for the Prevention of Psychosis, will continue to hire staff to maintain fidelity ratios.
- Expanding primary care integration service treatment options and clients served.
- Reestablishing the Innovation Program Bartenders as Gatekeepers as a PEI program.
- Medical transition support for providers who may be able to bill Med-Cal for services if they become certified.
- To continue focus on suicide prevention in Ventura County, the Suicide Prevention Coordinator has added additional events, conferences, and a completed Suicide Prevention Plan for the County.
  - Suicide Prevention Council
  - Suicide Prevention Conferences and trainings

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

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

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

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

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

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

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

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

II. Identified strategies/objectives/actions/timelines

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

a. MHSA/CSS population:

Expansion and increase of VCBH's Full-Service Partnership programs: The county has been working to improve and expand FSP programs after joining the Third Sector Full Services

Partnership Multi-County Collaborative Innovation Project. These programs aim to serve our most vulnerable population, those with SMI/SED and at risk of homelessness, incarceration, failure from school, or institutionalization

B. PEI priority population(s) selected by the county, from the six PEI priority populations

1. Underserved cultural populations:
2. Individuals experiencing onset of serious psychiatric illness
3. Children/youth in stressed families
4. Trauma-exposed
5. Children/youth at risk of school failure
6. Children/youth at risk or experiencing juvenile justice involvement

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

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

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

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

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

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

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

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

B. Committee membership roster listing member affiliation if any.

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

VCBH recognizes that the community is rich in diversity, comprising individuals from various cultural, socioeconomic, and demographic backgrounds. The department understands that embracing this diversity is essential for crafting policies and initiatives that truly reflect the needs and aspirations of all residents.

To ensure broad representation, the department employs diverse outreach methods, including community meetings (i.e., Latino Disparities Reduction Committee (LDRC), Behavioral Health Advisory Board (BHAB), Mental Health Services Act (MHSA) Stakeholder Meetings), social media campaigns, newsletters, and direct outreach to local organizations and minority groups. VCBH makes concerted efforts to engage with traditionally underserved communities, including non-English speakers and marginalized populations.

All communication materials and meetings are designed to be accessible to everyone. Translations of essential documents are provided into multiple languages, interpretation services are offered at meetings, and reserved venues are physically accessible to individuals with disabilities. Moreover, the department ensures that language is plain and avoids jargon to make information easily understandable for all.

The department regularly assesses the effectiveness of outreach and engagement efforts, seeking feedback from community members on how to better involve diverse stakeholders. Based on this feedback, VCBH adapts strategies to address any gaps or barriers to participation, ensuring continuous improvement in its inclusive practices. The department makes decisions openly and transparently, with opportunities for public input and scrutiny at every stage.

The county is dedicated to ensuring the enclosure of diverse community stakeholders in all activities. Through inclusive outreach, accessible communication, active engagement, diverse

representation, continuous evaluation, collaborative decision- making, and accountability, VCBH works tirelessly to create an environment where every voice is heard and valued.

The integration of cultural competency is incorporated into the Ventura County Behavioral Health Advisory Board (BHAB), Quality Improvement Committee (QIC), and the Latino Disparities Reduction Committee (LDRC). This inclusion aims to facilitate the identification of community needs and concerns.

Behavioral Health Advisory Board: General Monthly Meeting

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

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

Members:

Chair: Cheryl Heitmann

1st Vice Chair: Dianne McKay

2nd Vice Chair: Andrei Bobrow

Secretary: Sylvia Garcia

Member At Large: Naomi (Nomi) Marrufo

- Soledad Barragan
- Daniel Bednar
- Nancy Borchard
- Jeffrey Alan Davis
- Christopher Dyer
- Genevieve Flores-Haro
- Reveka Grigorian
- Supervisor Matt LaVere
- Chris Ridge
- Dalia Robkin
- Michael Rodriguez
- John C. Stenzel
- Marlen Torres

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

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

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

Quality Improvement Committee

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

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

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

The following are non-voting attendees: Quality Care Managers or Designees, Guests, or Designated Consultants when applicable. The VCBH QIC's role is to oversee and promote:

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

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

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

Latino Disparities Reduction Committee (LDRC)

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

Members:

- Laura Espinosa
- Ric Castaniero
- Tony (Anthony) Alatorre
- Lupe Servin
- Carolina Gallardo-Magana
- Wendy Marinez
- Marisela Guillen
- Jeri Nava Maynez
- Rick Maynez

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

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

I. Annual cultural competence trainings

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

   a. Administration/Management;

   b. Direct Services, Counties;

   c. Direct Services, Contractors;

   d. Support Services;

   e. Community Members/General Public;

   f. Community Event;

   g. Interpreters; and

   h. Mental Health Board and Commissions; and

   i. Community-based Organizations/Agency Board of Directors

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

   a. Cultural Formulation; (1.2.a)

   b. Multicultural Knowledge; (1.2.b)

   c. Cultural Sensitivity; (1.2.c)

   d. Cultural Awareness; and (1.2.d)

   e. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.). (1.2.e)

   f. Mental Health Interpreter Training (1.2.f)

   g. Training staff in the use of mental health interpreters (1.2.g)

   h. Training in the Use of Interpreters in the Mental Health Setting (1.2.h)

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

Training Event	Item	Description of Training	How long and often	Attendance by Function	Date of Training	Name of Presenter
American Society of Addiction Medicine (ASAM)	*3.1.p; 3.1.c; 3.1.o; 1.2.a*	*Model emphasizes person-centered care across multiple life dimensions; shared decision-making addresses power dynamics for consumers of mental health services; utilized for the treatment of SUDS.*	*3.25h; 1x*	**Mgmt: 0 *Direct, County: 28 *Direct, Contrctr: 24 *Support: 0 *Public: 0*	*5/22/2025*	*Hovik, Grant*
Beyond the Shadows: Transforming Lives After Trafficking	*3.1.b;3.1.d;3.1.j; 3.1.l;1.2.c;1.2.d; 1.2.e*	*Understanding and treatment of human trafficking (trauma), utilizing ethnicity, acculturation, gender and sexual orientation lenses.*	*3h; 1x*	**Mgmt: 5 *Direct, County: 16 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*10/10/2024*	*Leon, Jesse*
Cognitive Behavioral Therapy for Substance Abuse (2 Day Training)	*3.1.o*	*Targets factors essential in sustaining recovery using CBT model.*	*3.25h; 1x*	**Mgmt: 1 *Direct, County: 28 *Direct, Contrctr: 4 *Support: 0 *Public: 0*	*5/19/2025*	*Sokol, Leslie*
Cognitive Behavioral Therapy for Youth and Family (3 day training)	*1.2.b; 3.1.j; 3.1.d; 3.1.c*	*Teaches culturally and developmentally sensitive framework for working with families and trauma.*	*12h; 1x*	**Mgmt: 0 *Direct, County: 21 *Direct, Contrctr: 2 *Support: 0 *Public: 0*	*5/5/2025*	*Mudita Bahadur, Ph.D.*

Cognitive Behavioral Therapy in the treatment of Autism Spectrum Disorder	*1.2.e*	*Teaches tailored, individualized case formation for co-occurring treatment of special population (individuals with disability).*	*7.5h; 1x*	**Mgmt: 1 *Direct, County: 30 *Direct, Contrctr: 0 *Support: 1 *Public: 0*	*6/16/2025*	*Gaus, Valerie*
Collaborative Documentation for Management and Supervisors	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*1.5h; 1x*	**Mgmt: 8 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*1/22/2025*	*Martinez, Livier ,Covarrubias, Suzette*
Collaborative Documentation Refresher	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*1h; 1x*	**Mgmt: 3 *Direct, County: 6 *Direct, Contrctr: 5 *Support: 0 *Public: 0*	*6/16/2025*	*Martinez, Livier*
Collaborative Documentation : A Guide for Practitioners	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*2h; 5x*	**Mgmt: 0 *Direct, County: 3 *Direct, Contrctr: 13 *Support: 0 *Public: 0*	*2/12/2025*	*Martinez, Livier ,Covarrubias, Suzette*
Collaborative Documentation : A Guide for Practitioners	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*2h; 5x*	**Mgmt: 0 *Direct, County: 5 *Direct, Contrctr: 14 *Support: 0 *Public: 0*	*2/11/2025*	*Martinez, Livier ,Covarrubias, Suzette*

Collaborative Documentation: A Guide for Practitioners	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*2h; 5x*	**Mgmt: 0 *Direct, County: 6 *Direct, Contrctr: 15 *Support: 0 *Public: 0*	*2/10/2025*	*Martinez, Livier ,Covarrubias, Suzette*
Collaborative Documentation: A Guide for Practitioners	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*2h; 5x*	**Mgmt: 1 *Direct, County: 6 *Direct, Contrctr: 16 *Support: 0 *Public: 0*	*3/4/2025*	*Martinez, Livier ,Covarrubias, Suzette*
Collaborative Documentation: A Guide for Practitioners	*3.1.c, 3.1.p*	*Supports a framework balancing power dynamics between provider and client. Framework supports transparency and empowers client decision-making in their treatment.*	*2h; 5x*	**Mgmt: 0 *Direct, County: 12 *Direct, Contrctr: 34 *Support: 0 *Public: 0*	*3/3/2025*	*Martinez, Livier ,Covarrubias, Suzette*
Confidentiality Issues Facing Substance Use Disorder and Mental Health Providers (Ethics, Part I)	*1.2.c; 1.2.e*	*Provides training on legal considerations for special populations: people with SUDS.*	*2h; 1x*	**Mgmt: 0 *Direct, County: 31 *Direct, Contrctr: 1 *Support: 0 *Public: 0*	*4/22/2025*	*Trivino-Perez, Rosana*
Conservatorship Training	*3.1.m; 3.1.p*	*Addresses involuntary treatment and understanding client and system interaction in this domain.*	*1.5h; 2x*	**Mgmt: 5 *Direct, County: 37 *Direct, Contrctr: 0 *Support: 3 *Public: 0*	*1/28/2025*	*Coates, Tina ,Mueller, Diana*

Conservatorship Training	*3.1.m; 3.1.p*	*Addresses involuntary treatment and understanding client and system interaction in this domain.*	*1.5h; 2x*	**Mgmt: 9 *Direct, County: 44 *Direct, Contrctr: 0 *Support: 4 *Public: 0*	*2/5/2025*	*Coates, Tina ,Mueller, Diana*
Co-Occurring Substance Use and Mental Health Disorders	*1.2.e; 3.1.g;*	*Provides cultural conceptualization of special population: patients with co-occurring disorders*	*3.25h; 1x*	**Mgmt: 0 *Direct, County: 38 *Direct, Contrctr: 10 *Support: 0 *Public: 0*	*6/3/2025*	*SantaMaria, Samantha*
Crisis Assessment	*3.1.m, 3.1.i*	*Training covers voluntary and involuntary hospitalizations.*	*1.5h; 2x*	**Mgmt: 0 *Direct, County: 28 *Direct, Contrctr: 4 *Support: 1 *Public: 0*	*4/16/2025*	*Elizalde, Estefania*
Crisis Assessment	*3.1.m, 3.1.i*	*Training covers voluntary and involuntary hospitalizations.*	*1.5h; 2x*	**Mgmt: 1 *Direct, County: 30 *Direct, Contrctr: 8 *Support: 0 *Public: 0*	*10/29/2024*	*Elizalde, Estefania*
Crisis Assessment / 5150	*3.1.m; 3.1.a;1.2.e; 3.1.i*	*Training includes special population and cultural considerations.*	*7h; 5x*	**Mgmt: 0 *Direct, County: 15 *Direct, Contrctr: 1 *Support: 0 *Public: 0*	*3/12/2025*	*VCBH Staff,*
Crisis Assessment / 5150	*3.1.m; 3.1.a;1.2.e; 3.1.i*	*Training includes special population and cultural considerations.*	*7h; 5x*	**Mgmt: 0 *Direct, County: 18 *Direct, Contrctr: 4 *Support: 0 *Public: 0*	*1/22/2025*	*VCBH Staff,*

Crisis Assessment / 5150	*3.1.m; 3.1.a;1 .2.e; 3.1.i*	*Training includes special population and cultural considerations.*	*7h; 5x*	**Mgmt: 0 *Direct, County: 18 *Direct, Contrctr: 12 *Support: 0 *Public: 0*	*12/11/20 24*	*VCBH Staff,*
Crisis Assessment / 5150	*3.1.m; 3.1.a;1 .2.e; 3.1.i*	*Training includes special population and cultural considerations.*	*7h; 5x*	**Mgmt: 0 *Direct, County: 26 *Direct, Contrctr: 12 *Support: 0 *Public: 0*	*9/11/202 4*	*VCBH Staff,*
Crisis Assessment / 5150	*3.1.m; 3.1.a;1 .2.e; 3.1.i*	*Training includes special population and cultural considerations.*	*7h; 5x*	**Mgmt: 0 *Direct, County: 16 *Direct, Contrctr: 14 *Support: 0 *Public: 0*	*6/4/2025*	*VCBH Staff,*
Cultural Competency - Core Competencies	*3.1.c; 3.1.j;3. 1.k; 3.1.l;3. 1.n; 3.1.o; 3.1.p; 1.2.c; 1.2.d; 1.2.e*	*Annual required training addressing culturally competent care for practitioners working in BH.*	*.75h; ongoin g*	**Mgmt: 75 *Direct, County: 312 *Direct, Contrctr: 0 *Support: 138 *Public: 0*	*ongoing*	*n/a*
Eye Movement Desensitization and Reprocessing (EMDR) TRAINING 1	*3.1.d*	*Evidenced based practice for treating trauma.*	*25.5h; 2x*	**Mgmt: 1 *Direct, County: 10 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*1/29/202 5*	*Rodriguez, Irene*

Eye Movement Desensitization and Reprocessing (EMDR) TRAINING 2	*3.1.d; 1.2.e*	*Trauma and best practice for special populations including survivors of sexual abuse, families, children, substance users and military.*	*25.5h; 2x*	**Mgmt: 1 *Direct, County: 10 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*4/14/2025*	*Rodriguez, Irene*
Ethical Issues in Substance Use Disorder Treatment (Ethics, Part 2)	*1.2.a; 1.2.e*	*Cultural consideration for working with special populations: clients with co-occurring disorders*	*3.25h; 1x*	**Mgmt: 0 *Direct, County: 28 *Direct, Contrctr: 1 *Support: 0 *Public: 0*	*5/15/2025*	*SantaMaria, Samantha*
Helping Women Recover: A Program for Treating Addiction (HWR)	*1.2.a;1.2b;1.2.e;3.1.d;2.1.o*	*Treatment model integrating theories of addiction, women's psychology and trauma. Addresses issues related to relationships, sexuality and spirituality, and is applicable to criminal justice system.*	*16.75h; 1x*	**Mgmt: 5 *Direct, County: 49 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*6/23/2025*	*Ackley, Carol*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*1/28/2025*	*Social Policy Institute,*

Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*1/29/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*2/25/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*2/26/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*3/12/2025*	*Social Policy Institute,*

Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*3/13/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*4/23/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*6/17/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*6/17/2025*	*Social Policy Institute,*

Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*6/18/2025*	*Social Policy Institute,*
Integrated Core Practice Model (ICPM)	*3.1.c, 3.1.d, 3.1.i, 3.1.p, 1.2.e, 1.2.b*	*Service delivery model addressing needs of special populations (at-risk youth and families, system-involved youth, tribal partners) emphasizing collaboration, cultural competency and timeliness, and coordinated agency responsiveness.*	*5h; 11x*	*no tracking available; staff referred to external training*	*4/22/2025*	*Social Policy Institute,*
Interpretation and Translation Services Updates	*1.2.g; 1.2.h; 1.2.d; 1.2.c; 3.1.c*	*Training provides information on accessing culturally-informed care (how to access and utilize interpreters)*	*1h; 1x*	**Mgmt: 110 *Direct, County: 371 *Direct, Contrctr: 0 *Support: 142 *Public: 0*	*5/6/2025*	*n/a*
Introduction to Community Resiliency Model	*3.1.d; 3.1.j;*	*Training provides 'resilience-informed' understanding of trauma for communities.*	*3.25; 2x*	**Mgmt: 5 *Direct, County: 6 *Direct, Contrctr: 5 *Support: 0 *Public: 0*	*1/30/2025*	*Chudzynski, Joy*
Introduction to Community Resiliency Model (CRM)	*3.1.d; 3.1.j;*	*Training provides 'resilience-informed' understanding of trauma for communities.*	*3.25; 2x*	**Mgmt: 2 *Direct, County: 16 *Direct, Contrctr: 5 *Support: 0 *Public: 0*	*1/9/2025*	*Chudzynski, Joy*

Law and Ethics: Confidentiality for Healthcare Providers	*1.2.e*	*Provides training on legal considerations for special populations: people with SUDS.*	*3.25; 1x*	**Mgmt: 17 *Direct, County: 46 *Direct, Contrctr: 8 *Support: 4 *Public: 0*	*5/13/2025*	*Contractor*
Law and Ethics: Legal Updates and Review for Healthcare Providers / Telehealth	*3.1.m; 1.2.e*	*Provides training on legal considerations for involuntary holds.*	*7.5h; 1x*	**Mgmt: 21 *Direct, County: 56 *Direct, Contrctr: 10 *Support: 1 *Public: 0*	*4/17/2025*	*Contractor*
Law and Ethics: Minor Consent to Healthcare; Child Abuse Reporting	*1.2.e*	*Provides training on legal considerations for special population: minors.*	*3.25h; 1x*	**Mgmt: 20 *Direct, County: 44 *Direct, Contrctr: 10 *Support: 1 *Public: 0*	*4/9/2025*	*Contractor*
Medicated Assisted Treatment (MAT)	*1.2.a; 1.2.e; 3.1.h; 3.1.k*	*Treatment modalities and best practices for clients with SUDs; dispels myths about this treatment.*	*1h; 1x*	**Mgmt: 14 *Direct, County: 38 *Direct, Contrctr: 9 *Support: 4 *Public: 0*	*10/1/2024*	*VCBH Staff,*

Mental Health First Aid (MHFA) for Adults	*1.2.d; 3.1.n;3 .1.j;3.1 .o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 0 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 12*	*6/30/202 5*	*Ehret, Julie ,Dougherty, Jennifer*
Mental Health First Aid (MHFA) for Adults - anyone	*1.2.d; 3.1.n;3 .1.j;3.1 .o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 1 *Direct, County: 6 *Direct, Contrctr: 0 *Support: 0 *Public: 12*	*5/8/2025*	*Ehret, Julie ,Dougherty, Jennifer*
Mental Health First Aid (MHFA) for Adults - anyone	*1.2.d; 3.1.n;3 .1.j;3.1 .o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 0 *Direct, County: 7 *Direct, Contrctr: 0 *Support: 1 *Public: 0*	*2/20/202 5*	*Dougherty, Jennifer ,Torres, Monica*
Mental Health First Aid (MHFA) for Adults - anyone	*1.2.d; 3.1.n;3 .1.j;3.1 .o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 0 *Direct, County: 5 *Direct, Contrctr: 0 *Support: 1 *Public: 0*	*4/24/202 5*	*Aguilar, Norma A.,Munoz, April M.*

Mental Health First Aid (MHFA) for Adults - BH	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 1 *Direct, County: 17 *Direct, Contrctr: 0 *Support: 2 *Public: 0*	*1/23/2025*	*Aguilar, Norma A.,Torres, Monica*
Mental Health First Aid (MHFA) for Adults - COUNTY	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 0 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 14*	*3/13/2025*	*Torres, Monica ,Munoz, April M.*
Mental Health First Aid (MHFA) for Adults - Oxnard College	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 0 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 20*	*10/17/2024*	*Torres, Monica ,Aguilar, Norma A.*
Mental Health First Aid (MHFA) for Adults - Public Defenders	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*7.5h; 8x*	**Mgmt: 0 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 16*	*12/10/2024*	*Ehret, Julie ,Aguilar, Norma A.*

Mental Health First Aid (MHFA) for Youth	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*6.5h; 6x*	**Mgmt: 0 *Direct, County: 5 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*7/10/2024*	*Cowie, Stephanie ,Arias, Claudia*
Mental Health First Aid (MHFA) for Youth - Anyone	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*6.5h; 6x*	**Mgmt: 0 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 9*	*1/16/2025*	*Dougherty, Jennifer ,Cowie, Stephanie*
Mental Health First Aid (MHFA) for Youth - BH	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*6.5h; 6x*	**Mgmt: 1 *Direct, County: 9 *Direct, Contrctr: 0 *Support: 1 *Public: 0*	*9/19/2024*	*Arias, Claudia ,Cowie, Stephanie*
Mental Health First Aid (MHFA) for Youth - COUNTY	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*6.5h; 6x*	**Mgmt: 0 *Direct, County: 4 *Direct, Contrctr: 0 *Support: 1 *Public: 11*	*11/6/2024*	*Arias, Claudia ,Cowie, Stephanie*

Mental Health First Aid (MHFA) for Youth - COUNTY	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*6.5h; 6x*	**Mgmt: 0 *Direct, County: 0 *Direct, Contrctr: 0 *Support: 0 *Public: 13*	*2/19/2025*	*Arias, Claudia ,Munoz, April M.*
Mental Health First Aid (MHFA) for Youth in Spanish	*1.2.d; 3.1.n;3.1.j;3.1.o*	*Provides community access in Spanish to equip attendees with tools to support someone experiencing a crisis related to mental health or substance use.*	*6.5h; 6x*	**Mgmt: 0 *Direct, County: 1 *Direct, Contrctr: 0 *Support: 0 *Public: 1*	*5/22/2025*	*Arias, Claudia*
Mental Health Symposium	*3.1.p; 3.1.n; 3.1.c; 1.2.e; 1.2.d*	*Training incorporates cultural considerations for practitioners working with high-risk populations. Focuses on suicide, resiliency, accessing services and wellness.*	*7h; 1x*	**Mgmt: 4 *Direct, County: 9 *Direct, Contrctr: numerous not tracked *Support: 0 *Public: numerous not tracked*	*5/14/2025*	*External*
Normal Eating vs. Disordered Eating vs. Eating Disorder? What to do… Eating Disorders Training	*1.2.a;1.2.b;1.2.e;3.1.g*	*Training offers consideration of special population (individuals with eating disorders) and acknowledges variety of culturally typical eating.*	*7.5h; 1x*	**Mgmt: 3 *Direct, County: 31 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*5/29/2025*	*Zsarnay, Lois*

Psy Series Training	*3.1.d*	*Training addressing impact of trauma symptoms on assessment data.*	*2h; 1x*	**Mgmt: 0 *Direct, County: 4 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*3/25/2025*	*Brown, Nicole ,Lopez, Lizeth*
Psy Series Training	*1.2.a;1.2.b,1.2.d; 1.2.e; 3.1.c*	*Training on cultural factors influencing testing and assessment and Western-based standards working with diverse ethnic groups.*	*2h; 1x*	**Mgmt: 0 *Direct, County: 5 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*1/7/2025*	*Brown, Nicole ,Lopez, Lizeth*
Psy Series Training	*1.2.a;1.2.b,1.2.d; 1.2.e; 3.1.c; 3.1.j*	*Considers linguistic factors, culture, English proficiency, level of education, and acculturation in psychological testing.*	*2h; 1x*	**Mgmt: 0 *Direct, County: 5 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*1/14/2025*	*Brown, Nicole ,Lopez, Lizeth*
SCRP Suicide Prevention & Intervention	*3.1.k; 1.2.c; 1.2.d*	*Best practices for working with suicidal risk with cultural humility, awareness and sensitivity. Addresses 'myths' of suicide.*	*7.5h; 3x*	**Mgmt: 0 *Direct, County: 6 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*11/6/2024*	*Silveria, Deborah*

SCRP Suicide Prevention & Intervention	*3.1.k; 1.2.c; 1.2.d*	*Best practices for working with suicidal risk with cultural humility, awareness and sensitivity. Addresses 'myths' of suicide.*	*7.5h; 3x*	**Mgmt: 0 *Direct, County: 7 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*9/3/2024*	*Silveria, Deborah*
SCRP Suicide Prevention & Intervention	*3.1.k; 1.2.c; 1.2.d*	*Best practices for working with suicidal risk with cultural humility, awareness and sensitivity. Addresses 'myths' of suicide.*	*7.5h; 3x*	**Mgmt: 0 *Direct, County: 7 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*1/14/2025*	*Silveria, Deborah*
Suicide Prevention Symposium, 9th Annual	*3.1n; 1.2.d; 1.2.e*	*Training on suicide with learning objectives on wellness; and content covering special populations (veterans and first responders)*	*3h; 1x*	**Mgmt: 0 *Direct, County: 14 *Direct, Contrctr: numerous not tracked *Support: 0 *Public: numerous not tracked*	*9/27/2024*	*External*
Use of Interpreter Services	*1.2.g; 1.2.h; 1.2.d; 1.2.c; 3.1.c*	*Training provides information on accessing culturally informed care (how to access and utilize interpreters). Training addresses working with special populations (Latino/a/x)*	*1.5h; ongoing*	**Mgmt: 77 *Direct, County: 33 *Direct, Contrctr: 0 *Support: 69 *Public: 0*	*ongoing*	*n/a*

WRAP Facilitator Training	*1.2.a; 2.1.o; 3.1.n; 3.1.p*	*The founding principles are based on client empowerment, recovery, and self-advocacy.*	*40h; 1x*	**Mgmt: 1 *Direct, County: 8 *Direct, Contrctr: 0 *Support: 0 *Public: 0*	*9/16/2024*	*Contractor*

II. Relevance and effectiveness of all cultural competence trainings

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

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

Selected trainings are essential in addressing the persistent disparities experienced by underserved populations in Ventura County, specifically Latino/a/x, Black/African American, LGBTQ+ individuals, people who are unhoused, those with co-occurring mental health and substance use disorders, and individuals at risk of suicide. These populations were identified through a combination of data analysis (e.g., service utilization gaps, hospitalization rates, and suicide data), stakeholder input, and community engagement, which revealed significant systemic barriers to care. In response, the county prioritized culturally informed training and workforce development as key strategies to reduce disparities, improve access, and promote equity across behavioral health services.

The training will equip providers with the skills to deliver culturally competent, trauma-informed, and recovery-oriented care, tailored to the unique needs of these communities. By addressing implicit bias, enhancing engagement strategies, and fostering inclusive practices, the training aims to strengthen early intervention efforts, increase trust in the system, and improve behavioral health outcomes for those historically underserved.

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

VCBH uses survey evaluations as the primary method for collecting quantitative training data, with pre/post-tests specifically employed for the evidence-based program, Mental Health First Aid (MHFA) trainings. Data for MHFA is monitored and kept by National Council for Mental Wellness, proprietary owners of the training. Post-test scores are also used to assess the annual required cultural competency training, which is delivered through our Learning Management System and requires participants to achieve a passing score of 80%. Data on post-testing scores included below. Additionally, for FY 25/26, VCBH has contracted to incorporate pre/post testing into the required SB-923 TGI training curriculum.

Testing Overview	
Completion Date Range	07/01/2024 To 06/30/2025
Average Score	83%
Number of Questions	5
Completions Analyzed	932

C. Summary report of evaluations; and

VCBH is required by CPA to use evaluation tools that assess attendee satisfaction, program effectiveness, educational objectives, and learning outcomes, including factors like environment, accessibility, and delivery. These evaluations inform improvements and future planning. Developed collaboratively with executive leadership, our CPA CE advisor, and Quality Improvement staff, the tools are based on best-practice research. The Training Department annually reviews the survey data and shares findings with executive leadership and the CPA Psychologist Workgroup to support ongoing monitoring and enhancement efforts.

While the survey data for FY 24/25 is currently under review, a summary of the quantitative findings at this point in time is provided below. The data was collected using survey questions based on a 5-point Likert scale.

Average Summary Data for FY 24/25	**Rating / Count**
Instructor demonstrated strong knowledge	4.8
Participants were actively encouraged to engage	4.6
Learning objectives were effectively achieved	4.6
Diversity was thoughtfully addressed and integrated	4.2
Satisfaction with educational experience	4.5
Course enhanced professional skills and knowledge	4.7
Number of Attendees	42.8
Number of Respondents	20.4

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

As a CPA-accredited agency, our training programs are grounded in well-established psychological principles research. All content is supported by peer-reviewed research recognized across the psychological community. As such, our training programs must offer advanced training content. Our annual Training Plan encompasses a diverse range of content, from foundational to advanced levels, to meet the diverse learning needs across the agency.

VCBH Training also works collaboratively with Quality Assurance, Quality Improvement and other teams under the Managed Care Operations Division to further assess staff training needs. Results from audits and grievances give insight into staff skill retention, skill implementation and

comprehension. Monthly Division Liaison Meetings and Office Hours provide a forum between Operations and the Managed Care Division where Training leverages feedback to inform Training Plan discussions.

Additionally, Under BHSA and BH-CONNECT, VCBH is actively advancing toward full compliance with mandates regarding the implementation of Evidence-Based Practices (EBPs) and collaboration with Centers of Excellence (COEs). By leveraging coaching, supervision, fidelity assessments, performance feedback, learning communities, and data tracking, VCBH is well-positioned to effectively monitor and support sustained adherence to these models.

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

As noted above, ongoing collaboration with Operations, Quality Assurance, and other Managed Care teams fosters continuous dialogue to stay attuned to staff needs and strengths. Additionally, the 25/26 FY Training Plan includes mandatory consultation groups with selected training courses to support application and model adherence. Consultations will occur following the training, and staff are expected to attend prepared to discuss implementation. The futuristic use of EBPs and COEs will also support program and training implementation fidelity with the use of structured, standardized systems and measures.

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

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

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

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

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

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

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

	CPPP Participants (N=44)	VC Census[1]	Difference
Requested Age Breakouts [2]	(n=38)	(N=829,590)	
0-15 yrs.	0.0%	NA	NA
16-25 yrs.	0.0%	NA	NA
26-59 yrs.	76.3%	NA	NA
60 and older	23.7%	NA	NA
Census Age Breakouts [2]			
0-14 yrs.	NA	17.3%	NA
15-24 yrs.	NA	12.8%	NA
25-59 yrs.	NA	45.4%	NA
60+ and older	NA	24.3%	NA
Race/Ethnicity	(n=41)		
American Indian or Alaskan Native	0.0%	1.4%	-1.4%
Asian	9.8%	7.3%	2.5%
Black or African American	4.9%	2.0%	2.9%
Hispanic or Latino	70.7%	44.8%	25.9%
Native Hawaiian or Pacific Islander	0.0%	0.2%	-0.2%
White (alone)	17.1%	41.4%	-24.3%
White (not alone)	2.4%	75.8%	-73.4%
Multi-racial	0.0%	25.3%	-25.3%
Another Race/Ethnicity	0.0%	12.6%	-12.6%
Gender	(n=41)		
Female	85.4%	50.3%	35.1%
Male	12.2%	49.7%	-37.5%
Other gender identity	2.4%	0.5%[3]	1.9%
Veteran Status	(n=39)		
Veteran (among 18+)	5.1%	4.9%	0.2%
Have a Disability	(n=36)		
	25.0%	12%	13.0%
LGBTQ+[4]	(n=36)		
	19.4%	5.3%	14.1%
Language Spoken at home	(n=41)		
English	65.9%	60.5%	5.4%
Spanish	51.2%	31.6%	19.6%
Another Language	0.0%	7.9%	-7.9%
Health Insurance Status[5]	(n=34)		
No insurance	11.8%	7.2%	4.6%
Private insurance	32.4%	66.2%	-33.8%
Public insurance	47.1%	38.2%	8.9%

[1]From the American Community Survey for Ventura County, 2023 1-year estimates unless noted otherwise.
[2]Requested CPP age breakouts did not match Census age breakouts.
[3]Gender: The source below reports 0.5% of individuals aged 18+ in the state of California identify as transgender
Source: https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/
[4]Sexual Orientation: The American Community Survey only reports two genders (male and female) and does not ask about sexual orientation. The Gallup Daily tracking survey reports 5.3% of California's population (from 2012-2017) answer yes to "Do you, personally, identify as lesbian, gay, bisexual, or transgender?"
Source: https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density
[5]Health Insurance Status: Percentages add to over 100% due to census estimates reflecting individuals with multiple coverages.

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

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

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

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

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

VCBH has made significant strides in growing a multicultural workforce through various initiatives, including workforce recruitment efforts, Student Practice Experiences with stipends, participation in available Loan Repayment programs, professional development training, and the provision of continuing education and Clinical Supervision,

The department posted, and continues to post, job openings on statewide public service sites, such as the NeoGov website to actively advertise for multicultural and multilingual candidates. Additionally, some recruitments are open specifically to candidates who speak our threshold language (Spanish) or the Indigenous languages of our community (Mixteco and Zapoteco). VCBH Personnel and VCBH Training Teams partner with local undergraduate and graduate educational institutions participating in targeted internship and career fairs, strategically recruiting a workforce from local institutions reinforcing the growth of a workforce which meets our community's needs. The department also encouraged bilingual and bicultural students to train with VCBH through the Student Practice Learning Experiences program, reducing barriers by providing stipends for students, funded by the WET Southern Counties Regional Partnership. VCBH hosted 11 undergraduate students (goal: 10), 23 graduate students (goal: 20). 13 (38%) of the 34 students were bi-lingual Spanish, 2 students spoke Tagalog and 1 spoke Korean. In FY24-25, VCBH hired 5 of the academic year 23-24 students – 1 bi-lingual Spanish and 1 with lived experience, hired as a peer. In addition, 3 bi-lingual Spanish speaking students were in the hiring process (with hire dates in July 2025). Of these, 2 were bi-lingual Spanish and 1 had lived experience and was hired as a peer. Six of the 34 students were current VCBH employees who participated in student practice experiences for professional advancement opportunities, of which one, bilingual Spanish staff, completed their studies, applied for and attained a promotion to Behavioral Health Clinician classification.

From 9/1/2022 thru March 2025, VCBH delivered 56 loan repayment awards (totaling $444,926.21) through CalMHSA's contract with the Southern Counties Regional Partnership (SCRP) Loan Repayment Program.

VCBH delivered an array of training, consultation, technical assistance and access to conferences, equipping staff who provide clinical supervision for students and entry level classification of staff gaining hours toward licensure or certification. Various professional development training opportunities were provided for staff through VCBH Training the Southern California Regional Partnership (SCRP), including an annual SCRP conference. Supporting career advancement and a multidisciplinary workforce, VCBH secured and maintained approval as a Continuing Education Provider with 3 certifying entities: California Psychological Association (CPA) – CEs for Psychologists, Licensed Master Level Clinicians & Peers, California Consortium of Addiction Programs and Professionals (CCAPP) – CEs for AOD counselors & Peers, CA Board of Registered Nursing (CEP)– CEs for nurses.

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

In addition to the general statewide workforce shortage, VCBH experienced shortages in professional staff able to provide clinical supervision – especially LCSW. It became critical that we increase the number of Clinical Supervision training opportunities. In FY 24-25, four Clinical Supervision training courses were provided (2 utilizing SCRP WET funds), with a goal to provide six Clinical Supervision training opportunities in FY 25-26.

E. Identify county technical assistance needs.

VCBH may benefit from guidance by DHCS for tracking WET components identified to align with the Cultural Competence Plan (CCP) requirements.

CRITERION 7: LANGUAGE CAPACITY

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

I. Increase bilingual workforce capacity

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

a. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

b. Total annual dedicated resources for interpreter services.

Ventura County Behavioral Health (VCBH) has a clinical operations workforce of 708 staff, including 345 certified bilingual and two trilingual personnel, supporting linguistic diversity and cultural competence.

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

Ventura County Behavioral Health (VCBH) remains committed to providing culturally and linguistically appropriate services for all community members. In addition to investing over $598,000 annually in bilingual pay differentials and stipends for internal staff, VCBH contracts with one primary language service provider, is onboarding two additional vendors, and has access to three more through the County's master agreement to meet diverse language needs. Language Line, LifeSigns, and MICOP are included under a single Master Agreement (MA) with one overall not-to-exceed (NTE) amount accessible across County departments. Individual units monitor utilization and request mid-year or annual adjustments to ensure funding keeps pace with demand. The following providers are currently available to support VCBH programs:

- **Homeland Language Services:** Contracted directly with VCBH with a $500,000 budget, Homeland provides comprehensive interpretation across multiple languages and settings, including in-person, virtual support for meetings, events, and town halls, as well as on-demand over-the-phone interpretation.

- **Language Line:** Language Line provides immediate on-demand over-the-phone interpretation services, enhancing our capacity for responsive communication.

- **LifeSigns:** LifeSigns provides American Sign Language (ASL) interpretation, both in person and video remotely to support our Deaf and hard-of-hearing clients with accessible communication.

- **MICOP (Mixteco/Indígena Community Organizing Project):** MICOP provides interpretation services for Ventura County's Mixtec community in numerous dialects from Oaxaca, Guerrero, and Michoacán, available in person, via video remote, and over the phone.

Through this structure, VCBH continues to bridge language gaps and advance its commitment to cultural competency and equitable access to behavioral health services.

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

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

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

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

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

VCBH, recognizes the importance of meeting the diverse linguistic needs of its members. Across the counties clinics and programs, there is a priority on effective communication by prominently displaying signs in reception areas, informing clients of comprehensive language assistance services available in English, the county's threshold language Spanish, and other languages. In instances where a client requires language assistance, the protocol involves promptly requesting/scheduling a qualified interpreter to facilitate effective communication, at no cost to the client.

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

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

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

VCBH contracts with four reputable language contract service providers. These providers monitor their staff's quality of service and the level of cultural and linguistic competency to ensure their interpreters are appropriately trained and ready to aid in interpretation and translation services. Additionally, contracted provider staff participate in training on cultural competency and interpretation in a behavioral health setting. To further strengthen the capacity and address existing gaps in language needs, two additional language service providers are currently in the process of being onboarded. Through these partnerships and ongoing efforts, the department continuously looks to expand and enhance language access services to meet the high demand for culturally and linguistically appropriate support across all divisions and programs within the department.

As the department continues to work on improving the accessibility of language assistance services available in English and Spanish for clients, VCBH offers formal testing to assess bilingual fluency of internal staff. The assessment service offers an oral exam, testing the individual's ability to listen and speak in a second language. It assesses the candidate's ability to verbally translate from English to a second language and vice versa. The candidate receives a score of no pass, Level 1 or Level 2. For candidates who receive a score of Level 2, there is an additional written exam that may be administered which evaluates the candidate's ability to write in a second language. It also assesses the candidate's ability to read and translate into a written document from English to a second language and vice versa.

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

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

A. Policies, procedures, and practices the county uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.

B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

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

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

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

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

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

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

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

   a. Member service handbook or brochure;

   b. General correspondence;

   c. Beneficiary problem, resolution, grievance, and fair hearing materials;

   d. Beneficiary satisfaction surveys;

   e. Informed Consent for Medication form;

   f. Confidentiality and Release of Information form;

   g. Service orientation for clients;

   h. Mental health education materials, and

   i. Evidence of appropriately distributed and utilized translated materials.

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

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

VCBH's Electronic Health Record (EHR) system SmartCare collects data on primary language and whether interpretation services were scheduled. Since VCBH's transition to SmartCare on July 1, 2023, improvements have been made to capture client's preferred language.

Preferred Languages	Total Services
American Sign Language-(ASL)	51
Arabic	5
Cambodian	6
Cantonese	8
English	12
Farsi	10
Mandarin	7
Mixteco	112
Other Non-English	10
Portuguese	2
Russian	3
Samoan	3
Spanish	3833
Tagalog	8
Thai	11
Unknown / Not Reported	1
Vietnamese	33
(blank)	42
Grand Total	**4157**

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

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

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

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

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

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

CRITERION 8: ADAPTATION OF SERVICES

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

I. Responsiveness of mental health services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. Quality of Care: Contract Providers

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

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

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

III. Quality Assurance

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

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

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

Consumer Perception Survey

Annually, the Department of Health Care Services (DHCS) mandates the Client Perception Survey (CPS) to be distributed to all clients receiving mental health services at Ventura County Behavioral Health (VCBH) over a designated one-week period. This state-wide survey collects information related to client satisfaction with services and perception of mental health outcomes. The responses are used to help establish state-level benchmarks for standards of care, and to identify gaps in services to inform quality improvement initiatives at VCBH. This document provides a summary and analysis of all CPS responses received at VCBH during the week of May 20-24, 2024, also referred to as the 2024 administration week. Table 1 details key elements of the CPS administration process, such as language availability and population surveyed.

Table 1. 2024 Consumer Perception Survey Administration

Time Frame	One week of the year (May 20-24, 2024)
Collection Method	Paper and Online (through QR code/link)

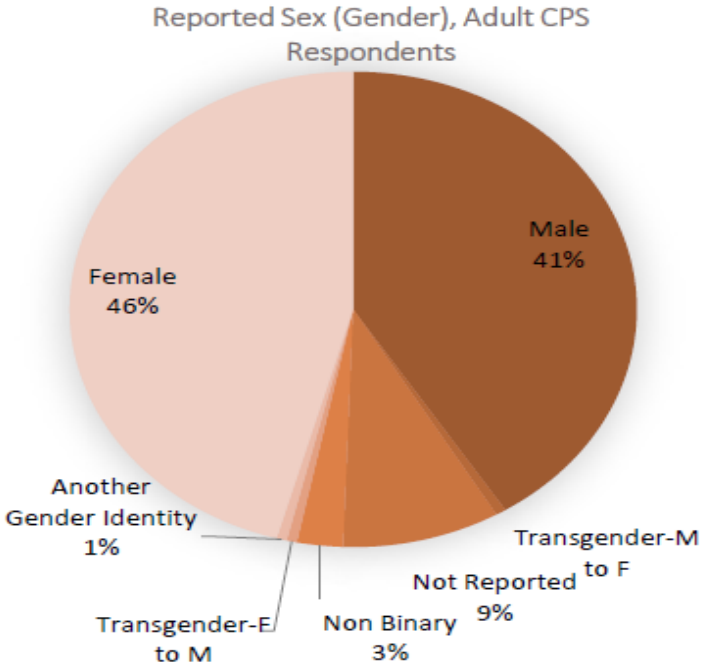
Completed By	Self, Caregiver, or Staff-Assisted
Population Surveyed	All individuals receiving outpatient mental health treatment during survey week at any program within the VCBH network
Language Availability	Available in 12 Languages

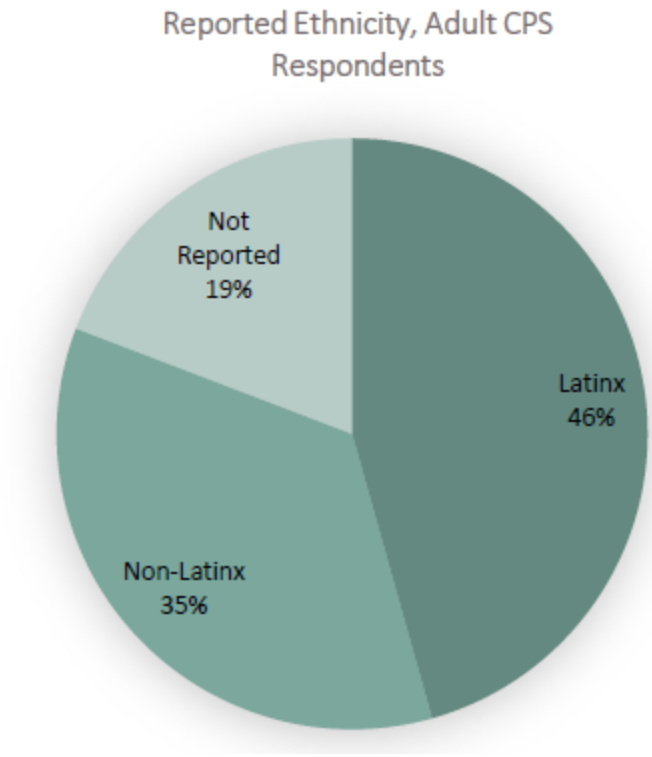
Demographics

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

Figure 2a. Adult Reported Demographics (Sex, Ethnicity, and Race) for CPS Respondents

N=344




Reported Ethnicity, Adult CPS Respondents
Not Reported 19%
Latinx 46%
Non-Latinx 35%

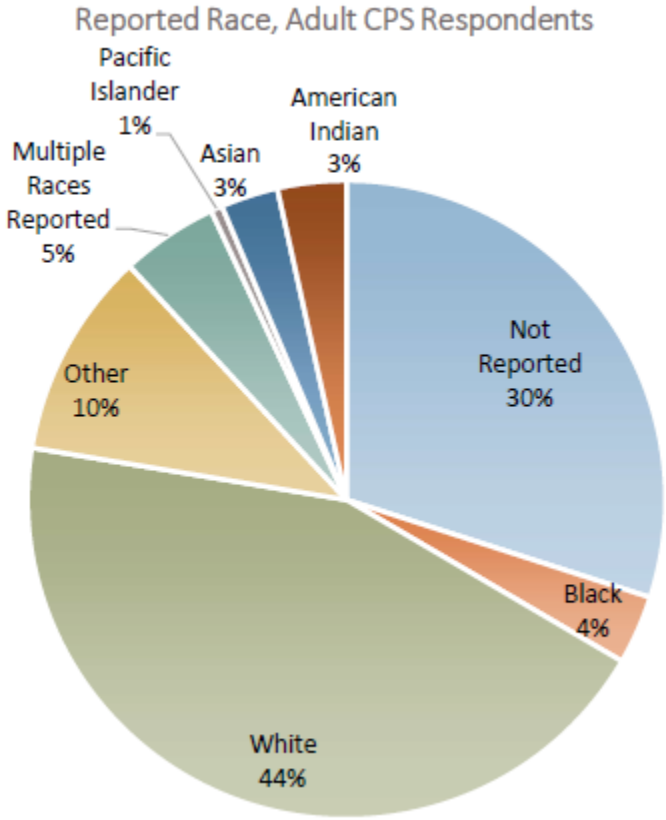
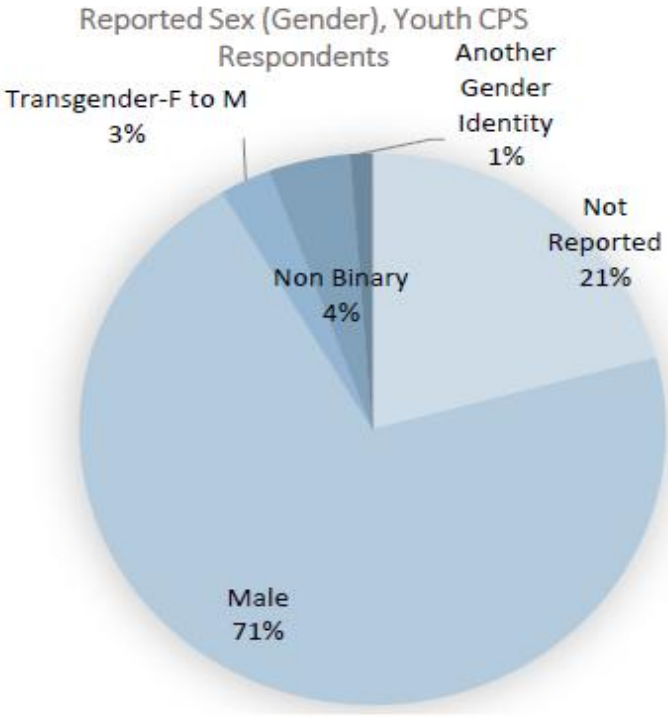
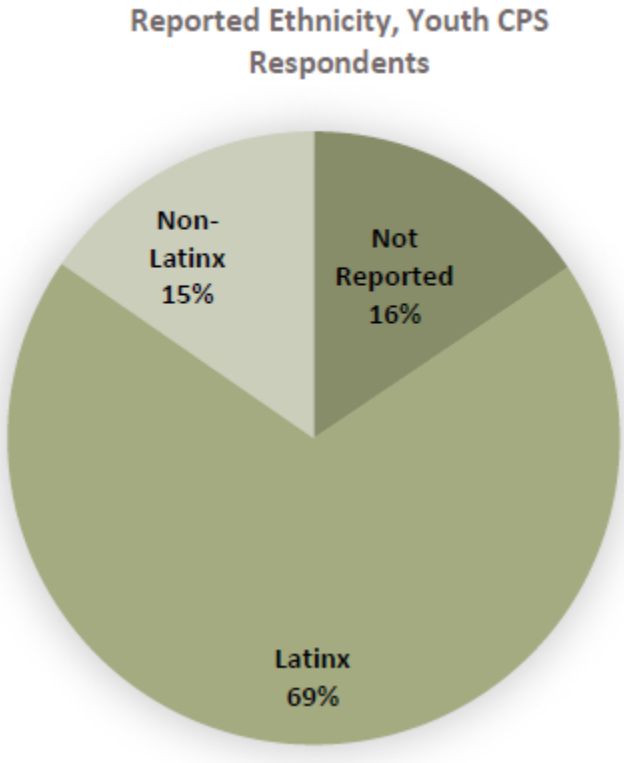
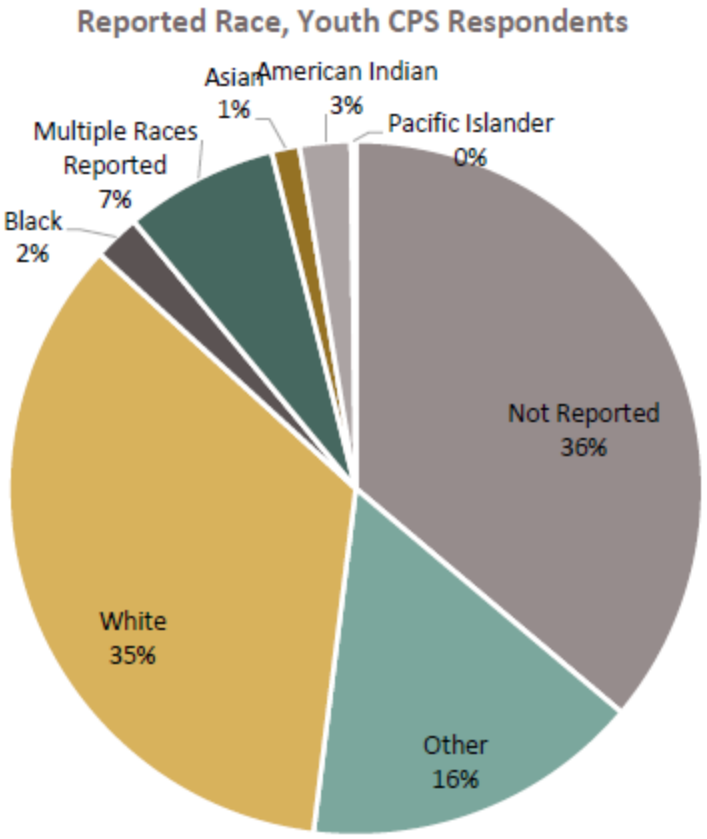

Reported Race, Adult CPS Respondents
Pacific Islander 1%
American Indian 3%
Multiple Races Reported 5%
Asian 3%
Not Reported 30%
Other 10%
Black 4%
White 44%

Figure 2b. Youth Reported Demographics (Sex, Ethnicity, and Race) for CPS Respondents

N=462

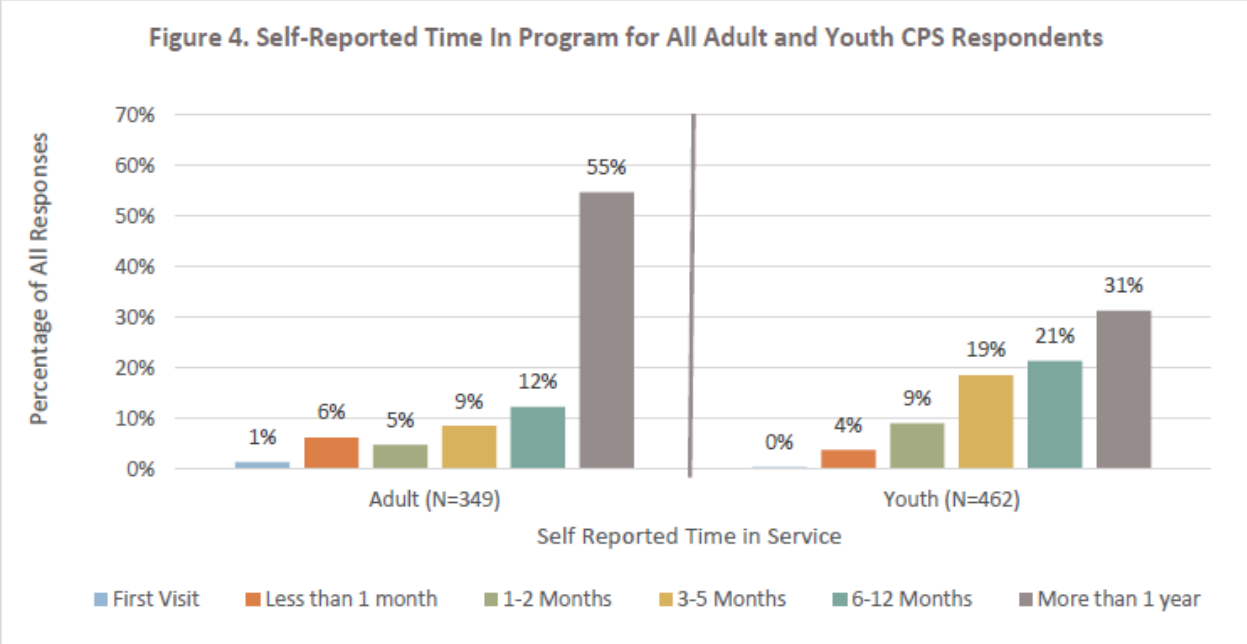






Length of Time in Mental Health Services

Survey respondents were asked to report the length of time they had been enrolled in mental health services at VCBH. Figure 4 summarizes the responses to this question, separately for Adult and Youth survey respondents. At the time that the survey was completed, the majority of Adult respondents (55%) had been in services for more than one year. The Youth survey results saw a similar trend where 31% reported being enrolled in services for more than a year.



CPS: Perception of Services

The Adult survey contained 36 questions which inquired about clients' perception of services and the Youth survey contained 26 questions. Each of the questions were categorized under DHCS-provided domains. Responses were provided using a 5-point Likert scale ranging from 'Strongly Disagree' (1 point) to 'Strongly Agree' (5 points). Table 2 below summarizes the CPS domains and response choices for both the Adults and Youth versions.

Table 2. Domains, Response Choices and Scoring for Youth and Adult CP Surveys

2024 CPS Domains	CPS Domain Description	Response Choices (Score)
General Satisfaction	Assessment of client perceptions of services overall	Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5) Not Applicable
Access	Assessment of client perceptions of accessibility and availability of service staff	
Quality and Appropriateness (Adult Only)	Assessment of client perceptions of staff's ability to provide a comfortable environment and strong working relationship between client and staff	
Cultural Appropriateness (Youth Only)	Assessment of client perceptions of staff's ability to respect clients' cultural and religious background	

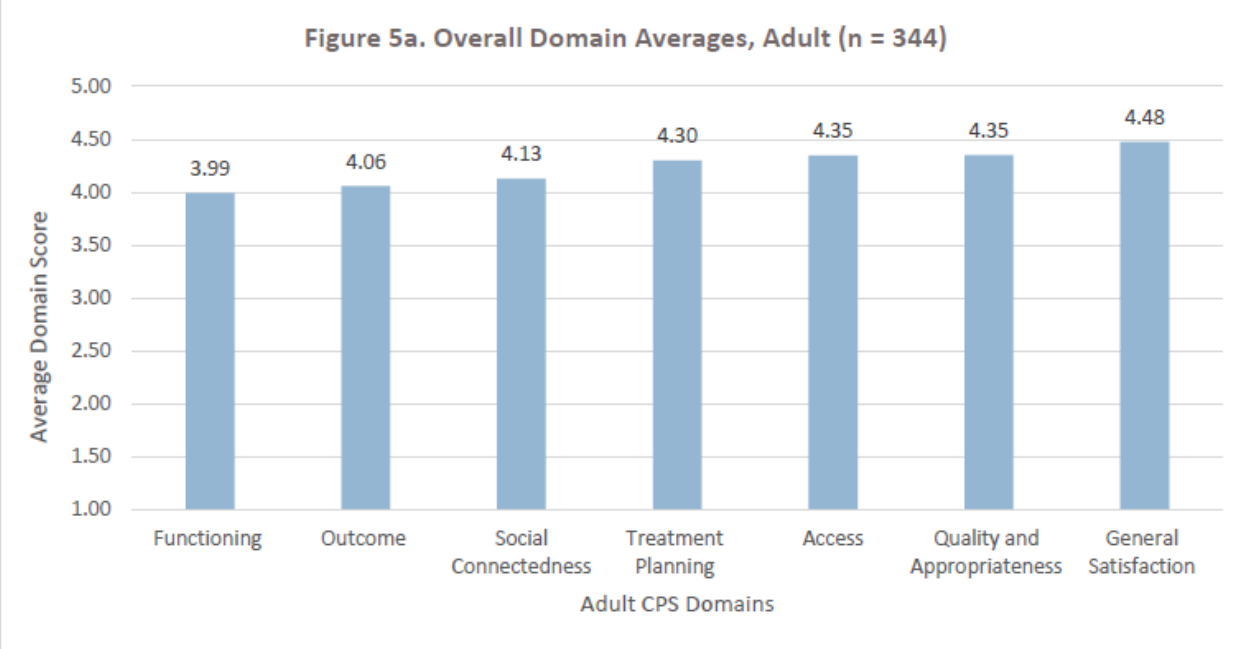
Treatment Planning	Assessment of client perceptions of clients input toward services
Outcome	Assessment of client perceptions of ability of services to improve client wellbeing
Functioning	Assessment of client perception of the result of services on ability to take care of needs
Social Connectedness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

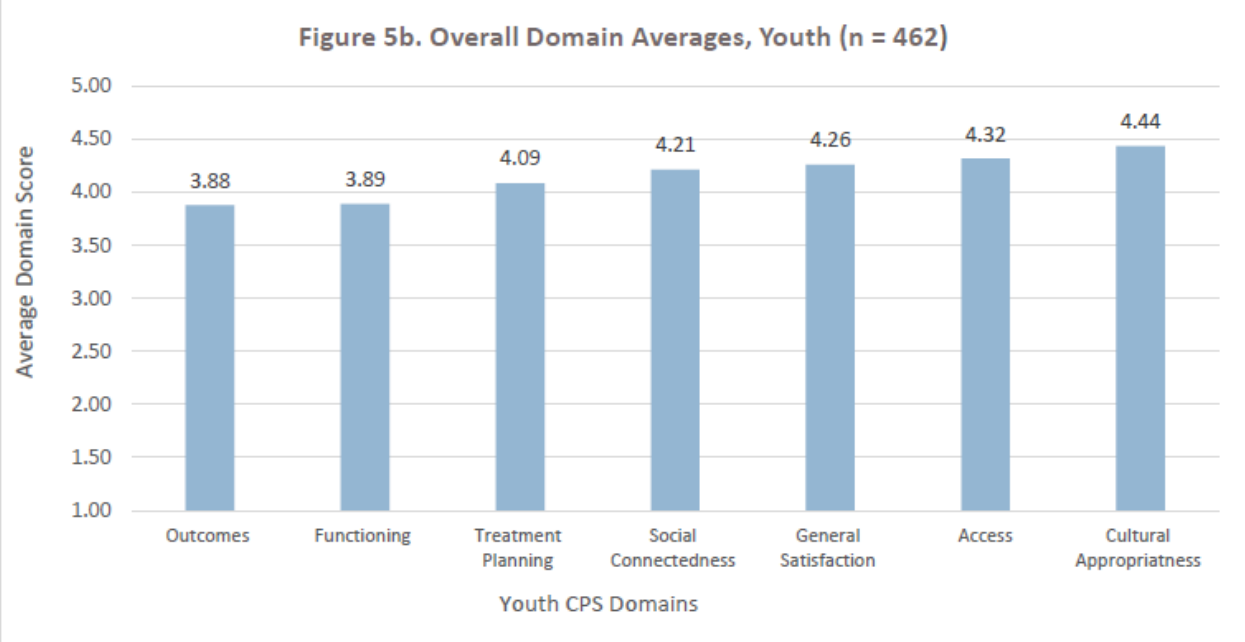
Methods & Analysis

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

Responses by CPS Domain

Figures 5a and 5b report the average domain scores for all Adult and Youth surveys completed in 2024. Average scores can have a maximum value of 5. As seen in the figures, the 'Functioning' and 'Outcome' domains in the Adult and Youth surveys had the lowest average score. The low average scores in the 'Functioning' and 'Outcome' domains have also been observed in recent CPS analyses. The questions included in the 'Functioning' and 'Outcome' domains reflect a client's point of view on how services have helped them and how they feel they are taking care of their needs.





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

Employee Engagement Survey

In September of 2024, Ventura County Behavioral Health (VCBH) conducted its 4th employee engagement survey to better understand VCBH employees' perceptions and satisfaction

regarding their workplace. The survey collected information on various aspects of work, including Clinic or Team Culture and Strategic Alignment with VCBH's mission, vision, and goals. Only data for the domains pertaining to VCBH's ability to value cultural diversity in its workforce will be highlighted here.

Methods

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

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

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

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

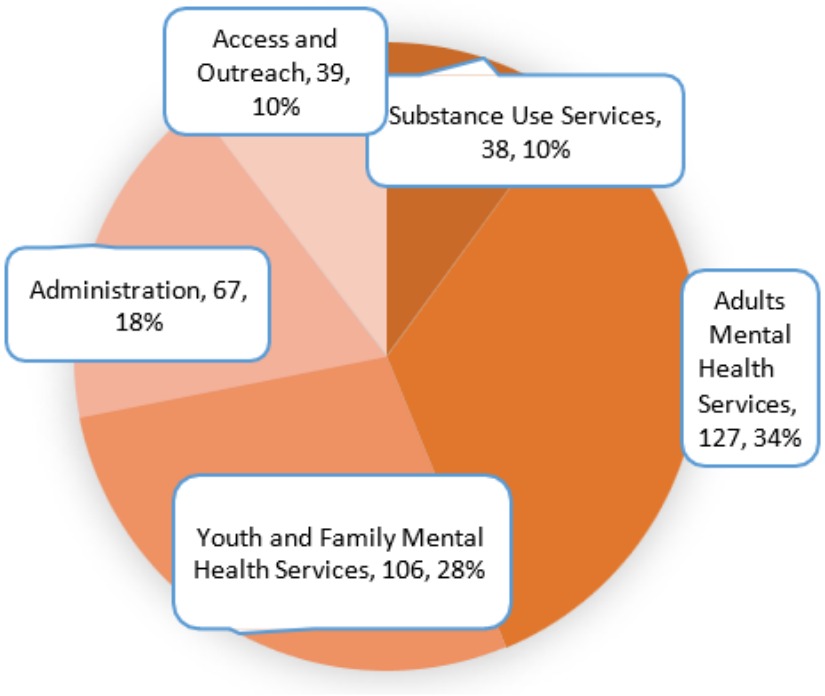
Results

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

Employee Characteristics

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

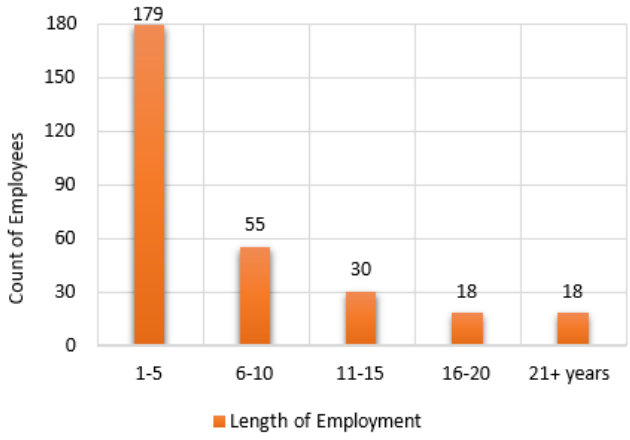
Figure 1. Employee Reported Division (n = 377)



No response = 87

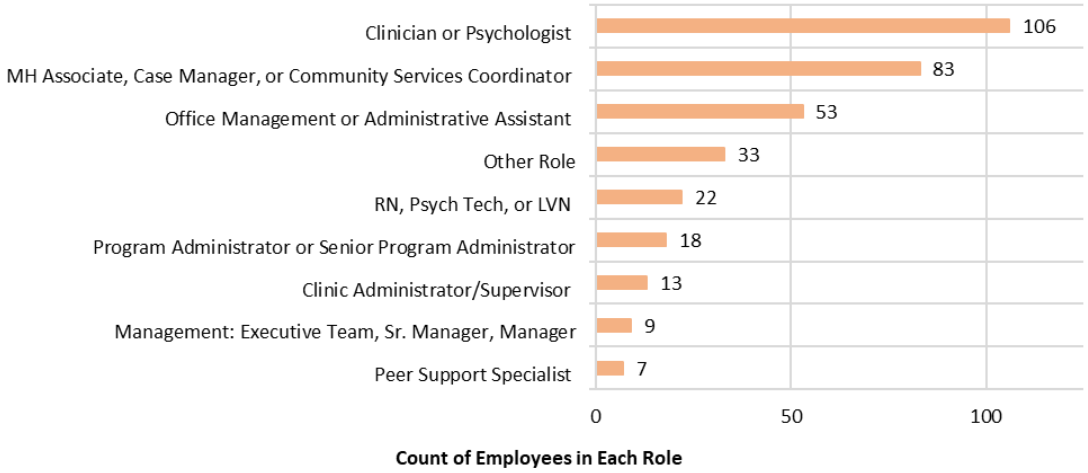
Figure 2 below presents the number of years respondents reporting being employed at VCBH. The average length of employment was approximately 7 years with the most frequently reported timeframe being from 1-5 years employed.

Figure 2. Years Employed (n = 300)



No responses = 164

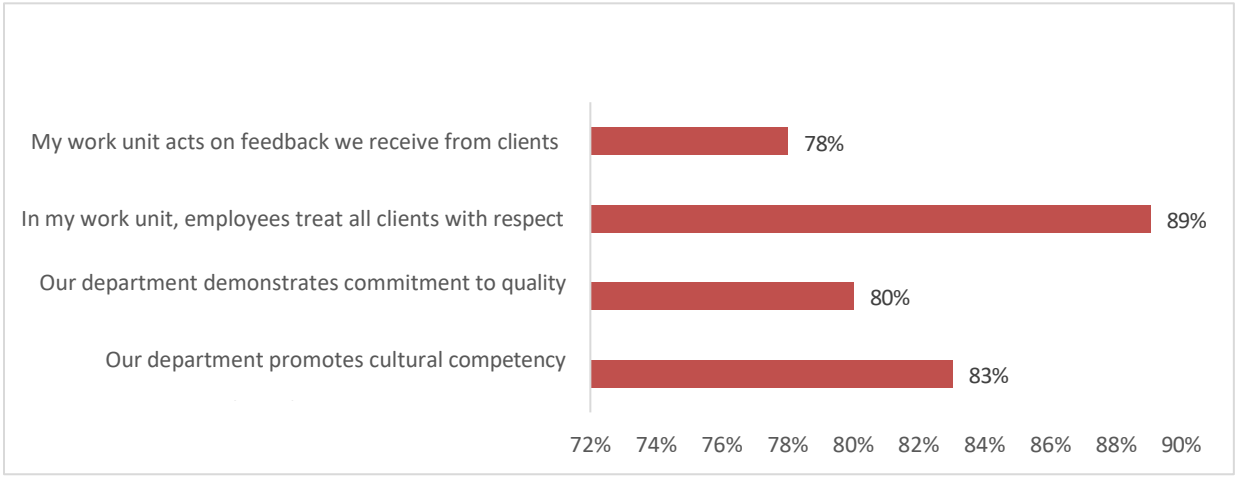
Figure 3. Reported Role at VCBH



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

Items Pertaining to Cultural Competency and Respecting Clients

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



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

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

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

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

The VCBH Senior Compliance Manager acts as the Discrimination Grievance Coordinator responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. In addition, VCBH also tracks grievances related to the failure to provide inclusive healthcare for plan members who identify as transgender, gender diverse or intersex (TGI). The Grievance Team tracks all discrimination and TGI grievances and reports on these, as required, to DHCS.

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

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

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