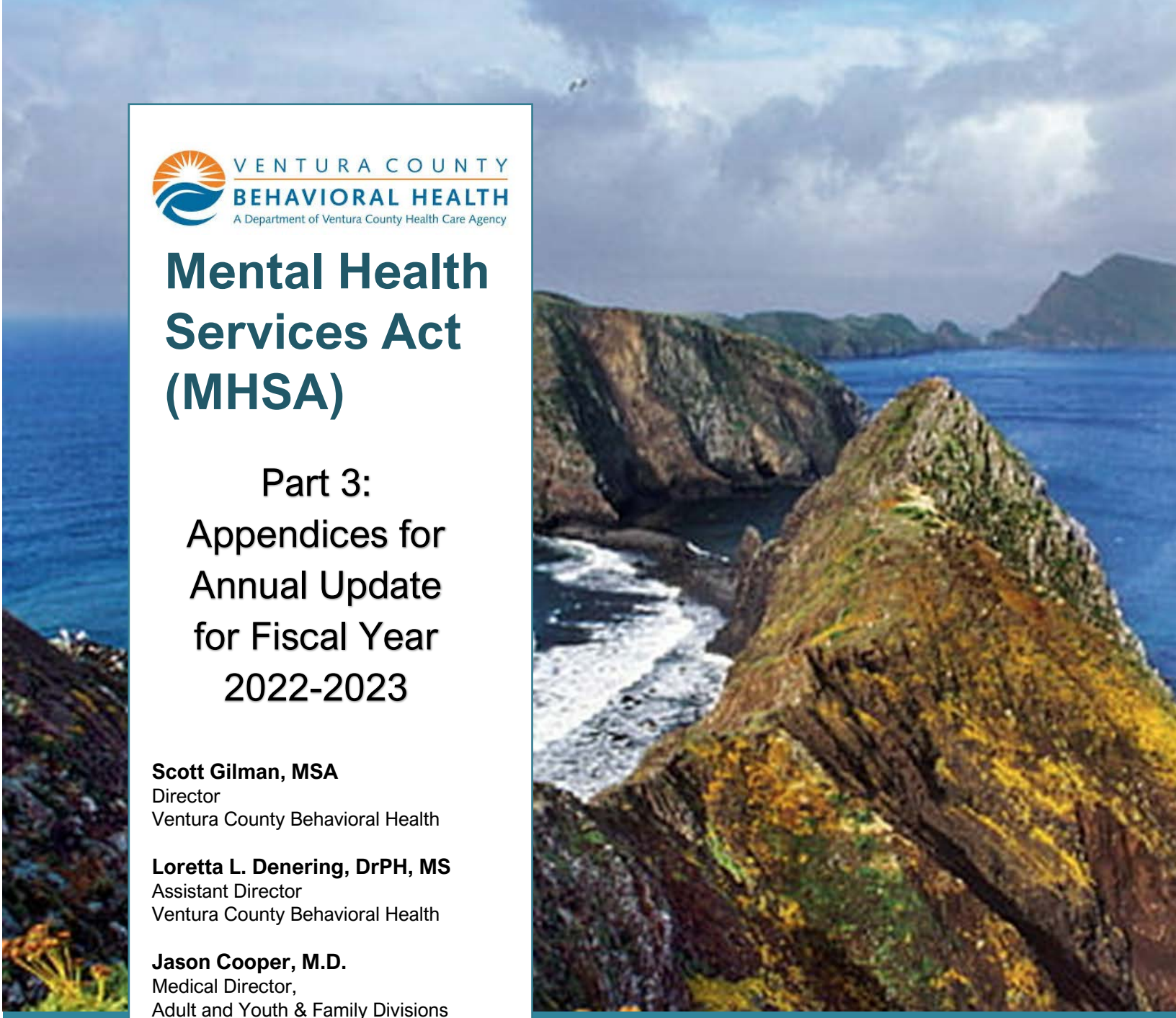

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Mental Health Services Act (MHSA)

Part 3: Appendices for Annual Update for Fiscal Year 2022-2023

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MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

VENTURA COUNTY
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APPENDICES

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

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7.1 OUTCOMES

7.1 OUTCOMES

7.1.1 Community Services and Support Outcomes – 4.1.1 Full Service Partnership (FSP)

What are FSP Programs?

Under the Mental Health Services Act (Prop 63), Community Services and Supports (CSS) component, Full-Service Partnership (FSP) programs provide intensive wellness and recovery-based services for previously unserved or underserved individuals with serious mental illness (adults and older adults) or severe emotional disturbances (children and youth) that would benefit from an intensive wraparound service program as they seek to achieve their individualized treatment goals. The MHSA has established a standard that 51% of all CSS funding be dedicated to these programs.

Why is this Important?

At Ventura County Behavioral Health (VCBH), the foundation of FSPs lies in a "whatever it takes" approach to help individuals on their path to recovery and wellness. Clients of FSP programs receive client-driven integrated services and support that include treatment, case management, transportation, housing, crisis intervention, education, vocational training and employment services, as well as socialization and recreational activities. Unique to FSP programs are a low client-to-staff ratio, 24/7 Personal Service Coordinator (PSC) availability, and a treatment approach that employs, as the name implies, a "partnership" between consumers, mental health staff, peers and community-based service providers. Embedded in FSP programs is a commitment to deliver services in ways that are culturally and linguistically responsive and appropriate.

Data Collection and Reporting (DCR) System

FSP providers collect client self-report data, including the Partner Assessment Form (PAF), Quarterly Assessments (3Ms), and Key Event Tracking (KET) forms. These self-report data are collected initially in VCBH's Electronic Health Records (EHRs) system and subsequently uploaded into the California Department of Health Care Services (DHCS) Data Collection & Reporting System (DCR). Additionally, client data are entered into VCBH's EHR system and data warehouse. Data presented in this report stems from both data systems. Data from the DCR were analyzed using proprietary software created by Kate Cordell, the Enhanced Partner-Level Data (EPLD) Templates to determine and report on required client outcomes.

An additional source of FSP client data is accessed through VCBH's EHR system – these data include client demographic information, client hospitalizations, and other client outcomes, including the Behavior and Symptom Identification Scale (BASIS 24), Child and Adolescents Needs and Strengths (CANS), consumer perception and satisfaction. In the following pages, tables and figures note the source of the data presented.

The majority of the data presented in this report rely on partner self-reported data based on their reports of the various indices on the PAF, 3Ms, and KETs. Whenever possible VCBH aims to corroborate self-reported data with data that we collect and have access to in the EHR; however, at this point in time this is not possible with the majority of the indicators presented in this report. Thus, the data based on self-reported events from partners should be interpreted as such. Additionally, we may not have a completed PAF for every partner.

Demographics

Table A1 presents demographic information for the *unduplicated* number of partners served in a VCBH FSP program within FY21-22. As illustrated, VCBH served a total of 580 partners within the fiscal year of 2021-2022. Here served is defined as having a billed unit for any service rendered in a VCBH FSP program to the partner within the fiscal year.

Table A1 details partner demographic information for Age Group, Sex, Sexual Orientation, Employment Status, Ethnicity, Race, and Preferred Language. Available data are extracted from VCBH's EHR system. There are a number of data points that VCBH does not currently collect that are not presented in this report. Please refer to the main report for an accounting of the data not collected at this time. *Note* – throughout this section FSP Partner and FSP Clients are used interchangeably.

Table A1. FY21-22 FSP Partner Demographics (unduplicated client count)

Demographics (N = 580 Unduplicated Clients)			
Category		**N**	**%**
Age Groups Served			
Youth	0-15	--	--
TAY	16-25	57	10%
Adults	26-59	354	61%
Older Adults	60+	169	29%
Sex/Gender			
Female		254	43.8%
Male		325	56%
Transgender		1	0.2%
Sexual Orientation (n = 212)			
Bisexual		3	0.5%
Heterosexual		88	42%
Lesbian or Gay		1	0.2%
Queer, pansexual, and/or questioning		0	0
Transgender		1	0.2%
Decline to answer/Not Reported		119	56%
Employment Status			
Employed Part-Time		11	2%
Employed Full-Time		14	2%
Unemployed/Not in the Labor Force		386	67%
Unknown		169	29%
Ethnicity			
Hispanic/Latino		234	40%
Non-Hispanic		314	54%
Unknown/Unreported		31	6%
Race			
American Indian		5	0.9%
Black/African American		18	3.1%
Chinese		1	0.2%
Filipino		3	0.5%
Alaskan Native		1	0.2%
Japanese		1	0.2%
Korean		1	0.2%
Not Reported		33	5.7%
Other Asian		2	0.3%
Other Race		247	42.6%
Vietnamese		3	0.5%
White		265	45.7%
Preferred Language			
English		532	92%
Spanish		38	6%
Other/Not Reported/ Unknown		10	2%

Note. Data based on VCBH EHR. Employment status is a point in time measure and can change depending on when the data is collected.

Please refer to section 4 for additional information on FSP partners and the programs that serve them.

FSP Transitional Age Youth (TAY), Adult, and Older Adult Clients (Outcomes)

The data in this section was primarily self-reported by partners and documented using FSP outcome assessment forms developed by the California State Department of Health Care Services. These forms include: Partnership Assessment form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly assessment form (3M) that updates the data from the PAF and is done every three months for each client as long as they are receiving FSP services; and the Key Event Tracking (KET) form that is done each time a key event (i.e., crisis visit, arrest, incarceration, hospitalization) occurs.

The following section examines outcomes over time for partners who received services and completed an entire year in an FSP. Based on self-reported data collected from the PAF, 3Ms, and KETs, the next set of tables and figures demonstrate of the partners served in FY 21-22, the percentage of partners who self-reported on the various indices presented, including number of arrests, number of hospitalizations, and residential status.

The data presented in this section is derived from self-reported data uploaded into the state's DCR system and analyzed using the Enhanced Partner-Level Data (EPLD) templates. The analyses are focused on the partners with complete data within the service year of FY21-22 and examines and compares the data reported to the prior year (FY20-21 before their partnership), which serves as a baseline comparison (thus a comparison between partners within the service year and one year prior to them entering a VCBH FSP program).

We do not have complete and accurate self-reported data on employment or education from the PAF, 3Ms or KETs, and thus will not be presenting these data points in this year's report. The tables and graphs in the following section include the subset of partners who completed at least one entire year in an FSP program to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership (change is represented in percent change from baseline to year one).

Partner Residential Status

Table A2 illustrates the unduplicated number for partners who reported that they were housed temporarily or experienced unstable housing and the total number of unsheltered days in FY20-21 and FY21-22. Based on the self-report data that we have from the DCR, 339 partners reported temporary or unstable housing in FY20-21 and those partners also self-reported a total of 46,133 total days of temporary/unstable housing compared to 388 partners who reported temporary or unstable housing in the service year of FY21-22 with a total of 46,839 days with temporary or unstable housing, an increase of 14% in partners with unstable/temporary housing and an increase of 1.5% in number of days from FY20-21 to FY21-22.

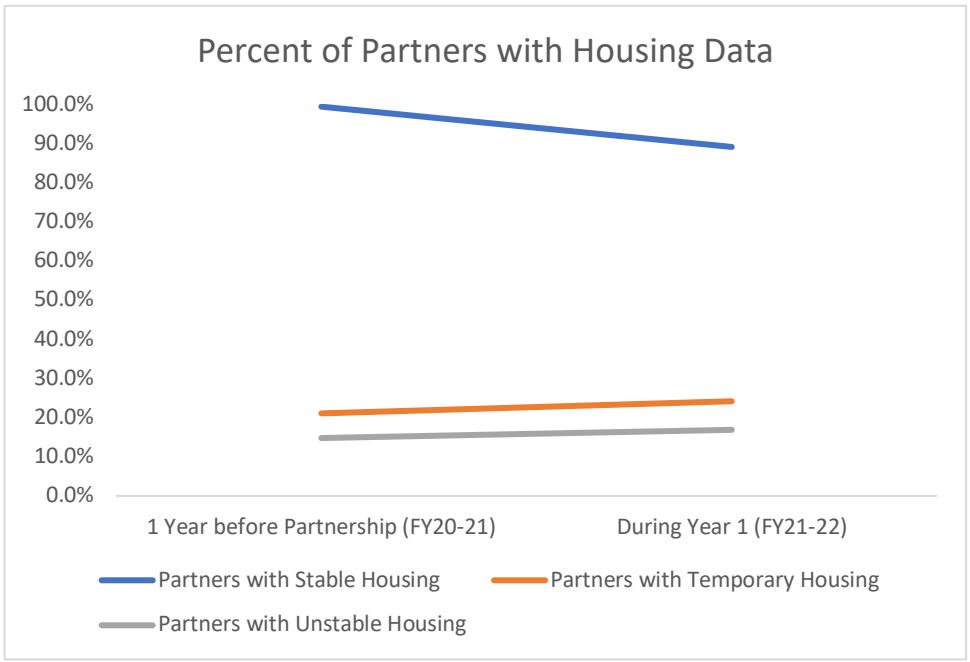
Table A2. Partner Residential Status

All Partners who experienced Temporary or Unstable Housing					
1 year before (Baseline: FY20-21)		**Current: FY21-22**		**Percent Change from Baseline**	
# (n) Unduplicated Partners	# days unsheltered	# (n) Unduplicated Partners	# days unsheltered	Percent Change Unduplicated Partners	Percent Change # days
339	46,133	388	46,839	+ 14%	+1.5%

Note. Data based on DCR records analyzed with the EPLD templates

Figure A1 displays the percent of partners with unstable, temporary, and stable housing based on self-reported data from the DCR. As illustrated, the percentage of partners with stable housing decreased from FY20-21 to FY21-22 based on self-reported partner data.

Figure A1. Partners' Residential Status



Partner Number of Arrests and Arrest Days

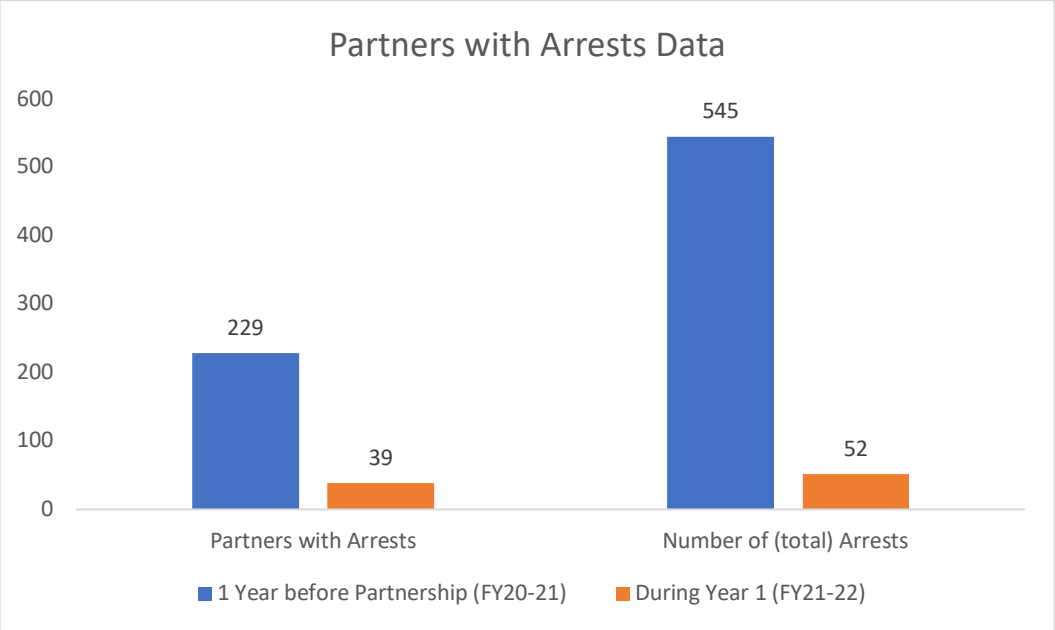
Table A3 presents Ventura County FSP Client data that were analyzed from the Data Collect and Reporting (DCR) System. The table below illustrates the unduplicated number for partners who reported that they were arrested and total number of arrest days prior to FY21-22. Including in the sample are TAY, Adult, and Older Adult partners. Of the partners served in FY21-22 who completed an entire year in FSP, only 39 reported being arrested in the service year of FY21-22. A change of more than an 80% decrease was observed from the prior year's reported arrests.

Table A3. Partner Number of Arrests and Number of Arrest Days

All Partners who Experienced Arrests					
1 year before (Baseline: FY20-21)		**Current: FY21-22**		**Percent Change from Baseline**	
# (n) Unduplicated Partners Arrested	Total # of Arrest days	# (n) Unduplicated Partners (Arrested)	Total # Arrest days	Percent Change Unduplicated Partners (Arrests)	Change # Arrest days
229	545	39	52	- 83%	- 493

Note. Data based on DCR records analyzed with the EPLD templates

Figure A2. Partners Who Experienced Arrests



Partner Hospitalizations

Table A4 illustrates the unduplicated number for partners who were enrolled in an FSP Program at VCBH in the FY21-22 service year and were hospitalized for psychiatric reasons in FY21-22 and FY20-21 (for comparison). Hospitalization data was extracted from VCBH's electronic health records (EHR) system based on client hospitalization data that VCBH can access. A summary of FSP client hospitalization data is presented in Table A4 and Figures A3 and A4.

Based on the data that we have access to for FY21-22 FSP clients, Table A4 illustrates that in FY21-22, there were 185 hospital admissions compared to 119 in FY20-21 and the proportion of partners hospitalized for psychiatric reasons in FY21-22 was 16% compared to 11% in FY20-21.

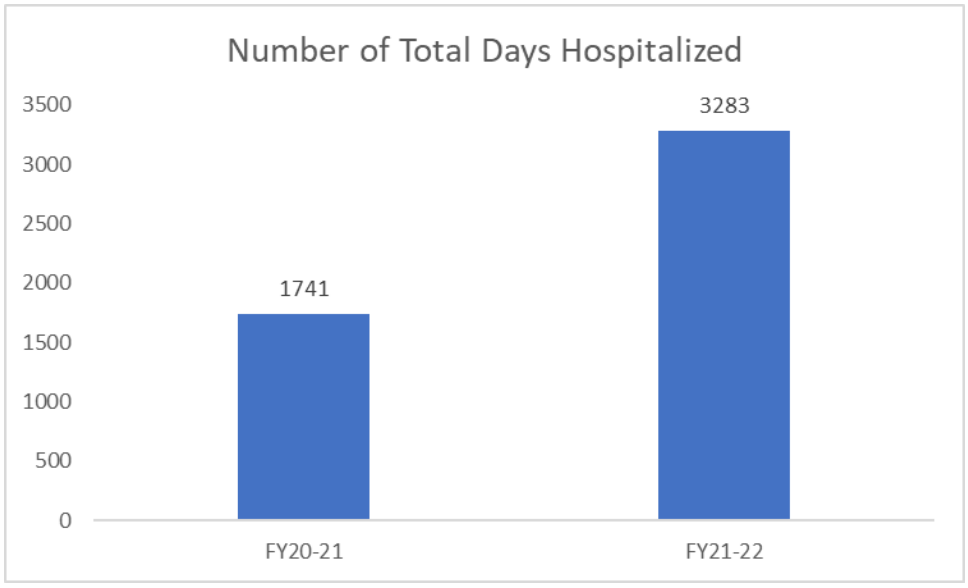
Table A4. Partner Hospitalizations Extracted from VCBH's EHR

All Partners with One Year in FSP who Experienced Psychiatric Hospitalizations					
1 year before (Baseline: FY20-21)		**Current: FY21-22**		**Percent Change from Baseline**	
# of hospital admissions	# of (total) days hospitalized	# of hospital admissions	# of (total) days hospitalized	Percent Change in # of hospital admissions	Percent Change In Partners Hospitalized
119	1,741	185	3,283	+55%	+88%

Note. Data based on VCBH's EHR

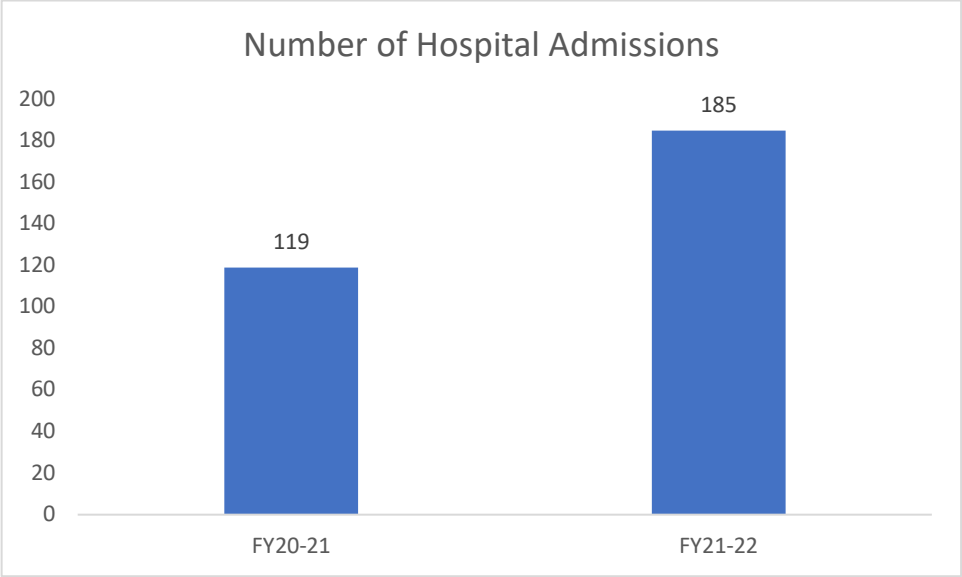
Figures A3 and A4 illustrate VCBH's data on partner hospitalizations. Figure A3 displays the cumulative total number of days hospitalized for partners who were hospitalized out of the FY21-22 FSP population that VCBH served in FY21-22, and Figure A5 displays the number of hospital admissions for these partners in FY21-22 compared to FY20-21. As illustrated in both figures, the proportion of partners and number of psychiatric hospital admissions was slightly higher in FY21-22 compared to FY20-21. Although VCBH served a significant number of rollover partners (from FYs 20-21 to 21-22), a small portion of the total served in FY21-22 were newly established partners; thus, this may be part of the reason for the result pattern observed in Figures A3 and A4.

Figure A3. Partner Total Days Hospitalized



Note. Data based on VCBH's EHR

Figure A4. Number of Hospital Admissions



Note. Data based on VCBH's EHR

Improved Functionality on Assessment Measures

The 24-item Behavior and Symptom Identification Scale, BASIS-24®, is a leading behavioral health assessment tool designed to assess the outcome of mental health or substance abuse treatment from the client's perspective. Typically, BASIS-24® is given at admission and discharge for inpatient or residential programs, and at intake/initiation of treatment and then periodically thereafter in partial hospital or ambulatory/outpatient care settings. Grounded in the latest scientific methods of survey development and validation, the BASIS-24® underwent extensive field testing as part of a multiyear research and development process and has been validated and found reliable in inpatient, residential, partial and outpatient settings.

BASIS-24® inquires about the degree or frequency of difficulty that the respondent has been experiencing during the past week. The 24 items are scored using a weighted average algorithm that gives an overall score as well as scores for six subscales. The 24 items assess six major areas of difficulty and/or distress including: Depression/Functioning, Relationships, Self-Harm, Emotional Lability, Psychosis, and Substance Abuse. The overall Total Score is presented in this report to illustrate improvement in partners who have completed at least one year in a VCBH FSP program and had two time points of Basis-24® assessments for comparison. To provide context to the score, higher scores are indicative or higher levels of psychopathology.

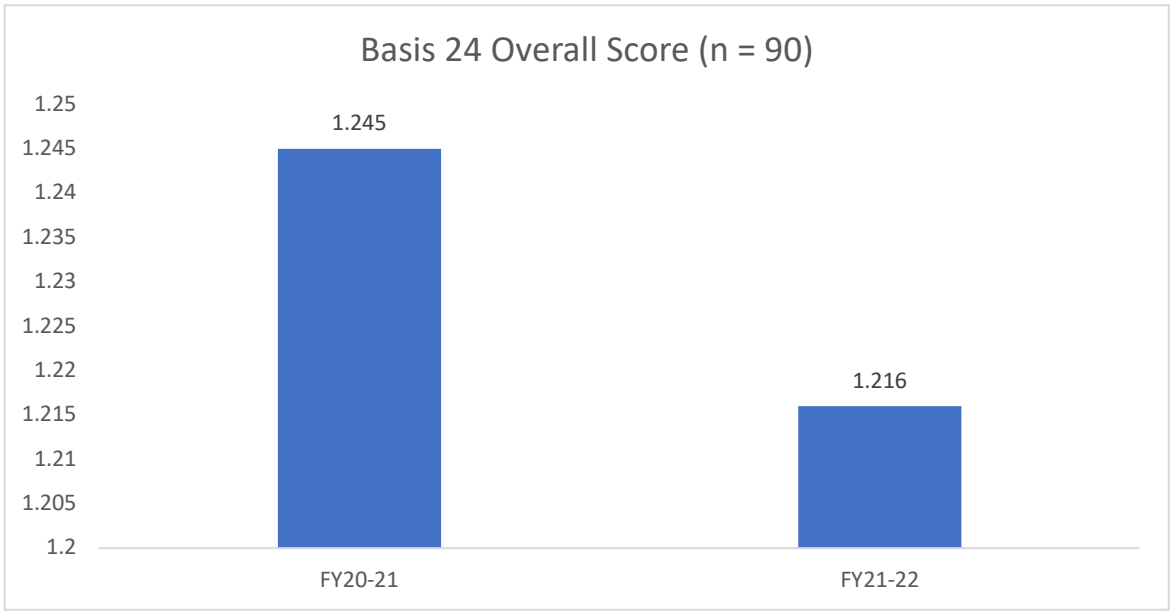
As noted in Table A6 and Figure A5, partners who had an assessment in FY21-22 had a slightly lower overall score compared to those same partners who were assessed approximately one year prior (serving as the baseline). These data are from FSP partners served in FY21-22 and had at least two time points of data on the BASIS-24® (one in FY20-21 and in FY21-22). These results demonstrate that partners served in VCBH programs are functioning slightly better compared to the prior year.

Table A6. FSP Adult Partners with BASIS 24 Total Scores at Two Time Points

Measure	**FY20/21 (Baseline; Point of Comparison)**	**FY21/22**	change between Baseline and FY21/22
	Group Mean Score	Group Mean Score	Aggregate change in mean values
Basis 24			
Basis 24 Overall Score (n = 90)	1.245	1.216	-2.3%

Note. Data based on Electronic Health Records

Figure A5**.** Basis 24 Overall Score: Comparison of FY20-21 and FY21-22 Cohort of FSP partners with Two Time Points of Data

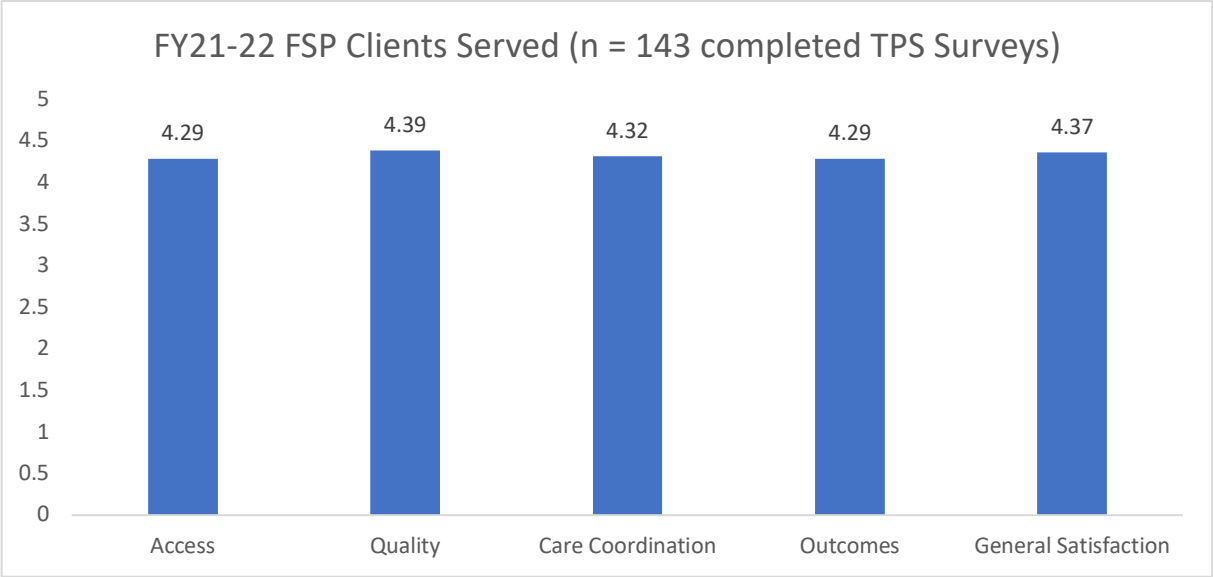


Consumer Perception and Satisfaction

Consumer Perception was assessed during the FY21-22 fiscal year using the Treatment Perception Survey (TPS). The 14-item adult-version of the survey assesses clients' perception of their treatment. The TPS is administered at intake, discharge, and annually. There are a total of 14 items and each item is scored on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores are indicative of higher rates of agreement or satisfaction. For this report, we are presenting TPS results for n = 143 FSP clients who had at least one completed TPS survey. The TPS assesses multiple domains, including **Access** to services, **Quality** of care, **Care Coordination**, **Outcomes**, and **General Satisfaction**. These domains are presented in Figure A6.

As illustrated in Figure A6, the TPS domains demonstrate very high agreement and satisfaction with client treatment perception.

Figure A6. TPS Domain Averages for FY21-22 FSP Clients



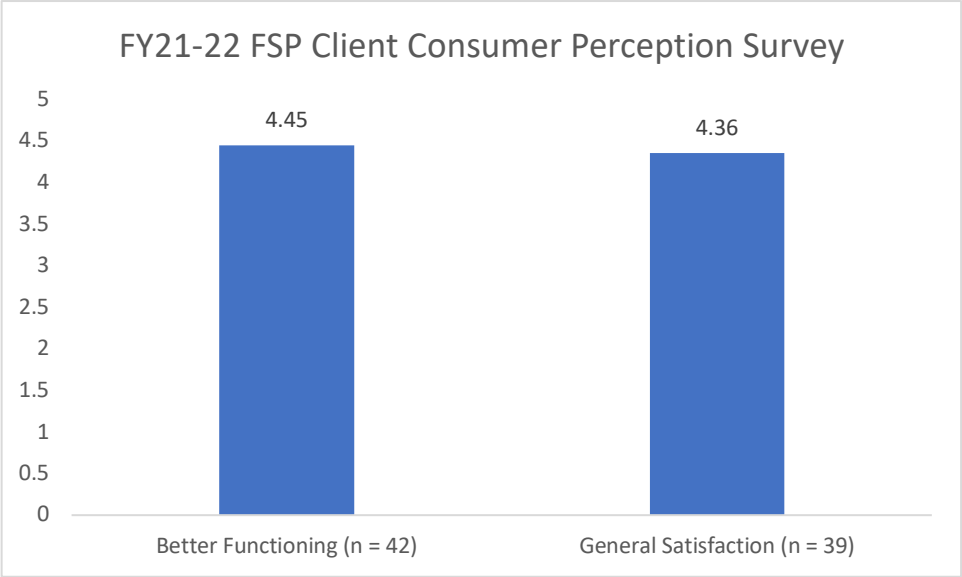
Note. Data based on Electronic Health Records

In May of 2022, VCBH also administered for the duration of one week, the Consumer Perception Survey. The Consumer Perception Survey also assesses client perception with treatment using various domains. Items are again scored from 1 (Strongly Disagree) to 5 (Strongly Agree) with higher reported scores indicative of higher agreement and satisfaction. In this report, the domains of General Satisfaction and Better Functioning are presented for FSP clients served in FY21-22 due to a general interest in clients' perception of their functioning and overall satisfaction. The CPS is generally administered on a calendar year and for only one week in the year; thus, comparisons between clients from prior years is difficult given the relatively small sample sizes who have complete survey data.

Similar to the TPS, the CPS domains also showcase very high satisfaction. As illustrated in Figure A7 the number of FSP clients in FY21-22 who had complete data on the General Satisfaction domain items were only 39 Adults and Older Adults, while the sample size for the domain Better Functioning had 42 clients who had completed those items. Both domains exhibited very high rates 4.45 (out of 5) for Better Functioning, and 4.36 (out of 5) for General Satisfaction.

The aim in subsequent years is to provide comparisons between clients' perception data from year to year; but the challenge is having these data on the same clients year after year.

Figure A7. Consumer Perception Survey Results for Better Functioning and General Satisfaction Domains



Note. Data based on annual state-mandated beneficiary satisfaction surveys

Summary

Are FSP Adult Clients Getting Better?

In addition to the FSP client outcome data presented in the preceding pages, we present a qualitative description of how an FSP adult client has improved based on a description from their VCBH case manager.

"Client A's progress is steady and promising. Upon meeting the client, she was more dependent on me as her case manager to adhere to medical navigations feeling she was unable to schedule her own doctors' appointments, seek alternate methods of public transportation and utilizing community resources. Client A now will schedule her own doctors' appointments, obtain public transportation, and learn to troubleshoot challenges on her own. They are open minded and proactive with their education, obtaining part time employment, volunteering, and eating healthier."

As illustrated in this client description and the client outcome data that we present on the various indicators (number of arrests, Basis 24 Overall Score) as well as the client perception of treatment and consumer satisfaction with services, this report showcases incremental improvements in FSP clients overall functioning which is the overarching goal of VCBH's FSP programs.

FSP Youth Clients

The following section examines outcomes over time for youth partners who received services and completed an entire year in an FSP program. A total of 20 youth partners were served in FY 21-22 in VCBH's Insights program.

The Insights program encompasses both the Youth (0–15) and TAY (16–25) FSP categories since it serves individuals up to 21 years old. Families enrolled in the Insights program are primarily families who are underserved or

inappropriately served in the community. In addition, some youth served struggle with safety concerns due to community violence, housing and food instability, and lack of other basic needs.

Insights was developed to address the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders, who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program utilizes a multidisciplinary approach to provide intensive treatment and case management services to these youth. Through a collaborative process, coordinated services are offered to the youth and their caregivers which may include comprehensive mental health services, substance use services, peer and parent supports, and other county and community-based support resources.

Presented in this report are data on Insights clients that VCBH has access to at this time. These data are solely based on VCBH's electronic health records.

Table A7 displays the demographic information for VCBH's Insights clients. As illustrated, in FY21-22 VCBH served a total of 20 clients in this program. Client ages ranged between 16 and 21.

Table A7. FSP Insights youth client demographic information (N =20)

Demographics (N = 20 unduplicated Insights Program Clients)		
Category	**N**	**%**
Age Group		
0-15	--	--
16-25	20	100%
Sex/Gender		
Female	10	50%
Male	10	50%
Sexual Orientation		
Heterosexual	13	65%
Decline to answer/Not reported	7	35%
Race		
White	11	55%
African American or Black	0	0
Asian	0	0
Native Hawaiian or Other Pacific Islander	0	0
Alaska Native or Native American	1	5%
Other	8	40%
More Than One Race	0	0
Declined to Answer	0	0
Ethnicity		
Mexican/Mexican American	10	50%
Other Hispanic/Latino	4	20%
Not Hispanic	6	30%
Preferred/Primary Language		
English	20	100%
Spanish	--	--

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

There are four levels of each item (0 to 3) with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths): For Needs, a '0' indicates that there is no evidence of a need, while a '3' is indicative of immediate/intensive action; for Strengths, a '0' is indicative of a centerpiece strength, while a '3' is indicative of "no strength identified".

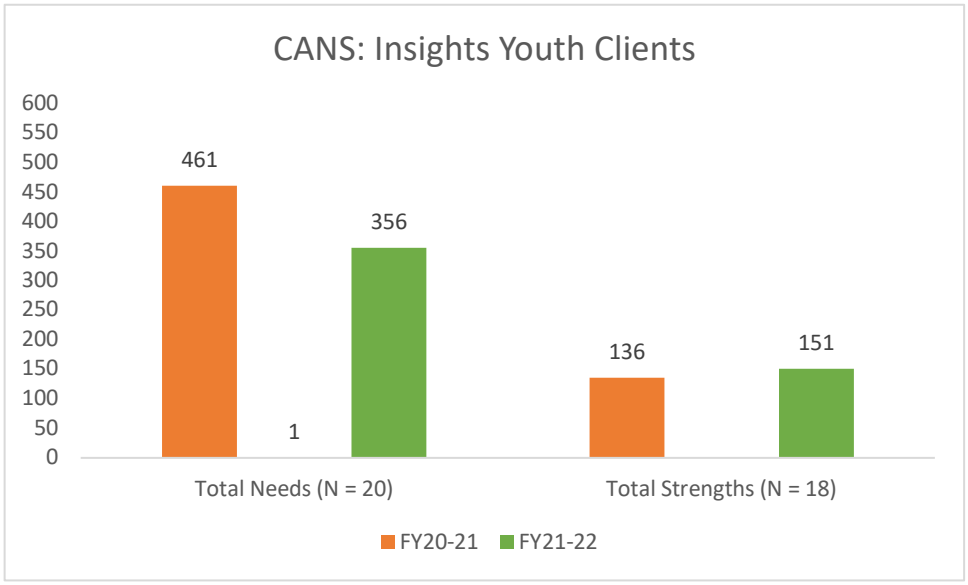
Figure A8 presents the total number of Needs and Strengths for the FY21-22 population of FSP Insights clients compared to their Needs and Strengths in FY20-21. As illustrated in Table A8 and Figure 8, the overall number of Needs decreased by 23% between FY20-21 and FY21-22 for the same clients who had a CANS assessment in two time points, and the total number of Strengths increased by 11%.

Table A8. FSP Insights Clients CANS total Needs and Strengths in FY20-21 and FY21-22

Measure	**FY20/21 (Baseline; Point of Comparison)**	**FY21/22**	Change between Baseline and FY21/22
	Group Mean Score	Group Mean Score	Aggregate Change in Mean Values
CANS			
Total Number of Needs	461	356	-23%
Total Number of Strengths	136	151	+11%

Note. Data based on EHRs; for partners with two time points of data
Note the CANS can be administered in six-month intervals

Figure A8. CANS Total Needs and Strengths in FSP Clients with Two Time Points of Data



Note. Data based on Electronic Health Records

Are Youth Clients Getting Better?

As illustrated in Figure A8, Insights clients seem to be getting better in terms of their total number of Needs and Strengths. Total number of Needs decreased from FY20-21 to FY21-22 and total Strengths increased from FY20-21 to FY21-22 for Insights clients who had two time points of CANS assessment data between FY20-22. The CANS assessment is generally administered at 6-month intervals to assess progression and needs.

Additionally, to qualitatively highlight improvement or the "success" of Insights youth clients, Client B, a 17-year-old Latina with charges of battery and vandalism was heavily involved in substance use and physical altercations at school which led to several suspensions. Through the Insights program she developed assertive communication skills and was able to improve her social network. Along with these improvements she started to make better decisions that included getting a job where she currently remains employed.

Limitations of the Data

The majority of the data presented in this report rely on partner self-reported data based on their reports of the various indices on the PAF, 3Ms, and KETs. Whenever possible VCBH aims to corroborate self-reported data with data that we have access to in the EHR; however, at this point in time this is not possible with the majority of the indicators presented in this report. Thus, the data based on self-reported events from partners may not be as accurate or reliable.

Additionally, not all active clients have a completed PAF, or subsequent completions of the 3Ms or KET forms. As a result, the data and results presented in this report are based on the completed data that we have available to us from the county uploaded data files into the DCR System.

Efforts are in place for continual improvements to VCBH's data collection and reporting for FSP programs and clients. For example, VCBH has been participating in data improvement efforts through the Innovations grant and has been working with a third-party consulting firm, Third Sector, to help support data improvement efforts. Efforts to date include a reworking of FSP provider trainings, the development of a comprehensive FSP training manual, and multiple training sessions conducted with FSP providers to adequately train them on data entry for the PAF, 3Ms, and KETs in VCBH's EHR system.

Conclusion and Future Work

Overall, based on the data we present in this FSP client report we can determine that VCBH's FSP clients are making incremental strides in improved functionality.

Future work will focus on improved data collection and data entry efforts, including completing a PAF for every partner along with subsequent Quarterly assessments and Key Events. VCBH will continue to ensure that data batched and uploaded into the state's DCR system is complete and accurate. Additionally, VCBH will aim to corroborate partner self-reported information with data collected in the EHR whenever feasible.

7.1 OUTCOMES

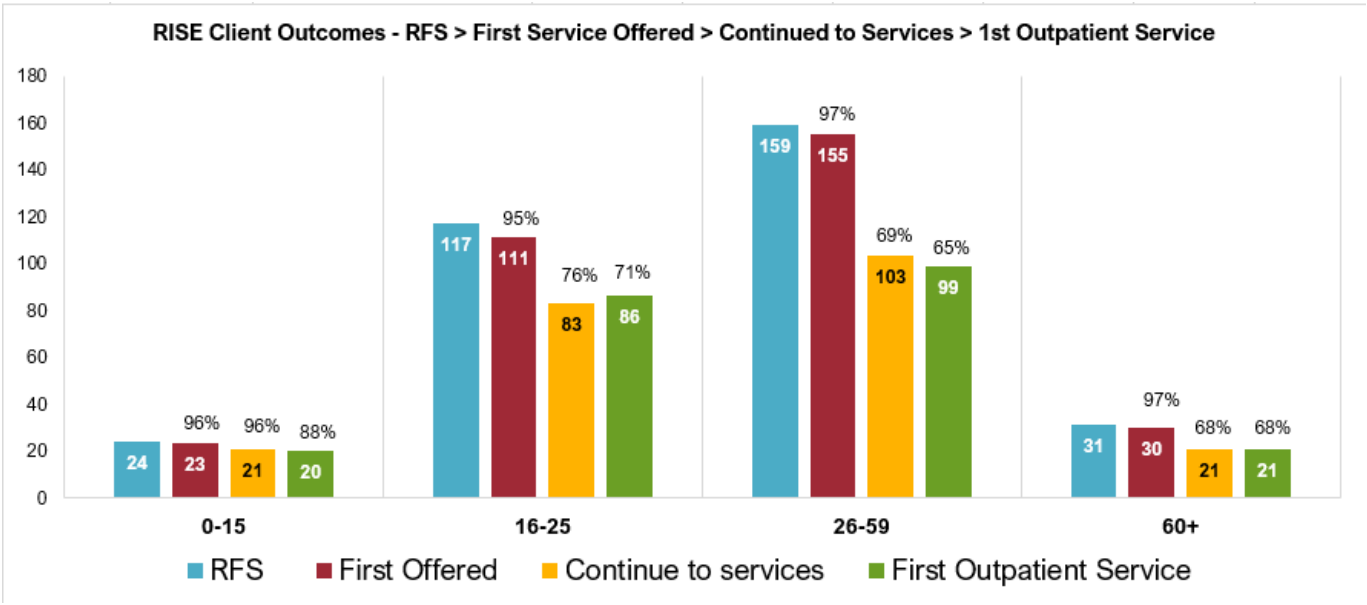
7.1.2 Community Services and Support Outcomes – General Systems Development (GSD)

4.1.2.1 O & E: Rapid Integrated Support and Engagement (RISE)

The following diagrams indicate the Request for Services (RFS), timeliness and rates of clients who went continued to Outpatient Services in RISE

RISE OUTCOMES

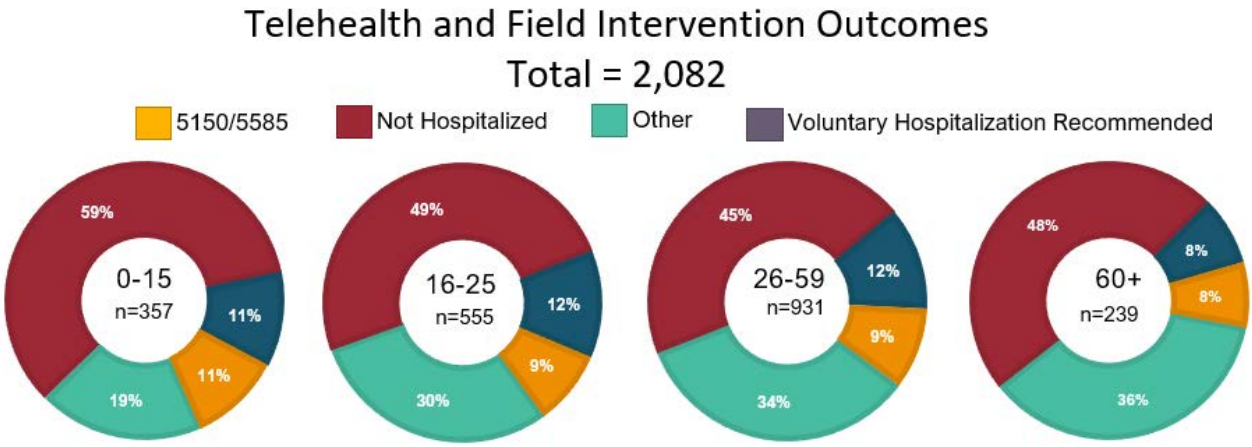
FY	RFS	First Offered	First Service	Continue to services	First Outpatient Service	% with Offered from RFS	% with First Service from RFS	% Cont' to Services from RFS
RISE								
0-15	24	23	23	21	20	96%	96%	88%
16-25	117	111	89	83	86	95%	76%	71%
26-59	159	155	110	103	99	97%	69%	65%
60+	31	30	21	21	21	97%	68%	68%
Grand Total	331	319	243	228	226	96%	73%	69%



7.1 OUTCOMES

4.1.3.1 GSD.01: County-Wide Crisis Team

Crisis Line calls that resulted in a telehealth or field visit primarily entered a 5150/5185 hold, as demonstrated in the data below, broken down by age groups.

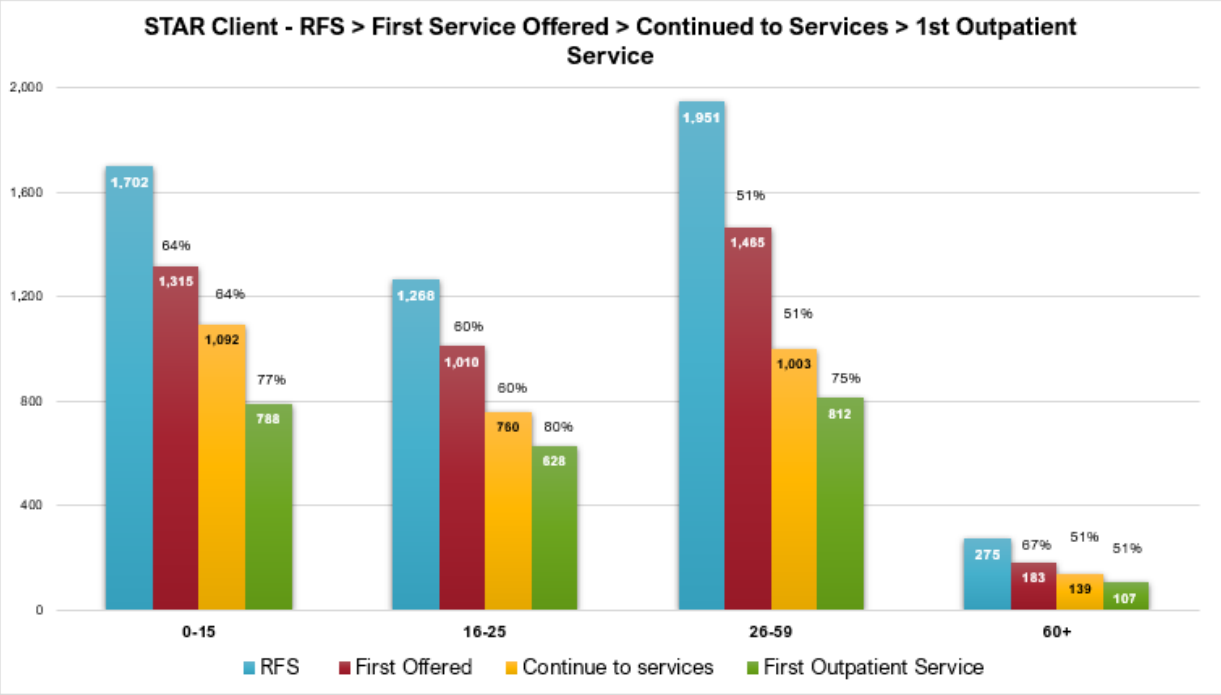


7.1 OUTCOMES

4.1.3.4 GSD.04: Screening, Triage, Assessment and Referrals (STAR)

The following diagrams indicate the Request for Services (RFS), timeliness and rates of clients who went continued to Outpatient Services in STAR

FY	RFS	First Offered	First Service	Continue to services	First Outpatient Service	% with Offered from RFS	% with First Service from RFS	% Cont' to Services from RFS
STAR								
0-15	1,702	1,315	1,092	1,092	788	77%	64%	64%
16-25	1,268	1,010	760	760	628	80%	60%	60%
26-59	1,951	1,465	1,003	1,003	812	75%	51%	51%
60+	275	183	139	139	107	67%	51%	51%
Grand Total	5,196	3,973	2,994	2,994	2,335	76%	58%	58%



7.1 OUTCOMES

4.1.3.10 GSD.10: Family Access and Support Team (FAST)

Healthy Families Parenting Inventory (HFPI)

- The Healthy Families Parenting Inventory (HFPI) is designed to learn more about you as a parent and how you respond to different aspects of parenthood.
- They are interested in the kinds of changes you may have noticed in yourself since becoming a parent.
- This information is used to help design a plan to better serve you during your involvement with United Parents.
- *There are no right or wrong answers.*
- Questions are ordered in categories or subscales that help your Parent Partner identify areas of strengths and areas of concern.
- Each category has a baseline number (see above). If the sum number of your responses in that category is above that baseline number, that indicates an area of strength.
- If the sum number falls below the baseline number, that indicates an area of concern that may require a more focused intervention.
- The FAST program is a short-term intervention; however, they realize that changes do take time.
- When looking over your results, it is important to note that you may not see big changes right away.
- This inventory is only a snapshot of your family dynamic, and it is normal to see both upward and downward shifts.
- If you have any questions or concerns with the information you see, please ask your Parent Partner for clarification.

7.2 EVALUATIONS

7.2.1 FSP Evaluation Interim Annual Report FY21-22

EVALCORP
Measuring What Matters

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

7.2.1 FSP Evaluation Final Annual Report FY21-22

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Introduction

Full Services Partnership (FSP) programs are for people who have been diagnosed with a severe mental illness and would benefit from an intensive service program. Ventura County Behavioral Health (VCBH) created the FSP Multi-Platform Data Exchange, which is an interagency information exchange project designed to improve care for the FSP population. The project is funded with Mental Health Services Act (MHSA) Innovation funding.

EVALCORP is contracted by VCBH to evaluate the implementation and impact of the FSP Data Exchange Project. The project began in July 2020. Due to delays in implementation resulting unforeseeable issues, EVALCORP's engagement in the evaluation began in 2022. The following report includes program related information, as well as an overview of the evaluation methods and findings to date.

FSP Data Exchange Program

FSP programs are designed for people living with serious mental health challenges who would benefit from frequent services and supports. The purpose is to work across agencies to develop a web of shared data streams so VCBH can serve and report on FSP clients across law enforcement encounters, hospital stays, health care services, and homeless services systems, to improve the quality of mental health services and outcomes. VCBH works across agencies to develop a web of shared data streams so they can serve and report outcomes on FSP clients regarding reduced law enforcement encounters, hospital stays, health care services, and homeless services systems, to improve the quality of mental health services. This will allow VCBH case managers to know if one of the 1,500 to 2,000 FSP clients have been incarcerated, hospitalized, or if they are eligible or in need of services for persons experiencing homelessness.

The learning goals and related questions for the program are:

1. Can the proposed data systems be integrated to share information in an actionable way?
2. Are community partners (health care agency, human services agency, and Ventura County Sheriff's Office) better able to coordinate care with behavioral health?
3. Are FSP partners more satisfied with services as a result of interagency data integration?
4. Does the integration of data reduce costs across agencies over the long term?

The evaluation questions for the FSP Program are aligned with the project learning goals established for the initiative (Table 1).

Table 1. Evaluation Questions and Data Sources

Evaluation Question	Data Source(s)
To what degree was the FSP system data sharing capability valuable to end users in terms of providing care to FSP clients?	1. Key Stakeholder Interviews with Program Administrators 2. Focus Groups with End Users
Did care coordination for FSP clients improve after implementation of the data system, and if so, how?	1. Key event tracking (KET) forms[1] 2. Key Stakeholder Interviews with Program Administrators 3. Focus Groups with End Users
To what degree are system users satisfied with the services they were able to provide because of having access to the data provided via the exchange?	1. Focus Groups with End Users
Is the data-exchange program cost effective?	1. Not being assessed in this evaluation*

*The long-term learning goal related to cost-effectiveness could not be incorporated into this evaluation due to program implementation delays, the complexity, and the need for the program to be in place for a period to assess this goal. The approach to conducting a cost analysis would incorporate looking at changes in metrics such as the number of incarcerations by average cost, the number of hospitalization days by average cost, and the amount to maintain the FSP data exchange system. VCBH should assess in 2024 or 2025.

Evaluation Methods

The FSP evaluation is designed to answer the learning and evaluation questions posed for the project and includes both qualitative and quantitative data collection strategies. Both process and outcome metrics are planned for the evaluation to help ensure that the project is implemented as planned and to determine the extent to which the program goals are achieved. Process measures will be assessed through tracking forms and stakeholder interviews with program administrators. Outcomes will be informed by four primary data sources: (1) Key Event Tracking (KET) forms, (2) key stakeholder interviews with administrators, (3) focus groups with end users, and (4) any additional outcomes of interest as agreed upon by EVALCORP and VCBH. As of August 2022, the evaluation components that have been completed thus far include interviews with administrators. A copy of the interview protocol utilized for the interviews with program administrators is included in Appendix A. The additional evaluation questions will be assessed and reported on at the end of 2023.

Nine administrators participated in the key stakeholder interview process (12 were invited to participate). The interviewees worked at VCBH, SAS, Homeless Management Information System (HMIS), Ventura County Continuum of Care, and the Ventura County Sheriff's Office (VCSO). Each interview lasted between 30 and 60 minutes.

EVALCORP contacted potential interviewees via email, with multiple follow-ups to ensure high levels of engagement. Notes were taken during each of the interviews to ensure all of the information was captured, then analyzed using a thematic qualitative approach.

[1] Completed when changes occur in the client's quality of life areas • Residential • Education • Employment • Emergency Intervention • Benefits Establishment • Legal Issues / Designations • Health Status • Administrative Information •

Limitations
As with any evaluation, the FSP data exchange assessment confronted limitations imposed by circumstances. Some project participants were not available to be interviewed and others were new to the project. The interviews took place about six weeks after the "go live" so impacts were unknown.

Findings

This following includes a summary of the information shared by the interviewees. Major themes identified through the information shared by program administrators were (1) general information about the project; (2) collaboration and relationships; (3) project plans and deviations; (4) lessons learned to be shared with other counties; (5) challenges; successes; and (6) recommendations.

About the FSP Project
When asked to provide an overview of the project the interviewees discussed the functions and benefits. The new FSP Data Exchange identifies VCBH clients who have an encounter with the jail system so it streamlines the process, saves time, and improves care. Case managers can acquire almost real-time notification of key events. Without the system, case managers needed to wait until they had contact with a client to learn about key events. Even when the client contact occurs, the client may not share the information or provide an inadequate or actual account of the situation. This can happen for several reasons such as being embarrassed or not remembering. This project enables the case managers to get closer to the data source for accurate and timely information.

Vision and purpose. The interviewees were asked about their understanding of the vision and purpose of the project. The purpose is viewed as being able to facilitate data sharing for care coordination around FSPs clients and to gain an understanding of criminal justice encounters. Care coordination is the key to the project. Another interviewee explained that the purpose is to have a more effective and efficient service delivery process connecting clients to the right services and resources.

The project is expected to increase the number of KET forms completed. KETs help client care by providing a story about the person and when care needs to be transferred to another clinician. KETs also assist with clients not 'falling through the cracks' and identifying errors in the system. Aggregated data can be used for planning for services and quality improvement in clinical practice.

The vision of a successful project includes having been able to improve services to FSP clients via intensive client management to show positive changes (reduced arrests, lower number of unhoused). Another marker of success shared will be that VCBH is able to obtain the data they need and have deputies be able to contact the VCBH case worker when needed. One person stated that the goal is to have additional agencies share data such as hospitals and housing agencies.

When asked about how they will know when the project is completed, one response centered around the system being automated into the CareManager data system[2]. Another perspective was that the

[2] CareManager, created by Netsmart, is an electronic health record (EHR) agnostic population health management platform that provides care coordination, interoperability, analytics, outcomes and risk stratification.

project will be successful once the data are being utilized consistently to improve service delivery and care coordination for FSP clients.

Perceptions. The perceptions of the FSP project include the following descriptors: delayed, persistence, commitment, relationships, and trust. Several interviewees commented that it has been and is still tedious at times. The goals were lofty for a three-year timeline. One person reported that overall, they have the feeling that the partners are getting more value than expected originally. VCBH is getting a more robust data set from a data partner than anticipated. There is more data to help with transition of care, reporting, and planning. The project is complex yet going down the right path; outcomes will exceed some of the original expectations.

Training. One of the interviewees attended the CareManager training and said, "it was great". At the time of the interview, almost everyone had been trained in how to use the system. The interviewee had not heard any concerns about the training or using the system. There are some small issues still, such as some errors related to running reports; nevertheless, the problems are being worked out, and they are in a maintenance stage at this point.

Collaboration and Relationships

It has been a very collaborative process. People listened to recommendations and wanted feedback. Interviewees felt heard and reported that the project has been innovative.

A big challenge has been the amount of turnover at VCBH. It would have been helpful to have the MHSA Program Administrator at VCBH continue to be involved in the project like she was in the beginning. Another challenge was that not all of the project team had an understanding of fundamental subject matter expertise required for this type of project, such as data ownership and confidentiality.

It was reported by a couple of interviewees that there were trust issues between VCSO and VCBH. VCSO had concerns with VCBH receiving all law enforcement data to where entity resolution was required to be done by SAS in order to obtain reportable key events for mutual clients. Effective communication decreased as SAS replaced leading project managers and a VCSO commander retired. There were technical and procedural issues between SAS and VCSO that continuously added time to the project duration to where VCBH had concerns.

Project Plans and Deviations

Delays and Processes. The FSP Program is moving forward but not quite as planned. It is progressing in a way that will lead the partners to the end goals and not going sideways. One person reported that the team thought that they would have been where they are now six months ago.

Consensus building with agencies and partners took time. There has to be enough client interest/trust to make it worth wild for users to check CareManager.

Before VCBH and SAS had an agreement, VCBH was unsure how the process would work, which created stagnation and frustration for a few interviewees. Once the direction with SAS was in place, the project became much easier. The work with the HMIS team included understanding the data (e.g., what could be used for VCBH match decisions, how it was collected, what metrics are available, what data can be shared). Some interviews mentioned that it would have been helpful if people within VCBH, such as those in the clinics, had met prior to VCBH signing the contract to be really clear of the vision. VCBH

made the decision to pursue the project without input from clinics, which would have made the project run smoother.

Deviations. The council required the data to be unilateral while the initial plan was that the data would be going back and forth and that clients could select what would be shared with other partners. There were more committee approvals needed than expected.

CareManager was going to originally be utilized by case managers only. Because there were not enough case managers due to staffing shortages, access is also being given to clinic administration and office assistants.

It was noted by a few interviewees that the "reports feature" would not be utilized due to cost or that they were unaware of reports being generated for feedback loops. Others stated the report feature will be utilized in the future.

Lessons Learned to Share with Other Counties

- Persistence, relationships, and trust are essential.
- Clarify data that will be shared and who will have access to it up front. Moreover, what will be shared and how it will be used should be communicated in writing to all of the project stakeholders.
- Have a high-level administrator involved to assist with problem solving and putting the project into the big picture of how it fits within the larger scope of the organization.
- Get buy-in from staff who are doing the work and provide them with results.
- The process will take longer than people think due to unanticipated delays, staffing shortages, etc. The County will not be dealing with only their organization, so plan and communicate accordingly.
- Have all of the right players at the table from the start to make decisions. This process is based on relationships with data partners. This includes all of the people in the county being involved from the beginning, such as those in the clinics.
- The process takes a long time and is labor intensive. Keep staff focused on the shared outcomes and continue to keep them engaged and enthusiastic about the project when possible.

Challenges

- Clarity around legality was a challenge. There were issues related to agreeing on the data elements to be shared. The background checks of SAS were unexpected and caused delays.
- Procurement was a challenge. Knowing what the contractual agreements are were unknown to some staff and payment amounts were not clear.
- Technical challenges included that with HMIS there is no ability to make modifications, no direct feed into the VCBH's electronic health record, Avatar. The data from HMIS needs to be downloaded and integrated into Avatar. HMIS is not contracted for data integration.
- Keeping the momentum, focus, and vision can be a challenge. "Every project starts with the cannons," but the fire dwindles, new projects begin, and interest fades away.
- The system needs to be simple and user friendly. Progress notes being entered into Avatar and CareManager is duplicative work for the staff and hence, inefficient. This is particularly problematic with rising caseloads and staffing shortages.

7.2.1 FSP Evaluation Final Annual Report FY21-22

Successes

There were numerous successes that were identified by the interviewees. These included:

- Getting the partners onboard and Memorandums of Understanding signed.
- Five one-hour trainings for end users were conducted. A total of 108 people in clinics across the county were trained. Participants included clinic administrators. Deputy directors will have own training as they only can view information and not change it. The training focus was on (1) how to log in and set up account; (2) view information, and (3) dismiss the alert. Dismissing an alert means that they have read it.
- A training manual for CareManager was developed.
- Having a shared agreement between Continuum of Care, HMIS, and VCBH is helpful with client communication.
- Having the VCBH client matched with HMIS and VCSO data is an advantage for saving time.
- Problems after the "go live" date have been minimal. One interviewee reported having not heard of any concerns from staff using the system. Some errors related to running reports occurred, but they were not major and have been resolved.

Recommendations

Interviewees were asked for recommendations on how the system could be improved. Their feedback is outlined below, along with a recommendation from the evaluator.

- Work on trust and relationship building between partners.
- Have the system include information about when the client has a crisis in jail; by knowing what happened in the jail it may assist VCBH with providing care.
- When the client is in crisis in the jail, it would be helpful to have the VCBH case worker visit the jail as they know the background of the client; the medical personnel in the jail do not have access to the VCBH records and hence, the client's history.
- Have a high-level administrator involved to assist with problem solving and putting the project into the big picture of how the project fits within the larger scope of the organization.
- Provide HMIS staff with access to VCBH data such as length of time homeless and a diagnosed disability. A diagnosis is needed to qualify for supportive housing from Housing and Urban Development assistance. Currently the client needs to go to his or her provider to get the diagnosis and have the document signed. This is problematic for many reasons such as clients losing documents, not having transportation, and other barriers. This process also is not efficient. If a client signs a release of information, then violation of the Health Insurance Portability and Accountability Act is not an issue with VCBH sharing data. Two releases would need to be signed: one with VCBH and the other with Continuum of Care.
- Have VCBH join a 'drive along' with the VCSO to see what the contact and booking process is like in the field. That would give them an understanding of the challenges faced by VCSO and the levels of data complexity (e.g., the person having multiple charges, a warrant).
- Data are important for decision making. VCSO would like a feedback loop on the data so that they can use it for training to teach techniques.
- Analyze KETs aggregated data. The data can be used for planning for services and improving clinical practice.
- Have quarterly staff reviews and discussions about the data.
- The system could expand to include information beyond the FSP population.

- Having a fact sheet created based on the questions asked during the training would be useful. The supervisors were not able to attend every training for this would give them a resource to refer to if needed.
- The frequency of HMIS data exchange is monthly. A recommendation is to increase the frequency so that the data are more current for case managers.

A recommendation from the evaluator is to provide clarity on the availability and utilization of reports as there were mixed understandings about the decision related to incorporating the reporting feature into the system. If the report capabilities are going to be utilized, then partners should be reminded or made aware of those plans. If the report feature is not going to be utilized, a recommendation is to consider adding the report feature for monitoring, evaluation, and a cost analysis per the interviewees.

Summary

The FSP data exchange project is expected to improve care coordination, client outcomes, and efficiency. Delays and other challenges have occurred; however, the project is moving forward and the data exchange has gone live. The project participants have a positive outlook and are hopeful that data from additional agencies will be shared in the future.

Appendix A: Interview Protocol

FSP Data Exchange Key Stakeholder Interview Protocol

[THE FOLLOWING IS TO BE READ TO PARTICIPANTS AT THE START OF THE INTERVIEW]

Introduction

Good [*morning/afternoon*]. Thank you for taking the time to talk with me today. My name is Lois Ritter, and I work for EVALCORP. Venture County Behavioral Health has contracted with EVALCORP, an established applied research and evaluation consulting firm, to conduct an evaluation of the Full Services Partnership Data Exchange project, also known as FSP.

The purpose of this interview is to learn about the status of the FSP Data Exchange project, successes and challenges, and lessons learned. I expect this conversation to last about 30 minutes.

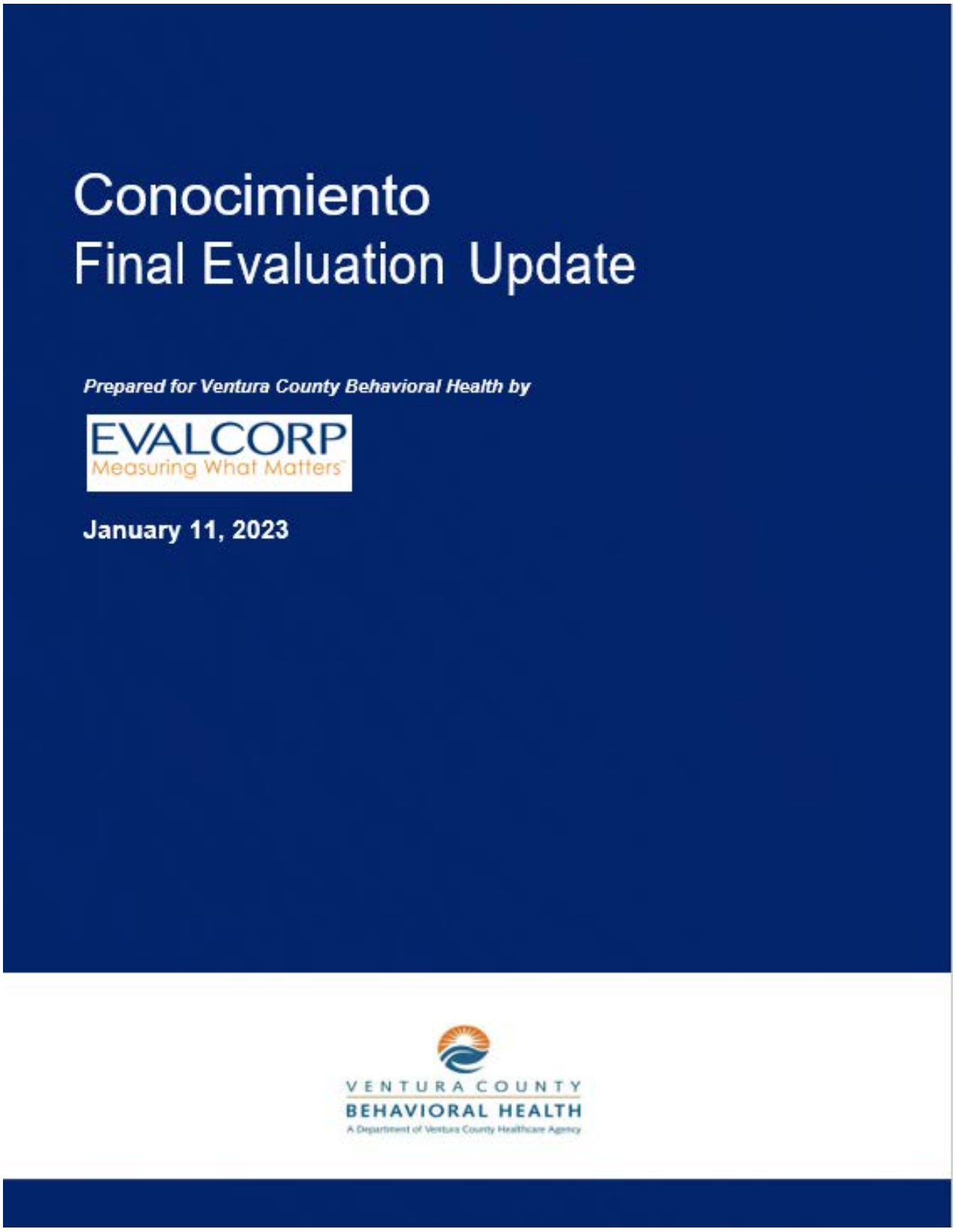
Your participation is voluntary. Your identity will be kept confidential, and your input will be shared anonymously. That means nothing you say will be personally linked to you in any reports that result from this key stakeholder interview. All of the comments today will be put together as a summary, and your name will not be tied to any information.

Do you have any questions before we begin? [*Respond to questions*]
If there are no other questions, let's go ahead and get started.

Questions for Administrators

1. Please tell me about the FSP project.
    a. What do you understand the vision and purpose of the project to be?
    b. How will you know when you get to the finish line?
2. What are your perceptions of the FSP project?
3. Please describe the collaboration between you and VCBH.
4. Has the communication been effective?
5. Have you had opportunities to speak up and share ideas?
6. Has VCBH been open to innovation? Please explain.
7. Have you had opportunities to impact the direction of the project?
8. Is the project moving forward as planned?
    a. If yes, what has been achieved to date?
    b. If no, what deviations from the plans have occurred?
9. What do you see as the project success to date?
10. What have been the technical and/or legal challenges?
    a. Have they been overcome?
        i. If yes, how?
        ii. If no, how do you plan on moving the project forward with these barriers?
11. Did you receive training on the CareManager system?
    a. If yes, was the training provided and the materials useful? Please explain.
12. What is your vision of a successful FSP project?
13. Is there anything else that you would like to share about the FSP program?

7.2.2 Conocimiento Interim Evaluation Update



7.2.2 Conocimiento Final Evaluation Update

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Introduction

Conocimiento is an innovative project designed to build resilience among youth who have experienced trauma/adverse events with activities that work to strengthen protective factors. The project is funded with Mental Health Services Act (MHSA) Innovation funding and is being carried out at two teen centers within the cities of Santa Paula and Fillmore, California. Historically, high-risk youth from these two cities have had tensions and conflict with one another based on a long-standing rivalry among the two high schools. In addition to building protective factors within youth, the program also works to foster positive relationships between the teens in both cities.

Evaluation Activities

EVALCORP was contracted by Ventura County Behavioral Health (VCBH) to evaluate the implementation and corresponding impact of the Conocimiento Project. Since the onset of the COVID-19 pandemic, modifications have been made to Conocimiento's implementation in order to best support youth and continue services provision in Santa Paula and Fillmore.

As part of the implementation evaluation, EVALCORP worked with the two sites to track program reach and administer an intake assessment, which includes questions related to Adverse Childhood Events (ACEs). The intake assessment was completed by participants upon enrollment. Three additional surveys were conducted (mid-point, follow-up, and exit), as well as a focus group with the youth leaders in early 2022.

This evaluation update includes information about the Conocimiento program and its key activities; participant reach; the results of the intake, midpoint, and follow-up assessments; findings from a focus group conducted with youth leaders; and program successes and challenges. The content of this current evaluation update includes information gathered through the evaluation since program inception (i.e., January 2020 through June 2022).

About the Program

The two afterschool teen programs taking part in the Conocimiento project offer positive environments for youth to spend their time in. One Step a la Vez was established in 2009 and is located in Fillmore. Ignite teen program, located in Santa Paula, was established in 2017.

In an effort to improve relationships, the two centers partnered to implement Conocimiento, a supportive and supplemental project to the teen centers' activities. Events are selected and designed by the youth participants through a consensus decision-making process, so all perspectives are considered. Consensus decision-making is a process designed to take additional time and allow each youth's perspective to be valued. The community plays a supportive role through collaborative partnerships. Community members are invited to attend meals and help facilitate small group discussions that take place after dinner. Prior to the meals, youth engage in an activity or a guest speaker gives a presentation. A family liaison supports the program by providing outreach and recruitment to the families of participating youth. Families are invited and encouraged to participate; however, family participation is not a requirement. Additional information about the program and related activities is available in the following section.

Conocimiento Program Activities

Group Meals

One of the goals of the Concomiento project is to foster positive relationships between the youth at One Step and Ignite. The two sites bring the youth together for regularly scheduled dinners and occasional lunches. To date, there have been approximately 50 dinners and lunches. The youth leaders assist with putting together an agenda for the dinners and identifying guest speakers who join the group meals and present on various topics such as career development and building healthy relationships. The dinner agendas also engage youth in discussions on topics such as: school; issues that the youth may be experiencing at home; wellness activities; and a varieity of other social skills (e.g., practicing proper dinner etiquette while hosting guests).

Youth Leadership Series

The youth leadership series allows opportunities for participants in Conocimiento to develop their leadership skills. While working with program staff during the meetings, youth leaders plan the group meals, dinner agendas, and other Conocimiento events. Youth leaders and staff work together to identify guest speakers, activities, wellness themes, and videos to share during these engaging dinners. As part of these leadership meetings, participating youth work on developing their leadership, planning, facilitation and communication skills. Program staff have shared that they have seen a great deal of growth among youth paritcipting in the project, particularly within their confidence and leadership skills. Conocimiento youth leaders are given commitments and guidelines while maintaining at least a 2.0 GPA. Youth leadership meetings occur on a regular basis.

Guest Speaker Series

Conocimiento's guest speaker series began in quarter four of FY 20-21. Several guest speakers presented on topics such as leadership, mental health awareness, personal development, and educational and career related experiences. Guest speakers, for example, were from Mother's Against Drunk Driving and the Ventura County Fire Department, and included a Chef and Park Ranger as well. Conocimiento's guest speaker series plays an important role in motivating and inspiring the youth to think about their careers and ambitions.

Field Trips and Summer Events

The youth leaders helped to plan a summer event that took place on May 28, 2021 at Universal Studios. Twenty-nine youth attended the event. The youth were inspired by two guest speakers who work in Hollywood and the music industry; none of the youth ever had an opportunity to experience Universal Studios. Due to extra funds being available, the youth were able to plan a second summer event in which they chose to go to the California Science Center in June 2021. Fourteen youth attended the event. Other summer events and field trips included a trip to the beach, a visit to California State University Channel Islands University, a cookie decorating contest via Zoom, attending a Dodgers baseball game, going to the Fillmore Museum, and a day at Disneyland. For the trip to Disneyland, attendees had to comitt to five weeks of pre-educational events and activities such as researching about Disney, a budgeting activity, and how horticulture is used in the community and at Disneyland.

Aside from field trips and summer events, the youth have also participated in hikes and wellness walks. One Step was able to provide youth with hiking gear including hiking boots. Several of the youth expressed that they had never had an opportunity to enjoy nature in the past. One Step has continued these hiking activities as they have been popular with the youth. One Step

has partnered with a staff person from Los Padres Forest Watch to plan hikes and teach the youth about hiking safety. Los Padres Forest Watch protects wildlife, wilderness, water, and sustainable access throughout the Los Padres National Forest.

Parent Liaison and Programming for Parents

Both sites hired Parent Liaisons who have been working at engaging with parents of the youth who attend Conocimiento. Families willing to enroll can receive in home services designed to offer non-clinical case management, system navigation, parent support meetings, skills development, emergency resources for high-need families, and establish routines such as family dinners. Both sites started holding events for parents in the fall of 2021 including an Open House as well as parent resource events, where parents can learn about accessing resources in the community. One of the Parent Liaisons has provided emergency support to parents by going out to the home and providing resources and referrals. The sites provided 11 workshops on topics such as student loans, mental illness, and rural legal assistance; a Homeboy Industries Speaker and dinner that held 70 attendees; 18 grocery gift card incentives for parents following the sites on Instagram; and three home check-in calls.

Program Updates

The Conocimiento project officially launched in January of 2020 and several youth events took place before the COVID-19 pandemic shut down the program in March 2020. Both teen centers experienced signficant impacts to programming when they were shut down as the youth were no longer able to participate in person for group meals, activities, and other events. Staff from both sites continued to provide meals to youth including offering meals to be picked up or dropped off at the youth's home. Providing meals to youth while they were unable to attend school in person may have helped to alleviate food insecurity for some of the youth. Program staff shared that the youth really looked forward to the meals, and it is possible that some of the youth may not have had access to regular meals. Both sites continued to hold activities with youth online, including checking in with the youth, engaging in structured activities, as well as playing games with the youth. It is likely that many youth experienced social isolation, especially at the beginning of the pandemic when schools shut down and they no longer had access to social activities. Continuing to engage with the youth online may have helped to alleviate some of the social isolation and helped to keep some of the youth engaged in programming. Although there was a small number of youth who participated in online programming, the program staff shared that the small groups allowed for a more intimate group setting and more meaningful interactions as the youth were able to get to know each other better. One Step engaged with youth by inviting them on wellness walks in which they were provided incentives to participate. The wellness walks were successful, and the youth looked forward to these so that they could get out of the house and connect with others. Ignite started meeting with youth outdoors in November 2020 (i.e., Ignite has a large outdoor space that allowed for the youth to be able to continue to meet safely). One Step also started meeting with youth outdoors and eventually was able to open under limited capacity with safety precautions in place, including limiting the number of youth at the center and not joining the youth from both centers. However, this was disrupted more than once due to potential COVID-19 exposures and the center had to revert back to online programming.

With planning and safety precautions in place, in-person group meals between One Step and Ignite youth were able to resume outdoors in March 2021. One Step fully reopened in mid-June 2021, after restrictions were lifted for the state of California. It should be noted that Ignite closes down for the summer. One Step continued programming in the summer of 2021 but

experienced low turnout. Ignite reopened in August 2021 after shutting down for the summer and initially held programming outdoors. Ignite was able to reopen indoors in September 2021. Both sites continue to work on enrolling new youth while navigating disruptions caused by the COVID-19 pandemic. They have remained flexible and found innovative ways to stay engaged with the youth and keep the program running while maintaining safety precautions. Participation has continued to be low due to the impact of the pandemic. Both teen centers experienced another shut down in January 2022 when the fast spreading Omicron COVID-19 variant impacted both sites. The teen centers were already experiencing low participation in December 2021, likely due to the continuing impact of the pandemic. The parent component of the project also has been greatly impacted by the COVID-19 pandemic as both sites delayed implementation until deemed safe.

Program Reach

One Step and Ignite use a data tracking tool to track youth who enroll into the Conocimiento project. Between January 2020 and June 30, 2022, 176 youth enrolled in Conocimiento according to the data-tracking tools. Of the 176 who enrolled, 174 opted to complete the intake assessment for a response rate of 99%.

The next section of the evaluation update includes the youth intake assessment results. Of note, youth are offered incentives to complete the intake assessment, however, they are allowed to refuse to complete it.

Participant Demographics

The demographics indicate that a large majority (89%) of attendees are Hispanic/Latino. Just under two-thirds speak primarily Spanish at home and more than half speak primarily English at home. A higher percentage of males attend the program (59%) than females (37%). One to two percent of participants identify as transgender, genderqueer, or questioning/unsure of gender identity. Participants range in age from 11-20; however, the most common age of participants is 14 years old (Figures 1-6).

Figure 1. City of Residence (n=172)

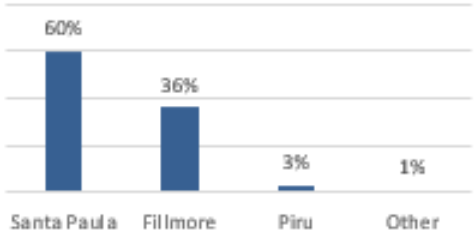
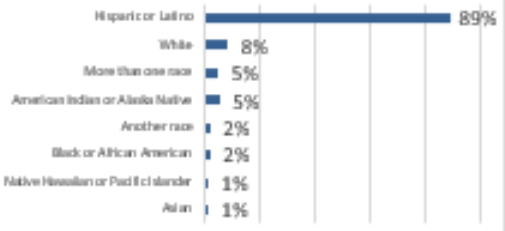


Figure 2. Race/Ethnicity (n=166)*



*Note: Percentages exceed 100% as respondents were able to select more than one response option.

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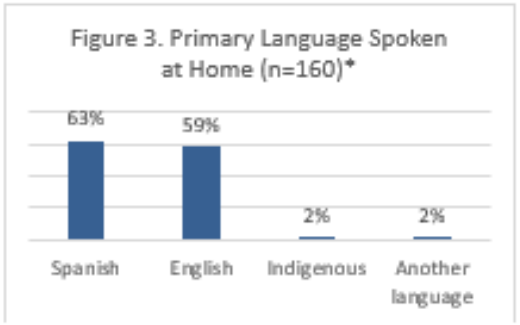
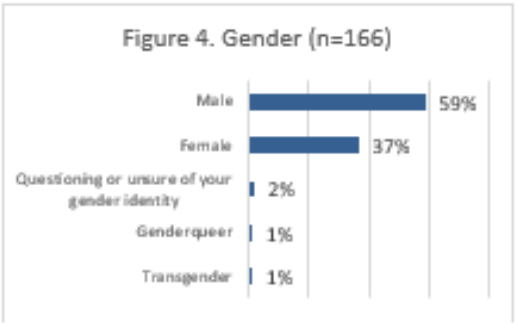
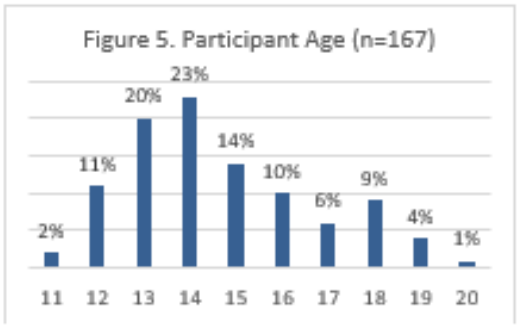


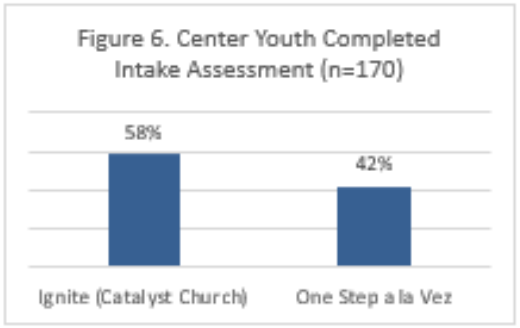
*Note: Percentages exceed 100% as respondents were able to select more than one response option.

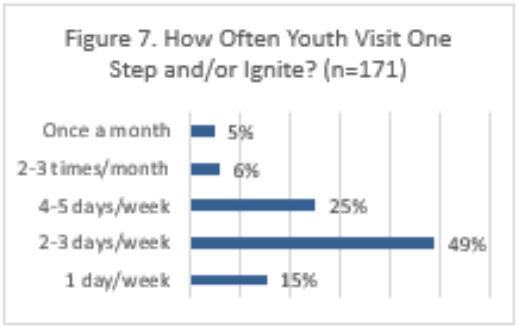




Participant Program Attendance

Slightly more than half of the teens who completed the intake (58%) attend Ignite (Figure 6). Almost three-quarters of participants visit the teen center between two or five days per week (Figure 7).





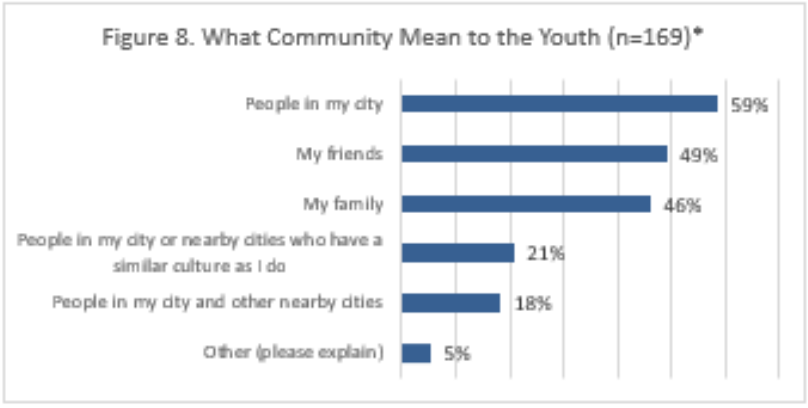
Intake Assessment

As mentioned above, 174 youth participating in the Conocimiento project have completed an intake assessment to date (from January 1, 2020, and June 30, 2022). As part of the intake assessment process, youth are asked questions related to demographics, community connectedness, social relationships, adaptive coping with stress, core competencies, resilience, as well as Adverse Childhood Experiences (ACEs). The core competencies that the youth are asked about include emotional self-regulation, optimism, consensus building, planning, problem solving, and community activism. The results of the Intake Assessment are included in Figures 8 through 15.

Participant Protective Factors and Core Competency Survey Baseline Data

On the intake assessment survey, youth were asked questions related to the project goals. Questions about social connectedness, stress adaptation skills, core competencies, and resilience were included. Core competencies are defined as adaptive skills and self-regulatory capacities. For over half of the youth (59%) community means the people of their city followed by friends (49%). Eighteen percent view community as people in their city and nearby cities (Figure 8).

Figure 8. What Community Mean to the Youth (n=169)*



*Note: Percentages exceed 100% as respondents were able to select more than one response option.

About three-quarters of respondents care about their community, have people in the community that they can go to when help is needed, and get along well with their peers. About half of respondents reported positively to the other questions about community connectedness and social relations while about a third were neutral or unsure about the topics. Five to 16% of respondents disagreed or strongly disagreed when asked about their levels of care, sense of belonging, and/or involvement in their communities (Figure 9).

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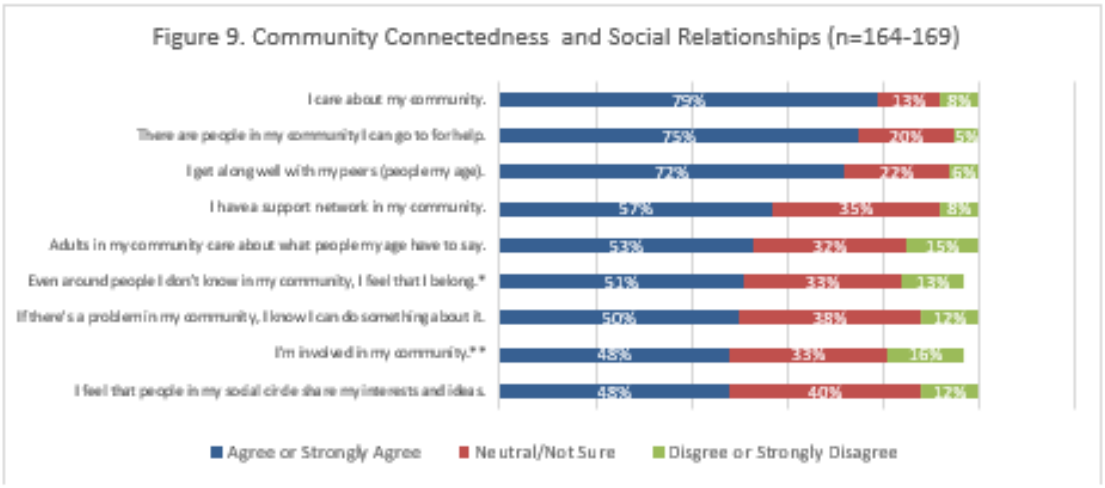
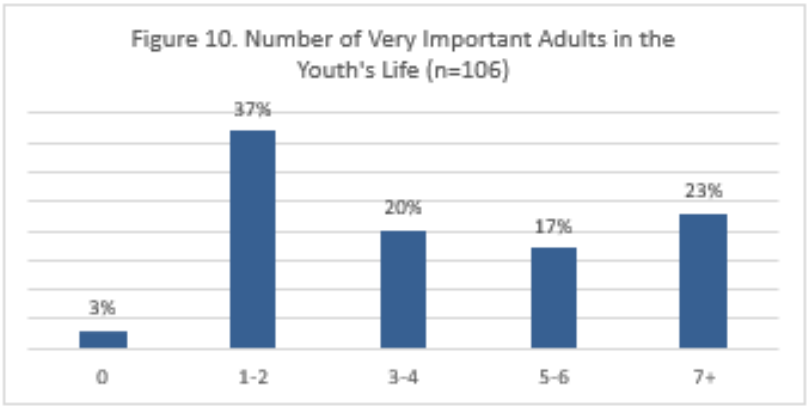


*This question also had the response option, 'This doesn't apply to me – I know every single person in my community'. Six percent (n=4) selected this response.
** This question also had the response option, 'Other'. Three present(n=6) selected this option.

More than one-third (40%) of respondents have between zero and two very important adults in their lives. The other 60% have three or more (Figure 10).



More than half (52-64%) of respondents report positive stress related coping skills. About one-third are neutral or not sure of their stress responses. Eight to 14% have expressed disagreement around having adaptive coping skills for dealing with stress (Figure 11).

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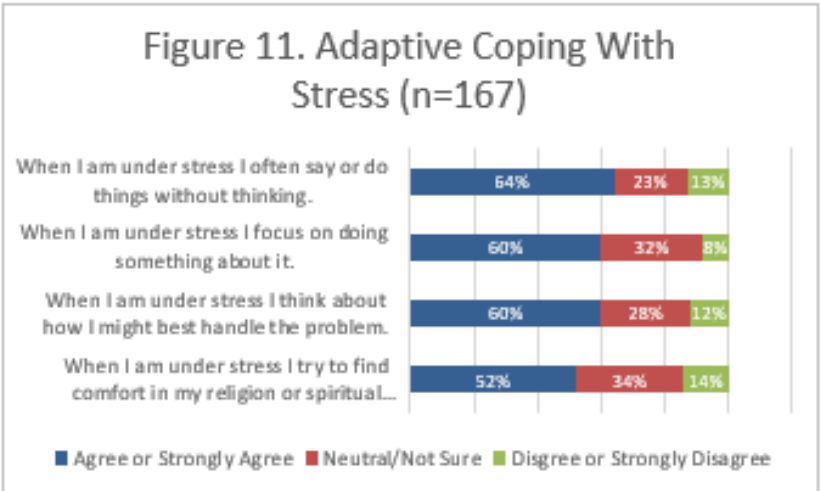

Core Competencies

Youth were asked questions that measured core competencies identified during the planning process of the Conocimiento project. Core competencies include emotional self-control, optimism, consensus building, planning, problem-solving, community activism, and perseverance. See Table 1 for a list of survey questions assessed as part of the evaluation (i.e., as they relate to the core competencies.

Table 1. Core Competency Questions

Core Competency	Survey question
Emotional self-control	I can stay calm when I disagree with others
Optimism	I am proud of the goals I have for my life
Consensus building	I can make decisions with others that everyone is happy with
Planning	I can work on planning a project or event
Problem-solving	I can figure out what to do if something doesn't go according to plan
Community activism	I can stand up for people in my community when I feel they are being treated unfairly
Perseverance	Once I decide to do something, I stick with it until it is done

Three-quarters of respondents are proud of their life goals. The area with the highest number of disagree or strongly disagree responses was related to staying calm when disagreeing with others (15%) (Figure 12).

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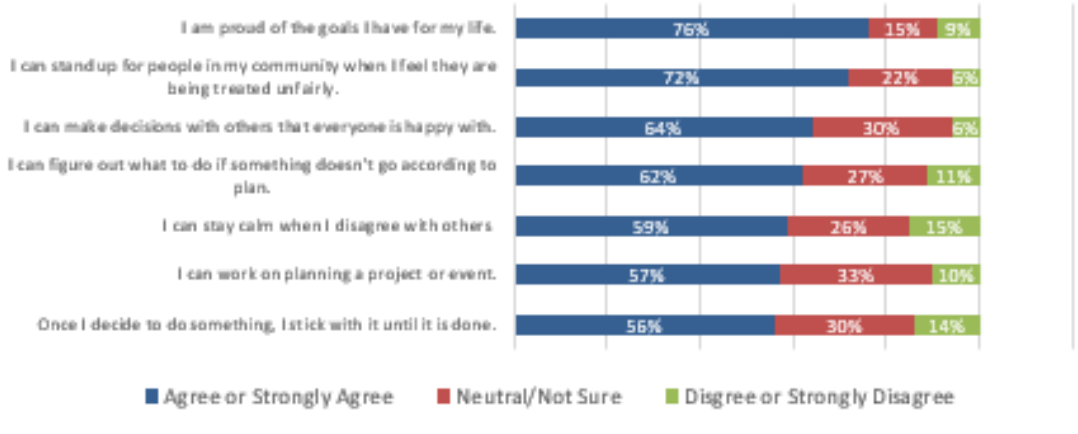
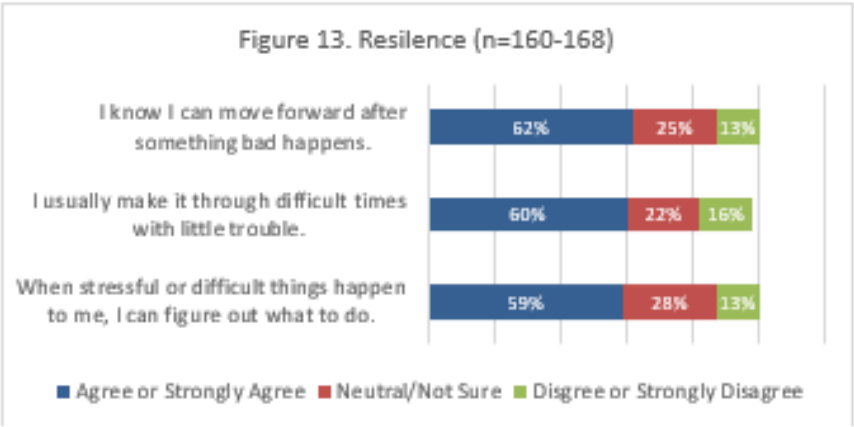
Figure 12: Core Competencies (n=163-167)



Resilience

Youth were asked three resiliency questions. Almost two-thirds of respondents (62%) indicated that they know they can move forward after something bad happens. The area with the highest number of disagree or strongly disagree responses was related to making it through difficult times with little trouble (16%) (Figure 13).

Figure 13. Resilence (n=160-168)



Adverse Childhood Experiences

Research has revealed early adversity as a major threat to health and well-being across the life span. Adverse Childhood Experiences (ACEs) have been linked to poor health outcomes in adulthood, and there is growing literature indicating that toxic stress caused by ACEs can profoundly alter child and adolescent development[1]. ACEs are stressful or traumatic events

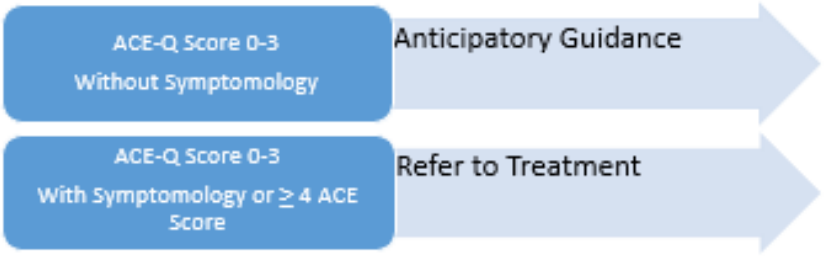
[1] Burke Harris, N. & Renschler, T. (2015, July). Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q Child, Teen, Teen SR). Center for Youth Wellness. San Francisco, CA. https://centerforyouthwellness.org/wp-content/uploads/2018/06/CYW-ACE-Q-User-Guide-copy.pdf

experienced before the age of 18. They are grouped into three categories: abuse, neglect, and household dysfunction.

The Adverse Childhood Experiences Questionnaire (ACE-Q) is a clinical screening tool that calculates cumulative exposure to ACEs. The ACE-Q is a 19-item instrument designed for youth ages 13 to 19. The instrument is comprised of two sections: Section 1 consists of the traditional 10 ACEs. Section 2 includes nine items assessing exposure to additional early life stressors identified by experts and community stakeholders. They include involvement in the foster care system, bullying, loss of parent or guardian due to death, deportation or migration, medical trauma, exposure to community violence, and discrimination. Respondents were asked to report how many of the experiences listed in each section apply to them; they do not identify the specific experiences that apply to them.

Respondents tally the number for each section and type the total in the space provided. Each completed ACE-Q section generates a two number score, for example, a score of 3+2 (three items endorsed in Section 1 and two endorsed in Section 2) or 4 + 4 (four items endorsed in each section). The tool is used to identify who is at high risk of health and developmental concerns. The scoring is shown in Figure 14.

Figure 14: ACE-Q Scoring



A few of the questions were modified from the ACE-Q for this project (see Table 2 in the Appendix). This was done to update the terminology and make the questions more relevant to the population involved. A total of 124 teens (71%) completed the ACEs questions in both sections. The results indicate that 22% had a score of four or above, indicating a need for treatment (Figure 15). Of note, the most common ACEs score was one (29% of respondents). The Conocimiento programs did not make referrals to services based on the ACEs score as the results of the Intake surveys were anonymous.

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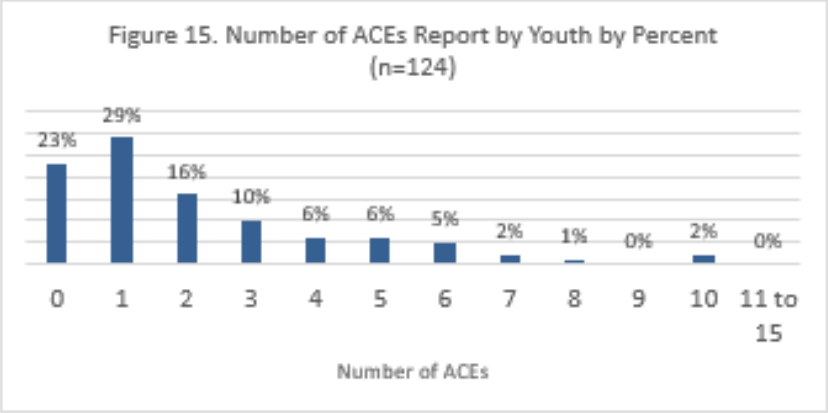

Mid-point Survey Assessment Results

The mid-point survey was launched in January 2022 and open until the February 25, 2022. The survey included open and close-ended questions. The closed-ended questions had the following response options: strongly disagree, disagree, neutral/not sure, agree, strongly agree. Twenty-five individuals completed the survey. Attempts were made to increase the response rate including (1) extending the data collection period, and (2) reminders and updates on response rates to both One Step and Ignite staff. In January 2022, the teen centers were closed for a period of time due to the impact of COVID-19, which may have impacted the overall response rate achieved for the mid-point survey.

"I most like is that you can talk to many adults here with your problems."

"I love it because I got something to do that is fun and I'm getting time to do my homework."

"I like that I can just come hang out with friends and the staff members."

- Survey Respondents

The mid-point assessment data were linked using unique identifiers (the first letter of their first name, the first three letters of their last name, and full date of birth) with the intake assessments. Of the 25 people who completed the mid-point assessment, there were 14 individuals with a matched unique identifier who also completed the intake assessment. Due to the small number of teens who completed both surveys, an analysis of the changes between the intake and midpoint assessments was not conducted.

Regardless of not being able to analyze changes over time, the mid-point survey results did indicate a few important points. There were two statements that all of the respondents answered neutrally, not sure, agree, strongly agree. No one answered strongly disagree or disagree. The statements were:

- I get along well with my peers (people my age).
- I can stand up for people in my community when I feel they are being treated unfairly.

The following statements had no strongly disagree statements and one person who disagreed.

- I have a support network in my community.
- I get along well with my peers (people my age).
- There are people in my community I can go to for help.

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- When I'm under stress, I think about how I might best handle the problem.
- I am proud of the goals I have for my life.
- Once I decide to do something, I stick with it until it is done.

Respondents were also asked an open-ended question pertaining to what they like most about Conocimiento. The most common theme expressed through the responses was related to social factors: making new friends, spending time with friends, having fun, the people, sharing thoughts and feelings, activities, and the guest speakers. Other themes included having help when needed, the food, and learning.

Youth were also asked to identify the useful skills that they had learned from the Conocimiento project. The most frequent responses were related to communication and social skills.

Examples of specific words and phrases include:

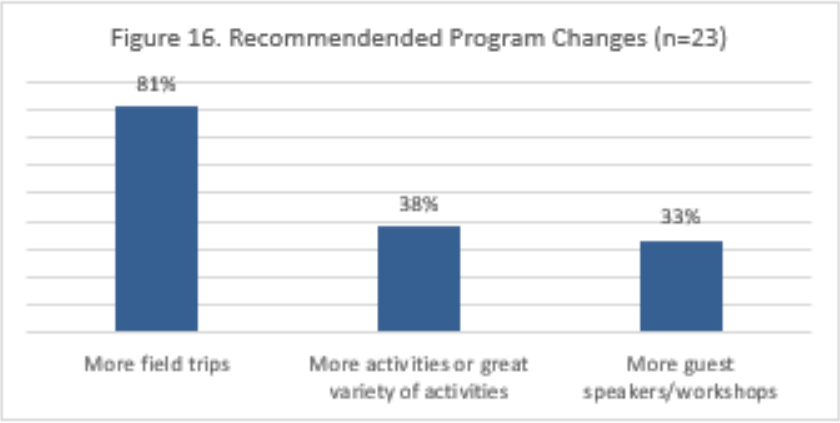
- Public speaking
- Expressing feelings
- Speaking to people
- Social skills
- Communication
- Leadership
- Learned how to get along with people more
- Learning to hear people out
- Understanding another person

> *"Conocimiento has helped me express my feelings more and to not be so shy."*
> -- Survey Respondent

Additional skills included time management, looking for a job, staying calm, patience, basketball, and being able to stay on track with grades.

When asked about what changes they would like made to the program, the most common response was more field trips (Figure 16). The open-ended responses included many youth stating that there is nothing they would change about the program. One did not like the music that is played.

Figure 16. Recommendended Program Changes (n=23)



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Overall, participating youth are reporting positive relationships, resilience, and goal setting abilities through the mid-point assessment. The skills learned are related primarily to social and communication abilities. Moreover, youth are enjoying the time with people their age, the staff, and the program activities. Specific program changes needed were not identified, yet respondents did note that more field trips and variety in activities would be positive program enhancements.

Follow-Up Survey Assessment Results

The follow-up survey was conducted between mid-May and mid-June 2022. Twenty-nine teens completed the survey; 14 from Ignite and 15 from One Step. Nine of the respondents were youth leaders. The results are in Figures 17 through 21. Forty percent of the 20 respondents had seven or more very important adults in his/her/their life. Slightly more than half reported positive resiliency skills (59%-82%). About three quarters (76%) stated that they would like more field trips when asked about program changes they would like to see at Conocimiento.

Figure 17. What Community Means to the Youth (n=28)*

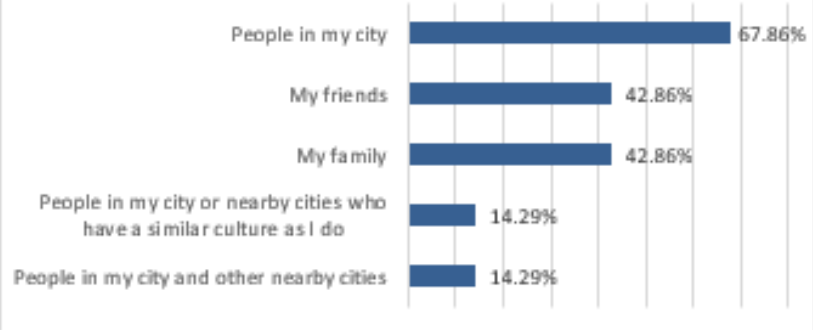
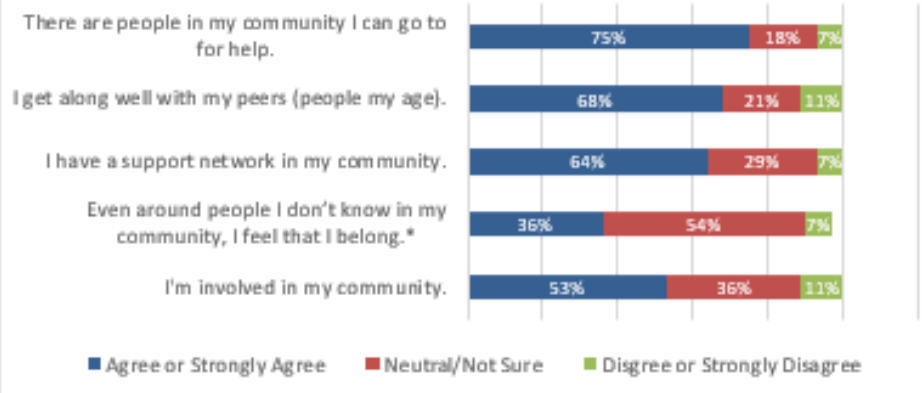


Figure 18. Community Connectedness and Social Relationships (n=28)



*This question also had the response option, 'This doesn't apply to me – I know every single person in my community'. Three percent (n=1) selected this response.

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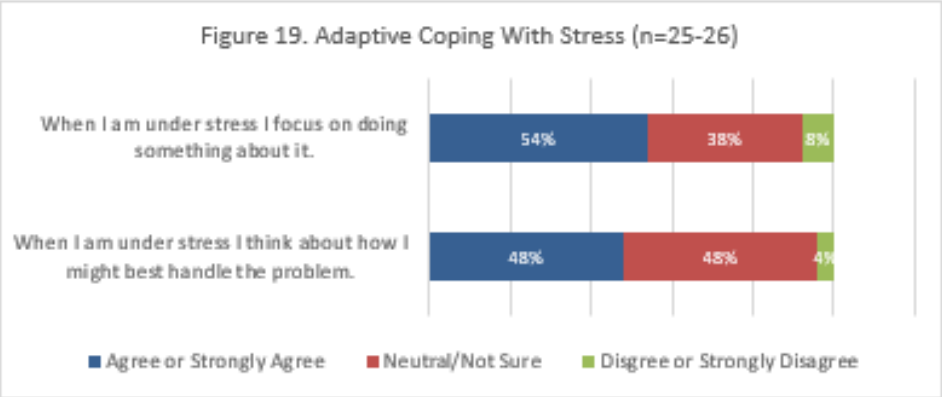

Figure 19. Adaptive Coping With Stress (n=25-26)

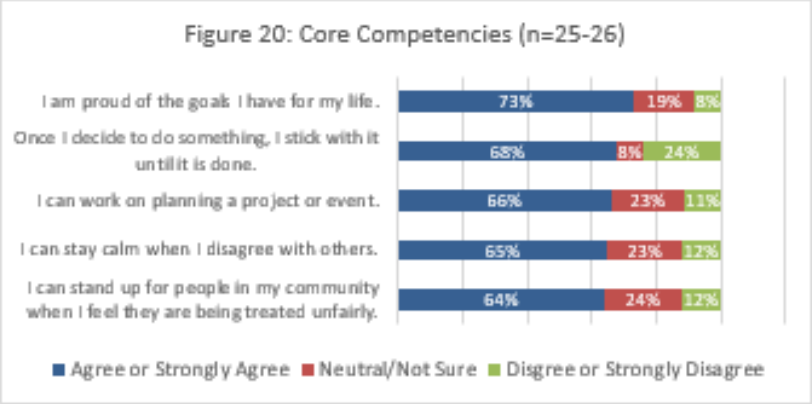

Figure 20: Core Competencies (n=25-26)

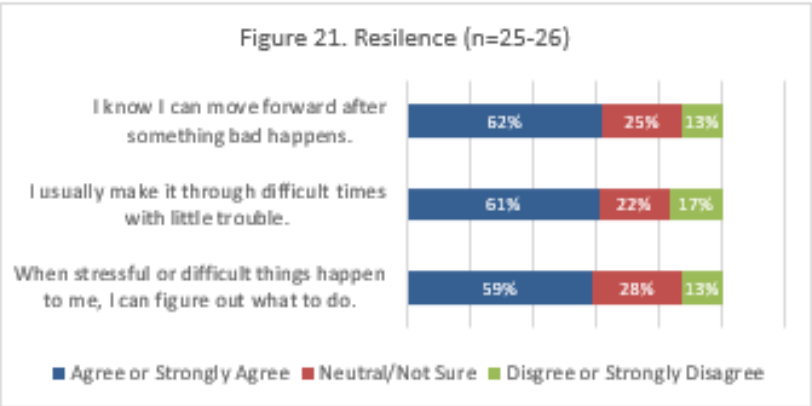

Figure 21. Resilence (n=25-26)

When asked what they like most about Conocimiento (n=25) the majority of respondents stated being with friends and/or meeting new friends, support, and the activities. Based on the comments, the attendees feel comfortable and supported at the teen centers. One person mentioned liking the food and one referred to guest speakers.

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Unedited quotes about what participants like about Conociemiento.

- What I like most about Conocimiento is that I get to express myself, be myself, not getting judged by anyone.
- I love that there are people, that I can trust her, and I know that if I ever need help ththere are people here that can help me. I also like that I feel safe here.
- I like that there are people that I can talk to about any of my problems or when I need advice.
- I like that we can all get along and have a good bond, especially the staff that works there, they are all so amazing and are like role models to me.
- What I like about the Conocimiento is that I get to meet new people and get to explore the new things that Conocimiento brings in.

When asked about the three most useful skills that attendees have learned, the most common responses were related to public speaking/communication, improving interpersonal relationships/social skills, teamwork, managing emotions, and leadership skills. One person noted job skills.

Unedited quotes about the three skills they learned at Conocimiento.

- How to move on and how to look at things differently
- The three most useful skills that Conocimiento has helped me with are my communication skills, team work, public speaking.
- Three skills that they have helped me with are being more helpful, being respectful, and expressing my feelings.
- Three of the skills they have taught me is to always stay calm during any situations, how to communicate to others when im going through a tough time, and how to talk to others and be respectuful.
- Public speaking, talking to people, having a good attitude.

When asked the open-ended question about what they would change about Conocimiento, 24 of the 25 respondents stated that they would not change anything. One person recommended having a wider selection of food. The responses to the closed ended question about changes (Figure 22) about three quarters (76%) requested more field trips followed by more activities or a greater variety of activities (64%).

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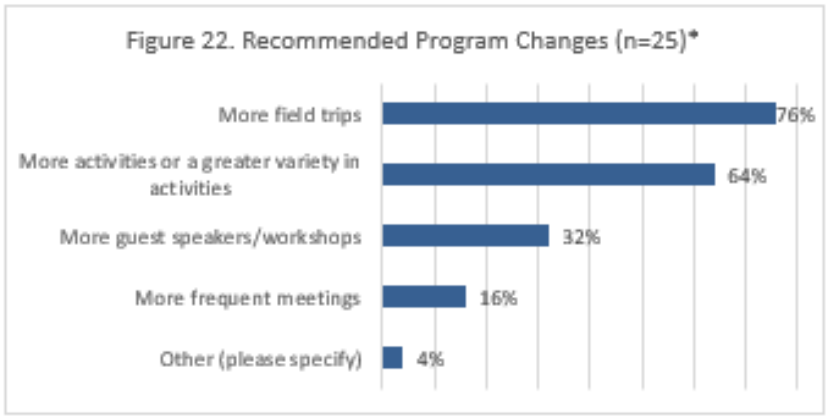

*Note: Percentages exceed 100% as respondents were able to select more than one response option.

Exit Survey Assessment Results

The exit surveys, which were initiated in March 2022, were disseminated to youth who had not attended the program for six months or more. Teens leave the program for many reasons such as moving, aged-out, or work – making it more difficult to get a response from every person who exits the project due to changed emails, a long-time lag, or other reasons. Three youth from One Step completed the Exit Survey between March and June 2022; no youth from Ignite completed the survey. Because the response rate is low, the results are not included in this report.

Survey Result Changes Over Time

Eight participants completed all of the three surveys (Intake, Mid-Point, Follow-Up). Seventeen participants completed the Intake and Follow-Up surveys. Due to the low numbers, a comparison over time was not completed for this report.

Focus Group Findings

On February 8, 2022, a focus group with youth leaders from Ignite and One Step was conducted. The youth were at the teen centers; the evaluators joined remotely. Two members from EVALCORP participated; one was a facilitator and the other took notes. The focus group was scheduled for 60 minutes. Staff from Ignite and One Step were not present during the focus groups so that youth could speak more freely. Nine youth participated: seven males and two females. The time that they were youth leaders ranged from three months to three years. The purpose of the focus group was to learn about their experiences as youth leaders and their ideas about the program strengths, and how the program impacted them as well as community relations, and ways that the program can be improved.

Experiences of Being a Youth Leader

Participants shared that what they like about being a youth leader is the social component. They enjoy talking to people, meeting new people, making new friends, and being able to help others. They like the games and being treated as an adult. It was stated they the program gives them the opportunity to engage in activities and responsibilities that adults do.

When asked what is the most difficult part of being a youth leader, focus group participants reported that there was nothing that was very challenging. It was shared that sometimes it is hard to get other teenagers to listen, but it is 'nothing out of hand'. One youth also shared that the kitchen does get crowded at times, and they need to ask people to leave the kitchen and wait outside to avoid an unsanitary environment due to overcrowding and close contact with food and kitchen supplies.

Program Strengths

When asked about the strengths of Conocimiento, responses ranged across participants. Some specifics were:

- The program makes everyone feel welcome and comfortable.
- The staff introduce the new members to the other youth leaders, staff, and other teens.
- The ice breakers help them feel more comfortable as well.

When the youth leaders were asked about what keeps them going back to Conocimiento, the reasons shared were that it is fun and provides valuable social interactions. They get to talk to people and meet new friends. The participants reported positive relationships with the staff and that the staff and other teens make them "feel like family'. One participant also mentioned the good food.

It was reported that the youth leaders have the chance to "get out of the house and have fun with other people their age". That opportunity would not exist without the program. One youth reported that he would stay home and sleep before he joined the program. Conocimiento gives him a reason to leave the house and be active. Several youths shared that they play games, do their homework, and have a place and do something new like go to the park and play flag football. They also build new relationships, expand their horizons, and have a place to go to where they feel that they have less stress about school.

How the Program Impacted the Youth Leaders

Public speaking and social skills were two common lessons learned by being a youth leader. They have the opportunity to speak in front of each other. One participant shared that when speaking publicly she was very nervous as first but now it feels like she is having a nice conversation. Another youth shared that they used to stutter when speaking publicly, which has since decreased. In addition to gaining confidence in speaking, one person shared that it gave her more confidence in herself. Another participant noted that her social anxiety has decreased. Others stated that they did not know how to make new friends; the program helped with overcoming that issue.

A person reported that he previously was "a couch potato" and is now more active. Several youths agreed they are more physically active due to the Conocimiento program. The participants noted that they learned to manage time between school, activities, and meetings and about being more patient with others.

Additional benefits of participation in Conocimiento reported by youth are:

- helping with school
- assisting with life goals
- preparing for college

Project staff encourage the youth leaders to follow their dreams, do what they love, and go to

college. Emotionally, it gives them a place to go. The staff are there if they need to talk to someone. One shared that sometimes at his house, his parents would argue, and this gives him a place to go. During COVID-19, the program was helpful with coping. It gave them something to do, and they were no longer isolated.

How the Program Impacted the Two Community Relationships

One of the program goals is to improve the relationships between the two communities. When youth leaders were asked about the impact of the program on encouraging connections between One Step and Ignite youth the answers were a definitive yes. Games, such as basketball and dodgeball, as well as activities, such as giving out cookies to the homeless, introduced the youth to people that they would not normally talk to otherwise. They are able to bond during these activities. The youth leaders from the two programs did not know each other before the program and stated that they would not know about each other without the program.

The program also has positively impacted the relationship between the youth in Fillmore and Santa Paula. The youth leaders mentioned there has been a rivalry between the towns. The program has helped to break down the stigma between Fillmore and Santa Paula. It shows them that they are the same people; they just live in a different town from one another.

How the Program can be Improved

The participants mentioned that the program is good the way it is now. The only improvement that they identified was that more guest speakers would be beneficial.

Staff Stories and Photos

As part of the evaluation staff were asked to share success stories about the youth throughout the year. A few unedited stories are included below along with photos from the centers.

Figure 23. Staff Unedited Success Stories

"[Name] wanted his own barber clippers in order to work on becoming a barber. Before purchasing them, our staff and this member made a deal. The deal was for them to raise their GPA from a 2.0 to at least a 2.8. Well when they came back to us, their report card showed a 3.5 GPA."

"Youth leaders scheduled two guest speakers and environmental cleanups at a local beach, and creek. Conocimiento teens also helped during our vaccine clinic in May with our pop-up store and clean up. "

"Three members have made such an impact on this program and community. Even though they may not think it is a huge deal, to us it is. They took the time instead of coming to ignite, they chose to volunteer with our Parent Liaison at the food pantry. Where they packaged food and handed them out to the homeless. We always talk about the importance of giving back to the community, and these three were a prime example of that. The best part is, they did not seek a reward after nor asked before even doing it."

Figure 24. Photos from the Teen Centers

Challenges and Successes

Challenges

The Conocimiento project has experienced significant challenges to implementation due to the COVID-19 pandemic. The project started to enroll youth in January 2020 and then was shut down for in-person programming in March 2020. Although both sites are currently open for in-person programming, participation has remained low and there continues to be disruptions to the program due to the ongoing impact of the pandemic. Both sites have experienced closures due to COVID-19 exposures, including a recent closure of both sites in January 2022. Program staff have had challenges with recruiting new youth and have had difficulty accessing the local high schools in order to conduct outreach to recruit new youth. Despite the low participation, program staff have shared that a core group of youth continue to attend consistently. The pandemic has also impacted the parent component of the program as implementation was delayed due to the pandemic. Program staff at One Step shared that they have experienced low interest with parents participating in the program as many parents are hesitant to come inside the center and just want to drop their teens off at the sites. One Step continues to strategize how to better engage parents in the program. Ignite had a successful Open House with parents and were able to provide $50 grocery gift cards to parents who attended. Ignite also has provided home visits.

The pandemic also impacted the implementation of the follow-up assessments that were originally planned to be implemented with the youth every six months. With multiple disruptions to the program, it was decided to delay implementing the follow-up assessments until the youth are able to attend in-person programming consistently for a period of time. This allowed an opportunity for the evaluation team to revisit the evaluation methodology and tools. The evaluation team collaborated with program staff to inform revisions to the evaluation methodology and tools. This was done to enhance the ability to capture the outcomes of the

youth that were not being measured in the original evaluation tools. This is an example of where a challenge presents an opportunity to pivot an evaluation.

The evaluation pivoted by planning to implement two follow-up assessments in 2022, with the first planned in January. Both sites had to shut down temporarily in January 2022 due to the highly virulent Omicron COVID-19 variant impacting the sites. This unfortunately impacted the implementation of the mid-point assessment as well as the scheduled focus group with the youth leaders. Both the mid-point assessment and focus group were able to be conducted in February 2022.

Successes

Despite all of the challenges to implementation and the impact of the COVID-19 pandemic, the Conocimiento project has experienced many successes. The Conocimiento group meals have been very popular with the youth, and they look forward to the opportunity to come together in a positive social setting and have the opportunity to try a variety of cuisines that they have never tried before. The guest speaker series has been a huge success with the youth, and they have been very engaged with learning about topics such as mental health awareness, personal development, overcoming adversity, as well as educational and career development topics. The youth are very motivated to participate in these group meals and have approached staff and thanked them for helping them to find their voice. These group meals help to develop their individual skills and bring together youth from two rival high schools in a safe space where they are able to develop friendships and therefore, diminish rivalries.

Just prior to Ignite closing for the summer in 2021, One Step staff invited the youth from Ignite to attend programming at One Step while their teen center was closed so that they could continue to participate in group activities. One Step had up to four Ignite youth join them for Conocimiento Dinners during the summer. This success is significant as the Conocimiento project has really helped to foster positive relationships and break down barriers between these teens who are from two rival cities.

The youth continue to develop meaningful relationships with not just each other but also with the program staff. For example, while Ignite was closed for the summer, a particular youth who did not care about their grades in the past reached out to program staff asking for help with his or her homework. Ignite also shared that a few of their youth made the football team and were excited to share with the news with the staff and asked them to come out and watch them play. These youth previously were getting into trouble but found a positive outlet in sports.

The youth leaders have been successful at working with the program staff to facilitate the group meals and have improved their planning and leadership skills. Program staff have shared that they have seen a positive change in several of the youth leader's skills including punctuality, professionalism, note taking, as well as their ability to feel comfortable speaking in front of others and sharing their opinions. The focus group that was conducted with the youth leaders found that the program has helped to increase their social skills, public speaking skills, and has encouraged them to be more active. The youth leaders also shared that it has improved the relationship between the youth in Fillmore and Santa Paula.

Youth were asked on the mid-point and follow-up assessments to share what three skills Conocimiento has helped them with learning. Overall, the responses were quite positive. The most frequent responses were related to communication and social skills. Specific skills that the

youth identified include public speaking, social skills, expressing feelings, leadership, communication, and learning to get along with people more.

Evaluation Notes

In order to ensure that the evaluation of the Conocimiento project is responsive to program changes and new information learned, the evaluation team collaborated extensively with program staff to refine the evaluation tools and methodologies to ensure that the outcomes of the program and its participants are captured. The initial evaluation plan included a follow-up assessment to be implemented with all youth every six months that they were enrolled in the program. Due to multiple disruptions with programming caused by the COVID-19 pandemic, the implementation of the follow-up assessments was delayed until Conocimiento was able to return to in-person programming consistently. The evaluation team collaborated with program staff and the project administrator in order to refine the assessment tool. The follow-up assessments were modified to collect more qualitative feedback from the youth and an exit survey was developed to capture the impact of the program on the youth after they exit the program. The first follow-up assessment, referred to as the mid-point assessment, was due to be implemented in January 2022. Due to the impact of the rapidly spreading Omicron COVID-19 variant, both teen centers experienced temporary closures in January 2022. The survey remained open into late February in order to increase the response rate.

A follow-up assessment that includes the same survey questions was implemented towards the end of the school year in order to collect feedback and information about the impact of the program on the youth. In 2022, the program staff also implemented an exit survey with youth when they stop attending the program. The response rate for the exit survey was low as contacting teens who left the program a long time ago was difficult due to changed email addressed, the time that passed, etc. Currently, when a teen has not been in attendance for six months or when they age out of the program the exit survey is sent to them. This may increase the response rate, but it is expected that it will continue to be low.

The evaluation team worked with program staff to refine the evaluation tools created to measure the impact of the parent component of the Conocimiento project. The implementation of the parent component has experienced significant impacts due to the COVID-19 pandemic and low interest in participation at one of the sites. The evaluation team has been collaborating with program staff at one center to better capture parent program activities. At the time of this report, the data will be entered into the data tool on an ongoing basis. For the FY 21/22 fiscal year, the data were collected retrospectively, and best estimates were provided.

For the FY 22/23 project year, two focus groups will be held with youth – one at each participating center. Program benefits and areas for improvement will be explored through the evaluation, along with the value of and any potential barriers to conducting meetings in both participating teen centers. Findings from the data collection tools and focus groups will be included in the final evaluation report, which will be completed after the project ends (late 2023).

Appendix

Below outlines the original ACEs questionnaire items, along with the modified version of each question (Table 2). The decision to modify some ACEs questions stemmed from an interest in ensuring that the item was understood, pertinent, and relevant to all the project participants.

Table 2. ACEs Question Modifications

Original Question	Modified Question Used in the Conocimiento Evaluation
You lived with a household member who served time in jail or prison	You lived with a household member who was arrested, incarcerated or deported.
You often felt unsupported, unloved and/or unprotected.	You often felt unsupported, unloved and/or unprotected or you feel that your family doesn't look out for each other or feel close to each other.
You have been separated from your primary caregiver through deportation or immigration.	You or a member of your family feared deportation.
You have been in foster care.	You have lived in a foster or group home.
You have been detained, arrested, or incarcerated.	You have been detained, arrested, incarcerated, or deported.
You have experienced verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend).	You have experienced verbal or physical abuse or threats from a romantic partner.

7.2.3 VCBH PEI Evaluation Report

FY 2021-2022

MENTAL HEALTH SERVICES ACT

Prevention and Early Intervention Evaluation Report

VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Prepared by:

EVALCORP

Measuring What Matters®

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VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

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Introduction

Overview

The Mental Health Services Act (MHSA) was approved in 2004 and enacted in 2005 through the passage of California's Proposition 63, which placed a 1% personal tax on incomes over $1 million to increase mental health funding in the state. The goal of MHSA is to transform "the mental health system while improving the quality of life for Californians living with a mental illness."* MHSA utilizes several components to accomplish this goal including one devoted to supporting programs that focus on Prevention and Early Intervention (PEI).

Ventura County Behavioral Health (VCBH) funded 16 programs using PEI dollars during fiscal year (FY) 2021–2022. The programs were delivered by community-based providers. These programs served children and adults, individuals and families, and trained providers who work with the county's diverse populations.

PEI Regulations

MHSA regulations are updated frequently by the state legislature and the Mental Health Services Oversight and Accountability Commission (MHSOAC). The most recent update was made in January 2020. The programs funded during FY 2021–2022, and the data presented in this report, are aligned with both the PEI regulations and any amendments, to the extent possible.

Since FY 2016–2017, PEI-funded programs have been required to align with at least one of seven categories and employ three required strategies. Program categories and strategies are detailed below.

The program categories include:

- Prevention: A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build positive factors. Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.
- Early Intervention: Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including negative outcomes that may result from untreated mental illness. Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
- Outreach for Increasing Recognition of Early Signs of Mental Illness: The process of engaging, encouraging, educating and/or training and learning from potential responders (family, school personnel, peer providers, etc.) about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for Increasing Recognition of Early Signs of Mental Illness Program services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
- Access and Linkage to Treatment: A set of related activities to connect children, adults, and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary

*http://mhsoac.ca.gov/act. Retrieved November 20, 2018.

care and treatment including, but not limited to, care provided by county mental health programs (e.g., screening, assessment, referral, telephone help lines, mobile response).

- Stigma and Discrimination Reduction: The county's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and to increase acceptance, dignity, inclusion and equity for individuals with mental illness and members of their families.
- Suicide Prevention (optional): Organized activities that the county undertakes to prevent suicide as a consequence of mental illness.
- Improving Timely Access to Services for Underserved Populations (optional): To increase the extent to which an individual or family member from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

The strategies include:

- Improving Timely Access to Services for Underserved Populations: See above definition
- Access and Linkage to Treatment: See above definition
- Implementing Non-Stigmatizing and Non-Discriminatory Practices: Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and making services accessible, welcoming, and positive.
- Outreach for Increasing Recognition of Early Signs of Mental Illness (optional): See above definition

Regulations also require reporting on specific process and outcome metrics, including the following.

- Unduplicated number of individuals/families served
- Participant demographics (age, race, ethnicity, primary language, sexual orientation, gender, disability status, veteran status)*
- Number and types of referrals to treatment and other services
- Timely follow-through on referrals
- Changes in attitudes, knowledge, and behaviors related to mental illness and help-seeking
- Reduced mental illness risk factors and/or increased protective factors
- Reduced symptoms of mental illness
- Improved mental, emotional, and relational functioning
- Reduced negative outcomes that may result from untreated mental illness including suicide, incarcerations, school failure or dropout, unemployment, homelessness, etc., as defined by the Welfare and Institutions Code (WIC) 5840

*Note that for a minor younger than the age of 12, programs are not required to collect demographic data on sexual orientation, current gender identity, and veteran status. Additionally, programs serving children younger than 18 years of age are only required to collect data to the extent permissible under applicable state and federal privacy laws.

Evaluation Methodology

Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during FY 2021–2022. This report presents state-required metrics as available and other program-specific information collected by the PEI providers. The report also provides a comprehensive review of programs, including the following process and outcome measures.

- Participant demographics and populations served
- Program services and activities
- Service participation
- Program impacts and outcomes

Data Collection and Analysis

The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to the county by PEI-funded programs. Although VCBH strives to standardize data collection across programs to the extent possible, variations existed in each program's specific data collection tools and measures to reflect program uniqueness and target populations; however, all data collection tools were designed to assess progress toward overarching PEI goals.

VCBH PEI-funded programs used five primary types of data collection strategies.

1) **VCBH Template**: In response to October 2015 PEI amendments, VCBH developed a comprehensive data collection spreadsheet to collect program implementation data and process metrics such as number of individuals served, participant demographics, service referrals, outreach and other program activities, and program successes and challenges. Since the template was launched in January 2017, VCBH has continued to tailor it to the needs of each PEI program and to increase the data's adherence to PEI regulations.
2) **Program Surveys**: Multiple PEI programs employ post-program surveys to collect outcome data required by the PEI regulations and additional information of interest to VCBH. The post-program surveys typically include both closed- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors for mental illness; social-emotional well-being and functioning; symptoms of mental illness; participant satisfaction; and recommendations for improvements. Each PEI program uses different surveys to ensure that the data collected are relevant and appropriate to the individual programs. During FY 2021–2022, VCBH continued to streamline survey items across programs where appropriate.
3) **Narrative Reports**: When available, narrative reports provided by the PEI program to VCBH that described key activities, successes, and challenges were reviewed and included in the current report.
4) **Electronic Health Record (EHR) Data**: Some PEI programs use the county's EHR system, Avatar, to record client data including demographic information and treatment outcomes. This data source is more common among programs that do not use the VCBH template.

5) **Web Analytics**: A few PEI programs also use web analytics to measure reach and engagement on their social media pages and websites.

In preparing this report, extensive data verification, cleaning, and analysis procedures were employed to ensure accuracy and validity of data and information presented.

Data Notes

Information about data availability and quality for individual PEI programs is presented within each program's section of the report. Notes about the overarching availability and quality of the data presented are listed below and program results should be considered within the context of these limitations.

Data limitations for some PEI programs in FY 2021–2022 included:

- **Duplicated data**: For some training programs, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or "declined to answer" selections**: Some questions, particularly for demographic indicators, had low response rates, possibly due to discomfort with or misunderstanding of the question itself.
- **Low participation rates**: Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.

VCBH continues to enhance data collection tools and procedures among the programs to report on demographics and outcomes according to PEI regulations.

Report Organization

This report presents the PEI data by program. The programs are organized into three core sections by their primary program categorization (Prevention, Early Intervention, Other PEI Programs). All program category sections provide an overall summary of the program category, and include an overview comprised of program descriptions, profile of demographic characteristics of clients served, and highlighted successes and challenges experienced by programs within that category.

Results from each individual program are then presented, beginning with an overview of the program, followed by a detailed analysis of available data. The type of data presented varies across programs but may include information about participant demographics, program activities and reach, referrals, participant outcomes, participant satisfaction, feedback and recommendations for program improvement, and success stories. Each program section also contains a conclusion and recommendations section. Process and outcome data are reported in alignment with State requirements whenever possible.

Appendix A presents PEI-funded programs and their respective alignment with PEI Categories.

Appendix B presents PEI program participation, including number of individuals served or trained by program and by region.

Appendix C presents results of the MTSS Final Evaluation Report for FY 2021–2022.

Prevention

The goal of the Prevention component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. In Ventura County, there are 10 programs primarily categorized under Prevention. These programs serve a number of historically underrepresented populations including Latinos, Transitional Age Youth (TAY), individuals who are Deaf and Hard of Hearing (DHH), and LGBTQ+. Program services vary but include support groups, workshops, trainings, education, and presentations.

Across programs, participants expressed high levels of satisfaction with the services they received. Additionally, programs that served underrepresented groups all reached their intended priority population(s). Further details about each program's population(s) served, activities and outreach, as well as participant outcomes are outlined in the following pages.

Prevention programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 181,923 participants were served by Prevention programs in FY 2021–2022.

Prevention Program Descriptions

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.

One Step A La Vez: Serves Latino, 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.

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 Latina/Hispanic women at risk of depression through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Mixteco Indigena Community Organization Project (MICOP): Facilitates mental health for the Latino 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.

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.

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.

Wellness Everyday: Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website.

181,923 individuals received core program services†

94,331 individuals referred to mental health care and/or social support services†

112,055 individuals reached through outreach events†

†Number of individuals may be duplicated.

VENTURA COUNTY BEHAVIORAL HEALTH
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PREVENTION PROGRAMS: DEMOGRAPHICS OF PARTICIPANTS§

Ethnicity*	(n = 743)
Hispanic	84%
Non-Hispanic	15%
More than one ethnicity	1%
Declined to answer: 106	

Age	(n = 849)
0–15	31%
16–25	9%
26–59	27%
60+	33%
Declined to answer: 5	

Primary Language*	(n = 910)
English	36%
Spanish	53%
Indigenous	5%
Other	5%
Declined to answer: 2	

Sex Assigned at Birth	(n = 611)
Female	81%
Male	19%
Declined to answer: 13	

Sexual Orientation	(n = 560)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	91%
Queer	1%
Questioning or Unsure	1%
Another sexual orientation	3%
Declined to answer: 67	

Hispanic Ethnicities^			(n = 627)
Mexican	95%	South American	1%
Central American	2%	Caribbean	0%
Puerto Rican	0%	Another Hispanic	2%

Non-Hispanic Ethnicities^			(n = 110)
African	5%	Asian Indian/South Asian	1%
Cambodian	0%	Chinese	1%
Eastern European	10%	European	71%
Filipino	3%	Japanese	2%
Korean	0%	Middle Eastern	1%
Vietnamese	0%	Another Non-Hispanic	7%

Race*	(n = 842)
American Indian/Alaska Native	1%
Asian	1%
Black/African American	1%
Hispanic/Latino	62%
Native Hawaiian/Pacific Islander	0%
White	31%
Other	2%
More than one	2%
Declined to answer: 35	

Current Gender Identity	(n = 618)
Female	78%
Male	19%
Genderqueer	0%
Questioning or Unsure	1%
Transgender	2%
Another gender identity	1%
Declined to answer: 33	

City of Residence					(n = 936)
Camarillo	4%	Fillmore	17%	Moorpark	2%
Newbury Park	1%	Oak Park	0%	Ojai	1%
Oxnard	22%	Piru	1%	Port Hueneme	2%
Santa Paula	35%	Simi Valley	3%	Thousand Oaks	2%
Ventura	10%	Other	1%		

*Percentages may exceed 100% because participants could choose more than one response option.

§Demographic data was not collected for MTSS VCOE, MTSS LEA, or Wellness Everyday.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

Highlighted Successes: Prevention Programs

One recent graduate, who is a veteran, is actively seeking ways to provide peer support to fellow veterans suffering from depression since he successfully completed the program.

Participants that have participated in the program, have shared with us that these types of treatments have helped them relieve symptoms of anxiety, stress, and depression.

As parents, we are incredibly thankful that such an outlet exists to help with the stress and mental health load that our kids in the LGBTQ+ community face. Truthfully, there isn't anything that RU [Rainbow Umbrella] has done to date that we haven't appreciated; from youth programs, community education and resource referral to informative and fun Pride events, what you do makes a huge difference.

Multi-Tiered System of Support (MTSS)

Ventura County Office of Education (VCOE)

Multi-Tiered System of Support (MTSS) is a comprehensive framework designed to align initiatives and resources within an educational organization, such as Ventura County Office of Education (VCOE), to identify and address student needs. MTSS aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change. VCOE has seven core activities they must implement countywide. Among these include education and training for school personnel and students, family outreach and engagement, and ongoing technical assistance and contract monitoring for their contracted Local Educational Agencies (LEAs)/School Districts.

Program Strategies

Provides access and linkage to services for those with serious mental illness and serious emotional disturbance.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

PROGRAM HIGHLIGHTS[‡]

2,897 individuals received early intervention services[†]

83,490 individuals reached through outreach events[†]

[‡]This program did not provide referrals or demographic information.

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Activities

Program activities include meetings, trainings, and technical assistance facilitated by VCOE staff. Ventura County educators and other community members may participate in these activities or events.

VCOE Program Activities by Type	# Activities/ Events
Staff/Student Trainings	35
Resilient Calm Learner	6
Mental Health Conference	2
LivingWorks Suicide Prevention Trainings	13
TOTAL # of Activities/Events	**56**

1,242 participants in program activities[†]

Additionally, VCOE established Memorandums of Understanding (MOUs) with the following 11 Local Educational Agencies (LEAs)/School Districts to implement MTSS at all of their school sites.

- Conejo Valley Unified School District
- Hueneme Elementary School District
- Moorpark Unified School District
- Oak Park Unified School District
- Ojai Unified School District
- Oxnard Elementary School District
- Oxnard Union High School District
- Rio School District
- Santa Paula Unified School District
- Simi Valley Unified School District
- Ventura Unified School District

As part of these MOUs, VCOE is responsible for supporting contracted districts to provide multi-generational family engagement, outreach events, and trainings to enhance public understanding of mental health and to reduce mental health stigma and discrimination. Further, VCOE is required to ensure that contracted districts engage and train students on mental health awareness, services, occupations, and peer engagement strategies targeting at-risk populations. For additional information about these activities, please refer to the MTSS Final Evaluation Report for FY 2021–2022, which can be found in **Appendix C** at the end of this report.

[†]Number of individuals may be duplicated. Excludes Technical Assistance, Collaboration Meetings, and Other.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Outreach

Program outreach includes activities or events to promote services provided by VCOE to parents and members in the community to increase awareness of and linkages to mental health resources.

VCOE Program Outreach by Type	# Activities/ Events
Parents	5
Community Members	15
Others	7
TOTAL # of Activities/Events	**27**

83,490 people engaged through outreach activities[†]

Staff/Student Trainings

One of the primary program activities conducted within MTSS, VCOE are staff/student trainings. These staff/student trainings included the following topics:

- **7** Childhood Trauma
- **11** Mental Health Resources and Referral Process
- **6** Restorative Justice
- **14** Suicide Awareness and Prevention
- **5** Additional Trainings
- **2** Cultural and Linguistic Competency and Equity
- **4** Resilient Calm Learner
- **4** Social-Emotional Learning
- **8** Vulnerable Populations

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Wellness Centers in Middle Schools

In the spring of 2022, a portion of the PEI budget was allocated to furnish several middle schools in the county of Ventura with Wellness Centers.

The following districts established middle school Wellness Centers: Conejo Valley Unified School District, Fillmore Unified School District, Oxnard School District, Ojai Unified School District, Pleasant Valley School District, Santa Paula Unified School District, and Ventura County Office of Education – Gateway Community School.
Through both on-campus programming and community-based partnerships, students will receive coordinated mental health and other support services to maximize student engagement and success. The Wellness Centers can be described as the following:

- A one-stop shop for wraparound services for all students.
- The Wellness Centers will be safe and supportive environments where middle school students can discuss concerns and needs in a confidential, nonjudgmental space.
- The Wellness Centers may provide information, community resources, and linkages to mental health services to students and families through meetings and outreach activities.
- Various trainings may be provided to all Wellness Center staff.
- Outreach to families may be accomplished through multi-generational family engagement, outreach, and trainings.

The middle school Wellness Centers focus on:

- Locating mental health services and resources where it is convenient for students
- Eliminating barriers of cost, transportation, and time off for parents
- Reducing perceived stigma that would prevent students from accessing services

Going forward, these Wellness Centers will continue in subsequent years, utilizing PEI funding.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Outcomes and Satisfaction

VCOE tracks outcomes by surveying participants following each training. For information about outcomes and satisfaction for each training conducted by VCOE please refer to the MTSS Final Evaluation Report for FY 2021–2022.

Program Feedback

The following quotes are highlights from MTSS, VCOE's monthly progress reports.

"The parent trainings were recorded and posted on our virtual website so that additional families could access the information on anxiety, mental health and COVID-19 and suicide prevention."

"We were able to train a group of campus supervisors on the Zones of Regulation to support emotions and behaviors during recess and on the playground."

"We have opened wellness rooms at all three of our comprehensive high schools and at both our alternative high schools. Wellness services include drop-in support, ongoing individual counseling, ongoing small group counseling, mental health-related workshops, and social emotional learning presentations. During the first two weeks of school there were more than 700 drop-in visits to our wellness centers, with more students accessing services each month."

Conclusion and Recommendations

VCOE is meeting their goal to implement MTSS at Local Educational Agencies throughout Ventura County while aligning with relevant PEI strategies to provide access and linkage to services, improve timely access to services, and reduce stigma and discrimination of mental health.

The appended MTSS Final Evaluation Report for FY 2021–2022 shows positive outcomes and feedback for all trainings conducted by VCOE.

Continuing to refine and streamline data collection procedures may be an area for future improvement. The variety and extent of services provided under MTSS is enormous, and extensive documentation was collected about many activities (much of which was drawn on for this report). However, evaluating the necessity and intended use of collected data on an ongoing basis can reduce administrative fatigue, and improve the quality and depth of insights obtainable from the data that are collected.

VENTURA COUNTY BEHAVIORAL HEALTH
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Multi-Tiered System of Support (MTSS)

Local Educational Agency (LEA)

Multi-Tiered System of Support (MTSS) is a comprehensive framework designed to align initiatives and resources within an educational organization, such as school districts, to identify and address student needs. MTSS aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change. Each contracted Local Educational Agency (LEA)/School District has five core activities they must implement countywide. Among these include mental health screenings and referrals for students, education and training for school personnel and students, and family outreach and engagement.

Program Strategies

Provides access and linkage to services for high-risk mental health populations.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

PROGRAM HIGHLIGHTS‡

159,787 individuals received early intervention services†

53,455 referrals to mental health care and/or social support services†

‡This program did not provide demographic information.

†Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Program Activities

LEA MTSS activities include staff and student trainings, family engagement activities, and early intervention services facilitated by district/school staff. Staff, students, and other community members (including families) may participate in these activities or events.

LEA Program Activities by Type	# Activities/ Events
Staff/Student Trainings	1,492
Family Engagement	146
School-based Individual Services	34,030
School-based Group Services	94,544
Other	31,213
TOTAL # of Activities/Events	**161,425**

81,584 participants in program activities†

For additional information about these activities please refer to the MTSS Final Evaluation Report for FY 2021–2022.

Program Referrals

Program referrals include those made to school-based group or individual therapy, community-based mental health services, and/or other support services as needed. Contracted school districts conducted 40,423 screenings of students' social, educational, and mental health needs. Referral data presented below may be duplicated.

1,177 individuals referred to mental health care†

16,570 individuals referred to social supports†

11,892 students and families linked to services

4,201 students identified as at-risk

34 calls to the VCBH Crisis Team

321 safety plans developed

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Program Outcomes, Satisfaction, and Feedback

LEA tracks outcomes by surveying participants following each training. For information about outcomes, satisfaction, and feedback for each training, please refer to the MTSS Final Evaluation Report for FY 2021–2022.

Conclusion and Recommendations

Contracted LEAs in Ventura County are meeting their goals of performing early identification through screenings and referrals, training educators and students in school districts throughout Ventura County, educating families, and providing early intervention services.

Post-training survey outcomes indicate that after participating in training sessions most participants are more knowledgeable about mental health and hold less stigma as a result.

Similar to the recommendations for MTSS, VCOE, continuing to refine process data collection procedures may be an area for future improvement. There was some inconsistency in the kinds of trainings and activities that were logged across districts, although this process has improved. Additional guidance on how to classify screenings, referrals, intervention activities, and trainings could further improve data quality and assessment of trends.

One Step A La Vez

One Step A La Vez (OSALV) serves multiple populations including the Latino/a community in Fillmore, Piru, and Santa Paula, youth and Transitional Age Youth (TAY) ages 13–25, LGBTQ+ youth, youth in the juvenile justice system, and youth and TAY who are homeless or at risk of homelessness. One Step A La Vez offers a drop-in center for mental health resources, wraparound support, youth leadership activities, LGBTQ+ support groups, and classes on topics related to stress, coping, and wellness.

Program Strategies

Improves timely access and linkages to services for underserved populations by reaching youth, TAY, and Latinos/as who might not otherwise get help.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and LGBTQ+-sensitive services, workshops, and presentations.

Program Highlights

209 individuals received core program services

209 individuals referred to mental health care and/or social support services†

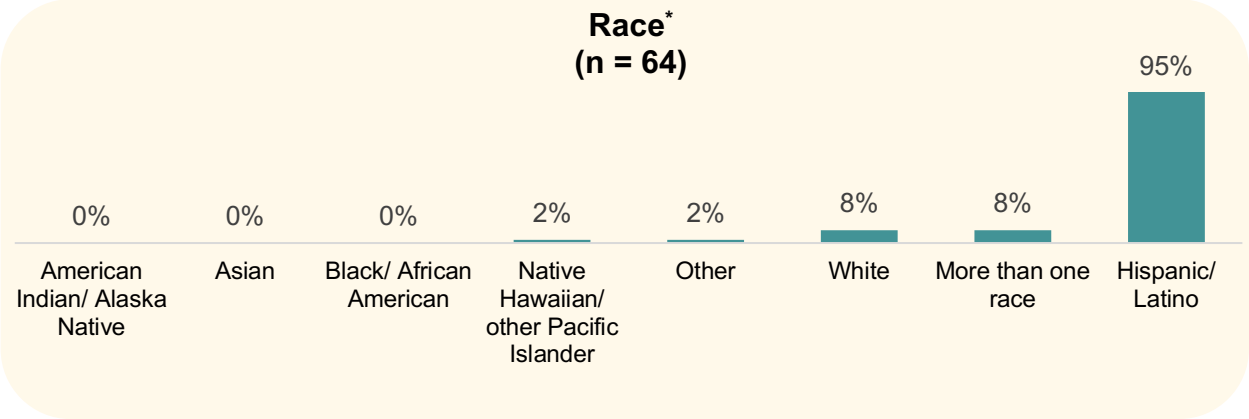
1,398 individuals reached through outreach events†

†Number of individuals may be duplicated.

ONE STEP A LA VEZ

Demographic Data

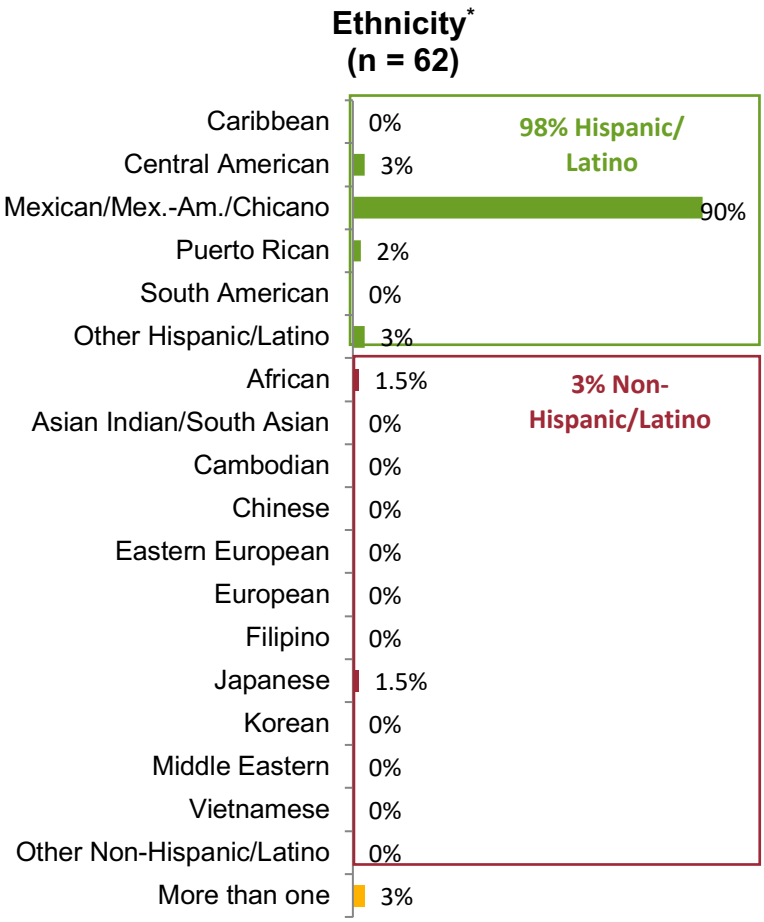
One Step A La Vez collects unduplicated demographic data from the individuals they serve. Data in this section represents information from individuals who completed a demographic form.



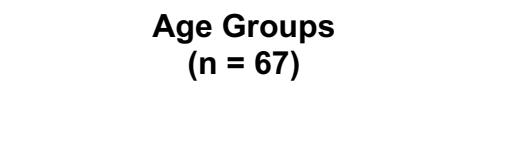
English 54%

Spanish 51%

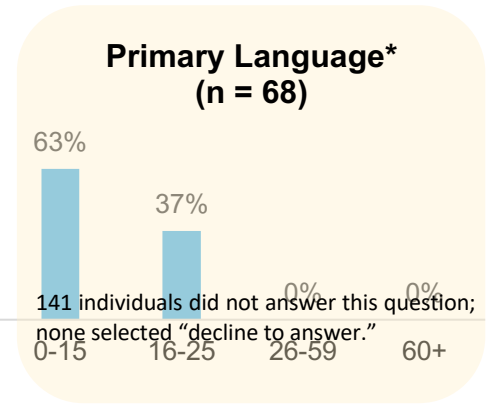
143 individuals did not answer this question, and 2 selected "decline to answer."



145 individuals did not answer this question, and 2 selected "decline to answer."



141 individuals did not answer this question, and 1 selected "decline to answer."



141 individuals did not answer this question; none selected "decline to answer."

*Percentages may exceed 100% because participants could choose more than one response option.

VENTURA COUNTY BEHAVIORAL HEALTH
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ONE STEP A LA VEZ

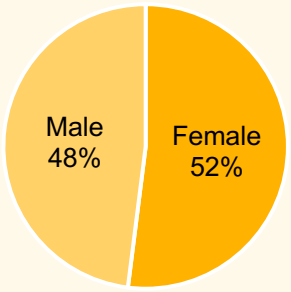
Demographic Data

Current Gender Identity (n = 66)

Female	44%
Male	48%
Transgender	3%
Genderqueer	0%
Questioning or Unsure	5%
Another Gender Identity	0%

142 individuals did not answer this question, and 1 selected "decline to answer."

Sex Assigned at Birth (n = 64)



143 individuals did not answer this question, and 2 selected "decline to answer."

Sexual Orientation (n = 60)

Bisexual	6%
Gay or Lesbian	0%
Heterosexual or Straight	85%
Queer	2%
Questioning or Unsure	2%
Another Sexual Orientation	5%

141 individuals did not answer this question, and 8 selected "decline to answer."

0% individuals identified as veterans

n = 65; 142 individuals did not answer this question, and 2 selected "decline to answer."

8% of individuals reported having one or more disabilities

n = 65; 142 individuals did not answer this question, and 2 selected "decline to answer."

Disability* (n = 5)

*Percentages/counts may exceed 100%/number of individuals because participants could choose more than one response option.

One Step A La Vez

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by One Step A La Vez program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	#Activities/ Events
Other	15
Food Distribution	25
Drop-in Center	29
Meeting	37
Support Group	44
Class	92
TOTAL # of Activities/Events	**242**

5,270 participants in program activities†

31% of activities offered in Spanish

Program Outreach

Program outreach includes activities to promote One Step A La Vez in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Community Fair/Event	2

1,398 people reached through outreach events†

44% of outreach events offered in Spanish

Faith-Based Event	1
Presentation	1
Interagency Meeting	16
Outreach Miscellaneous	17
TOTAL # of Activities/Events	**37**

861 materials distributed

[†]Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

ONE STEP A LA VEZ

Program Referrals

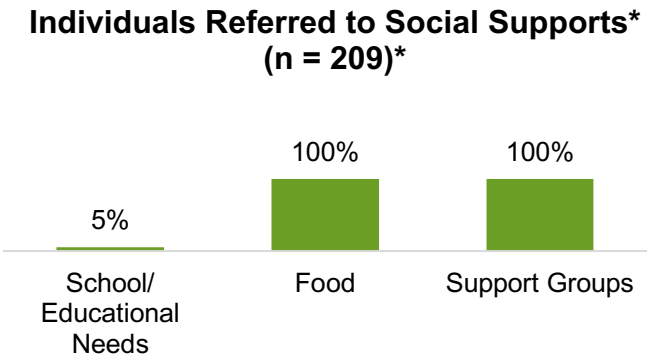
Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. One Step A La Vez also makes referrals to social supports such as food, housing, health insurance, and other support services. Referral data highlighted represents 209 unduplicated individuals. The top three social support referrals provided are presented in the chart below.

413 total social support referrals provided

209 individuals referred to one or more social supports

9 individuals referred to mental health care

5 individuals encouraged to access and follow through with services via transportation/bus tokens and reminder calls

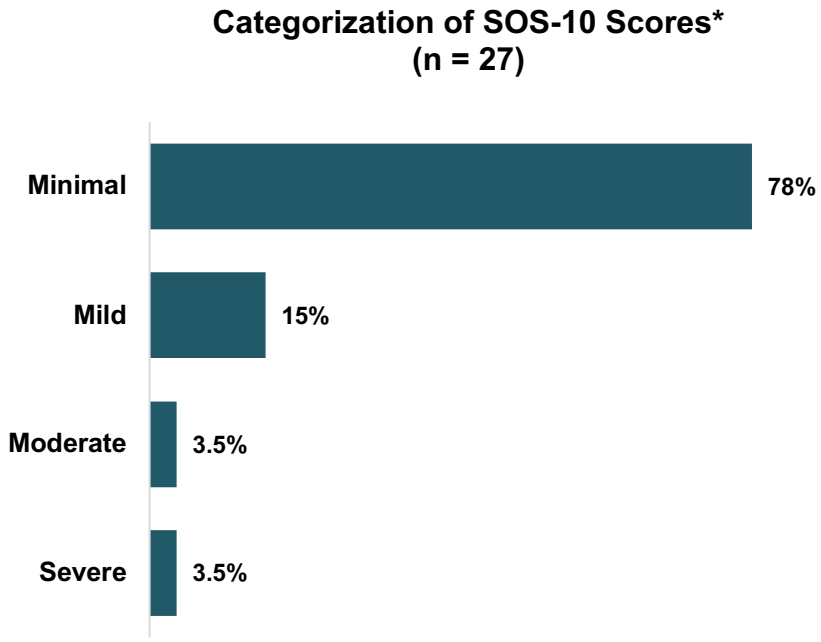


*Percentages/counts may exceed 100% because participants could be referred to multiple services.

ONE STEP A LA VEZ

Program Outcomes

One Step A La Vez tracks outcomes for program participants (e.g., individuals who attend the drop-in center) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/ lower levels of distress. Results from the participants surveyed are presented in the figure below.



Most participants reported experiencing minimal levels of distress with the average SOS-10 score of 47.11.

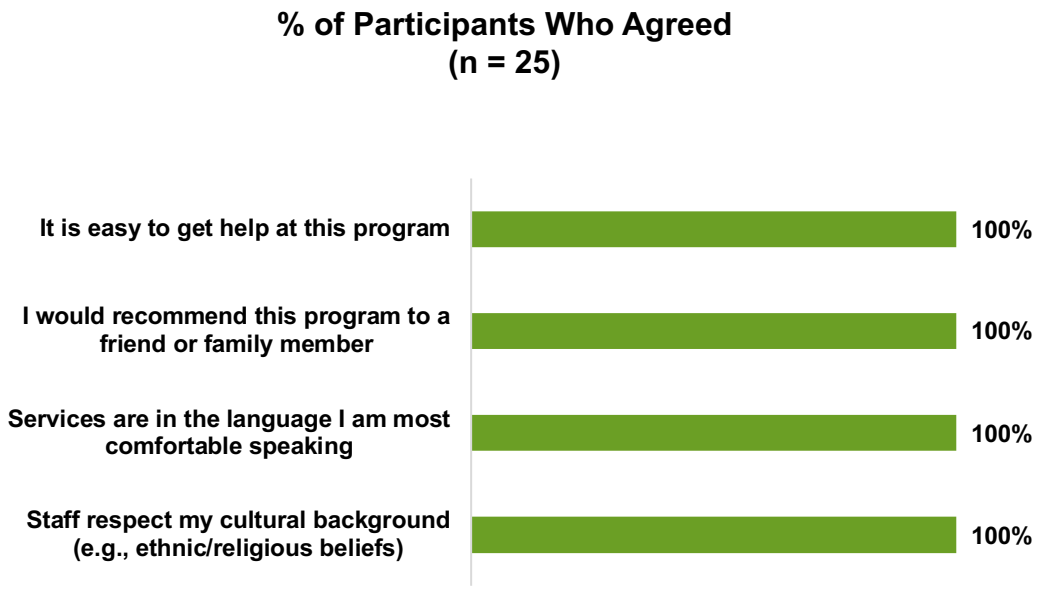
Majority of participants (70%) have been receiving services from OSALV for 6 months or less.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

ONE STEP A LA VEZ

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with OSALV. The percentages of participants who agreed or strongly agreed with each statement is shown below.



All participants were completely satisfied with OSALV's program and staff.

ONE STEP A LA VEZ

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 27)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	7%
My grades in school	67%
My housing situation	7%
My job situation	7%
My relationships with friends and family	22%
My parenting	7%
Staying out of jail or prison	11%
My mental health	19%
Substance use	0%

Participants reported that the primary area of need was help with their grades in school. Help with mental health and relationships with friends and family also were indicated as areas needing support.

*Percentages may exceed 100% because participants could choose more than one response option.

ONE STEP A LA VEZ

Program Feedback

Individuals who received services from One Step A La Vez were asked to provide additional feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 27)

Top 3 Responses

- Help with school/homework (6)
- General help/support (6)
- Social connectedness/ Belongingness (5)

What are your recommendations for improvement?

(n = 26)

The top recommendation was to have more activities (e.g., fieldtrips) and games.

More than one third of participants reported that they had no suggestions for improvement.

Program Successes

"A group of 7 youth were introduced to pronouns and sexuality in the self-identity workshop; all youth were open and available to discuss the topics in a non-judgmental manner. The youth left with more knowledge than they had when they arrived."

"A youth was involved in an altercation at our center, which put them at jeopardy of not completing their hours. That youth signed an agreement and not only finished their hours, but they continued to attend our site out of their own will. They have flourished through engaging in different activities."

ONE STEP A LA VEZ

Conclusion and Recommendations

One Step A La Vez continued to reach the populations they seek to serve, with the majority of participants identifying as TAY Latino/as. Additionally, every person who was referred to a social support service was linked to food services and support groups, suggesting that One Step A La Vez is working to meet clients' social and emotional needs.

Most participants who completed the outcome surveys indicated only minimal levels of distress after receiving services through One Step A La Vez. An area of future improvement may include increasing efforts to obtain baseline surveys from clients. Having data from two time points would allow for comparisons of outcomes before and after receiving services and better illustrate the program's impact. Overall, participants surveyed expressed complete satisfaction with the program services and staff.

Program to Encourage Active, REWARDING LIVES for Seniors (PEARLS)

Ventura County Area Agency on Aging (VCAAA)

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based case management program for seniors that teaches participants the necessary skills to move forward and make positive changes. PEARLS provides eight sessions over 12 weeks, covering three behavioral approaches to depression management: (1) teaches participants to recognize symptoms of depression and understand the link between unsolved problems and depression, (2) helps participants meet recommended levels of social and physical activity, and (3) helps participants identify and participate in personally pleasurable activities. In addition to the sessions and follow-up phone calls, PEARLS makes assessments to ensure that other potential factors contributing to depression, such as chronic medical conditions, are adequately treated.

**All sessions are currently conducted via porch visits and telephonically due to the COVID pandemic for the safety of participants and staff.*

Program Strategies

Provides access and linkage to services for older adults by conducting outreach.

Improves timely access to services for underserved populations (older adults) who might not otherwise get help.

Program Highlights

241 individuals received core program services

22 individuals referred to mental health care and/or social support services

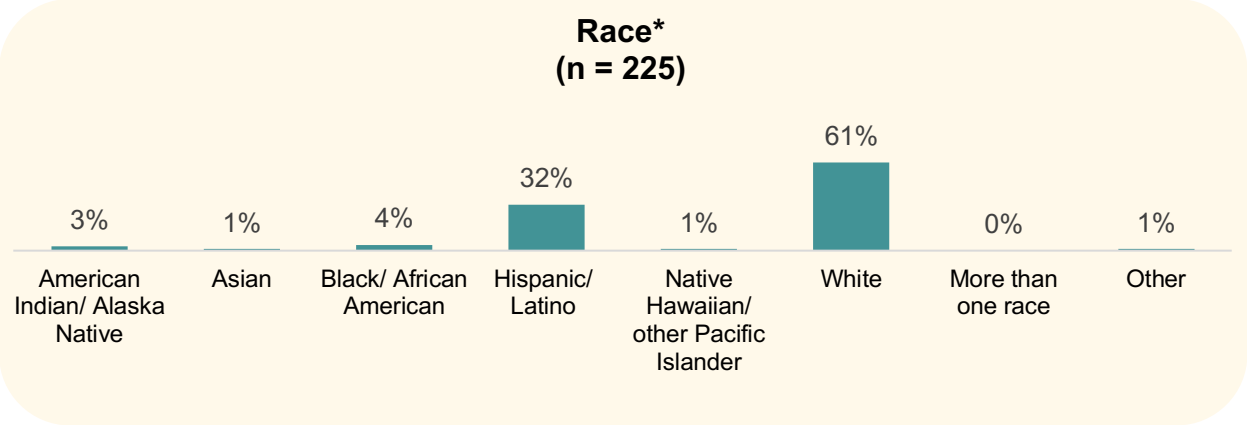
7,205 individuals reached through outreach events†

†Number of individuals may be duplicated.

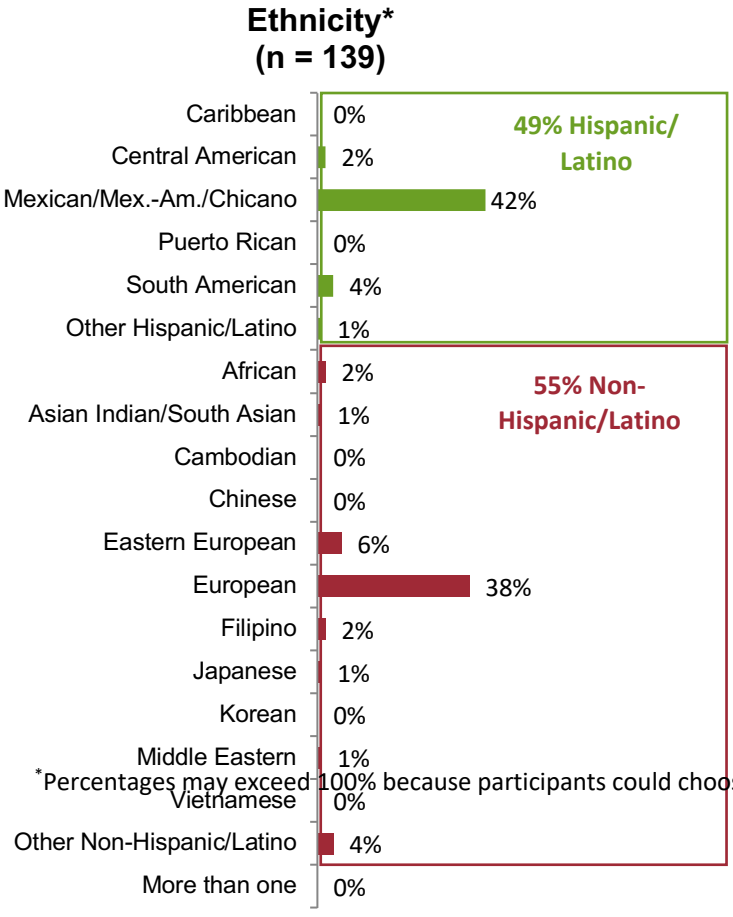
PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Demographic Data

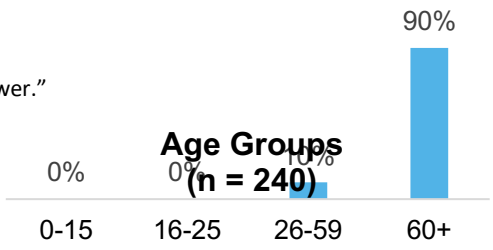
VCAAA collects unduplicated demographic data from the individuals they serve. Data in this section represents demographic information provided by 241 individuals served in the PEARLS program.



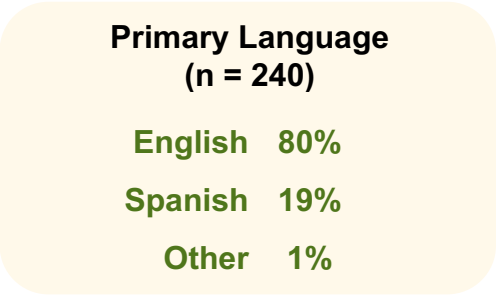
1 individual did not answer this question, and 15 selected "decline to answer."



8 individuals did not answer this question, and 94 selected "decline to answer."



1 individual selected "decline to answer."



1 individual selected "decline to answer."

*Percentages may exceed 100% because participants could choose more than one response option.

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

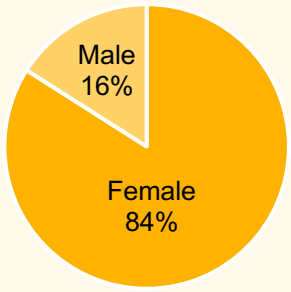
Demographic Data

Current Gender Identity (n = 238)

Female	84%
Male	16%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

3 individuals selected "decline to answer."

Sex Assigned at Birth (n = 237)



3 individuals did not answer this question, and 1 selected "decline to answer."

Sexual Orientation (n = 225)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	99%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

3 individuals did not answer this question, and 13 selected "decline to answer."

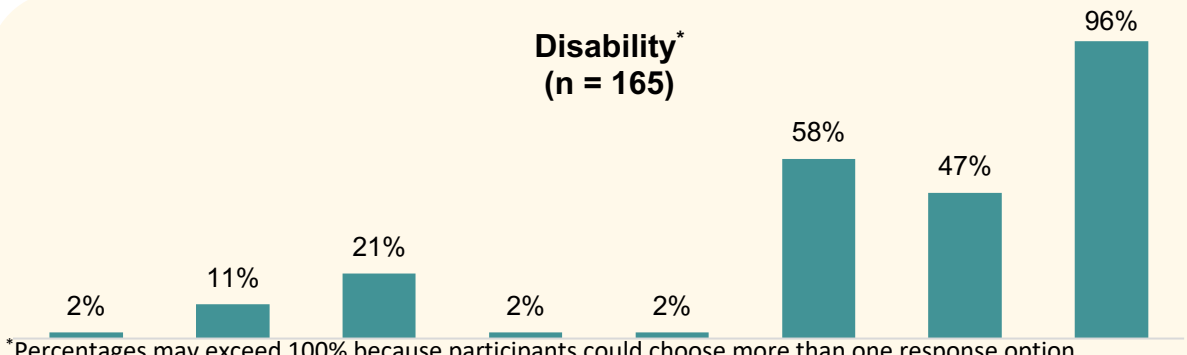
6% of individuals identified as veterans

n = 238; 3 individuals selected "decline to answer."

71% of individuals reported having one or more disabilities

n =234; 1 individual did not answer this question, and 6 selected "decline to answer."

Disability* (n = 165)



*Percentages may exceed 100% because participants could choose more than one response option.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Activities

Program activities include trainings and workshops facilitated by VCAAA program staff.

es

19% of program activities offered in Spanish

245 participants in program activities

Program Outreach

Program outreach includes activities to promote PEARLS in the community, increase awareness of mental health, and link community members to mental health resources.

Program Outreach by Type	# Activities/ Events
Community Fair/Event	1
Meetings	2
Other	2
Outreach Miscellaneous	5
Presentation	6
Personal/Individual	15
TOTAL # of Activities/Events	**31**

7,205 people reached through 145 materials distributed

es

84% of outreach events offered in Spanish

[†]Number of people reached may be duplicated because individuals could attend multiple events.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. Individuals could be referred to multiple services.

8 individuals referred to mental health care

16 individuals referred to one or more social supports

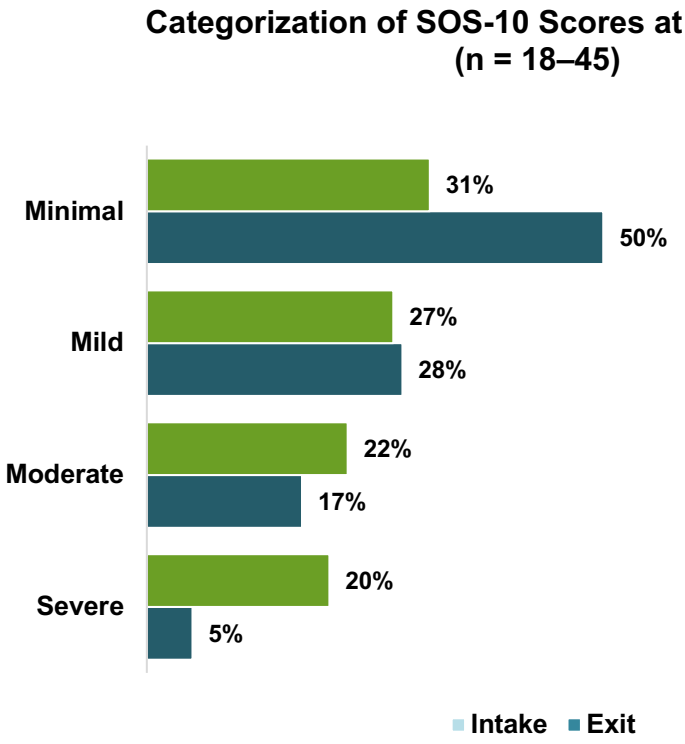
17 total social support referrals provided

4 individuals encouraged to access and follow through with services via reminder calls

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Outcomes

PEARLS/VCAAA tracks outcomes by surveying participants who receive services offered by the organization. Participant outcomes are assessed at two time points (intake and exit) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Comparisons of intake and exit scores are presented in the chart below.



The average SOS-10 score was 32.4 at intake and 40.8 at exit, suggesting greater psychological well-being/lower levels of distress after receiving services.

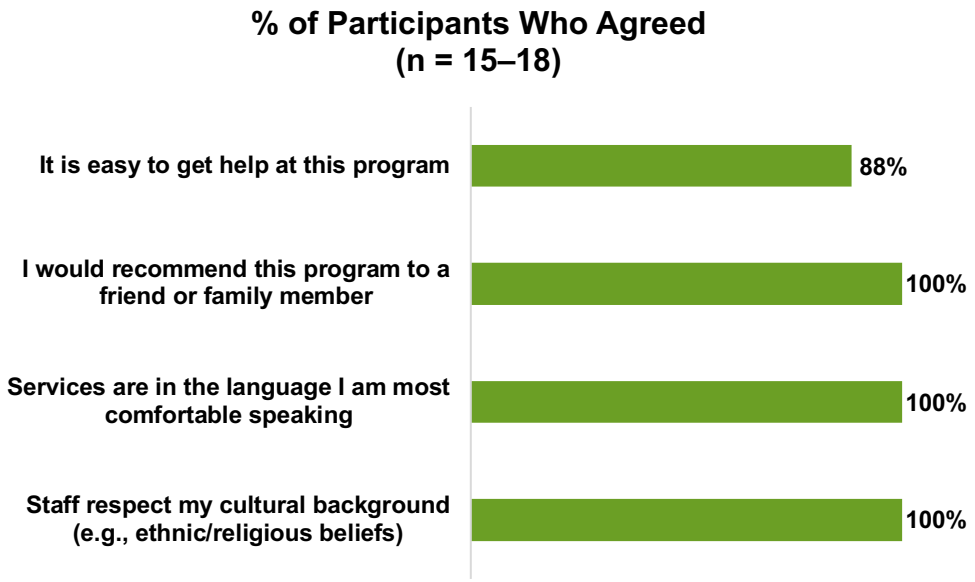
Most participants reported that they have been receiving services from PEARLS/VCAAA for 1–3 months.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with PEARLS/VCAAA program and services. The percentages of participants who agreed or strongly agreed with each statement is shown in the chart below.



Participants were highly satisfied with PEARLS' program and staff.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in that area.

% of Participants Who Need Support*
(n = 18)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	0%
My grades in school	0%
My housing situation	28%
My job situation	11%
My relationships with friends and family	56%
My parenting	17%
Staying out of jail or prison	0%
My mental health	72%
Substance use	0%

Participants reported that the two primary areas of need were help with (1) mental health and (2) relationships with friends and family.

*Percentages may exceed 100% because participants could choose more than one response option.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Feedback

Participants in PEARLS/VCAAA services were asked to provide additional feedback through two open-ended questions. Their comments were grouped by theme, and the top responses are presented below. (The number of people who commented on each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 17)

Top 3 Responses

- Supportive staff (7)
- Having someone to talk to (7)
- Having someone who cares and shows interest (5)

What would make this program better?

(n = 14)

Top 3 Responses

- More sessions (3)
- More services (2)
- More counselors (2)

Nearly half of respondents indicated that no

Program Successes

"One recent graduate, who is a veteran, is actively seeking ways to provide peer support to fellow veterans suffering from depression since he successfully completed the program."

"One participant completed his 5th session and reports that since participating in the program 'everything seems to be falling into place.'"

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Conclusion and Recommendations

PEARLS/VCAAA is reaching the population they seek to serve, with the majority of participants identifying as older adults. On average, participants reported greater psychological well-being after receiving services compared to before, which is an indication of PEARL's positive program outcomes. Additionally, participants were highly satisfied with the program and services received, with 100% of individuals stating they would recommend this program to others.

An area of future improvement could be to increase the number of referrals to mental health and/or social support services.

VENTURA COUNTY BEHAVIORAL HEALTH
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Project Esperanza

Our Lady of Guadalupe Parish

Project Esperanza, held at Our Lady of Guadalupe Church, is a primary community resource that provides education, sports, and cultural preservation in the Santa Paula area. Project Esperanza serves the Hispanic/Latino community and other underserved populations regardless of race, social status, immigration status, or religious and cultural beliefs. Project Esperanza offers free mental health literacy workshops in partnership with local mental health practitioners and advocates, targeting parents of children enrolled in after-school programs. Educational classes explore a variety of topics on mental health each month including mental health stigma, wellness, technology and mental health, cyberbullying and self-esteem, anxiety and depression, self-injurious behavior, suicide prevention, children's mental health, and women's and men's mental health. All educational activities focus on prevention, knowledge building, and stigma reduction.

Program Strategies

Improves timely access and linkages to services for underserved populations, including the Hispanic/Latino population, who might not otherwise get help.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent services, workshops, and presentations.

Program Highlights

219 individuals received core program services

222 individuals referred to mental health care and/or social support services†

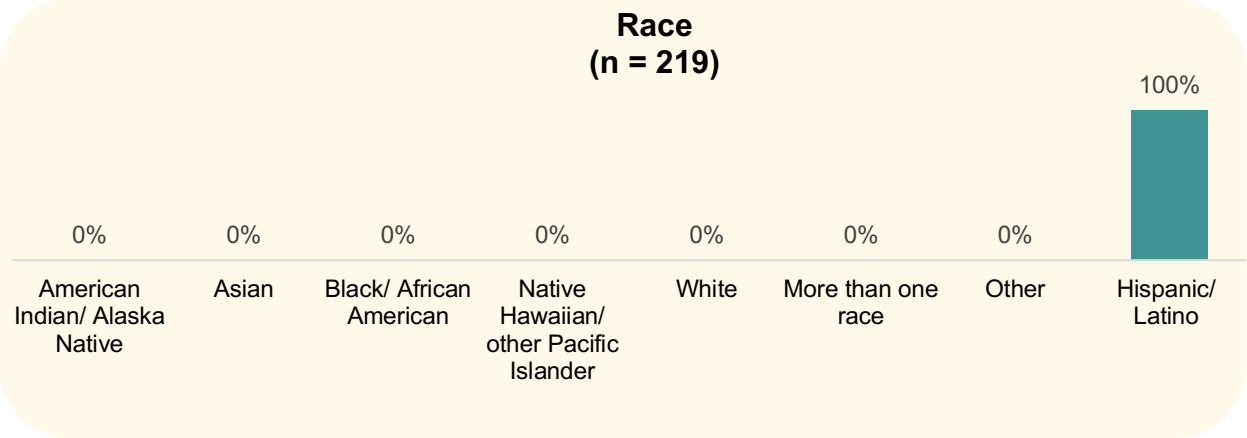
6,333 individuals reached through outreach events†

†Number of individuals may be duplicated.

PROJECT ESPERANZA

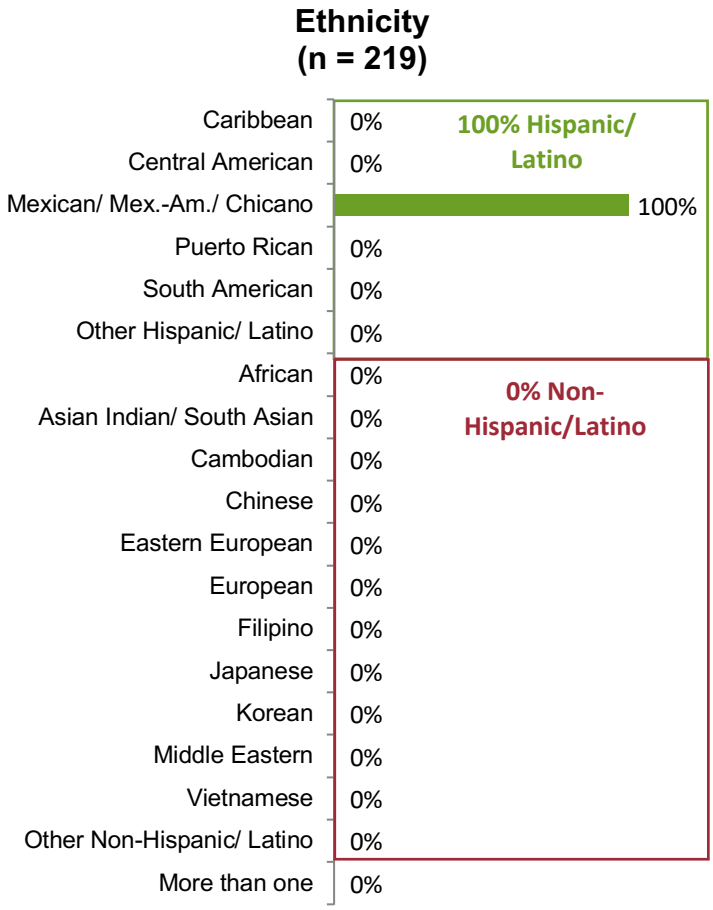
Demographic Data

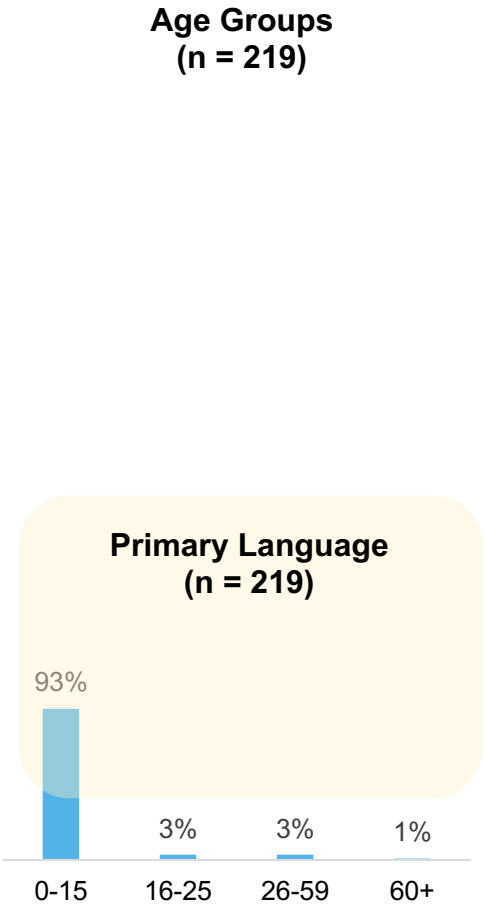
Project Esperanza collects unduplicated demographic data from individuals they serve. Data in this section represents information provided by 219 individuals who received services and completed a demographic form.



English 11%

Spanish 89%


Ethnicity
(n = 219)
Caribbean 0%
Central American 0%
Mexican/ Mex.-Am./ Chicano 100%
Puerto Rican 0%
South American 0%
Other Hispanic/ Latino 0%
African 0%
Asian Indian/ South Asian 0%
Cambodian 0%
Chinese 0%
Eastern European 0%
European 0%
Filipino 0%
Japanese 0%
Korean 0%
Middle Eastern 0%
Vietnamese 0%
Other Non-Hispanic/ Latino 0%
More than one 0%
100% Hispanic/ Latino
0% Non-Hispanic/Latino


Age Groups
(n = 219)
93%
3%
3%
1%
0-15
16-25
26-59
60+

Primary Language
(n = 219)

PROJECT ESPERANZA

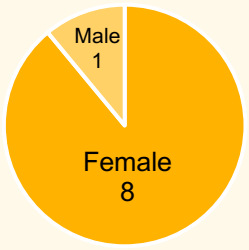
Demographic Data

Current Gender Identity (n = 7)

Female	7
Male	0
Transgender	0
Genderqueer	0
Questioning or Unsure	0
Another Gender Identity	0

212 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n = 9)



210 individuals did not answer this question; none selected "decline to answer."

Sexual Orientation (n = 7)

Bisexual	0
Gay or Lesbian	0
Heterosexual or Straight	7
Queer	0
Questioning or Unsure	0
Another Sexual Orientation	0

210 individuals did not answer this question, and 2 selected "decline to answer."

No individuals identified as veterans

n = 219

1 individual reported having one or more disabilities

n = 168; 50 individuals did not answer this question, and 1 selected "decline to answer."

VENTURA COUNTY BEHAVIORAL HEALTH
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PROJECT ESPERANZA

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by Project Esperanza program staff. Program participants and other community members may participate in these activities or events.

Program Activities by Type	# Activities/ Events
Class	228
TOTAL # of Activities/Events	**228**

3,358 participants in program activities†

90% of program activities offered in Spanish

Program Outreach

Program outreach includes activities to promote Project Esperanza in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Workshop	1
Meeting	1
Faith-Based Event	2
Community Fair/Event	3
Outreach Miscellaneous	5
TOTAL # of Activities/Events	**12**

6,333 people reached through outreach events†

2,570 materials distributed

83% of outreach events offered in Spanish

†Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

PROJECT ESPERANZA

Program Referrals

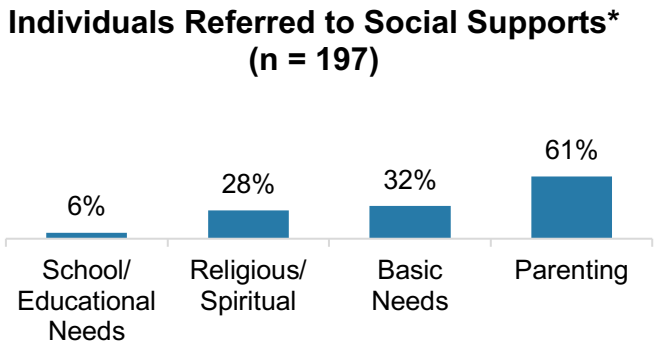
Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals were also made to social supports such as food, housing, health insurance, and other support services. Referral data highlighted represents 219 unduplicated individuals. The top four social support referrals provided are presented in the chart below.

28 individuals referred to mental health care

197 individuals referred to one or more social supports

286 total social support referrals provided

28 individuals encouraged to access and follow through with services via reminder calls



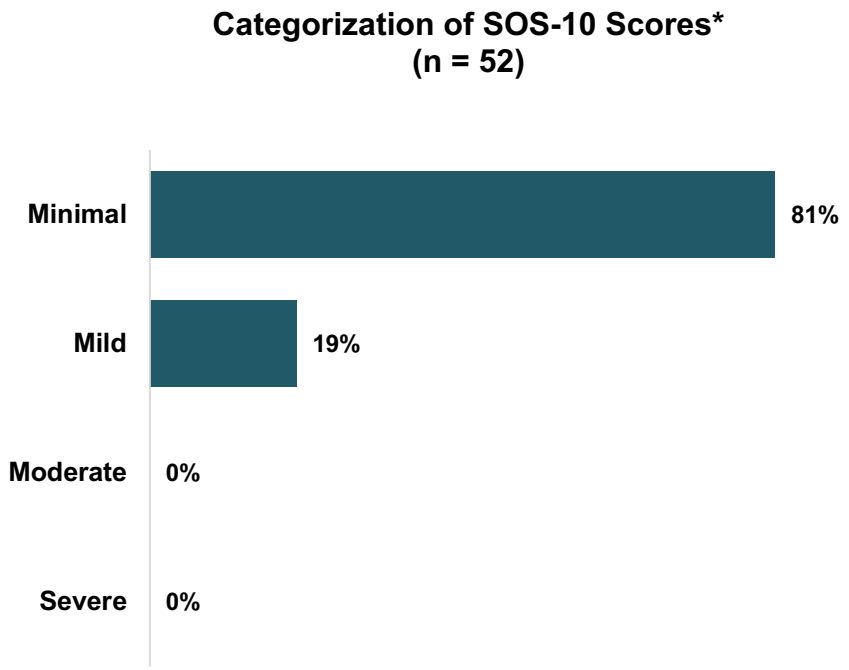
*Percentages may exceed 100% because individuals could be referred to multiple services.

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

PROJECT ESPERANZA

Program Outcomes

Project Esperanza tracks outcomes for program participants and trainees who receive services offered by the organization using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Results from the participants surveyed are presented in the figure below.



Most participants reported experiencing minimal levels of distress with the average SOS score of 46.06.

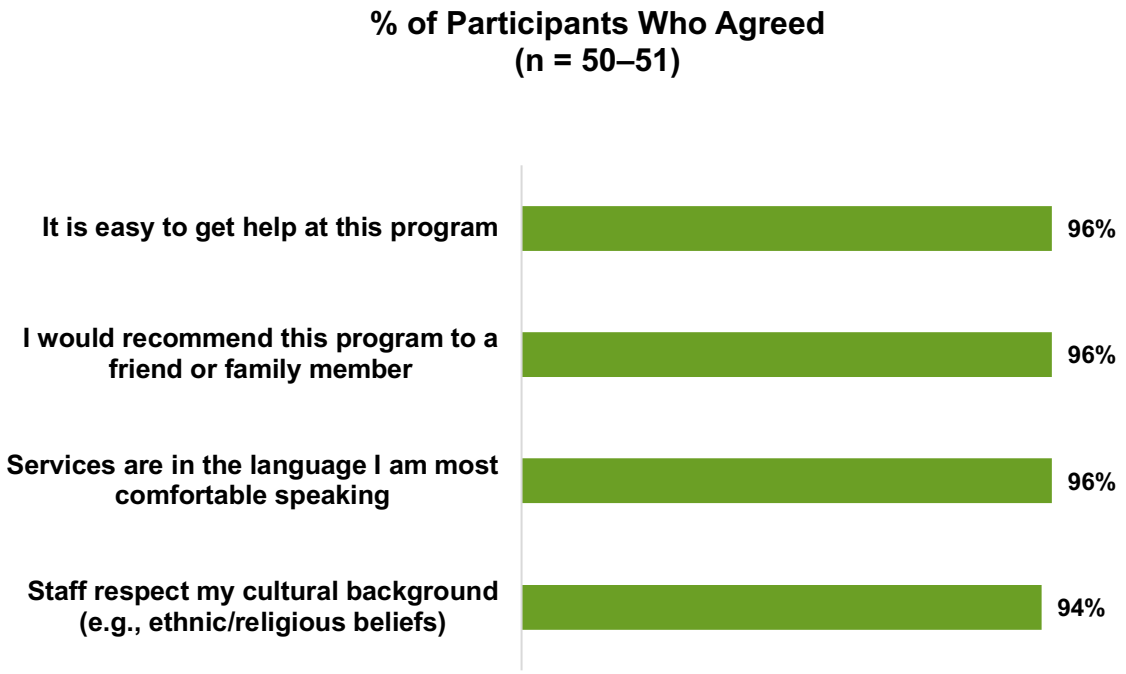
Majority of participants (73%) have been receiving services from Project Esperanza for more than 6 months.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

PROJECT ESPERANZA

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with Project Esperanza program and services. The percentages of participants who agreed or strongly agreed with each statement is shown below.



Participants were highly satisfied with Project Esperanza's program and staff.

PROJECT ESPERANZA

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 54)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	11%
My grades in school	4%
My housing situation	0%
My job situation	7%
My relationships with friends and family	20%
My parenting	11%
Staying out of jail or prison	0%
My mental health	76%
Substance use	4%

Participants reported that the primary area of need was help with their mental health. Help with friends and family, parenting, and school attendance were also indicated as areas needing support.

*Percentages may exceed 100% because participants could choose more than one response option.

PROJECT ESPERANZA

Program Feedback

Individuals who received services from Project Esperanza were asked to provide feedback through two open-ended questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each theme is shown in parentheses.)

What was most helpful about this program?

(n = 52)

Top 3 Responses

- Activities/support for kids (12)
- Learning about tools and techniques/developing skills (12)
- General help (7)

What are your recommendations for improvement?

(n = 46)

Top 3 Responses

- More variety of activities/classes (12)
- Financial support for/promotion of the program (10)
- No recommendations (8)

Program Successes

"After a long closing, due to the re-emerging of COVID-19 in our community, we resumed our class on January 18, 2022. The children were so happy to get back to the activities they find relaxing and, at the same time, they are learning different skills and enjoying their friends."

"We had a Community Festival in Santa Paula. It was a great event. We explained about mental health, gave brochures, and invited children to join our Stress Release Program and to connect their feelings through music, piano, hip-hop dance, Taekwondo, and art."

PROJECT ESPERANZA

Conclusion and Recommendations

Project Esperanza is reaching the population they seek to serve, as 100% of clients identified as Hispanic/Latino. Project Esperanza is working to meet clients' physical and emotional needs through referrals to social supports and mental health care when appropriate.

All participants reported only mild or minimal distress after receiving services from the program. Most participants were also highly satisfied with the program and staff. An area of future improvement may include collecting baseline surveys to allow for comparisons of outcomes before and after clients receive services. Additionally, demographic data such as gender identity and sexual orientation can be collected from more individuals in the upcoming fiscal year to align more closely with regulatory requirements.

Promotoras Conexión Program

Promotoras y Promotores Foundation

The Promotoras Conexión Program, referred to as Promotoras y Promotores Foundation (PyPF), primarily serves immigrant Latina/Hispanic women and their families who are at risk for depression and live in the Santa Clara Valley. The Promotoras Conexión Program facilitates community-based mental health support groups and provides one-on-one support to empower and help participants reduce stress, manage depression, and improve their quality of life. In addition, the Promotoras Conexión Program conducts outreach and community presentations to promote program services, distribute mental health educational information, increase awareness of local mental health resources, and educate the community on how to recognize signs of suicide risk and the effects of trauma (concept of "Situation, Options, Decide, Act [SODA]"/Conexión).

Program Strategies

Improves timely access to services for underserved populations primarily in the Santa Clara Valley, with outreach to other areas of Ventura County, through referrals to culturally and linguistically appropriate services.

Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and presentations.

Program Highlights

129 individuals received core program services

55 individuals referred to mental health care and/or social support services

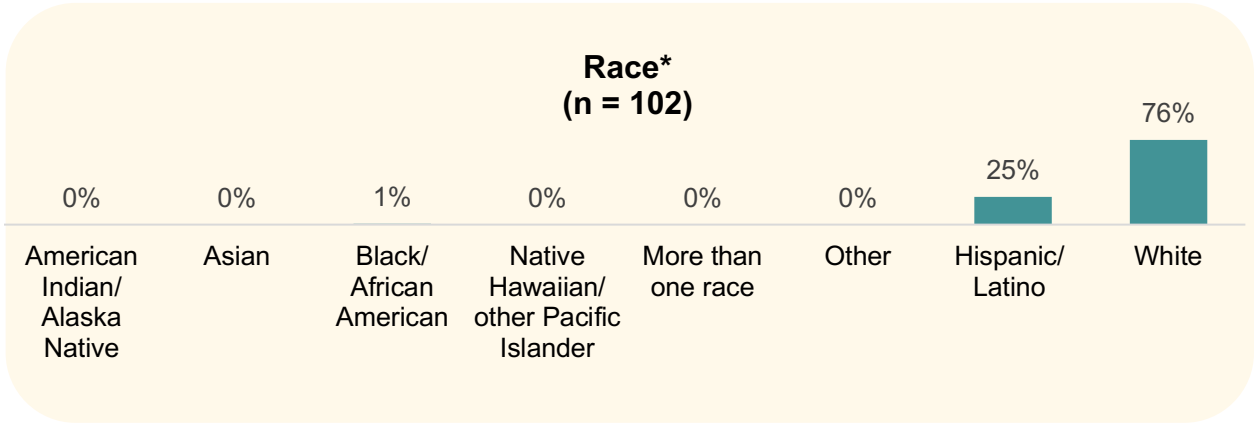
11,940 individuals reached through outreach events†

†Number of individuals may be duplicated.

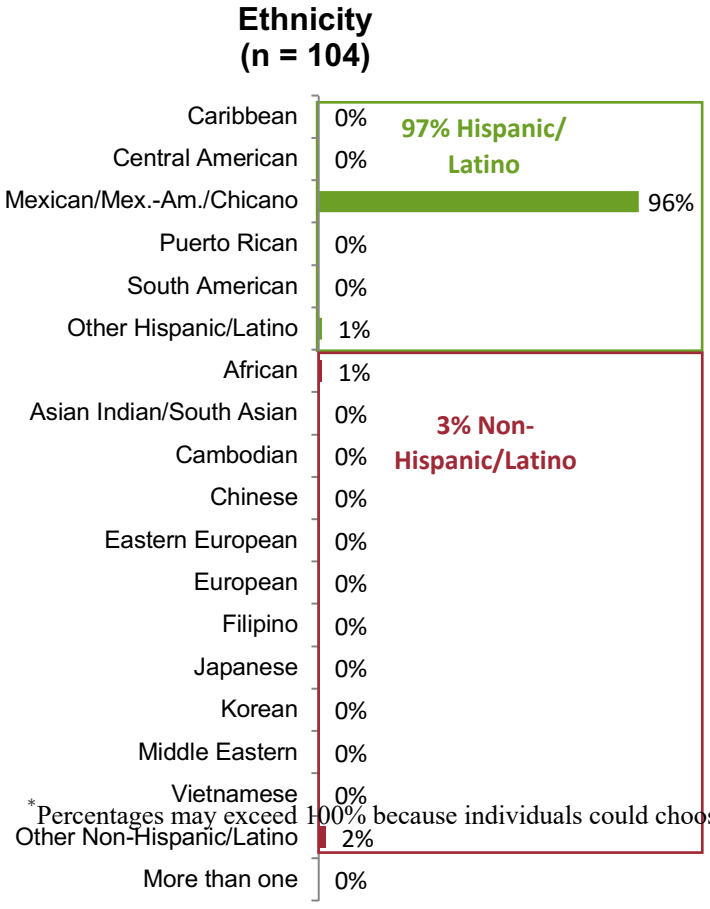
PROMOTORAS CONEXIÓN PROGRAM

Demographic Data

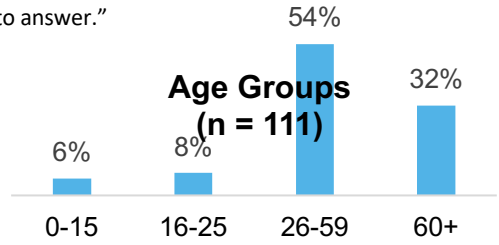
The Promotoras Conexión Program collects unduplicated demographic data from the individuals they serve. Demographic information for the 129 individuals who received core program services are presented below.



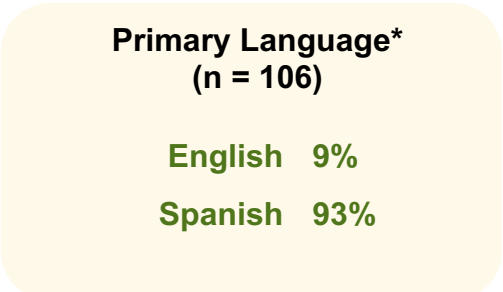
22 individuals did not answer this question, and 5 selected "decline to answer."



22 individuals did not answer this question, and 3 selected "decline to answer."



15 individuals did not answer this question, and 3 selected "decline to answer."



22 individuals did not answer this question, and 1 selected "decline to answer."

*Percentages may exceed 100% because individuals could choose more than one response option.

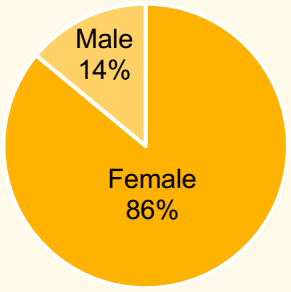
PROMOTORAS CONEXIÓN PROGRAM

Demographic Data

Current Gender Identity (n = 118)	
Female	86%
Male	14%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

10 individuals did not answer this question, and 1 selected "decline to answer."

Sex Assigned at Birth (n = 100)



27 individuals did not answer this question, and 2 selected "decline to answer."

Sexual Orientation (n = 87)	
Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	100%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

29 individuals did not answer this question, and 13 selected "decline to answer."

No individuals identified as veterans

n = 93; 32 individuals did not answer this question, and 4 selected "decline to answer."

2 individuals reported having one or more disabilities

n = 92; 28 individuals did not answer this question, and 9 selected "decline to answer."

PROMOTORAS CONEXIÓN PROGRAM

Program Activities

Program activities include support groups facilitated by program staff. The Promotoras Conexión Program provided 249 support groups in FY 2021–2022.

Program Activities by Type	# Activities/ Events
Social Support	249
TOTAL # of Activities/Events	**249**

1,170 participants in program activities†

es

100% of program activities offered in

Program Outreach

Program outreach includes activities to promote the Promotoras Conexión Program in the community and increase awareness and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Other	1
Presentation	1
Outreach Misc.	42
TOTAL # of Activities/Events	**44**

11,940 people reached through outreach events†

2,199 materials distributed

es

100% of outreach events offered in Spanish

†Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

PROMOTORAS CONEXIÓN PROGRAM

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. Individuals could be referred to multiple services.

29 individuals referred to mental health care

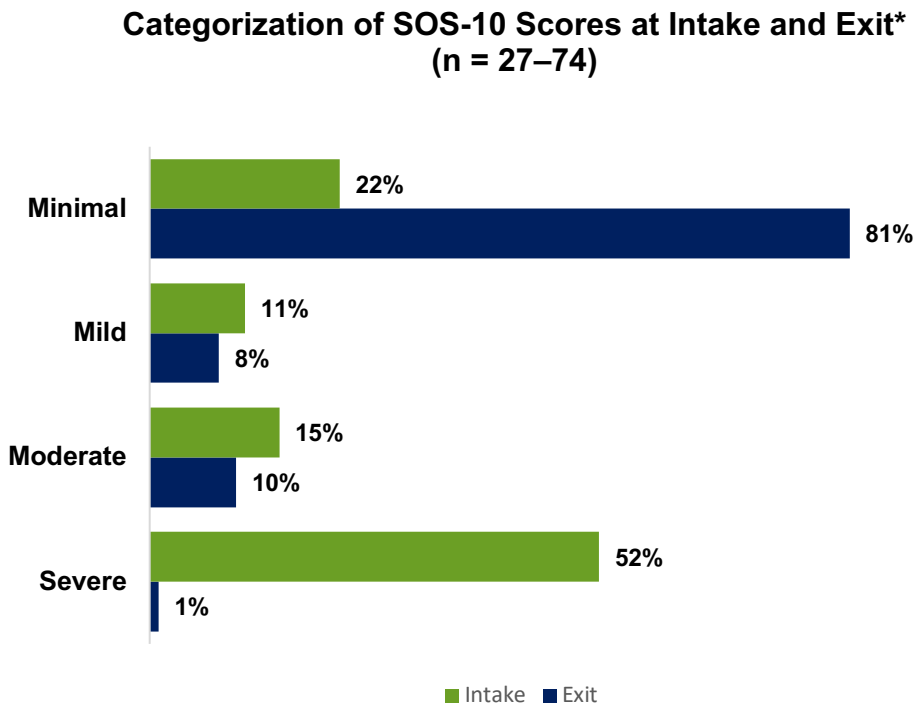
28 individuals referred to one or more social supports

29 total social support referrals provided

PROMOTORAS CONEXIÓN PROGRAM

Program Outcomes

The Promotoras Conexión Program tracks outcomes by surveying participants who receive services offered by the organization. Participant outcomes are assessed at two time points (intake and exit) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Comparisons of intake and exit scores are presented in the chart below.



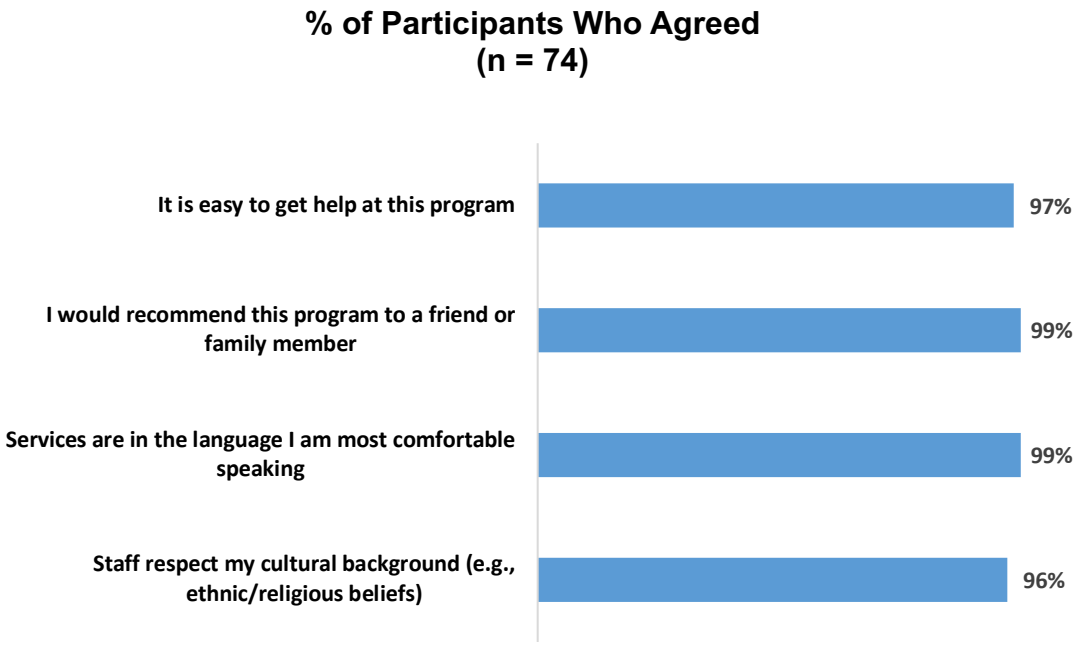
The average SOS-10 score was 27.04 at intake and 48.92 at exit, suggesting greater psychological well-being/lower levels of distress after receiving services.

Most participants (79%) reported they have been receiving services from PyPF for more than one year.

PROMOTORAS CONEXIÓN PROGRAM

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with the PyPF program, staff, and services. The percentages of participants who agreed or strongly agreed with each statement is shown in the chart below.



Participants were highly satisfied with PyPF's program and staff.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

PROMOTORAS CONEXIÓN PROGRAM

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in that area.

% of Participants Who Need Support*
(n = 74)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	0%
My grades in school	0%
My housing situation	1%
My job situation	3%
My relationships with friends and family	43%
My parenting	1%
Staying out of jail or prison	7%
My mental health	73%
Substance use	3%

Participants reported that the two primary areas of need were help with (1) mental health and (2) relationships with friends and family.

*Percentages may exceed 100% because participants could choose more than one response option.

PROMOTORAS CONEXIÓN PROGRAM

Program Feedback

Participants who received services from the Promotoras Conexión Program were also asked to provide feedback through open-ended questions. Comments were grouped by themes, and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 73)

Top 3 Responses

- Relaxation and meditation exercises (33)
- Socialization/Connection with others (16)
- SODA (9)

What are your recommendations for improvement?

(n = 39)

Top 3 Responses

- Continue the program (9)
- Publicize program to encourage more people to join (6)
- More frequent classes (4)

Program Successes

"PyPF opened the office at 114 S Mill Street in Santa Paula. We have started in-house support groups that we expect will grow as in previous years at the Santa Paula Clinic. The participants that have joined us at the office are excited that the office is open."

"PyPF had another successful posada with 213 in attendance. They enjoyed the food, piñatas, raffle gifts and entertainment provided by the Chilenas de Oaxaca. It was such an enjoyment to have this yearly event and to see so many participate…"

PROMOTORAS CONEXIÓN PROGRAM

Conclusion and Recommendations

The Promotoras Conexión Program is reaching the population they seek to serve, with the majority of participants identifying as female. The program is working to meet clients' physical and emotional needs through support groups, and referrals to social supports and mental health care when appropriate.

Participants had improved psychological well-being after receiving services, as suggested by their scores on the SOS-10 measure at intake and exit. The majority of individuals who completed the survey also expressed satisfaction with the program and staff, and almost all participants agreed that they would recommend the program to a family member or friend. An area of future improvement may include collecting demographic indicator data from more program participants, particularly for age, race, sexual orientation, veteran identification, and disability.

Mixteco Indigena Community Organizing Project (MICOP)

Mixteco Indigena Community Organizing Project (MICOP) facilitates community-based mental health workshops for the Hispanic/Latino and Indigenous communities of Oxnard, El Rio, and Port Hueneme. The program raises awareness of mental health with a focus on the topic of depression and how it impacts Hispanic/Latino and Indigenous communities. MICOP provides culturally relevant holistic and traditional Indigenous wellness treatments to relieve symptoms of stress, anxiety, and depression. In addition, the program provides referrals and linkages to mental health providers and other services that are culturally and linguistically appropriate. MICOP also conducts outreach to the community to promote program services, distribute mental health educational information, and increase awareness of other local mental health resources.

Program Strategies

Improves timely access to services for underserved Hispanic/Latino and Indigenous communities in Oxnard, El Rio, and Port Hueneme through referrals to culturally and linguistically appropriate services.

Implements non-stigmatizing and non-discriminatory practices by providing culturally relevant Indigenous wellness treatments and workshops, as well as offering cultural competency training to local service providers.

Program Highlights

148 individuals received core program services

7 individuals referred to mental health care and/or social support services

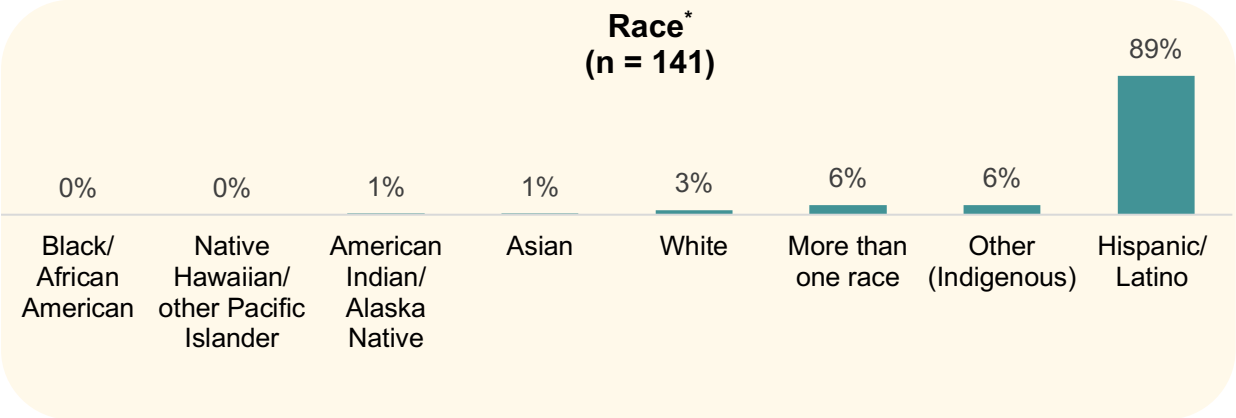
30 individuals reached through outreach events†

†Number of individuals may be duplicated.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Demographic Data

MICOP collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 148 individuals who completed a demographic form.



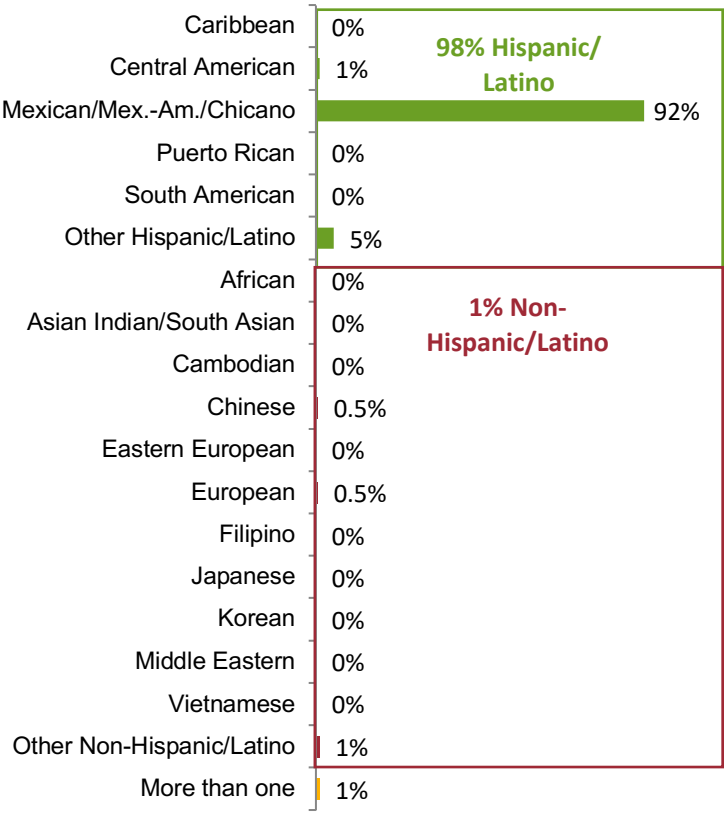
English 25%

Spanish 73%

Indigenous 39%

2 individuals did not answer this question, and 5 selected "decline to answer."

Ethnicity (n = 146)

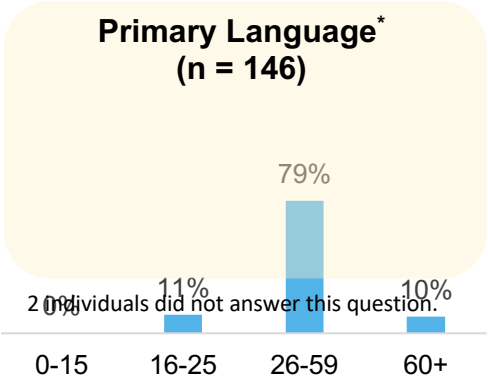


2 individuals did not answer this question.

Age Groups (n = 145)

3 individuals did not answer this question.

Primary Language* (n = 146)



2 individuals did not answer this question.

*Percentages may exceed 100% because participants could choose more than one response option.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

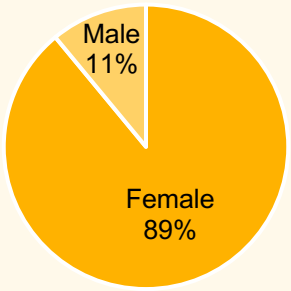
Demographic Data

Current Gender Identity (n = 146)

Female	88%
Male	11%
Transgender	0%
Genderqueer	1%
Questioning or Unsure	0%
Another Gender Identity	0%

2 individuals did not answer this question.

Sex Assigned at Birth (n = 146)



2 individuals did not answer this question.

Sexual Orientation (n = 146)

Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	95%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	0%

2 individuals did not answer this question.

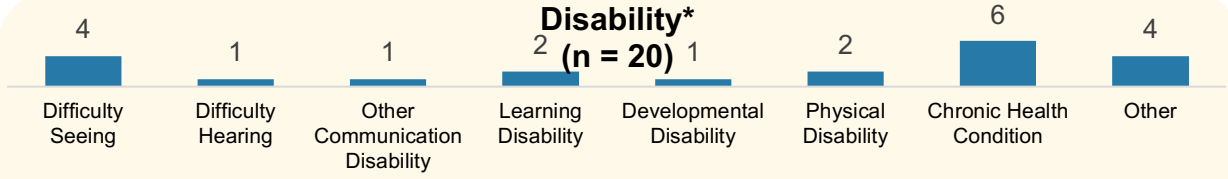
1% of individuals identified as veterans

n = 145; 3 individuals did not answer this question.

14% of individuals reported having one or more disabilities

n = 146; 2 individuals did not answer this question.

Disability* (n = 20)



*4 individuals reported more than one disability, and 2 individuals did not disclose type of disability.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by MICOP program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Indigenous Wellness Treatment Full Moon Circle	8
Mental Health Workshops	9
TOTAL # of Activities/Events	**17**

95 participants in program activities[†]

100% of activities offered in Spanish

Program Outreach

Program outreach includes activities to promote the program in the community, increase awareness of mental health and link community members to mental health resources.

Program Outreach by Type	# Activities/ Events
Presentation	1
TOTAL # of Activities/Events	**1**

30 people reached through outreach events

100% of outreach events conducted in Spanish

[†]Number of people reached may be duplicated because individuals could attend multiple activities/events.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. All referral data highlighted represents 7 unduplicated individuals, who could be referred to multiple services.

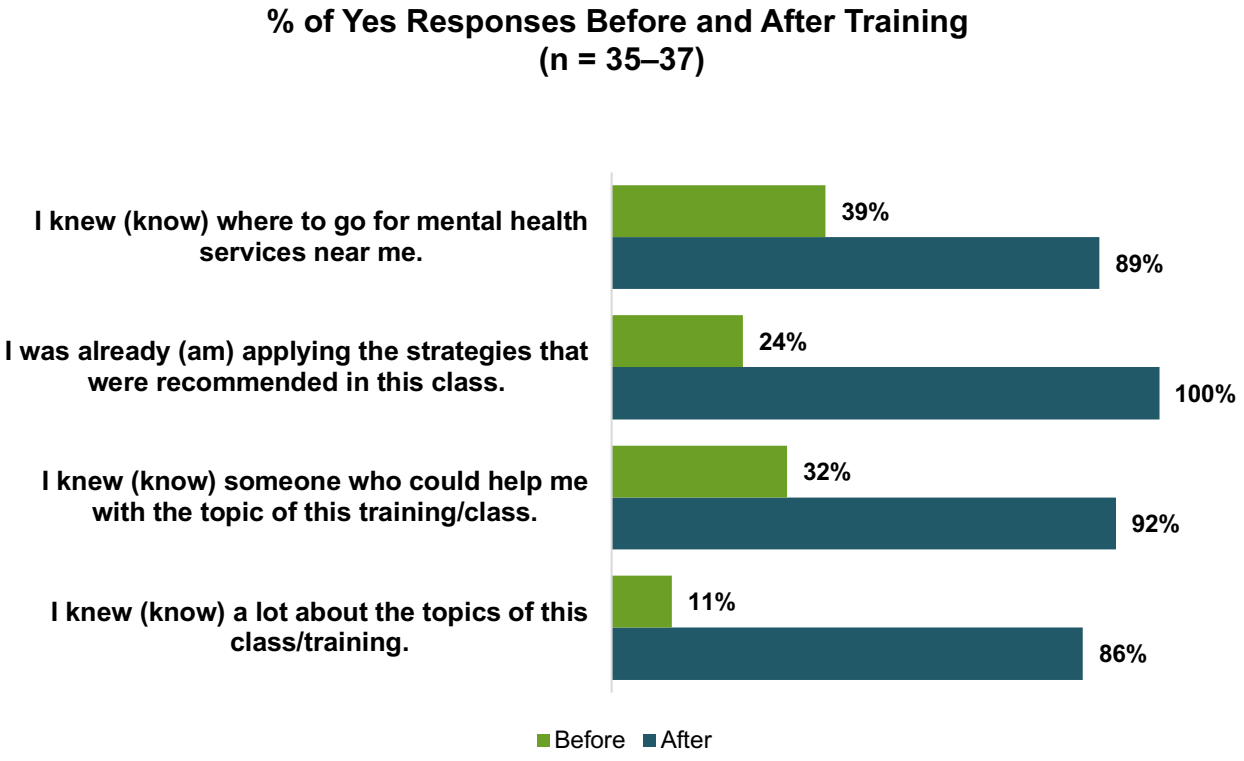
7 individuals referred to mental health care

7 individuals encouraged to access and follow through with services via accompaniment, translation/interpreter, and/or reminder calls

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Outcomes

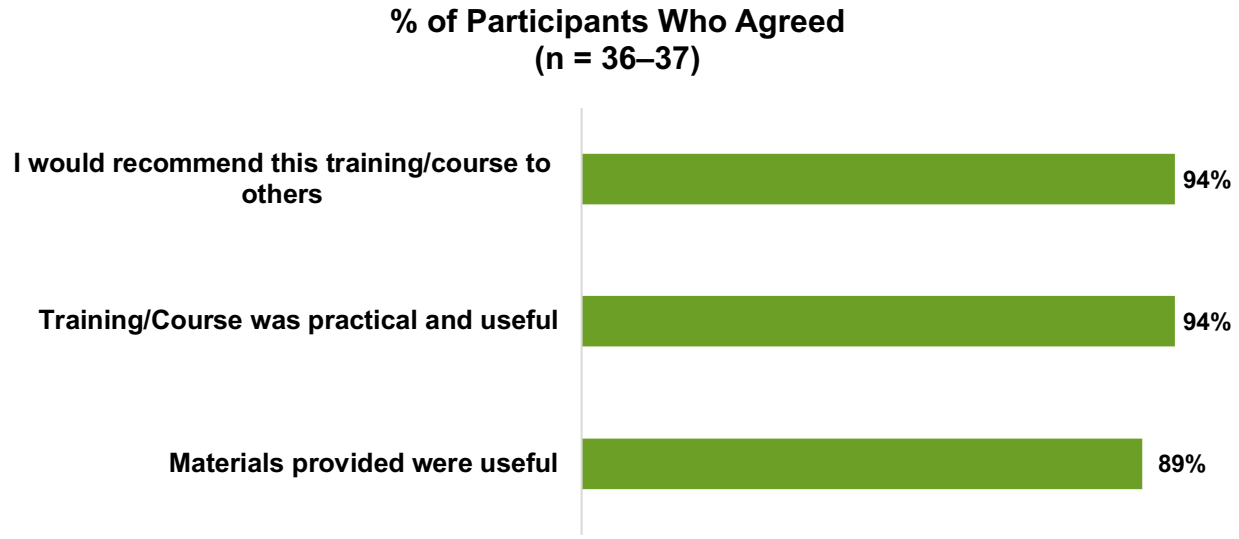
MICOP tracks program outcomes by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they receive services. Survey results are presented in the chart below.



MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Satisfaction

Participants of MICOP were asked to indicate the extent to which they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who strongly agreed or agreed with each statement.



Participants were highly satisfied with MICOP's program.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 58)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	9%
My grades in school	3%
My housing situation	5%
My job situation	17%
My relationships with friends and family	24%
My parenting	7%
Staying out of jail or prison	2%
My mental health	33%
Substance use	0%

Participants reported that the three primary areas of need were help with (1) mental health, (2) relationships with friends and family and (3) job situation.

*Percentages may exceed 100% because participants could choose more than one response option.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Feedback

Participants who received program services from MICOP were asked to provide additional feedback through two open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this program?

(n = 30)

Top 2 Responses

- Staff knowledge and different topics learned (11)
- Having a safe and supportive environment (6)

What would make this program better?

(n = 22)

Top 2 Responses

- More classes with a wider range of topics (9)
- In-person participation (3)

Program Successes

"Participants that have participated in the program have shared with us that these types of treatments have helped them relieve symptoms of anxiety, stress, and depression. They mentioned that they would like to receive more treatment in

"Two of the team members have gotten their Mental Health First Aid Training, and the other two are already enrolled to receive the training and get certified. The whole team has prioritized taking mental

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Conclusion and Recommendations

MICOP is reaching the populations they seek to serve, with the majority of participants identifying as Hispanic/Latino, female, and reporting either Spanish or an Indigenous language as their primary language.

A larger percentage of participants reported having more knowledge after receiving MICOP services than before. Additionally, participants were highly satisfied with services they received. Almost all participants (94%) indicated that they found the program useful and would recommend this program to others. A recommendation may be to increase the number of social support referrals (if needed by the individuals served).

Diversity Collective

Diversity Collective is an affirming and welcoming space for LGBTQ+ youth ages 13 to 23 and their allies. Diversity Collective hosts a weekly support group to discuss mental health and other topics such as suicide prevention, homelessness, consent, and bullying. Diversity Collective also conducts activities such as community outreach presentations, mental health guest speakers, social and advocacy events, discussions with parents of LGBTQ+ youth, and LGBTQ+ Cultural Competency trainings. Additionally, they conduct RISE (Recognize, Intervene, Support, Empower) trainings to Ventura County school and agency staff to spread awareness of sexual assaults and address mental health needs in the LGBTQ+ community. The RISE trainings also fulfill the PEI program category of Stigma and Discrimination Reduction.

Program Strategies

Improves timely access to services for underserved populations by providing social and emotional support and connections to mental health care to LGBTQ+ youth.

Implements non-stigmatizing and non-discriminatory practices by providing LGBTQ+ cultural competency trainings to potential responders and agency staff.

Program Highlights

38 individuals received core program services

10 individuals referred to mental health care and/or social support services

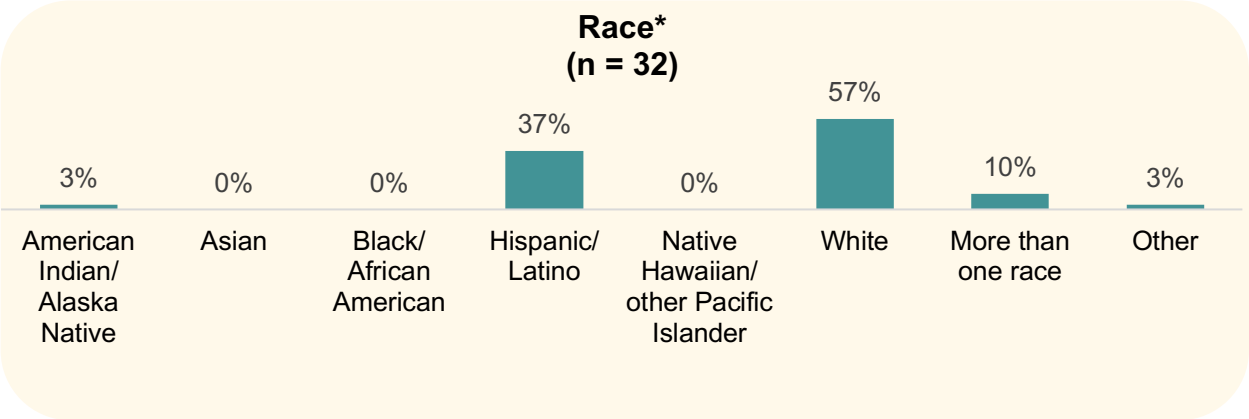
1,651 individuals reached through outreach events[†]

[†]Number of individuals may be duplicated.

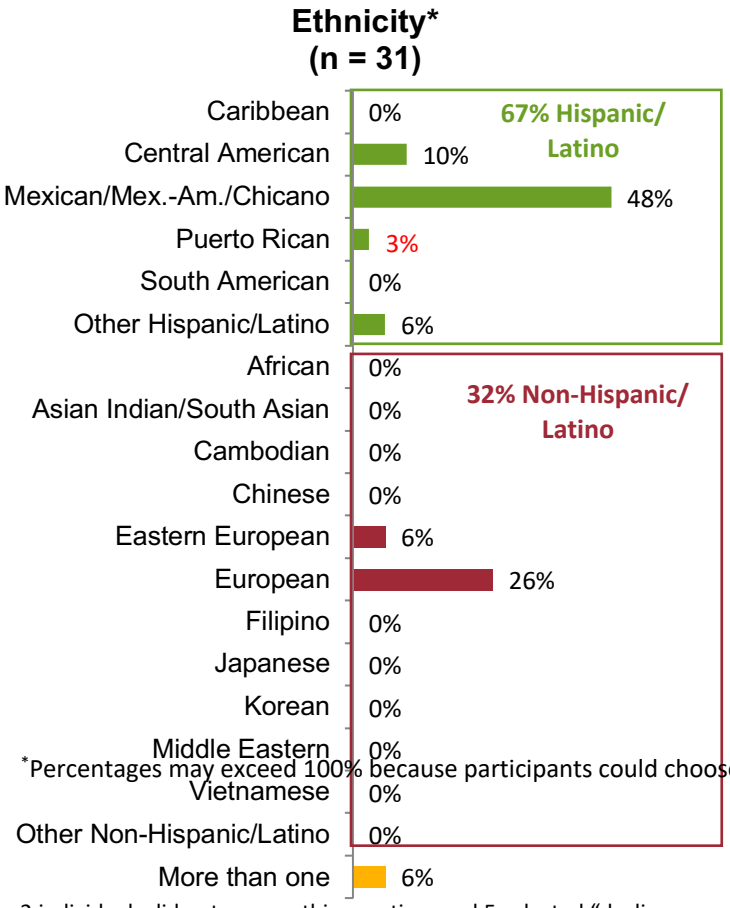
DIVERSITY COLLECTIVE

Demographic Data

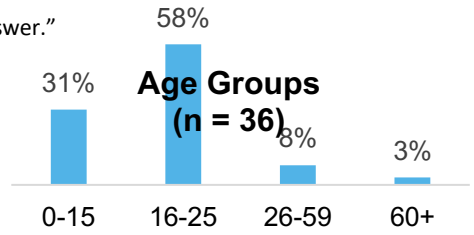
Diversity Collective collects unduplicated demographic data from the individuals they serve and train. Of the 38 individuals who received core program services (youth support groups and RISE LGBTQ+ trainings), all completed a demographic form, and this information is presented below.



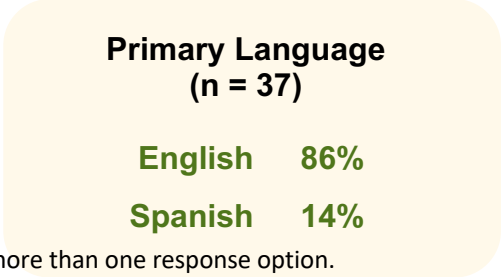
2 individuals did not answer this question, and 4 selected "decline to answer."



2 individuals did not answer this question, and 5 selected "decline to answer."



2 individuals did not answer this question.



1 individual did not answer this question.

*Percentages may exceed 100% because participants could choose more than one response option.

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

DIVERSITY COLLECTIVE

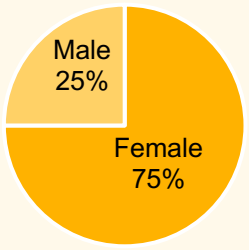
Demographic Data

Current Gender Identity* (n = 30)

Female	40%
Male	50%
Transgender	30%
Genderqueer	0%
Questioning or Unsure	7%
Another Gender Identity	17%

7 individuals did not answer this question, and 1 selected "decline to answer."

Sex Assigned at Birth (n = 24)



6 individuals did not answer this question, and 8 selected "decline to answer."

Sexual Orientation* (n = 34)

Bisexual	24%
Gay or Lesbian	24%
Heterosexual or Straight	18%
Questioning or Unsure	6%
Queer	6%
Another Sexual Orientation	26%

4 individuals did not answer this question.

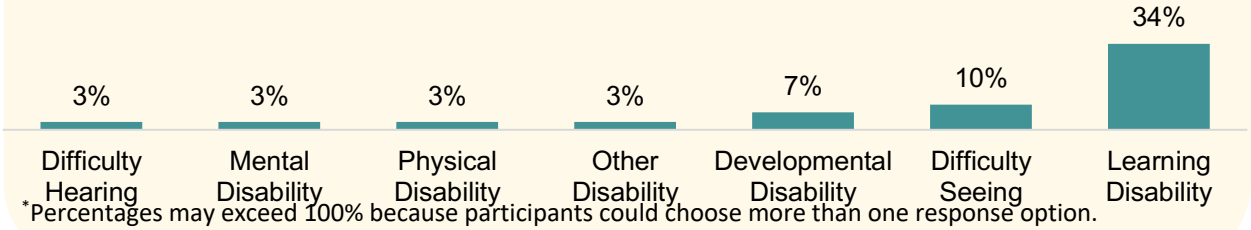
7% of individuals identified as veterans

n= 29; 2 individuals did not answer this question, and 7 selected "decline to answer."

45% of individuals reported having one or more disabilities

n = 29; 4 individuals did not answer this question, and 5 selected "decline to answer."

Disability (n = 29)



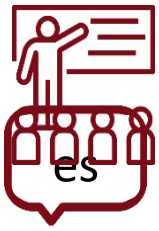
*Percentages may exceed 100% because participants could choose more than one response option.

DIVERSITY COLLECTIVE

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by Diversity Collective program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Field Trip	1
Meeting	9
Mentor Meeting	9
Training/Workshop	11
Support Group	41
TOTAL # of Activities/Events	**71**



452 participants in program activities†

offered in Spanish

Program Outreach

Program Outreach by Type	# Activities/ Events
Education	1
Meeting	1
Presentation	1
Other	1

Community Fair or Event	3
Outreach Misc.	6
TOTAL # of Activities/Events	**13**

Program outreach includes activities to promote Diversity Collective in the community to increase awareness of and linkages to mental health resources.

1,651 people reached through outreach events†

1,091 materials distributed

31% of outreach events conducted in Spanish

†Number of participants/individuals reached may be duplicated because individuals could attend multiple activities/events.

DIVERSITY COLLECTIVE

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA PEI or treatment programs. Diversity Collective also provides referrals to social supports such as food, housing, health insurance, and other support services.

8 individuals referred to mental health care

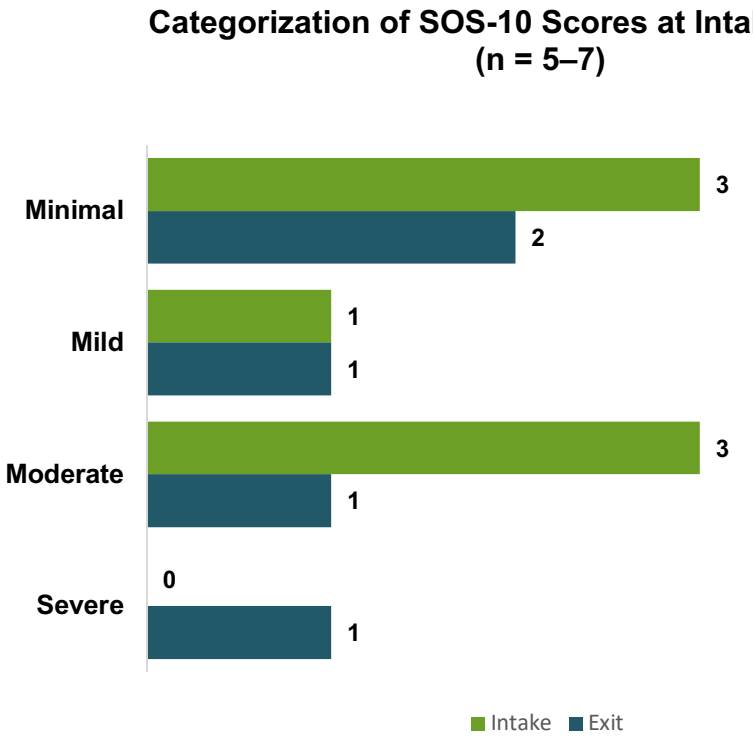
3 individuals referred to one or more social supports

3 total referrals provided to support programs/groups

DIVERSITY COLLECTIVE

Program Outcomes

Diversity Collective tracks outcomes by surveying participants who receive services offered by the organization. Participant outcomes are assessed at two time points (intake and exit) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Comparisons of intake and exit scores are presented in the chart below.



Participants reported experiencing mild levels of distress, on average, across the two time points (Intake: 34.4, Exit: 32.8).

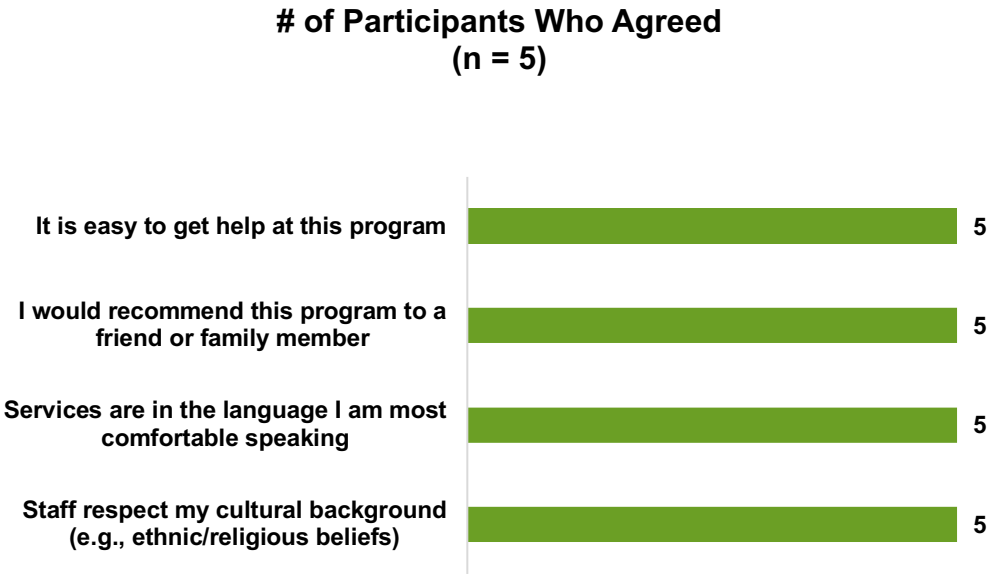
Most participants (3 out of 5) have been receiving services from Diversity Collective for 4 to 6 months.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

DIVERSITY COLLECTIVE

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with the Diversity Collective program and services. The number of participants who agreed or strongly agreed with each statement is shown in the chart below.



All participants were completely satisfied with Diversity Collective's program and staff.

DIVERSITY COLLECTIVE

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the number of participants who indicated they needed help in each area.

# of Participants Who Need Support*
(n = 5)

Before I attended this program, I wanted help with…	# of Participants
My school attendance	0
My grades in school	0
My housing situation	0
My job situation	0
My relationships with friends and family	2
My parenting	0
Staying out of jail or prison	0
My mental health	4
Substance use	0

Participants reported that the two primary areas of need were help with (1) mental health and (2) relationships with friends and family.

*Total count may exceed number of participants because they could choose more than one response option.

DIVERSITY COLLECTIVE

Program Feedback

Participants who received Diversity Collective services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 5)

Top 3 Responses

- Resources (2)
- Welcoming people (2)
- Making new friends (1)

What are your recommendations for improvement?

(n = 4)

Top 4 Responses

- Transgender-related content (1)
- More community service options (1)
- Field trips (1)
- None (1)

Program Successes

"One of our members started their medical transition and we celebrated shortly after group."

"One participant shared that since they started attending the program they were able to get connected with other clubs (GSA) and students at their school, and reported doing well."

DIVERSITY COLLECTIVE

Conclusion and Recommendations

Diversity Collective is reaching the population they seek to serve, with the majority of participants identifying as LGBTQ+ youth. Diversity Collective is working to meet their participants' emotional needs through referrals to social supports and mental health care. The program more than doubled the number of individuals reached through outreach events from last year.

All participants who completed outcome surveys reported that they were satisfied with the program and would recommend it to others. One area of future improvement may include increasing the number of completed outcome surveys to better highlight the program's impact.

Tri-County GLAD

Tri-County GLAD serves Deaf and Hard of Hearing (DHH) individuals of all ages. The program offers educational workshops and trainings about mental health topics and provides community organizations with information on the particular mental health needs of the DHH community. Tri-County GLAD also provides referrals to mental health care and hosts a mental health task force.

Program Strategies

Increases recognition of early signs of mental illness by providing trainings to educators and other potential responders.

Implements non-stigmatizing and non-discriminatory practices by dispelling myths about DHH individuals and sharing information about DHH in English and Spanish.

Program Highlights

31 individuals received core program services

31 individuals referred to mental health care and/or social support services

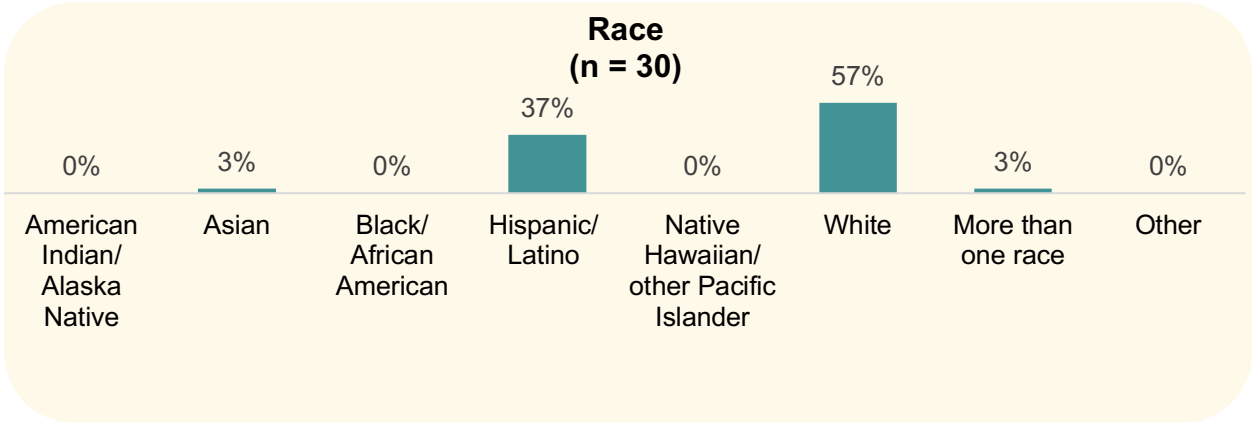
8 individuals reached through outreach events[†]

[†]Number of individuals may be duplicated.

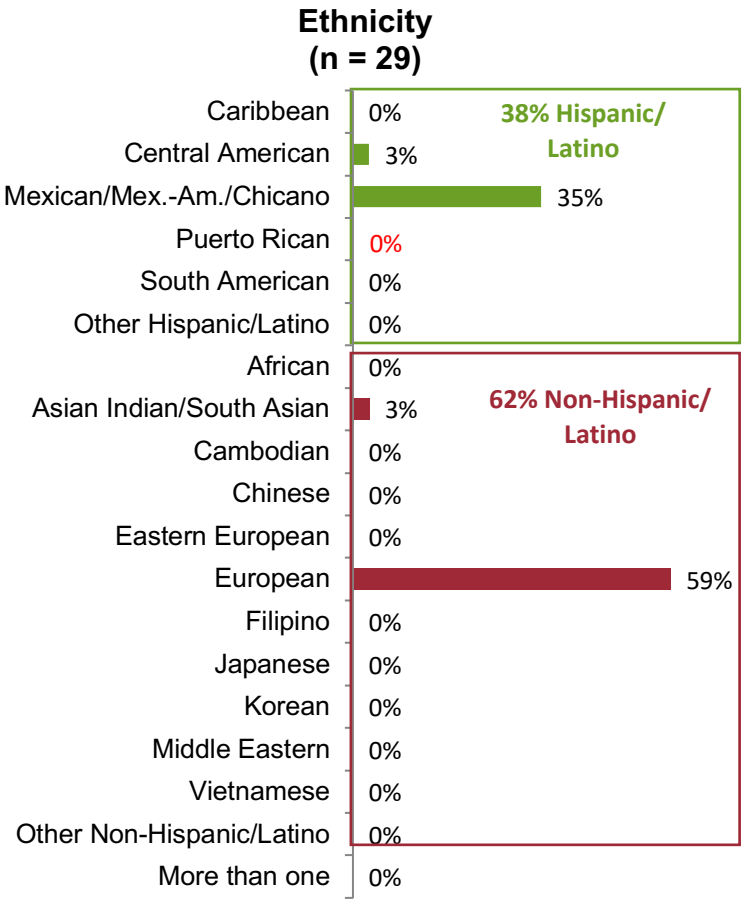
TRI-COUNTY GLAD

Demographic Data

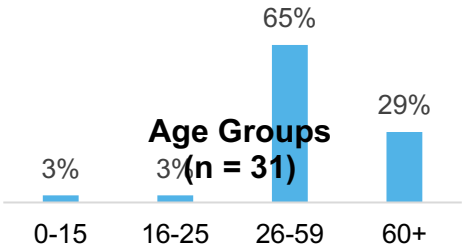
Tri-County GLAD collects unduplicated data from the individuals they serve. Data in this section represents information from 31 individuals who completed a demographic form.



1 individual selected "decline to answer."



2 individuals selected "decline to answer."



Primary Language
(n = 31)

100% of individuals selected "Another Language"

TRI-COUNTY GLAD

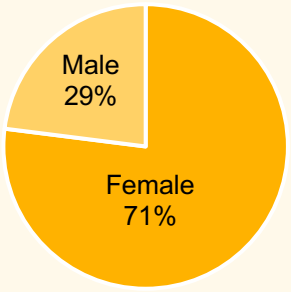
Demographic Data

Current Gender Identity (n = 30)

100% of individuals declined to answer

1 individual did not answer this question

Sex Assigned at Birth (n = 31)



Sexual Orientation (n = 31)

100% of individuals declined to answer

0% of individuals identified as veterans

n = 31

100% of individuals reported having a hearing disability

5% of individuals reported having one or more disabilities

n = 30; 1 individual did not answer this question; none selected "decline to answer."

TRI-COUNTY GLAD

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Other	2
Training/Workshop	20
TOTAL # of Activities/Events	**22**

314 participants in program activities†

100% of program activities offered in American Sign Language

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Tri-County GLAD provided one referral to mental health care services during FY 2021–2022. Referrals to social supports such as food, housing, health insurance, and other support services were provided to 31 individuals.

1 individual referred to mental health care

31 individuals referred to one or more social supports

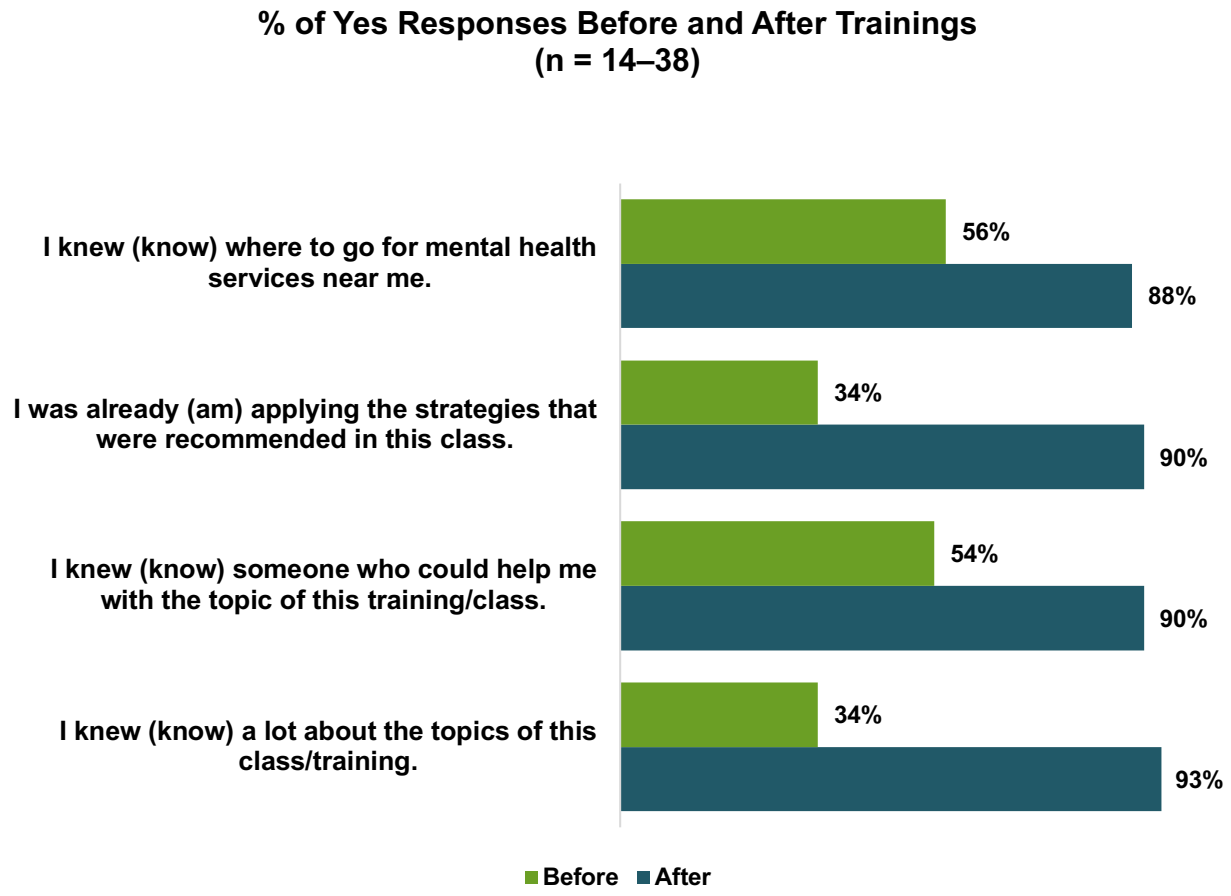
48 total social support referrals provided, 31 of which provided advocacy services

[†]Number of participants/individuals reached may be duplicated because individuals could attend multiple activities/events.

TRI-COUNTY GLAD

Program Outcomes

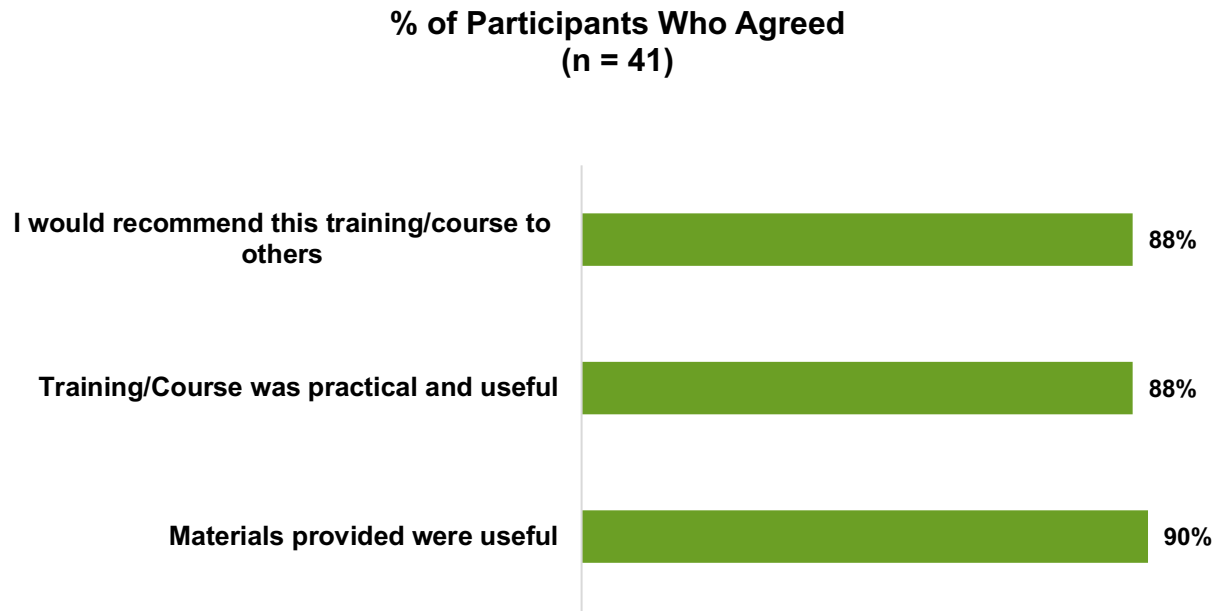
Tri-County GLAD tracks program outcomes by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they received services. Survey results are presented in the table below.



TRI-COUNTY GLAD

Program Satisfaction

Participants and trainees in Tri-County GLAD services were asked to indicate the extent to which they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who strongly agreed or agreed with each statement.



Participants were highly satisfied with Tri-County GLAD's trainings/courses.

TRI-COUNTY GLAD

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 42)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	5%
My grades in school	2%
My housing situation	7%
My job situation	24%
My relationships with friends and family	26%
My parenting	10%
Staying out of jail or prison	0%
My mental health	26%
Substance use	0%

Participants reported that the three primary areas of need were help with (1) relationships with friends and family, (2) mental health, and (3) job situation.

*Percentages may exceed 100% because participants could choose more than one response option.

TRI-COUNTY GLAD

Program Feedback

Participants were asked to provide additional feedback through two open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this program?

(n = 31)

Top 2 Responses

- Learning and understanding about members of the deaf community (11)
- Information and resources on how to help others (12)

What are your recommendations for improvement?

(n = 28)

The top recommendation was to have more in-person presentations (6)

Almost half of participants (46%) indicated that no improvements were necessary.

Program Successes

"We hosted a PEI Workshop Reunion Potluck event at Cabrillo Economic Development Corporation cafeteria in Ventura. Fourteen alumni participants from the past 3 years brought their favorite potluck dishes to share the food. Director Hal Suddreth and Dr. Tomas Garcia, a deaf psychologist, gave their presentations about the new plans for next fiscal year."

"We provided a virtual Mental Health presentation with staff members from Mixteco Indigena Community Organizing Project (MICOP). Interpretation in Spanish and ASL was provided for the presentation. Forty-eight staff members attended. The goal of 10 Mental Health presentations was met for FY21–22."

TRI-COUNTY GLAD

Conclusion and Recommendations

Tri-County GLAD reaches the DHH community through educational workshops. They also serve the DHH community by providing cultural competency trainings for community members and organizations. These trainings aim to increase awareness of the DHH community, dispel myths about DHH individuals, reduce stigma, and inform community members about available DHH resources.

Participants indicated that they had greater knowledge after Tri-County GLAD's trainings/workshops than they did before (e.g., where to go for mental health services, recommended strategies). Additionally, participants found the trainings and related materials to be useful and would recommend the trainings to others.

An area of future improvement might be to increase outreach and engagement (e.g., community fair or event). Another recommendation is to increase collection of demographic information (sexual orientation, veteran identification, and current gender identity) to align with MHSOAC regulations.

Wellness Everyday

Idea Engineering, Inc.

Wellness Everyday provides universal prevention messaging regarding mental health throughout Ventura County, via traditional and digital media channels. The *Wellness Everyday/Salud Siempre* website, available in English and Spanish, provides educational information about mental health and wellness and suicide prevention, as well as contact/referral information for local resources/supports (including some MHSA-funded programs).

Program Strategies

Distributes mental health and wellness advertisements in English and Spanish through both traditional media such as radio, transit and newspapers, and digital media such as social media advertising and targeted website advertisements.

Provides mental health and wellness information and resources in English and Spanish through the *Wellness Everyday/Salud Siempre* website.

PROGRAM HIGHLIGHTS‡

21,121 *Wellness Everyday/Salud Siempre* website users*

13 social and digital media campaigns delivered in English and/or Spanish

13,289 clicks on English and Spanish digital advertisements*

‡This program does not provide referral information.

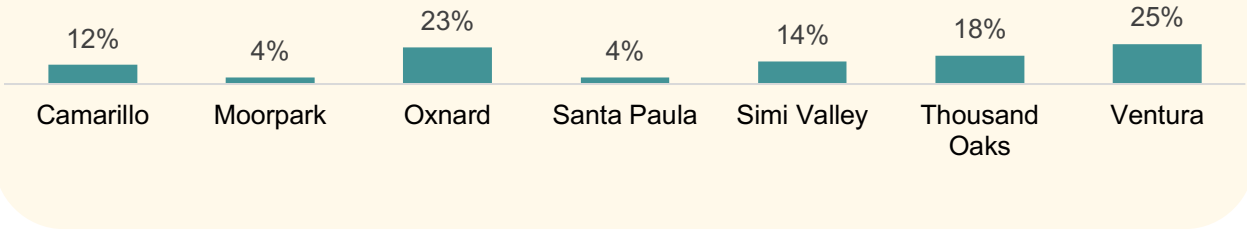
*May include duplicate users.

WELLNESS EVERYDAY

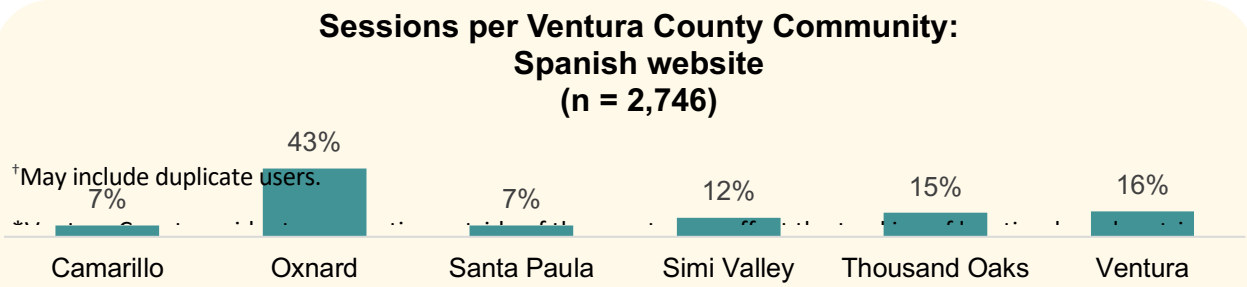
DEMOGRAPHIC DATA†

The *Wellness Everyday/Salud Siempre* website is not able to capture detailed demographic data about users. In lieu of standardized demographic information aligned with PEI regulations, data about geographic location (note that website traffic reports include all of California) and device type are presented for FY 2021–2022 website sessions. Data are presented separately for the English and Spanish versions of the website.

At least 76% of all English website sessions were accessed by an individual while in Ventura County*



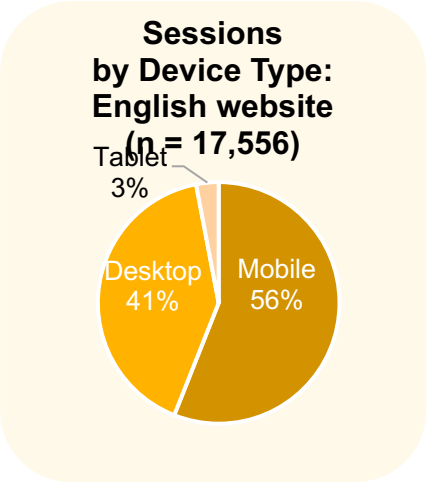
At least 65% of all Spanish website sessions were accessed by an individual while in Ventura County*

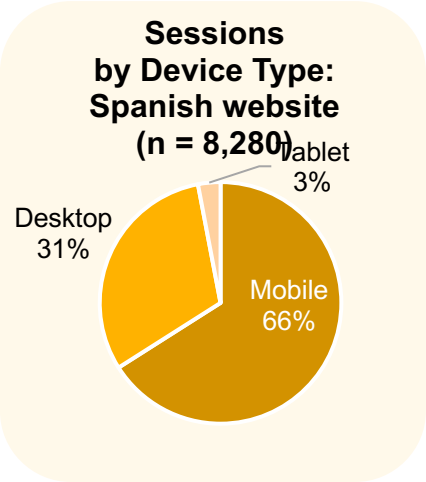


†May include duplicate users.

WELLNESS EVERYDAY

Website Sessions





Website Traffic

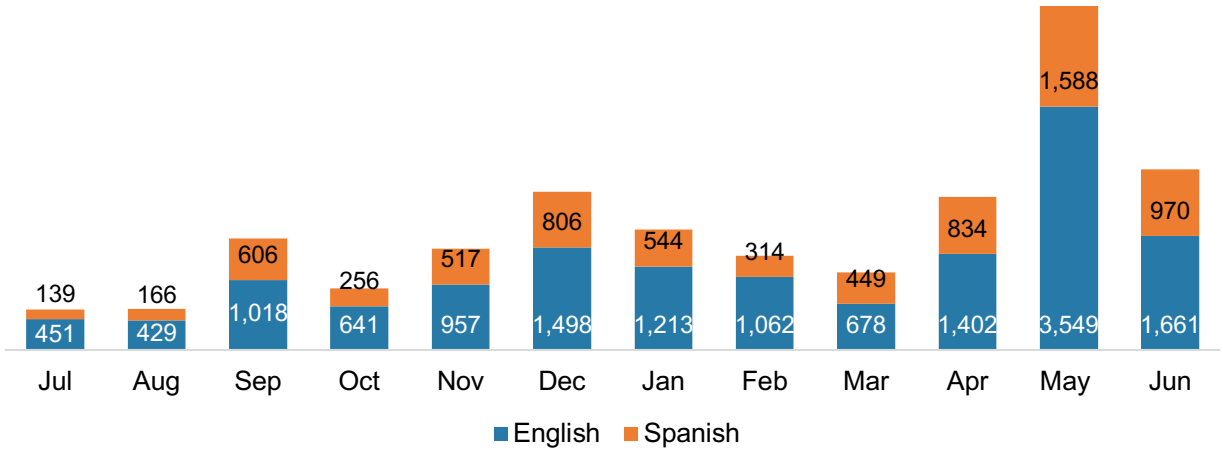
en

14,013 people visited the English website in FY 21–22

es

7,108 people visited the Spanish website in FY 21–22

Website Users by Month



Monthly totals reflect an estimated number of users for each month. These would include any duplicate users who visited the site on different months.

WELLNESS EVERYDAY

Digital Advertisements

More than 2.1 M English

More than 1.3 M Spanish advertisements were on screen†

7,458 English advertisements were clicked*

5,831 Spanish advertisements were clicked*

†May include duplicate viewers who saw multiple campaigns or viewed the advertisements on screen more than once. Estimated number of people viewing ads is not available for all digital media channels.

*Clicks led to the *Wellness Everyday/Salud Siempre* website or to online registration for community events.

Conclusion and Recommendations

Wellness Everyday reaches Ventura County residents and the broader community through its website and media advertisement campaigns. The website and media campaigns provide targeted topical information such as coping with stressful events (e.g., COVID pandemic, tragic events, holidays) and suicide prevention to multiple age groups.

Outcome and satisfaction data are not collected for this program. However, available metrics suggest that Ventura County community members turn to *Wellness Everyday/Salud Siempre* for guidance on mental and behavioral health and respond positively to the media advertisements.

The choice of digital media channel is dependent on the overall media strategy and the purpose of the campaign; some campaigns prioritize reach and impressions in order to disseminate important information and messaging, while other campaigns are more appropriate for social media, where people can interact with advertisements, share them, and comment on them.

Wellness Everyday/Salud Siempre website traffic data and the digital media campaign metrics are examined on a regular basis to ensure that at-risk groups are receiving culturally and linguistically appropriate information. Additionally, website/advertising campaign messages are customized to make them appealing to and useful for those audiences. Sustained monitoring and quality improvement efforts continue to ensure that Ventura County residents have online access to beneficial mental health and wellness information.

Early Intervention

The purpose of the Early Intervention component of MHSA is to intervene early in the emergence of symptoms of mental illness to reduce negative outcomes and foster positive recovery and functional outcomes. Ventura County funds three Early Intervention programs that provide crisis stabilization, family support, group and individual therapy, assessment and screening, educational and vocational services, and outreach and education. These Early Intervention services promote wellness, foster health, and prevent suffering that can result from untreated mental illness. Early Intervention programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 664 individuals were served in Early Intervention programs in FY 2021–2022.

Early Intervention programs, COMPASS and VCPOP, primarily provided services to individuals ages 25 and under, which is also a priority population for Prevention and Early Intervention programs. Additionally, both youth and adult program participants in Primary Care Program saw decreases in their depression and anxiety symptom severity scores.

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.

664 individuals received core program services

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Early Intervention Programs: Demographics of Participants

Ethnicity[§]	(n = 522)
Hispanic	84%
Non-Hispanic	16%
More than one ethnicity	0%
Declined to answer: 1	

Age[§]	(n = 265)
0–15	3%
16–25	97%
26–59	0%
60+	0%
Declined to answer: 14	

Primary Language	(n = 660)
English	56%
Spanish	37%
Indigenous	3%
Other	4%
Declined to answer: 0	

Sex Assigned at Birth	(n = 662)
Female	65%
Male	35%
Declined to answer: 7	

Sexual Orientation[‡]	(n = 274)
Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	0%
Another sexual orientation	0%
Declined to answer: 1	

Hispanic Ethnicities^[§]			(n = 169)
Mexican	56%	South American	0%
Central American	0%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	43%

Non-Hispanic Ethnicities^[§]			(n = 58)
African	0%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	0%
Eastern European	0%	European	0%
Filipino	3%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	97%

Race	(n = 584)
American Indian/Alaska Native	0%
Asian	1%
Black/African American	2%
Hispanic/Latino	0%
Native Hawaiian/Pacific Islander	0%
White	72%
Other	25%
More than one	1%
Declined to answer: 0	

Current Gender Identity[‡]	(n = 153)
Female	88%
Male	12%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 1	

City of Residence					(n = 664)
Camarillo	0%	Fillmore	0%	Moorpark	1%
Newbury Park	0%	Oak Park	0%	Ojai	1%
Oxnard	72%	Piru	0%	Port Hueneme	0%
Santa Paula	0%	Simi Valley	5%	Thousand Oaks	9%
Ventura	5%	Other	7%		

[§]Age and Ethnicity data were not reported for Primary Care Program.

[‡]Current gender identity and sexual orientation data were not reported for COMPASS and VCPOP.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

COMPASS.

Seneca Family of Agencies

Comprehensive Assessment and Stabilization Services (COMPASS) is a short-term residential program offered as part of the continuum of care for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. This program provides comprehensive clinical services to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community. Services include individual and family therapy, case management, psychiatric care, medication support and assessment. The goals of the program are to provide safety and containment while identifying the determinants of the current crisis, assist youth and caregivers in the development of alternative skills and replacement behaviors, create comprehensive aftercare plans that include community linkages, and provide in-depth evaluations that will guide treatment and/or placement decisions along with long-term treatment recommendations. A psychiatrist or tele-psychiatrist is on call 24/7.

Program Strategies

Increases access and linkage to treatment for youth with severe mental illness by stabilizing those in crisis and providing mental health care.

Improves timely access to services for underserved populations by focusing on youth in an essential window of time to prevent and intervene in mental illness.

PROGRAM HIGHLIGHTS‡

12 individuals received core program services

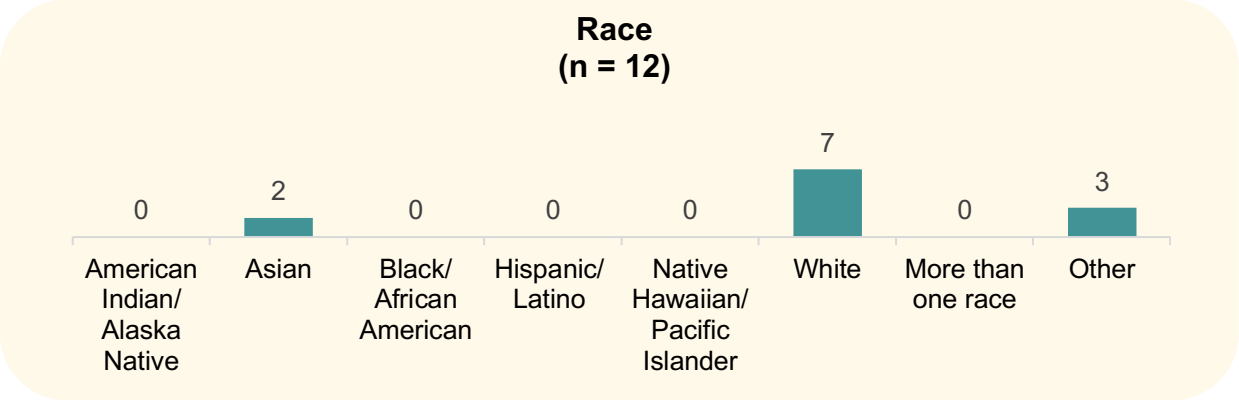
35 days, average length of stay

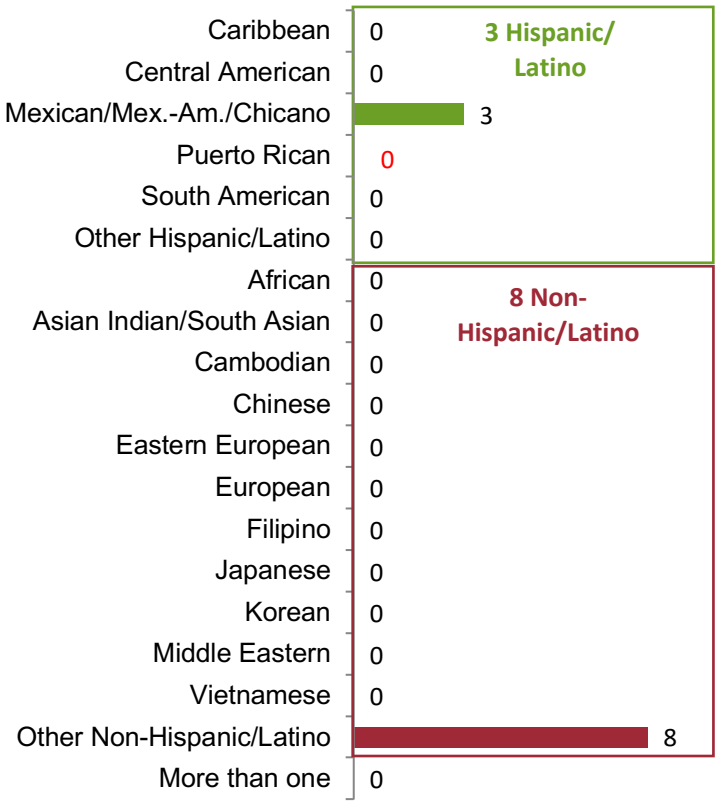
‡This program did not provide referrals.

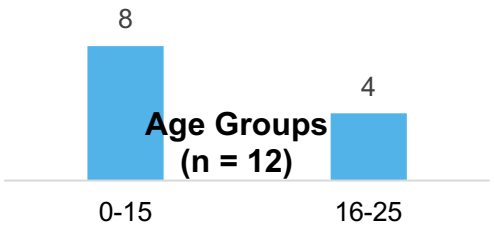
COMPASS

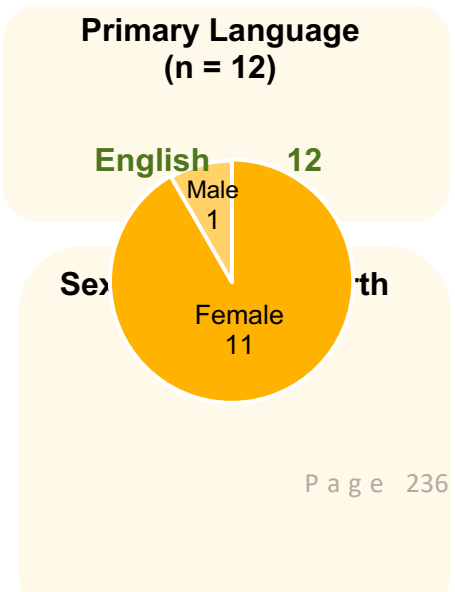
Demographic Data

COMPASS collects unduplicated demographic data from the individuals they serve. Demographic data in this section represent 12 individuals whose information was entered into Avatar. Demographic data were not collected for current gender identity, veteran status, and disabilities.









COMPASS

Program Activities

COMPASS provides program activities including mental and behavioral health assessments, case management, and long-term plan development. A list of activities and the number of times each activity was provided are presented in the table below.

Program Activities by Type	# Activities/Events
Assessments/Evaluation	15
Case Management	29
Collateral Meetings	57
Mental Health Evaluation and Management	42
Individual Therapy	33
Medication Management	12
Plan Development	30
Psychotherapy	127
Rehab Service	431
TOTAL # of Activities/Events	**776**

Conclusion and Recommendations

COMPASS continues to reach the population they seek to serve, with all participants being youth ages 12 to 17. The two beds at COMPASS are typically full at all times, demonstrating the need for this important service. The program intervenes early in a mental health crisis to provide youth with a sustainable plan for treatment and support. In future fiscal years, COMPASS could track program outcomes by surveying participants and their families at intake and discharge.

Primary Care Program

Clinicas del Camino Real, Inc.

Primary Care Program provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers. Primary Care Program works with clients ages 12 and older who may be experiencing depression and/or anxiety and is able to refer them to appropriate mental health services in a timely manner. They can also provide immediate interventions to reduce clients' risks of developing other severe mental health conditions. Additionally, the program provides evidence-based services to individuals who would otherwise not have access by delivering services at multiple locations throughout Ventura County, with the goal of increasing service access to underserved populations including those who do not have reliable transportation.

Program Strategies

Provides access and linkage to services through screening assessment, referrals to appropriate treatment, and care coordination.

Improves timely access to services for underserved populations by providing services at 15 different locations across the county.

PROGRAM HIGHLIGHTS§

399 individuals received core program services

8.9 point decrease in average participant depression severity scores on the PHQ-9 measure

7.3

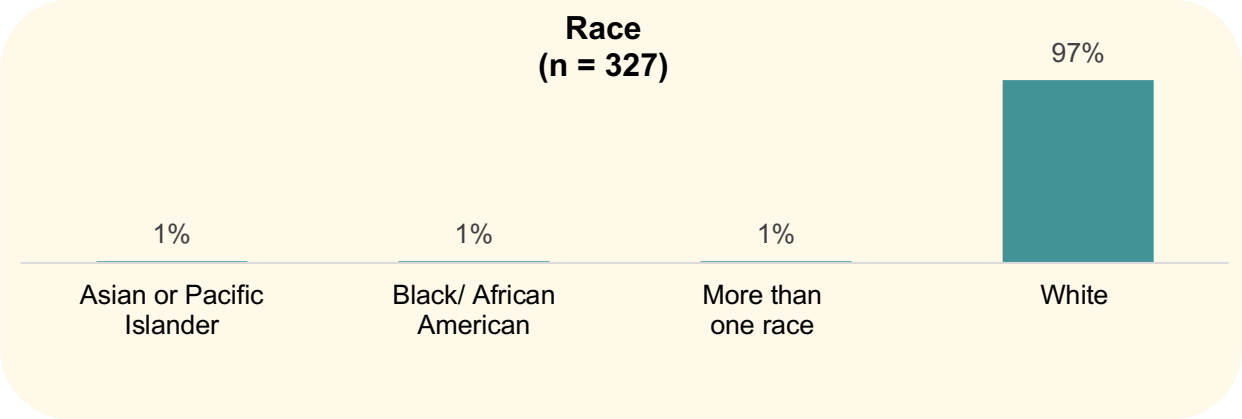
point decrease in average participant anxiety severity scores on the GAD measure

[§]This program made community referrals, but those were not included in the data collection.

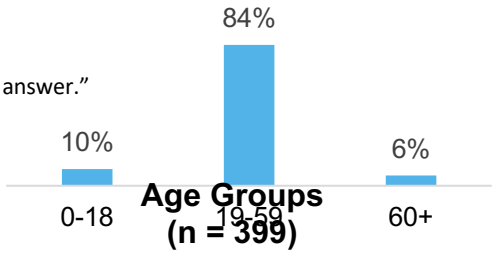
PRIMARY CARE PROGRAM

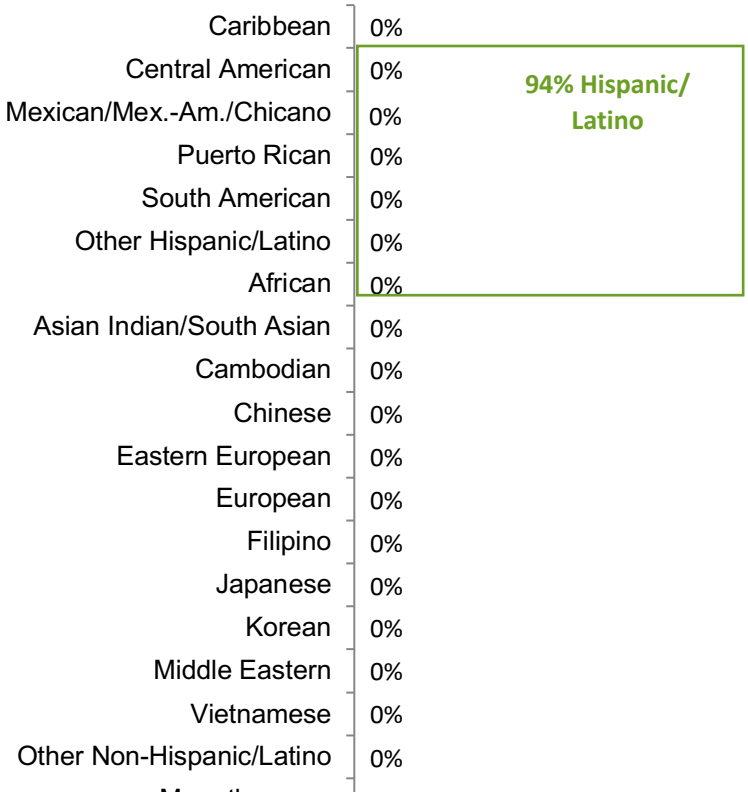
Demographic Data

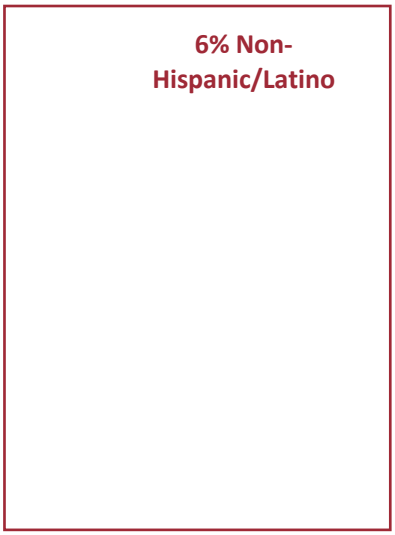
Primary Care Program collects unduplicated demographic data from the individuals they serve. Data presented in this section represents information provided by the 399 individuals who completed a MHSA-compliant demographic form in FY 2021–2022.



72 individuals did not answer this question; none selected "decline to answer."







Primary Language
(n = 399)

English	35%
Spanish	11%
Indigenous	5%
Other	0%

111 individuals did not answer this question; none selected "decline to answer."

*Percentages may exceed 100% because participants could choose more than one response option.

^Data for sub-categories of ethnicity were not available.

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

PRIMARY CARE PROGRAM

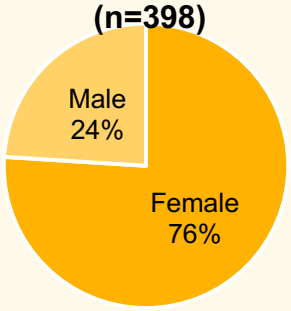
Demographic Data

Current Gender Identity (n = 153)

Female	88%
Male	12%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

245 individuals did not answer this question, and 1 selected "decline to answer."

Sex Assigned at Birth (n=398)



1 individual did not answer this question.

Sexual Orientation (n = 278)

Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	96%
Queer	0%
Another Sexual Orientation/Don't know	1%

120 individuals did not answer this question and 1 selected "decline to answer."

1 individual identified as a veteran

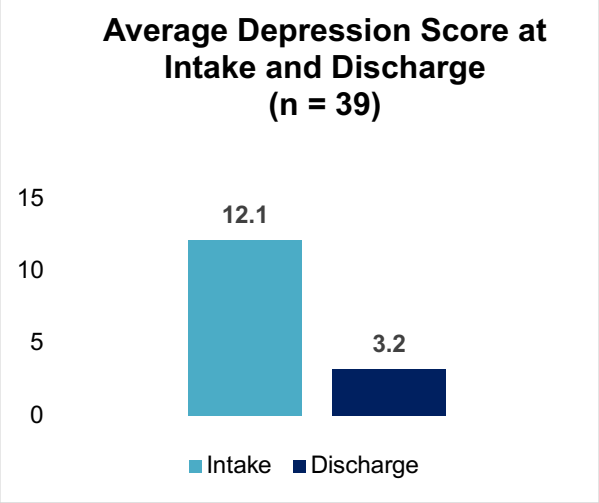
n = 396; 3 individuals did not answer this question; none selected "decline to answer."

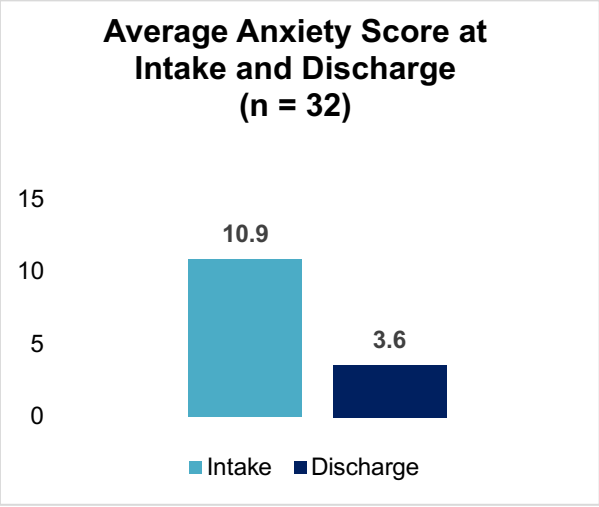
PRIMARY CARE PROGRAM

Program Outcomes

Primary Care Program tracks outcomes using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder scale (GAD-7) as measures of depression and generalized anxiety, respectively. Average scores across participants at intake and discharge are summarized below for patients discharged from services in FY 2021–2022.

- At intake, average PHQ-9 scores suggest that, overall, participants had moderate levels of depression, but at discharge there were minimal to no levels of depression. Participants experienced an 8.9-point decrease in depression symptoms.
- At intake, average GAD-7 scores suggest that, overall, participants had moderate levels of anxiety, but at discharge there were minimum to no levels of anxiety. Participants experienced a 7.3-point decrease in anxiety symptoms.





PRIMARY CARE PROGRAM

Conclusion and Recommendations

In FY 2021–2022, Primary Care Program served 399 individuals. The program serves patients across the county, including the Ojai, Santa Clara, and Conejo communities, which have limited opportunities for such programs in comparison to other areas of the county. By offering 15 service sites, Primary Care Program reaches a large and diverse participant population.

Further, average participant scores on both PHQ-9 and GAD-7 measures decreased from intake to discharge, suggesting that depression and anxiety symptoms decreased as a result of Primary Care Program services. However, data should be interpreted with caution as intake and discharge data were not matched at the participant level and tests of statistical significance were not applied given small sample sizes. Data may also not be representative of the experiences of all program participants given the lower sample sizes of individuals who completed the PHQ-9 and GAD-7 compared to the total number of fiscal year participants.

An area of future improvement may include increasing response rates on forms collecting demographic data such as race, ethnicity, age, disability, sexual orientation, and current gender identity (though the program recognizes that providing demographic information is voluntary).

Ventura County Power Over Prodromal Psychosis (VCPOP)

Ventura County Behavioral Health (VCBH)

Ventura County Power Over Prodromal Psychosis (VCPOP, formerly EDIPP) conducts community outreach and education to community members about early warning signs of psychosis, and 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.

Program Strategies

Provides intensive support and education to individuals and their support systems to reduce stress and manage symptoms.

Increases recognition of early signs of psychosis through outreach and trainings to community members including school staff, clinicians, spiritual leaders, and police.

PROGRAM HIGHLIGHTS‡

253 individuals received core program services

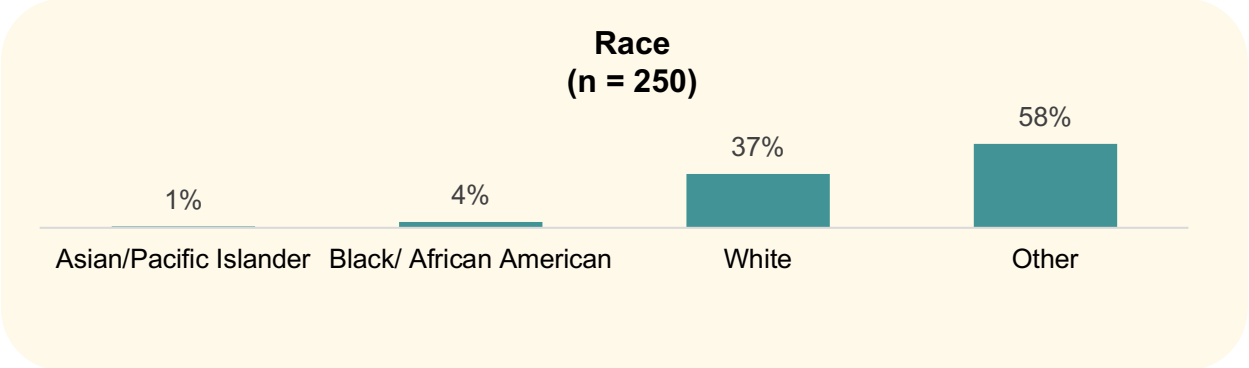
282 days, average length of stay

‡This program did not provide referrals.

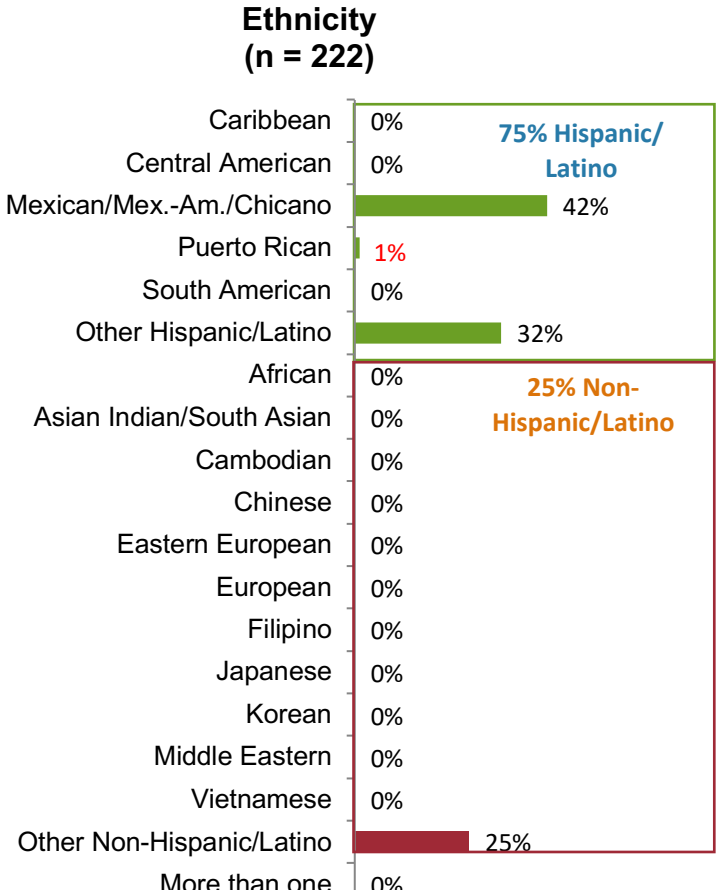
VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

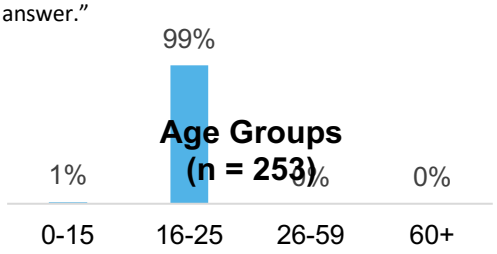
Demographic Data

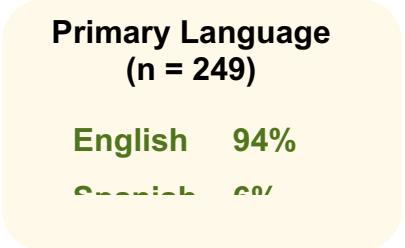
VCPOP collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents information provided by the 253 individuals who received core program services. Demographic data were not collected for veteran status and disabilities.



3 individuals did not answer this question; none selected "decline to answer."



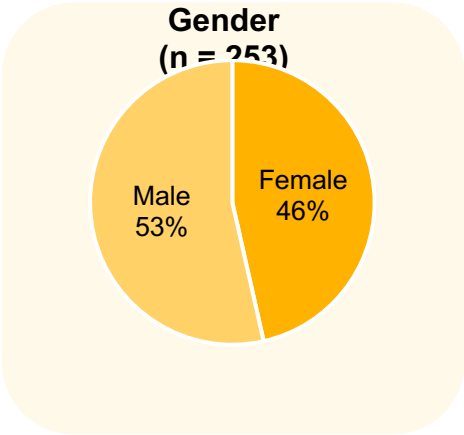




4 individuals did not answer this question.

VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

Demographic Data



Sexual Orientation (n = 30)	
Bisexual	6
Gay or Lesbian	1
Heterosexual or Straight	22
Queer	0
Questioning or Unsure	1
Another Sexual Orientation	0

1 individual identified as transgender.

200 individuals did not answer this question, and 21 selected "decline to answer." 2 individuals identified as transgender.

VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

Program Activities

VCPOP provides program activities including mental and behavioral health assessments, case management, and long-term plan development. A list of activities and the number of times each activity was provided are presented in the table below.

Program Activities by Type	# Activities/Events
Assessments/Evaluation	28
Case Management	873
Collateral Meetings	622
Crisis Intervention	117
Mental Health Evaluation and Management	440
Individual/Group Therapy	520
Intensive Care Coordination	55
Medication Management	691
Psychotherapy	588
Plan Development	273
No-Show/Outreach	1,226
Paperwork Completion	933
Rehab	208
Targeted Case Management	50
Transportation/Travel	30
Whatever It Takes Support	13
Interpretation	1
TOTAL # of Activities/Events	**6,668**

VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

Conclusion and Recommendations

VCPOP primarily serves Transitional Age Youth (TAY) and provides this population with a wide range of services and supports. An area of improvement for the future may include increasing collection of demographic data in compliance with MHSA regulations (e.g., ethnicity, disability status) and implementing outcome and satisfaction surveys to illustrate program success and participant outcomes.

OTHER PEI Programs

The programs under Other PEI Programs encompass the core program categories of Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction, as well as Suicide Prevention (optional) and Improving Timely Access to Services for Underserved Populations (optional) programs. All programs in this section focus primarily on training potential first responders—including educators, students, law enforcement personnel, first responders, people with lived experience, and other community members—about ways to recognize and respond effectively to early signs of mental illness. Programs also seek to combat negative perceptions about, misinformation, and/or stigma associated with having a mental illness or seeking help for mental illness.

Although each PEI program varies in its focus and scope, all programs that provided outcome data reported high ratings among trainees around the usefulness and satisfaction with the trainings they received. Similarly, these programs also tended to have illustrative qualitative data in the form of quotes from trainees as well as success stories that supported the high ratings received from trainees.

A total of 2,476 individuals were served by Other PEI Programs during FY 2021-2022. Other PEI Programs include the following program categories:

Outreach for Increasing Recognition of Early Signs of Mental Illness programs train potential responders to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Access and Linkage to Treatment programs connect individuals with severe mental illness to medical care and treatment as early in the onset of these conditions as practicable. These programs focus on screening, assessment, referral, telephone help lines, and mobile response.

Stigma and Discrimination Reduction programs reduce negative attitudes, beliefs, stereotypes, and discrimination toward those with mental illness or seeking mental health services and increase dignity, inclusion, and equity for individuals with mental illness and their families.

Suicide Prevention programs provide organized activities to prevent suicide as a consequence of mental illness.

Other PEI Program Descriptions

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.

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.

La CLAve Education and Training: Trains potential Ventura County Behavioral Health (VCBH) staff and community collaborators to deliver an evidence-based workshop that targets the Latino community in Ventura County to identify symptoms of serious mental illness and assist them in seeking services for early treatment.

Rapid Integrated Support & Engagement (RISE): Offers field-based connections to mental health assessment and treatment as well as case management.

2,476 individuals received core program services

VENTURA COUNTY BEHAVIORAL HEALTH
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Other PEI Programs: Demographics of Participants[§]

Ethnicity*	(n = 1,946)
Hispanic	82%
Non-Hispanic	18%
More than one ethnicity	0%
Declined to answer: 513	

Age[§]	(n = 2,424)
0–15	50%
16–25	17%
26–59	29%
60+	4%
Declined to answer: 3	

Primary Language*	(n = 2,443)
English	62%
Spanish	35%
Indigenous	1%
Other	2%
Declined to answer: 11	

Sex Assigned at Birth	(n = 944)
Female	53%
Male	47%
Declined to answer: 8	

Sexual Orientation[§]	(n = 226)
Bisexual	4%
Gay or Lesbian	3%
Heterosexual or Straight	90%
Queer	0%
Questioning or Unsure	0%
Another sexual orientation	2%
Declined to answer: 599	

Hispanic Ethnicities^			(n = 1,592)
Mexican	69%	South American	0%
Central American	0%	Caribbean	0%
Puerto Rican	0%	Another Hispanic	30%

Non-Hispanic Ethnicities^			(n = 351)
African	1%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	0%
Eastern European	1%	European	5%
Filipino	0%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	93%

Race*	(n = 2,445)
American Indian/Alaska Native	1%
Asian	1%
Black/African American	2%
Hispanic/Latino	62%
Native Hawaiian/Pacific Islander	0%
White	34%
Other	0%
More than one	0%
Declined to answer: 16	

Current Gender Identity[§]	(n = 1,755)
Female	58%
Male	42%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 4	

City of Residence[‡]					(n = 2,154)
Camarillo	4%	Fillmore	4%	Moorpark	3%
Newbury Park	1%	Oak Park	0%	Ojai	1%
Oxnard	47%	Piru	1%	Port Hueneme	3%
Santa Paula	12%	Simi Valley	6%	Thousand Oaks	3%
Ventura	12%	Other	2%		

*Percentages may add to or exceed 100% because participants could choose more than one response option.

§Current gender identity data was not collected from RISE.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

‡City of residence data is not available for CIT and La CLAve.

VENTURA COUNTY BEHAVIORAL HEALTH
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Crisis Intervention Team

Ventura County Law Enforcement

The Crisis Intervention Team (CIT) is a mental health training program for first responders throughout Ventura County. CIT Academy provides trainings to help first responders assess and assist people in mental health crises compassionately and effectively. The four primary goals of the CIT program are to reduce the intensity of a crisis using de-escalation strategies, reduce the necessity of use-of-force, promote pre-custody diversion, and collaborate with mental health consumers, their families, the community, and other stakeholders to build and support a vibrant and accessible crisis system.

Program Strategies

Provides training to first responders to increase recognition of early signs of mental illness and how to respond to crises effectively.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent trainings to first responders.

PROGRAM HIGHLIGHTS‡

89 individuals received core program services (attended CIT Academy trainings)

2,754 individuals experiencing a mental health problem or crisis served

681 individuals reached through other program activities†

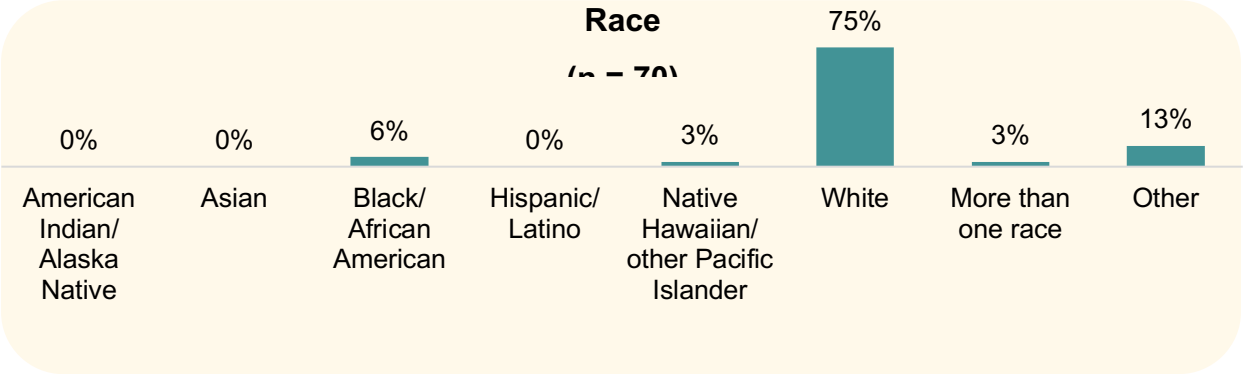
‡This program did not provide referrals.

†Number of participants/individuals may be duplicated.

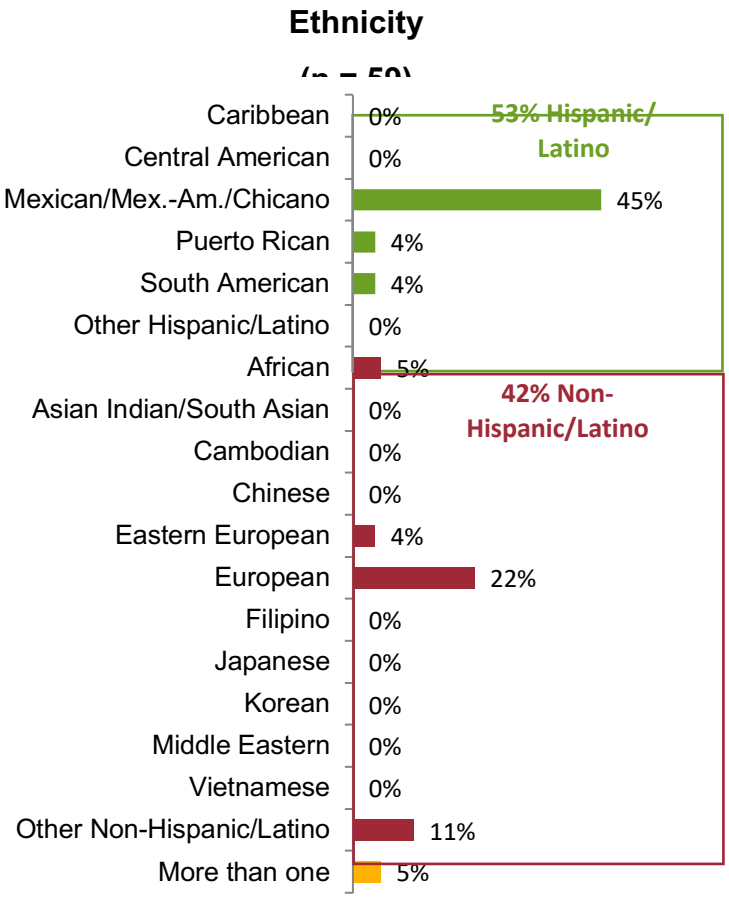
CRISIS INTERVENTION TEAM

Demographic Data

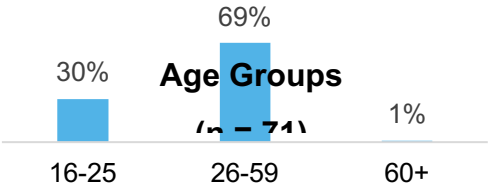
CIT collects unduplicated demographic data from CIT Academy trainees. In FY 2021–2022, 89 individuals received core program services (CIT Academy trainings). Data for individuals who provided demographic information are presented below.



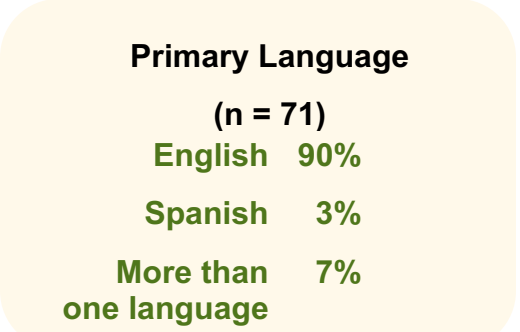
13 individuals did not answer this question, and 6 selected "decline to answer."



23 individuals did not answer this question, and 7 selected "decline to answer."



13 individuals did not answer this question, and 5 selected "decline to answer."



15 individuals did not answer this question, and 3 selected "decline to answer."

VENTURA COUNTY BEHAVIORAL HEALTH
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CRISIS INTERVENTION TEAM

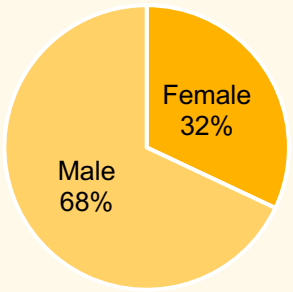
Demographic Data

Current Gender Identity (n = 71)

Female	31%
Male	68%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	1%
Another Gender Identity	0%

15 individuals did not answer this question, and 3 selected "decline to answer."

Sex Assigned at Birth (n = 72)



14 individuals did not answer this question, and 3 selected "decline to answer."

Sexual Orientation (n = 66)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

17 individuals did not answer this question, and 6 selected "decline to answer."

17 trainees (24%) identified as veterans

n = 70; 15 individuals did not answer this question, and 4 selected "decline to answer."

3 individuals (4%) reported having a disability

n = 73; 13 individuals did not answer this question, and 3 selected "decline to answer."

CRISIS INTERVENTION TEAM

Program Activities

In addition to the two CIT Academy cohorts, program activities include other types of trainings and presentations facilitated by program staff. These trainings cover topics such as suicide prevention, early recognition of signs of mental illness, and stigma and discrimination reduction. Participants may include first responder personnel as well as community members.

Program Activities by Type	# Activities/ Events
Presentations to Community Organizations	5
Basic Academy Trainings	6
Other Law Enforcement Trainings	25
TOTAL # of Activities/Events	**36**

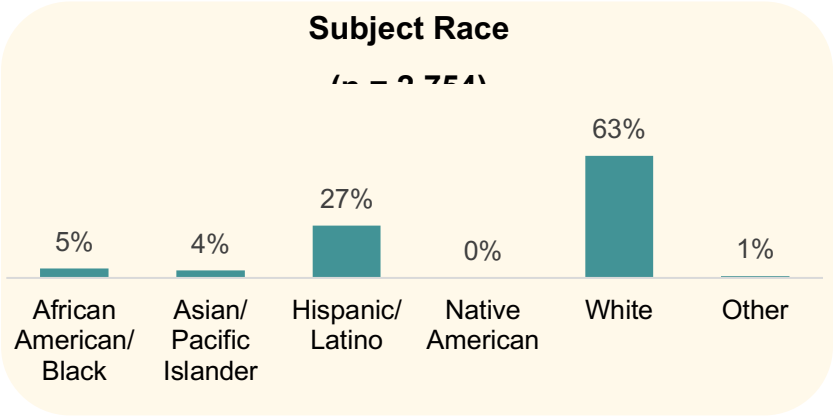
681 participants in program activities[†]

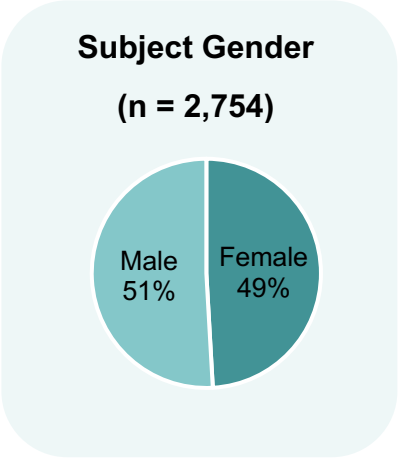
[†]Number of participants/individuals may be duplicated.

CRISIS INTERVENTION TEAM

CIT Card Information

Ventura County first responders document encounters with individuals experiencing a mental health problem or crisis through the submission of CIT Event Cards. These cards include indiviudals' demographic information, the city of incident, and the disposition or service provided. First responder personnel completed 2,754 CIT cards in FY 2021–2022.





City of Incident

9% of individuals encountered were homeless

Disposition/Service Type	% of CIT Cards

Contact Only	57%
Hospital	34%
#5150/#5585	7%
Voluntary IPU	1%
Incarcerated	1%

4% of individuals encountered were veterans

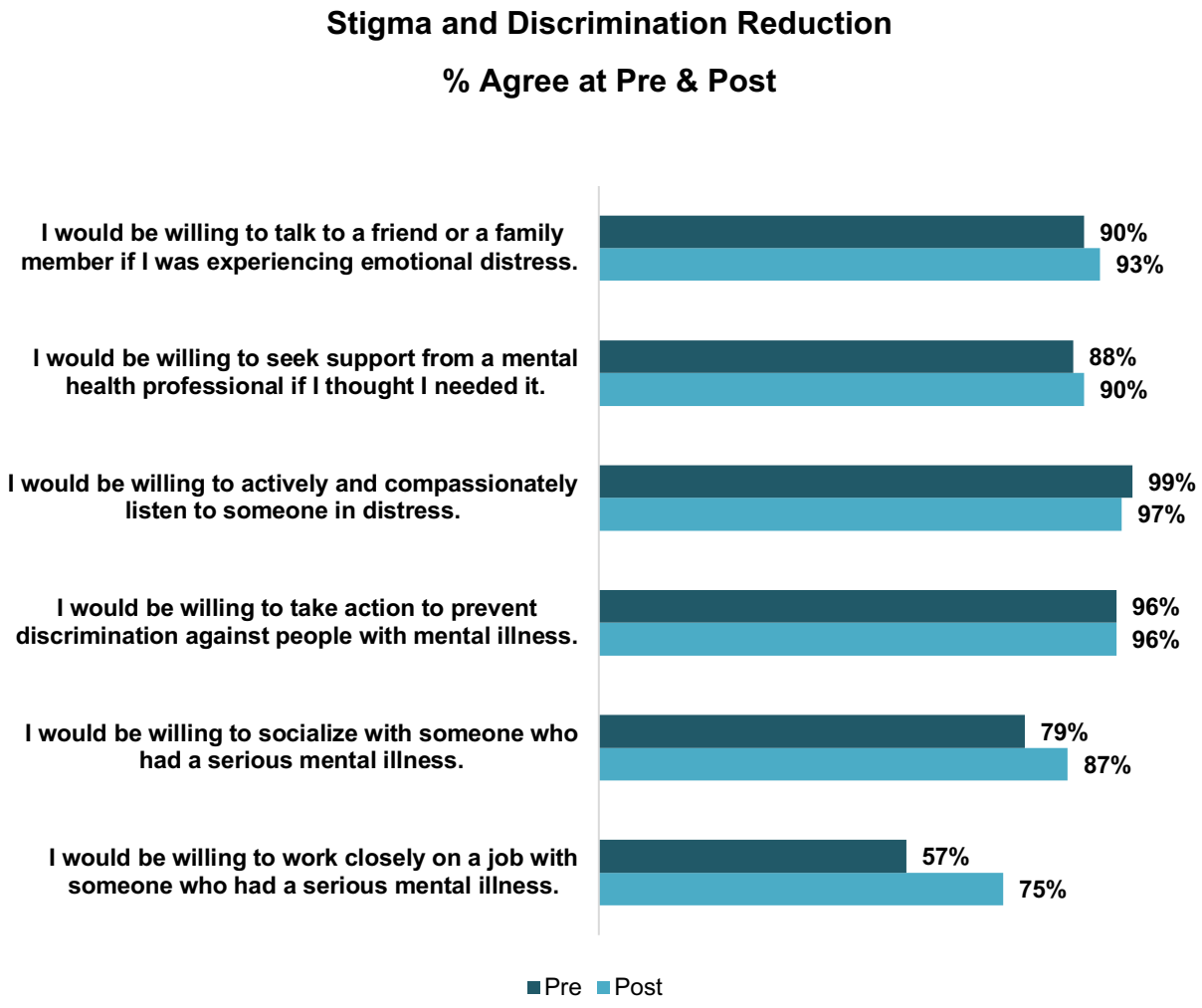
City	% of CIT Cards
Camarillo	21%
Fillmore	4%
Moorpark	7%
Ojai	4%
Oxnard	4%
Port Hueneme	3%
Santa Paula	3%
Simi Valley	19%
Thousand Oaks	26%
Ventura	9%

Disposition or Service

CRISIS INTERVENTION TEAM

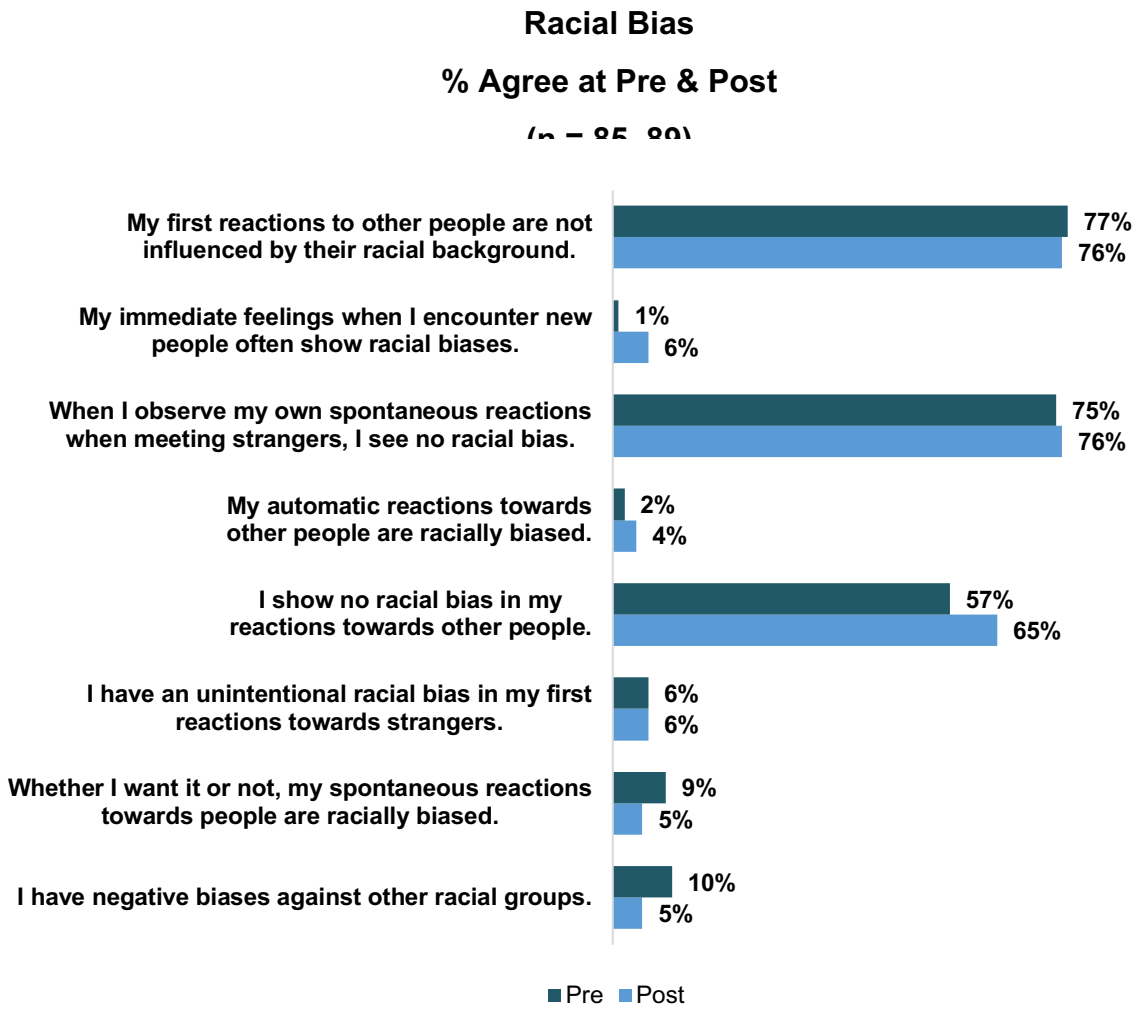
Program Outcomes: Training Evaluation Survey

CIT tracks program outcomes by surveying CIT Academy trainees on topics such as stigma and discrimination and racial bias at two time points: before and after the training. Results from the surveys are presented in the tables below.



CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey



CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey

Approximately eight months after a CIT Academy training, trainees were asked to take a follow-up survey. Questions on this survey were intended to measure the outcomes of CIT Academy training, including how frequently trainees have implemented techniques learned from the training and overall perceptions of the training. Results from this survey are presented below.

% of Strongly Agree and Agree

(n = 67)

As a result of CIT training…	% Agree
I am better able to recognize the signs and symptoms of a mental health disorder among individuals that I encounter in the community.	75%
I can more effectively communicate with persons displaying signs of a mental health disorder.	75%
I am more comfortable interacting with persons displaying signs of a mental health disorder.	76%
I am better able to defuse aggression before it becomes violence.	67%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	70%
I have more skills useful for managing any type of mental health crisis effectively.	73%

CIT training…	% Agree
Increases law enforcement officer safety	66%
Increases the safety of those affected by mental health conditions	76%

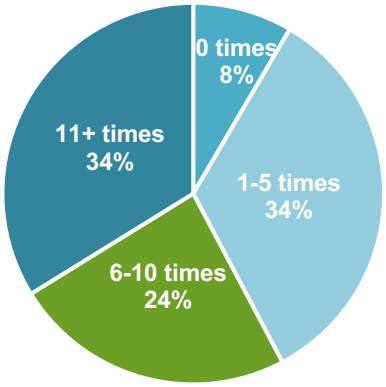
Better prepares law enforcement officers to handle crises involving individuals with a mental health disorder	85%

CRISIS INTERVENTION TEAM

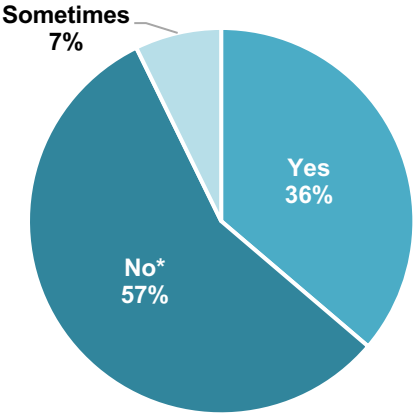
Program Outcomes: Follow-up Survey

How many times have you used de-escalation techniques taught in CIT Training?

(n = 71)



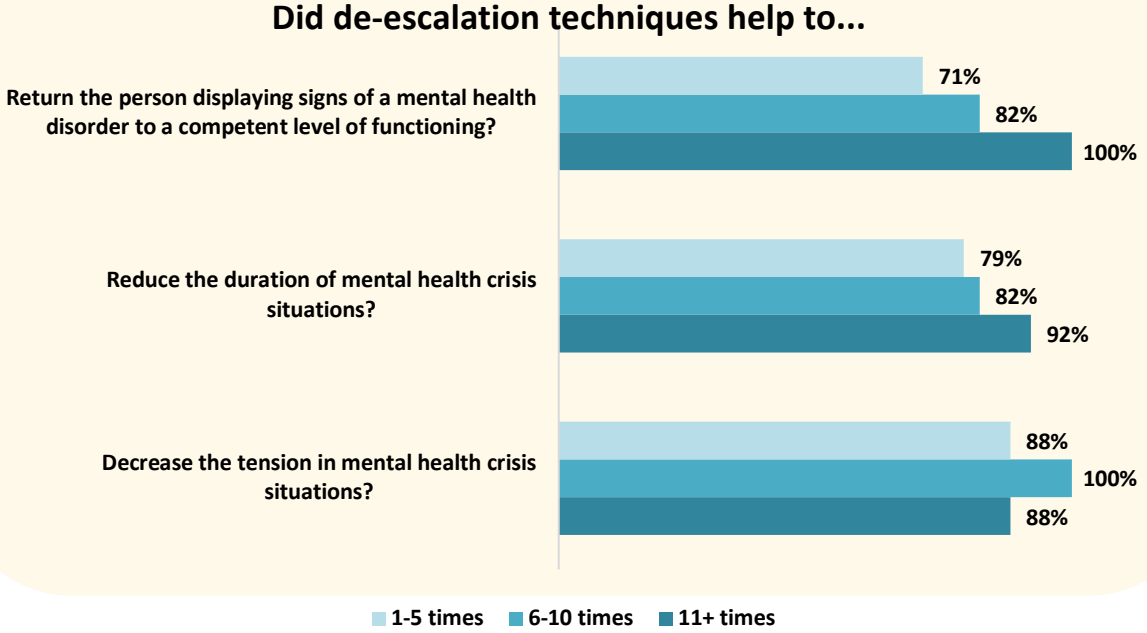
Do you complete a CIT Event Card after each encounter with a person displaying signs of a mental health disorder? (n = 69)



*The primary reason for not completing a CIT card was because the individual encountered was in custody.

% of Yes Responses Based on Number of Times De-Escalation Techniques were Used

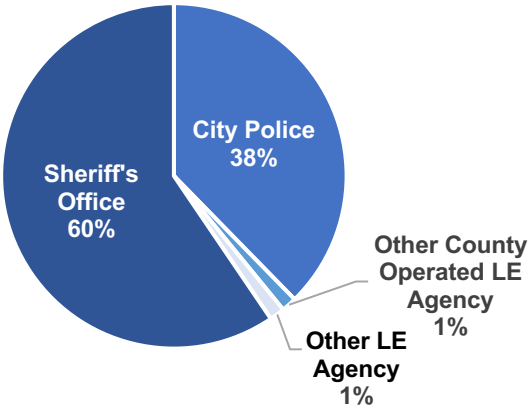
(n = 17–24)



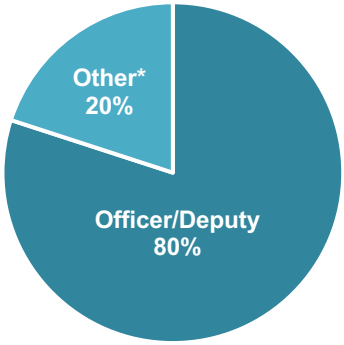
CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey Respondent Characteristics

Current Employer

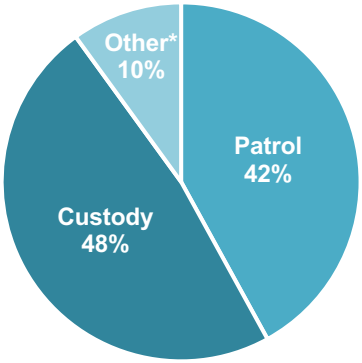


Rank Classification



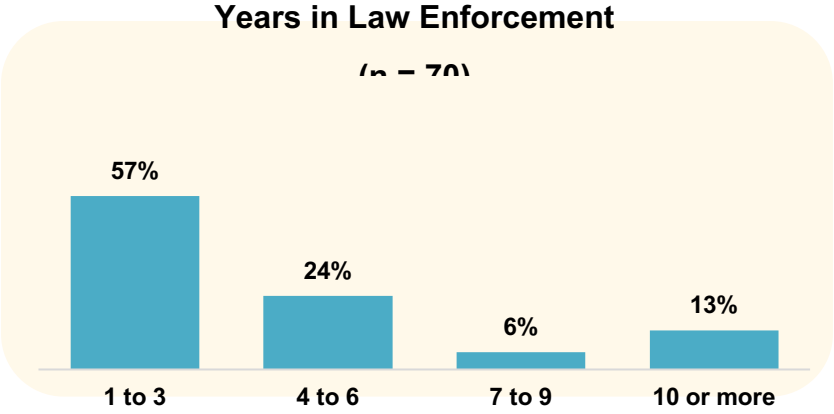
*Other category includes dispatcher, reserve officer/deputy, and PSO/CSO/SST

Current Assignment



*Other category includes dispatch, detective, traffic, school resource officer, and specialized enforcement unit

Years in Law Enforcement



CRISIS INTERVENTION TEAM

Program Feedback and Successes

Participants who completed CIT training were asked about their satisfaction with the training and to share additional feedback about the program. Responses to these questions are presented below. For the open-ended question, responses were grouped by theme, and the top responses are presented along with the number of responses for each category (shown in parentheses).

What type of additional training would you be interested in?

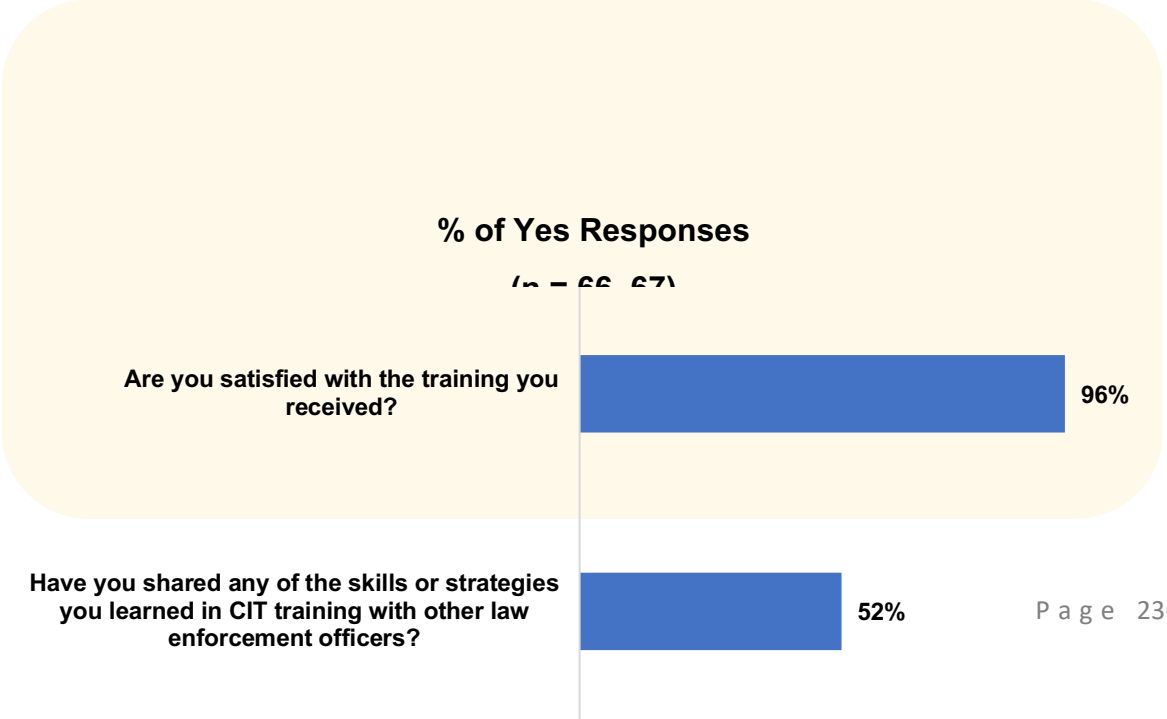
(n = 36)

Top 2 Responses

- Refresher course (13)
- Different training topics (e.g., human psychology, negotiations, mental health) (6)

"De-escalating a situation where an inmate was having a crisis and was thinking of self-harming, was able to instead refocus the inmate by having him talk to me and explore options that would help him. He agreed to get help with his issues instead of thinking about self-harming."

"Every day I work in custody, I am more calm, I don't get frustrated when persons with mental illness won't/can't follow instructions or listen to reason, and I've noticed the situation does not usually escalate."

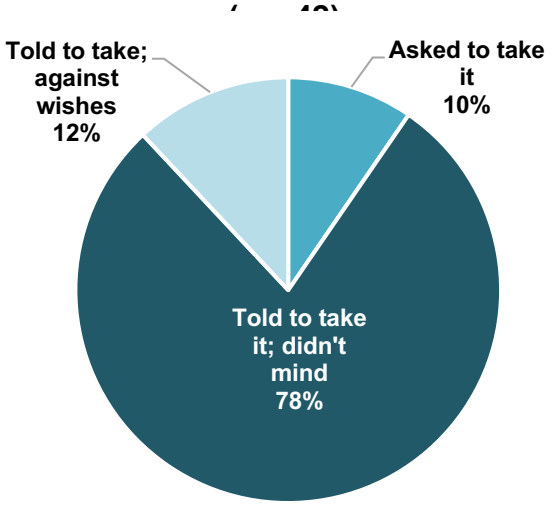


CRISIS INTERVENTION TEAM

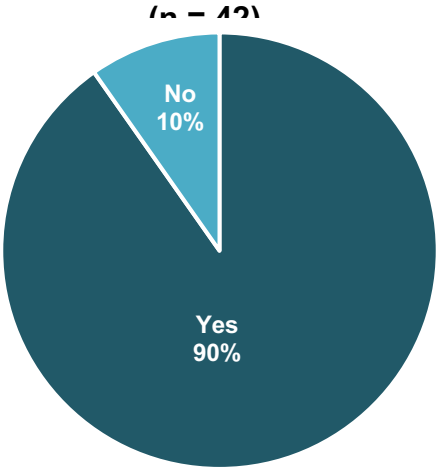
Program Satisfaction

CIT Academy trainees' satisfaction with their training were asked through a series of questions. Responses to these satisfaction-related questions are presented below.

I attended this class because I was…



Would you recommend CIT Academy to a peer?



How has the CIT training impacted how you do your job?

(n = 38)

Top 3 Responses

- How to communicate and interact with individuals in distress or with mental illness (15)

What suggestions do you have to improve the CIT training program?

(n = 36)

Top Response

- Less PowerPoint and more

What additional support do you need to fully implement the strategies from CIT training?

(n = 28)

Top Response

CRISIS INTERVENTION TEAM

Conclusion and Recommendations

The CIT program trained 89 law enforcement officers and other first responders in FY 2021–2022. Of the individuals trained, 92% reported that they have used the de-escalation techniques they learned in the CIT Academy training and that those de-escalation techniques helped decrease the tension in mental health crisis situations. These findings also are illustrated in the success stories provided by CIT Academy trainees.

In FY 2022–2023, it is recommended that the CIT program provide training in a format most conducive to learning (e.g., real-life examples with scenarios).

Logrando Bienestar

Ventura County Behavioral Health (VCBH)

The Logrando Bienestar program is designed to help the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles. Logrando Bienestar walks participants through the process of getting well. The program serves youth and adults countywide.

Program Strategies

Improves timely access to services for underserved populations countywide through referrals to culturally and linguistically appropriate services.

Implements normative and cultural values to reduce stigmatization and increase workshop participation.

Program Highlights

1,655 individuals received core program services

597 individuals referred to mental health care

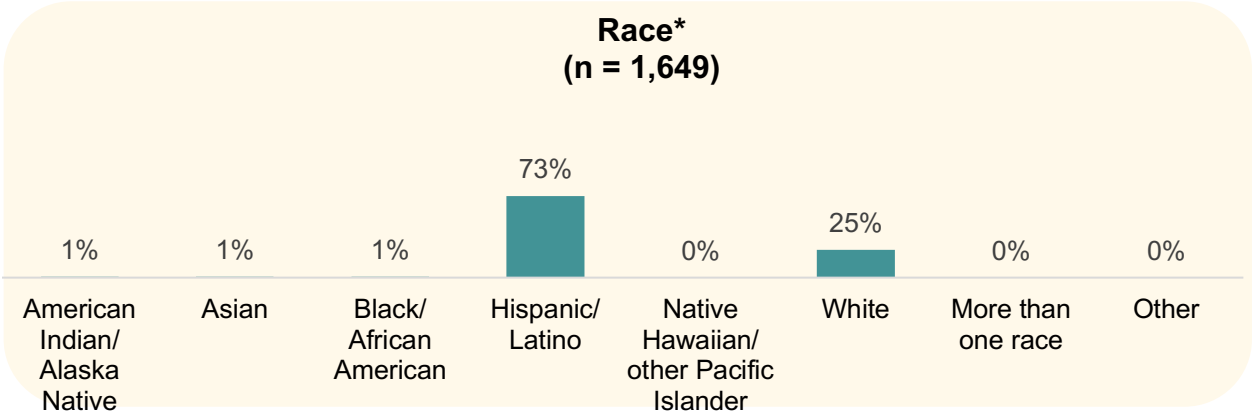
†Number of individuals may be duplicated

30,243 individuals reached through outreach events†

LOGRANDO BIENESTAR

Demographic Data

Logrando Bienestar collects unduplicated demographic data from the individuals they serve. Of the 1,655 individuals who received core program services, all provided some demographic information. This information is presented below.



English 51%

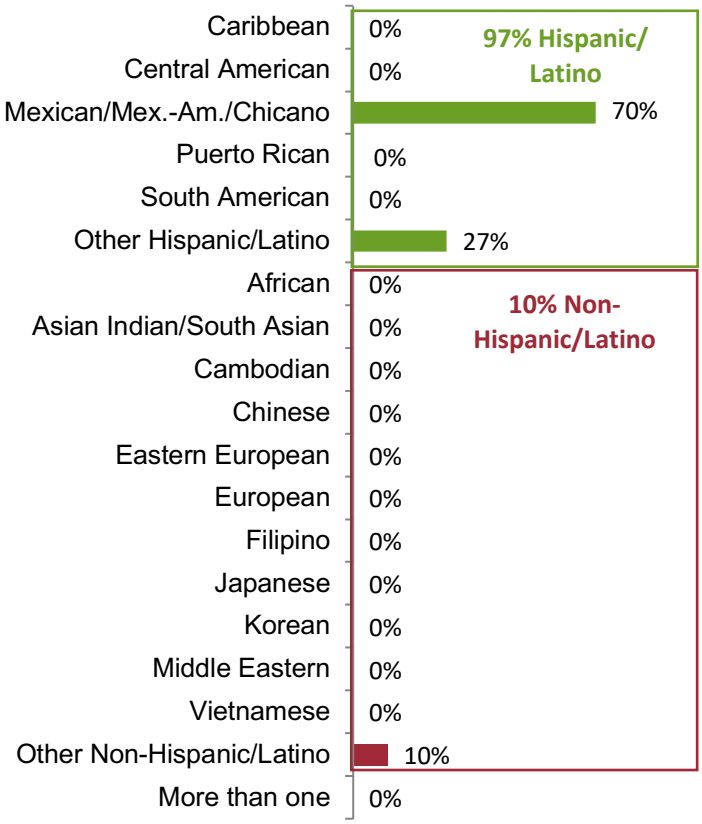
Spanish 49%

Indigenous 2%

Another 2%

2 individuals did not answer this question; 4 selected "decline to answer."

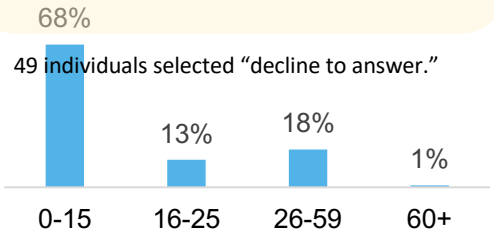
Ethnicity* (n = 1,230)



35 individuals did not answer this question; 390 selected "decline to answer."

Age Groups (n = 1,655)

Primary Language (n = 1,606)*



49 individuals selected "decline to answer."

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

LOGRANDO BIENESTAR

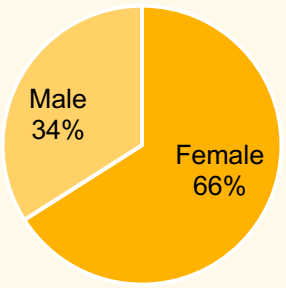
Demographic Data

Current Gender Identity (n = 1,654)

Female	59%
Male	41%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

1 individual did not answer this question.

Sex Assigned at Birth (n = 147)



1,508 individuals did not answer this question

Sexual Orientation (n = 13)

Gay or Lesbian	0%
Heterosexual or Straight	100%
Bisexual	0%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	0%

1,630 individuals did not answer this question; 12 selected "decline to answer."

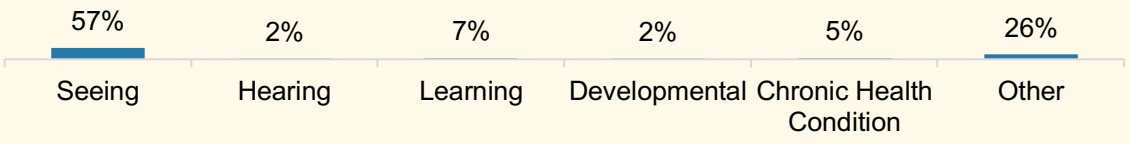
0% of individuals identified as veterans

n = 77; 1,578 individuals selected "decline to answer."

3% of individuals reported having one or more disabilities

n = 986; 22 individuals did not answer this question; 647 selected "decline to answer."

Disability* (n = 42)



* Percentages may exceed 100% because participants could choose more than one response option.

LOGRANDO BIENESTAR

Program Activities

Program activities include workshops facilitated by program staff. Logrando Bienestar provided 227 program activities from July 2021–June 2022.

Program Activities by Type	# Activities/ Events
Drop-in Program	33
Individual Activity	115
Meeting	14
Training/Workshop	61
Support Group	1
Other	3
TOTAL # of Activities/Events	**227**

1,715 participants in program activities†

90% of program activities in Spanish

Program Outreach

Program Outreach by Type	# Activities/ Events
Informational Sessional	1
Personal/Individual	1

Presentation	4
Meeting	10
Promotion	41
Outreach	310
TOTAL # of Activities/Events	**367**

Program outreach includes activities to promote the Logrando Bienestar program in the community to increase awareness of and linkages to mental health resources.

30,243 people reached through outreach events[†]

12,436 materials distributed

82% of outreach events conducted in Spanish

[†] Number of participants/people reached may be duplicated.

LOGRANDO BIENESTAR

Program Referrals

Program referrals include referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Logrando Bienestar did not provide referrals to social supports such as food, housing, health insurance, and other support services. Referral data highlighted below represents 597 unduplicated individuals.

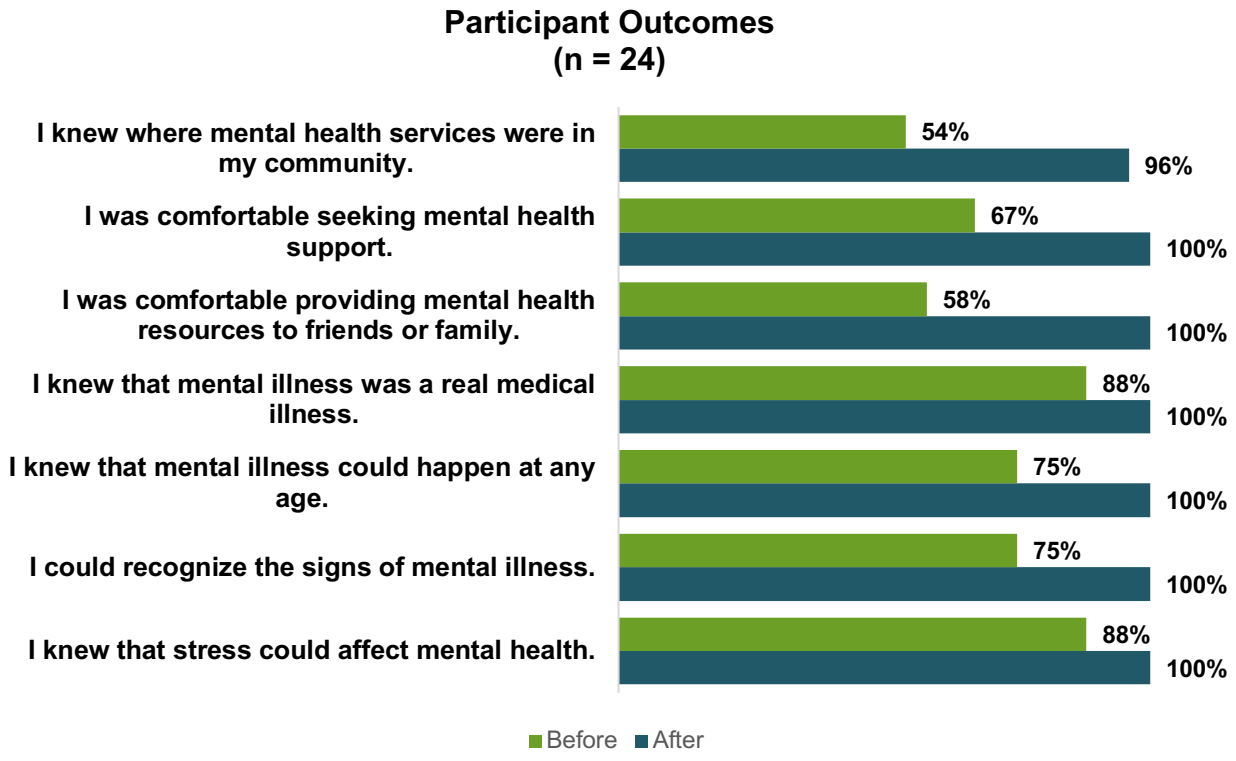
597 individuals referred to mental health care

93 individuals encouraged to access and follow through with services via reminder calls

LOGRANDO BIENESTAR

Program Outcomes

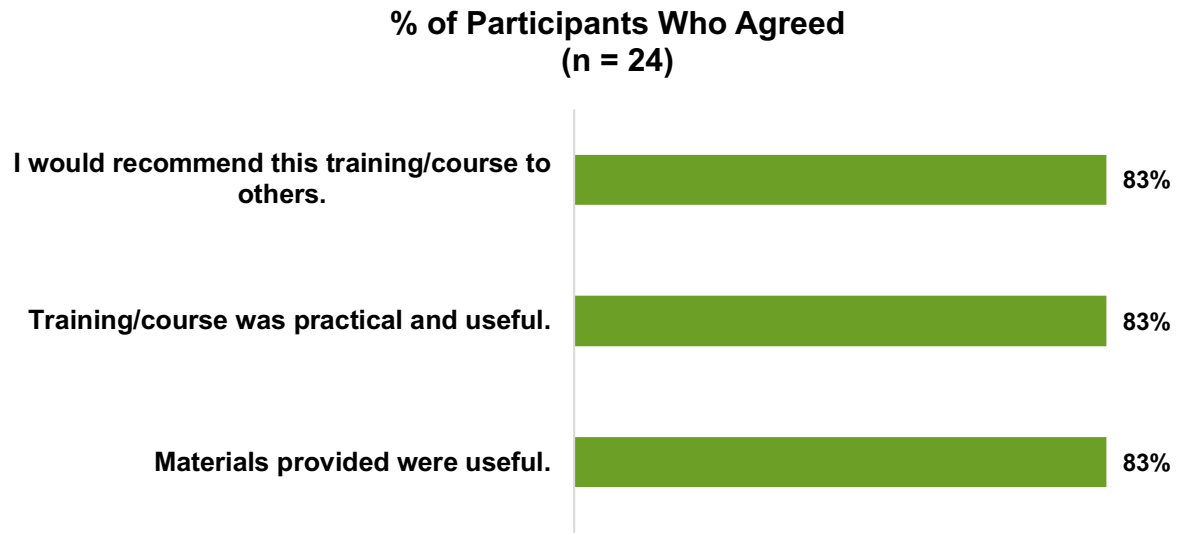
Logrando Bienestar tracks outcomes for program participants (i.e., those who receive services) by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they received services. Survey results are presented in the chart below.



LOGRANDO BIENESTAR

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with the Logrando Bienestar program and services. The percentages of participants who agreed or strongly agreed with each statement is shown in the chart below.



Participants were highly satisfied with Logrando Bienestar's program and staff.

LOGRANDO BIENESTAR

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 25)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	4%
My grades in school	8%
My housing situation	4%
My job situation	4%
My relationships with friends and family	28%
My parenting	67%
Staying out of jail or prison	4%
My mental health	50%
Substance use	4%

Participants reported that the three primary areas of need were help with (1) parenting, (2) mental health, and (3) relationships with friends and family.

*Percentages may exceed 100% because participants could choose more than one response option.

LOGRANDO BIENESTAR

Program Feedback

Participants were asked to provide additional feedback through two questions. One question asked participants what the most helpful part of the program was, and participants selected their responses from a list of options. The second question was open-ended and inquired about recommendations for the program. Participants' comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this program?

(n = 24)

Top 3 Responses

- Content of presentation (11)
- Time of presentation (6)
- Location of presentation (6)

What are your recommendations for improvement?

(n = 20)

Top 2 Responses

- Continue to expand program reach and community engagement (6)
- More information on different topics (mental health of young adults, scenario examples) (4)

Program Successes

"Logrando Bienestar has successfully launched its "Preguntale al Experto" series. These Facebook Live series cover topics such as stress, bullying, and other parent-related topics. They are then featured live on Facebook, which is then

"VCBH/Logrando Bienestar continues to provide services to individuals in spite of the Omicron virus going up. LB adheres to all State and local safety COVID protocols as it continues to serve the community. Logrando has successfully used Zoom, WhatsApp, Facebook Live and other teams to deliver messages, provide

LOGRANDO BIENESTAR

Conclusion and Recommendations

Logrando Bienestar is reaching the population they seek to serve, with the majority of the participants identifying as Latino. The program is working to meet clients' physical and emotional needs through referrals to mental health care when appropriate.

An area of future improvement may include increasing compliance with demographic data collection for information on veteran and disability status, sexual orientation, and current gender identity. Additionally, the program should collect participant outcome and more satisfaction data to determine effectiveness of services.

La CLAve Education and Training

Ventura County Behavioral Health (VCBH) and USC

Ventura County Behavioral Health (VCBH) partnered with University of Southern California (USC) to provide a new outreach addition to help recognize early signs of mental illness, especially for those with psychosis. The goal of the La CLAve Education and Training program was to train potential VCBH staff and community collaborators to deliver an evidence-based workshop that targets the Latino community in Ventura County to identify the symptoms of serious mental health illness and assist them in seeking services for early treatment. This training program was conducted in three phases: (1) train 32–40 facilitators, (2) select 3–4 of the best facilitators to become trainers of future facilitators, and (3) evaluate the training.

Program Strategies

Increases recognition of early signs of psychosis through outreach and trainings to Latino community members. Improves timely access to services for underserved populations (Latino community) who might not get help otherwise.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent trainings to trained facilitators.

PROGRAM HIGHLIGHTS‡

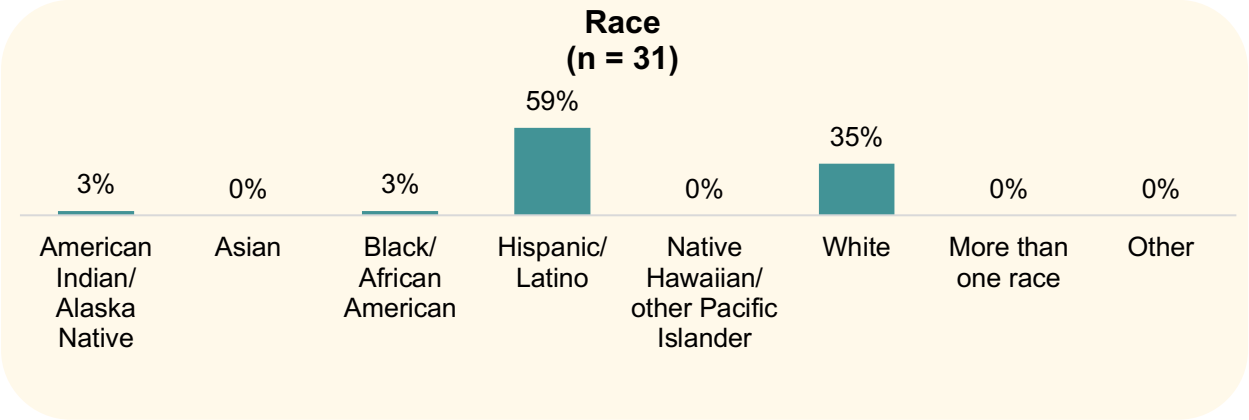
33 individuals received La CLAve training

‡This program did not provide referrals.

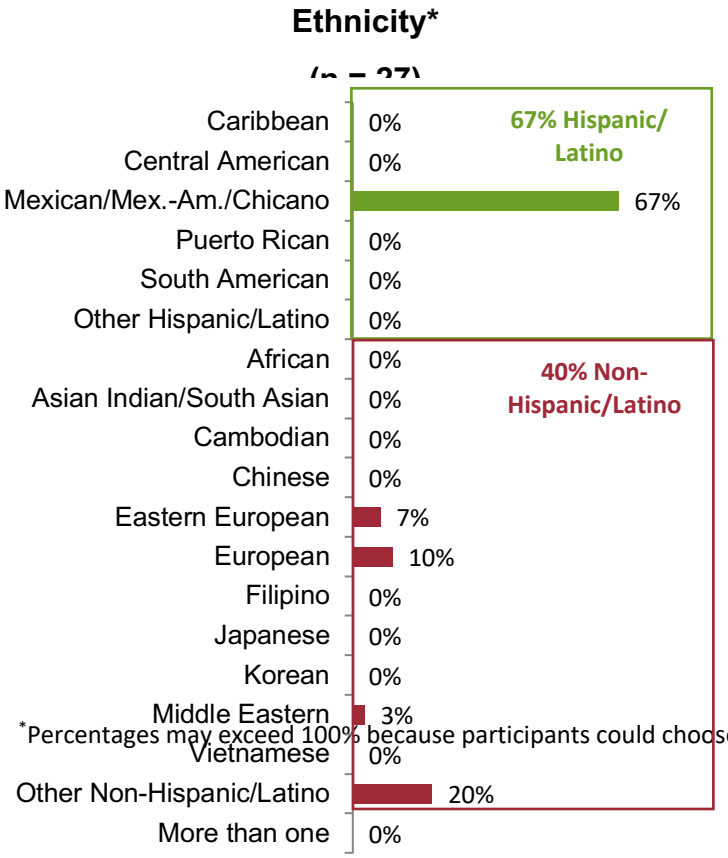
LA CLAVE EDUCATION AND TRAINING

Demographic Data

La CLAve collects unduplicated demographic data from individuals who received trainings. Demographic data from 33 individuals who completed outcome surveys are presented below.

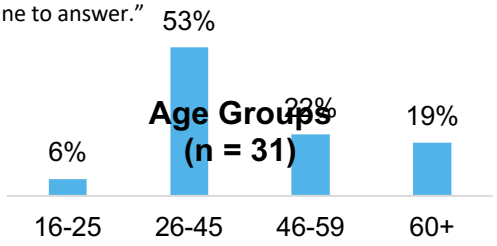


1 individual did not answer this question, and 1 selected "decline to answer."



*Percentages may exceed 100% because participants could choose more than one response option.

2 individuals did not answer this question, and 4 selected "decline to answer."



2 individuals did not answer this question.

Primary Language
(n = 31)

Spanish	39%
English	45%
English & Spanish	16%

2 individuals did not answer this question.

LA CLAVE EDUCATION AND TRAINING

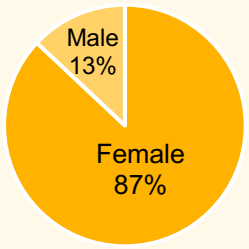
Demographic Data

Current Gender Identity (n = 30)

Female	87%
Male	13%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

2 individuals did not answer this question, and 1 selected "decline to answer."

Sex Assigned at Birth (n = 31)



2 individuals did not answer this question.

Sexual Orientation (n = 27)

Bisexual	4%
Gay or Lesbian	0%
Heterosexual or Straight	92%
Queer	4%
Questioning or Unsure	0%
Another Sexual Orientation	0%

4 individuals did not answer this question, and 2 selected "decline to answer."

1 individual (3%) identified as a veteran

n = 32; 1 individual did not answer this question.

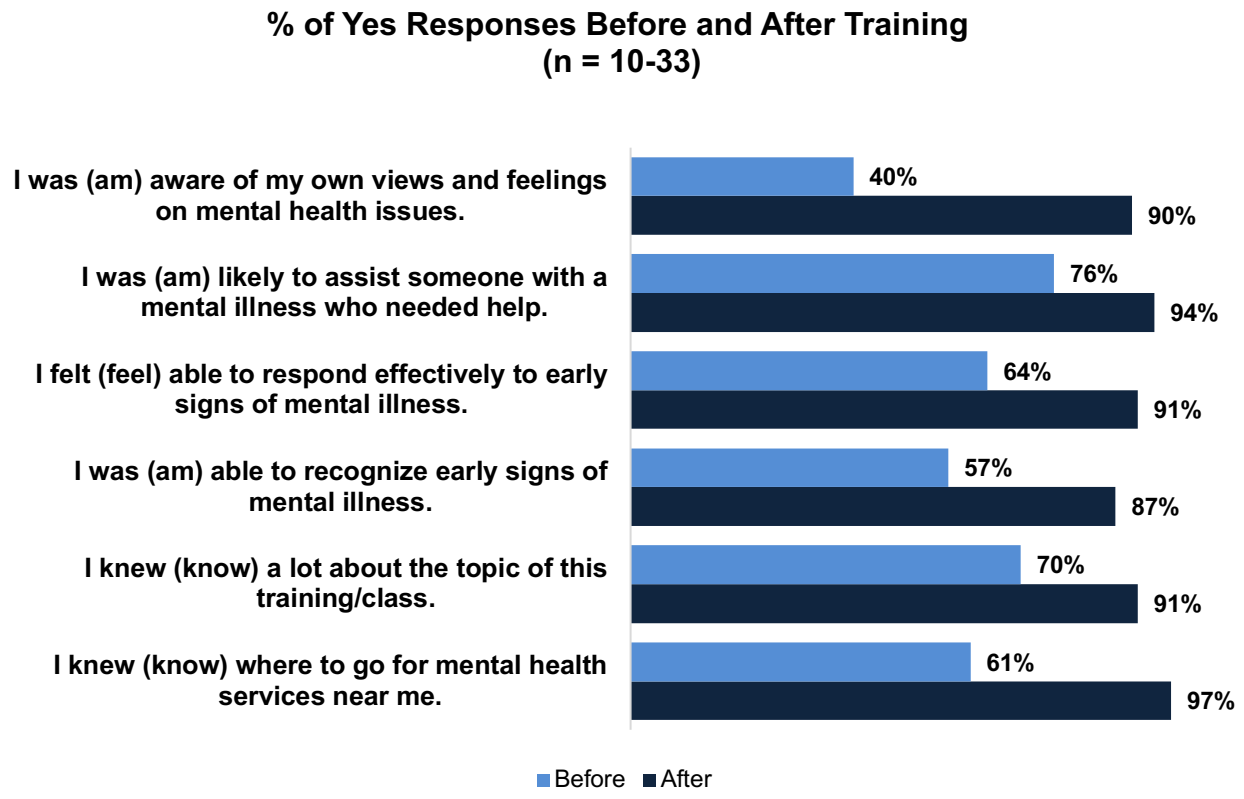
3 individuals (10%) reported having a disability

n = 30; 2 individuals did not answer this question and 1 selected "decline to answer."

LA CLAVE EDUCATION AND TRAINING

Program Outcomes

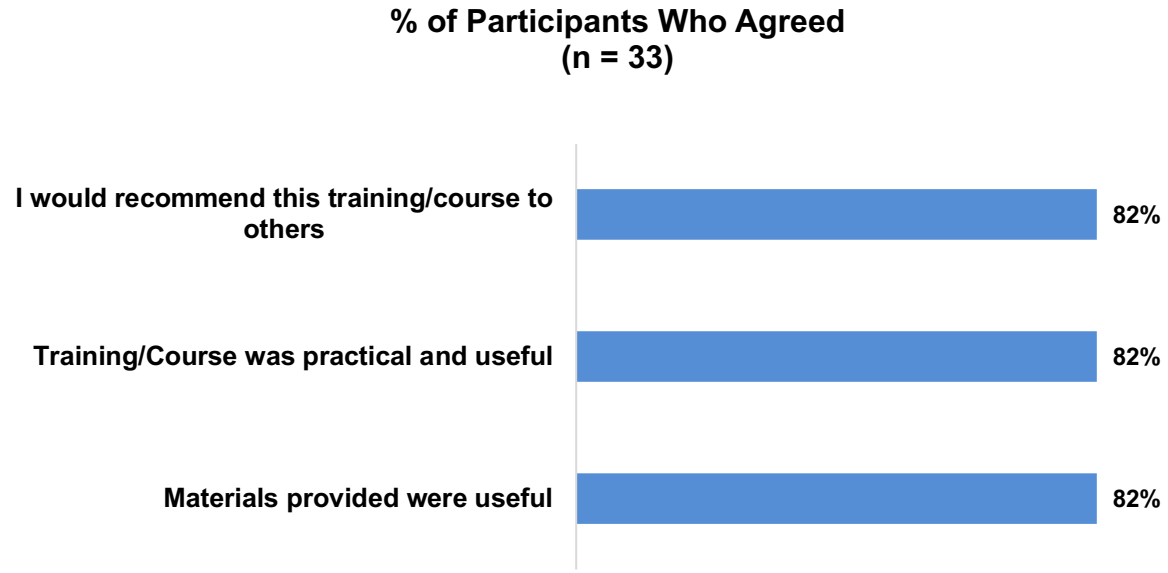
La CLAve tracks outcomes for individuals who participated in trainings by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after the training. Survey results are presented in the chart below.



LA CLAVE EDUCATION AND TRAINING

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the La CLAve training as a measure of their satisfaction. The percentages of participants who agreed or strongly agreed with each statement is shown in the chart below.



Participants were highly satisfied with La CLAve's training.

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LA CLAVE EDUCATION AND TRAINING

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 33)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	6%
My grades in school	6%
My housing situation	3%
My job situation	12%
My relationships with friends and family	30%
My parenting	21%
Staying out of jail or prison	3%
My mental health	45%
Substance use	3%

Participants reported that the three primary areas of need were help with (1) mental health, (2) relationships with friends and family, and (3) parenting.

*Percentages may exceed 100% because participants could choose more than one response option.

LA CLAVE EDUCATION AND TRAINING

Program Feedback

Participants were asked to provide additional feedback through two open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this training?

(n = 30)

Top 3 Responses

- How two identify and understand signs of MI (i.e., CLAve acronym) (8)
- Training materials (e.g., brochure, visual aids) (7)

What are your recommendations for improvement?

(n = 28)

Top 2 Responses

- Greater variety (e.g., mental illness in teens, school workshops) and frequency of training (8)
- Additional resources and services that can be provided to others (5)

Conclusion and Recommendations

La CLAve is reaching the population they seek to serve, with the majority of participants identifying as Latino. After completing the training, trainees reported greater knowledge of their views and feelings on mental health issues and were more likely to assist someone with a mental illness. Additionally, most trainees (82%) expressed that they were highly satisfied with the training program.

According to some feedback, an area of future improvement may be to offer a wider variety of training topics, though nearly half of trainees were satisfied with the training as it is currently offered and indicated that no improvements were necessary.

Rapid Integrated Support & Engagement (RISE)

Ventura County Behavioral Health (VCBH)

The Rapid Integrated Support & Engagement (RISE) program is offered by Ventura County Behavioral Health specifically to encourage and allow people with mental health needs to get assessments and treatment. A field-based outreach team makes contact with individuals then provides ongoing support in navigating any challenges to accessing care. The RISE team also follows up with clients as needed and may be closely involved with case management.

Program Strategies

Provides access and linkages to services through screenings and referrals to appropriate treatment.

Improves timely access to services for underserved populations, particularly people without access to services, by providing services in the field.

PROGRAM HIGHLIGHTS‡

699 individuals received core program services

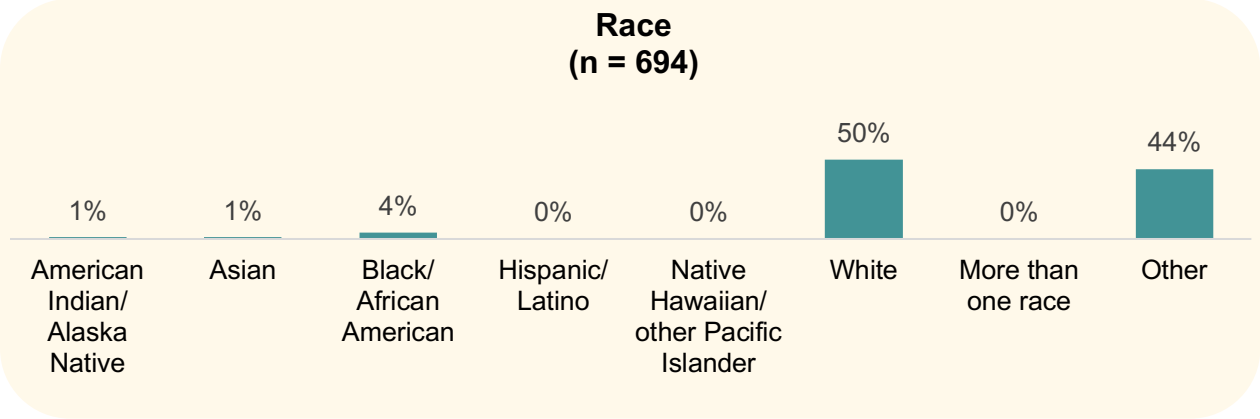
56 days, average length of stay

‡Information on referrals is not available for this program.

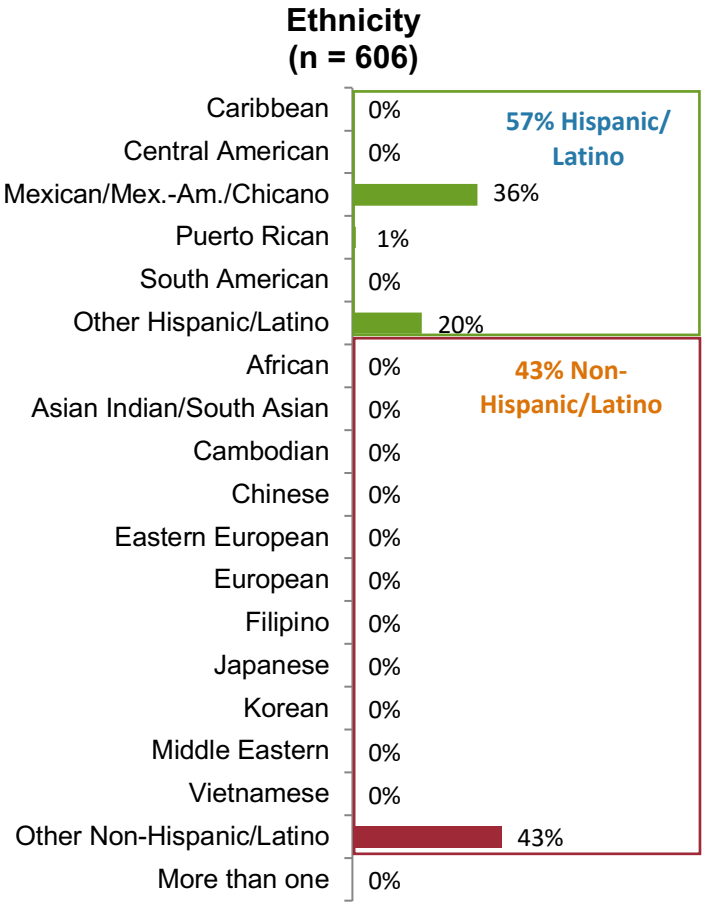
RAPID INTEGRATED SUPPORT & ENGAGEMENT

Demographic Data

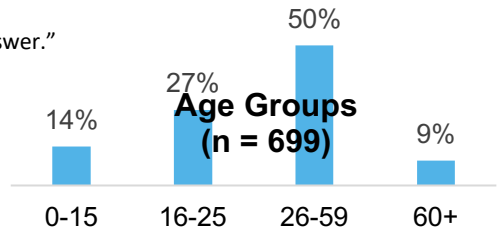
RISE collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents information provided by the 699 individuals who completed a demographic form.

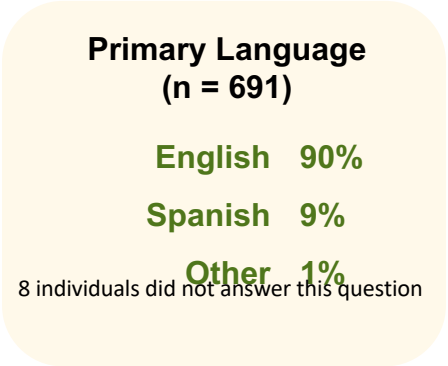


5 individuals did not answer this question; none selected "decline to answer."



91 individuals did not answer this question, and 2 selected "decline to answer."





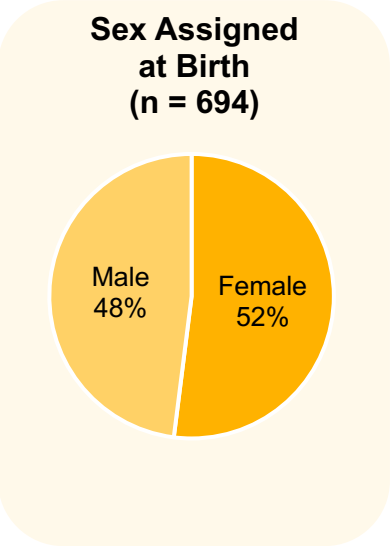
8 individuals did not answer this question

RAPID INTEGRATED SUPPORT & ENGAGEMENT

Demographic Data

Sexual Orientation (n = 115)	
Bisexual	7%
Gay or Lesbian	5%
Heterosexual or Straight	88%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

497 individuals did not answer this question, and 82 selected "decline to answer." 5 individuals answered "transgender" to this question.



5 individuals answered "transgender" to this question.

RAPID INTEGRATED SUPPORT & ENGAGEMENT

Program Activities

RISE provides a range of program activities including crisis intervention, mental and behavioral health assessments, case management, and long-term plan development. A list of activities and the number of times each activity was provided are presented in the table below.

Program Activities by Type	# Activities/Events
Assessments	705
Case Management	2,627
Collateral Meetings	69
Crisis Intervention	3
Intensive Care Coordination	1
Interpretation	1
Mental Health Evaluation and Management	63
Medication Management	21
Plan Development	50
No Show/Outreach	136
Paperwork Completion	888
Transportation/Travel Services	68
Other	43
TOTAL # of Activities/Events	**4,675**

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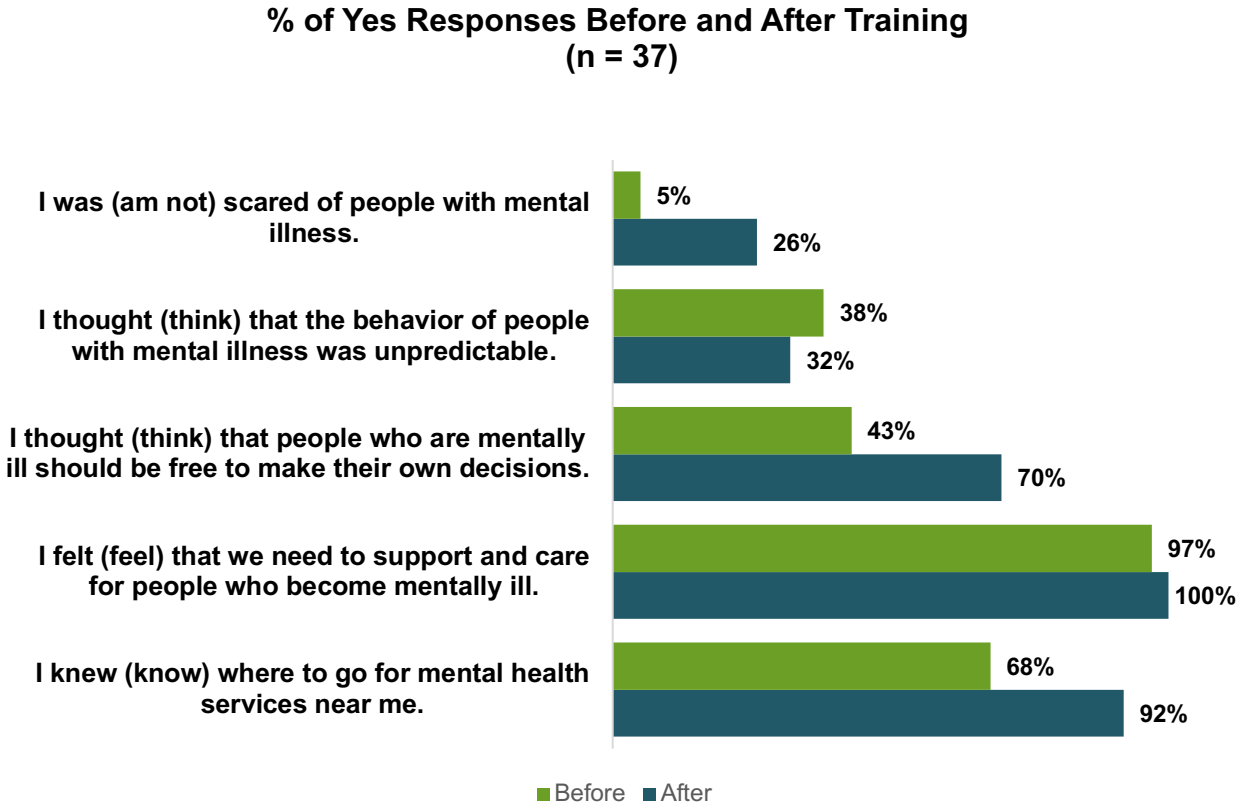
RAPID INTEGRATED SUPPORT & ENGAGEMENT

Program Outcomes

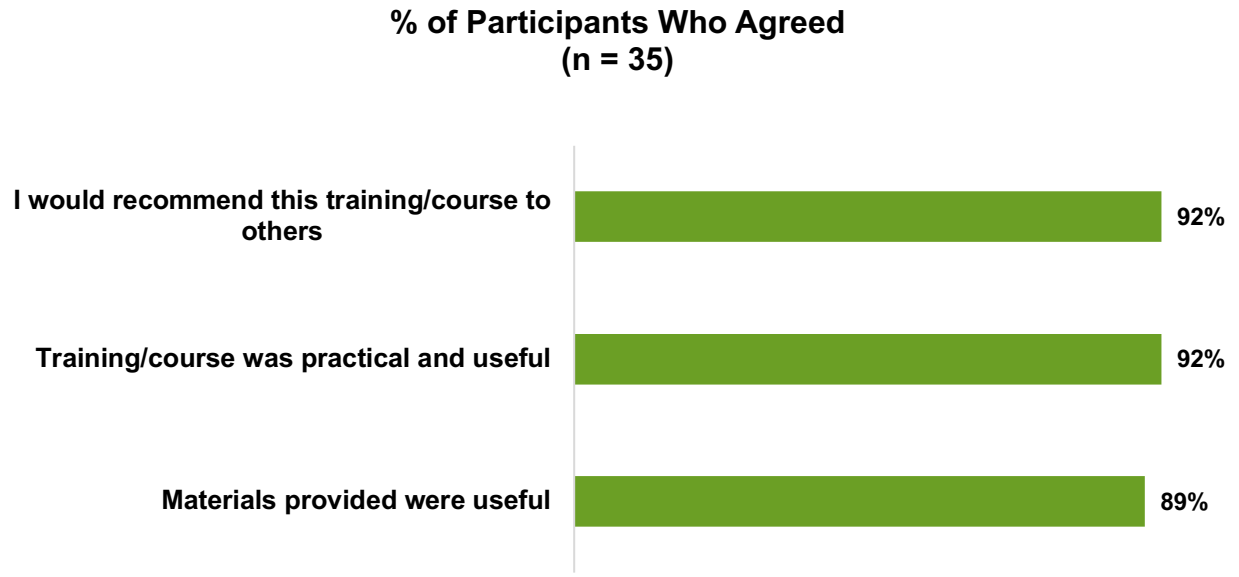
RISE tracks outcomes for program participants (i.e., those who receive services) by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they receive services. Survey results are presented in the chart below.



RAPID INTEGRATED SUPPORT & ENGAGEMENT

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the RISE program as a measure of their satisfaction. The percentages of participants who agreed or strongly agreed with each statement is shown in the chart below.



Participants were highly satisfied with the RISE program.

RAPID INTEGRATED SUPPORT & ENGAGEMENT

Areas of Support

Participants were asked to select areas where they needed additional support from a list of options. The table below displays all response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 37)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	3%
My grades in school	3%
My housing situation	3%
My job situation	16%
My relationships with friends and family	41%
My parenting	14%
Staying out of jail or prison	0%
My mental health	19%
Substance use	0%

Participants reported that the primary area of need was help with relationships with friends and family. Help with mental health, job situation, and parenting were also indicated as areas needing support.

*Percentages may exceed 100% because participants could choose more than one response option.

RAPID INTEGRATED SUPPORT & ENGAGEMENT

Conclusion and Recommendations

Participants who received services from the RISE program completed a survey inquiring about their knowledge prior to and after receiving services. Their responses suggest that the RISE program increased knowledge of mental health resources and the belief that people with mental illness require care and support. Additionally, most participants agreed that the program was useful and would recommend RISE to others.

An area of future improvement may include collecting demographic data in accordance with the MHSA PEI requirements (e.g., sexual orientation, gender identity, disability status, veteran status).

Appendix A. Categories of VCBH PEI Programs

Program	PEI Program Categories						
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma and Discrimination Reduction	Access and Linkage to Treatment	Suicide Prevention*	Improving Timely Access to Services for Underserved Populations*
Multi-Tiered System of Support (VCOE and LEA)							
One Step a La Vez							
Program to Encourage Active, Rewarding Lives for Seniors							
Project Esperanza							
Promotoras Conexión Program							
Healing the Community (MICOP)							
Diversity Collective							
Tri-County GLAD							
Wellness Everyday							
COMPASS							
Primary Care Program (Clinicas)							
VCPOP							
Crisis Intervention Team (CIT)							
La CLAve Education and Training							
Logrando Bienestar							
Rapid Integrated Support & Engagement (RISE)							

*Optional program category according to PEI regulations.

FY 21–22 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	184,820
Multi-Tiered System of Support (MTSS) – VCOE	2,897
Multi-Tiered System of Support (MTSS) – LEA	159,787
One Step a La Vez	209
Program to Encourage Active, Rewarding Lives for Seniors	241
Project Esperanza	219
Promotoras Conexión Program	129
Mixteco Indigena Community Organization Project (MICOP)	148
Diversity Collective	38
Tri-County GLAD	31
Wellness Everyday	21,121
Early Intervention Programs	664
COMPASS	12
Primary Care Program (Clinicas)	399
Ventura County Power Over Prodromal Psychosis (VCPOP)	253
Other PEI Programs	2,476
Crisis Intervention Team (CIT)	89
Logrando Bienestar	1,655
La CLAve Education and Training	33
Rapid Integrated Support & Engagement (RISE)	699
Total:	187,960

FY 21–22 Number of Participants Served by City of Residence[§]

Geographic Area	Number of Participants Served	% of Total
Camarillo	140	4%
Fillmore	257	6%
Moorpark	86	2%
Newbury Park	28	1%
Oak Park	2	<1%
Ojai	33	1%
Oxnard	1,804	46%
Piru	25	1%
Port Hueneme	96	2%
Santa Paula	617	16%
Simi Valley	208	5%
Thousand Oaks	144	4%
Ventura	415	10%
Other	99	3%
Total with available city of residence data:	3,954	

[§]City of residence data is not available for Wellness Everyday, Crisis Intervention Training, Multi-Tiered System of Support VCOE, Multi-Tiered System of Support LEA, and La CLAve.

7.3 COMMUNITY PLANNING PROCESS (CPP)

7.3.1 CPP Process Prioritization

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

January 31,2023

COMMUNITY PLANNING PROCESS (CPP)

Prioritization

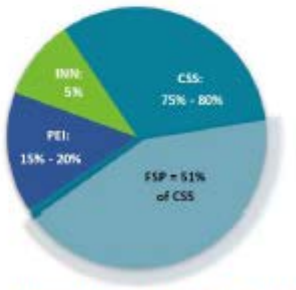
1

Annual Update and 3-year plan

3 Year Plans: Outlines the department needs, goals, program plans and spending for the next three years.

Annual Update Reports: Reports on all MHSA funded programs from the prior fiscal year and anticipated changes for the next year always links back to the current 3-year plan.

Community Planning: Counties are required to meaningfully involve stakeholders in program planning (e.g., Annual Updates, Three-Year Plans), implementation, evaluation, and budget allocation



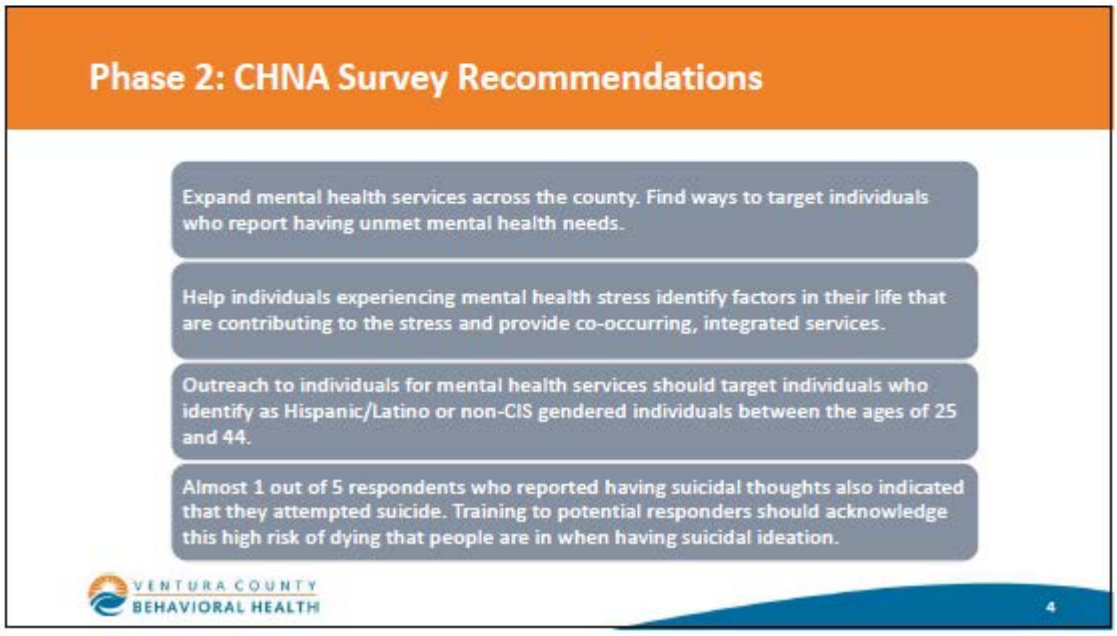
Required break down of spending

VENTURA COUNTY BEHAVIORAL HEALTH

2


Summary of the CPP Process
You are here
CHNA Secondary Data Collection
CHNA Survey Distribution N=3022
15 CHNA Focus Groups
Internal Assess-ment
MHSA Survey Outreach N=300+ surveys
+3 Specialized Mental Health Focus groups
Community feedback
February/ March Report Out
Draft Report April 17
Submission Process Begins
Phase 1: January 2022 – June 2022
Phase 2: July 2022 – October 2022
Phase 3: November - June 2023
VENTURA COUNTY BEHAVIORAL HEALTH
3

3


Phase 2: CHNA Survey Recommendations
Expand mental health services across the county. Find ways to target individuals who report having unmet mental health needs.
Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.
Outreach to individuals for mental health services should target individuals who identify as Hispanic/Latino or non-CIS gendered individuals between the ages of 25 and 44.
Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training to potential responders should acknowledge this high risk of dying that people are in when having suicidal ideation.
VENTURA COUNTY BEHAVIORAL HEALTH
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4


Phase 2: Summary of Findings
Cannot separate a conversation about mental health from the cultural stigma that has infused even healthy language around mental health
Although participants' MH concerns are driven by traumatic experiences, they were more comfortable using terms such as depression and anxiety
High level of need for cultivating trust within the community to address the barriers that prevent successful connection to MH services
VENTURA COUNTY
BEHAVIORAL HEALTH
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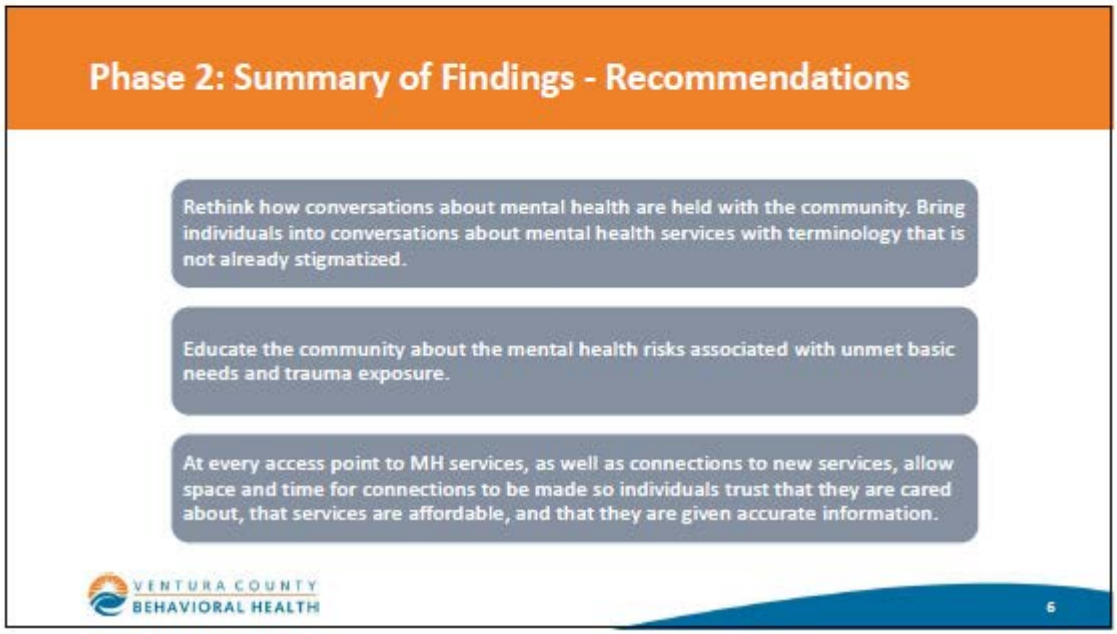
5


Phase 2: Summary of Findings - Recommendations
Rethink how conversations about mental health are held with the community. Bring individuals into conversations about mental health services with terminology that is not already stigmatized.
Educate the community about the mental health risks associated with unmet basic needs and trauma exposure.
At every access point to MH services, as well as connections to new services, allow space and time for connections to be made so individuals trust that they are cared about, that services are affordable, and that they are given accurate information.
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BEHAVIORAL HEALTH
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6

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PRIORITIZATION

Phase 3

7

Feedback Sources

Sources of feedback:

- 144 Survey Responses
- 5 CPPP in-person and zoom meetings
- Internal meetings
- Email Submissions

VENTURA COUNTY
BEHAVIORAL HEALTH

8

8

Top Categories of Solutions

I. **Housing**
   I. Buildings
   II. Services
   III. Units

II. **Expansion of Services and Treatment types**
   I. Staff
   II. Buildings
   III. Services

III. **Access**
   I. Timing
   II. Immediate or Urgent Care

IV. **Outreach and Education**
   I. Knowing when, where, and how to access services.

V. **Alternatives to VCBH**
   I. Mild to moderate care
   II. Services partners

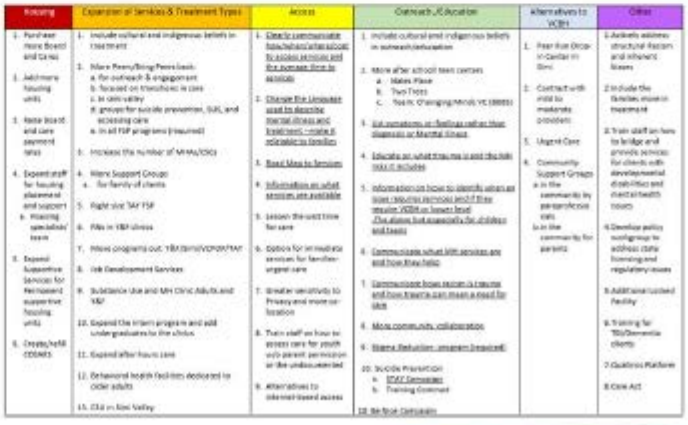
VENTURA COUNTY BEHAVIORAL HEALTH

9

9

Reviewing the Chart

- Colum from highest priority (left to right)
- Per category listed from most requested items to least (top to bottom)



VENTURA COUNTY BEHAVIORAL HEALTH

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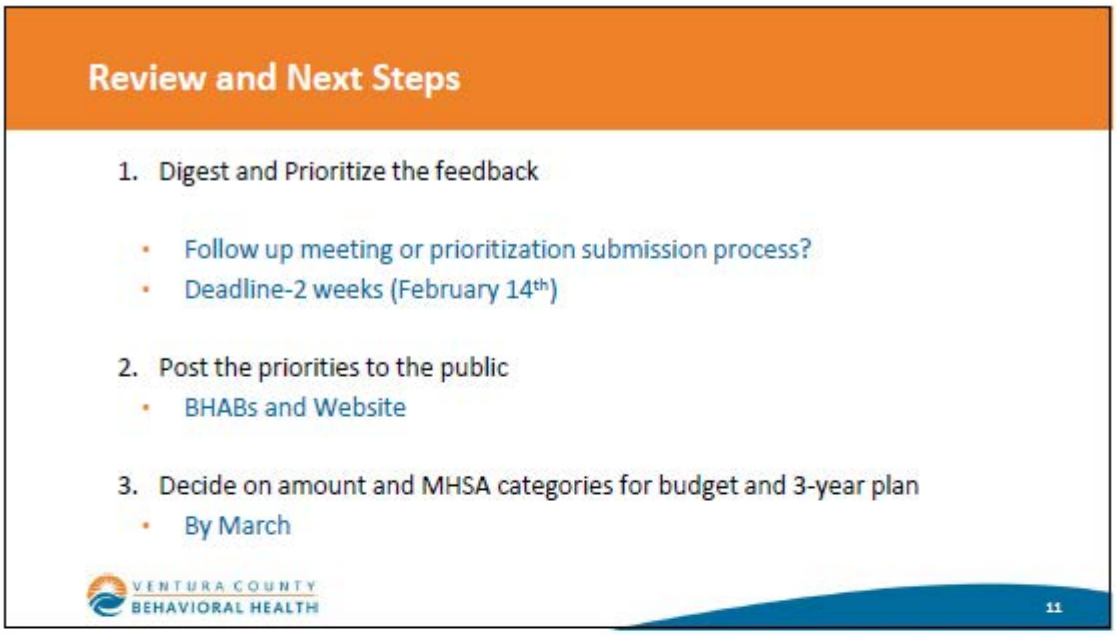
Review and Next Steps
1. Digest and Prioritize the feedback
Follow up meeting or prioritization submission process?
Deadline-2 weeks (February 14th)
2. Post the priorities to the public
BHABs and Website
3. Decide on amount and MHSA categories for budget and 3-year plan
By March
VENTURA COUNTY
BEHAVIORAL HEALTH
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MINI GRANT DISCUSSION

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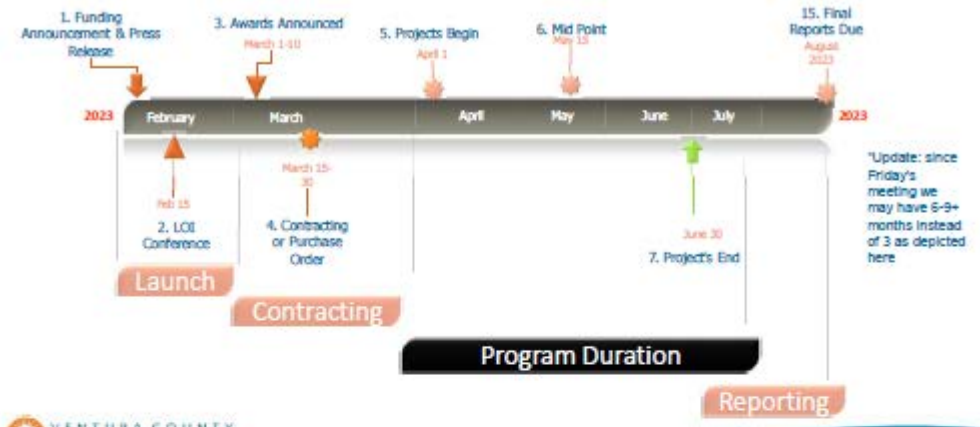
Short Term PEI Mini Grant Timeline



VENTURA COUNTY BEHAVIORAL HEALTH

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Proposal for Mini Grants/Purchase Orders

- **Community Engagement Events:**
  - For one-time events or activities, Community Responsive Mini Grants can provide up to $2,000 per event to connect with parents, caregivers and/or providers to increase awareness about a topic or resource available in the community. Examples: mental health awareness or early childhood development workshop.
- **Professional Development Opportunity:**
  - For Professional Development Opportunities, such as hosting or attending conferences or training, Community Responsive Mini Grants can provide up to $3,000 per event, to strengthen the skills of Ventura County mental health Prevention early intervention and mental health providers. Professional Development Opportunities may be one-time (such as a one-day training) or over a time-period (such as a weekly training over 6 weeks). Examples: Suicide Prevention training or Trauma Informed Care conference.
- **Material and Equipment Purchase:**
  - PEI Mini Grants can be used to support the purchase of equipment or materials up to $10,000 to aid with specific PEI activities or services to children/TAY ages 0-25 and their families or Older Adults (60+). Materials or equipment may be used for purposes including, but not limited to keeping children and families safe, making a space appropriate for the targeted age group, etc. Examples: Purchase of new curriculum or purchase of furniture to create age-appropriate space in an office, or promotional materials.
- **Time-Limited Pilot Programs:**
  - PEI Mini Grants can be used to support Time-Limited Programs for up to $10,000. Time-Limited Programs must be time-limited in nature and need to establish how many children, families or providers will be served, and what the intended outcome will be. **Examples:** A 6-week art class for children and grandparents focusing on Latino culture or an 8-week parent training.

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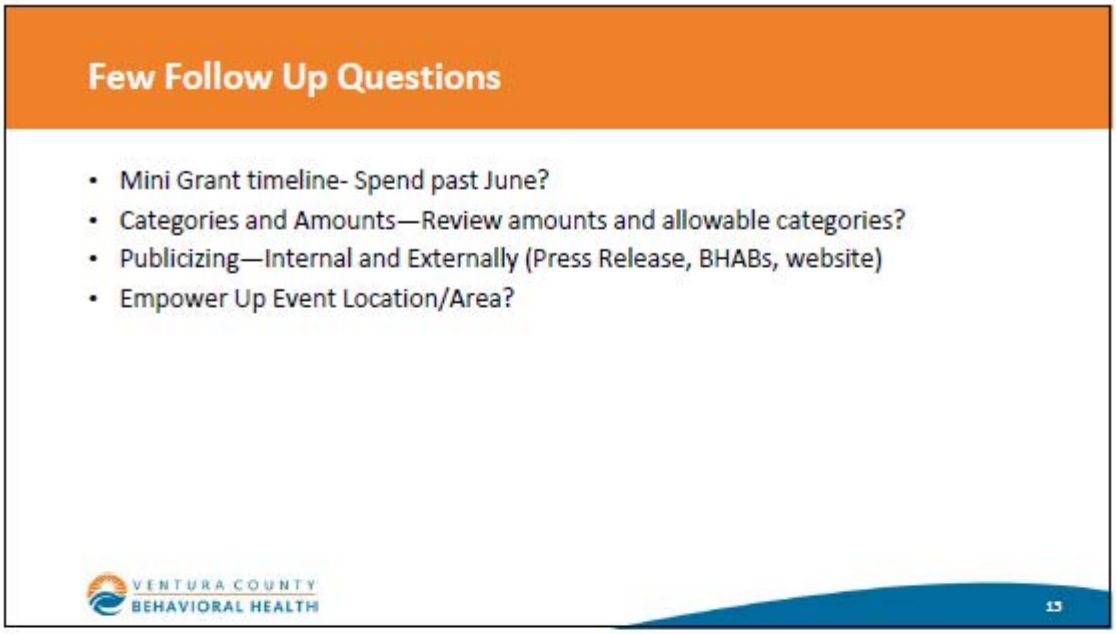
Few Follow Up Questions
• Mini Grant timeline- Spend past June?
• Categories and Amounts—Review amounts and allowable categories?
• Publicizing—Internal and Externally (Press Release, BHABs, website)
• Empower Up Event Location/Area?
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7.3.2 Community Planning Process (CPP) – Overview and Findings (English)

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A Department of Ventura County Health Care Agency

November 29 & 30, 2022

COMMUNITY PLANNING PROCESS (CPP)

Overview and Findings

Introductions

The MHSA Team

- Dr. John Schipper – Division Chief, MHSA and Adult Services
- Dr. Jamie Rotnofsky – Sr. Manager MHSA
- Hilary Carson – Program Administrator
- Greg Bergan – Program Administrator
- Katie Stefl – Program Administrator
- Esperanza Mata – Community Service Coordinator
- Monica Neece – Suicide Prevention Coordinator
- Juan Sanchez – Management Assistant

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Codes of Conduct

Codes of Conduct During Presentation and Community Sharing

We want to create space where everyone is treated with respect and dignity and a safe place to share

- Only one person speaks at a time
- "I" statements are preferred; speak for yourself, not for a group
- Everyone's voice matters
- Creating space for others to have an opportunity to communicate
- Everyone has different levels of knowledge and experiences related to mental health and substance use and all voices are welcome
- Comment in order to share information, not to persuade
- Avoid any assumptions about any member of the group or generalizations about social groups
- Is there anything you would like to add?

We all have a common purpose – to improve the services of our community

What is MHSA?

California's Mental Health Services Act (MHSA), also known as Proposition 63, placed an additional 1% tax on personal incomes exceeding $1M.

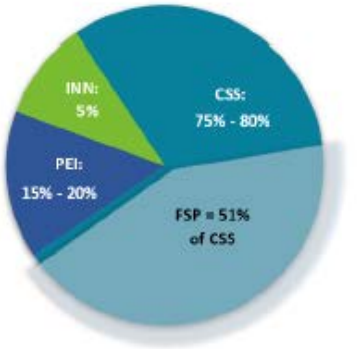
- MHSA funds mental health programs across treatment, prevention and early intervention, innovation, infrastructure, and workforce development.
- There are five "buckets" of MHSA funding:

Annual Update and 3-year plan

3 Year Plans: Outlines the department needs, goals, program plans and spending for the next three years.

Annual Update Reports: Reports on all MHSA funded programs from the prior fiscal year and anticipated changes for the next year always links back to the current 3-year plan.

Community Planning: Counties are required to meaningfully involve stakeholders in program planning (e.g., Annual Updates, Three-Year Plans), implementation, evaluation, and budget allocation



Required break down of spending

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Summary of the CPP Process

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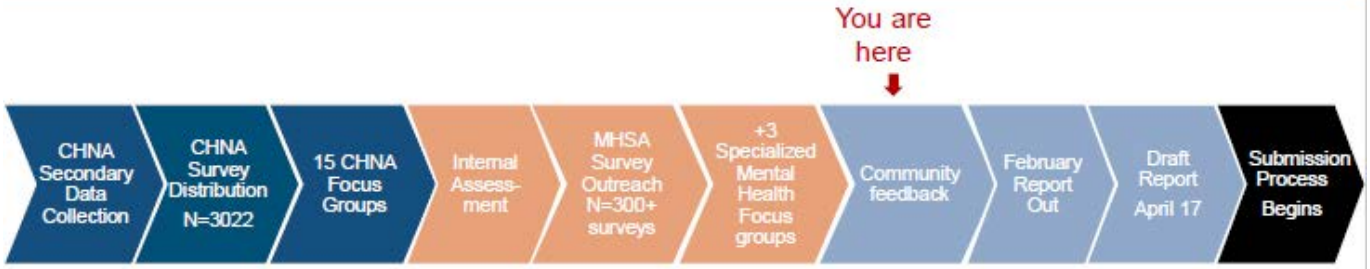
Summary of the CPP Process



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COMMUNITY NEEDS ASSESSMENT FINDINGS

Phase 1

Phase 1: Background

VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE
(VCCHIC)

CONDUIT
OVERVIEW OF FINDINGS

For additional information, the full report can be found on www.Healthmattersinvc.org

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

VENTURA COUNTY
BEHAVIORAL HEALTH

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Phase 1: Primary Data

Primary data means data collected directly from individuals and included:

- Community Survey Responses (N=3,000+)
- 15 Focus Groups

Community Survey, Key Stakeholder & Community Member Focus Group Discussions

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Phase 1: Demographics of the CHNA Respondents

- All age groups were represented in the survey - 0-17 (5%), 18-24 (11%), 25-34 (18%), 35-44 (22%), 45-54 (16%), 55-64 (14%), and 65+ (14%)
- Gender Identity – Female/Woman (77%), Male/Man (20%), Another Gender Identity or Prefer Not to Answer (3%)
- Household Income – 25% of respondents had a household income less than $30K per year
- Race or ethnicity – 63% of respondents were Hispanic/Latino (4% Indigenous from Mexico, Central or South America), 30% Non-Hispanic White, 4% Non-Hispanic Asian, 1% Non-Hispanic Black, 1% Non-Hispanic American Indian or Alaska Native, 1% another race or ethnicity
- Marital Status – Married (48%), Not Married/Single (33%), Domestic Partner (9%)
- Education – Less than high school graduate (11%), high school graduate or GED (13%)
- Language – Spanish (23%), English (72%), Mixtec (2%); 16% of surveys were completed in Spanish
- Military – Currently serve or served in the past (4%)
- Physical or Mental Disability - 12%
- Insurance – Medi-Cal (18%), No insurance (7%), Cash Pay (6%)
- Industry/Business – Agriculture (5%), Construction (1%), Education (6%), Food Service or Retail (5%), Government (30%), Healthcare (39%), Technology (2%)

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Phase 1: CHNA Considerations, Health Equity Index

6 Socio-economic detriments of heath – Health Equity Index

- Income
- Poverty
- Unemployment
- Occupation
- Educational Attainment
- Linguistic Barriers

Health Equity

Health equity focuses on the fair and just distribution of health determinants, outcomes, and resources across communities.

Systemic racism
Poverty
Gender discrimination

Poorer health outcomes for groups such as Black persons, Hispanic or Latino persons, indigenous communities, people experiencing poverty and LGBTQIA+ communities.

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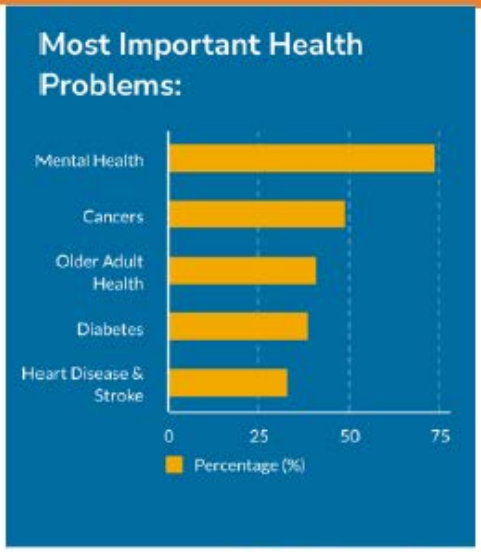
Phase 1: Need Assessment Findings

- Access to Health Care
- Alcohol and Drug Abuse
- Cancer
- Diabetes
- Education
- Heart Disease and Stroke
- Housing
- Mental Health
- Nutrition and Healthy Eating
- Older Adults
- Physical Activity
- Weight Status



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Phase 1: Key Themes from Focus Groups

> Substance Use increase and normalization is higher than ever.
> - Focus Group Participant

> At a very early age they are starting to consume drugs and alcohol. So now you see a lot younger people.
> - Focus Group Participant

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Phase 1: Top Reported Finding

Mental Health

Key Themes from Community Input

- Mental health problems (trauma, depression, bipolar, etc.) was the #1 most important health problem by both the general population (74%) and student respondents (82%)
- Mental health issues across the life span discussed in focus groups
- Suicide was most important health problem for 32% of student respondents

Life Expectancy Analysis

Suicide ranked #7 in leading causes of premature death (2019-2021) for males and #9 overall for Ventura County

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Phase 1: Community Health Implementation Strategy

At-a-Glance

COMMUNITY HEALTH IMPLEMENTATION STRATEGY
VENTURA COUNTY

ADDRESSING MENTAL HEALTH AND SUBSTANCE USE ACROSS THE LIFESPAN

GOAL: **Increase access to mental health and substance use related services in Ventura County**

STRATEGY: Expand reach of mental health and substance use prevention programs and measures

OBJECTIVE: Improve mental health access through education, leveraging existing behavioral health resources, building organization-based networks, and sharing lessons learned.

PREVENTION OF CHRONIC CONDITIONS BY PROMOTING HEALTHY LIFESTYLES

GOAL: **Address some of the social determinants of health (SDOH) that contribute to chronic conditions and inhibit healthy lifestyles in Ventura County**

STRATEGY: Promote and environment conducive to both physical exercise and increased access to healthy foods.

OBJECTIVE: Identify policies and programs, evaluated through a health equity lens, that promote healthy behaviors and increase access to physical activities and healthy foods in Ventura County.

ADVANCING EQUITABLE ACCESS TO HEALTHCARE

GOAL: **Expand access to preventative care services to reduce the need for emergency visits in Ventura County**

STRATEGY: Develop and implement health equity conscious policies and programs to expand preventative care service availability and accessibility in Ventura County.

OBJECTIVE: Implement policies and programs aimed at expanding and promoting access to culturally appropriate preventative care services among underserved populations in Ventura County.

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ENHANCED MENTAL HEALTH DATA COLLECTION

Phase 2

Phase 2: Background

- The CHNA identified zip codes area with the lowest life expectancy (Oxnard and Santa Paula).
- The MHSA prioritizes unserved and underserved populations. Based on the above CHNA findings, additional data collection effort were made in these areas.
  - Additional surveys (+300) were collected in these areas.
  - 3 additional focus groups were held in these areas (total N=30). Populations participating included behavioral health clients, community members and the unhoused.
- Next, we will present a summary of these findings. Full findings can be found on www.wellnesseveryday.org in video format.

EVALCORP
Measuring What Matters

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ENHANCED COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY FINDINGS

Phase 2 (continued)

Phase 2: Demographic Profile of Survey Respondents

- Age groups
  - 0-17 (5%), 18-24 (11%), 25-34 (18%), 35-44 (23%), 45-54 (15%), 55-64 (14%), and 65+ (14%)
- Gender Identity
  - Female/Woman (77%), Male/Man (20%), Another Gender Identity or Prefer Not to Answer (3%)
- Household Income
  - 49% of respondents had a household income of less than $50K per year
- Race or Ethnicity
  - 75% of respondents identified as Hispanic/Latino, 71% White, 4% Asian, 3% American Indian or Alaska Native, 2% Black/African American, 1% Native Hawaiian or Pacific Islander, 13% another race, and 6% more than one race.
- Primary Language
  - English (65%), Spanish (27%), Mixtec (4%), Other (2%), Tagalog (1%), Arabic (1%)

Phase 2: Demographic Profile of Survey Respondents

- Marital Status
  - Married (48%), Not Married/Single (32%), Domestic Partner (9%), Other (4%), Prefer not to answer (4%)
- Education
  - Less than high school graduate (18%), high school/GED (14%), bachelor's degree or higher (43%)
- Military
  - Currently serve or served in the past (4%)
- Physical or Mental Disability
  - Has a disability (11%)
- Insurance
  - Medi-Cal (17%), Medicare (5%), Medi-Cal and Medicare (2%), Cash Pay/No insurance (8%)
- Industry/Business
  - Healthcare (37%), Government (28%), Education (5%), Agriculture (8%), Food Service or Retail (5%)

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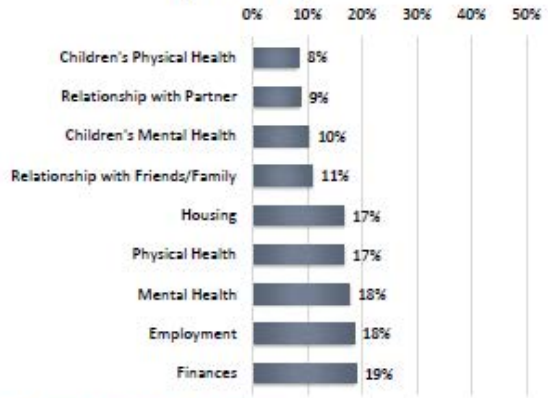
Phase 2: Sources of Great Stress

SOURCES OF GREAT STRESS AMONG ALL RESPONDENTS (*N* = 3430)



The top sources of great stress among all surveyed were:

- Finances
- Employment
- Mental Health
- Physical Health
- Housing

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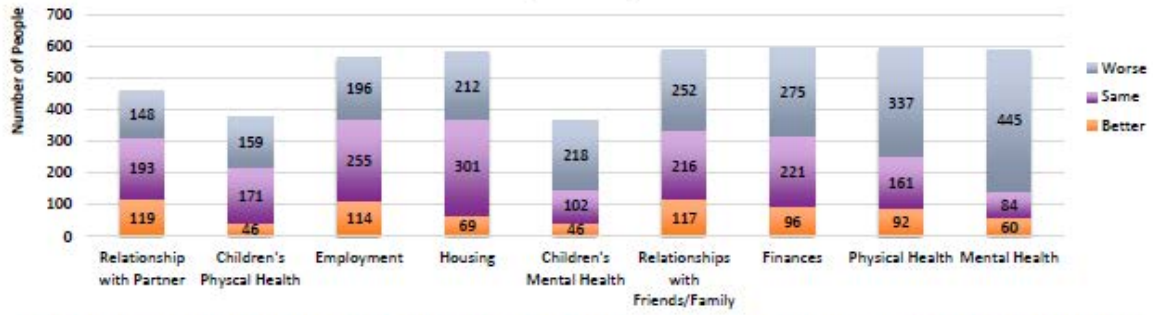
Phase 2: Changes in Concerns Since COVID-19

**CHANGES IN CONCERNS SINCE COVID-19
AMONG INDIVIDUALS WITH A GREAT DEAL OF MENTAL HEALTH STRESS
(*N* = 606)**



- Among those who reported a great deal of mental health stress, a large proportion also reported that COVID-19 worsened their mental health and children's mental health

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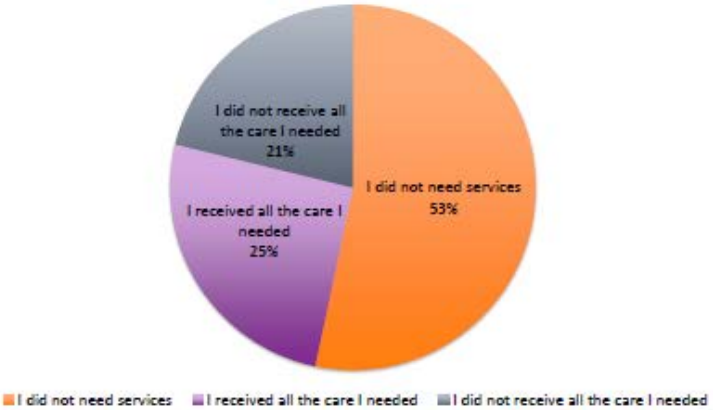
Phase 2: Receipt of Mental Health Services

- Almost 50% of respondents reported needing mental health care in the last 12 months, while more than half indicated that they did not
- More than 20% (n=593) of the respondents reported they did not receive the mental health care they needed

**EXTENT INDIVIDUALS RECEIVED THE MENTAL HEALTH CARE THEY NEEDED
(N = 2798)**



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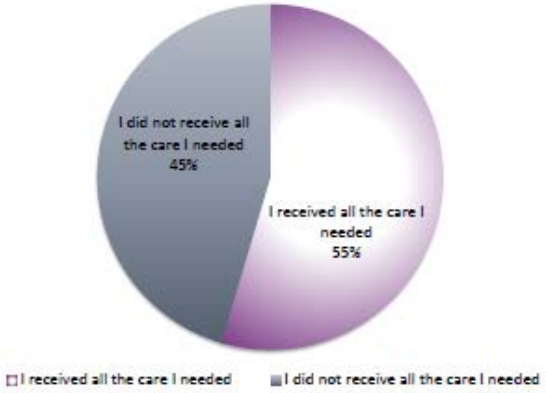
Phase 2: Receipt of Mental Health Services

- Of those who reported needing mental health services, 45% reported that they did *not* receive the mental health care they needed.

EXTENT INDIVIDUALS WHO NEEDED SERVICES RECEIVED THE MENTAL HEALTH CARE THEY NEEDED (n = 1293)



VENTURA COUNTY BEHAVIORAL HEALTH

Phase 2: Receipt of Mental Health Services

DEMOGRAPHICS OF INDIVIDUALS WHO DID NOT RECEIVE NEEDED MH CARE

Age Group (*n* = 566)	%
0-17 years	5%
18-24 years	14%
25-34 years	19%
35-44 years	23%
45-54 years	16%
55-64 years	14%
65+ years	9%

Racial Category (*n* = 473)	%
Black/African American	1%
Native Hawaiian/Pacific Islander	1%
American Indian/Alaska Native	2%
Asian	5%
Multi-racial	8%
Other	12%
White	71%

Ethnicity Category (*n* = 512)	%
Hispanic/Latino	56%
Non-Hispanic/Latino	44%

Individuals most likely to not receive the mental health care they needed were those between the ages of 25-44, those who identified as White or Other, and/or those who identified as Hispanic/Latino.

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Phase 2: Receipt of Mental Health Services

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Phase 2: Suicidal Ideation and Attempts – Age Comparisons

- Suicidal *thoughts* were more common among younger age groups.
- Suicide *attempts* were more common among individuals: (1) 45-54 years, (2) 0-17 years, (3) 34-44 years, and (4) 65+ years
- Older age groups were less likely to have suicidal thoughts, but more likely to have made attempts, compared to their younger counterparts

Age Group	Suicidal Thoughts$_1$	Suicide Attempts$_2$
0 – 17 Years (n_1 = 133, n_2 = 99)	15%	15%
18 – 24 Years (n_1 = 292, n_2 = 76)	12%	7%
25 – 34 Years (n_1 = 502, n_2 = 62)	6%	7%
35 – 44 Years (n_1 = 629, n_2 = 56)	5%	11%
45 – 54 Years (n_1 = 427, n_2 = 31)	5%	16%
55 – 64 Years (n_1 = 388, n_2 = 35)	4%	3%
65 Years and Up (n_1 = 370, n_2 = 18)	2%	11%

VENTURA COUNTY BEHAVIORAL HEALTH

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Phase 2: Suicidal Thoughts and Ideation

- About 6% of survey respondents reported having thoughts of suicide in the past 12 months, among those 9% reported having attempted suicide, and among those, more than half did not get medical attention.
- Suicidal thoughts and suicide attempts were more common among individuals who did not identify as a man or woman (Note: sample sizes are lower in these categories)

Gender Identity	Suicidal Thoughts$_1$	Suicide Attempts$_2$
Woman (n_1 = 2094, n_2 = 220)	5%	9%
Man (n_1 = 539, n_2 = 62)	6%	5%
Transgender Man (n_1 = 5, n_2 = 3)	20%	33%
Transgender Woman (n_1 = 3, n_2 = 2)	67%	50%
Non-Binary (n_1 = 25, n_2 =14)	32%	21%
Other (n_1 = 6, n_2 = 3)	33%	0%

Phase 2: Survey Discussion

Mental health was a top source of stress across all respondents, but especially among younger individuals and those with a lower income.

COVID-19 exacerbated concerns regarding personal and children's mental health.

Suicidal thoughts were more common among younger respondents and those who did not identify as cis-gendered men or women.

More than half of all survey respondents, as well as those who had suicidal thoughts, received the MH care that they needed.

Phase 2: Survey Recommendations

Expand mental health services across the county. Find ways to target individuals who report having unmet mental health needs.

Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.

Outreach to individuals for mental health services should target individuals who identify as Hispanic/Latino or non-CIS gendered individuals between the ages of 25 and 44.

Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training to potential responders should acknowledge this high risk of dying that people are in when having suicidal ideation.

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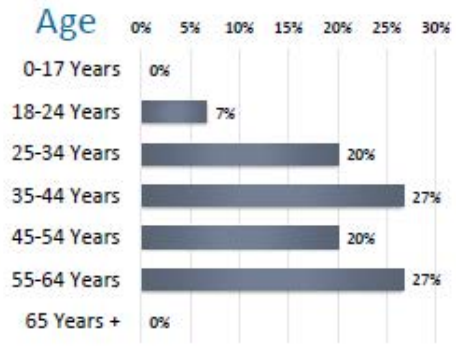
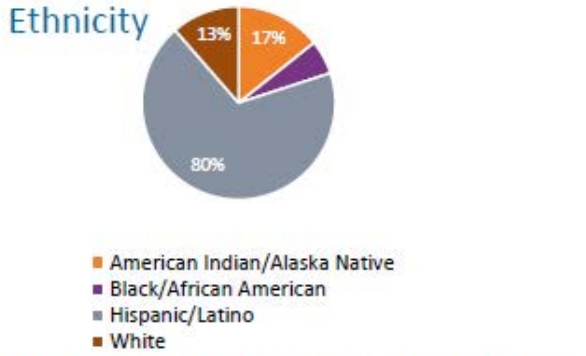
ENHANCED FOCUS GROUP FINDINGS

Phase 2 (continued)

Phase 2: Participant Demographics

- Three additional focus groups (N=30) were conducted among unserved/underserved people including behavioral health clients, community members, and housing challenged, in both English and Spanish, and conducted in zip codes identified on VCHNA as having the lowest life expectancy.





No individuals identified as Asian, Native Hawaiian/Pacific Islander, or another race

Phase 2: Understandings of Mental Health – Language Used

How did participant language reflect their understanding of MH?

Cultural Influences

- Focused on cultural stigmas and slurs
- Recognized the negative impact of stigma
- Secrecy of Mental Health

> "Silence is golden"
> -Focus group participant

Phase 2: Mental Health Needs

What needs do participants feel are most important to them?

Trauma

- Shared traumatic experiences that drove mental health needs, but did not use the term
- Examples: abuse, leaving home country, abandonment

Generational Trauma

- Recognition that issues are passed down to future generations and desire to prevent this
- No understanding of why this happens or how to address and prevent it

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Phase 2: Enhanced Focus Group Findings

What is most important to participants in receiving mental health services?

1. Connection to Care
2. Affordability
3. Awareness

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Phase 2: Mental Health Service Considerations

1. Connection to Care

Personal Care

- Culturally- and linguistically-appropriate care
- Attention to common stigmas and implicit bias from providers
- Prioritization of privacy

Patient-centered

- Flexible service hours
- Provider consistency and continuity of care
- More local services

Phase 2: Mental Health Service Considerations

2. Affordability

- Insurance coverage for services is not reliable
- Eligibility requirements create barriers
- Fears regarding cost prevent engagement in services

Phase 2: Mental Health Service Considerations

3. Awareness

- Power in having awareness of available resources
- No central point to receive information about services
- Lack of updated information discourages connection to care
- Need additional community education on how to identify needs

Phase 2: Summary of Findings

Cannot separate a conversation about mental health from the cultural stigma that has infused even healthy language around mental health

Although participants' MH concerns are driven by traumatic experiences, they were more comfortable using terms such as depression and anxiety

High level of need for cultivating trust within the community to address the barriers that prevent successful connection to MH services

Phase 2: Summary of Findings - Recommendations

Rethink how conversations about mental health are held with the community. Bring individuals into conversations about mental health services with terminology that is not already stigmatized.

Educate the community about the mental health risks associated with unmet basic needs and trauma exposure.

At every access point to MH services, as well as connections to new services, allow space and time for connections to be made so individuals trust that they are cared about, that services are affordable, and that they are given accurate information.

VENTURA COUNTY BEHAVIORAL HEALTH

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Questions on Needs Assessment Findings

For full details:

- Phase 1: CHNA
  - www.Healthmattersinvc.org
    - Needs Assessment report and Response to the Needs Assessment report
    - Dashboard tools
- Phase 2: Enhanced Mental Health Results:
  - www.Wellnesseveryday.org or www.saludsiemprevc.org
    - Survey findings video
    - Focus group finding video

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COMMUNITY FEEDBACK

Phase 3

Phase 3: Questions for Consideration

Connection to Care | Affordability | Awareness

Questions:

1. How can the topic of mental health be approached in non-stigmatized language?
2. Does the community understand that trauma exposure and unmet basic needs drive mental health risks?
3. How can an emphasis on building trust be integrated into outreach efforts and service provision?

Survey

Please take a moment to fill out this short survey. With your help we can improve upon services to you and our community.

The survey should take **less than 5 minutes to complete.**

You can scan the QR code or connect on the website and take it from a digital device.

English

https://www.surveymonkey.com/r/CPP_English

Español

https://www.surveymonkey.com/r/CPP_Espanol

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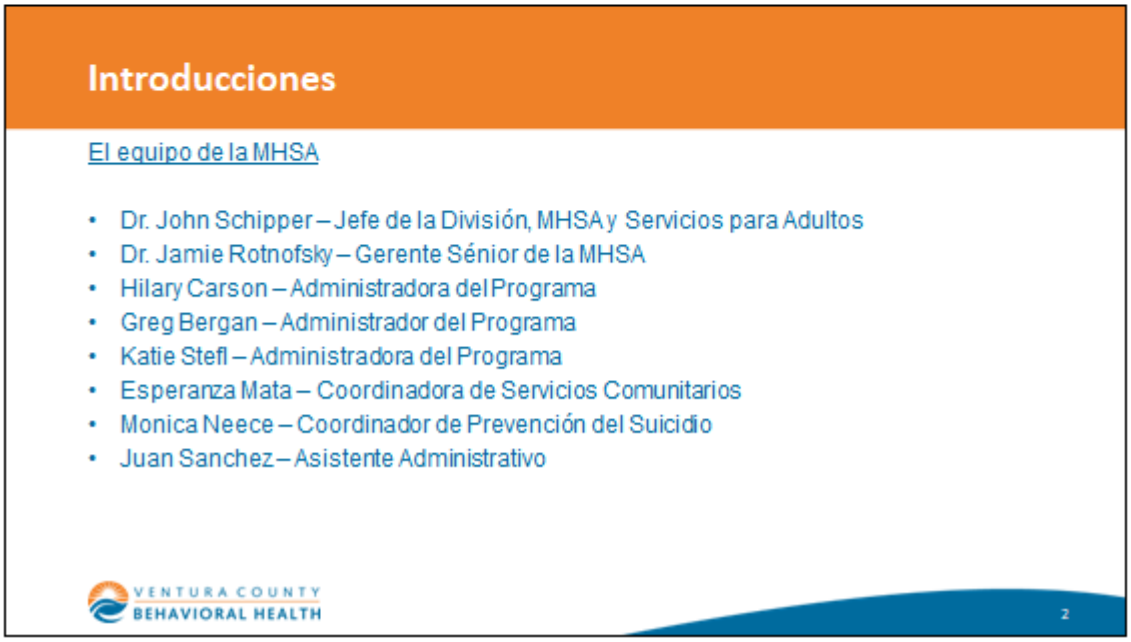
THANK YOU FOR COMING

We truly value your time, participation and feedback.

7.3.3 PROCESO DE PLANIFICACIÓN COMUNITARIA (CPP) – (Spanish)

1



Código de Condulta

Código de Conducta durante la presentación y el intercambio comunitario

Queremos crear un espacio donde todos sean tratados con respeto y dignidad y un lugar seguro para compartir

- Solo habla una persona a la vez.
- Se prefieren las oraciones con "yo"; hable por usted mismo, no por un grupo.
- La voz de todos importa.
- Se crea un espacio para que otros tengan la oportunidad de comunicarse.
- Todos tienen distintos niveles de conocimiento y experiencias relacionadas con la salud mental y el uso de sustancias y los comentarios de todos son bienvenidos.
- Comente para compartir información, no para persuadir.
- Evite cualquier suposición sobre cualquier miembro del grupo o generalizaciones sobre grupos sociales.
- ¿Le gustaría agregar algo?

Todos tenemos un propósito común: mejorar los servicios de nuestra comunidad.

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¿Qué es la MHSA?

La Ley de Servicios de Salud Mental de California (MHSA), también conocida como la Proposición 63, gravó un impuesto adicional del 1% sobre los ingresos personales superiores a un millón.

- La MHSA financia programas de salud mental para el tratamiento, la prevención, la intervención temprana, la innovación, la infraestructura y el desarrollo de la fuerza laboral.
- Hay cinco "pilares" del financiamiento de la MHSA:

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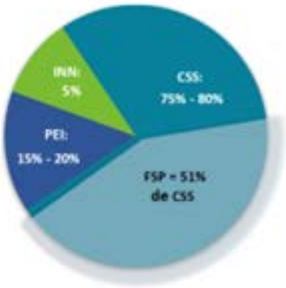
Actualización anual y plan de 3 años

Plan de 3 años: describe las necesidades, los objetivos, los planes de programas y los gastos del departamento para los próximos tres años.

Informes de actualización anual: los informes sobre todos los programas financiados por la MHSA del año fiscal anterior y los cambios anticipados para el próximo año siempre se relacionan con el plan actual de 3 años.

Planificación comunitaria: los condados deben involucrar significativamente a las partes interesadas en la planificación (ej., actualizaciones anuales, planes trienales), la implementación, evaluación y la asignación presupuestaria del programa.



Se require el desglose de gastos.

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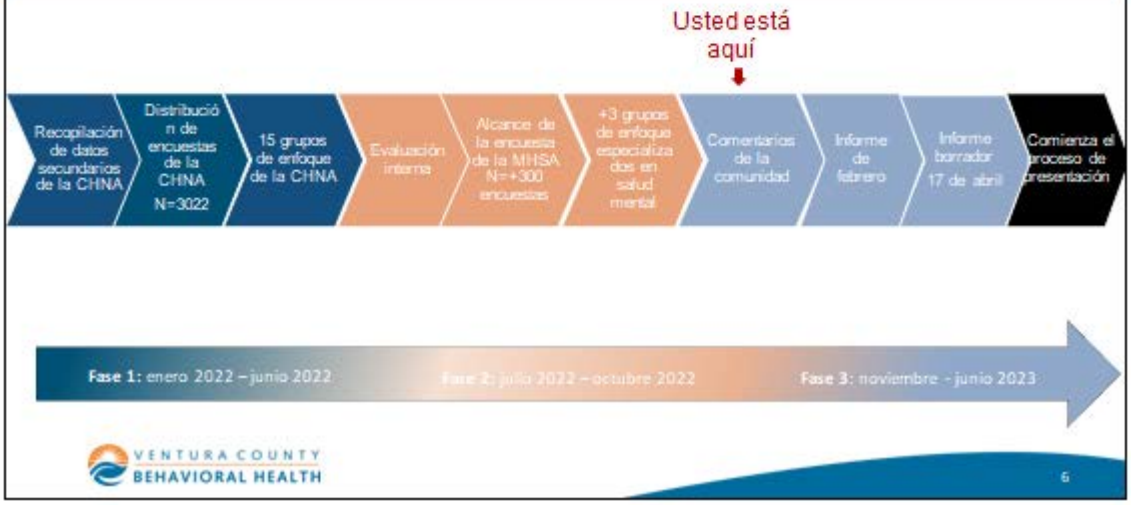
Resumen del Proceso de Planificación Comunitaria (CPP)



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HALLAZGOS DE LA EVALUACIÓN DE LAS NECESIDADES DE LA COMUNIDAD

Fase 1

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Fase 1: Antecedentes

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IMPROVEMENT COLLABORATIVE
(VCCHIC)

Para obtener información adicional, puede encontrar el infome completo en:
www.Healthmattersinvc.org

CONDUIT
RESUMEN DE LOS HALLAZGOS

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Fase 1: Datos primarios

Los datos primaries son los datos recopilados directamente de las personas e incluyeron:

- Respuestas de encuestas de la comunidad (N=+3.000)
- 15 grupos de enfoque

Encuesta comunitaria, discusiones de grupos de enfoque de miembros de la comunidad y partes interesadas clave

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Fase 1: Información demográfica de los encuestados de la CHNA

- Todos los grupos de edad están representados en la encuesta: 0-17 (5%), 18-24 (11%), 25-34 (18%), 35-44 (22%), 45-54 (16%), 55-64 (14%), y +65 (14%).
- Identidad de género: femenino/mujer (77%), masculino/hombre (20%), otra identidad de género o prefiere no responder (3%).
- Ingreso familiar: 25% de los encuestados tenía un ingreso familiar inferior a $30 mil por año.
- Origen racial o étnico: 63% de los encuestados era hispano/latino (4% indígena de México, América Central o del Sur), 30% blanco no hispano, 4% asiático no hispano, 1% negro no hispano, 1% indioamericano o nativo de Alaska no hispano, 1% otro origen racial o étnico.
- Estado civil: casado (48%), no casado/soltero(33%), pareja de hecho (9%).
- Educación: inferior a graduado de escuela secundaria (11%), graduado de escuela secundaria o GED (13%).
- Idioma: español (23%), inglés (72%), mixteco (2%); 16% encuestas se completaron en español.
- Fuerza militar: prestan servicio actualmente o prestaron servicio en el pasado (4%).
- Discapacidad física o mental: 12%.
- Seguro: Medi-Cal (18%), sin seguro (7%), pago en efectivo (6%).
- Industria/negocio: agricultura (5%), construcción (1%), educación (6%), servicios de alimentos o venta al por menor (5%), gobierno (30%), salud (39%), tecnología (2%).

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Fase 1: Consideraciones de la CHNA, Índice de equidad sanitaria

6 perjuicios socioeconómicos de la salud: índice de equidad sanitaria

- Ingreso
- Pobreza
- Desempleo
- Ocupación
- Logro educativo
- Barreras lingüísticas

Equidad sanitaria

La equidad sanitaria se centra en lo que es justo y en la distribución equitativa de los determinantes, resultados y recursos de salud en las comunidades.

Racismo sistémico
Pobreza
Discriminación de género

Malos resultados sanitarios para grupos como las personas de color, los hispanos, los latinos, las comunidades indígenas, las personas que sufren pobreza y las comunidades +LGBTQIA.

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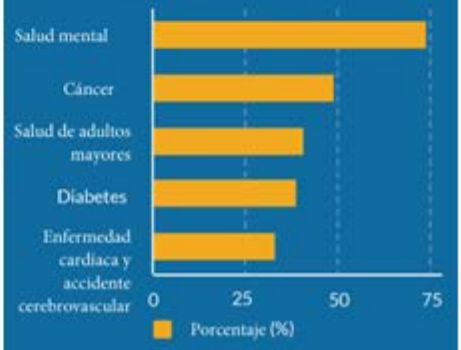
Fase 1: Hallazgos de la evaluación de las necesidades

- **Acceso a la atención sanitaria**
- **Abuso de alcohol y drogas**
- Cáncer
- Diabetes
- Educación
- Enfermedad cardíaca y accidente cerebrovascular
- **Vivienda**
- **Salud mental**
- Nutrición y salud
- Alimentación
- **Adultos mayores**
- Actividad física
- Estado del peso

Problemas de salud más importantes



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Fase 1: Temas clave de los grupos de enfoque

> **El aumento y la normalización del uso de sustancias es más alto que nunca.**
> - Participante del grupo de enfoque

> **Comienzan a consumir drogas y alcohol desde una edad muy temprana. Ahora, se ven muchas pesonas jóvenes.**
> - Participante del grupo de enfoque

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Fase 1: Principal hallazgo informado

Salud mental

Temas clave de los comentarios de la comunidad

- Los problemas de salud mental (trauma, depresión, bipolaridad, etc.) fueron el problema de salud no. 1 en la población general (74%) y en los estudiantes encuestados (82%).
- Los grupos de enfoque mencionaron problemas de salud mental a lo largo de la vida
- El suicidio fue el problema de salud más importante para el 32% de los estudiantes encuestados.

Análisis de la esperanza de vida

- El suicido ocupó el lugar no. 7 en las causas de muerte prematura (2019-2021) en los hombres y el no. 9 en general en el condado de Ventura

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Fase 1: Community Health Implementation Strategy
Resumen
ESTRATEGIA DE IMPLEMENTACIÓN DE SALUD COMUNITARIA DEL CONDADO DE VENTURA
TRATAMIENTO DE LA SALUD MENTAL Y EL USO DE SUSTANCIAS A LO LARGO DE LA VIDA
PREVENCIÓN DE ENFERMEDADES CRÓNICAS MEDIANTE LA PROMOCIÓN DE ESTILOS DE VIDA SALUDABLES
AVANCE A UN ACCESO EQUITATIVO A LA ATENCIÓN SANITARIA
15

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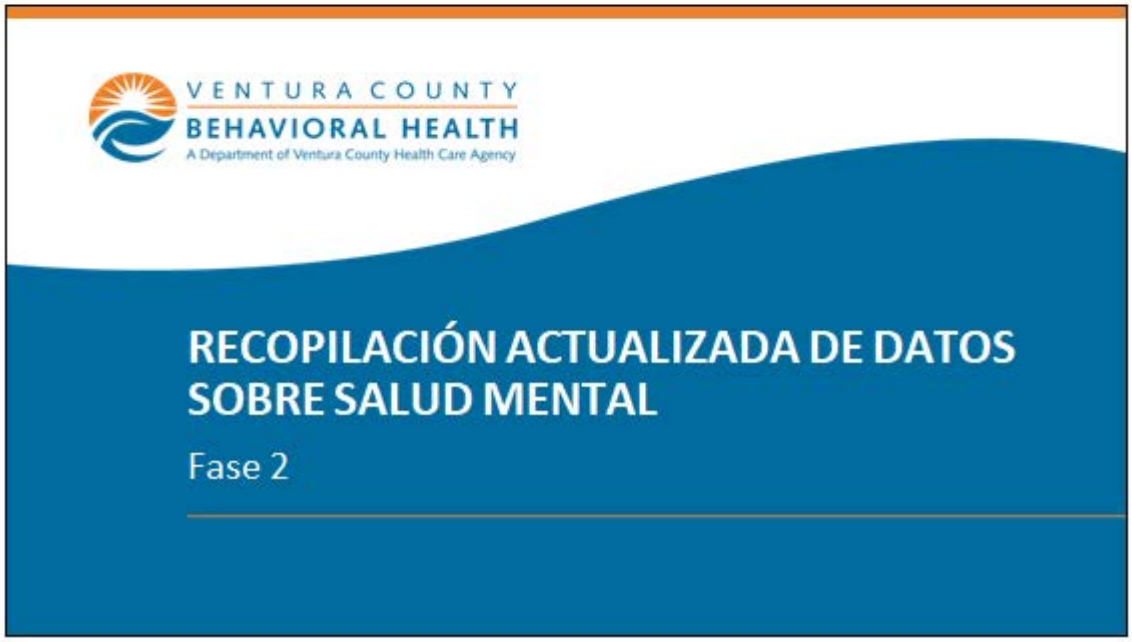
VENTURA COUNTY
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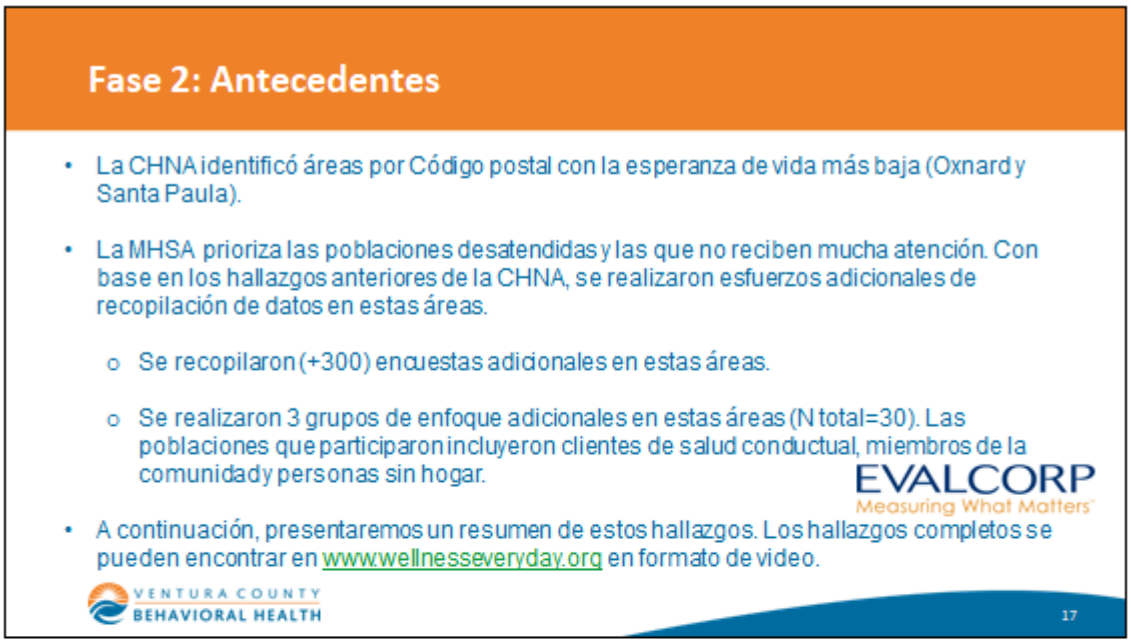
RECOPILACIÓN ACTUALIZADA DE DATOS SOBRE SALUD MENTAL
Fase 2


Fase 2: Antecedentes
• La CHNA identificó áreas por Código postal con la esperanza de vida más baja (Oxnard y Santa Paula).
• La MHSA prioriza las poblaciones desatendidas y las que no reciben mucha atención. Con base en los hallazgos anteriores de la CHNA, se realizaron esfuerzos adicionales de recopilación de datos en estas áreas.
o Se recopilaron (+300) encuestas adicionales en estas áreas.
o Se realizaron 3 grupos de enfoque adicionales en estas áreas (N total=30). Las poblaciones que participaron incluyeron clientes de salud conductual, miembros de la comunidad y personas sin hogar.
EVALCORP
Measuring What Matters
• A continuación, presentaremos un resumen de estos hallazgos. Los hallazgos completos se pueden encontrar en www.wellnesseveryday.org en formato de video.
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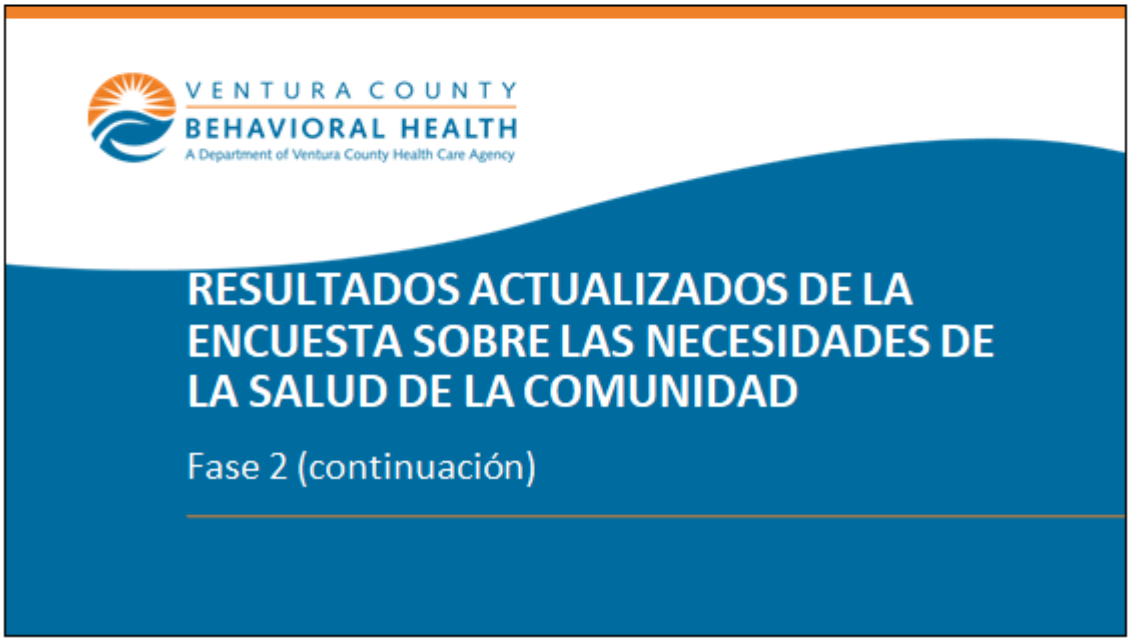
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RESULTADOS ACTUALIZADOS DE LA ENCUESTA SOBRE LAS NECESIDADES DE LA SALUD DE LA COMUNIDAD
Fase 2 (continuación)

Fase 2: Perfil demográfico de los encuestados

- Grupos de edad
  - 0-17 (5%), 18-24 (11%), 25-34 (18%), 35-44 (23%), 45-54 (15%), 55-64 (14%), y +65 (14%)
- Identidad de género
  - Femenino/mujer (77%), masculino/hombre (20%), otra identidad de genero o prefiere no responder (3%)
- Ingreso familiar
  - El 49% de los encuestados tuvo un ingreso familiar menor a $50.000 por año.
- Origen racial o étnico
  - El 75% de los encuestados se identificó como hispano/latino, el 71% blanco, el 4% asiático, el 3% indioamericano o nativo de Alaska, el 2% negro/afroamericano, el 1% native de Hawái o isleño del Pacífico, el 13% de otra raza, y el 6% de más de una raza.
- Idioma principal
  - Inglés (65%), español (27%), mixteco (4%), otro (2%), tágalo (1%), árabe (1%)

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Fase 2: Perfil demográfico de los encuestados

- Estado civil
  - Casado (48%), no Casado/soltero(32%), pareja de hecho (9%), otro (4%), prefiere no responder (4%)
- Educación
  - inferior a graduado de escuela secundaria (18%), escuela secundaria/GED (14%), título de grado o superior (43%)
- Militar
  - Actualmente presta servicio o prestó servicio en el pasado (4%)
- Discapacidad física o mental
  - Tiene una discapacidad (11%)
- Seguro
  - Medi-Cal (17%), Medicare (5%), Medi-Cal y Medicare (2%), pago en efectivo/sin Seguro (8%)
- Industria/negocio
  - Salud (37%), gobierno (28%), educación (5%), agricultura (8%), servicios de alimentos o venta al por menor (5%)

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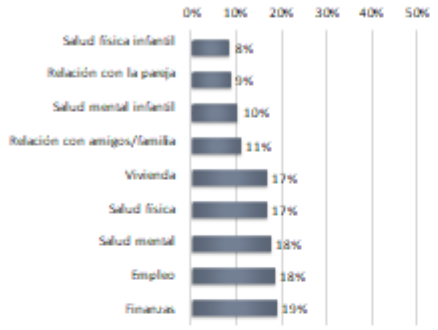
Fase 2: Fuentes de mayor estrés

FUENTES DE MAYOR ESTRÉS ENTRE LOS ENCUESTADOS (*N* = 3430)



Las principals fuentes de estrés entre los encuestados fueron:

- Finanzas
- Empleo
- Salud mental
- Salud física
- Vivienda

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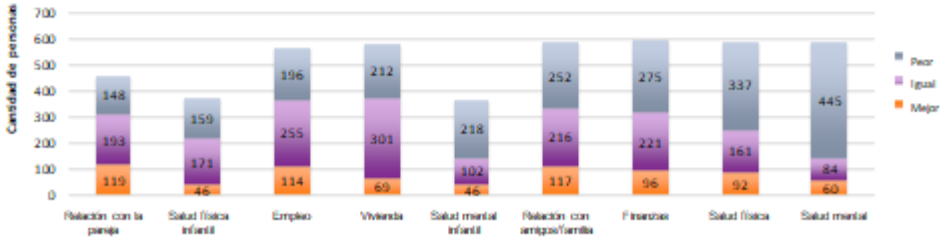
Fase 2: Cambios en las preocupaciones desde el COVID-19

CAMBIOS EN LAS PREOCUPACIONES DESDE EL COVID-19 EN PERSONAS CON MUCHO ESTRÉS DE SALUD MENTAL (*N* = 606)



- Entre aquellos que informaron una gran cantidad de estrés de salud mental, una gran proporción también inform que el COVID-19 empeoró su salud mental y la salud mental de sus niños.

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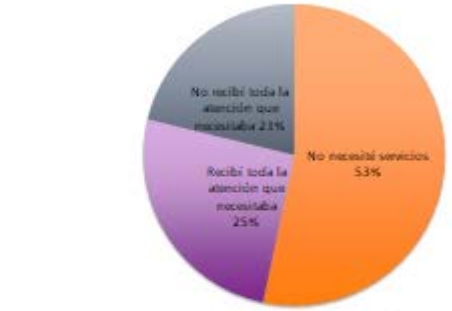
Fase 2: Recepción de servicios de salud mental

- Casi el 50% de los encuestados informó que necesitaba atención de salud mental en los últimos 12 meses, mientras más que la mitad indicó que no los necesitó.
- Más del 20% (n=593) de los encuestados informó que no recibió la atención de salud mental que necesitaba.

MEDIDA EN QUE LAS PERSONAS RECIBIERON LA ATENCIÓN DE SALUD MENTAL QUE NECESITABAN (N = 2798)



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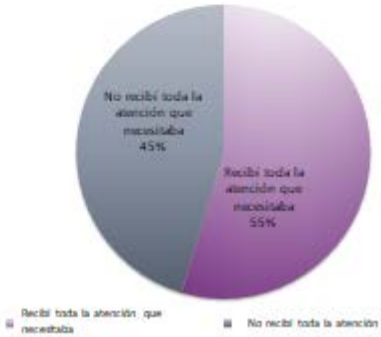
Fase 2: Recepción de servicios de salud mental

- De aquellos que informaron que necesitaban servicios de salud mental, el 45% informó que *no* recibió la atención de salud mental que necesitaba.

MEDIDA EN QUE LAS PERSONAS RECIBIERON LA ATENCIÓN DE SALUD MENTAL QUE NECESITABAN (n = 1293)



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Fase 2: Recepción de servicios de salud mental

INFORMACIÓN DE LAS PERSONAS QUE NO RECIBIERON LA ATENCIÓN DE SALUD MENTAL QUE NECESITABAN

Grupo etario (*n* = 566)	%
0-17 años	5%
18-24 años	14%
25-34 años	19%
35-44 años	23%
45-54 años	16%
55-64 años	14%
65+ años	9%

Categoría racial (*n* = 473)	%
Negro/afroamericano	1%
Nativo de Hawái/isleño del Pacífico	1%
Indioamericano/native de Alaska	2%
Asiático	5%
Multi-racial	8%
Otro	12%
Blanco	71%

Categoría étnica (*n* = 512)	%
Hispano/latino	56%
Non hispano/latino	44%

Las personas que tenían más probabilidades de no recibir la atención de salud mental que necesitaban eran las que tenían entre 25 y 44 años, las que se identificaban como blancas o de otra raza y/o las que se identificaban como hispanas/latinas

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Fase 2: Ideación e intentos de suicidio: comparaciones de edad

- Los *pensamientos* suicidas fueron más comunes entre los grupos etarios más jóvenes.
- Los *intentos* de suicidio fueron más comunes entre las personas: (1) 45-54 años, (2) 0-17 años, (3) 34-44 años, y (4) +65 años.
- Los grupos etarios mayores tuvieron menos probabilidades de tener pensamientos suicidas, pero más probabilidades de haber cometido intentos, en comparación con sus contrapartes más jóvenes.

Grupo etario	Pensamientos suicidas$_1$	Intentos de suicidio$_2$
0 – 17 años (n_1 = 133, n_2 = 99)	15%	15%
18 – 24 años (n_1 = 292, n_2 = 76)	12%	7%
25 – 34 años (n_1 = 502, n_2 = 62)	6%	7%
35 – 44 años (n_1 = 629, n_2 = 56)	5%	11%
45 – 54 años (n_1 = 427, n_2 = 33)	5%	16%
55 – 64 años (n_1 = 388, n_2 = 35)	4%	3%
65 años y mayores (n_1 = 370, n_2 = 18)	2%	11%

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Fase 2: Ideación e intentos de suicidio

- Casi el 6% de los encuestados informó tener pensamientos suicidas en los últimos 12 meses. Entre ellos, el 9% informó tener intentos de suicidio y, entre ellos, más de la mitad no recibió atención médica.
- Los pensamientos suicidas y los intentos de suicidio fueron más comunes en personas que no se identificaban como hombre o mujer (Nota: las cantidades de muestra son más grandes en estas categorías).

Identidad de género	Pensamientos suicidas$_1$	Intentos de suicidio$_2$
Mujer (n_1 = 2094, n_2 = 220)	5%	9%
Hombre (n_1 = 539, n_2 = 62)	6%	5%
Hombre transgénero (n_1 = 5, n_2 = 3)	20%	33%
Mujer transgénero (n_1 = 3, n_2 = 2)	67%	50%
No binario (n_1 = 25, n_2 = 14)	32%	21%
Otro (n_1 = 6, n_2 = 3)	33%	0%

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Fase 2: Discusión sobre la encuesta

La salud mental fue una de las principales fuentes de estrés para todos los encuestados, específicamente, para las personas más jóvenes y con ingresos más bajos.

El COVID-19 exacerbó las preocupaciones con respecto a la salud mental personal y de los niños.

Los pensamientos suicidas fueron más comunes entre los encuestados más jóvenes y aquellos que no se identificaron como hombres o mujeres cisgénero.

Más de la mitad de todos los encuestados, así como aquellos que tenían pensamientos suicidas, recibieron la atención de salud mental que necesitaban.

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Fase 2: Recomendaciones de la encuesta
Expandir los servicios de salud mental en el país. Encontrar formas de dirigirse a las personas que informan tener necesidades de salud mental no satisfechas.
Ayudar a las personas que experimentan estrés de salud mental a identificar los factores en su vida que están contribuyendo al estrés y brindar servicios integrados concurrentes.
El alcance a las personas para los servicios de salud mental debe dirigirse a las personas que se identifican como hispanos/latinos o personas no cisgénero entre las edades de 25 y 44 años.
Casi 1 de cada 5 encuestados que informó tener pensamientos suicidas también indicó que intentó suicidarse. La capacitación de los socorristas potenciales debe reconocer este alto riesgo de muerte en el que se encuentran las personas cuando tienen ideación suicida.
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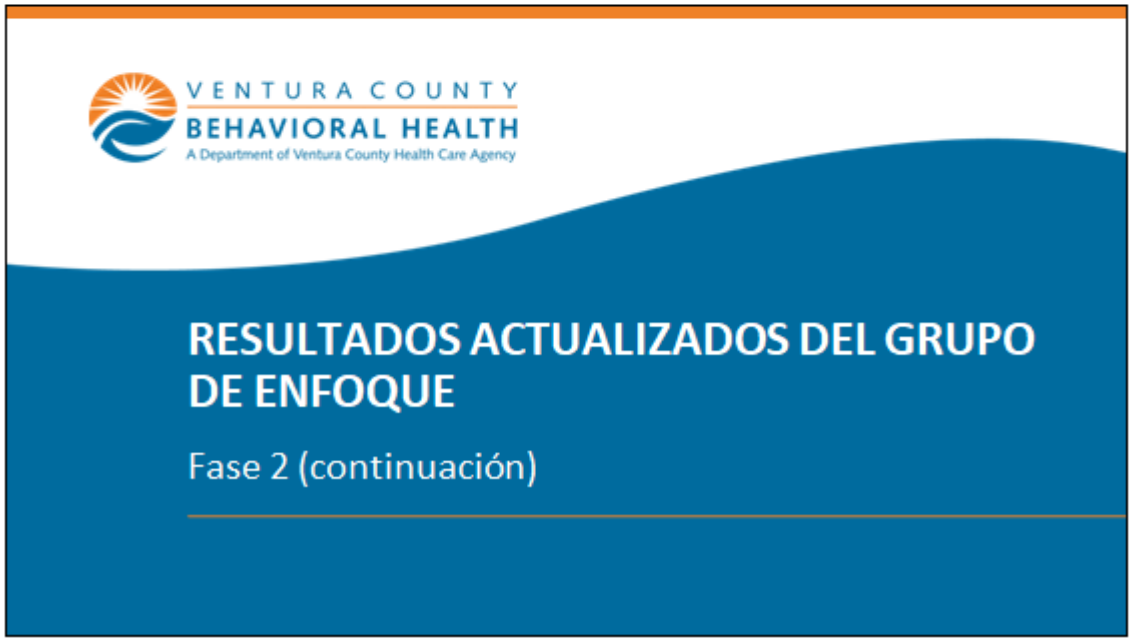
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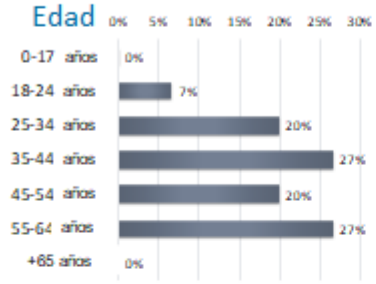
RESULTADOS ACTUALIZADOS DEL GRUPO DE ENFOQUE
Fase 2 (continuación)

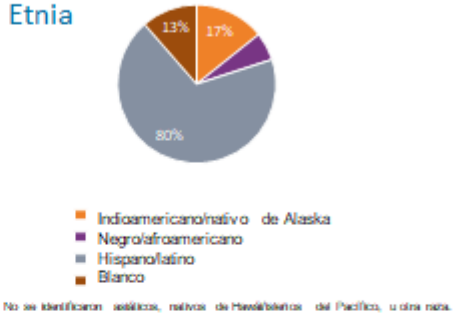
Fase 2: Información demográfica de los participantes

- Se realizaron tres grupos de enfoque adicionales (N=30) con personas desatendidas/que no reciben suficiente atención, incluidos clientes de salud conductual, miembros de la comunidad y personas que sufren desafíos de vivienda, tanto en español como en inglés, y se llevó a cabo en los códigos postales identificados en VCHNA como los que tienen la expectativa de vida más baja.

Edad



Etnia



VENTURA COUNTY BEHAVIORAL HEALTH

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Fase 2: Entendiendo la salud mental: lenguaje usado

¿Cómo reflejó el lenguaje de los participantes su comprensión de la salud mental?

Influencias culturales

- Se enfocó en estigmas culturales y calumnias
- Reconoció el impacto negativo del estigma
- Secreto de salud mental

> "El silencio es oro"
>
> -Participante del grupo de enfoque

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Fase 2: Necesidades de salud mental
¿Qué necesidades creen los participantes que son más importantes para ellos?
Depresión
• Se mencionó en todos los grupos de enfoque.
• Motivos impulsores: pérdida, soledad, rumiación.
Ansiedad
• Se mencionó en todos los grupos de enfoque.
• Motivos impulsores: sostén de la familia, pérdida, trabajo.
• Consecuencias notorias como falta de sueño y ataques de pánico.
VENTURA COUNTY
BEHAVIORAL HEALTH
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Fase 2: Necesidades de salud mental
¿Qué necesidades creen los participantes que son más importantes para ellos?
Trauma
• Experiencias traumáticas compartidas que generaron necesidades de salud mental, pero no usaron el término.
• Ejemplos: abuso, abandonar el país de origen, abandon.
Trauma generacional
• Reconocimiento de que los problemas se transmiten a las generaciones futuras y deseo de evitarlo.
• No se entiende por qué sucede esto o cómo abordarlo y prevenirlo.
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Fase 2: Hallazgos de grupos de enfoque mejorados
¿Qué es lo más importante para los participantes al recibir servicios de salud mental?
1. Conexión con la atención
2. Asequibilidad
3. Conciencia
VENTURA COUNTY BEHAVIORAL HEALTH
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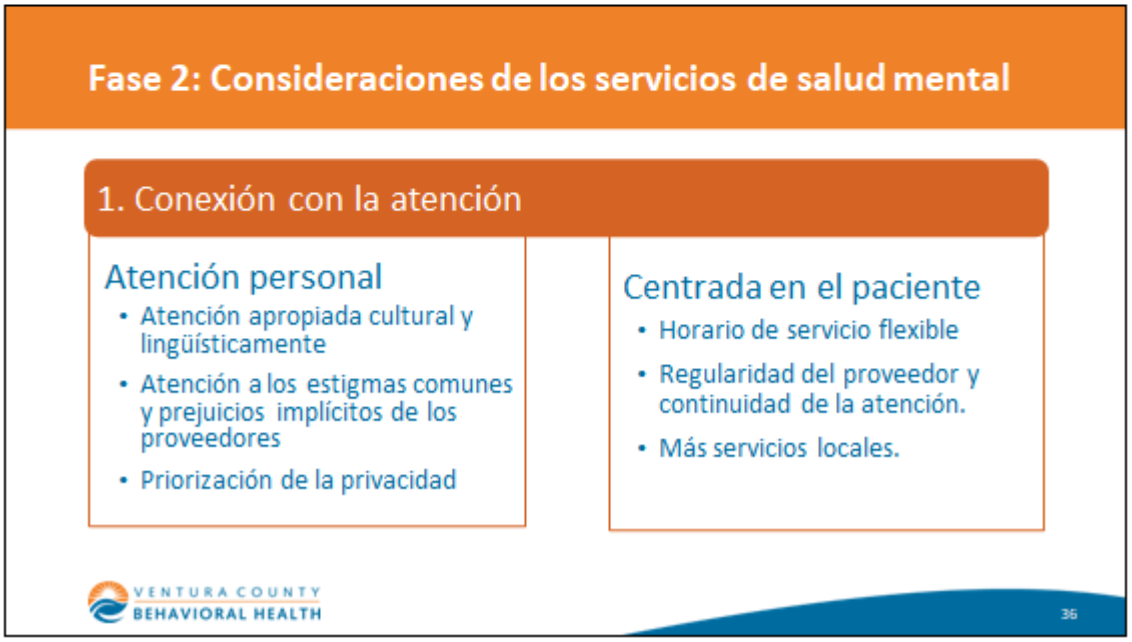
Fase 2: Consideraciones de los servicios de salud mental
1. Conexión con la atención
Atención personal
• Atención apropiada cultural y lingüísticamente
• Atención a los estigmas comunes y prejuicios implícitos de los proveedores
• Priorización de la privacidad
Centrada en el paciente
• Horario de servicio flexible
• Regularidad del proveedor y continuidad de la atención.
• Más servicios locales.
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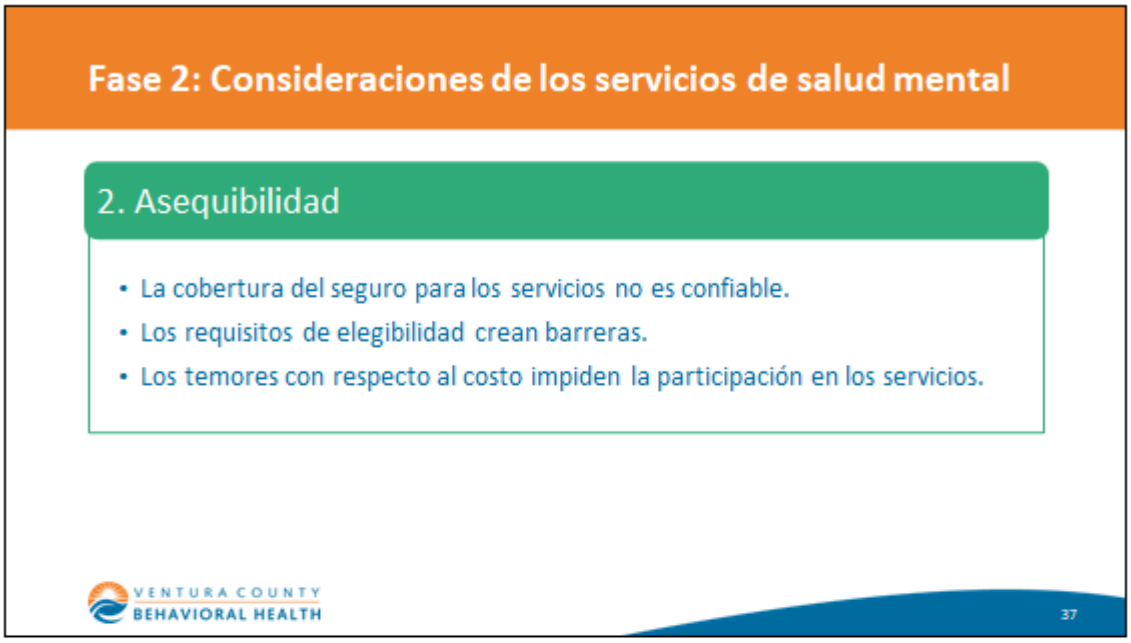
Fase 2: Consideraciones de los servicios de salud mental
2. Asequibilidad
• La cobertura del seguro para los servicios no es confiable.
• Los requisitos de elegibilidad crean barreras.
• Los temores con respecto al costo impiden la participación en los servicios.
VENTURA COUNTY BEHAVIORAL HEALTH
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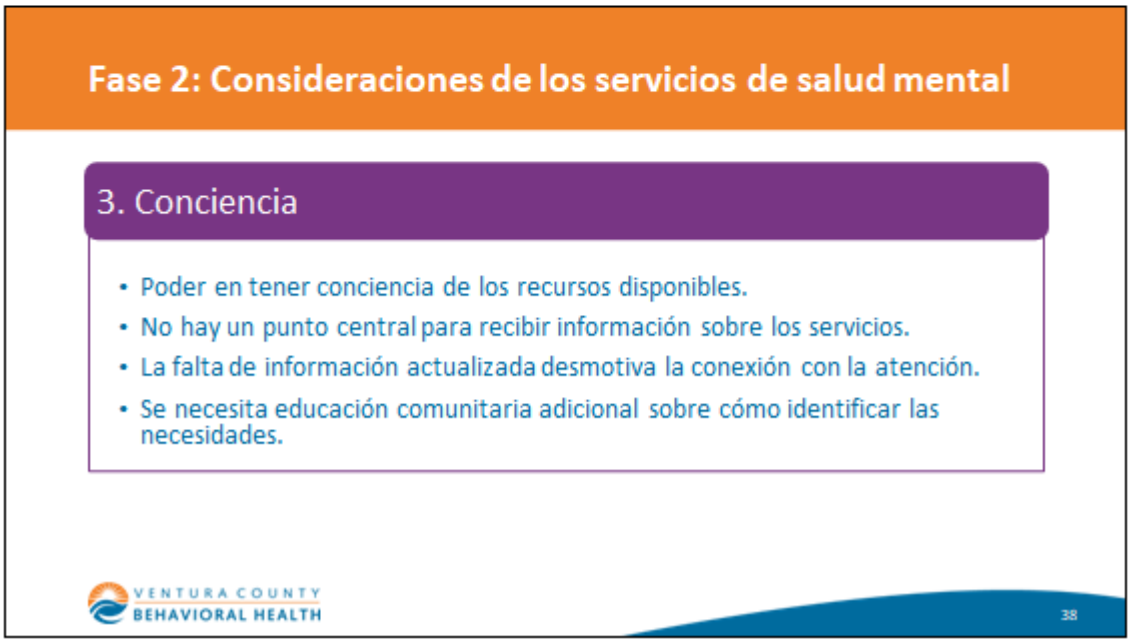
Fase 2: Consideraciones de los servicios de salud mental
3. Conciencia
• Poder en tener conciencia de los recursos disponibles.
• No hay un punto central para recibir información sobre los servicios.
• La falta de información actualizada desmotiva la conexión con la atención.
• Se necesita educación comunitaria adicional sobre cómo identificar las necesidades.
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Fase 2: Resumen de los hallazgos
No se puede separar una conversación sobre salud mental del estigma cultural que ha infundido incluso un lenguaje saludable en torno a la salud mental.
Aunque las preocupaciones de salud mental de los participantes están impulsadas por experiencias traumáticas, se sintieron más cómodos al usar términos como depresión y ansiedad.
Alto nivel de necesidad de cultivar la confianza dentro de la comunidad para abordar las barreras que impiden una conexión exitosa con los servicios de salud mental
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Fase 2: Resumen de los hallazgos- Recomendaciones
Repensar cómo se mantienen conversaciones sobre salud mental con la comunidad. Involucrar a las personas en conversaciones sobre servicios de salud mental con una terminología que aún no esté estigmatizada.
Educar a la comunidad sobre los riesgos para la salud mental asociados con las necesidades básicas insatisfechas y la exposición al trauma.
En cada punto de acceso a los servicios de salud mental, así como las conexiones con nuevos servicios, permitir espacio y tiempo para que se realicen las conexiones para que las personas confíen en que se las cuida y atiende, que los servicios son asequibles y que se les brinda información precisa.
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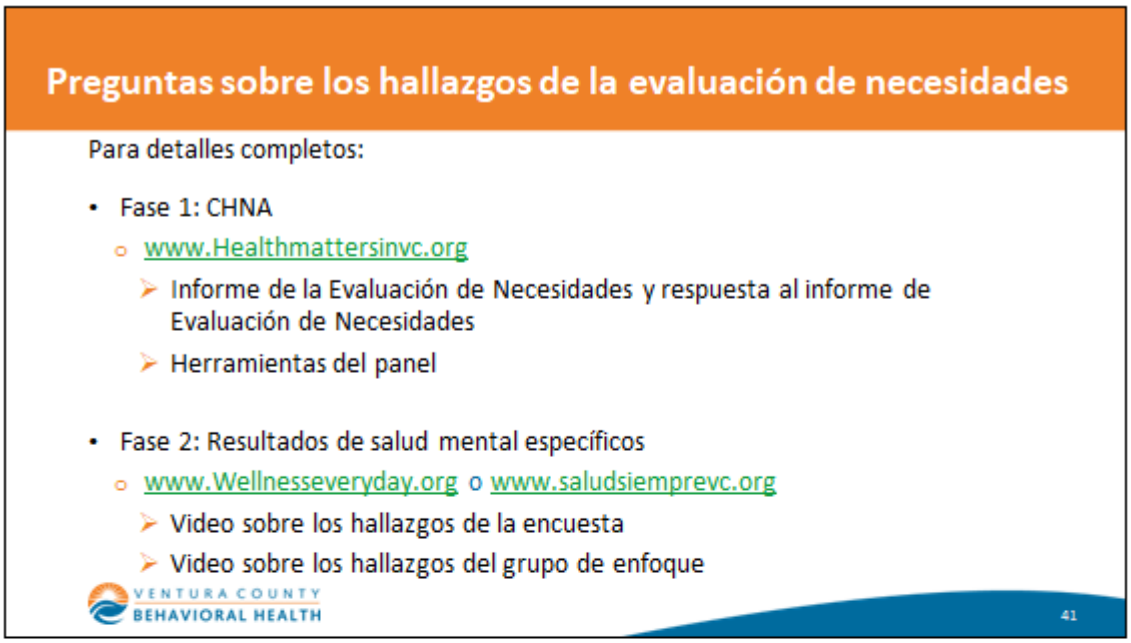
Preguntas sobre los hallazgos de la evaluación de necesidades
Para detalles completos:
• Fase 1: CHNA
o www.Healthmattersinvc.org
➢ Informe de la Evaluación de Necesidades y respuesta al informe de Evaluación de Necesidades
➢ Herramientas del panel
• Fase 2: Resultados de salud mental específicos
o www.Wellnesseveryday.org o www.saludsiemprevc.org
➢ Video sobre los hallazgos de la encuesta
➢ Video sobre los hallazgos del grupo de enfoque
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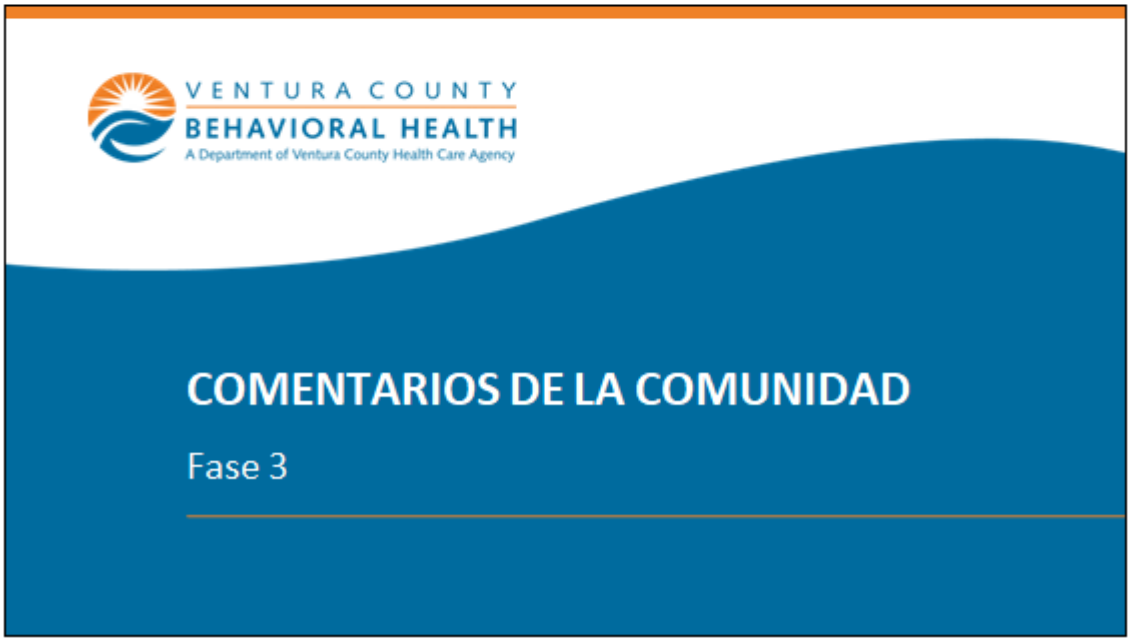
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COMENTARIOS DE LA COMUNIDAD
Fase 3

Fase 3: Preguntas para considerar

Conexión con la atención | Asequibilidad | Conciencia

Preguntas:

1. ¿Cómo se puede abordar el tema de la salud mental en un lenguaje no estigmatizado?
2. ¿La comunidad entiende que la exposición al trauma y las necesidades básicas insatisfechas generan riesgos para la salud mental?
3. ¿Cómo se puede integrar el énfasis en generar confianza en los esfuerzos de alcance comunitario y la prestación de servicios?

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Encuesta

Tómese un momento para completar esta corta encuesta. Con su ayuda, Podemos mejorar nuestros servicios para usted y nuestra comunidad.

Completar la encuesta debería tomar **menos de 5 minutos.**

Puede escanear el Código QR code o conectarse en el sitio web y obtenerlo de un dispositivo digital.

Español

https://www.surveymonkey.com/r/CPP_Espanol

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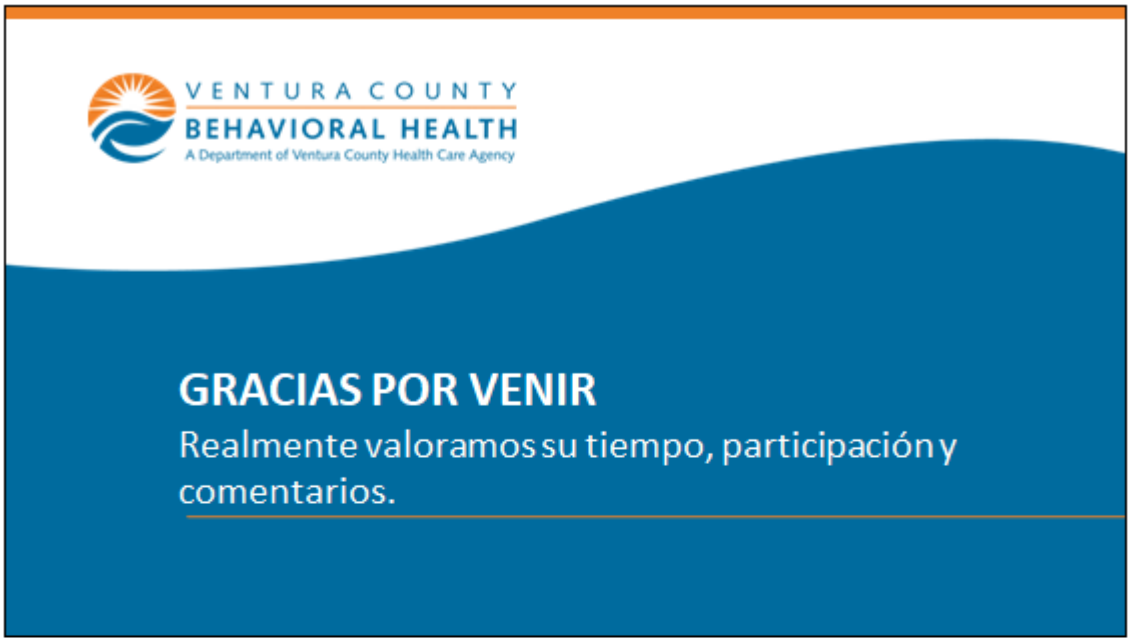
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GRACIAS POR VENIR
Realmente valoramos su tiempo, participación y comentarios.

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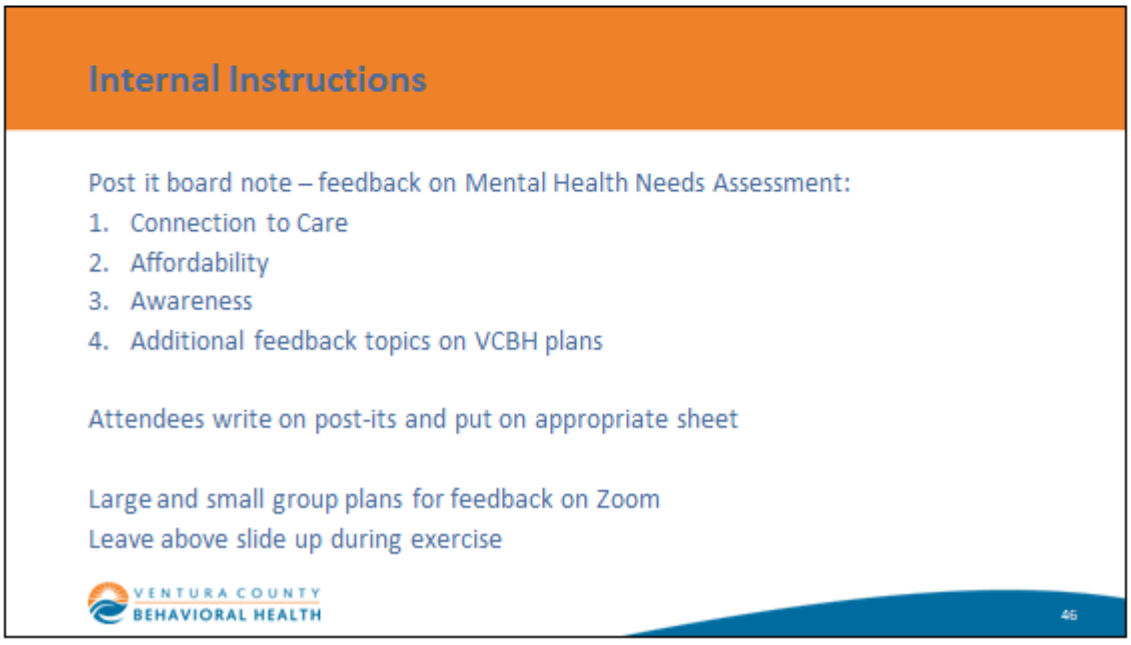
Internal Instructions
Post it board note – feedback on Mental Health Needs Assessment:
1. Connection to Care
2. Affordability
3. Awareness
4. Additional feedback topics on VCBH plans
Attendees write on post-its and put on appropriate sheet
Large and small group plans for feedback on Zoom
Leave above slide up during exercise
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7.4 APPENDIX A_7571214 – REFERENCE TO SECTION 4.3 INNOVATIONS

7.4.1 QM-18: Beneficiary Problem Resolution Process: Grievances, Appeals and Expedited Appeals

Status Active PolicyStat ID 7571214

Origination	2/22/2009	Owner	Courtney Lubell
Last Approved	1/10/2020	Category	Quality Management
Effective	1/10/2020	Affects	ALL DIVISIONS, CONTRACTED PROVIDERS
Last Revised	1/10/2020		
Next Review	1/9/2023		

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

QM-18: Beneficiary Problem Resolution Processes: Grievances, Appeals and Expedited Appeals

AFFECTS:

ALL DIVISIONS

CONTRACTED PROVIDERS

LEVEL:

2

PURPOSE

To provide an outline of procedures and timeframes for grievances, appeals and expedited appeal requests that would expeditiously provide resolution to problems and concerns of the Medi-Cal beneficiaries.

DEFINITION(S)

Grievance: Verbal or written expression/complaint of dissatisfaction about anything other than an "Adverse Benefit Determination." Grievance may include, but not limited to:

- The quality of care or services provided.
- Aspects of interpersonal relationships such as rudeness of a provider or employee.
- Failure to respect the enrollee's rights regardless of whether remedial action is requested.
- A beneficiary's right to dispute an extension of time proposed by the Ventura County Mental Health/Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan to make an authorization

decision.

Appeal: An appeal refers to a request for review by Ventura County Behavioral Health of an Adverse Benefit Determination.

Notice of Adverse Benefit Determination (NOABD): Notice of Adverse Benefit Determination is a term that has replaced the former term Notice of Action (NOA). Adverse Benefit Determination is any of the following actions taken by the Ventura County Mental Health/DMC-ODS Plan:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner, as defined by the State.
- The failure to act within required timeframes for standard resolution of grievances and appeals.
- The denial of a request to obtain services outside of the network (for residents of rural area).
- The denial of a request to dispute a financial liability. including cost sharing, co-payments, premiums, deductibles, coinsurance, and other beneficiary financial liabilities.

Expedited Appeal: An Expedited Appeal can be requested when the beneficiary or the provider determines that the 30-day timeframe of the standard appeal resolution process would seriously jeopardize the beneficiary's life, health or ability to attain maintain or regain maximum function The expedited appeal must be resolved within 72 hours from the time Ventura County Behavioral Health receives the appeal,

Grievance/Appeal Log in Avatar: The Grievance/Appeal Log in Avatar contains information on Grievances, Appeals, and Expedited Appeal requests that are received by VCBH. Grievance, Appeals and Expedited Appeals are to be recorded within one working day. The VCBH Quality Management Department manages this record keeping process.

POLICY

In accordance with federal and state regulations, all beneficiaries have the right to file grievances and appeals/expedited appeals concerning the delivery of mental health and substance use disorder services.

PROCEDURE

1. All VCBH Provider sites post the Notice of Problem Resolution Processes explaining the Grievance, Appeal and Expedited Appeal procedures. In addition, Grievance forms, with self-addressed envelopes, will be available at all sites without the client having to make a verbal request.
    1. Information regarding these processes can also be found in the *Ventura County Mental Health Plan Beneficiary Handbook* and *Drug Medi-Cal Organized Delivery*

System (DMC-ODS) Member Handbook and is readily available to staff and beneficiaries in English/Spanish, large font and audio at each clinic site and the VCBH public website.

2. Grievances, Appeals, and Expedited Appeals are filed with the VCBH Quality Management Department.
    1. At any time during the Grievance, Appeal or Expedited Appeal process, the beneficiary may contact the VCBH Quality Management Department and / or the VCBH Patients' Rights Advocate Office.
    2. Beneficiaries must be given reasonable assistance in completing the Grievance form and taking other procedural steps in filing the grievance, such as VCBH providing "no cost" interpreter services.
    3. Decisions on grievances, and appeals of adverse benefit determinations, shall take into account all documents, records and other information submitted by the beneficiary or the beneficiary's representative, without regard to whether the information was submitted or considered in the initial adverse benefit determination.
    4. All written notifications sent to the beneficiary include the following two notices: *QM-18 Beneficiary Non-Discrimination Notice* and *QM-18 Language Assistance Taglines*.
    5. Requests for a second opinion or a change of provider, which are not otherwise intended as a grievance or an appeal, are processed per CA42 Request for Second Opinion/Change of Provider.
3. **For Substance Use Disorder (SUD) Only**: A beneficiary may file Grievances regarding a Substance Use Disorder Facility, and counselor complaints contacting the SUD Compliance Division at Toll Free Number (877) 685-8333. The Complaint Form is available and may be submitted online at http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx.
4. On a quarterly basis the Quality Management manager or designee reviews issues identified in the Grievance and Appeals process for consideration by the Quality Management Action Committee (QMAC).
5. Confidentiality is maintained on all beneficiary grievances, appeals and expedited appeals
6. **Beneficiary Rights**
    1. To be treated with dignity and respect.
    2. To file a grievance any time verbally or in writing in the primary or preferred language.
    3. A beneficiary may authorize another person to act on his or her behalf.
    4. A beneficiary may select a provider as their representative during the Appeal or Expedited Appeal process.
    5. If the beneficiary requests, VCBH shall identify a staff person or another individual to assist the beneficiary with the Grievance and Appeal process.
        1. The staff person or individual identified must not have previously/currently been involved in providing specialty mental health or substance use treatment services to the beneficiary.

6. VCBH will assure that the beneficiary is not subject to discrimination or any other penalty for filing a Grievance, Appeal or Expedited Appeal.
7. If the beneficiary requests, VCBH shall identify a staff person or another individual to provide information regarding the status of a beneficiary's Grievance, Appeal, or Expedited Appeal.
8. Interpreters.
9. A beneficiary or their authorized representative may file a Grievance, Appeal,or Expedited Appeal.
10. A beneficiary may request a State Fair Hearing after receiving notice that the adverse benefit determination is upheld.
11. A beneficiary may initiate a State Fair Hearing if Ventura County Behavioral Health fails to adhere to the notice and timing requirements pursuant to Federal and State regulations, the beneficiary is deemed to have exhausted Ventura County Behavioral Health's internal appeal process.

7. **Grievance Process**
    1. 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.
    2. A Grievance received in writing or orally is logged within **one working day** into the Grievance/Appeal Log in Avatar.
    3. Grievance Acknowledgement Letter along with a copy of informational materials related to grievances is sent to the beneficiary within **five calendar days.**
    4. The Grievance is reviewed and investigated by staff who have not been involved in any previous level of review or decision making regarding the Grievance, to avoid any conflict of interest.
    5. In the case that the Grievance is regarding a clinical issue or regarding the denial of an Expedited Appeal, a healthcare professional with clinical expertise in treating the beneficiary's condition will review and make a determination.

8. **Timeframes for Grievance**
    1. A determination is made in writing with the Notice of Grievance Resolution (NGR) Letter to the beneficiary or their authorized representative and/or provider within 90 days from the date that the Grievance was filed.
        1. SUD Only: VCBH is responsible for providing the results of all complaints warranting investigations to DHCS by secure, encrypted e-mail to MCBHDmonitoring@dhcs.ca.gov **within two business days** of completion.
    2. This timeframe may be extended by an additional **14 calendar days** if the beneficiary requests it or VCBH shows that there is need for additional information and how the delay is in the beneficiary's best interest.
        1. If VCBH initiates an extension, it must make reasonable efforts to give the

beneficiary prompt oral notice of the delay as well as provide in writing the reasons for the extension within **two calendar days** of the Grievance Resolution decision. The written NOABD (Grievance and Appeal Timely Solution) letter shall inform the beneficiary of their right to file a grievance if he or she disagrees with the VCBH decision.

2. Staff will document in AVATAR the date the notice was sent to the client and the reason for the extended period.
3. VCBH shall notify those providers cited by the beneficiary or involved inthe grievance of the final disposition of the beneficiaries' grievance.

9. **Appeal Process**
    1. Following receipt of a notification of an adverse benefit determination by Ventura County Behavioral Health, a beneficiary has **60 calendar days** from the date of the adverse benefit determination in which to file a request for appeal to Ventura County Behavioral Health.
    2. An Appeal received in writing or orally is logged **within one working day** into the Grievance/Appeal Log in Avatar.
    3. An oral Appeal must be followed up with a written Appeal by the beneficiary. The date of the oral Appeal will be considered as the filing date for Appeal timeframes.
    4. VCBH Quality Management Department sends an Acknowledgement of Receipt of Grievance or Appeal Letter within **five calendar days** to the beneficiary along with a copy of the state informing materials related to Appeals and State Fair Hearings.
    5. The Appeal is reviewed and investigated by staff who have not been involved in any previous level of review or decision making regarding the Appeal, to avoid any conflict of interest.
    6. In the case that the Appeal is based on lack of medical necessity or regarding a clinical issue, a healthcare professional with clinical expertise in treating the beneficiary's condition will review and make a determination.
10. **Timeframes for Appeal**
    1. A determination is made in writing with the Notice of Appeal Resolution (NAR) to the beneficiary or their representative and/or provider within **30 days from** the date that the Appeal was filed. The determination is logged in the Grievance/Appeal Log in Avatar.
    2. This timeframe may be extended by an additional **14 days** if the beneficiary requests it or VCBH shows that there is need for additional information and how the delay is in the beneficiary's best interest.
        1. If VCBH initiates an extension, it must do the following:
            1. Make reasonable efforts to give the beneficiary prompt oral notice of the delay.
            2. Within **two calendar days** of making the Appeal Resolution decision, provide the beneficiary with a written NOABD (Grievance and Appeal Timely Resolution) letter of the reason

for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees withthe decision.

3. Resolve the appeal as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.

3. A Beneficiary must be informed of his or her right to request a State Fair Hearing after the Appeal process has been exhausted.
4. If VCBH fails to adhere to the notice and timing requirements, the beneficiary is deemed to have exhausted VCBH's internal appeal process and may initiate a State Fair Hearing.
5. The beneficiary can present evidence and allegations of fact or law, in person or in writing.
6. The beneficiary and/or representative can examine the medical records or any other document or record considered before and during the Appeal process.
    1. The case file is made available in advance of the resolution timeframe and free of charge.
7. Notification of Appeal Resolution (NAR) must be sent in writing to the beneficiary and/or to the authorized representative and/or provider using the Notice of Appeal Resolution (NAR) along with "Your Rights", Nondiscrimination Notice, and Language Assistance attachments.
    1. VCBH staff shall notify those providers cited by the beneficiary or involved in the appeal of the final disposition of the beneficiaries' appeal.

11. **Expedited Appeal Process**
    1. Following receipt of the Notice of Adverse Benefit Determination, a beneficiary **has 60 calendar days** from the date on the notice in which to file a request for an expedited appeal.
    2. In addition to all the requirements of the Appeal process, an Expedited Appeal is used when, the beneficiary or the provider determines that the 30-day timeframe of the standard appeal resolution process would seriously jeopardize the beneficiary's life,
    3. health or ability to attain, maintain or regain maximum function.
    4. The beneficiary may file the request orally, without a written Appeal.
12. **Timeframe for Expedited Appeal**
    1. A determination is made on Expedited Appeals and the beneficiary and his or her representative is notified orally as soon as possible and in writing within **72 hours** of the receipt of the appeal. This timeframe may be extended by an additional **14 calendar days** if the beneficiary requests it or VCBH shows that additional information is needed and how the delay is in the beneficiary's best interest. If VCBH initiates an extension, it must do the following:

1. Make reasonable efforts to give the beneficiary prompt oral notice of delay.
2. Within **two calendar days** of making the Appeal Resolution Decision, provide the beneficiary with a written NOABD (Grievance and Appeal Timely Resolution) letter of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with the decision.
3. Resolve the appeal as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.

2. If VCBH denies the Expedited Appeal process, the beneficiary and his or her representative must be notified orally as soon as possible. A written notice of denial of the Expedited Appeal is sent within **two calendar days** to the beneficiary and the Appeal will be considered under standard Appeal.
    1. VCBH staff shall notify those providers cited by the beneficiary or involved in the expedited appeal of the final disposition of the beneficiaries' expedited appeal.

13. **State Hearing**
    1. Beneficiaries are provided with the information that if the Appeal or Expedited al process has been exhausted, they may file for a State Fair Hearing.
    2. A beneficiary must request a State Fair Hearing no later than **120 calendar days** of the NAR.
    3. In cases when VCBH fails to adhere to the notice and timeframe requirements for a Grievance/Appeal/Expedited Appeal, the beneficiary is deemed to have exhausted VCBH's appeal process. At this point, the beneficiary may initiate a State Fair Hearing.
    4. VCBH shall notify the beneficiary that the State must reach its decision within **90 calendar days** of the request for Standard Hearing and **three working days** of the request for Expedited Hearing.
    5. State Fair Hearings are filed by calling or writing to: State Hearing Division California Department of Social Services, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430; Toll-free: (800) 952-5253, Telecommunication Device for the Deaf (TDD): (800) 952-8349, Fax: (916) 651-5210 or (916) 651- 2789.

14. **Continuation of Benefits:**
    1. The beneficiary has the right to continue benefits pending the resolution of an appeal or a State Fair Hearing. The beneficiary must request continuation of benefits within **ten calendar days** of the date on the Notice of Adverse Benefit Determination form or before the date the Ventura County Mental Health/DMC-ODS Plan says services will be stopped or reduced.
    2. Ventura County Behavioral Health shall continue the beneficiary's benefits if all of the following occur:
        1. The beneficiary files the request for the appeal within **60 calendar days**

from the date of the Notice of Adverse Benefit Determination.

2. The appeal involves the termination, suspension, or reduction of previously authorized services.
3. The services were ordered by an authorized provider.
4. The period covered by the original authorization has not expired.
5. The beneficiary request continuation of benefits within **ten calendar days** of Ventura County Behavioral Health sending the Notice of Adverse Benefit Determination.

3. If all the above has occurred, then continuation of benefits must occur until:
    1. The beneficiary withdraws the appeal or request for State Fair Hearing.
    2. The beneficiary fails to request an appeal within 60 calendar days and failed to ask for continuation of benefits within ten calendar days from the date on the Notice of Adverse Benefit Determination form.
    3. A State Fair Hearing Office issues a hearing decision adverse to the beneficiary.

REFERENCE

AD09 Patient's Right VCBH Policy

CA-39: Notices of Adverse Benefit Determination

CA 48 Use of Interpreters//Certified County Employees

CA 40 Initial Informing Materials

CA 42 Request for Second Opinion/Change of Provider

CCR Title 9, Chapter 11, Section 1850.205

CFR Title 42, Section 438.400-438.421

MHP Contract, Exhibit A, Attachment 1, H

Attachments

AB-630.pdf

CA39 Notice of Adverse Benefit Determination Operational Guideline 2019.pdf

QM 18 Beneficiary Problem Resolution Processes Operational Guideline.pdf

QM 18 Notice Of Grievance Resolution NGR English 01 18 2022.pdf

QM 18 Notice Of Grievance Resolution NGR Spanish 01 18 2022 .pdf

QM-18 Language Assistance Taglines DMC-ODS_Rev1-30-2023.pdf

QM-18 Language Assistance Taglines MHP_Rev1-30-2023.pdf

QM-18_NAR-Your-Rights-Attachment-2-22-2023_English.pdf

QM-18_NAR-Your-Rights-Attachment-2-22-2023_Spanish.pdf

QM-18_NOABD-Know-Your-Rights-Attachment-2-22-2023_English.pdf

QM-18_NOABD-Know-Your-Rights-Attachment-2-22-2023_Spanish.pdf

QM-18_Nondiscrimination Notice_Rev1-9-2023_English.pdf

QM-18_Nondiscrimination Notice_Rev1-9-2023_Spanish.pdf

QM-18-NOTICE-OF-PROBLEM-RESOLUTION-PROCESSES-English - 9-17-20.pdf

QM18 Acknowledgement_of_Receipt_of_Grievance and Appeals Spanish_REV 12-14-2021.pdf

QM18 Acknowledgement_of_Receipt_of_Grievance and Appeals_English REV 12-14-2021.pdf

QM18 Appeal Action Form 12 07 2020.pdf

QM18 Appeal Action Form Spanish 12 07 2020.pdf

QM18 Grievance Form English 11 23 2020.pdf

QM18 Grievance Form Spanish 11 23 2020.pdf

QM18 Notice of Problem Resolution Processes -Spanish-12-10-21.pdf

QM18__CA39_Notice_of_Appeal_Resolution_NAR_Your_Rights_English_8.25.18.pdf

QM18__CA39_Notice_of_Appeal_Resolution_NAR_Your_Rights_Spanish_8.25.18.pdf

QM18_Expedited_Appeal_Workflow_8.25.2018_reviewed.pdf

QM18_Grievance_Workflow_8.25.2018_reviewed.pdf

QM18_Notice_of_Appeal_Resolution_NAR_ABD_OVERTURNED_English_8.25.18.pdf

QM18_Notice_of_Appeal_Resolution_NAR_ABD_OVERTURNED_Spanish_8.25.18.pdf

QM18_Notice_of_Appeal_Resolution_NAR-_ABD_UPHELD_English_8.25.18.pdf

QM18_Notice_of_Appeal_Resolution_NAR-_ABD_UPHELD_Spanish_8.25.18.pdf

QM18_Standard_Appeal_Workflow_rev_8.25.18.pdf

Approval Signatures

Step Description	Approver	Date

System (DMC-ODS) Member Handbook and is readily available to staff and beneficiaries in English/Spanish, large font and audio at each clinic site and the VCBH public website.

2. Grievances, Appeals, and Expedited Appeals are filed with the VCBH Quality Management Department.
    1. At any time during the Grievance, Appeal or Expedited Appeal process, the beneficiary may contact the VCBH Quality Management Department and / or the VCBH Patients' Rights Advocate Office.
    2. Beneficiaries must be given reasonable assistance in completing the Grievance form and taking other procedural steps in filing the grievance, such as VCBH providing "no cost" interpreter services.
    3. Decisions on grievances, and appeals of adverse benefit determinations, shall take into account all documents, records and other information submitted by the beneficiary or the beneficiary's representative, without regard to whether the information was submitted or considered in the initial adverse benefit determination.
    4. All written notifications sent to the beneficiary include the following two notices: *QM-18 Beneficiary Non-Discrimination Notice* and *QM-18 Language Assistance Taglines*.
    5. Requests for a second opinion or a change of provider, which are not otherwise intended as a grievance or an appeal, are processed per CA42 Request for Second Opinion/Change of Provider.
3. **For Substance Use Disorder (SUD) Only**: A beneficiary may file Grievances regarding a Substance Use Disorder Facility, and counselor complaints contacting the SUD Compliance Division at Toll Free Number (877) 685-8333. The Complaint Form is available and may be submitted online at http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx.
4. On a quarterly basis the Quality Management manager or designee reviews issues identified in the Grievance and Appeals process for consideration by the Quality Management Action Committee (QMAC).
5. Confidentiality is maintained on all beneficiary grievances, appeals and expedited appeals
6. **Beneficiary Rights**
    1. To be treated with dignity and respect.
    2. To file a grievance any time verbally or in writing in the primary or preferred language.
    3. A beneficiary may authorize another person to act on his or her behalf.
    4. A beneficiary may select a provider as their representative during the Appeal or Expedited Appeal process.
    5. If the beneficiary requests, VCBH shall identify a staff person or another individual to assist the beneficiary with the Grievance and Appeal process.
        1. The staff person or individual identified must not have previously/currently been involved in providing specialty mental health or substance use treatment services to the beneficiary.