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## Mental Health Services Act (MHSA)

2020-2023 Three-Year Program & Expenditure Plan  
and Annual Update for 2019-2020



**Sevet Johnson, PsyD**

Director, Ventura County Behavioral Health

**Jason Cooper, M.D.**

Interim Medical Director, Adult and Youth & Family Divisions

# MESSAGE FROM THE DIRECTOR



The purpose of this document is two-fold: (1) Provide Ventura County stakeholders with an overview of the direction of mental health services in Ventura County for 2020-2023; and (2) report on the activities, services, and programs funded through the Mental Health Services Act (MHSA) for Fiscal Year (FY) 2018-2019.

However, before I formally present this Three-Year Program and Expenditure Plan, I would like to preface my statement by addressing the impact(s) COVID-19 has and will continue to have on planning of programs and expenditures for Ventura County Behavioral Health services. The future impacts at the time of presenting this document are not well known, but Ventura County will adjust accordingly from a fiscal and programming perspective using state and local priorities, while maximizing resources to serve those in need of services.

To-date, the County instituted a full system shut-down in response State and local admonishments due to the risk presented by COVID-19. This shutdown, of course, considered local mental health needs which led to different scenarios accommodating essential operations and staff. These actions (see Appendix G) were presented to the local County stakeholder group, Behavioral Health Advisory Board (BHAB) and Board of Supervisors and were implemented in earnest. Though repercussions of COVID-19 remain to be seen, VCBH has begun to plan for future adjustments. It has been reported in statewide discussions there will be significant funding losses in both Realignment and MHSA funds. These impending reductions will significantly affect MHSA for years to come. In light of this, this Three-Year Program and Expenditure Plan is based on current statutes and extensive community planning. Changes to this Plan will be posted according to the Community Program Planning Process and reported in the Annual Update.

Having qualified the fluidity of program and expenditure planning, I am pleased to present this report reflecting the priorities and commitment of the Ventura County Behavioral Health Department prior to COVID-19. After an extensive stakeholder process in the form of community and provider surveys, focus groups, Behavioral Health Advisory Board involvement and community input sessions, the Behavioral Health Department heard from the community and will be closely evaluating all programs in our continuum of care to fill gaps, decrease duplication and ensure beneficiaries have access to the right level of treatment when it is needed. Through these and other forums and communications the overarching priorities for our community are continuing to increase access for all, increasing peers in our system and enhancing our crisis care continuum including working with private partners to add additional and needed Crisis Residential Treatment and Crisis Stabilization Unit capacity as well as increasing inpatient psychiatric capacity to serve out SPMI population that have significant need.

Prevention continues to be a focus and a recently entered contracts with the Behavioral Health Department and the Ventura County Office of Education as well as the Ventura County Area Agency on Aging aims to target our school age and Older Adult populations to help prevent depression and suicide among our oldest population, as well as address ACES in our K-12 population by providing mental health technology, trainings and EDIPP services in our schools.

This three-year plan that follows considers the next waiver and begins to transition the Department towards many of the milestones we will need to meet as the Mental Health Plan in Ventura County. As the Mental Health Services Act funds are the payor of last resort, we are very mindful of how these dollars are leveraged to maximize their value for system level enhancements.

*Sevet Johnson, Psy.D, MA, MFT*

Director, Behavioral Health Department

# ACKNOWLEDGEMENTS

The Ventura County Behavioral Health (VCBH) Department would like to acknowledge all individuals and organizations who contributed their time and effort to support the development of this MHSA FY 2020-23 Three-Year Program and Expenditure Plan, FY 19/20 Update.

First, we would like to thank all VCBH and outsourced MHSA providers for the excellent services they provide, the continued support with respect to data collection, and their efforts to bringing this report to fruition. We also thank our diverse stakeholder groups for their participation in the evaluation and planning efforts, which help ensure we serve the needs of Ventura County in an equitable manner.

In addition, we would like to thank the VCBH Contracts, Quality Improvement and Fiscal teams for their contribution, support, and cooperation in gathering the necessary data and information for this report. We would like to acknowledge and thank the VCBH Data Collection and Reporting team for their professional attitude and expertise in extracting and preparing the necessary reports. We also acknowledge and thank EVALCORP Research & Consulting for the preparation of the Prevention and Early Intervention (PEI) Evaluation Report and assisting with a community mental health needs assessment across Ventura County. Another consulting partner deemed worthy of recognition is Harder + Company, a community research consulting firm that, in partnership with the VCBH MHSA team, spearheaded a thorough and robust mental health needs assessment effort across the county.

Finally, we would like to recognize the MHSA Team for its leadership and excellent efforts moving this report toward alignment with State reporting and evaluation requirements while valuing stakeholder input and maintaining transparency.

# COUNTY CERTIFICATIONS





## 1.1 MHSA County Compliance Certification – Director’s Signature Page

Enclosure 1

### MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Ventura

- ☒ Three-Year Program and Expenditure Plan  
☒ Annual Update  
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: <b>Sevet Johnson</b>	Name: <b>Jeffery S. Burgh</b>
Telephone Number: <b>(805) 981-2214</b>	Telephone Number: <b>(805) 654-3153</b>
E-mail: <b>Sevet.Johnson@ventura.org</b>	E-mail: <b>Jeff.Burgh@ventura.org</b>
Local Mental Health Mailing Address: <b>1911 Williams Drive, Suite 200, Oxnard, CA 93036</b>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.


Sevet Johnson  
Local Mental Health Director (PRINT)

 5/15/2020  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated Feb. 21, 2020 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Jeffery S. Burgh  
County Auditor Controller / City Financial Officer (PRINT)

 5/28/2020  
Signature Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

# TABLE OF CONTENTS

MESSAGE FROM THE DIRECTOR.....	2
ACKNOWLEDGEMENTS .....	4
1. COUNTY CERTIFICATIONS.....	5
1.1 MHSA COUNTY COMPLIANCE CERTIFICATION – DIRECTOR’S SIGNATURE PAGE .....	6
1.2 MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION .....	7
2. EXECUTIVE SUMMARY AND COUNTY DESCRIPTION .....	9
2.1 EXECUTIVE SUMMARY.....	10
2.2 BACKGROUND .....	11
2.2.1 MHSA Program Components.....	11
2.2.2 Community Program Planning (CPP) Summary.....	11
2.2.3 Program Results Summary .....	12
3. VENTURA COUNTY PLANNING PROCESS .....	18
3.1 Community Program Planning (CPP) .....	19
3.1.1 Stakeholder Involvement.....	19
3.1.2 General Behavioral Health Advisory Board (BHAB).....	19
3.1.3 BHAB Subcommittees .....	20
3.1.4 MHSA Community Program Planning Committees, Focus Groups and Workgroups .....	20
3.1.5 Consumer and Family Groups.....	20
3.1.6 Cultural Equity Advisory Committee (CEAC) .....	20
3.1.7 Issue Resolution Process (RP) .....	21
3.2 Community Mental Health Needs Assessment (CMHNA) Process.....	21
3.2.1 Community Survey.....	23
3.2.1 Community Focus Groups.....	24
3.2.3 Provider Survey .....	25
3.2.4 Advisory Groups and Community Stakeholder Input.....	26
3.3 Community Mental Health Needs Assessment (CMHNA) Key Findings.....	30
3.4 Three-Year Program Planning Process .....	31
4. FISCAL YEAR 2018-19 ANNUAL UPDATE.....	33
4.1.1 Full Service Partnership (FSP) .....	37
4.1.1.1 FSP-1: Insights (Youth FSP).....	39
4.1.1.2 FSP-2: TAY Expanded Transitions Program – FSP (TAY FSP).....	42
4.1.1.3 FSP-3: Casa Esperanza TAY Transitions Program (TAY FSP) .....	45
4.1.1.4 FSP-4: Assisted Outpatient Treatment (AOT) Program (ASSIST – Laura’s Law).....	48
4.1.1.5 FSP-5: Ventura County Behavioral Health FSP Treatment Track (Adults FSP Program).....	52
4.1.1.6 FSP-6: Empowering Partners through Integrative Community Services (EPICS).....	56
4.1.1.7 FSP-7: VISTA (Adults FSP Program) .....	59
4.1.1.8 FSP-8: Ventura County Behavioral Health Older Adult FSP Program (Older Adults FSP Program) .....	63
4.1.2 Outreach and Engagement (O & E) .....	67
4.1.2.1 O&E-1: Rapid Integrated Support and Engagement (RISE) Program .....	70
4.1.2.2 O&E-2: Rapid Integrated Support and Engagement (RISE) Expansion Project (CSS-SD-RISE-TAY).....	72
4.1.2.3 O&E-3: Office of Health Equity and Cultural Diversity Outreach Program .....	75

4.1.3 General System Development (GSD).....	78
4.1.3.1 GSD-1: County Wide Crisis Team (CT).....	79
4.1.3.2 GSD-2: Crisis Residential Treatment (CRT).....	81
4.1.3.3 GSD-3: Crisis Stabilization Unit (CSU).....	85
4.1.3.4 GSD-4: Screening, Triage, Assessment and Referral (STAR).....	89
4.1.3.5 GSD-5: Fillmore Community Project .....	94
4.1.3.6 GSD-6: Transitional Age Youth Outpatient Treatment Program – Transition (Non-FSP) .....	97
4.1.3.7 GSD 7: Ventura County Behavioral Health Adult Treatment System (Non-FSP) .....	100
4.1.3.8 GSD-8: Quality of Life (QoL) Improvement .....	105
4.1.3.9 GSD-9: The Client Network (CN) .....	110
4.1.3.10 GSD-10: Transformational Liaison .....	114
4.1.3.11 GSD-11: Family Access and Support Team (FAST) .....	116
4.1.3.12 GSD-12: National Alliance on Mental Illness (NAMI) Education Services .....	121
4.1.3.13 GSD-13: Client Transportation Program .....	123
4.1.3.14 GSD-14: Linguistics Competence Services .....	125
4.1.4 Housing .....	129
4.1.4.1 H-1: VCBH MHSA Housing Support Program (CSS-SD-Housing) .....	129
4.2 Prevention and Early Intervention (PEI).....	132
4.2.1 Prevention .....	137
4.2.2 Early Intervention .....	140
4.2.3 Other Programs .....	142
4.3 Innovation (INN).....	144
4.3.1 INN-1: Healing the Soul.....	146
4.3.2 INN-2: Children’s Accelerated Access to Treatment and Services (CAATS) .....	150
4.3.3 INN-3: Bartenders as Gatekeepers .....	153
4.3.4 INN-4: Push Technology.....	155
4.3.5 INN-5: Conocimiento .....	156
4.3.6 INN-6: Multi-County Full Service Partnership (FSP) Project* .....	158
4.3.7 INN: Full Service Partnership (FSP) Information Exchange .....	160
4.4 Workforce Education and Training (WET) .....	161
4.5 Capital Facilities and Technological Needs (CFTN) .....	164
<b>5. PROGRAM &amp; EXPENDITURE PLAN .....</b>	<b>165</b>
5.1 FY 2019/20 Mental Health Services Act Annual Update.....	166
5.2 Mental Health Services Act Prudent Reserve Assessment/Reassessment .....	168
5.3 FY 20/21 through 22/23 Program and Expenditure Plan.....	170
<b>6. PUBLIC COMMENTS.....</b>	<b>207</b>
<b>7. APPENDICES .....</b>	<b>213</b>
7.1 APPENDIX A – ISSUE RESOLUTION PROCESS (IRP) .....	214
7.2 APPENDIX B – COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA) REPORT.....	222
7.3 APPENDIX C – VCBH OUTCOMES AND STUDY RESULTS.....	284
7.4 APPENDIX D – FY 18/19 PREVENTION AND EARLY INTERVENTION EVALUATION REPORT .....	302
7.5 APPENDIX E – VCBH CHILDREN’S ACCELERATED ACCESS TO TREATMENT AND SERVICES (CAATS) .....	461
7.6 APPENDIX F – HEALING THE SOUL MHSA VCBH INNOVATIONS GRANT WITH THE MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP) .....	481
<b>BOARD LETTER .....</b>	<b>489</b>



# EXECUTIVE SUMMARY, COUNTY DESCRIPTION AND MHSA PROGRAM COMPONENTS



## 2.1 Executive Summary

In November of 2004, California voters passed Proposition 63, which created the Mental Health Services Act (MHSA). The Act instituted an additional 1% tax on any California resident with income of more than \$1 million per year, and annually, this tax is added to every dollar over \$1 million residents earn. MHSA revenue is distributed to counties across the state to accomplish an enhanced system of care for mental health services, with a portion of the revenue distributed to agencies at the State level.

The passage of Proposition 63 provided the first opportunity in many years to expand County mental health programs for all populations, including children, transition-age youth, adults, older adults, families, and especially the unserved and underserved. It was also designed to provide a wide range of prevention, early intervention, and treatment services, including the necessary infrastructure, technology and enhancement of the mental health workforce to effectively support the system. As part of the system design, the Act provided five fundamental guiding principles in the MHSA regulations:



- Community Collaboration to develop a shared vision for services.
- Cultural Competence in services to reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
- Client, Consumer, and Family Involvement in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.
- Integrated Service Delivery to reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.
- Wellness and Recovery focus by allowing clients and consumers to participate in defining their own goals, so they can live fulfilling and productive lives.

## 2.2 Background

### 2.2.1 MHSA Program Components

MHSA consists of five components, each of which addresses specific goals for priority populations, key community health needs, and age groups that require special attention. The programs developed under these components draw on the expertise and experience of behavioral health and primary care providers, community-based organizations, education systems, law enforcement, and local government departments and agencies. The five components are:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Capital Facilities and Technology Needs (CF/TN)
- Innovation (INN)
- Workforce Education and Training (WET)

The next section outlines programming and fiscal allocation by component for FY 19/20 (update) and FYs 20/21 through 22/23 (planning). Reporting for FY 18/19 is covered in a subsequent section in this document.

### 2.2.2 Community Program Planning (CPP) Summary

The CPP process is the basis for developing the Three-Year Program & Expenditure Plan and subsequent updates to the plan. Through this process, and in partnership with stakeholders, community needs related to mental illness are identified and analyzed. It follows that priorities and strategies can be determined and continually refreshed by re-evaluating programming to meet these prioritized needs, as well as ensuring service gaps are filled and unserved and underserved populations are adequately served.

Elements of the Ventura County CPP process include:

- MHSA team members lead, coordinate, and manage all aspects of the CPP process.
- Two external, private research and consulting firms were utilized to conduct a robust, thorough and formal countywide mental health needs assessment using primary and secondary data.
- Stakeholders representing various interests were afforded the opportunity to participate in the CPP process.
  - Members of standing stakeholder groups such as the County Behavioral Health and Advisory Boards (BHABs) representing youth and families, TAY population, Adult and Older Adults.
  - Other participating stakeholders included representatives from the BHABs, community-based organizations, law enforcement, social services, faith-based organizations, public health, older adult agencies, probation, education, coroner, and clinical services.
  - Clients with Serious and Persistent Mental Illness (SPMI) and families of clients with Serious Emotional Disturbance (SED), and their families.
- As required throughout the year, specific focus groups were created to address certain populations and their needs within the County in support of the Mental Health Needs Assessment.
- Countywide geographic representation was intentional and monitored to promote and secure all geographic areas, and target populations were represented.
- The practice of utilizing independent facilitators was executed during focus groups to encourage freedom of participants in voicing their views and to eliminate bias during the Mental Health Needs Assessment.



- Transparency with the public and County organizations was imbedded in the structure by creating advisory and community leadership groups and by involving them at key points during the Needs Assessment.
- Intensive outreach and engagement took place during the process to encourage and solicit participation, along with raising awareness of the process within the context of MHSA.
- Outreach and participation data were collected and continually monitored using demographic information to secure population and geographic diversity.

In addition to community and stakeholder input, the CPP process considered other factors in program planning:

- Requirements as set forth in Senate Bill, SB-1004 Mental Health Services Act: Prevention and Early Intervention.
- County compliance with regulatory spending percentages per regulations.
- Evaluation of programs regarding performance and relevance.
- County compliance in programming alignment with MHSA components and their respective categories.

Details concerning the CPP process are presented in a subsequent section. The programming results from the CPP process are summarized in the following section by component and fiscal allocation.

## 2.2.3 Program Results Summary

The tables below reflect programming by component and were determined by the community needs assessment, noted gaps in services, sustainment of existing programs according to existing and forecasted needs, and regulatory requirements. Significant changes additions or omissions are bolded within the tables. Specific fiscal allocations per program are listed in Section V under the Three-Year Expenditure Plan.

### Community Services and Supports (CSS) Allocated Funds

Update to FY 19/20: \$57,133,740

Planning - FY 20/21: \$62,139,015, FY 21/22: \$64,021,995, FY 22/23: \$65,943,019

Category	Program Name	Update Description	FY Impact
Full Service Partnership (FSP)	Child/Youth FSP	<b>New Child/Youth FSP to fill service gap</b>	19/20, 20/21, 21/22, 22/23
FSP	INSIGHTS Program (Youth FSP)	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Transition-Aged Youth (TAY) Transitions	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Assisted Outpatient Treatment (Laura's Law)	<b>Upon grant conclusion, MHSA to fill funding gap</b>	19/20, 20/21, 21/22, 22/23
FSP	VISTA	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	In-House Adult (Adults FSP- Includes EPICS)	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Older Adult	No programmatic change	19/20, 20/21, 21/22, 22/23

Category	Program Name	Update Description	FY Impact
FSP Support – Peer & Case Management	Peer Support & Case Management Services	<b>New program to fulfill FSP client support requirements</b>	19/20, 20/21, 21/22, 22/23
General System Development (GSD)	EvalCorp Research & Consulting	Expand to evaluate non-clinical General Systems Development	19/20, 20/21, 21/22, 22/23
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) (Original Program)	No programmatic change	19/20, 20/21, 21/22, 22/23
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) TAY Expansion	<b>Upon grant conclusion, MHSA to fill funding gap</b>	19/20, 20/21, 21/22, 22/23
O&E	County-Wide In-House Outreach	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	County-Wide Crisis Team (CT)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	Crisis Stabilization Unit	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	Crisis Residential Treatment (CRT), 24-hr	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Individual Needs Assessment	Screening, Triage, Assessment, Referral (STAR)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Treatment	In-House Specialty Mental Health Services (All age groups) – (Non FSP Adult Clinics)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Treatment	Children’s Accelerated Access to Treatment and Services (CAATS)	<b>Established in 17/18 as INN, ending 19/20 and sustained by other funding in 20/21</b>	20/21, 21/22, 22/23
GSD-Peer Support	TAY Wellness Center	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Adult Wellness Center	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Client Network (CN)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Quality of Life (QoL)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Peer Service Coordination/Case Management	Transformational Liaison (TL)	Terminated effective 19/20	19/20
GSD-Staff Development & Retention	OSHPD Education & Training Matching Program	<b>Expend CSS funds to participate in program- WET</b>	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Growing Works	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Service Coordination/Case Mgmt.	Family Access Support Team (FAST)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Transportation	In-House Client Transportation Support	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Language Services	Interpreting Services	No programmatic change	19/20, 20/21, 21/22, 22/23
Community Program Planning (CPP)	CPP Resourcing - up to 5% of CSS funding	No programmatic change, regulations requirement	19/20, 20/21, 21/22, 22/23
Housing-Board & Care (B&C)	Two Residential Care for the Elderly (RCFE)	No programmatic change	19/20, 20/21, 21/22, 22/23



Category	Program Name	Update Description	FY Impact
Housing-B&C	Five B&C Facilities	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing -TAY Transitional Housing Assistance	Telecare Casas B, C, D	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Hillcrest Villa, Paseo De Luz, Paseo Del Rio, Paseo Santa Clara, Hillcrest Villa, La Rahada, Peppertree	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Expansion of Beds – No Place Like Home	<b>If awarded, project out a three year build</b>	<b>First placement, 22/23</b>
Housing- Permanent Supported Housing	Case Management	<b>Requested New Staffing</b>	20/21, 21/22, 22/23

## Prevention & Early Intervention (PEI) Allocated Funds

Update to FY 19/20: \$10,558,100,

Planning - FY 20/21: \$12,384,752, FY 21/22: \$12,592,608, FY 22/23: \$10,879,374

Category	Program Name	Update Description	FY Impact
Prevention	One Step A La Vez	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Project Esperanza	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Tri-County GLAD	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Promotores y Promotoras Foundation	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Conexión Con Mis Compañeras- (Promotoras – MICOP)	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Wellness Everyday Outreach & Media	No programmatic changes	19/20, 20/21, 21/22, 22/23
Prevention	Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools-(VCOE)	<b>New program in 19/20 to address gaps, SB1004</b>	19/20, 20/21, 21/22, 22/23
Prevention	Older Adult Intervention – Ventura County Area Agency on Aging (VCAAA)	<b>New program implemented in 19/20 to address gaps</b>	19/20, 20/21, 21/22, 22/23
Prevention, Outreach to Recognize Signs of Mental Illness	Rainbow Umbrella Youth Support Groups and Recognize, Intervene, Support, Empower (RISE) – (Diversity Collective)	No programmatic change	19/20, 20/21, 21/22, 22/23
Early Intervention	Comprehensive Assessment and Stabilization Services (COMPASS)	Moved from CSS to PEI 18/19	19/20, 20/21, 21/22, 22/23
Early Intervention	Primary Care Integration Program	No programmatic change	19/20, 20/21, 21/22, 22/23
Early Intervention	Early Detection & Intervention for the Prevention of Psychosis (EDIPP)	Moved in-house during FY 19/20	19/20, 20/21, 21/22, 22/23
Early Intervention – Family Support	National Alliance on Mental Illness – Family Education Program	Expanded in 19/20 to provide staff development	19/20, 20/21, 21/22, 22/23

Category	Program Name	Update Description	FY Impact
Early Intervention – Outreach Support	La Clave Education & Training	<b>Established in 19/20</b>	19/20, 20/21, 21/22, 22/23
Outreach to Recognize Signs of Mental Illness	Crisis Intervention Team (CIT)-Law Enforcement	<b>Review for additional First Responder and expanded crisis training</b>	19/20, 20/21, 21/22, 22/23
Outreach to Recognize Signs of Mental Illness	School-Based Programs: (Positive Behavior Interventions & Supports (PBIS), Restorative Justice (RJ) –(VCOE)	Absorbed under MTSS contract effective 19/20	19/20, 20/21, 21/22, 22/23
Stigma & Discrimination Reduction	In Our Own Voice - NAMI	Established in 19/20	19/20, 20/21, 21/22, 22/23
Access & Linkage to Treatment	Logrando Bienestar Expansion	<b>Established in 19/20 to address Latinx service gap</b>	19/20, 20/21, 21/22, 22/23
Suicide Prevention	SafeTALK – (VCOE)	Absorbed under MTSS contract effective 19/20	19/20, 20/21, 21/22, 22/23
Suicide Prevention	American Foundation for Suicide Prevention Program Suite	<b>New program effective 19/20</b>	19/20, 20/21, 21/22, 22/23

## Innovation (INN) Allocated Funds

Update to FY 19/20: \$2,030,280,

Planning - FY 20/21: \$3,376,475, FY 21/22: \$1,407,465, FY 22/23: \$1,293,513

Category	Program Name	Update Description	FY Impact
INN	Healing the Soul	Established in 17/18, ends in 20/21 with disposition pending outcome results	19/20, 20/21
INN	Children’s Accelerated Access to Treatment and Services (CAATS)	Established in 17/18, ending 19/20 and to be sustained by CSS in 20/21	19/20
INN	Youth Program (Conocimiento)	Began 19/20, may be absorbed by PEI pending results 20/23	19/20, 20/21, 21/22, 22/23
INN	Suicide Prevention - Bartenders as Gatekeepers	Established in 18/19, ending 20/21, disposition pending evaluation results	19/20, 20/21
INN	Push Technology	Established 18/19, ending 20/21, disposition pending evaluation results	19/20, 20/21
INN	FSP Multi-County Project	<b>Participation and leading project</b>	19/20, 20/21, 21/22, 22/23
INN	Health Information Exchange (HIE) - Data Sharing (IPU, Jail and HMIS)	<b>To be established 20/21</b>	20/21, 21/22, 22/23

## Workforce Education and Training (WET) Allocated Funds

Update to FY 19/20: \$134,500,  
 Planning - FY 20/21: \$408,284, FY 21/22: \$142,691, FY 22/23: \$146,972

## Capital Facilities and Technological Needs (CFTN) Allocated Funds

Update to FY 19/20: n/a,  
 Planning - FY 20/21: n/a, FY 21/22: n/a, FY 22/23: n/a

# 2.2.3 Ventura County



Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties and consists of 1,843.13 square miles in area. It is set against undeveloped hills and flanked by free-flowing rivers. Ventura County is one of 58 counties in the State of California and offers 42 miles of beautiful coastline along its southern border, with the Los Padres National Forest making up the northern area. It has a beautiful, temperate climate, and its landmass rises from sea level to 8,831 feet at Mt. Pinos in the Los Padres National Forest. At certain times of the year, it is often possible to stand on the beach and see snow in the mountains.

Ventura County can be separated into two major sections: East County and West County. Communities in the East County include Thousand Oaks, Newbury Park, Lake Sherwood, Hidden Valley, Santa Rosa Valley, Oak Park, Moorpark, and Simi Valley. West County consists of the communities of Camarillo, Somis, Oxnard, Point Mugu, Port Hueneme, Ventura, Ojai, Santa Paula, and Fillmore. The largest beach communities are located in West County on the coastline of the Channel Islands Harbor.

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

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

Naval Base Ventura County is the county's largest employer with approximately 16,000 employees, including civilians and military personnel. The Port of Hueneme is California's smallest, and only, deep-water port between Los Angeles and San Francisco and plays a major role in the local economy.

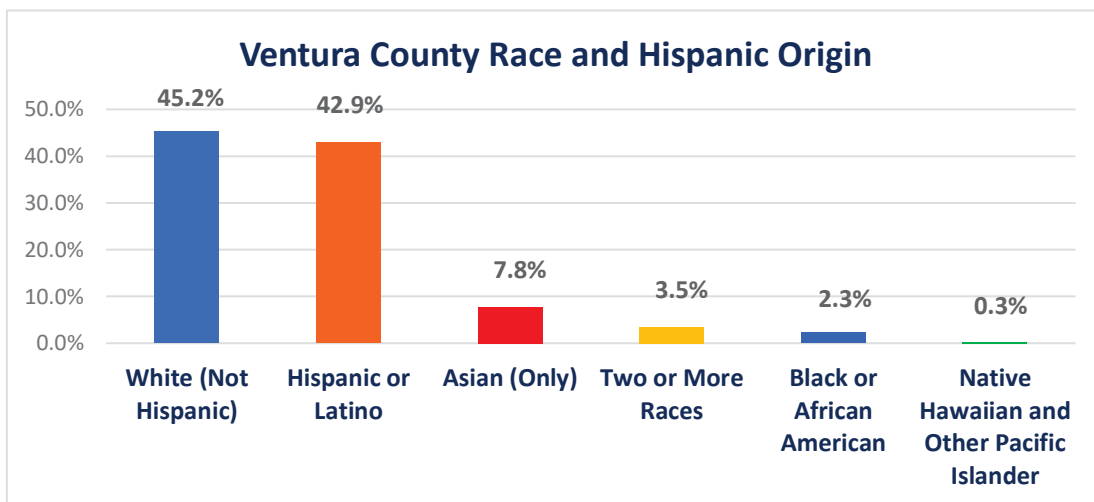
Ventura County is home to two universities (California State University Channel Islands and California Lutheran University), a small private college and three community colleges (Oxnard, Ventura, and Moorpark). Through these and other programs, Ventura County enjoys a strong structure for workforce development.



As of July 2018, the estimated population of Ventura County was 850,967. Hispanic or Latinos comprised 43% of the population and non-Hispanic or Latino comprised 45%. Approximately 22.9% of the population is under 18 years of age while 15.6% of County residents are 65 or older. Ventura County is also comprised of 22.5% foreign-born persons and 42,012 veterans.

The median household income (in 2018 dollars) was \$84,017, and the per capita income was \$36,891. However, 9.1% of the people in the County are at or below the poverty line.

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



\*Source of all demographic data from census.gov website. See website for additional details, including any data anomalies.



# VENTURA COUNTY PLANNING PROCESS



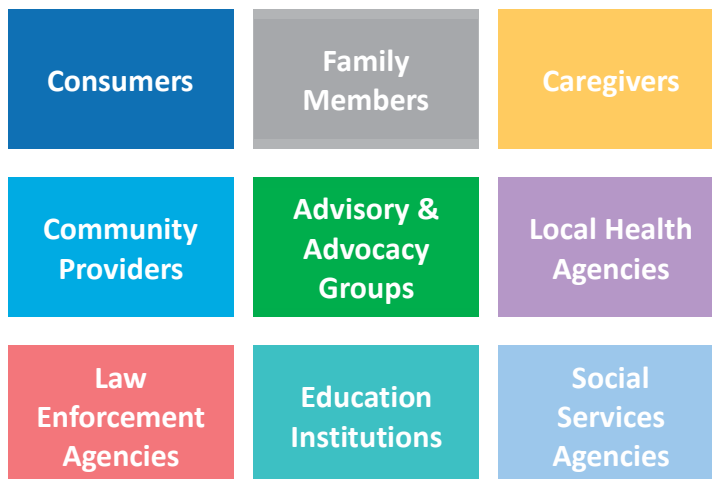


## 3.1 Community Program Planning (CPP)

Pursuant to Welfare and Institutions Code (WIC) Section 5848(a), the Mental Health Services Act (MHSA) requires an inclusive and ongoing Community Program Planning process to gather input regarding existing and forecasted community mental health needs, as well as an assessment of the current mental health system that gauges the overall impact and effectiveness of such programs. The results of this process inform future programming adjustments and determines whether additional or different services are required. In partnership with stakeholders, this process provides the structure necessary for the County to determine the best way to improve existing programs and utilize funds that may become available for the MHSA components.

### 3.1.1 Stakeholder Involvement

The Mental Health Services Act (MHSA) requires public involvement in the stakeholder process because it's crucial in achieving an equitable three-year program plan and annual updates. Groups involved in the CPP process include consumers, law enforcement, personal advocacy groups, and health agencies. While there are shared requirements for CPP, the process allows for Ventura County to tailor its programming to align with its specific needs and adhere to State priorities and regulatory requirements.



The basis for the Ventura County planning process is found in WIC 5898, 5813.5d and 5892c. In Ventura County, standing groups represent different interests across the County, and as the need arises, focus groups are created to address needs of these populations.

In addition to availing opportunities to participate within these forums, a formal, robust mental health needs assessment was conducted across the County in accordance with the commitment of Ventura County Behavioral Health (VCBH) to address the mental health needs of a diverse population. Stakeholder involvement was accomplished by using different forums, which include various stakeholder groups listed below:

### 3.1.2 General Behavioral Health Advisory Board (BHAB)

The mission of the BHAB is to advocate for members of the community that live with mental illness and/or substance abuse disorders and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the VCBH.

The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to VCBH Director and the Board of Supervisors. It plays a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plans and updates, provides feedback prior to the required 30-day posting then conducts the public hearing. The BHAB has authority to vote on recommendations for the plan and updates submitted to the Board of Supervisors for final approval.

The table below lists the FY 17-18 membership and their respective geographic representation, along with term dates.

DISTRICT	BHAB MEMBERS	TERM DATES
District 1	Claudia Armann	03/11/18 – 03/10/21
	Kevin Clerici	06/12/18 – 10/06/21
	Mary Haffner	04/08/18 – 04/07/21
	Gina Petrus	05/08/18 – 05/07/21
District 2	Jamie Banker	01/08/19 – 01/07/22
	Ratan Bhavnani	02/24/19 – 02/23/22
	Patricia Mowlavi	03/14/17 – 03/14/20
	Ezequiel Sanchez	06/11/19 – 09/13/19
District 3	Nancy Borchard	01/27/18 – 01/26/21
	Gane Brooking	01/12/16 – 01/12/22
	Janis Gardner	04/15/18 – 04/14/21
	Larry L. Hicks	12/02/17 – 12/01/20
	Joe S. Ramirez	04/09/19 – 12/01/20
	Kay Wilson-Bolton	04/15/18 – 04/14/21
District 4	Capt. James Fryhoff	10/14/18 – 10/13/21
	Jerry M. Harris	09/17/19 – 09/17/22
	Cmdr. Ron Nelson	10/13/15 – 10/13/18
	Denise Nielsen	09/17/15 – 09/17/21
	Irene Pinkard	01/24/17 – 01/24/20
	Marlen Torres	01/10/17 – 01/10/20
District 5	Sheri Valley	02/06/18 – 02/06/21
	Margaret Cortese	01/11/18 – 01/10/21
	Monique Garcia	09/24/17 – 09/23/20
	Irene Pinkard	01/24/17 – 01/24/20
Governing Body	Marlen Torres	01/10/17 – 01/10/20
	Supervisor Linda Parks	01/01/19 – 12/31/21

### 3.1.3 BHAB Subcommittees

In order to address needs of specific populations, there are other special BHAB subcommittees. These groups report to the General BHAB and ensure coordination and alignment of mission and activities. They are designed to serve populations by age group for Adult and Older Adult, Transitional-Aged Youth (TAY) and Child/Youth and Prevention, and each group sets its own goals and generates year-end reports on accomplishments.

### 3.1.4 MHSA Community Program Planning Committees, Focus Groups and Workgroups

VCBH also conducts active outreach to ensure key stakeholders are included in the development of programs and services so they are reflective of the needs of the population to be served. Such groups during this planning period included LGBTQ+, parents of school-aged children and youth, and Older Adult focus groups.

### 3.1.5 Consumer and Family Groups

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

### 3.1.6 Cultural Equity Advisory Committee (CEAC)

The committee is comprised of mental health and alcohol and drug department staff, key stakeholders from community and faith-based organizations, other county and city departments, and individuals from the community at-large. CEAC's mission is to ensure mental health and alcohol and drug programs services are responsive in

meeting the needs for care of diverse cultural, linguistic, racial, and ethnic populations. The committee identifies indicators used to actively address conditions that may contribute to a need for appropriate and equitable care.

### 3.1.7 Issue Resolution Process (RP)

Consumers may also voice their views/concerns through the issue grievance process (see Appendix A). At the time of this report, there have been 41 grievances filed in total. Thirty-three (33) were resolved and 8 were pending as of June 30<sup>th</sup>, 2019.

## 3.2 Community Mental Health Needs Assessment (CMHNA) Process

While the groups above are key elements of the input and review process for programming, an assessment of the County needs is crucial to ensure a breadth of County needs is captured. For this planning period, a formal, robust CMHNA was executed to inform program planning.

From March 2018 through February 2019, Ventura County Behavioral Health (VCBH) engaged Harder+Company Community Research to lead the CMHNA, report results and facilitate community engagement for prioritization of issues and development of strategies.

The CMHNA was designed with the goal of creating accessible ways for a wide range of community stakeholders, including community members and providers, to share their perceptions on mental health needs for Ventura County residents, and to identify the most urgent mental health needs among unserved and underserved populations in the county. EVALCORP Research & Consulting also collaborated in the design, deployment and analysis of a survey tailored for providers and agencies throughout the county that encounter the mentally ill during their work.

By design, the structure of the CMHNA consisted of convening groups and teams as outlined below.

**MHSA Team** – This team was critical in the execution of the MHNA due to the ongoing partnership with the research consultants to develop surveys suitable for the community, review presentations delivered to Advisory Group and Community Leadership Group, coordinate and support focus groups, recruit focus group participants, develop strategies for executing survey deployment and tracking, continually manage facilitation guide for focus group appropriateness, and gather/exchange secondary data as required. The team consisted of the MHSA manager, program administrators, management assistant and community services coordinator.

**VCBH Team** – This team included the Director, executive leadership, clinical managers and staff, and a research psychologist. The VCBH Team provided leadership, facilitated client participation and logistical support, and assisted with the review of tools, as required.

**Advisory Group** – This group was convened by VCBH and composed of approximately 20 members from other Ventura County agencies, service providers, non-profits, and community groups (listing of names is provided in the CMHNA Report at Appendix B). This group served the purpose of vetting all information gathered at 3 different points in the process and providing input prior to presenting material to the Community Leadership Group.

**Community Leadership Group** – The community leadership members served as the primary recipients of CMHNA results and were presented as such for their input in prioritizations and strategy development.



Another key element of the CMHNA was data collection methods and formats, forums and tools used to gather information about the community and its needs. The data collection aspect involved Harder+Company, along with VCBH and EVALCORP Research & Consulting employing standard methods.

First, the data collection was divided into two categories: Secondary and Primary Data as follows:

1. **Secondary data** included existing, publicly available data, and involved collecting and inventorying data that was generated outside of the CMHNA process (such as census data, county agency reports, state, and local surveys).
2. **Primary data** was generated specifically for this CMHNA, which did not exist previously. This includes both quantitative data, such as that obtained from surveys, and qualitative data, such as that obtained from focus groups. Three separate primary data collection efforts were conducted: (1) a community survey, (2) community focus groups, and (3) a provider survey.
3. The **community survey**, which reached nearly 5,000 residents, was used to directly assess demographic factors, mental health indicators, and feedback on mental health services among community members.
4. About a dozen **community focus groups**, reaching over 100 participants, were facilitated to seek input from underserved, unserved and priority populations in the County.
5. A **provider survey**, with input from nearly 700 respondents, was deployed county-wide to seek input on the quality of existing mental health services from a wide range of county, private, and non-profit agencies that work with populations in need of mental health services.

An overview of all data collection activities and key milestones of the CMHNA process is depicted below.

The secondary data included demographic characteristics and while it is acknowledged that this data does not in and of itself determine mental/behavioral health outcomes, it is established that factors such as socioeconomic status, housing and education are strongly linked to mental health. Demographic characteristics were also of interest in order to examine whether mental health outcomes in Ventura County might differ by characteristics such as age, gender and race/ethnicity.

Additionally, during the first Advisory Group meeting and community input session, additional county-level data from attendees was requested and gathered to address perceived gaps. This supplemented, validated and/or informed priority populations to be considered in the collection of primary data.

### 3.2.1 Community Survey

The community survey of the general, adult public (including consumers of mental health services, as well as their caregivers or family members) related to their experiences with mental and behavioral health services in Ventura County (i.e. personal and family members' history with mental health illness and experiences accessing behavioral/mental health services). The survey was available in paper copy and online, as well as in English and Spanish. Both paper and online surveys were collected from August 22 to October 30, 2018.

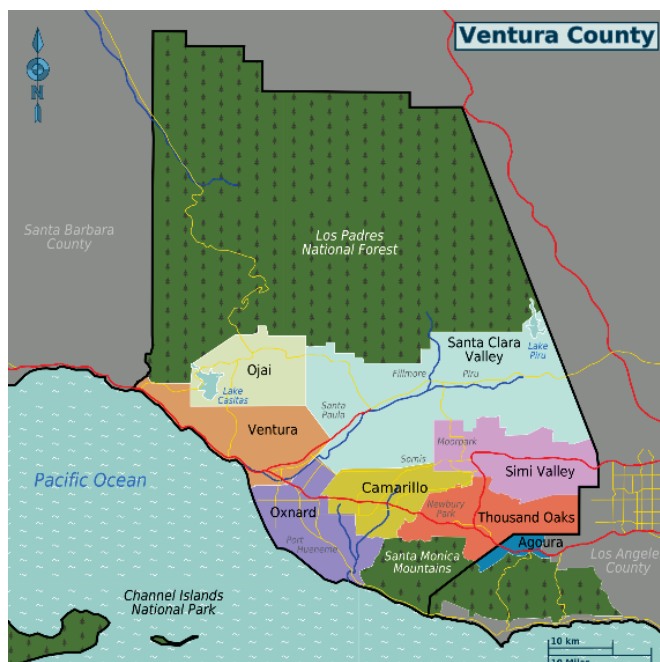
The goal of VCBH was to extend the breadth of survey deployment to maximize county-wide reach, while focusing on the depth in certain geographic areas and specific populations. This penetration was continuously measured real-time and compared against known demographics and intended concentration of specific populations in the County. Efforts to accomplish the intended breadth and depth of the survey response rates included making both online and paper surveys readily accessible to varying audiences. In addition, VCBH carried out extensive community outreach throughout the community during the survey collection period. Below is a summary of activities VCBH carried out to accomplish its intended goals.

- A survey launch meeting on August 22, 2018 in order to engage county agencies and community groups in distributing paper surveys or disseminating the online survey link, and in returning paper surveys to VCBH for data entry.
- Distribution to MHSA contractors.
- On-demand delivery and collection of paper surveys to various agencies and community groups across the county.
- Tabling at various agencies and community groups, as well as public events.
- One-one-one assistance to agency and community group staff on explaining and administering the survey; and
- Live monitoring of the locations (ZIP codes, municipalities, and regions) from which surveys were being received, in order to expand outreach efforts in locations with lower response numbers.

As a result of these efforts by VCBH, the number of surveys received far exceeded the initial goal of 500-1000 surveys. In total, 4,772 surveys (3,697 paper and 805 online) were received.

The online and paper surveys were merged and cleaned to prepare the data set for descriptive analysis. In addition to analyzing the overall survey data, the resulting data set was also analyzed by dividing it by several regional and priority population groups.





Based on survey respondents' reported ZIP code of residence, respondents were divided into seven regions listed below in order to analyze variations in survey responses by geographic location.

**Camarillo** including the cities of Camarillo and Somis

**Conejo Valley** (including the cities of Newbury Park and Thousand Oaks in Ventura County proper, and the cities of Agoura Hills and Westlake Village)

**Ojai**

**Oxnard** (including the cities of Oxnard and Port Hueneme)

**Santa Clara Valley** (including the cities of Fillmore, Piru and Santa Paula)

**Simi Valley** (including the cities of Moorpark and Simi Valley)

Additionally, based on survey respondents' answers to various demographic questions, respondents were also divided into one or more priority populations, based on groups within Ventura County that advisors and community stakeholders identified as likely to be unserved or underserved (respondents could be included in more than one priority population). The results yielded the following groups.

- African American
- Asian & Pacific Islander
- Hispanic/Latinx
- Homeless
- LGBTQ+
- Mixteco
- TAY
- Older Adults

Key results of the community survey are presented at Appendix B – Community Mental Health Needs Assessment (CMHNA) Report and a full data book for the community survey is included in the report appendices.

### 3.2.1 Community Focus Groups

Focus groups were conducted with specific priority groups identified by the CMHNA's advisors and community stakeholders. This approach was selected in recognition that quantitative data on certain priority groups may be difficult to obtain due to (1) the lack of existing data, (2) the small size of the priority populations being considered, and (3) the barriers certain priority groups might face in filling out a survey (due to language, location, access to the internet, or other factors).

Several factors were considered when determining the makeup and location of the focus groups, including:



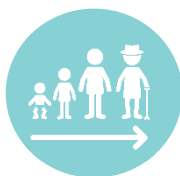
#### Geographic Coverage

Ensuring that focus groups were held throughout the county; in the case of certain priority groups whose members were found in higher numbers in certain regions, focus groups were coordinated within those areas.



#### Unserved and Underserved Focus

- The priority groups identified by the CMHNA advisors and community stakeholders were those most likely to not receive needed mental health services; these groups included:
- African Americans
- Hispanics/Latinxs (English and Spanish speakers)
- LGBTQ+
- Homeless
- Mixteco



#### Age

While only adults were recruited for focus groups, this CMHNA sought to ensure the needs of children and youth were voiced through their adult caregivers and family members, as well as honoring MHSR regulations' intent to reach all consumer age groups; these groups included:

- Parents of children diagnosed with mental health diagnoses (English and Spanish speakers)
- TAY
- Older adults



#### Availability of Community Hosts

In order to improve the accessibility of the focus groups, VCBH coordinated hosts throughout Ventura County, where possible by agencies that provided services or outreach to the priority populations identified.

A facilitator's focus group protocol was developed, which was modified iteratively through feedback from VCBH staff and other community stakeholders. Using this protocol, standardized training was provided for all focus group facilitators, which included Harder+Company staff and two contracted experienced, bilingual/bicultural independent facilitators. In total, 15 focus groups were conducted involving a total of 116 participants. The focus groups were conducted from October to December 2018. Audio of the focus groups were recorded and then transcribed (and, where necessary, translated) for qualitative analysis.

Key results of the community focus groups are presented in the key findings section of the CMHNA report at Appendix B – Community Mental Health Needs Assessment Report.

### 3.2.3 Provider Survey

An online provider survey designed for organizations that intersect or serve populations experiencing mental health symptoms and/or need mental health services was developed and deployed. The purpose of the survey was to obtain providers' perspectives and experiences regarding the need, availability, and provision of mental health services countywide. The survey also collected recommendations for improving mental health service delivery from providers.

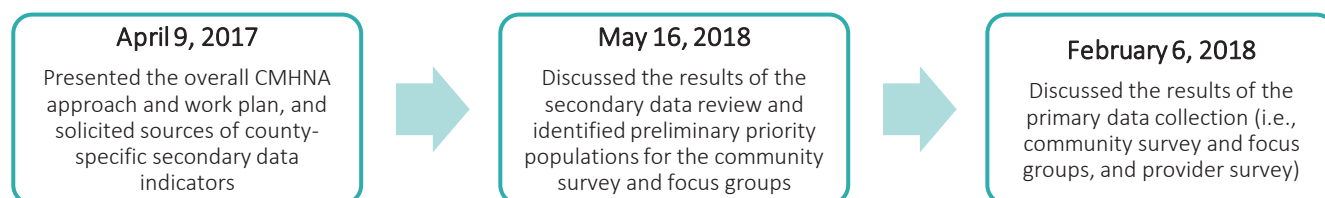
The survey was distributed in October 2018 to a wide range of county, private, and non-profit agencies, including VCBH, law enforcement, education systems, and public health. During the three-week survey administration timeframe, a total of 690 individuals responded. For analyses purposes, respondents were asked to indicate the

type of organization they represented, their role within that organization, and the geographic region of Ventura County that they served.

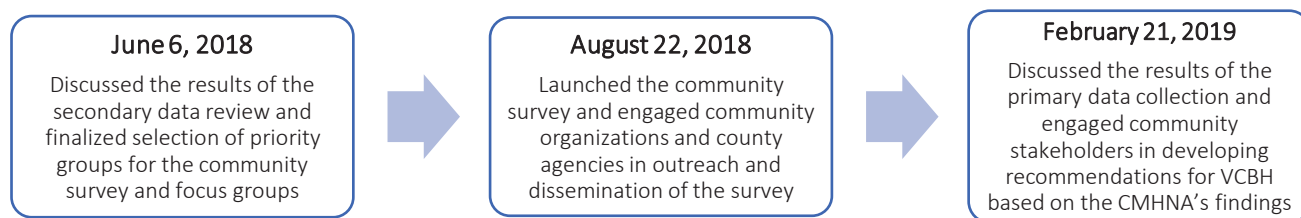
Key results of the provider survey are presented in this report and the full report is included at Appendix B – Community Mental Health Needs Assessment Report.

### 3.2.4 Advisory Groups and Community Stakeholder Input

In order to oversee and provide input to the CMHNA, VCBH convened an **Advisory Group** composed of approximately 20 staff from other Ventura County agencies, service providers, non-profits and community groups. The Advisory Group came together during three sessions at key points in the CMHNA process, namely:



Community input was also a consideration to the design of the CMHNA, yet always maintaining the spirit of MHSA regulations and the Community Program Planning process, which requires engagement from consumers, caregivers, and family members. To this end, three community input sessions were held, at which community leaders and interested parties were invited to provide feedback on various elements of the CMHNA, including cultural and linguistic competency. Attendance at the community input sessions ranged from 40 to 60 people representing various stakeholders and regions within the county. The three **community input sessions** took place as follows:



Below is a sample of the public flyers posted for the events, as well a comprehensive list of Community Input Sessions.



## Mental Health Services Act 3-Year Planning

### COMMUNITY INPUT SESSIONS

We welcome your comments on the proposed Mental Health Services Act  
3-year plan for Ventura County.

Access the draft summary report here: [www.vcbh.org/mhsa](http://www.vcbh.org/mhsa)

#### JOIN US AT ANY OF THESE MEETINGS:

**Wednesday, January 15, 2020**

**6:00–8:00 PM**

Ventura County Behavioral Health, Training Room  
1911 Williams Drive, Oxnard

**Tuesday, January 21, 2020**

**6:00–8:00 PM**

Moorpark Community Center  
799 Moorpark Avenue, Moorpark

**Thursday, January 23, 2020**

**6:00–8:00 PM**

Fillmore Active Adult Center  
533 Santa Clara Street, Fillmore



## Ley de Servicios de Salud Mental Planificación de 3 Años

### FOROS COMUNITARIOS

Agradecemos sus comentarios sobre el plan de 3 años de la Ley de Servicios de Salud Mental para el Condado de Ventura.

Vea el borrador del reporte resumido aquí: [www.vcbh.org/es/mhsa](http://www.vcbh.org/es/mhsa)

#### ASISTA A CUALQUIERA DE NUESTRAS REUNIONES:

**Miércoles 15 de enero de 2020**

**6:00–8:00 PM**

Ventura County Behavioral Health, Training Room  
1911 Williams Drive, Oxnard

**Martes 21 de enero de 2020**

**6:00–8:00 PM**

Moorpark Community Center  
799 Moorpark Avenue, Moorpark

**Jueves 23 de enero de 2020**

**6:00–8:00 PM**

Fillmore Active Adult Center  
533 Santa Clara Street, Fillmore



Date	Meeting Title	Type
4/9/2018	Ventura County MHSA Needs Assessment Advisory Group Meeting #1	Advisory Group Meeting
5/16/2018	Ventura County MHSA Needs Assessment Advisory Group Meeting #2	Advisory Group Meeting
6/6/2018	Ventura County MHSA Needs Assessment Community Input Session #1	Community Input
8/22/2018	Ventura County MHSA Needs Assessment Community Survey Launch	Town Hall
10/8/2018	SPMI & Homeless (Lived Experience)	Focus Group
10/15/2018	Older Adults & MI (Lived Experience, Dx Spectrum)	Focus Group
10/16/2018	African American & MI (Lived Experience)	Focus Group
10/23/2018	LGBTQ, Transgender & MI (Mixed, Dx Spectrum)	Focus Group
10/26/2018	Mixteco Families & MI (Spanish Mixteco)	Focus Group
11/14/2018	School Age & SED (K-12) (Spanish) - Lived Experience Parents	Focus Group
11/14/2018	Latino Families & MI (Spanish) - Lived Experience, Dx Spectrum	Focus Group
11/26/2018	TAY (18-25) & MI (Lived Experience, Dx Spectrum)	Focus Group
11/26/2018	Latino Families & MI - Lived Experience, Dx Spectrum	Focus Group
11/29/2018	School Age & SED (K-12) (Spanish) - Lived Experience Parents	Focus Group
12/1/2018	General Geographic MI - Consumers	Focus Group
12/6/2018	Latino Families & MI - Lived Experience, Dx Spectrum	Focus Group
12/7/2018	School Age & SED (K-12) (English) - Lived Experience Parents	Focus Group
12/14/2018	School Age & SED (K-12) (English) - Lived Experience Parents	Focus Group
2/6/2019	Ventura County MHSA Needs Assessment Advisory Group Meeting #3	Advisory Group Meeting
2/21/2019	Ventura County MHSA Needs Assessment Community Input Session #2	Community Input
11/18/2019	Behavioral Health Advisory Board General Meeting	BHAB
1/15/2020	3-Year Plan Community Input Session #1	Community Input
1/21/2020	3-Year Plan Community Input Session #2	Community Input
1/23/2020	3-Year Plan Community Input Session #3	Community Input

Following the final community leadership input session, feedback was recorded and published in the final report

### 3.3 Community Mental Health Needs Assessment (CMHNA) Key Findings

While the CMHNA demonstrated wide variation in perceived mental health needs between community members and providers, as well as between regions of the county and selected priority populations, there was broad agreement on four urgent community mental health needs. These are listed below.

1. **Lack of access to needed mental health services:** Twenty-six percent (26%) of community survey respondents who said they had needed mental health services in the past year did not receive them, while 35% of them said the same of a close family member. Respondents cited various barriers to access, including lack of health insurance or limited health insurance; inconvenient timing of services; services requiring too much travel; fear of provider mistreatment; and a lack of culturally or linguistically appropriate services. Many priority populations reported high rates of experiences of culturally inappropriate services, while homeless and Asian/Pacific Islander individuals reported a lack of linguistic appropriateness in higher proportions than other groups.
2. **Depression as a major mental health illness:** Fifty-two percent (52%) of community survey respondents indicated they had been diagnosed with depression by a healthcare provider in the past. About 29% of survey respondents also indicated that they had thought about or attempted suicide. Diagnosis of depression was fairly uniform across most priority groups, but notably higher among homeless (65%) and LGBTQ+ (62%) individuals, who both indicated having been diagnosed with depression in higher proportions than overall. Suicidal ideation did differ substantially across priority populations, with homeless individuals (56%) and LGBTQ+ individuals (49%) indicating past suicidal ideation or attempts in higher proportion than all other groups. Asians/Pacific Islanders, Blacks/African-Americans, and TAY also reported higher-than-overall rates of suicidal ideation or attempts (39-42%).
3. **The homeless population as a priority group in particular need of mental health services:** Forty percent (40%) of community survey respondents and 60% of provider survey respondents felt that homelessness was one of the top contributing issues to mental health in their community, while about 4% of survey respondents indicated they were actually homeless. During Ventura County's most recent point-in-time homeless count, in 2018, there were about 1,299 homeless individuals, and about 28% of them had mental health problems, while 26% were substance users. The community survey found that homeless individuals reported *worse mental health outcomes than every other priority population* across several key factors, including: (1) self-rated mental health status, (2) substance use, (3) suicidal ideation or attempts, and receiving mental health services that were either (4) culturally or (5) linguistically inappropriate. Homelessness is also unevenly distributed across Ventura County. The 2018 point-in-time homeless count showed that two thirds of homeless individuals were living in the cities of Oxnard and Ventura, the county's largest urban centers.
4. **Substance abuse as a major co-morbidity impacting mental health status:** While about 15% of survey respondents indicated they had used a drug other than alcohol or tobacco in the past 12, certain priority populations reported use in substantially higher proportions. For example, 41% of homeless respondents to the community survey indicated recent substance use, compared to 29% for LGBTQ+ respondents, 28% for TAY respondents, and 25% for Asian/Pacific Islander respondents.

#### Recommendations

This CMHNA sought community input on the findings in this report in order to develop recommendations about potential services or systems that could help address the top four mental health needs identified through the community and provider surveys. Key recommendations from the comprehensive CMHNA are briefly outlined below by topic area:

### Access to Mental Health Services:

1. Creation of a mental health navigation service that would serve as a “one-stop shop” for education, messaging, and stigma reduction about behavioral health issues, available mental health services and affordability
2. Coordination among county-wide service providers to ensure that all clients were triaged to appropriate and timely services regardless of their entry point to services, similar to what is referred to as a “no wrong door” policy
3. Delivering additional education to mental health providers (including county agency and non-profit staff) and law enforcement on cultural and linguistic competency

### Depression

1. Developing programs for education and outreach on depression in K-12 schools in Ventura County
2. Focused depression services for low income and homeless individuals, as well as older adults, and LGBTQ+ individuals, since these populations may suffer disproportionately from depression or other mental health conditions

### Homelessness

1. Conduct further research to better understand homeless subpopulations (chronically homeless, transitionally homeless, dually diagnosed) and their mental health needs, as well as their geographic distribution across the county
2. Early intervention services for transitionally homeless individuals, providing needed supports for individuals at risk for chronic homelessness
3. A triage system to allow law enforcement agencies to link homeless individuals to appropriate mental health providers when mental healthcare is a more suitable responder

### Substance Use

1. Conduct further research to better understand substance use subpopulations (by type of substance: e.g. cannabis, opioids, etc.) and their mental health needs
2. Focused substance use services for low income and homeless individuals

The following section outlines the processing of the CMHNA results.

### 3.4 Three-Year Program Planning Process

Following the needs assessment results and, stakeholder engagement and feedback, VCBH began its internal program assessment process by comparing existing services to existing and forecasted community needs, gaps and sustainment of regulatory requirements as outlined below.

1. Conducted analysis based on CMHNA results (including stakeholder feedback), current services, regulatory gaps, and other special groups’ consideration.
2. Prepared fiscal information using all funding sources to complement #1 above. This included FY 17-18 cost and future allocations.
3. Evaluated existing programming and needs (existing programs, gaps and forecasted needs), including fiscal allocations.

4. Identified and updates programming priorities, as needed, then created strategies to sustain existing requirements and meet gaps (mental health needs and spending requirements) by MHSA component and category, age groups, priority populations, geographic areas while considering fiscal outlook.
5. Created a list of proposed programs by component then transferred to a tool that traces programs back to emerging requirement, such as CMNHA, MHSA requirement, SB1004, or special focus group need. This tool is attached at Appendix D – FY 18/19 Prevention and Early Intervention Evaluation Report.
6. Each program/service was described and listed how it will sustain current requirement, reduce or eliminate disparities identified, explained how each relates to issues identified, assessment of capacity to implement proposed program or service (strengths, limitations of County and Service providers that impact ability to meet needs of racially and ethnically diverse populations, such as bilingual proficiency, provider ratios of ethnic providers, and barriers to meet needs. Include fiscal aspect.
7. A Work Plan template was created and distributed to VCBH operational managers as a means of standardizing and solidifying all required information per MHSA regulations. Each template consists of a narrative description, budget by fiscal year, including staffing details, target number of clients/individuals to be served each fiscal year. For FSPs, by FY, breakdown of number clients to be served, according to race, ethnicity, linguistic group, and age, number of unserved and underserved.
8. A draft program listing was created and distributed to all BHAB subcommittees for inputs. As a follow-up and to widen the exposure to the proposed Three-Year Program and Expenditure Plan, VCBH facilitated input sessions at 3 different locations to ensure equitable geographic distribution and exposure to community and stakeholders.
9. These sessions were held during the month of January 2020 and were widely publicized in newspapers, social media, and websites. Community-based organizations were also notified and encouraged to invite clients and other community members.

In summary, future programming based on the CMHNA includes increased services to families through schools, introduced a program addressing depression and isolation in Older Adults, increased services in suicide prevention to the community and potential first responders, and expanded a program to educate, reach and assist Latinos in improving well-being and access appropriate mental health services.



# FISCAL YEAR 2018-19 ANNUAL UPDATE





## 4.1 Community Services and Supports (CSS)

### Introduction

Community Services & Support (CSS) is the largest component of the MHSA. It is focused on community collaboration, cultural competence, client- and family-driven services and systems, wellness, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component and will continue to grow in the coming years.

The County system of care under this component consists of programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with a serious mental illness and serious emotional disturbance, while emphasizing a reduction in service disparities unique to the County.

Programs funded by this component will be presented in accordance with the following regulatory categories:

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

## Community Services and Supports (CSS)

Below is a table listing the FY 18/19 CSS programs, by ages served (second column), and a designation describing the program component and category under CSS (third column) in accordance with the MHSA regulations. The FY 18/19 CSS reporting is organized according to the third column designation and demographics may be presented accordingly, where data collection allowed for it. In this manner, reporting allows one to view areas of impact versus just using program impact. Each category is then followed by individual program information.

Program	Ages*	Component – Category-Type
INSIGHTS (Youth FSP)	Up to 18	FSP-Full Service Partnership
Transitional Age Youth (TAY) Expanded Transitions (TAY FSP)	18-25	FSP-Full Service Partnership
Casa Esperanza TAY Transitions Program (TAY FSP)	18-25	FSP-Full Service Partnership
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	18+	FSP-Full Service Partnership
VCBH FSP Treatment Track (Adults FSP Program)	18+	FSP-Full Service Partnership
Empowering Partners through Integrative Community Services (EPICS)	18+	FSP-Full Service Partnership
VISTA (FSP Program)	18+	FSP-Full Service Partnership
VCBH Older Adults FSP Program	60+	FSP-Full Service Partnership
Rapid Integrated Support and Engagement (RISE)	All	O&E Outreach and Engagement
RISE TAY Expansion	16-25	O&E Outreach and Engagement
Office of Health Equity & Cultural Diversity Outreach Program	All	O&E Outreach and Engagement
County-Wide Crisis Team (CT)	All	GSD-Crisis Intervention/Stabilization
Crisis Residential Treatment (CRT)	18-59	GSD-Crisis Intervention/Stabilization
Crisis Stabilization Unit (CSU)	6-17	GSD-Crisis Intervention/Stabilization
Screening, Triage, Assessment, and Referral (STAR)	All	GSD-Individual Needs Assessment
Fillmore Community Project	0-18	GSD-Treatment
Transition Age Youth (TAY) Outpatient Treatment Program (TAY Transitions Non-FSP)	18-25	GSD-Treatment
VCBH Adult Treatment System (Non-FSP)	18+	GSD-Treatment
Quality of Life (QoL) Improvement Program	18+	GSD-Peer Support
The Client Network (CN)	All	GSD-Peer Support
Transformational Liaison (TL)	All	GSD-Peer Service Coord/Case Mgmt.
Family Access Support Team (FAST)	All	GSD-Peer Service Coord/Case Mgmt.
National Alliance on Mental Illness (NAMI)	All	GSD-Fam, Provider Ed & Supt Serv.
Client Transportation	All	GSD-Access Support
Language Services	All	GSD-Access Support
Board and Care /RCFE (Residential Care for the Elderly)	18+	Housing
Board and Care	18+	Housing
TAY Transitional Housing	18-25	Housing
Permanent Supported Housing	18+	Housing

\*Although the individual programs may span a wide range of ages served not aligned with specific age groupings, every effort was made to extract and present data in this report according to regulations' reporting requirements.

## Community Services and Supports (CSS)

### Data Notes and Definitions – Mental Health Treatment (Non-FSP)

The following definitions and notes below apply to data collection from the Electronic Health Record (EHR) using the Avatar system.

**Served Client** is defined as anyone with a service code billed by a non-FSP MHSA treatment program in the fiscal year who was not in an FSP treatment track at the time of service.

- Service codes include no-show service codes.
- Service codes must be associated with a non-FSP episode in a MHSA treatment program that was open in the fiscal year.
- Service is attributed to the billing program (not always the same as the program to which the episode is open).
- Insights JCC is counted as a FSP treatment track for Youth & Family.

**Rollover Client** is defined as a served client whose episode admission to a non-FSP MHSA treatment program under which services were rendered during the fiscal year was prior to 7/1/2018.

**New Client** is defined as a served client whose first episode admission to a non-FSP MHSA treatment program under which services were rendered during the fiscal year was after 7/1/2018.

**Age Group Total** may not manually add up to the unduplicated client total since clients may have advanced in age and may move from one age group to another within the same fiscal year.

**Program Total** may not manually add up to the unduplicated client total because clients may be served under more than one program within the same fiscal year and will be counted under each program in which services were rendered.

**Demographics** information below is pulled from the first occurring episode in a MHSA non-FSP program during the fiscal year. If there are multiple entries in an episode, the last entry for the episode is used.

- **Age** - Calculated at the date of service for each billed service.
- **Gender**
- **Preferred Language** - Language selected for receiving services.
- **Ethnicity**
- **Race** - Totals may not equal the unduplicated client total as clients may select more than 1 race (up to 5).
- **Sexual Preference**
- **City of Residence**
- **Admit Diagnosis** – Groupings based on diagnosis description

**Service Units Categories** are based on VCBH-defined groupings for billing. The “Medication Support – MC Billable” category was re-labeled as “Evaluation and Management” to be more descriptive of the underlying service codes.

**Please note:** Percentages may not equal to exactly 100% due to rounding. Also, not all numerators will match unduplicated patient counts due to multiple entries by clients.

## Community Services and Supports (CSS)

### 4.1.1 Full Service Partnership (FSP)

**Full Service Partnership (FSP)** programs are designed specifically for children who have been diagnosed with severe emotional disturbances and for transition age youth, adults and seniors who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of Full Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client-driven services and supports, with each client choosing services based on individual needs. Wrap-around services include treatment, case management, transportation, housing, crisis intervention, education, vocational training and employment services, as well as socialization and recreational activities, based on the individual needs for successful treatment outcomes as set in the individual treatment plan. Unique to FSP programs are a low staff-to-client ratio, a 24/7 crisis availability, and a team approach that is a partnership between mental health staff and consumers. Embedded in FSP programs is a commitment to deliver services in ways that are culturally and linguistically responsive and appropriate.

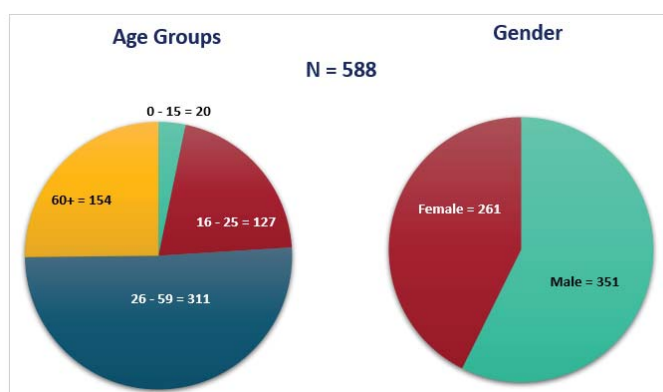
Although, services are accomplished through a collection of programs, the data are summarized and presented by age groups as the table below indicates.

**Unduplicated Counts Served in FSP Programs**

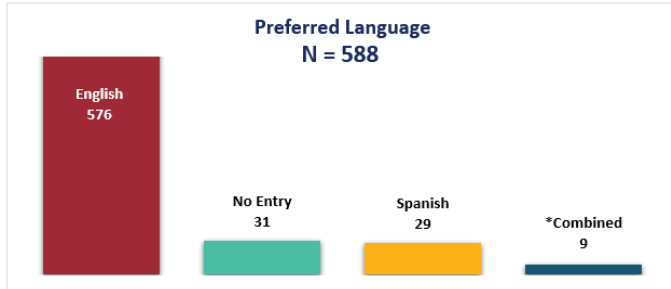
Age Group	Rollover Clients from FY 17-18	New Clients During FY 18-19	Total Clients Served FY 18-19
0-15	17	3	20
16-25	78	49	127
26-59	191	120	311
60+	137	17	154
<b>Totals FSP Unduplicated*</b>	<b>408</b>	<b>180</b>	<b>588</b>

\*Represent unduplicated counts. The sum of the age group counts may not add up to the unduplicated totals due to clients qualifying for 2 age groups within the fiscal year. The last row is unduplicated and are the participants represented in the demographic charts

More than half of clients served were in the 26-59 age group (n=311, 50.82%), followed by age 60+ (n=154, 25.16%), 16-25 year old (n=127, 20.75%) and 0-15 year old (n=20, 3.27%).

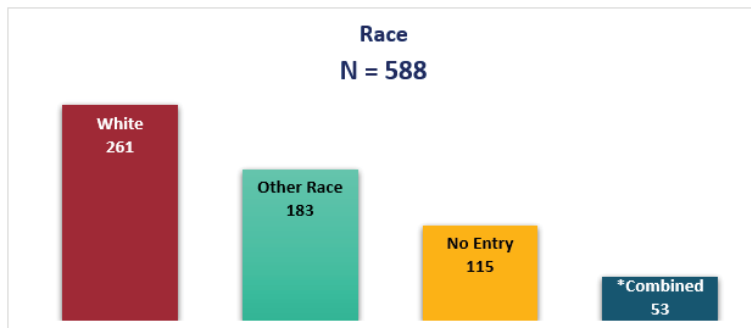
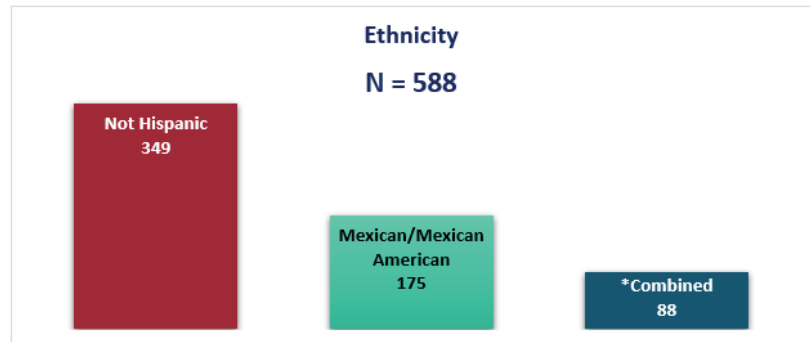


The demographics for all FSP programs indicate that 351 males and 261 females were served across the County.



Preferred Language chosen most frequently was English (n=576, 89.30%) followed by Spanish (n=29, 4.50%). Combined totals include Unknown/Not Reported and American Sign Language, for a total of n=9, 1.40%. No Entry accounted for n=31, or 4.81%.

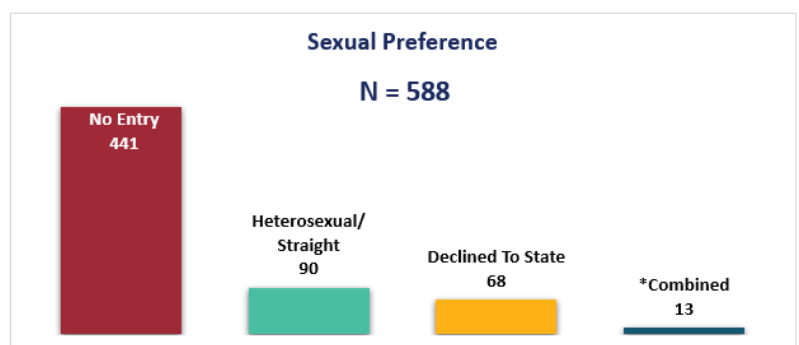
Majority of clients chose Not Hispanic (n=349, 57.03% and Mexican/Mexican American (n=175, 28.59%). Combined totals include Other Hispanic (n=44, 7.48%), Unknown (n=28, 4.76%), No Entry (n=15, 2.55%) and Cuban (n=1, 0.17%)



White is the race chosen most of the time (n=261, 44.39%) followed by Other Race (n=183, 31.12%) and No Entry (n=115, 19.56%). Combined totals include Black/African-American (n=29, 4.93%), American Indian (n=5, 0.85%), Chinese (n=4, 0.68%), Filipino (n=4, 0.68%), Other Asian (n=2, 0.34%), Vietnamese (n=2, 0.34%), Japanese (n=2, 0.34%), Korean (n=2, 0.34%),

Samoan (n=1, 0.17%) Cambodian (n=1, 0.17%) and Laotian (n=1, 0.17%)

For the metric of Sexual Preference, No Entry was the largest category (n=441, 72.06%). Chosen were Heterosexual / Straight (n=90, 14.71%), Bisexual (n=6, .98%), Lesbian (female) (n=3, 0.49%), Transgender (n=2, 0.33%) Gay (male) (n=1, 0.16%), Unsure / Questioning (n=1, 0.16%) and Declined To State (n=68, 11.11%).



A query was also executed to determine types of services FSP participants received. Services received most frequently were case management, medicine support, individual plan development, outreach, assessment and evaluation, individual therapy, rehabilitative services, transportation, crisis intervention and collateral services with client and family.

The following sections will provide more detail about the programs that served FSP clients



## Community Services and Supports (CSS)

### 4.1.1.1 FSP-1: Insights (Youth FSP)

#### Population Served

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18-19 Cost	\$373,778		Cost per Participant (FY 18-19)	\$8,899
FY 18-19 # Served	48		FY 19-20 Fiscal Allocation	\$326,674

This program crosses the Youth (0-15) and TAY (16-25) FSP categories since it serves up to age 21. The majority of the Insights families are underserved or inappropriately served in the community. In addition, some youth struggle with community safety due to community violence, housing and food instability, and lack of other basic needs.

#### Description

The Ventura County Probation Agency and Behavioral Health Department, working in partnership with the Ventura County Juvenile Court, the Ventura County Public Defender's office, the Ventura County District Attorney's office, the Ventura County Office of Education and the Public Health Department participate in the INSIGHTS program. The program was developed in response to the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program utilizes a multidisciplinary approach to provide intensive treatment and case management services to these youths. Through a collaborative process, coordinated services are offered to the youth/caregivers which may include comprehensive mental health services, substance abuse services, peer and parent support, and other county and community-based support resources. With focus on the special needs of these high-risk youth and their families, interagency team members work in strong collaboration to develop individualized multidisciplinary case plans with the overarching goals of reducing incarcerations, hospitalizations, and other out-of-home placements and providing those supports necessary for these youths to be successful in their home communities.

#### Program Highlights

This program served a total of 48 unduplicated clients with 17 falling into the age category from 0 to 15 years and 31 in the TAY category. Of the 48 served, 29 were rolled over from the previous fiscal year and 21 were admitted during FY 18/19. The average length of stay for clients in this program is 368 days. Below is a brief demographic summary of clients.

There were 34 males and 14 females in the program. Of the participant 44 indicated their preferred language is English, while 4 preferred Spanish. Of the youth participating, 31 identified as Mexican/Mexican American and Other Hispanic, 7 identified as Non-Hispanic and 4 entered Unknown. In identifying race, 24 entered Other Race, while 11 said White and 7 had No Entry. In identifying sexual preference: 22 reported to be Heterosexual, 8 Declined to Respond, 3 Bisexual, 2 Lesbian, 6 had No Entry and 1 indicated Gay (Male).

The youth in the program were from the following Ventura County cities: 21 (44%) were from Oxnard, 9 (19%) from Ventura, 4 (8%) from Fillmore, 4 (8%) from Camarillo, 4 (8%) from Santa Paula, 2 (4%) from Port Hueneme, 2 (4%) from Simi Valley, 1 (2%) from Moorpark and 1 (2%) from Newbury Park.

Services received by most clients include individual therapy, case management, assessment and evaluation, provision of collateral services, discharge planning with client, medicine support and crisis intervention.

## Successes

In this second year of the program, 13 youth were able to successfully complete the Insights Program. Of the 26 total youth that ended the program this fiscal year, 50% were graduated successfully. At successful completion of the program, the youth's probation is terminated successfully, and their court record is sealed. A follow-up was conducted 6 months later to determine if graduated youth remained off probation and all 13 youth (100%) remained off probation 6 months following Insights graduation.

Graduate Story #1: A 16 year old Hispanic female was referred to Insights due to her struggling with depressive symptoms, substance use, having difficulties attending and progressing at school and not making progress with her probation. The youth partnered with the Insights Collaborative team and was transferred to a school with staff trained to help students deal with students with a history of trauma and manage their behavior during the school day. She participated in therapeutic groups at school, individual counseling, medication support in the community and weekly probation appointments. With the extra support she received, this Insights graduate managed her depressive symptoms, established sobriety and got her life back on track. She successfully terminated her probation period, was able to complete high school and was accepted to college.

Graduate Story #2: An 18 year old Hispanic male entered the program with severe mood dysregulation, polysubstance abuse, cutting behavior, anorexia symptoms and behaviors and history of hospitalizations for self-harm and suicide attempts. Youth was able to transition from receiving school through home hospital services at the onset of the program to transition back to his community, school and work with a Ventura County Behavioral Health Clinician at school to manage his symptoms while safe in the community. Youth improved his ability to identify self-worth, recognize accomplishments, establish sobriety, utilize health strategies to cope with social stressors and maintain school performance while in the community.

To improve parent support, engagement, and participation the Parent Café was established in January 2019. This allowed a space for parents to receive support, discuss community resources, and provide psychoeducation on mental health and substance use questions. The group is offered twice a month to parents with youth on probation and co-Facilitated by the Peer Parent Partner from the Insights Program and an Insights Clinical Staff member. The group is provided in both English and Spanish language.

In the second year Insights youth were able to participate in pro-social activities in the community sponsored by the Probation Department which included a fishing trip, volunteering at the Rescue Mission, Angels baseball game, attending a theatre production, movie and Reagan Library outing. Youth continued to receive incentives to mark progress in the 3 phases of the program and for performer of the week. Incentives include gift cards, participation in special events and selecting an item from the incentive closet at the Probation Department.

Another added feature of this program is family transportation to court, a parent group, provision of snacks on court dates for youth and families coming from school and work and a Gang Education Training to the VCBH staff. Some youth attended 30-60 days in short-term residential drug treatment as an intervention when needed during the program. In addition, there were 3 youth that attended Grizzly Academy for 5 months and successfully

graduated from the academic military educational program to get back on track with school credits, maintain sobriety and increase social and emotional functioning.

### Challenges and Mitigation

This year showed an increase in violations of probation for Insights participants and a reduction in incarceration time. Of the 48 participants there were 4 new charges among the total participants and 19 violations of their probation terms that were sustained or admitted. Added features and reinforcements to this program include alternative sanctions, such as community service, spending time at the day or evening reporting centers in the community, writing assignments, random drug testing, and diversion classes as alternatives to detention and electronic monitoring when possible.

### FY19/20 Program Impacts

There were no program changes, except that staff were trained on FSP data collection and entry.

### FY 20/21, 21/22, 22/23 Program Impacts

Program to continue unchanged for this time period.

## Community Services and Supports (CSS)

### 4.1.1.2 FSP-2: TAY Expanded Transitions Program – FSP (TAY FSP)

The target population for this program is TAY SPMI individuals in treatment.

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59) <input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18-19 Cost	\$1,053,158	Cost per Participant (FY 18-19)	\$28,464
FY 18-19 # Served	37	FY 19-20 Fiscal Allocation	\$1,109,234

#### Population Served

The target population for this program is TAY SPMI individuals in treatment.

#### Description

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

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

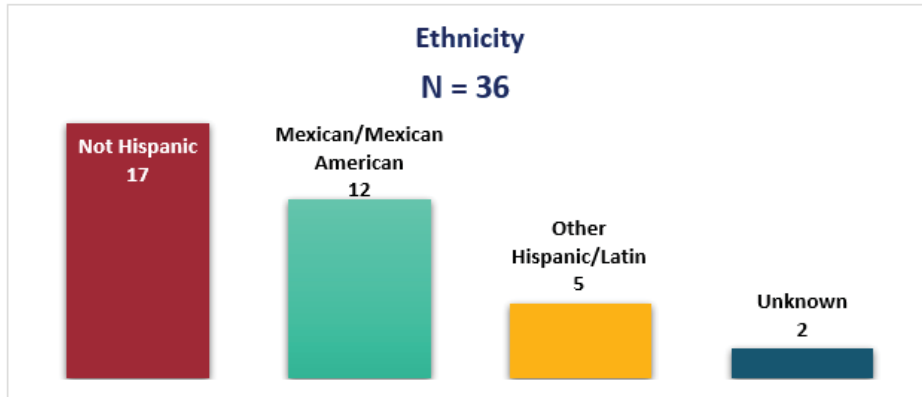
The program's clinical services include Evidenced Based Practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Cognitive Behavioral Therapy to address symptoms of depression, dual diagnosis and trauma. Cognitive Behavioral Therapy and Motivational Interviewing are two foundational practiced treatment methods that are used with clients. Programming is specially designed to successfully engage and meet the unique developmental needs of the TAY. Examples include Creative Expression, Cinema therapy, Relationship Group, Life Skills, Wellness Recovery Action Plan (WRAP) Groups, and Community Engagement to name a few.

#### Program Highlights

Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
16-25	34	10	24
26-59	2	1	1
Totals	36	11	25

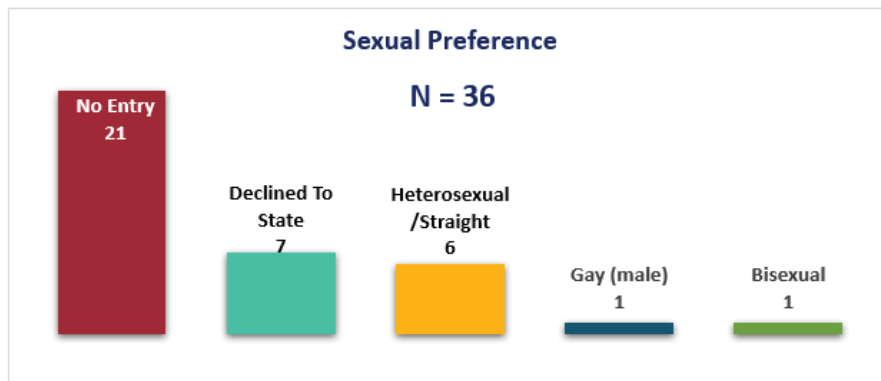
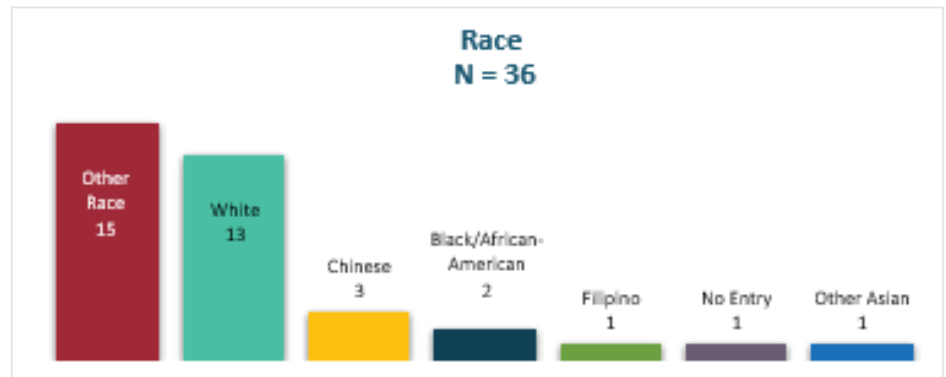
Male (n=25, 69%), Female: (n=11, 31%)

Preferred Language: English (n=36, 100%)



Most clients chose Not Hispanic (n=17, 47%), followed by Mexican/Mexican American (n=12, 33%), Other Hispanic/Latin (n=5, 14%), and Unknown (n=2, 6%).

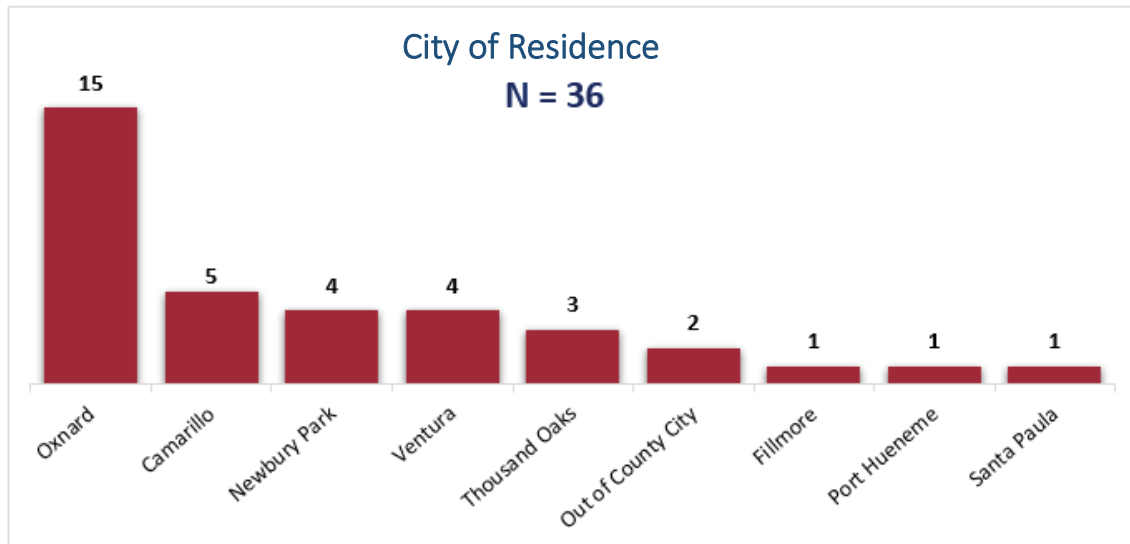
This chart depicts the diversity in this program. While the majority of clients chose Other Race (n=15, 43%) and White (n=12, 34%), other clients stated (Chinese (n=3, 9%), Black/African-American (n=2, 6%), Filipino (n=1, 3%), No Entry (n=1, 3%), and Other Asian (n=1, 3%).



As is common in this category, No Entry (n=21, 58%) was the highest selection, as well as Declined to State (n=7, 19%). Heterosexual/Straight (n=6, 17%), Gay (male) (n=1, 3%) and Bisexual (n=1, 3%) were the minority selections.



Out of sixteen cities in Ventura County, nine were represented in this program: Oxnard (n=15, 42%), Camarillo (n=5, 14%), Newbury Park (n=4, 11%), Thousand Oaks (n=3, 8%), Ventura (n=4, 11%), Out of County City (n=2, 6%), Fillmore (n=1, 3%), Port Hueneme (n=1, 3%), and Santa Paula (n=1, 3%).



### Successes

VCBH has partnered with Department of Rehabilitation and PathPoint to assist TAY clients with provision of vocational rehabilitation services. The goal of this Mental Health (MH) Cooperative is to prepare VCBH TAY clients to obtain and retain competitive employment. The TAY clients are successfully completing the MH Cooperative as demonstrated with acquiring and retaining employment.

With the support of client's treatment team, a client was able to complete their vocational training and find employment. The client states, "With all the support of TAY, I was able to complete the training, get a job, and make friends."

Another success of this program is in connecting clients with community organizations to obtain volunteer positions.

### Challenges and Mitigation

Finding long term/permanent housing for many of the homeless TAY has been an ongoing issue/concern. Efforts are continually being made to work with community partners in seeking options for clients. However, many of the housing opportunities require chronic homeless documentation for TAY clients that is difficult to procure.

### FY19/20 Program Impacts

None under the FSP program, except that VCBH has expanded to serving TAY under PEI Early Intervention.

### FY 20/21, 21/22, 22/23 Program Impacts

None

## Community Services and Supports (CSS)

### 4.1.1.3 FSP-3: Casa Esperanza TAY Transitions Program (TAY FSP)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input type="checkbox"/> Children (0-15) <input checked="" type="checkbox"/> TAY (16-25) <input type="checkbox"/> Adult (26-59) <input type="checkbox"/> Older Adult (60+)		
Total FY 18-19 Cost	\$622,117	Cost per Participant (FY 18-19)	\$17,281
FY 18-19 # Served	36	FY 19-20 Fiscal Allocation	\$640,781

#### Population Served

Adults ages 18-59 with serious mental illness.

#### Program Description

Casa Esperanza is an 18-month maximum-stay social rehabilitation program that assists clients in their transition to the community. Casa Esperanza serves adults ages 18-59 who are diagnosed with a SPMI. The primary focus of the program is community integration and skill development. It is a daily structured therapeutic program that encourages community involvement and in partnership with Ventura County Behavioral Health, services offered to reach the overall goal of transitioning to a less restrictive and more independent level of care are as follows:

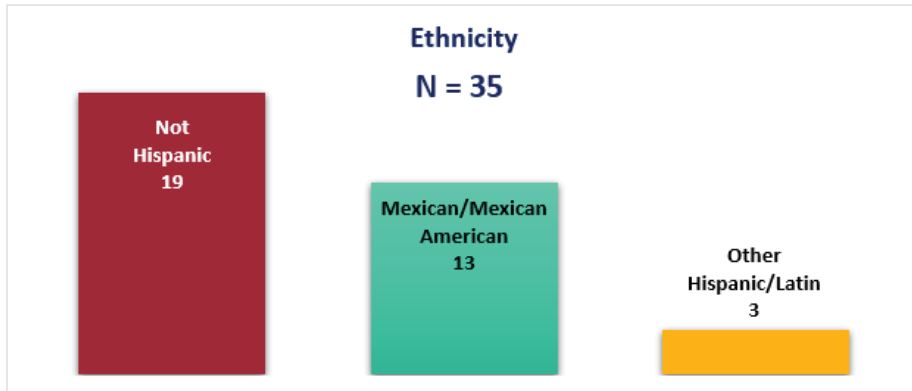
- Individual and Group Counseling
- Case Management
- Therapy
- Securing Housing Assistance
- Psychiatric Services

#### Demographic Summary

Casa Esperanza Transitions program served a total of 35 TAY clients (35 new during FY 18/19). Below are highlights from a demographic view:

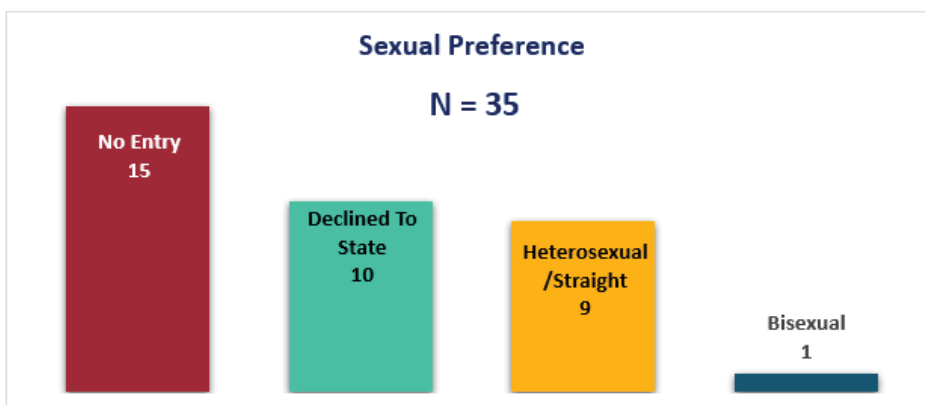
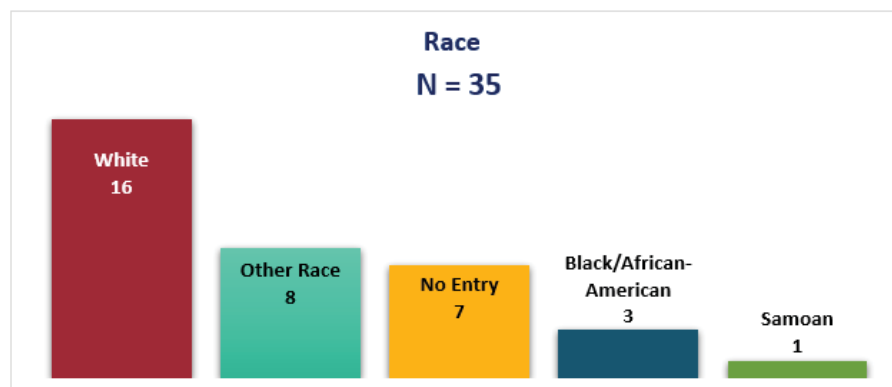
Male (n=25, 71%), Female: (n=10, 29%)

Preferred Language: English (n=35, 100%)



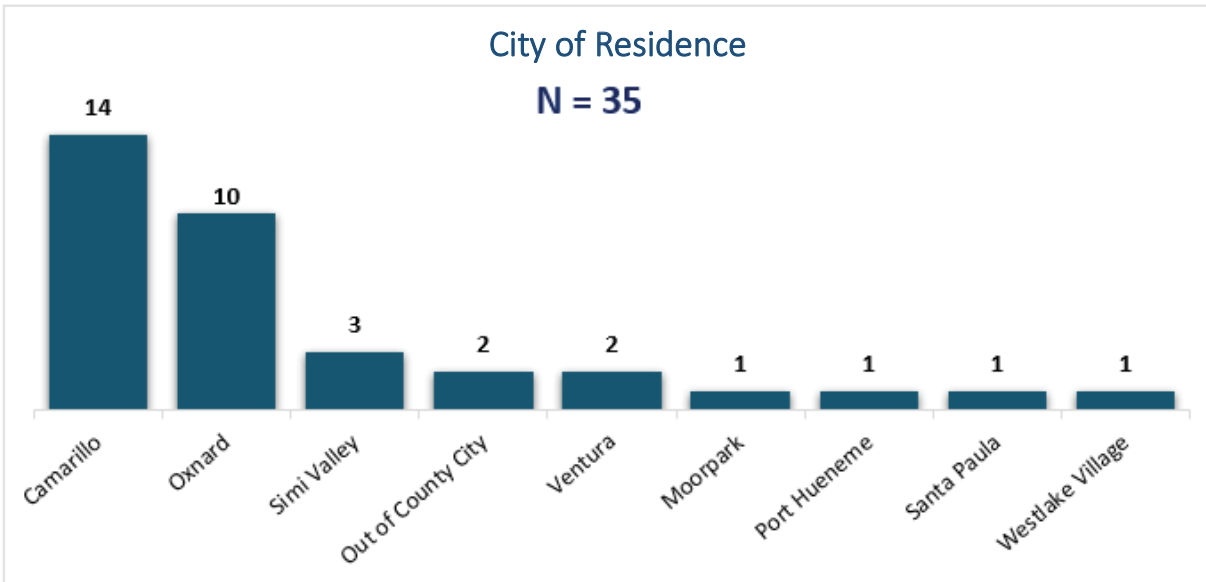
Ethnicities of clients are: Not Hispanic (n=19, 54%), Mexican/Mexican American (n=13, 37%), and Other Hispanic/Latin (n=3, 9%).

Almost half of the client population is White (n=16, 46%), while the other races consist of Other Race (n=8, 23%), No Entry (n=7, 20%), Black/African American (n=3, 9%), and Samoan (n=1, 3%).



As with most of the programs, clients either had No Entry (n=15, 43%), or Declined to State (n=10, 29%) for Sexual Preference. However, more than a quarter of clients chose either Heterosexual/Straight (n=9, 26%) and Bisexual (n=1, 3%).

Most of the clients call Camarillo (n=14, 40%) home. Other cities in the county where the clients originate from are Oxnard (n=10, 29%), Simi Valley (n=3, 9%), Ventura (n=2, 6%), Moorpark (n=1, 3%), Port Hueneme (n=1, 3%), Santa Paula (n=1, 3%), Westlake Village (n=1, 3%). From Out of County City there were 2 clients, or 6%.



### Successes

This program successfully supported clients to graduate from Casa Esperanza, assisting them in finding longer term/permanent housing in the community, supported clients to develop the needed skills to be successful in the community, as well as assisted a client to learn the needed skills to move back home.

Additionally, a TAY Case Manager, in collaboration with Mental Health Court Team assisted client to successfully clear all pending charges and pay all pending citations.

### Challenges and Mitigation

One challenge has occurred in securing more resources to assist clients that continue to have difficulty with co-occurring disorders. To mitigate this, this program continues to work closely with community resource organizations to assist clients dealing with the substance abuse.

### FY19/20 Program Impacts

No changes.

### FY 20/21, 21/22, 22/23 Program Impacts

No changes.

## Community Services and Supports (CSS)

### 4. 1.1.4 FSP-4: Assisted Outpatient Treatment (AOT) Program (ASSIST – Laura’s Law)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input type="checkbox"/> Children (0-15) <input type="checkbox"/> TAY (16-25) <input type="checkbox"/> Adult (26-59) <input type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	\$1,311,246	Cost per Participant (FY 18/19)	\$10,661
FY 18/19 # Served	123	FY 19/20 Fiscal Allocation	\$ 1,447,381

#### Population Served

Persons with serious mental illness (SMI) who have been unable and/or unwilling to participate in mental health services on a voluntary basis.

Per the WIC section 5346, to be eligible for AOT the person must be referred by a “Qualified requestor” and meet all the defined criteria.

1. The person is 18 years of age or older.
2. The person is suffering from a mental illness.
3. There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
4. The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
  - a. At least two hospitalizations within the last 36 months, including mental health services in a forensic environment.
  - b. One or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months.
5. The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, and the person continues to fail to engage in treatment.
6. The person's condition is substantially deteriorating.
7. Participation in the AOT program would be the least restrictive placement necessary to ensure the person's recovery and stability.
8. In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.
9. It is likely that the person will benefit from AOT.

#### Program Description

The AOT program uses a consumer-centered approach to engage untreated individuals with SMI and helps them engage in outpatient treatment, using the Assertive Community Treatment (ACT) model. ACT is an evidence-based behavioral health program for people with SMI who are at-risk of or would otherwise be served in institutional settings (e.g., hospitals, jails/prisons) or experience homelessness. ACT has the strongest evidence base of any mental health practice for people with SMI. Under ACT, a community-based, mobile, multidisciplinary, and highly trained mental health team delivers services with low staff-to-consumer ratios. When followed to fidelity, ACT



produces reliable results that improve psychosocial outcomes and lead to decreases in hospitalizations, incarcerations, and homelessness.

**Voluntary Enrollment** – Persons referred to the AOT program are first offered the opportunity to voluntarily participate in mental health services. There is no court action involved in an individual's voluntary agreement to participate in the AOT program. However, if the individual does not voluntarily accept mental health services, it is likely that a court petition will be filed, and the court will compel him/her to enroll in these services. Thus, although this enrollment process does not include court involvement, the possibility of court involvement may be a factor in influencing the person to accept AOT services.

**Court-Involved Enrollment** - If the AOT program team has made a reasonable, consumer-centered effort to engage a referred individual in services and the individual refuses to accept these services, program staff may submit a declaration to the Ventura County Counsel, initiating a court process to compel program participation. County Counsel files a court petition seeking a hearing to compel program enrollment. The court notifies the referred individual of the hearing date and assigns the individual a public defender. In court, the individual either enters a settlement agreement or contests the petition. If the individual contests the petition, the judge may issue a court order to participate.

#### Demographic Summary

Rollover Consumers from FY 17-18	New Consumers FY 18-19	Total Consumers Served FY 18-19
48 (46 unduplicated)	79 (77 unduplicated)	127 (123 unduplicated)

Between July 1, 2018 to June 30, 2019, there were (N = 77) unduplicated newly enrolled consumers and there were (n = 46) consumers that were rolled over from 2017-2018. From July 1, 2018 to June 30, 2019, a total of 127 consumers (123 unduplicated) were involved with the AOT program.

Majority of consumers were between the ages of 26-59 (n = 102, 83%) the second largest age group was TAY (16-25) (n = 12, 10%) and this was followed by older adults 60 years of age and over (n = 9, 7%). Most consumers primary language was English (n = 119, 97%), followed by Spanish (n = 2, 1%), ASL (n = 1, 1%), and Vietnamese (n = 1, 1%). Majority of consumers identified as male (n = 81, 66%) and female (n = 42, 34%). In terms of ethnicity, majority reported as not identifying as Hispanic (n = 77, 62%), followed by Mexican/Mexican American (n = 33, 27%), unknown (n = 7, 6%), and other Hispanic (n = 6, 5%). Majority of consumers identified as White (n = 67, 54%), followed by other race (n = 40, 33%), Black/African American (n = 9, 7%), American Indian (n = 1, 1%), Japanese (n = 1, 1%), Vietnamese (n = 1, 1%), and there were four clients with no entry (3%).

Over half of consumers reported living in Oxnard (n = 51, 42%) or Ventura (n = 28, 23%). Consumers also reported their residence to be Camarillo (n = 16, 13%), Fillmore (n = 2, 1%), Moorpark (n = 1, 1%), Ojai (n = 1, 1%), out of county (n = 2, 1%), Piru (n = 1, 1%), Port Hueneme (n = 5, 4%), Santa Paula (n = 4, 3%), Simi Valley (n = 4, 3%), and Thousand Oaks (n = 8, 7%).

From July 1, 2018 to June 30, 2019, the AOT team received 150 calls. Majority of calls the team received were referrals (n = 146, 97%) and this was followed by information only calls about the AOT program (n = 4, 3%). Of the referral calls, 61% were referred to AOT (n = 92), 11% were referred to RISE (n = 16), 1% are in the process of determining their disposition (n = 2), and 27% did not meet criteria (n = 40).

## Program Highlights

**Goal 1:** Increase the number of persons with SMI receiving outpatient treatment by intervening with them and their families in effective and culturally informed ways.

**Goal 2:** Increase the number of persons with SMI receiving effective outpatient treatment by adding a means (i.e., court order) to intervene on their behalf when they are engaged in other systems (i.e., hospital, court, and jail).

**Goal 3:** Promote health and wellness and recovery to allow previously untreated persons to live a self-directed life while striving to reach their full potential.

**Objective 1:** Engage 40 consumers in the first year of AOT implementation, increase the number of new admissions in Year 2 and Year 3 to 70 per year, and in Year 4 to 60 admissions, despite some anticipated carryover of consumers from the prior year(s).

### **Results:**

From the start of the program to June 5, 2019, AOT received 453 calls. Of these calls, 90% (n = 412) were referrals and 10% were information calls (n = 41). The top two referrals who requested a referral for a consumer were licensed mental health professionals (n = 243, 59%) and family members (parent, spouse, sibling or child 18+) (n = 130, 32%). Of the referral calls, 53% were referred to AOT (n = 219) and of those calls 67% were enrolled into AOT (n = 146). Of the 146 enrolled consumers, 30% were court involved (n = 44). Of the 44 court involved consumers, 84% were court ordered (n = 37) and 16% were settlement agreements (n = 7).

From July 1, 2018 to June 30, 2019, the AOT team received 150 calls. Majority of calls the team received were referrals (n = 146, 97%) and this was followed by information only calls about the AOT program (n = 4, 3%). Of the referral calls, 61% were referred to AOT (n = 92), 11% were referred to RISE (n = 16), 1% are in the process of determining their disposition (n = 2), and 26% did not meet criteria (n = 40). Of the clients enrolled into the AOT program 29% were court involved and a clear majority were court ordered under contested hearing (n = 21, 91%) and 8% underwent a settlement agreement (n = 2).

Many outcomes reported in this report were obtained through the Government Performance and Results Modernization Act Nation Outcome Measures (GPRA NOMs), a self-report assessment tool, which collects behavioral health consumer outcomes across ten domains that encompass recovery, resilience, employment, quality of life, and community integration. Of note, results for objective 2 and objective 3 cover the period of January 2018 – December 2018.

**Objective 2:** Decrease the observed rates of hospitalizations, homelessness, and jail days by at least 50% when comparing 12 months pre- and post-referral to AOT.

**Results:** Majority of AOT consumers had experienced a crisis episode one year prior to their enrollment (n = 95, 90%). During enrollment, the number of consumers who experienced a crisis episode decreased by 46% (n = 51). Subsequently, the average length of stay during a crisis episode decreased after enrollment from 3.8 days to 2.7 days.

**Objective 3:** Increase to ninety-five percent (95%) the AOT consumers' ability to be self-supporting by assisting them in securing disability benefits and/or gainful employment.

**Results:** At baseline, most consumers self-reported being unemployed (n = 45, 85%), and at six months this rate decreased to 75% (n = 24). Similarly, at six months' reassessment, violent acts also decreased from 17% (n = 46) to 7% (n = 30) while victimization decreased from 43% (n = 46) to 33% (n = 30). Overall, more than 70% of consumers reported a positive experience with the program (n = 28, 79%).

### ***Full Service Partnership data***

The AOT team has made progress in the collection of FSP data such that staff have receiving training on collecting this information. At the time of this report, there was limited FSP data available (Key Event Tracking, 3M, and Partnership Assessment Form). It is anticipated that FSP data will be available to support future reporting.

### **Successes**

The program improved fidelity to the ACT model on staff capacity by providing the full array of ACT services (i.e. psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, and employee and rehabilitation services, in addition to case management), and providing more formalized substance use treatment.

With the transition of AOT operations and management from Telecare to VCBH, the current AOT team is relatively new. Although the team is new, program staff appears to be working as a cohesive team and do “whatever it takes” to support consumers and meet them “wherever they’re at,” literally and figuratively.

Additionally, AOT has seen an increase in enrollments since the program transitioned its treatment services “in-house”. The AOT program fully transferred over in July 2018. From the period of July 2018 – June 2019 compared to the previous year of July 2017 to June 2018 there has been a 20% increase in consumers enrolled in the AOT program.

During the focus groups, consumers and family members shared several tangible successes and expressed gratitude to the AOT team for the team’s support and services. Specifically, participants expressed their trust in the VCBH team and noted that the AOT team keeps their word and is very responsive to consumers’ and families’ needs.

### **Challenges and Mitigation**

With the transition from a contracted provider to VCBH, AOT is operating as a new ACT team and program. As is common among new ACT programs, AOT appears to be transitioning from more of an intensive outpatient approach to more of an ACT model. AOT completed an ACT fidelity assessment and the resulting score (1 low fidelity to 5 high fidelity), indicated a medium level of fidelity to the ACT model.

Currently, AOT does not offer any groups (including substance use treatment groups). Group participation can be an important component of consumers’ recovery, but groups also offer an additional mechanism to increase face-to-face contact with consumers and their support systems. For year 2020, the AOT team plans to offer a consumer WRAP group, relapse prevention group, wellness group, art group and a family education group.

To align with ACT and the VCBH FSP policy, AOT provides consumers and family members are directed to call the crisis team or emergency services, during non-business working hours.

### **FY19/20 Program Impacts**

AOT was awarded funding for 4-years from SAMHSA. During FY 19-20, the program enters its final grant year (year 4) and is exploring funding mechanisms to sustain the program after funding ceases. Sustainability planning will occur in fiscal year 19-20.

### **FY 20/21, 21/22, 22/23 Program Impacts**

Ventura County Behavioral Health received a 4-year federal grant from SAMHSA. After September 30<sup>th</sup>, 2020, AOT will no longer receive funding from SAMHSA. It is anticipated that a no-cost extension to complete the program goals/objectives established in the grant proposal will be submitted.

## Community Services and Supports (CSS)

### 4.1.1.5 FSP-5: Ventura County Behavioral Health FSP Treatment Track (Adults FSP Program)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)
	<input checked="" type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	\$1,180,049	Cost per Participant (FY 18/19:	\$9,673
FY 18/19 # Served	122	FY 19/20 Fiscal Allocation	\$9,127,373

#### Population Served

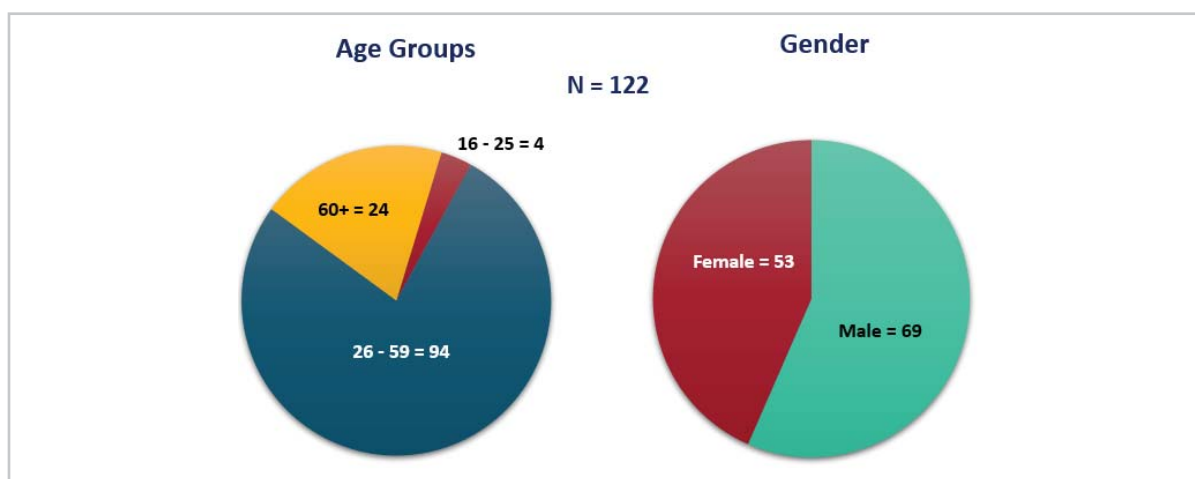
Serves between 18+ years old with serious mental illness.

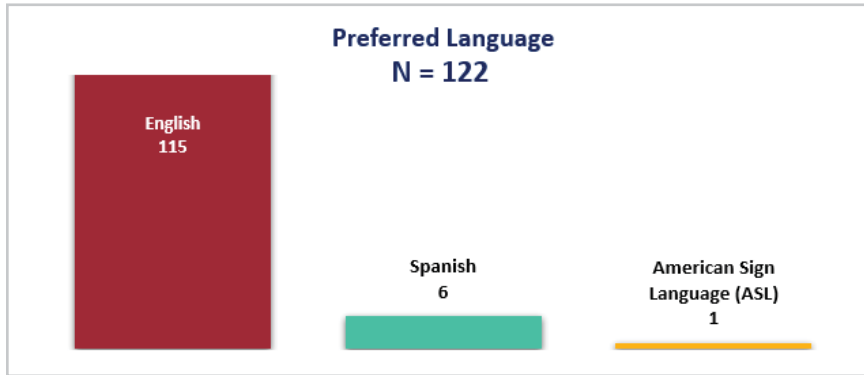
#### Description

This program allows the county to improve the mental health delivery system for all clients by transporting clients to and from, clinical, psychiatric, and group therapy appointments at VCBH Adult Outpatient Clinics and special events throughout the county.

#### Demographic Summary

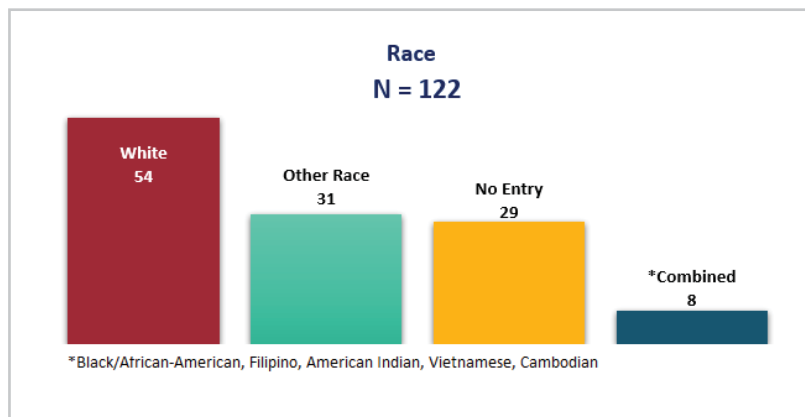
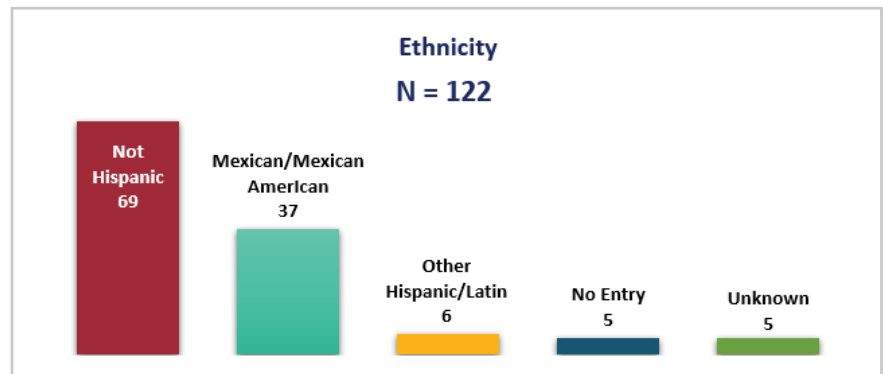
Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
16-25	3	1	4
26-59	74	20	94
60+	22	2	24
Totals	99	23	122





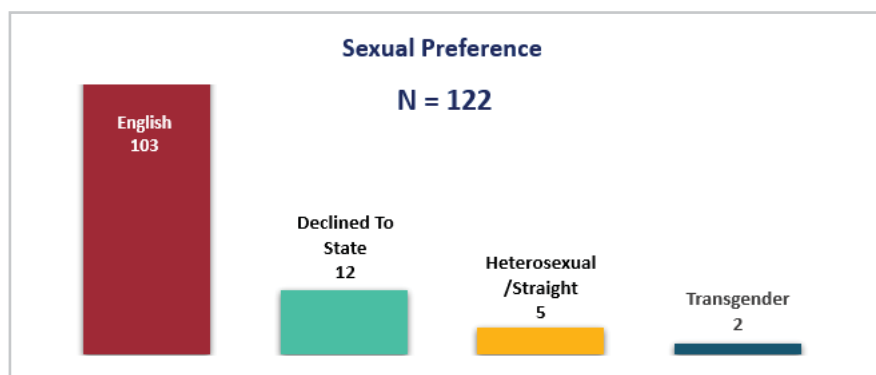
Only three languages were declared as preferred: English (n=115, 94%), Spanish (n=6, 5%), and American Sign Language (ASL) (n=1, 1%).

As with most of the programs, Not Hispanic (n=69, 57%), is the primary Ethnicity chosen. Mexican/Mexican American (n=37, 30%) and Other Hispanic/Latin (n=6, 5%) are also represented. No Entry (n=5, 4%) and Unknown (n=5, 4%) were the only entries without Ethnicities chosen.



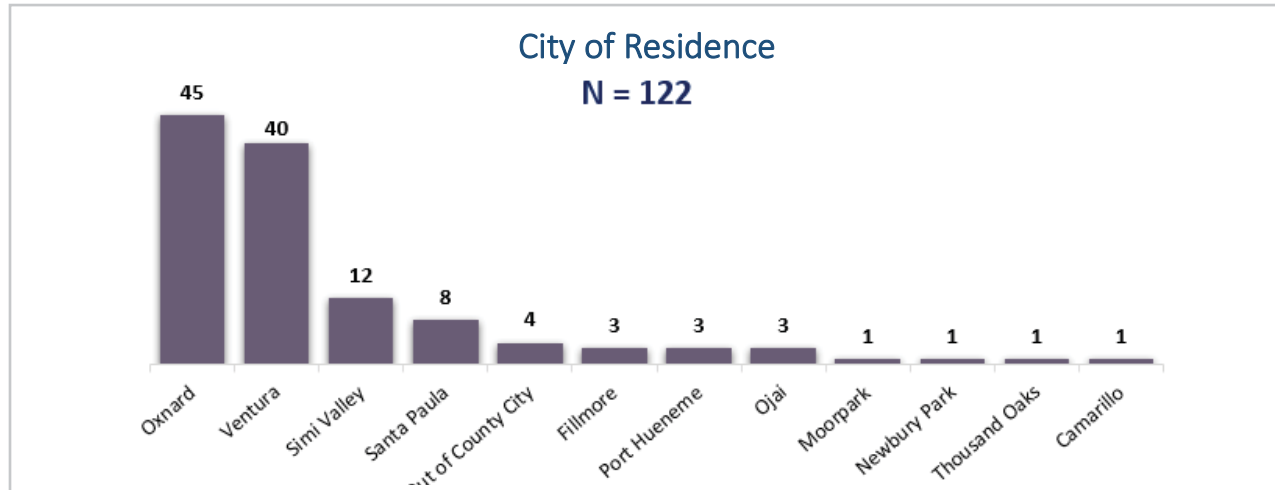
Majority of Race chosen was White (n=54, 44%). The remaining races selected were Other Race (n=31, 25%), and combined Races of Black/African-American (n=2, 1.64%), Filipino (n=2, 1.64%), American Indian (n=2, 1.64%), Vietnamese (n=2, 0.82%), and Cambodian (n=2, 0.82%). No Entry for Race accounted for 29 clients, or 24%.

Clients overwhelmingly declared not to state their Sexual Preference: No Entry (n=103, 84%) and Declined to State (n=12, 10%). A total of five clients chose Heterosexual/Straight, or 4%, and two clients chose Transgender, or 2%.





Clients came from twelve of the sixteen cities in the county, or 75%. The spread was Oxnard (n=45, 37%), Ventura (n=40, 33%), Simi Valley (n=12, 10%), Santa Paula, (n=8, 7%), Fillmore (n=3, 2%), Port Hueneme (n=3, 2%), Ojai (n=3, 2%), Moorpark (n=1, 1%), Newbury Park (n=1, 1%), Thousand Oaks (n=1, 1%) and Camarillo (n=1, 1%), and Out of County (n=4, 3%).



### Program Outcomes

Adult FSP Treatment Track is designed for adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive service program. This approach of “whatever it takes” helps individuals in their path to recovery and wellness. FSP embraces client driven services and supports with clients choosing services based on individual needs. VCBH staff assist with housing, employment, and education in addition to providing mental health services.

### Successes

S.C. is a 56-year-old female diagnosed with Schizoaffective Disorder, who began receiving services in 2006. S.C. describes having a “breakdown” after the passing of an elderly gentleman that she was living with and caring for over 11 years. S.C. became homeless and refused mental health services causing her to be victimized while living with family members. However, S.C. credits her mental health stability once connected with VCBH. S.C. states that without the support and guidance that she received from her psychiatrist, therapist, and case manager at the North Oxnard Adult Clinic, she would not have made it or been alive today. S.C. now has permanent supportive housing, lives independently, and manages her own day to day activities with minimal support.

### Challenges and Mitigation

One of the main challenges the Full-Service Partnership Treatment track faces is keeping caseloads small so staff can attend to all the needs of the client. Because the FSP Treatment track is part of a larger outpatient mental health clinic, FSP clients are often distributed among staff that can absorb case.

### **FY19/20 Program Impacts**

All clinics will be impacted as they are going to grow in number of FSP clients with goals being re-established. In particular, the South Oxnard Clinic will be undergoing the following changes:

- The clinic will be going from 2 large treatment teams to 3 to address FSP and higher acuity clients with greater oversight and accountability.
- Greater care will be taken to ensure the most appropriate clients are connected to the FSP program.
- There will be greater movement of clients as more attention will be given to move FSP clients out of this treatment track when they meet their treatment plan goals.

### **FY 20/21, 21/22, 22/23 Program Impacts**

The number of clients served will continually be evaluated and attention to having a more fluid treatment track that allows for FSP clients to move to a less intense service provision, thus allowing for others with higher need to enter and benefit from the FSP treatment track.

## Community Services and Supports (CSS)

### 4.1.1.6 FSP-6: Empowering Partners through Integrative Community Services (EPICS)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$1,469,879		Cost per Participant (FY 18/19)	\$14,999
FY 18/19 # Served	98		FY 19/20 Fiscal Allocation	\$1,809,572

This program is called out as "Older Adults FSP Program" in Revenue & Expenditure Report (RER).

#### Population Served

SPMI individuals in treatment

#### Description

Empowering Partners through Integrative Community Services (EPICS) provides comprehensive, intensive, "whatever it takes" services for those consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment placements), who are at high risk to require those levels of care without intervention, and who have been historically underserved in the mental health system due to a variety of barriers that make access to traditional services challenging.

The EPICS program served 70 individuals during FY 17/18 who would otherwise struggle to manage their mental health needs in the community. Program efforts are aimed at assisting consumers who are returning to the community after treatment in long-term locked and/or structured treatment programs, or short-term acute hospitalizations, and serve to ensure that these individuals are successful as they re-engage with community living and service systems.

It offers intensive case management services, individual and group therapy, and intensive psychiatric and medication services. All services are offered at the location most convenient for the consumer, and are largely field based, the psychiatrist is also able to serve individuals at their place of residence as needed. The entire team is trained and is structured to deliver services in alignment with an Evidence-Based Practice models: The Assertive Community Treatment model of delivering flexible, comprehensive and team-oriented services.

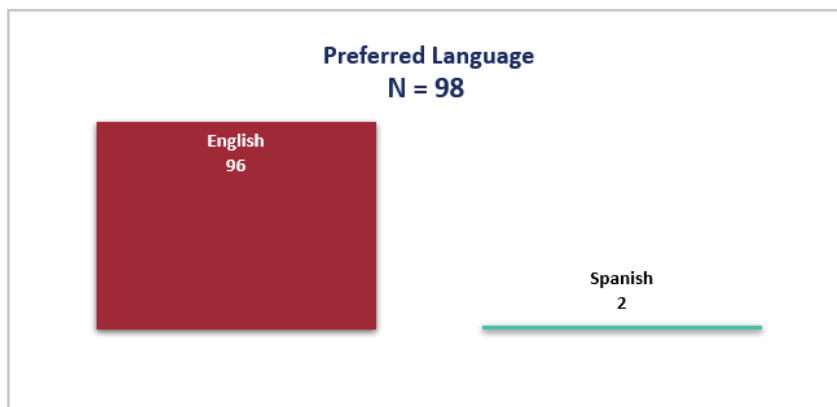
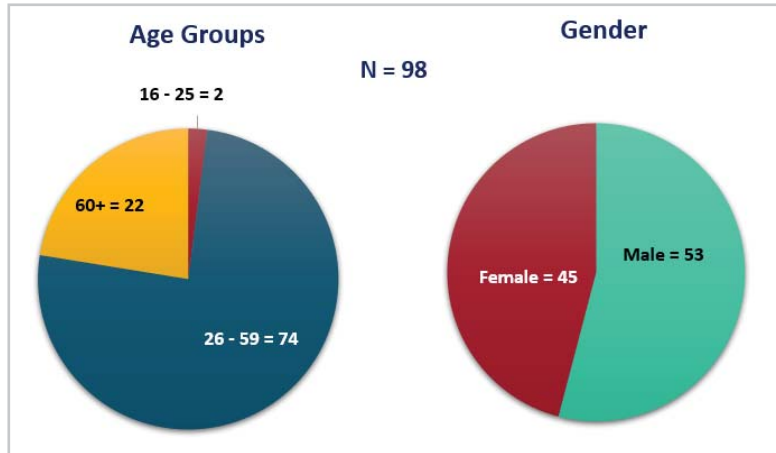
#### Program Highlights

Below is a table summarizing those served by age groups, accompanied by demographics information.

Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
16-25	1	1	2
26-59	44	30	74
60+	17	5	22
Totals	62	36	98

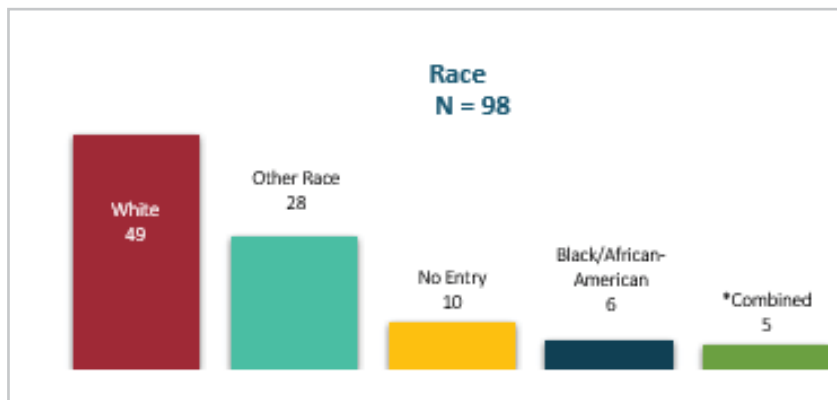
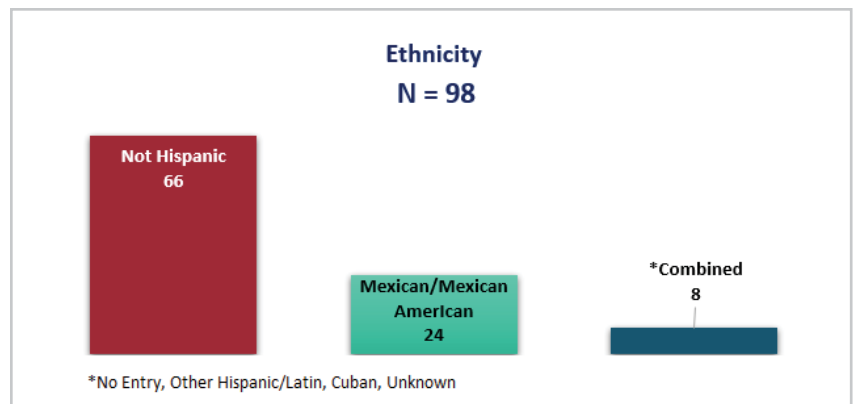
\*Counts may be duplicative due to clients falling into more than one age group during the reporting year. Total unduplicated clients served is **98**.

Genders served in EPICS only comprised of Male (n=53, 54%), and Female (n=45, 46%).



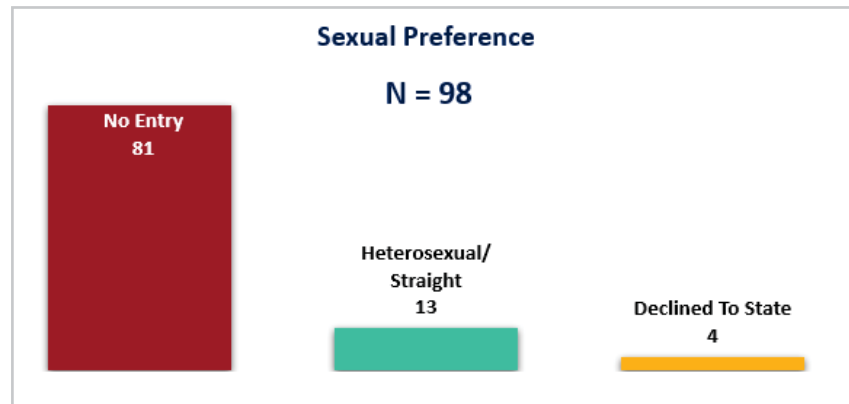
Two languages were listed as preferred by the clients. English (n=96, 98%) and Spanish (n=2, 2%).

Six Ethnicities were declared by the clients. Significant totals of Not Hispanic (n=66, 67%), Mexican/Mexican American (n=24, 24%), are shown. Other languages and entries comprised a Combined total of eight were Other Hispanic/Latin (n=3) and Cuban (n=1), No Entry (n=3), and Unknown (n=1).

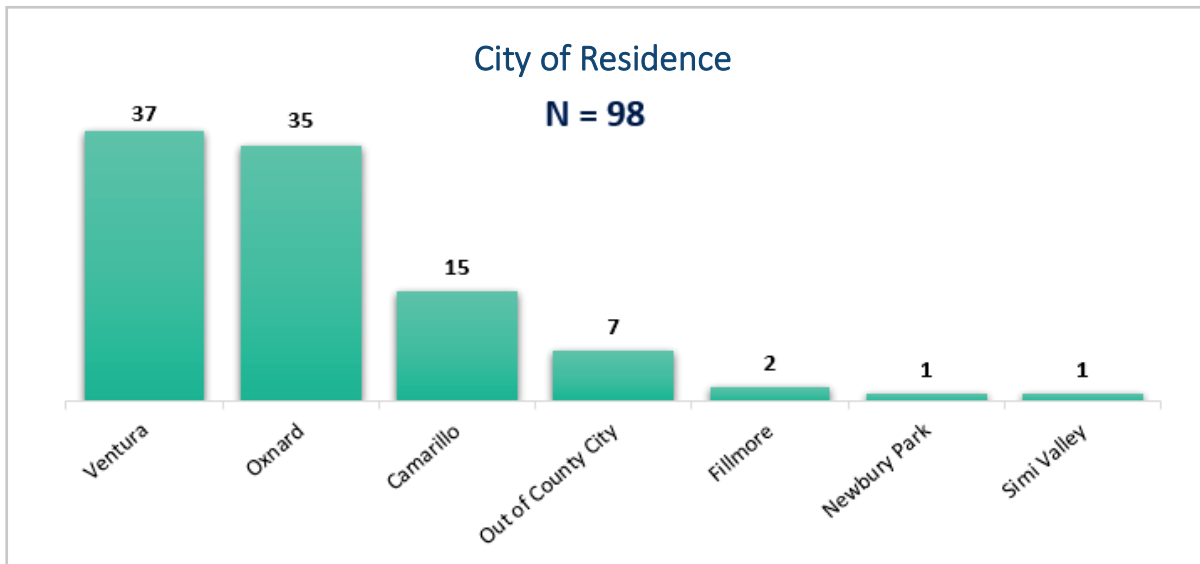


Race was a more diverse statistic, with the largest totals showing White (n=49, 50%), Other Race (n=28, 29%) and Black/African American (n=6, 6%). No Entry accounted for 10% of totals. Combined totals include Korean (2), Filipino (1), Japanese (1) and American Indian (1).

Sexual Preference were primarily not entered (n=81, 83%), with Heterosexual/Straight having 13 entries (13%) and Declined to State the least declared (n=4, 4%)



Ventura and Oxnard accounted for most of the clients (Ventura n=37, 38%, Oxnard n=35, 36%). Camarillo shows 15 clients (15%), and clients who reside Out of the County made up 7, or 7% of EPICS population. Fillmore, Newbury Park and Simi Valley had the least number of clients.



#### Successes

None.

#### Challenges and Mitigation

None.

#### FY19/20 Program Impacts

None.

#### FY 20/21, 21/22, 22/23 Program Impacts

None.



## Community Services and Supports (CSS)

### 4.1.1.7 FSP-7: VISTA (Adults FSP Program)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$801,953	Cost per Participant (FY 18/19)		\$14,850
FY 18/19 # Served	54	FY 19/20 Fiscal Allocation		\$905,926

This program is called out as "Older Adults FSP Program" in Revenue & Expenditure Report (RER).

### Population Served

SPMI individuals in treatment

### Program Description

The mission of this program is to deliver excellent and effective health services that engage individuals with complex needs in recovering in their health, hopes, and dreams. Telecare is the provider for VISTA and provides program services to adults with serious mental illness in Ventura County, California.

The VISTA Adult Forensic ACT (Assertive Community Treatment) program provides services to people that have been identified as severely and persistently mentally ill, homeless or at risk for homelessness, and incarcerated within the past year. Upon release from jail, a Telecare VISTA team member will be there to pick up the potential member, address immediate needs, and schedule an appointment for psychiatric assessment.

Additionally, some of the adult members participate in what is known as Mental Health Court. The VISTA team works with an individual to assist in successfully meeting their court and probation requirements. When an individual has met their legal obligation(s) they "graduate" from mental health court.

Building on traditional ACT standards, this program uses a recovery-centered experience for people served based on a belief that recovery can happen. Programs and staff strive to create an environment where a person can choose to recover. By connecting to each individual's core self and trusting it to guide the way, it is possible to awaken the desire to embark on the recovery journey.

The ACT programs use multidisciplinary teams that include psychiatrists, nurses, masters-level clinical staff, and personal service coordinators. Some staff may be consumers who are in recovery themselves.

Services include, but are not limited to:

- Psychiatric assessment
- 24/7 crisis response
- Individual treatment planning
- Intensive case management services
- Psychosocial rehabilitative skill building
- Psychotropic medication education and support
- Linkage and advocacy with entitlements
- Linkage to vocational and educational services in the community
- Housing linkage and some limited funding
- Advocacy and support with Mental Health Court participants
- Support with adhering to Probation requirements

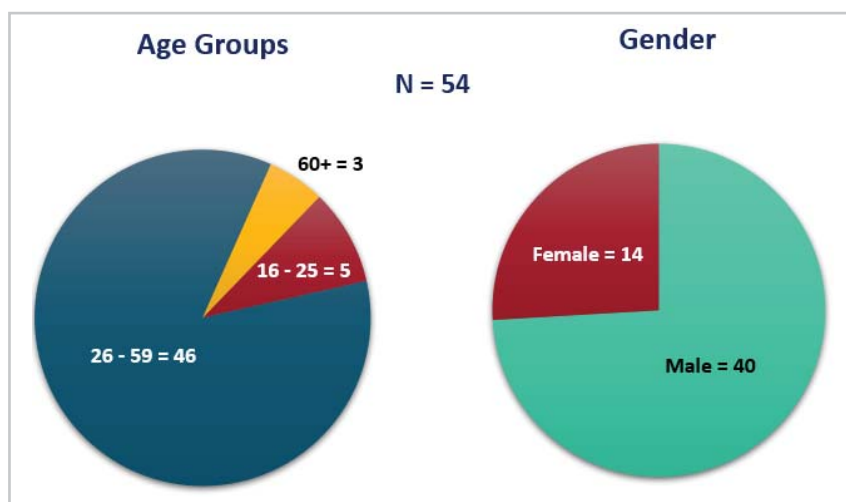
## Demographic Summary

Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
16-25	1	4	5
26-59	21	25	46
60+	2	1	3
Totals	24*	30*	54*

\*Counts may be duplicative due to clients falling into more than one age group during the reporting year. Total unduplicated clients served is 54.

Demographic data not included in the roll up for Adult FSP.

All 54 of the clients (100%) chose English as their Preferred Language.

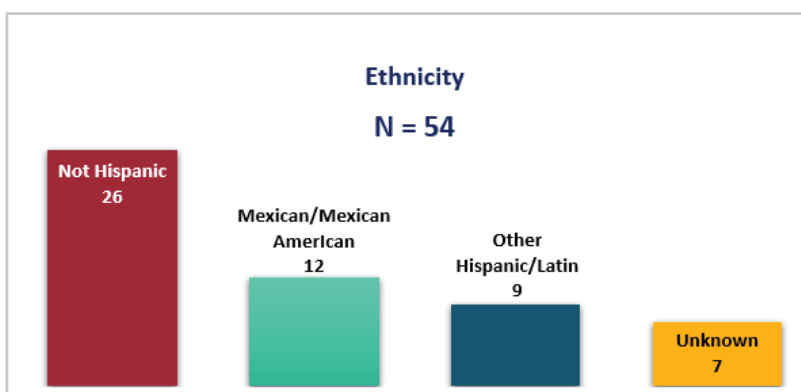


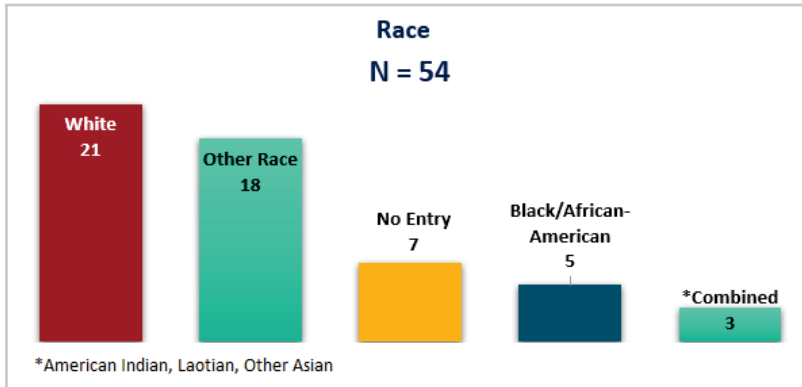
Our largest population of clients served were Adults 26-59 (n=46, 85%). Second were TAY 16-25 (n=5, 9%) and closely behind were Older Adults 60+ (n=3, 6%).

Most of the clients were Male (n=40, 74%) and the remainder Female (n=14, 26%).

Only three different ethnicities were chosen by the clients.

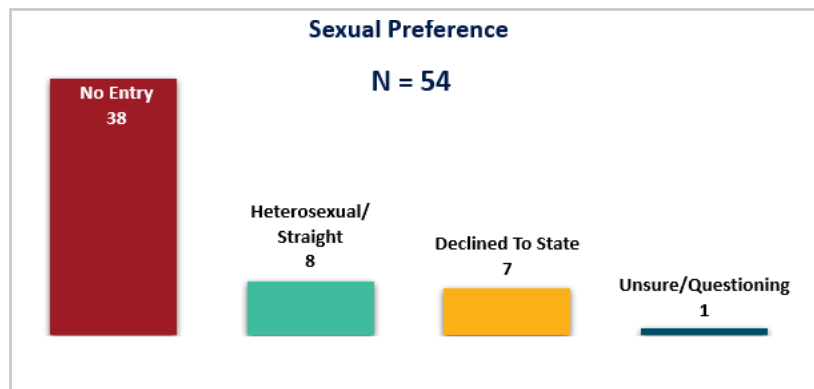
Not Hispanic (n=26, 48%), Mexican/Mexican American (n=12, 22%), Other Hispanic/Latin (n=9, 17%). The remaining 7 chose Unknown (13%).



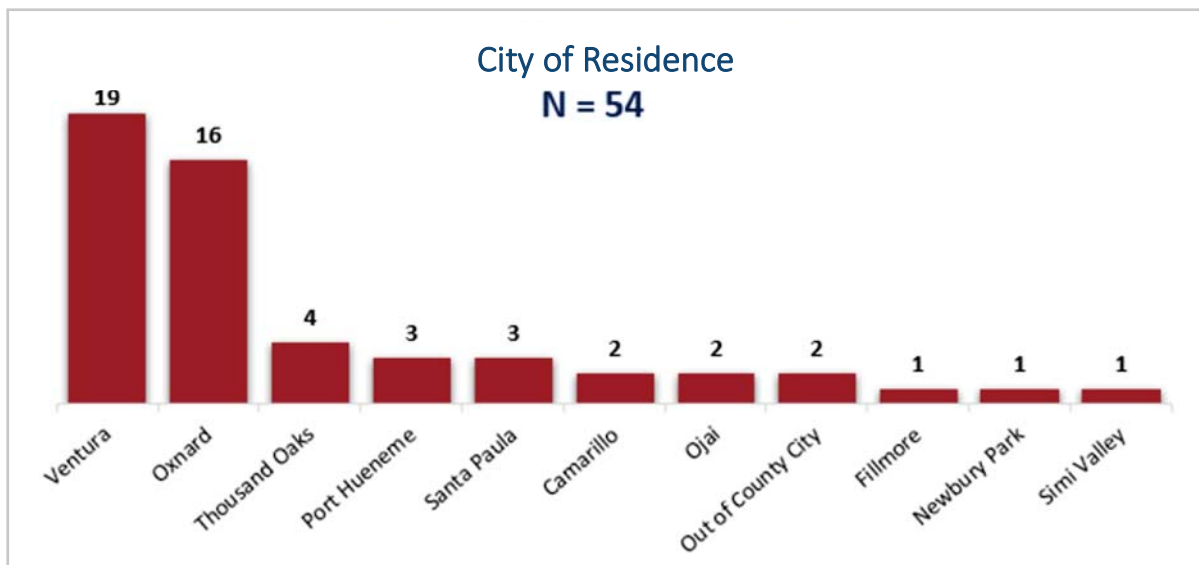


Our program served a racially diverse population. Slightly more than one-third of the clients stated White as their race (n=21, 39%), Other Race followed closely (n=18, 33%). Black/African-American (n=5, 9%) and combined races (American Indian 1, Laotian, 1, Other Asian 1). No Entry was collected for 7 clients (13%).

Most of the clients did not have an entry for Sexual Preference (n=38, 70%). Only 8 clients stated Heterosexual/Straight (15%). Seven clients declined to state their preference (13%) and only one client was Unsure/Questioning (2%).



Our population of clients primarily came from Ventura and Oxnard (n=19, 35%, N=16, 30%, respectively). All other clients came from other cities in the county: Thousand Oaks (n=4, 7%), Port Hueneme (n=3, 6%), Camarillo (n=2, 4%), Ojai (n=2, 4%), Fillmore (n=1, 2%), Newbury Park (n=1, 2%), and Simi Valley (n=1, 2%). Two clients were from out of the county (2%).



### Program Highlights

- Implementation of various groups to meet the needs of the clients.
- Attendance in group increased
- Increase community outings (bowling, ceramics, hiking, golfing)
- Recognized staff specialties to apply them with the clients
- Increased natural supports (wrap around approach)
- Intentional treatment planning
- Do whatever it takes approach

### Goals and Objectives for FY 18/19

Focus on increasing self-sufficiency, increase use of natural supports, through a recovery centered approach to services which include Recovery, Power, Spirituality and Cultural Awareness.

### Successes

Clients can access the needed service by receiving door to door transportation to and from the clinic.

Clients reporting feeling more empowered to attend their appointments, without having to rely on others for the assistance.

Client CP referred for untreated mental health symptoms of paranoia, incarcerations, and trauma. This client received intensive case management services, linkage to housing, medication management, rehabilitation services provided to help with anger issues and impulsive behaviors. This client made progress with being self-sufficient, working, bought herself a car, and stable on medications and is now able to see her children.

### Challenges and Mitigation

None.

### FY19/20 Program Impacts

This program is now accessing the VCBH electronic health record system to enter FSP data. More FSP outcomes measures are anticipated this year.

### FY 20/21, 21/22, 22/23 Program Impacts

No changes.

## Community Services and Supports (CSS)

### 4.1.1.8 FSP-8: Ventura County Behavioral Health Older Adult FSP Program (Older Adults FSP Program)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19
Age Group	<input type="checkbox"/> Children (0-15)	<input type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59) <input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$1,559,477	Cost per Participant (FY 18/19)	\$15,752
FY 18/19 # Served*	99	FY 19/20 Fiscal Allocation	\$1,793,586

\*Number Served: Means clients enrolled in Older Adult Program receiving services from multi-disciplinary team.

#### Population Served

Age 60 and older with severe mental illness (SMI) and with complicating medical diagnosis and generally with difficulty getting to regular county clinics.

#### Program Description

The Older Adults Program provides mental health services to unserved and underserved seriously mentally ill individuals ages 60 and over in Ventura County. As a result of serious mental illness, compounded by medical issues often facing the elderly, the Older Adult clients often have a reduction in personal or community functioning prior to acceptance into program.

Special priority is given to those with persistent mental illness and to those who are homebound, homeless and/or in crisis and who require the intensive services of a Full-Service Partnership (FSP). This population is often unable to access more traditional outpatient services.

In addition to the community-based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers. These opportunities include:

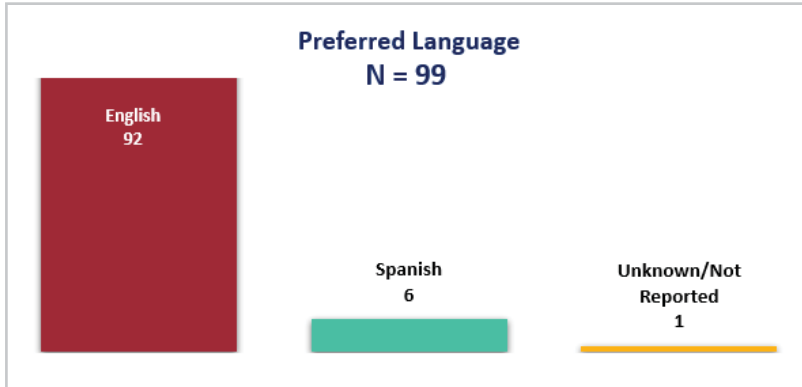
- Rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians.
- Rehabilitation groups are offered weekly in one of the largest Residential Facilities for Care of the Elderly (RFCE).
- Events that take place in the clinic that include a Thanksgiving Dinner, A Holiday Event with dinner, and several other social events that are scheduled throughout the year.

#### Program Highlights

Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
60+	92	7	99

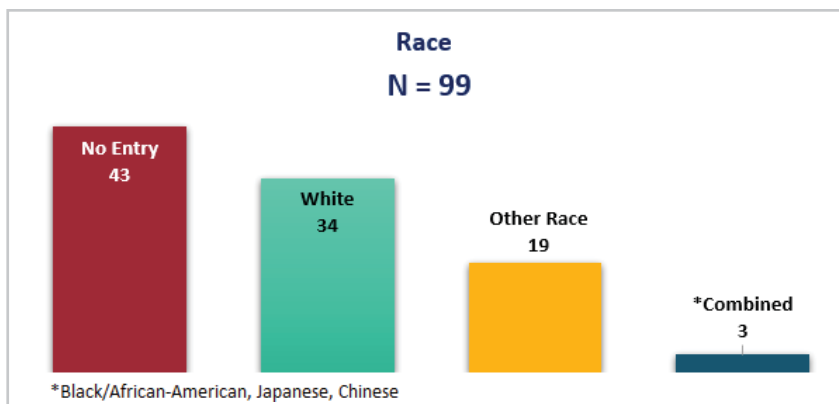
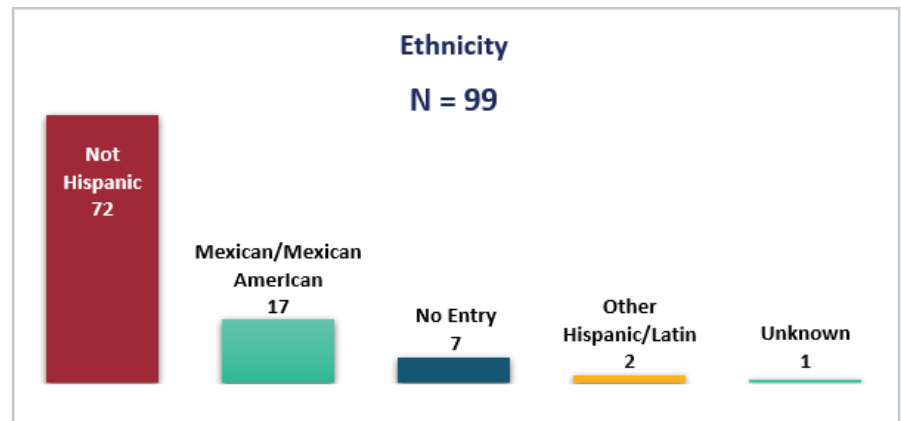
Females: 72, 73% Males: 27, 27%

Sexual Preference: No Entry, 99, 100%



Older Adults overwhelmingly chose English (n=92, 93%) as their Preferred Language. Spanish only comprised of 6%, (n=6), with Unknown/Not Reported 1% (n=1).

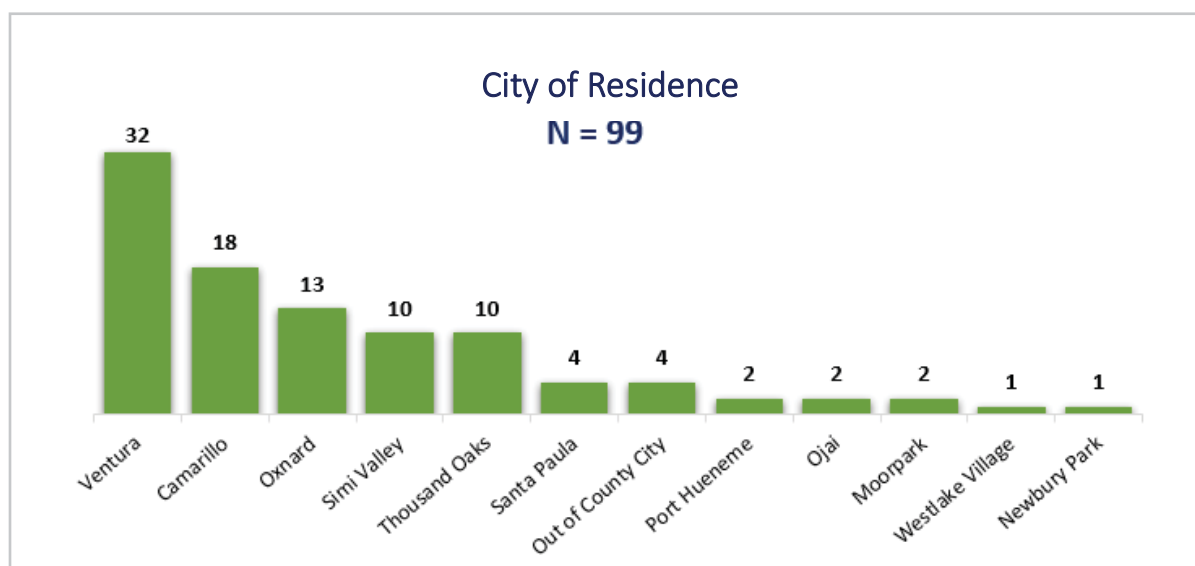
Ethnicity totals showed that the majority of Older Adults identify as Not Hispanic (n=72, 73%). The remaining chosen ethnicities are Mexican/Mexican American (n=17, 17%), and Other Hispanic/Latin (n=2, 2%). Unknown ethnicity is 2% (n=3) and No Entry 7%, (n=7).



Chosen race differential is slightly less varying. White (n=34, 34%) and Other Race (n=19, 19%), as well as combined races (Black/African-American, n=1, Japanese, n=1, Chinese, n=1) equal to 3% of entries.



Although clients are served from the entire county, the majority reside in the city of Ventura (n=32, 32%), Camarillo (n=18, 18%), Oxnard (n=13, 13%), Simi Valley (n=10, 10%), Thousand Oaks (n=10, 10%), Santa Paula (n=4, 4%), Port Hueneme (n=2, 2%), Ojai (n=2, 2%), Moorpark (n=2, 2%), Westlake Village (n=1, 1%), Newbury Park (n=1, 1%). Out of County clients were 4, or 4% of the demographic.



Goals for Older Adult Program are often more difficult to ascribe for the Older Adult population. The goals for the 95-year-old client who has an 80-year history of schizophrenia is very different from the 64-year-old client who is getting Medicare for the first time.

Older Adult Program goals include:

- Addressing and linking clients to medical and psychiatric physicians to stay current with various treatments addressing often complex medical/psychiatric profiles.
- Reducing psychiatric hospitalization. Older Adults is largely successful in reducing the number of hospitalizations experienced prior to admittance to program.
- Reducing social isolation by engaging the clients in number of ongoing groups and regularly scheduled events.
- Removing barriers that keep clients from re-connecting with family and friends.
- Maintaining an appropriate level of housing or linking to appropriate level of care.

## Successes

Jane D. is a client who presented to Older Adult Program approximately 18 months ago. Prior to admittance to Older Adult Program, Jane had spent over a year confined in various inpatient Institutes of Mental Disorders (IMD). She had become estranged from her family, lost all her savings, and had become socially and financially destitute. What made this particularly remarkable is that this client had worked successfully as a lawyer and was socially connected until a psychotic break in her late 40s. What followed was functional deterioration and increase in severe episodes of paranoia, persecutory delusions resulting in social isolation and mental disorganization.

When client came to Older Adult program, she presented with hostility, rejected all attempts to provide services, was non-compliant with treatment interventions and was med seeking of any substance that would dull the anguish she was experiencing internally.

The Older Adult program provided this client with a seasoned psychiatric technician, a nurse, a psychiatrist and a licensed therapist. She was driven to all her doctor appointments, her basic needs were addressed in various ways including financial, clothing, housing, benefits, and social interaction. She began attending social events hosted by Older Adult Program to reduce social isolation and increase positive social skills. Over the course of time, trust was built up and she began complying with medication and following through with appointments with staff.

Her transformation into a more productive and pro-social member of this community has been as dramatically positive as it once was negative. She is re-connecting with her daughter, has shown leadership in her senior board and care by helping those who are having trouble and expressing gratitude. Following last two social events, she has reached out to this clinic administrator and expressed gratitude for pulling her out of that dark chaotic time and providing her with this loving community she now embraces. She has greater insight into the nature of her mental illness and expressed gratitude for the help provided in management of her mental illness.

### Challenges and Mitigation

Many of the challenges and mitigation that have been addressed in past remain current:

Social isolation is a key aspect of depression presenting challenges in motivation to get better. The Older Adults FSP program has a system where the contact counts are tracked and compared to other non-FSP client samples. Thus, efforts are always being made to ensure that contact is increased with this population. This should result in increased compliance with treatment plan.

Access to treatment is a well-established issue since older adults miss more appointment for various reason. Reports are run to track missed appointments and compare to non-FSP clients. Follow-up is then conducted to increase the “show” rate.

Access to pharmacological interventions is another area that presents a challenge. This is mitigated by having psychiatrists make house calls, along with field-based services to address mobility issues.

Monitoring of compliance is facilitated by having a team composed of case manager, therapist, psychiatrist, mental health nurse and interns. This team yields greater number of contacts with client, usually at their home, to ensure compliance to treatment plan.

In addition, there have emerged more practical challenges for FSP Program which include adequate transportation. Vehicles purchased during the inception of the program have aged out and are frequently unavailable due to ongoing and frequent need for repair. FSP funding does not have mechanism for replacing basic infrastructure. In addition, a disabled population is served, but have only limited access to accessible vehicles. There are government-funded transportation agencies that provide transportation; however, these different programs are not integrated between different cities in the county. A program like Access works great in Oxnard but will not travel to Thousand Oaks. The mitigation strategy is to work with administration to find funding to replace older vehicles and increasing access to vehicle approved by the American Disabilities Act.

## 4.1.2 Outreach and Engagement (O & E)

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

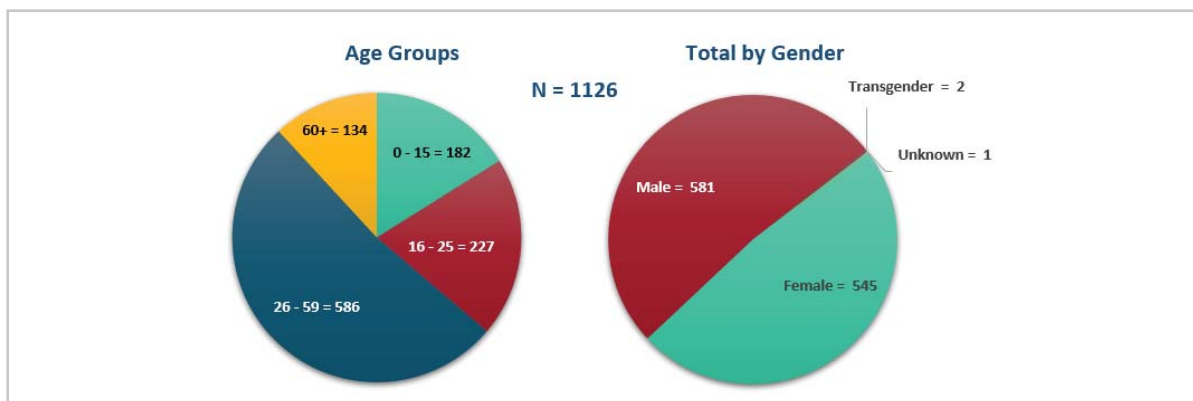
The Outreach and Engagement category under CSS is fulfilled by the Rapid Integrated Support and Engagement (RISE) Program that assigns various staff to support different areas and programs. In addition to the RISE program, there are general outreach efforts executed county-wide to inform and engage the community regarding mental illness and services available. The next section includes comprehensive demographic data for the RISE program, including incorporation of the RISE TAY Expansion program and RISE staff working under the PEI component.

The information for the outreach conducted by the Office of Health Equity and Cultural Diversity is included separately under its program description section.

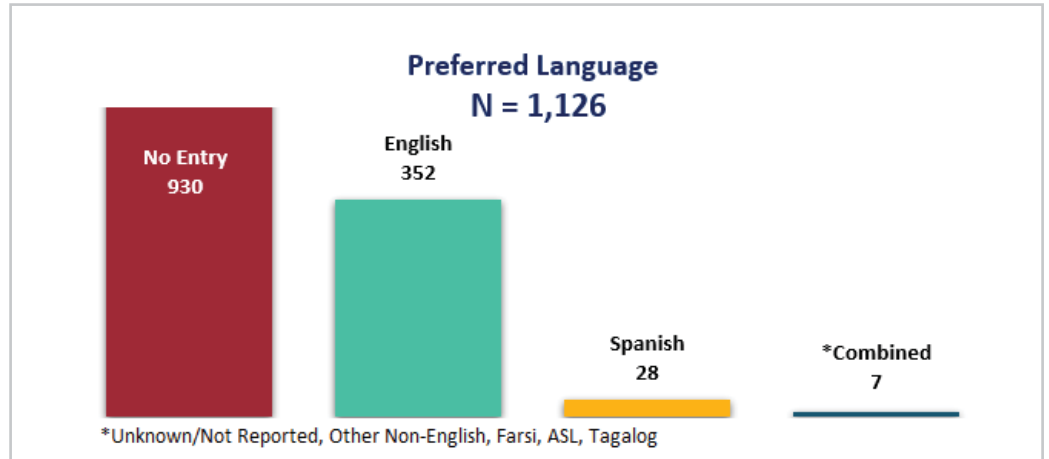
### Comprehensive RISE Demographics

Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
0-15	13	168	181
16-25	15	211	226
26-59	33	553	586
60+	16	117	133
Totals	77*	1049*	1126*

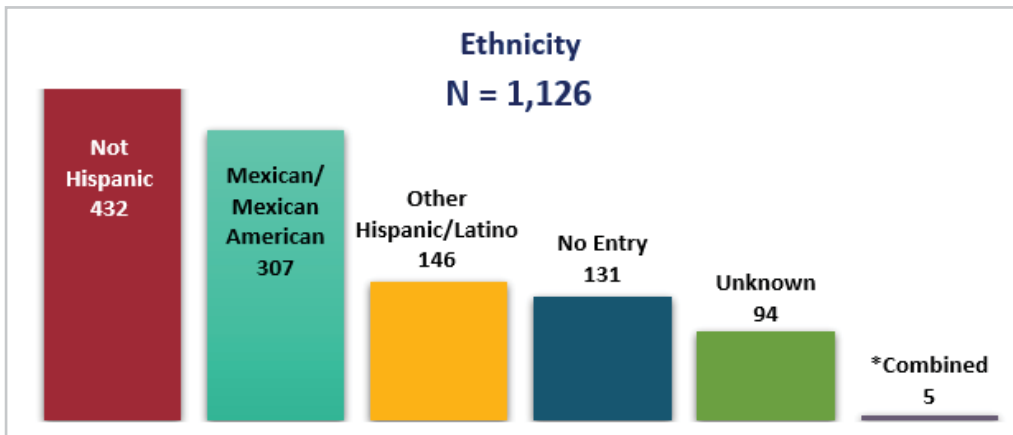
\*Counts may be duplicative due to clients falling into more than one age group during the reporting year. Total unduplicated clients served is **1,126**.



Most clients had No Entry (n=930, 71%) for Preferred Language, while the remainder chose, English (n=352, 27%), Spanish (n=28, 2%), and combined languages of Other Non-English (n=2, 0.15%), Farsi (n=1, 0.08%), American Sign Language (n=1, 0.08%), and Tagalog (n=1, 0.08%), Unknown/Not Reported accounted for 2 clients, or 0.15%.

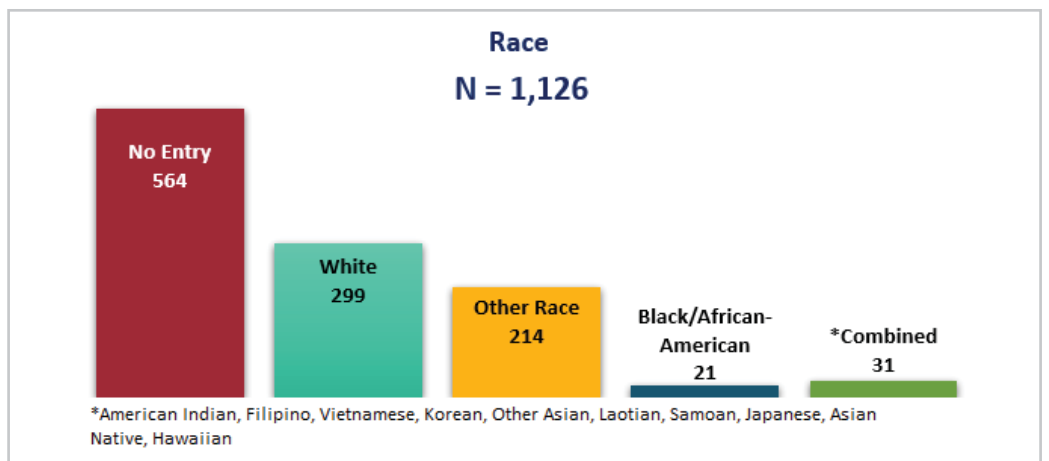


Clients identified mostly as Not Hispanic (n=432, 38%) and Mexican/Mexican American (n=307, 27%). Other Hispanic/Latino (n=146, 13%), and the combined ethnicities of Mixteco (n=9, 1%), Puerto Rican (n=9, 1%) and Cuban (n=1, 0.09%) made up the remaining clients' choices.

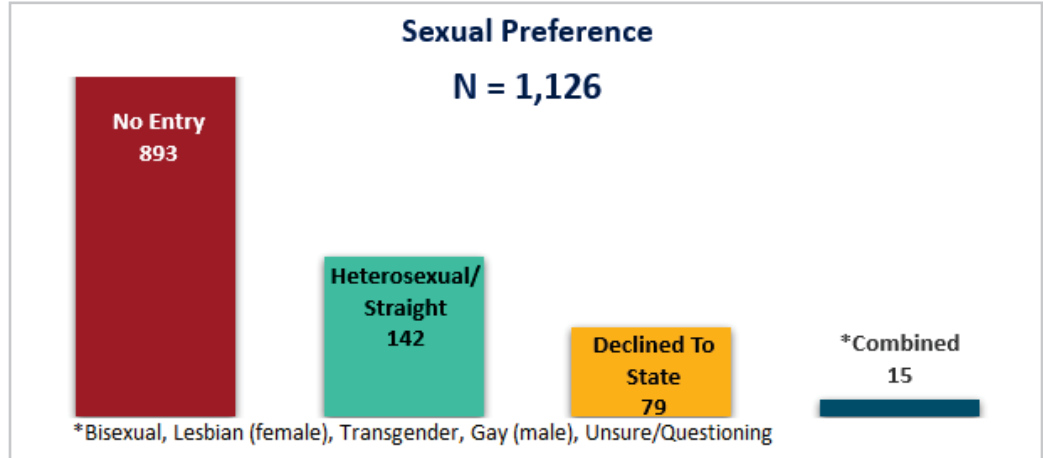


No Entry (n=131, 12%), Unknown (n=94, 8%) had declared ethnicity.

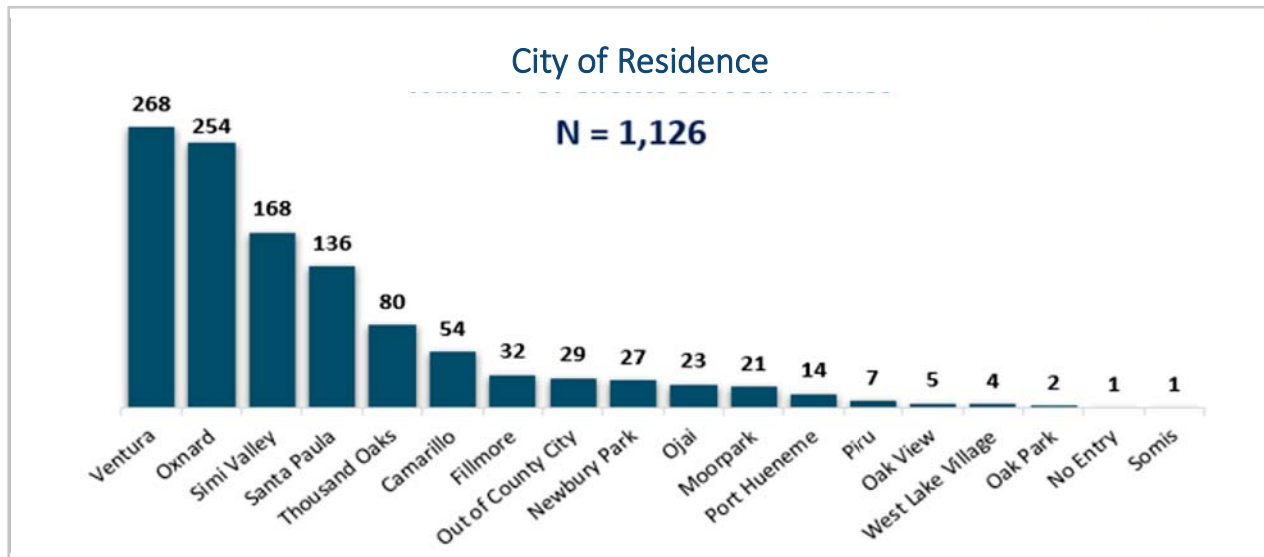
Half of the clients indicated their race identity. They include White (n=299, 26%), Other Race (n=214, 19%), Black/African-American (n=21, 2%) and combined races American Indian (n=8, 1%), Filipino (n=6, 1%), Vietnamese (n=4, 0.53%), Korean (n=3, 0%), 0.35% Other Asian (n=3, 0.27%) Laotian (n=2, 0.27%) Samoan (n=2, 0.18%) Samoan (n=1, 0.09%) Japanese (n=1, 0.09%) Asian Native (n=1, 0.09%) Hawaiian (n=1, 0.09%). No Entry (n=564, 50%).



Among clients who stated their Sexual Preference, the majority identified as Heterosexual/Straight (n=142, 13%). Others chose the combined totals of Bisexual (n=4, 0.35%), Lesbian (female) (n=3, 0.27%), Transgender (n=4, 0.35%), Gay (male) (n=3, 0.27%), and Unsure/Questioning (n=1, 0.09%). Declined to State (n=79, 7%) and No Entry (n=893, 79%) were the remaining clients.



This program operates across all Ventura County. The chart below shows the numbers served by city. Ventura (n=268, 24%), Oxnard (n=254, 23%), Simi Valley (n=168, 15%), Santa Paula (n=136, 12%), Thousand Oaks (n=80, 7%), Camarillo (n=54, 5%), Fillmore (n=32, 3%), Out of County City (n=29, 3%), Newbury Park (n=27, 2%), Ojai (n=23, 2%), Moorpark (n=21, 2%), Moorpark (n=14, 1%), Port Hueneme (n=7, 1%), Piru (n=5, 0%), Oak View (n=4, 0%), West Lake Village (n=2, 0%), Oak Park (n=1, 0%), No Entry (n=1, 0%), Somis (n=1, 0.09%).



Below are descriptions of the 3 programs supporting the outreach and engagement aspect of CSS.

## Community Services and Supports (CSS)

### 4.1.2.1 O&E-1: Rapid Integrated Support and Engagement (RISE) Program

Status	<input type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$1,183,276		Cost per Participant (FY 18/19)	\$1,488 <sup>2</sup>
FY 18/19 # Served	Unable to determine <sup>1</sup>		FY 19/20 Fiscal Allocation	\$989,065 <sup>3</sup>

<sup>1</sup>Data reflecting the exact number of those served by staff under this program is not able to be mined separately and uniquely due to data entry sharing with other RISE program aspects, including the PEI component. However, the total cost above for FY 18/19 is unique to this program.

<sup>2</sup>The cost per participant calculation was derived by summing all expenditures (\$1,183,276+\$216,333+\$275,952) incurred while serving 1,126 participants then divided by 1,126.

<sup>3</sup>The fiscal allocation for FY 19/20 is unique to this program.

### Population Served

The primary populations include seriously mentally ill adults, TAY age youth and children who have difficulty connecting to services due to multiple barriers, lack of insight into their illness and lacking natural support systems. Target populations include homeless clients, post-psychiatric inpatient hospital clients and other unserved and underserved populations.

### Program Description

RISE is an outreach and engagement program that reaches out to individuals who have difficulty connecting to services, fall through the cracks and have traditionally been underserved within the behavioral health system of care. RISE and RISE TAY Expansion provide services to all individuals within the communities of Ventura County who need being connected to a variety of resources which include but are not limited to mental health services. RISE Services are defined as any outreach contact that is provided to an individual to help connect them to the appropriate treatment provider or community resource.

### Program Highlights

There are not results as the state has not come up with any reporting tools for the second round of funding for the Triage grant. Additionally, there was a 29% budget cut prior to July 1, 2018 which created a delay in program start up. Proposals had to be amended and resubmitted to the state by October 31, 2018. Contracts were not approved until December 12, 2019. The RISE expansion which includes the TAY Teams and the Law enforcement partnership teams did not begin until January 1, 2019. Outcome reporting is still being determined at the state through the Triage Grant for the RISE Expansion.

### Successes

In June 2018, the Triage grant which funded the RISE program ended, however due to the success of the program, Ventura County made the program a permanent outreach and engagement program, funding it with MHSA funding. Additionally, the success of the RISE program was the catalyst for the RISE expansion and the law enforcement partnership teams. Due to the strong collaboration and relationship with LE, the various LE departments within Ventura County wrote letters of support for the RISE expansion LE Partnership with an agreement to collaborate with VCBH and the expansion.



### Challenges and Mitigation

One of the challenges is contacting all the individuals referred to RISE. Although the numbers for FY 18/19 report 1126 unduplicated unique clients, that client count is based on actual services provided to individuals with open episodes. There were an additional 94 individuals referred and opened to RISE services bringing the total to 1220, however those individuals were not located by RISE staff. With the addition of the RISE expansion, there is confidence that there will be a greater ability to contact more clients who are referred in a timely manner.

### FY19/20 Program Impacts

None.

### FY 20/21, 21/22, 22/23 Program Impacts

No program or funding changes in the upcoming fiscal years.

## Community Services and Supports (CSS)

### 4.1.2.2 O&E-2: Rapid Integrated Support and Engagement (RISE) Expansion Project (CSS-SD-RISE-TAY)

Status	<input type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19			
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$216,333	Cost per Participant (FY 18/19)		\$1,488 <sup>2</sup>
FY 18/19 # Served	Unable to determine <sup>1</sup>	FY 19/20 Fiscal Allocation		\$761,808 <sup>3</sup>

<sup>1</sup>Data reflecting the exact number of those served by staff under this program is not able to be mined separately and uniquely due to data entry sharing with other RISE program aspects, including the PEI component. However, the total cost above for FY 18/19 is unique to this program.

<sup>2</sup>The cost per participant calculation was derived by summing all expenditures (\$1,183,276+\$216,333+\$275,952) incurred while serving 1,126 participants and divided by the 1,126.

<sup>3</sup>The fiscal allocation for FY 19/20 is unique to this program.

#### Population Served

The primary populations include homeless clients, post-psychiatric inpatient hospital clients and other underserved populations. The TAY target strategy includes, ages 16-25, estimated to be comprised of 58% Hispanic/Latino, 37% white/non-Hispanic, and 4% unknown. It is also estimated that 5% of this population will be homeless and 5% will be LGBTQ+.

#### Description

Through the RISE program, team members provide multiple services including extensive countywide outreach to clients who are at risk of a mental health crisis, currently experiencing, or at high risk of re-experiencing a mental health crisis. The primary goal of the RISE program is to successfully link clients to the appropriate level of mental health care by providing robust transitional case management and clinical services in a field setting. Two expansion strategies exercised in this project:

**Law Enforcement Partner Team:** This strategy reflects a team model using collaboration between mental health and law enforcement personnel to impact crises escalation among highest-risk populations in cities and areas where teams are deployed. Community Services Coordinators (CSCs) ride along with dedicated police officers to provide field-based assessment, interventions, treatment planning, and case management. The primary goal of the strategy is to avoid hospitalization and incarceration by stabilizing clients by providing robust transitional case management and clinical services in a field setting until successfully linked to the appropriate level of mental health care. The clients are those persons identified on police Person of Concern lists as high utilizers based on the number of police calls, incarcerations, hospitalizations, and ER visits due to mental health crises.

**TAY Engager:** Based on a client-driven model, services include outreach and engagement, risk assessment, safety planning, mental health treatment, intensive/targeted case management, linkage to VCBH services or lower level of care as determined by the clinician, and rehabilitation services. Clinician, CSC, and Peer Recovery Coach teams provide field-based services within homes, schools, colleges, community-based settings, and the TAY Wellness and Recovery Center. TAY are stabilized and linked to VCBH treatment and specialized TAY programs, including temporary emergency housing, health coordination, and mental health services. Law enforcement, hospitals, EDs, jail, schools, colleges, and social and community organizations are key partners in providing access points, referrals, and linkage to services. This strategy expands upon RISE Program outreach and services provided by an existing Behavioral Health Clinician and CSC team currently serving TAY and provides staffing for a West County and East County team rather than a single team that serves the entire county.

## Program Highlights

The data provided at the beginning of the O&E Section includes the RISE program and some of the RISE Expansion program in terms of the numbers served, basic demographics, and location of services within the county.

There are no results as the state has not come up with any reporting tools for the second round of funding for the Triage grant. Additionally, there was a 29% budget cut prior to July 1, 2018 which created a delay in program start up. Proposals had to be amended and resubmitted to the state by October 31, 2018. Contracts were not approved until December 12, 2019. The RISE expansion which includes the TAY Teams and the law enforcement partnership teams did not begin until January 1, 2019. The determination of what outcomes will be reported at the state level through the Triage Grant for the RISE Expansion is still in process.

Additionally, due to the budget cut from the state and the delayed start of the program, the RISE Expansion did not start until January 1, 2019. Work is in progress to work with external evaluators which the state contracted to define the data elements to be collected. Currently, there are no reports for the grant. The original goals are stated below:

**Goal 1:** Serve at least 1,539 persons in project FY 18/19 and 1,811 persons in FY 19/20, 20/21 2 and 3 through the Law Enforcement Partner Strategy.

**Goal 2:** Serve at least 615 persons in project FY 18/19 and 724 persons in FY 19/20, 20/21 2 and 3 through the TAY Engager Strategy

**Goal 3:** Reduce the impact that persons in crisis have on health care and behavioral health services through outreach and engagement of at-risk persons or persons experiencing a crisis in the community setting.

**Objective 1a:** Reduction of ER visits (percentage annually) due to mental health crises among case-managed clients by at least 35% from baseline, as measured by electronic health record (EHR) data.

**Objective 1b:** Reduction of hospitalizations (percentage annually) due to mental health crises among case-managed clients by at least 35% from baseline, as measured by EHR data.

**Objective 1c:** Decrease of cost of hospitalizations (percentage annually) due to mental health crises among case managed clients by at least 20% from baseline, as measured by fiscal data and days of hospitalization per visit.

**Goal 4:** Increase in client wellness by providing needed assessments and interventions and connecting clients to the least restrictive service environment appropriate to their condition and other supportive services.

**Objective 2a:** Improve client wellness (annually) by implementing evidence-based practices to serve at least 1,539 adults through the Law Enforcement Partner Strategy in Year 1 and at least 1,811 adults in Years 2 and 3, totaling 5,161 over three years; and at least 615 TAY through the TAY Engager Team Strategy in Year 1 and at least 724 TAY in Years 2 and 3, totaling 2,063 over three years, as measured by the unduplicated client counts in project records/VCBH EHR.

**Objective 2b:** Improve client wellness (annually) by at least 10% prior to discharge, as measured by improvements in client conditions based on client surveys recorded through the Ventura County Outcomes System.

**Goal 5:** Mitigate unnecessary expenditures of law enforcement by implementing evidence-based practices that reduce police calls and incarcerations among project clients.

**Objective 3a:** Reduce the police calls (annually) due to mental health crises among case-managed clients by at least 20% from baseline, as measured by law enforcement records.

**Objective 3b:** Reduce the number (annually) of incarcerations attributed to mental health crises among case-managed clients by at least 20% from baseline, as measured by jail/court records.

**Goal 5:** Mitigate unnecessary expenditures of law enforcement by implementing evidence-based practices that reduce police calls and incarcerations among project clients.

### Successes

Although there was a 29% cut to the budget, the grant proposal was reduced by eliminating staffing by only 1 Full-Time Equivalent (FTE) across both TAY and Law Enforcement Teams. By utilizing data provided by the CIT program, it was determined which areas required full time partnership with law enforcement, allowing for appropriate staffing.

### Challenges and Mitigation

The delay in the contract approval due to budget cuts delayed the hiring process, which resulted in the TAY teams not being fully staffed to date, although the last position is currently in the process of being filled.

### FY 19/20 Program Impacts

Do not anticipate any program impacts during FY 19/20.

### FY 20/21, 21/22, 22/23 Program Impacts

It is anticipated that during the upcoming fiscal years the current funding for the RISE TAY Expansion program will shift from SB 82 Triage funds to CSS funding to sustain the program as outlined in the grant proposal.

## Community Services and Supports (CSS)

### 4.1.2.3 O&E-3: Office of Health Equity and Cultural Diversity Outreach Program

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$99,629	Cost per Participant (FY 18/19)		\$12
FY 18/19 # Served	8,464	FY 19/20 Fiscal Allocation		\$101,878

#### Population Served

County identified as unserved or underserved, especially the County Spanish-speaking population.

#### Description

This effort uses the Office of Health Equity and Cultural Diversity to build stronger connections with the community through ongoing community outreach efforts aimed at informing local communities regarding available services, and access processes and procedures.

#### Program Highlights

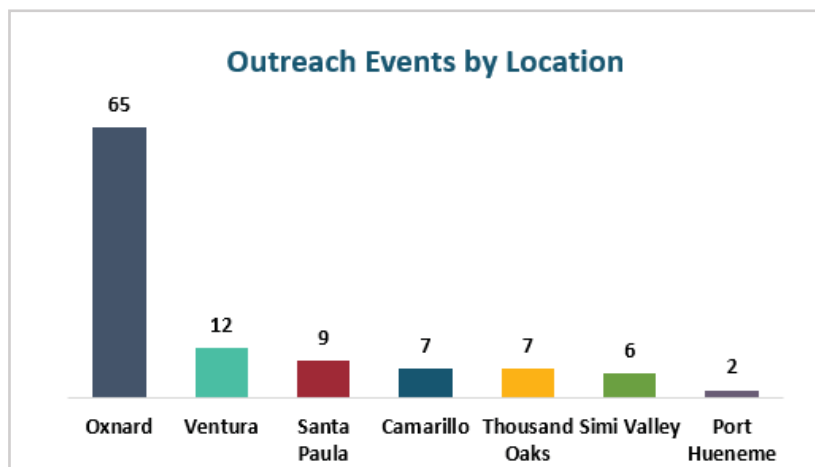
Below are some key program accomplishments.

#### Program Reach and Activities

FY 18-19

#### Program Activities and Reach

- 108 Total number of Events
- 8,464 Estimated number of attendees at event
- 6,287 Publications distributed
- 40 Presentations delivered
- 75 Events with a primarily Spanish Speaking/Latino Outreach Audience



The graph illustrates the outreach efforts (108) by geographic location. Please note the intentional and concentrated efforts in Oxnard and Santa Paula, which are predominantly Hispanic and Spanish-speaking.

## Successes

- Under the Office of Health Equity and Cultural Diversity (OHECD), community-wide outreach efforts continue to uphold the Department’s commitment to:
  - Informing the community of VCBH services
  - Educational presentations on understanding mental health and mental illness
  - Educational presentations on how to access and linkage to care
- Sixty-nine percent of outreach events took place in the geographic regions of the county with the highest concentration of Medi-Cal beneficiaries, comprised of predominately Hispanic and Spanish speaking communities.
- A total of Seventy-five (75), outreach events were provided to primarily Spanish Speaking audiences.
- Utilizing the Institute of Medicine’s Model (IOM), for Community Outreach, just under sixty-four percent of outreach events were completed to communities having and “identified sub-population,” with an elevated risk. While thirty-six percent of the events completed were categorized as “universal,” or activities having a focus of being informative or awareness and delivered to a broad community population or audience with none to associated low risk.

## Challenges and Mitigation

While the number of outreach events (108), represents continued diligence by VCBH to strengthen connections with the community, the number of events conducted is less than the prior year. It is believed that the lower number of outreach events may be attributed to the continued emphasis on the enforcement of immigration policies which significantly impacts public participation by community at such events. This conclusion is affirmed by other community organizations experiences in similar outreach events.

## FY19/20 Program Impacts

- Incremental increase in program staffing levels under the OHECD, have occurred late in FY19/20 will lead to increased outreach efforts through related program expansion and re-direction of the department’s targeted outreach efforts
- Hiring of Ethnic Services Manager for the oversight of the OHECD will provide leadership and direction for OHECD



### FY 20/21, 21/22, 22/23 Program Impacts

The department under the leadership and direction of OHECD is working to develop a Three-Year Strategic Community Outreach Plan. It is anticipated that such plan will be ready for implementation to coincide with the start of FY 2020 – 2021.

## Community Services and Supports (CSS)

### 4.1.3 General System Development (GSD)

**General System Development** is a category under CSS that funds programs and services that support and improve the existing health service delivery system designed for all clients, and when appropriate their families, including those qualifying for Full-Service Partnerships and especially, target populations. Additionally, there is always a constant and concerted effort to improve and transform systems of care using clients and families. Funds under GSD may only be used to fund the following:

- Mental health treatment, including alternative and culturally specific treatments
- Peer support
- Supportive services to assist the client, and when appropriate the client's family, in obtaining employment, housing, and/or education
- Wellness centers
- Personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services
- Individual Needs assessment
- Individual Services and Supports Plan development
- Crisis intervention/stabilization services
- Family education services

While these funds may be used to improve the county mental health service delivery system for all clients and their families, they can also be applied to collaborate with other non-mental health community programs and/or services, and develop and implement strategies for reducing ethnic/racial disparities.

These programs are also designed to promote interagency and community collaboration, and develop values-driven, evidence-based, and promising clinical practices to support populations with mental illness and emotional disturbance.

Subsequent sections describe the County GSD programming by categorizing specific programs under the following GSD subcategories as follows:

- Crisis Intervention and Stabilization
- Individual Needs Assessment
- Treatment (Non-FSP)
- Peer Support
- Peer Services Coordination and Case Management
- Family and Mental Health Provider Education and Support Services
- Transportation Support Services
- Linguistics Competence Services

## Community Services and Supports (CSS)

### 4.1.3.1 GSD-1: County Wide Crisis Team (CT)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)
	<input checked="" type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	\$3,524,252	Cost per Participant (FY 18/19)	\$1,154
FY 18/19 # Served	3055	FY 19/20 Fiscal Allocation	\$ 3,878,828

### Population Served

Individuals experiencing a mental health crisis of all ages.

### Program Description

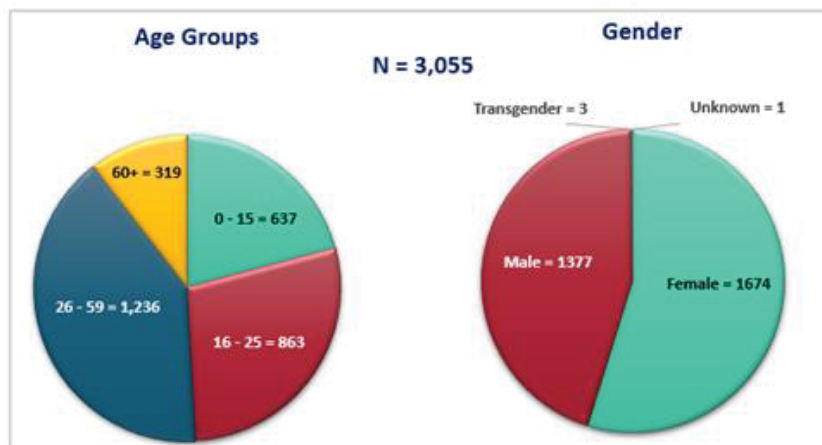
The County-Wide Crisis Team (CT) provides field and phone crisis intervention services to individuals of all ages throughout Ventura County. Beginning May 2016, the CT began serving youth under the age of 18 as part of the transition plan surrounding the termination of the Children's Intensive Response Team (CIRT) contract with Casa Pacifica. Staff for the CT are based in West (Oxnard) and East County (Thousand Oaks). They manage calls coming into the 24/7 toll-free VCBH ACCESS line which is unique in that Ventura County is one of very few counties in California whose crisis line is staffed around the clock by mental health professionals. This program provides post-crisis follow-up and coordinates extensively with other programs, such as Screening, Triage, Assessment and Referral (STAR) and Rapid Integrated Support and Engagement (RISE), to engage and facilitate linkage to VCBH services and to other indicated resources or services. Additionally, the CT advocates intensively and mediates on clients' behalf in conjunction with community partners and treatment providers to ensure appropriate service delivery.

### Program Highlights

Below is a breakdown of total unduplicated clients served, by age category, for the last two fiscal years.

Age Group	FY 17-18		FY 18-19	
	Clients Served (Unduplicated)	Total Episodes	Clients Served (Unduplicated)	Total Episodes
0-15	607	920	637	886
16-25	836	1,302	863	1,184
26-59	1,253	1,757	1,236	1,867
60+	299	389	319	429
Totals	3,095	4,368	3,055	4,366

The largest group served were in the 26-59 age group (n=1,236, 40.46%), followed by 16-25 year old clients (n=863, 28.25%) and 0-15 youth (n=637, 20.85%). The smallest served age group are adults over 60 (n=319, 10.44%).



Majority of clients served by the County-Wide Crisis Team were Female (n=1674, 55%), followed by Male (n=1377, 45%). Smaller populations were Transgender (n=3, 0.10%) and Unknown (n=1, 0.03%).

### Successes

Increased Crisis Team participation in local law enforcement's Crisis Intervention Training academy program. Night shift positions (7p-7a) were consistently filled for the entire fiscal year (these are the hardest-to-fill shifts for CT). Obtained the correct classification to provide financial and union parity to the LVNs and Psychiatric Technicians.

### Challenges and Mitigation

Crisis Team carried multiple staff vacancies throughout FY18/19. The Health Care Agency hiring freeze in the beginning of 2019 hampered the continuous recruitments for clinical and nursing candidates for CT.

### FY19/20 Program Impacts

Continuing to refine and individualize the on-boarding and training processes for CT staff and improve the hiring of staff considering education, discipline, years of experience, strengths, and learning style(s).

Another addition to this program is the incorporation of Therapeutic Transport Vehicles (TTV). The enhancement of TTVs to the continuum of crisis services in the County of Ventura will be a benefit on several fronts. When one is suffering from a mental health crisis, both state of the art resources as well as sensitive care are critical in de-escalating a client to meet their unique needs at such a vulnerable and uncertain time.

These vehicles are differentiated from an ambulance as they would not be fitted with sirens and flashing lights (often very triggering for one in a mental health crisis), would not require all of the medical equipment, could have screens connected to WiFi that would allow for a teleconference to occur in achieving an evaluation, medication order and/or validation of assessment by staff onboard while in route to the appropriate facility. Vehicles will be staffed with peer staff and nursing staff at minimum, and provide the ability for a loved one to accompany an individual if deemed appropriate and clinically reasonable at the time of service/transport, and could potentially mitigate transportation issues as well as clients being held in Emergency Rooms.

The TTVs will contribute an increase to funding of the Crisis Team.

### FY 20/21, 21/22, 22/23 Program Impacts

Funding will be increased to accommodate the incorporation of TTVs.

## Community Services and Supports (CSS)

### 4.1.3.2 GSD-2: Crisis Residential Treatment (CRT)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost*	\$170,536 + \$1,449,857		Cost per Participant (FY 18/19)	\$6092
FY 18/19 # Served	266		FY 19/20 Fiscal Allocation	\$ 2,077,286

\*The cost is broken down by contracted organization since there was a break in provider. This is explained below.

### Population Served

To be eligible for services, an individual must meet the following criteria:

- Experiencing a mental health crisis
- Over 18 years of age
- Active Ventura County Behavioral Health client, or willing to be referred
- Experiencing difficulties with psychiatric symptoms or behavioral crises
- May also have dual diagnosed substance use disorders
- Abstain from drug or alcohol use
- Be a willing and active participant in a wellness and recovery plan

### Program Description

Located in Ventura, California, Ventura CRT is a Crisis Residential Treatment (CRT) Program for individuals experiencing an acute behavioral health crisis. Located in a premier, state-of-the-art facility, the Ventura CRT is designed to deliver superior programming, client care, and safety for both clients and staff. A maximum of 15 individuals are served at any given time, staying an average of 7-10 days as they participate in a highly structured stabilization program and work with a team of specialists who help them through the behavioral or emotional tenants associated with their crisis and give them the tools necessary to help them work through future challenges and re-integrate back into the community. The CRT specializes in the following:

- Depression
- Anxiety & Panic Disorder
- Bipolar Disorder
- Schizophrenia
- Borderline Personality Disorder
- Obsessive Compulsive Disorder
- Dual Diagnosed Substance Use and Psychiatric Disorders

The CRT offers the following:

- Short-term intensive mental health treatment (length of stay is flexible and based on medical necessity).
- Three meals per day, including working with any dietary restrictions.
- An expert Treatment Team that consists of licensed Clinicians, Registered Nurses, Licensed Vocational Nurses, Mental Health Rehabilitation Workers, Peer Support Specialists, and a Nurse Practitioner.
- Evidence-based treatment practices, including Cognitive Behavioral Therapy, Seeking Safety, WRAP, Mindfulness Based Therapy, and Motivational Interviewing.

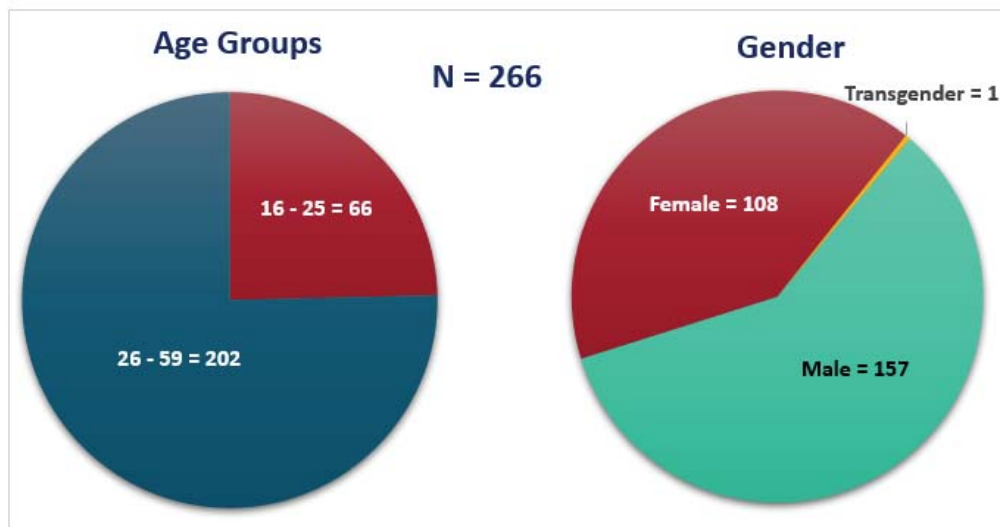
- Comprehensive assessment, psychiatric evaluation, individual, group, and family therapy, and psycho-education.
- Care that focuses on stabilizing individuals, reducing their psychiatric symptoms and related conditions (lack of sleep, dietary changes, etc.) and transitioning them into the most appropriate level of care upon discharge.
- An increased understanding of the role of medication, including its therapeutic benefits, side effects, and self-management.
- Relapse prevention and coping skills training.
- Exercise and recreational activities.

### Program Highlights

Age Group	Rollover Clients	New Clients	Total Clients Served
	FY 17-18	FY 18-19	FY 18-19
16-25	25	41	66
26-59	76	126	202
Totals	101*	165*	266*

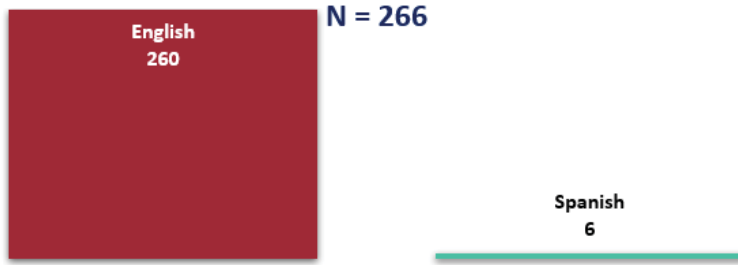
\* Counts may be duplicative due to clients falling into more than 1 age group during the reporting year. Total unduplicated clients served is 266.

Majority of clients were Male (n=157, 59.02%), followed by Female (n=108, 40.60%), and then Transgender (n=1, 0.38%)





### Preferred Language

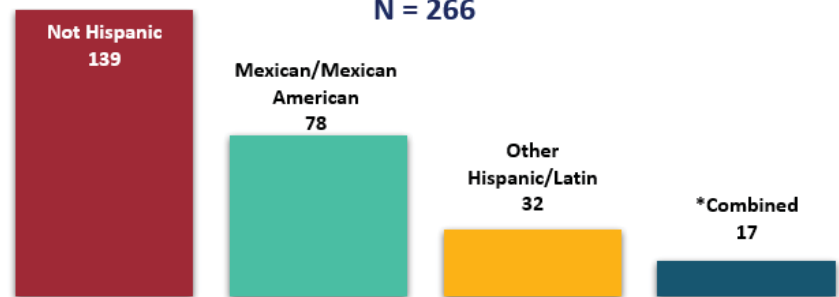


Only two Preferred Languages were stated, with English (n=258, 96.99%) as the mainstream language and Spanish (n=6, 3.01%) as the smaller number of clients.

As with the county's overall majority in ethnicity, the clients represent the largest percentage of ethnic identity as Not Hispanic (n=138, 52.26%). Mexican/Mexican American (n=78, 29.32%) and Other Hispanic/Latin (n=32, 12.03%) comprised the second largest groups. Combined ethnicities include American Indian (n=2, 0.75%), Korean (n=2, 0.75%), Asian Native (n=1, 0.38%), Filipino (n=1, 0.38%), Japanese (n=1, 0.38%) and Samoan (n=1, 0.38%). Unknown ethnicity (n=14, 5.26%) made up the remainder of clients.

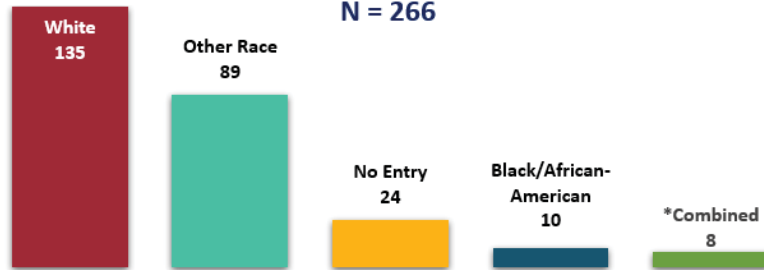
### Ethnicity

N = 266



### Race

N = 266



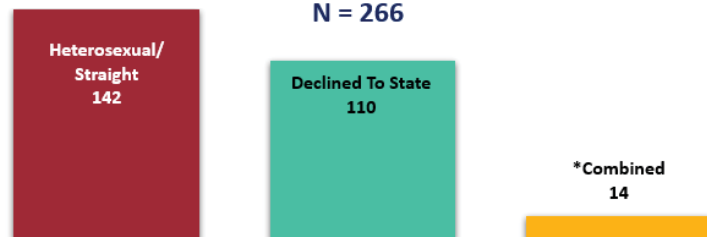
Slightly more than half of clients stated their race as White (n=135, 50.75%). The remaining clients showed Other Race (n=89, 33.46%), Black/African American (n=10, 3.76%), American Indian (n=2, 0.75%), Korean (n=2, 0.75%), Asian Native (n=1, 0.38%), Filipino (n=1, 0.38%), Japanese (n=1, 0.38%), Samoan (n=1, 0.38%) made up the remaining Races. No Entry for Race

totaled n=24, or 9.02%.

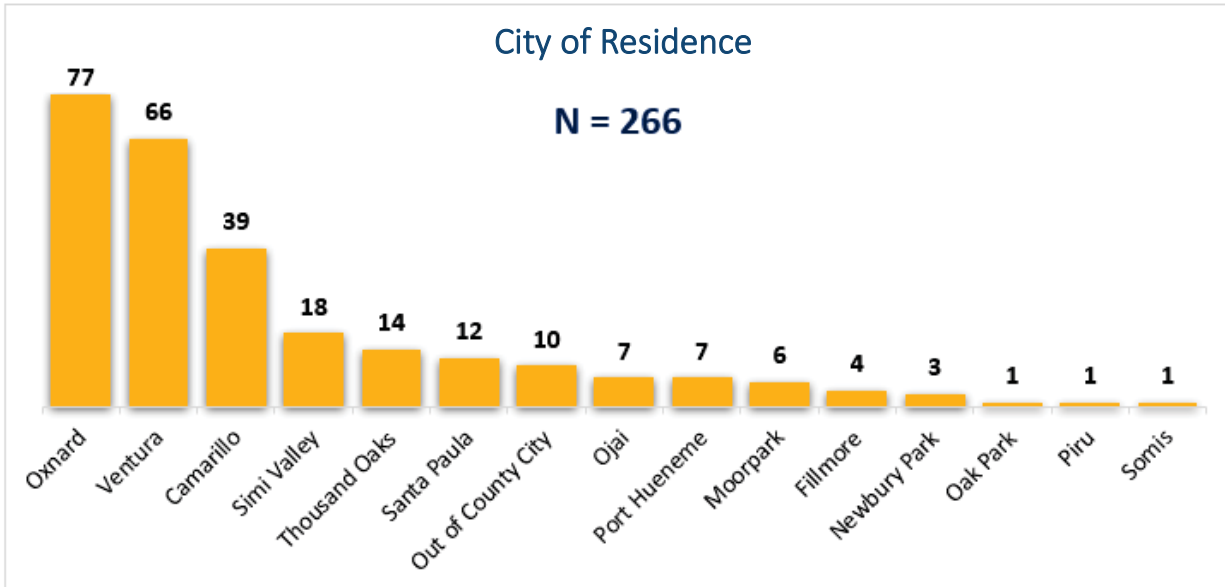
Our CRT program achieved the most success in capturing the clients' identity in terms of Sexual Preference. Heterosexual (n=142, 53.38%) was the popular sexual preference. Combined totals include Bisexual (n=3, 1.13%), Transgender (n=3, 1.13%), Lesbian (female) (n=2, 0.75%) and Gay (male) (n=1, 0.38%). Declined to State accounted for 110 entries, or 41.35% of clients.

### Sexual Preference

N = 266



Oxnard makes up the largest population in Ventura County, and the largest number of patients served resided there. Totals are: Oxnard (n=77 28.95%), Ventura (n=66 24.81%), Camarillo (n=39 14.66%), Simi Valley (n=18 6.77%), Thousand Oaks (n=14 5.26%), Santa Paula (n=12 4.51%), Ojai (n=7 2.63%), Port Hueneme (n=7 2.63%), Moorpark (n=6 2.26%), Fillmore (n=4 1.50%), Newbury Park (n=3 1.13%), Oak Park (n=1 0.38%), Piru (n=1 0.38%) and Somis (n=1 0.38%). Out of County City made up 10 clients, or 3.76%.



### Successes

This program prides itself in its flexibility to take on difficult clients and maintaining a high occupancy rate. It is also apparent that the CRT management (Golden) is implementing and continue to implement vast improvements in programming, such as an increase in groups, field trips, and better staffing. Golden is also working on revamping the previous model used to ensure VCBH clients are given the best of services.

### Challenges and Mitigation

This program experienced a break during the year with respect to providers of services due to unforeseen circumstances. The current provider, Golden, was able to step into the difficult situation of getting proper licensing, hiring staff, procuring equipment and having a running program within 4 weeks. There was no impact to clients and most of the original staff retained their jobs.

There are also challenges when it pertains to regulation compliance and limited programming.

### FY19/20 Program Impacts

No impact.

### FY 20/21, 21/22, 22/23 Program Impacts

No impact.

## Community Services and Supports (CSS)

### 4.1.3.3 GSD-3: Crisis Stabilization Unit (CSU)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$3,513,851	Cost per Participant (FY 18/19)		\$2,841
FY 18/19 # Served	421	FY 19/20 Fiscal Allocation		\$ 3,369,937

#### Population Served

Youth ages 6-17 years experiencing a crisis.

#### Program Description

The Crisis Stabilization Unit (CSU) serves Ventura County resident youth ages 6 to 17 who are experiencing a mental health crisis. Youth who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level of care up to inpatient hospitalization. Should inpatient hospitalizing be required, the CSU facilitates this transfer process. Youth who do not meet criteria are stabilized at the CSU and discharged following a psychiatrist assessment, safety planning process and aftercare meeting with the youth and their caregiver. The CSU is staffed with a master's Level Clinician and a Registered Nurse 24 hours a day, 7 days per week. Mental Health Counselors are also onsite providing stabilization services around the clock and a psychiatrist is available 24 hours a day, 7 days per week.

#### Program Highlights

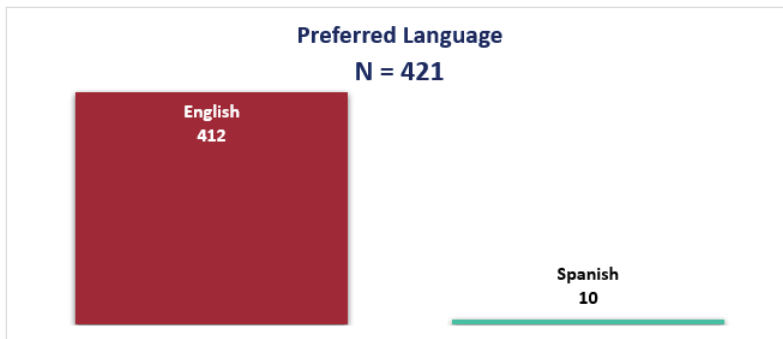
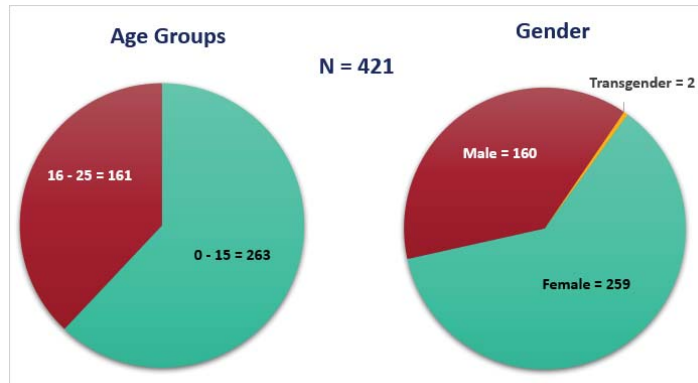
Some operational highlights are presented below, followed by demographics for unduplicated client count.

- In FY 18/19, the CSU served 555 duplicated youth, with a 61% diversion rate, with 33% of the youth admitted on a voluntary status.
- In April of 2019, the CSU had its highest number of admissions since it's opening with 67 admissions.
- Throughout FY 18/19, the CSU consistently scored 90% or higher on Caregiver and Youth Satisfaction surveys.

Age Group	Rollover Clients FY 17-18	New Clients FY 18-19	Total Clients Served FY 18-19
0-15	95	168	263
16-25	48	113	161
Totals	142*	279*	421*

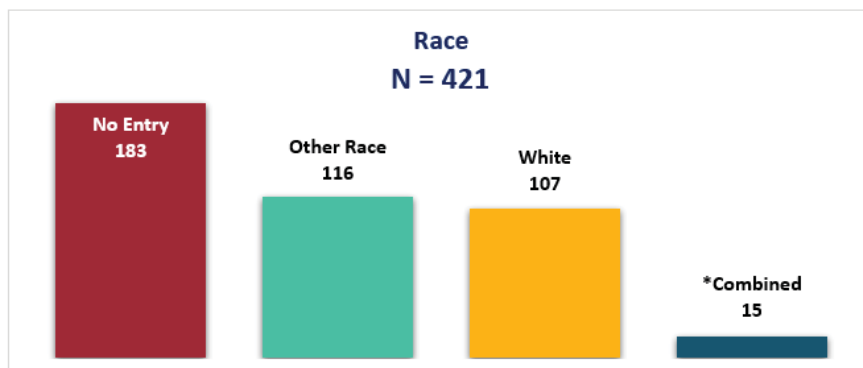
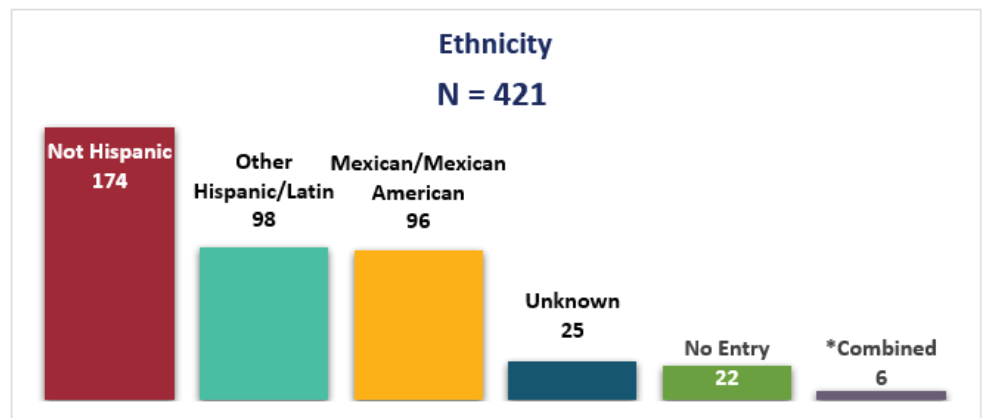
\* Counts may be duplicative due to clients falling into more than 1 age group during the reporting year. Total unduplicated clients served is **421**.

Majority of clients were Female (n=259, 62.03%), followed by Male (n=160, 38.00%), and then Transgender (n=2, 0.48%)



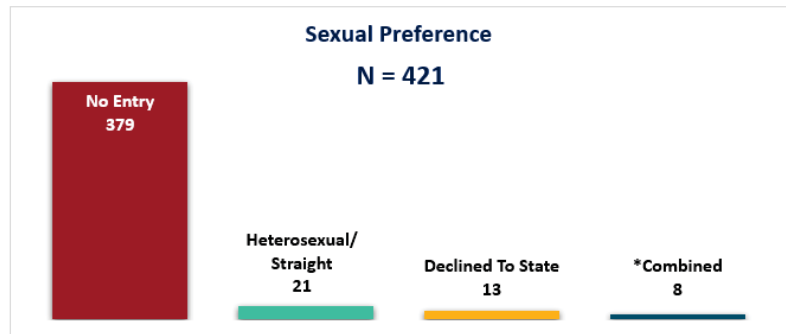
Majority of clients (n=412, 98%), chose English as their Preferred Language. The only other language chosen was Spanish (n=10, 2%)

For Ethnicity, Not Hispanic was selected by most of the clients (n=174, 42%). Other Ethnicities chosen were Other Hispanic/Latin (n=98, 23.4%), and Mexican/Mexican American (n=96, 23%). Combined Ethnicities include Mixteco (n=3, 0.72%) and Puerto Rican (n=3, 0.72%). Unknown (n=25, 6%) and No Entry (n=22, 5%) completed this statistic.

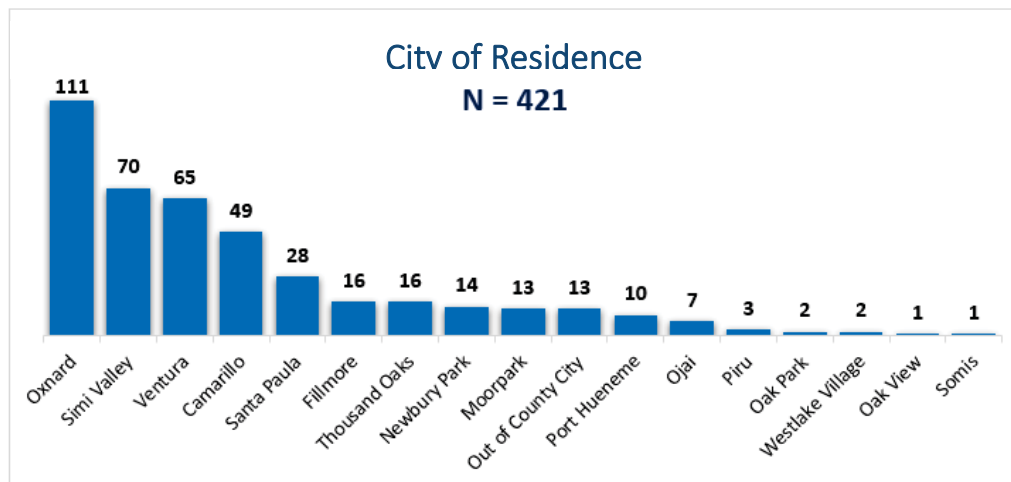


Although more than half of this population stated their race, No Entry received the highest percentage (n=183, 43%). Second highest was Other Race (n=116, 28%) and White (n=107, 25%). Black/African American (n=7, 2%), Filipino (n=4, 1%), Asian Native (n=1, 0.24%), Korean (n=1, 0.24%), Other Asian (n=1, 0.24%), and Samoan (n=1, 0.24%) combined.

The percentage of clients who chose to declare a Sexual Preference was low. This total includes Heterosexual/Straight (n=21, 5%), Transgender (n=1%) and Bisexual (n=3, 1%). No Entry (n=379, 90%), Declined to State (n=13, 3%) and Unsure/Questioning (n=1, 0.24%) did not choose a Sexual Preference.



Sixteen cities in Ventura are served by this program. Oxnard (n=111 26%), Simi Valley (n=70 17%), Ventura (n=65 15%), Camarillo (n=49 12%), Santa Paula (n=28 7%), Fillmore (n=16 4%), Thousand Oaks (n=16 4%), Newbury Park (n=14 3%), Moorpark (n=13 3%), Port Hueneme (n=10 2%), Ojai (n=7 2%), Piru (n=3 1%), Oak Park (n=2 0.48%), Westlake Village (n=2 0.48%), Oak View (n=1 0.24%), and Somis (n=1 0.24%). Out of County City totaled n=13, or 3%.



## Successes

Although staff changes occurred during FY 18/19, positions were filled swiftly and with excellent staff, and without any operational issues. Additionally, many of the staff that began with the program 3 years ago when the center opened are still intact and celebrating a three-year anniversary.

A challenging client was presented to the CSU who came through 13 times in 2019. But working in concert with VCBH, her home County team, Casa Pacifica and the COMPASS program, this youth has been stable for several months now.

## Challenges and Mitigation

The CSU continues to face challenges when attempting to place youth at Inpatient Psychiatric Units (IPUs) when those youth meet certain criteria (i.e., transgender youth, uninsured youth, dependent youth on voluntary status, voluntary youth in general). To help mitigate this, staff has been trained to advocate for youth with the IPUs and

has equipped them with copies of legislation regarding voluntary youth. Managers also continue to work toward ensuring a collaborative relationship with regional IPU administration.

#### **FY19/20 Program Impacts**

United Parents Parent Partner will begin to be onsite at CSU/COMPASS fulltime, which will allow greater flexibility and integration into programs.

No other changes are anticipated.

#### **FY 20/21, 21/22, 22/23 Program Impacts**

In the coming fiscal years, Seneca CSU hopes to continue partnering with VCBH to provide a full spectrum crisis continuum, including intensive home based follow up services, and potentially other levels of care for youth in crisis, as need is identified.

No other changes to this program.



## Community Services and Supports (CSS)

### 4.1.3.4 GSD-4: Screening, Triage, Assessment and Referral (STAR)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$2,519,008	Cost per Participant (FY 18/19)		\$540
FY 18/19 # Served*	4669	FY 19/20 Fiscal Allocation		\$3,281,080

\*Number served indicates how many unduplicated Requests for Service were generated by this program.

#### Population Served

Serves all ages who have the potential for entering the County's behavioral healthcare system.

#### Program Description

This program coordinates access so that clients receive timely, appropriate and consistent information regarding access to specialty mental health services provided by VCBH. In the case that individuals do not qualify to these services, they are referred to appropriate level of care to fit their needs. The program includes the screening, triage, assessment and/or linkage to the appropriate mental health services, and supports in an efficient, high quality, culturally-sensitive manner County-wide.

Clinical assessments are provided in every regional VCBH clinic throughout the County ensuring adequate coverage. Additionally, STAR ensures excellent access by also conducting assessments at community centers, public health clinics, hospitals, and private homes, as needed. It offers the Spanish-speaking population (as well as those clients whose primary language is not English or who have sign language needs) assessment services by a bilingual clinician or an official certified interpreter. The program employs a "Time to Service" model that allows the risk level to determine the time to the initial appointment so that clients at a higher risk are seen more quickly.

#### Program Highlights

The STAR program has increased the County's ability to provide consistent, coordinated outreach, assessment, supports and referrals to the community, including an increase in service to unserved and underserved individuals. The table below depicts duplicated and unduplicated counts as individuals go through the STAR process. The RFS is the starting point, where clients are first screened and triaged on whether they appear to likely meet medical necessity. If so, outreach is done to schedule psychosocial assessment, where a clinician will determine if client indeed meets the criteria for medical necessity. Once this is found to be the case, client is admitted to VCBH for ongoing treatment.

	FY 17-18		FY 18-19	
	Duplicated	Unduplicated	Duplicated	Unduplicated
Total RFS	5,770	5,092	5,209	4,669
Likely Meets Medical Necessity	4,278	3,495	3,826	3,465
Scheduled an Assessment	4,050	3,284	3,438	3,077
Showed up for Assessment	2,150	1,726	1,913	1,711
Qualified for VCBH Specialty Mental Health Services	2184	1770	2308	2085

As can be seen from the table above, 45% of those that made it through the entire process (could have been drop-outs, etc.) qualified for services.

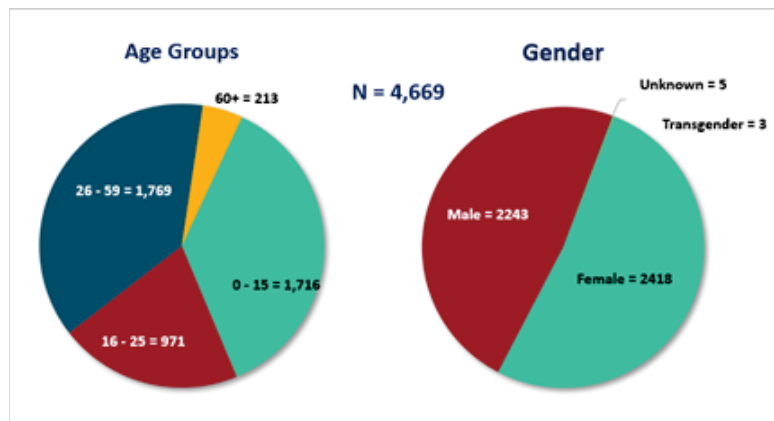
- 74% of 4669 Unduplicated RFSs were determined to likely meet medical necessity, at the point of triage
- 89% of those like to meet medical necessity were scheduled for an appointment
- 56% of those scheduled for an appointment showed up to the appointment

Please note that some anomalies exist in the data included in the table above that have no attributable causes at the time of this report. Further investigation will be conducted.

### Demographic Summary

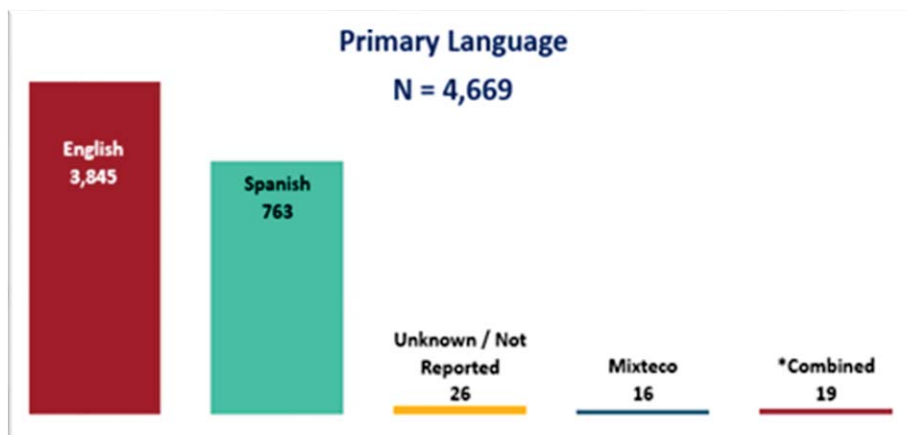
The following section provides a demographic profile of all the unduplicated individuals that had an RFS.

The largest age group requesting services was 26-59 (n=1769, 37.89%), followed closely by 0-15 (n=1716, 36.75%).



Lower totals were for 16-25 (n=971, 20.80%), and 60+ (n=213, 4.56%)

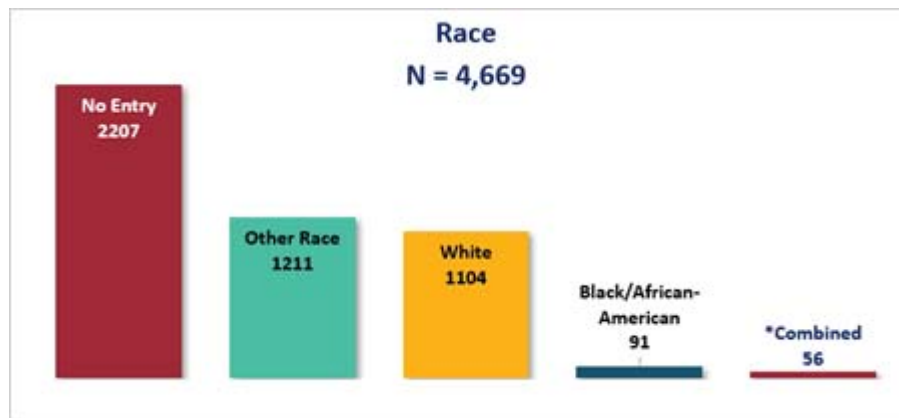
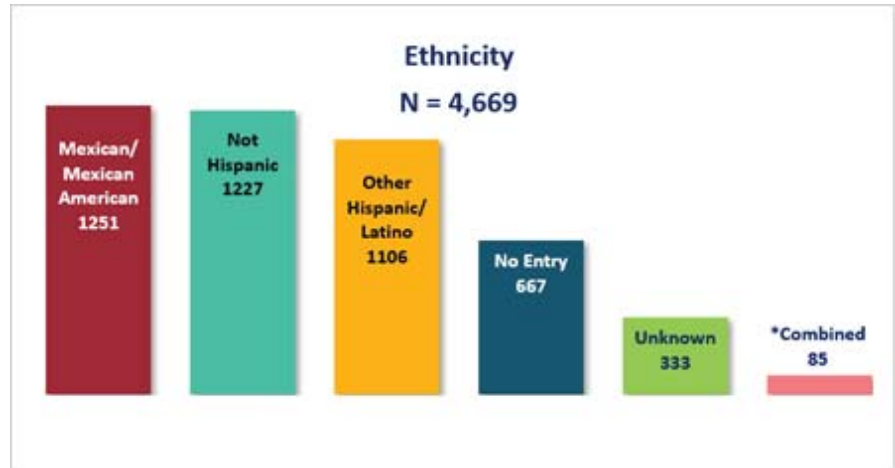
Gender identity includes Female (n=2418, 51.79%), Male (n=2243, 48.04%), Unknown (n=5, 0.11%) and Transgender (n=3, 0.06%).



Majority of client's Primary Language was declared as English (n=3845, 82.35%), followed by Spanish (n=763, 16.34%), and Mixteco (n=16, 0.34%). Combined totals include American Sign Language (ASL) (n=5, 0.11%), Cantonese (n=2, 0.04%), Armenian (n=2, 0.04%), Farsi (n=2, 0.04%), Arabic (n=2, 0.04%) Thai (n=1, 0.02%) Tagalog (n=1, 0.02%) Samoan (n=1, 0.02%)

Vietnamese (n=1, 0.02%) Other Sign Language (n=1, 0.02%) and Other Non-English (n=1, 0.02%). Unknown / Not Reported (n=26, 0.56%).

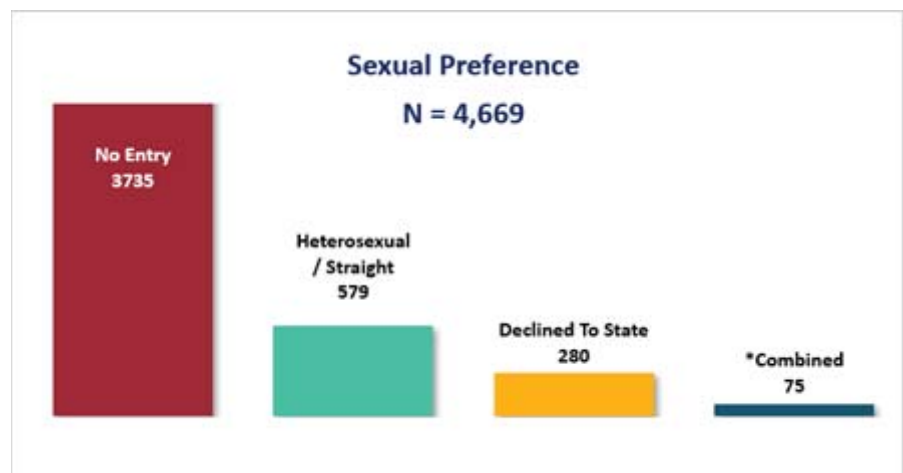
The top three Ethnicities chosen by the clients were Mexican/Mexican American (n=1251, 26.79%), Not Hispanic (n=1227, 26.28%), and Other Hispanic/Latino (n=1106, 23.69%). No Entry (n=667, 14.29%) and Unknown (n=333, 7.13%) followed, and combined totals include, Puerto Rican (n=38, 0.81%), Mixteco (n=38, 0.81%), and Cuban (n=9, 0.19%).



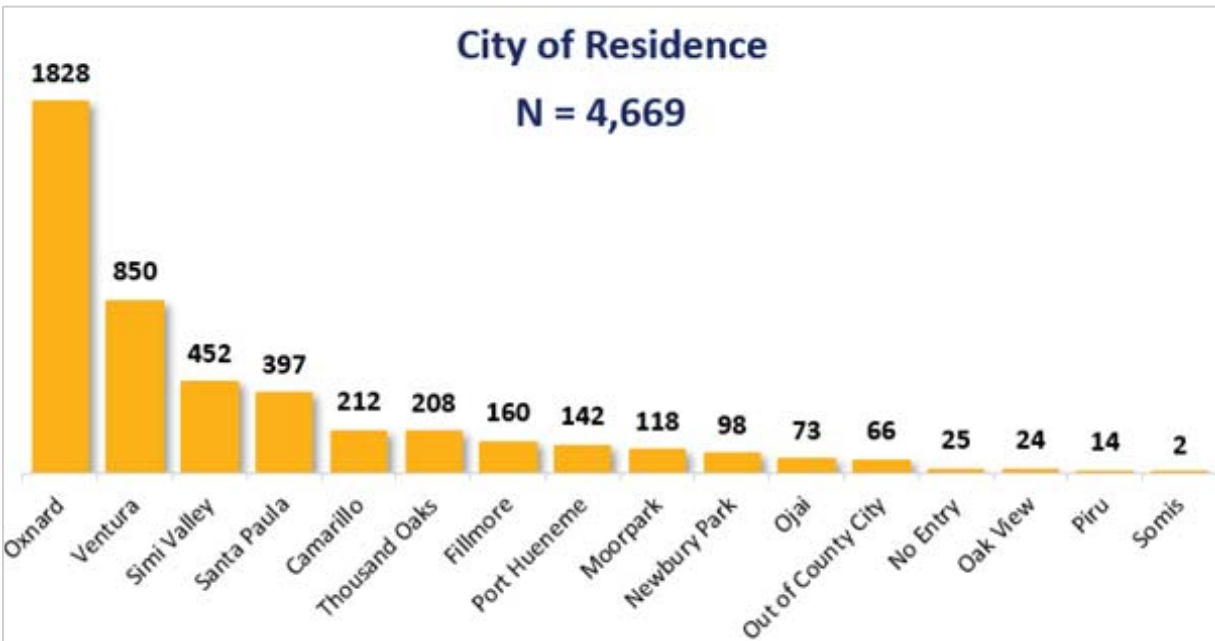
Out of all the Races available for selection, Other Race was chosen the most by the clients Other Race (n=1211, 25.94%), followed closely by White (n=1104, 23.65%). Black/African-American (n=91, 1.95%), was also declared, along with combined totals that include American Indian (n=11, 0.24%), Other Asian (n=10, 0.21%), Filipino (n=9, 0.19%),

Laotian (n=7, 0.15%), Asian Native (n=4, 0.09%), Vietnamese (n=4, 0.09%), Hawaiian (n=3, 0.06%), Samoan (n=2, 0.04%), Alaskan Native (n=2, 0.04%), Japanese (n=2, 0.04%), Chinese (n=1, 0.02%) and Korean. However, majority of clients had No Entry (n=2207, 47.27%),

No Entry (n=3735, 80.00%), was the highest percentage for this metric, followed by Heterosexual / Straight (n=579, 12.40%), and Declined to State (n=280, 6.00%). Combined totals include Bisexual (n=28, 0.60%), Lesbian (female) (n=16, 0.34%), Transgender (n=11, 0.24%), Gay (male) (n=10, 0.21%), and Unsure / Questioning (n=10, 0.21%).



Screening, Triage, Assessment, and Referral (STAR) served clients in primarily in Oxnard (n=1828, 39.15%). Other county cities include Ventura (n=850, 18.21%), Simi Valley (n=452, 9.68%), Santa Paula (n=397, 8.50%), Camarillo (n=212, 4.54%), Thousand Oaks (n=208, 4.45%), Fillmore (n=160, 3.43%), Port Hueneme (n=142, 3.04%), Moorpark (n=118, 2.53%), Newbury Park (n=98, 2.10%), Ojai (n=73, 1.56%), Oak View (n=24, 0.51%), Piru (n=14, 0.30%) and Somis (n=2, 0.04%). Other clients were considered Out of County City (n=66, 1.41%) or simply had No Entry (n=25, 0.54%)



### Successes

A case of a Spanish-speaking male, presenting with severe psychosis, who arrived with his adult daughter to STAR. His ability to function has severely declined (could not maintain work, any relationships, kept insisting to sleep in the back yard despite cold winter and harsh elements), not eating much. The team stayed late, and included multiple office assistants, RISE engagers, STAR senior staff, to discuss what is the best care for this gentleman, how to support family in most culturally sensitive way, and provide care in client's primary language. Client, family, and staff determined that hospitalization was necessary to immediately stabilize him and support his well-being and created a thorough plan post-discharge; plan included family so they can encourage and support client in connecting to us. After hospitalization, he was much more lucid and more interested in caring about himself; STAR provided quick assessment and a psychiatric evaluation to ensure proper medical care was provided, and then helped set up quick appointments within days at the clinic. A RISE engager was also involved in providing transportation and check-ins to support client and family in problem-solving barriers to services. The staff reported with each contact, client appeared to significantly look cleaner and healthier, more responsive, and lucid, more motivated to improve quality of his life.

## Challenges and Mitigation

STAR has faced a significant staff shortage, which resulted in 400 less assessments being done during 18/19 FY, compared to 17/18 FY. In addition, the county protocol has changed where a full electronic chart was required, which meant additional task of scanning all chart documents into electronic health record. This created a backlog of scanning by several hundred charts. The administrator was also on a leave of absence for 7 months; although the manager was supervising, this was limited due to the nature of this, which additionally lead to the overall stress on the program functioning.

Over the year, mitigation was to first hire additional staff. Two assessors started over the year; also, additional assessment support was provided by ERSES clinicians at the beginning of summer. Clinic administrator returned to her duties during the third quarter. Further problem-solving occurred with other programs where office assistance was provided with scanning of charts and by the end of fiscal year, the program has caught up with the clerical duties. Internal protocols were changed to permit more independence by the assessors so that less necessary oversight by senior clinicians was needed. Also, senior clinicians started to do additional screening of requests/referrals for services, to ensure program was providing services for appropriate clients, reducing the demand for assessments and increasing the accuracy of referrals (therefore clients that did not need specialty mental health services were referred to the appropriate providers sooner in the process).

## FY19/20 Program Impacts

STAR has been modifying internal processes to meet the 10-day requirement to provide assessments to clients requesting services, 70% of the time. This rate has been increasing from mid 40s to low 70s, during the calendar year. Part of this includes a pilot program at the South Oxnard Youth and Family site (which included utilizing support of clinic staff to provide additional support with walk-in requests for services, as well as additional assessments), continued pilot program and Santa Paula with both youth and adult clinics and North Oxnard adult clinic. It is planned to continue expanding the pilot program county-wide. STAR has also been changing internal processes to continue to maintain success with timely chart processing to ensure clients have a complete electronic health record.

## FY 20/21, 21/22, 22/23 Program Impacts

STAR will continue to modify internal processes to meet the state access standards, improve productivity and efficiency.

## Community Services and Supports (CSS)

### 4.1.3.5 GSD-5: Fillmore Community Project

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input checked="" type="checkbox"/> Children (0-15) <input checked="" type="checkbox"/> TAY (16-25) <input type="checkbox"/> Adult (26-59) <input type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	\$688,013	Cost per Participant (FY 18/19)	\$4,149
FY 18/19 # Served	161	FY 19/20 Fiscal Allocation	\$653,309

#### Population Served

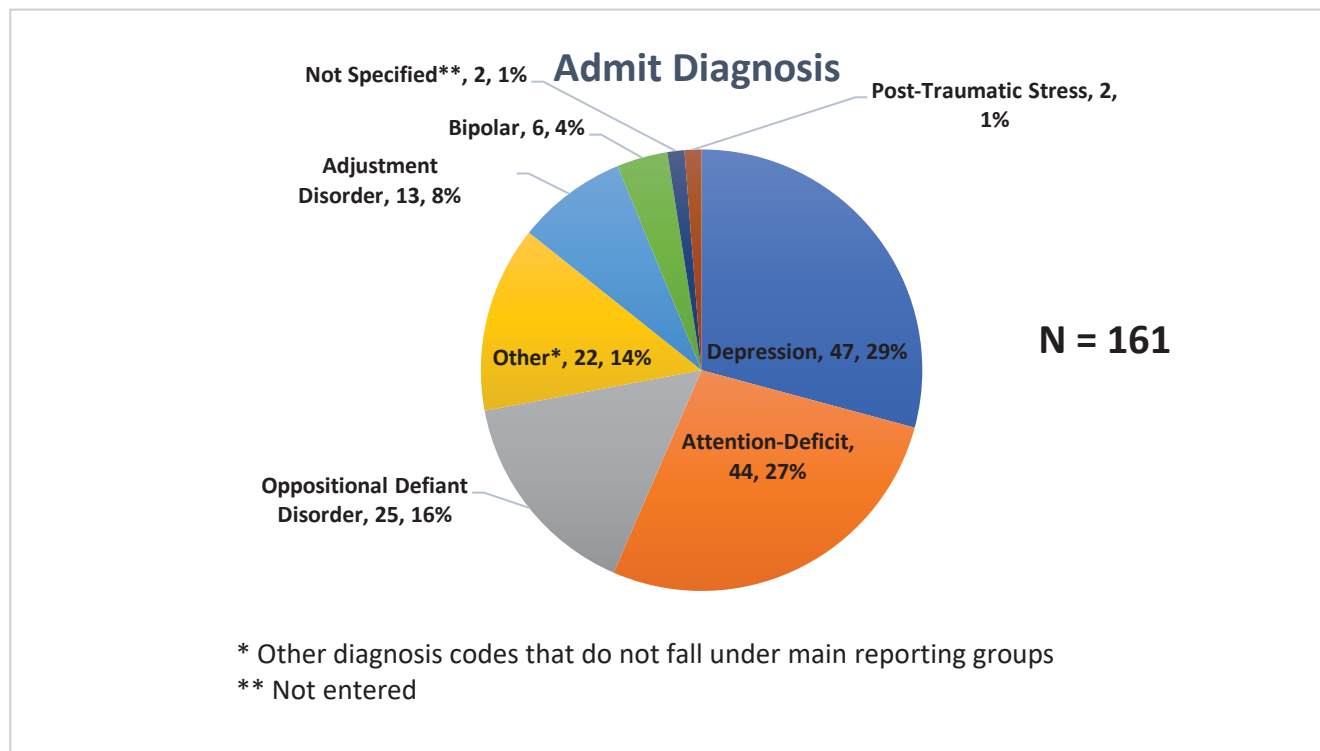
This program primarily targets Severely Emotionally Disturbed (SED) youth (0-18 years) in the historically underserved communities of Fillmore and Piru. These communities include a significant number of migrant workers and Spanish speakers.

#### Program Description

The Fillmore Community Project provides a variety of mental health treatment including support, case management, and psychiatric services. Staff is fully bilingual, and services are community-based, culturally-competent, client- and family-driven, and designed to overcome the historical stigma and access barriers to services in these communities.

#### Program Highlights

This section summarizes highlights from the Fillmore Community Project.

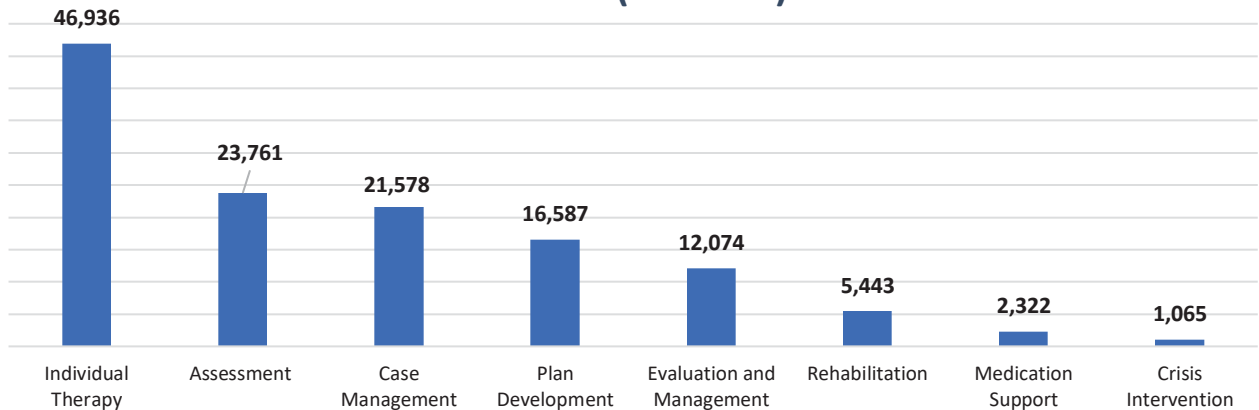




Of the 161 clients served, 126 (78%) received case management, 94 (58%) received individual therapy, 80 (50%) received evaluation and management services, 51 (32%) received medication support, and 51 (32%) received rehabilitation services. The overall profile of services provided is depicted in the graphs below.

In October 2018, the Fillmore Community Project implemented the Child and Adolescent Needs and Strengths (CANS) Assessment tool. The Pediatric Symptom Checklist (PSC-35) was also implemented to enable reporting of symptoms by parents. Future analysis of outcomes from these new tools is planned.

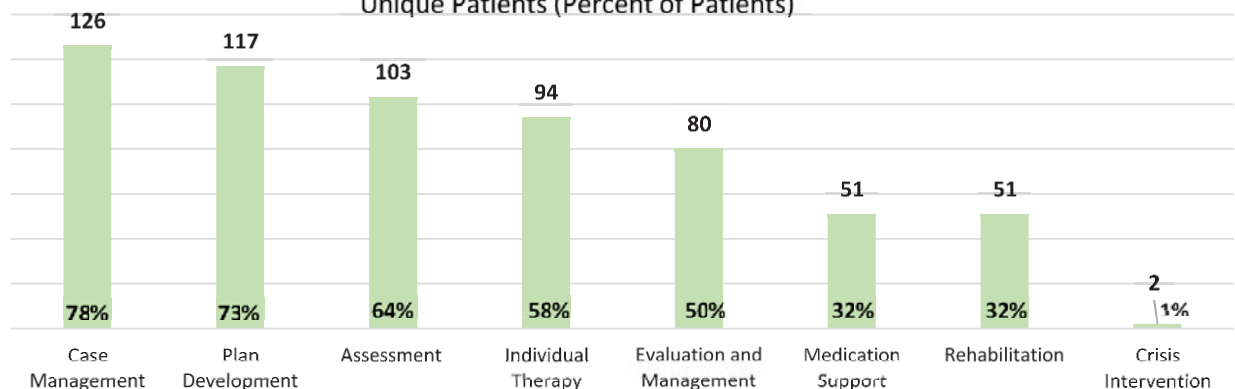
### Service Units (Minutes)



### Client Service Utilization

Unique Patients (Percent of Patients)

**N = 161**



### Successes

The program has received several thank you cards from clients who were discharged and reported they continue to do well. They credit the therapeutic support they received at the clinic. The team also continues to provide home and community-based services to address barriers and challenges families may have in getting into the clinic.

### Challenges and Mitigation

The program experienced an increase of clients being referred to services who had more complex and acute symptoms. Staff worked to ensure that the highest-need clients were seen in a timely and regular manner and worked towards discharge and community-based support once symptoms and functional impairments decreased. Additional challenges were due to lack of lower levels of care in the community (i.e. Beacon Providers) so that clients could step down once functioning improved.

### FY19/20 Program Impacts

None.

### FY 20/21, 21/22, 22/23 Program Impacts

The program plans to increase the number of group services offered to improve service to clients who have similar challenges and may benefit from therapist-facilitated peer support.

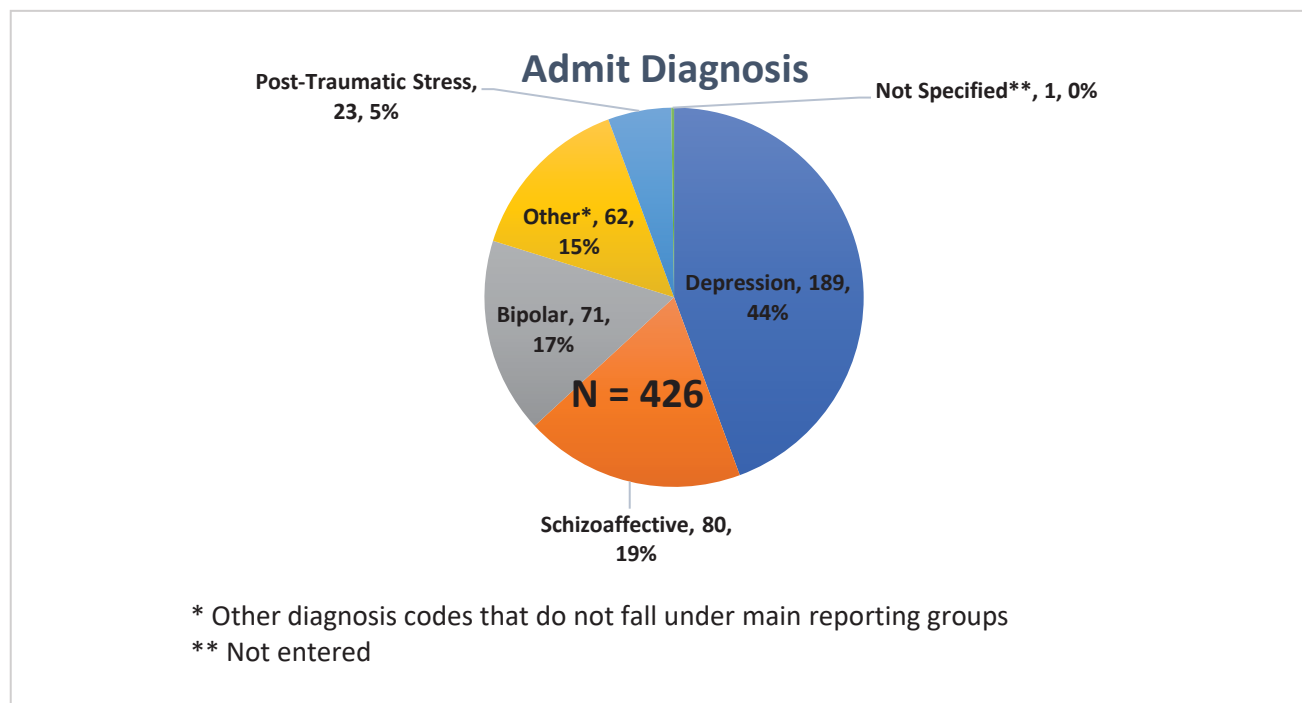
## Community Services and Supports (CSS)

### 4.1.3.6 GSD-6: Transitional Age Youth Outpatient Treatment Program – Transition (Non-FSP)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19			
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$1,388,664	Cost per Participant (FY 18/19)		\$3,222
FY 18/19 # Served	431	FY 19/20 Fiscal Allocation		\$1,662,188

#### Population Served

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



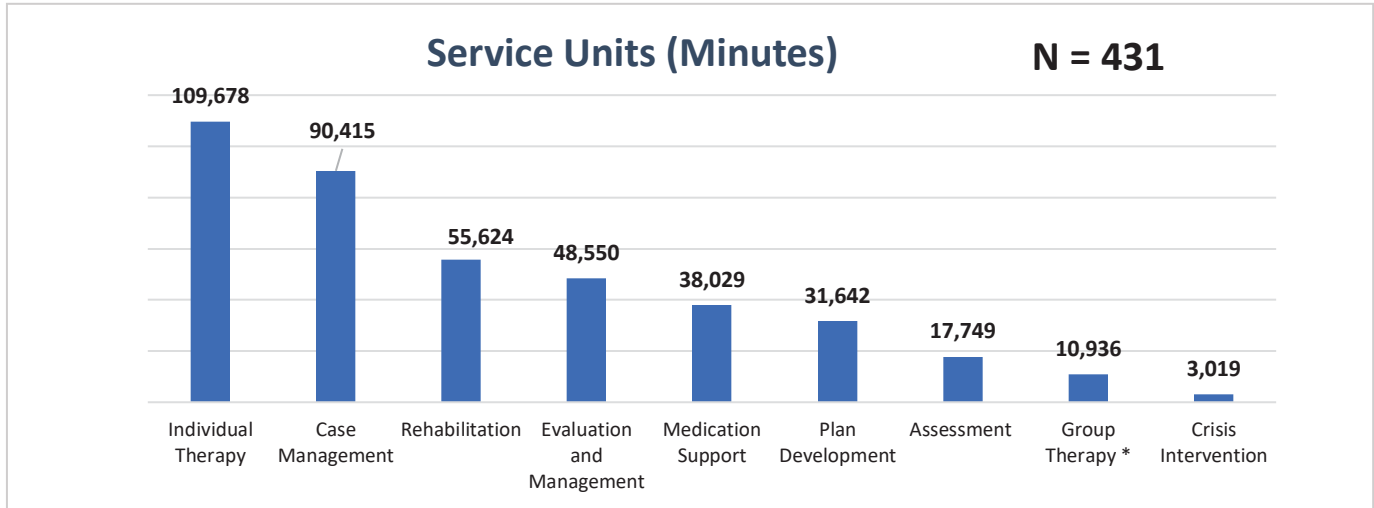
The charts provide demographic information and where N does not equal to 431, it is due to data entry gaps.

#### Program Description

The Transitions Program focuses on a client-driven model with services including psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. Clinicians and case managers also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas.

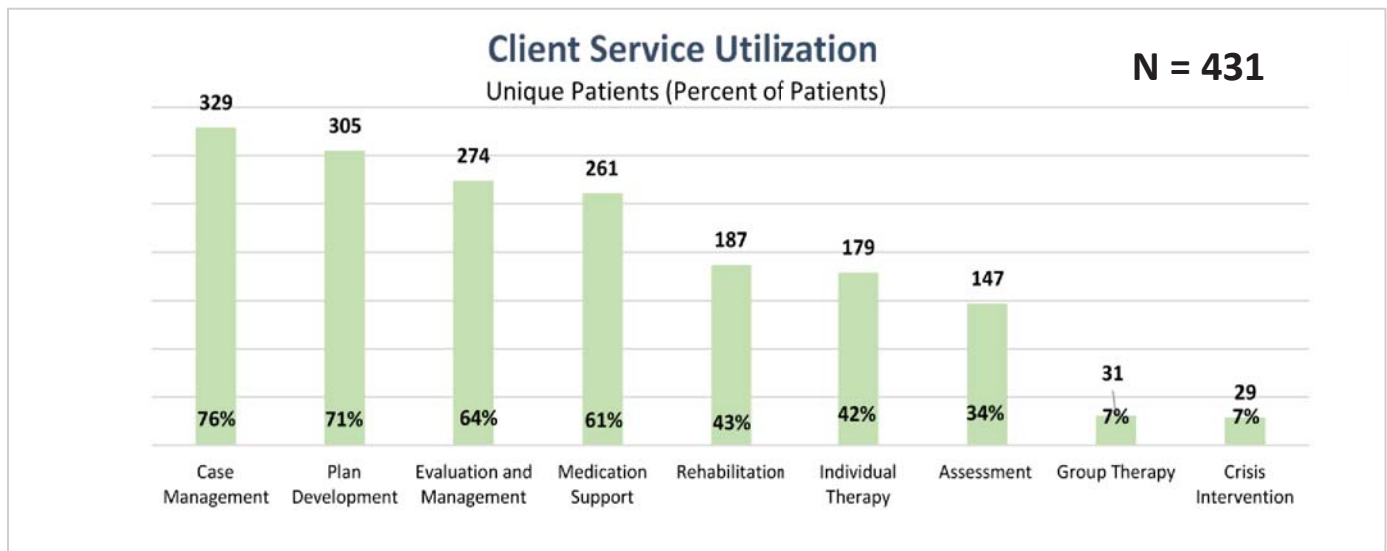
## Program Highlights

Of the 431 clients served, 329 (76%) received case management, 274 (64%) received evaluation and management services, 261 (61%) received medication support, 187 (43%) received rehabilitation services, 179 (42%) received individual therapy, 31 (7%) received group therapy, and 29 (7%) received crisis intervention. The overall profile of services provided is depicted in the graphs below.



\* Total group therapy units are divided by the number of clients attending each session. Billed units per client does not represent total units of service received per client.

In FY18-19, the Transitions Program collected quality of care data via the Ventura County Outcomes System (VCOS). Client self-reported data was collected for 50% of the active cases in the fiscal year; staff-reported data was collected for 49% of the active cases. Future analysis of outcomes from the collected data is planned.



## Successes

The program successfully supported TAY clients into the new Mental Health Coop that supports TAY to obtain and retain employment. This is a partnership with Department of Rehabilitation and PathPoint. TAY have successfully graduated out of the program, as they have obtained and retained the employment.

The program successfully supported clients to connect with community organization to obtain volunteer positions.

A TAY client was able to secure long-term housing with the support of a case manager.

## Challenges and Mitigation

The program experienced challenges with housing options/support for TAY clients and engaging clients into treatment.

## FY 19/20 Program Impact

No changes planned.

## FY 20/21, 21/22, 22/23 Program Impact

No changes planned.

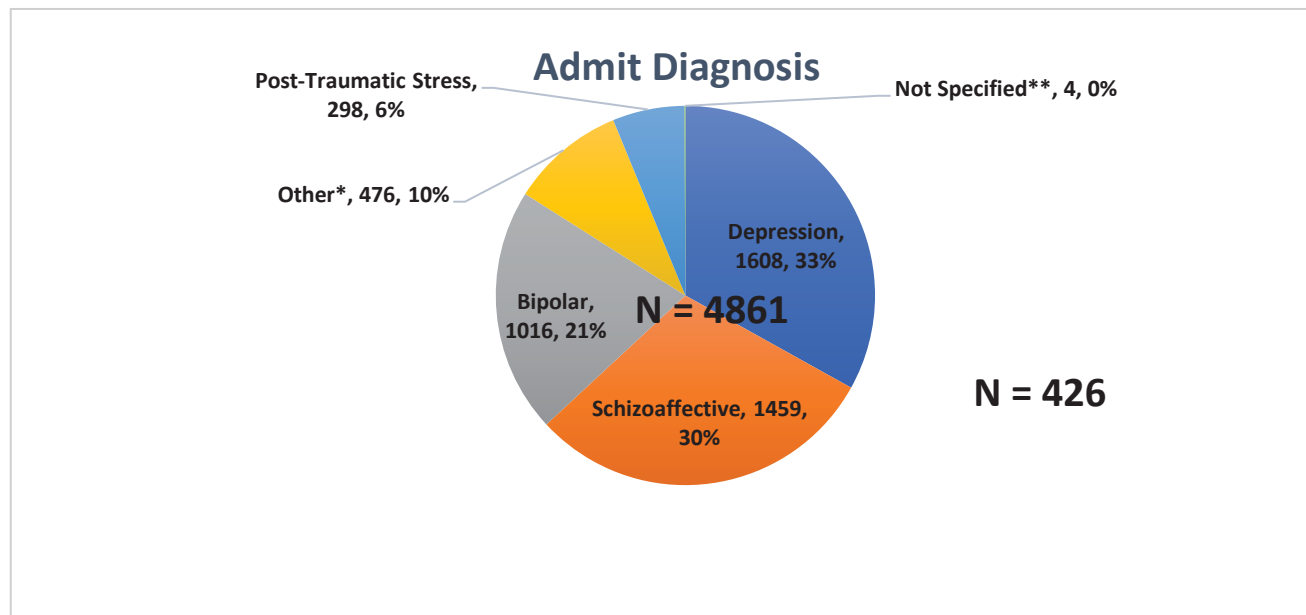
## Community Services and Supports (CSS)

### 4.1.3.7 GSD 7: Ventura County Behavioral Health Adult Treatment System (Non-FSP)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$19,192,276		Cost per Participant (FY 18/19)	\$4.035
FY 18/19 # Served	4878		FY 19/20 Fiscal Allocation	\$21,226,448

#### Population Served

The adult treatment system provides a continuum of services to adult behavioral health consumers with a Serious and Persistent Mental Illness (SPMI).



#### Program Description

These services are provided at outpatient clinics in Ventura, Oxnard, Santa Paula, Thousand Oaks, Simi Valley and South Oxnard. Services are also provided in the community, in the home and within residential placements as needed to serve consumer needs. Services are provided based on the level of acuity, engagement with services, and the needs of the consumers. Services may include individual and group therapy, case management, medication support and peer support. Consumers are moved from one recovery track to another as their needs change.

Consumers who are engaged and actively working toward wellness and recovery are served by the non-FSP Adult treatment tracks where they are provided with medication services, individual and group therapy, and/or regular case management. More than 70% of clients served at the adult outpatient clinics are receiving services at this level. Additionally, VCBH has implemented several evidence-based practices to increase the provision of



group services to consumers, including “Seeking Safety,” Life Enhancement Training (LET), social skills for clients with psychosis (CORE), and Cognitive-Behavioral Therapy (CBT) for anxiety, depression, and co-occurring disorders. Currently, a total of 60 groups are available every week at the outpatient clinics, and more than 300 consumers are served on average per week. Also, VCBH has embarked on training all clinicians in CBT as the Individual Treatment Modality of choice.

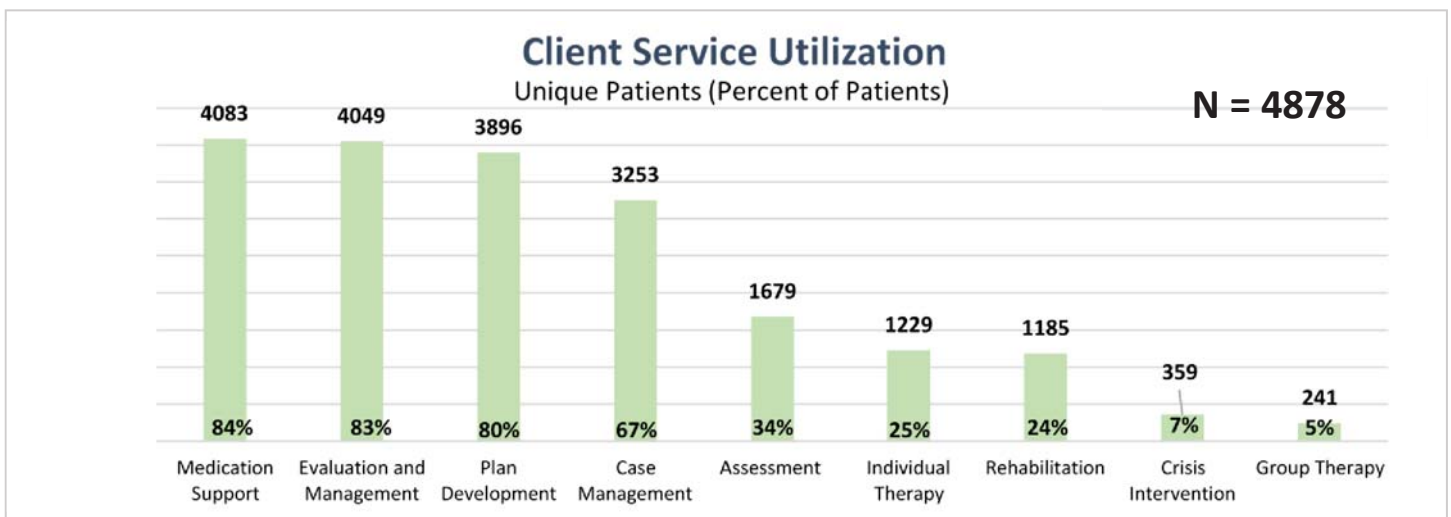
Each clinic is staffed with a multi-disciplinary team that provides a wide array of services designed to treat severe symptoms of mental illness and assist individuals and their families in living successfully in the community. Each clinic provides psychiatric assessment, medication services, psychological testing, individual and group therapy, crisis intervention, rehabilitation services, and case management services.

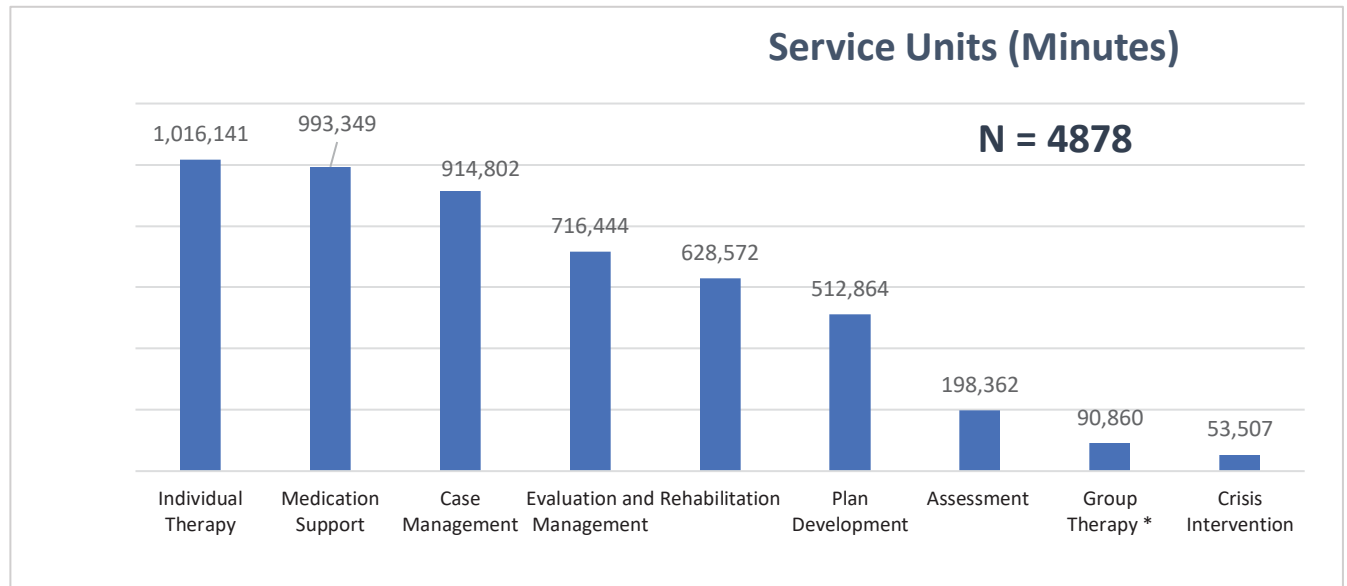
In addition, the outpatient programs assist individuals in obtaining employment, accessing medical care, treatment for addictions, socialization programs, and safe and secure housing as available.

### Program Highlights

Of the 4878 clients served, 4083 (84%) received medication support, 4049 (83%) received evaluation and management services, 3253 (67%) received case management, 1229 (25%) received individual therapy, 1185 (24%) received rehabilitation services, 359 (7%) received crisis intervention, and 241 (5%) received group therapy. The overall profile of services provided is depicted in the graphs below.

In FY18-19, the Adult Treatment clinics collected quality of care data via the Ventura County Outcomes System (VCOS). It was found that client self-reported data was collected for 60% of the active cases in the fiscal year and staff-reported data was collected for 52% of the active cases. An analysis was conducted to establish the current state of data availability, especially with respect to paired data, and where there was paired data, outcomes for self-reporting were calculated. Outcomes for clinician reporting were not analyzed in this study since there was more paired data available for the self-reporting assessments. A summary of findings is found at Appendix C - VCBH Outcomes and Study Results. Future analysis of outcomes from the collected data is planned and will inform implementation practices for new assessments being introduced into the clinics.





## Successes

### ***Ventura Adult Clinic:***

The successful evacuation of bed bug infested board and care took place. With the help of community care licensing, community providers and law enforcement, the clinic evacuated 40 at-risk clients to the Armory to treat the facility for bed bugs over a 5-day period.

Staff made themselves available to support people during the Woolsey Fire and provided crisis services for the Borderline Shooting. The Older Adult group as well as the Transitional Age group focused on challenges associated with those specific populations.

The clinic successfully supported a homeless client who required hospitalization find a community partner that specifically helps homeless clients with animals and fosters them while the person is in the hospital.

The clinic also assisted a client with cancer diagnosis in getting permanent supportive housing.

### ***North Oxnard Adult Clinic:***

There has been an increase in family/social support involvement with treatment. This includes having meetings with family members to address post-psychiatric hospitalizations and managing risk.

### ***Santa Paula Adult Clinic:***

The clinic has successfully implemented an Access Project that focused on improving access to mental health services. This including creating a walk-in process for potential clients, training staff to complete Request for Service (RFS) forms. The project served as the Non-Clinical Performance Improvement Project with EQRO.

A staff from the clinic was recognized by BHAB for his creative work with clients in Santa Paula. This staff embraced the concepts of wellness and recovery in helping clients become more connected in meaningful activities in the community.

The clinic has implemented family support groups, one in English and Spanish.

The clinic held the Santa Clara Valley Latino Services Stakeholder meeting where community members and stakeholders addressed access and treatment for the Latino community.

***South Oxnard Adult Clinic:***

There was a reorganization of treatment teams going from 2 large treatment teams to 3 smaller teams that allowed for improved management and monitoring of clients. These smaller teams will be used to address FSP and higher acuity clients with greater oversight and accountability, yet not sacrificing the non-FSP clients.

Staff participated in the Disaster Response to fires and the Borderline shooting. This included going out to the shelters and attending the debriefing sessions.

A clinic staff worked with MICOP's Promotoras Project and provided clinical support in their outreach and engagement services by meeting with staff monthly.

There were several clients that were successfully enrolled with the Growing Works Project while enrolled for mental health services at the clinic. The feedback was positive as clients take another step in their Wellness and Recovery process.

***Conejo Adult Clinic:***

The clinic successfully assisted a client obtain/retain employment and permanent housing after the client had lost employment, housing, and car.

A client who was struggling with substance use was assisted by a case manager to connect to resources to manage substance use issues and is now successfully attending and leading AA groups. The client is also engaging in the many groups the clinic offers.

Staff worked closely with clients that were affected by the Woolsey Fire and Borderline shooting.

***Simi Valley Adult Clinic:***

More groups have been added at the clinic to assist clients in receiving the much-needed support.

**Challenges and Mitigation*****Ventura Adult Clinic:***

The clinic is experiencing staffing shortages due to hiring freezes and inability to fill positions such as psychologists. To mitigate the challenges, requests have been made for temporary employees. The clinic has also been willing to take on Mental Health Associate (MHA) and MSW interns to help fill vacant spaces to serve clients better.

***Santa Paula Adult Clinic:***

Lack of consistent psychiatric staffing continues to be a challenge in the clinic.

***South Oxnard Adult Clinic:***

The utilization and management of Telepsych services continues to be a challenge for both staff and clients since there has been an increased need to support clients in the Telepsych process. The staff reorganized their schedules to provide clients and physicians with the support needed.

**FY19/20 Program Impacts*****Ventura Adult Clinic:***

Partnering with agency programs, the clinic will work to support difficult-to-engage clients in getting access to care in a timelier manner. The clinic plans to hire a Behavioral Health Clinician (BHC) IV to partner with the Clinic Administrator (CA) to help with clinic and administrative tasks and adding additional psychiatric evaluations to doctors' schedules to improve service time and client care.

***North Oxnard Adult Clinic:***

There will be an Access Pilot project implemented in the clinic to improve access to mental health services by January 2020.

***Santa Paula Adult Clinic:***

The clinic is looking into how to better serve clients that reside in Fillmore and must travel to Santa Paula for mental health services.

The clinic will be starting a second CBT group for clients in Spanish.

The clinic will be fine tuning the implementation of HMIS and balancing the demands without impacting current caseloads.

The clinic will be exploring opportunities to use acuity as a tool to balance caseloads and distribute cases among staff.

***South Oxnard Adult Clinic:***

The clinic has implemented an access process to decrease time to service. The clinic has been trained on completing Request for Service (RFS) forms and implemented a process to allow “walk-in” clients into the clinic and request mental health services. This will likely impact staff caseloads and will be monitored.

**FY1 20/21, 21/22, 22/23 Program Impacts*****Ventura Adult Clinic:***

Continue to accomplish the following:

- Develop groups that will support clients’ ongoing needs in the changing community/world.
- Ensure that the services provided match the acuity of clients’ needs.
- Support staff in appropriate training and development to work with clients with severe and persistent mental illness.
- Explore opportunities for client engagement through planning special events hosted by the clinic to appreciate the clients, showcase their strengths and foster clients’ feeling of connectedness to the clinic as a part of their community in a positive manner.

## Community Services and Supports (CSS)

### GSD – Peer Support

The section below describes the services under the General System Development category that utilized peers to provide services. The programs are described below along with data summaries.

#### 4.1.3.8 GSD-8: Quality of Life (QoL) Improvement

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$ 335,114	Cost per Participant (FY 18/19)		\$1,283
FY 18/19 # Served	260	FY 19/20 Fiscal Allocation		\$ 333,779

#### Population Served

Adults who are living in board and care/supported housing facilities with serious and persistent mental illness (SPMI).

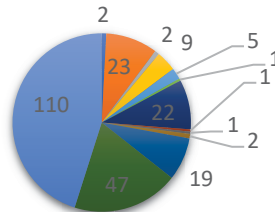
#### Program Description

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

## Program Highlights

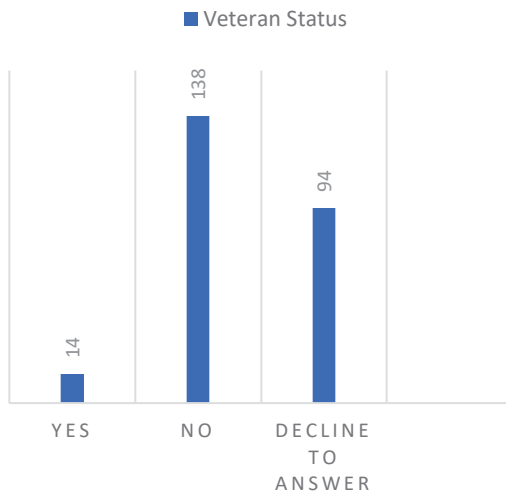
The charts below display the demographic summary for those served under QOL where N=246; however, participants may check more than one box, decline to answer, or skip questions so not all totals will add up to 100 percent.

### Ethnicity

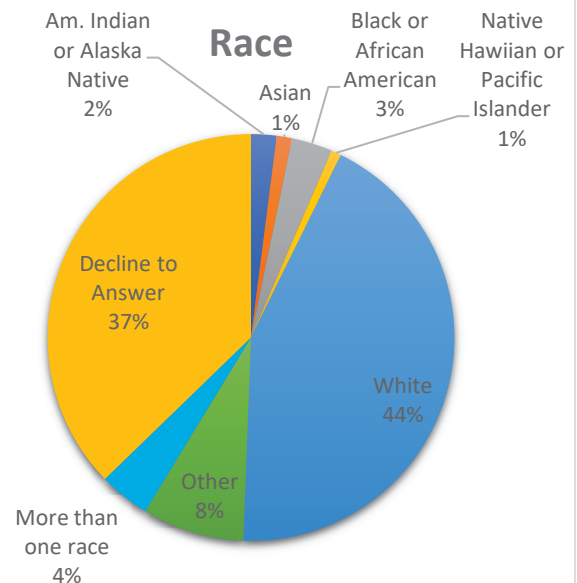


- Central American
- Mexican/Mexican American
- Puerto Rican
- Other Hispanic/Latino
- African/African American
- Eastern European
- European
- Japanese
- Korean
- Middle Eastern
- Other
- More than 1
- Declined to Answer

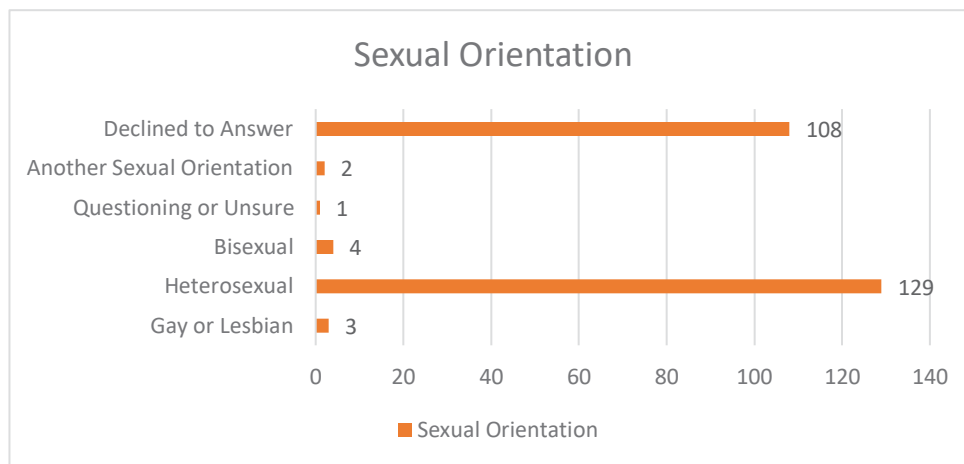
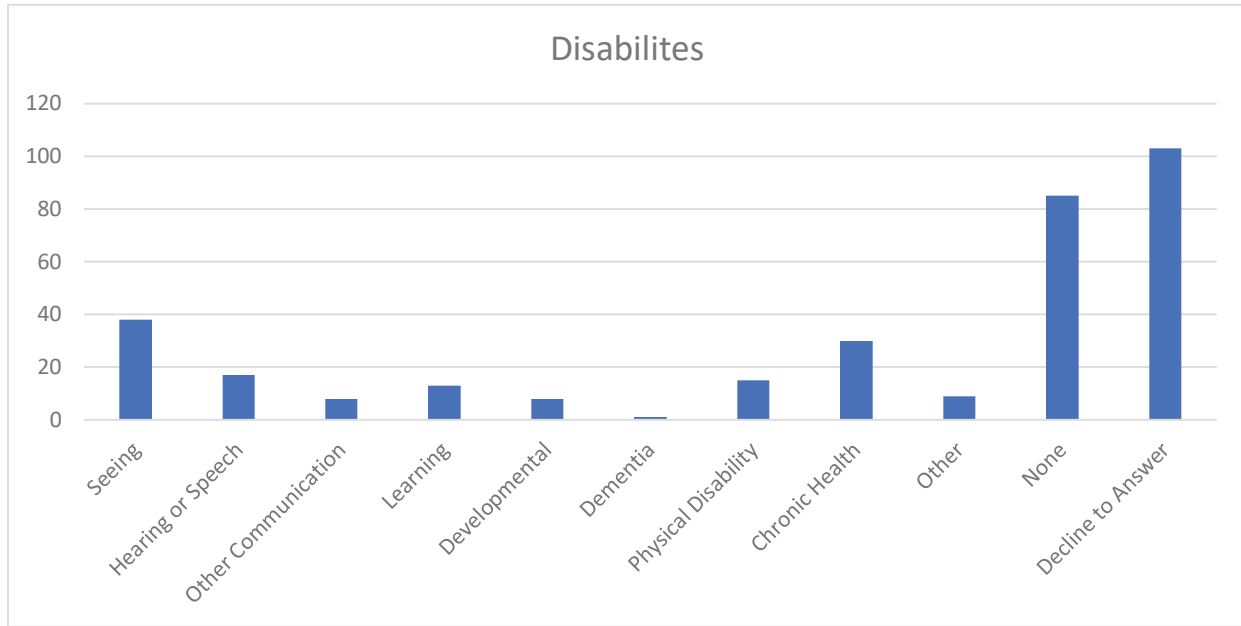
### VETERAN STATUS



### Race



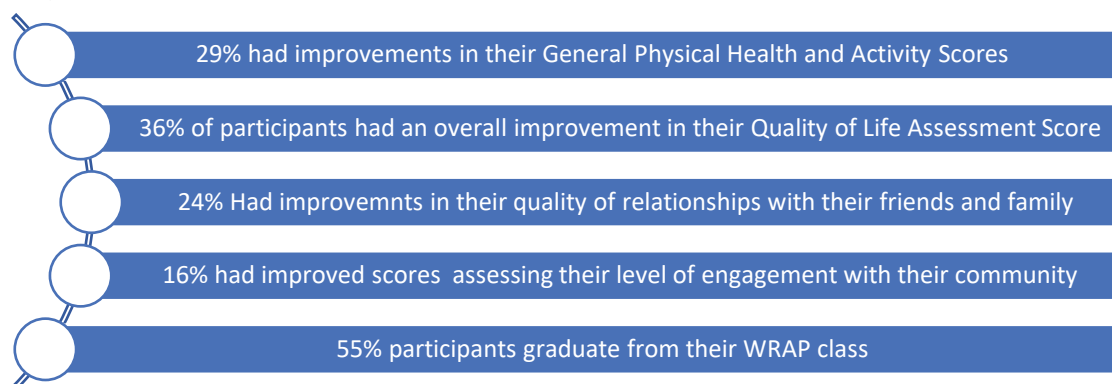




Below are graphics representing outcomes from QoL.

In addition to the demographic information collected, QOL tracked activities. There were 1469 one-on-one interactions with residents, 150 Recovery Classes, 673 group activities including in the areas of the Arts, Health, Cognitive and WRAP.

With respect to outcomes measurement, there was a new outcomes measure introduced this year. Preliminary results are presented below.



Participants take a modified version of the Wisconsin Quality of Life assessment twice a year. Those results are paired to measure any improvements in the categories of General Health, Social Connectedness, and Overall Quality of Life. A more in-depth evaluation of the assessment is in process and will be reported next year. The results are tabulated from a total of 60 paired participants.

Surveys are administered bi-annually for a duration of 30 days to capture Client Perception and Satisfaction. The results are outlined below, N=106.

	% That Agree
Staff were sensitive to my cultural background.	80%
Services were available in my preferred language	92%
I was able to get connected to services I thought I needed.	78%
Overall, I am satisfied with the services I received.	83%
I would recommend these services to a friend or family member.	86%
<b>As a result of this program...</b>	
I am happy with the friendships I have	74%
I have people with whom I can do enjoyable things.	75%
I do better in social situations.	62%
My housing situation has improved.	55%
I feel I belong in my community.	66%
I feel better about myself.	74%
I am better able to handle things when they go wrong.	67%

## Successes

- Member FG has been attending classes and outings with the QOL program. He has mentioned that after attending the groups he has been able to advocate for himself more. He copes better with his depression and has just recently lowered his medication per his doctor. He is feeling much better being able to have more energy now that he no longer has to take any many depression medications
- Member CG got housing and moved out of River Haven. He was able to find his own apartment. He completed WRAP with the QOL program and mentioned before he left that each session of WRAP that he took has motivated him to do better for himself and give him the courage that he can do it.
- Member TH continues to grow in his recovery. He attends mostly all the QoL groups during the week and loves to participate in the outing on the weekend. He just recently shared that he likes to say the peer staff are a part of his family because they have been so helpful when he has his bad days.
- Member BN has recently got a job at a grocery store down the street from his home. He helps to stock the shelves. The Quality of Life staff were able to walk with him to this store to help him with his resume. He shared he is loving his job and hopes to stay there for a while.

## Challenges and Mitigation

None.

## FY 19/20 Program Impacts

No changes.

## FY 20/21, 21/22, 22/23 Program Impacts

No changes.

## Community Services and Supports (CSS)

### 4.1.3.9 GSD-9: The Client Network (CN)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$ 52,258	Cost per Participant (FY 18/19)		\$348
FY 18/19 # Served	158	FY 19/20 Fiscal Allocation		\$ 72,523

#### Population Served

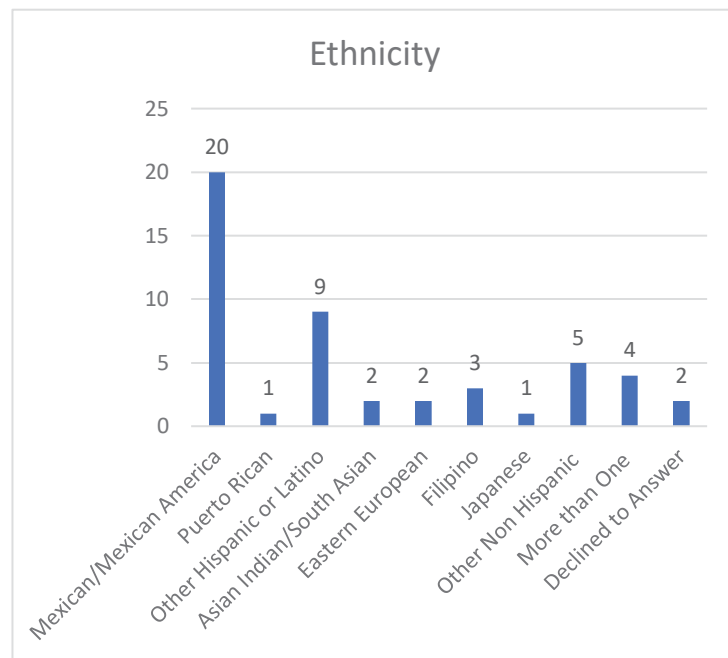
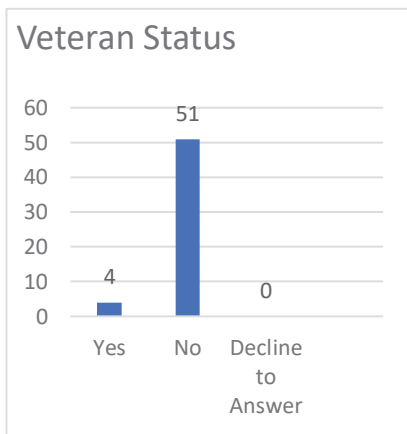
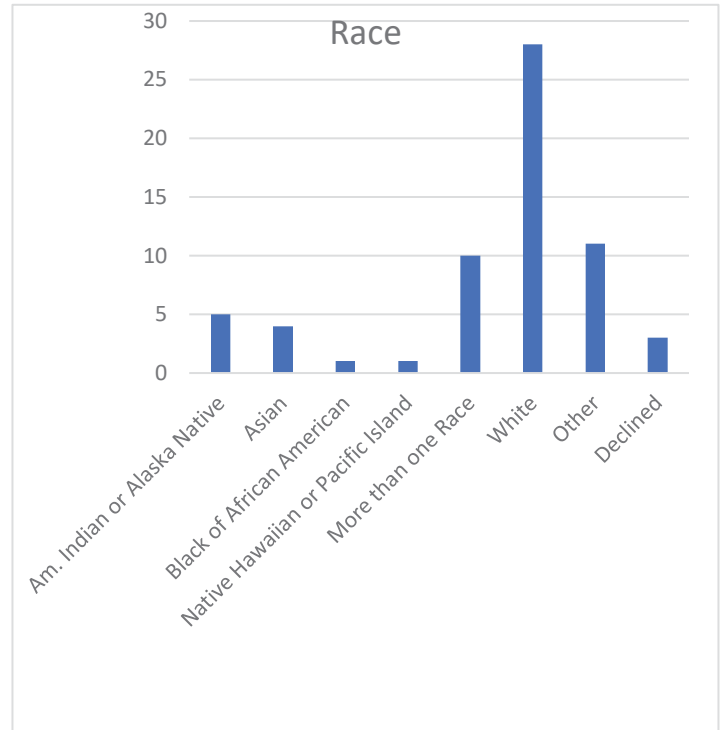
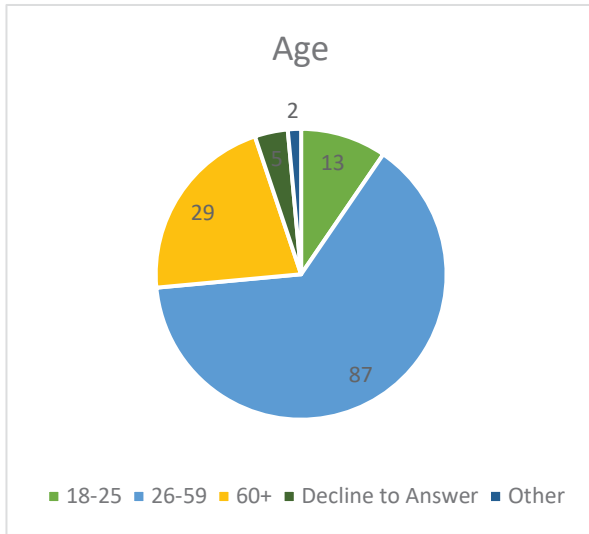
Adults diagnosed with Serious and Persistent Mental Illness (SPMI) who are in recovery.

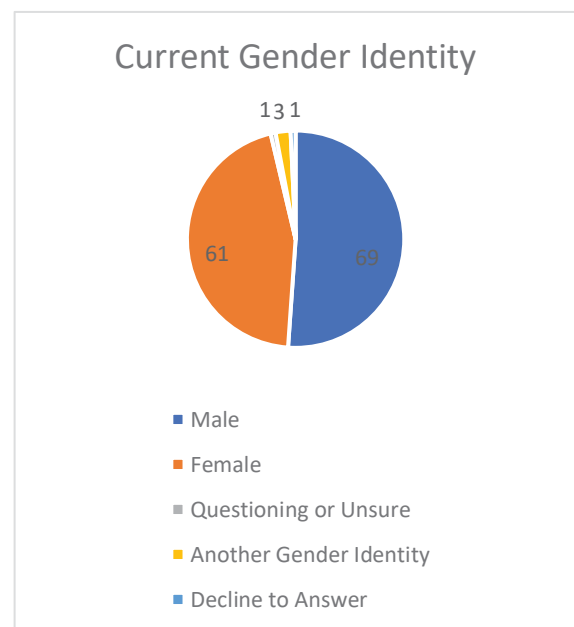
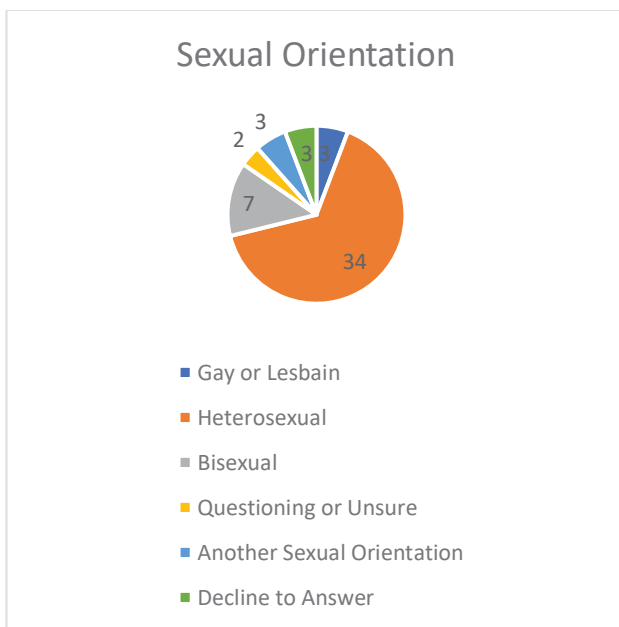
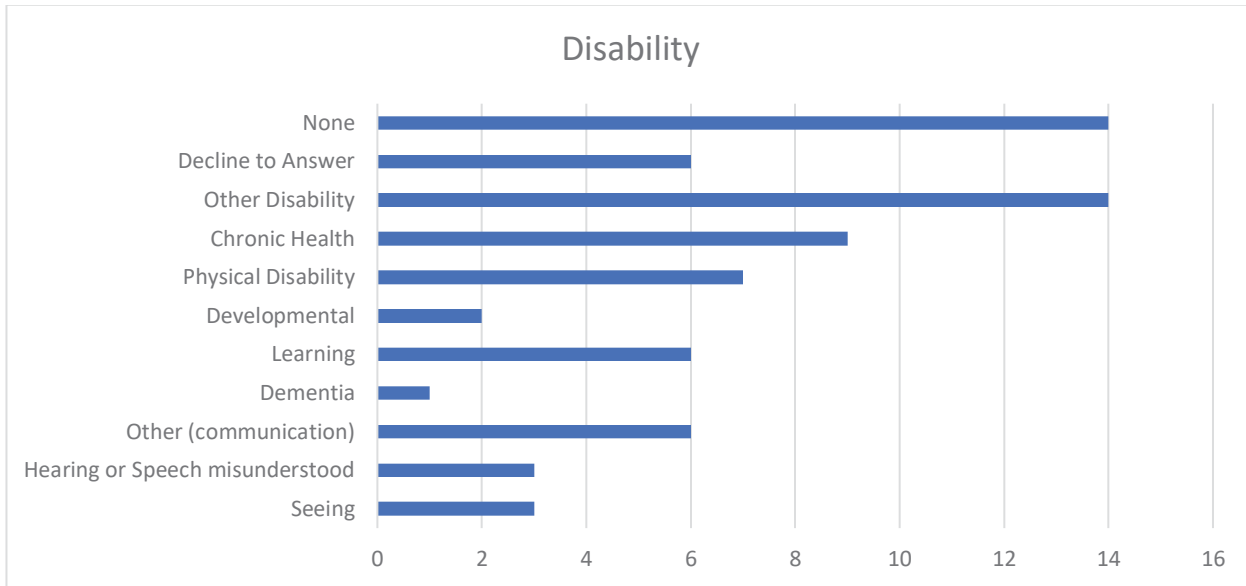
#### Program Description

The Client Network is a peer-run advocacy organization with a client-centered approach to mental health recovery. It empowers clients to become full partners in their unique treatment and recovery journeys. The Client Network advocates for consumers by promoting measures that counteract stigma and discrimination against mental health recipients through increasing client representation, involvement, and empowerment at all levels of the mental health system. The Client Network promotes hope, respect, personal empowerment and self-determination through client-driven mental health services and programs. Members participate in stakeholder groups, meetings, workshops, and conferences, the Client Network actively contributes to shaping mental health policy and programming at the local and state level. Clients present at meetings, workshops, and conferences (for which they also provide financial sponsorship) where their voices have not traditionally been heard. The program includes peers that provide individual client support, resources and referrals, and collaboration with community partners. The tables below are a summary of the Client Network demographics and activities. Additional peer lead one-on-one support services and system navigation is being added in FY 19/20.

#### Program Highlights

The following charts illustrate the demographic summary those served during FY 18/19. N=136 however participants may check more than one box, decline to answer, or skip questions so not all totals will add up to 100 percent.





The tables below show a breakdown of type of contact made along with the corresponding quantities and number of activities, along with client supportive services provided.

One on One Support Services	Totals
Total Contacts	52
Walk-ins	13
Referrals	3
Phone	23
Field Visit	13



## Activities and Services for FY18-19

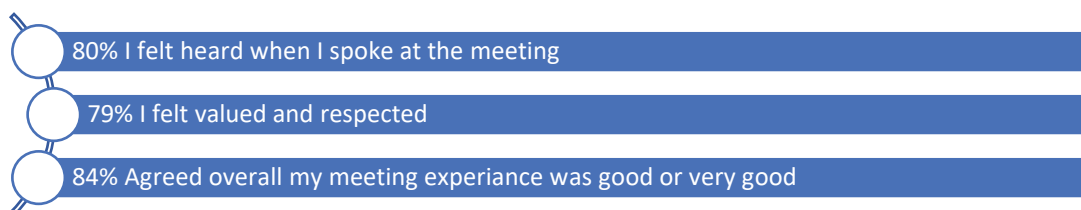
Program Activities and Reach	Participant Supportive Services
<b>187</b> program participants (duplicated)	<b>1215</b> bus passes distributed
<b>158</b> Unduplicated members	<b>34</b> gas cards
<b>44</b> New Members added	<b>120</b> advocacy activities local, regional, and state level
<b>51</b> unique participants receiving one on one support in the field or at home.	<b>17</b> individuals sent to be advocates at <b>8</b> different conferences

This program distributes satisfaction surveys twice yearly for a duration of 1 month each time. These Client Perception and Satisfaction Survey Results\* are shown in the table below. N=17

	% That Agree
Staff were sensitive to my cultural background.	68%
Services were available in my preferred language	68%
I was able to get connected to services I thought I needed.	62%
Overall, I am satisfied with the services I received.	56%
I would recommend these services to a friend or family member.	68%

\*Survey is an MHSA regulation and Client Network is advocacy oriented not services oriented. Many of the questions had a not applicable or neutral responses which slightly skew the percentages to be lower.

In addition to the above, Client Network collects feedback on their monthly meetings at the conclusion of each meeting. The results are shown below. N=25



Comments are also solicited, and an example is below:

*"I get more hope here (monthly general meeting) in the 1 ½ hours than anywhere else Thank you for all that you do!" -Consumer*

### Challenges and Mitigation

None.

### FY 19/20 Program Impacts

Services will be expanded in 19/20 to allow for additional one on one peer services, system navigation, and support groups.

### FY 20/21, 21/22, 22/23 Program Impacts

No changes.

## Community Services and Supports (CSS)

### GSD- Peer Service Coordination and Case Management

Another aspect of General System Development component is peer services coordination and case management. VCBH presently employs the following 2 programs to accomplish this purpose. They are described below, along with a summary of activities and results.

#### 4.1.3.10 GSD-10: Transformational Liaison

Status	<input type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$ 56,542	Cost per Participant (FY 18/19)		\$242
FY 18/19 # Served	234	FY 19/20 Fiscal Allocation		\$ 0

#### Population Served

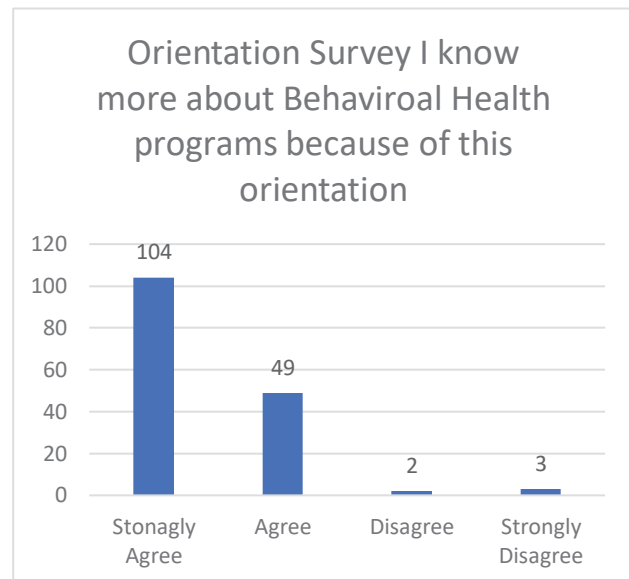
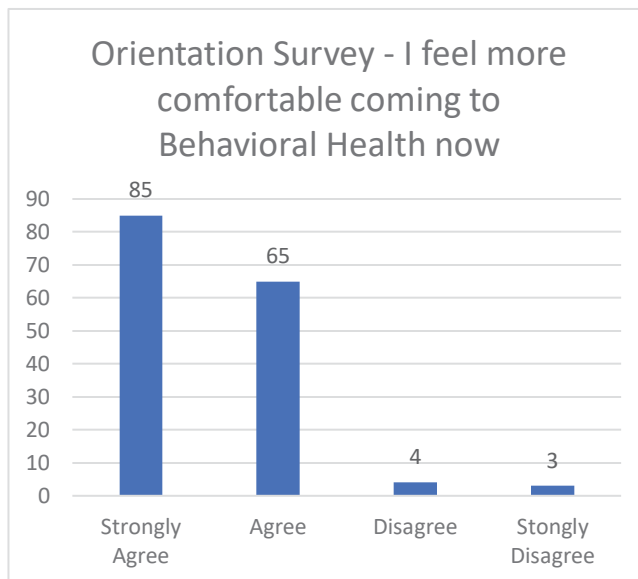
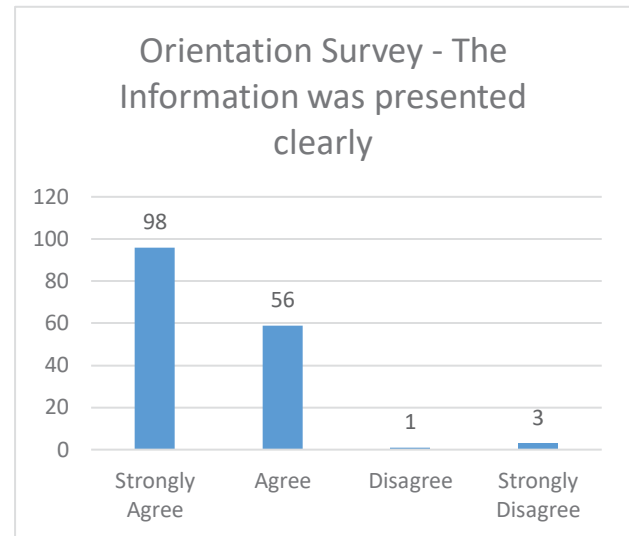
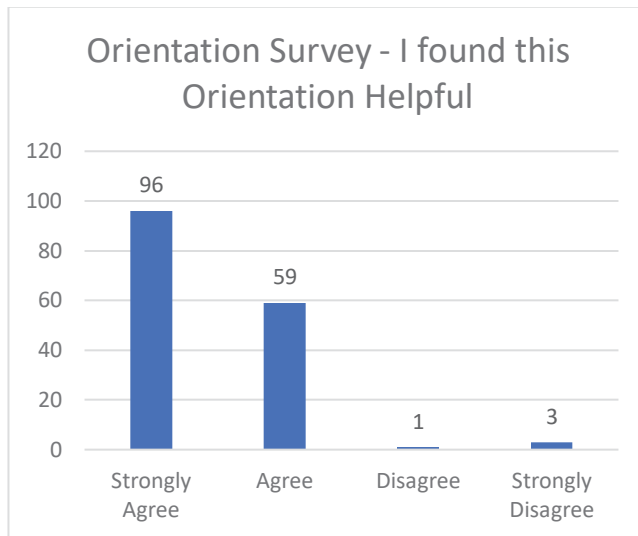
SPMI seeking or receiving treatment and their families.

#### Program Description

Transformational Liaison includes individuals with personal experience within the mental health system as clients or family members. They provide advocacy, resource development, represent the consumer and family perspective within the mental health system, and most importantly serve as liaisons between the County, client, family member, and community. The Transformational Liaison is responsible for providing orientations to clients and their family members who are new to the behavioral health system. These orientations serve to welcome clients and conducted at all adult clinics. They are also offered in Spanish. Additionally, the liaison mitigates general-support cases in the office, phone, and in the field to people as well as offering referrals to behavioral health and other resources. This program ended in its current state and elements of it were absorbed and broadened by the Client Network.

#### Program Highlights

This program served a total of 234 individuals and out of these, 33 received individual contact. The results of surveys administered during an orientation session are below. N=158 however participants may check more than one box, decline to answer, or skip questions so not all totals will add up to 100 percent.



### Challenges and Mitigation

None.

### FY 19/20 Program Impacts

This program will end in FY 19/20 with services to be folded into the Client Network Program.

### FY 20/21, 21/22, 22/23 Program

No changes.

## Community Services and Supports (CSS)

### 4.1.3.11 GSD-11: Family Access and Support Team (FAST)

Status	<input type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$942,100	Cost per Participant (FY 18/19)		\$2,512
FY 18/19 # Served	375	FY 19/20 Fiscal Allocation		\$ 949,851

#### Population Served

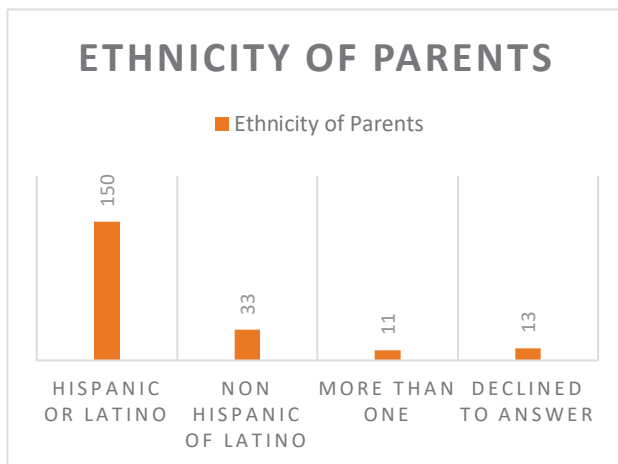
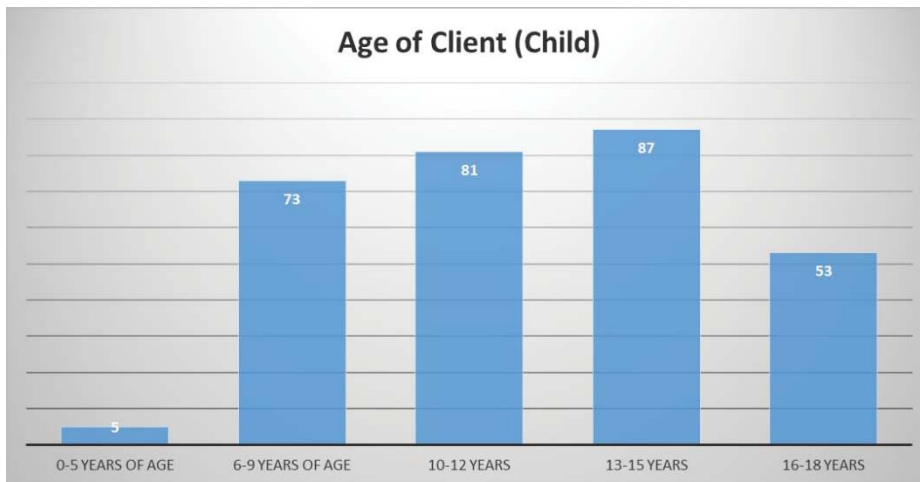
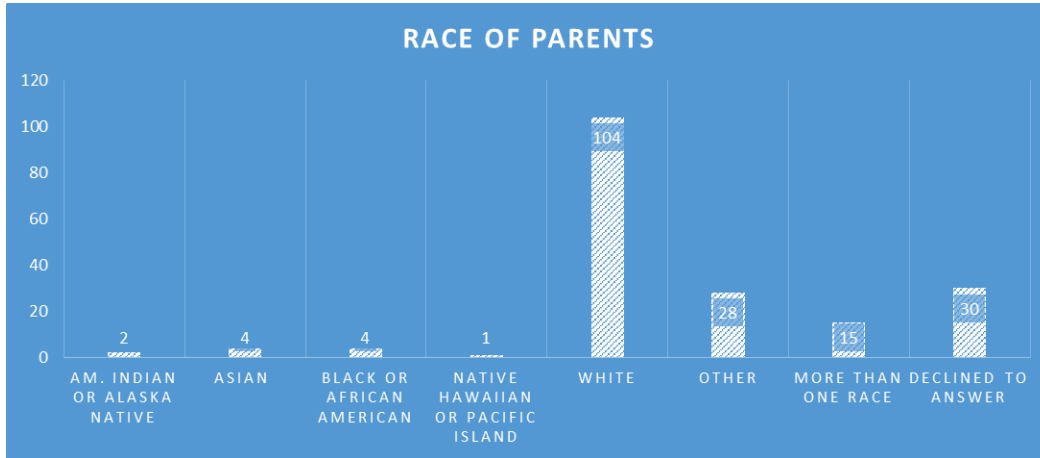
SED youth, adolescents, and their families

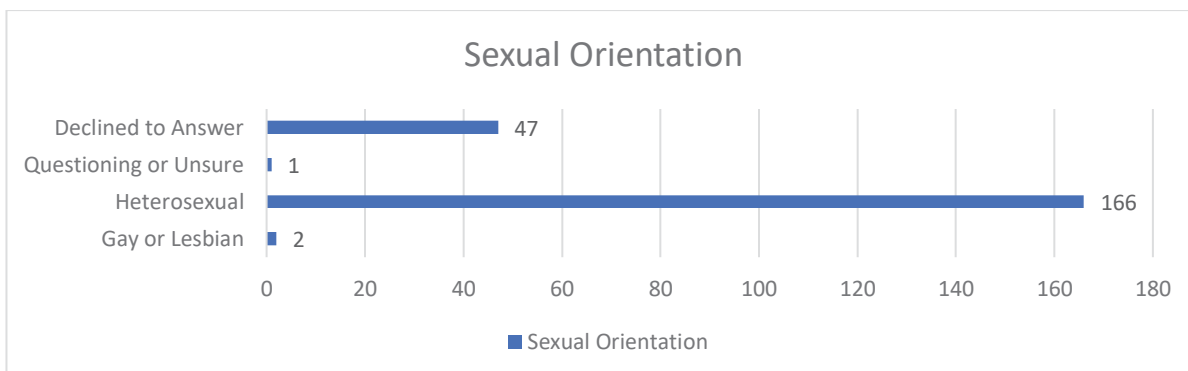
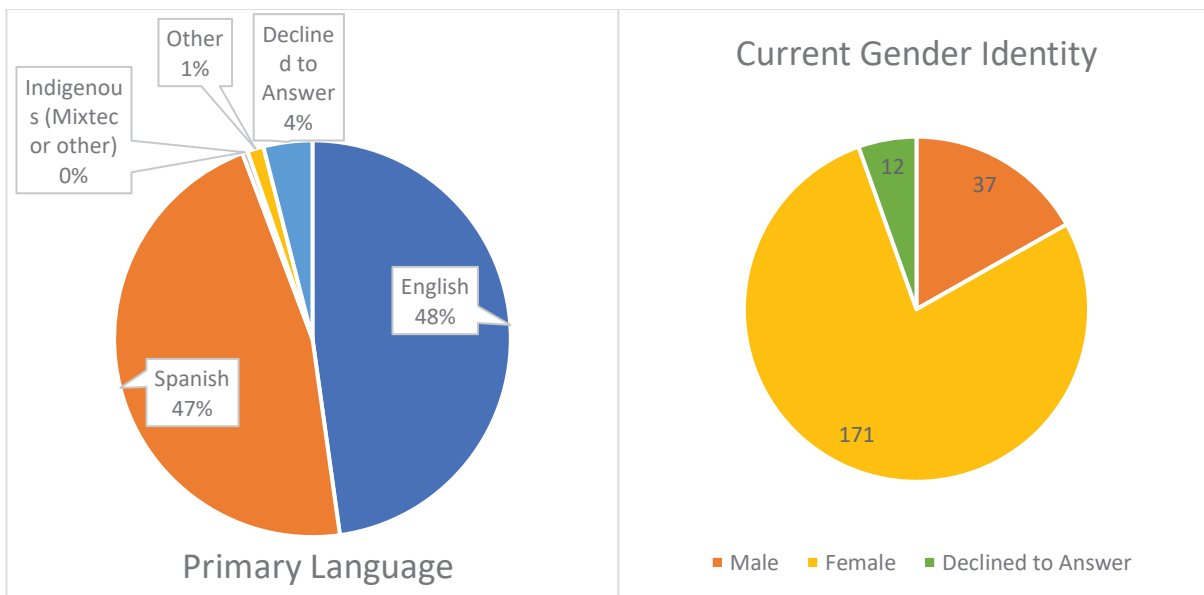
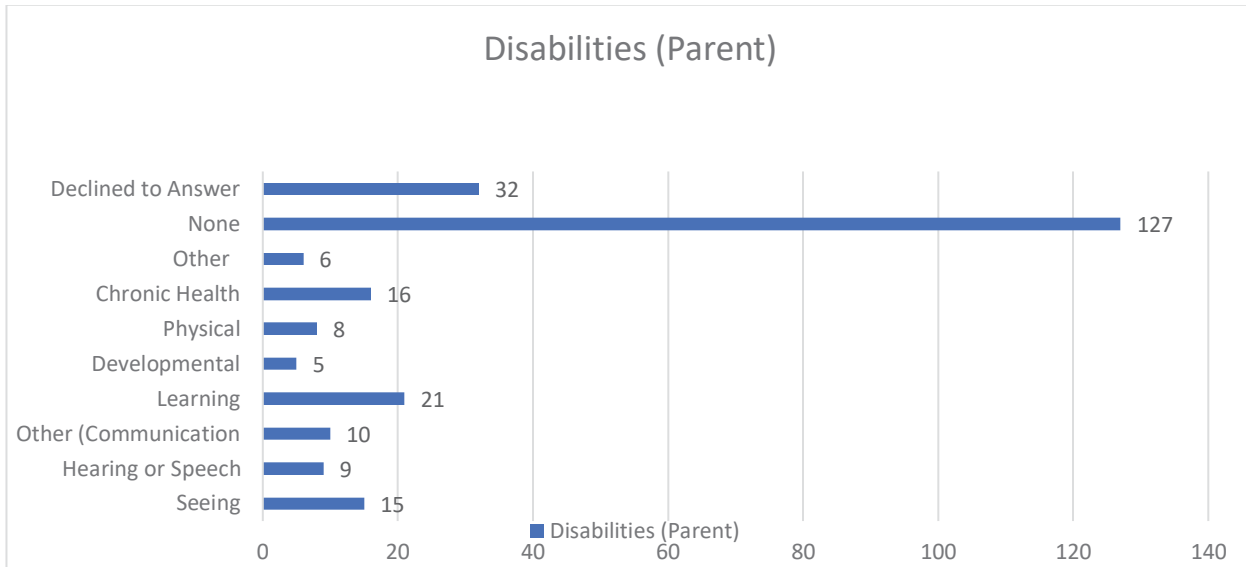
#### Program Description

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

#### Program Highlights

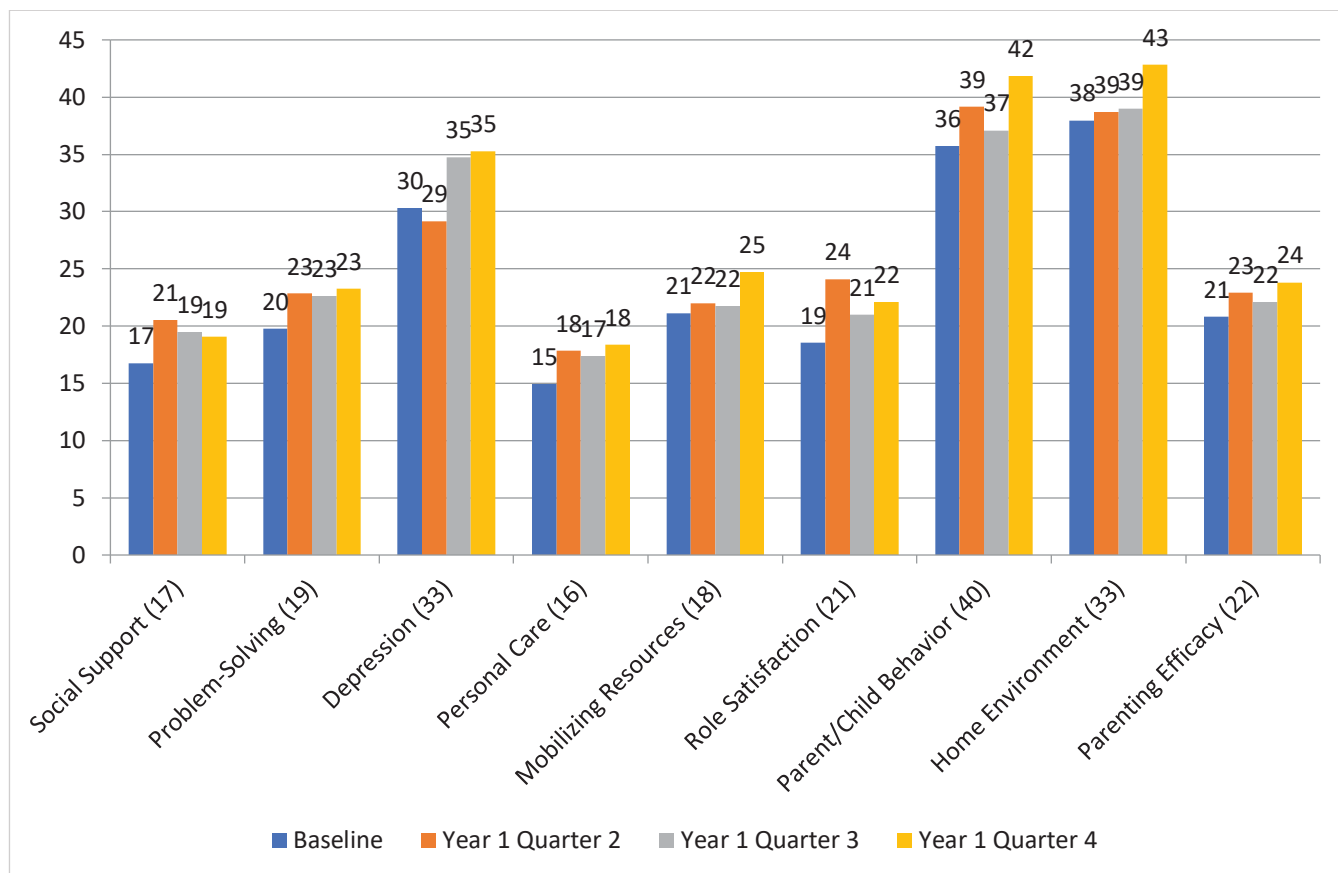
Below is the demographic information for those who were served and elected to fill out the demographic questionnaire. N=299 however participants may check more than one box, decline to answer, or skip questions so not all totals will add up to 100 percent.





Out of 375 unduplicated program participants, 186 were new during FY 18/19 and 159 additional community clients received access and linkage referral services.

The Health Family Parenting Inventory (HFPI) is the performance measure for the program and is used for assessing the parents. The HFPI is self-report instrument that measures nine parenting domains: social support, problem-solving, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, home environment, and parenting efficacy. The results are displayed below.



Surveys were also distributed to capture client satisfaction information. Below is a summary of results. N=83

	% That Agree
Staff were sensitive to my family's cultural background.	93%
Services were provided to my family in our preferred language	98%
My child was connected to services that were right for them	91%
Overall, I am satisfied with the services we received.	98%
I would recommend this program to a friend or family member.	97%



#### As a result of this program....

My child gets along better with family members	59%
My child gets along better with friends and other people	59%
My child is doing better in school	55%
My child is better able to cope when things go wrong	48%
My child is better able to do things he or she wants to do	64%
I am aware of when I need to ask for help for my child	91%
I know where to find help when my child is having a problem	92%
I believe treatment can help people with mental illness lead normal lives	90%
The parent partners are generally caring and sympathetic to people with mental illnesses	95%

#### Successes

None.

#### Challenges and Mitigation

None.

#### FY 19/20 Program Impacts

SAMHSA partially funds the FAST program and requires that counties go out for bid every five years. A Request For Proposal (RFP) will take place in FY 19/20 to comply with this requirement.

#### FY 20/21, 21/22, 22/23 Program Impacts

None.

## Community Services and Supports (CSS)

### 4.1.3.12 GSD-12: National Alliance on Mental Illness (NAMI) Education Services

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)
	<input checked="" type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	\$ 86,782	Cost per Participant (FY 18/19)	\$150
FY 18/19 # Served	580	FY 19/20 Fiscal Allocation	Moving to PEI

#### Population Served

SPMI individuals and their family members

#### Program Description

The Ventura Chapter of the National Alliance on Mental Illness (NAMI) provides three peer and family supported programs to the community:

- (1) Familia a Familia (FAF): FAF is a series of 12 weekly classes held in Spanish for the caregivers of those with a mental illness. The course provides psychoeducation as well as skill-building for self-care and peer support.
- (2) Provider Education Program (PEP): PEP is an evidence-based practice designed to educate those in direct service in the mental health field about the client experience.
- (3) Friends in the Lobby (FITL): FITL is a program where individuals who are experiencing a loved one being hospitalized for a mental health crisis greet others going through the same experience in the lobby of Hillmont Psychiatric Unit or Vista Del Mar. The NAMI staff members provide support and resources to visitors that engage in the program during a stressful time.

These programs are all designed to address the lack of knowledge about mental illness and to reduce stigma in accessing services. In addition to and support of these programs, NAMI hosts an annual holiday party for any and all individuals living with mental illness in the County.

Two additional programs were added in FY 2018/19. They will address knowledge about mental illness and stigma reduction. The programs are *In Our Own Voice* and *Family and Friends*, and they are reported in the PEI category

#### Program Highlights

This table below is a summary for the 3 programs described above.

Activities and Reach
580 (CSS only) program participants
15 professionals were trained in the PEP course
565 individuals were served by the FIL program
78 people preferred Spanish in the FIL program

### Successes

None.

### Challenges and Mitigation

The Familia a Familia program staff left during this year and NAMI was unable to find and train a replacement before the year end. The training takes time and the class takes 12 weeks to complete the combination of this scheduling resulted in no completed courses for FY 18/19.

### FY 19/20 Program Impacts

NAMI's pilot PEI services exceeded their goals and demand outpaced ability. NAMI will move into the PEI category and the Friends in the Lobby program will end.

### FY 20/21, 21/22, 22/23 Program Impacts

None.

## Community Services and Supports (CSS)

### 4.1.3.13 GSD-13: Client Transportation Program

Status	<input type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59) <input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$146,517	Cost per Participant (FY 18/19)	\$58
FY 18/19 # Served	2,534	FY 19/20 Fiscal Allocation	\$150,913

#### Population Served

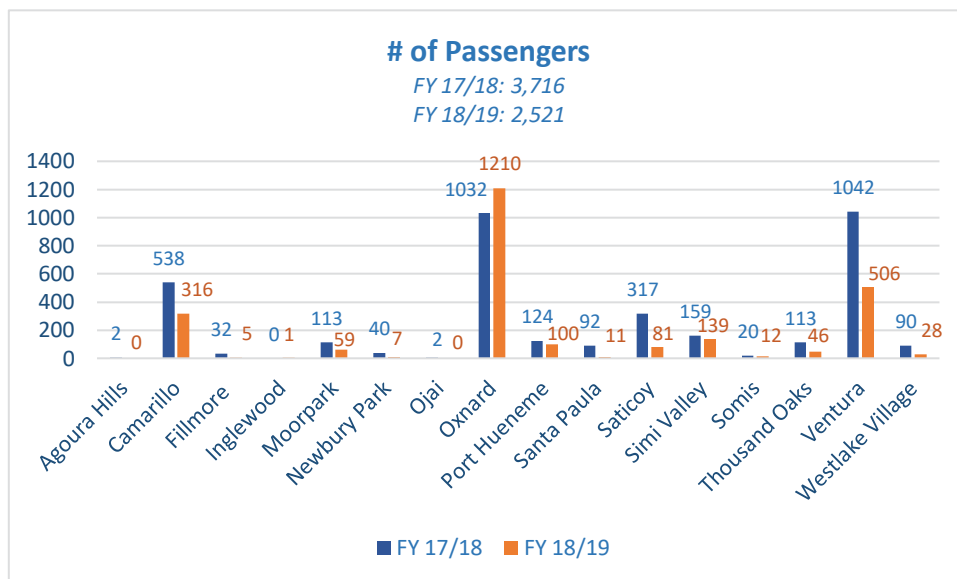
Adult clients of VCBH clinics across all Ventura County with Serious Persistent Mental Illness (SPMI) in need of transportation services.

#### Program Description

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

#### Program Highlights

The total unduplicated number served is 2,521 for FY 18/19. As compared to FY 17/18, there is a 32% decrease in the number served. The areas reflecting a significant contribution to this change are Camarillo (-41%), Saticoy (-74%), Ventura (-51%). Santa Paula (-88%), and Moorpark (-48%). The Oxnard area was the only city with an increase (17%).



### Successes

The transportation service facilitates clients keeping appointments due to the provision of door to door service to and from the clinics. This has led to a feeling of empowerment on behalf of clients since they do not have to rely on other for assistance.

### Challenges and Mitigation

None.

### FY19/20 Program Impacts

No changes.

### FY 20/21, 21/22, 22/23 Program Impacts

No changes.

## Community Services and Supports (CSS)

One of the MHSA principles includes linguistically appropriate services and is also an element of the General System Development component. There are several providers that VCBH employs to ensure that all clients have access to services in their required or preferred language.

### 4.1.3.14 GSD-14: Linguistics Competence Services

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$253,443	Cost per Participant (FY 18/19)		\$54
FY 18/19 # Served	4,685	FY 19/20 Fiscal Allocation, # To Serve		\$261,047

### Population Served

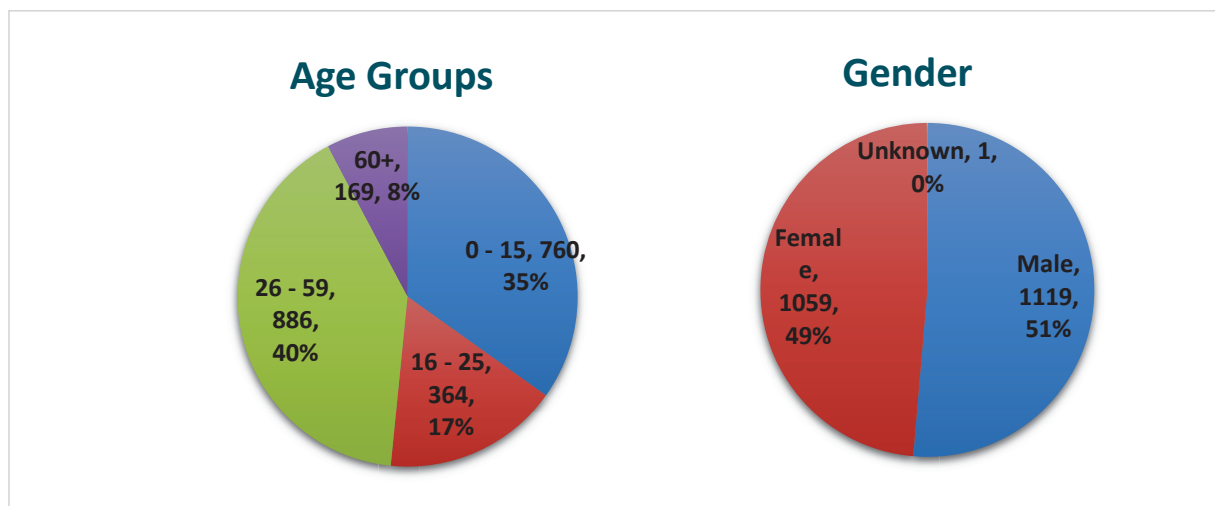
In accordance with applicable mandates and regulations, Ventura County Behavioral Health provides Language Assistance Services (LAS) to all persons and/or family members enrolled in Mental Health Services, including those individuals that may be participating in department sponsored stakeholder meetings. Between July 1, 2018 and June 30, 2019, the department recorded that 2,179 individuals received interpreter services. A further detailed breakdown of LAS is provided in the following sections of this report below.

### Description

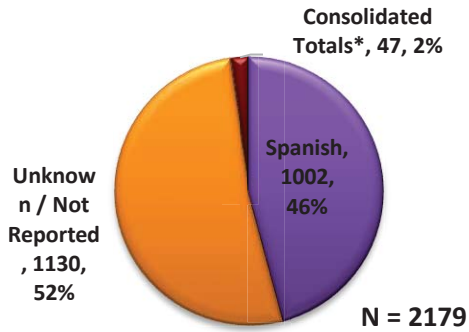
In FY 18/19, Ventura County Behavioral Health utilized a continuum of 6 independent Language Assistance Services contract providers to provide LAS to individuals and/or family members requesting services or identified as Limited English Proficient (LED) by department staff. The independent contract providers augment the primary delivery of LAS whenever the VCBH bi-lingual staff are unavailable to provide these services.

### Demographic Summary

Language Assistance Services were provided to all age groups. The 26-59 and 0-15 age groups were the highest utilizers, with 886 (40%) clients in the 26-59 age group and 760 (35%) clients in the 0-15 age group. There were 364 (17%) clients who were in the 16-25 age group and 169 (8%) clients in the 60+ age group. Utilization was equal between males and females, with 1119 (51%) clients of male gender and 1059 (49%) clients of female gender.



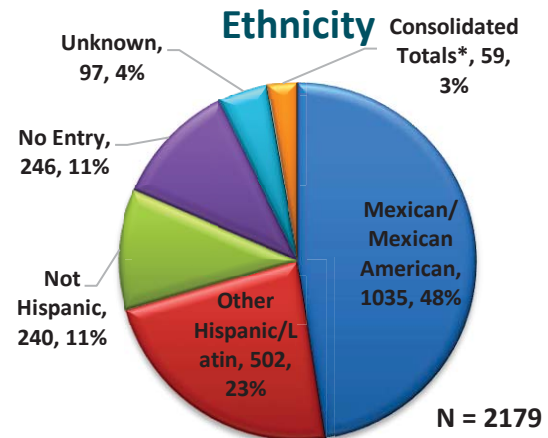
## Preferred Language



\*Other Non-English, Vietnamese, Farsi, American Sign Language (ASL), Tagalog, Cantonese, Cambodian, Thai, Samoan, Russian, Arabic, Ilocano, Korean

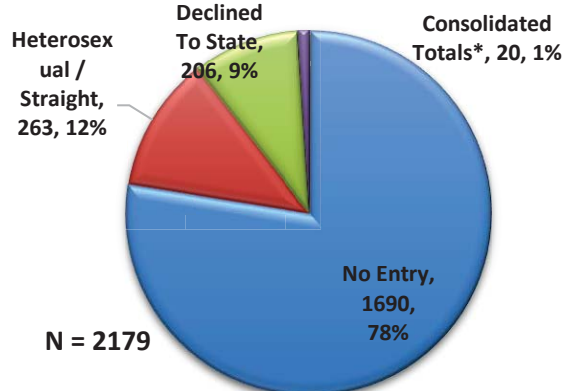
\*Mixteco, Puerto Rican, Cuban

## Ethnicity

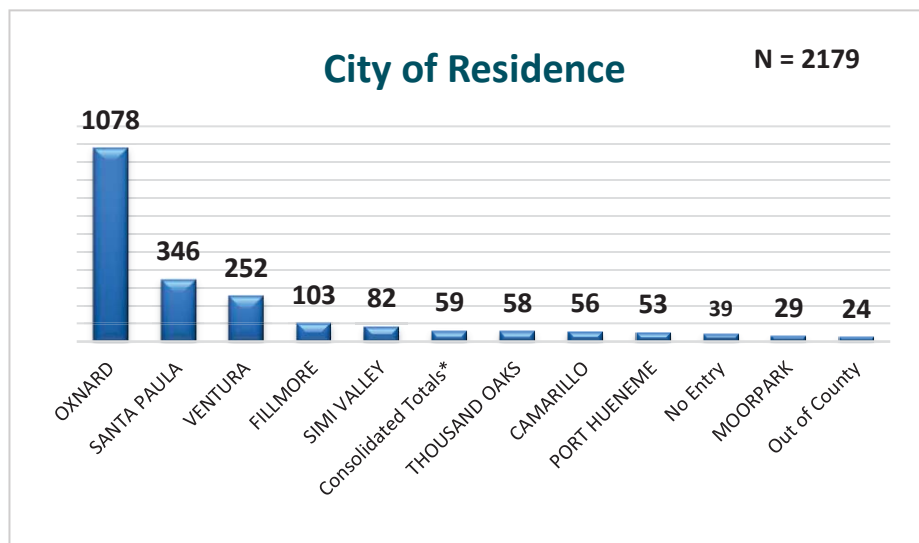
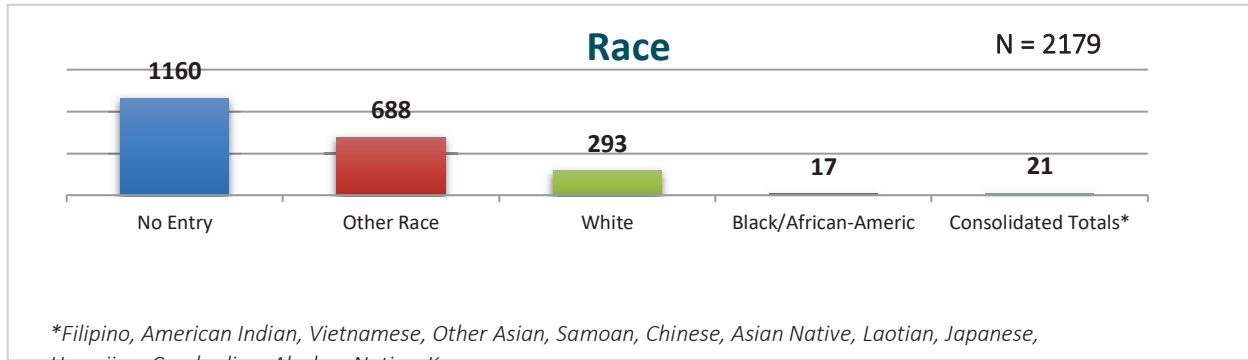


\*Bisexual, Lesbian (female), Unsure / Questioning, Transgender, Gay (male)

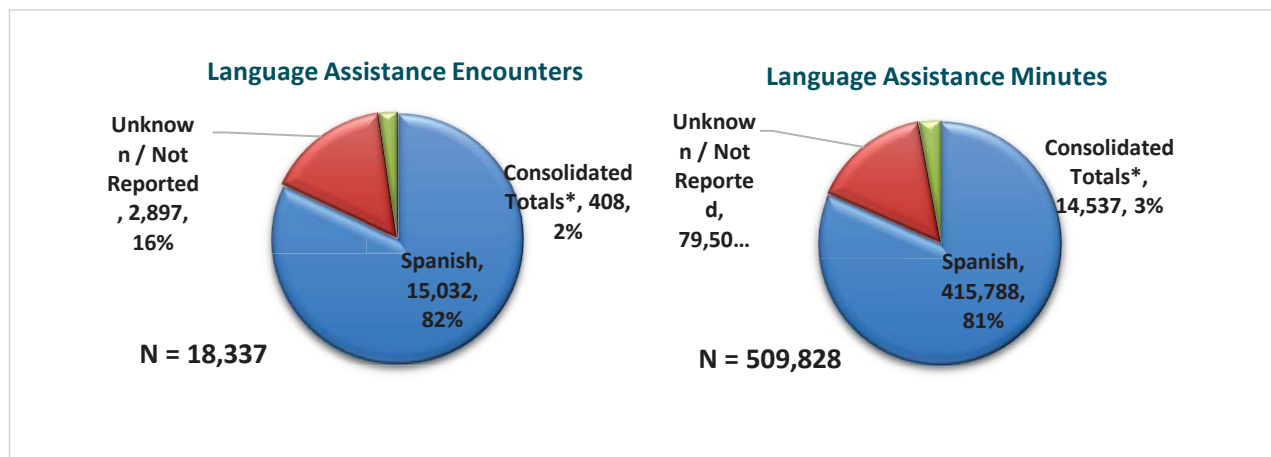
## Sexual Preference







*\*OJAI, NEWBURY PARK, PIRU, OAK VIEW, WESTLAKE VILLAGE, SOMIS, OAK PARK, POINT MUGU*



*\*American Sign Language (ASL), Arabic, Cambodian, Cantonese, Farsi, Ilocano, Korean, Other Non-English, Russian, Samoan, Tagalog, Thai, Vietnamese*

## Program Outcomes

Between July 1, 2018 and June 30, 2019, a total of 509,828 minutes of language assistance services were provided in 18,337 encounters with enrolled individuals across VCBH mental health services.

Certified VCBH bi-lingual staff were direct providers of LAS approximately 90% of the time. Clinical staff accounted for 63% of the services, case management staff provided 25% of such services with the remaining assistance coming from certified office assistant bi-lingual staff.

## Successes

VCBH increased the number of certified bi-lingual staff to 36% (31% in FY17/18).

## Challenges and Mitigation

VCBH data collection systems are challenged by the categorical data requirements of MHSA, which are variant from other DHCS data reporting categories (e.g. CSI data system).

## FY19/20 Program Impacts

VCBH continues to increase its workforce capacity for certified bi-lingual staff that, at minimum, meet the county's threshold language of Spanish. As VCBH increases its bi-lingual staffing capacity, reductions in the overall reliance on contract vendors is desirable. Currently, there are no pre-determined reduction estimates available.

## FY 20/21, 21/22, 22/23 Program Impacts

No changes.

## 4.1.4 Housing

The Housing category under CSS embodies both the individual and system transformational goals of MHSA through collaboration of County organizations and resources to ensure that consumers have access to an appropriate array of services and supports. One of these services is the provision of housing options appropriate and designed to meet the individual's needs.

The following sections will provide more detail about the specific programs that served FSP clients.

### 4.1.4.1 H-1: VCBH MHSA Housing Support Program (CSS-SD-Housing)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$391,565	Cost per Participant (FY 18/19)		\$1,398
FY 18/19 # Served	280	FY 19/20 Fiscal Allocation		\$401,962

#### Population Served

Seriously Mentally Ill (SMI) TAY, Adults and Older Adults receiving mental health treatment services that are either homeless or at risk of homelessness.

#### Program Description

The housing program is consistent with the priorities identified under the CSS component. It is designed to foster the goal of establishing and strengthening partnerships at the County level, while reflecting local priorities and expanding safe, affordable housing options for individuals with serious mental illness who receive services through the MHSA.

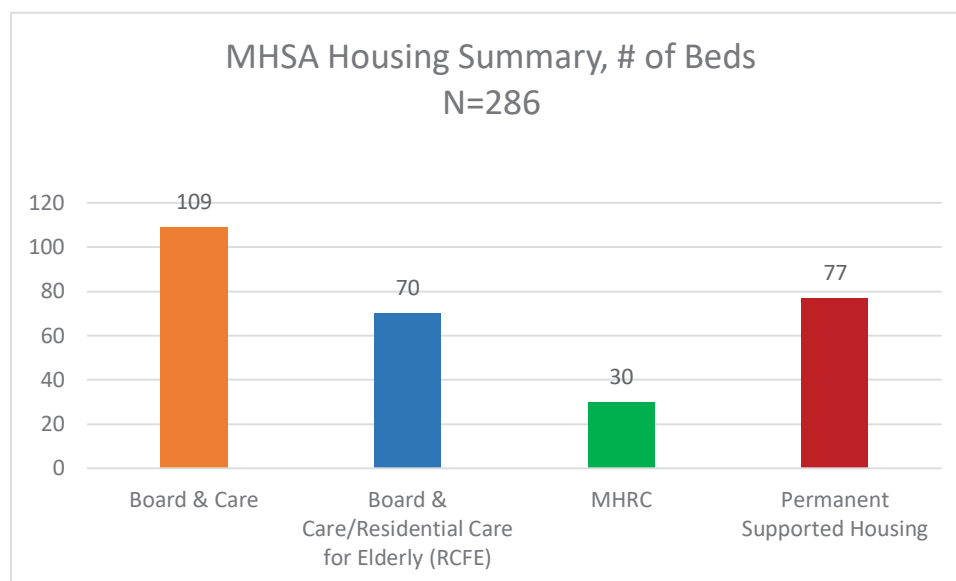
The tables below provide the breakdown of type of housing by facility name and the spread of beds/units.

Facility Name	Housing Type	Beds/Units
Brown's Board & Care	Board and Care (B&C)	9
Cottonwood Residential	B&C	21
La Siesta Guest Home	B&C	33
Saundra's Board & Care	B&C	4
Sunrise Manor	B&C	42
Elm's Residential	B&C/RCFE (Residential Care for the Elderly)	39
Hickory House	B&C/RCFE (Residential Care for the Elderly)	31
<b>Total, Adult Residential Facility (ARS) Beds</b>		<b>179</b>
Telecare Corp. Casa B	Temporary Transitional Housing	10
Telecare Corp. Casa C	Temporary Transitional Housing	10
Telecare Corp. Casa D	Temporary Transitional Housing	10
<b>Total, Transitional Housing Beds</b>		<b>30</b>
Hillcrest Villa Apartments	Permanent Supported Housing	15
Paseo De Luz	Permanent Supported Housing	24
Paseo Del Rio / Santa Clara	Permanent Supported Housing	10

The table below provides the number of permanent supportive housing units established through original California Finance Housing Finance Agency.

MHSA Housing Projects	Housing Type	Current Supported Units
Project Understanding	Permanent Supported Housing	2
La Rahada- Simi Valley	Permanent Supported Housing	8
Peppertree- Simi Valley	Permanent Supported Housing	11
D Street Apartments- Oxnard	Permanent Supported Housing	7
<b>Total Permanent Supportive Housing Units</b>		<b>77</b>

Note: Permanent Supportive Housing was originally funded in 2009-2011 by MHSA monies. Supportive services continue at these facilities. The above figures reflect the original MHSA Housing funding used for acquisition of properties.



## Program Highlights

The housing program expanded its portfolio by leveraging other resources to include more permanent supportive housing units for homeless and those at risk of homelessness.

## Successes

The housing program has fully integrated into the County's Continuum of Care (CoC) and the Coordinated Entry System (CES) in anticipation of the addition of No Place Like Home units.

## Challenges and Mitigation

Adult Residential Facilities (ARS) known as Board and Care (B&C) and Residential Care for the Elderly (RCFE) are no longer able to function as viable businesses in CA and many are closing. The challenge is to either sustain existing stock or to develop a new business model to serve these clients. The problem lies in the high cost of housing that is not covered by the SSI/SDI reimbursement rate.

## FY19/20 Program Impacts

In 2019 VCBH added 20 new licensed users to the Homeless Management Information System (HMIS). This will allow case managers to directly participate in the County's Coordinated Entry System (CES) thereby increasing access to permanent supportive housing units countywide.

## FY 20/21, 21/22, 22/23 Program Impacts

VCBH will add No Place Like Home units to the housing portfolio in the next few years.

## Prevention and Early Intervention (PEI)

### *4.2 Prevention and Early Intervention (PEI)*

#### Introduction

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

On July 1, 2018, PEI regulations were considered final. This resulted in 5 required program categories and 3 strategies to be imbedded across all programs. Ventura County categorized all PEI programs to align with regulations' requirements and definitions. The required program types are prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment and stigma and discrimination reduction. Suicide prevention and improving timely access to services for underserved populations became optional categories. Additionally, all PEI programs are designed and implemented in accordance with strategies that help access and services for people with severe mental illness, the reduction of stigma and discrimination with respect to mental illness and improving timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally-appropriate.

The table below illustrates programs by PEI categories.

Program	PEI Program Categories				
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma & Discrimination Reduction	Access and Linkage to Treatment
Adult Wellness Center					
Growing Works					
One Step a La Vez					
Project Esperanza					
Promotoras Conexión Program					
Proyecto Conexión Con Mis Compañeras					
Rainbow Umbrella					
TAY Wellness Center					
Tri-County GLAD					
Wellness Everyday					
COMPASS					
Family & Friends					
Primary Care Integration					
Primary Care Program					
Ventura Intervention and Prevention Services					
Crisis Intervention Team*					
Positive Behavior Interventions & Supports					
Restorative Justice					
Suicide Prevention*					
In Our Own Voice					
Rapid Integrated Support and Engagement					

\*These programs also qualify for the “Suicide Prevention” category.



## Highlights for FY 18-19 Services

The tables below represent the number of individuals served or trained by PEI programs according to category, cost per participant, and geographic spread.

### FY18-19 NUMBER OF INDIVIDUALS SERVED OR TRAINED BY PROGRAM AND COST

	# Served <sup>1</sup>	Total Cost / Program	Cost per Participant/Year
PREVENTION PROGRAMS	2684		
Adult Wellness Center	985	\$708,335	\$719
Growing Works	85	\$300,358	\$3,534
One Step A La Vez	162	\$59,286	\$366
Project Esperanza	330	\$56,491	\$171
Promotoras Program – PYPF	185	\$37,980	\$205
Promotoras Program – MICOP	238	\$66,198	\$278
Rainbow Umbrella	342	\$26,121	\$76
TAY Wellness Center	276	\$559,444	\$2,027
Tri-County GLAD	81	\$51,557	\$637
Wellness Everyday	21,193 <sup>2</sup>		
EARLY INTERVENTION PROGRAMS	1,569		
Comprehensive Assessment and Stabilization Services (COMPASS)	33	\$1,483,554	\$44,956
Family and Friends	104	\$9,889	\$95
Primary Care Integration	905	\$1,203,039	\$1,329
Primary Care Program/Clinicas	482	\$299,602	\$622
VIPS	45	\$697,792	\$15,506
OTHER PROGRAMS	5,307		
Crisis Intervention Team (CIT)	105	\$100,000	\$952
In Our Own Voice	519	\$9,173	\$18
Positive Behavior Interventions and Support (PBIS) <sup>3</sup>	1,651	\$12,755	\$8
Restorative Justice <sup>3</sup>	465	\$3,592	\$8
Suicide Prevention	1,064	\$53,625	\$50
Rapid Integrated Support and Engagement (RISE)	1,503	\$1,183,276	\$787
Totals:	9560	\$6,922,067	\$724

<sup>1</sup>Unique individuals directly served by provider programs in FY 18-19 and may include some referrals to services but excludes outreach for program promotion.

<sup>2</sup> Wellness Everyday participants are excluded from the Prevention Programs subtotal and Total because they may be duplicated.

<sup>3</sup>PBIS and Restorative Justice Cost per Participant calculated as an average between programs, due to costs bundled by provider.

FY 18-19 Number of Participants Served by City of Residence \*

Geographic Area	Number of Participants Served	% of Total
Oxnard	1,480	42%
Santa Paula	579	16%
Ventura	443	13%
Simi Valley	174	5%
Fillmore	174	5%
Thousand Oaks	139	4%
Camarillo	132	4%
Port Hueneme	66	2%
Moorpark	56	2%
Ojai	29	1%
El Rio	26	1%
Other	232	7%
<b>Total with available city of residence data:</b>	<b>3,530</b>	

\* City of residence data is not available for Wellness Everyday, VIPs, CIT, PBIS, RJ, RISE, and Suicide Prevention.

## PEI Program Evaluation

EVALCORP Research & Consulting was contracted to conduct an evaluation of all PEI programs on an annual basis. The intent is to understand the impact programs are having in terms of promoting mental health, reducing stigma and discrimination, increasing access and linkage to services, reducing the risk of mental illness, decreasing the severity and negative consequences associated with the onset of mental illness. In addition to compliance with state regulations, these evaluations are used in Ventura County to feed the results through the CPP process, thus enabling assessment of performance, cost-effectiveness, and community impact.

Welfare & Institutions Code 5840(d) states that strategies are to be implemented to reduce the following negative outcomes (below) that may result from untreated mental illness:

- (1) Suicide.
- (2) Incarcerations.
- (3) School failure or dropout.
- (4) Unemployment.
- (5) Prolonged suffering.
- (6) Homelessness.
- (7) Removal of children from their homes.

During FY 18/19, Ventura County included questions in participant questionnaires to begin capturing as much of the above as practicable.

## PEI Aggregate Reporting

The following section serves to present a summary of PEI including aggregate numbers served, geographic location, cost per participant and brief descriptions of programs. These are categorized according to program category: Prevention, Early Intervention, and Other. A total of 9,560 individuals were served in Fiscal Year 2018-2019 under PEI, including clients and trainees. For information regarding program activities, program-specific demographics and summary results, the reader is referred to Appendix D – FY 18/19 Prevention and Early Intervention Evaluation Report.

## Prevention and Early Intervention (PEI)

### 4.2.1 Prevention

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 9,560 individuals were served through PEI in Fiscal Year 2018-2019. A total of 2,684 participants (28%) were served by Prevention programs in Fiscal Year 2018-2019, not including the 21,193 outreached to by Wellness Everyday social media campaigns.

#### Prevention Category Participant Demographics

<b>Ethnicity* (n=1,307)</b>		<b>Hispanic Ethnicities† (n=1,307)</b>	
Hispanic	84%	Mexican	53%
Non-Hispanic	17%	Central American	2%
More than one ethnicity	10%	Puerto Rican	1%
<i>Declined to answer: 127</i>		South American	0%
<b>Age (n=1,484)</b>		Caribbean	0%
0-15	15%	Another Hispanic	8%
16-25	33%	<b>Non-Hispanic Ethnicities† (n=1,307)</b>	
26-59	45%	African	2%
60+	7%	Cambodian	0%
<i>Declined to answer: 52</i>		Eastern European	1%
<b>Primary Language (n=1,513)</b>		Filipino	2%
English	57%	Korean	0%
Spanish	41%	Vietnamese	0%
Indigenous	4%	Asian Indian/South Asian	0%
Other	1%	Chinese	0%
<i>Declined to answer: 59</i>		European	4%
<b>Sex Assigned at Birth (n=1,415)</b>		Japanese	0%
Female	54%	Middle Eastern	0%
Male	46%	Another Non-Hispanic	7%
<i>Declined to answer: 91</i>		<b>Race‡ (n=951)</b>	
<b>Sexual Orientation (n=339)</b>		American Indian/Alaska Native	5%
Bisexual	6%	Asian	2%
Gay or Lesbian	7%	Black/African American	6%
Heterosexual or Straight	84%	Native Hawaiian/Pacific Islander	2%
Queer	2%	White	48%
Questioning or Unsure	1%	Other	31%
Another sexual orientation	2%	More than one	20%
<i>Declined to answer: 332</i>		<i>Declined to answer: 252</i>	
*Percentages may exceed 100% because participants could choose more than one response option.		<b>Current Gender Identity (n=1,413)</b>	
† Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.		Female	53%
‡ Age groups collected by Primary Care Program did not align with PEI categories and are not reported here.		Male	45%
NOTE: City of residence data is not available for Wellness Everyday.		Genderqueer	1%
		Questioning or Unsure	1%
		Transgender	1%
		Another gender identity	1%
		<i>Declined to answer: 291</i>	
		<b>City of Residence§ (n=1,677)</b>	
		Oxnard	43%
		Simi Valley	0%
		Camarillo	3%
		Ojai	1%
		Santa Paula	28%
		Fillmore	10%
		Port Hueneme	2%
		El Rio	2%
		Ventura	9%
		Thousand Oaks	1%
		Moorpark	0%
		Other	1%

## Prevention Category Program Description Summaries

**Adult Wellness and Recovery Center:** Serves adults recovering from mental illness and are at risk of homelessness or incarceration through peer support, referrals, and recovery planning.

**Growing Works:** Serves adults recovering from mental illness and are at risk of homelessness or incarceration through vocational support, peer support, referrals, and recovery planning.

**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.

**Project Esperanza:** Offers mental health service assistance, educational and wellness classes, and activities to 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, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

**Promotoras** - Proyecto Conexión Con Mis Compañeras - Mixteco Indígena Community Organizing Project (MICOP): Facilitates mental health for the Latino and Indigenous community through support groups and one-on-one support to manage stress and depression, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

**Rainbow Umbrella:** Hosts weekly support groups for LGBTQ+ youth and 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.

**TAY Wellness Center:** Supports and engages TAY in designing personal recovery plans, setting goals, and self-managing their care through bilingual staff and peers.

**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.

## Prevention Category Program Success

“A member shared that he is feeling so much better thanks to all the support he gets from peers in the Growing Works program. He stated that everyone is a big help to him. He enjoys all the support he gets from everyone here.” -Growing Works staff

“In partnership with the Coalition for Family Harmony, the One Step Center now has an on-site crisis counselor every Monday. Ten free counseling sessions are offered to any youth with a history of sexual assault or intimate partner violence or who identify as LGBTQ+ and their support people.” -One Step a La Vez staff “Client came to our center over a year ago, homeless and experiencing difficulties due to not having an income. After months of

dropping by and attending various classes, he applied and was accepted for a position. Since then, he's been an active participant in center activities and has also found stable housing." -TAY Wellness Center staff

"Our Mental Health Education video blogs generated over 30,000 hits over Facebook and YouTube."

-Tri-County GLAD staff

"Multiple social media campaigns were launched to support viewers during challenging events. These included a campaign on coping with tragic events and two campaigns about coping with the winter holidays."-Wellness Everyday staff

"The most important thing I learned was the confidence in myself to be able to make good changes in my life."- Project Esperanza participant

"I learned a great deal from today's presentation. Learning about isolation and how it negatively affects and impacts deaf and hard of hearing communities. Helpful reminder that these communities also need mental health services. I will no doubt benefit from what I learned in my career as a therapist." -TC GLAD

"Rainbow Umbrella started because a group of people saw queer kids in their community hurting and believed that these kids were too important to be left unsupported. And they were so right. Everyday Rainbow Umbrella reaches out to their LGBTQ+ community, empowering and walking alongside young people in their journey, and gives of themselves to others because those 'others' are worth it. On my first day it became clear that Rainbow Umbrella had something to teach me and the world. I cherish the time I got to spend with this beautiful group and wish every queer kid like me could have a space like this." - Rainbow Umbrella participant

## Challenges and Mitigation

"A barrier that we have come across on various occasions, is an out of state Transitional Aged Youth (TAY) who want to relocate to Ventura County without an identification paperwork. For them to get a California ID they need to be California resident and to prove that they need a bill or any mail with a local address. Unfortunately, because we are a business, they are unable to utilize our address. For this we are assisting individuals gain basic documents needed to get an ID like a birth certificate and social security card. Some of the ways we have been able to get a picture identification for those who qualify we are able to get them connected to high school which provides them with a picture ID." -TAY Wellness Center staff

"A major barrier that we come across often is the lack of housing for Transitional Aged Youth (TAY) in our county. When TAY are unable to find shelter, they resort to having to be on the streets or couch surfing. This lack of housing stability becomes a barrier to the individuals' goals." - TAY

"A lesson we have learned through this year of Conexión con Mis Compañeras is recognizing it is difficult to receive trust from the community when you have not built a bond with them. It is our mission to make that 'conexión' (connection) with our participants in order for them to believe we are here for them, not only to pass on knowledge about mental health, but also be here for them when they need any kind of assistance." – Promotoras MICOP

## Prevention and Early Intervention (PEI)

### 4.2.2 Early Intervention

Early Intervention Programs provide treatment, services, and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Intervention Programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 1,569 (16%) individuals were served in Early Intervention programs in Fiscal Year 2018-2019.

#### Early Intervention Category Participant Demographics

Below is a comprehensive demographic summary of Early Intervention Programs.

Ethnicity* (n=1,378)	
Hispanic	76%
Non-Hispanic	24%
More than one ethnicity	0%
Declined to answer: 101	
Age (n=1,023)	
0-15	10%
16-25	19%
26-59	58%
60+	13%
Declined to answer: 15	
Declined to answer: 15	
Primary Language (n=1,490)	
English	61%
Spanish	41%
Indigenous	1%
Other	1%
Declined to answer: 10	
Sex Assigned at Birth (n=1,441)	
Female	80%
Male	20%
Declined to answer: 25	
Sexual Orientation (n=339)	
Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	95%
Queer	0%
Questioning or Unsure	0%
Another sexual orientation	2%
Declined to answer: 219	

Hispanic Ethnicities† (n=1,378)			
Mexican	1%	South American	0%
Central American	0%	Caribbean	0%
Puerto Rican	0%	Another Hispanic	1%
Non-Hispanic Ethnicities‡ (n=1,378)			
African	0%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	1%
Eastern European	0%	European	1%
Filipino	0%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	0%
Race‡ (n=467)			
American Indian/Alaska Native			0%
Asian			4%
Black/African American			4%
Native Hawaiian/Pacific Islander			0%
White			88%
Other			2%
More than one			2%
Declined to answer: 108			
Current Gender Identity (n=271)			
Female			79%
Male			20%
Genderqueer			0%
Questioning or Unsure			0%
Transgender			1%
Another gender identity			0%
Declined to answer: 291			
City of Residence§ (n=1,502)			
Oxnard	45%	Port Hueneme	2%
Simi Valley	10%	El Rio	0%
Camarillo	1%	Ventura	13%
Ojai	1%	Thousand Oaks	8%
Santa Paula	6%	Moorpark	2%
Fillmore	0%	Other	11%

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

† Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

‡ Primary Care Integration Program collected race and ethnicity demographics in a format that differed from PEI categories and therefore only Hispanic/Non-Hispanic ethnicity is reported here.



### Early Intervention Category Program Summaries

**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.

**Family & Friends:** A seminar in English and Spanish about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminar leaders have personal experience with mental health conditions in their families.

**Primary Care Integration** - Clinicas Del Camino Real provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

**Primary Care Program:** The Health Care Agency in collaboration with VCBH provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

**Ventura Intervention and Prevention Services:** Provides outreach and education about early warning signs of psychosis and available resources; provides two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, and education and vocation services; and supports participants and families after discharge.

### Early Intervention Category Successes and Challenges

“NAMI’S move in the beginning of the year impacted all programs and now that is behind us and we have hired additional staff, we will be up to speed with all contracted programs.” -NAMI staff

“NAMI is more recognized. Only 3 visitors had never heard of NAMI.” -NAMI staff

## Prevention and Early Intervention (PEI)

### 4.2.3 Other Programs

A total of 5,307 (56%) individuals were served by Other PEI Programs during Fiscal Year 2018-2019. Other PEI Programs include the following program categories:

**Stigma & Discrimination Reduction** programs reduce negative attitudes, beliefs, and discrimination against those with mental illness or seeking mental health services and increase dignity and equality for individuals with mental illness and their families.

**Suicide Prevention** programs provide organized activities to prevent suicide because of mental illness.

**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 lines, and mobile response.

### Other Categories' Participant Demographics

Ethnicity* (n=1,831)		Hispanic Ethnicities† (n=1,831)	
Hispanic	48%	Mexican	33%
Non-Hispanic	51%	Central American	1%
More than one ethnicity	2%	Puerto Rican	1%
Declined to answer: 22		South American	0%
Age (n=1,522)		Caribbean	0%
0-15	17%	Another Hispanic	2%
16-25	24%	Non-Hispanic Ethnicities† (n=1,831)	
26-59	51%	African	0%
60+	7%	Cambodian	0%
Declined to answer: 20		Eastern European	1%
Primary Language (n=1,974)		Filipino	0%
16-25	24%	Korean	0%
26-59	51%	Vietnamese	0%
60+	7%	Race‡ (n=1,945)	
Declined to answer: 20		Asian	2%
Sex Assigned at Birth (n=1,996)		White	37%
Female	52%	Other	35%
Male	48%	More than one	23%
Declined to answer: 29		American Indian/Alaska Native	1%
Sexual Orientation (n=680)		Black/African American	3%
Bisexual	3%	Native Hawaiian/Pacific Islander	1%
Gay or Lesbian	2%	Current Gender Identity (n=1,963)	
Heterosexual or Straight	92%	Female	54%
Queer	1%	Male	45%
Questioning or Unsure	1%	Genderqueer	0%
Another sexual orientation	1%	Declined to answer: 23	
Declined to answer: 337		City of Residence§ (n=351)	
		Oxnard	21%
		Simi Valley	5%
		Camarillo	16%
		Ojai	2%
		Santa Paula	3%
		Fillmore	1%
		Port Hueneme	1%
		El Rio	0%
		Ventura	30%
		Thousand Oaks	3%
		Moorpark	4%
		Other	12%

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

† Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

‡ Age groups collected for CIT Cohort #48 were not collected according to PEI categories and are not reported here.

## Other Categories' Program Summaries

**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 reduction in recidivism.

**In Our Own Voice:** A presentation given by those living with mental health conditions that reduces misconceptions and stigma about mental illness and provides an opportunity for people with mental illness to gain self-confidence, earn income, and serve as role models for their community.

**Positive Behavior Interventions and Supports:** Provides training for educators in classroom management competencies including teaching expectations, positive interactions, and establishing consequences for misbehavior, with the goal of reducing suspensions and disciplinary action.

**Restorative Justice:** Helps students develop healthy relationships and conflict management strategies in order to reduce suspensions and expulsions. The program provides coaching and technical assistance to schools and districts.

**Rapid Integrated Support and Engagement:** Offers field-based connection to mental health assessment and treatment as well as case management.

**Suicide Prevention:** Provides free suicide alertness trainings to schools and community members to identify persons with thoughts of suicide and connect them with suicide first aid resources.

## Successes

"After going to a call of a 15-year-old boy in mental distress, I was able to talk to him and calm him down by asking simple questions that took his mind off the situation as well as getting information I needed."

-CIT trainee

"Love the 'Consulting Protocol' model. Provides a positive environment to solve complex problems."

-PBIS trainee

"I learned a lot of new tips and techniques to use on how to spot someone who seems depressed and how I listen to them actively and ask them if they are thinking about suicide and then I find help for them as soon as possible." - Suicide Prevention, safeTALK trainee

"I never knew how to handle suicide. Now I have some tools to help me and others around me."  
– safeTALK participant

One of our VCOE trained Middle schools in the Simi USD have expanded their RJ Peer Program and have built capacity by hiring a coordinator and having time for meetings/trainings during the school day. This program is strongly supported by administration, students and parents. They have lowered suspension rates significantly and have increased positive behavior and student engagement. – Restorative Justice

## Challenges and Mitigation

"High Schools would like to hold a safeTALK training, but it is very difficult to pull students for the 3 consecutive hours that the safeTALK program requires." – safeTALK

"Developing staff's growth mindset about RJ and alternative discipline." – Restorative Justice

## 4.3 Innovation (INN)

MHSA Innovation component provides California the opportunity to develop and test new, unproven mental health models with the potential to become tomorrow's best practices. The primary purpose of Innovation projects is to achieve at least one of the following:

- Increase access to mental health services to underserved groups, including permanent supportive housing.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services or supports or outcomes.
- Increase access to mental health services, including permanent supportive housing.

Innovation projects may address issues faced by children, transition-age youth, adults, older adults, families (self-defined), specific neighborhoods, tribal and other communities, counties, multiple counties, or regions. The project may initiate, support, and expand collaboration between systems, with a focus on organizations and other practitioners not traditionally defined as a part of mental health care. The project may influence individuals across all life stages and all age groups, including multi-generational practices/approaches. The following projects have been approved or are in process of achieving approval by the MHSAOC for Ventura County.

### Highlights for FY 18/19

Below is a table with a summary of the Innovation (INN) projects that were approved in FY 16/17 through FY 18/19, as well as projects that are currently under development or in the planning stages.

Program Name	Program Goal	Program Description	Age Group(s)	Priority Population(s)	Geographic Area(s)
Healing the Soul	Increase access to mental health services to underserved groups, including permanent supportive housing.	Introduce a new program approach that evaluates the effectiveness and feasibility of integrating traditional healing practices and Western mental health therapy.	18-60+	Underserved Community (Mixteco)	Oxnard
Children's Accelerated Access to Treatment and Services (CAATS)	Increase access to mental health services, including permanent supportive housing. Increase the quality of mental health services, including measurable outcomes.	To improve access and quality of mental health services through a comprehensive intake process that includes mental health assessments, coordinated interagency services linkages, medication support, and clinical intervention for all youth entering the child welfare system.	0-21	Foster Care youth	County Wide

Program Name	Program Goal	Program Description	Age Group(s)	Priority Population(s)	Geographic Area(s)
Suicide Prevention - Bartenders as Gatekeepers	Increase access to mental health services, including permanent supportive housing.	Designed to reduce rates in middle-aged men through a short-term selective prevention program that consists of targeted advertisements and mental health gatekeeper training for bartenders and alcohol servers focused on this population.	21-60+	Middle Age Men	County Wide
Push Technology*	Increase the quality of mental health services, including measurable outcomes.	Designed to improve post-discharge outcomes through the employment of mobile ecological momentary interventions (EMI) through automated push technology provided in partnership the local 211 services provider.	6-60+	Post Crisis SMI all ages	County Wide
Youth Program (Conocimiento)	Increase access to mental health services to underserved groups, including permanent supportive housing.	This prevention program utilizes community collaboration to reduce adverse outcomes in adolescents living in poverty or with Adverse Childhood Experiences (ACEs) by increasing core competencies and building resilience.	13-19	At risk youth in underserved communities	Santa Clara Valley
FSP Multi-County Project	Increase the quality of mental health services, including measurable outcomes	This multi-county Innovation Project represents an innovative opportunity for a diverse group of counties to develop and implement new data-driven strategies to better coordinate and improve FSP service delivery, operations, data collection, and evaluation.	0-60+	SPMI	County Wide
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership	Promote interagency and community collaboration related to mental health services or supports or outcomes	This project uses a four-way data exchange to track FSP clients across law enforcement encounters, hospital stays, health care services, and homeless management systems.	0-60+	SPMI	County Wide

Below are detailed descriptions of Innovation projects mentioned above.

## Innovation

### 4.3.1 INN-1: Healing the Soul

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$ 202,134	Cost per Participant (FY 18/19)		\$777
FY 18/19 # Served*	260	FY 19/20 Fiscal Allocation		\$ 242,102

#### Program Description

Healing the Soul, a Mixteco project, is an innovative research plan that is designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project introduces changes to existing treatment services through an evaluation of the effectiveness of indigenous cultural healing practices and alternative perspectives on mental well-being. The aim is to assess the feasibility of the results to be integrated with Cognitive-Based Treatment for symptoms of stress, anxiety, and depression.

#### Program Developments

During the second year of the program, promotoras from the Mixteco community representing three different pueblos were trained in traditional healing practices through local curanderos and at the local university, California State University, Channel Islands (CSUCI). In third year, the promotoras implemented these trainings for the test phase of the project. The test phase was based on findings from focus groups that led to promising practices for culturally-appropriate engagement methods that were recently published. Community surveys were designed to validate the focus group findings identifying the most common types of traditional indigenous healing methods identified. Testing of the intervention began in the third year with 51 individuals completing the program (See detailed findings at Appendix E).

#### Program Outcomes

Please note that not all demographic information is available for the total number of 51.

Program Participant Demographics	Totals	
Men	6	
Women	40	
Gender Neutral/Genderqueer	1	
Activities	Target	Actual
Treatments (month 2 of 21)	50	51
Variations of Mixteco	n/a	7

## PEI Aggregate Reporting

The following section serves to present a summary of PEI including aggregate numbers served, geographic location, cost per participant and brief descriptions of programs. These are categorized according to program category: Prevention, Early Intervention, and Other. A total of 9,560 individuals were served in Fiscal Year 2018-2019 under PEI, including clients and trainees. For information regarding program activities, program-specific demographics and summary results, the reader is referred to Appendix D – FY 18/19 Prevention and Early Intervention Evaluation Report.

Another statistic VCBH is monitoring closely relates to the requirement of service to the TAY population. Please see below for a summary assessment.

Of the 9,562 people served, 4,209 respondents answered a question about their age category, and 1,402 selected that they are age 16-25. Only respondents who answered this question are included in the percentage calculations.

TAY by Program Category and PEI Overall				
Program Category	Total Number Served	Number of respondents who answered a question about age n=	Number of respondents who selected age 16-25 (TAY)	Percentage of respondents who selected age 16-25 (TAY)
Prevention	2,684	1,484	484	32.6%
Early Intervention	1,569	1,023	196	19%
Other PEI Programs	5,309	1,522	362	24%
<b>Overall, PEI</b>	<b>9,562</b>	<b>4,029</b>	<b>1,042</b>	<b>25.9%</b>

Some programs do not have their information included in the table above due to programs not collecting relevant demographic information or to protect respondents' identities when a program had a low number of respondents. The table above does not include data from the following programs:

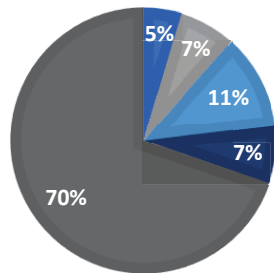
- Tri-County GLAD
- VIPS
- Suicide Prevention/safeTALK
- RJ
- PBIS

TAY Wellness center served the most respondents aged 16-25 (265 of 265, 100%), followed by One Step a la Vez (77 of 109, 71%), Rainbow Umbrella (67 of 121, 55%), In Our Own Voice (216 of 419, 51%), Primary Care Integration (181 of 905, 20%), and RISE (139 of 1,045, 13%).

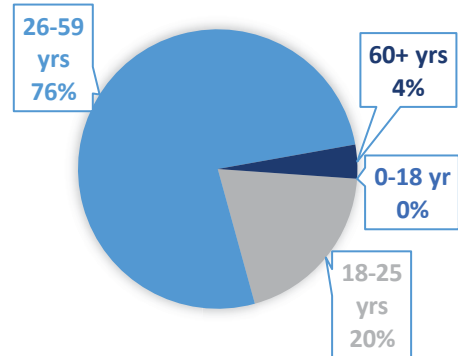


### INDIGENOUS IDENTIFICATION

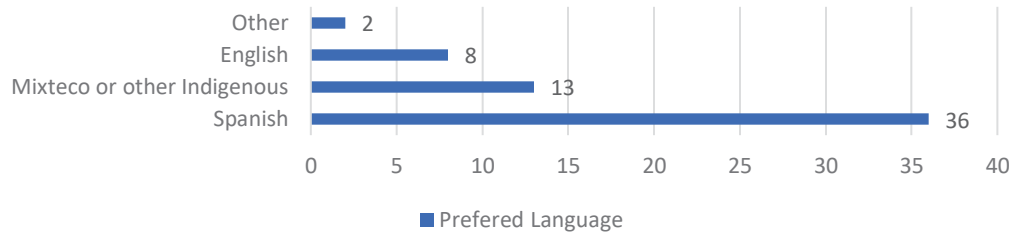
■ Mayan ■ Nahuatl ■ Zapotec  
 ■ Purepecha ■ Mixteco



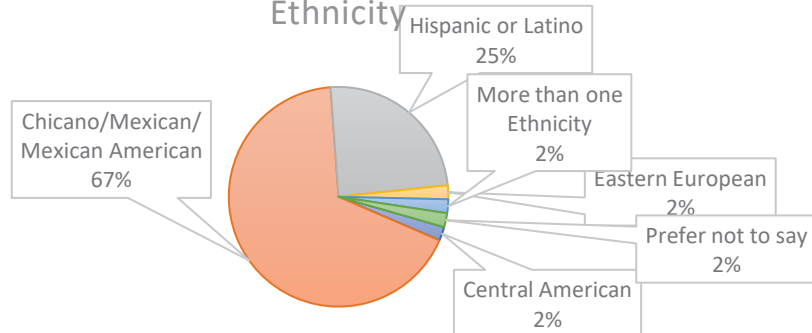
### AGES OF PARTICIPANTS

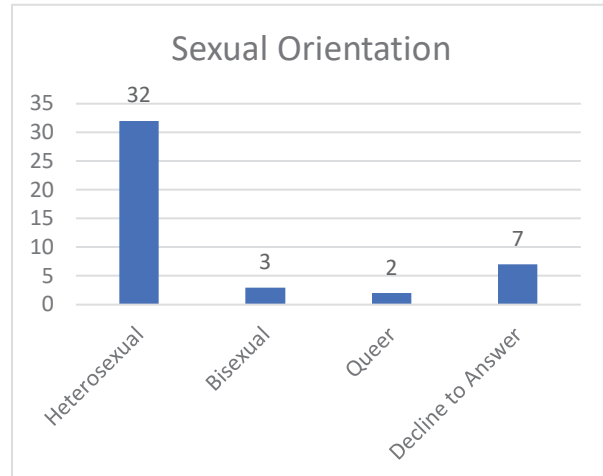
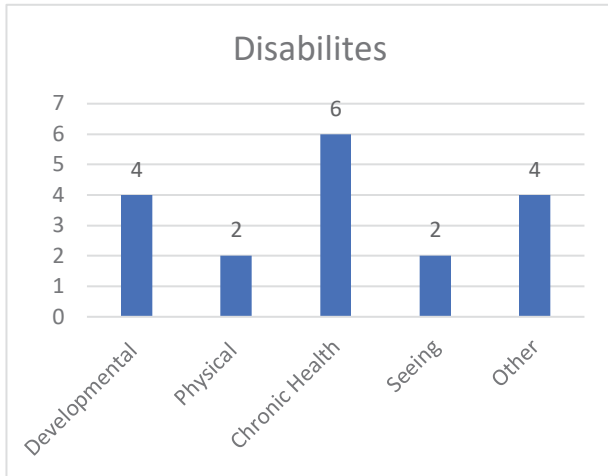


### Preferred Language



### Ethnicity





### Outcomes

Please refer to Appendix E for a full evaluation report.

### Successes

Preliminary results indicate that 100% of the 51/300 indigenous community members receiving treatment experience overwhelmingly favorable results from the treatments. These include a decrease in all symptoms associated with stress, a decrease in all but one indicator of anxiety, and a reduction of all symptoms associated with depression. Of relevant significance is that all participants suggested they would appreciate integration of some of the indigenous curative elements into what is currently offered at VCBH clinics.

### Challenges and Mitigation

None.

### FY19/20 Program Impacts

None.

### FY 20/21, 21/22, 22/23 Program Impacts

Project concludes in FY 20/21.

## Innovation

### 4.3.2 INN-2: Children's Accelerated Access to Treatment and Services (CAATS)

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input checked="" type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$563,178.92	Cost per Participant (FY 18/19)		\$1,935
FY 18/19 # Served	291	FY 19/20 Fiscal Allocation		\$ 541,050

#### Program Description

The Children's Accelerated Access to Treatment and Services innovation project proposed to make several significant changes in the way mental health services are provided to foster youth. The role of VCBH is to provide a comprehensive intake process that includes mental health assessments, coordinated interagency service linkages, medication support, and clinical intervention for all youth entering the child welfare system. It is hypothesized that these proposed changes will produce better outcomes for youth and their families by

- Reducing symptoms of traumatic stress
- Preventing and/or ameliorating the onset of mental illness through early intervention,
- Improving medication monitoring of youth in treatment and medication education for caregivers
- Reducing the overall recidivism rates of youth.

**291**

Children/youth  
served in FY18-  
19

**96%** of those served were Children/youth (ages 0-15)

**4%** of those served were Transition Age Youth (ages 16-

**59%** of those served were children ages 0-5.

#### Program Developments

Accelerated access for all intakes began on February 1, 2018, and Child and Adolescent Needs and Strengths (CANS) assessments started April 1, 2018. This program moves into its final year with promising results. The interagency partnership continues to identify new ways to shorten access times and grow communication systems. Data for year one has shown improved access times and promising positive clinical affect. Staff continue to find ways to improve the process.

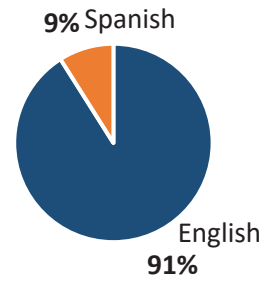
#### Demographics (FY 18/19)

Race (N=291)	
Black	0.3%
White	6.5%
Other	27.8%
Not Reported	65.3%

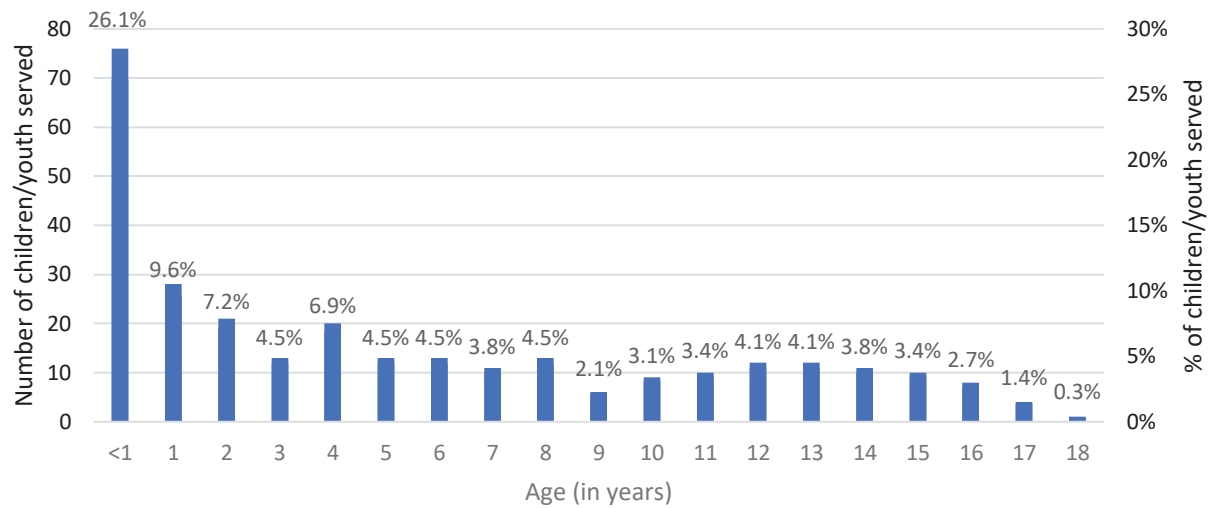
**Gender**  
(N=265)



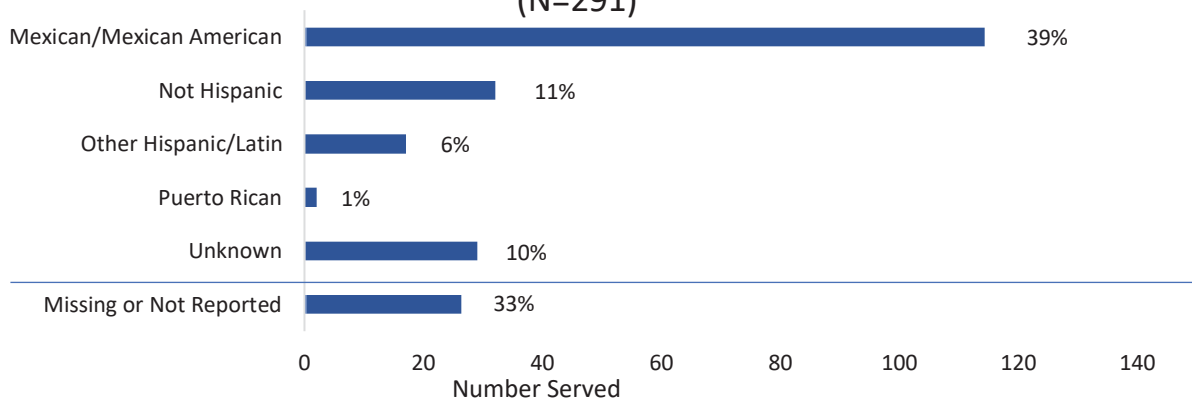
**Primary Language**  
(N=290)



**Age**  
(N=291)



**Ethnicity**  
(N=291)

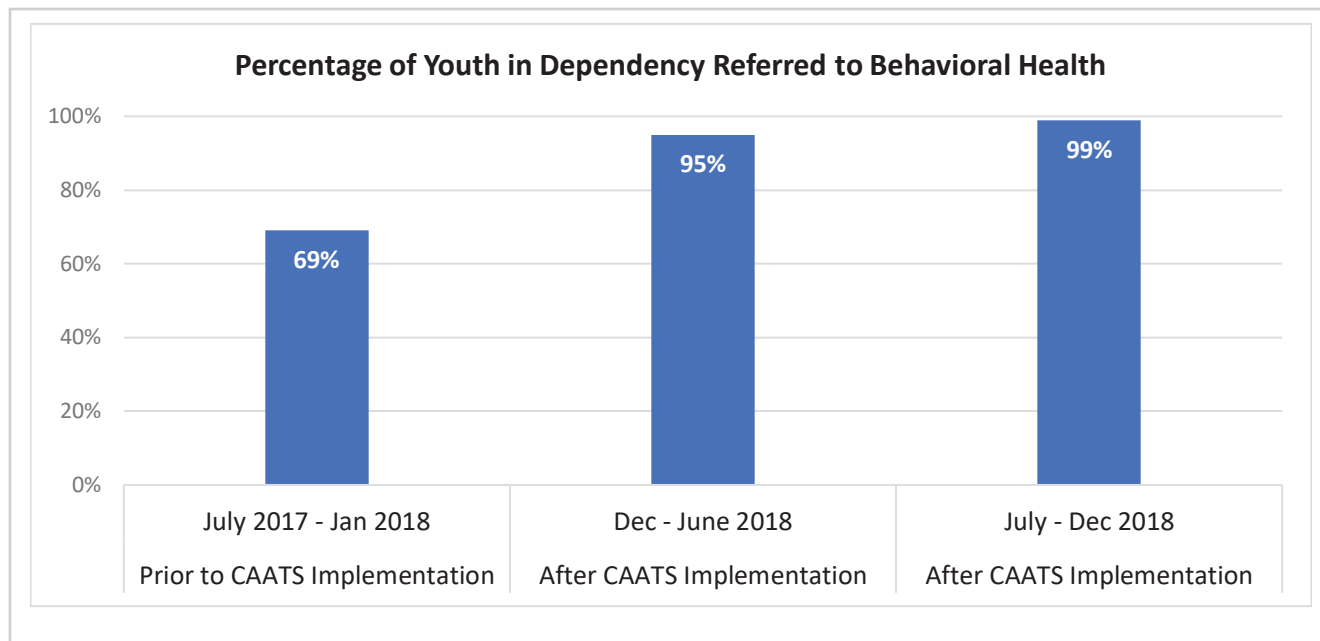


## Outcomes

Please refer to Appendix E for full evaluation report.

## Successes

The charts below illustrate program successes.



Youth in Dependency served by CAATS initiative Feb 2018 -June 2018 (N=108)*			
Steps of the Accelerated Access Initiative:	Step 1: Hearing date to Referral date	Step 2: Referral date to assessment date	Overall: Hearing to Assessment
Number of youths	108	93	93
Average number of days (range)	18 days (1-169)	8 days (1-39)	22 days (2-162)
Percent of clients seen within goal timeframe	38% of clients referred in 5 or fewer days	80% of clients assessed within 10 days of referral	58% of clients assessed within 15 days of hearing

\*Data was unavailable for approximately 20 youth with hearing dates in this period.

## Challenges and Mitigation

Challenges to meeting accelerated access goals were identified and new tracking mechanisms have been implemented.

## FY19/20 Program Impacts

None.

## FY 20/21, 21/22, 22/23 Program Impacts

None.

## Innovation

### 4.3.3 INN-3: Bartenders as Gatekeepers

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18 <input type="checkbox"/> New during FY 18/19		
Age Group	<input type="checkbox"/> Children (0-15) <input checked="" type="checkbox"/> TAY (16-25) <input checked="" type="checkbox"/> Adult (26-59) <input checked="" type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	\$ 115,680.72	Cost per Participant (FY 18/19)	n/a
FY 18/19 # Served	n/a	FY 19/20 Fiscal Allocation	\$ 97,300

#### Program Description

The Bartenders as Gatekeepers project is a short-term selective suicide prevention program. It consists of targeted advertisements for men ages 45-64 as well as mental health gatekeeper training for bartenders and alcohol servers focused on the same population.

#### Program Developments

The media campaign has been developed in conjunction with men who have lived experience to create an interactive website, videos, and bathroom advertisements. The campaign materials are being distributed in bars and restaurants that serve alcohol in geographic areas with the highest rates of completed suicides. Recruitment for suicide prevention intervention training has begun, but the response has been slower than expected. The gatekeeper training "Question, Persuade, and Refer" (QPR), has so far been hosted for two bars. A follow-up evaluation is scheduled to take place six months post-training to determine whether bartenders and servers are an appropriate target for intervening and preventing suicide.

The table below highlights program progress by citing activities accomplished.

Activities	Date/Time Period
The project start date	August 1, 2018
Planning Phase	August – December 2018
Program Launch	Feb 1, 2018
Website, Outreach Campaign, and Videos	<a href="http://www.notalonevc.org">www.notalonevc.org</a>
Number of bars trained	2

The website campaign has been finalized and printed for distribution. Two bars have had their staff trained in FY18/19.

#### Successes

Project in development.

### Challenges and Mitigation

Despite excitement and pre-launch commitments from local restaurateurs, the follow-through has been minimal. A second recruiter and QPR presenter is being considered, and outreach to local services groups such as the Moose Lodge, Eagles, and Elks Club are also in the works to boost participation.

### FY19/20 Program Impacts

None.

### FY 20/21, 21/22, 22/23 Program Impacts

None.



## Innovation

### 4.3.4 INN-4: Push Technology

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$ 118,018.15	Cost per Participant (FY 18/19)		\$3,471
FY 18/19 # Served	34	FY 19/20 Fiscal Allocation		\$ 174,420

#### Program Description

The Push Technology project focuses on individuals exiting county inpatient psychiatric hospitals and crisis stabilization units. The project is designed to increase the quality of mental health services. The primary goal of the project is to improve post-discharge outcomes through the employment of Ecological Momentary Intervention (EMI), mobile assessments administered in real time, through automated push texts provided in partnership with the local 211 services providers. The project creates a change to an existing mental health practice by utilizing EMI to improve discharge outcomes and reduce re-hospitalization through repeated mini-assessments and appropriate follow-up during the first 90 days post-hospitalization. The goal of the program is to intervene with linkage to existing support services prior to the participant decompensating to the point of needing re-hospitalization.

#### Program Developments

The table below highlights program progress by citing activities accomplished.

Activities	Date/Time Period
The project start date	August 1, 2018
Soft Launch	Feb 1, 2018
Full Launch	April 1, 2018
Participants	34
Support people	30

#### Successes

Despite a late start, all campaigns and text flows were completed and available in both English and Spanish. The final of the four sites was on-boarded in May.

#### Challenges and Mitigation

Enrollments have been slow, so a brochure is in development to add program awareness. Additional enrollment options are also being established.

#### FY19/20 Program Impacts

None.

#### FY 20/21, 21/22, 22/23 Program Impacts

None.

## Innovation

### 4.3.5 INN-5: Conocimiento

Status	<input type="checkbox"/> Continuing from FY 17/18 <input checked="" type="checkbox"/> New during FY 18/19		
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)
	<input type="checkbox"/> Older Adult (60+)		
Total FY 18/19 Cost	N/A	Cost per Participant (FY 18/19)	N/A
FY 18/19 # Served	N/A	FY 19/20 Fiscal Allocation	\$ 230,731

\*This program is not part of the FY 18/19 reporting but serves as an update since it began in FY 19/20.

### Background

Years of research show a correlation of experiences in childhood with predictive health and functioning risks into adulthood. A Adverse Childhood Experience (ACE), defined as childhood physical, verbal, or sexual abuse, witnessing parental domestic violence, parental divorce, and living with someone who was experiencing mental illness, abused drugs or alcohol or who had been incarcerated. Prolonged experience of poverty has also been considered an ACE. Protective experiences and well-developed coping skills are effective equalizers to a significant ACE and the ongoing stress of living in poverty. One way to build these skills is through regular family dinners, which incorporate many of the resiliency strategies naturally; however, given the irregular schedules of the working poor, regular family dinners are not always feasible.

### Program Description

Since core competencies can be developed at any age, this project is designed to promote the development of the following four competencies, as developed through research by The Center for the Developing Child at Harvard: (1) Facilitating supportive adult relationships, (2) Building a sense of self-efficacy and perceived control, (3) Providing opportunities to strengthen adaptive skills and self-regulatory capacities, and (4) Mobilizing sources of faith, hope and cultural traditions. Focus on each of these areas will take place over a four-year period to build resilient youth between the ages of 13 to 19 years.

### Program Developments

The table below outlines progress to date with no outcomes yet available.

Activities	Date/Time Period
Project idea developed through CPP process	Winter of 2016/2017
Project approved by the Board of Supervisors	April 9, 2019
Project approved by the MHSOAC	May 23, 2019
The project start date	July 1, 2019

### Successes

None, since project is in its infancy.

### Challenges and Mitigation

None.

### FY19/20 Program Impacts

None.

### FY 20/21, 21/22, 22/23 Program Impacts

None.

## Innovation

### 4.3.6 INN-6: Multi-County Full Service Partnership (FSP) Project\*

Status	<input type="checkbox"/> Continuing from FY 17/18		<input checked="" type="checkbox"/> New during FY 19/20	
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	N/A	Cost per Participant (FY 18/19)		N/A
FY 18/19 # Served	N/A	FY 19/20 Fiscal Allocation		\$ 96,519

\*Project is in the development phase.

#### Background

Counties throughout the state and FSP providers identified 2 barriers to improving and delivering on the “whatever it takes” goal of FSP. The first barrier is a *lack of information* about which components of FSP programs deliver the greatest impact, so counties have expressed a desire to see metrics that

- Reflect a more complete picture of how FSP clients are faring on an ongoing basis
- Are closely aligned with clients’ needs and goals
- Allow for a comparison across programs, providers, and geographies

These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and continuous improvement. The second barrier is *inconsistent FSP implementation*. FSP’s “whatever it takes” spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state.

#### Program Description

This project responds to the challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to improve coordination of FSP service delivery, operations, data collection, and evaluation. Through participation in this multi-county project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance.

#### Program Developments

The table below outlines a timeline for planning with a projected start date.

Activities	Date/Time Period
CPP process	Nov - Dec 2019
Project approved by the Board of Supervisors	TBD
Project approved by the MHSOAC	TBD
Proposed project start date	April 1, 2020

### Successes

None, since project is in its infancy.

### Challenges and Mitigation

None.

### FY19/20 Program Impacts

Project to continue as planned.

### FY 20/21, 21/22, 22/23 Program Impacts

Project to continue as planned.

## Innovation

### 4.3.7 INN: Full Service Partnership (FSP) Information Exchange

Status	<input type="checkbox"/> Continuing from FY 17/18 <input checked="" type="checkbox"/> New during FY 19/20			
Age Group	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	N/A	Cost per Participant (FY 18/19)		N/A
FY 18/19 # Served	N/A	FY 19/20 Fiscal Allocation		N/A

This project is pending till 2020-2023.

#### Program Status

The County has been working to integrate multiple data systems to gain a better understanding of the highest needs for clients in the County and consequently, improve service. The goal is to bridge a four-way data exchange to track FSP clients across law enforcement encounters, hospital stays, health care services, and homeless management systems. The relevant agencies are teaming to work on the project in the coming year.

## Workforce Education and Training (WET)

### 4.4 Workforce Education and Training (WET)

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

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

#### WET-1: Training Institute

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group	<input type="checkbox"/> Children (0-15)	<input type="checkbox"/> TAY (16-25)	<input type="checkbox"/> Adult (26-59)	<input type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$5217	Cost per Participant (FY 18/19)		N/A
FY 18/19 # Served	N/A	FY 19/20 Fiscal Allocation		0

#### Population Served

Clinical staff.

#### Program Description

The Training Institute is the umbrella entity of training events within VCBH. Training is provided in core competencies, cultural competency and evidence-based practices throughout the year as determined in previous planning sessions. The Training Institute provided clinical staff with a solid foundation of Cognitive Behavioral Therapy training and continued to support other clinical training as listed below.

#### Program Highlights

The table below summarizes highlights of efforts accomplished under this program.



### Program Highlights: FY 18-19

Number Trained Per Topic	Accomplishments
<ul style="list-style-type: none"> <li>Eating Disorder Treatment: Basics (19)</li> <li>Use of Interpreter (482)</li> </ul>	<ul style="list-style-type: none"> <li><b>43</b> clinicians have renewed certification with the Academy of Cognitive Therapy as CBT Diplomates: All programs have at least one CBT Diplomate to provide CBT as an EBP for enrolled clients.</li> <li><b>14</b> Diplomates within the department were certified by the Academy of Cognitive Therapy to be VCBH CBT Trainers.</li> <li>CBT Diplomates/coaches continued to use the CTRS fidelity tool to ensure fidelity to the model for services they provided to their clients and for educating/coaching peers in the model.</li> <li>Operational Guide created parameters by which VCBH could certify clinicians to offer CBT to Fidelity as a service to clients</li> <li><b>15</b> Diplomates within the department were certified by the Academy of Cognitive Therapy to be VCBH CBT Trainers: providing 9 CBT Trainings. These clinicians demonstrate expertise in both CBT and VCBH and incorporated their understanding of clients, services and the community into enriching the trainings.</li> <li>Created Eating Disorder expertise amongst 19 clinicians from the YFS and Adult Divisions</li> </ul>

### Successes

N/A.

### Challenges and Mitigation

None.

### FY 19/20 Impacts

VCBH will continue to sustain CBT training by utilizing department “diplomats” that have been trained as trainers. VCBH will continue to look for funding opportunities through grants and identify department funding sources for other training as needed. WET funding has been depleted.

### FY 20/21, 21/22, 22/23 Program Impacts

WET funding depleted.

## WET-2: Financial Incentive Programs

Status	<input checked="" type="checkbox"/> Continuing from FY 17/18		<input type="checkbox"/> New during FY 18/19	
Age Group*	<input checked="" type="checkbox"/> Children (0-15)	<input checked="" type="checkbox"/> TAY (16-25)	<input checked="" type="checkbox"/> Adult (26-59)	<input checked="" type="checkbox"/> Older Adult (60+)
Total FY 18/19 Cost	\$129,340.92	Cost per Participant (FY 18/19)		\$1500-\$3000
FY 18/19 # Served	25	FY 19/20 Fiscal Allocation		\$134,500

\*Indirectly serves these age groups.

### Population Served

Graduate and Undergraduate students

### Program Description

This program included the financial incentive of educational stipends provided for select categories of clinical training opportunities such as graduate students that are fluent in the County's threshold language of Spanish and MHA Internship program. Applicants that are bilingual in Spanish/English received an advanced standing in the application process.

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

### Program Highlights

#### Program Highlights: FY 18/19

- 25 students placed in Clinical and Paraprofessional MHA Internships in FY 18/19 and 7 Bi-lingual MSW Trainees and 10 MHA interns received educational stipends
- **52%** of the (13 of 25) students were fluent in Spanish

### Successes

N/A

### Challenges and Mitigation

None.

### FY 19/20 Program Impacts

None.

### FY 20/21, 21/22, 22/23 Program Impacts

None.

## *4.5 Capital Facilities and Technological Needs (CFTN)*

The CFTN component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

Funds expired on June 30, 2018. At this time, all services have been and will continue to be absorbed by VCBH administrative functions.

# PROGRAM & EXPENDITURE PLAN



## 5.1 FY 2019/20 Mental Health Services Act Annual Update

The following are updates to FY 19/20 by component.

### Community Services & Supports (CSS)

- The Wellness Centers (TAY and Adult) and Growing Works Program will continue in CSS.
- Peer Support & Case Management Services provision may be expanded.
- Rapid Integrated Support & Engagement (RISE) TAY Expansion grant will be monitored for incorporation into CSS Outreach and Engagement once grant expires.
- The Office of Statewide Health Planning and Development (OSHPD) Education & Training Matching Program will be introduced.
- Transformational Liaison services will not continue.
- Case Management for Permanent Supported Housing may be added to support these clients.
- Therapeutic Transport Vehicles (TTV) will be introduced to support crisis intervention and stabilization. The budget for these is included in the County-Wide Crisis Team projections going forward through FY 22/23 in proceeding sections of the MHSA budget.

### Prevention and Early Intervention (PEI)

- Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools program was initiated during FY 19/20 to serve school aged children and youth.
- Early Detection & Intervention for the Prevention of Psychosis (EDIPP) was moved in-house from an external provider.
- Logrando Bienestar Expansion is a new addition under PEI increasing the access and linkage capability of PEI programming for K-6<sup>th</sup> in the schools. This includes education to support the PEI Prevention category.
- An Older Adult Intervention program provided by Ventura County Area Agency on Aging (VCAAA) was implemented to address this special population and their unique needs.
- The American Foundation for Suicide Prevention Program is to continue for equipping Ventura County community and potential first responders with tools to identify those at risk of suicide and respond accordingly.
- La Clave Education & Training will be a new addition to outreach to recognize early signs of mental illness, especially with in those with psychosis. This program is in support of early intervention programming and targets the Latino community.
- The Crisis Intervention Team (CIT) using law enforcement personnel will undergo re-vamping of services to assess for a higher level of training and expanded partnerships.

### Innovation (INN)

- The Children's Accelerated Access to Treatment and Services (CAATS) ends in 19/20 and will be absorbed by other non-MHSA funding.
- The Youth Program (Conocimiento) is being introduced as new in 19/20.
- The Full-Service Partnership Multi-County Project is planned to begin this year in partnership with other Counties if approved.
- FSP Data Exchange Project is being proposed in FY 19/20.

### Workforce Education and Training (WET)

There are no changes to WET during FY 19/20, but through Southern California Regional Partnership (SCRIP) there will be new programs coming over the next 3-year period.

### Capital Facilities and Technological Needs (CFTN)

This component has depleted the funding and does not apply to FY 19/20.

## 5.2 Mental Health Services Act Prudent Reserve Assessment/Reassessment

State of California  
Health and Human Services Agency

Department of Health Care Services

### MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Ventura

Fiscal Year: 2018-19

**Local Mental Health Director**

Name: Sevet Johnson, PsyD

Telephone: 805-981-2214

Email: sevet.johnson@ventura.org

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

*Adm*  
*Sevet*  
Sevet Johnson, PsyD

Local Mental Health Director (PRINT NAME)

*Sevet Johnson*  
Signature

*9/16/19*  
Date

<sup>1</sup> Welfare and Institutions Code section 5892 (b)(2)  
DHCS 1819 (02/19)



## Ventura County Behavioral Health

### FY 18-19 - Calculation of the Maximum Prudent Reserve Level

Pursuant to AB114 and SB192, and as explained in DHCS Information Notice 19-017, Ventura County is required to maintain a Prudent Reserve Funding level balance that does not exceed 33% of the average CSS revenue received in the preceding 5 years. The DHCS IN# 19-017 also provides the methodology to calculate the following Prudent Reserve maximum level which is utilized below.

		Revised Calculation
Fiscal Years	Mental Health Services Fund amount from the SCO YTD Report	Mental Health Services Fund amount from MHSUDS Info Notice # 19-037
FY 2013-14	\$ 25,730,030	25,375,347
FY 2014-15	36,016,136	35,353,830
FY 2015-16	29,808,249	29,743,954
FY 2016-17	37,828,722	37,929,811
FY 2017-18	41,513,848	40,893,418
Ventura County MHS Fund 5 year total	\$ 170,896,986	169,296,360
CSS Component Allocation Percentage	76%	76%
76% of Ventura's 5 year MHS Fund total	129,881,709	128,665,234
Average Amount Allocated to CSS Component	\$ 25,976,342	\$ 25,733,047
<b>Prudent Reserve Maximum (33% of above)</b>	<b>\$ 8,572,193</b>	<b>\$ 8,491,905</b>

Ventura's existing Prudent Reserve level as presented in the FY19-20 annual update is \$8,572,193 which exceeds the maximum level allowed by \$80,287. Ventura plans to transfer the excess from the Prudent Reserve to both CSS and PEI in accordance with IN# 19-017 in the FY20/21 annual update.



## 5.3 FY 20/21 through 22/23 Program and Expenditure Plan

### Introduction

The following sections address highlights to FY 20/21 through 22/23. Unchanged programming is not addressed below yet is included in the funding worksheets.

### Community Services & Supports (CSS)

- The programs that fall under the Full Service Partnership (FSP) category will undergo adjustments to fulfill required CSS spending of greater than fifty percent. This may impact other CSS programs.
- The Assisted Outpatient Treatment (AOT) may be absorbed by MHSA due to conclusion of Substance Abuse and Mental Health Services Administration (SAHMSA) grant in FY 21/22.
- The Peer Support & Case Management Services will continue from FY 19/20.
- The Rapid Integrated Support & Engagement (RISE) TAY Expansion Program may be absorbed by MHSA due to grant conclusion during this 3-year period pending funding availability.
- The introduction of the Office of Statewide Health Planning and Development (OSHPD) Education & Training Matching Program will require expenditures of CSS funds for participation.
- The need for Case Management for Housing clients will be addressed during this period.
- Therapeutic Transport Vehicles (TTV) will continue to support crisis intervention and stabilization. The budget for these is included in the Crisis Team projections going forward through FY 22/23 in proceeding sections of the MHSA budget.

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet						
County: Ventura				Date: 01/24/2020		
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adults FSP Program	9,127,373	4,559,732	3,738,435	0	0	829,205
Vista (Telecare)	905,926	616,368	283,149			6,409
Assist (Laura’s Law)	1,183,002	61,312	497,173			624,517
Transitions	655	355	289	0	0	11
MHS EPICS Adults Intensive	1,381,639	1,040,725	338,833			2,080
Screening, Triage, Assessment and Referral (STAR)	32,811	24,656	7,815	0	0	340

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura				Date: 01/24/2020		
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
TAY						
TAY FSP	1,109,234	654,095	442,323			12,816
Transitional Age Youth (TAY) Outpatient (Transitions)	867,604	469,658	383,325			14,621
MHS EPICS Adults Intensive	12,726	9,586	3,121	0	0	19
Assist (Laura’s Law)	230,707	11,957	96,958			121,792
Child						
Youth FSP	326,675	219,123	95,216		0	12,336
Family Access Support Team (FAST)	949,851	728,179				221,672
County-Wide Crisis Team (CT)	155,153	122,501	31,594			1,059
Crisis Residential Treatment (CRT)	332,366	158,076	169,010			5,280
Crisis Stabilization Unit (CSU)	33,699	27,787	5,464			448
Fillmore Community Project	20,205	10,929	9,234			42
Older Adults						
Older Adults FSP Program	1,793,586	1,284,626	502,205	0	0	6,755
MHS EPICS Adults Intensive	415,207	312,756	101,825			625
Assist (Laura’s Law)	33,673	1,745	14,151			17,776
Non-FSP Programs						
The Client Network (CN)	72,523	66,088				6,435
CSS-SD-RISE TAY	761,808	0	100,383	0	0	661,425
VCBH Outreach	101,878	70,782	31,096			
County-Wide Crisis Team (CT)	3,723,675	2,940,013	758,244			25,418

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Screening, Triage, Assessment and Referral (STAR)	3,248,270	2,440,933	773,666			33,671
Crisis Stabilization Unit (CSU)	3,336,238	2,750,941	540,904	0	0	44,393
Rapid Integrated Support and Engagement (RISE)	989,065	242,298	103,065	0	0	643,701
Quality of Life (QOL)Improvement	333,779	333,779	0	0	0	0
Crisis Residential Treatment (CRT)	1,744,921	829,900	887,300	0	0	27,721
Fillmore Community Project	653,309	353,385	298,564	0	0	1,360
Older Adult Treatment (Non- FSP)	30,211	22,756	7,409	0	0	45
Adult Treatment (Non-FSP)	12,099,075	6,044,296	4,955,600	0	0	1,099,179
Transitional Age Youth (TAY) Outpatient (Transitions)	1,662,188	899,788	734,388	0	0	28,012
TAY Wellness Center: Pacific Clinics	592,000	592,000	0	0	0	0
Assist (Laura's Law)	237,437	12,306	99,786	0	0	125,345
Growing Works	300,000	300,000	0	0	0	0
Adult Wellness Center - Turning Point	505,849	461,085	0	0	0	44,764

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Therapeutic Transport Vehicles	470,000	0	0	0	0	470,000
CSS Administration	7,066,503	4,447,961	1,802,609	0	0	815,933
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	56,840,816	33,122,477	17,813,134	0	0	5,905,205
FSP Programs as Percent of Total	57.1%					

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Community Services and Supports (CSS) Component Worksheet**

County: Ventura		Date: 01/24/2020					
		Fiscal Year 2020-21					
		Date:	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
Adult							
Adults FSP Program	9,401,194	4,696,524	3,850,588	0	0	854,082	
Vista (Telecare)	933,104	634,859	291,644	0	0	6,601	
Assist (Laura’s Law)	1,218,492	706,404	512,088	0	0	0	
Transitions	675	365	298	0	0	11	
MHS EPICS Adults Intensive	1,423,088	1,071,947	348,998	0	0	2,143	
Screening, Triage, Assessment and Referral (STAR)	33,795	25,396	8,049	0	0	350	
TAY							
TAY FSP	1,142,511	673,718	455,593	0	0	13,200	
Transitional Age Youth (TAY) Outpatient (Transitions)	893,633	483,748	394,825	0	0	15,060	
MHS EPICS ADULTS INTENSIVE	13,108	9,874	3,215	0	0	20	
Assist (Laura’s Law)	237,628	137,762	99,867	0	0	0	
Child							
Youth FSP	336,475	225,697	98,072	0	0	12,706	
Family Access Support Team (FAST)	978,346	750,024	0	0	0	228,322	
County-Wide Crisis Team (CT)	159,808	126,176	32,541	0	0	1,091	
Crisis Residential Treatment (CRT)	342,337	162,818	174,080	0	0	5,439	
Crisis Stabilization Unit (CSU)	34,710	28,621	5,628	0	0	462	
Fillmore Community Project	20,812	11,257	9,511	0	0	43	

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Community Services and Supports (CSS) Component Worksheet**

County: Ventura				Date: 01/24/2020		
	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Older Adults						
Older Adults FSP Program	1,847,393	1,323,165	517,271	0	0	6,958
MHS EPICS Adults Intensive	427,663	322,139	104,880	0	0	644
Assist (Laura’s Law)	34,682	20,107	14,576	0	0	0
Non-FSP Programs						
The Client Network (CN)	74,699	68,071	0	0	0	6,628
CSS-SD-RISE TAY	784,662	0	103,394	0	0	681,268
VCBH Outreach	104,934	72,905	32,029	0	0	0
County-Wide Crisis Team (CT)	3,835,385	3,028,213	780,991	0	0	26,180
Screening, Triage, Assessment and Referral (STAR)	3,345,718	2,514,161	796,876	0	0	34,681
Crisis Stabilization Unit (CSU)	3,436,325	2,833,469	557,131	0	0	45,725
Rapid Integrated Support and Engagement (RISE)	1,018,737	249,567	106,157	0	0	663,012
Quality of Life (QOL)Improvement	343,792	343,792	0	0	0	0
Crisis Residential Treatment (CRT)	1,797,268	854,797	913,919	0	0	28,552
Fillmore Community Project	672,908	363,986	307,521	0	0	1,401
Older Adult Treatment (Non-FSP)	31,117	23,439	7,631	0	0	47
Adult Treatment (Non-FSP)	12,462,048	6,225,625	5,104,268	0	0	1,132,155

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura				Date: 01/24/2020		
	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Transitional Age Youth (TAY) Outpatient (Transitions)	1,712,054	926,782	756,420	0	0	28,852
TAY Wellness Center: Pacific Clinics	609,760	609,760	0	0	0	0
Assist (Laura’s Law)	244,560	141,780	102,780	0	0	0
Growing Works	309,000	309,000	0	0	0	0
Adult Wellness Center - Turning Point	521,025	474,918	0	0	0	46,107
Therapeutic Transport Vehicles	2,318,766	164,624	0	0	0	2,154,142
DSH Diversion Grant	1,186,847	172,181	358,991	0	0	655,675
CSS Administration	7,278,498	4,581,400	1,856,687	0	0	840,411
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	61,567,551	35,369,071	18,706,519	0	0	7,491,968
FSP Programs as Percent of Total	55.1%					

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Community Services and Supports (CSS) Component Worksheet**

County: Ventura				Date: 01/24/2020		
	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adults FSP Program	9,683,230	4,837,420	3,966,106	0	0	879,704
Vista (Telecare)	961,097	653,905	300,393	0	0	6,799
Assist (Laura’s Law)	1,255,047	727,596	527,451	0	0	0
Transitions	695	376	307	0	0	12
MHS EPICS Adults Intensive	1,465,781	1,104,106	359,468	0	0	2,207
Screening, Triage, Assessment and Referral (STAR)	34,809	26,157	8,291	0	0	361
TAY						
TAY FSP	1,176,786	693,930	469,261	0	0	13,596
Transitional Age Youth (TAY) Outpatient (Transitions)	920,442	498,260	406,670	0	0	15,512
MHS EPICS ADULTS INTENSIVE	13,502	10,170	3,311	0	0	20
Assist (Laura’s Law)	244,757	141,894	102,863	0	0	0
Child						
Youth FSP	346,569	232,468	101,014	0	0	13,087
Family Access Support Team (FAST)	1,007,697	772,525	0	0	0	235,172
County-Wide Crisis Team (CT)	164,602	129,961	33,518	0	0	1,124
Crisis Residential Treatment (CRT)	352,607	167,703	179,302	0	0	5,602
Crisis Stabilization Unit (CSU)	35,752	29,480	5,796	0	0	476
Fillmore Community Project	21,436	11,595	9,796	0	0	45



**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Crisis Stabilization Unit (CSU)	35,752	29,480	5,796	0	0	476
Fillmore Community Project	21,436	11,595	9,796	0	0	45
Older Adults						
Older Adults FSP Program	1,902,815	1,362,860	532,789	0	0	7,166
MHS EPICS Adults Intensive	440,493	331,803	108,027	0	0	663
Assist (Laura's Law)	35,723	20,710	15,013	0	0	0
<b>Non-FSP Programs</b>						
The Client Network (CN)	76,940	70,113	0	0	0	6,827
CSS-SD-RISE TAY	808,203	394,710	106,496	0	0	306,996
VCBH Outreach	108,082	75,092	32,990	0	0	0
County-Wide Crisis Team (CT)	3,950,446	3,119,059	804,421	0	0	26,966
Screening, Triage, Assessment and Referral (STAR)	3,446,089	2,589,586	820,782	0	0	35,722
Crisis Stabilization Unit (CSU)	3,539,415	2,918,473	573,845	0	0	47,097
Rapid Integrated Support and Engagement (RISE)	1,049,299	257,054	109,342	0	0	682,902
Quality of Life (QOL)Improvement	354,106	354,106	0	0	0	0
Crisis Residential Treatment (CRT)	1,851,186	880,441	941,336	0	0	29,409
Fillmore Community Project	693,095	374,906	316,746	0	0	1,443
Older Adult Treatment (Non-FSP)	32,050	24,142	7,860	0	0	48
Adult Treatment (Non-FSP)	12,835,909	6,412,394	5,257,396	0	0	1,166,119

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet						
County: Ventura	Date: 01/24/2020					
	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Transitional Age Youth (TAY) Outpatient (Transitions)	1,763,415	954,585	779,112	0	0	29,717
TAY Wellness Center: Pacific Clinics	628,053	628,053	0	0	0	0
Assist (Laura's Law)	251,896	146,033	105,863	0	0	0
Growing Works	318,270	318,270	0	0	0	0
Adult Wellness Center - Turning Point	536,655	489,165	0	0	0	47,490
Therapeutic Transport Vehicles	2,285,329	2,285,329	0	0	0	0
DSH Diversion Grant	1,622,104	175,914	573,129			873,061
CSS Administration	7,496,853	4,718,842	1,912,388	0	0	865,623
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	63,711,230	38,939,183	19,471,081	0	0	5,300,966
FSP Programs as Percent of Total	51.5%					

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura	Date: 01/24/2020					
	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adults FSP Program	9,973,726	4,982,542	4,085,089	0	0	906,095
Vista (Telecare)	989,930	673,522	309,405	0	0	7,003
Assist (Laura’s Law)	1,292,698	749,424	543,274	0	0	0
Transitions	716	387	316	0	0	12
MHS EPICS Adults Intensive	1,509,754	1,137,229	370,252	0	0	2,273
Screening, Triage, Assessment and Referral (STAR)	35,853	26,942	8,539	0	0	372
TAY						
TAY FSP	1,212,090	714,748	483,339	0	0	14,004
Transitional Age Youth (TAY) Outpatient (Transitions)	948,055	513,208	418,870	0	0	15,977
MHS EPICS ADULTS INTENSIVE	13,907	10,475	3,410	0	0	21
Assist (Laura’s Law)	252,100	146,151	105,948	0	0	0
Child						
Youth FSP	356,966	239,442	104,045	0	0	13,479
Family Access Support Team (FAST)	1,037,927	795,700	0	0	0	242,227
County-Wide Crisis Team (CT)	169,540	133,860	34,523	0	0	1,157
Crisis Residential Treatment (CRT)	363,185	172,734	184,681	0	0	5,770
Crisis Stabilization Unit (CSU)	36,824	30,364	5,970	0	0	490
Fillmore Community Project	22,079	11,943	10,090	0	0	46

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Community Services and Supports (CSS) Component Worksheet**

County: Ventura				Date: 01/24/2020		
	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Older Adults						
Older Adults FSP Program	1,959,900	1,403,745	548,773	0	0	7,381
MHS EPICS Adults Intensive	453,708	341,757	111,267	0	0	683
Assist (Laura’s Law)	36,795	21,331	15,464	0	0	0
Non-FSP Programs						
The Client Network (CN)	79,248	72,216	0	0	0	7,032
CSS-SD-RISE TAY	832,448	722,757	109,691	0	0	0
VCBH Outreach	111,325	77,345	33,980	0	0	0
County-Wide Crisis Team (CT)	4,068,960	3,212,631	828,554	0	0	27,775
Screening, Triage, Assessment and Referral (STAR)	3,549,472	2,667,273	845,405	0	0	36,793
Crisis Stabilization Unit (CSU)	3,645,597	3,006,027	591,061	0	0	48,510
Rapid Integrated Support and Engagement (RISE)	1,080,778	264,766	112,622	0	0	703,390
Quality of Life (QOL)Improvement	364,729	364,729	0	0	0	0
Crisis Residential Treatment (CRT)	1,906,722	906,854	969,577	0	0	30,291
Fillmore Community Project	713,888	386,153	326,249	0	0	1,486
Older Adult Treatment (Non-FSP)	33,012	24,866	8,096	0	0	50
Adult Treatment (Non-FSP)	13,220,986	6,604,766	5,415,118	0	0	1,201,103
Transitional Age Youth (TAY) Outpatient (Transitions)	1,816,317	983,223	802,486	0	0	30,609

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
TAY Wellness Center: Pacific Clinics	646,894	646,894	0	0	0	0
Assist (Laura's Law)	259,453	150,414	109,039	0	0	0
Growing Works	327,818	327,818	0	0	0	0
Adult Wellness Center - Turning Point	552,755	503,840	0	0	0	48,915
Therapeutic Transport Vehicles	2,353,889	2,353,889	0	0	0	0
DSH Diversion Grant	1,671,132	181,144	590,525			899,463
CSS Administration	7,721,758	4,860,407	1,969,759	0	0	891,592
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	65,622,931	40,423,518	20,055,415	0	0	5,143,998
FSP Programs as Percent of Total	51.1%					

## Prevention & Early Intervention (PEI)

This section is written based on correspondence from the Mental Health Services Oversight & Accountability Commission (Commission) dated January 27, 2020 instructing Counties regarding priorities set forth in Senate Bill 1004 (SB1004) and impacting Welfare and Institutions Code Section 5840.7. According to SB1004, the Commission was to amplify on the priorities in SB1004 by January 2020 and submit to Counties for implementation, thus the letter cited above. The letter reads that the Commission has not yet established priorities at the time the letter was written so there are no additional priorities to those specifically called out in WIC 5840.7(a) to be included in this Three-Year Program and Expenditure Plan. However, Counties are instructed to meet the requirements of WIC 5840.7(d)(1) by showing in the PEI component section how these priorities are going to be addressed during the planning period. These priorities cited in WIC 5840.7(a)(1) through (8) are as follows:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
4. Culturally competent and linguistically appropriate prevention and intervention.
5. Strategies targeting the mental health needs of older adults.
6. Other programs the commission identifies, with stakeholder participation that are proven effective in achieving, and are reflective of, the goals stated in Section 5840.

All the above are being addressed in current programming with stakeholder involvement. Details regarding PEI programming and results are in the PEI Evaluation Report, Appendix D.

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Prevention & Early Intervention (PEI) Component Worksheet						
County: Ventura				Date: 01/24/2020		
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach, Referral & Engagement (OR&E) Programs						
One Step a la Vez	55,000	55,000				
Project Esperanza	55,000	55,000				
Tri County Glad	55,000	55,000				
Wellness EveryDay	100,000	100,000				
American Foundation for Suicide Prevention	96,060	96,060				
Logrando Bienestar	1,002,161	1,002,161				

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Prevention & Early Intervention (PEI) Component Worksheet**

County: Ventura			Date: 01/24/2020			
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Primary Care Program						
Primary Care Integration - Clinicas	300,000	300,000				
Promotoras Programs						
Promotoras - MICOP	60,000	60,000				
Promotoras Y Promotores (Santa Paula)	40,000	40,000				
K-12						
K-12 Prevention	2,066,131	2,066,131				
LGBTQ						
Diversity Collective	50,000	50,000				
PEI Programs - Early Intervention						
Primary Care Integration - VCBH	1,234,218					1,234,218
EDIPP	380,000	182,400	83,600			114,000
Old Adults - VCAAA	300,000	300,000				
La Clave	150,000	150,000				
PEI RISE Outreach	287,872	287,872				
National Alliance on Mental Illness (NAMI)	158,423	158,423				
COMPASS	1,693,846	1,343,132	350,714			
Crisis Intervention Team (CIT)						
Crisis Intervention Team (CIT) Training	100,000	100,000				
PEI Administration	2,297,225	1,906,951	141,890			248,384
PEI Assigned Funds	77,165	77,165				
Total PEI Program Estimated Expenditures	10,558,101	8,385,295	576,204	0	0	1,596,602

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Prevention & Early Intervention (PEI) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Outreach, Referral &amp; Engagement (OR&amp;E) Programs</b>						
One Step a la Vez	56,650	56,650				
Project Esperanza	56,650	56,650				
Tri County Glad	56,650	56,650				
Wellness EveryDay	103,000	103,000				
American Foundation for Suicide Prevention	123,810	123,810				
Logrando Bienestar	1,532,665	1,532,665				
<b>Primary Care Program</b>						
Primary Care Integration - Clinicas	300,000	300,000				
<b>Promotoras Programs</b>						
Promotoras - MICOP	61,800	61,800				
Promotoras Y Promotores (Santa Paula)	41,200	41,200				
<b>K-12</b>						
K-12 Prevention	2,002,540	2,002,540				
<b>LGBTQ</b>						
Diversity Collective	51,500	51,500				
<b>PEI Programs - Early Intervention</b>						
Primary Care Integration - VCBH	260,533	0	0	0	0	260,533
EDIPP	500,000	240,000	110,000	0	0	150,000
Old Adults - VCAAA	600,000	600,000	0	0	0	0
La Clave	300,000	300,000	0	0	0	0
PEI RISE Outreach	296,508	296,508	0	0	0	0
National Alliance on Mental Illness (NAMI)	163,176	163,176	0	0	0	0
COMPASS	1,744,661	1,383,426	361,235	0	0	0



**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Prevention & Early Intervention (PEI) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Crisis Intervention Team (CIT)</b>						
Crisis Intervention Team (CIT) Training	200,000	200,000				
<b>MHSSA Grant*</b>	1,489,717					1,489,717
<b>PEI Administration</b>	2,366,141	1,964,160	146,146	0	0	255,835
<b>PEI Assigned Funds</b>	77,551	77,551				
<b>Total PEI Program Estimated Expenditures</b>	12,384,752	9,611,286	617,381	0	0	2,156,085

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Outreach, Referral &amp; Engagement (OR&amp;E) Programs</b>						
One Step a la Vez	58,350	58,350				
Project Esperanza	58,350	58,350				
Tri County Glad	58,350	58,350				
Wellness EveryDay	106,090	106,090				
American Foundation for Suicide Prevention	127,524	127,524				
Logrando Bienestar	1,578,645	1,578,645				
<b>Primary Care Program</b>						
Primary Care Integration - Clinicas	300,000	300,000				
<b>Promotoras Programs</b>						
Promotoras - MICOP	63,654	63,654				
Promotoras Y Promotores (Santa Paula)	42,436	42,436				
<b>K-12</b>						
K-12 Prevention	2,015,199	2,015,199				
<b>LGBTQ</b>						
Diversity Collective	53,045	53,045				
<b>PEI Programs - Early Intervention</b>						
Primary Care Integration - VCBH	268,349	0	0	0	0	268,349
EDIPP	515,000	247,200	113,300	0	0	154,500
Old Adults - VCAAA	600,000	600,000	0	0	0	0
La Clave	309,000	309,000	0	0	0	0
PEI RISE Outreach	305,403	305,403	0	0	0	0

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Prevention & Early Intervention (PEI) Component Worksheet**

County: Ventura Date: 01/24/2020

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
National Alliance on Mental Illness (NAMI)	168,071	168,071				
COMPASS	1,797,001	1,424,929	372,072	0	0	0
<b>Crisis Intervention Team (CIT)</b>						
Crisis Intervention Team (CIT) Training	206,000	206,000				
<b>MHSSA Grant*</b>	1,447,079					1,447,079
<b>PEI Administration</b>	2,437,125	2,023,084	150,531	0	0	263,510
<b>PEI Assigned Funds</b>	77,938	77,938				
<b>Total PEI Program Estimated Expenditures</b>	12,592,609	9,823,268	635,903	0	0	2,133,438

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Prevention & Early Intervention (PEI) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Outreach, Referral &amp; Engagement (OR&amp;E) Programs</b>						
One Step a la Vez	60,100	60,100				
Project Esperanza	60,100	60,100				
Tri County Glad	60,100	60,100				
Wellness EveryDay	109,273	109,273				
American Foundation for Suicide Prevention	131,350	131,350				
Logrando Bienestar	1,626,004	1,626,004				
<b>Primary Care Program</b>						
Primary Care Integration - Clinicas	300,000	300,000				
<b>Promotoras Programs</b>						
Promotoras - MICOP	65,564	65,564				
Promotoras Y Promotores (Santa Paula)	43,709	43,709				
<b>K-12</b>						
K-12 Prevention	0	0				
<b>LGBTQ</b>						
Diversity Collective	54,636	54,636				
<b>PEI Programs - Early Intervention</b>						
Primary Care Integration - VCBH	276,399	0	0	0	0	276,399
EDIPP	530,450	254,616	116,699	0	0	159,135
Old Adults - VCAAA	600,000	600,000	0	0	0	0
La Clave	318,270	318,270	0	0	0	0
PEI RISE Outreach	314,566	314,566	0	0	0	0
National Alliance on Mental Illness (NAMI)	173,113	173,113				
COMPASS	1,850,911	1,467,677	383,235	0	0	0

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Prevention & Early Intervention (PEI) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Crisis Intervention Team (CIT)</b>						
Crisis Intervention Team (CIT) Training	212,180	212,180				
<b>MHSSA Grant*</b>	1,504,082					1,504,082
<b>PEI Administration</b>	2,510,239	2,083,777	155,047	0	0	271,415
<b>PEI Assigned Funds</b>	78,328	78,328				
<b>Total PEI Program Estimated Expenditures</b>	10,879,375	8,013,363	654,981	0	0	2,211,031

## Innovation (INN)

- Healing the Soul ends in FY 20/21
- The Youth Program, Conocimiento, began 19/20 and continue through FY 22/23.
- Suicide Prevention - Bartenders as Gatekeepers established in 18/19, ending 20/21, disposition will be pending evaluation results.
- Push Technology was established 18/19, ends in 20/2 with disposition pending evaluation results.
- The Full Service Partnership (FSP) Multi-County Project, when approved, will run through FY 23/24.
- The FSP Data Information Exchange is to be proposed in FY 19/20 and planned to run though FY 22/23.

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Innovations Program (INN) Component Worksheet						
County: Ventura				Date: 01/24/2020		
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Healing the Soul	240,902	240,902				
Healing the Soul - Admin	20,190	14,345				5,846
Healing the Soul - Evaluation	11,346	7,497				3,849
Children’s Accelerated Access to Treatment and Services	541,050	299,452	241,109			489
Children’s Accelerated Access to Treatment and Services -Admin	45,346	32,217				13,129
Children’s Accelerated Access to Treatment and Services - Evaluation	25,482	16,838				8,644
Suicide Prevention Project: Bartenders as Gatekeepers	97,300	97,300				
Suicide Prevention Project: Bartenders as Gatekeepers -Admin	8,155	5,794				2,361
Suicide Prevention Project: Bartenders as Gatekeepers - Evaluation	4,583	3,028				1,554

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Innovations Program (INN) Component Worksheet						
County: Ventura				Date: 01/24/2020		
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Push Technology	174,420	174,420				
Push Technology- ADMIN	14,618	10,386				4,232
Push Technology- Evaluation	8,215	5,428				2,787
Conocimiento: Addressing ACEs through Core Competencies	230,731	230,731				
Conocimiento: Addressing ACEs through Core Competencies-Admin	19,338	13,739				5,599
Conocimiento: Addressing ACEs through Core Competencies- Evaluation	10,867	7,181				3,686
FSP Multi County Project	95,921	95,921				
FSP Multi County Project-Admin	8,039	5,712				2,328
FSP Multi County Project-Evaluation	4,518	2,985				1,532
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership	0	0				
INN Administration	469,259	401,798	67,373			87
Total INN Program Estimated Expenditures	2,030,280	1,665,674	308,482	0	0	56,123

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Innovations Program (INN) Component Worksheet						
County: Ventura	Date: 01/24/2020					
	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Healing the Soul	248,129	248,129				
Healing the Soul - Admin	16,619	11,807				4,812
Healing the Soul - Evaluation	9,160	6,053				3,107
Children's Accelerated Access to Treatment and Services (CAATS)	0					
Suicide Prevention: Bartenders as Gatekeepers	100,219	100,219				
Suicide Prevention: Bartenders as Gatekeepers-Admin	6,712	4,769				1,943
Suicide Prevention: Bartenders as Gatekeepers- Evaluation	3,700	2,445				1,255
Push Technology	179,653	179,653				
Push Technology- Admin	12,033	8,549				3,484
Push Technology- Evaluation	6,633	4,383				2,250
Conocimiento: Addressing ACEs through Core Competencies	220,115	220,115				
Conocimiento: Addressing ACEs through Core Competencies-Admin	14,742	10,474				4,268



**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Innovations Program (INN) Component Worksheet**

<b>County:</b> Ventura	<b>Date:</b> 01/24/2020					
	<b>Fiscal Year 2020-21</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
Conocimiento: Addressing ACEs through Core Competencies- Evaluation	8,127	5,370				2,757
FSP Multi County Project	465,554	465,554				
FSP Multi County Project-Admin	31,181	22,153				9,028
FSP Multi County Project-Evaluation	17,188	11,358				5,830
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership	1,493,350	1,493,350				
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership- Admin	40,186	28,551				11,635
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership- Evaluation	22,152	14,638				7,514
<b>INN Administration</b>	481,023	411,538	69,395	0	0	90
<b>Total INN Program Estimated Expenditures</b>	3,376,476	3,249,108	69,395	0	0	57,973

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Innovations Program (INN) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
Healing the Soul	0					
Children's Accelerated Access to Treatment and Services (CAATS)	0					
Suicide Prevention: Bartenders as Gatekeepers	0					
Push Technology	0					
Conocimiento: Addressing ACEs through Core Competencies	226,584	226,584				
Conocimiento: Addressing ACEs through Core Competencies-Admin	43,678	31,032				12,646
Conocimiento: Addressing ACEs through Core Competencies- Evaluation	23,619	15,607				8,012
FSP Multi County Project	235,063	235,063				
FSP Multi County Project-ADMIN	45,313	32,194				13,119
FSP Multi County Project-Evaluation	24,502	16,191				8,311
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership	256,281	256,281				
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership- Admin	38,553	27,391				11,162

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan**  
**Innovations Program (INN) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership- Evaluation	20,848	13,776				7,072
<b>INN Administration</b>	493,024	421,455	71,476	0	0	93
<b>Total INN Program Estimated Expenditures</b>	1,407,465	1,275,574	71,476	0	0	60,415

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
 Innovations Program (INN) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
Healing the Soul	0					
Children's Accelerated Access to Treatment and Services (CAATS)	0					
Suicide Prevention: Bartenders as Gatekeepers	0					
Push Technology	0					
Conocimiento: Addressing ACEs through Core Competencies	233,244	233,244				
Conocimiento: Addressing ACEs through Core Competencies-Admin	59,863	42,531				17,332
Conocimiento: Addressing ACEs through Core Competencies- Evaluation	31,754	20,983				10,771
FSP Multi County Project	88,557	88,557				
FSP Multi County Project-Admin	22,729	16,148				6,581
FSP Multi County Project-Evaluation	12,057	7,967				4,090

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Innovations Program (INN) Component Worksheet**

<b>County:</b> Ventura	<b>Date:</b> 01/24/2020					
	<b>Fiscal Year 2022-23</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership	261,486	261,486				
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership- Admin	51,331	36,469				14,862
FSP HCA/VCBH/Jails Data Information Exchange (HIE) & Data Sharing Partnership- Evaluation	27,228	17,992				9,236
<b>INN Administration</b>	505,264	431,548	73,621	0	0	95
<b>Total INN Program Estimated Expenditures</b>	1,293,513	1,156,925	73,621	0	0	62,967

## Workforce Education and Training (WET)

There are no changes to WET, but through Southern California Regional Partnership (SCRIP), there will be new programs.

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Workforce Education and Training (WET) Component Worksheet						
County: Ventura					Date: 01/24/2020	
	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	134,500	134,500				
WET Administration	0	0	0	0		0
Total WET Program Estimated Expenditures	134,500	134,500	0	0	0	0

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan**  
**Workforce Education and Training (WET) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2020-21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
Workforce Education & Training Stipends	138,535	138,535				
WET-OSHPD Match	269,749	269,749				
<b>WET Administration</b>	0	0				
<b>Total WET Program Estimated Expenditures</b>	408,284	408,284	0	0	0	0

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Workforce Education and Training (WET) Component Worksheet						
County: Ventura				Date: 01/24/2020		
	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	142,691	142,691				
WET Administration	0	0				
Total WET Program Estimated Expenditures	142,691	142,691	0	0	0	0



**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan**  
**Workforce Education and Training (WET) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
Workforce Education & Training Stipends	146,972	146,972				
<b>WET Administration</b>	0	0				
<b>Total WET Program Estimated Expenditures</b>	146,972	146,972	0	0	0	0

### Capital Facilities and Technological Needs (CFTN)

This component will not employ MHSa funds during this period since they have been depleted. Activities will be absorbed through other funding sources.

### FY 20/21 through 22/23 Three-Year Program and Expenditure Summary

FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet						
County: Ventura				Date: 01/24/2020		
	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	32,981,502	9,970,958	6,415,189		(0)	
2. Estimated New FY2019/20 Funding	30,865,880	7,716,470	2,030,650			
3. Transfer in FY2019/20	(214,778)			134,500		
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	63,632,604	17,687,428	8,445,839	134,500	(0)	
B. Estimated FY2019/20 MHSA Expenditures	33,122,477	8,385,295	1,665,674	134,500		

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>C. Estimated FY2020/21 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	30,510,127	9,302,133	6,780,165	0	(0)	
2. Estimated New FY2020/21 Funding	31,020,209	7,755,052	2,040,803			
3. Transfer in FY2020/21	(408,284)			408,284		
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	61,122,052	17,057,185	8,820,968	408,284	(0)	0
<b>D. Estimated FY2020/21 Expenditures</b>	35,369,068	9,611,286	3,249,108	408,284	0	
<b>E. Estimated FY2021/22 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	25,752,984	7,445,900	5,571,861	0	(0)	
2. Estimated New FY2021/22 Funding	31,175,310	7,793,828	2,051,007			
3. Transfer in FY2021/22	(142,691)			142,691		
4. Access Local Prudent Reserve in FY2021/22					(0)	

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan**  
**Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
5. Estimated Available Funding for FY2021/22	56,785,603	15,239,728	7,622,868	142,691	(0)	
<b>F. Estimated FY2021/22 Expenditures</b>	38,939,183	9,823,267	1,219,293	0		
<b>G. Estimated FY2022/23 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	17,846,420	5,416,460	6,347,294	(0)	(0)	
2. Estimated New FY2022/23 Funding	31,331,187	7,832,797	2,061,262			
3. Transfer in FY2022/23	(146,972)			146,972		
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	49,030,635	13,249,256	8,408,556	146,972	(0)	

**FY 2019-20 Through FY 2022-23 Four-Year Mental Health Services Act Expenditure Plan**  
**Community Services and Supports (CSS) Component Worksheet**

County: Ventura

Date: 01/24/2020

	Fiscal Year 2019-20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>H. Estimated FY2022/23 Expenditures</b>	40,423,518	8,013,363	1,156,925	146,972	0	
<b>I. Estimated FY2022/23 Unspent Fund Balance</b>	8,607,117	5,235,894	7,251,631	0	(0)	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	8,572,193
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	(80,287)
4. Estimated Local Prudent Reserve Balance on June 30, 2020	8,491,905
5. Contributions to the Local Prudent Reserve in FY 2020/21	0
6. Distributions from the Local Prudent Reserve in FY 2020/21	0
7. Estimated Local Prudent Reserve Balance on June 30, 2021	8,491,905
8. Contributions to the Local Prudent Reserve in FY 2021/22	0
9. Distributions from the Local Prudent Reserve in FY 2021/22	0
10. Estimated Local Prudent Reserve Balance on June 30, 2022	8,491,905
11. Contributions to the Local Prudent Reserve in FY 2022/23	0
12. Distributions from the Local Prudent Reserve in FY 2022/23	0
13. Estimated Local Prudent Reserve Balance on June 30, 2023	8,491,905

# PUBLIC COMMENTS





The MHSA 2020-2023 Program & Expenditure Plan/2019-2020 Update, received one substantive public comment (attached herein).

VCBH first would like to thank the First Five Program for submitting the attached comment. In response, VCBH utilizes MHSA funding in accordance with state priorities, regulations, SB1004 and the Countywide Needs Assessment. MHSA funds are utilized to ensure services are provided in accordance with regulations by filling gaps in services where programs either do not exist or there is a lack of or inadequacy of services to unserved or underserved populations. MHSA is considered the funding of last resort.

In Ventura County, the 0-5 population is served in many agencies outside of VCBH. First Five for example, contracts 0-5 programs such as Neighborhoods for Learning, which provides, preschool programs, parent education/Triple P, parent support services, developmental screening, nutrition education, Triple P Intensive Services, Mixtec Promotoras, resource and referrals. In addition, First Five provided parent leadership, education and outreach, teacher education support, community investment loans and information on the 5 Protective Factors.

VCBH provides trauma informed Specialty Mental Health and early intervention services to children and their families through the outpatient clinics, specialty programs, contractual agreements with Community Based Organizations, and in partnership with County agencies. Agencies in partnership with VCBH are Public Health, Ambulatory Care, Human Services, Tri-counties Regional Center, VCOE, Kids and Families Together, Casa Pacifica, New Dawn, Interface and Aspiranet; all provide any array of services to families with children 0-5. These services include developmental screenings, public health nursing, use of ACES in ambulatory settings, family preservation services, early prevention and intervention, parent education, therapeutic services to dependency children, EPSDT infant/child mental health. As part of the State reform, *Pathways to Wellbeing* and *Continuum of Care reform* (CCR), VCBH partners with Humans Services Agency to screen and refer every child that enters the Child Welfare Subsystem for mental health needs; all children 0-5 and caregivers are offered specialized attachment and trauma informed services. During calendar year 2019, 49% of children entering the system were ages 0-5 which supports VCBH's efforts regarding programming to meet the needs.

Currently, under SB1004, though the priorities have not been set by the MHSOAC, VCBH continues to be in alignment with both the Bill and the local Needs Assessment priorities. We fill the gaps for County 0-15 and TAY populations by providing; in-house clinical support for Early Psychosis; Outreach and Engagement with Logrando Beinestar, K-12 Office of Education countywide schools program, RISE staffing upcoming LaCLAVE and Mental Health Student Services Act grant (MHSSA) programs; Childhood Trauma in County K-12 Office of education program and ALL services to youth and families within the PEI and CSS components, and even in the Innovations component, listed within this report; Culturally and linguistically appropriate programs within all listed PEI programs, showcasing Logrando Beinestar, Our Lady of Guadalupe, Diversity Collective, One Step a la Vez and the upcoming LaCLAVE program.

In the current climate of COVID, the very real expectation is MHSA funding will see reductions in the coming three years. This is a time that VCBH will be streamlining programming to truly fill gaps in services and rely on those Community providers that are currently addressing specialty programs within their priority age category.



## Mental Health Services Act & First 5

### Background:

The Mental Health Services Act (MHSA) was passed by California voters in 2004 through Proposition 63 to provide funding for community-based mental health services and support. Programs funded by MHSA include both Stage 1 (early onset) and Stage 4 (late-stage) services. The Act was structured to require that 80 percent of MHSA revenue go toward services for people after mental illness has become disabling, while the remaining 20 percent of MHSA funding targets Prevention and Early Intervention (PEI) services that address the origins of mental health needs before the disease becomes disabling.

The Governor's January 2018 budget projected continued growth of MHSA funds, with an estimate of \$2.2 billion in revenue for the 2018-19 fiscal year. Approximately \$440 million of these funds are set aside specifically for PEI programs.

Currently, over a dozen First 5 county commissions and MHSA/Behavioral Health agencies blend funding to deliver an array of prevention and early intervention services that address childhood trauma.

### The Problem & Need for SB 1004:

A lack of standardization has resulted in a marked disparity in how counties are spending their PEI funds and broad inequities in the quality of mental health care families can access.

A recent state audit faulted the State Department of Health Care Services for failing to recover more than \$230 million in MHSA funds that counties did not spend by the timeline set out in MHSA statute. The bulk of that unspent money was targeted for PEI and innovation programs, underscoring the confusion in many counties about how best to spend these dollars and the state's failure to provide clear and consistent guidance.

SB 1004 would define five key categories that of how counties can spend PEI funds:

1. Early psychosis and mood disorder detection and intervention, across the life span;
2. Outreach and engagement strategies targeting secondary school, transition-age youth, with the priority on college partnerships;
3. Childhood trauma prevention and early intervention;
4. Culturally competent and linguistically appropriate prevention and intervention, across the lifespan;
5. Strategies targeting the mental health needs of older adults.

First 5 Association of CA provided amendments around the childhood trauma prevention components of the bill to: 1) ensure the bill recognized *systems of care*, not just mental health interventions, that reflect First 5 priorities; and 2) recognize that early childhood trauma prevention involves the whole family, not the individual. See SB 1004 crosswalk below.



SB 1004 Crosswalk	
Component of Bill	First 5 Aligned Systems & Priorities
<p>Definition of "childhood trauma prevention and early intervention":</p> <p><i>Programs that target children exposed to, or who are at risk of exposure to, adverse and traumatic childhood events and prolonged toxic stress in order to deal with the early origins of mental health needs and prevent long-term mental health concerns.</i></p>	<ul style="list-style-type: none"> <li>Connects trauma to Adverse Childhood Experiences (ACEs) and toxic stress to illuminate the impact of social and emotional trauma on child development</li> <li>Prioritizes preventative programs that address the early origins of mental health</li> </ul>
(2) Implementation of appropriate trauma and developmental screening and assessment tools with linkages to early intervention services to children that qualify for these services.	<ul style="list-style-type: none"> <li>Early identification and intervention navigation systems, like Help Me Grow</li> <li>Developmental screening expansion and connections to care</li> <li>Referrals and connections to developmental services</li> </ul>
(5) Multigenerational family engagement, education, and support for navigation and service referrals across systems that aid the healthy development of children and families.	<ul style="list-style-type: none"> <li>Family engagement (e.g.: home visiting, parent education, and early mental health programs) with linkages to across systems of care across all protective factors (e.g.: mental health, pediatric health, housing, employment, child care, etc.)</li> </ul>
(6) Linkages to primary care health setting, including, but not limited to, federally qualified health centers, rural health centers, and community-based providers, school-based health centers and centers, and school-based programs.	<ul style="list-style-type: none"> <li>Recognizing the health system of the backbone organization</li> <li>Encourage broader system coordination to the health system</li> <li>System navigation and coordination (e.g.: Help Me Grow)</li> </ul>
(8) Coordinated and blended funding streams to ensure individuals and families experiencing toxic stress have comprehensive and integrated supports across systems.	<ul style="list-style-type: none"> <li>Broader system coordination and integration to ensure agencies do not work in silos</li> <li>Encourage blended funding for program stability and coordination</li> </ul>

Questions? Contact: Margot Grant Gould, Policy Director, First 5 Association of CA:  
[margot@first5association.org](mailto:margot@first5association.org)



**Ventura County Behavioral Health Department**  
Mental Health Services Act

**MHSA 2020-2023 Program & Expenditure Plan/2019-2020 Update**  
**30-Day Public Comment – March 17 – April 18, 2020**  
**PUBLIC HEARING\* – April 20, 2020 @ 1:00 pm**  
Behavioral Health Advisory Board General Meeting

Ventura County Behavioral Health Department  
1911 Williams Drive Oxnard, 1<sup>st</sup> Floor Training Room, CA 93036  
\*Date is subject to change.

**Personal Information (optional)**

Name: Petra Puls  
Agency/Organization: First 5 Ventura County  
Phone Number: 805-648-9990 Email: ppuls@first5ventura.org  
Mailing address: 2580 E. Main Street, Suite 203; Ventura, CA 93003

**My Role in the Behavioral Health System**

Consumer                      Family Member                      Probation                      Education  
Service Provider              Social Services                      Law Enforcement      Other: Early Childhood \_\_\_\_\_

**Comment:**

First 5 Ventura County appreciates the opportunity to comment on the *MHSA 2020-2023 Program & Expenditure Plan/2019-2020 Update*. We commend VCBH for the tremendous work that was put into this planning process and for its efforts to partner with community agencies to address our community's mental health needs. First 5 Ventura County is the local public agency charged with administering Proposition 10 tobacco tax revenues to help young children receive the best possible start in life. As such, we have a particular interest in investments made in early childhood that will promote positive long term outcomes. A growing body of research points to the importance of the early years and their impact on outcomes later in life, such as academic achievement, employment, involvement in the justice system or public safety net programs, and health – including mental health!

In our reading of the current plan, we noticed a glaring omission of strategies and investments that specifically target young children (0-5) and their families. When programming aimed at children is mentioned, children are lumped together in a category with ages ranging from 0-15. This makes it difficult, if not impossible, to discern what services are accessible to young children. We were particularly interested to see proposals for the use of PEI funds given that one of the priority areas set forth in SB1004 is focused on "Childhood trauma prevention and early intervention to deal with the early origins of mental health needs." Again, we found no reference to services specifically addressing early childhood trauma and, thereby, early intervention services to ameliorate the impact of trauma or ACEs on long term mental and physical health outcomes. Researchers agree that cumulative adversity, especially when experienced during early childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation.

Given what we know about the impact of early adverse experiences and trauma, we believe there is a unique opportunity to work together to prevent childhood trauma (during ages 0-5) and intervene early to break cycles of intergenerational trauma and ensure things don't snowball into mental health crises in years to come.

We would like to conclude with a call to action to reach children 0-5 and their families well before a crisis has occurred. We urge VCBH to expand programs to identify children (ages 0-5) and families at risk of behavioral health problems early and provide appropriate, upstream prevention. By working with community partners, like F5VC, VCBH can play a critical role in creating a system of care designed specifically and intentionally for children 0-5 and their families. This would strengthen Ventura County's strategy for whole person care starting with our youngest. We look forward to exploring how we can partner together.

Please do not hesitate to reach out if I can answer any questions.

Best regards,

Petra Puls

Executive Director, First 5 Ventura County