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

WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA)

Annual Update 2020-2021

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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 20-21 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, Substance use Services 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.

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

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1.1 MHSA County Compliance Certification – Auditor and Director's Signature Page

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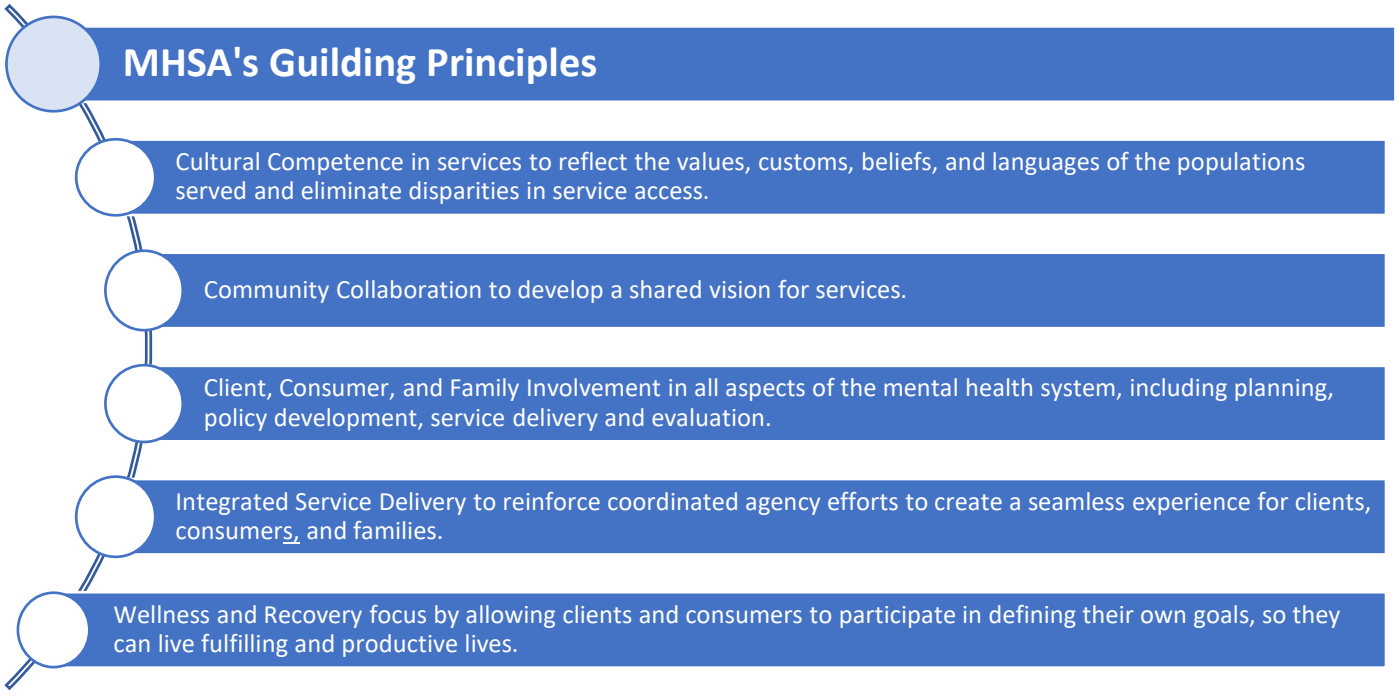
EXECUTIVE SUMMARY, COUNTY DESCRIPTION AND MHSA PROGRAM COMPONENTS

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:



2.2.1 MHSA PROGRAM COMPONENTS

2.2 Background

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 Capital facilities and Technology Needs money ended in 2018/2019. 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)
- Innovation (INN)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technology Needs (CF/TN) (ended)

The next section outlines programming and fiscal allocation by component for FY 20/21 (update). Reporting for FY 19/20 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 generally includes:

- MHSA team members lead, coordinate and manage all aspects of the CPP process.

Stakeholders representing various interests were afforded the opportunity to participate in the CPP process.

- Members of standing stakeholder groups such as the Behavioral Health Advisory Board (BHAB) representing Youth & Family, Transitional Age Youth (TAY) and Adults.
- Other participating stakeholders included representatives from the BHAB, community-based organizations, law enforcement, social services, faith-based organizations, public health, older adult agencies, probation, education, medical examiner, and clinical services.
- Clients with Serious and Persistent Mental Illness (SPMI) and families of clients with Serious Emotional Disturbance (SED), and their families.
- Countywide geographic representation monitored to promote and ensure that geographic areas and target populations were represented.
    - Transparency with the public and County organizations is imbedded in the structure by creating workgroups and community advisory groups.
    - Outreach and engagement took place to encourage and solicit participation, along with raising awareness of the process within the context of MHSA regular activities.
    - 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, additions, or omissions are bolded within the tables. Any changes from the three-year plan, delays due to the COVID-19 pandemic, or other alterations are noted and bolded. Specific fiscal allocations per program are listed in Section 5 under the Three-Year Expenditure Plan.

Community Services and Supports (CSS) Allocated Funds

Category	Program Name	Updates
Full Service Partnership (FSP)	Child/Youth FSP	**Delayed due to VOCID-19 pandemic – Currently planned to launch post FSP Multi-County Project.**
FSP	INSIGHTS Program (Youth FSP)	No programmatic change
FSP	Transition-Aged Youth (TAY) Transitions	No programmatic change
FSP	Assisted Outpatient Treatment (Laura's Law)	No programmatic change
FSP	VISTA	No programmatic change
FSP	In-House Adult (Adults FSP-Includes EPICS)	No programmatic change
FSP	Older Adult	No programmatic change
FSP Support – Peer & Case Management	Peer Support & Case Management Services	**Delayed due to COVID-19 pandemic to be assessed after Multi-County FSP project is completed**
General System Development (GSD)	EvalCorp Research & Consulting	No programmatic change
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) and RISE TAY Expansion	**Upon grant conclusion, MHSA to fill funding gap for peer positions**
O&E	County-Wide In-House Outreach	No programmatic change
GSD-Crisis Intervention & Stabilization	County-Wide Crisis Team (CT)	No programmatic change
GSD-Crisis Intervention & Stabilization	Crisis Stabilization Unit	No programmatic change

GSD-Crisis Intervention & Stabilization	Crisis Residential Treatment (CRT), 24-hr	No programmatic change
GSD-Individual Needs Assessment	Screening, Triage, Assessment, Referral (STAR)	No programmatic change
GSD-Treatment	In-House Specialty Mental Health Services (All age groups) – (Non FSP Adult Clinics)	No programmatic change
GSD-Peer Support	TAY Wellness Center	No programmatic change
GSD-Peer Support	Adult Wellness Center	No programmatic change
GSD-Peer Support	Client Network (CN)	**Moved to CPPP funding in 20/21**
GSD-Peer Support	Quality of Life (QoL)	**Continued as a program of the Adult Wellness Center mid-2019/2020**
GSD-Staff Development & Retention	OSHPD Education & Training Matching Program	Expend CSS funds to participate in program- WET
GSD-Peer Support	Growing Works	No programmatic change
GSD-Peer Service Coordination/Case Mgmt.	Family Access Support Team (FAST)	No programmatic change
GSD-Transportation	In-House Client Transportation Support	No programmatic change
GSD-Language Services	Interpreting Services	No programmatic change
Community Program Planning (CPP)	CPP Resourcing - up to 5% of CSS funding	No programmatic change
Housing-Board & Care (B&C)	Two Residential Care for the Elderly (RCFE)	No programmatic change
Housing-B&C	Five B&C Facilities	**One facility changed hands the facility name has changed**
Housing -TAY Transitional Housing Assistance	Telecare Casas B, C, D	No programmatic change
Housing- Permanent Supported Housing	Hillcrest Villa, Paseo De Luz, Paseo Del Rio, Paseo Santa Clara, Hillcrest Villa, La Rahada, Peppertree, Thompson Place	No programmatic change
Housing- Permanent Supported Housing	Expansion of Beds – No Place Like Home	**If awarded, project out a three year build**
Housing- Permanent Supported Housing	Case Management	**Requested New Staffing**

Prevention & Early Intervention (PEI) Allocated Funds

Category	Program Name	Updates
Prevention	One Step A La Vez	No programmatic change
Prevention	Project Esperanza	No programmatic change
Prevention	Tri-County GLAD	No programmatic change
Prevention	Promotores y Promotoras Foundation	No programmatic change
Prevention	Conexión Con Mis Compañeras- (Promotoras – MICOP)	**To be combined with Healing the Soul (INN) as one prevention services program**
Prevention	Wellness Everyday Outreach & Media	No programmatic changes
Prevention	Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools-(VCOE) SB1004	No programmatic changes
Prevention	Older Adult Intervention – Ventura County Area Agency on Aging (VCAAA)	No programmatic change
Prevention	MHSSA Grant-Wellness Centers K-12	Grant received and founded in 20/21
Prevention, Outreach to Recognize Signs of Mental Illness	Rainbow Umbrella Youth Support Groups and Recognize, Intervene, Support, Empower (RISE) – (Diversity Collective)	No programmatic change
Early Intervention	Comprehensive Assessment and Stabilization Services (COMPASS)	No programmatic change
Early Intervention	Primary Care Integration Program	No programmatic change
Early Intervention	Ventura County Prevention of Psychosis (VC POP) formerly: Early Detection & Intervention for the Prevention of Psychosis	**Name Changed in 20/21**
Early Intervention – Family Support	National Alliance on Mental Illness – Family Education Program	No programmatic change
Early Intervention – Outreach Support	La Clave Education & Training	**New training implemented in 20/21**
Outreach to Recognize Signs of Mental Illness	Crisis Intervention Team (CIT)-Law enforcement	**Postponed due to COVID-19 pandemic launching 21/22 Expanded crisis training refresher**
Stigma & Discrimination Reduction	In Our Own Voice - NAMI	No programmatic change
Access & Linkage to Treatment	Logrando Bienestar Expansion	No programmatic change

Innovation (INN) Allocated Funds

Category	Program Name	Update Description
INN	Healing the Soul	**Planned to continue services as a PEI program with the Conexión Con Mis Compañeras**
INN	Youth Program (Conocimiento)	Began 19/20, may be absorbed by PEI pending results 20/23
INN	Suicide Prevention - Bartenders as Gatekeepers	**Established in 18/19, ending 20/21, Training component to be continued**
INN	Push Technology	**Established 18/19, ending 20/21, evaluation demonstrated satisfaction but no effect.**
INN	FSP Multi-County Project	Established in 19/20
INN	FSP Data Exchange - Data Sharing (IPU, Jail and HMIS)	Established 20/21
INN	Mobile Mental Health Clinic and Non Urgent Care	**To be established 21/22**

Workforce Education and Training (WET) Allocated Funds

No programmatic change

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.

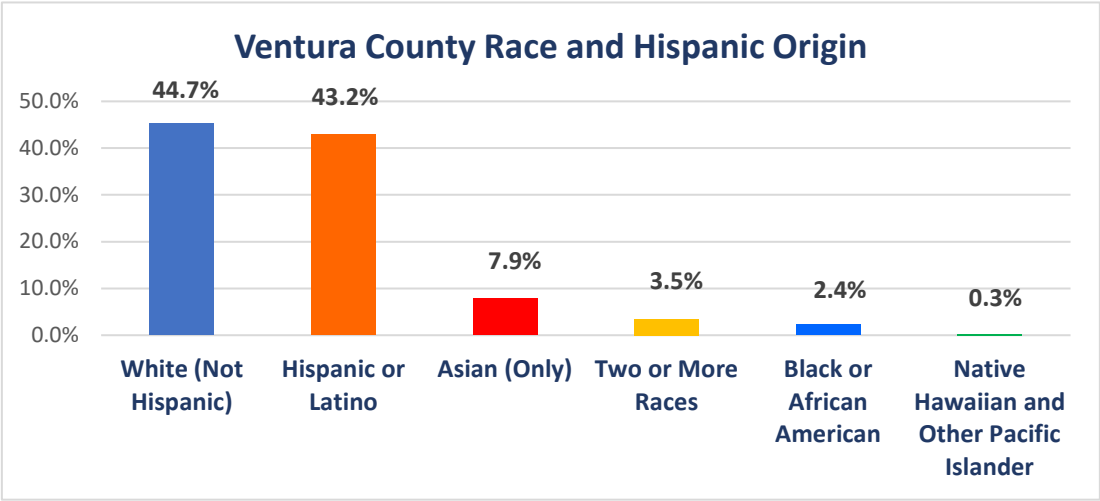
Ventura County is home to two universities (California State University Channel Islands and California Lutheran University), a small private college (Thomas Aquinas) and three community colleges (Oxnard, Ventura, and

Moorpark). Through these and other programs, Ventura County enjoys a strong structure for workforce development.

As of July 2019, the estimated population of Ventura County was 846,006. Hispanic or Latinos comprised 43.2% of the population and non-Hispanic or Latino comprised 44.7%. Approximately 22.6% of the population is under 18 years of age while 16.2% of County residents are 65 or older. Ventura County is also comprised of 21.8% foreign-born persons and 39,781 veterans.

The median household income (in 2019 dollars) was $88,131, and the per capita income was $38,595. However, 8.2% 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

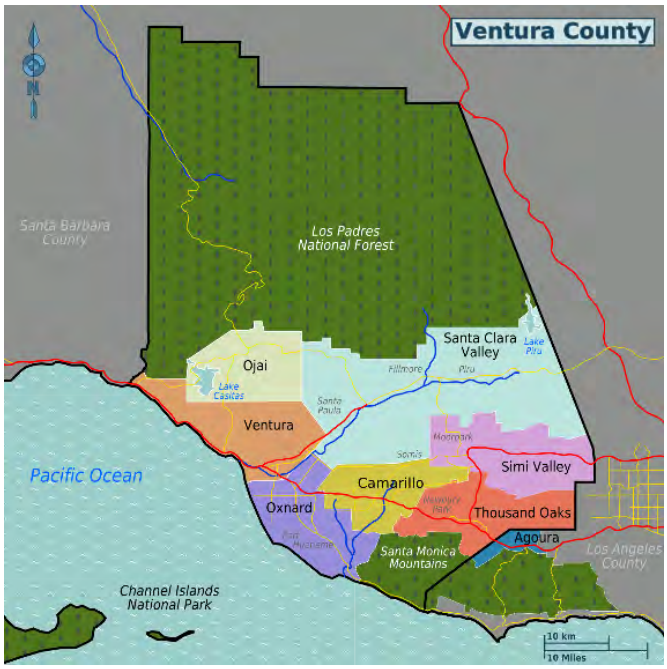
The Mental Health Services Act (MHSA) requires public involvement in the stakeholder process because it's is crucial in achieving an equitable three-year program plan and annual updates. Groups involved in the CPP process include consumers, law enforcement, personal advocacy groups, and health agencies. 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 in 2019 across the County in accordance with the commitment of VCBH (VCBH) to address the mental health needs of a diverse population. The findings continue to inform the CPP process.

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 and provides feedback throughout 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 19-20 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
District 3	Nancy Borchard	01/27/18 – 01/26/21
	Gane Brooking	01/13/19 – 01/12/22
	Janis Gardner	04/15/18 – 04/14/21
	Joe S. Ramirez	04/09/19 – 12/01/20
District 4	Capt. James Fryhoff	10/14/18 – 10/13/21
	Jerry M. Harris	09/17/19 – 09/17/22
	Denise Nielsen	09/18/18 – 09/17/21
	Sheri Valley	02/06/18 – 02/06/21
District 5	Margaret Cortese	01/11/18 – 01/10/21
	Monique Garcia	09/24/17 – 09/23/20
	Irene Pinkard	01/24/17 – 01/24/20
	Marlen Torres	01/10/17 – 01/10/20
Governing Body	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 Adults, Transitional Age Youth (TAY) and Youth & Families, 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 transitioned primarily online and prior to the pandemic included community forums in all geographic regions. In 20/21 workgroups on Innovations were conducted after a county wide solicitation process for idea submissions. The COVID-19 pandemic hindered this process significantly due to social distancing and disparities in technology access.

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 substance use services 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 substance use 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)

Recently, the definition of an "MHSA grievance" was clarified. Any grievance that is clinical in nature will adhere to the typical grievance process. If the compliant/issue is related to the community planning process, services access, or program implementation, then the MHSA grievance process (AD 47) process will be followed. Based on the current definition of a MHSA grievance, there were zero for the requested time period.

3.3 Updates on the Community Mental Health Needs Assessment (CMHNA)

Key findings from the CMHNA fell into four primary areas of need across responses from the community, providers, and consumers. VCBH has been taking in these findings and is proud to share some updates that have commenced since the report was published. The county will continue to work on solutions in the year to come.

1. **Key Finding #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.

   Update on Access to Mental Health Services:

- 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. There have been significant efforts to update the vcbh.org website to ensure the provision of clear, easy to navigate information on crisis and referral supports, VCBH services, the continuum of care, and other informational resources. This is a multi-phased project; many changes and updates have been made and more are underway.
- To expand the entry points of services and create a "no wrong door" policy, from FY 18-19 through FY 19-20 there was a performance improvement project that began at the Santa Paula Adults and Youth & Family clinics and then was expanded to North Oxnard Adults and South Oxnard Youth & Family. In each location specific interventions were applied to modify the intake processes and assessment services so that requests for services could occur at the clinic, instead of the original centralized location at STAR in North Oxnard. Results indicated that more people had requests for services fulfilled at these clinics and that their assessment happened more quickly. Similar interventions are being applied at all clinics so that through walk in or phone call, for example, requests for services can be fulfilled from any entry point.
- In process: Delivering additional education to mental health providers (including county agency and non-profit staff) and law enforcement on cultural and linguistic competency. The Health Equity Manager has been meeting regularly with the largest local police station to provide trainings and plans to continue training and outreach to additional law enforcement agencies as well the local CIT program.

2. **Key Finding #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%).

Update on Depression as a major mental health illness

- VCBH has contracted with the Ventura County Office of Education to develop programs for education and outreach on depression in K-12 schools in Ventura County
- Focused depression services for low income, LGBTQ+, and homeless individuals, exist or are in process and a new program began in 19/20 to focus specifically on older adults at risk for depression.

3. **Key Finding #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.

   Update on Homelessness as a priority group

   - Early intervention services for transitionally homeless individuals, providing needed supports for individuals at risk for chronic homelessness will be a focus in combination with physical heath prevention and screening services.
   - 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 as a part of the Mobile Mental Health Innovation plan.

4. **Key Finding #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 months, 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.

Update on Substance Use as a major co-morbidity

Recommendations remain in place and will be a focus for the planning process in FY 21/22

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

3.4 Program Planning Process and Network Adequacy Assessment

The CPP process is broad and can vary depending on available funding, legislation and gaps in service. Below is a summary of the process that took place in FY 19/20.

Diversity & Inclusion Town Hall Forums on Racism

o Close to 900 County employees participated in two Town Hall Forums to provide input on the problem of Racism, held on June 10 and 12, 2020, to discuss the tragic killing of George Floyd and to search for ways we can work together to move forward in unity and understanding. The events were sponsored by the County's Diversity & Inclusion Task Force, hosted by the County Executive Office and included a panel of County leaders, including Dr. Sevet Johnson, Director of Behavioral Health. Attendees shared their ideas, suggestions, and compelling personal experiences. The Department supported this effort to emphasize and broaden awareness of the racism that is experienced in our community by our clients, staff, and even top levels of county management. Because the Town Hall Forums were very well received, there were similar forums held for community members as well. The Board of Supervisors and some of the local entities declared racism a public health threat in the months following. Efforts will be ongoing, supported, and updated subsequently.

Program Planning

The groups of stakeholders described in section 3.1 participate in the CPP process employing a concentrated program review component. This process is designed to hold annual public education and input on goals set by VCBH, the MHOAC, and BHAB, including any community gaps identified by these same entities and/or community stakeholders. The Planning Committee reviews and recommends programs based on the

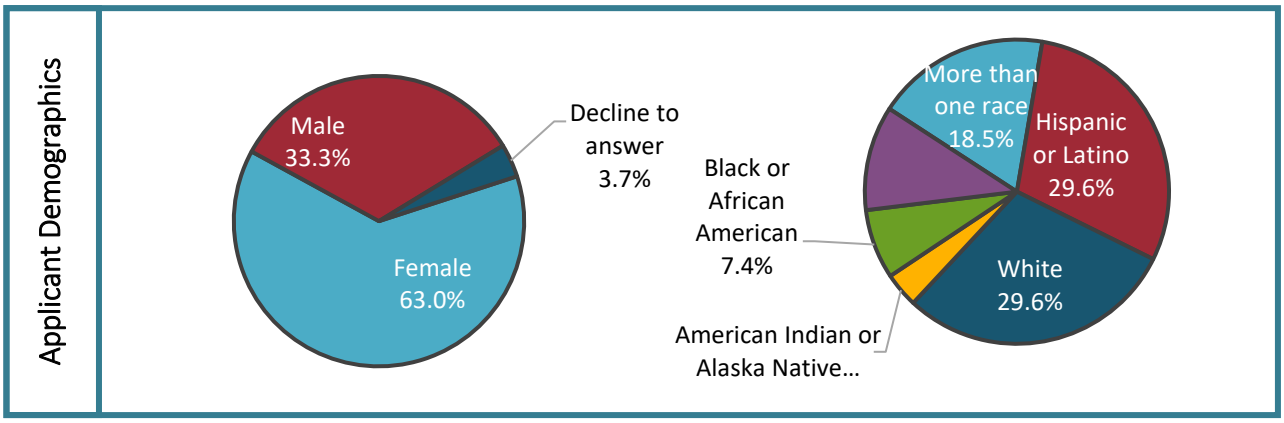
community program planning process. The Evaluation Committee reviews the annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSA programs. Recommendations from both committees are presented to the VCBH Director, then the Director presents to the BHAB.

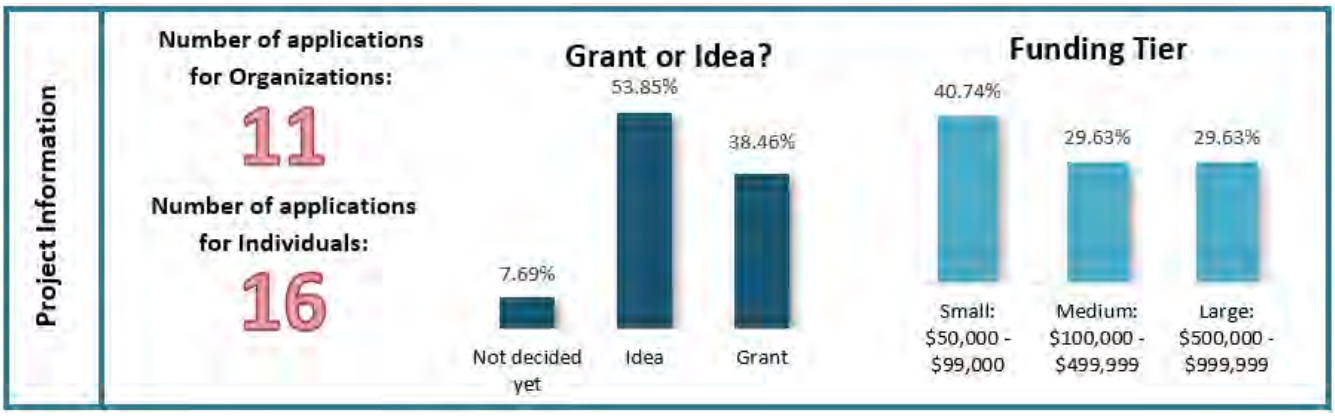
The COVID-19 pandemic hindered the regular and in person CPP process for the 20/21 planning process for the available Innovation dollars. However, Ventura County has been building upon its community-wide mental health needs assessment that was completed for the current three-year plan. Results from that effort identified several population and challenges to the mental health services currently being provided in the community. To that end the County advertised for submissions in the following way: The current state local priorities for mental health services are our unserved or underserved populations in Ventura County such as: Latinx, African American, LGBTQIA, people who are homeless, people with co-occurring disorders (mental health and substance use), and people at risk of suicide.

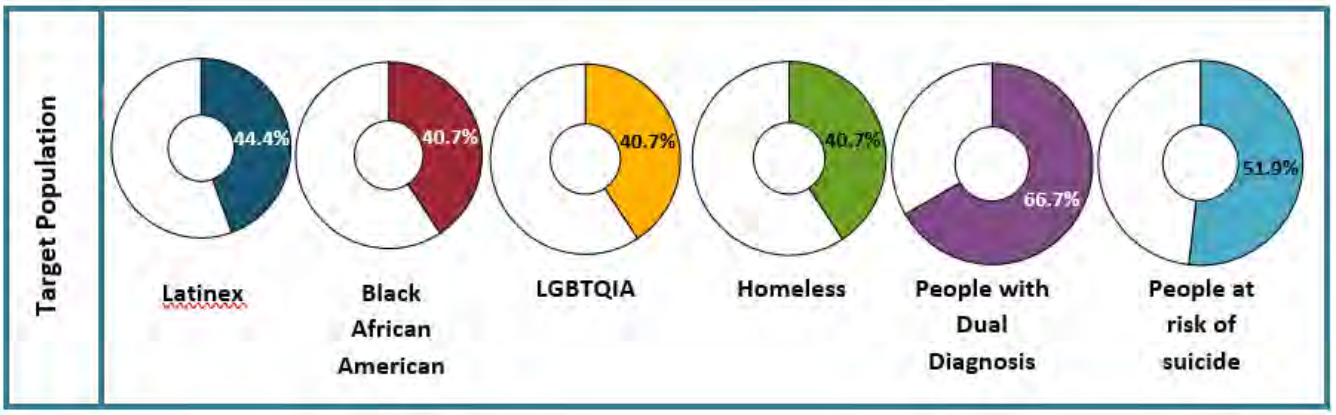
Examples of the advertisements that were posted in local newspapers, through social media and internet advertisements are below:

An MHSA stakeholder planning committee was gathered and included individuals living with a serious mental illness, family members of individuals living with serious mental illness, Latinx, LGBTQ+, all geographic regions, genders, religious communities, and community-based organizations. The planning committee reviewed twenty-eight Innovation ideas that were submitted though the County website. Committee members had five days to assess the summary proposals and vote for their top three after a brief orientation to Innovation regulation requirements. Mobile Mental Health was the top choice by several votes and is in the approval process. A summary of the project idea can be found in the Innovation section of this Annual Update.

Results of the virtual CPP Innovation submission process are below. A total of 27 ideas were received through the website and one was submitted directly to the department. Applicants were not required to answer all the demographic questions and could also click more than one answer so not all sections will add up to 100%.





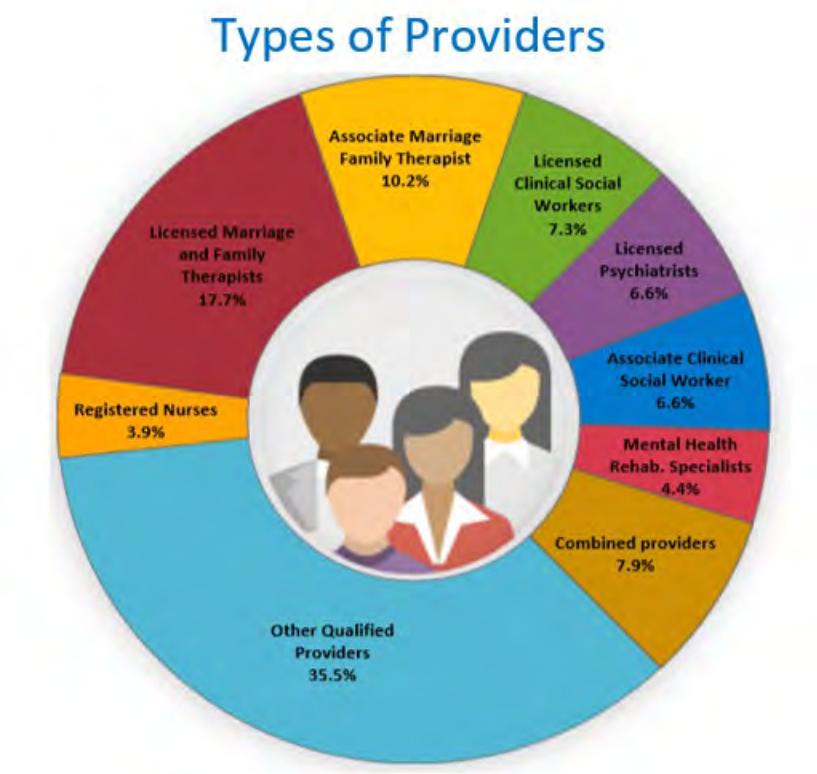


Network Adequacy Assessment Results

Provider Information (according to NACT, April 2020)

Network Adequacy assessment is done twice a year in order to assess the VCBH provider system. Services are offered by 685 providers, including Mental Health Services, Case Management, Crisis Intervention, Medication Support, Intensive Care Coordination, Intensive Home-Based and Field support.

Through this assessment VCBH can assess how much of the existing staff are able to provide culturally competent services, in what languages and whether or not the Workforce Education Training plan should be adjusted accordingly. Additional detail on this plan can be found in the WET section of this Annual Report.



Percentage of Providers that have received Cultural Competency Training	89.05%

% of Providers that speak languages other than English
33.28%

Language	# of Providers that speak this language
Spanish	228
Tagalog	7
American Sign Language (ASL)	5
Farsi	5
Arabic	3
Russian	3
Armenian	2

Korean	1
Mandarin	1
Other Chinese	1

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

FISCAL YEAR 2020-21 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 19/20 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 19/20 CSS reporting is organized according to the third column designation and demographics may be presented accordingly, where data collection allowed. 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 ITAY) 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
Transitional 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
Growing Works	18+	GSD-Peer Support
Adult Wellness Center	18+	GSD-Peer Support
TAY Wellness Center	16-25	GSD-Peer Support
Family Access Support Team (FAST)	All	GSD-Peer Service Coord/Case Mgmt.
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
TAY D Street 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 7/1/2019.

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 7/1/2019.

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.

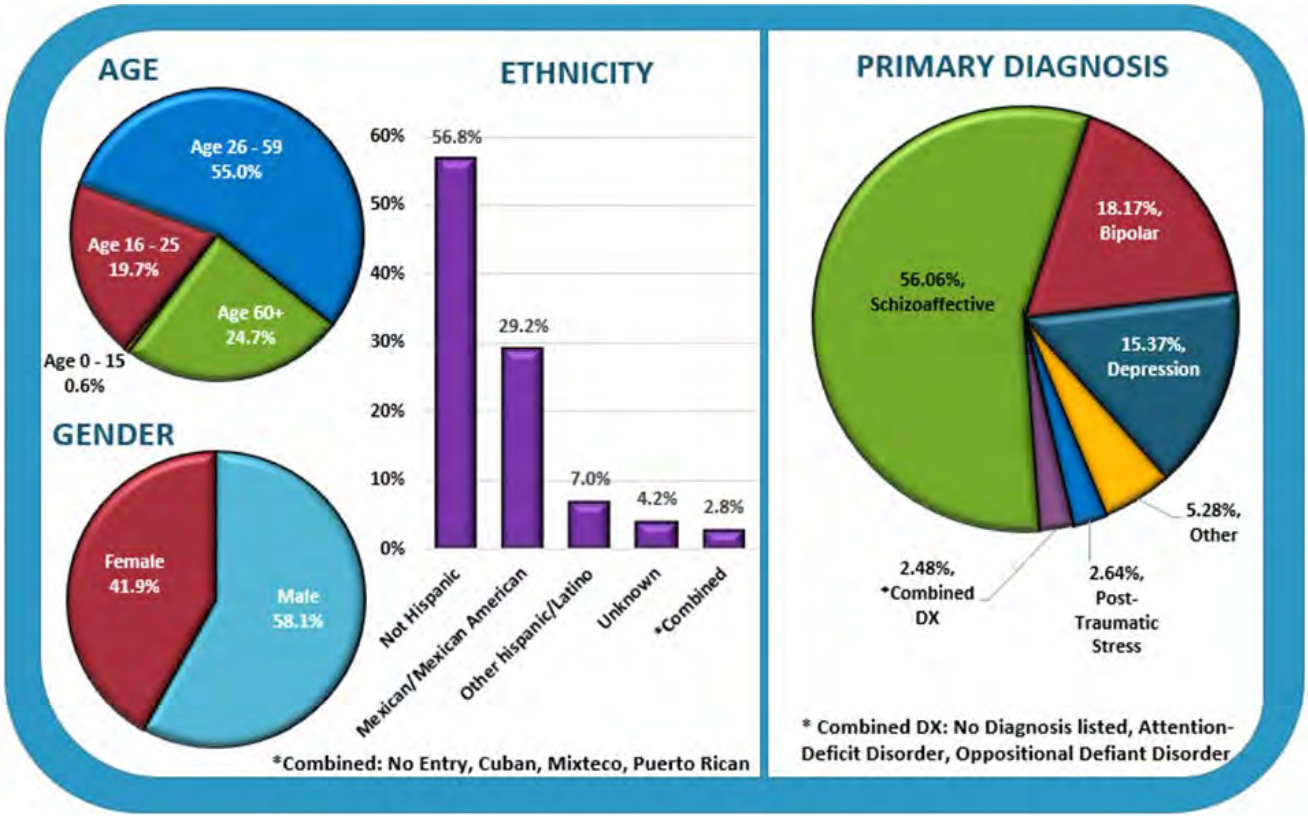
Although, services are accomplished through a collection of programs, the data are summarized and presented by age groups as the table below indicates.

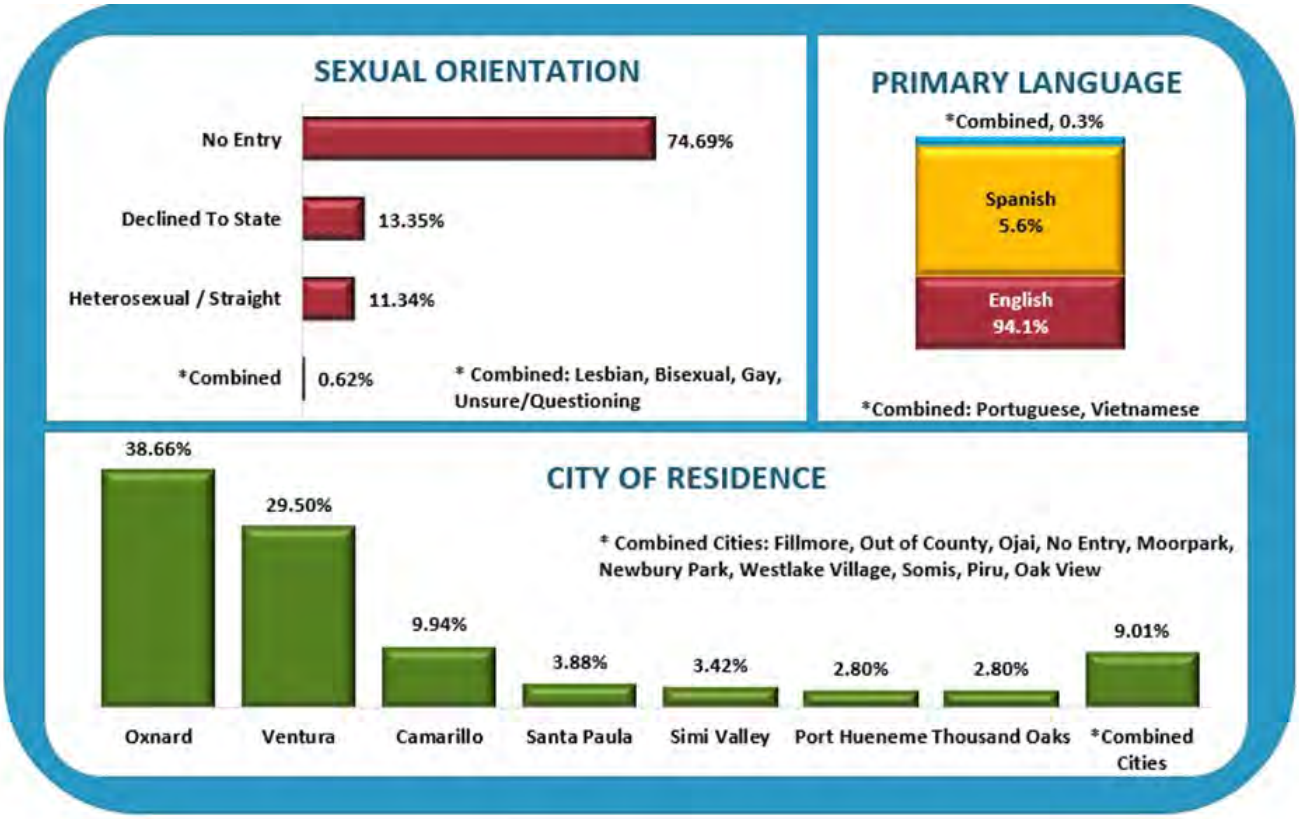
Unduplicated Counts Served in FSP Programs

Age Group	Rollover Clients from FY 18-19	New Clients During FY 19-20	Total Clients Served FY 19-20
0-15	2	2	4
16-25	78	49	127
26-59	223	131	354
60+	131	28	159
Totals FSP Unduplicated*	**434**	**210**	**644**

*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=364, 55%), followed by age 60+ (n=159, 24.7%), 16-25-year-old (n=127, 19.7%) and 0-15-year-old (n=4. 0.6%).





Services received most frequently by FSP clients 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)

Status	☒ Continuing from FY 18/19	☐ New during FY 19/20	
Age Group	☒ Children (0-15) ☒ TAY (16-25)	☐ Adult (26-59)	☐ Older Adult (60+)
Total FY 19-20 Cost	$213,545	Cost per Participant	$6,101
FY 19-20 # Served	35	FY 20-21 Fiscal Allocation	$297,096

Population Served

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, Ventura County Public Defender's office, Ventura County District Attorney's office, 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 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. While focusing on the special needs and overarching goals for of these high-risk youth and their

families, interagency team members work in collaboration to develop individualized, multidisciplinary plans to reduce incarceration, hospitalization and out-of-home placements by providing support and services necessary for these youths to be successful in their home communities.

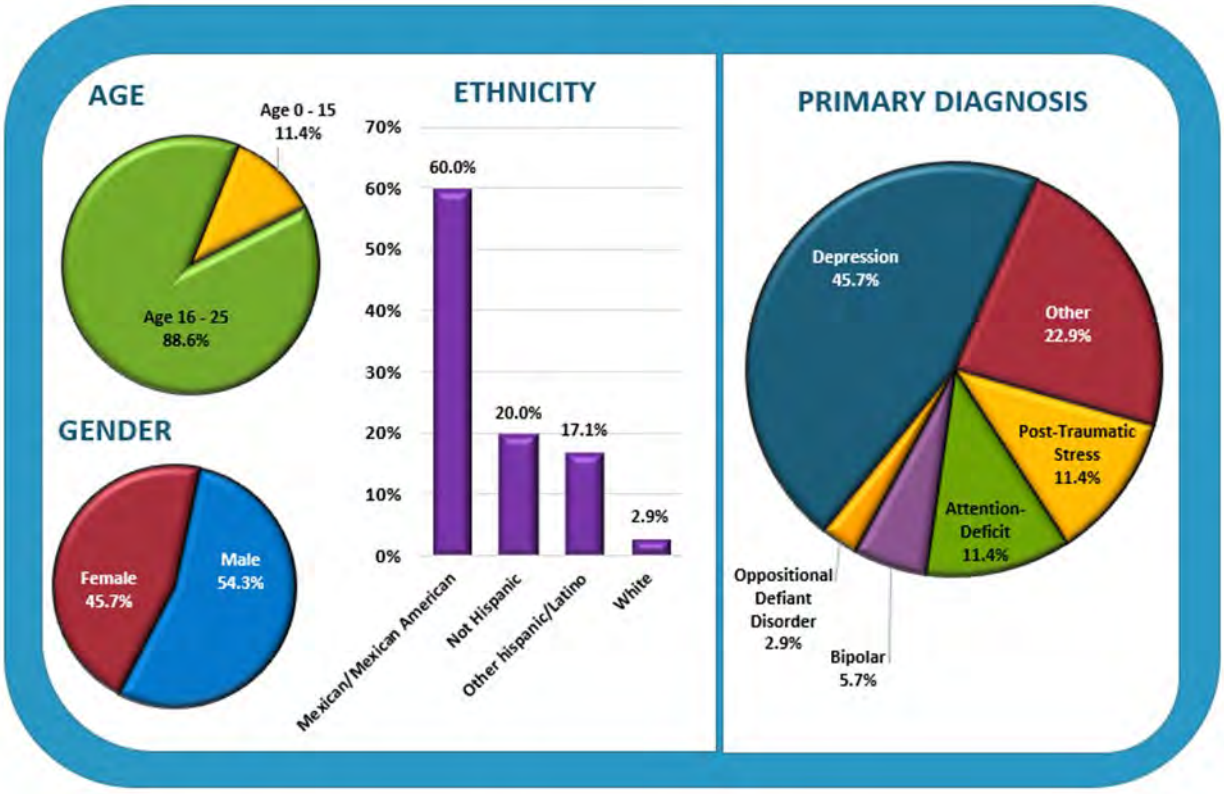
Program Highlights

This program served a total of 35 unduplicated clients. Of the 35 served, 22 were rolled over from the previous fiscal year and 13 were admitted during FY 19/20. The program's goal is to complete the program in 12 months. Below is a brief demographic summary of clients.

There were 21 males and 14 females in the program. The youth in the program were from the following Ventura County cities: 20 (57%) were from Oxnard, 7 (20%) from Ventura, 2 (6%) from Fillmore, 3 (9%) from Santa Paula, 1 (2%) from Port Hueneme, and 2 (6%) from Simi Valley.

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.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	2	2	4
16-25	29	2	31
TOTAL	31	4	35



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 third year of the program, six youth were able to successfully complete the Insights Program. Of the 14 total youth that ended the program this fiscal year, 43% were graduated successfully. At successful completion of the program, the youth's probation is terminated, and their court record is sealed. A follow-up was conducted six months later to determine if graduated youth remained off probation and all six youth (100%) remained off probation six months following Insights graduation.

Graduate Story #1: A 17-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 to address community and family barriers and stressors to addressing depressive and anxiety symptoms and substance use. The youth first tried

sobriety on her own following a release from incarceration against recommendations. When the plan was not effective, the youth agreed and was able to successfully complete 30 days at a residential substance use treatment center and transition to substance use groups in the outpatient setting to maintain support with new sobriety. Youth was referred to the STEPS job program to address financial stressors and provide positive way to participate in the community. Youth was employed at a local fast-food restaurant and promoted to a leadership position due to her performance at work. She was able to complete substance use treatment and received transportation to court to keep her appointments as transportation was a barrier. At work, a co-worker offered to drive her to school to help her finish her credits and graduate seeing how hard she was working to stay on track with her wellness goals. With the extra support she received, positive community support, and lots of encouragement and persistence from the collaborative team, this Insights graduate managed her depressive symptoms, established sobriety and started a new path to independence, increased coping with community and family stressors and completed Probation. The youth appeared alone at Insights Court in the beginning of the program with only the youth and team present. At the end of the program and at her Insights graduation, the court room was filled with family, friends, supporters and a proud team of a youth that worked through the program steps and accepted the support and accountability to experience joy and success with her accomplishments. There were many tears of joy at this graduation and significant progress.

Graduate Story #2: A 15-year-old Hispanic male with symptoms of chronic alcohol and substance use, depression, impaired functioning at school and home, experiencing auditory, tactile, and visual hallucinations. The youth was involved with Probation, not following rules, truancy, and illicit substance use. In addition, youth was a young parent himself. The youth was referred to the Insights program due to little progress on Probation and increasing impairments in school and overall functioning. Substance use was negatively impacting overall functioning. The youth participated in behavioral health individual and family therapy, medication support, was enrolled in a short-term residential substance use program out of county and later successfully completed Grizzly Academy. The youth struggled to function with alcohol and substance use and mental health symptoms of depression, auditory and visual hallucinations, and anxiety. The youth accepted the support, was drug tested regularly and began to turn a corner in addressing his needs while at Grizzly Academy. He maintained his sobriety, began to develop confidence, and increase self-worth at Grizzly Academy. Youth met with a Grizzly Mentor, improved his behavior, strengthened his coping and improved overall functioning at Grizzly. Youth earned school credits and was able participate successfully in school after 2 years of chronic truancy. When the youth graduated from Grizzly, he hoped to join the military when he was old enough. Through his participation in Insights, community programs, behavioral health, substance use

support, Probation and increased school participation, the youth recognized his own strengths, established sobriety, utilized new strategies to cope with social stressors, improved relationships and maintained school performance while in the community.

To improve parent support, engagement, and participation in the Insights Program, 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 at the courthouse in an empty courtroom prior to youth Insights Court appearances.

In the third year Insights, youth were able to participate in pro-social activities in the community sponsored by the Probation Department. 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.

Other added features to this program include family transportation, parent group and provisions of snack on the court dates for family and friends. Some youth attended 30-60 days in short-term residential drug treatment as an intervention when needed during the program. In addition, there were three youth that attended Grizzly Academy for five months which is an academic military educational program to get back on track with school credits, maintain sobriety and increase social and emotional functioning.

Insight youth are also involved in other community programs such as: Forever Found for youth at risk for sexual exploitation and victimization; Equine therapy, Probation Keys day reporting, STEPS, City Impact, and many attend community Evening Reporting Centers and Boys and Girls Clubs. Insights team members have reached out to school coaches, music programs and college programs to advocate for the unique needs of each youth. Youth have completed essays, community service and other alternative activities to incarceration when possible.

Challenges and Mitigation

This year showed an increase in the percentage of terminations from the program. Some of the youth requested to be removed from the program and expressed feeling the increased supervision and accountability was increasing their documented probation violations and increasing incarceration time due to violations. The team is reviewing that data for the past three years. The youth that drop out seem to be youth continuing substance use and gang involvement. Added features and reinforcements to the Insights 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.

In March 2020, COVID-19 stay at home orders were in place which impacted transportation, field visits, court appearances, Parent Cafe and there has been increased case management to keep youth linked to school, behavioral health, medication, substance use and employment supports during the pandemic. The Insights Court has both a social distancing and video telehealth structure in place to provide continued support to youth during the COVID-19 pandemic. Parent Support continues through our United Parents, Parent Partner. Probation, School, Attorney and Behavioral Health Team members are also connecting family to health and safety resources, housing resources, food resources and other barriers that may come up during the COVID-19 crisis.

FY20/21 Program Impacts

COVID-19 Continues to severely impact service enrollment and delivery.

Community Services and Supports (CSS)

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

Status	☒ Continuing from FY 18/19	☐ New during FY 19/20	
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☐ Adult (26-59)	☐ Older Adult (60+)
Total FY 19-20 Cost	$490,686	Cost per Participant (FY 18-19)	$12,581
FY 19-20 # Served	39	FY 19-20 Fiscal Allocation	$504,765

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

Program 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.

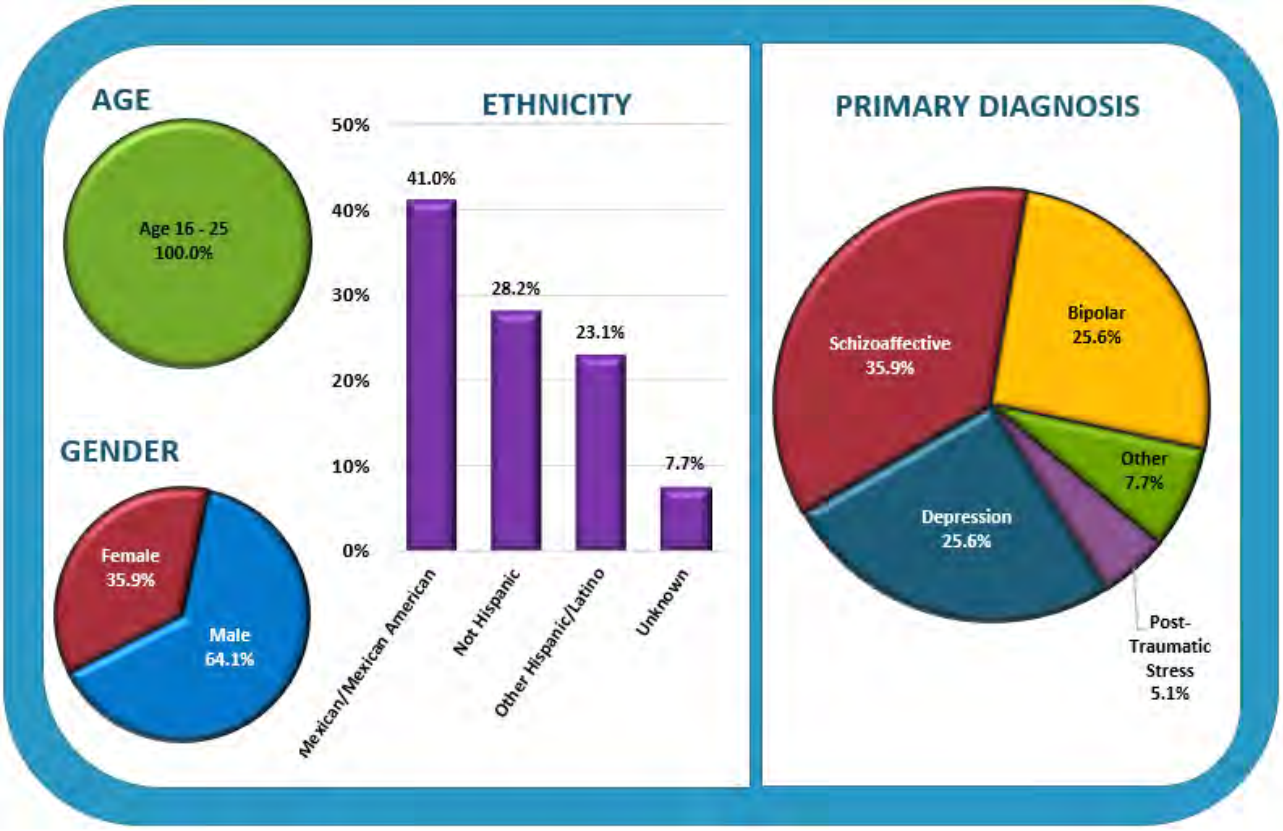
The program's clinical services include Evidenced Based Practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Cognitive Behavioral Therapy to address symptoms of depression, dual diagnosis, and trauma. Cognitive Behavioral Therapy and Motivational Interviewing are two foundational 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: Creative Expression, Relationship Group, Life Skills, Wellness Recovery Action Plan (WRAP) Groups, and Community Engagement to name a few.

Population Served

The target population for this program are Transitional Age Youth (TAY) individuals with Severe Persistent Mental Illness (SPMI) treatment.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	17	22	39



Successes

Clients have been successful stepping down to a lower level of care, allowing for full integration back into the community. One client graduated out of FSP services and moved out of county to attend college. Other clients have been successful in learning new ways to cope with the symptoms they experience allowing them to engage more in services and identify new goals.

Challenges and Mitigation

The program continues to struggle finding long term/permanent housing for those that experience homelessness, and resources for our clients that are undocumented and have minimal support available to them.

FY10/21 Program Impacts

COVID-19 Continues to severely impact service enrollment and delivery.

Community Services and Supports (CSS)

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

Status	☒ Continuing from FY 18/19 ☐ New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☐ Adult (26-59) ☐ Older Adult (60+)		
Total FY 19-20 Cost	$675,656	Cost per Participant (FY 19-20)	$25,986
FY 19-20 # Served	26	FY 19-20 Fiscal Allocation	$644,567

Program Description

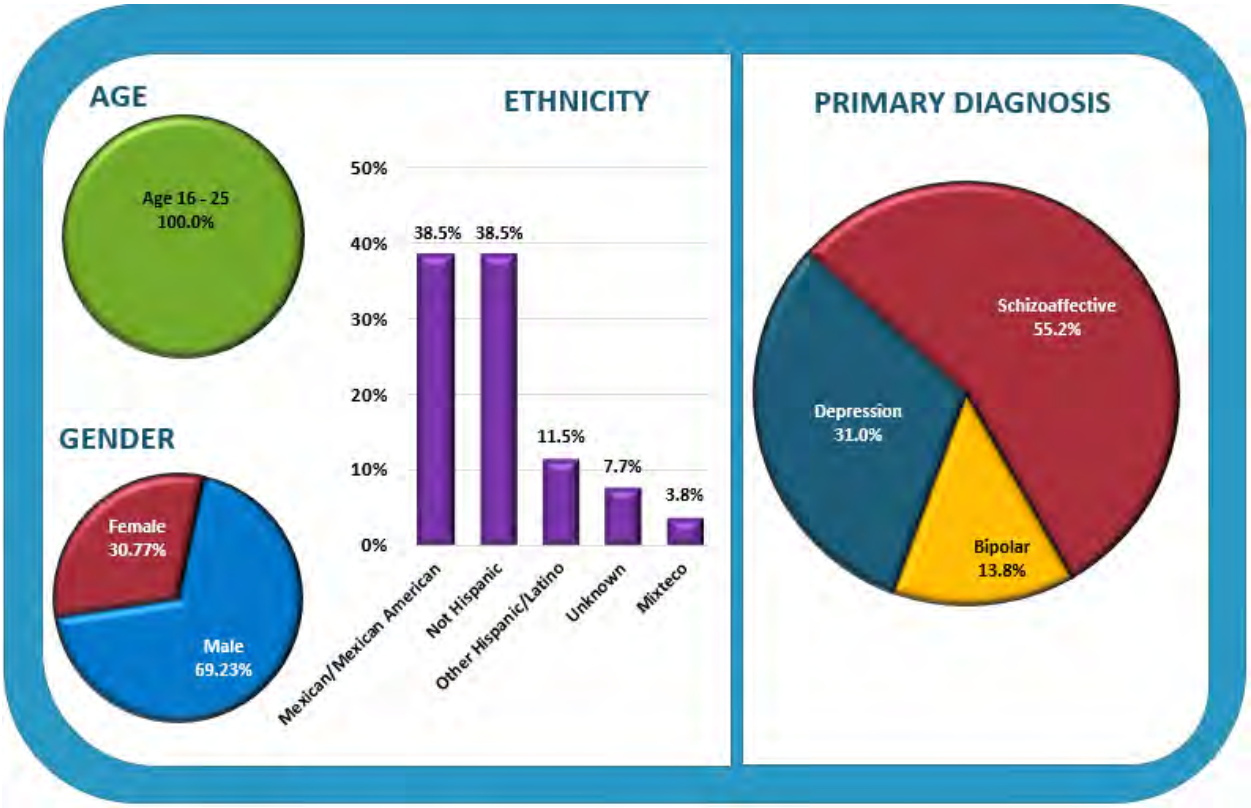
Casa Esperanza is an 18-month maximum-stay social rehabilitation program that assists clients in their transition into the community. Casa Esperanza serves adults ages 18-59 who are diagnosed with Severe and Persistent Mental Illness (SPMI). The primary focus of the program is community integration and skill development. It is a daily structured therapeutic program that encourages community involvement and in partnership with VCBH, offers services to reach the goal of transitioning to a less restrictive and more independent level of care. The areas supported for each client are:

- Individual and Group Counseling
- Case Management
- Therapy
- Psychiatric Services

Population Served

Adults ages 18-59 with Severe Persistent Mental Illness (SPMI).

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	12	14	26



Successes

During their stay at Casa Esperanza, clients and staff successfully collaborate to identify goals and objectives that determine care outcomes. The Transitional Age Youth (TAY) team provides wrap-around service to each client with the goal of achieving more independence and increased self-care. One of the best success stories this year involves having one client find long term housing within our community.

Challenges and Mitigation

Casa Esperanza continues to have challenges with securing more resources to assist clients that have difficulty with co-occurring disorders.

To mitigate this challenge, our program works closely with community resource organization that deal specifically with clients experiencing substance abuse issues.

FY 20/21 Program Impacts

COVID-19 Continues to severely impact service enrollment and delivery.

Community Services and Supports (CSS)

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

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☐ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$ 1,789,428	Cost per Participant (FY 19-20)	$12,601
FY 19/20 # Served	142	FY 19/20 Fiscal Allocation	$1,651,029

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.

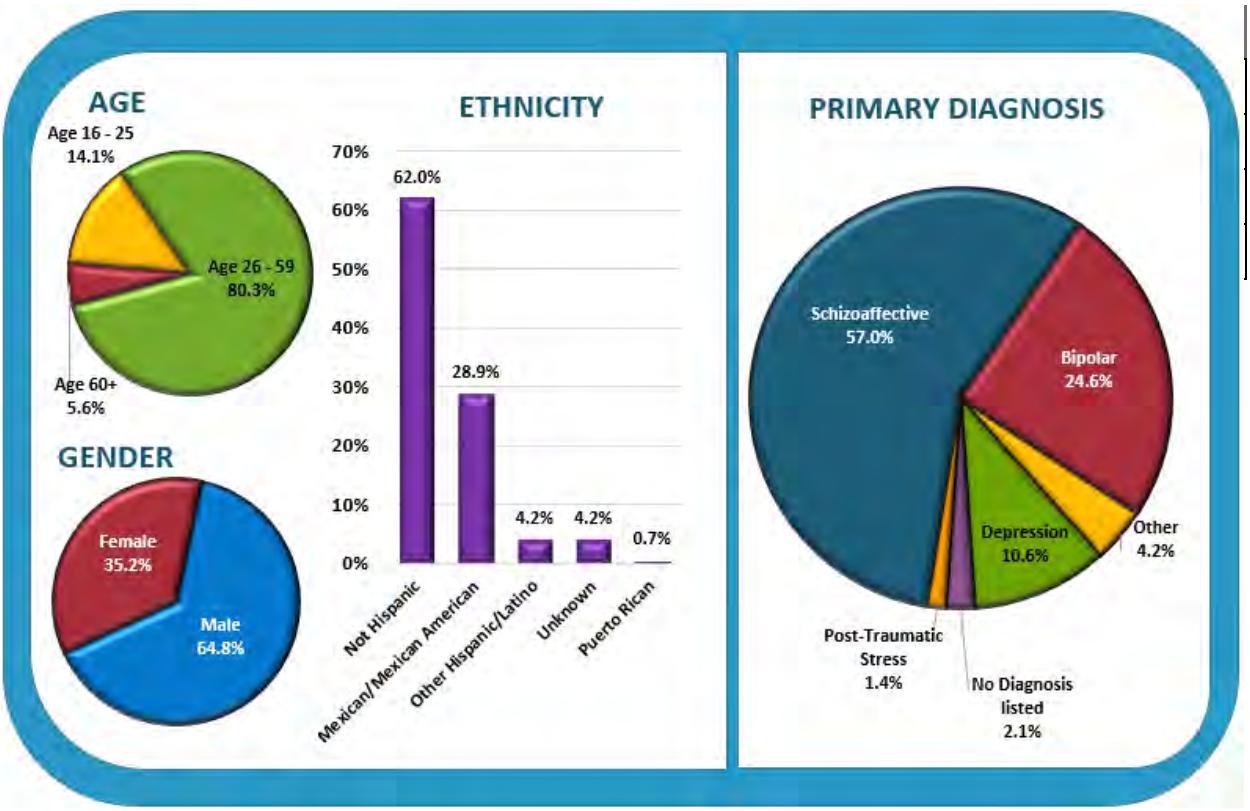
County Counsel files a court petition seeking a hearing to compel program enrollment. The court notifies the referred individual of the hearing date and assigns the individual a public defender. In court, the individual either enters a settlement agreement or contests the petition. If the individual contests the petition, the judge may issue a court order to participate.

Pursuant to Welfare and Institutions Code Section 5346, in order 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.

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.



Between July 1, 2019 to June 30, 2020, there were (N = 59) unduplicated newly enrolled consumers and there were (n = 83) consumers that were rolled over from 2018-2019. From July 1, 2019 to June 30, 2020, a total of 146 consumers (142 unduplicated) were involved with the AOT program.

A majority of consumers were between the ages of 26-59 (n = 114, 80%), the second largest age group was TAY (16-25) (n = 20, 14%), and this was followed by older adults 60 years of age and over (n = 8, 6%). Most consumers primary language was English (n = 138, 97%), followed by Spanish (n = 4, 3%). Majority of consumers identified as male (n = 92, 65%) and female (n = 50, 35%). In terms of ethnicity, majority reported as not identifying as Hispanic (n = 88, 62%), followed by Mexican/Mexican American (n = 41, 29%), other Hispanic (n = 8, 6%) and unknown (n = 5, 3%). Majority of consumers identified as White (n = 74, 52%), American Indian (2, 1%), Black/African American (7, 4%), Chinese (1, 1%), Filipino (1, 1%), Japanese (1, 1%), Vietnamese (1, 1%), other race (54, 38%), and unknown/not reported (1, 1%).

Over half of consumers reported living in Oxnard (n = 52, 37%) or Ventura (n = 35, 25%). Consumers also reported their residence to be Camarillo (n = 15, 10%), Fillmore (n = 4, 3%), Moorpark (n = 1, 1%), Ojai (n = 3,

2%), Piru (n = 2, 1%), Port Hueneme (n = 5, 3%), Santa Paula (n = 7, 5%), Simi Valley (n = 5, 3%), Somis (n = 1, 1%), Thousand Oaks (n = 11, 8%), and Westlake (1, 1%).

From July 1, 2019, and June 30, 2020, the AOT team received 126 calls. The majority of calls the team received were referrals (n = 125, 99%) and this was followed by information only calls about the AOT program (n = 1, 1%). Of the referral calls, 67% were referred to AOT (n = 85), 8% were referred to RISE (n = 10), 5% are in the process of determining their disposition (n = 6), and 20% did not meet criteria (n = 25).

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 in 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.

Results: From the start of the program to June 5, 2020, AOT received 579 calls. Of these calls, 93% (n = 537) were referrals and 7% were information calls (n = 42). The top two referrals who requested a referral for a consumer were licensed mental health professionals (n =328, 62%) and family members (parent, spouse, sibling or child 18+) (n = 167, 31%). The remaining referral sources were law enforcement (n = 6, 1%), individuals 18+ who live with individual (n = 4, 1%), director of an agency providing mental health treatment to the individual or a hospital which the individual is hospitalized (n = 12, 2%), and there were 3% of referrals where the referral source did not meet criteria (n = 15). Of the referral calls, 59% were referred to AOT (n = 315) and of those calls 68% were enrolled into AOT (n = 213). Of the 213 enrolled consumers, 30% were court involved (n = 64). Of the 64 court involved consumers, 88% were court ordered (n = 56) and 12% were settlement agreements (n = 8). A breakdown of enrollment each year by grant period (Federal Fiscal Year: October 1-September 30) shows that in year 1, 28 unduplicated clients were enrolled, year 2 had 69 unduplicated clients, year 3 had 65 unduplicated clients, and year 4 had 34 unduplicated clients.

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.

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: Clients reported a decrease in the average days spent in a psychiatric hospital from baseline to reassessment during the period of July 1, 2019 – June 30, 2020. At baseline clients reported an average of 5.60 nights spent in a psychiatric hospital whereas at reassessment clients reported 1.76 nights. In terms of nights spent homeless, clients reported a decrease in nights homeless from baseline to reassessment during the period of July 1, 2019 – June 30, 2020. Clients reported at baseline an average of 9.20 days spent homeless and at reassessment reported 7.64 nights. For nights spent in jail, clients reported a decrease from baseline to reassessment during the period of July 1, 2019 – June 30, 2020. At baseline clients reported an average of 5.46 nights spent in jail and at reassessment clients reported an average of 1.60 nights.

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 to reassessment, clients reported an increase in employment (full-time & part time). At baseline, reported full-time employment increased from (n = 0, 0%) to reassessment at (n = 1, 1%). Similarly, part-time employment also increased from baseline to reassessment from (n = 2, 2%) to (n = 3, 4%). Also, there was one client who started volunteering (n = 1, 1%). The Assist team also secured benefits for 32 clients, types of benefits that were secured encompassed the following: Supplemental Security Income (SSI), Medi-Cal, Social Security Disability Insurance (SSDI), general relief, and general medical benefits.

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

During the time-period of July 1, 2019 – June 30, 2020, the program had 13 successful discharges where 11 clients were transferred to VCBH Adult Clinics and 2 other clients moved out of the county but were connected to services in their new county of residence. Additionally, VCBH AOT staff were successful in utilizing AOT funds to house 41 clients during 2019-2020.

During the previous ACT Fidelity Assessment focus group (August 2019), consumer family members suggested the AOT program include groups for consumers and for family members. In 2020, the AOT program was successful in starting a co-occurring group February 2020.

The AOT program's proposal for California Institute for Behavioral Health Solutions (CIBHS) was accepted May 7, 2019 to discuss the collaboration of the ACT model with law enforcement to reduce homelessness, incarcerations, and hospitalization among SMI clients. Additionally, the AOT team provided assistance to the Nevada AOT program regarding AOT treatment structure and their evaluation model.

Challenges and Mitigation

The AOT program saw impacts resulting from the COVID-19 virus, such as difficulty in housing placement, difficulty connecting with clients (phone, in-person, etc.), missed appointments, a decrease in court enrolled clients, and a delayed ACT Fidelity assessment. From March 1, 2020 – June 30, 2020, there were six cases where it was difficult to find placements for clients due to placements not accepting new individuals due to the rise in COVID-19 cases. There were 28 cases where COVID-19 impacted clients presenting in-person for appointments. There were 11 instances where the court order (initial/renewal) was stalled due to the courts being closed because of COVID-19.

The AOT grant requires an annual ACT Fidelity assessment to determine how effective the program is conducting services based off the ACT model. The ACT Fidelity assessment was supposed to take place June 2020, but due to the rise in cases of COVID-19, an in-person assessment was not deemed plausible. The Fidelity assessment will be delayed until in-person gatherings are deemed safe and allowed by state regulations. Furthermore, there were delays of in-person groups (family and clients) while the team established protocols for online groups.

FY20-21 Program Impacts

The AOT program received a 9-month no-cost extension from September 9, 2020 to June 29, 2020. This allowed the program to utilize funds that rolled over during the previous 4-year grant period.

COVID-19 continues to severely impact service enrollment and delivery.

Community Services and Supports (CSS)

4.1.1.5 FSP-5: VCBH FSP Treatment Track (Adults FSP Program)

Status	☒Continuing from FY 18/19	☐New during FY 19/20	
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☒ Older Adult (60+)
Total FY 19/20 Cost	$847,153	Cost per Participant (FY 19/20:	$6,466
FY 19/20 # Served	131	FY20 /21 Fiscal Allocation	$838,400

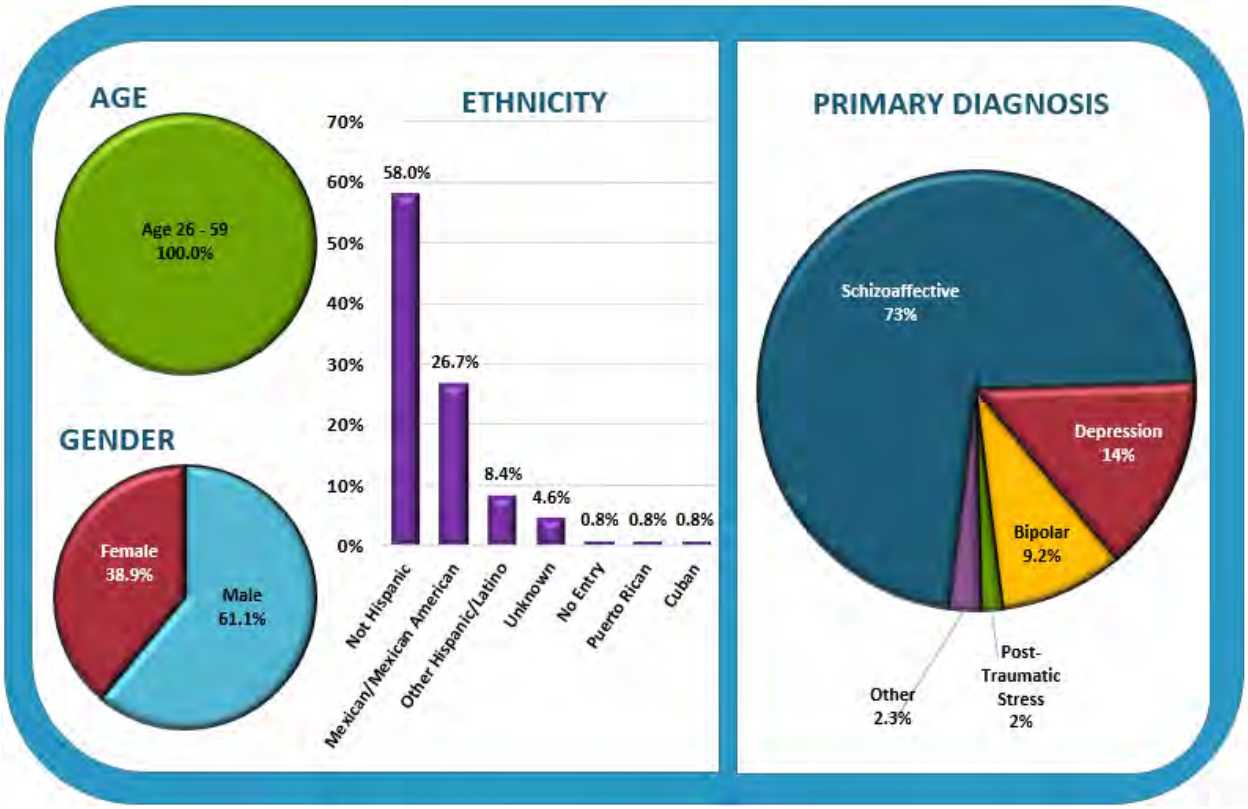
Description

The Adult Full-Service Partnership (FSP) program at VCBH Outpatient Clinics improves the mental health delivery system for all its registered clients. This is achieved by transporting clients to and from clinical, group therapy and psychiatric appointments, as well as special events throughout the county. This program focuses on clients being treated by one of the VCBH Adult Outpatient clinics.

Population Served

VCBH Full-Service Partnership (FSP) serves adult clients 18+ years old with serious mental illness.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
26-59	105	26	131



Successes

Client A.J., a 51-year-old male diagnosed with Schizoaffective Disorder, was able to successfully graduate from the Mental Health Diversion (MHD) program aimed at avoiding incarceration of mentally ill individuals. The client met with his therapist weekly, attended all his mental health appointments and stayed sober throughout the program. On a bi-monthly basis, updates on his program compliance and progress were sent on his behalf to the Ventura County Court. The client was able to comply with all the treatment team recommendations and avoided criminal charges.

Challenges and Mitigation

Due to the COVID-19 pandemic, VCBH has faced challenges in managing FSP clients in the clinic. Attempts to utilize tele-medicine services have been faced with many challenges because many of our FSP clients do not

have technology such as a smartphone, Wi-Fi or reliable internet access, or the privacy to benefit from tele-medicine. To mitigate this challenge, VCBH staff have been physically meeting with their clients out in the community or having them come into the clinic.

FY 21/22 Program Impacts

COVID-19 continues to severely impact service enrollment and delivery.

Community Services and Supports (CSS)

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

Status	☒Continuing from FY 18/19		☐New during FY 19/20	
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☒ Older Adult (60+)
Total FY 19/20 Cost	$1,115,660	Cost per Participant (FY 19/20)	$12,126	
FY 19/20 # Served	92	FY 20/21 Fiscal Allocation	1,206,155	

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

Description

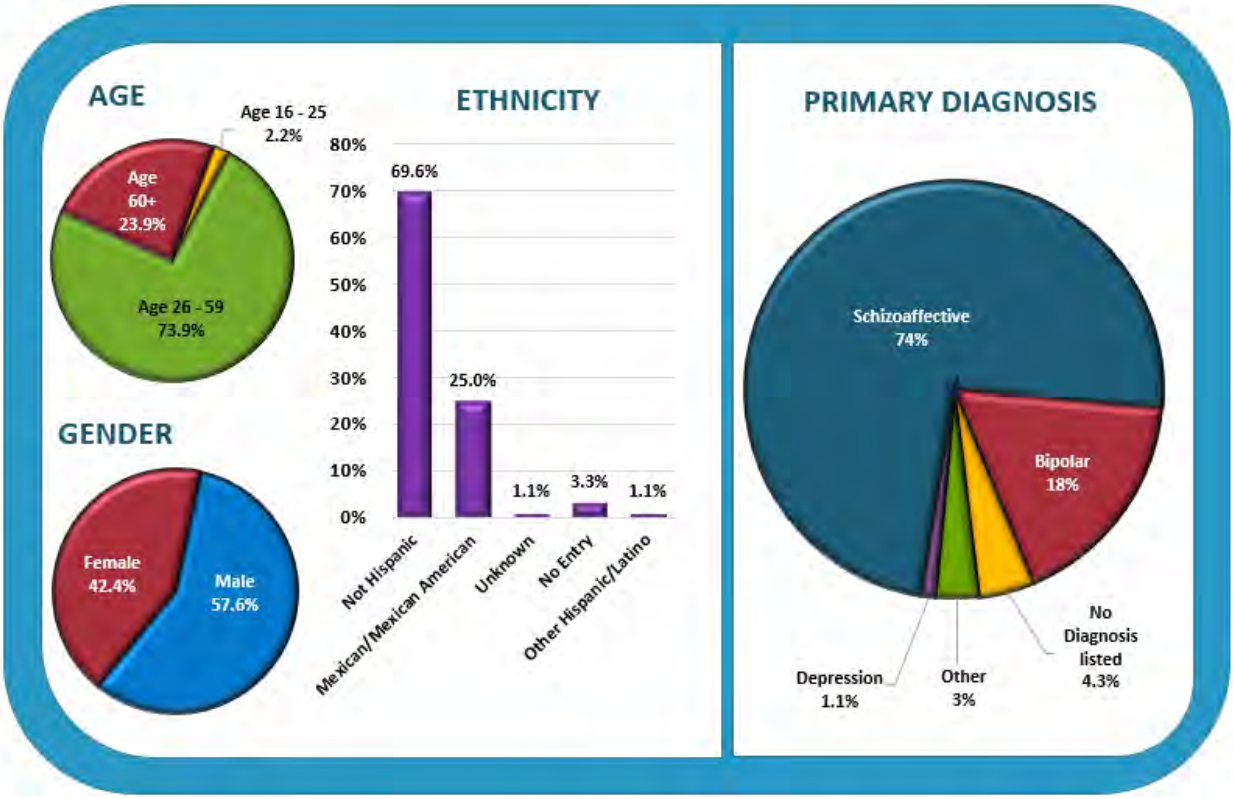
Empowering Partners through Integrative Community Services (EPICS) provides comprehensive, intensive, "whatever it takes" services for those consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment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

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.

EPICS 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.

Population Served

Serious and Persistent Mental Illness individuals receiving outpatient mental health services.



Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	2	0	2
26-59	52	16	68
60+	18	4	22
Totals	72	20	92

Successes

The EPICS program served 92 individuals during FY 19-20, who would otherwise struggle to manage their mental health needs in the community.

Challenges and Mitigation

None

FY20/21 Program Impacts

COVID-19 Continues to severely impact service enrollment and delivery. The modified telehealth delivery system is extremely difficult for EPICS clients. Staff and clients will continue to participate in the FSP Multi-County project to improve FSP services.

Community Services and Supports (CSS)

4.1.1.7 FSP-7: VISTA (Adults FSP Program)

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$797,580	Cost per Participant (FY 19/20)	$14,501
FY 19/20 # Served	55	FY 20/21 Fiscal Allocation	$852,230

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 Assertive Community Treatment (ACT) program provides services to individuals 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 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 everyone'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:

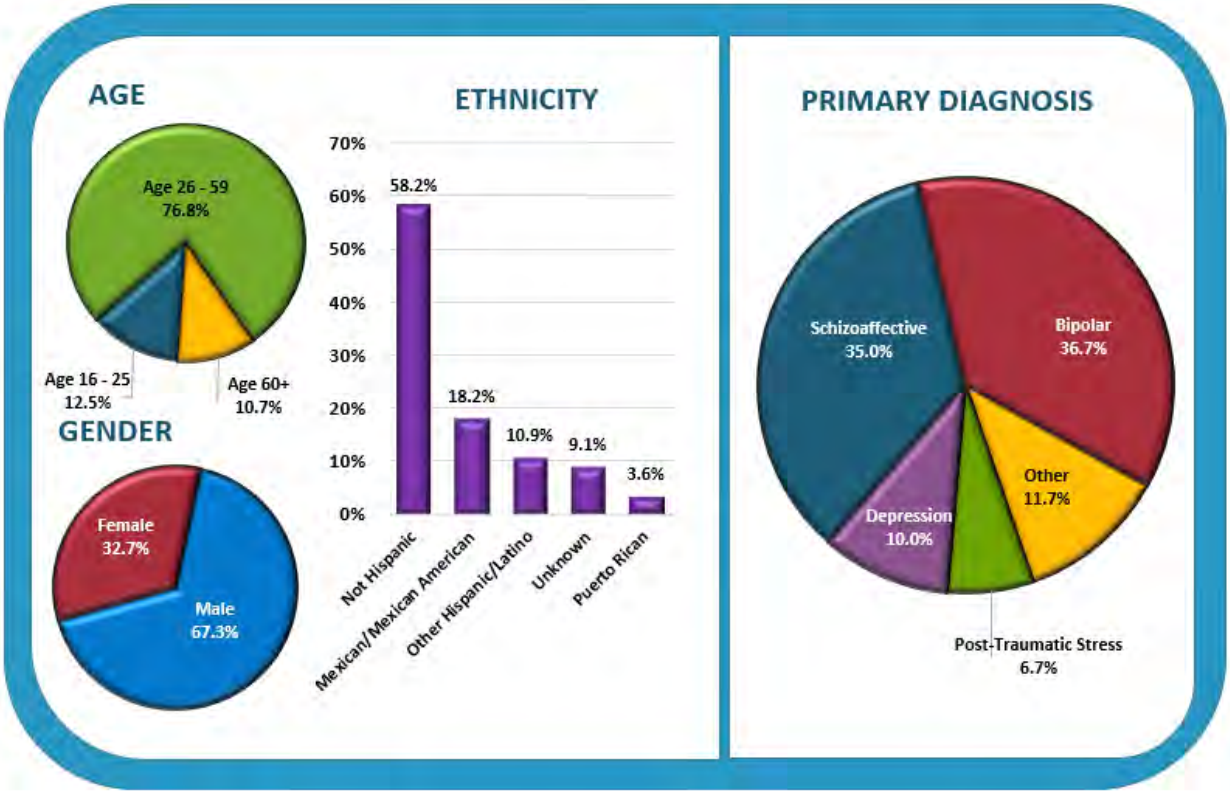
- Psychiatric assessment
- 24/7 crisis response
- Individual treatment planning
- Intensive case management services
- Psychosocial rehabilitative skill building
- Psychotropic medication education and support
- Linkage and advocacy with entitlements
- Linkage to vocational and educational services in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

Population Served

Severely Persistent Mental Illness individuals in treatment.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	2	5	7
26-59	12	31	43
60+	1	4	5
Totals	15	40	55

Successes



Female client C.P. was released from custody to Telecare. This client presented with anger, impulsivity, poor insight, and was reluctant to program. C.P. was homeless, without family / friend support, lacking income, and feeling hopeless. Through treatment at VISTA Telecare, this client successfully integrated into sober living, stabilized her mental health, obtained part-time employment (in addition to Supplemental Security Income), and stablished several meaningful relationships. Upon completion of her goals with Telecare, C.P. has transitioned to a lower step program with Ventura County Behavior Health.

Additional highlights include:

- Having all staff properly furnished with Personal Protection Equipment (PPE) and technology necessary to continue providing services during the COVID-19 pandemic.

- Clients have increased contact with psychiatrists to receive additional support during the COVID-19 pandemic so we can better monitor each client's wellness.
- Developing creative ways to deliver services during the lockdowns.
- In order to meet the changing needs of our clients, our program has implemented various new therapy groups, thus increasing attendance at Group Therapy sessions.

Examples of the positive feedback received after clients attend a Group Therapy session include:

- "I learned self-esteem is very important"
- "We are all different and go through different changes of life"
- "To lean on someone"
- "Being bored can cause relapse"
- "Communication is important"
- "I learned how to approach a situation that would be a little more respectful"

Challenges and Mitigation

Due to COVID-19, referrals to the program has slowed down. Jail outreach measures have become increasingly difficult due to lockdown caused by COVID-19 outbreaks.

FY 21/22 Program Impacts

COVID-19 continues to severely impact service enrollment and delivery. Clients have and will continue to participate in the FSP Multi County Collaborative project to improve FSP service delivery.

Community Services and Supports (CSS)

4.1.1.8 FSP-8: VCBH Older Adult FSP Program (Older Adults FSP Program)

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☐ TAY (16-25) ☐ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$1,884,864	Cost per Participant (FY 19/20)	$26,926
FY 19/20 # Served*	70	FY 20/21 Fiscal Allocation	$1,900,027

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

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 individuals with persistent mental illness and 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.

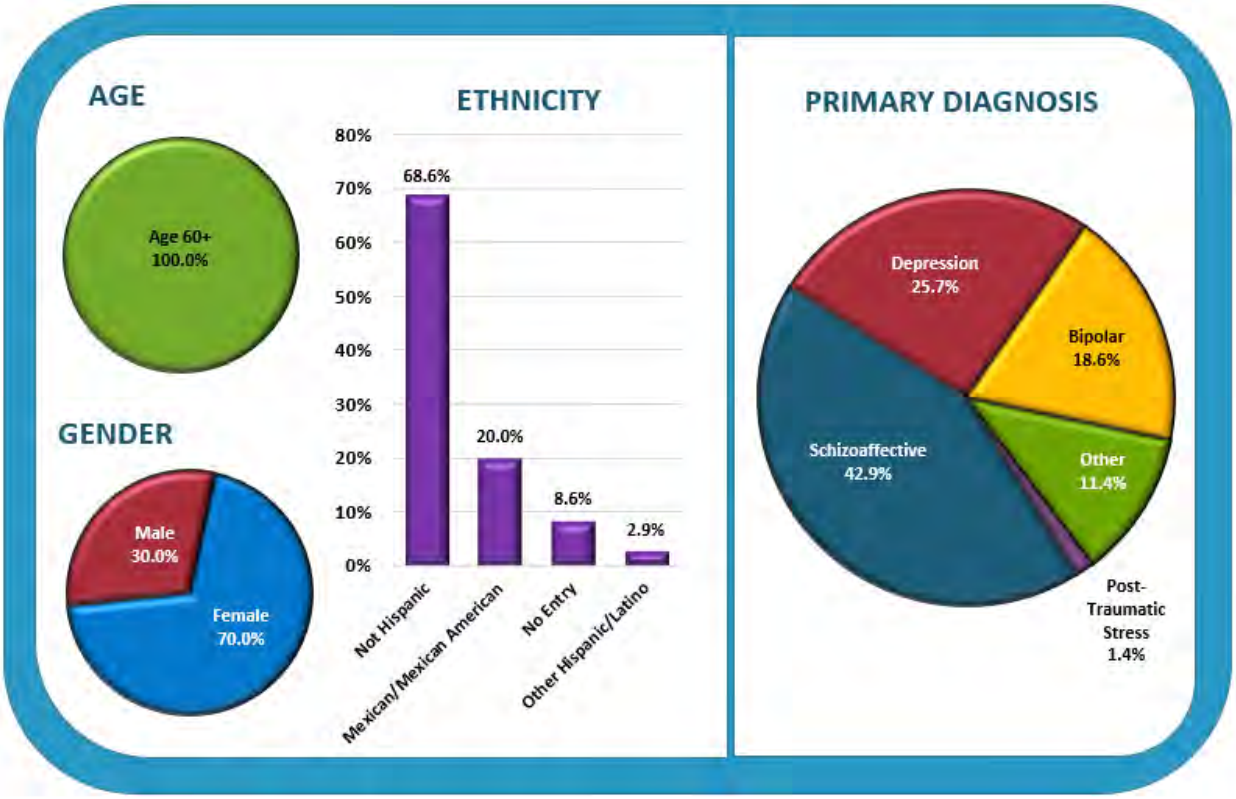
In addition to the community-based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers. These opportunities include:

- Rehabilitation and psychotherapy groups facilitated by VCBH clinicians.
- Weekly rehabilitation groups in one of the largest Residential Facilities for Care of the Elderly (RFCE).
- Special events such as Thanksgiving Dinner, a Holiday Event with dinner, and several other social gatherings that are scheduled throughout the year.

Population Served

VCBH (VCBH) Older Adult Full-Service Partnership (FSP) program serves Older adults age 60+ with Severe Mental Illness (SMI) experiencing challenges medical diagnoses and transportation to any of our VCBH clinics.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
60+	61	9	70



Successes

Since the beginning of the pandemic, the Older Adult FSP program's goals have focused on client safety, maintaining their basic needed supplies and access to medications. Additionally, staff supports management of

ongoing medical conditions that impact overall physical and mental health as well as everyone's stability and sense of security.

- Very early in the pandemic, the Older Adult program committed to assuring all clients that their mental health needs would be met. This included access to all their basic needs such as food, medication, and social connections to outside world. Since all Older Adult clients have been homebound since the pandemic, we have worked with each client to establish a safe means of obtaining all these items. The goal for each client was to learn new modes of communication with our supporting staff as well as achieving increased independence.

- To reduce the possibility of exposure to COVID-19, the Older Adult Program has sought to keep clients out of hospital emergency rooms. The effort to increase contact with clients to reduce mental health crises has been largely effective, though there have been several instances of injury resulting in emergency intervention. Using caution and recommended protective measures, staff performed these interventions successfully.

- In May 2020, the Older Adults program resumed transferring clients to doctor appointments. Each of the seven vans used to transport clients has been outfitted with a plastic barrier between the driver and its rear seats. This has allowed staff to deliver patients to their much-needed specialty doctor appointments which are associated with a hospital.

- In addition to converting vans to meet COVID-19 protective measures, the Older Adults program procured an Americans with Disabilities Act (ADA) certified van to transport clients that use electric wheelchairs. This has allowed the program to provide additional supportive services. A client within the program who is currently suffering from cancer and receiving oncology no longer needs to use public transportation and thus is now less exposed to community spread of COVID-19.

- The Older Adult program has developed several different approaches to staying connected with its clients. This includes creating and delivering holiday baskets with helpful tools, such as a monthly calendar and word-search book. The most positive impact achieved from these baskets was a portfolio of with pictures of each of our staff members that included with quotes and other content as well as resources for the clients. One client remarked, "I was beginning to forget what each of you looked like. This reminds me of what an excellent team I have working with me, this calms me down."

Challenges and Mitigation

COVID-19 provided challenges to keeping clients safe while having their needs met. Many clients had difficulty with the governor's order to shut down California on March 19th, 2020. An example of this challenge, at one of the Residential Facilities for Care of Elderly (RFCE), where staff had great difficulty keeping the clients from wandering off and increasing potential for exposure to COVID-19. In several instances, this refusal to comply with the new rules threatened their housing security, as some faced possible eviction. In one case, staff mitigated this challenge by developing a daily positive reward system that focused a client on achieving person goals. The client was able avoid threatening their living situations by positive reinforcement, such as following stay at home orders that earned them items such as new clothing.

A challenge that is very characteristic of the current pandemic is a collective exhaustion with having to make so many modifications and the ongoing worry about exposure to virus. There is a collective weariness in both staff and clients having to cope with loss of so many of the strategies historically employed to maintain mood stability. Since social isolation has been exacerbated by the pandemic, a dysthymic response has become more prevalent. The Older Adult program continues to seek out creative ways to engage clients, instill hope and stay focused on pursing and achieving stated goals.

Other challenges that have been addressed in past remain current:

- Social isolation is a key aspect of depression that presents challenges for clients to motivate themselves into achieving good mental health. The Older Adults FSP program mitigates this challenge by tracking their daily and/or weekly contacts with clients.

For various reasons, older adults typically do not show up for most of their clinical appointments and a well-established issue is access to treatment. Having access to psychiatry is critical in managing the side effects and changing responses to medications, so it is important to develop and maintain a quality connection with the treating psychiatrist. Since most clients do not have access to or resources necessary for such platforms as Zoom, most contact with providers is done by telephone. This creates additional impacts, as not having visual contact diminishes quality of care. Case managers have made efforts to set up clients on Zoom so they can have some visual contact on their psychiatry appointments. However, this scenario presented new challenges. Some

clients, incapable of fully meeting their own needs, experienced minor injuries which were discovered to be more serious once physical contact was finally made.

FY 21/22 Program Impacts

COVID-19 continues to severely impact service enrollment and delivery. Clients have and will continue to participate in the FSP Multi County Collaborative project to improve FSP service delivery.

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

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	☒Continuing from FY 18/19		☐New during FY 19/20	
Age Group	☒ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☒ Older Adult (60+)
Total FY 19/20 Cost	1,739,876*	Cost per Participant (FY 19/20)		$1,212[2]
FY 19/20 # Served	1,435[1]	FY 20/21 Fiscal Allocation		1,001,072[3]

[1]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 19/20 is unique to this program.

[2]The cost per participant calculation was derived by summing all expenditures incurred while serving 1,435

[3]The fiscal allocation for FY 19/20 is unique to this program and does not yet include the addition the RISE TAY.

*Combination of RISE and RISE TAY Expansion

Program Description

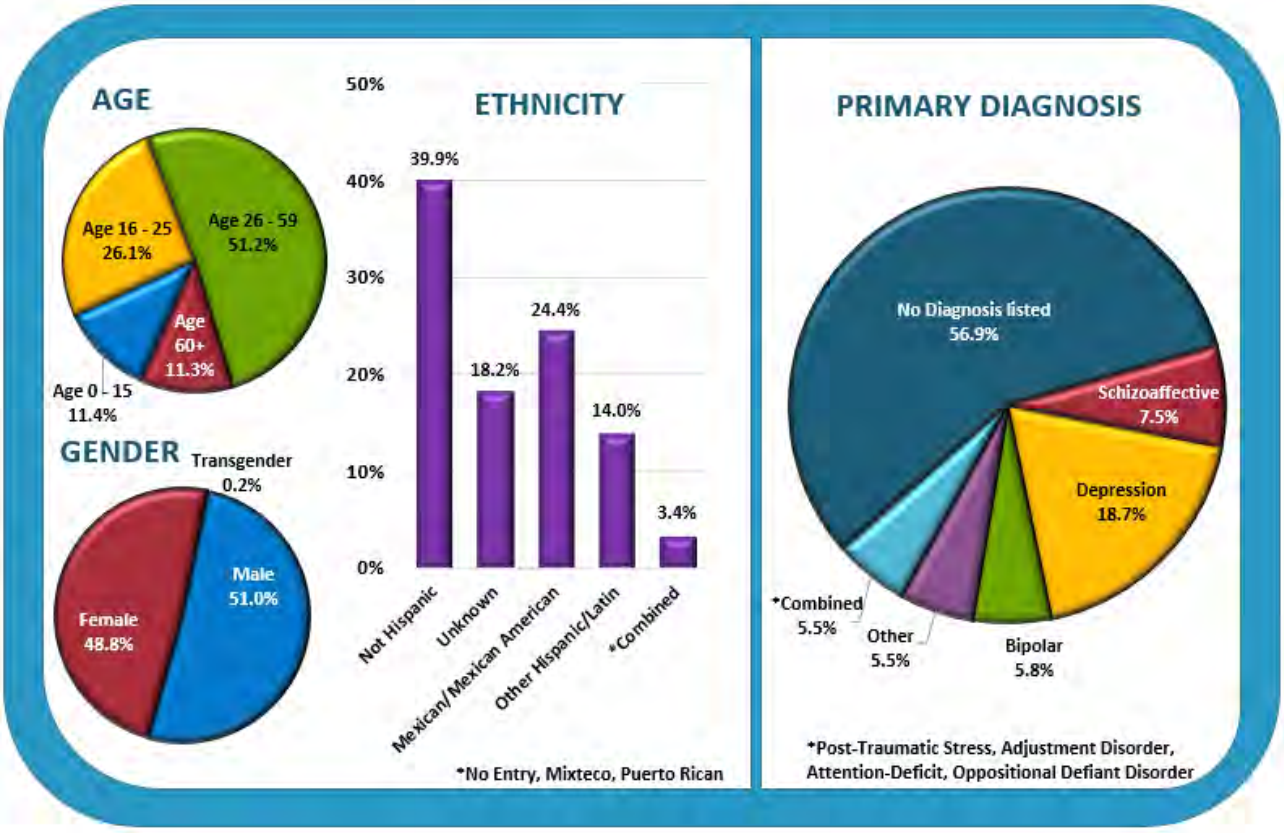
Rapid Integrated Support and Engagement (RISE) is an outreach and engagement program that reaches out to individuals who have difficulty connecting to services, fall through the cracks and have traditionally been underserved within the behavioral health system of care. RISE and RISE Transitional Age Youth (TAY) Expansion provide services to all individuals within the communities of Ventura County who need to be 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. The RISE Expansion works with individuals with Severe Mental Illness (SMI) who are TAY aged 16-25, partnering with local schools, community colleges and the local state university to assist those individuals with connection to services when mental health issues are identified by teachers or other school personnel. The goal is to intervene early to prevent failing out of school, provide support to connect to services, and connect them to ongoing mental health services. The law enforcement (LE) partnership teams work with individuals who have SMI and are frequent utilizers of emergency services. RISE case managers are paired with Law enforcement Officers from several departments within Ventura County. These agencies include Ventura PD, Simi Valley PD, Oxnard PD, and the Sheriff's office covering the cities of Thousand Oaks and Camarillo. Unlike traditional co-responder models which respond to crisis calls, the RISE LE

partnership carries a caseload of individuals who are high utilizers of emergency services. The referrals for these caseloads typically come from law enforcement officers for the RISE LE partnership team to follow up. The goal is to reach out to the individual prior to a crisis event. The RISE LE partnership team will provide support and engagement to assist the individual in connecting to ongoing services with the goals of reducing calls to service, incarcerations, hospitalizations and increase supports, stability, engagement in services for ongoing treatment and recovery.

Population Served

The primary populations served by RISE include seriously mentally ill persons who have difficulty connecting to services. Reasons for this may be because of multiple barriers, including lack of insight into their illness as well as the absence of natural support systems. Target populations include homeless clients, post-psychiatric inpatient hospital clients and other unserved and underserved populations.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	132	33	165
16-25	312	64	376
26-59	520	218	738
60+	122	41	163
Totals	1,081	354	1,435



Successes

In June 2018 the Triage grant which funded the founding of the RISE program ended. The success of the program led Ventura County to make the program a permanent. Funding now stems from MHSA CSS funding in the outreach and engagement category. Additionally, the effectiveness of the RISE program was the catalyst for the RISE expansion and the law enforcement partnership teams. The success of the previous year's collaboration lead law enforcement departments within Ventura County to write letters of support for the RISE expansion law enforcement partnership. The program confirms an agreement to collaborate with VCBH to serve this population and pay special attention to transitional age youth. During the FY 19-20, RISE provided services to 1,435 individuals. Although there are 309 more clients than the last fiscal year, we believe the number of people served would have been higher had we not been restricted in our outreach due to COVID-19.

Challenges and Mitigation

FY19-20 started off well and then proved to be quite challenging. With a pandemic coming into play in March of 2020 and California's Governor issuing stay at home orders, RISE outreach efforts came to a halt. Staff were no longer able to follow up on referrals in a typical way. They were initially limited to phone outreach only. Schools began distance learning and referrals for TAY age youth slowed down quite a bit. Additionally, due to the 6-foot social distancing requirements, law enforcement teams no longer allow the behavioral health case managers to ride along with them. Then, when the civil unrest began at the end of May 2020, law enforcement officers were reassigned to other areas of peacekeeping duties.

RISE began outreach via Zoom to schools, community colleges and charter schools to provide presentations to school staff. This allowed RISE to assure schools that staff were still providing services and outreaching to individuals in the community. RISE continues to receive client referrals from law enforcement, doing its best to attempt outreach to those individuals. Though challenging, RISE staff coordinated joint visits as needed, using personal vehicles to meet with law enforcement officers and referred individuals at various locations.

All RISE staff are equipped with laptops, and cell phones which made it possible for staff to work from home to reduce exposure and potential spread of COVID-19. RISE served its target population and met challenges by thinking outside the box and using creative strategies.

FY 21/22 Program Impacts

Services for the TAY RISE Expansion program will continue under the regular RISE after the Triage Grant funding ends. Services will not be interrupted.

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.

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	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$3,318,181	Cost per Participant (FY 19/20)	$1,762
FY 19/20 # Served	1883	FY 20/21 Fiscal Allocation	$4,102,583

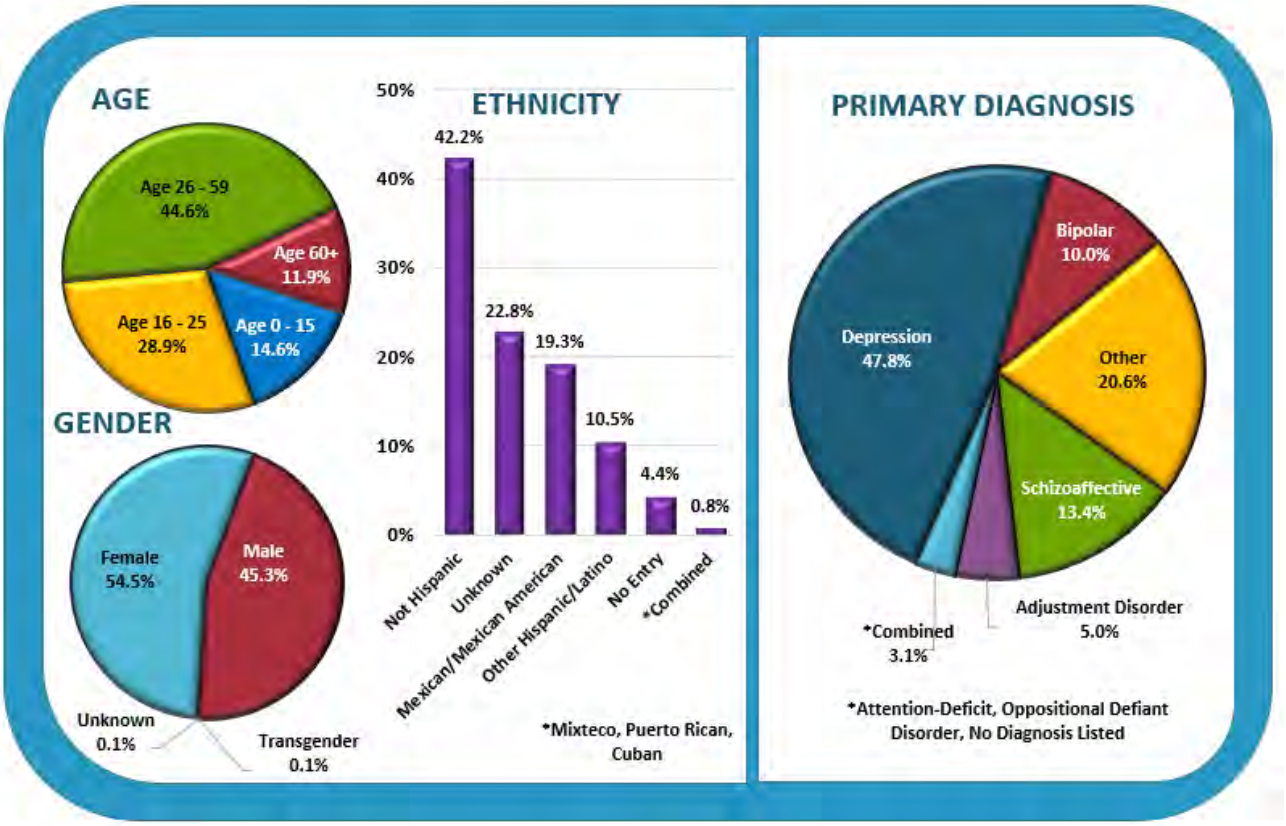
Program Description

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.

Population Served

Individuals experiencing a mental health crisis of all ages.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	44	231	275
16-25	279	467	546
26-59	160	681	841
60+	23	202	225
Totals	305	1,578	1,883



Successes

Crisis Team onboarded eight new staff (nurses and clinicians) who have helped to fill key vacancies on day, swing, and overnight shifts. The COVID-19 pandemic necessitated an urgent change in operations in March 2020. As of March 18, 2020, Crisis Team paused serving medical hospitals in person and transitioned to a telehealth assessment model in emergency departments and hospital floors. This measure increased safety for staff and clients and has had the benefit of reducing CT's overall response time for all clients.

Challenges and Mitigation

While COVID-19 brought immediate challenges in this fiscal year (e.g., staffing around Leave of Absences, changes in service model for medical hospitals, additional screening and securing PPE prior to field visits in the community), many challenges are likely still to come (e.g., financial impact and funding stream changes). Though Behavioral Health experienced a multi-month hiring pause this spring, Crisis Team was cleared to continue onboarding staff due to the critical nature of this essential service. While other counties and states struggled to maintain consistent mental health crisis services (some even shuttered their mobile crisis programs), Ventura County's Crisis Team has maintained its 24/7 access line, crisis line, and mobile operations.

FY20-21 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).

Community Services and Supports (CSS)

4.1.3.2 GSD-2: Crisis Residential Treatment (CRT)

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost*	$2,225,374	Cost per Participant (FY 19/20)	$8,526
FY 19/20 # Served	261	FY 20/21 Fiscal Allocation	$2,252,648

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. Clients 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:

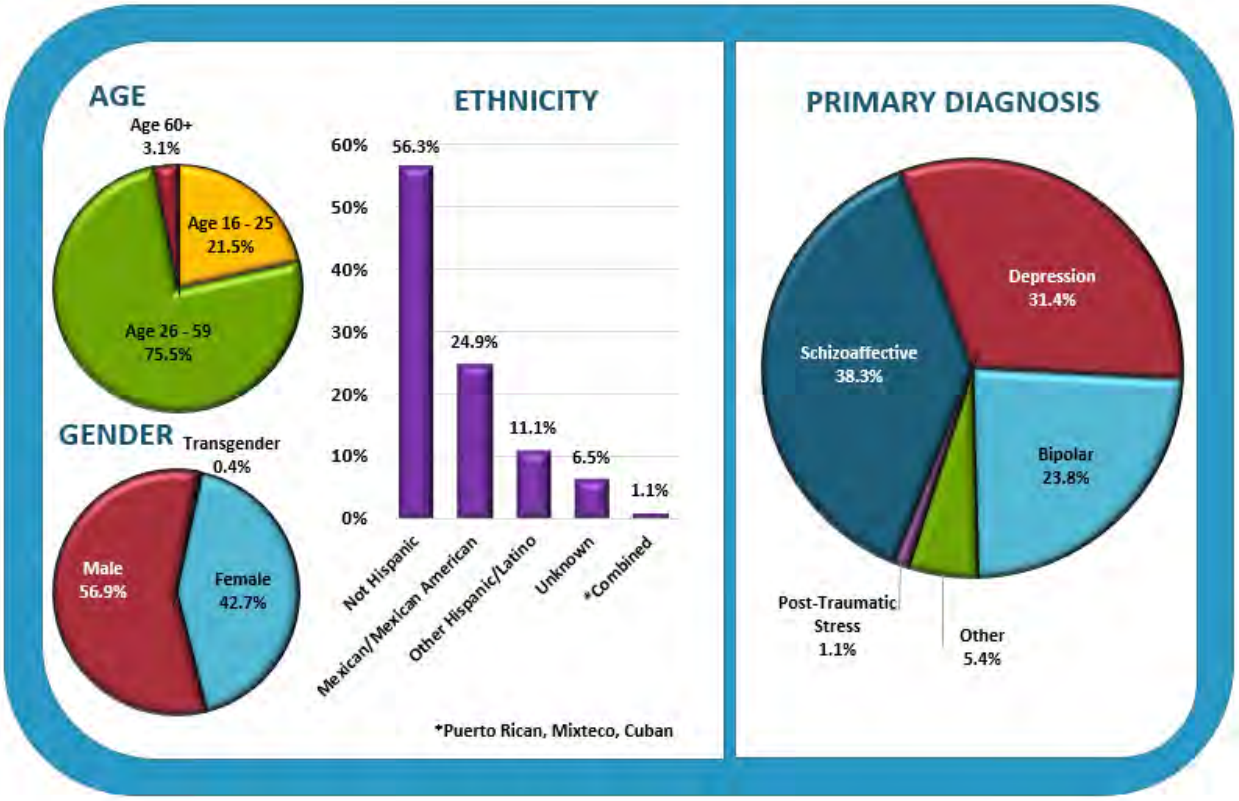
- Short-term intensive mental health treatment (length of stay is flexible and based on medical necessity).
- Three meals per day, including working with any dietary restrictions.
- An expert treatment team that consists of Licensed Clinicians, Registered Nurses, Licensed Vocational Nurses, Mental Health 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 psychoeducation.

- 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.

Population Served

To be eligible for services with Ventura Crisis Residential Treatment (CRT), an individual must meet the following criteria:

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



Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	5	5	56
26-59	9	188	197
60+	1	7	8
Totals	**15**	**246**	**261**

Successes

CRT, despite the COVID-19 pandemic, continues to improve their ability to take on difficult clients, from the jail, Vista Del Mar (VDM), and Hillmont Psychiatric Center (HPC). This is done through a strict regimen of following COVID-19 protocols, ensuring client safety, and on the occasions when there has been a positive test result, quickly curtailing the facility to ensure no widespread outbreak. The staff continue to work with Public Health, VCBH, and HPC, to effectively communicate, test and re-test all, and re-open doors.

Challenges and Mitigation

This program experienced, like most programs, challenges around maintaining full occupancy directly related to the COVID-19 pandemic. However, each time the program was required to close their doors due to a positive test result they have been up to the task of following protocol, improving practices, and re-opening in record time.

FY20-21 Program Impacts

As with many programs across California, CRT has been affected by the ongoing spiraling COVID-19 crisis statewide. As a result, client admissions have been impacted.

Community Services and Supports (CSS)

4.1.3.3 GSD-3: Crisis Stabilization Unit (CSU)

Status	☒Contin1uing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☐ Adult (26-59) ☐ Older Adult (60+)		
Total FY 19/20 Cost	$3,609,719	Cost per Participant (FY 19/20)	$9,400
FY 19/20 # Served	384	FY 20/21 Fiscal Allocation	$3,408,775

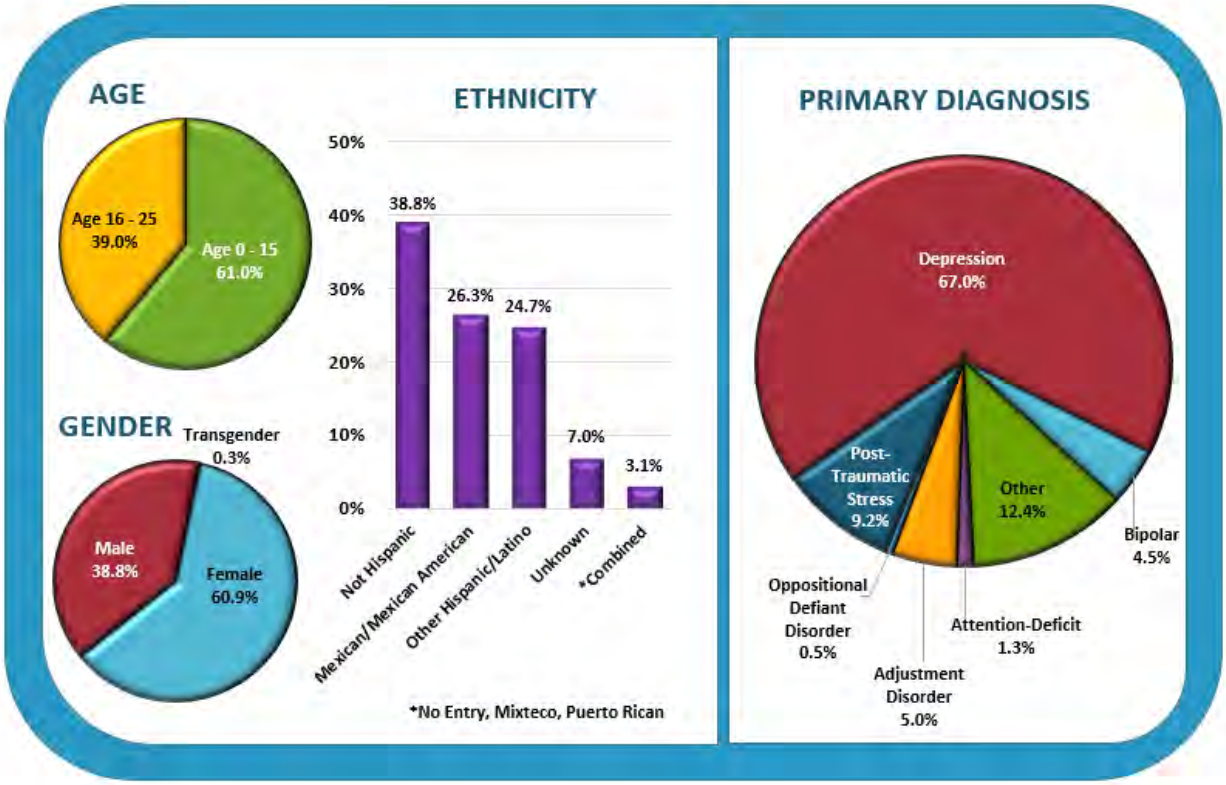
Program Description

The Crisis Stabilization Unit (CSU), operated by Seneca, 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 hospitalization 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 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.

Population Served

Youth ages 6-17 years experiencing a mental health crisis.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	80	152	232
16-25	43	109	152
Totals	**123**	**261**	**384**



Successes

Fiscal year 2019-20 brought unique opportunities for community partnership and communication. Much of this fiscal year, the CSU remained the consistent in-service provision as compared to other years. Since March of 2020 and through June 2020, the CSU remained open and serving youth in crisis without interruption even during state and county COVID-19 shutdowns. From the onset of the pandemic, the program provider quickly formed a COVID-19 task force that advised programs and staff on precautions, exposure events, and policy and procedures for continued safe operations. Despite challenges, staff have continued to show up each day even during extremely trying circumstances. The program finished FY 2019-20 without any significant difference in number of youths served or rate of diversion to lower levels of care as in previous fiscal years.

Challenges and Mitigation

In fiscal year 2019-20, the CSU continued to experience the challenge of lack of Southern California inpatient beds for youth. Staff continued previous efforts to advocate on behalf of children in crisis. However, the primary challenge this year came from the COVID-19 pandemic. Increased strain on all first responder systems have trickled into the CSU operations including ambulance wait times, Inpatient Psychiatric Unit (IPU) availability, and emergency department procedures. The program has attempted to mitigate this by being flexible with program processes where possible, and continued communication with partners to ensure procedures are understood and are working with each other as much as possible.

The pandemic has also brought about a new level of caution regarding employee wellness. Following guidance from the Centers for Disease Control concerning symptom profiles, risk level and quarantine recommendations, teams have experienced many staff shortages. This is due to various levels of exposure to COVID-19, in addition to normal attrition rates. This has placed an added burden on staff, resulting in many of our personnel working in overtime for most of 2020. Continued efforts to recruit and train are ongoing, however, some key positions have been more difficult to recruit (i.e., Nurses.).

FY20-21 Program Impacts

Due to the lockdowns for the pandemic beginning in March of 2020, the true impact of the pandemic will be not be reflected in FY 19-20, as outcome data reflects normal operations. The program expects FY 20-21 will show variations in outcomes from year's past.

Community Services and Supports (CSS)

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

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$2,939,753	Cost per Participant (FY 19/20)	$963
FY 19/20 # Served*	3052	FY 20/21 Fiscal Allocation	$3,244,351

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

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 for these services, they are referred to appropriate levels 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

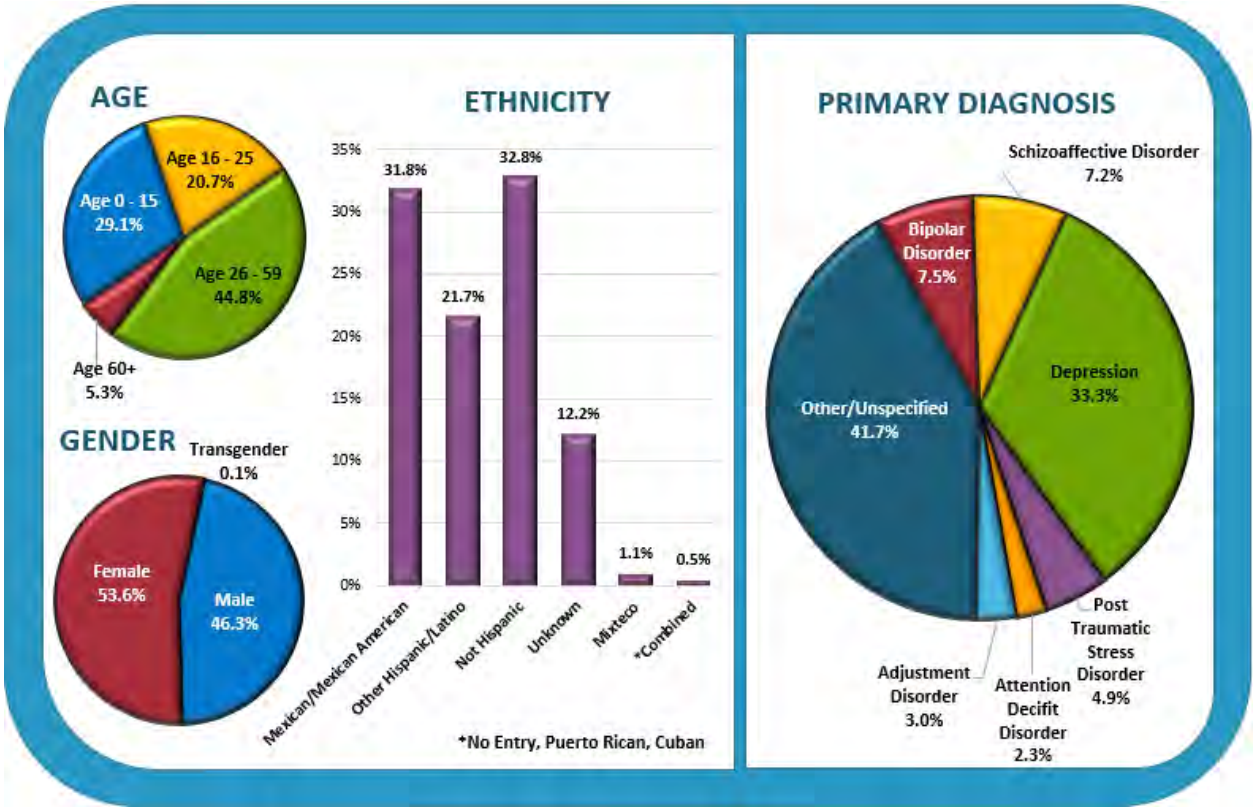
STAR also has psychiatric providers who can offer expedited psychiatric evaluations for clients that are accepted for Specialty Mental Health Services. Psychiatric providers are also available for consultations to primary-care providers in the community, who request it; focus is for clients who are Medi-Cal and Medicare beneficiaries, as well as who have no health insurance coverage currently.

Since the start of the COVID-19 pandemic, virtually all our services are provided either via phone or video.

Population Served

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

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	102	789	891
16-25	88	545	633
26-59	238	1,132	1,370
60+	18	145	163
Totals	**446**	**2,606**	**3,052**



Successes

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.

Although the COVID-19 pandemic has brought on incredible stress and suffering for the community in general, there was also a silver lining present. As staff were ordered to work remotely as much as possible, STAR has been able to create almost a completely digital operational process to complete the client assessment. This process has been more efficient in terms of staff time and energy, which has increased the program's capacity of how much work can be done at one time. It has also reduced operational costs as staff don't use as much office supplies and reduced equipment maintenance.

Similarly, when the pandemic started, the program saw a dramatic reduction in requests for services. These numbers have returned to expected levels within couple of months, but this gave staff the opportunity to see clients faster (most of them were offered first available appointments within 1-2 business days, during first several months); and the program continues to experience this improvement in access for services.

Challenges and Mitigations

Initial challenge this year started in early 2020, when COVID-19 pandemic occurred. The program was suddenly required to provide services remotely, as well as recreate the operational process to be virtual (e.g., digital forms and processing, e-faxing, etc.). Although initially this was quite challenging due to the complexity of the assessment process, within several months and with the assistance of the Quality Assurance department, staff were able to transition completely. Also, almost all clients are now assessed either via video (HIPAA-compliant platform) or telephone (if video option is not possible); a very small percentage of clients were assessed in person, usually due to severe challenges with access and ability to utilize electronic devices. As a result, the program has significantly reduced its carbon footprint.

FY 21/22 Program Impacts

COVID-19 continues to impact program enrollment and services.

Community Services and Supports (CSS)

4.1.3.5 GSD-5: Fillmore Community Project

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☐ Adult (26-59) ☐ Older Adult (60+)		
Total FY 19/20 Cost	$605,686	Cost per Participant (FY 19/20)	$3,833
FY 19/20 # Served	158	FY 20/21 Fiscal Allocation	$666,837

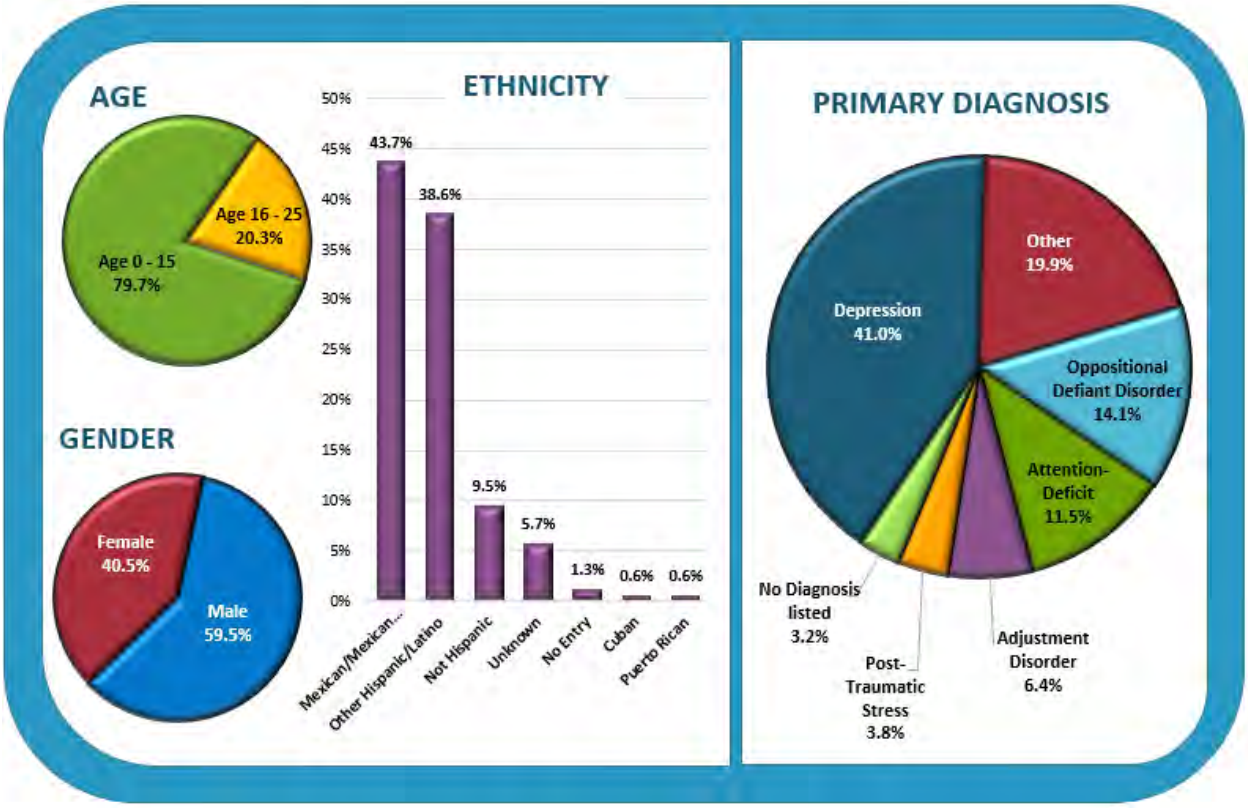
Program Description

The Fillmore Community Project continues to provide a variety of mental health treatment including support, case management, and psychiatric services. Staff are 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.

Population Served

The Fillmore Community Project continues to primarily target 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.

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
0-15	70	56	126
16-25	19	13	32
Totals	**89**	**69**	**158**



Successes

Due to the COVID-19 pandemic, services provided through the Fillmore Community Project shifted to a telehealth model beginning in March 2020. Essentially overnight, the team agilely transitioned to providing uninterrupted mental health, case management, and psychiatric services to this community. Without a roadmap on how to effectively serve children and their families through an almost exclusively digital platform, the team maintained high engagement with our clients, brought on new clients who were seeking services related to effects of the pandemic, and provided critical case management support. For the highest risk clients, or for those whose symptoms make participating in telehealth challenging, staff continued to serve them with face-to-face services, following all CDC guidelines, to ensure their safety and well-being.

Despite the challenges of providing telehealth to a traditionally under-resourced population and despite a slight dip in clients being served (June 2019 vs. June 2020), the team provided more minutes of service during this period. This is reflective not only of the higher needs of clients due to the added stressors that are related to

the pandemic but also the team's commitment to continue to provide high quality, continuous mental health services. Some clients have been able to successfully discharge from services during the pandemic due to the ongoing commitment of the team and the dedication of the family to maintaining progress.

Challenges and Mitigation

The biggest challenge, by far, has been adjusting to providing services during a pandemic. The challenges are not only related to the pandemic itself but, the pandemics' impact on stressors and challenges that have been pervasive and present during treatment. Some of these challenges included: Providing telehealth to families with limited technology and limited literacy in using the programs needed to telehealth; the lack of private space for clients to participate in sessions while in their homes; Zoom "burnout" in families and youth; additional financial strain in the family affecting parental wellness; illness due to of health care disparities and crowded living; and exacerbation of anxiety, depression, and disruptive behavior symptoms due to quarantine/lockdown/social isolation. The way that the program has mitigated some of these challenges are: offering limited face-to-face services at the clinic or in the community outdoors; linkage to resources for phones and laptops; case management assistance to set up Zoom and other platforms for families; linkage to basic needs resources for families; facilitation of family wellness activities in session and an increase in collateral support to better equip parents with skills to support their children during this time.

FY 21/22 Program Impacts

The program continues to feel the impact of COVID-19 on enrollment and services.

Community Services and Supports (CSS)

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

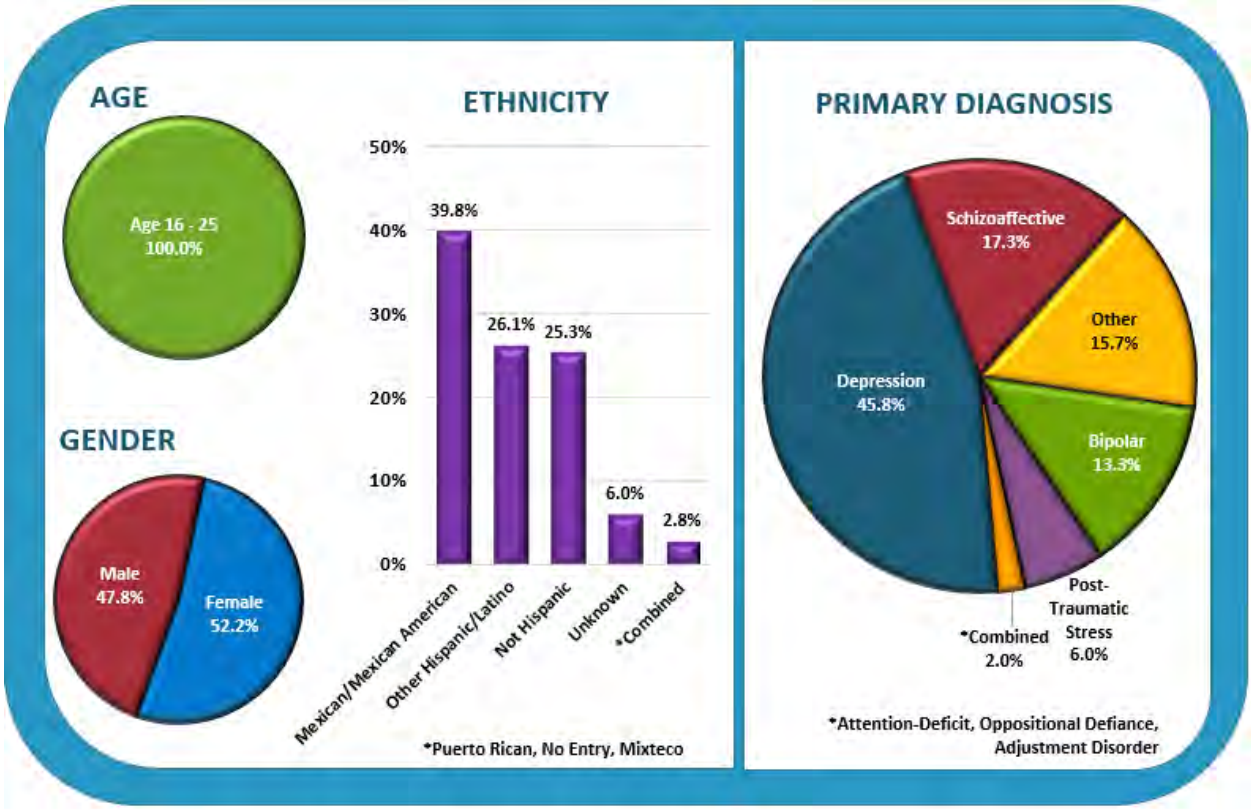
Status	☒Continuing from FY 18/19 ☐New during FY 19/20			
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☐ Adult (26-59)	☐ Older Adult (60+)
Total FY 19/20 Cost	$1,502,653	Cost per Participant (FY 19/20)	$6,034	
FY 19/20 # Served	249	FY 20/21 Fiscal Allocation	$1,545,766	

Program Description

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 use disorders and are at risk of homelessness, incarceration or psychiatric hospitalization with little to no support in their natural environments.

Age Groups Served

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
16-25	112	137	249



Successes

The program successfully supported Transitional Age Youth (TAY) clients into the new Mental Health Co-op. The Co-op is a partnership with Department of Rehabilitation and PathPoint and is designed to support TAY clients obtain and retain employment.

Successful graduation from the Co-op program was achieved once clients gained and maintained employment. At that time, clients could also step down into a lower level of care.

In FY19-20 our TAY clients connected with community organizations to obtain volunteer positions. One care manager assisted a client in securing long-term housing.

Challenges and Mitigations

Ongoing challenges with housing options for TAY clients. Limited resources for TAY clients that are undocumented continues to be a trial and a concern.

FY 20/21 Program Impact

No changes planned. COVID-19 Continues to be a challenge in program enrollment and services.

Community Services and Supports (CSS)

4.1.3.7 GSD 7: VCBH Adult Treatment System (Non-FSP)

Status	☒Continuing from FY 18/19		☐New during FY 19/20	
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☒ Older Adult (60+)
Total FY 19/20 Cost	$20,148,747		Cost per Participant (FY 19/20)	$4,938
FY 19/20 # Served	4080		FY 20/21 Fiscal Allocation	$23,681,845

Program Description

Adult Treatment services are provided at outpatient clinics in Ventura, North Oxnard, South Oxnard, Santa Paula, Conejo (Thousand Oaks) and Simi Valley. To serve all client's needs, services are provided in the community, in the home, and within residential placements. Clients are assessed based on level of acuity, program engagement required, and specific needs. Services may include individual and group therapy, case management, medication support and peer support. Clients are transferred between recovery tracks as their needs change, with a focus on actively working towards wellness and recovery. More than 70% of clients served at the adult outpatient clinics are receiving services at this level.

VCBH has implemented several evidence-based practices to increase the provision of group services to clients. Programs include:

- "Seeking Safety"
- Life Enhancement Training (LET)
- Social skills for clients with psychosis (CORE)
- Cognitive-Behavioral Therapy (CBT) for anxiety, depression, and co-occurring disorders.

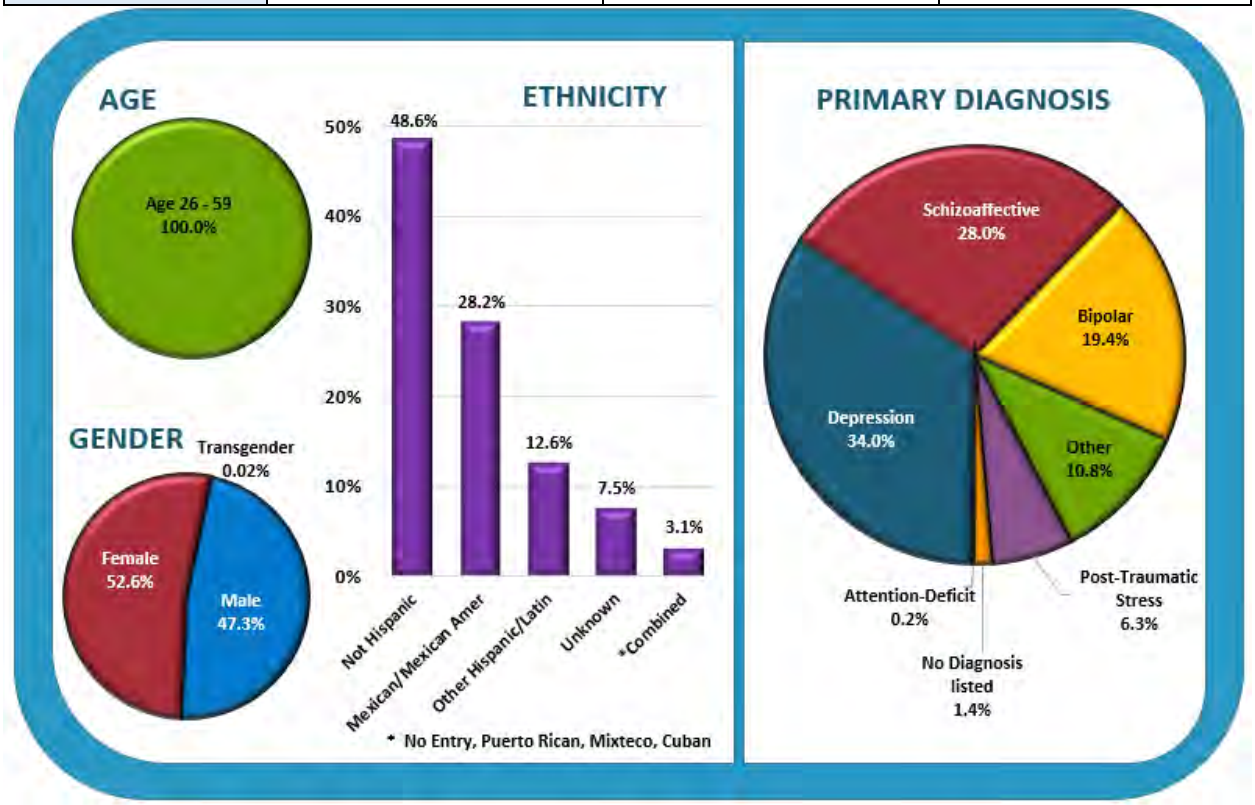
Currently, a total of 60 groups are available every week at the outpatient clinics, providing services to an average of 300 clients per week. VCBH trains all clinicians in CBT as the individual treatment modality of choice.

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 within the community. Clients can receive 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.

Population Served

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

Age Group	Rollover Clients FY18-19	New Clients FY19-20	Total Clients FY19-20
26-59	1,406	2,674	4,080



Successes

In FY 2019-20, the Adult Treatment clinics implemented new client outcomes tools. The Milestones of Recovery (MORS), Behavior and Symptom Identification Scale (BASIS24) and Treatment Perception Survey (TPS) were rolled out and have been used at intake, annual and discharge assessments. Analysis of these outcome scales are used to guide treatment recommendations. A small group of VCBH staff have been qualified as MORS trainers to ensure opportunities for refresher courses as well as education for new staff. MORS are entered as frequently as needed to capture each client's progress in their recovery. The clinics are preparing to begin administering TPS questionnaires on electronic tablets to clients after receiving clinical services in FY 2020-21. The goal of this additional survey is to capture a more accurate perception of mental health services clients receive across the system.

Ventura Adult Clinic:

Prior to the COVID-19 pandemic in Ventura County, staff at the Ventura Adult clinic developed and implemented new groups in efforts to reach more underserved populations. An example of one of the weekly therapy groups is the "Senior Safari," which was developed and is run by the licensed psychologist. This group serves about a dozen older adult clients and is structured to offer specialized support, resources and discussions.

The clinic has shown great flexibility during the pandemic to meet the needs of the more than 900 clients via telephone, video and in-person services as indicated. Additionally, the clinic has been able to offer group therapy sessions over Zoom and continue to find new ways to reach clients during the pandemic. Staff have collaborated with scheduling and resources to keep the clinic open throughout the pandemic.

North Oxnard Adult Clinic:

Despite the challenges of a pandemic and limited face-to-face contact, the North Oxnard Adult clinic has consistently provided mental health services to the community. In order to meet social distancing guidelines, the physical layout of the clinic has been re-arranged, and the addition of telehealth has assisted in being able to provide support to more clients.

Face-to-face meetings with clients were initially limited to only crisis contacts, injections, and clients prescribed the medication Clozaril. However, several months of the pandemic, the clinic was able to increase face-to-face appointments with clients by meeting with them out in the field, delivering group therapy sessions via telehealth, and providing transportation to clients' vital medical appointments.

Santa Paula Adult Clinic:

The Santa Paula Adult Clinic successfully completed a Non-Clinical Performance Improvement Project for Medicaid's External Quality Review Organization (EQRO), which focused on access to mental health services for the Latino population. As a result of the project, access has dramatically improved. Clients are now provided with a mental health assessment within ten days of requesting service.

Although COVID-19 has created unforeseen challenges, there has been notable achievements at Santa Paula Adult Clinic. A homeless client staying at a shelter was referred by its director to mental health services at the clinic. The 66-year-old Hispanic actively participated in her treatment, attended group therapy sessions and was involved in social rehabilitation programs within the community. This resulted in the client stabilizing her mental health symptoms and moving into independent housing.

South Oxnard Adult Clinic:

The South Oxnard clinic has experienced a significant increase in clients requesting and receiving mental health services. As part of the Access Projects implemented, the census caseload grew by over 100 new consumers obtaining services this fiscal year.

There have been several success stories. Notable is the story of P.S., a 37-year-old Caucasian female that participated in mental health services to successfully obtain independent housing via VCBH housing programs. The client was able to reunite with an estranged daughter and successfully enrolled in community college.

Conejo Adult Clinic:

Conejo Adult Clinic continues to provide mental health services to its clients by collaborating closely with community partners.

By working in collaboration with clients' primary support, community partners and the clinic's treatment team, Simi Valley Adult Clinic has successfully supported its clients. This includes assisting client's needs with independent living and struggles with eviction.

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Challenges and Mitigation

Ventura Adult Clinic:

Due to the COVID-19 pandemic, Ventura Adult Clinic has experienced staffing difficulties. This includes personnel who are on Leave of Absences, issues with working remotely and the inability to hire a staff psychologist. To mitigate these challenges, the clinic has procured the proper technology (laptops and webcams) to enable staff to provide efficient services.

Santa Paula Adult Clinic:

Due to recommendations from Ventura County Public Health because of the COVID-19 pandemic, Santa Paula Adult Clinic had to reorganize and transform how mental health services were delivered. Having to increase telehealth services and staff remotely created challenges to the internet infrastructure and organization. With the support of VCBH's Information Technology department, the clinic secured increased bandwidth and is now able to provide Zoom meetings.

South Oxnard & North Oxnard Adult Clinics:

In response to COVID-19 pandemic safety guidelines, the clinics have had to reorganize operations. Changes include having staff stagger their work schedules to allow for less personnel in the buildings and suspending a limited number of community programs. Staff has overcome these challenges by developing creative ways to overcome barriers. One problem-solving measure is to provide transportation to clients.

Simi Valley Adult Clinic and Conejo Adult Clinics

These clinics have experienced an increased number of clients requesting services, resulting in the need for additional staffing. COVID-19 restrictions have created challenges in finding more resources to support clients.

FY20-21 Program Impacts

Ventura Adult Clinic:

In collaboration with VCBH's Older Adults program, Ventura Adult Clinic will be developing outreach services to adults 60+ within the community. The request to fill an open position for a staff psychologist has been made, which will alleviate impacted services such as testing, evaluations, and mental health assessments.

South Oxnard, North Oxnard & Santa Paula Adult Clinics

By using telehealth, phone and face-to-face contact, the clinics have continued to provide services to its clients. Additional client support includes administering injections, conducting crisis assessments, and providing transportation to clients with limited resources.

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	☒Continuing from FY 17/18 ☐New during FY 18/19		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$335,067	Cost per Participant (FY 19/20)	$1,283
FY 18/19 # Served	261	FY 20/21 Fiscal Allocation	$112,090*

*Midyear this program will transition to a mobile wellness service under the Adult Wellness Center

Program Description

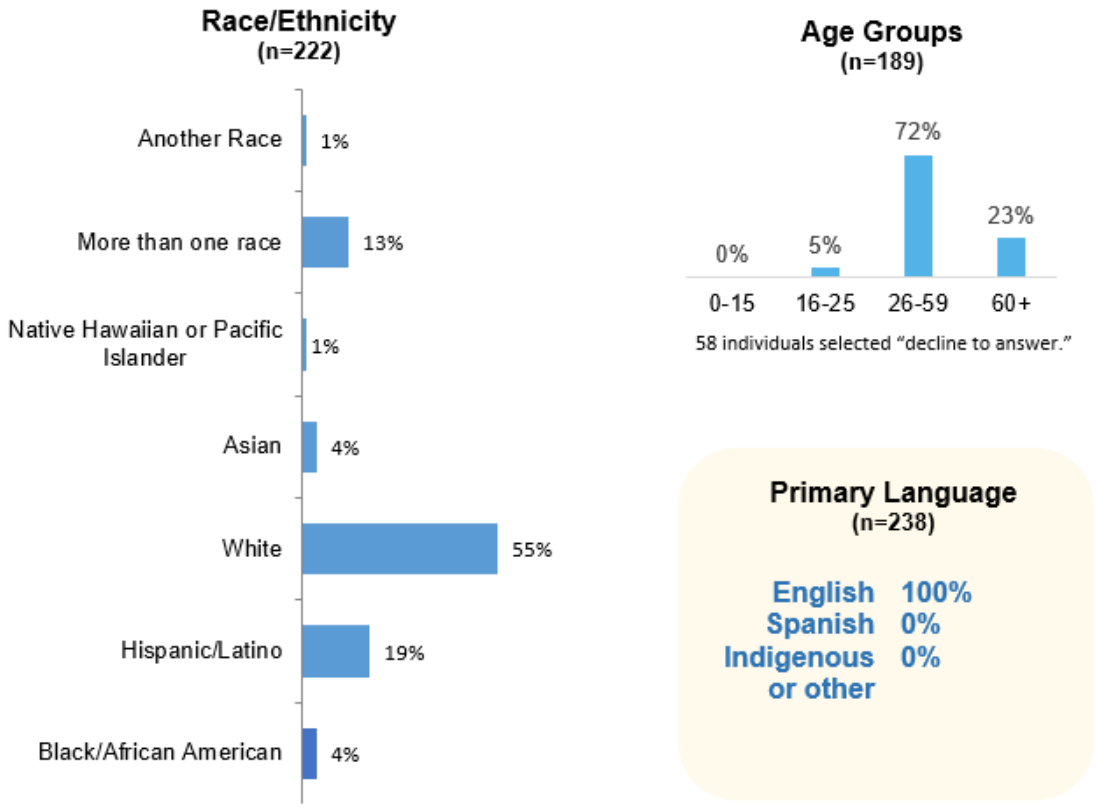
The QOL program stemmed from an innovation project that proved to be successful. The program was established to provide residents living in board and care facilities with meaningful non-clinical activities to enhance and enrich their lives. Board and care facilities are often described to be depressing 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 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

Quality of Life provides Peer Support Services in five board and care facilities and two independent living facilities. All sites provide housing for individuals with serious mental health challenges.

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.

Quality of Life Demographic Data*



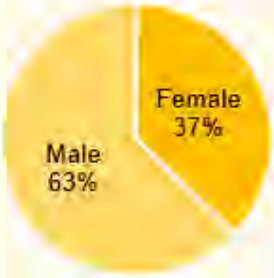
*Percentages may exceed 100% because participants could choose more than one response option.

Current Gender Identity (n=236)

Female	37%
Male	63%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

8 individuals selected "decline to answer."

Sex Assigned at Birth (n=236)



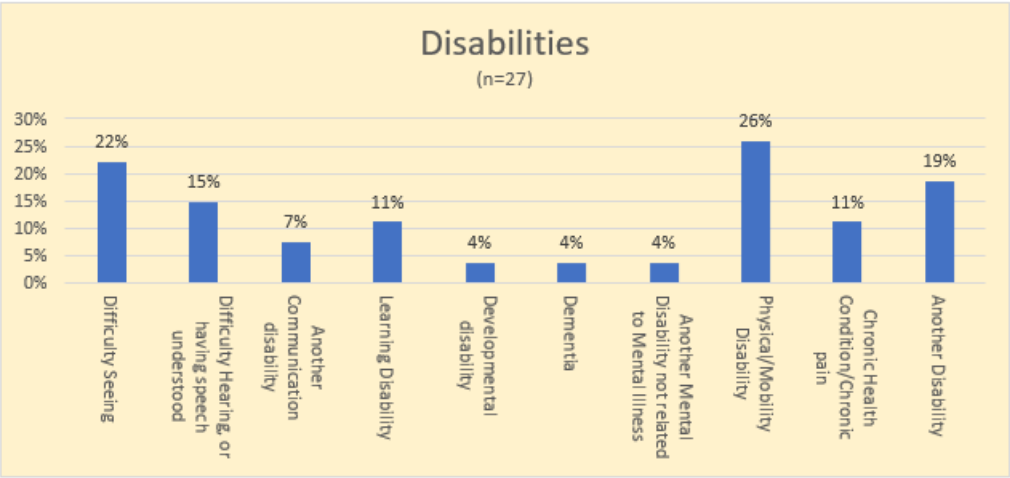
9 individuals selected "decline to answer."

Sexual Orientation (n=235)

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

2% identify as veterans

8% of individuals reported having one or more disabilities



Successes

Member RL at Sunrise has been attending the program for three years. Shares she loves the groups and when she is home, she feels the need to attend the groups, so she does not go into isolation and stay in her room the entire time.

Member GB has acquired housing through HUD and he appears to be doing well with his mental health.

Member LP was previously homeless and is going to a day program with QOL three days a week. She has been working on getting the right medication and her goal is to apply for Section 8 housing so she can live on her own.

Member WC while checking in with QOL, mentioned that he's more sociable over the phone in general than he was in the past about his personal life.

Challenges and Mitigation

COVID-19 proved to be very challenging and continues to be problematic for the QOL program Board and Care facilities much like nursing homes serve extremely vulnerable populations many of whom are at highest risk for severe cases of COVID-19. As a result, staff asked the QOL to reach out though phone or internet as opposed to in person services. This approach continues to impact enrollment and services.

FY 21/22 Program Impacts

This program is administered by the same provider as the Adult Wellness Center and will be rolled up into the Wellness Center. In FY 21/22 the program will change from Quality of Life to Mobile Wellness service to save cost and streamline program administration. The services will not change.

Community Services and Supports (CSS)

4.1.3.9 GSD-9: The Client Network (CN)

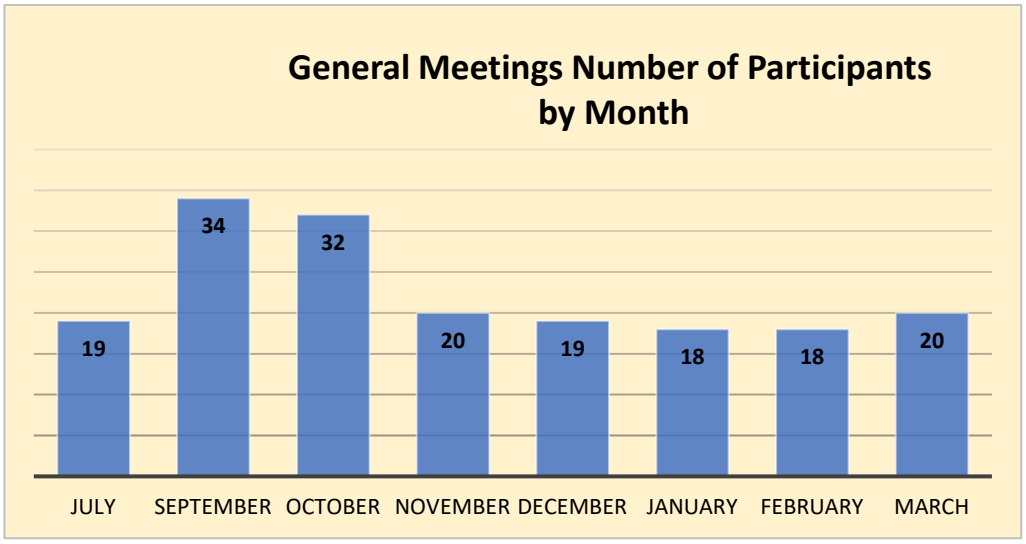
Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$39,300	Cost per Participant (FY 19/20)	$741*
FY 19/20 # Served	53*	FY 20/21 Fiscal Allocation	$ 73,667

*Numbers are not complete due to COVID-19 restrictions limiting access

Program Description

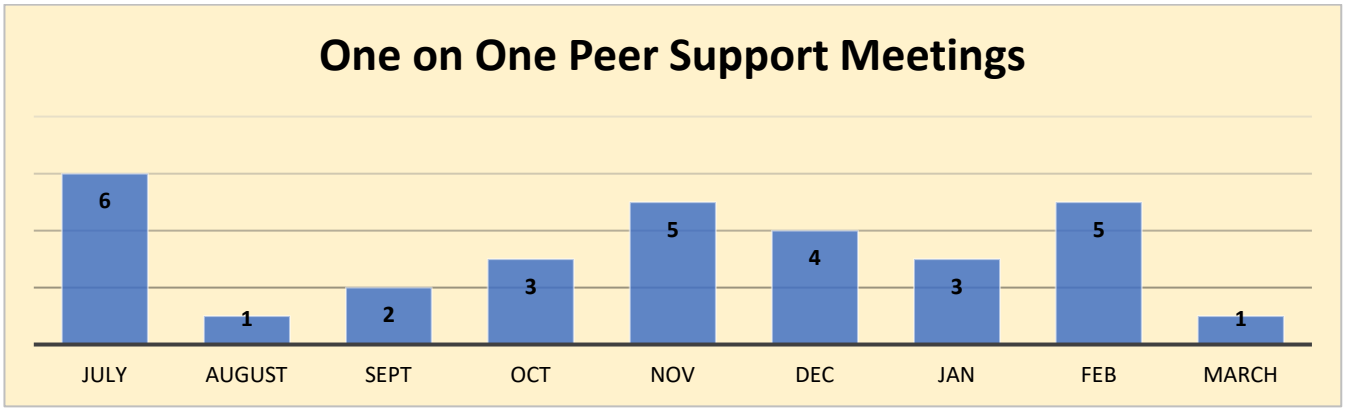
The Client Network is a peer-run advocacy organization with a client-centered approach to mental health recovery. It empowers clients to become full partners in their unique treatment and recovery journeys. The Client Network advocates for consumers by promoting measures that counteract stigma and discrimination 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. This program is going through a transition in FY20/21.

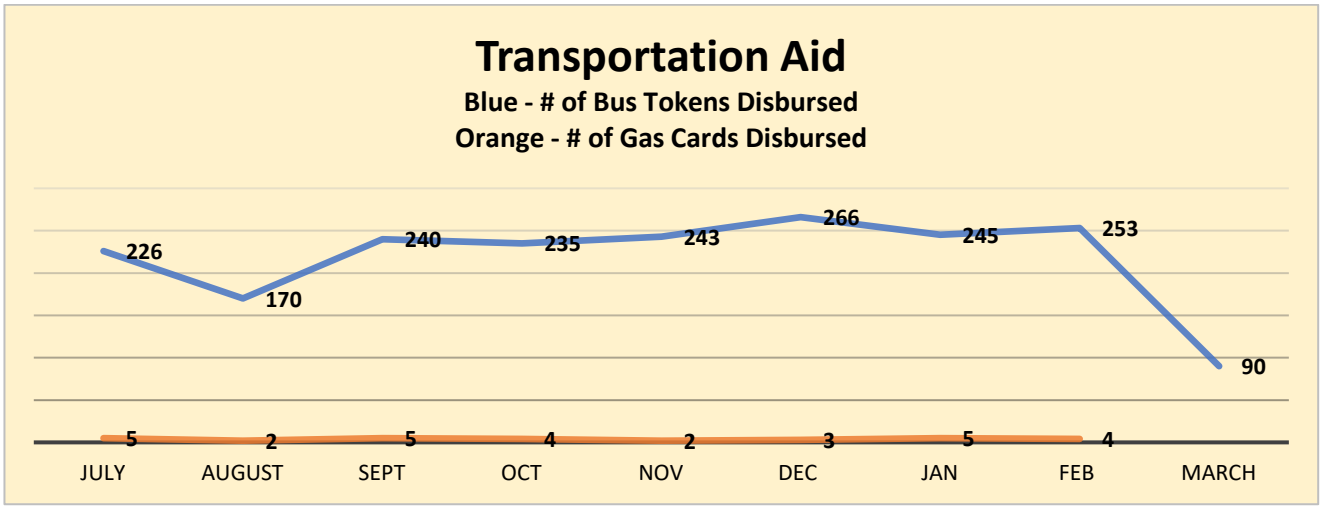
Program Highlights

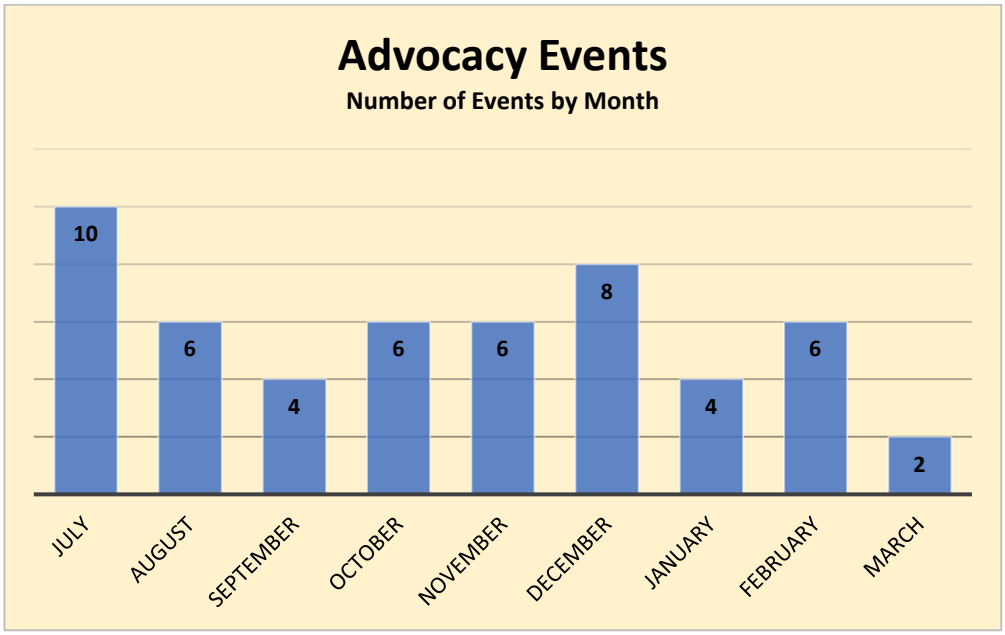


August – Dark

Remaining General Meetings for 2020 after March Cancelled due to COVID-19 pandemic.







Meetings included: BHAB General and Executive Committee meeting, TAY BHAB meeting, MHSOAC (Client and Family Leadership Committee), OAC Committee meeting

Challenges and Mitigation

COVID-19 halted all program and services beyond attending online stakeholder meetings. Budget modifications are in process for an online meeting platform subscription and additional technology equipment in 21/21.

FY 20/21 Program Impacts

Services will be altered in 20/21 to allow for a greater focus on peer advocacy efforts, training, and participation of individuals living with serious mental illness in to the CPP process.

Community Services and Supports (CSS)

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

Status	☐Continuing from FY 17/18 ☐New during FY 18/19			
Age Group	☒ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☐ Older Adult (60+)
Total FY 19/20 Cost	$882,591.00	Cost per Participant (FY 19/20)	$2,856	
FY 19/20 # Served	309	FY 20/21 Fiscal Allocation	$946,080	

Program Description

This program is designed to provide services to severely emotionally disturbed (SED) children, youth and their families served by the VCBH 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.

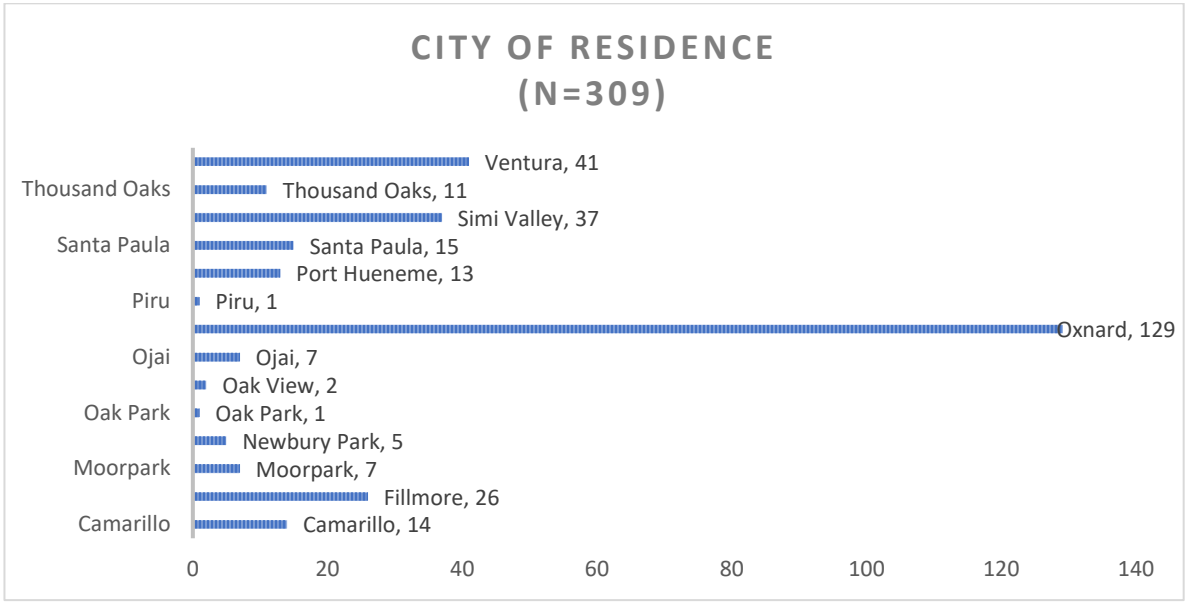
Program Highlights

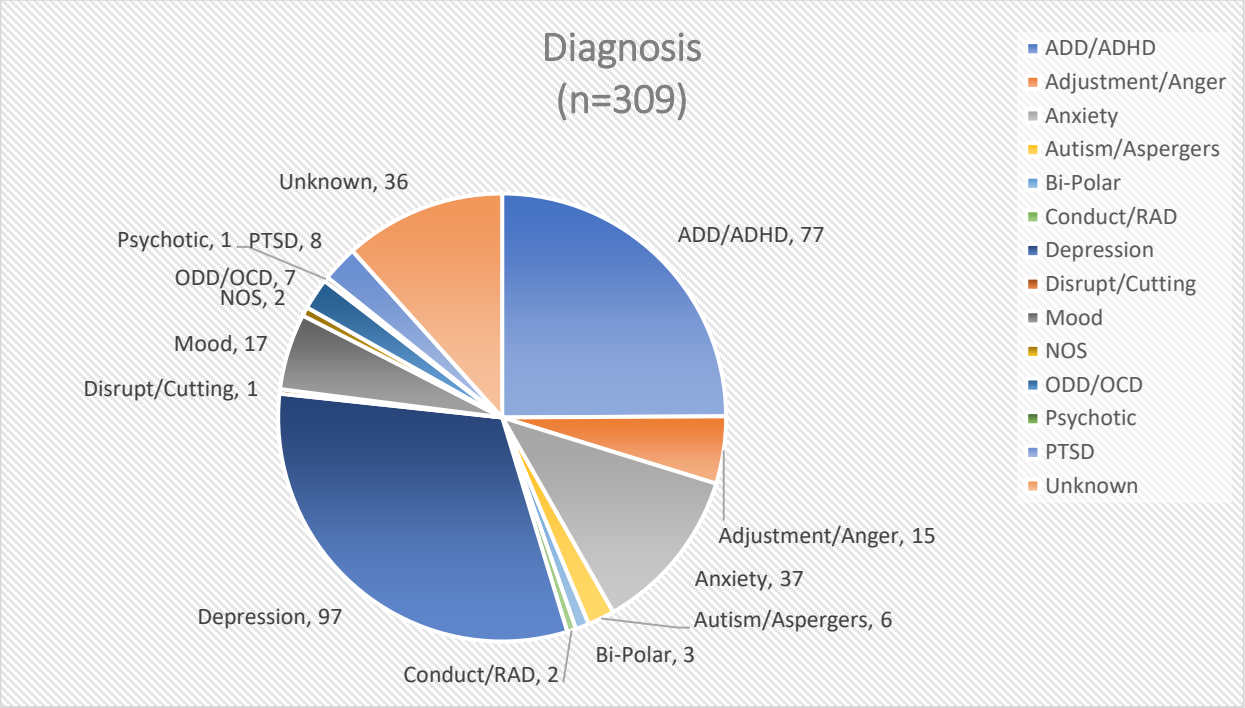
Below is the demographic information for those who were served and elected to fill out the demographic questionnaire. N=309 however participants may check more than one box, decline to answer, or skip questions so not all totals will add up to 100 percent.

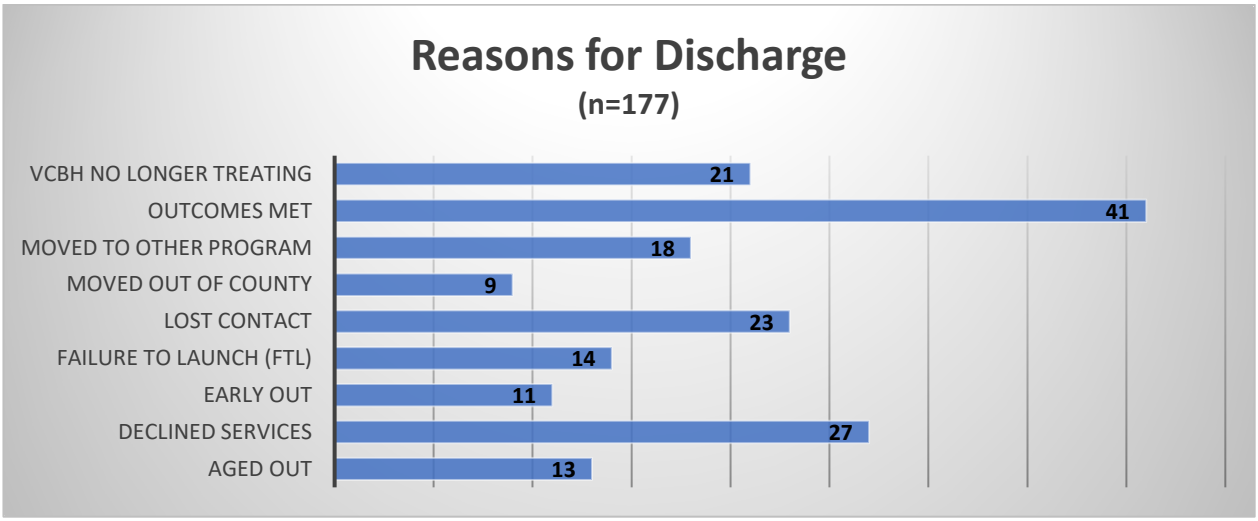
FAST Demographics FY 19-20

Ethnicity	
African American	13
Asian	2
Caucasian	40
Hispanic	220
Unknown	34
Grand Total	**309**

Gender	
Female	129
Male	180
Grand Total	**309**





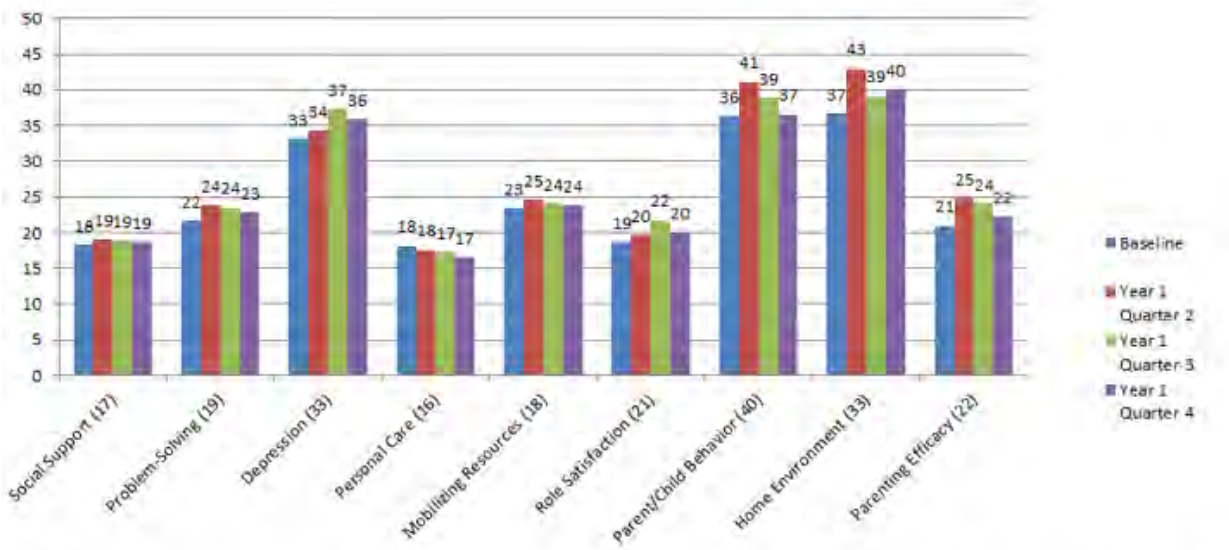


Majority of the discharges were positive in that the cause was clients met their goals.

Healthy Families Parenting Inventory:

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.

HFPI Quarter 4 - Year 1 2019-2020



- The Healthy Families Parenting Inventory (HFPI) is designed to learn more about you as a parent and how you respond to different aspects of parenthood
- We are interested in the kinds of changes you may have noticed in yourself since becoming a parent
- This information is used to help design a plan to better serve you during your involvement with United Parents

Successes

Despite a difficult year, youth and their parents have relayed how much they appreciate the efforts of the parent partners working closely to support their families.

Client 1: The Parent Partner at the RISE program helped to connect a client who had recently had several traumatic experiences while migrating to the US from Central America. Client was connected to a VCBH Youth and Family clinic and transferred the client to the FAST program at United Parents in which the client was assigned a long-term parent partner. The FAST Parent Partner worked very closely and intensely with the client and his brother; making sure that they were keeping track of medical, mental health, immigration, and school appointments and providing transportation to those appointments. The Parent Partner assisted client in requesting an IEP and assessment for special education. When the client would leave home and go missing, the Parent Partner would assist the brother in communicating with the police department and crisis team and help

with locating the client. Now that the client was 18, the team decided to have client receive wrap around services and he also transferred from VCBH Youth and Family clinic to Transitional Aged Youth (TAY) clinic. The parent partner continued to assist the client while he transitioned to the two new programs. United Parents is still working with the client and was recently successful in getting client eligible for special education services and enrolled in back in school. This case is an excellent example of the teamwork and collaboration of several county agencies coming together to help a client in need: as well as the important role of a dedicated and consistent parent partner in this process.

Client 2: The Parent Partner (PP) has been working with this family since September 2019. The PP provided the guardian with IEP guidance and support for the client. The guardian asked for an assessment for special education for the client in November 2019. The guardian was unsure of herself in regard to helping the client catch up with her credits to graduate and concerns of the client turning 18 years old in December 2020. The client had a significant decrease in her grades and was struggling with depression. The COVID-19 pandemic added additional stress to the client's school issues. The PP gave the guardian and client support by coming up with options for her school assignments and asking the school to have three online Zoom sessions a week with the client so she could stay on track with their grades and graduate with her class. The family had another IEP meeting in May 2020 via online Zoom. The PP helped the guardian understand the client's new IEP goals and agreed to help the client get all the services they need while she is in school so they can graduate. After the client turns 18 and graduates, they are planning to move out and be self-sufficient. The PP and the guardian have plans for how to help the client with her transition and believe this to be beneficial for their growth.

At the suggestion of the parent partner, the guardian and client have been attending support groups. The guardian attends a parent support group at United Parents and has networked with other parents and guardians that attend the group. The client reports she has made some new friends at the support group she attends and enjoys her time there. This family has been very appreciative of the support and resources the FAST parent partner has been able to provide during this difficult time in their lives.

Challenges and Mitigation

COVID-19 has caused disruption in care for youth and their parents. Many families do not have reliable access to internet or a private space to receive services causing further interruption in care. The program staff have been flexible and creative in their outreach to support and engage families any way possible throughout the pandemic.

FY 20/21 Program Impacts

COVID-19 Continues to impact program enrollment and services.

Community Services and Supports (CSS)

4.1.3.11 GSD-11: Growing Works

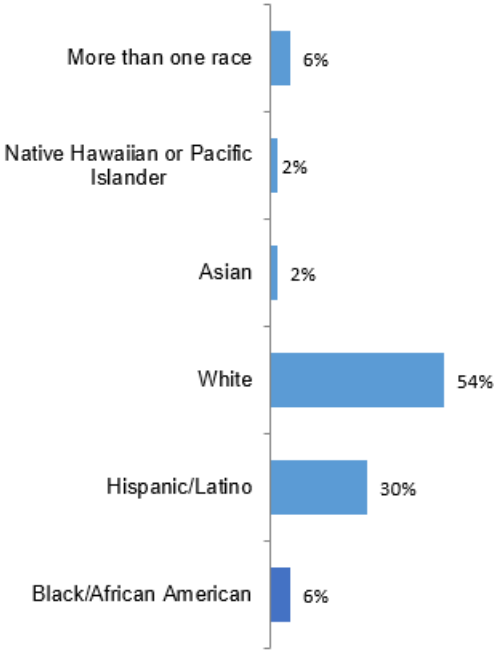
Status	☒Continuing from FY 18/19		☐New during FY 19/20	
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☐ Older Adult (60+)
Total FY 19/20 Cost	$270,758.00	Cost per Participant (FY 19/20)		$4367
FY 19/20 # Served	62	FY 19/20 Fiscal Allocation		$300,455

Program Description

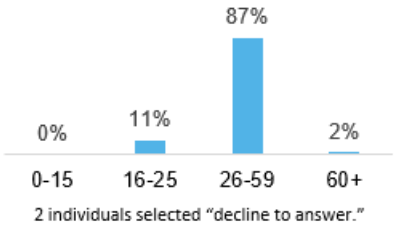
Growing Works is a non-profit wholesale plant nursery that houses a vocational training program run by Turning Point Foundation. The program assists people with mental health challenges on a path to wellness with horticultural therapy, employment at the nursery, and job placement outside the nursery. Growing Works employees are referred to the program by the VCBH and work in a supervised setting that rewards responsibility and initiative and strengthens social skills.

The Growing Works project collects unduplicated demographic data from the individuals they serve. Data in this section represents information from 62 individuals who completed a demographic form.

Race/Ethnicity (n=63)



Age Groups (n=62)



2 individuals selected "decline to answer."

Primary Language* (n=62)

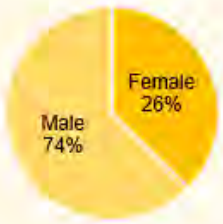
English	95%
Spanish	3%
Indigenous or other	2%

6 individuals selected "decline to answer."

Current Gender Identity (n=62)

Female	26%
Male	74%
Transgender	0%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	0%

Sex Assigned at Birth (n=62)



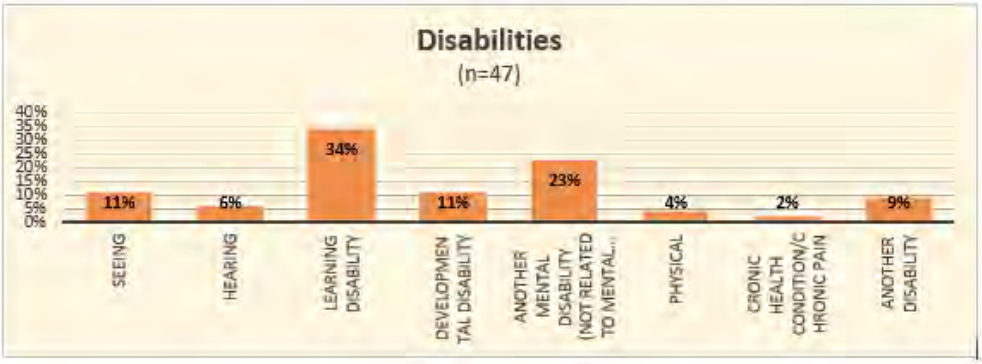
Sexual Orientation (n=62)

Bisexual	5%
Gay or Lesbian	0%
Heterosexual or Straight	95%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

0% identify as veterans

67% of individuals reported having one or more disabilities

Disabilities
(n=47)



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

Successes

Member NK has been increasingly in very good spirits and shared that this program is helping him tremendously.

Member TD has shared that he is now clean and sober for 90 days. He was very excited to pick up his 90-day chip.

Member PK is excited due to his being able to move to a new home. He never thought it would be possible, but after saving up money from working at GW he is now able to do so.

Member SC has now been invited to go and spend time with the family. Over these past couple of years, he has not been accepted by his family due to being non-responsible. He states that Growing Works has made him responsible.

Member RM shared excitement that she gets to start Job Skills in April. After that, she will qualify for job interview.

Challenges and Mitigation

Due to COVID-19, the program had to close the nursery to all paid employees, as well as volunteers.

In late May of 2020 required guidelines allowed no more than ten people in one location, the site was able to reopen just for the 6 paid employees, and 4 management staff. In June the nursery was required to close again due to a spike in the number of cases in Ventura County. This process will continue to cycle though out the next year.

FY 20/21 Program Impacts

COVID-19 continues to impact program enrollment, promotion timelines, and ongoing services.

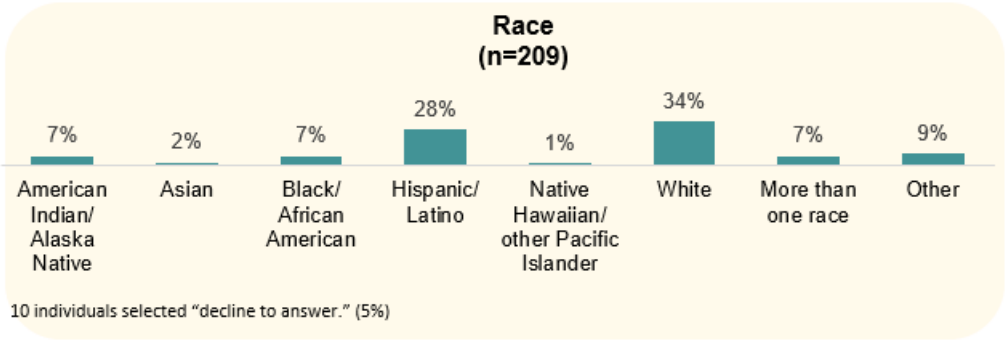
Community Services and Supports (CSS)

4.1.3.12 GSD-12: Adult Wellness Center

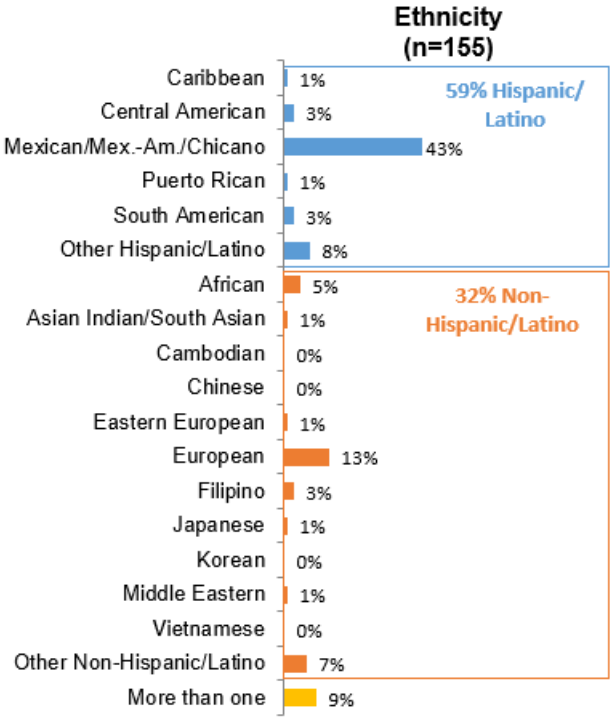
Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 18/19 Cost	$698,296.06	Cost per Participant (FY 19/20)	N/A
FY 19/20 # Served	547	FY 19/20 Fiscal Allocation	$579,264

Program Description

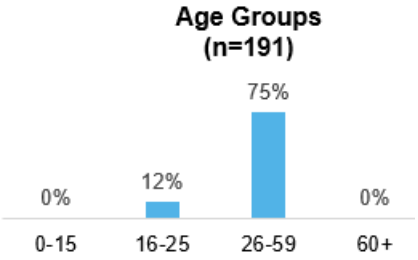
The Adult Wellness and Recovery Center serves adults recovering from mental illness and/or substance use who are at risk of homelessness, incarceration, or increasing severity of mental health issues throughout Ventura County. The program increases access to recovery services by offering support without the pressure of enrolling in traditional mental health services. The Center reaches out to underserved individuals throughout the county, offering an array of on-site support and referrals to those who historically have not accessed services through the traditional behavioral health clinic system. The program also provides support for individuals as they transition out of other mental health programs. The program was designed and is run by peers who support members designing their own unique recovery plans and creating meaningful goals.
The Adult Wellness Center collects unduplicated demographic data from the individuals they serve. Data in this section represents information from 209 individuals who completed a demographic form.



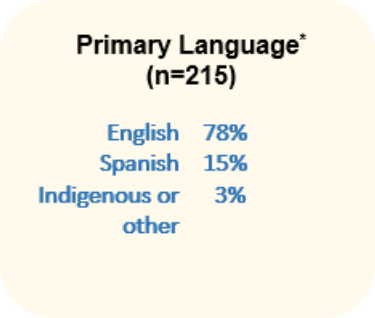
10 individuals selected "decline to answer." (5%)



41 selected "decline to answer.



2 individuals selected "decline to answer."



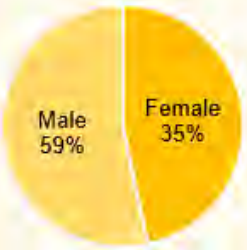
6 individuals selected "decline to answer."

Current Gender Identity (n=194)

Female	33%
Male	59%
Transgender	0%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	0%

14 selected "decline to answer."

Sex Assigned at Birth (n=192)



12 individuals selected "decline to answer."

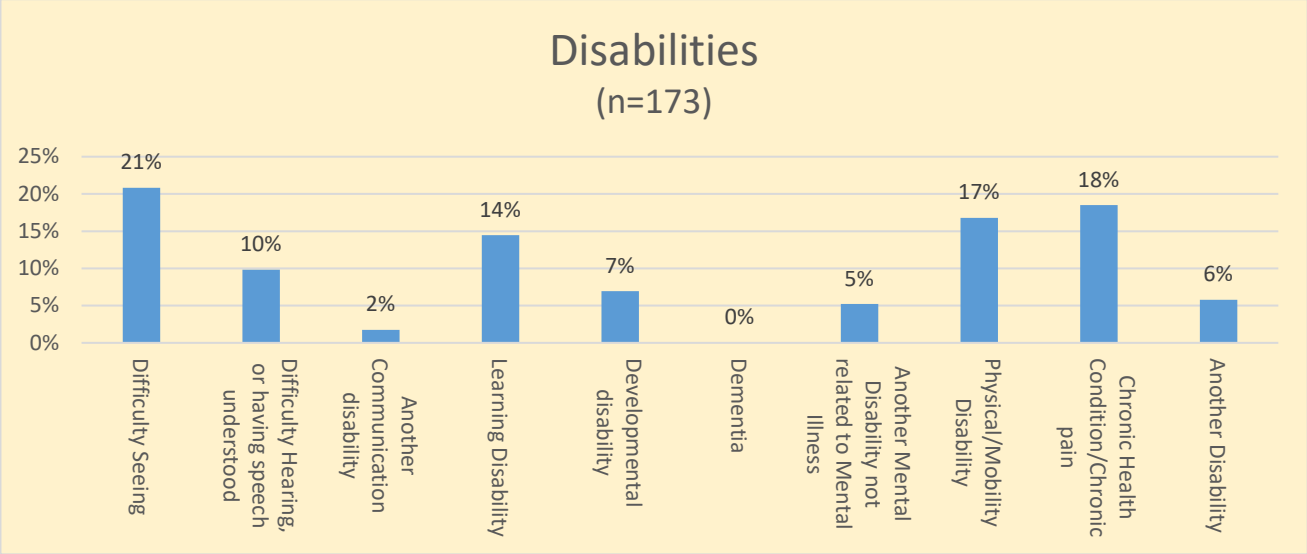
Sexual Orientation (n=186)

Bisexual	4%
Gay or Lesbian	3%
Heterosexual or Straight	82%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	2%

16 individuals selected "decline to answer."

6% identify as veterans

44% of individuals reported having one or more disabilities



Successes

Due to COVID-19 the doors to The Wellness Center were closed to the members for some length of time, however, they quickly established a Peer Wellness Line for their members and opened it up to the general community, recognizing that everyone might be in need of support during the pandemic. Staff were calling members to check in with them and providing mini WRAP sessions as well as a variety of additional services. The Wellness Center heard from some of their member that said they were awaiting the day that the Wellness Center was open as normal, and many members said they missed the recovery group sessions.

Challenges and Mitigation

COVID-19 continues to impact the Wellness Center operations and hours this is especially challenging for people who are in recovery and homeless or at risk of homelessness.

FY20/21 Program Impacts

Next fiscal year Quality of Life program will now be a part of the Wellness Center and can offer mobile wellness services throughout the Board and Care facilities.

Community Services and Supports (CSS)

4.1.3.13 GSD-13: TAY Wellness Center

Status	☒Continuing from FY 18/19		☐New during FY 19/20	
Age Group	☐ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☐ Older Adult (60+)
Total FY 19/20 Cost	$575,224	Cost per Participant (FY 19/20)	N/A	
FY 19/20 # Served*	179	FY 20/21 Fiscal Allocation	$592,023	

*Reflects #s through February of 2020

Program Description

TAY Wellness Center serves transitional-aged youth (TAY) ages 18-25 recovering from mental illness and/or substance use. The Center empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe, and understanding environment. Bilingual staff with lived experience engage TAY in designing achievement plans, Wellness and Recovery Action Plans (WRAP), and provides linkages to community resources.

Program Highlights

Total Individuals Served (Unduplicated): **179** (Received core services)

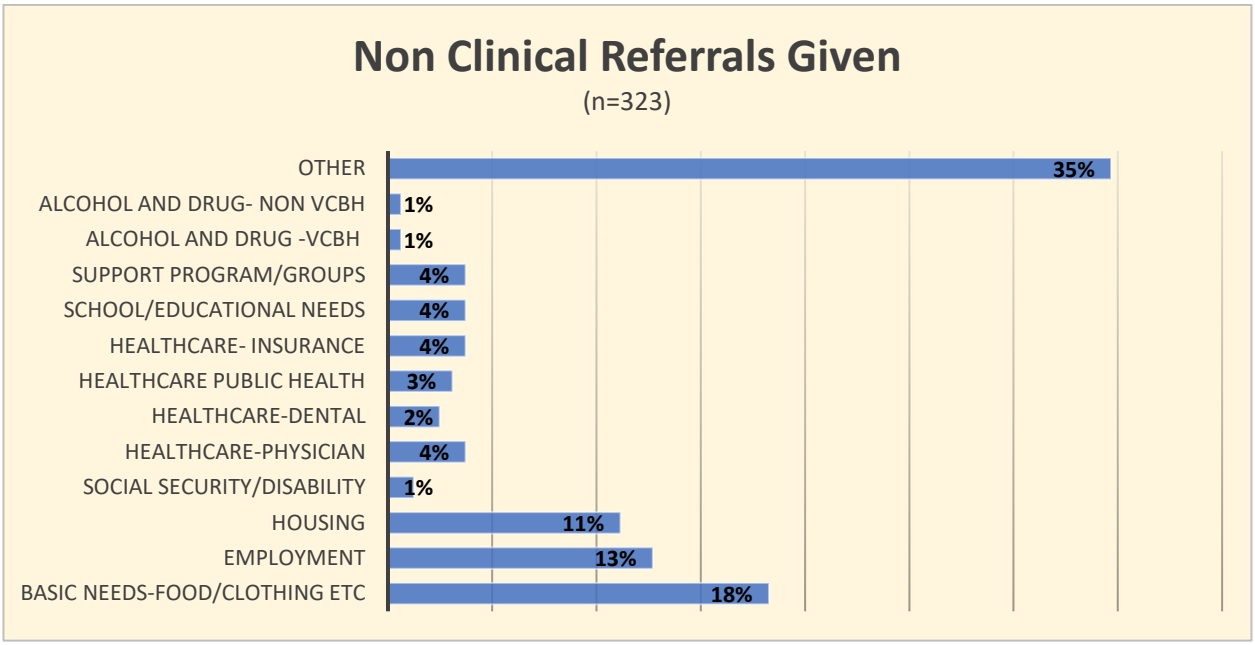
Total Individuals Served (Duplicated): **2276**

Total served during the "COVID-19 months" of April through June: 343 (Duplicated). This included:

- One on one check ins
- Wellness and Recovery Action Plans
- TAY Mail

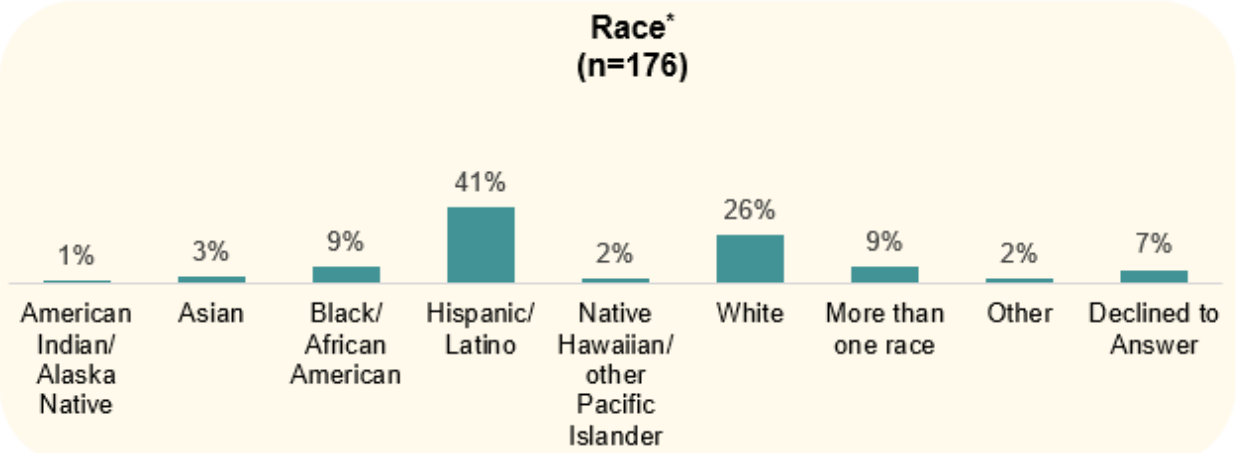
Referrals:

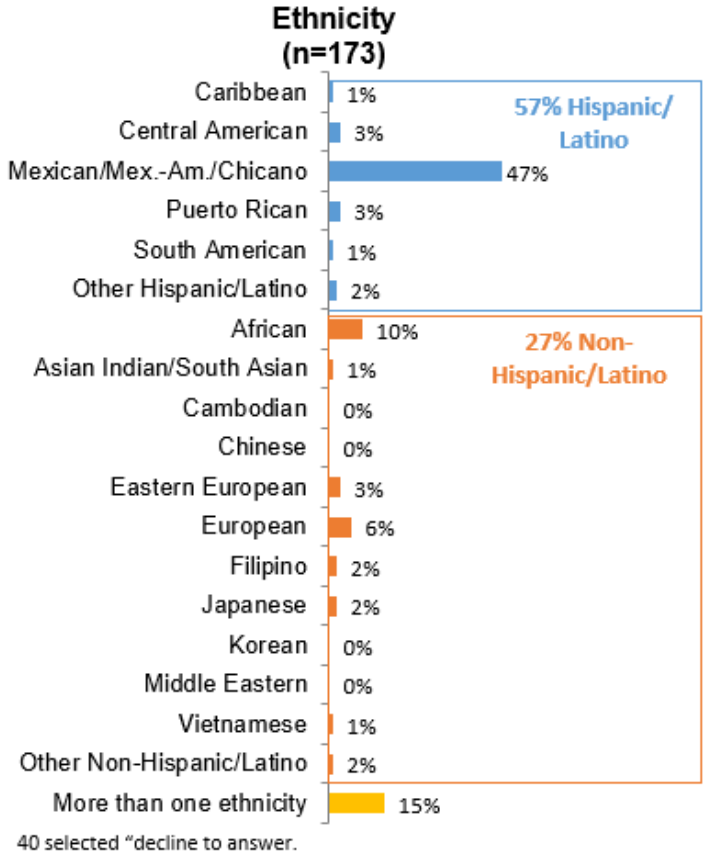
- 8 Referrals made to VCBH STAR program
- 2 Referrals made to the Adult Wellness Center

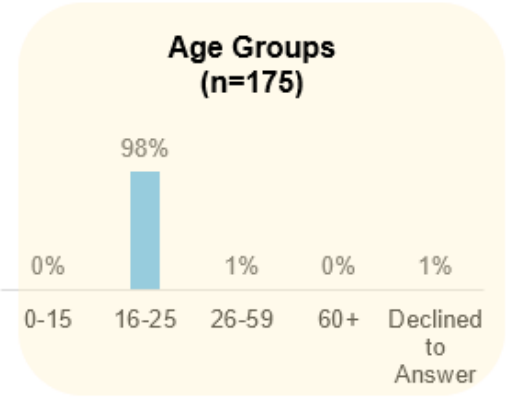


TAY Wellness Center Demographic Data

The TAY Wellness Center collects unduplicated demographic data from the individuals they serve. Data in this section represents information from 176 individuals who completed a demographic form.







**Primary Language*
(n=154)**

English	72%
Spanish	18%
Other	1%
Declined	9%

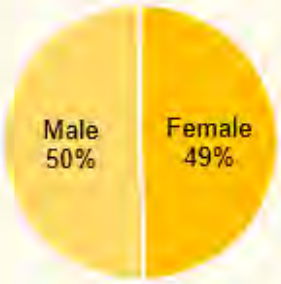
*Percentages may exceed 100% because participants could choose more than one response option.

Current Gender Identity (n=151)

Female	45%
Male	49%
Transgender	2%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	1%

17 selected "decline to answer."

Sex Assigned at Birth** (n=136)



**16 individuals selected "decline to answer." 1 selected "Other"

Sexual Orientation (n=152)

Bisexual	12%
Gay or Lesbian	7%
Heterosexual or Straight	73%
Queer	2%
Questioning or Unsure	0%
Another Sexual Orientation	6%

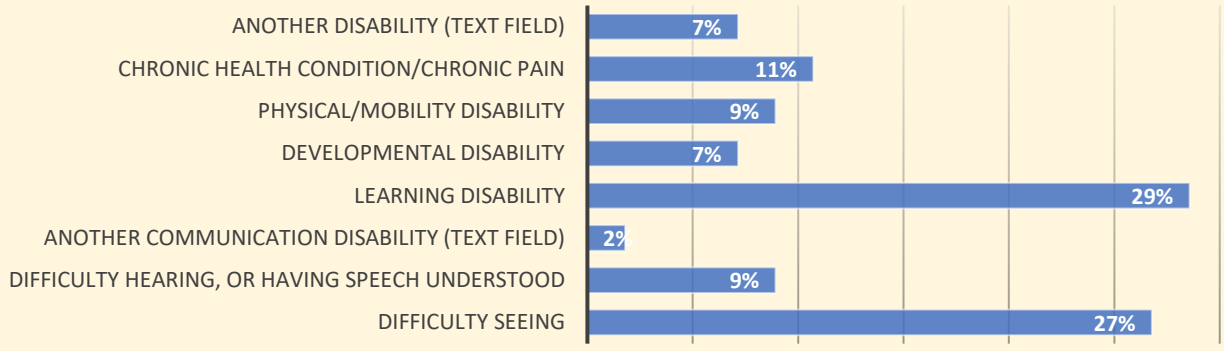
21 individuals selected "decline to answer."

1 person identified as a veteran

27% of individuals reported having one or more disabilities

Disability

(n=56)



Successes

"Pablo" decided to work on his resume with our employment specialist and he immediately started the job search. Not long after he got hired at a restaurant full time.

With the Homeless Management Informational System (HMIS) the program has been able to get an individual to complete a Vulnerability Index and the Service Prioritization Decision Assistance Tool for Transitional Aged Youth. This will improve their chances in accessing permanent supportive housing.

One member received safe housing placement after being in a toxic relationship and dangerous situation. she has settled well in her new city and has been proactive about getting her identification documents and beginning the job search. She has also openly reached out to TAY staff about receiving mental health services with Ventura County.

Challenges and Mitigation

COVID-19 has caused the program to shut its doors in March of 2020. It has transitioned as much as possible to online and over the phone support. However, many of the youth are transient in their housing situation and difficult to reach. Others used the center to shower and charge their phones without the center being open they cannot access these basic necessities. Beginning in June the center was able to distribute care packages to members which included hygiene items and food. The pandemic continued to impact the centers hours of operations throughout the remainder of the year.

FY 20/21 Program Impacts

COVID-19 continues to impact the hours of operation and staffing of the Wellness Center.

Community Services and Supports (CSS)

4.1.3.14 GSD-14: Client Transportation Program

Status	☐Continuing from FY 18/19		☐New during FY 19/20	
Age Group	☒ Children (0-15)	☒ TAY (16-25)	☒ Adult (26-59)	☒ Older Adult (60+)
Total FY 19/20 Cost	$87,652	Cost per Participant (FY 19/20)		$55
FY 19/20 # Served	1,593	FY 20/21 Fiscal Allocation		$87,652

Population Served

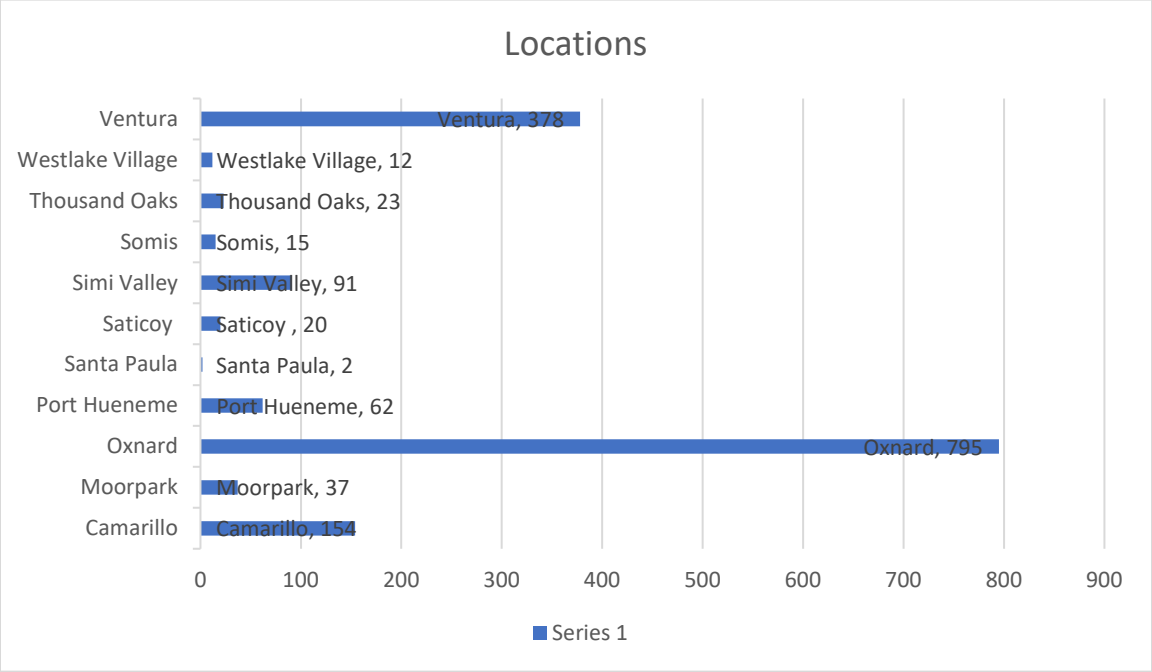
Adult clients of VCBH clinics across all Ventura County with Serious Persistent Mental Illness (SPMI) in need of transportation services.

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 service provider for this program changed mid-year in February 2020. Total passengers served in 19/20 was 1,593 down from 18/19 which was 2,534.



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 others for assistance.

Challenges and Mitigation

The original provider of transportation was not meeting expectations and the contract was awarded to a new provider though an RFP process however after this took place COVID-19 interrupted service.

FY20/21 Program Impacts

COVID-19 has interrupted the need for transportation throughout 19/20 and continues to do so in 20/21

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.

4.1.3.15 GSD-15: Linguistics Competence Services

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$260,893	Cost per Participant (FY 19/20)	$57
FY 19/20 # Served	4,526	FY 20/21 Fiscal Allocation, # To Serve	$261,047

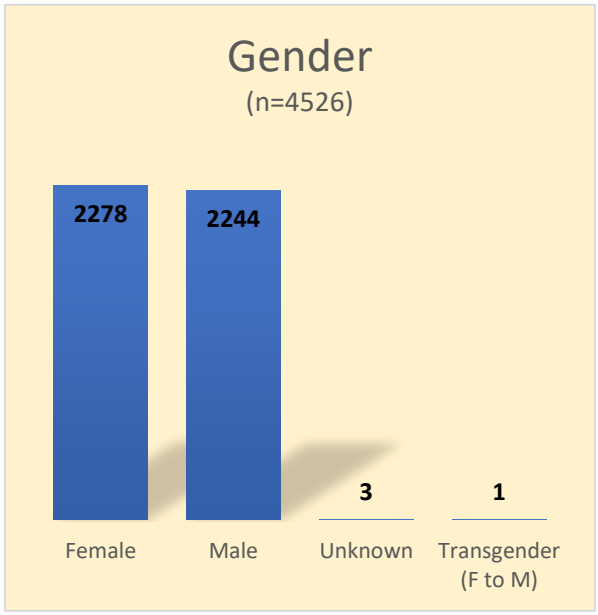
Description

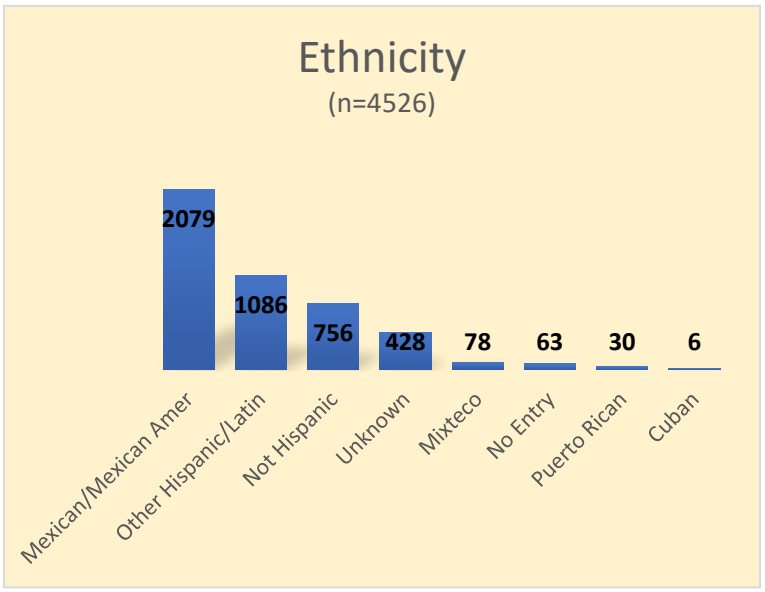
In accordance with applicable mandates and regulations, VCBH provides Language Assistance Services (LAS) to all persons and/or family members enrolled in Mental Health Services, including those individuals that may be participating in department sponsored stakeholder meetings. Between July 1, 2019 and June 30, 2020, the department recorded that 4,526 individuals received interpreter services.

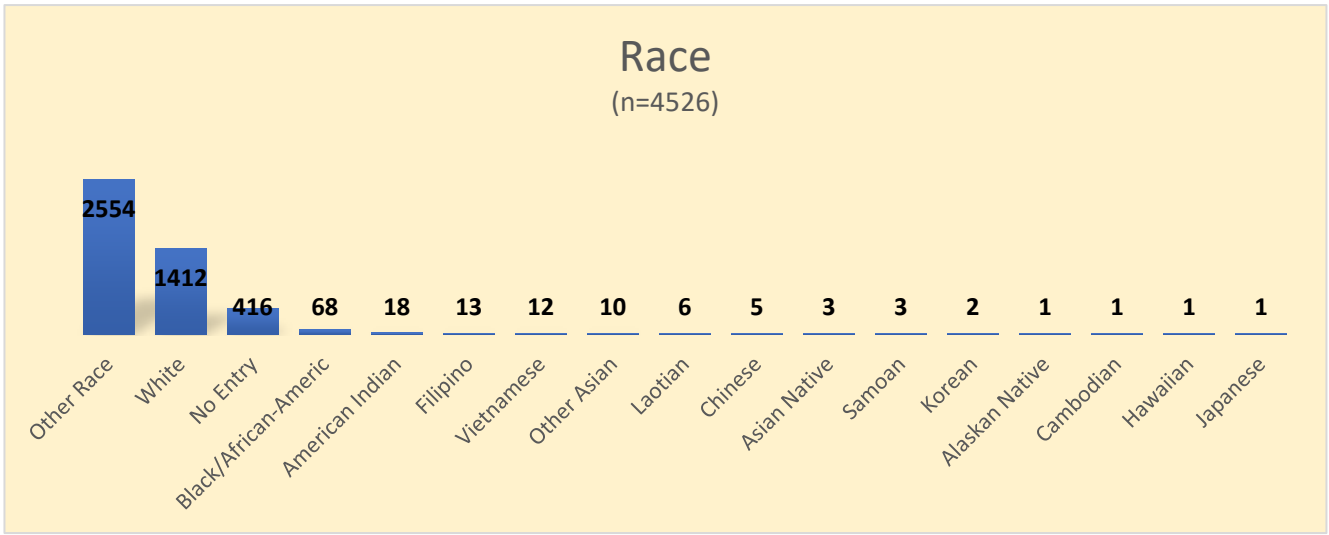
In FY 19/20, VCBH utilized a continuum of six independent Language Assistance Services contract providers to provide LAS to individuals and/or family members requesting services or identified as Limited English Proficient (LED) by department staff. The independent contract providers augment the primary delivery of LAS whenever the VCBH bi-lingual staff are unavailable to provide these services.

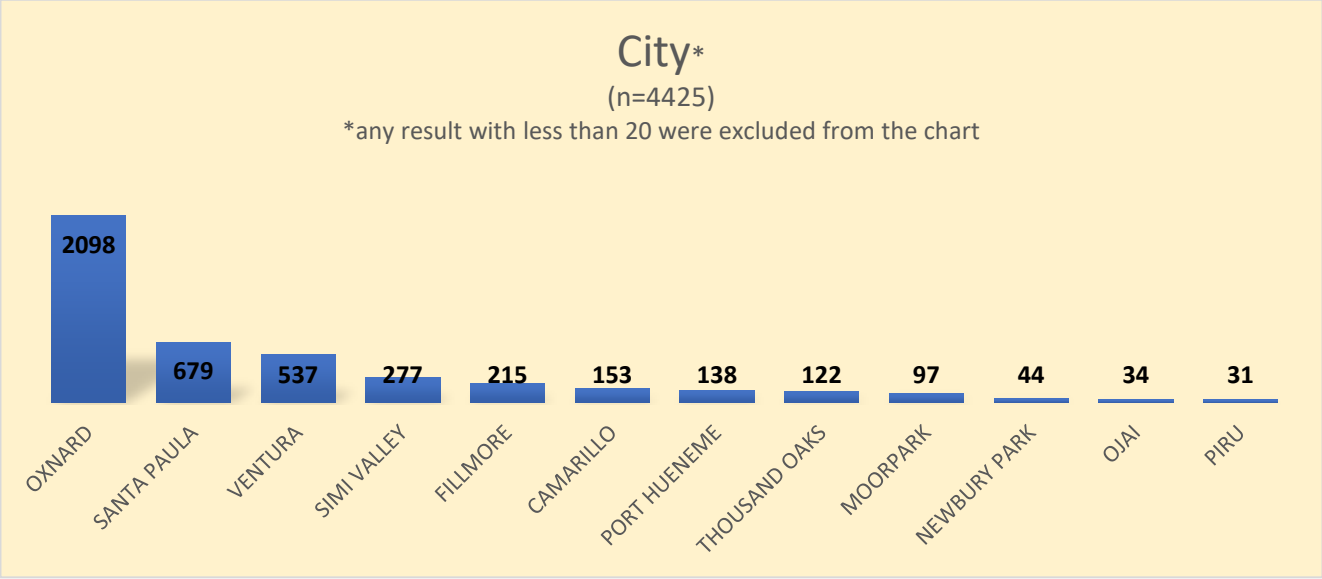
Demographic Summary

Language Assistance Services were provided to all age groups. Although MHSA does not pay for 100% of language interpretation services, there is not a way currently to de-couple which services MHSA cost. All demographics are listed below. VCBH is working to better report the MHSA contributions.









Successes

Number of interpretations increased dramatically from just over 2,800 individuals in 2018/19 to 4,526 in 19/20.

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).

FY20/21 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.

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. VCBH oversees a variety of housing resources for vulnerable clients, people living with homelessness as well as clients that may be provisionally housed and/or underserved.

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

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$586,342.23	Cost per Participant (FY 19/20)	N/A*
FY 19/20 # Served	280	FY 20/21 Fiscal Allocation	$401,962

*Housing cannot be divided by total cost per client as clients get varying amounts depending on need.

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.

Facility Name	Housing Type	Beds/Units
Brown's Board & Care	Board and Care (B&C)	9
Cottonwood Residential	B&C	24
Saundra's Board & Care	B&C	6
Sunrise Manor	B&C	60
Elm's Residential	B&C/RCFE (Residential Care for the Elderly)	54
Hickory House	B&C/RCFE (Residential Care for the Elderly)	34
Total, Adult Residential Facility (ARS) Beds		**187**
Telecare Corp. Casa B	Temporary Transitional Housing	10
Telecare Corp. Casa C	Temporary Transitional Housing	10
Telecare Corp. Casa D	Temporary Transitional Housing	10
Total, Transitional Housing Beds		**30**
Hillcrest Villa Apartments	Permanent Supported Housing	15
Paseo De Luz	Permanent Supported Housing	24
Paseo Del Rio / Santa Clara	Permanent Supported Housing	15

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
Total Permanent Supportive Housing Units		**77**

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 clients and those at risk of homelessness. In addition to the Permanent Supportive Housing Projects listed above, VCBH refers or oversees another 129 site specific units and 23 Section 8 vouchers through the local CoC. In FY 2019-20 VCBH provided nearly $500,000 in temporary and transitional housing as well as rapid re-housing support in the form of deposits, application fees and rental assistance through a grant from the State of CA.

Successes

The VCBH 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. Additionally, VCBH increased housing stock with the addition of seven family units for chronically homeless families and six senior housing units for homeless clients over 60.

Challenges and Mitigation

Adult Residential Facilities (ARS) known as Board and Care (B&C) and Residential Care for the Elderly (RCFE) that accept SSI benefit in lieu of monthly rent are no longer able to function as viable businesses in CA and many are closing at an alarming rate. 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. If this type of housing which provides 24-hour care is allowed to disappear, where will these clients live?

One of the County's local Board and Cares facilities notified the county that it would be closing in Sept 2020. VCBH is working with a new operator who will taking over the site in April with 26 beds.

FY 21/22 Program Impacts

In 2019 VCBH added 20 new licensed users at our community-based adult clinics to the Homeless Management Information System (HMIS). This has allowed case managers to directly participate in the County's Coordinated Entry System (CES) thereby increasing access to permanent supportive housing units countywide for homeless clients. Additionally, VCBH implemented an evidence-based housing placement plan that ensures a structured process for all housing placements and on-going supportive services.

VCBH will add No Place Like Home units to the housing portfolio in the next few years. Additionally, VCBH is actively working to preserve Adult Residential Facilities in the County. One of the County's local Board and Cares facilities notified the county that it would be closing in Sept 2020. VCBH is working with a new operator who will taking over the site in April with 26 beds.

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 five 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	Suicide Prevention*	Improving Timely Access to Services for Underserved Populations*
Multi-Tiered System of Support							
One Step a La Vez							
Program to Encourage Active, Rewarding Lives for Seniors							
Project Esperanza							
Promotoras Conexión Program							
Proyecto Conexión Con Mis Compañeras							
Rainbow Umbrella							
Tri-County GLAD							
Wellness Everyday							
COMPASS							
Family & Friends							
Familia a Familia							
Primary Care Integration							
Primary Care Program							
VCPOPS							
Crisis Intervention Team							
Provider Education							
In Our Own Voice							

Logrando Bienestar

Rapid Integrated Support and Engagement

Suicide Prevention

Highlights for FY 19-20 Services

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

FY19-20 NUMBER OF INDIVIDUALS SERVED OR TRAINED BY PROGRAM AND COST

	# Served	Total Cost / Program	Cost per Participant/Year
PREVENTION PROGRAMS	176,810		
Multi-Tiered System of Support*	159,719	$1,735,668.90	$10.85
VCAAA – PEARLS Program	128	$96,429.10	$753
One Step A La Vez	234	$56,666.06	$242
Project Esperanza	233	$54,635.78	$234
Promotoras Program – PYPF	193	$38,893.77	$202
Promotoras Program – MICOP	104	$49,517.09	$476
Rainbow Umbrella	54	$49,989.89	$926
Tri-County GLAD	189	$48,473.53	$256
Wellness Everyday**	15,956		
EARLY INTERVENTION PROGRAMS	1438		
Comprehensive Assessment and Stabilization Services (COMPASS)	37	$1,560,841.83	$42,185
NAMI *** (Total served 718)		$67,227.27	$94
NAMI - Familia A Familia	19		N/A
NAMI - Family and Friends	160		N/A
Primary Care Integration	678	$1,128,659.18	$1,665
Primary Care Program/Clinicas	511	$300,825.78	$589
VCPOPS (Ventura County Power Over Prodromal Psychosis)	33	$358,286.29	$10,857
OTHER PROGRAMS	2,039		
Crisis Intervention Team (CIT)	82	$101,553.49	$1,238
Suicide Prevention****	329		N/A
Rapid Integrated Support and Engagement (RISE)*****	684	$959,636.29	$1,403

Logrando Bienestar	405	$374,352.53	$924
NAMI - In Our Own Voice	496		N/A
NAMI – Provider Education	43		N/A
Totals:	180,287		

*These costs per person calculated with MTSS total of 159,719 served + 329 Suicide Prevention served. Total served: 160,048

**Wellness Everyday is a website.

*** Total NAMI costs are calculated with all 4 programs included: In Our Own Voice, Familia a Famila, Provider Education and Family and Friends. Total served: 718.

**** Suicide Prevention costs are included in the Multi-Tiered System of Support dollars.

***** RISE program cost is split in between PEI and CSS this amount reflects the total program cost as PEI percentage cannot be isolated under the current system

.

FY 19-20 Number of Participants Served by City of Residence*

Geographic Area	Number of Participants Served	% of Total
Camarillo	190	5%
Fillmore	171	5%
Moorpark	38	1%
Newbury Park	37	1%
Oak Park	8	0%
Ojai	36	1%
Oxnard	**1,191**	**34%**
Piru	16	0%
Port Hueneme	71	2%
Santa Paula	602	17%
Simi Valley	279	8%

Thousand Oaks	229	7%
Ventura	446	13%
Other	154	4%
Total with available city of residence data:	**3,468**	

*City of residence data is not available for Wellness Everyday, Crisis Intervention Training, Multi-Tiered System of Supports VCOE, Multi-Tiered System of Supports LEA, TC GLAD, or Provider Education.

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%
Total with available city of residence data:	**3,530**	

* 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 19/20, 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 180,287 individuals were served in Fiscal Year 2019-2020 under PEI, including clients and trainees. For information regarding program activities, program-specific demographics and summary results, the reader is referred to Appendix B – FY 19/20 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 176,810 participants were served by Prevention programs in Fiscal Year 2019-2020, however this includes the 15,956 outreached to by Wellness Everyday social media campaigns.

Prevention Category Participant Demographics

Prevention Programs: Demographics of Participants**

Ethnicity*	(n=637)
Hispanic	85%
Non-Hispanic	15%
More than one ethnicity	3%
Declined to answer: 39	

Age	(n=698)
0-15	28%
16-25	19%
26-59	29%
60+	24%
Declined to answer: 2	

Primary Language*	(n=800)
English	33%
Spanish	67%
Indigenous	5%

Hispanic Ethnicities^			(n=540)
Mexican	87%	South American	0%
Central American	3%	Caribbean	0%
Puerto Rican	0%	Another Hispanic	10%

Non-Hispanic Ethnicities^			(n=95)
African	3%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	2%
Eastern European	5%	European	29%
Filipino	0%	Japanese	1%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	60%

Race*	(n=649)
American Indian/Alaska Native	1%
Asian	1%
Black/African American	1%

Other	0%
Declined to answer: 3	

Sex Assigned at Birth	(n=709)
Female	78%
Male	22%
Declined to answer: 15	

Sexual Orientation*	(n=394)
Bisexual	6%
Gay or Lesbian	5%
Heterosexual or Straight	83%
Queer	4%
Questioning or Unsure	1%
Another sexual orientation	3%
Declined to answer: 129	

Hispanic/Latino	70%
Native Hawaiian/Pacific Islander	0%
White	20%
Other	4%
More than one	9%
Declined to answer: 19	

Current Gender Identity	(n=791)
Female	76%
Male	22%
Genderqueer	1%
Questioning or Unsure	0%
Transgender	1%
Another gender identity	1%
Declined to answer: 7	

* Percentages may exceed 100% because participants could choose more than one response option.
** Demographic data was not collected for MTSS VCOE, MTSS LEA, TC GLAD, or Wellness Everyday
^ Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

Prevention Category Program Description Summaries

Multi-Tiered System of Supports, VCOE: Provides education and training for school personnel and students and family outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County.

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

VCAAA – PEARLS Program (Program to Encourage Active, Rewarding Lives for Seniors): Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is a counseling program for seniors that teaches participants how to manage depression.

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 Indigena 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.

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

"Telephone outreach was surprisingly more successful with teens during COVID-19. Text blasts became key as well. We were very lucky to have built up the text blasts system in the year prior to the pandemic."

"One Step A La Vez used their food pantry to disseminate resources and information about COVID-19 to the community, as well as stressing the importance of mental health to the immune system."

"These months have been a great challenge for our program. Changing, modifying or adjusting the way we provide our services to the community due to the COVID-19 pandemic has motivated us to use all possible resources to help reduce the consequences of isolation, loss of work, anxiety and concern for future."

"One of the Companeras was invited to … tell her story of how her son was helped by the Conexion program…she got her son to come since he was having problems and had an addiction. Promotoras were able to assist with referring him to services within VCBH and he became better. "

"During these challenging times we have been doing check-in calls with clients and a client was so happy we had given her a call that she was filled with tears of joy. She has mentioned that because of the virus she has not been able to have anyone visit her and no one has called to check-in on her. She mentioned that "during these times people forget about the elderly," so she was extremely appreciative that "we cared enough about her to check-in on her."

"Two new youth expressed their experiences to the group about coming out as transgender and shared their life stories. They met us at an outreach event and joined this week because of that interaction."

RCL Stress Reduction and Mindfulness Guided Practice Session response from H. Parks "Dear Everyone - What timely training we received!!!! I am using the practices with student calling me with anxiety, panic, and fear. One little girl told me after a deep breathing practice that I was a "Magician." Love, Strength, and Health to you all!"

Challenges and Mitigation

During these challenging times we have been doing check-in calls with clients and a client was so happy we had given her a call that she was filled with tears of joy. She has mentioned that because of the virus she has not been able to have anyone visit her and no one has called to check-in on her. She mentioned that "during these times people forget about the elderly," so she was extremely appreciative that "we cared enough about her to check-in on her." This story exemplifies what Conexion Con Mis Compañeras is, as this program not only is to provide information about mental health but it is a program to connect with the community.

A consumer shared that his mother passed away during the pandemic, having an overwhelming mixture of feelings planning for her service, and his father being in the hospital. He was relieved that his father returned home and recovered at home. He informed the Advocate that his wife was with [him]… and he was doing well with her moral support.

Safe TALK / OUHSD Professional Development Day Postponed due to COVID-19 mitigation. Will reschedule for 2020-2021 school year.

Prevention and Early Intervention (PEI)

MHSSA Grant - Prevention Services -Starting 20/21

In 2019 the Governor signed, as part of the 2019 Budget Bill, Senate Bill 75, which included the Mental Health Student Services Act (MHSSA) which made grant funding available through the MHSOAC to fund partnerships between county behavioral health departments and educational agencies to provide personnel or peer support for the purpose of increasing access to mental health services in locations that are easily accessible to students and their families.

In December of 2019, the MHSOAC released the MHSSA Request for Applications. VCBH received approval from the Board in February of 2020 to submit an MHSSA Grant Application in the amount of $5,999,930 for a

four-year term. On April 23, 2020, VCBH was notified by the MHSOAC that its grant application was approved and on July 21, 2020 VCBH received approval from the Board to sign the grant agreement. The grant term is September 1, 2020 through August 31, 2024.

Utilizing the MHSOAC MHSSA grant, VCBH will partner with VCOE to add eight (8) on-site Wellness Centers on specific high school campuses that match "at risk" determinants. These determinants may include high drop-out and suspension rates, areas of poverty, high Adverse Childhood Experiences Scores or cultural priority schools. The goals of the Wellness Centers are to: (1) prevent mental illness from becoming severe and disabling, (2) reduce risk factors that negatively affect mental health and academic success, and (3) improve access to school-based mental health services. Collaboration with VCOE will include the provision of school sites and memoranda of agreement with individual high schools, as well as community collaboration, which may include the Probation Agency, the Public Health Department and the Human Services Agency.

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 1438 individuals were served in Early Intervention programs in Fiscal Year 2019-2020.

Early Intervention Category Participant Demographics

Below is a comprehensive demographic summary of Early Intervention Programs.

Early Intervention Programs: Demographics of Participants

Ethnicity*	(n=637)
Hispanic	74%
Non-Hispanic	28%
More than one ethnicity	3%
Declined to answer: 39	

Age	(n=979)
0-15	6%
16-25	21%
26-59	58%
60+	14%
Declined to answer: 13	

Primary Language*	(n=977)
English	59%
Spanish	39%
Indigenous	0%
Other	2%
Declined to answer: 59	

Sex Assigned at Birth	(n=982)
Female	80%
Male	20%
Declined to answer: 14	

Sexual Orientation*	(n=187)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	91%
Queer	1%
Questioning or Unsure	2%
Another sexual orientation	1%
Declined to answer: 53	

Hispanic Ethnicities*^			(n=181)
Mexican	77%	South American	2%
Central American	3%	Caribbean	0%
Puerto Rican	0%	Another Hispanic	18%

Non-Hispanic Ethnicities^			(n=75)
African	1%	Asian Indian/South Asian	1%
Cambodian	0%	Chinese	3%
Eastern European	1%	European	57%
Filipino	3%	Japanese	4%
Korean	0%	Middle Eastern	1%
Vietnamese	1%	Another Non-Hispanic	28%

Race‡	(n=951)
American Indian/Alaska Native	1%
Asian	2%
Black/African American	2%
Hispanic/Latino	1%
Native Hawaiian/Pacific Islander	0%
White	32%
Other	63%
More than one	1%
Declined to answer: 31	

Current Gender Identity	(n=241)
Female	79%
Male	20%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	1%
Another gender identity	0%
Declined to answer: 13	

* 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.

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.

Familia A Familia: A seminar in Spanish for people who have loved ones with a mental health condition. Seminars are led by trained individuals who have lived experience with supporting a family member with a mental health condition.

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 County* Power Over Prodromal Psychosis (VCPOP):** 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

Program successes and challenges were not reported for Early Intervention Programs, however as most programs, these programs suffered many challenges due to the COVID-19 pandemic.

4.2.3 OTHER PROGRAMS

A total of 2,039 individuals were served by Other PEI Programs during Fiscal Year 2019-2020. 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

Other PEI Programs: Demographics of Participants[§]

Ethnicity*	(n=1,346)
Hispanic	64%
Non-Hispanic	36%
More than one ethnicity	6%
Declined to answer: 209	

Hispanic Ethnicities^			(n=863)
Mexican	64%	South American	1%
Central American	2%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	32%
Non-Hispanic Ethnicities^			(n=230)

Age	(n=1,589)
0-15	25%
16-25	29%
26-59	40%
60+	6%
Declined to answer: 70	

Primary Language*	(n=1,566)
English	78%
Spanish	22%
Indigenous	1%
Other	2%
Declined to answer: 89	

Sex Assigned at Birth	(n=1,771)
Female	57%
Male	43%
Declined to answer: 112	

Sexual Orientation	(n=594)
Bisexual	3%
Gay or Lesbian	3%
Heterosexual or Straight	91%
Queer	1%
Questioning or Unsure	1%
Another sexual orientation	1%
Declined to answer: 190	

African	3%	Asian Indian/South Asian	6%
Cambodian	1%	Chinese	7%
Eastern European	7%	European	33%
Filipino	8%	Japanese	2%
Korean	2%	Middle Eastern	6%
Vietnamese	2%	Another Non-Hispanic	23%

Race	(n=1,745)
American Indian/Alaska Native	1%
Asian	5%
Black/African American	4%
Hispanic/Latino	29%
Native Hawaiian/Pacific Islander	1%
White	41%
Other	3%
More than one	20%
Declined to answer: 126	

Current Gender Identity	(n=470)
Female	58%
Male	41%
Genderqueer	1%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 103	

* Percentages may exceed 100% because participants could choose more than one response option.
§ Demographic data was not collected for Provider Education. Additionally, SafeTALK did not collect data on age in alignment with MHSA regulation and did not collect data on ethnicity, current gender, sexual orientation or language at all.
^ Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

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.

Logrando Bienestar: Helps youth and young adults in the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles. This program will include MHS Latino Outreach costs listed in the FY 21/22 Fiscal Section of this report.

Provider Education: Provides staff development training for health care professionals who work directly with people experiencing mental illness.

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

I responded to a residence…[where] a juvenile [was] … stating he would harm himself and family. I introduced myself using my first name and rank and told him I was there to help him. He suffered from mental illness and was cooperative. He calmed down and began to tell me why he felt the way he did. He told me he aspired to be a football player and play in college. I told him I was a college athlete and told him how he could be successful in

playing at the college level. He agreed to cooperate with law enforcement and get treatment for his mental illness.

[We] received a call from parent of client who had been accepted into services but had not been scheduled for treatment. Parent was concerned because child had stopped eating and did not know who could help. Logrando Bienestar supervisor reached out to Clinical Administrator to inform him of the situation. He immediately had a clinician reach out to the family, they advised them on how to handle the situation and scheduled their first treatment appointment.

The training was excellent, and the roleplay was especially helpful. I feel like I have some work to do around my own internalized stigma around talking about mental health and suicide openly, but the training definitely helped me on this path!

Challenges and Mitigation

COVID-19 has been a challenge for all agencies to navigate towards the last part of the fiscal year. All agencies have done their best to mitigate issues and challenges that have been thrown at them during the year due to COVID-19. They have learned to adapt as best as possible.

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 MHSOAC for Ventura County.

Highlights for FY 19/20

Below is a table with a summary of the Innovation (INN) projects that were approved in FY 16/17 through FY 19/20, 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 though 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+	SMI	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+	SMI	County Wide
Mobile Mental Health Van	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population	Mobile Mental health treatment to support the crisis team calls that do not meet the threshold for immediate intervention, follow up for client who did meet that threshold but their hold expired in the ER before placement, as well as ongoing preventative and treatment services in vulnerable or disenfranchised communities.	0-60+	SMI	County Wide

Below are detailed descriptions of Innovation projects mentioned above.

Innovation

4.3.1 INN-1: HEALING THE SOUL

Status	☒Continuing from FY 17/18 ☐New during FY 18/19		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$248,274.41	Cost per Participant (FY 18/19)	$887
FY 19/20 # Served*	280	FY 20/21 Fiscal Allocation	Transitioning to a PEI service in FY 21/22

*Project total project enrollment has concluded

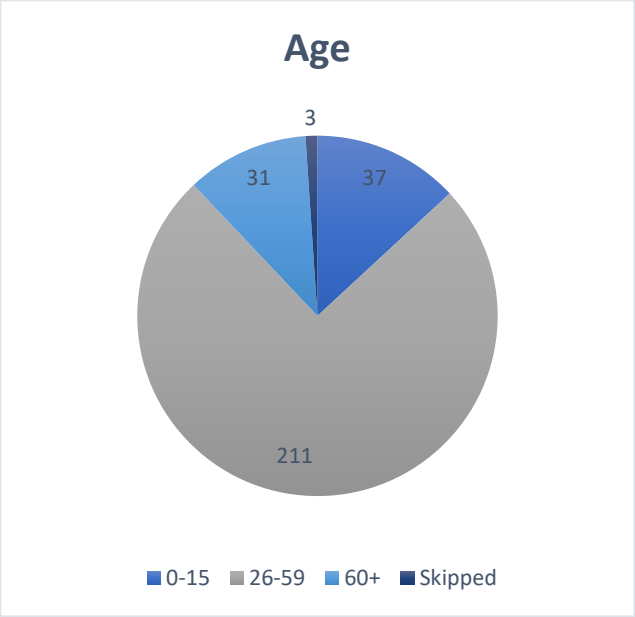
Program Description

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.

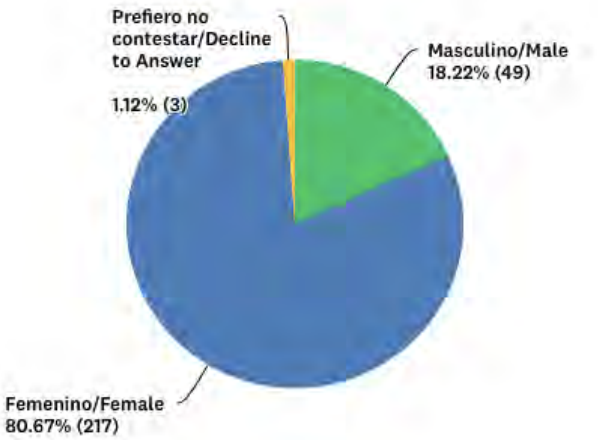
Program Developments

During the third year of the program, the final phase of the intervention concluded. Promotoras from the Mixteco community representing three different pueblos who had been trained in traditional healing practices through local curanderos and at the local university, California State University, Channel Islands (CSUCI) 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

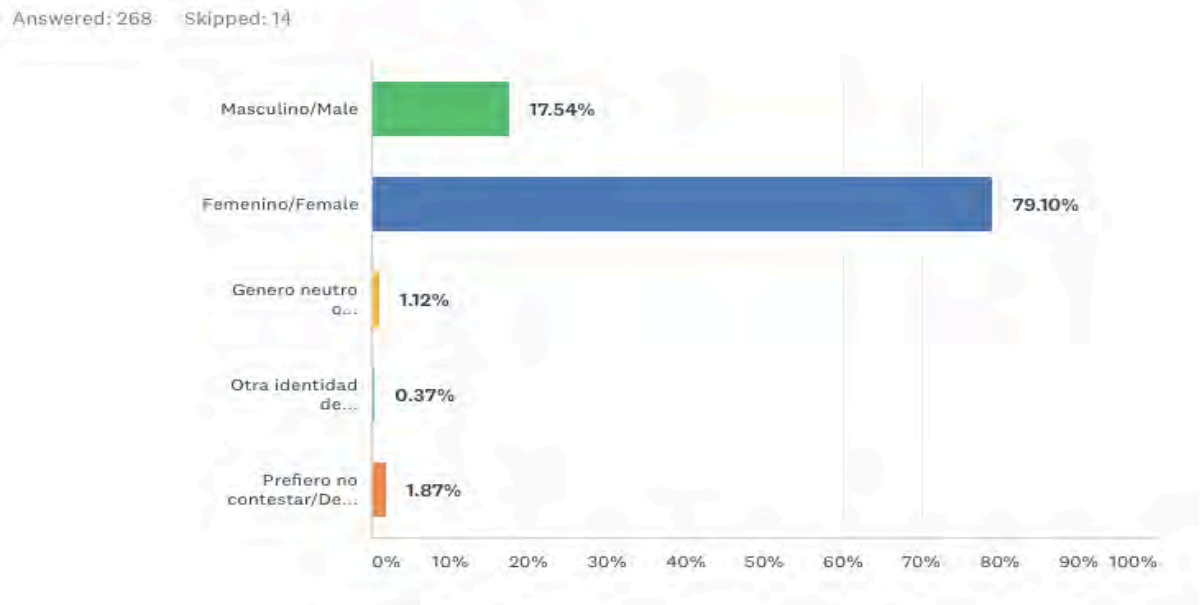
common types of traditional indigenous healing methods identified. Testing of the intervention concluded early with the start of the pandemic 229 served in 19/20 and 51 served from 18/19. In total 280 individuals completed the program just before the pandemic ended the testing phase. (See detailed findings at Appendix C).



Gender Assigned at Birth

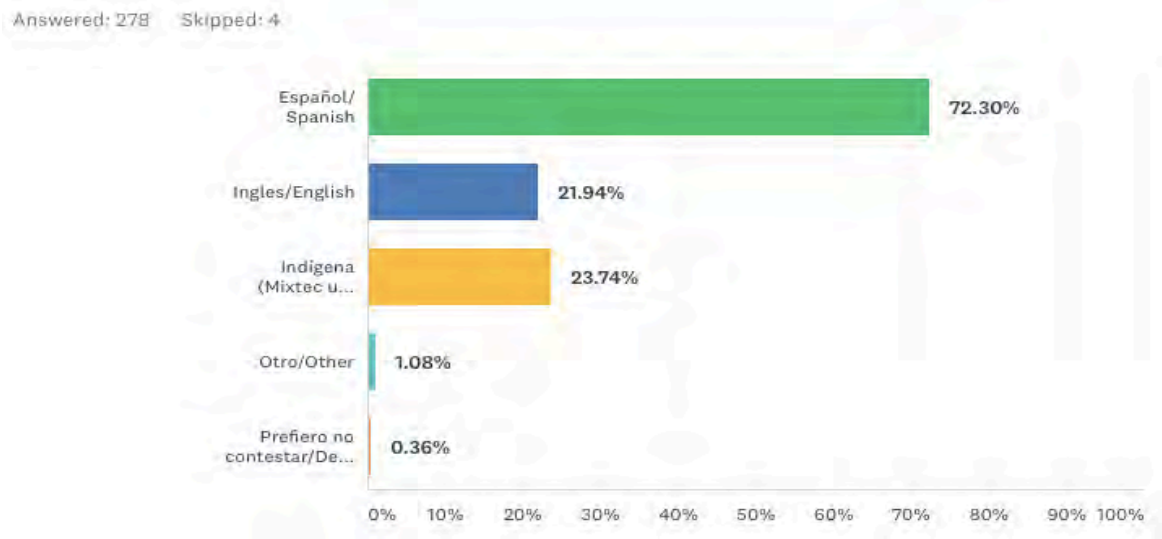


Current Gender Identity



Ethnicity

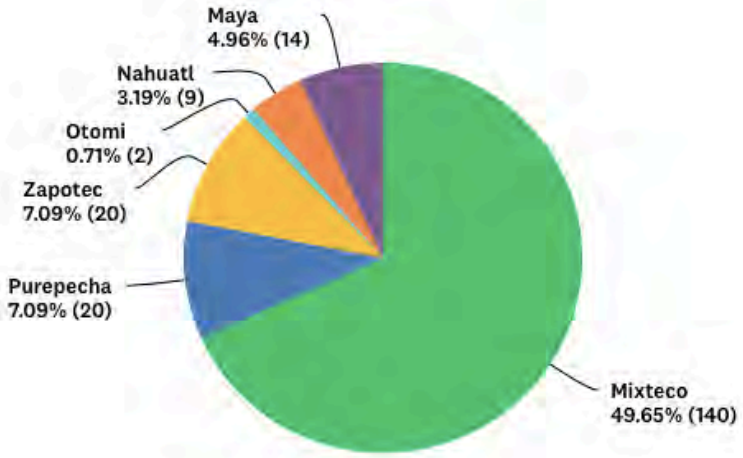
Primary Language



Indigenous Identification

Though these are only for 205 participants, We found that the last 77 wrote in their ethnicity and discovered that even though they did not know the indigenous population they came from these were peoples who are still considered indigenous and who have strong connections to their home culture and traditions.

Answered: 282 Skipped: 0



Outcomes

Please refer to Appendix E for a full evaluation report.

Successes

-An almost unprecedented 99% of the 280 Mixteco/Indígena community members who received treatment report overwhelmingly favorable results from the treatments prescribed.

-Pre-and Post-test results for the category of **stress** indicate a 20% reduction in nearly every symptom associated with stress. The largest reductions include 35% reduction in physical aches and pains, 29% reduction in becoming emotionally agitated, and 26% reduction of physical low energy. The smallest variation was in the use of drugs and alcohol with a 5% increase, interpreted as participant misreporting of the increased use of medicinal teas as opposed to actual increase of drug and alcohol use between the Pre-and Post-tests.

- Pre-and Post-test results for the category of **anxiety** indicate a 15% reduction in most every symptom associated with anxiety. The largest reductions include 25% reduction in psychological excessive worry, 22% reduction in emotional hyper-vigilance and irritability, and 21% reductions in cognitive lack of concentration and emotional uneasiness among community members. Variations were less in the areas of restlessness and excessive sweating, at reductions of 1% and 4% respectively. These may be interpreted as the physical cleansing aspects of the medicinal plants in teas and the actual heat experienced in the vapor baths as logical influences in responses between the Pre-and Post-tests.

- Pre-and Post-test results for the category of **depression** indicate a 12% overall reduction in symptoms associated with depression. The greatest reductions include a 28% reduction in psychological mood swings, a 22% reduction in emotional and psychological feelings of overwhelming sadness, and a 20% reduction of emotional psychological feelings of hopelessness. The smallest variations were positive with regard to depression. These included participants not feeling as if they don't care, which conversely means the participants cared more following the intervention (-12%). As well there was a -2% reduction in thoughts related to feelings of self-harm.

Challenges and Mitigation

The pandemic cut the testing period short by two months meaning the end number served was 280 instead of 300 an impressive end to the projected plan.

FY20/21 Program Impacts

The Innovation project will end in FY 20/21, VCBH is aware of the unique role this program has filled and its remarkable success in serving this underserved population with culturally traditional approaches to dealing with stress, anxiety, and depression. VCBH is working through its CPP process to turn the program into a permanent prevention program..

Innovation

4.3.2 INN-2: CHILDREN'S ACCELERATED ACCESS TO TREATMENT AND SERVICES (CAATS)

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☐ Adult (26-59) ☐ Older Adult (60+)		
Total FY 19/20 Cost	$329,697.13	Cost per Participant (FY 19/20)	$1,498
FY 19/20 # Served	220	FY 20/21 Fiscal Allocation	Continued with other funding

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.

The CAATS program ended as an Innovation project in 19/20 a full report can be found in Appendix D of this report

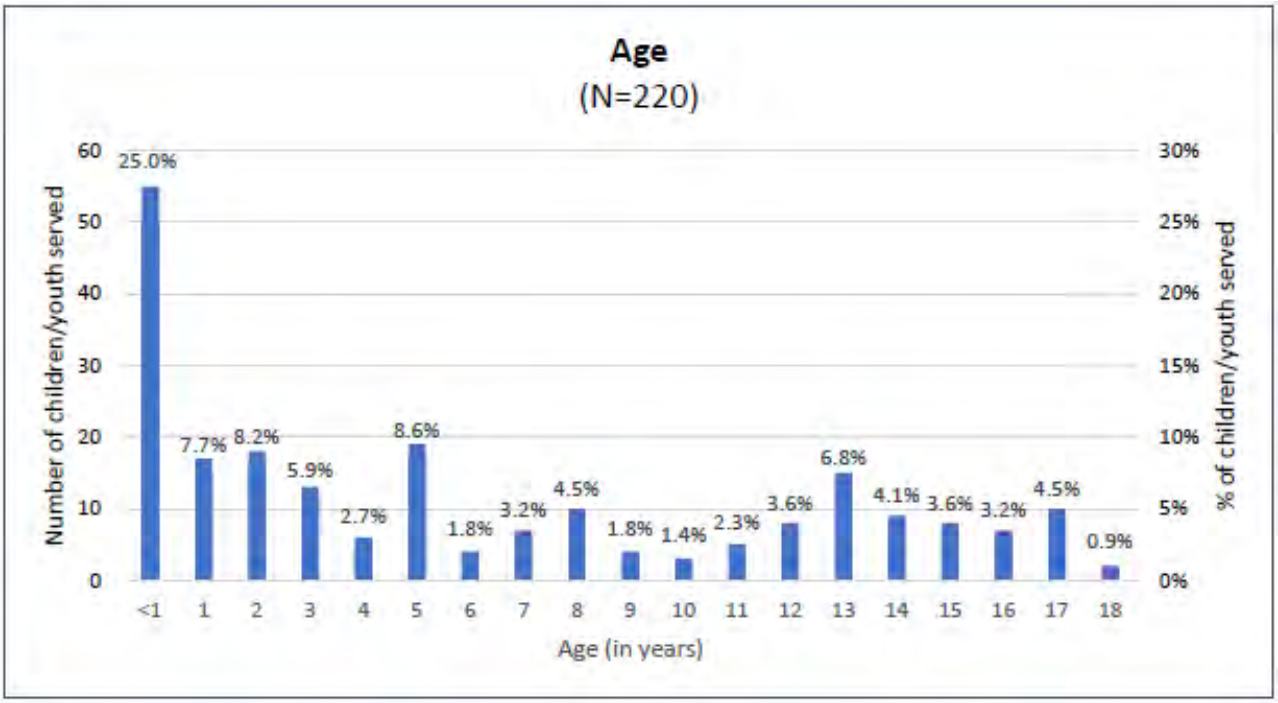
220 individuals were served by the Children's Accelerated Access to Treatment and Services (CAATS) program in FY 2019-2020. During this period, the program provided services from July-Dec 2019. The information below describes the individuals served. All individuals served were under the age of 25.

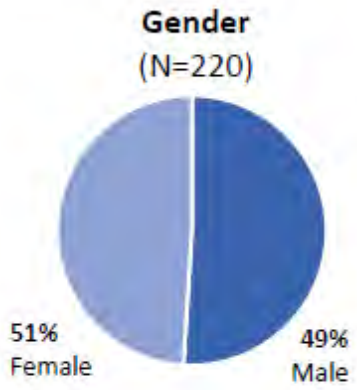
220
Children/youth served in FY19-20

94% of those served were Children/youth (ages 0-15).

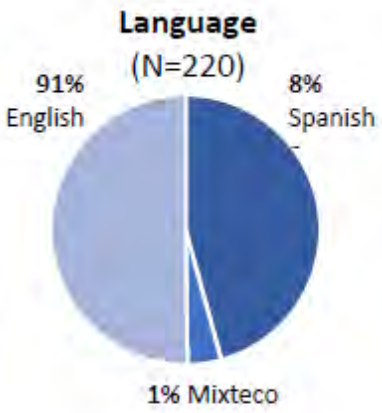
6% of those served were Transition Age Youth (ages 16-25).

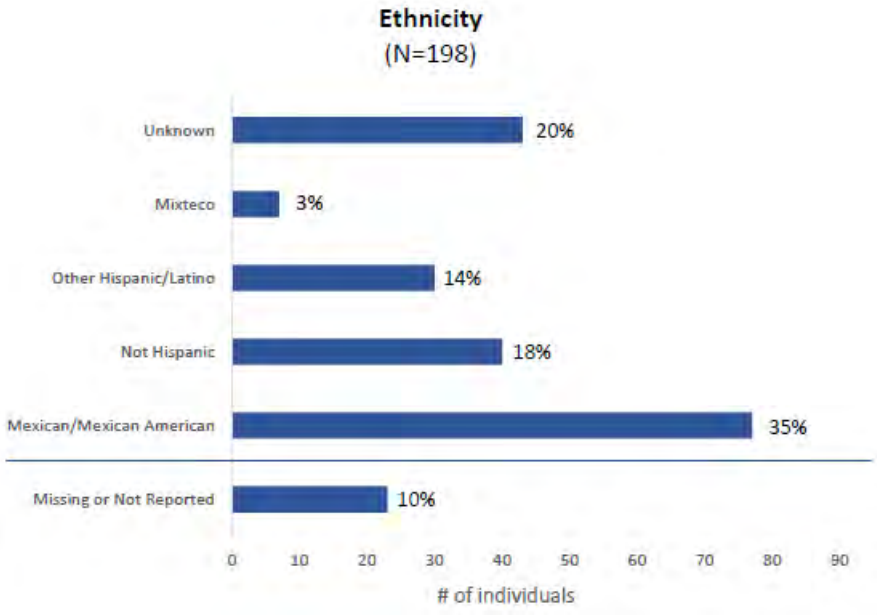
57% of those served were children ages 0-5.





Race (N=220)	
Black	0.9%
White	13.2%
Other	84.1%
Not Reported	0.9%





Successes

This project was successful across multiple learning goals please refer to the full outcome Appendix D for full evaluation report.

Challenges and Mitigation

COVID-19 impacted and continues to prove challenging in providing services and field-based treatment to this population.

FY20/21 Program Impacts

Program will be continued through non-MHSA funding.

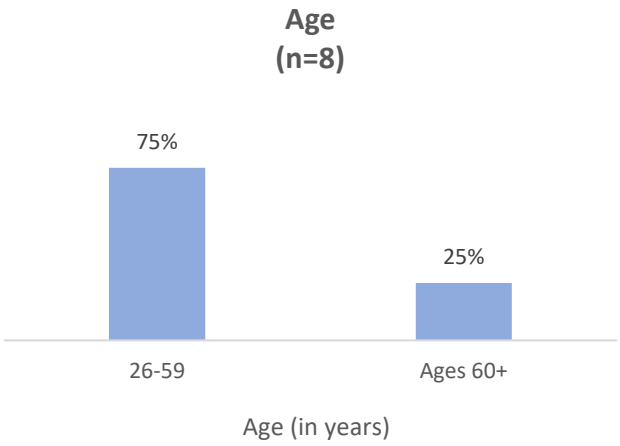
4.3.3 INN-3: BARTENDERS AS GATEKEEPERS

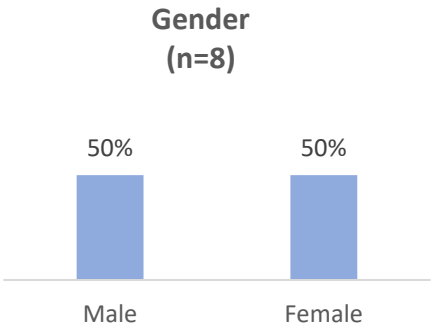
Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☐ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$ 42,299.62	Cost per Participant (FY 19/20)	n/a
FY 19/20 # Served	n/a	FY 20/21 Fiscal Allocation	$ 53,1470

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.

A total of 33 individuals and five alcohol establishmnets participated in the Bartenders as Gatekeepers Program in FY 2019-2020. The information below describes the individuals that participated in the Question, Persuade, and Refer (QPR) suicide prevention training. *Note: Demographic information is collected from participants in a follow-up survey. The information below is representative of those who completed survey.*





Race (n=8)	
White	88%
More than one race	12%
**Note: Percentages exceed 100% as multiple respondents could select more than one response.*	

Ethnicity* (n=5)	
European	80%
Mexican/Mexican American/Chicano	20%
Eastern European	20%
**Note: Percentages exceed 100% as multiple respondents could select more than one response.*	

Successes

Project in development and Interim report has been included in Appendix E of this Annual report.

Challenges and Mitigation

COVID-19 has had a significant impact on this program's development and design. QPR was not recommended to be done online and bars had closed due to the stay at home order. Adaptations were made and an increase in the advertising is planned for next fiscal year.

FY20/21 Program Impacts

Program is set to end next year, and evaluation results will determine next steps.

Innovation

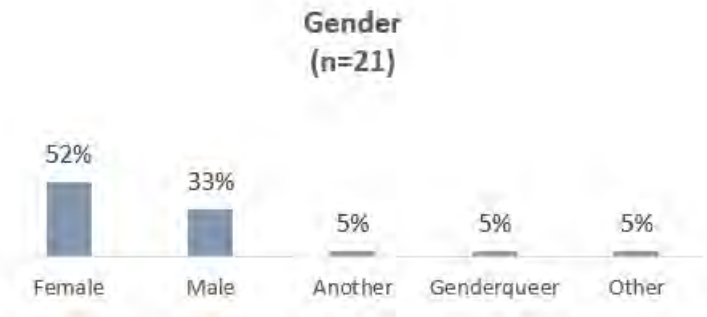
4.3.4 INN-4: PUSH TECHNOLOGY

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	$ 105,980	Cost per Participant (FY 19/20)	$898
FY 19/20 # Served	118	FY 20/21 Fiscal Allocation	$ 188,479

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.

A total of 118 individuals enrolled in the Push Technology Program in FY 2019-2020. *Note: Demographic information is collected from participants during a follow-up survey. The information below is representative of those who completed the follow-survey.*



Age* (n=51)		
Age (in years)	N	%
12	1	2%
13	1	2%
14	3	6%
15	6	12%
16	7	14%
17	9	18%
18	5	10%
19	2	4%
20	1	2%
21	2	4%
24	1	2%
27	1	2%
30	1	2%
31	2	4%
33	1	2%
34	2	4%
37	1	2%
39	1	2%
42	1	2%
46	1	2%
57	1	2%
60	1	2%

*Due to rounding, percentages exceed 100.

Race **(n=21)***	
Latino/Hispanic	38%
White	29%
More than one race	19%
Black or African American	10%
Asian	5%

*Due to rounding, percentages exceed 100.

Successes

Despite a late start, all campaigns and text flows were completed and available in both English and Spanish. A new additional target audience of at-risk youth was added during the lockdown in hopes that high risk youth would find it helpful. Please see the interim report located in Appendix F of this report.

Challenges and Mitigation

Enrollments have continued to be slow despite a brochures, additional outreach, and trainings at sites. This did not change once the pandemic began. It's unclear what is causing the disinterest as follow-up surveys demonstrate satisfaction with the program.

FY20/21 Program Impacts

The program is set to end in 20/21 final evaluation will help determine next steps.

4.3.5 INN-5: CONOCIMIENTO

Status	☐Continuing from FY 18/19 ☒New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☐ Adult (26-59) ☐ Older Adult (60+)		
Total FY 19/20 Cost	$152,921.74	Cost per Participant (FY 19/20)	$3,475
FY 19/20 # Served*	44	FY 20/21 Fiscal Allocation	$355,249

*Project launched mid-year reflects 4 months of services

Background

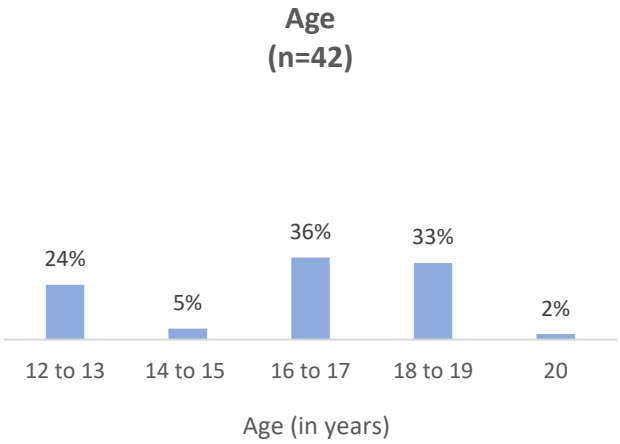
Years of research show a correlation of experiences in childhood with predictive health and functioning risks into adulthood. Adverse Childhood Experience (ACE), defined as childhood physical, verbal, or sexual abuse, witnessing parental domestic violence, parental divorce, and living with someone who 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.

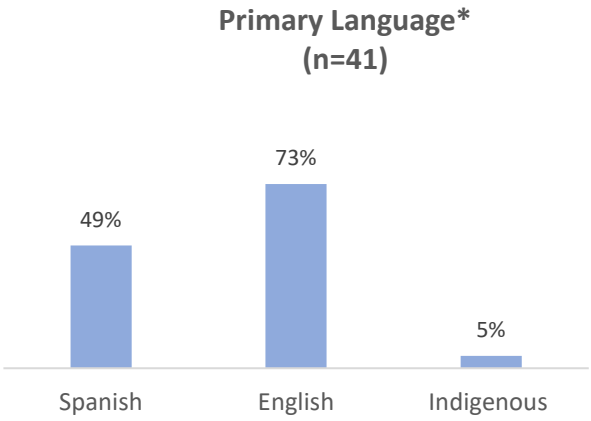
Program Description

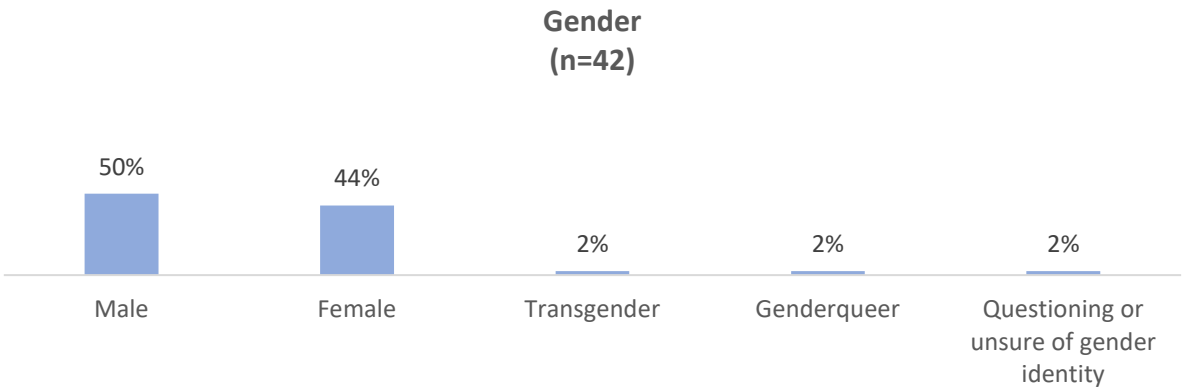
Since core competencies can be developed at any age, this project is designed to promote the development of the following four competencies, as developed through research by The Center for the Developing Child at Harvard: (1) Facilitating supportive adult relationships, (2) Building a sense of self-efficacy 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 officially launched in January of 2020 and several youth events took place before the COVID-19 shut down the program. Staff from both sites moved meals from being in person to be picked up and dropped off as well as organize online events with varying success.







Race* (n=42)	
Hispanic or Latino	83%
White	19%
American Indian or Alaska Native	10%
More than one race	10%
**Note: Percentages exceed 100% as multiple respondents were able to select more than one response option.*	

Ethnicity* (n=39)	
Hispanic or Latino	54%
Mexican/Mexican American/Chicano	46%
Non-Hispanic or Non-Latino	13%
More than one ethnicity	10%
Central American	3%
African	3%
Asian Indian/South Asian	3%
Chinese	3%
**Note: Percentages exceed 100% as multiple respondents were able to select more than one response option.*	

Successes and Challenges

A full outline of the program's creative adaptations to COVID-19 and the current successes and challenges are outlined in the Interim report located in Appendix G of this report.

FY20/21 Program Impacts

COVID-19 continues to cause program disruption and difficulties in achieving the program that was originally designed.

4.3.6 INN-6: MULTI-COUNTY FULL SERVICE PARTNERSHIP (FSP) PROJECT

Status	☐Continuing from FY 18/19 ☒New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	N/A	Cost per Participant (FY 19/20)	N/A
FY 19/20 # Served	N/A	FY 20/21 Fiscal Allocation*	$ 675,441

*Contractor's full amount gets paid in full during FY 20/12.

Background

Counties throughout the state and FSP providers identified two 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.

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.

Successes and Challenges

Please see Appendix H for progress on this program.

FY20/21 Program Impacts

Project to continue as planned.

4.3.7 INN-7: FULL SERVICE PARTNERSHIP (FSP) INFORMATION EXCHANGE

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	N/A	Cost per Participant (FY 19/20)	N/A
FY 19/20 # Served	N/A	FY 20/21 Fiscal Allocation	$122,313

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.

The Project was approved in June of 2020.

Innovation

4.3.8 INN-8: MOBILE MENTAL HEALTH

Status	☐Continuing from FY 18/19 ☐New during FY 19/20		
Age Group	☒ Children (0-15) ☒ TAY (16-25) ☒ Adult (26-59) ☒ Older Adult (60+)		
Total FY 19/20 Cost	N/A	Cost per Participant (FY 19/20)	N/A
FY 19/20 # Served	N/A	FY 20/21 Fiscal Allocation	Projected start FY22/23

Program Status

Perusing approval in 20/21. Mobile Mental health treatment to support the crisis team calls that do not meet the threshold for immediate intervention, follow up for client who did meet that threshold but their hold expired in the ER before placement, as well as ongoing preventative and treatment services in vulnerable or disenfranchised communities.

Approval Plan	
Proposal to be posted	March 15, 2021
Public Hearing	April 19th, 2021

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: Financial Incentive Programs

Status	☒Continuing from FY 18/19 ☐New during FY 19/20		
Age Group*	☐ Children (0-15) ☐ TAY (16-25) ☐ Adult (26-59) ☐ Older Adult (60+)		
Total FY 19/20 Cost	$150,228	Cost per Participant (FY 19/20)	N/A
FY 19/20 # Served	N/A	FY 20/21 Fiscal Allocation	$132,000

*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 pursing 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 19/20

- 14 students placed in Clinical and Paraprofessional MHA Internships in FY 19/20 and 7 Bi-lingual MSW Trainees and 10 MHA interns received educational stipends
- **53%** of students were fluent in Spanish

Successes

Partnered with nine universities to provide clinical placements for 13 students (1 MFT Trainee, 1 MFT/Art Therapy Trainee, one PCC Trainee, six MSW Trainees, and four Doctoral Practicum students, with approximately 38% fluent in Spanish (the County's threshold language). Provided five stipends for Clinical Internships.

Challenges and Mitigation

None.

FY 20/21 Program Impacts

None.

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

PROGRAM & EXPENDITURE PLAN

5.1 FY 2020/21 Mental Health Services Act Annual Update

The following are updates to FY 20/21 by component.

Community Services & Supports (CSS)

- The Adult Wellness Center will absorb Quality of Lift to streamline funding and services as a mobile wellness service.
- Peer Support & Case Management Services provision may be expanded in the future but has been put on hold until the INN FSP Multi County Project concludes.
- Rapid Integrated Support & Engagement (RISE) TAY Expansion grant will be supported by CSS funding when the grant concludes in 2021.
- The Office of Statewide Health Planning and Development (OSHPD) Education & Training Matching Program will be introduced.

Prevention and Early Intervention (PEI)

- Planning for Healing the Soul to be continued as a PEI program once it concludes as an Innovation program the amount is not stated here as the program will now need to go though the CPP process.
- Early Detection & Intervention for the Prevention of Psychosis (EDIPP) was moved in-house from an external provider.
- La Clave Education & Training is 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.
- Delayed from 19/20 set to implement 21/22 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) ended and has been absorbed by other non-MHSA funding.
- The Mobile Mental health is in the process of approval but will not impact funding until 22/23 if approved.

Workforce Education and Training (WET)

There are no changes to WET during FY 19/20, but through Southern California Regional Partnership (SCRP) there will be new programs coming.

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 Rapid Integrated Support & Engagement (RISE) TAY Expansion Program will 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.

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FY 2020-21 Through FY 2023-24 Four-Year Mental Health Services Act Expenditure Plan							
Community Services and Supports (CSS) Component Worksheet							
County:	Ventura					Date:	3/19/2021
		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**	**Estimated Other Funding**

						Subaccount	
FSP Programs							
Adult							
	Adults FSP Program	838,400	406,118	406,672			25,610
	Vista (Telecare)	852,230	368,286	366,270			117,674
	Assist (Laura's Law)	1,290,166	305,620	658,908			325,638
	MHS EPICS ADULTS INTENSIVE	899,035	495,542	400,369			3,124
TAY							
	TAY FSP	759,204	48,487	513,278			197,438
	Transitional Age Youth (TAY) Outpatient (Transitions)	504,765	146,583	336,360			21,822
	MHS EPICS ADULTS INTENSIVE	8,699	4,795	3,874			30
	Assist (Laura's Law)	243,579	57,700	124,399			61,479
Child							
	Youth FSP	297,096	224,705	64,265			8,126
Older Adults							
	Older Adults FSP Program	1,900,027	1,118,436	758,903			22,689
	MHS EPICS ADULTS INTENSIVE	307,120	169,283	136,771			1,067
	Assist (Laura's Law)	38,262	9,064	19,541			9,657
Non-FSP Programs							
	The Client Network (CN)	73,667	72,865				802
	CSS-SD-RISE TAY	1,534,726	739,285				795,441
	County-Wide Crisis Team (CT)	4,102,583	1,737,048	951,341			1,414,194
	Screening, Triage, Assessment and Referral (STAR)	3,244,351	2,043,114	1,115,211			86,026
	Crisis Stabilization Unit (CSU)	3,408,775	2,578,155	531,312			299,309
	Rapid Integrated Support and Engagement (RISE)	1,001,072	562,287	397,603			41,181
	Quality of Life (QOL)Improvement	112,090	112,090				

	Crisis Residential Treatment (CRT)	2,252,648	721,355	1,344,231			187,062
	Fillmore Community Project	666,837	225,072	432,362			9,402
	Older Adult Treatment (Non-FSP)	45,734	25,208	20,367			159
	Family Access Support Team (FAST)	946,080	728,784				217,296
	Adult Treatment (Non-FSP)	23,681,845	9,641,910	13,208,143			831,792
	Transitional Age Youth (TAY) Outpatient (Transitions)	1,545,766	448,887	1,030,052			66,827
	TAY Wellness Center: Pacific Clinics	592,023	592,023				
	Assist (Laura's Law)	244,732	57,973	124,988			61,770
	Growing Works	300,455	300,455				
	Wellness and Recovery Center and Mobile Wellness - Turning Point	579,264	579,264				
	Thompson Place - Turning Point	236,703	236,703				
	Adult Wellness Center - Turning Point	281,895	281,895				
	DSH Diversion Grant	201,178					201,178
CSS Administration		7,370,169	3,348,693	2,232,565			1,788,912
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		60,361,175	28,387,683	25,177,784	0	0	6,795,707
FSP Programs as Percent of Total		28.0%					

	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**	**Estimated Other Funding**

						Subaccount	
FSP Programs							
Adult							
	Adults FSP Program	758,716	388,659	369,012			1,044
	Vista (Telecare)	857,129	541,083	296,554			19,492
	Assist (Laura's Law)	1,315,554	962,045	337,344			16,165
	MHS EPICS ADULTS INTENSIVE	904,636	532,512	371,323			801
TAY							
	TAY FSP	801,697	625,793	172,067			3,837
	Transitional Age Youth (TAY) Outpatient (Transitions)	585,985	255,498	307,578			22,909
	MHS EPICS ADULTS INTENSIVE	8,753	5,152	3,593			8
	Assist (Laura's Law)	248,372	181,631	63,689			3,052
Child							
	Youth FSP	94,929	39,273	49,651			6,004
Older Adults							
	Older Adults FSP Program	2,152,372	1,447,346	704,795			231
	MHS EPICS ADULTS INTENSIVE	309,034	181,912	126,848			274
	Assist (Laura's Law)	39,015	28,531	10,004			479
Non-FSP Programs							
	The Client Network (CN)	73,667	73,103				564
	CSS-SD-RISE TAY	1,096,987	765,582	14,585			316,820
	County-Wide Crisis Team (CT)	4,353,264	3,590,257	763,006			0
	Screening, Triage, Assessment and Referral (STAR)	3,643,339	2,525,775	1,117,564			-
	Crisis Stabilization Unit (CSU)	3,644,821	2,743,763	846,026			55,032
	Rapid Integrated Support and Engagement (RISE)	1,068,710	401,649	376,579			290,481
	Crisis Residential Treatment (CRT)	2,066,606	1,047,786	944,817			74,003
	Fillmore Community Project	714,932	326,346	359,833			28,753

	Older Adult Treatment (Non-FSP)	46,019	27,089	18,889			41
	Family Access Support Team (FAST)	946,860	743,508				203,352
	Adult Treatment (Non-FSP)	24,481,617	12,416,459	12,031,109			34,049
	Transitional Age Youth (TAY) Outpatient (Transitions)	1,794,490	782,423	941,910			70,156
	TAY Wellness Center: Pacific Clinics	592,950	592,950				
	Assist (Laura's Law)	249,548	182,490	63,991			3,066
	Growing Works	301,804	301,804				
	Wellness and Recovery Center and Mobile Wellness - Turning Point	992,802	992,802				
	Thompson Place - Turning Point	93,960	93,960				
	DSH Diversion Grant	264,671					264,671
CSS Administration		7,974,413	5,917,834	1,384,966			671,613
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		62,477,646	38,715,014	21,675,735	0	0	2,086,897
FSP Programs as Percent of Total		20.9%					
		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	781,477	400,319	380,082	0	0	1,076

	Vista (Telecare)	882,843	557,315	305,450	0	0	20,077
	Assist (Laura's Law)	1,355,021	990,906	347,465	0	0	16,650
	MHS EPICS ADULTS INTENSIVE	931,775	548,488	382,463	0	0	825
TAY							
	TAY FSP	825,748	644,567	177,229	0	0	3,952
	Transitional Age Youth (TAY) Outpatient (Transitions)	603,564	263,163	316,805	0	0	23,597
	MHS EPICS ADULTS INTENSIVE	9,016	5,307	3,701	0	0	8
	Assist (Laura's Law)	255,823	187,080	65,600	0	0	3,143
Child							
	Youth FSP	97,776	40,452	51,141	0	0	6,184
Older Adults							
	Older Adults FSP Program	2,216,943	1,490,767	725,939	0	0	238
	MHS EPICS ADULTS INTENSIVE	318,305	187,369	130,653	0	0	282
	Assist (Laura's Law)	40,185	29,387	10,305	0	0	494
Non-FSP Programs							
	The Client Network (CN)	75,877	75,296	0	0	0	581
	CSS-SD-RISE TAY	1,129,897	1,114,875	15,022	0	0	0
	County-Wide Crisis Team (CT)	4,483,862	3,697,965	785,897	0	0	0
	Screening, Triage, Assessment and Referral (STAR)	3,752,639	2,601,548	1,151,091	0	0	0
	Crisis Stabilization Unit (CSU)	3,754,166	2,826,076	871,407	0	0	56,683
	Rapid Integrated Support and Engagement (RISE)	1,100,771	413,699	387,876	0	0	299,196
	Crisis Residential Treatment (CRT)	2,128,604	1,079,219	973,162	0	0	76,223
	Fillmore Community Project	736,380	336,137	370,628	0	0	29,615
	Older Adult Treatment (Non-FSP)	47,400	27,902	19,456	0	0	42
	Family Access Support Team (FAST)	975,265	765,813	0	0	0	209,453
	Adult Treatment (Non-FSP)	25,216,065	12,788,952	12,392,042	0	0	35,071
	Transitional Age Youth (TAY) Outpatient (Transitions)	1,848,325	805,896	970,168	0	0	72,261

	TAY Wellness Center: Pacific Clinics	610,738	610,738	0	0	0	0
	Assist (Laura's Law)	257,034	187,965	65,911	0	0	3,158
	Growing Works	310,858	310,858	0	0	0	0
	Wellness and Recovery Center and Mobile Wellness - Turning Point	1,022,586	1,022,586	0	0	0	0
	Thompson Place - Turning Point	96,779	96,779	0	0	0	0
	DSH Diversion Grant	272,611	0	0	0	0	272,611
CSS Administration		8,213,645	6,095,369	1,426,515	0	0	691,761
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		64,351,976	40,202,789	22,326,007	0	0	1,823,179
FSP Programs as Percent of Total		20.7%					
		Fiscal Year 2023/24					
		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	804,921	412,329	391,485	0	0	1,108
	Vista (Telecare)	909,328	574,035	314,614	0	0	20,679
	Assist (Laura's Law)	1,395,671	1,020,633	357,889	0	0	17,149
	MHS EPICS ADULTS INTENSIVE	959,728	564,942	393,936	0	0	850
TAY							
	TAY FSP	850,520	663,904	182,546	0	0	4,070

	Transitional Age Youth (TAY) Outpatient (Transitions)	621,671	271,058	326,309	0	0	24,305
	MHS EPICS ADULTS INTENSIVE	9,286	5,466	3,812	0	0	8
	Assist (Laura's Law)	263,498	192,692	67,568	0	0	3,238
Child							
	Youth FSP	100,710	41,665	52,675	0	0	6,369
Older Adults							
	Older Adults FSP Program	2,283,451	1,535,490	747,717	0	0	245
	MHS EPICS ADULTS INTENSIVE	327,854	192,991	134,573	0	0	290
	Assist (Laura's Law)	41,391	30,268	10,614	0	0	509
Non-FSP Programs							
	The Client Network (CN)	78,153	77,555	0	0	0	599
	CSS-SD-RISE TAY	1,163,794	1,148,321	15,473	0	0	0
	VCBH Outreach	0	0	0	0	0	0
	County-Wide Crisis Team (CT)	4,618,378	3,808,904	809,474	0	0	0
	Screening, Triage, Assessment and Referral (STAR)	3,865,218	2,679,594	1,185,624	0	0	0
	Crisis Stabilization Unit (CSU)	3,866,791	2,910,858	897,549	0	0	58,384
	Rapid Integrated Support and Engagement (RISE)	1,133,794	426,110	399,512	0	0	308,172
	Crisis Residential Treatment (CRT)	2,192,462	1,111,596	1,002,357	0	0	78,510
	Fillmore Community Project	758,472	346,221	381,747	0	0	30,504
	Older Adult Treatment (Non-FSP)	48,822	28,739	20,040	0	0	43
	Family Access Support Team (FAST)	1,004,523	788,787	0	0	0	215,736
	Adult Treatment (Non-FSP)	25,972,547	13,172,621	12,763,803	0	0	36,123
	Transitional Age Youth (TAY) Outpatient (Transitions)	1,903,774	830,073	999,273	0	0	74,429
	TAY Wellness Center: Pacific Clinics	629,060	629,060	0	0	0	0
	Assist (Laura's Law)	264,745	193,604	67,888	0	0	3,253
	Growing Works	320,183	320,183	0	0	0	0

	Wellness and Recovery Center and Mobile Wellness - Turning Point	1,053,264	1,053,264	0	0	0	0
	Thompson Place - Turning Point	99,682	99,682	0	0	0	0
	DSH Diversion Grant	0	0	0	0	0	0
CSS Administration		8,460,054	6,278,230	1,469,311	0	0	712,514
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		66,001,746	41,408,873	22,995,788	0	0	1,597,085
FSP Programs as Percent of Total		20.7%					

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 B.

FY 2020-21 Through FY 2023-24 Four-Year Mental Health Services Act Expenditure Plan							
Prevention and Early Intervention (PEI) Component Worksheet							
County:	Ventura					Date:	3/19/2021
		Fiscal Year 2020-21					
		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		55,591	55,591				
Project Esperanza		55,591	55,591				
Tri County Glad		55,591	55,591				
Wellness EveryDay		249,046	249,046				
Logrando Bienestar		1,065,560	550,685	514,875			
Primary Care Program							
Primiary Care Integration - Clinicas		300,000	300,000				
Promotoras Programs							
Promotoras - MICOP		60,644	60,644				

Promotoras Y Promotores (Santa Paula)		40,430	40,430				
K-12							
K-12 Prevention		2,381,448	2,381,448				
LGBTQ							
Diversity Collective		50,537	50,537				
PEI Programs - Early Intervention							
Primiary Care Integration - VCBH		260,533	0				260,533
EDIPP		215,099	28,762				186,337
Old Adults - VCAAA		542,264	542,264				
La Clave		119,973	119,973				
PEI RISE Outreach		228,205	228,205				
National Alliance on Mental Illness (NAMI)		127,047	127,047				
COMPASS		1,630,295	1,034,858	531,569			63,868
Crisis Intervention Team (CIT)							
Crisis Intervention Team (CIT) Training		101,074	101,074				
MHSSA Grant		779,081					779,081
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY		82,058	82,058				
EVALCORP		75,805	75,805				
PEI Administration		1,594,759	822,371	483,752			288,636
PEI Assigned Funds		74,073	74,073				

Total PEI Program Estimated Expenditures	10,144,700	7,036,050	1,530,196	0	0	1,578,454

	Fiscal Year 2021-22					
	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	55,575	55,575				
Project Esperanza	55,575	55,575				
Tri County Glad	55,575	55,575				
Wellness EveryDay	248,976	248,976				
Logrando Bienestar	1,684,883	1,447,896	227,068			9,919
MHS Latino Outreach-Non MHMAA	23,090	23,090				
Primary Care Program						
Primiary Care Integration - Clinicas	301,290	301,290				
Promotoras Programs						
Promotoras - MICOP	60,627	60,627				
Promotoras Y Promotores (Santa Paula)	40,418	40,418				
K-12						
K-12 Prevention	2,036,268	2,036,268				
LGBTQ						
Diversity Collective	50,629	50,629				

PEI Programs - Early Intervention						
Primiary Care Integration - VCBH	458,875	13,795				445,079
EDIPP	365,997	0	58,326			307,671
Old Adults - VCAAA	656,796	656,796				
PEI RISE Outreach	232,167	232,167				
National Alliance on Mental Illness (NAMI)	127,011	127,011				
COMPASS	1,638,818	1,030,975	547,284			60,559
Crisis Intervention Team (CIT)						
Crisis Intervention Team (CIT) Training	202,091	202,091				
MHSSA Grant	1,454,185	0				1,454,185
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	85,889	85,889				
EVALCORP	75,784	75,784				
PEI Administration	1,931,186	1,154,716	445,186			331,284
PEI Assigned Funds	81,700	81,700				
Total PEI Program Estimated Expenditures	11,923,405	8,036,843	1,277,864	0	0	2,608,698

	Fiscal Year 2022-23					
	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	57,242	57,242	0	0	0	0

Project Esperanza	57,242	57,242	0	0	0	0
Tri County Glad	57,242	57,242	0	0	0	0
Wellness EveryDay	256,445	256,445	0	0	0	0
Logrando Bienestar	1,735,430	1,491,333	233,880	0	0	10,216
MHS Latino Outreach-Non MHMAA	23,782	23,782	0	0	0	0
Primary Care Program						
Primiary Care Integration - Clinicas	310,329	310,329				
Promotoras Programs						
Promotoras - MICOP	62,446	62,446	0	0	0	0
Promotoras Y Promotores (Santa Paula)	41,631	41,631	0	0	0	0
K-12						
K-12 Prevention	0	0				
LGBTQ						
Diversity Collective	52,148	52,148				
PEI Programs - Early Intervention						
Primiary Care Integration - VCBH	472,641	14,209	0	0	0	458,431
EDIPP	376,977	0	60,076	0	0	316,901
Old Adults - VCAAA	676,500	676,500	0	0	0	0
PEI RISE Outreach	239,132	239,132	0	0	0	0
National Alliance on Mental Illness (NAMI)	130,821	130,821	0	0	0	0
COMPASS	1,687,983	1,061,904	563,702	0	0	62,376
Crisis Intervention Team (CIT)						

Crisis Intervention Team (CIT) Training	208,154	208,154				
MHSSA Grant	1,494,582	0				1,494,582
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	88,465	88,465				
EVALCORP	78,058	78,058				
PEI Administration	1,989,122	1,189,358	458,541	0	0	341,223
PEI Assigned Funds	74,100	74,100				
Total PEI Program Estimated Expenditures	10,170,471	6,170,541	1,316,200	0	0	2,683,729

	Fiscal Year 2023-24					
	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	58,960	58,960	0	0	0	0
Project Esperanza	58,960	58,960	0	0	0	0
Tri County Glad	58,960	58,960	0	0	0	0
Wellness EveryDay	264,139	264,139	0	0	0	0
Logrando Bienestar	1,787,492	1,536,073	240,896	0	0	10,523
MHS Latino Outreach-Non MHMAA	24,496	24,496	0	0	0	0
Primary Care Program						
Primiary Care Integration - Clinicas	319,638	319,638				
Promotoras Programs						
Promotoras - MICOP	64,319	64,319				
Promotoras Y Promotores (Santa Paula)	42,880	42,880				
K-12						
K-12 Prevention	0	0				
LGBTQ						
Diversity Collective	53,712	53,712				
PEI Programs - Early Intervention						
Primiary Care Integration - VCBH	486,820	14,636	0	0	0	472,184
EDIPP	388,286	0	61,878	0	0	326,408
Old Adults - VCAAA	696,795	696,795	0	0	0	0
PEI RISE Outreach	246,306	246,306	0	0	0	0

National Alliance on Mental Illness (NAMI)	134,746	134,746	0	0	0	0
COMPASS	1,738,622	1,093,761	580,614	0	0	64,247
Crisis Intervention Team (CIT)						
Crisis Intervention Team (CIT) Training	214,398	214,398				
MHSSA Grant	1,549,891					1,549,891
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	91,119	91,119				
EVALCORP	80,399	80,399				
PEI Administration	2,048,796	1,225,038	472,298	0	0	351,460
PEI Assigned Funds	76,323	76,323				
Total PEI Program Estimated Expenditures	10,486,057	6,355,658	1,355,686	0	0	2,774,713

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
- Push Technology was established 18/19, ends in 20/2
- The Full Service Partnership (FSP) Multi-County Project, will run through FY 23/24.
- The FSP Data Information Exchange began FY 19/20 and planned to run though FY 22/23.
- Mobile Mental Health, if approved, will begin FY22/23-FY24/25

FY 2020-21 Through FY 2023-24 Four-Year Mental Health Services Act Expenditure Plan							
Innovations (INN) Component Worksheet							
County:	Ventura					Date:	3/19/2021
		Fiscal Year 2020-21					
		A	**B**	**C**	**D**	**E**	**F**
		Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
INN Programs							
Healing the Soul		206,148	206,148				
Healing the Soul - ADMIN		19,134	13,306	5,828			0
Healing the Soul - EVALUATION		9,363	6,511	2,852			0
Suicide Prevention: Bartenders as Gatekeepers		46,692	46,692				
Suicide Prevention: Bartenders as Gatekeepers-ADMIN		4,334	3,014	1,320			0
Suicide Prevention: Bartenders as Gatekeepers-EVALUATION		2,121	1,475	646			0
Push Technology		165,589	165,589				

Push Technology-ADMIN	15,369	10,688	4,681			0
Push Technology-EVALUATION	7,521	5,230	2,291			0
Conocimiento: Addressing ACEs through Core Competencies	312,106	312,106				
Conocimiento: Addressing ACEs through Core Competencies-ADMIN	28,968	20,146	8,823			0
Conocimiento: Addressing ACEs through Core Competencies-EVALUATION	14,175	9,858	4,317			0
MHS INN FSP Data Exchange Program	107,459	107,459				
MHS INN FSP Data Exchange Program-ADMIN	9,974	6,936	3,038			0
MHS INN FSP Data Exchange Program-EVALUATION	4,880	3,394	1,486			0
MHS Multi County FSP INN Plan (Third Sector)	593,412	412,677	180,735			
MHS Multi County FSP INN Plan (Third Sector)-ADMIN	55,078	38,303	16,775			0
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION	26,951	18,742	8,208			
INN Administration	211,730	92,828	64,114			54,789
Total INN Program Estimated Expenditures	1,841,004	1,481,102	305,114	0	0	54,789

	Fiscal Year 2021-22					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
INN Programs						

Conocimiento: Addressing ACEs through Core Competencies	226,583	226,583				
Conocimiento: Addressing ACEs through Core Competencies-ADMIN	11,461	11,358	80			24
Conocimiento: Addressing ACEs through Core Competencies-EVALUATION	3,696	3,062	488			146
MHS INN FSP Data Exchange Program	1,131,185	1,131,185				
MHS INN FSP Data Exchange Program-ADMIN	57,219	56,704	397			118
MHS INN FSP Data Exchange Program-EVALUATION	18,454	15,289	2,439			726
MHS Multi County FSP INN Plan (Third Sector)	100,064	100,064				
MHS Multi County FSP INN Plan (Third Sector)-ADMIN	5,062	5,016	35			10
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION	1,632	1,352	216			64
Therapeutic Crisis Response	1,300,000	1,077,028	171,794			51,178
Therapeutic Crisis Response-ADMIN	65,758	65,166	456			136
Therapeutic Crisis Response-EVALUATION	21,208	17,570	2,803			835
INN Administration	643,531	483,844	112,260			47,426
Total INN Program Estimated Expenditures	3,585,853	3,194,222	290,967	0	0	100,664

	Fiscal Year 2022-23					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
INN Programs						
Conocimiento: Addressing ACEs through Core Competencies	233,245	233,245				
Conocimiento: Addressing ACEs through Core Competencies-ADMIN	17,687	17,527	124			37

Conocimiento: Addressing ACEs through Core Competencies-EVALUATION	5,640	4,673	745			222
MHS INN FSP Data Exchange Program	266,851	266,851				
MHS INN FSP Data Exchange Program-ADMIN	20,236	20,052	142			42
MHS INN FSP Data Exchange Program-EVALUATION	6,453	5,346	853			254
MHS Multi County FSP INN Plan (Third Sector)	77,202	77,202				
MHS Multi County FSP INN Plan (Third Sector)-ADMIN	5,854	5,801	41			12
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION	1,867	1,547	247			73
Therapeutic Crisis Response	1,339,000	1,109,339	176,948			52,713
Therapeutic Crisis Response-ADMIN	101,539	100,617	710			212
Therapeutic Crisis Response-EVALUATION	32,380	26,826	4,279			1,275
INN Administration	662,836	498,360	115,628	0	0	48,849
Total INN Program Estimated Expenditures	2,770,790	2,367,385	299,716	0	0	103,689

	Fiscal Year 2023-24					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated INN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
INN Programs						
MHS Multi County FSP INN Plan (Third Sector)	78,550	78,550				
MHS Multi County FSP INN Plan (Third Sector)-ADMIN	8,222	8,147	58			17
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION	2,572	2,131	340			101
Therapeutic Crisis Response	1,379,170	1,379,170				
Therapeutic Crisis Response-ADMIN	144,360	143,050	1,010			301

Therapeutic Crisis Response-EVALUATION	45,158	37,413	5,968			1,778
INN Administration	682,722	513,310	119,097	0	0	50,314
Total INN Program Estimated Expenditures	2,340,753	2,161,771	126,471	0	0	52,511

Workforce Education and Training (WET)

There are no changes to WET, but through Southern California Regional Partnership (SCRP), there will be new programs.

FY 2020-21 Through FY 2023-24 Four-Year Mental Health Services Act Expenditure Plan							
Workforce, Education and Training (WET) Component Worksheet							
County:	Ventura					Date:	3/19/21
		Fiscal Year 2020-21					
		A	**B**	**C**	**D**	**E**	**F**
		Estimated Total Mental Health Expenditures	**Estimated WET Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
WET Programs							
Workforce Education & Training Stipends		132,000	132,000				
		0					
		0					
		0					
		0					
		0					
		0					
WET Administration		0	0	0	0		0

Total WET Program Estimated Expenditures	132,000	132,000	0	0	0	0
	Fiscal Year 2021-22					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated WET Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
WET Programs						
Workforce Education & Training Stipends	149,000	149,000				
Southern Counties Regional Partnership (SCRP) MOA	56,964	56,964				
WET Administration	0	0				
Total WET Program Estimated Expenditures	205,964	205,964	0	0	0	0
	Fiscal Year 2022-23					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated WET Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
WET Programs						
Workforce Education & Training Stipends	153,470	153,470				
Southern Counties Regional Partnership (SCRP) MOA	56,964	56,964				
WET Administration	0	0				
Total WET Program Estimated Expenditures	210,434	210,434	0	0	0	0

	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	158,074	158,074				
Southern Counties Regional Partnership (SCRP) MOA	56,964	56,964				
WET Administration	0	0				
Total WET Program Estimated Expenditures	215,038	215,038	0	0	0	0

Summary

FY 2020-21 Through FY 2023-24 Four-Year Mental Health Services Act Expenditure Plan							
Funding Summary							
County:	Ventura					Date:	3/19/2021
		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 2020/21 Funding							

1.	Estimated Unspent Funds from Prior Fiscal Years	30,523,860	10,945,687	7,124,026		(0)	
2.	Estimated New FY2020/21 Funding	29,629,332	7,407,333	1,949,298			
3.	Transfer in FY2020/21	(132,000)			132,000		
4.	Access Local Prudent Reserve in FY2020/21						0
5.	Estimated Available Funding for FY2020/21	60,021,192	18,353,020	9,073,324	132,000	(0)	
B. Estimated FY2020/21 MHSA Expenditures		28,387,683	7,036,050	1,481,102	132,000		
C. Estimated FY2021/22 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	31,633,509	11,316,970	7,592,222	0	(0)	
2.	Estimated New FY2021/22 Funding	32,680,000	8,170,000	2,150,000			
3.	Transfer in FY2021/22	(205,964)			205,964		
4.	Access Local Prudent Reserve in FY2021/22						0
5.	Estimated Available Funding for FY2021/22	64,107,545	19,486,970	9,742,222	205,964	(0)	
D. Estimated FY2021/22 Expenditures		38,715,014	8,036,843	3,194,222	205,964	0	
E. Estimated FY2022/23 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	25,392,531	11,450,127	6,548,001	0	(0)	
2.	Estimated New FY2022/23 Funding	29,640,000	7,410,000	1,950,000			
3.	Transfer in FY2022/23	(210,434)			210,434		
4.	Access Local Prudent Reserve in FY2022/23						0
5.	Estimated Available Funding for FY2022/23	54,822,097	18,860,127	8,498,001	210,434	(0)	
F. Estimated FY2022/23 Expenditures		40,202,789	6,170,541	2,367,385	210,434	0	
G. Estimated FY2023/24 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	14,619,308	12,689,585	6,130,615	0	(0)	
2.	Estimated New FY2023/24 Funding	30,529,200	7,632,300	2,008,500			
3.	Transfer in FY2023/24	(215,038)			215,038		

4.	Access Local Prudent Reserve in FY2023/24						0
5.	Estimated Available Funding for FY2023/24	44,933,470	20,321,885	8,139,115	215,038	(0)	
H. Estimated FY2023/24 Expenditures		41,408,873	6,355,658	2,161,771	215,038	0	
I. Estimated FY2023/24 Unspent Fund Balance		3,524,597	13,966,228	5,977,345	(0)	(0)	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	8,491,905
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	8,491,905
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	8,491,905
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	8,491,905
11. Contributions to the Local Prudent Reserve in FY 2023/24	0
12. Distributions from the Local Prudent Reserve in FY 2023/24	0
13. Estimated Local Prudent Reserve Balance on June 30, 2024	8,491,905

PUBLIC COMMENTS

If the MHSA 2020-2021 Update, receives a substantive public comment it will be placed here (attached herein).

APPENDICES

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

LIST OF APPENDICES

BOARD LETTER

Board of Supervisors Approval will be placed here upon approval