



VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency



Mental Health Services Act (MHSA) Fiscal Year 2019/20 Annual Update

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ACKNOWLEDGEMENTS

The Ventura County Behavioral Health (VCBH) Department would like to acknowledge and thank a number of individuals and organizations for contributing their time and effort to support the development of this MHSA FY 2019-20 Annual Update. First, we would like to thank all VCBH and outsourced MHSA providers for the excellent services they provide, continued support with respect to data collection, and efforts in bringing this report to fruition. Secondly, we thank the diverse stakeholder groups for their participation in the evaluation and planning efforts ensuring that we serve the needs of Ventura County in an equitable manner.

We would also like to thank the VCBH Contracts 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. Additionally, we would like to acknowledge and thank EVALCORP Research & Consulting for the preparation of the FY 17/18 Prevention and Early Intervention Evaluation Report, which is being used to in this report.

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

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COUNTY CERTIFICATION

Auditor's Signature Page

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Ventura

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
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I hereby certify that the 2019- 20 Annual Report Update is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Sevet Johnson

Local Mental Health Director (PRINT)

 5/2/2019
Signature Date

I hereby certify that for the FY ended June 30, 2018, the County of Ventura has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated January 30, 2019 for the FY ended June 30, 2018.

I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Jeffery S. Burgh

County Auditor Controller / City Financial Officer (PRINT)

 5/6/2019
Signature Date

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

INTRODUCTION



Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties. Ventura County is one of 58 counties in the State of California. The County offers 42 miles of beautiful coastline along its southern border, and the Los Padres National Forest make up its northern area. It has an extremely beautiful, temperate climate and its landmass rises from sea level to 8,831 feet at Mt. Pinos in the Los Padres National Forest. Often, at certain times of the year, it is 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 which are considered to be in the East County are Thousand Oaks, Newbury Park, Lake Sherwood, Hidden Valley, Santa Rosa Valley, Oak Park, Moorpark and Simi Valley.

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

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

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

Naval Base Ventura County is the county's largest employer with 14,457 people employed, including civilians and military personnel. The Port of Hueneme is California's smallest, but only deep-water port between Los Angeles and San Francisco, and plays a major role in the local economy.

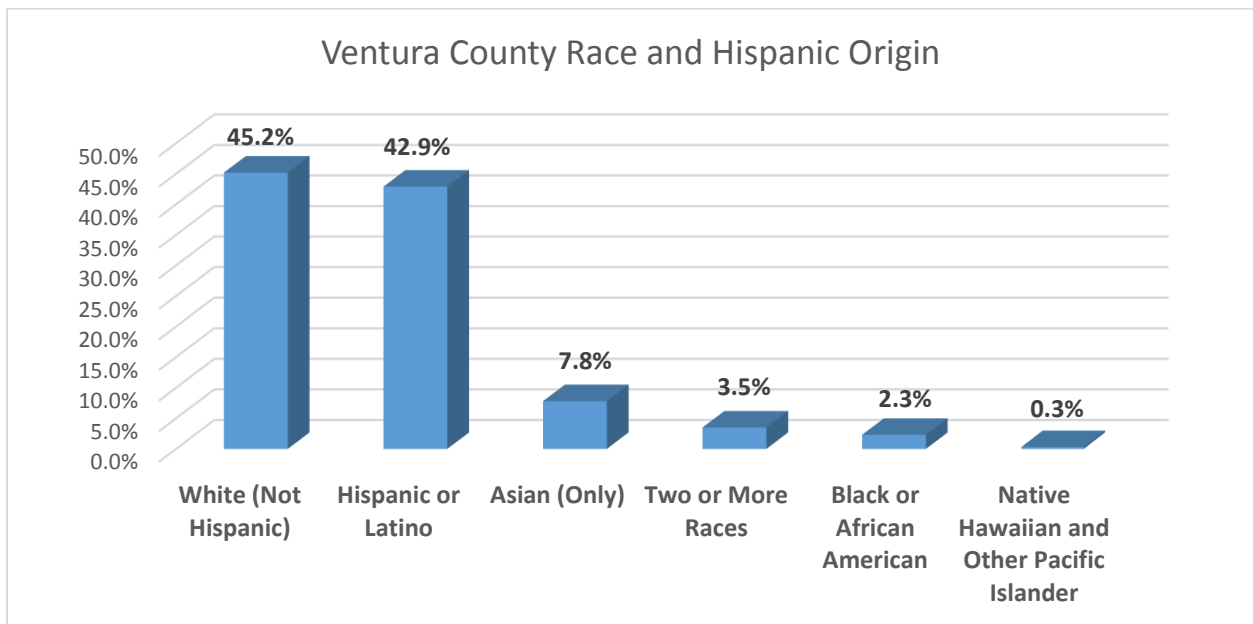
Ventura County is home to two universities (California State University Channel Islands and California Lutheran University), a small private college and three community colleges (Oxnard, Ventura, and Moorpark). Through these and other programs Ventura County enjoys a strong structure for workforce development.



Ventura County consists of 1,843.13 square miles in area. On July 1, 2017, the estimated population of Ventura County was 854,223. Hispanic or Latinos comprised 42.9% of the population, and non-Hispanic or Latino comprised 45.2%. 23.2% of the population is under 18 years of age, while 15% of County residents are 65 or over. Ventura County has approximately 22.5% foreign-born persons and has 42,012 veterans.

The median household income (in 2017 dollars), was \$81,972 and the per capita income was \$35,771. However, 9.5% 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 portrays 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.

MENTAL HEALTH SERVICES ACT (MHSA)

BACKGROUND

The MHSA, Proposition 63, is a ballot measure passed by California voters in November 2004 that provided new funding for public mental health services. This funding provided for an expansion and transformation of the public mental health system with the expectation to achieve results such as a reduction in incarcerations, school failures, unemployment, and homelessness for individuals with severe mental illness. The programs funded through MHSA must include services for all ages: Children (0-17), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+)¹.

MHSA Principles and Funding Boundaries

MHSA is focused on transforming the mental health care system by improving quality of life for individuals living with mental illness and those at risk of developing mental illness. MHSA provides funding for outreach, prevention and early intervention, improved access to services, support services, family involvement and treatment for unserved and underserved communities. While providing services in these areas, MHSA adheres to five (5) principles:

1. Cultural Competence – Services reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
2. Community Collaboration - Services strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
3. Client, Consumer, and Family Involvement - Services engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery and evaluation. This is accomplished through the Community Program Planning Process (CPP).
4. Integrated Service Delivery - Services reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.
5. Wellness and Recovery – Services promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals, so they can live fulfilling and productive lives.

MHSA also requires and provides funding for CPP activities which include stakeholder engagement in planning, implementation and evaluation. The CPP employs the results from an independent needs assessment to drive program requirements, definition, and changes. Other programming is grouped into Components with funding allocation and reversion guidelines.

¹These age groups are cited in accordance with the California Code of Regulations (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act in Article 2 - Definitions. However, there are specific cases in which requirements indicate reporting by grouping Children/Youth as 0-15 years and Adult as 26-59 years.

**For a description of each component and additional statewide MHSA information, please visit the California Mental Health Oversight and Accountability Commission website, mhsoac.ca.gov/component*

Component	Funding Allocation	Reversion Period
Community Services and Supports (CSS)	80%	3 years
Prevention and Early Intervention (PEI)	20%	3 years
Innovations (INN)	5% of CSS/PEI	3 years
Workforce Education and Training (WET)	Up to 20% CSS	3 years
Capital Facilities and Technological Needs (CFTN)	Up to 20% CSS	3 years (not in use)
Housing	One-Time Funding FY 07/08 Unencumbered Funds	10 years (Expended)

Ventura County Approach

In Ventura County, MHSA funds are leveraged to maximize existing services and resources to achieve outcomes in accordance with Ventura County Behavioral Health (VCBH) vision, mission and goals, while integrating MHSA requirements by component. Additionally, through collaboration with consumers, family members, public agencies, private providers, and communities, MHSA funds are used to ensure access to the highest quality mental health services throughout the continuum of care beginning with outreach and prevention to integrated supportive services for those requiring treatment. In the spirit of organizational alignment and enterprise view, VCBH holds itself accountable to the Ventura County Health Care Agency (HCA) by ensuring that the six (6) Pillars of Excellence (below) are an integral part of administration, programs, operations, and culture.

Pillars of Excellence

1. Financial Stewardship – The goal is financial stability and operational efficiency. This is achieved by meeting or exceeding operating budget indicators in each department and developing efficient business processes with a focus on revenue cycle management.
2. Quality and Safety – HCA strives to display a spirit of service, cooperation and professionalism in personal interactions, whether that be with a patient/client/vendor, and equally important, with one another. HCA is mindful of its charge to improve the community health status and access to care. This is accomplished by continuous improvement efforts in achieving high-quality and safety in the care provided. VCBH believes in transparency and in publicly communicating these outcomes.
3. People Engagement - HCA endeavors to be the employer of choice; to recruit and retain highly competent professionals to meet client needs. This will be achieved by creating a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to the mission and value.
4. Service Experience – HCA goal is to treat every consumer and co-worker as if he/she is the most important person in the workplace; to model the importance of creating an attitude of gratitude and to respond to inquiries in a timely, effective manner. VCBH ultimate commitment is to serve with mercy and tenderness.

5. Growth – Innovation and constant improvement in efficiency and effectiveness are encouraged. VCBH has the commitment to achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. Our focus is on the future needs of the community we serve.
6. Community Outreach and Engagement - Ultimately HCA's goal is to be the health system of choice for the community and professionals in Ventura County. HCA's commitment to value the diversity of all persons and to be respectful and inclusive of everyone is facilitated by engaging and educating the community, to improve the overall health of everyone in Ventura County. The many needs of the community cannot be met by one system alone, therefore partnerships and collaboration with community organizations, leaders and partners, is a major focus of VCBH. VCBH collaborates with diverse community partners to improve access to services and provide information that strives to hearten the safety net population that the County serves.

STAKEHOLDER INPUT

Introduction

Ventura County Behavioral Health (VCBH) is committed to addressing the mental health needs of a diverse population. Therefore, VCBH supports and facilitates multiple pathways through which stakeholders play an integral role in providing input regarding programs, services, and policies. Stakeholder involvement is accomplished by using different forums. Below are descriptions of the various groups stakeholder groups.

Stakeholder Groups

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

The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to the County of Ventura Behavioral Health Director and Board of Supervisors. It plays a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plans and updates, provides feedback prior to the required 30-day posting and then conducts the Public Hearing. The BHAB has authority to vote on the plan and updates submitted to the Board of Supervisors for final approval. Advisory board sub-committees, workgroups and task forces are appointed by, and may include members from, their respective board as well as other interested stakeholders.

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

Area	BHAB Member	Term Dates
District 1	Claudia Armann	3/11/18 – 3/10/21
	Kevin Clerici	6/12/18 – 10/6/18
	Mary Haffner	4/8/18 – 4/7/21
	Gina Petrus	5/8/18 – 5/7/21
District 2	Jamie Banker	4/17/18 – 1/7/19
	Ratan Bhavnani	2/23/16 – 2/23/19
	Janis Gardner	9/13/16 – 9/13/19
	Patricia Mowlavi	3/14/17 – 3/14/20
District 3	Nancy Borchard	1/27/18 – 1/26/21
	Gane Brooking	1/12/16 – 1/12/19
	Larry L. Hicks	12/2/17 – 12/1/20
	Kay Wilson-Bolton	4/15/18 – 4/14/21
District 4	Jerry M. Harris	9/17/16 – 9/17/19
	Cmdr. Ron Nelson	10/13/15 – 10/13/18
	Denise Nielsen	9/17/15 – 9/17/18
	Sheri Valley	2/6/18 – 2/6/21
District 5	Margaret Cortese	1/11/18 – 1/10/21
	Monique Garcia	9/24/17 – 9/23/20
	Irene Pinkard	1/24/17 – 1/24/20
	Marlen Torres	1/10/17 – 1/10/20
Governing Body	Supervisor Linda Parks	1/1/17 – 12/31/18

In addition to the General BHAB, there are other special BHABs that serve to address specific needs of other populations. These groups report to the General BHAB and ensure coordination and alignment of mission and activities. These are listed below:

Adult & Older Adult
Transitional-Aged Youth (TAY)
Child/Youth
Prevention

Other groups include Cultural Competency and Financial/Legislative (as needed).

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

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

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

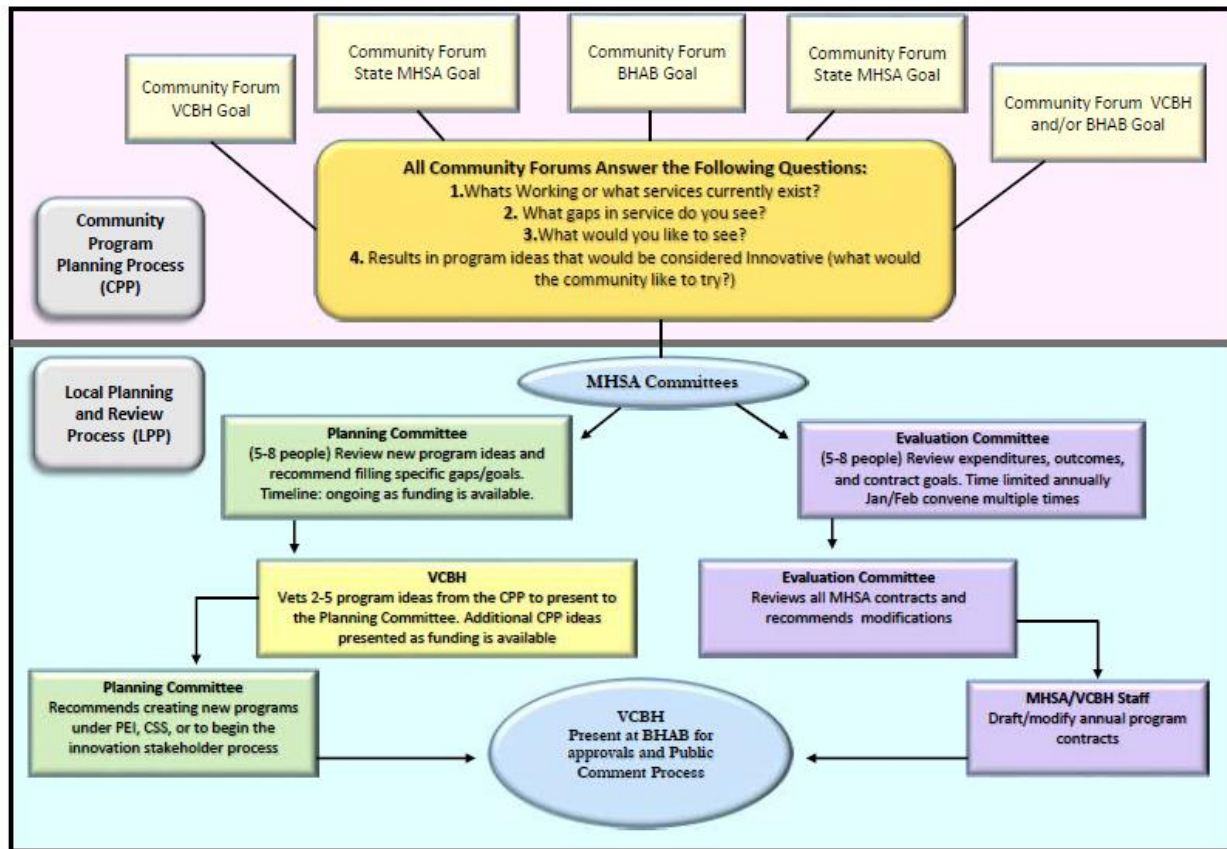
Consumer and Family Groups: Feedback is encouraged from other stakeholder groups, such as National Alliance on Mental Illness (NAMI), United Parents and the Client Network through direct consumer/family contact and by encouraging their participation in the BHAB as well as its subcommittees, workgroups,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

Community Program Planning (CPP) Process

The groups of stakeholders described above participate in the CPP process employing a concentrated program review component. This process is designed to hold annual public forums on goals set by VCBH, the MHOAC, and the BHAB, including any community gaps identified by these same entities and/or community stakeholders. As described above, 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 MHPA programs. Recommendations from both committees are presented to the VCBH Director, then the Director presents to the BHAB.

A graphic illustration of the process is depicted below.



Community Program Planning (CPP) Process Results for FY 17-18: Community meetings that took place during FY 17-18 focused on the MHPA age categories of Youth, TAY, Adults, and Older Adults. Attendees reviewed the continuum of Services provided by VCBH for their age range. Each group studied and identified gaps in the continuum.

The following entities were involved in the planning process.

- Community-Based Organizations
- NAMI
- Family Members of Consumers
- Mental Health Consumers
- Law Enforcement
- Local and Continuation School Personnel
- Ventura County Office of Education Personnel
- Regional Center Staff
- Ventura County Child Welfare Workers
- Ventura County Behavioral Health Operational Managers
- Ventura County Homeless Services
- BHAB Subcommittees and Workgroups

Community Program Planning (CPP) Process Planning FY 18-19: The Planning group continues using the CPP process to identify the latest needs of the community by funding a formal and independent Community Mental Health Needs Assessment. This assessment is conducted by an independent research and consulting company with results to be published no later than March 2019. The priorities will be derived by the use of a prioritization scheme applied by the Planning Committee, then presented to the BHAB. Finally, implementation of priorities will be given consideration based on available funding and discretion of the Director.

The Community Mental Health Needs Assessment process will be described in greater detail, along with publishing its results in the next MHSAs reporting period via the MHSAs FY 2020-2021 through FY 2022-2023 Three-Year Program and Expenditure Plan.

While the planning continues, the MHSAs Evaluation Committee will continue to meet in a timely manner to inform the Three-Year Program and Expenditure Plan programming. The goal is still to identify cost-effectiveness and efficiency opportunities across all components through the thorough evaluation of programs.

Issue Resolution Process: Consumers may also voice their views/concerns through the issue grievance process (see Appendix A). At the time of this report, there have been 40 grievances filed in total. Thirty (30) were resolved and 10 were pending as of June 30th. Please note that there were 41 grievances filed in the previous year, with 37 completed, 4 referred out and none pending as of June 30, 2017.

FUNDING SUMMARY

FY 2019/20 Mental Health Services Act Annual Update Funding Summary

County: Ventura

Date: 3/29/19

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	27,332,183	6,861,737	3,407,324	0	0	
2. Estimated New FY 2019/20 Funding	28,880,000	7,220,000	1,900,000			
3. Transfer in FY 2019/20 ^{a/}	(146,249)			146,249		
4. Access Local Prudent Reserve in FY 2019/20	931,074	193,814				(1,126,888)
5. Estimated Available Funding for FY 2019/20	56,997,008	14,277,571	7,307,324	146,249	0	
B. Estimated FY 2019/20 MHSA Expenditures	37,264,790	6,878,333	2,986,769	146,249	0	
G. Estimated FY 2019/20 Unspent Fund Balance	19,732,218	7,399,038	4,320,733	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	9,699,081
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	(1,126,888)
4. Estimated Local Prudent Reserve Balance on June 30, 2020	8,572,193

^{a/} Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFITN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2019/20 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Ventura

Date: 3/29/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership (Child/Youth/Family) 0-15	281,187	188,611	81,957	0	0	10,618
2. Full Service Partnership (TAY) 16-25	2,042,294	1,158,452	853,862	0	0	29,980
3. Full Service Partnership (Adult) 26-59	3,636,878	2,422,202	1,105,974	0	0	108,701
4. Full Service Partnership (Older Adult) 60+	2,782,995	1,943,257	807,584	0	0	32,153
5. FSP - Share of Admin	1,159,198	765,897	253,314	0	0	139,987
6.	0	0	0	0	0	0
7.	0	0	0	0	0	0
8.	0	0	0	0	0	0
9.	0	0	0	0	0	0
10.	0					
Non-FSP Programs						
1. CSS-SD-RISE	1,080,633	968,026	112,607	0	0	0
2. Office of Health Equity and Cultural Diversity	118,226	82,140	36,086	0	0	0
3. CSS-SD-Crisis Team	4,242,723	3,349,825	863,937	0	0	28,961
4. CSS-SD-CSU	3,369,938	2,778,728	546,368	0	0	44,842
5. CSS-SD-Growing Works	300,500	300,500	0	0	0	0
6. CSS-SD-CRT	2,077,286	987,976	1,056,309	0	0	33,001
7. CSS-SD-STAR	3,638,122	2,733,890	866,520	0	0	37,712
8. CSS-SD-Treatment (Child/Youth/Family) 0-15	782,425	423,226	357,570	0	0	1,629
9. CSS-SD-Treatment (TAY) 16-25	2,600,750	1,679,392	887,506	0	0	33,852
10. CSS-SD-Treatment (Adult) 26-59	22,441,293	11,113,120	9,170,269	0	0	2,157,904
11. CSS-SD-Treatment (Older Adult) 60+	7,690	5,771	1,906	0	0	13
12. CSS-SD-QOL	333,779	333,779	0	0	0	0
13. CSS-SD-CN	57,320	57,320	0	0	0	0
14. CSS-SD-TL	76,793	74,543	0	0	0	2,250
15. CSS-SD-FAST	949,851	728,179	0	0	0	221,672
16. CSS-SD-ASSIST	1,792,089	469,373	331,195	0	0	991,521
17. CSS-SD-RISE TAY	776,957	73,662	0	0	0	703,295
18. CSS-SD-Housing	658,334	658,334	0	0	0	0
19.	0	0	0	0	0	0
CSS Administration	6,006,522	3,968,587	1,312,576	0	0	725,360
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	61,213,784	37,264,790	18,645,541	0	0	5,303,452
FSP Programs as Percent of Total	26.6%					

**FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Ventura

Date: 3/29/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Promotoras y Promotores (Santa Paula)	40,979	40,979	0	0	0	0
2. Promotoras - MICOP	61,468	61,468	0	0	0	0
3. Tri-County GLAD	56,346	56,346	0	0	0	0
4. Diversity Collective	51,835	51,835	0	0	0	0
5. Project Esperanza - OLGp	56,346	56,346	0	0	0	0
6. One Step A La Vez	56,346	56,346	0	0	0	0
7. Wellness Everyday	102,447	102,447	0	0	0	0
8. PEI RISE Outreach	334,577	334,577	0	0	0	0
9. K-12 Prevention	1,971,495	1,971,495	0	0	0	0
10. College Outreach	518,947	518,947	0	0	0	0
11. NAMI	152,034	152,034	0	0	0	0
PEI Programs - Early Intervention						
12. Children's Short Term Residential Treatment (COMPASS)	1,693,846	1,343,132	350,714	0	0	0
13. Primary Care Integration - Clinicas	302,147	302,147	0	0	0	0
14. Primary Care Integration - VCBH	1,410,482	0	0	0	0	1,410,482
15. EDIPP	1,043,691	500,084	229,656	0	0	313,951
16. Eating Disorders	83,500	83,500	0	0	0	0
PEI Programs - Other						
17. Crisis Intervention Team (CIT) Training	102,447	102,447	0	0	0	0
18. Evaluation	76,835	76,835	0	0	0	0
19.	0	0	0	0	0	0
PEI Administration	1,440,747	994,718	325,702	0	0	120,327
PEI Assigned Funds	72,850	72,850				
Total PEI Program Estimated Expenditures	9,629,365	6,878,533	906,072	0	0	1,844,760

Innovations (INN) Funding

County: Ventura

Date: 3/29/19

	Fiscal Year 2019/20					
	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						
1. Healing the Soul	242,102	242,102	0	0	0	0
2. Healing the Soul – Administration	21,723	21,723	0	0	0	0
3. Healing the Soul – Evaluation	10,017	4,042	5,975	0	0	0
4. Services Children's Accelerated Access to Treatment and	625,034	345,934	278,535	0	0	565
5. Services - Administration Children's Accelerated Access to Treatment and	71,506	56,082	15,424	0	0	0
6. Services - Evaluation	10,435	10,435	0	0	0	0
7. Push Technology	149,258	149,258	0	0	0	0
8. Push Technology - Administration	17,075	13,392	3,683	0	0	0
9. Push Technology - Evaluation	25,162	25,162	0	0	0	0
10. Gatekeepers Suicide Prevention Project: Bartenders as	97,300	97,300	0	0	0	0
11. Gatekeepers - Administration Suicide Prevention Project: Bartenders as	11,131	8,730	2,401	0	0	0
12. Gatekeepers - Evaluation	1,624	1,624	0	0	0	0
13. Conocimiento	233,485	233,485	0	0	0	0
14. Conocimiento - Administration	26,712	20,950	5,762	0	0	0
15. Conocimiento - Evaluation	3,898	3,898	0	0	0	0
16. Multi-County FSP Implementation Project	1,500,000	1,500,000	0	0	0	0
17.						
18.	0					
19.	0					
20.	0					
INN Administration (indirect)	382,392	252,652	83,562			46,178
Total INN Program Estimated Expenditures	3,428,854	2,986,769	395,342	0	0	46,743

**FY 2019/20 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Ventura

Date: 3/29/19

	Fiscal Year 2019/20					
	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						
1. Residency & Internship Programs	134,500	134,500	0	0	0	0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	17,782	11,749	3,886			2,147
Total WET Program Estimated Expenditures	152,282	146,249	3,886	0	0	2,147

**FY 2019/20 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Ventura

Date: 3/29/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

Ventura County Behavioral Health

FY 18-19 - Calculation of the Maximum Prudent Reserve Level

Pursuant to AB114 and SB192, and as explained in DHCS Information Notice 19-017, Ventura County is required to maintain a Prudent Reserve Funding level balance that does not exceed 33% of the average CSS revenue received in the preceding 5 years. The DHCS IN# 19-017 also provides the methodology to calculate the following Prudent Reserve maximum level which is utilized below.

Fiscal Years	Mental Health Services Fund amount from the SCO YTD Report
FY 2013-14	\$ 25,730,030
FY 2014-15	36,016,136
FY 2015-16	29,808,249
FY 2016-17	37,828,722
FY 2017-18	41,513,848
Ventura County MHS Fund 5 year total	<u>\$ 170,896,986</u>
CSS Component Allocation Percentage	<u>76%</u>
76% of Ventura's 5 year MHS Fund total	<u>129,881,709</u>
Average Amount Allocated to CSS Component	\$ 25,976,342
Prudent Reserve Maximum (33% of above)	<u>\$ 8,572,193</u>

Ventura's existing Prudent Reserve level is \$9,699,081 which exceeds the maximum level allowed by \$1,126,888. Ventura plans to transfer the excess from the Prudent Reserve to both CSS and PEI in accordance with IN# 19-017 in the 19/20 fiscal year. This transfer is shown on the "Funding Summary" as a part of this plan document.

Mental Health Services Fund amount source:

https://www.sco.ca.gov/ard_payments_mentalhealthservicefund.html

Director's Signature Page

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Ventura

Fiscal Year: 2018-19

Local Mental Health Director

Name: Sevet Johnson, PsyD

Telephone: 805-981-2214

Email: sevet.johnson@ventura.org

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Sevet Johnson, PsyD  5/15/19
Local Mental Health Director (PRINT NAME) Signature Date

¹ Welfare and Institutions Code section 5892 (b)(2)
DHCS 1819 (02/19)

Summary of Updates

The table below summarizes expansions and changes to Ventura County MHSA programs in accordance with stakeholder process and inputs.

Component	Program Name	Update Description	FY Impact	Status
CSS	Assisted Outpatient Treatment (Laura's Law)	Services to be provided by VCBH versus contractor	18/19, 19/20	Implemented and ongoing
CSS-FSP	INSIGHTS Program	Youth FSP for youth on probation and W&I 602 ward of the Court	17/18, 18/19, 19/20	Implemented and ongoing
CSS-SD	EvalCorp Research & Consulting	Expand to evaluate non-clinical General Systems Development	18/19, 19/20	Contract in place and ongoing
PEI	Tri-County GLAD	Expand to provide staff development training (i.e., Cultural Competency)	18/19, 19/20	In place
PEI	Project Esperanza	Expand to provide staff development training (i.e., Cultural Competency)	18/19, 19/20	In place
PEI	One Step a la Vez	Expand to provide staff development training (i.e., Cultural Competency)	18/19, 19/20	In place
PEI	Suicide Prevention	Expand the number of SafeTALK and Suicide Talk classes	18/19, 19/20	In place and ongoing
PEI	National Alliance on Mental Illness - Education	Align and expand community wide prevention trainings	18/19, 19/20	In place and ongoing
PEI	Adult Wellness Center	Move to CSS from PEI	18/19	Implemented and ongoing
PEI	Early Detection & Intervention for the Prevention of Psychosis (EDIPP)	Move from contractor to in-house	19/20	
PEI	Eating Disorders	New program	18/19, 19/20	Implemented and ongoing
PEI	In Our Own Voice	New program	18/19, 19/20	Implemented and ongoing
PEI	Family and Friends	New program	18/19, 19/20	Implemented and ongoing
CSS/PEI	Rapid Integrated Support & Engagement	Grant ended 17/18. CSS outreach and engagement services to be provided by VCBH, along with expansion to serve TAY in FY 18-19	18/19, 19/20	In place
CSS/PEI	Comprehensive Assessment and Stabilization Services (COMPASS) Early Intervention	Move from CSS to PEI	18/19, 19/20	Ongoing

	Program Name	Update Description	FY Impact	Status
CSS/PEI	Adult Wellness Center (Growing Works)	Move from PEI to CSS-SD	19/20	Ongoing
CSS/PEI	TAY Wellness Center (Growing Works)	Move from PEI to CSS-SD	19/20	Ongoing
CSS/PEI	Adult Wellness Center	Move from PEI to CSS	19/20	Ongoing
CPP	Community Mental Health Needs Assessment	A refresh of county community needs assessment conducted in FY 18/19 and to be applied to FY 19/20 programming updates	19/20; potentially through FY 22/23	Finalizing
INN	Children's Accelerated Access to Treatment and Services (CAATS)	Applied Ventura CANS for data collection	17/18	Ongoing
INN	Youth Program (Conocimiento)	Undergoing approval process	19/20	On track
INN	Suicide Prevention - Bartenders as Gatekeepers	Approved July 2018	17/18, 18/19	On track
INN	Push Technology	Approved July 2018	17/18, 18/19	On track
INN	FSP Multi-County Project	Participation in project	19/20	Planning phase

ANNUAL UPDATE FY 2019 – 2020

Community Services and Supports (CSS)

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 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)
- Mental Health Services Act Housing Program

Below is a table listing the FY 17/18 CSS programs, by ages served (second column), and a designation describing the program component, category and type (third column) in accordance with the MHSA regulations.

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

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

The table below provides a summary of total cost per program and category under CSS.

FY 17-18 Community Services and Support (CSS) Cost / Participant

	# Served ¹	Cost ²	Annual Cost per Participant ²
CSS - Full-Service Partnership (FSP)			
Child/Youth/Family (0-15) ³	35	\$244,236	\$6,978
Transitional Age Youth - TAY (16-25) ⁴	66	\$1,189,552	\$18,024
Adult (26-59) ⁵	220	\$2,900,785	\$13,185
Older Adult (60+)	172	\$2,105,375	\$12,241
FSP Totals⁴	483	\$6,439,948	\$13,333
CSS - Outreach and Engagement (O&E)			
RISE	2,068	\$1,995,254	\$965
Office of Health Equity and Cultural Diversity Outreach Services	7,168	\$108,576	\$15
O&E Totals	9,236	\$2,103,830	\$228
CSS – System Development (SD) – Crisis Intervention and Stabilization			
Crisis Team	2,627	\$2,697,894	\$1,027
Crisis Stabilization Unit (CSU)	401	\$2,911,375	\$7,260
COMPASS	37	\$1,264,596	\$34,178
Crisis Residential Treatment (CRT)	280	\$1,967,172	\$7,026
Crisis Intervention & Stabilization Totals	3,345	\$8,841,037	\$2,643
CSS – SD - Assessment			
Screening, Triage, Assessment and Referral (STAR)	2,144	\$3,207,801	\$1,496
CSS – SD - Treatment (Specialty Services) – Non-FSP			
Child/Youth/Family 0-15	1,711	\$388,455	\$227
Transitional Age Youth - TAY 16-25	267	\$1,238,988	\$4,640
Adult 26-59	3,966	\$17,343,429	\$4,373
Older Adult 60+	591	\$6,114	\$10
Treatment – Non FSP Totals⁴	6,535	\$18,976,986	\$2,904
CSS - SD - Peer Support			
Quality of Life	222	\$333,467	\$1,502
Client Network	179	\$54,997	\$307
Peer Support Totals	401	\$388,464	\$969
CSS – SD - Peer Services Coordination & Case Management			
Transformational Liaison	360	\$83,723	\$233
Family Access Support Team (FAST)	465	\$940,551	\$2,023
Peer Services Coordination & Case Management Totals	825	\$1,024,274	\$1,242
CSS – SD - Family & Provider Education Services			
NAMI	994	\$118,463	\$119
CSS – SD - Other Access Support Services			
Transportation	3,131	\$163,391	\$52
Language Access Service (Interpreters: Spanish, Mixtec, Deaf or Hard of Hearing)	23,429	\$279,897	\$12
Other Access Support Services Totals	26,560	\$443,288	\$17
CSS - Housing			
Housing	263	\$543,449	\$2,066

¹“Served” definition is variable across and within CSS programs depending on program mission, purpose, and activities.

² Cost includes MHSA, 2011 Realignment, FFP and other.

³ Reflects 35 children/youth total served in INSIGHTS FSP Program. Removed 2 counts as anomalies from other programs not designated as FSP from cost data.

⁴ Seven (7) youth from Child FSP INSIGHTS Program that turned 16 years old during FY 17-18 are not counted in the TAY category, but accounted for in Child FSP.

⁵ Fifty-five (55) clients excluded in the count due to not being captured as FSP in Avatar. These are in the Telecare VISTA FSP Program. However, the annual estimated cost of this program (\$666,559.58) is included in the columns 3 and 4.

Note: Calculations use unduplicated counts and may not equal the sum of age categories due to clients possibly existing in more than one age category during the year. (Cost for VISTA Client is \$12,119.27 and including the 55 VISTA Clients into the total FSP client count yields an average of \$11,970 per client.)

Data Notes and Definitions

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

New Client is defined as anyone admitted to an MHSA program between 7/1/2017 and 6/30/2018, regardless of being discharged from any MHSA program within the mentioned timeframe.

Rollover Client is defined as anyone admitted to an MHSA program prior to 7/1/2017 and remain admitted after 7/1/2017.

Individual Program Total may not manually add up to the program aggregate total because the client might get admitted to more than one program in a given Fiscal Year and will be counted under each program he or she was admitted.

Individual Age Group Total may not manually add up to the Age Group total since the client may have advanced in age and moved from one age group to another within the same Fiscal Year and will be counted under corresponding age groups.

Primary Language is the client's first language with 28 possible selections. Only items selected for each specific section will be presented.

Preferred Language is the language client selects for receiving services. Only items selected for each specific section will be presented.

Ethnicity consists of 7 possible selections. Only items selected for each specific section will be presented.

Race consists of 21 possible selections. Only items selected for each specific section will be presented.

Sexual Preference consists of 7 possible selections. Only items selected for each specific section will be presented.

Count is a single client can be a "New Client" into a different MHSA program from a MHSA program where previously counted as a "Rollover Client" with in the same fiscal year.

Satisfaction Surveys presented are administered twice per year for a duration of one month, thus using a sampling method over a period of time.

Notes:

1. A single client can be admitted to multiple MHSA programs within the same fiscal year.
For example:
 - a. Contacted by an Outreach & Engagement service
 - b. Receive Crisis services during an episode
 - c. Receive Assessment services
 - d. Receive Treatment services
 - e. Admitted to FSP

2. Demographic Data Count: A client can have multiple entries in a fiscal period, and even conflicting entries. Demographic data is based upon the response most frequently entered for the fiscal period of admission.
3. Age Groupings: As previously mentioned and per California Code of Regulations, Title 9, Division 1, Chapter 14, Article 2, the following definitions apply: Child/Youth (0-17); TAY (16-25); Adult (18-59); and Older Adult (60+). For purposes of this update, child data was collected as 0 to 15 years of age and adult as 26 to 59 years of age to align with FSP, PEI and INN groupings included in their prescribed data collection.
4. Specific Demographic Counts: Totals under specific demographic information may not equal the total unduplicated served due to multiple entries by clients intentionally or erroneously.
5. Percentages: Percentages may not equal to exactly 100% due to rounding.

Full-Service Partnership (FSP)

The FSP system of care provides wraparound-type services to help the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services include treatment, case management, transportation, housing, crisis intervention, education, vocational training and employment services, as well as socialization and recreational activities, based upon the individual needs for successful treatment outcomes.

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

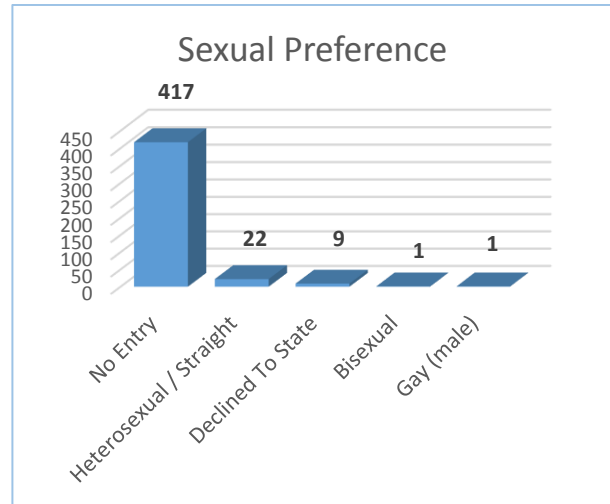
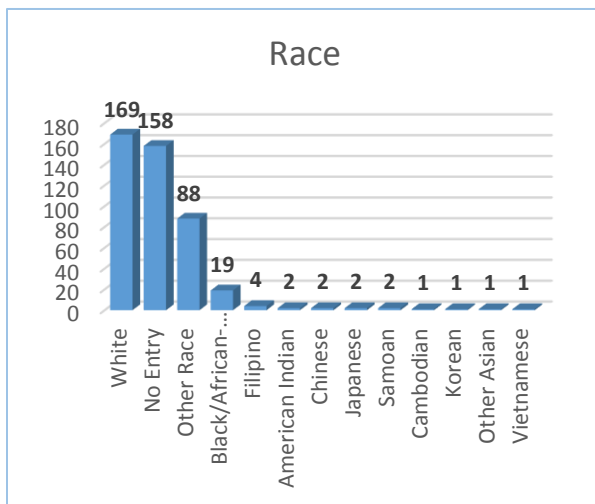
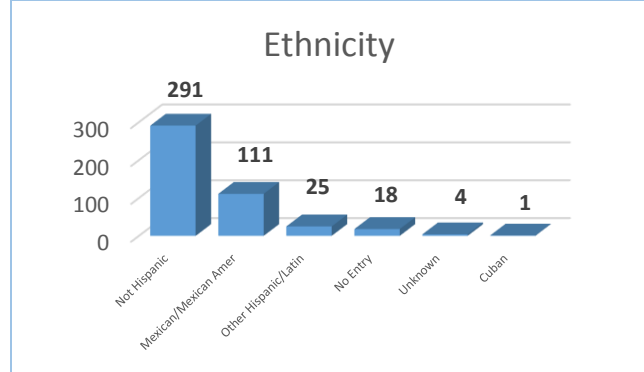
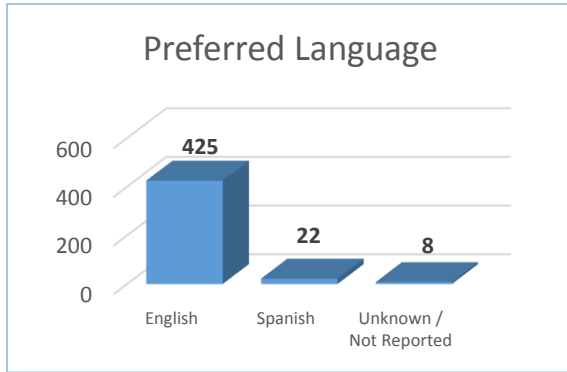
Age Group	Rollover Clients from FY 16-17	New Clients During FY 17-18	Total Clients Served FY 17-18
0-15	6 ¹	29	35
16-25	40	26	66
26-59 ²	160	60	220
60+	146	26	172
Totals FSP Unduplicated³	347	138	485

¹Youth rolled over from FY 16-17 Solutions Court Program.

²An additional 55 clients (not included here) were served in the Telecare Adult FSP Program (VISTA). The aggregate demographic data presented in subsequent sections only includes the 220 listed in this table.

³Represent 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, minus the INSIGHTS Program. These are presented separately.

The demographics for all FSP programs indicate that 251 males and 234 females were served across the County. Of these, there were 27 males and 8 females served through the INSIGHTS FSP Program. Their demographic data will be reported separately. The charts below summarize other demographic information for the TAY, Adult and Older Adult programs.



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

The next 4 sections will provide more detail about the locations and programs serving FSP clients by age groupings.

Ventura County Behavioral Health Youth FSP (0-15)

Under this age category, Ventura County served 35 youth and their families through the INSIGHTS FSP program.

INSIGHTS Program

Population Served: This program crosses the Youth (0-15) and TAY (16-25) FSP categories since it serves up to age 21.

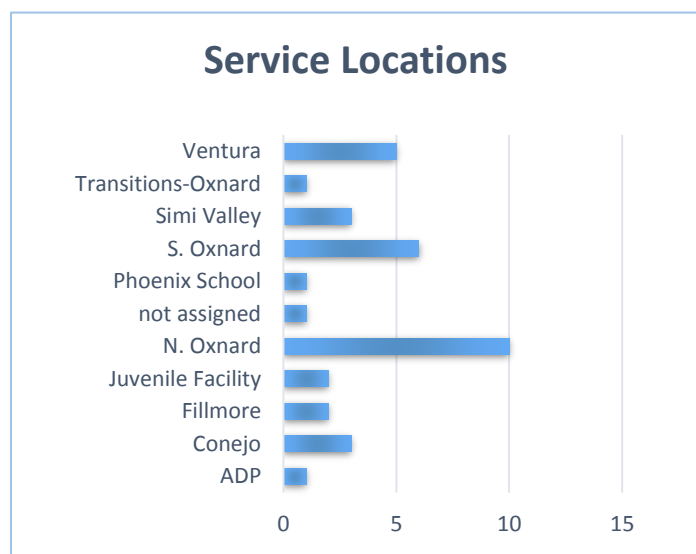
The majority of the Insights families are underserved in the community. Youth and families struggle with community safety due to community violence, housing and food instability, and lack of other basic needs.

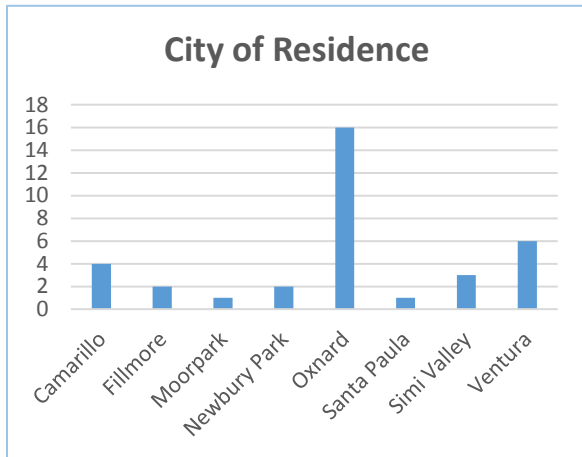
Program Categories & Strategies: FSP – Youth and Family Services

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

FY 17-18 Summary: The reporting below shows the service geographic locations.

While clients were served throughout the county, the North and South Oxnard clinics provided services to the most youth involved in the program, indicating a potential need for greater resources in this geographic area.



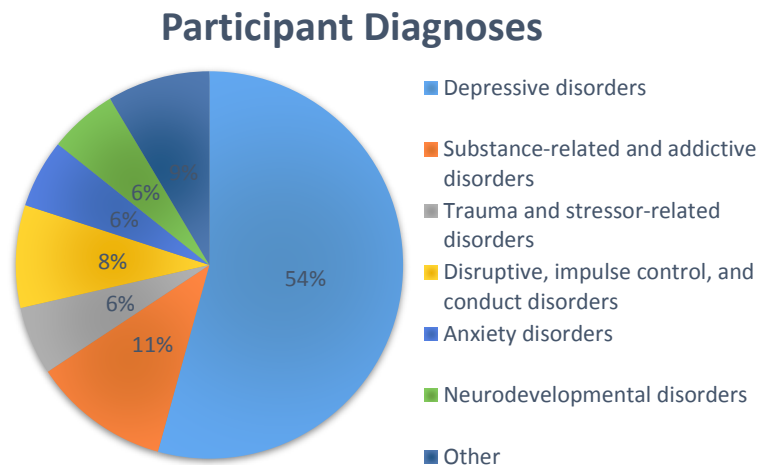


Though participants reside in areas all over the county, the highest proportion of participants are from the Oxnard area.

The majority of participants (54%) in year one (FY 17-18) had a depressive disorder as the primary diagnosis.

Many of the clients also have secondary diagnoses of substance-related and addictive disorders.

It is also known that 27 of the 35 INSIGHTS participants struggle with co-occurring substance use disorders, often contributing to existing legal challenges. Substance use disorders were collected through most recent open episodes. The breakdown of common substances used, and substance use disorders is indicated in the chart.



As far as outcomes are concerned, two participants of the program successfully graduated by completing the three required phases. A total of 6 participants successfully completed at least one phase of the program.

There were 44 total incarcerations during fiscal year 17/18. 23 of these were the result of new charges while 21 were due to violations of probation.

In summary, 35 youth were served by the INSIGHTS program. Of these, 22.5% of the participants demonstrated positive progress in the program as evidenced by graduations or phase completions. However, the limited sample size does not provide adequate data relating to overall program efficacy. Data from year two may be compared to that available from year one in order to more accurately measure program outcomes moving forward.

Successes (may include stories): Despite limited data from year one, both graduates illustrate the strengths of the program. Since graduation, both clients have continued to receive support and service from VCBH providers, have worked toward earning their high school diplomas, and have continued to utilize skills developed while enrolled in the program. Below is a narrative of the graduates.

Graduate 1: Youth transitioned into the Insights program from the former Solutions court, which he entered in March 2017 due to a history of vandalism charges. Youth struggled challenges including habitual substance use, frequent fights at school, defiance in the home and school settings, and a lack of healthy interests and coping skills. During his enrollment in the program, youth was able to access support and services that allowed him to develop a sense of independence and accountability that led to the successful termination of his probation. In addition to this, youth was able to continue focusing on his goals of completing high school and gaining full time employment as a welder.

Graduate 2: At the time of entry into the Insights program, youth had already completed multiple stays at the juvenile facility as a result of her extensive history of methamphetamine use. In addition, the client struggled to gain and maintain her sobriety prior to entering the program due to a lack of sober peers, gang affiliation, and resistance to receiving mental health services to address underlying depressive symptoms and mood dysregulation. Upon accepting the support provided by the Insights team, youth was able to apply for and enter the Grizzly academy, which she began attending in January 2018. Youth not only followed her programming at the academy but was able to thrive with the support and structure offered by the academy staff and the Insights team. Upon completion of the Grizzly academy, client returned to Ventura County and successfully completed Insights court and successfully terminated her probation. Since completing the Insights program, client has continued to access mental health services, despite challenges with maintaining sobriety. With the help of her treatment team, client was able to develop the skills to help her continue to overcome these challenges and maintain a positive, goal-oriented outlook.

Challenges with mitigation FY 17/18: The primary limitations encountered during the 17/18 year included challenges with transportation for participants to and from court, lack of parent/guardian engagement, and increased utilization of detainment as a result of probation violations. To address these challenges and improve program efficacy, the Insights team has developed a variety of new tools to be made available to the youth and families served.

In order to increase court attendance, case managers are now available to arrange transportation for clients that are scheduled to appear in court. There is also a county staff member that is designated specifically for court transportation every Wednesday.

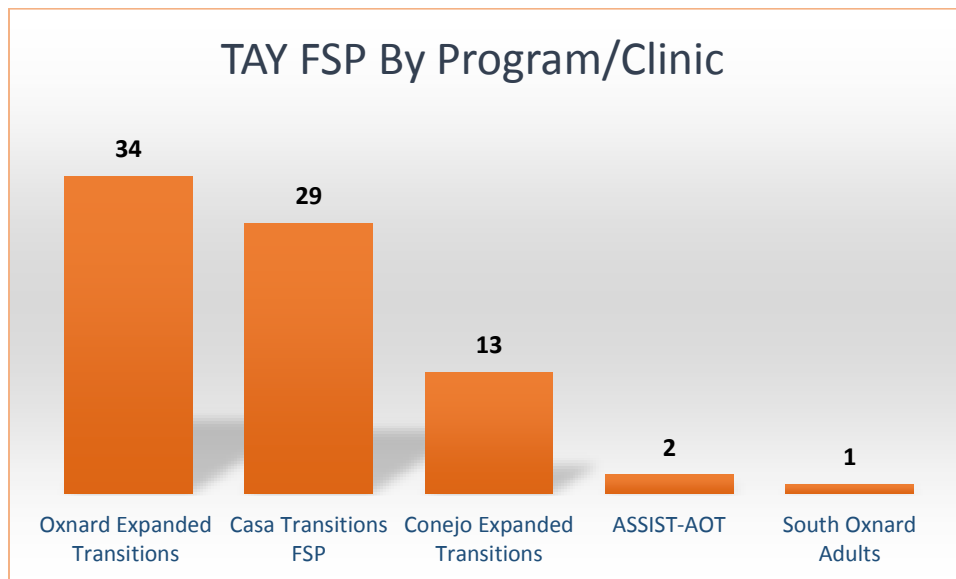
Additionally, a Parent Partner (via United Parents) was made available to all parents/guardians with youth participating in the program as of January 2018. **Of the 35 families served, five accepted the support of the Parent Partner in 17/18.** To further boost engagement, the Insights team also set a goal to begin a monthly parent support group for all parents/guardians caring for youth on probation to begin in 18/19.

Finally, to decrease reliance on juvenile detention, probation and the juvenile court have focused on pursuing alternative consequences for violations of probation. These alternatives include use of the day and evening reporting centers, the STEPS (employment) program, and community service, among others. This has helped to substantially reduce the amount of incarcerations for the Insights youth based on probation violations in fiscal year 18/19.

Ventura County Behavioral Health TAY FSP (16-25)

The VCBH TAY FSP program is designed to serve 18-25 in FY 17-18. This required extracting TAY data from other FSP programs using the 16-25 age query. Currently, programs and clinics serving this age category are VCBH TAY Transitions, Telecare TAY Casas, ASSIST AOT (Laura’s Law), and VCBH clinics throughout the County (Youth & Family and Adult).

The table below shows the counts by programs or clinics serving the TAY population designated as participating in FSPs across the County. Please note that the INSIGHTS program (see above section) had 7 clients entering this age category and reported in the Child FSP section above.



Note: Since there were an additional 22 TAY served by FSP Youth INSIGHTS program as reported in the previous section, a total of 87 unduplicated were served by FSP during FY 17/18 under this age category. The counts will not necessarily add up from service locations due to client movement between locations and programs.

The descriptions below provide information on the providers of FSP services to the County TAY population.

Ventura County Behavioral Health Transitional Age Youth (TAY) FSP Program - Transitions

Population Served: Serves between 18-25 years old

Program Categories & Strategies: FSP – TAY

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. Peer staff, or “Recovery Coaches,” 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 Depression Treatment Quality Improvement to address symptoms of depression, dual diagnosis and trauma. Cognitive Behavioral Therapy and Motivational Interviewing are two foundational practiced treatment methods that are used with clients. Programming is specially designed to successfully engage and meet the unique developmental needs of the TAY. Examples include Creative Expression, Cinema therapy, Relationship Group, Life Skills, Wellness Recovery Action Plan (WRAP) Groups, and Pet Partners to name a few.

Casa Esperanza - Transitional Age Youth (TAY) FSP Program - Transitions

Population Served: Adults ages 18-59 with serious mental illness

Program Categories & Strategies: FSP – TAY & Adult

Description: Casa Esperanza is an 18-month maximum-stay social rehabilitation program that assists clients in their transition to the community. Casa Esperanza serves adults ages 18-59 who are diagnosed with a Serious 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. In partnership with Ventura County Behavioral Health: case management, therapy, and psychiatric services are provided to reach the overall goal of transitioning to a less restrictive and more independent level of care.

Ventura County Behavioral Health ASSIST – AOT Program

Population Served: Serves between 18+ years old

Program Categories & Strategies: FSP – Adult

Description: The program description resides in the FSP Adult section.

This program served 2 clients from the TAY age group and the demographic data for these clients is included in this section. Services received included assessment, case management, and medication support.

Ventura County Behavioral Health Adult Clinic

Population Served: Serves between 18+ years old

Program Categories & Strategies: Clinic – Adult

Description: The program description resides in the FSP Adult section.

This program is in the Adult Division, but served 1 FSP clients from the TAY age group. The demographic data for this client is included in this section. Services received were collateral services with client with and without family, medication support.

Note: Although the Ventura County INSIGHTS program is currently under the Child/Youth FSP, it served 22 clients fitting into the TAY age group and are presented in the previous section.

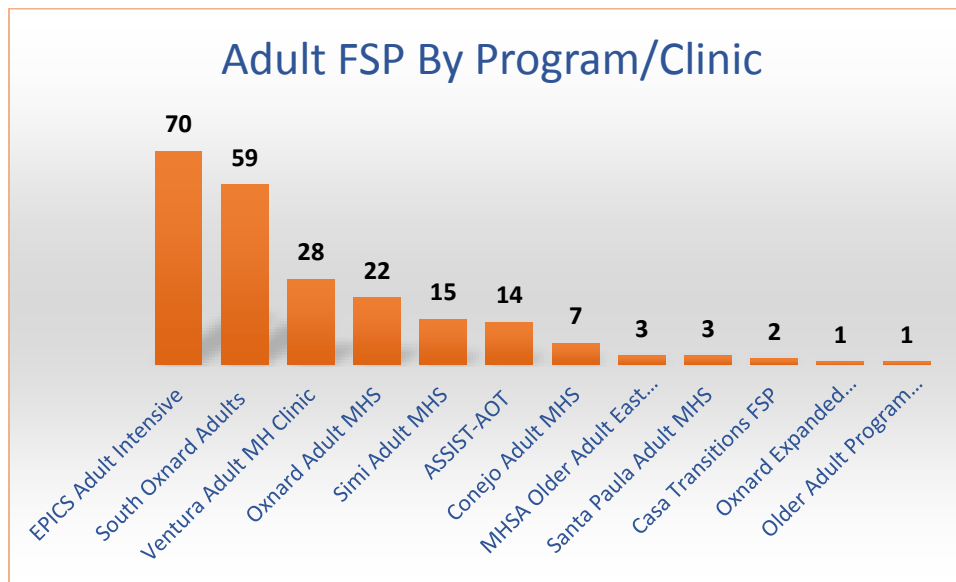
TAY FSP Challenges with Mitigation: None.

TAY FSP Successes (Quantitative or Anecdotal, Stories): None.

Ventura County Behavioral Health Adult FSP (26-59)

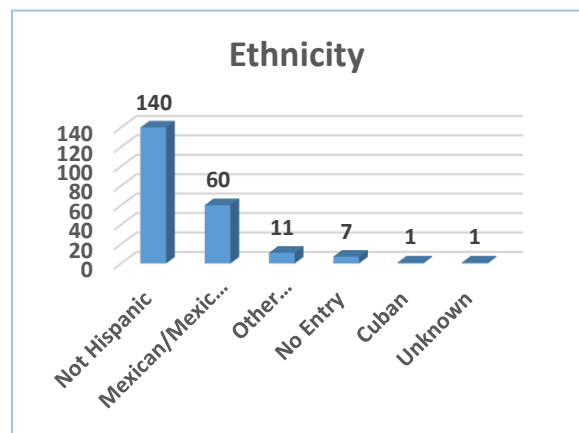
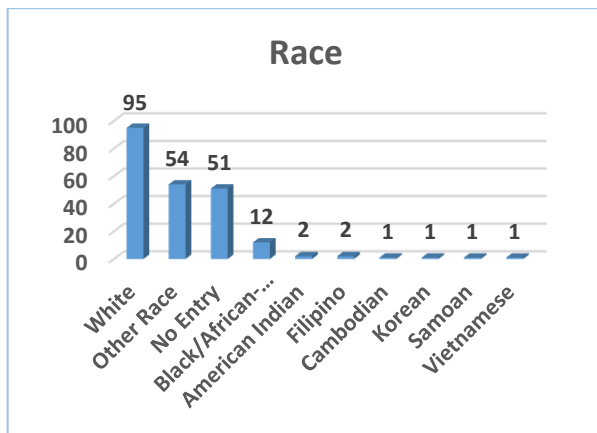
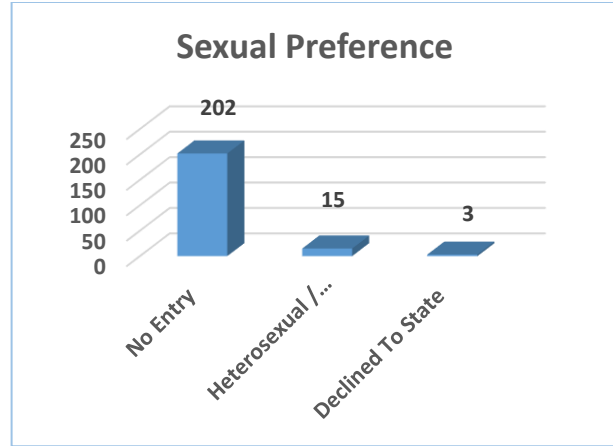
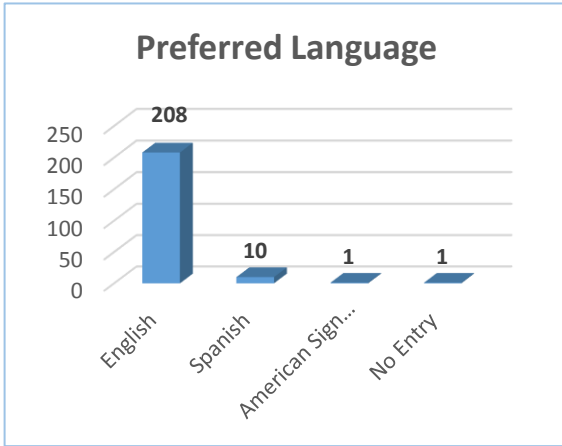
The VCBH specific Adult FSP programs were designed to serve 18 and above in FY 17-18. This section addresses those served within the ages of 26-59. The programs currently serving this age category are EPICS, ASSIST AOT (Laura’s Law), VCBH County Clinics, Telecare Casas and VISTA, and VCBH Older Adult FSP Program.

The table below shows the counts by programs or clinics serving the adult population designated as participating in FSPs across the County.



NOTE: The total unduplicated served is 220. The count in the graph totals 225 as clients may have been clients at different clinics during FY 17/18.

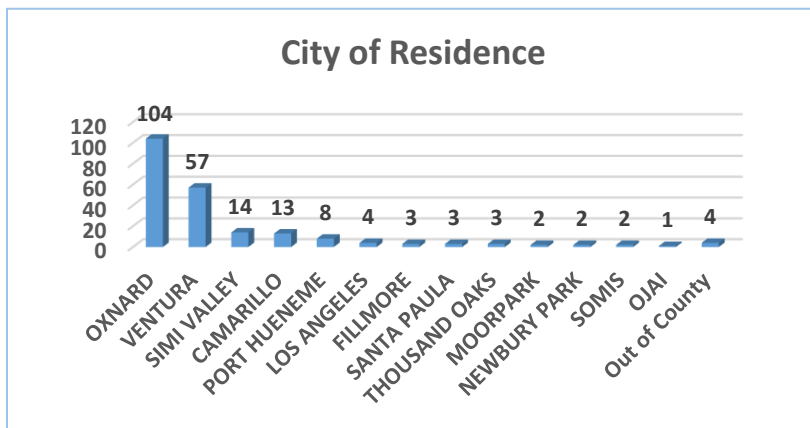
The graphs below display the geographic and demographic spread of the adults participating in the FSP treatment track.



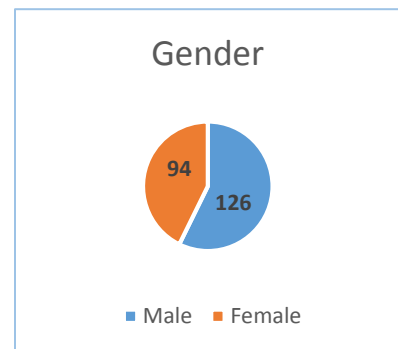
The demographic information presented above are an aggregate of all the programs described below, except Telecare program (VISTA).

Ventura County Behavioral Health Adults FSP Program – Integrative Community Services (EPICS)

Population Served: Serves 18+



**Program Categories & Strategies:
FSP – Adult**



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

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

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

Telecare VISTA Program

Population Served: Serves 18+

Program Categories & Strategies: FSP – Forensic Adults

Description: Telecare VISTA provides program services to adults with serious mental illness in Ventura County, California.

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

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

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

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

Services include, but are not limited to:

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

This program served 55 clients during the fiscal year. Demographic data not included in the roll up for Adult FSP.

Ventura County Behavioral Health Adult Clinics

Population Served: Serves Adults 18+

Program Categories & Strategies: FSP – Adult

Description: Ventura County Behavioral Health provides outpatient mental health services to adults at 8 clinics located throughout Ventura County. Services are also provided in the community, in the home and within residential placements as needed to serve client needs.

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

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

ASSIST - AOT

Population Served: Serves 18+

Program Categories & Strategies: FSP – Adult

Description: Ventura County Behavioral Health's Assisted Outpatient program (sometimes referred to as "Laura's Law") provides needed treatment to individuals with serious mental illness who have difficulty living safely in the community and who have declined mental health care and/or have struggled to engage in mental health treatment in the past. Assist employs a client-centered approach to outreach and engagement in the hope of gaining individuals' voluntary acceptance of mental health services, however, there is the potential for court-ordered treatment to supervise mental health care when circumstances

warrant. The court process is only used after every effort has been made to encourage individuals who need treatment to voluntarily participate in Assist.

It is the goal of the Assist program to promote wellness and recovery in the least restrictive environment and reduce the cycle of psychiatric hospitalizations, homelessness and incarcerations that commonly are associated with a reluctance to accept mental health treatment. It provides intensive mental health services with frequent client contact and a 24-hour team response. Services include psychiatric care and medication management, access to primary health care, substance abuse counseling, benefits and resource coordination and linkage, supportive housing, vocational rehabilitation, and peer and family member education and support.

An evaluation report for the AOT program covering FY 17-18 is included in Appendix B.

Adults FSP Challenges with Mitigation: None.

Adults FSP Successes (Quantitative or Anecdotal, Stories): Mr. H came to VISTA January 2017. Upon admission he was actively using substances, in and out of custody, and experienced difficulties maintaining his sobriety. Mr. H exhibited mental health symptoms as a response to his active substance use.

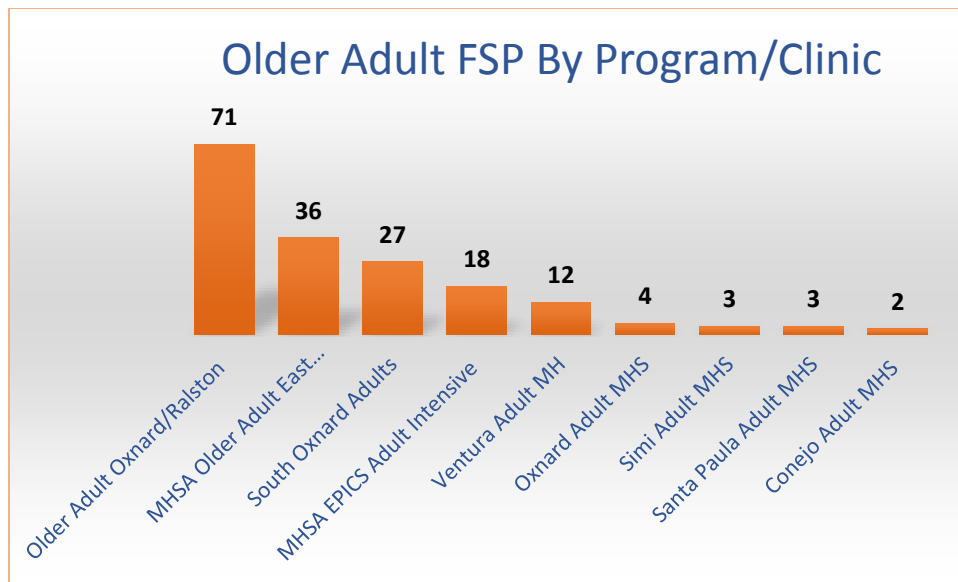
Mr. H started meeting with Telecare psychiatrist regularly and was started on psychotropic medication. He complied with medication regimen and started noticing a decrease in mental health symptoms. Mr. H steadily decreased his substance use and met with case management team regularly (3 hours/week). He attended groups and kept his case management appointments weekly. Treatment team met with Mr. H in the community as well as in the wellness center. Team made an effort to remind him of his psychiatric appointments to ensure consistency and facilitated transportation to and from appointments. Mr. H built a strong rapport with treatment team and maintained his sobriety as a result.

Mr. H is now working fulltime and living with his mother. He is contributing to his household and continuing to meet with Telecare staff weekly. He has maintained his sobriety and denies the mental health symptoms he initially experienced when he started working with Telecare. He has demonstrated progress in caring for himself, eating 3 meals a day and riding his bike weekly.

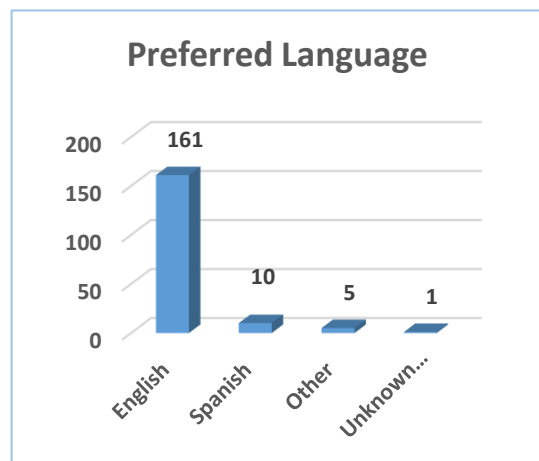
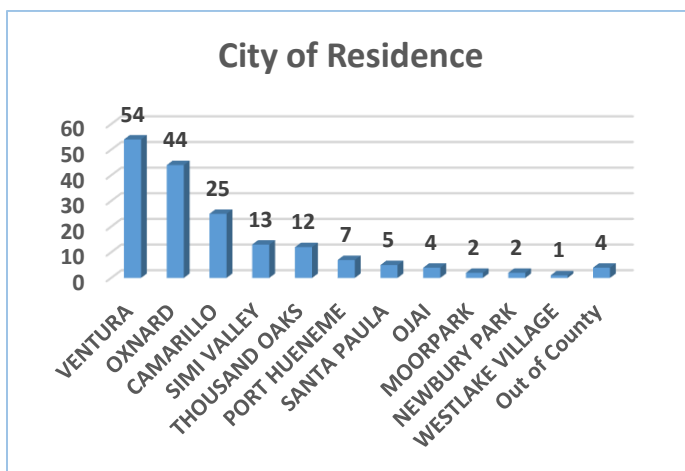
Ventura County Behavioral Health Older Adults FSP (60+)

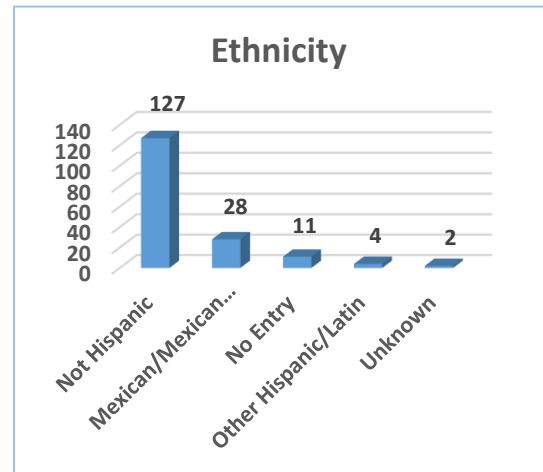
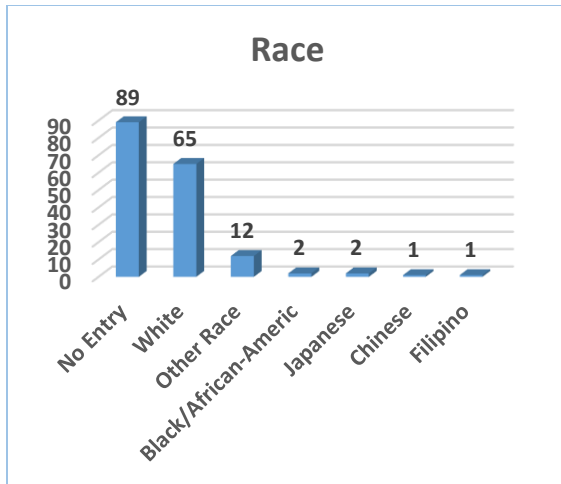
The County Older Adult FSP services are provided at different sites and by VCBH Clinics (Older Adult and Adult), and the EPICS program. Although, the County was not aligned with the regulations' age grouping, this section addresses those served that are 60 years and older. Data was extracted from all programs serving this age category by using the corresponding query.

The table below shows the counts by programs or clinics serving the older adult population designated as participating in FSPs across the County, with the exception of Telecare XP2/3 VISTA program.



One-hundred-ten (110) females and 62 males were reported as served in the FSP treatment track. The demographic information is presented in aggregate below.





Note: Sexual Preference had no entries.

The programs serving the 60+ population are described below.

Ventura County Behavioral Health Older Adults FSP Program (60+)

Population Served: Serves 60+ years of age

Program Categories & Strategies: FSP – Older Adults

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

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

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

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

Ventura County Behavioral Health Adults FSP Program – Integrative Community Services (EPICS)

Population Served: 18+

Program Categories & Strategies: FSP – Adult

Description: Description for these programs are included in the Adult FSP section.

Telecare XP2/3 VISTA

Population Served: Serves Adults 18+

Program Categories & Strategies: Clinic – Adult Division

Description: Description for this program is included in the Adult FSP section.

Ventura County Behavioral Health Adult Clinics

Population Served: Serves Adults 18+

Program Categories & Strategies: Clinic – Adult Division

Description: Description for this program is included in the Adult FSP section.

Older Adult FSP Successes: Client is multi-racial, transgendered individual, who has been diagnosed with paranoid schizophrenia. When client came to us, he was homeless, living on the streets, with a poorly controlled cardiac condition that his doctors felt necessitated hospice placement. Client had left the hospital AMA. Client was helpless and hopeless and medically at risk.

Client was placed temporarily in a local motel while the Older Adults team worked to reconnect client with appropriate health care services and locate permanent housing. RN worked with client weekly to improve medication compliance (both psychotropic and medical). Client gradually began to trust Older Adult team and health care providers, becoming more compliant with treatment and has made a remarkable and unexpected recovery (was recently even released from cardiology service). Older Adult team worked to find permanent housing. He is now enjoying cooking for himself, has begun to draw again and has started to attend community programs, including Zumba.

Older Adult FSP Challenges with Mitigation: Below are some challenges inherent in serving this population along with ongoing and proposed mitigation plans.

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

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

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

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

Outreach and Engagement

Outreach and Engagement

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, homeless population, primary care providers, and faith-based organizations, this category of programs engages community leaders, homeless population, those who are incarcerated, and families of individuals served.

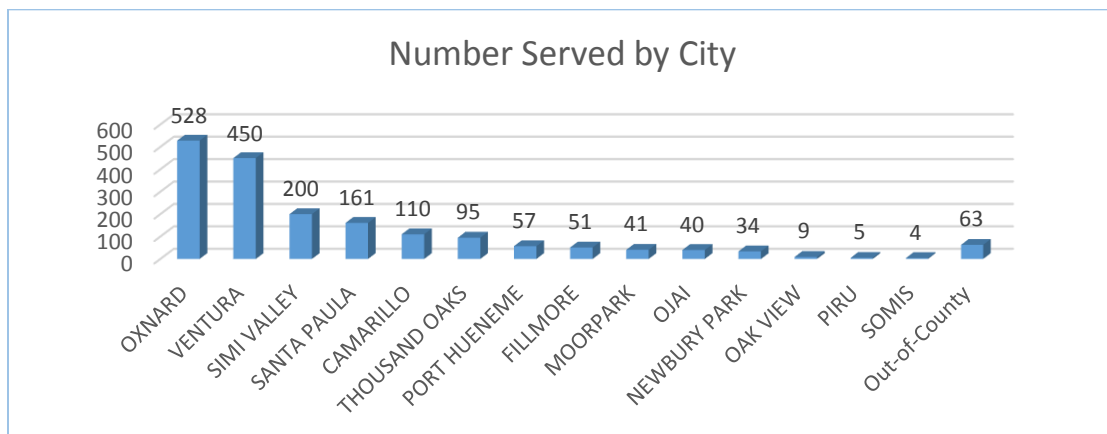
The Outreach and Engagement category will be affected by the Mental Health Services Oversight and Accountability Commission issuance of the Notice of Intent to award funds for the SB-82 Investment in Mental Health Wellness Act of 2013 Triage Grant. Ventura County was awarded this grant for a three-year total of \$1,754,733. This grant targets the TAY population and will become operational in FY 18-19.

Summary data for RISE is presented below.

Age Group	Rollover Clients from FY 16-17	New Clients During FY 17-18	Total Clients Served FY 17-18
0-15	48	157	205
16-25	88	340	428
26-59	237	842	1,079
60+	22	120	142
Totals	394*	1,454*	1,848*

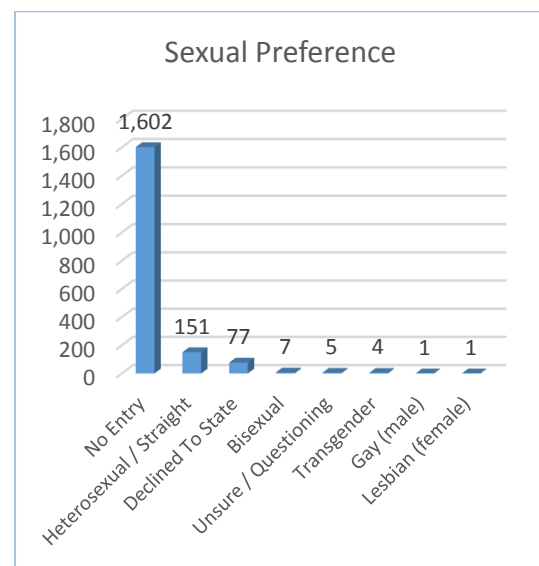
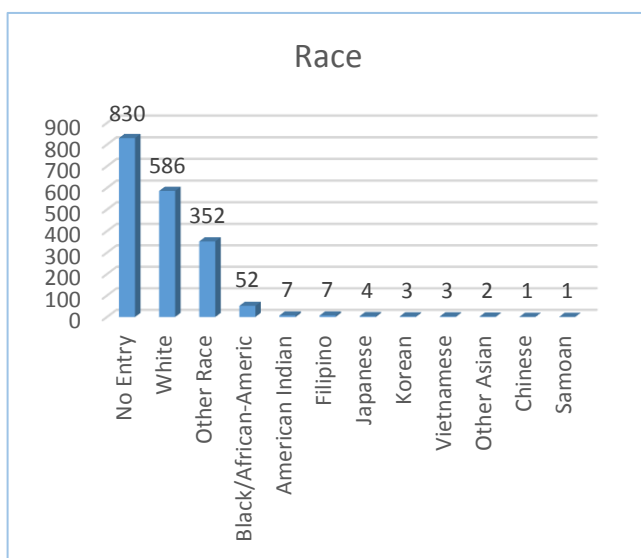
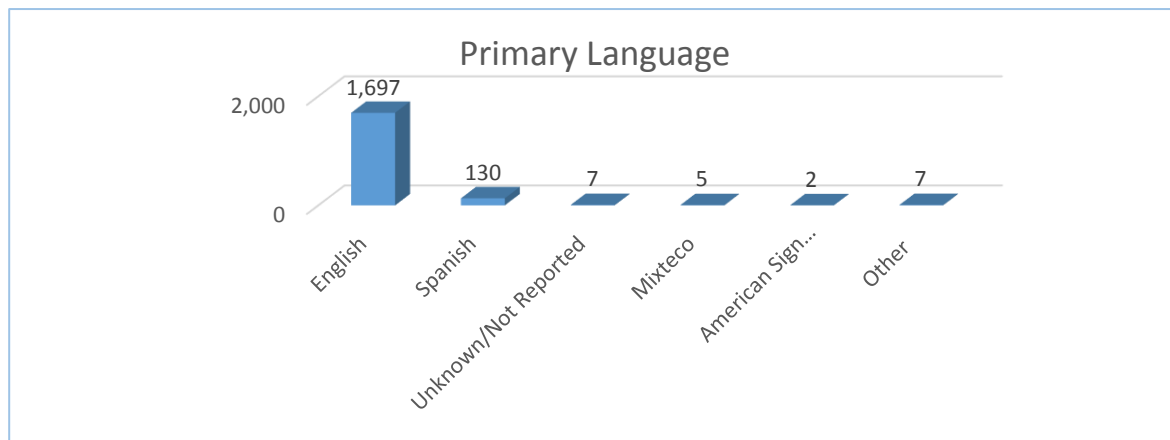
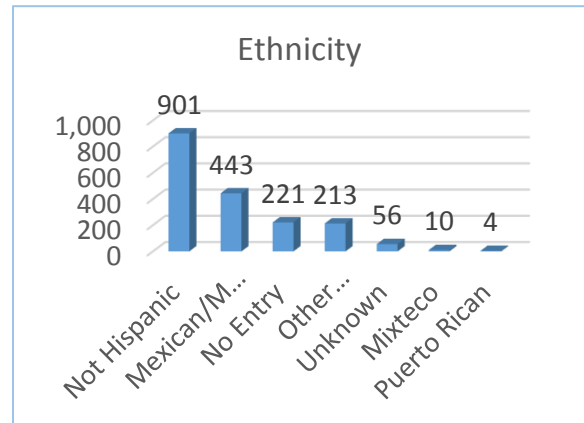
*Counts considered duplicative due to clients falling into more than 1 age group during the reporting year. Total unduplicated clients served is **1,848**.

This program operates across all Ventura County. The chart below shows the numbers served by city.



The demographic data indicates that 997 males and 850 females were served, with one transgender (male to female).

Primary language is shown on the right, while preferred language entries were minimal (1847 had no entry). Ethnicity entries were primarily “Not Hispanic” and approximately 36% either “Mexican-American”, “Other Hispanic or Latin” and “Mixteco” as seen below, while race was not entered in 45% of the counts (32% entered “White”). Chart is below.



Below is a description of the programs under this category.

Rapid Integrated Support and Engagement (RISE)

Population Served: The primary populations include homeless clients, post-psychiatric inpatient hospital clients and other underserved populations.

Program Categories & Strategies: Outreach & Engagement, General System Development

Description: The RISE program is funded by the Investment in Mental Wellness Act of 2013, through the MHSOAC SB 82 Triage Grant. The RISE team members provide multiple services including extensive County-wide outreach to clients who are at risk of a mental health crisis, currently experiencing or at risk of re-experiencing a mental health crisis. The primary goal of the program is to successfully link clients to the appropriate level of mental health care by providing robust transitional case management and clinical services in a field setting. The primary target groups are those who traditionally “fall through the cracks” without special intervention. Service points (locations) include emergency rooms, jails, psychiatric hospitals, crisis stabilization programs, homeless shelters, and clinics. Another feature of this program is the “warm” handoff approach it uses to ensure successful client navigation through the mental health system of care.

This program was evaluated in accordance with grant requirements. See Appendix C for evaluation.

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

Office of Health Equity and Cultural Diversity Targeted Outreach

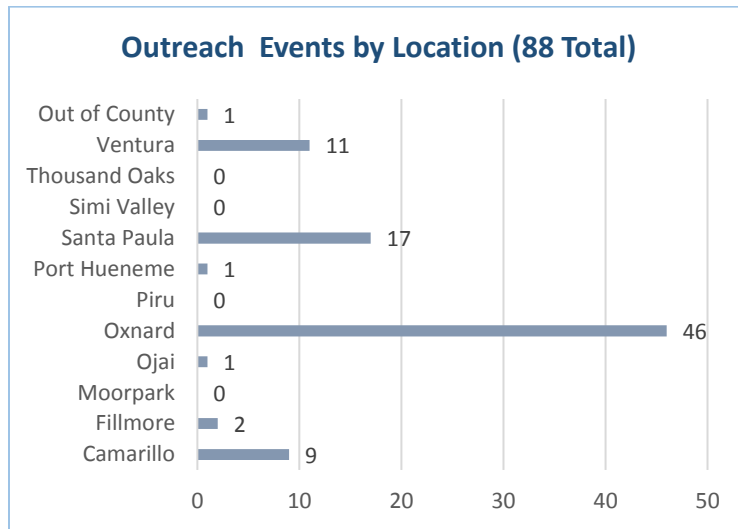
Population Served: County identified as unserved or underserved, especially the County Spanish-speaking population.

Program Categories & Strategies: Outreach & Engagement

Description: This effort uses the Office of Health Equity and Cultural Diversity to build stronger connections with the community through ongoing community outreach efforts aimed at informing local communities regarding available services and access processes and procedures. This table below is a summary for Office of Health Equity and Cultural Diversity Targeted Outreach.

Program Highlights: FY 17-18	
Program Activities and Reach	
•	88 Total number of Events
•	7,168 Estimated number of attendees at event
•	6,545 Publications distributed
•	21 Presentation delivered
•	58 Events with a primarily Spanish Speaking/Latino Outreach Audience

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



Outreach & Engagement Successes: DS is a homeless 53-year old divorced female who made it to Ventura on the train from Illinois. She arrived here alone, set up camp and decided this is where she would make her home. She survived the elements for at least five years, sleeping on the pier, under the pier, at park under the big oak tree and made her way up by boardwalk and parking structure. DS is very small in stature, weighs about 90 lbs., looks older than her stated age. Despite her resilience and strength to survive in the elements, it was apparent, her mind and body were struggling.

The Ventura Police Task force, downtown businesses, park ambassadors and those visiting downtown area became familiar with DS. She was disheveled, wearing layers of dirty clothing, unbathed, sometimes friendly, and smiling but not making any sense to those who engaged in conversation. RISE was called to help her get connected to VCBH services. A RISE Clinician completed an assessment and determined she was appropriate for services. RISE engagers determined she qualified for services as she was, exhibiting delusional behavior and functional impairments resulting in law enforcement contact.

Community partners came together to help DS and provided a myriad of services to create a path to wellness and safety. She is currently attending group wellness sessions using public transportation, meets with her case manager once a week, attending to her medical needs, obtained her State identification card, has a cell phone and is using funds to shop for herself. She also continues to be compliant with her medications and sees psychiatrist once per month.

Challenges with Mitigation: None.

General System Development

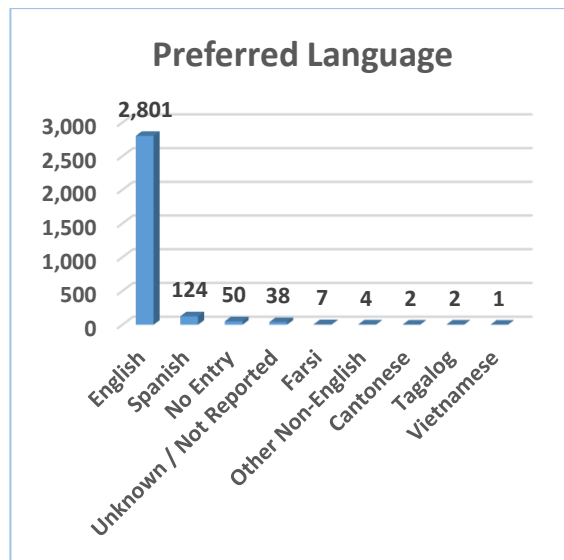
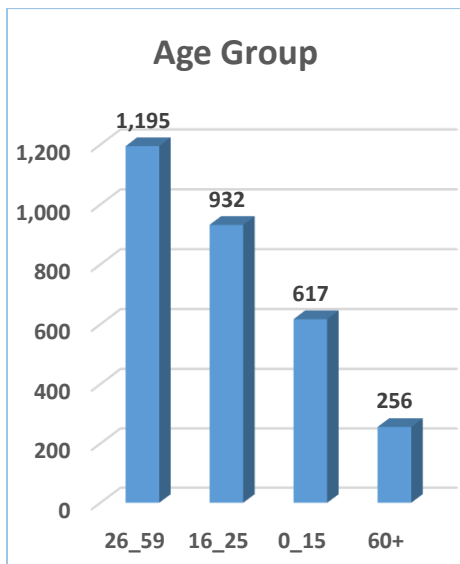
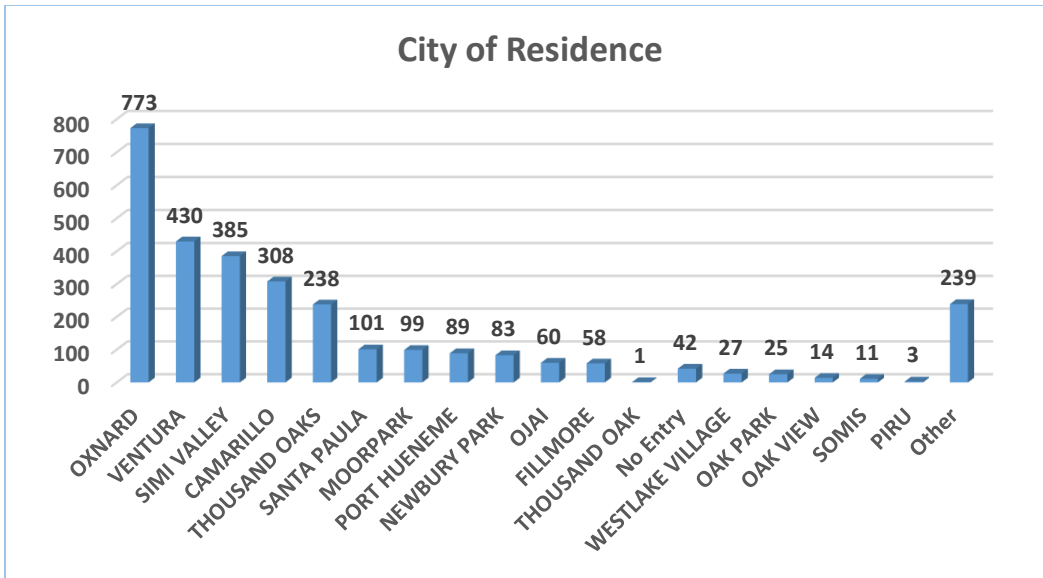
This category under CSS funds programs to improve programs, services, and supports for target populations, including those qualifying for Full-Service Partnerships, and other clients consistent with MHA target populations. Additionally, there is always a constant and concerted effort to improve and transform systems of care using clients and families. Services under this category include mobile crisis intervention and stabilization, treatment, peer support, education and advocacy services. These programs are also designed to promote interagency and community collaboration, and develop values-driven, evidence-based and promising clinical practices to support populations with mental illness and emotional disturbance.

This category achieves its objectives using 4 specific programs and are described later in this section. They are the VCBH Crisis Team, COMPASS, Children’s Crisis Stabilization Unit, and Crisis Residential 24-Hr Program. The majority of services provided include crisis intervention and stabilization, along with any other services offered during temporary stays at facilities. Tables below depict a summary of all 4 programs combined.

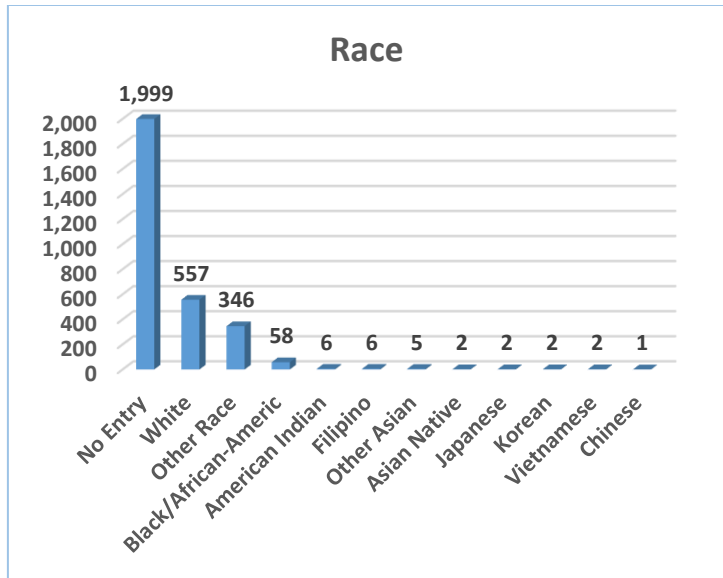
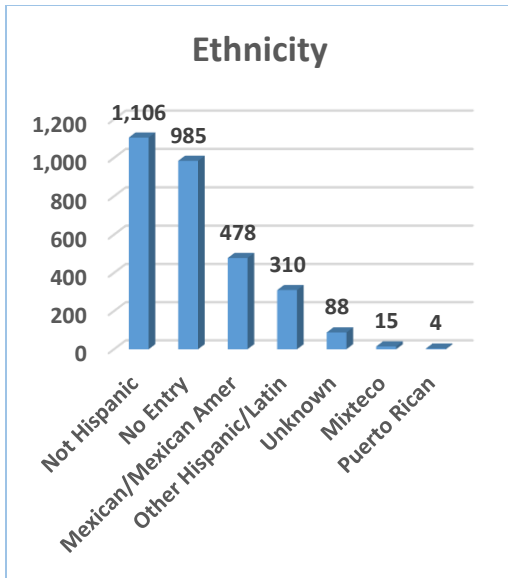
Age Group	Rollover Clients from FY 16-17	New Clients During FY 17-18	Total Clients Served FY 17-18
0-15	140	477	617
16-25	153	779	932
26-59	225	970	1,195
60+	29	227	256
Totals	543*	2,443*	2,986*

* Counts considered duplicative due to clients falling into more than 1 age group during the reporting year. Total unduplicated clients served is **2,986**. This table only indicates client claiming Ventura County as their residence. There were 239 served residing out-of-county. These are not represented in the demographic below.

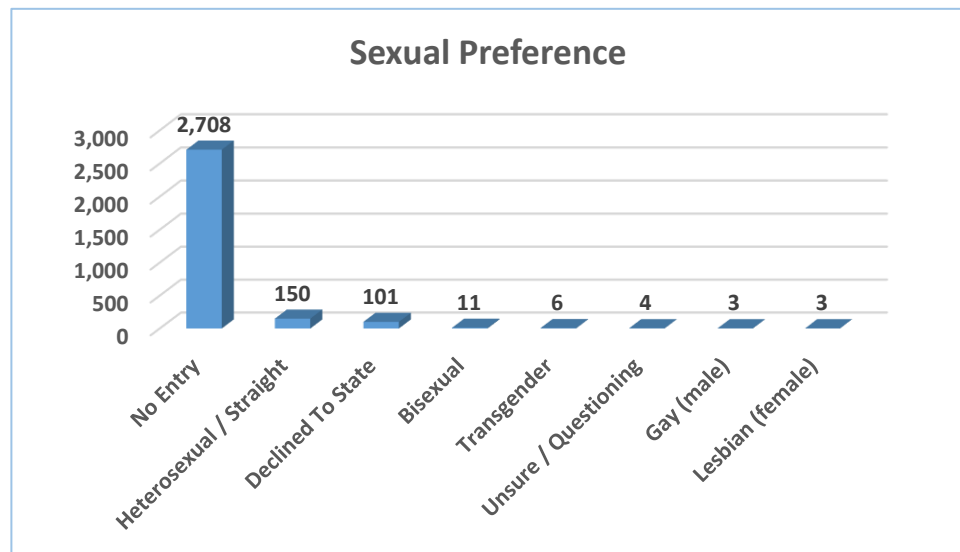
This tables below summarize the Crisis Intervention and Stabilization area. The chart below displays the county-wide spread for the 2,986 clients served. Of those served, 1,324 reported as male, 1,657 as female, 3 transgender and 2 unknown. The age distribution and preferred language are indicated in the charts below.



Ethnicity, race and sexual preference charts are below, with a significant number of “no entry”, thus unable to distinguish the service spread in these 3 demographic areas.



Sexual preference selections were not captured successfully as there were 2708 “No Entry”.



Below is a description of the programs under this category.

County-Wide Crisis Team (CT)

Population Served: The CT serves all age groups.

Program Categories & Strategies: General System Development – Crisis Intervention and Stabilization & Advocacy

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.

Crisis Stabilization Unit (CSU)

Population Served: Youth ages 6-17 years experiencing a crisis.

Program Categories & Strategies: General System Development – Crisis Intervention and Stabilization

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

Comprehensive Assessment and Stabilization Services – Acute Care (COMPASS)

Population Served: Youth ages 12-17 years experiencing a crisis.

Program Categories & Strategies: General System Development – Crisis Intervention and Stabilization

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

This program was examined for alignment to regulations and it was determined that it was a better fit in the Early Intervention category under PEI. Additionally, it facilitates a more thorough assessment and evaluation of the early intervention aspect of this intensive program and County efforts. It further allows capturing hospital recidivism of youth with the expectation and goal of no longer requiring entry into the County system of care.

Successes: None.

Challenges with Mitigation: None.

Individual Needs Assessment

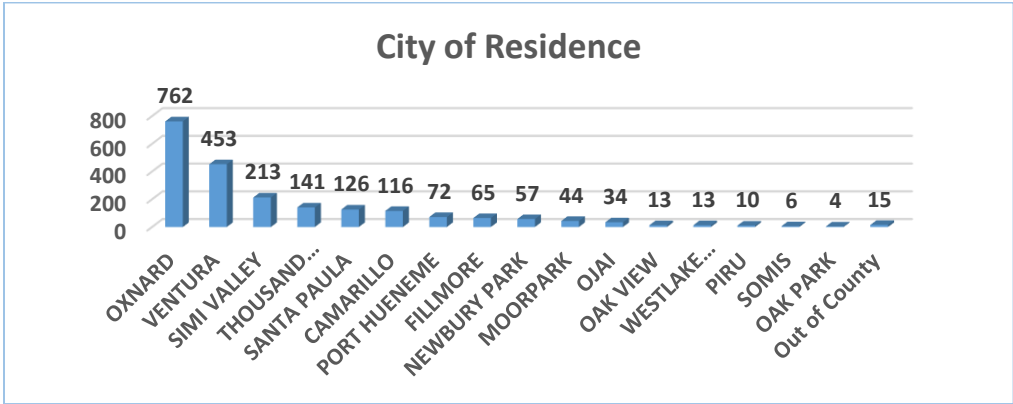
STAR (Screening, Triage, Assessment, Referral)

This category provides the client mental health needs assessment aspect of General System Development. Below is a summary of program highlights.

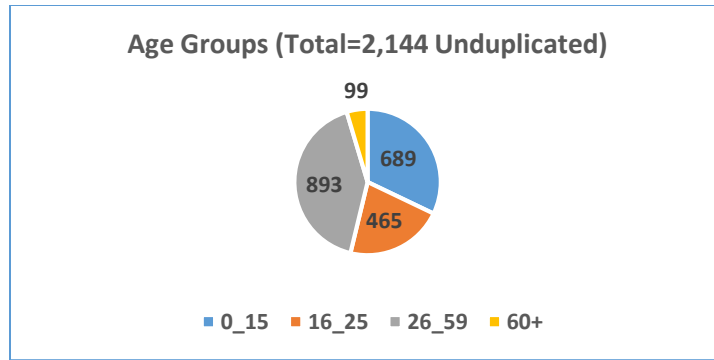
Age Group	Rollover Clients from FY 16-17	New Clients During FY 17-18	Total Clients Served FY 17-18
0-15	96	593	689
16-25	78	387	465
26-59	116	777	893
60+	9	90	99
Unduplicated Totals	299*	1,845*	2,144*

* Counts considered duplicative due to clients falling into more than 1 age group during the reporting year. Total unduplicated clients served is **2,144**.

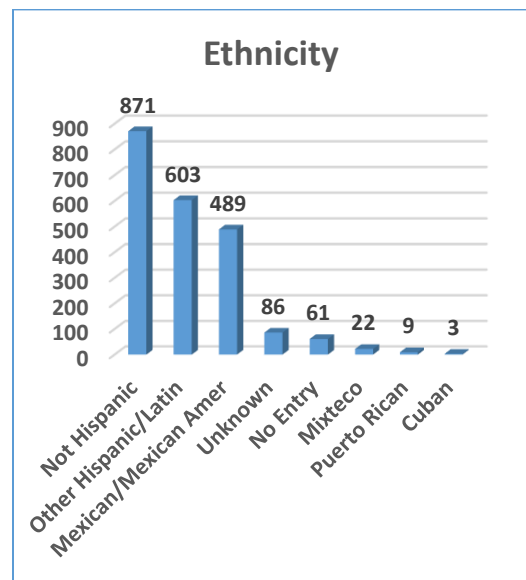
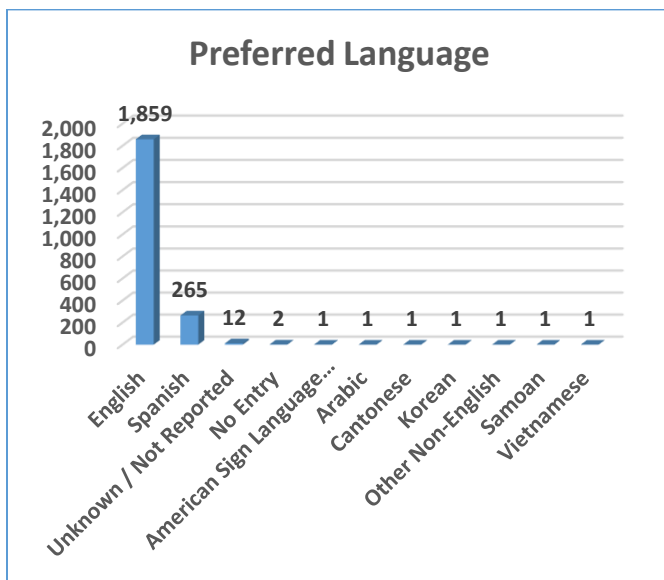
As shown on the chart below, STAR clients are from various cities in the County and primarily from Oxnard.



The age groups are displayed below. One transgender client was served, 1,058 males and 1,084 females. One gender was reported as “unknown”.



Preferred language was primarily English at 87% and Spanish was 12% as shown in the chart below. Approximately 51% reported as other Hispanic/Latin or Mexican/Mexican American ethnicities, and 41% as Not Hispanic.



The top 3 services provided by (over 2,000 clients each) this program are Assessment, /Evaluation, Plan Development, and Paperwork Completion.

Below is a description of the program under this category.

Screening, Triage, Assessment, and Referral (STAR)

Population Served: Serves all ages who have the potential for entering the County’s behavioral healthcare system.

Program Categories & Strategies: General System Development – Needs Assessment

Description: This program coordinates access so that clients receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally-sensitive manner County-wide. This program has increased the County’s ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to unserved and underserved individuals. In

In addition to providing assessment services in every regional VCBH clinic in the County, 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.

Successes: None.

Challenges with Mitigation: None.

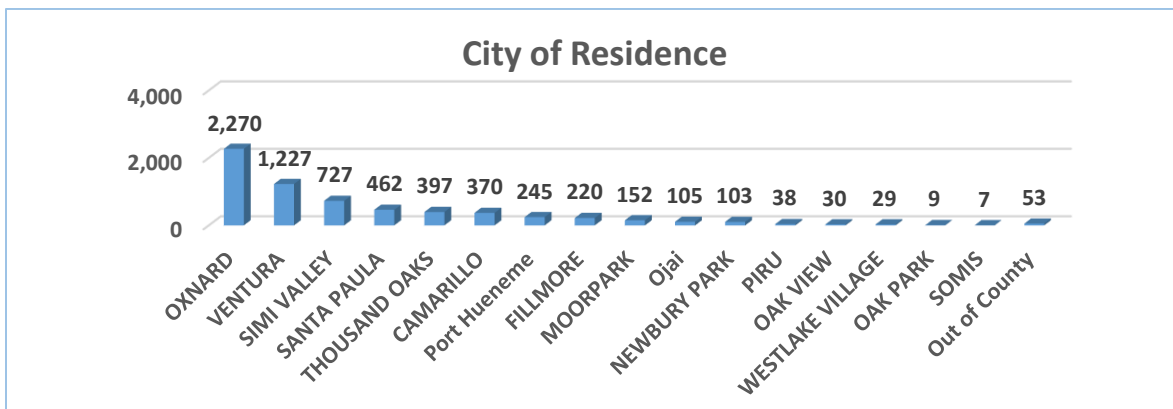
Mental Health Treatment – Non-FSP

This section describes the treatment services under General System Development component. This table below represents counts per age group for all treatment (Non-FSP) services.

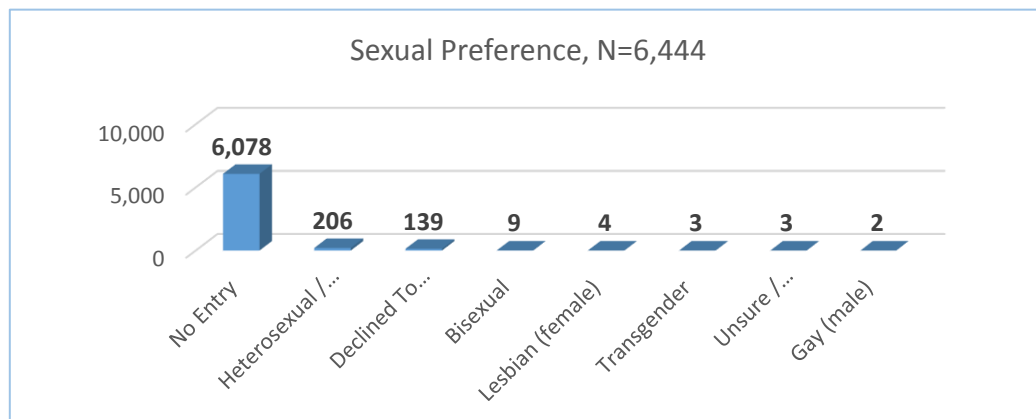
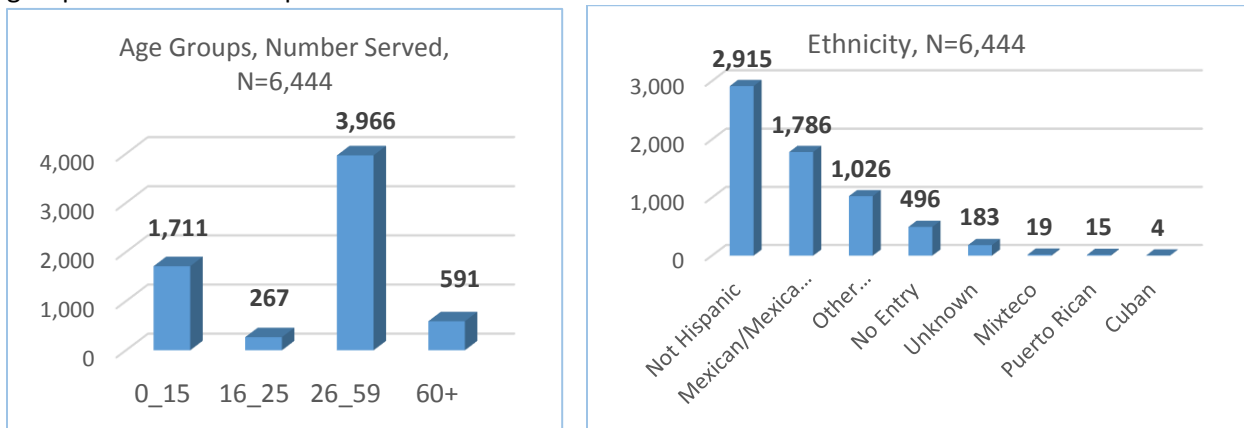
Age Group	Rollover Clients from FY 16-17	New Clients During FY 17-18	Total Clients Served FY 17-18
0-15	995	716	1,711
16-25	129	138	267
26-59	2,681	1,285	3,966
60+	470	121	591
Unduplicated Totals	4,210*	2,234*	6,444*

* Counts considered duplicative due to clients falling into more than 1 age group during the reporting year. Total unduplicated clients served is **6,444**.

As can be seen in the chart below, most clients were in Oxnard and Ventura.



Of the 6,444 served, there were 3,233 self-reported as male, 3,210 as female and 1 transgender (male to female). There were 5,587 who preferred English, 758 preferred Spanish, 55 preferred other languages, 62 didn't report or entered preferred language, and others reported more than one language. The age group distribution is depicted in the chart below.



Services received by clients include plan development, medication support, paperwork completion, case management, outreach evaluation, assessment and therapy with and therapy. The programs supporting the treatment category are described below.

Ventura County Behavioral Health Youth and Family Treatment – Fillmore Community Project

Population Served: Serves ages 0-15 and families

Program Categories & Strategies: General System Development – Mental health treatment, including alternative and culturally specific treatments.

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

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

Population Served: Serves TAY (16-25).

Program Categories & Strategies: General System Development – Mental health treatment, including alternative and culturally specific treatments.

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

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

Ventura County Behavioral Health Adult Treatment System

Population Served: Serves between 25 and 59 years old

Program Categories & Strategies: General System Development – Mental health treatment, including alternative and culturally specific treatments.

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

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

Ventura County Behavioral Health Older Adult Treatment – Adult Treatment Tracks

Population Served: Serves all ages over 59 years of age

Program Categories & Strategies: General System Development – Mental health treatment, including alternative and culturally specific treatments.

Description: The description for Older Adult System of Care falls under the Adult Treatment tracks (Non-FSP) above.

Successes: None.

Challenges with Mitigation: None.

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.

Quality of Life (QoL)

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

Program Category: General System Development – Peer Support and Supportive Services

Description: The QoL program stemmed from an innovation project that proved successful. The program was established to provide residents living in board and care facilities with meaningful non-clinical activities in order to enhance and enrich their lives. Board and care facilities are often described to be depressing and lonely and can further isolate the residents within these facilities. Through the implementation of a Peer Model approach in service delivery, the staff is able to connect with and relate to the residents within these facilities in an effective manner. QoL program staff works to engage all residents within the board and care sites through extensive one-on-one interactions in order to build relationships and enhance their sense of connectedness and help to manage their symptoms, to the extent possible. The QoL program staff provides varied and tailored activities suited for the residents within each facility. QoL will adopt a new outcomes survey next year to improve individual improvement tracking over time. Additionally, additional peer support services have been added to supplement this program.

Clients were surveyed during FY 17-18 to capture their feedback in the form of a Client Satisfaction Surveys. The surveys were administered for 30 consecutive days during FY 17-18. The results are displayed below.

Item Description	% That Agree (n=127)
Staff were sensitive to my cultural background.	85%
Services were available in my preferred language	84%
I was able to get connected to services I thought I needed.	75%
Overall, I am satisfied with the services I received.	94%
I would recommend these services to a friend or family member.	79%
I am happy with the friendships I have.	73%
I have people with whom I can do enjoyable things.	86%
I do better in social situations.	80%
My housing situation has improved.	71%
I feel I belong in my community.	83%
I feel better about myself.	83%
I am better able to handle things when they go wrong.	79%

This table below reflects a summary of activities and results for Quality of Life.

Program Highlights: FY 17-18	
<p>Program Activities and Reach</p> <ul style="list-style-type: none"> • 190 program participants • 8,894 one on one interactions with residents • 2,639 Group activities 	<p>Participant Demographics and Outcomes</p> <ul style="list-style-type: none"> • 85% of participants graduate from their WRAP class • The overall number of Isolated individuals dropped steadily during the first 12 months of service • The number of individuals integrated into the community increased during the first 12 months of services

Client Network

Population Served: SPMI individuals in recovery

Program Category: General System Development – Peer Support, Supportive Services

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. Through participation in stakeholder groups, meetings, workshops, and conferences, the Client Network actively participates in shaping mental health policy and programming at the local and state level. Clients present at meetings, workshops, and conferences (for which they also provide financial sponsorship) where their voices have not traditionally been heard. The program includes peers that provide individual client support, resources and referrals, and collaboration with community partners. The two tables below represent a summary for Client Network, including Client Satisfaction Surveys and program highlights.

While attempting to capture client feedback using the Client Satisfaction Survey, it was found that many of the questions had a “not applicable” or “neutral” response which slightly skewed the percentages to be lower as indicated in the table below. The surveys were administered for a period of 30 consecutive days during FY 17-18.

Item Description	% That Agree (n=16)
Staff were sensitive to my cultural background.	84%
Services were available in my preferred language	84%
I was able to get connected to services I thought I needed.	84%
Overall, I am satisfied with the services I received.	64%
I would recommend these services to a friend or family member.	78%

A summary of results is listed below as they apply to this program.

Program Highlights: FY 17-18	
<p>Program Activities and Reach</p> <ul style="list-style-type: none"> • 235 program participants (duplicated) • 174 Unduplicated members • 42 New Members added • 23 unique participants receiving one on one support in the field or at home. • 142 advocacy activities were attended by a Client Network Advocate 	<p>Participant Supportive Services</p> <ul style="list-style-type: none"> • 660 bus passes distributed • 20 gas cards • 25 outreach activities • 12 individuals sent to be advocates at conferences

Successes: None.

Challenges with Mitigation: None.

Peer Services Coordination & Case Management

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

Transformational Liaison

Population Served: SPMI seeking or receiving treatment and their families

Program Category: General System Development – Family Education and Improvement of the county mental health services delivery system.

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

The table below is summarizing the Transformational Liaison activities and outcomes. This program did not utilize the Client Satisfaction Survey but used the results of an existing program survey to capture participant satisfaction.

Program Highlights: FY 17-18

Program Activities and Reach	Participant Outcomes
<ul style="list-style-type: none"> • 312 program participants • 235 New Clients • 47 participants receiving individuals contact 	<ul style="list-style-type: none"> • 98% of survey participants found the orientation helpful • 99% of survey participants agreed they felt more comfortable coming to VCBH because of the orientation • 97% of survey participants agree they know more about VCBH programs because of the orientation

Family Access and Support Team (FAST)

Population Served: SED youth, adolescents and their families

Program Category: General System Development – Peer Support, Family Education, and Personal Services coordination.

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

The Client Satisfaction Survey was administered for a duration of 30 consecutive days. The results are listed in the table below.

Item Description	% That Agree, n= 92
Staff were sensitive to my family's cultural background.	92%
Services were provided to my family in our preferred language	100%
My child was connected to services that were right for them	92%
Overall, I am satisfied with the services we received.	96%
I would recommend this program to a friend or family member.	96%
My child gets along better with family members	63%
My child gets along better with friends and other people	62%
My child is doing better in school	60%
My child is better able to cope when things go wrong	53%
My child is better able to do things he or she wants to do	59%
I am aware of when I need to ask for help for my child	92%
I know where to find help when my child is having a problem	90%
I believe treatment can help people with mental illness lead normal lives	88%
The parent partners are generally caring and sympathetic to people with mental illnesses	95%

In addition to the client satisfaction survey, additional data was captured as shown in the table below.

Program Highlights: FY 17-18	
<p>Program Activities and Reach</p> <ul style="list-style-type: none"> • 362 unduplicated program participants • 210 new program participants • 92 additional community clients received linkage and referrals services 	<p>Participant Demographics (excludes parent count)</p> <ul style="list-style-type: none"> • 61% of clients are Hispanic • 57% of youth are male • 43% of youth are female
<p>Participant Outcomes Parents saw an increase in problem-solving skills and ability to mobilize resources, along with SED parent role satisfaction.</p>	

Successes: None.

Challenges with Mitigation: None.

Family and Mental Health Provider Education, and Support Services

Another aspect of General System Development is the provision of family and provider education, and support services. The intent of this is accomplished through the provision of 3 programs described below.

National Alliance on Mental Illness (NAMI) Education Services

Population Served: SPMI individuals and their family members

Program Category: General System Development – Family and Mental Health Provider Education, and Support Services

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

(1) Familia a Familia (FAF): FAF is a series of 12 weekly classes held in Spanish for the caregivers of those with a mental illness. The course provides psychoeducation as well as skill-building for self-care and peer support.

(2) Provider Education Program (PEP): PEP is an evidence-based practice designed to educate those in direct service in the mental health field about the client experience.

(3) Friends in the Lobby (FITL): FITL is a program where individuals who are experiencing a loved one being hospitalized for a mental health crisis greet others going through the same experience in the lobby of Hillmont Psychiatric Unit or Vista Del Mar. The NAMI staff members provide support and resources to visitors that engage in the program during a stressful time.

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

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

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

Program Highlights: FY 17-18	
<p>Program Activities and Reach</p> <ul style="list-style-type: none"> • 928 program participants • 44 individuals trained in Familia a Familia • 69 professionals were trained in the PEP course • 908 individuals were served by the FITL program 	<p>Participant Outcomes</p> <ul style="list-style-type: none"> • 80% of participants in the FAF program reported they were comfortable talking with others about their loved ones' illness on the post-test. • 80% of participants in the FAF program reported feeling empathy and understanding when their loved one with mental illness experiences unusual behavior in the post-test.

Successes: None.

Challenges with Mitigation: None.

Transportation Support Services

Transportation is another key area whereby client visits are facilitated, thus improving show rates. VCBH actively encourages access by providing such services.

Client Transportation Program

Population Served: SPMI individuals in treatment

Program Category: General System Development – Transportation Support Services, Improve county mental health service delivery system for all clients and their families.

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.

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

*The following numbers are duplicated passenger counts.

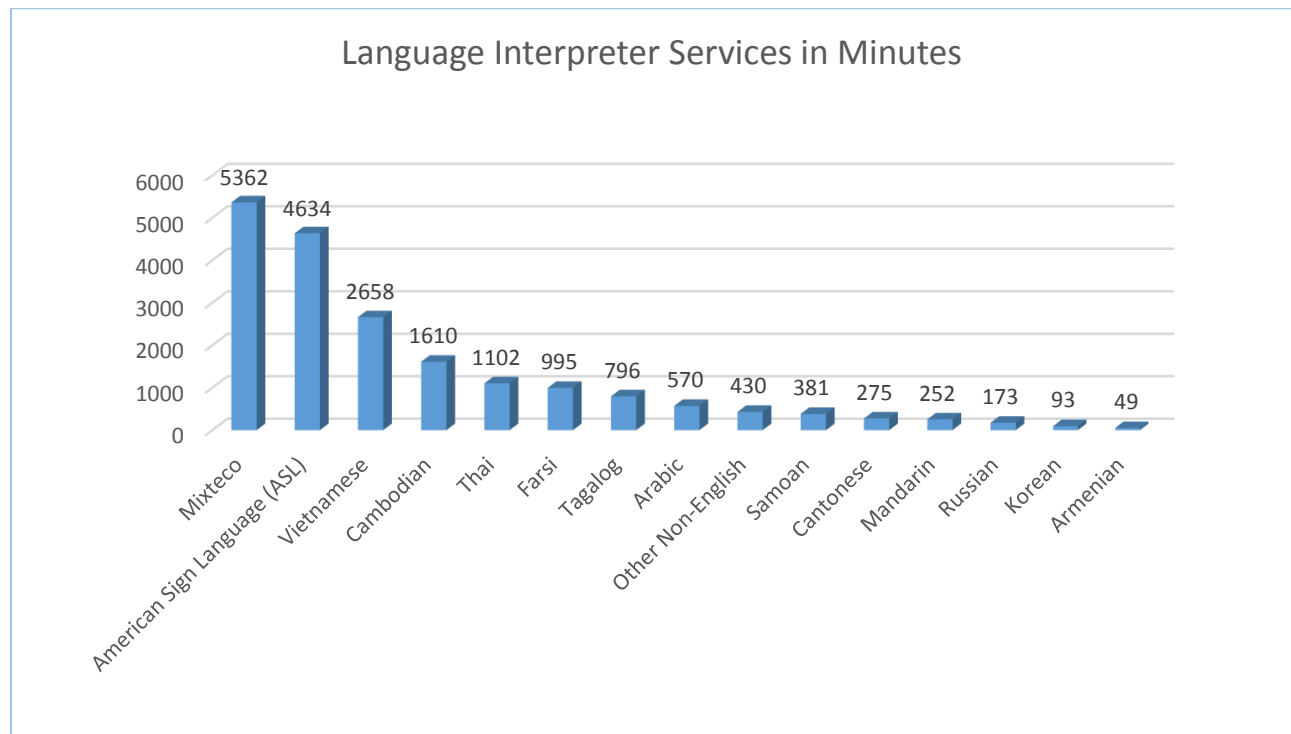
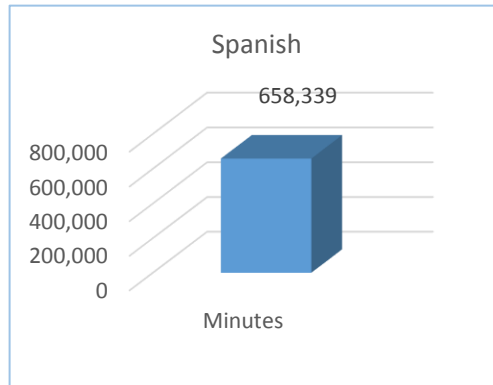
Successes: None.

Challenges with Mitigation: None.

Linguistics Competence Services

One of the MHPA 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.

Below is a graph of the various languages and minutes of interpretation services. The first graph is Spanish and shown separately for visual purposes. Since Spanish is the County threshold language, it is obvious that most resources were dedicated to this population. However, the County is available to offer services in many more languages as seen in the second graph.



Translation Service – Language Access Service (Interpreters: Spanish, Mixtec, Deaf and Hard of Hearing (DHH))

Population Served: Individuals and family members in treatment

Program Category: General System Development – Improve county mental health service delivery system for all clients and their families.

Description: The County ensures that no individual or family suffers due to language or cultural barriers to care by providing culturally-sensitive translation services. Below are specific translation and interpretation services provided, along with the spread of associated investments.

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

Successes: None.

Challenges with Mitigation: None.

Housing

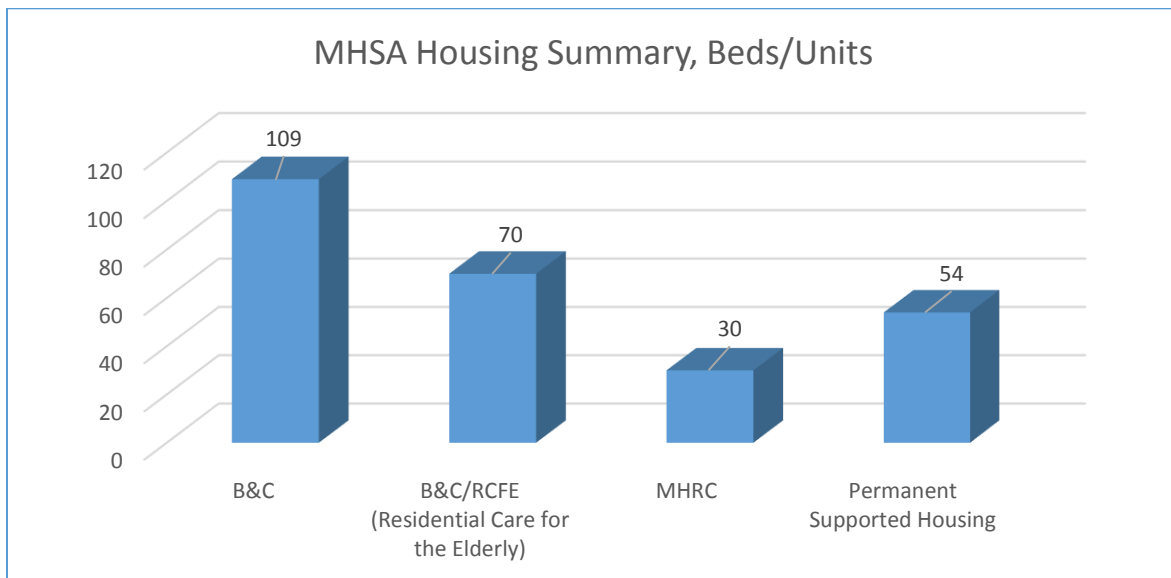
The Housing category under CSS embodies both the individual and system transformational goals of MHSa through collaboration of County organizations and resources to ensure that consumers have access to an appropriate array of services and supports. One of these services is the provision of housing options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

VCBH MHSa Housing Support Program

Population Served: TAY, Adults and Older Adults receiving mental health treatment services that are either homeless or at risk of homelessness

Program Category: Housing

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



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

Facility Name	Housing Type	Beds/Units
Brown's Board & Care	B&C	9
Cottonwood Residential	B&C	21
La Siesta Guest Home	B&C	33
Saundra's Board & Care	B&C	4
Sunrise Manor	B&C	42
Elm's Residential	B&C/RCFE (Residential Care for the Elderly)	39
Hickory House	B&C/RCFE (Residential Care for the Elderly)	31
Telecare Corp. Casa B	Temporary Transitional Housing	10
Telecare Corp. Casa C	Temporary Transitional Housing	10
Telecare Corp. Casa D	Temporary Transitional Housing	10
Hillcrest Villa Apartments	Permanent Supported Housing	15
Paseo De Luz	Permanent Supported Housing	24
Paseo Del Rio	Permanent Supported Housing	5
Paseo Santa Clara	Permanent Supported Housing	10

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

MHSA Housing Projects	Housing Type	Current Supported Units
Hillcrest Villa Apartments-Thousand Oaks	Permanent Supported Housing	15
La Rahada- Simi Valley	Permanent Supported Housing	8
Peppertree- Simi Valley	Permanent Supported Housing	11
D Street Apartments- Oxnard	Permanent Supported Housing	7
Paseo De Luz- Oxnard	Permanent Supported Housing	24
Total Permanent Units		65

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

Successes: None.

Challenges with Mitigation: None.

Prevention and Early Intervention (PEI) Highlights for FY 17-18 Services

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

On July 1, 2018, PEI regulations were considered final and applied toward FY 2017-18. This resulted in 5 required program categories and 3 strategies to be imbedded across all programs. Ventura County categorized all PEI programs to align with regulations' requirements and definitions. The required program types are prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment and stigma and discrimination reduction. Suicide prevention and improving timely access to services for underserved populations became optional categories. Additionally, all PEI programs must be 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 outlines the County programs and their alignment with the regulations.

Programs Serving Individuals or Families At Risk of or in Early Onset of Mental Illness, FY 17-18

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

*In addition to possibly being "program" categories, these are required "strategies" imbedded in all PEI programs. (A "program" in the PEI regulations is defined as a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system. A "strategy" in the PEI regulations is defined as planned and specified methods within a Program intended to achieve a defined goal.)

+Optional program category according to PEI regulations

The table below represents the number of individuals served or trained by PEI programs and within geographic region. All funded PEI programs are included, with the exception of Wellness Everyday, a public education campaign.

FY 17-18 NUMBER OF INDIVIDUALS SERVED OR TRAINED BY PROGRAM AND COST

	# Served *	Total Cost / Program	Cost per Participant/Year
One Step A La Vez	225	\$54,093	\$240
Project Esperanza	187	\$54,093	\$289
Tri-County GLAD**	6	\$56,307	\$9,385
Rainbow Umbrella	142	\$48,396	\$341
Primary Care Integration	430	\$299,063	\$696
Promotoras Program – MICOP	380	\$61,471	\$162
Promotoras Program – PYPF	209	\$31,511	\$151
VIPS***	70	\$920,266	\$13,147
Adult Wellness Center	468	\$688,601	\$1,471
TAY Wellness Center	285	\$554,762	\$1,947
Crisis Intervention Team (CIT)	137	\$105,446	\$770
Positive Behavior & Intervention Support (PBIS)	1346	\$10,754	\$8
Restorative Justice	54	\$10,754	\$199
safeTALK	700	\$43,015	\$61
MHFA	381	\$23,894	\$63
Wellness Everyday Website (Incl. Social Media Outreach)	N/A	\$105,037	N/A
Totals:	5,020	\$3,067,463	

* Unique individuals directly served by provider programs in FY 17-18 and may include some referrals to services but excludes outreach for program promotion.
 **Tri-County Glad focuses on Social Media reach through Facebook and YouTube videos. For the fiscal year TC Glad averaged 4,135 Facebook visits per month, as well as 190 views of their videos on YouTube per month.
 ***VIPS number is reported larger here than in Appendix E due to clinical data being available after fiscal year end, which accounts for a total served of 5,020 instead of 4,960.

FY 17-18 NUMBER OF INDIVIDUALS SERVED OR TRAINED BY CITY OF RESIDENCE*

Geographic Area	# of Participants	% of Total
Camarillo	13	1%
El Rio	65	4%
Fillmore	97	7%
Moorpark	28	2%
Ojai	20	1%
Oxnard	789	53%
Piru	7	>1%
Port Hueneme	10	1%
Santa Paula	258	17%
Simi Valley	28	2%
Thousand Oaks	40	3%
Ventura	82	6%
Other	45	3%
# of Individuals Served or Trained Across Programs	1,482	

*These figures include all PEI programs evaluated for FY 17-18, except Adult Wellness Center which was not included in this table. Numbers reflect those individuals where city of residence was available.

PEI PROGRAM EVALUATION

EVALCORP Research & Consulting was contracted to conduct an evaluation of all PEI programs. The intent was to understand the impact the 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.

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 5,020 individuals were served in Fiscal Year 2017-2018, including clients and trainees. For information regarding program activities, specific demographics and summary results the reader is referred to Appendix D.

PREVENTION

Prevention Programs

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 2,283 participants were served by Prevention programs in Fiscal Year 2017-2018, not including those outreached to by Wellness Everyday campaigns.

Program Descriptions

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.

TC 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.

Promotoras (Oxnard Area) - 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.

Promotoras (Santa Clara Valley) - 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.

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.

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

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

Wellness Everyday: Provides prevention, suicide prevention, and coping with trauma messaging via online channels.

Prevention Program Successes

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

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

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

Prevention Program Successes and Challenges/Lessons Learned

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

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

Prevention Program Demographics

The tables below provide an overview of the prevention programs. For specific program detail, refer to Appendix E.

Ethnicity	
Hispanic	65%
Non-Hispanic	17%
More than one	7%
Decline to answer	11%

Hispanic Ethnicities			
Mexican	78%	South American	1%
Central American	3%	Caribbean	0%
Puerto Rican	1%	Other	16%

Age	
0-15	10%
16-25	31%
26-59	47%
60+	6%
Decline to answer	6%

Non-Hispanic Ethnicities			
European	20%	Korean	1%
Eastern European	3%	African	7%
Japanese	2%	Vietnamese	1%
Filipino	6%	Other	34%
Middle Eastern	1%	More than one	0%
Asian Indian	1%	Decline to answer	24%

Primary Language**	
English	58%
Spanish	34%
Indigenous	3%
Other	1%
Decline to answer	6%

Race	
American Indian/Alaska Native	3%
Asian	2%
Black	3%
Native Hawaiian/Pacific Islander	1%
White	40%
Other	17%
More than one	11%
Decline to answer	21%

Sex Assigned at Birth	
Female	55%
Male	36%
Decline to answer	9%

Current Gender	
Female	50%
Male	37%
Genderqueer	1%
Questioning	0%
Transgender	1%
Another gender	0%
Decline to answer	11%

Sexual Orientation	
Bisexual	4%
Gay or Lesbian	3%
Heterosexual	59%
Queer	2%
Questioning	1%
Another orientation	2%
Decline to answer	29%

Prevention Program Numbers Served by City*					
Oxnard	53%	Santa Paula	17%	Fillmore	7%
Ventura	7%	El Rio	4%	Camarillo	3%
Port Hueneme	2%	Simi Valley	2%	Thousand Oaks	2%
Moorpark	1%	Ojai	1%	Piru	1%

*1% of program participants served were from other cities

**Percentages may not sum up to 100% as respondents could select more than one response option or may not have entered a response.

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 500 individuals were served in Early Intervention programs in FY 17-18.

Description of Programs

Primary Care Program: Provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

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

Early Intervention Program Success and Challenges/Lessons Learned

Content For this section was not collected.

Early Intervention Program Demographics

The tables below provide an overview of early intervention programs. For specific program detail, refer to Appendix E.

Ethnicity	
Hispanic	65%
Non-Hispanic	17%
More than one	7%
Decline to answer	11%

Age	
0-15	10%
16-25	31%
26-59	47%
60+	6%
Decline to answer	6%

Primary Language**	
English	58%
Spanish	34%
Indigenous	3%
Other	1%
Decline to answer	6%

Race	
American Indian/Alaska Native	3%
Asian	2%
Black	3%
Native Hawaiian/Pacific Islander	1%
White	40%
Other	17%
More than one	11%
Decline to answer	21%

Sexual Orientation	
Bisexual	4%
Gay or Lesbian	3%
Heterosexual	59%
Queer	2%
Questioning	1%
Another orientation	2%
Decline to answer	29%

Sex Assigned at Birth	
Female	55%
Male	36%
Decline to answer	9%

Current Gender	
Female	50%
Male	37%
Genderqueer	1%
Questioning	0%
Transgender	1%
Another gender	0%
Decline to answer	11%

Numbers Served by City*					
Oxnard	53%	Santa Paula	17%	Fillmore	7%
Ventura	7%	El Rio	4%	Camarillo	3%
Port Hueneme	2%	Simi Valley	2%	Thousand Oaks	2%
Moorpark	1%	Ojai	1%	Piru	1%

Specify ethnicity data was not collected by these programs during FY 17-18

*The cities of Camarillo, El Rio, Fillmore, Piru, Port Hueneme, and Santa Paula were not served by these programs.

OTHER

A total of 2,237 individuals were served by Other PEI Programs during FY 17-18. Other PEI Programs include the following 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 as a consequence 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.

Description of Programs

Crisis Intervention Team: Provides training for law enforcement officers 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.

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

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

Mental Health First Aid: National program that teaches how to identify and help someone who is developing a mental health problem or experiencing a mental health crisis.

safeTALK: 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.

Other Program Successes

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

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

Other Challenges/Lessons Learned

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

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

Other Program Demographics

Age	
0-15	10%
16-25	31%
26-59	47%
60+	6%
Decline to answer	6%

Race	
American Indian/Alaska Native	3%
Asian	2%
Black	3%
Native Hawaiian/Pacific Islander	1%
White	40%
Other	17%
More than one	11%
Decline to answer	21%

Sex Assigned at Birth	
Female	55%
Male	36%
Decline to answer	9%

Current Gender	
Female	50%
Male	37%
Genderqueer	1%
Questioning	0%
Transgender	1%
Another gender	0%
Decline to answer	11%

Sexual orientation, language, ethnicity, and city resident data were not collected from participants during FY 17-18
 ***Percentages may not sum up to 100% as respondents could select more than one response option or may not have entered a response.

This concludes the PEI section.

Innovation (INN) Summary

Innovation (INN) projects that were approved in FY 16/17 and FY 17/18 are outlined below.

Current Innovation Projects	Years	Purpose
Healing the Soul	2017-2021	Healing the Soul will introduce a new program approach that evaluates the effectiveness and feasibility of integrating traditional healing practices and Western mental health therapy.
Children's Accelerated Access to Treatment and Services (CAATS)	2017-2020	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.
Suicide Prevention: Bartenders as Gatekeepers	2018-2021	To reduced suicide rates in middle age men through a short-term selective prevention program that consists of targeted advertisements and mental health gatekeeper training for bartenders and alcohol servers focused on this population.
Push Technology	2018-2021	To improve post-discharge outcomes through the employment of mobile ecological momentary interventions (EMI) through automated push technology provided in partnership our local 211 services provider.
Conocimiento: Addressing ACEs through Core Competencies	Planned 2019-2023	Prevention program aiming to utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACES by increasing core competencies and building resilience.

Healing the Soul - Mixteco Research Project

The Mixteco project, Healing the Soul, is an innovative research project that is designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project will introduce 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 then to assess the feasibility of those results to be integrated with the CBT approach for symptoms of stress, anxiety, and depression.

Program Developments: During the first year of the program promotoras from the Mixteco community representing three different pueblos have been trained in research methodology including data collection

methods, qualitative analysis, and the facilitation of focus groups. All focus groups were conducted by the promotoras and led to some promising practices for culturally appropriate engagement methods that were recently published. In year two, community surveys were designed to validate the focus group findings identifying the most common types of traditional indigenous healing methods identified. All 150 surveys were completed by Mixteco community members though extensive outreach efforts. In order to do so, promotoras met the community in laundry mats, grocery stores, events, homes, and schools.

The table below highlights program progress by citing activities accomplished.

Changes: No changes in FY 17/18 and none planned for FY 18/19

Evaluation Data: Please see Appendix E

Program Participant Demographics		Totals	
Men		56	
Women		170	
Participants all identified as Mixteco and identified over 16 different pueblos in Mexico as their point of origin		226	
Activities		Target	Actual
Community Advisory Counsel		10	15
Focus Groups with Elders		20	21
Community Surveys		150	150
Variations of Mixteco		n/a	7
Hours of Translation from Mixteco to Spanish to English		n/a	212

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

The Children’s Accelerated Access to Treatment and Services innovation project proposes to make several significant changes in the way that mental health services are provided to foster youth. VCBH will provide a comprehensive intake process that includes mental health assessments, coordinated interagency service linkages, medication support, and clinical intervention for all youth entering the child welfare system. VCBH perceives that these proposed changes will produce better outcomes for the youth and their families by reducing symptoms of traumatic stress, preventing and/or ameliorating the onset of mental illness through early intervention, improving medication monitoring of youth in treatment and medication education for caregivers, and reducing the overall recidivism rates of youth.

Program Developments: During the first year of the program all associated staff were hired and trained in the CANS assessment. Trainers then trained contractors and specialists in the assessment. Multiple days of interagency mapping between the Human Services Agency, Behavioral Health, and partnering agencies took place to streamline the intake process. During year two A Ventura County version of the CANS was finalized in partnership with the Prade Foundation. VCBH electronic health record database was updated for the new Ventura County CANS. Assessment with the CANS and the 15-day comprehensive intake was planned for launch in January 2018 but due to Thomas Fire was postponed for a staggered launch. Accelerated access for all intakes began February 1, 2018 and CANS assessments started April 1, 2018.

The interagency partnership continues to identify new ways to shorten access periods and grow communicate. Data has recently been reviewed for the first time showing improved access times, promising positive clinical affect, as well as opportunities for more growth.

Changes: Accelerated assessment delayed by one month beginning Feb 1, 2018. CANS assessment also delayed due to the effects of the Thomas Fire began April 1, 2018. No changes planned for FY 18/19

Evaluation Data: See Appendix F

The table below highlights program progress that took place in FY 17/18.

Participants	Time Frame	Totals
Total Referrals	Feb-June 2018	128
CANS Assessments	April-June 2018	59 Intakes 13 Discharges
Males	Feb-June 2018	56%
Females	Feb-June 2018	44%
Mexican/Mexican American	Feb-June 2018	36%
Other Hispanic/Latino	Feb-June 2018	5%
Mixteco	Feb-June 2018	2%
Not Hispanic	Feb-June 2018	12%
Unknown/Not Reported	Feb-June 2018	32%
Highlights		
Average time from referral to assessment (Goal is 10 days)		7.5 days (49% seen in 5 or fewer days)
Total % of youth in dependency eligible for services		95% (Previously 65%)

Suicide Prevention: Bartenders as Gatekeepers

Program Developments: The Bartenders as Gatekeepers project is a short-term selective prevention program that consists of targeted advertisements for men ages 45-64 and mental health gatekeeper training for bartenders and alcohol servers focused on the same population. The media campaign will be developed in conjunction with men who have lived experience to create an interactive website, coasters, and bathroom advertisements. The campaign materials will be distributed in bars and restaurants that serve alcohol in geographic areas with the highest rates of completed suicides. Recruitment for suicide prevention intervention training will take place in these same institutions and locations. The gatekeeper training Question, Persuade, and Refer (QPR), will be offered in the three target areas (Ventura, Simi Valley, and Conejo Valley) where suicide completions have been clustered at the highest rates. The evidence-based one-hour training will be provided during program years one and two of the project timeline. Follow up evaluation will include surveys that take place six months post training to determine whether bartenders and servers are an appropriate target for intervening and preventing suicide.

The table below highlights program progress by citing activities accomplished.

Activities	Date/Time Period
Project idea developed through CPP process	Winter of 2016/2017
Project approved by the Board of Supervisors	April 10, 2018
Project approved by the MHSOAC	July 26, 2018
The project start date	August 1, 2018

Push Technology

The Push Technology project will focus 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 makes 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.

The table below highlights program progress by citing activities accomplished.

Activities	Date/Time Period
Project idea developed through CPP process	Winter of 2016/2017
Project approved by the Board of Supervisors	April 10, 2018
Project approved by the MHSOAC	July 26, 2018
The project start date	August 1, 2018

Conocimiento: Addressing Adverse Childhood Experiences (ACEs) through Core Competencies

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

Workforce Education and Training (WET) Highlights for FY 17-18 Services

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 MHS 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.

Workforce Education and Training (WET)

Workforce Staffing Support

Population Served: N/A

Program Categories & Strategies: WET - Administrative staffing support for VCBH WET programs.

Description: The WET Coordinator provides oversight of WET programs.

This program is no longer active as discussed in previous reports. Supportive activities were decentralized in previous years, and the WET Coordinator is utilizing resources that are not dedicated to WET programming but are available for periodic support as needed.

The WET Coordinator continued to provide oversight of WET programs through FY 2017/18 when the WET programs concluded. Supplemental support was provided by other departments as needed during the final year of the WET plan.

Training Institute

Population Served: Clinical staff

Program Categories & Strategies: WET – Training Activities

Description: The Training Institute is the umbrella entity of training events within VCBH. Training is provided in core competencies, cultural competency and evidence-based practices throughout the year as determined in previous planning sessions. The Training Institute provided clinical staff with a solid foundation of **Cognitive Behavioral Therapy** training and continued to support other clinical training as listed below. The DSM V was implemented throughout the system and a VCBH staff developed a training program and provided it to all staff to assist in the transition to this revised diagnostic manual.

Program Highlights: FY 17-18

Number Trained Per Topic	Accomplishments
<ul style="list-style-type: none"> • Introduction to CBT (60) • Anxiety and CBT (123) • Depression and CBT (91) • CBT for Psychosis (94) • Compassion Fatigue (68) • Motivational Interviewing (158) • PEERS Social Skills Program (60) • Structural Family Therapy (180) 	<ul style="list-style-type: none"> • 43 clinicians have renewed their level as a CBT Diplomat • 12 Diplomats within the department were identified to provide CBT training and began to create instructional materials for future courses • CBT coaches continued to use the fidelity tool to ensure fidelity to the model.

VCBH will continue to sustain CBT training by utilizing department “diplomats” that have been trained as trainers. VCBH will continue to look for funding opportunities through grants and identify department funding sources for other training as needed, but training will no longer be under the auspices of MHSA/WET, as funding expired on June 30, 2018.

Mental Health Career Pathways

Population Served: High School students and College students

Program Categories & Strategies: WET – Mental Health Career Pathways

Description: This program, in the past, has included several subgroups geared toward developing and maintaining a culturally-competent workforce through career pathway development. The majority of these programs have concluded or are no longer being funded.

A grant through OSHPD was received to fund a career pipeline program for high school and undergraduate students. This grant provided mental health career information and support in addition to mentoring of high school students from underserved communities.

Program Highlights: FY 17-18

Details	Accomplishments
<ul style="list-style-type: none"> • 13 high school students were recruited from Santa Paula and Fillmore High Schools • This region was selected to support engagement of culturally diverse students from an underserved region within the County • Students participated in a variety of activities and received mentorship in mental health careers 	<ul style="list-style-type: none"> • Chaperoned participants to Latino Behavioral Health Conference in May 2018 • VCBH clinicians provided individual mentorship to the participants regarding careers in mental health • Participants attended an exploratory workshop regarding mental health careers

There is no longer funding to support community outreach and career pipeline programs. Alternative funding sources to fund programs will be explored, when possible, but there are no ongoing programs planned for subsequent years after FY 2017/18.

Residency and Internships Programs

Population Served: Graduate and undergraduate students enrolled in programs for mental health professions.

Program Categories & Strategies: WET – Residency and Internship Programs

Description: The department continued to provide training sites for students to gain clinical fieldwork experience. The internship programs served students that were enrolled in a variety of educational programs which included doctoral programs in Psychology, Masters of Social Work (MSW), Marriage and Family Therapy (MFT), MFT/Art Therapy, Psychiatric Mental Health Nurse Practitioner (PMHNP), and undergraduate degrees in Psychology or Sociology. The internship programs supported the goal of developing a competent, well-trained workforce with a focus on culturally sensitive services and wellness, recovery, and resilience.

This continues to be a large and vibrant internship program. The student population was diverse across all the training programs and this helped to enhance the culturally sensitive services for our client population.

Program Highlights: FY 17-18	
Details	Accomplishments
<ul style="list-style-type: none"> • 52 student interns/volunteers participated in the departments clinical training programs • The department maintained approximately 30 MOU's with various educational institutions from the area as well as out of state that have distance learning or online programs. • Clinical staff received support and supervision training during the year. 	<ul style="list-style-type: none"> • 33% of participants were fluent in Spanish • Accessibility to services for mono-lingual Spanish Speaking clients was increased • 17 new clinical supervisors were trained with a 15-hour introductory supervision course.

Funding for student stipends was derived from CSS since WET funding is no longer available. This funding provided stipends for students that are fluent in Spanish. These stipends helped to facilitate the ongoing recruitment of students that are bilingual, bicultural and/or able to meet the needs of hard-to-fill positions. Clinical training opportunities will continue to be provided to graduate students, but the costs associated with the supervision and staffing of the internship programs will be covered by individual clinic budgets. Through excellent clinical training, these internship programs will aid in ongoing recruitment of students that are bilingual, bicultural and/or able to meet the needs of hard-to-fill positions.

Financial Incentive Programs

Population Served: Graduate students, staff, clients, family members seeking advanced degrees in the mental health field, Psychiatric Mental Health Nurse Practitioners (PMHNPs)

Program Categories & Strategies: WET – Financial Incentive Programs

Description: This program included several financial incentive programs. First, educational stipends were provided for select categories of clinical training opportunities such as graduate students that are fluent in the County's threshold language of Spanish, the Psychiatric Mental Health Nurse Practitioners (PMHNPs) training program, and MHA Internship program. The second type of financial incentive program was a scholarship program for current staff, clients, and family members that are interested in pursuing advanced degrees in the mental health field. Applicants that are bilingual in Spanish/English received an advanced standing in the application process. The third type of financial incentive program supported the recruitment and training of PMHNPs. The PMHNP Loan Assistance Program provided funding toward the educational loans of PMHNPs that sought and maintained employment with VCBH. The PHMNP supervisor stipends helped to incentivize psychiatrists and staff PMHNP's to provide the required supervision of the PMHNP students. The grant described above in the Career Pathways section also provided funding for the Mental Health Associate Internship stipends.

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

Program Highlights: FY 17-18

Accomplishments

- **31** students in FY 17-18 received educational stipends
- **55%** of these 31 students were fluent in Spanish
- **7** staff providing psychiatric services received a stipend for clinical supervision of PMHNP students
- **\$36,000** was issued for the PMHNP Loan Assistance Program
- **11** staff of VCBH or CBO's were awarded the Staff Scholarship Program
- **82%** of the selected staff were fluent in Spanish

The WET plan and funding was concluded in FY 2017-18. The staff scholarship program and the loan assistance program will no longer be offered. Clinical training opportunities will continue to be provided to graduate students, but funds for educational stipends will no longer be available through WET funds and the internship programs will no longer be under the auspices of WET. VCBH will continue to encourage bilingual students to participate in the training programs by promoting excellent training experiences. Funding from other sources will be identified to fund a small amount of reduced stipends for students that are fluent in Spanish. This will aid in ongoing recruitment of students that are bilingual, bicultural and/or able to meet the needs of hard-to-fill positions. There will be no WET programs in 2018-19. VCBH will continue to provide staff training and a small number of stipends but that is not under the auspices of WET as that plan was for 10 years and has concluded.

Capital Facilities and Technological Needs (CFTN) Highlights for FY 17-18 Services

The CFTN component works towards the creation of a facility that is used for the delivery of MHS services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

Technological Needs

Technological Needs Project

Population Served: N/A

Program Categories & Strategies: CFTN – Technological Needs

Description: The Technological Needs Project includes the purchase and implementation of a new Information System and computing environment that are necessary to meet current VCBH needs, as well as comply with State and Federal requirements, which compel counties to transform paper-based reporting systems to an integrated technology system supporting secure Electronic Health Records (EHR).

This system, when fully implemented, will include:

- Staff In-Field activities and potential client engagements
- Potential client screening and triage
- Client Admissions & Discharges
- Electronic clinical documentation
- Electronic billing
- Client appointment scheduling
- Outcomes tracking
- e-prescribing
- Lab orders
- Mobile device access
- Document imaging & storage
- Interface with contracted community-based providers
- Web-based Client Portal which can be used for communications and appointment scheduling requests between clients and clinicians
- Secure, regulatory compliant integrations with other health-care organizations

Program Highlights: FY 17-18

Accomplishments

- **Phase I** - Client admission and discharges, billing, services and operational reporting was **completed in 2010**
- **Phase II** – Clinical forms **completed in 2010** (Psychiatric Evaluation, Client Assessment, Client Treatment Plan, Progress Notes, and e-Prescribing)
- **Phase III** – Clinical forms **completed in 2015** (Transition to the International Classification of Diseases (ICD) – 10-diagnosis model, client screening and triage data capture, implementation of a Spanish Client Treatment Plan, and foster care/dependency tracking, screening, and client identification)
- **Most Recent Features** – Client Lab Orders and Results fully implemented. Field-based staff remote services enabled allowing field staff to work in EHR without using internet connection.
- Implemented a **20%** annual computer refresh yielding a robust computing environment, supporting the industrial-strength EHR system.
- Due to the 20% annual computer refresh, there are major **reductions in equipment support requirements and impediments to staff productivity**
- Improved data validation leading to a **higher level of data integrity in the FSP data set**

During the coming year, building on the foundational aspects of the EHR will take place by implementing client portal services.

Funds are expected to expire June 30, 2018. At this time, all services will be absorbed into VCBH Administrative functions.

PUBLIC COMMENT

The 30-day public posting period for public review and comment: April 16, 2019 through May 15, 2019.

Public Hearing hosted by the Behavioral Health Advisory Board (BHAB) at the General Meeting: May 20, 2019. One substantive comment was received.

Comment: "My name is Lisa Evans Powell and I have been a Ventura County resident for 14 years. I have worked in the areas of aging and hospice for several years and currently am a Doctor of Social Work candidate at USC. As part of my studies, I have been reviewing services for our homebound elderly population. This is a population I have been particularly concerned with ever since my time as manager of the Catholic Charities OASIS program. I am especially concerned with the nearly 40% of older adults here in Ventura County who do not have enough income to meet their basic needs.

Given the huge demographic shifts we are beginning to see and that we will need to address over the next couple of decades, I strongly encourage this board and VCBH to increase its focus on the older adult population.

The number of socially isolated seniors – which include many of our homebound and/or frail seniors – aged 60 and older will grow to close an estimated 50,000 Ventura County residents within the next 10 years. [This commonly-used statistic that 1 in 5 older adults is socially isolated.]

Socially isolated seniors are at a higher risk for depression and other mental illness and don't have the support or access to services that others do. Ventura County, mental health services are not accessible for many of the older adults who need them. Using data from the recent update report, of our VCBH MHSA prevention programs – 6% of those served were older adults. Of intervention programming, 6% were older adults. RISE client? 8% were older adults. STAR program – 5% were older adults. Non-FSP: 9% older adults.

The director of Ventura County Are Agency on Agency, Victoria Jump, gave a great presentation to the BHAB adult committee earlier this year. She provided a very specific list of needs of the older adult population that VCBH could be partners in addressing. These include:

- 1. Alzheimer's and dementia diagnosis and support*
- 2. In-home counseling*
- 3. Hoarding counseling*
- 4. Caregiver counseling*
- 5. Depression-related counseling*
- 6. Addiction counseling – older adults and opiodes*

As someone extremely concerned with how our County is identifying and caring for this very frail and vulnerable population, I urge you to take Ms. Jump's information very seriously and work to address these needs. There are proven evidence-based programs out there funded by MHSA funds in other counties that could be viable options for Ventura County to explore. Thank you so much."

Response: VCBH is holding an Older Adults Forum on May 29, 2019 to engage stakeholders for this population and determine ways to meet their needs and improve services.

LIST OF APPENDICES

APPENDIX A – Issue Resolution Process

APPENDIX B – FY 17/18 AOT- Laura’s Law Evaluation Report

APPENDIX C – Final RISE Evaluation Report

APPENDIX D – FY 17/18 Prevention & Early Intervention Evaluation Report

APPENDIX E – Healing the Soul Evaluation Data

APPENDIX F – CAATS Annual Data Summary

APPENDIX A – Issue Resolution Process

VENTURA COUNTY BEHAVIORAL HEALTH

POLICY:	MENTAL HEALTH SERVICES ACT ISSUE RESOLUTION PROCESS	PROCEDURE NO: AD-47	EFFECTIVE DATE: 9/05/2011
DIVISION:	ADMINISTRATION	REVISION DATES: 1/15/2012	
AFFECTS:	ADULT SERVICES DIVISION YOUTH AND FAMILY SERVICES DIVISION MENTAL HEALTH SERVICES ACT DIVISION		
LEVEL:	2		
APPROVED BY:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>(Signature on File)</u> Behavioral Health Director </div> <div style="text-align: center;"> <u>(Signature on File)</u> Behavioral Health Medical Director </div> </div>		REVIEW DATES:

PURPOSE	To provide a process for resolving issues regarding Mental Health Services Act (MHSA) programs, components, or processes.
DEFINITION(S)	<p>Mental Health Services Act (MHSA) Issue: An issue that involves an MHSA program, component or process. For complaints related to clinical services received by consumers or family members, follow the Beneficiary Problem Resolution Process.</p> <p>Mental Health Services Act Issue Resolution Advisory Committee: An advisory committee made up of Mental Health Board (MHB) members, stakeholders or other constituents for the purpose of third level review on issue resolution requests.</p>
POLICY	Ventura County Behavioral Health (VCBH) will review and attempt to resolve any issues regarding MHSA components, processes or programs in a transparent, equitable, and timely manner.
PROCEDURE	<ol style="list-style-type: none"> 1. When VCBH is notified regarding an issue about an MHSA program, component or process, the person filing an issue will be given written instructions informing him/her of the MHSA Issue Resolution Process. <ol style="list-style-type: none"> 1.1. Information will include instructions on how to contact VCBH Quality Assurance (QA) to start the process. 1.2. Based on the issue, the resolution process may or may not be confidential at any level. 2. The Manager of Quality Assurance will determine if the issue meets criteria for a clinical service grievance or appeal, and if so, the mandated grievance/appeal procedure will be followed. Refer to VCBH Policy QM 18 Beneficiary Problem Resolution Process: Grievances, Appeals And Expedited Appeals. 3. If the issue does not meet criteria for a clinical service grievance or appeal, and a resolution at the QA level cannot be made, the following procedures will be followed: <ol style="list-style-type: none"> 3.1. Level 1 <ol style="list-style-type: none"> 3.1.1. The issue is referred to the MHSA, Adults or Youth and Family Division Manager for review and resolution. 3.1.2. If the issue is resolved at this level, there is no further action required. 3.1.3. If there is no resolution at Level I, the issue is referred for a Level II review.

POLICY: MENTAL HEALTH SERVICES ACT ISSUE RESOLUTION PROCESS	PROCEDURE NO: AD-47	Page 1 of 2
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VENTURA COUNTY BEHAVIORAL HEALTH

3.2. Level 2

- 3.2.1. The issue is referred to the Administrative Services Division Manager for review and resolution.
- 3.2.2. If the issue is resolved at this level, there is no further action.
- 3.2.3. If there is no resolution at Level II, the issue is referred to the MHSA Issue Resolution Advisory Committee. At this level, the process may not be confidential; the filer must be advised, in writing, if this process will be public.

3.3. Level 3

- 3.3.1. The MHSA Issue Resolution Advisory Committee will review the issue and make recommendations for resolution to the VCBH Director.
- 3.3.2. The VCBH Director will make a determination on the issue and render a determination. This determination will be final.
- 3.3.3. The MHSA Issue Resolution Advisory Committee will be led by one of the MHB representatives, as determined by the MHB Executive Committee. MHSA Issue Resolution Advisory Committee members will serve a two year term. Initial appointments will be staggered between one and two and a half years to facilitate consistency of group membership and will include one (1) representative from:
 - 3.3.3.1. Client Network
 - 3.3.3.2. National Alliance on Mental Illness (NAMI)
 - 3.3.3.3. United Parents
 - 3.3.3.4. MHB Member from the Children's Services Committee
 - 3.3.3.5. MHB Member from the Adult & Housing Services Committee
 - 3.3.3.6. MHB Member from the Transitional Age Youth Committee
 - 3.3.3.7. MHB Member of the Older Adults Committee
 - 3.3.3.8. A community representative from the Cultural Competency Committee.

FORM(S)

REFERENCE

APPENDIX B - FY 17/18 AOT- Laura's Law Evaluation Report

Ventura County Behavioral Health Assisted Outpatient Treatment (AOT)

Program Evaluation

Prepared by Resource Development Associates

Please see attachment

APPENDIX C – Final RISE Evaluation Report

Grantee Evaluation of Program Effectiveness

Please see attachment

APPENDIX D – FY 17/18 Prevention & Early Intervention Evaluation Report

FY 17/18 Evaluation Report

Prepared by EvalCorp Research and Consulting

Please see attachment

APPENDIX E – HEALING THE SOUL EVALUATION DATA

Please see attachment

APPENDIX F - CAATS EVALUATION DATA SUMMARY

Please see attachment



**BOARD MINUTES
BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA**

**SUPERVISORS STEVE BENNETT, LINDA PARKS,
KELLY LONG, ROBERT O. HUBER AND JOHN C. ZARAGOZA
June 4, 2019 at 8:30 a.m.**

CONSENT – HEALTH CARE AGENCY – Behavioral Health – Approval of, and Authorization for the Ventura County Behavioral Health Director to Sign and Submit, the Mental Health Services Act Fiscal Year 2019-20 Annual Update to the Mental Health Services Oversight and Accountability Commission.

- (X) All Board members are present.
- (X) Upon request of Supervisor Bennett, Consent Item 14 is heard as a Regular Agenda Item.
- (X) The following person is heard: Arnold Torres.
- (X) Upon motion of Supervisor Zaragoza, seconded by Supervisor Long, and duly carried, the Board hereby approves the recommendations as stated in the respective Board letters for Consent Items 11 - 22.

I hereby certify that the annexed instrument is a true and correct copy of the document which is on file in this office.

Dated: 6/7/19
MICHAEL POWERS
Clerk of the Board of Supervisors
County of Ventura, State of California

By: Lori Gaines
Deputy Clerk of the Board

By: Lori Gaines
Lori Gaines
Deputy Clerk of the Board

