



VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency



# Mental Health Services Act (MHSA) Fiscal Year 2018/19 Update

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**COUNTY CERTIFICATION**

Auditor's Signature Page



# 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 at Point Mugu is the largest employer in the county with more than 16,000 employees. 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.

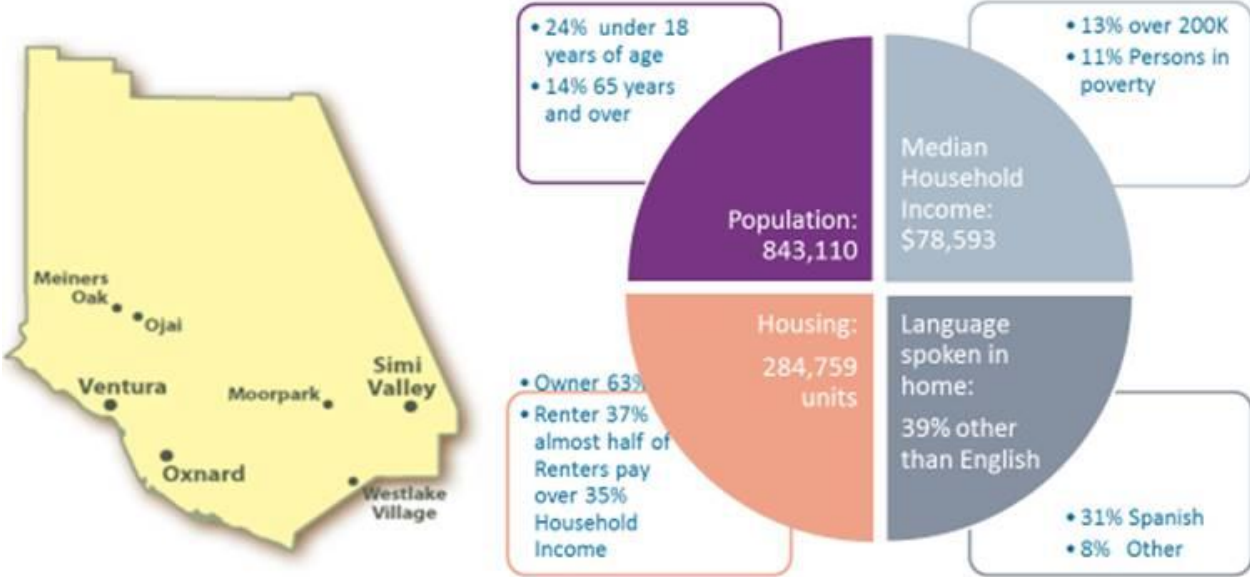


Ventura County is 1,843.13 square miles in area with 446.7 persons per square mile. The County consisted of a population of 823,318 in 2010 with a current estimated population of 843,110. The median household income is \$78,593. However, 11% of people in the County are at or below the poverty line. Thirty-nine (39%) of households speak a language other than English as their primary language, with 31% of households speaking Spanish as their primary language in the home.

Ventura County has a population of approximate age groups as follows: persons 18 years of age and under is 24%, ages 25 to 64 is 62% and 65 years and over is 14%.

See charts below for a demographical summary.

# Ventura County Demographics



Source: 2012-2016 American Community Survey 5-Year Estimates



# MHSA BACKGROUND

Proposition 63, the Mental Health Services Act (MHSA), was approved by California voters in November 2004 providing dedicated funding for mental health services by imposing a 1% tax on personal income over \$1 million. This translated to \$32.5 million annual average for Ventura County over the last 5 years though Fiscal Year 2016-17.

## **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.
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 Community Program Planning (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.

<b>Component*</b>	<b>Funding Allocation</b>	<b>Reversion Period</b>
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)	One-Time Funding	10 years (Expended)
Capital Facilities and Technological Needs (CFTN)	One-Time Funding	10 years (Expended)
Housing	One-Time Funding FY 07/08 Unencumbered Funds	10 years (Expended)

*\*For a description of each component and additional statewide MHSa information, please visit the California Mental Health Oversight and Accountability Commission website, [mhsoc.ca.gov/component](http://mhsoc.ca.gov/component)*

**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 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 operationally 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 through various approaches, including:

### Behavioral Health Advisory Board

The Behavioral Health Advisory Board (BHAB) purpose, mission, and responsibilities are described in full in the section titled, “Community Program Planning (CPP) Process”.

### 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 Evaluation Committee, and MHSA Planning 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 program 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 review with an annual assessment. 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 actively addresses the conditions that contribute to and are indicators of the need for appropriate and equitable care.

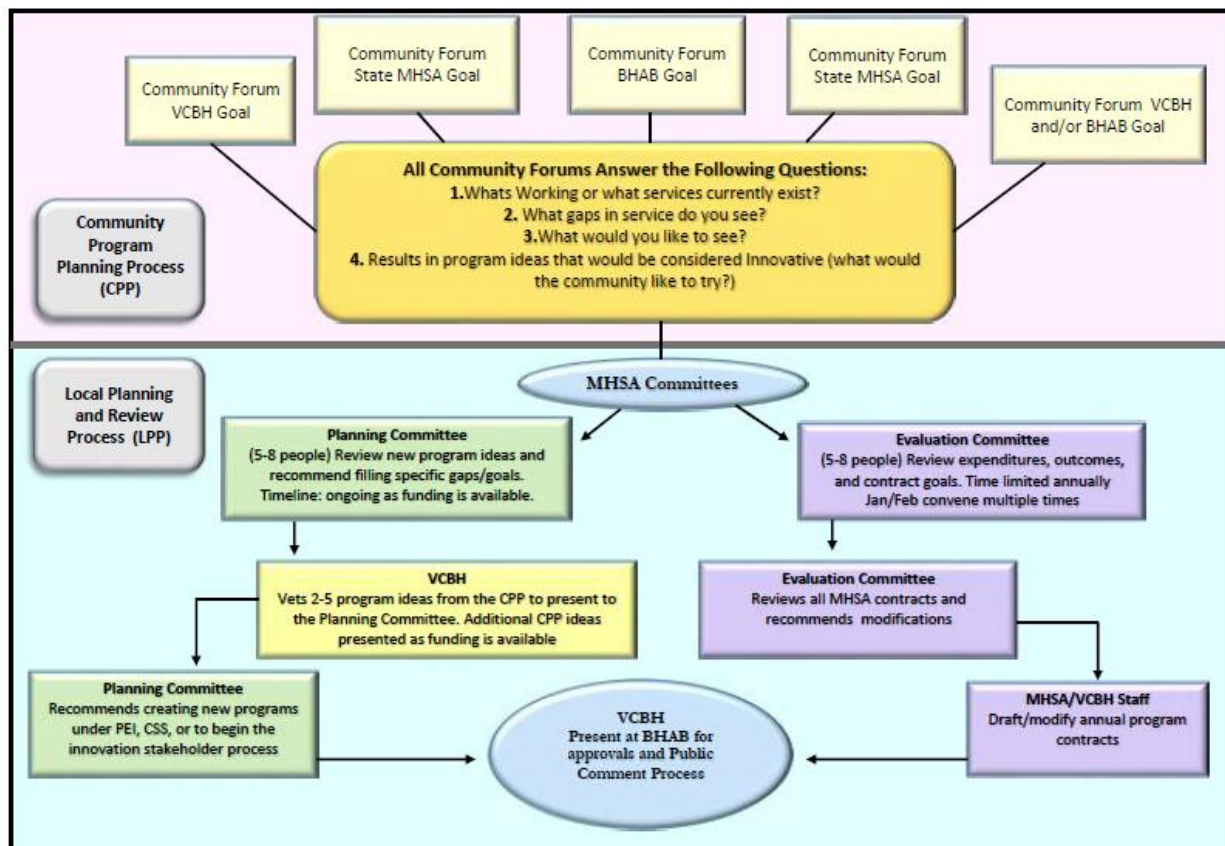
**Consumer and Family Groups:** Feedback is encouraged from other stakeholder groups, such as National Alliance on Mental Illness (NAMI), United Parents and the Client Network through direct consumer/family contact and by encouraging their participation in the BHAB as well as the subcommittees, workgroups,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

**Issue Resolution Process:** Consumers may also voice their views/concerns through the issue grievance process. The MHSA issue resolution process can be found in full in Appendix A. At the time of this report, there have been no grievances filed.

## Community Program Planning (CPP) Process

**Community Planning Process Evolution:** The newly implemented community planning process included a more robust stakeholder process and added a more concentrated program review component. The new community planning process holds annual public forums on goals set by VCBH, the MHOAC, and the BHAB concerning gaps identified by these same entities and/or community stakeholders. The planning workgroup reviews and recommends programs based on the community program planning process. The evaluation workgroup reviews the annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSAs programs. Recommendations from both workgroups are presented to the BHAB.

This process is illustrated in the Process for Program Planning and Review Flowchart, below.



**Community Program Planning Process Results:** Community Meetings take place during the spring of 2017 focused on the MHSAs age categories of Youth, TAY, Adults, and Older Adults. Attendees review the continuum of Services provided by VCBH for their age range. Each group studied and identified gaps in the continuum. In conjunction with BHAB goals and active projects of the MHOAC the following list of priorities were identified:

- Transitional Age Youth Services
- Utilizing Technology
- Criminal Justice and Mental Health
- Schools and Mental Health
- Housing

- Improved Access to Services
- Prevention of Co-occurring disorders

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 Operations Managers
- Ventura County Homeless Services
- BHAB Subcommittees and Workgroups

Although priority areas have been identified the only available funding for program planning in the next fiscal year is in the Innovations category. Community Forums took place during the summer of 2017 in Thousand Oaks, Oxnard, and Santa Paula. All forums had translation services and took place at times and locations that were convenient for the community. Surveys were distributed at each forum confirming these findings as well as high participant satisfaction. Forums provided brief training on the history, regulations, and goals of MHSA and more specific information about how innovation funding is approved. Participants were asked to brainstorm innovative program ideas within the identified priorities. Submissions could be made during the meeting, through the brainstorming portion, on a submission form, or online. A staff member was made available in addition to any individuals who wanted technical assistance in developing an innovative submission. Though the CPP process 53 ideas were submitted to the Planning Committee.

MHSA Planning Committee received and reviewed all 53 project ideas along with a mini lit-review identifying how program ideas may have already been tried or tested in the past. Members of the committee voted for their top 5 ideas and then narrowed those down to ten projects for the County to begin pursuing. Results were presented at the November 20<sup>th</sup>, 2017 BHAB meeting.

The MHSA Evaluation Committee conducted a detailed evaluation of all MHSA programs based on meeting program and contractual requirements, cost per consumer served, contract performance, efficiency, cost-effectiveness, outputs, and outcomes. During FY 2016/17, the Evaluation Committee followed a rigorous and robust community planning process to arrive at reducing costs by approximately \$3 million to be applied beginning in FY 2017/18. The Three-Year Plan reflects these cost savings in the form of elimination and reduction of some contracts. This evaluation exercise will continue and be applied to existing programs (internal and external) that may exhibit duplication of services and/or present opportunities for consolidation of services and resources.

## Behavioral Health Advisory Board (BHAB)

**Mission:** 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 serves a significant role in facilitating public discussion of Mental Health Services Act (MHSA) plan approval, provides feedback prior to the required 30-day posting and then conducts the Public Hearing. The BHAB has authority to approve the plan before submission to the Board of Supervisors for final approval. Advisory board sub-committees, work-groups and task forces are appointed by, and may include members from, their respective board as well as other interested stakeholders.

**Membership:** The table below lists the members and their respective geographic representation.

### MEMBERSHIP ROSTER 2016 - 2017

<u>District</u>	<u>BHAB Members</u>	<u>Term Dates</u>
District 1	Claudia Armann	9/13/16 – 3/10/18
	Karyn Bates	10/6/15 – 10/6/18
	Mary Haffner	4/7/15 – 4/7/18
	Sidney L. White, AICP	3/10/15 – 3/10/18
District 2	Ratan Bhavnani	2/23/16 – 2/23/19
	Janis Gardner	9/17/16 – 9/17/19
	Patricia Mowlavi	3/14/17 – 3/14/20
	vacant	1/5/15 – 1/7/19
District 3	Nancy Borchard	1/27/15 – 1/26/18
	Gane Brooking	1/12/16 – 1/12/19
	Larry L. Hicks	12/2/14 – 12/1/17
	Kay Wilson-Bolton	4/14/15 – 4/14/18
District 4	Jerry M. Harris	9/17/16 – 9/17/19
	Ron Nelson	10/13/15 – 10/13/18
	Denise Nielsen	9/17/15 – 9/17/18
	McKian Nielsen	9/17/14 – 9/17/17
District 5	Monique Garcia	9/24/14 – 9/23/17
	Dr. Irene Pinkard	1/24/17 – 1/24/20
	Marlen Torres	1/10/17 – 1/10/20
	Sandra Wolfe	1/11/15 – 1/10/18
Governing Body	John Zaragoza, Supervisor	1/1/15 – 12/31/17
	Supervisor Linda Parks	1/1/17 – 12/31/18

## Spending Plan for Funding Subject to AB 114 – Department of Health Care Services Info Notice 17-059

Assembly Bill 114 became effective July 10, 2017. The bill amended certain Welfare and Institutions Code (WIC) Sections related to the revision of MHSA funds. It has been determined by the Department of Healthcare Services (DCHS) that Ventura County has reverted funds in the Innovation category in the amount of \$2,712,429. Ventura County has been working with the community to come up with a plan for spending the reverted innovation funds. Below is the outline of the programs that were approved FY 16/17 and three additional programs that are planned. The MHSA Planning Committee will continue to identify projects from the 53 previously submitted ideas and any new ideas identified through the Community Planning Process until all reverted funds are spent by June 2020.

The following two projects were approved in 2016/2017.

Project	Description	Status	Approved Cost
<b>Healing the Soul – Curando el Alma</b>	Explores the possibility of uniting traditional and western healing approaches for the Mixteco Indigenous population.	Active 2017-2021	\$838,985
<b>Children’s Accelerated Access to Treatment and Services (CAATS)</b>	Provides a comprehensive intake and mental health treatment for all youth entering the child welfare system in an accelerated timeframe.	Active 2017-2020	\$1,471,668

The following three projects were chosen through the Community Program Planning process and are currently being developed.

Project	Description	Status	Estimated Cost
<b>Suicide Prevention - Bartenders as Gatekeepers</b>	Training for bartenders and alcohol servers in suicide prevention and intervention.	Under development and ready for presentation to MHSOAC	\$241,367
<b>Push Technology</b>	Reminders for youth and adults discharging from hospitals or crisis stabilization services, offering text messaging assessment, connection, and appointments.	Project in development and ready for presentation to MHSOAC	\$438,933
<b>Conocimiento</b>	At-risk youth meal and knowledge sharing.	Under development for FY 18/19	\$500,000*
<b>*Total Innovation Reversion Funding Plan</b>			<b>\$3,490,953</b>

\*Only partial reversion funds to be used.



# FUNDING SUMMARY

## FY 2018/19 Mental Health Services Act Annual Update Funding Summary

County: Ventura

Date: 3/31/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2018/19 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	16,266,940	6,088,256	5,007,083	0	0	
2. Estimated New FY 2018/19 Funding	28,880,000	7,220,000	1,900,000			
3. Transfer in FY 2018/19a/	(132,000)			132,000		
4. Access Local Prudent Reserve in FY 2018/19						0
5. Estimated Available Funding for FY 2018/19	45,014,940	13,308,256	6,907,083	132,000	0	
<b>B. Estimated FY 2018/19 MHSA Expenditures</b>	39,506,010	4,160,412	1,430,038	132,000	0	
<b>G. Estimated FY 2018/19 Unspent Fund Balance</b>	5,508,930	9,147,844	5,477,045	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	9,650,475
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	9,650,475

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, 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 2018/19 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Ventura

Date: 3/31/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Full Service Partnership (Child/Youth/Family) 0-15 Full Service Partnership (Transitional Aged Youth - TAY)	373,226	250,332	97,247	0	0	25,648
2. 16-25	4,117,513	2,186,808	1,857,252	0	0	73,454
3. Full Service Partnership (Adult) 26-59	4,149,074	2,612,602	1,354,420	0	0	182,053
4. Full Service Partnership (Older Adult) 60+	2,633,530	1,791,548	786,948	0	0	55,034
5. FSP - Share of Admin	1,935,362	1,577,675	323,076	0	0	34,611
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					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. CSS-SD-RISE	1,002,572	785,111	212,235	0	0	5,226
2. Office of Health Equity and Cultural Diversity	260,698	163,040	97,658	0	0	0
3. CSS-SD-Crisis Team	3,596,083	2,734,885	767,668	0	0	93,531
4. CSS-SD-CSU	3,322,836	2,245,371	738,266	0	300,000	39,199
5. CSS-SD-COMPASS	1,611,562	1,372,504	239,058	0	0	0
6. CSS-SD-STAR	3,639,029	2,554,129	1,043,557	0	0	41,344
7. CSS-SD-Treatment (Child/Youth/Family) 0-15	727,476	597,605	128,943	0	0	929
8. CSS-SD-Treatment (Transitional Aged Youth- TAY) 16-25	1,521,967	804,174	531,600	0	0	186,193
9. CSS-SD-Treatment (Adult) 26-59	20,733,598	10,954,352	7,308,691	0	0	2,470,555
10. CSS-SD-Treatment (Older Adult) 60+	3,147,315	1,753,043	1,129,924	0	0	264,348
11. CSS-SD-QOL	333,956	333,956	0	0	0	0
12. CSS-SD-CN	56,554	56,554	0	0	0	0
13. CSS-SD-TL	108,295	106,045	0	0	0	2,250
14. CSS-SD-NAMI	129,206	129,206	0	0	0	0
15. CSS-SD-FAST	822,116	644,676	0	0	0	177,440
16. CSS-SD-RISE Expansion	805,286	0	0	0	0	805,286
17.	0	0	0	0	0	0
18.	0					
19.	0					
<b>CSS Administration</b>	7,179,241	5,852,397	1,198,455	0	0	128,389
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	62,206,495	39,506,010	17,814,996	0	300,000	4,585,489
<b>FSP Programs as Percent of Total</b>	33.4%					

**FY 2018/19 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: Ventura

Date: 3/31/18

	Fiscal Year 2018/19					
	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
<b>PEI Programs - Prevention</b>						
1. Promotoras y Promotores (Santa Paula)	60,000	60,000	0	0	0	0
2. Promotoras - MICOP	40,000	40,000	0	0	0	0
3. TAY Wellness Center - Pacific Clinics	591,751	563,399	0	0	0	28,352
4. Adult Wellness Center - Turning Point	991,477	902,102	0	0	0	89,375
5. Tri-County GLAD	55,000	55,000	0	0	0	0
6. Rainbow Umbrella	35,000	35,000	0	0	0	0
7. Project Esperanza - OLGP	55,000	55,000	0	0	0	0
8. St. Paul's Baptist Church	0	0	0	0	0	0
9. One Step A La Vez	55,000	55,000	0	0	0	0
10. County Prevention	527,830	527,830	0	0	0	0
11. PEI RISE Outreach	209,255	209,255	0	0	0	0
<b>PEI Programs - Early Intervention</b>						
12. Primary Care Integration - Clinicas	306,187	306,187	0	0	0	0
13. Primary Care Integration - VCBH	1,993,668	0	0	0	0	1,993,668
14. EDIPP (VIPS) - Simi and Ventura	1,114,516	593,931	281,823	0	0	238,762
<b>PEI Programs - Other</b>						
15. Crisis Intervention Team (CIT) Training	100,000	100,000	0	0	0	0
16. Mental Health First Aid (MHFA)	0	0	0	0	0	0
17. SafeTALK	41,117	41,117	0	0	0	0
18. Restorative Justice (RJ)	15,883	15,883	0	0	0	0
19. Positive Behavior Intervention & Supports (PBIS)	18,000	18,000	0	0	0	0
<b>PEI Administration</b>	521,805	521,805				
<b>PEI Assigned Funds</b>	60,903	60,903				
<b>Total PEI Program Estimated Expenditures</b>	6,792,392	4,160,412	281,823	0	0	2,350,157

**FY 2018/19 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Ventura

Date: 3/31/18

	Fiscal Year 2018/19					
	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
<b>INN Programs</b>						
1. Healing the Soul	234,784	234,784	0	0	0	0
2. Healing the Soul – Evaluation	5,000	5,000	0	0	0	0
3. Healing the Soul – Administration	24,608	24,608	0	0	0	0
4. Services Children's Accelerated Access to Treatment and	599,909	599,909	0	0	0	0
5. Services - Evaluation Children's Accelerated Access to Treatment and	5,000	5,000	0	0	0	0
6. Services - Administration	62,877	62,877	0	0	0	0
7. Push Technology	120,669	120,669	0	0	0	0
8. Push Technology - Evaluation	5,000	5,000	0	0	0	0
9. Push Technology - Administration	12,647	12,647	0	0	0	0
10. Gatekeepers Suicide Prevention Project: Bartenders as	103,843	103,843	0	0	0	0
11. Gatekeepers - Evaluation Suicide Prevention Project: Bartenders as	5,000	5,000	0	0	0	0
12. Gatekeepers - Administration	10,884	10,884	0	0	0	0
13. Conocimiento	166,667	166,667	0	0	0	0
14. Conocimiento - Evaluation	0	0	0	0	0	0
15. Conocimiento - Administration	17,468	17,468	0	0	0	0
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	<b>55,682</b>	<b>55,682</b>				
<b>Total INN Program Estimated Expenditures</b>	<b>1,430,038</b>	<b>1,430,038</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2018/19 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: Ventura

Date: 3/31/18

	Fiscal Year 2018/19					
	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
<b>WET Programs</b>						
1. Residency & Internship Programs	120,000	120,000	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					
<b>WET Administration</b>	12,000	12,000				
<b>Total WET Program Estimated Expenditures</b>	<b>132,000</b>	<b>132,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2018/19 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Ventura

Date: 3/31/18

	Fiscal Year 2018/19					
	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
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.						
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0	0				
<b>Total CFTN Program Estimated Expenditures</b>	0	0	0	0	0	0

## 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 Impacted
CSS	Assisted Outpatient Treatment (Laura's Law)	Services to be provided by VCBH versus contractor.	18/19
CSS-FSP	INSIGHTS Program	Youth FSP for youth on probation and W&I 602 ward of the Court.	17/18
CSS-SD	EvalCorp Research & Consulting	Expand to evaluate non-clinical General Systems Development	18/19
PEI	Tri-County GLAD	Expand to provide staff development training (i.e., Cultural Competency).	18/19
PEI	Project Esperanza	Expand to provide staff development training (i.e., Cultural Competency).	18/19
PEI	One Step a la Vez	Expand to provide staff development training (i.e., Cultural Competency).	18/19
PEI	Suicide Prevention	Expand the number of SafeTALK and Suicide Talk classes.	18/19
PEI	National Alliance on Mental Illness - Education	Expand services to include In Our Own Voice and Family and Friends, community wide training.	18/19
PEI	Adult Wellness Center	Increase scope to include job skills training for clients.	18/19
PEI	Mental Health First Aid	Replace with SafeTALK, Suicide Talk, Family and Friends and In Our Own Voice.	18/19
PEI	Early Supportive Services	Moving cost to MHL	18/19
CSS/PEI	Rapid Integrated Support & Engagement	Grant ending, outreach and engagement services to be provided by VCBH.	18/19

# ANNUAL UPDATE FY 2018 - 2019

## Community Services and Supports (CSS)

### Highlights for FY 16-17 Services

Programs under the CSS component provide services identified in the children’s and adults’ systems of care treatment plans. These systems of care are the programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with a serious mental illness and include an emphasis on eliminating disparities unique to the County.

The programs under this component are categorized according to MHSA Regulations.

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

Program	Ages Served	Component - Category
Rapid Integrated Support and Engagement (RISE)	All	CSS-O&E
County-Wide Crisis Team (CT)	All	CSS-SD-Crisis Interv/Stabilization
Crisis Stabilization Unit (CSU)	6-17	CSS-SD-Crisis Interv/Stabilization
COMPASS for Children	12-17	CSS-SD-Crisis Interv/Stabilization
Crisis Residential Treatment (CRT)	18-59	CSS-SD-Crisis Interv/Stabilization
Screening, Triage, Assessment, and Referral (STAR)	All	CSS-SD-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
Youth FSP	Up to 18	CSS-FSP-Youth
Transitional Age Youth (TAY) Full Service Partnership (FSP) Outpatient Program	16-25	CSS-FSP-TAY
Adults FSP Program	18-59	CSS-FSP-Adult
Older Adults FSP Program	60+	CSS-FSP-OA
The Client Network (CN)	All	CSS-SD-Peer Supt
Quality of Life (QOL)Improvement	18+	CSS-SD-Peer Supt
Transformational Liaison (TL)	All	CSS-SD-Peer Serv Coord/Case Mgmt
Family Access Support Team (FAST)	All	CSS-SD-Peer Serv Coord/Case Mgmt
National Alliance on Mental Illness (NAMI)	All	CSS-SD-Fam, Provider Ed & Supt Serv
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



**FY16-17 CSS NUMBER OF INDIVIDUALS SERVED WITH COST**

	<b># Served</b>	<b>Total Cost / Program</b>	<b>Cost per Participant/Year</b>
FSP (Child/Youth/Family) 0-15	-	\$58,168	-
FSP (Transitional Aged Youth - TAY) 16-25	-	\$2,840,998	-
FSP (Adult) 26-59	-	\$3,392,230	-
Full Service Partnership (Older Adult) 60+	-	\$2,351,563	-
<b>FSP Totals</b>	<b>681</b>	<b>\$8,642,959</b>	<b>\$12,692</b>
<b>Outreach and Engagement (O&amp;E)-RISE</b>	<b>2,318</b>	<b>\$1,866,238</b>	<b>\$805</b>
<b>Outreach and Engagement (O&amp;E)-Outreach</b>	<b>5,048</b>	<b>\$91,412</b>	<b>\$18</b>
<b>System Development-Crisis Stabilization &amp; Intervention</b>	<b>3,275</b>	<b>\$6,944,202</b>	<b>\$2,120</b>
System Development Treatment (Child/Youth/Family) 0-15	-	\$442,553	-
System Development Treatment (Transitional Aged Youth- TAY) 16-25	-	\$1,172,125	-
System Development Treatment (Adult) 26-59	-	\$16,146,937	-
System Development Treatment (Older Adult) 60+	-	\$2,517,069	-
<b>System Development – Treatment Totals</b>	<b>5,283</b>	<b>\$20,278,684</b>	<b>\$3,838</b>
<b>System Development - Quality of Life</b>	<b>185</b>	<b>\$334,102</b>	<b>\$1,806</b>
<b>System Development - Client Network</b>	<b>119</b>	<b>\$58,073</b>	<b>\$488.01</b>
<b>System Development - Transformational Liaison</b>	<b>310</b>	<b>\$95,673</b>	<b>\$ 309</b>
<b>System Development - NAMI</b>	<b>928</b>	<b>\$100,017</b>	<b>\$108</b>
<b>System Development - FAST</b>	<b>296</b>	<b>\$860,357</b>	<b>\$2,907</b>
<b>System Development - Transportation</b>	<b>3,716</b>	<b>\$203,348</b>	<b>\$55</b>
<b>System Development –Interpreter Service</b>	-	<b>\$432,995</b>	-
<b>Housing</b>	<b>214</b>	<b>\$482,410.02</b>	<b>\$2,254.25</b>

# Full Service Partnership (FSP)

The FSP component reflects clients and their family members who obtain mental health services, receive the full spectrum of community services and supports needed to advance the client’s recovery, wellness and resilience. These services are provided by a myriad of programs. The tables below provide a summary of the programs in a comprehensive manner.

Age Group	Rollover Clients from FY 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	2	9	11
16-25	57	61	118
26-59	349	216	565
60+	123	66	189
<b>Totals</b>	<b>531*</b>	<b>352*</b>	<b>883*</b>

\*Counts considered duplicative. Unduplicated clients served is **681**.

Program Highlights: FY16-17	
<p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>298 Female</b></li> <li>• <b>363 Male</b></li> <li>• <b>21 Not Reported</b></li> <li>• <b>0 Unknown</b></li> </ul> <p><b>Sexual Orientation</b></p> <ul style="list-style-type: none"> <li>• <b>0 Heterosexual</b></li> <li>• <b>0 Declined to State</b></li> <li>• <b>681 No Entry</b></li> </ul>	<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>396 Not Hispanic</b></li> <li>• <b>185 Mexican/Mexican American</b></li> <li>• <b>21 Puerto Rican</b></li> <li>• <b>2 Cuban</b></li> <li>• <b>1 Mixteco</b></li> <li>• <b>43 Other Hispanic/Latino</b></li> <li>• <b>6 Unknown</b></li> <li>• <b>54 No Entry</b></li> </ul>
<p><b>Primary Language</b></p> <ul style="list-style-type: none"> <li>• <b>613 English</b></li> <li>• <b>48 Spanish</b></li> <li>• <b>3 Asian</b></li> <li>• <b>0 Middle Eastern</b></li> <li>• <b>0 Slovic</b></li> <li>• <b>0 American Sign Language</b></li> <li>• <b>0 European</b></li> <li>• <b>0 Mixteco</b></li> <li>• <b>0 Other Non-English</b></li> </ul>	<p><b>Served by City</b></p> <ul style="list-style-type: none"> <li>• <b>267 Oxnard</b></li> <li>• <b>192 Ventura/Ojai</b></li> <li>• <b>44 Simi Valley/Moorpark</b></li> <li>• <b>49 Conejo Valley</b></li> <li>• <b>28 Santa Paula/Fillmore/Piru</b></li> <li>• <b>73 Camarillo</b></li> <li>• <b>26 Port Hueneme</b></li> <li>• <b>34 Not Recorded or Out of County</b></li> </ul>

**Notes:**

Client: New Admit client is defined as anyone admitted to an MHSA program after 7/1/2016 and before 6/30/2017, regardless of being discharge from any MHSA program

Rollover Client: Anyone admitted to an MHSA program prior to 7/1/2016 with or without a discharge after 6/30/2017.

Count: A single client can be a New Admit into a different MHSA program from a MHSA program where previously counted as a Rollover client with in the same fiscal period.

A single client can be admitted to multiple MHSA programs within the same fiscal period.

For example:

1. Contacted by an Outreach & Engagement service
2. Receive Crisis services during an episode
3. Receive assessment services
4. Receive treatment services

Demographic Data Count: A single 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.

Below is a description of specific programs within the FSP component.

**Ventura County Behavioral Health Youth FSP Program – INSIGHTS Program**

**Population Served:** Youth (13-15 years of age) and TAY 16-17

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

**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 will 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 will utilize 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 will 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.

This program began in July 2017. Data is not included in the FSP summary above. It will be reported in subsequent update.

Another program that served the youth population for FY 16-17 is Children’s Outpatient Services. Data is included in the above FSP Summary and presented in Appendix C.

## **Ventura County Behavioral Health Transitional Age Youth (TAY) FSP Program**

**Population Served:** Serves between 18-25 years old (currently not serving 16 -17 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.

The programming includes service provision to residential programs in a supportive, social rehabilitation environment in Camarillo which requires the collaboration between Telecare Inc. staff, who provide social rehabilitation services, and the VCBH TAY Transitions FSP, clinical staff.

Transitions focus on a client-driven model with services including psychiatric treatment, individual therapy, intensive case management, group treatment, and rehabilitation services. The Transitions Program ensures that clinicians and case managers 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 unserved and underserved TAY in these areas.

Another program that served the TAY population for FY 16-17 is Children’s Outpatient Services. Data is presented in Appendix C.

## **Ventura County Behavioral Health Adults FSP Program – Integrative Community Services (EPICS) and Telecare XP2**

**Population Served:** Serves between 25 and 59 years old

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

**Description:** This program provides intensive, wrap-around services for consumers with a history of multiple hospitalizations or incarceration, history of poor engagement with outpatient services, homeless or at risk of homelessness. FSP services are provided via two programs The Empowering Partners through Integrative Community Services (EPICS) program and Telecare XP2. Both programs provide 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. Consumers are provided with intensive case management services, medication support, and clinical interventions to engage them in services and stabilize them at the lowest level of care in the community. Those served at this level of service also have access to additional funding for housing or basic needs. Telecare XP2 receives referrals from the local jail

for individuals with serious and persistent mental illnesses that is untreated in the community and are suspected of contributing to their legal problems.

### **Ventura County Behavioral Health Older Adults FSP Program**

**Population Served:** Serves 60+ years of age

#### **Program Categories & Strategies: FSP – Older Adults**

**Description:** The Older Adult FSP Program provides rich, community-based, mobile, in-home services including psychiatric treatment, case management (linkage to housing, benefits, healthcare, & rehabilitation services), skill building services to decrease functional impairments, individual and group treatment crisis intervention, Recovery, and Wellness Programs, advocacy and referrals for medical, dental, legal, benefits support services and community agencies. PEI

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 in regularly scheduled wellness and recovery groups facilitated by Recovery Coaches, and rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians. The program works collaboratively with community partners that include the Ventura County Area Agency on Aging (AAA), Adult Protective Services (APS), Public Health, Ambulatory Care and the District Attorney's Office.

# 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 \$2,486,224. 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 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	13	239	252
16-25	50	479	529
26-59	173	1,296	1,469
60+	13	115	128
<b>Totals</b>	<b>249*</b>	<b>2,129*</b>	<b>2,378*</b>

This table below is a summary for RISE.

Program Highlights: FY16-17*	
<p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>1,055 Female</b></li> <li>• <b>1,255 Male</b></li> <li>• <b>2 No Entry</b></li> <li>• <b>2 Unknown</b></li> </ul> <p><b>Sexual Orientation</b></p> <ul style="list-style-type: none"> <li>• <b>2 Heterosexual</b></li> <li>• <b>1 Declined to State</b></li> <li>• <b>2310 No Entry</b></li> <li>• <b>1 Transgender</b></li> </ul>	<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>1094 Not Hispanic</b></li> <li>• <b>579 Mexican/Mexican American</b></li> <li>• <b>2 Puerto Rican</b></li> <li>• <b>1 Cuban</b></li> <li>• <b>4 Mixteco</b></li> <li>• <b>244 Other Hispanic/Latino</b></li> <li>• <b>48 Unknown</b></li> <li>• <b>359 No Entry</b></li> </ul>
<p><b>Primary Language</b></p> <ul style="list-style-type: none"> <li>• <b>2,115 English</b></li> <li>• <b>174 Spanish</b></li> <li>• <b>5 Asian</b></li> <li>• <b>4 Middle Eastern</b></li> <li>• <b>1 American Sign Language</b></li> <li>• <b>1 Mixteco</b></li> <li>• <b>14 No Entry</b></li> </ul>	<p><b>Served by City</b></p> <ul style="list-style-type: none"> <li>• <b>646 Oxnard</b></li> <li>• <b>615 Ventura</b></li> <li>• <b>62 Ojai</b></li> <li>• <b>292 Simi Valley/Moorpark</b></li> <li>• <b>182 Conejo Valley</b></li> <li>• <b>244 Santa Paula/Fillmore/Piru</b></li> <li>• <b>128 Camarillo</b></li> <li>• <b>26 Port Hueneme</b></li> <li>• <b>106 Not Recorded or Out of County</b></li> </ul>

\*Counts considered duplicative. Unduplicated clients served is **2,313**.

**Notes:**

Client: New Admit client is defined as anyone admitted to an MHSA program after 7/1/2016 and before 6/30/2017, regardless of being discharge from any MHSA program

Rollover Client: Anyone admitted to an MHSA program prior to 7/1/2016 with or without a discharge after 6/30/2017.

Count: A single client can be a New Admit into a different MHSA program from a MHSA program where previously counted as a Rollover client with in the same fiscal period.

A single client can be admitted to multiple MHSA programs within the same fiscal period.

For example:

1. Contacted by an Outreach & Engagement service
2. Receive Crisis services during an episode
3. Receive assessment services
4. Receive treatment services

Demographic Data Count: A single 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.

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.

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: FY16-17

#### Program Activities and Reach

- **73** Total # Events
- **5,048** Estimated number of attendees at event
- **3,778** Publications distributed
- **31** Presentation delivered
- **55** Events with a primarily Spanish Speaking/Latino Outreach Audience



The table 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.

FY 16/17 Number of Events by City	
Camarillo	5
Fillmore	4
Moorpark	0
Ojai	0
Oxnard	44
Piru	0
Port Hueneme	1
Santa Paula	10
Simi Valley	0
Thousand Oaks	4
Ventura	5
<b>Total</b>	<b>73</b>

# 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 MHSA 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.

## Crisis Intervention and Stabilization

This category achieves its objectives using 4 specific programs. Tables below depict a summary of programs.

Age Group	Rollover Clients from FY 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	7	740	747
16-25	22	957	979
26-59	46	1,490	1,536
60+	10	279	289
<b>Totals</b>	<b>85*</b>	<b>3,466*</b>	<b>3,551*</b>

\*Counts considered duplicative. Unduplicated clients served is **3,275**.

This table below is a summary for Crisis Intervention and Stabilization.

Program Highlights: FY16-17	
<p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>1,755</b> Female</li> <li>• <b>1,515</b> Male</li> <li>• <b>1</b> No Entry</li> <li>• <b>4</b> Unknown</li> </ul> <p><b>Sexual Orientation</b></p> <ul style="list-style-type: none"> <li>• <b>1</b> Heterosexual</li> <li>• <b>3,273</b> No Entry</li> <li>• <b>1</b> No Entry</li> </ul>	<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>1,142</b> Not Hispanic</li> <li>• <b>513</b> Mexican/Mexican American</li> <li>• <b>4</b> Puerto Rican</li> <li>• <b>5</b> Mixteco</li> <li>• <b>262</b> Other Hispanic/Latino</li> <li>• <b>85</b> Unknown</li> <li>• <b>1,265</b> No Entry</li> </ul>
<p><b>Primary Language</b></p> <ul style="list-style-type: none"> <li>• <b>3,069</b> English</li> <li>• <b>171</b> Spanish</li> <li>• <b>9</b> Asian</li> <li>• <b>4</b> Middle Eastern</li> <li>• <b>22</b> No Entry</li> </ul>	<p><b>Served by City</b></p> <ul style="list-style-type: none"> <li>• <b>840</b> Oxnard</li> <li>• <b>476</b> Ventura</li> <li>• <b>66</b> Ojai</li> <li>• <b>541</b> Simi Valley/Moorpark</li> <li>• <b>409</b> Conejo Valley</li> <li>• <b>178</b> Santa Paula/Fillmore/Piru</li> <li>• <b>348</b> Camarillo</li> <li>• <b>77</b> Port Hueneme</li> <li>• <b>343</b> Not Recorded or Out of County</li> </ul>

**Notes:**

Client: New Admit client is defined as anyone admitted to an MHSA program after 7/1/2016 and before 6/30/2017, regardless of being discharge from any MHSA program

Rollover Client: Anyone admitted to an MHSA program prior to 7/1/2016 with or without a discharge after 6/30/2017.

Count: A single client can be a New Admit into a different MHSA program from a MHSA program where previously counted as a Rollover client with in the same fiscal period.

A single client can be admitted to multiple MHSA programs within the same fiscal period.

For example:

1. Contacted by an Outreach & Engagement service
2. Receive Crisis services during an episode
3. Receive assessment services
4. Receive treatment services

Demographic Data Count: A single 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.

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.

## Needs Assessment (STAR)

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 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	132	2,302	2,434
16-25	118	1,096	1,214
26-59	209	2,188	2,397
60+	13	231	244
<b>Totals</b>	<b>472*</b>	<b>5,817*</b>	<b>6,289*</b>

\*Counts considered duplicative. Unduplicated clients served is **6,037**.

### Program Highlights: FY16-17

#### Demographics

- **3,033 Female**
- **2,989 Male**
- **6 No Entry**
- **11 Unknown**

#### Sexual Orientation

- **2 Heterosexual**
- **6,032 No Entry**
- **1 Bisexual**
- **1 Decline to State**
- **1 Transgender**

#### Ethnicity

- **1,739 Not Hispanic**
- **1,121 Mexican/Mexican American**
- **2 Puerto Rican**
- **14 Mixteco**
- **1,339 Other Hispanic/Latino**
- **305 Unknown**
- **1,614 No Entry**

#### Primary Language

- **4,781 English**
- **1,194 Spanish**
- **10 Asian**
- **5 Middle Eastern**
- **40 No Entry**
- **11 Mixteco**
- **3 Other Non-English**
- **1 European**

#### Served by City

- **2,340 Oxnard**
- **1,078 Ventura**
- **107 Ojai**
- **766 Simi Valley/Moorpark**
- **455 Conejo Valley**
- **654 Santa Paula/Fillmore/Piru**
- **349 Camarillo**
- **184 Port Hueneme**
- **131 Not Recorded or Out of County**

**Notes:**

Client: New Admit client is defined as anyone admitted to an MHSA program after 7/1/2016 and before 6/30/2017, regardless of being discharge from any MHSA program

Rollover Client: Anyone admitted to an MHSA program prior to 7/1/2016 with or without a discharge after 6/30/2017.

Count: A single client can be a New Admit into a different MHSA program from a MHSA program where previously counted as a Rollover client with in the same fiscal period.

A single client can be admitted to multiple MHSA programs within the same fiscal period.

For example:

1. Contacted by an Outreach & Engagement service
2. Receive Crisis services during an episode
3. Receive assessment services
4. Receive treatment services

Demographic Data Count: A single 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.

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 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.

## 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 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	61	78	139
16-25	274	201	475
26-59	3,027	3,166	6,193
60+	356	351	707
Totals	3,718*	3,796*	7,514*

\*Counts considered duplicative. Unduplicated clients served is **5,283**.

### Program Highlights: FY16-17\*

#### **Demographics**

- **2,751** Female
- **2,362** Male
- **184** Not Reported
- **8** Unknown

#### **Sexual Orientation**

- **1** Heterosexual
- **5,111** No Entry
- **184** Not Recorded
- **1** Decline to State

#### **Ethnicity**

- **2,668** Not Hispanic
- **1,327** Mexican/Mexican American
- **5** Puerto Rican
- **1** Mixteco
- **391** Other Hispanic/Latino
- **168** Unknown
- **184** Not Recorded
- **766** No Entry
- **3** Cuban

#### **Primary Language**

- **4,602** English
- **462** Spanish
- **32** Asian
- **12** Middle Eastern
- **206** Not Recorded
- **1** Mixteco
- **10** Other Non-English
- **1** European
- **2** American Sign Language
- **3** Slovic

#### **Served by City**

- **1,694** Oxnard
- **1,292** Ventura/Ojai
- **720** Simi Valley/Moorpark
- **544** Conejo Valley
- **531** Santa Paula/Fillmore/Piru
- **325** Camarillo
- **224** Port Hueneme
- **237** Not Recorded or Out of County

**Notes:**

Client: New Admit client is defined as anyone admitted to an MHSA program after 7/1/2016 and before 6/30/2017, regardless of being discharge from any MHSA program.

Rollover Client: Anyone admitted to an MHSA program prior to 7/1/2016 with or without a discharge after 6/30/2017.

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Demographic Data Count: A single 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.

Below is a description of the program under this category.

**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.

## **Peer Support**

### **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 also help to manage their symptoms, to the extent possible. QOL program staff provides varied and tailored activities suited to the residents within each facility. This table below is a summary for Quality of Life.

Program Highlights: FY16-17	
<p><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>• <b>185</b> program participants</li> <li>• <b>8,574</b> one on one interactions with residents</li> <li>• <b>2,214</b> Group activities</li> </ul>	<p><b>Participant Demographics and Outcomes</b></p> <p><b>92%</b> age 26 to 59</p> <ul style="list-style-type: none"> <li>• The overall number of Isolated individuals dropped steadily during the first 12 months of service</li> <li>• The number of individuals integrated into the community increased during the first 12 months of services</li> </ul>

**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. This table below is a summary for Client Network.

Program Highlights: FY16-17	
<b>Program Activities and Reach</b> 119 program participants 23 participants receiving one on one support in the field or at home 93 advocacy activities were attended by a Client Network Advocate	<b>Participant Supportive Services</b> 363 bus passes 7 gas cards 29 outreach activities 13 individuals sent to be advocates at conferences

## Peer Services Coordination & Case Management

### 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. This table below is a summary for Transformational Liaison.

Program Highlights: FY16-17	
<b>Program Activities and Reach</b> 310 program participants 49 participants receiving individuals contacts	<b>Participant Outcomes</b> 98% of survey participants found the orientation helpful 93% of survey participants agreed they felt more comfortable coming to VCBH because of the orientation 96% of survey participants agree they know more about VCBH programs because of the orientation

### Family Access and Support Team (FAST)

**Population Served:** SED youth and 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.

This table below is a summary for Family Access and Support Team.

Program Highlights: FY16-17	
<b>Program Activities and Reach</b> 296 program participants 42 additional community participants received access and linkage	<b>Participant Demographics</b> 73% of clients are Hispanic 56% are male 44% are female
<b>Participant Outcomes</b> <b>Parents saw improvement in the following assessment categories:</b> <ul style="list-style-type: none"> <li>• Increased problem-solving skills</li> <li>• Increased ability to mobilize resources</li> <li>• Increased SED parent role satisfaction</li> </ul>	

Please see Appendix C for a description and data regarding another Peer Support program that was discontinued at the conclusion of FY 16-17.

## Family and Mental Health Provider Education, and Support Services

### 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.

This table below is a summary for National Alliance on Mental Illness.

Program Highlights: FY16-17	
<p><b>Program Activities and Reach</b></p> <p>928 program participants</p> <p>51 individuals trained in Familia a Familia</p> <p>59 professionals were trained in the PEP course</p> <p>818 individuals were served by the FIL program</p>	<p><b>Participant Outcomes</b></p> <p>84% of participants in the FAF program reported they were comfortable talking with others about their loved ones' illness on the post-test.</p> <p>84% 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</p>

## Transportation Support 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
<b>Total Passengers</b>	<b>3,716</b>

\*The following numbers are duplicated passenger counts.

## Linguistics Competence Services

### 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 services provided.

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

# 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 outline all housing funded by MHSA. Types of housing include Board and Care facilities, supportive housing programs and permanent supportive housing.

Facility	Housing Type	Beds
Brown's Board & Care*	Board and Care	10
Cottonwood Residential*	Board and Care	21
La Siesta Guest Home*	Board and Care	35
Elm's Residential*	Board and Care /RCFE (Residential Care for the Elderly)	43
Hickory House*	Board and Care /RCFE (Residential Care for the Elderly)	32
Sandra's Board & Care*	Board and Care	4
Sunrise Manor*	Board and Care	43
Rocienda Taylor**	Board and Care	3
Telecare Corp. Casas B, C, & D**	TAY transitional housing	15
Mission Manor**	Board and Care /RCFE (Residential Care for the Elderly)	2
Project Understanding**	Temporary Shelter Care	6
<b>Total Beds</b>		<b>214</b>

\*The number of beds indicated above are supported with approximately 50% of MHSA funds.

\*\*The number of beds indicated above are supported by approximately 100% MHSA funds.

MHSA Dollars Spent during FY 16-17 for figures in above table: \$ 482,410.02.

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

<b>MHSA Housing Projects</b>	<b>Housing Type</b>	<b>Current Supported Units</b>
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
<b>Total Permanent Units</b>		<b>65</b>

Note: Permanent Supportive Housing was originally funded in 2009-2011 by MHSA monies. Supportive services continue at these facilities. The above figures reflect the original MHSA Housing Allocation of \$5,470,900.00, which was used for acquisition of properties.

In summary, there are 279 housing beds/units supported by MHSA funding.



## Prevention and Early Intervention (PEI)

### Highlights for FY 16-17 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.

During FY 2016-17, Ventura County categorized all PEI programs to align with regulations requirements and definitions. At that time, there were 7 required program categories and 3 required strategies to be included in each program. The program types are prevention, early intervention, improving timely access to service for underserved populations, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment, stigma and discrimination reduction and suicide prevention. Additionally, all PEI programs must be designed and implemented in accordance with strategies that help create access and linkage to treatment, improve 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.

Below is a table summarizing the results of program categories. This was the beginning of alignment with new regulations.

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

Once these programs were aligned with regulations, the data collection tools had to be developed and subsequently, did not begin until the second half of the fiscal year. So the first 6 months of data does not reflect the intent to collect data in accordance with the new program categories. Nonetheless, data was collected for the entire fiscal year.

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.

**FY16-17 NUMBER OF INDIVIDUALS SERVED OR TRAINED BY PROGRAM**

	# Served *	Total Cost / Program	Cost per Participant/Year
One Step A La Vez	103	\$51,500	\$500
Project Esperanza	200	\$50,418	\$252
Tri-County GLAD	107	\$51,082	\$477
Rainbow Umbrella	71	\$34,348	\$484
Primary Care Integration	418	\$298,155	\$713
Early Support Services	740	\$3,444,246	\$4,654
Promotoras Program – MICOP	363	\$74,961	\$207
Promotoras Program – PYPF	170	\$49,704	\$292
VIPS**	86	\$1,007,736	\$11,718
Adult Wellness Center	411	\$599,483	\$1,459
TAY Wellness Center	335	\$569,639	\$1,700
Crisis Intervention Team (CIT)	125	\$100,000	\$800
Positive Behavior & Intervention Support (PBIS)	284	\$17,783	\$63
Restorative Justice	598	\$15,883	\$27
safeTALK	439	\$25,562	\$58
MHFA	975	\$56,115	\$58
Wellness Everyday Website (Incl. Social Media Outreach)	N/A	\$30,200	N/A
<b>Totals:</b>	<b>5,425</b>	<b>\$6,476,815</b>	

\* Unique individuals directly served by provider programs in FY 16/17 and may include some referrals to services but excludes outreach for program promotion.

\*\*VIPS: Of the total cost listed above, \$622,879 were MHSA funds, yielding \$7,243 per participant for MHSA portion of funding.

Ventura County also captured PEI services by geographic location. Below are the numbers receiving direct PEI services by city.

**FY16-17 NUMBER OF INDIVIDUALS SERVED OR TRAINED BY REGION**

Location	# Served*
Camarillo	778
Fillmore	234
Moorpark	328
Ojai	54
Oxnard	1,793
Port Hueneme	51
Santa Clara Valley	64
Santa Paula	543
Simi Valley	306
Thousand Oaks	214
Ventura	362
Countywide**	51
Other	15
<b># of Individuals Served or Trained Across Programs</b>	<b>4,793***</b>

\*These figures include all programs evaluated for FY 16-17 reflected in Appendix B. Please refer to notes in Appendix B.

\*\*Includes CIT trainees from agencies serving throughout the County (e.g., Sheriff, Probation Agency, etc.)

\*\*\* Excludes Early Supportive Services (ESS data under PEI Section)

**PEI PROGRAM EVALUATION**

EvalCorp was contracted in FY 14/15 to conduct an evaluation on 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. See Appendix B for evaluation results for services implemented in fiscal years 2014-15, 2015-16, 2016-17. In addition to compliance with state regulations, these evaluations have enabled Ventura County to feed the results through the CPP process, thus enabling assessment of performance, cost-effectiveness and community impact.

Challenges were presented in the data collection, reporting and evaluation process due to Ventura County implementing the new regulatory data collection requirements and a new data collection tool mid-year. This resulted in limitations in analyzing and presenting a comprehensive perspective for PEI and its programs. Mitigation included presenting data for the full year where it would lend itself, but for the most part, the data had to be divided into 2-time periods. Thus, not allowing for complete aggregate date for FY 16-17 services. A compounding factor to incomplete demographics data was the inconsistency of its collection across and within programs. Some modes of failure included clients not understanding the questions and/or unwilling to respond to some or all questions, especially those that don't translate well into clients' native language. Another challenge presented itself in providers themselves feeling uncomfortable with certain questions, thus not advocating for questionnaire completion.

The goal is to continually campaign for an improved response rate with respect to demographics questionnaires. This will be done in the form of improving communication, education and increasing understanding on behalf of providers.

For purposes of this Annual Update, the demographic information is included in the evaluation report attached at Appendix B. The following section serves to present aggregate numbers served, geographic location, cost per participant, description of specific programs and summaries of outcomes applicable to individual or groups of programs. For other detailed information regarding program activities and demographics, the reader is referred to Appendix B.

## PREVENTION

### **Employing the Promotoras Model**

A unique program offered by VCBH utilizes the Promotoras Model. This model is designed to reach the underserved Latino community by providing Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) community support activities that increase knowledge, understanding, and service access within the Latino community. Promotoras are comprised of respected community members who serve as liaisons between their community and health, human, and mental health organizations. Due to the relationship, they have with their community, they are particularly effective at reaching Latinos and other unserved and underserved families and individuals. They take the community health worker model one step further because they speak the same language, come from the same neighborhood, and share common life experiences with the community members they serve.

The program provides outreach activities such as presentations promoting VCBH services and programs at schools, faith-based communities, community organizations, migrant labor organizations, and various community events. It facilitates mental health wellness trainings with community groups and organizations on practices that promote mental health and reduce stigma. They support individuals referred to VCBH services by providing accompaniment to scheduled assessments, education on the STAR and RISE processes, follow-up, and other liaison duties as indicated. The purpose of the community linkage and support is to ensure those within the community who are seeking or have been identified as potentially needing mental health services are provided the appropriate link to supportive services. The program may meet individuals within the community, VCBH clinics, or their homes. All contacts and linkage with individuals who show interest in accessing mental health services are reported to VCBH's Community Service Coordinator. Tracking these individuals ensures a smooth transition within the continuum of care.

Ventura County currently has 2 programs employing this model: Proyecto Conexión Con Mis Compañeras/Project Connecting With My Peers and Promotoras y Promotes Foundation.

The goal of these programs is the outreach, engagement, and early intervention for the prevention of depression in immigrant Latina women living in the Santa Clara Valley and Oxnard Plains. Although services for these 2 areas are equal, there are provided by 2 different providers. This section addresses the data for services in the Santa Clara Valley as provided by Promotores y Promotoras Foundation (PyPF). The next section addresses the data for services provided in the Oxnard Plains area, and the provider is Mixeco Indigena Community Organizing Project (MICOP).

**Proyecto Conexión Con Mis Compañeras/Project Connecting With My Peers provided by Mixteco Indigena Community Organizing Project (MICOP)**

**Population Served:** Latinas including Mixtecs and other Indigenous individuals in Oxnard, Port Hueneme, and El Rio with mental health needs.

**Program Categories & Strategies:** **Prevention**, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction

**Description:** This program offers two-hour Mujeres y Nuestro Bienestar Emocional (MyNBE) classes at local schools and community locations in Oxnard, El Rio, and Port Hueneme. This table below is a summary for Mixteco Indigena Community Organizing Project.

<b>Program Highlights: FY16-17</b>	
<p><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>• <b>36</b> MyNBE classes held with <b>363</b> participants</li> <li>• <b>125</b> community outreach events/presentations reaching <b>6,213</b> individual contacts</li> </ul>	<p><b>Contact Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>70%</b> age 26 to 59</li> <li>• <b>76%</b> female (assigned sex at birth)</li> <li>• <b>68%</b> Hispanic/Latino</li> <li>• <b>79%</b> White or Caucasian</li> <li>• <b>&lt;1%</b> Veterans</li> </ul>
<p><b>Referrals</b></p> <ul style="list-style-type: none"> <li>• <b>98</b> non-clinical referrals made</li> <li>• Top 3 non-clinical referrals: <ul style="list-style-type: none"> <li>• <b>13%</b> Living with Love workshops</li> <li>• <b>13%</b> school/educational supports</li> <li>• <b>12%</b> support programs</li> </ul> </li> <li>• <b>1</b> clinical referral to VCBH STAR</li> </ul>	<p><b>Participant Mental Health Outcomes</b></p> <ul style="list-style-type: none"> <li>• At 12-month follow-up, in difficult situations: <b>50%</b> received emotional support; <b>44%</b> did something to help think less about the situation</li> <li>• At 12-month follow-up: <b>93%</b> would seek professional help if they had a serious emotional problem</li> </ul>

**Promotoras Y Promotores Foundation (PYPF)** offers the second program with a focus at different geographic locations.

**Population Served:** Immigrant Hispanic/Latina women at risk of depression in Santa Clara Valley (Santa Paula, Fillmore and Piru).

**Program Categories & Strategies:** **Prevention**, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction.

This table below is a summary for Promotoras Y Promotores Foundation.

## Program Highlights: FY16-17

<p style="text-align: center;"><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>• <b>170</b> program participants</li> <li>• <b>1,397</b> support group participants (duplicated) with average of <b>5</b> attendees per group</li> <li>• <b>161</b> participants receiving individuals contacts</li> <li>• <b>5,014</b> individuals reached through outreach events or community presentations</li> </ul>	<p style="text-align: center;"><b>Participant Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>67%</b> age 26 to 59</li> <li>• <b>98%</b> female (assigned sex at birth)</li> <li>• <b>72%</b> Hispanic/Latino</li> <li>• <b>70%</b> White or Caucasian</li> <li>• <b>3%</b> Veterans*</li> </ul>
<p style="text-align: center;"><b>Referrals</b></p> <ul style="list-style-type: none"> <li>• <b>202</b> non-clinical referrals             <ul style="list-style-type: none"> <li>• <b>83%</b> to support programs/classes/groups</li> <li>• <b>5%</b> to domestic violence services and <b>5%</b> to legal services</li> </ul> </li> <li>• <b>13</b> clinical referrals to VCBH RISE and <b>4</b> to VCBH STAR</li> </ul>	<p style="text-align: center;"><b>Participant Mental Health Outcomes</b></p> <ul style="list-style-type: none"> <li>• At 6-month follow-up, in difficult situations: <b>55%</b> received emotional support, <b>46%</b> tried to create a strategy, and <b>45%</b> took action to improve the situation</li> <li>• <b>100%</b> would seek professional help if they had a serious emotional problem</li> </ul>

### Wellness & Recovery Centers - Adults

**Population Served:** Adults (18 years and older) recovering from mental illness and/or substance abuse

**Program Categories & Strategies:** Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Prevention, Stigma and Discrimination Reduction

**Description:** The Adult Wellness Center (AWC) serves adults who are recovering from mental illness and are at risk of homelessness, incarceration, or increasing severity of mental health issues. The program is a portal for access to recovery services by offering support commonly utilized by individuals with a serious mental illness without the pressure of enrolling in traditional mental health services. The main center is located in Oxnard and has a satellite center in Ventura. The Wellness Center reaches out to underserved individuals throughout the County, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional Behavioral Health clinic system. The program also provides support for individuals as they transition out of other mental health programs on their journey towards wellness and recovery. The program was developed and run by peers who support members in the design of their own unique recovery plans and in creating a set of meaningful goals. The Oxnard location also serves the Latino population specifically by providing a culturally-sensitive program.

This table below is a summary for Wellness & Recovery Centers – Adult.

## Program Highlights: FY16-17

<p style="text-align: center;"><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>• <b>411</b> unduplicated members</li> <li>• <b>147</b> average member attendance per month</li> <li>• <b>1,303</b> walk-in guests (duplicated)</li> <li>• <b>1,323</b> total group attendance (duplicated)</li> <li>• <b>5,291</b> total outreach contacts</li> </ul>	<p style="text-align: center;"><b>Member Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>73%</b> age 26 to 59</li> <li>• <b>54%</b> male (current gender identity)</li> <li>• <b>49%</b> Hispanic/Latino</li> <li>• <b>34%</b> White or Caucasian</li> <li>• <b>6%</b> Veterans*</li> </ul>
<p style="text-align: center;"><b>Member Satisfaction</b></p> <ul style="list-style-type: none"> <li>• <b>100%</b> felt staff listened carefully to them</li> <li>• <b>90%</b> would recommend the services they received</li> <li>• <b>8.2</b> average rating of care received (out of 10)</li> </ul>	<p style="text-align: center;"><b>Member Outcomes</b></p> <ul style="list-style-type: none"> <li>• <b>86%</b> felt somewhat to extremely energetic and healthy</li> <li>• <b>85%</b> felt somewhat to extremely satisfied with their lives</li> </ul>

### TAY Wellness Center

**Population Served:** Transitional-aged youth (TAY) ages 18-25 recovering from mental illness/substance abuse

**Program Categories & Strategies:** **Prevention**, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction

**Description:** The Transition Age Youth (TAY) Wellness and Recovery Center serves young adults ages 18-25 who are recovering from mental illness or are in need of referral services. Provided by Pacific Clinics, the TAY Wellness Center is located in Oxnard and reaches out to underserved individuals throughout the County. As a portal entry to engage unserved or underserved TAY, the program offers a range of supports and service linkages to those who historically have not accessed services through the traditional clinic system. The program is staffed by professional young adults with lived experience and provides peer-driven activities and services such as Wellness Recovery Action Plan (WRAP) classes, skills for life training, job readiness, creative expression community activities, advocacy and support.

This table below is a summary for TAY Wellness Center.



## Program Highlights: FY16-17

### Unduplicated Individuals Served

Jul 2016-Jun 2017:

- **335** unduplicated individuals served
- **103** unduplicated members served
- **14** individuals received health navigation
- **Out of the 103 unduplicated members served,**
  - **100** mental health screenings
  - **102** primary health screenings
  - **102** were engaged and had a WRAP Plan

#### Program Activities and Reach

- FY 16-17  
**42** outreach events reaching **4267** attendees

#### Member Demographics

- Jan-Jun 2017:
  - **97%** age 18 to 25
  - **59%** male (current gender identity)
  - **79%** Hispanic/Latino
  - **33%** White or Caucasian
  - **0%** Veterans

#### Referrals

- Jan-Jun 2017:
  - **286** referrals made for **160** individuals
  - **25%** to basic needs services
  - **9%** to VCBH STAR or outpatient mental health services

#### Member Satisfaction

- **100%** felt staff explained things in a way they could understand
- **96%** would recommend the services they received
- **8.2** average rating of care received (out of 10)

#### Member Outcomes

- **88%** felt somewhat to extremely energetic and healthy
- **75%** felt somewhat to extremely satisfied with their lives

### Outreach, Referral and Engagement Programs

Within the PEI component a group of 5 programs exist under the heading of Outreach, Referral, and Engagement (OR&E). These are designed to reach faith-based, rural, and other underserved communities. The unserved or underserved communities may be designated by geographic location or a group with a specific need.

A primary goal of the OR&E programs is to reduce the stigma that prevents individuals from seeking mental health help. They provide services centered on this goal and also help to reduce discrimination. These programs accomplish their goal by increasing awareness of and sensitivity to mental health illness. The programs are listed below and will be presented in subsequent sections of this plan.

1. One Step a La Vez (Latinos, including parents and youth, in Fillmore, Santa Paula and Piru)
2. Project Esperanza (Latinos, including parents and youth, Santa Paula and Fillmore)
3. Tri-County GLAD (deaf and hard of hearing throughout Ventura County)
4. Rainbow Umbrella (LGBTQ community).

Each program conducts outreach activities and ongoing programs (such as youth groups, after school classes, hosting parenting classes) and provides referrals to mental health and other services. These projects also make presentations to those in the community about topics relevant to those they serve to others in helping roles.

The table below shows the numbers served by the OR&E programs under the prevention category. The specific demographics information is contained in Appendix B.

OR&E Program Highlights: FY16-17		
<b>Program Outreach</b> <ul style="list-style-type: none"> <li>• 40,103 Total Contacts</li> </ul>	<b>Program Referrals</b> <ul style="list-style-type: none"> <li>• 638 Referrals (Clinical and Non-Clinical)</li> </ul>	<b>Program Engagement</b> <ul style="list-style-type: none"> <li>• <b>11,147</b> participants (may be duplicated)</li> </ul>
<b>Total Served</b> <ul style="list-style-type: none"> <li>• 442 Unduplicated</li> </ul>	<b>Total Contract Cost</b> <ul style="list-style-type: none"> <li>• \$264,500</li> </ul>	<b>Average Cost per Participant</b> <ul style="list-style-type: none"> <li>• \$598/participant</li> </ul>

**One Step A La Vez**

**Population Served:** Hispanic community in Fillmore area.

**Program Categories & Strategies:** Prevention, Access and Linkage to Treatment, Improve Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction

**Description:** One Step A La Vez (OSALV) primarily focuses on engaging middle and high school-aged youth in positive experiences and providing support and referrals for underserved Hispanic/Latino youth and adults. They provide mental health education and stigma reduction through youth leadership activities, including a Youth Leadership Committee, Social Equality Club at Fillmore High School, and LGBTQIA support group.

This table below is a summary for One Step A La Vez.

Program Highlights: FY16-17		
<p><b>Program Outreach</b></p> <ul style="list-style-type: none"> <li>• <b>36</b> outreach events with <b>4062</b> contacts</li> </ul>	<p><b>Program Referrals</b></p> <ul style="list-style-type: none"> <li>• Jul-Dec 2016: <ul style="list-style-type: none"> <li>• <b>133</b> referrals (clinical and non-</li> </ul> </li> <li>• Jan-Jun 2017: <ul style="list-style-type: none"> <li>• <b>51</b> non-clinical referrals</li> <li>• <b>17</b> clinical referrals</li> </ul> </li> </ul>	<p><b>Program Engagement</b></p> <ul style="list-style-type: none"> <li>• <b>196</b> activities with <b>2,066</b> participants</li> </ul>

**Project Esperanza**

**Population Served:** Hispanic community in Santa Paula area.

**Program Categories & Strategies:** **Prevention**, Access and Linkage to Treatment, Improve Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction

**Description:** Project Esperanza primarily serves the communities of Santa Paula and Fillmore. Their focus is on reducing stigma and discrimination among unserved and underserved populations through increasing awareness and sensitivity to mental health issues as well as increasing help-seeking behavior among those with mental illness. This table below is a summary for Project Esperanza.

Program Highlights: FY16-17		
<p><b>Program Outreach</b></p> <ul style="list-style-type: none"> <li>• <b>56</b> outreach events with <b>3,161</b> contacts</li> </ul>	<p><b>Program Referrals</b></p> <ul style="list-style-type: none"> <li>• <b>134</b> non-clinical referrals</li> <li>• <b>224</b> clinical referrals</li> </ul>	<p><b>Program Engagement</b></p> <ul style="list-style-type: none"> <li>• <b>262</b> activities with <b>7,936</b> participants</li> </ul>

**Tri-County GLAD**

**Population Served:** Deaf and hard of hearing (DHH) individuals.

**Program Categories & Strategies:** **Access and Linkage to Treatment**, Improving Timely Access to Services for Underserved Populations, Prevention, Stigma and Discrimination Reduction.

**Description:** Tri-County GLAD (TC GLAD) works to address the broad social service needs of deaf and hard of hearing (DHH) individuals Countywide. The agency offers an array of advocacy, communication access, peer counseling, employment and community education services to the DHH community. TC GLAD is focused on increasing awareness and knowledge regarding mental health in the DHH community as well as increasing sensitivity to the issues faced by the DHH community. This table below is a summary for Tri-County GLAD.

Program Highlights: FY16-17	
<p><b>Program Outreach</b> (including vlogs)</p> <ul style="list-style-type: none"> <li>Jul-Dec 2016: <ul style="list-style-type: none"> <li><b>23</b> outreach events with <b>10,739</b> contacts</li> </ul> </li> <li>Jan-Jun 2017: <ul style="list-style-type: none"> <li><b>33</b> outreach events with <b>24,252</b> contacts</li> </ul> </li> </ul>	<p><b>Program Referrals</b></p> <ul style="list-style-type: none"> <li>Jul-Dec 2016: <ul style="list-style-type: none"> <li><b>15</b> referrals</li> </ul> </li> <li>Jan-Jun 2017: <ul style="list-style-type: none"> <li><b>4</b> referrals</li> </ul> </li> </ul>
<p><b>Program Engagement</b></p> <ul style="list-style-type: none"> <li>Jul-Dec 2016: <ul style="list-style-type: none"> <li><b>7</b> activities with <b>51</b> participants</li> </ul> </li> </ul>	<p><b>Social Media Reach</b></p> <ul style="list-style-type: none"> <li>Jan-Jun 2017: <ul style="list-style-type: none"> <li><b>22,683</b> Facebook visits/hits</li> <li><b>1,476</b> YouTube views</li> </ul> </li> </ul>

**Rainbow Umbrella**

**Population Served:** Lesbian, gay, bisexual, transgender, intersex, queer, and questioning (LGBTIQQ) youth ages 13 to 23 and allies.

**Program Categories & Strategies:** **Prevention**, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction, Suicide Prevention.

**Description:** Rainbow Umbrella hosts weekly, free, confidential support groups for LGBTIQQ youth and allies. They also provide mental health education and stigma reduction through community groups and meetings. This table below is a summary for Rainbow Umbrella.

Program Highlights: FY16-17	
<p><b>Program Outreach</b></p> <ul style="list-style-type: none"> <li><b>38</b> outreach events with <b>403</b> contacts</li> </ul>	<p><b>Individual Demographics</b></p> <ul style="list-style-type: none"> <li><b>77%</b> age 16 to 25</li> <li><b>76%</b> female (current gender identity)</li> <li><b>64%</b> White or Caucasian</li> <li><b>0%</b> Veterans</li> </ul>

## Outreach, Referral, & Engagement (OR&E) Programs Adult, Youth, & Community Trainee Survey Findings

**Providers:** One Step A La Vez, Project Esperanza, Tri-County GLAD (TC GLAD) (Rainbow Umbrella did not collect surveys.)

**Program Categories & Strategies:** Prevention, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction.

**Data Collection Tools/Sources:** Adult Survey, Community Trainee Survey, Youth Survey

This table below is a summary for OR&E.

### Program Highlights: FY16-17\*

#### Adult Satisfaction and Outcomes

- 98% planned to use strategies learned in program
- 98% were satisfied with services received
- 98% knew more about where to go for help with a personal or emotional problem

#### Youth Satisfaction and Outcomes

- 92% felt better about asking a friend or relative for help with a personal or emotional problem
- 91% would recommend this program to friends and family
- 90% were more aware of when they need to ask for help with a personal or emotional problem

#### Community Trainee Satisfaction and Outcomes

- 100% reported the workshop/class was useful
- 99% were more likely to think that people with mental illness deserve respect
- 98% learned that mental health treatment can help people who have a mental illness lead normal lives

\*Detailed outcomes for OR&E programs are found in Appendix B.

## EARLY INTERVENTION

Ventura County has three programs under the early intervention category. This program category ensures that all age groups with the potential for mental illness are addressed. Additionally, the programs have a cultural competence aspect imbedded in them to enable providers to meet the needs of the diverse populations in underserved geographic areas. The programs are described below.

### Primary Care Integration

**Population Served:** Individuals 12 and older at risk of or experiencing emerging mental health issues.

**Program Categories & Strategies:** **Early Intervention**, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction.

**Description:** Integration program provides short-term, early intervention treatment for depression and/or anxiety in a primary care setting. Clients with depression are at an increased risk for suicide. Primary care physicians screen and refer patients to mental health professionals for treatment. The referrals are timely in that all professionals are co-located and available. It uses IMPACT (Improving Mood- Promoting Access to Collaborative Treatment), an evidence-based collaborative care treatment model, and CBT is used to treat depression and anxiety.

Providing early intervention mental health services in a primary care setting is less stigmatizing and increases access to appropriate services and the evidence-based approach is an effective way to decrease symptoms. This table below is a summary for Primary Care Integration.

Program Highlights: FY16-17		
<p><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>• <b>418</b> participants received average of <b>9</b> sessions</li> </ul>	<p><b>Participant Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>80%</b> age 19 to 60</li> <li>• <b>74%</b> female (assigned sex at birth)</li> <li>• <b>82%</b> Hispanic/Latino</li> <li>• <b>69%</b> White or Caucasian</li> <li>• <b>&lt;1%</b> Veterans</li> </ul>	<p><b>Participant Outcomes</b></p> <ul style="list-style-type: none"> <li>• <b>7-point decrease</b> in depression scores (on average) from intake to discharge</li> <li>• <b>6-point decrease</b> in anxiety scores (on average) from intake to discharge</li> </ul>

**Early Detection and Intervention for the Prevention of Psychosis (EDIPP)/ (VIPS – Ventura Intervention and Prevention Services**

**Population Served:** Individuals 16-25-year-olds showing early stages of psychosis within the last 30 days.

**Program Categories & Strategies:** **Early Intervention**, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction

**Description:** The Early Detection and Intervention for the Prevention of Psychosis (EDIPP), also known as VIPS, is an intervention program designed to delay or prevent the onset of a psychotic disorder. Telecare provides this treatment through the Ventura Early Intervention Prevention Services (VIPS) program, which is a fidelity Portland Identification and Early Referral (PIER) model. The full program is two years of intervention with an additional third year of continuing care. This program offers a first break program that treats clients with prior psychotic symptoms have lasted for up to 18 months. Telecare utilizes the same VIPS model for the First Break program. Treatment involves assessment, multi-family groups, individual and family therapy, educational/vocational services, medication management with a psychiatrist and a nurse, and family psycho-education. It also ensures the availability of bicultural and bilingual clinicians to offer culturally and logistically appropriate services to a large number of families in

Ventura County. This table below is a summary for Early Detection and Intervention for the Prevention of Psychosis.

Program Highlights: FY16-17	
<p><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>• <b>86</b> unduplicated clients served</li> <li>• <b>86</b> outreach events that reached over <b>400</b> people</li> <li>• <b>51</b> VIPS participants involved per month (average)</li> <li>• <b>45</b> families assigned to groups per month (average)</li> </ul>	<p><b>Participant Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>97%</b> age 16 to 25</li> <li>• <b>66%</b> male</li> <li>• <b>60%</b> Hispanic/Latino</li> <li>• <b>40%</b> White or Caucasian</li> </ul>
<p><b>Satisfaction with Services</b></p> <ul style="list-style-type: none"> <li>• <b>100%</b> agreed the clinician treats them with dignity and respect</li> <li>• <b>91%</b> would recommend services to someone who needed mental health or substance abuse treatment</li> </ul>	<p><b>Participant Outcomes</b></p> <ul style="list-style-type: none"> <li>• <b>Decreased</b> frequency and severity of symptoms</li> <li>• <b>Increased</b> hopefulness</li> </ul>

**Early Supportive Services (ESS)**

**Population Served:** Individuals 0-18 years and older at risk of mental health issues

**Program Categories & Strategies:** **Early Intervention**, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction

**Description:** The primary goal of the program is to successfully link clients to The Early Supportive Services (ESS) provides focused, short-term, research-informed mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or juvenile justice involvement. These are children and youth exhibiting behaviors that place them at a higher risk for mental health issues. Early Supportive Services follows the child through the first year of treatment. Data indicate that left untreated, these behaviors may escalate into more significant mental health problems.

The data below represents highlights for the Early Supportive Services early intervention program. The description follows the data.

Age Group	Rollover Clients from FY 15-16	New Clients During FY 16-17	Total Clients Served FY 16-17
0-15	417	182	599
16-25	93	49	142
<b>Totals</b>	<b>510*</b>	<b>231*</b>	<b>741*</b>

\*Counts considered duplicative. Unduplicated clients served is **740**.

Program Highlights: FY16-17	
<p><b>Demographics</b></p> <ul style="list-style-type: none"> <li>• <b>381 Female</b></li> <li>• <b>358 Male</b></li> <li>• <b>1 Unknown</b></li> </ul> <p><b>Sexual Orientation</b></p> <ul style="list-style-type: none"> <li>• Not reported</li> </ul>	<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>173 Not Hispanic</b></li> <li>• <b>270 Mexican/Mexican American</b></li> <li>• <b>3 Mixteco</b></li> <li>• <b>171 Other Hispanic/Latino</b></li> <li>• <b>41 Unknown</b></li> <li>• <b>82 No Entry</b></li> </ul>
<p><b>Primary Language</b></p> <ul style="list-style-type: none"> <li>• <b>532 English</b></li> <li>• <b>196 Spanish</b></li> <li>• <b>2 Asian</b></li> <li>• <b>3 Mixteco</b></li> <li>• <b>7 Not Recorded</b></li> </ul>	<p><b>Served by City</b></p> <ul style="list-style-type: none"> <li>• <b>230 Oxnard</b></li> <li>• <b>142 Ventura</b></li> <li>• <b>13 Ojai</b></li> <li>• <b>97 Simi Valley/Moorpark</b></li> <li>• <b>56 Conejo Valley</b></li> <li>• <b>134 Santa Paula/Fillmore/Piru</b></li> <li>• <b>41 Camarillo</b></li> <li>• <b>26 Port Hueneme</b></li> <li>• <b>2 Not Recorded or Out of County</b></li> </ul>

**Notes:**

Client: New Admit client is defined as anyone admitted to an MHSA program after 7/1/2016 and before 6/30/2017, regardless of being discharge from any MHSA program

Rollover Client: Anyone admitted to an MHSA program prior to 7/1/2016 with or without a discharge after 6/30/2017.

Count: A single client can be a New Admit into a different MHSA program from a MHSA program where previously counted as a Rollover client with in the same fiscal period.

A single client can be admitted to multiple MHSA programs within the same fiscal period.

For example:

1. Contacted by an Outreach & Engagement service
2. Receive Crisis services during an episode
3. Receive assessment services
4. Receive treatment services

Demographic Data Count: A single 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.



## OTHER CATEGORY

### Crisis Intervention Team (CIT)

**Population Served:** The group of first responders being served is law enforcement personnel with the goal of equipping them to deal appropriately with the mentally ill within the realm of law enforcement.

**Program Categories & Strategies:** Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction.

This table below is a summary for Crisis Intervention Team.

Program Highlights: FY16-17			
<p><b>Program Activities and Reach</b></p> <ul style="list-style-type: none"> <li>Jul 2016-Jun 2017:                             <ul style="list-style-type: none"> <li>3 CIT Academies trained 125 individuals</li> </ul> </li> <li>Jan-Jun 2017:                             <ul style="list-style-type: none"> <li>18 additional trainings/presentations conducted with 338 total participants</li> </ul> </li> </ul>	<p><b>Academy Participant Demographics</b></p> <ul style="list-style-type: none"> <li>45% age 30 to 39</li> <li>87% male</li> <li>71% ranked Officer/Deputy</li> <li>69% assigned to Patrol</li> </ul>	<p><b>CIT Card Information</b></p> <ul style="list-style-type: none"> <li>1,280 CIT Cards submitted</li> <li>22% of incidents in Simi Valley</li> <li>41% contact only</li> <li>52% male</li> <li>66% White</li> </ul>	
<p><b>Participant Satisfaction</b></p> <ul style="list-style-type: none"> <li>90% felt more confident in responding effectively with a mental health problem or crisis</li> <li>89% were more knowledgeable about mental health issues and related crises</li> </ul>		<p><b>Participant Follow-up</b></p> <ul style="list-style-type: none"> <li>86% used verbal- and non-verbal de-escalation techniques taught at least once since attending training</li> <li>96% reported that the techniques helped to decrease tension in mental health crisis situations</li> </ul>	

### School Based Intervention Programs

School-based intervention is a service strategy that is represented by the following programs that VCBH has contracted with the Ventura County Office of Education (VCOE) to implement in school districts and schools across the County. The programs implemented by VCOE serve as an enhancement and/or supplement to other non-MHSA funded school-based programs. A regular assessment of school-based services is conducted under the umbrella of the CPP process to ensure that this population is adequately served. It follows that 3 EBP programs (below) are currently implemented to impact high need students through school staff, such as administrators and educators. The 3 following programs are currently being funded by MHSA.

## Positive Behavior Interventions & Supports (PBIS)

**Population(s) Served:** Ventura County school administrators, teachers, and staff.

**Program Categories & Strategies:** Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction.

**Description:** Positive Behavior Intervention and Supports (PBIS) uses the CHAMPS (Conversations, Help, Activity, Movement, Participation, and Success) evidenced-based approach to provide a multi-tiered system of interventions and supports to improve the school climate and promote positive classroom and behavior management in high-need districts/schools, setting and facilitating high expectations for students. This table below is a summary for Positive Behavior Interventions & Supports.

Program Highlights: FY16-17	
<b>Training Activities and Participation</b> <ul style="list-style-type: none"><li>• 20 PBIS trainings/site visits with 284 total participants</li></ul>	<b>School-Level Outcomes</b> <ul style="list-style-type: none"><li>• Survey respondents reported the following had reduced “To a Great Extent” or “Somewhat” in their district or school: <b>District Admin/Principals/Asst. Principals</b><ul style="list-style-type: none"><li>• Suspensions: 100%</li><li>• Expulsions: 25%</li></ul><b>Teachers</b><ul style="list-style-type: none"><li>• Suspensions: 57%</li><li>• Expulsions: 43%</li></ul></li></ul>

## Restorative Justice (RJ)

**Population(s) Served:** Ventura County school staff, students, parents, and community members.

**Program Categories & Strategies:** Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction.

**Description:** Restorative Justice provides an evidence-based behavioral intervention to address discipline and behavioral issues and open communication in school districts and schools with high-needs students. This table below is a summary for Restorative Justice.

## Program Highlights: FY16-17

<p><b>Program Activities</b></p> <ul style="list-style-type: none"> <li>• <b>5</b> RJ Network Facilitator Meetings (67 total participants)</li> <li>• <b>6</b> additional trainings with <b>531</b> total participants</li> </ul>	<p><b>Training Feedback</b> (average across 4 sessions)</p> <ul style="list-style-type: none"> <li>• Participants rated the following aspects as “Above Average” or “High”:</li> <ul style="list-style-type: none"> <li>• Presenter knowledge and expertise level: <b>96%</b></li> <li>• Content knowledge will assist in doing job more effectively: <b>91%</b></li> </ul> </ul>	<p><b>RJ Implementation</b> (average across 3 sessions)</p> <ul style="list-style-type: none"> <li>• <b>91%</b> of respondents have attended 1 or more RJ training/coaching sessions</li> <li>• <b>43%</b> of respondent schools/districts at full or partial RJ implementation</li> </ul>
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**SafeTALK (Tell, Ask, Listen and KeepSafe)**

**Population(s) Served:** Ventura County school staff, students, parents, and community members.

**Program Categories & Strategies:** **Suicide Prevention, Outreach for Increasing Recognition of Early Signs of Mental Illness,** Access and Linkage to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction.

**Description:** SafeTALK (Tell, Ask, Listen and KeepSafe) is a suicide awareness training program that teaches participants, primarily in school settings, to identify and talk with people who have thoughts of suicide and connects them to first aid intervention caregivers. This table below is a summary for SafeTALK.

## Program Highlights: FY16-17

<p><b>Training Activities</b></p> <ul style="list-style-type: none"> <li>• <b>18</b> trainings with <b>439</b> total participants</li> </ul>	<p><b>Participant Feedback</b></p> <ul style="list-style-type: none"> <li>• Over <b>95%</b> of participants intended to tell others that they would benefit from safeTALK training</li> <li>• <b>9.81</b> average rating of training (out of 10)</li> </ul>	<p><b>Participant Outcomes</b></p> <ul style="list-style-type: none"> <li>• <b>90%</b> of participants reported feeling quite a bit or somewhat more alert and watchful for risks of suicide after training</li> </ul>
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## Innovation (INN) Highlights for FY 16-17 Services

Innovation (INN) projects that were approved in FY 16/17 are outlined below along with an update is also provided for FY 17/18. Current Innovation (INN) projects that are in development can be found in the section titled, “Spending Plan for Funding Subject to AB 114 – Department of Health Care Services Info Notice 17-059”

### 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 practices and perspectives on mental well-being and then 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 have been trained in research methodology, data collection methods, and the facilitation of focus groups. All focus groups have been conducted and have led to some promising practices for culturally appropriate engagement methods. The next phase of the program, structured surveys on traditional healing methods is in process.

The table below highlights program progress by citing activities accomplished.

Activities	Date/Time Period
Project idea developed through CPP process	Summer/Fall 2016
Project approved by the Board of Supervisors	December 6, 2016
Project approved by the MHSOAC	March 23, 2017
The project start date	July 1, 2017

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

The Children’s Accelerated Access to Treatment and Services is an innovation project that is proposing 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. A Ventura County 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 but due to the recent Thomas Fire was postponed until March. Except for this setback, the program is scheduled to proceed as planned.

The table below highlights program progress by citing activities accomplished.

<b>Activities</b>	<b>Date/Time Period</b>
<b>Project idea developed through CPP process</b>	Winter of 2016/2017
<b>Project approved by the Board of Supervisors</b>	May 23, 2017
<b>Project approved by the MHOAC</b>	May 25, 2017
<b>The project start date</b>	July 1, 2017

## Workforce Education and Training (WET)

### Highlights for FY 16-17 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 MHSA component, the system of care relies on the ability for all concerned to work collaboratively in order to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and 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.

Due to staffing reallocation and attrition, this program is not active. 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 will continue to provide oversight of WET programs through FY 2017/18 when the WET programs conclude. Supplemental support will be provided by other departments and staff within the VCBH administration as needed during the final year of the WET plan.

### Training Institute

**Population Served:** Clinical staff

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

**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. Community collaboration continues by gathering feedback from a variety of stakeholders including educational institutions, clients, family members, Community-Based Organizations (CBOs) representatives, and representatives from professional organizations within the community.

The Training Institute provided clinical staff with a solid foundation of **Cognitive Behavioral Therapy** training. This reinforces the structure and direction of VCBH clinical services. In addition to the basic CBT course, additional advanced CBT training in specialty topics was provided as indicated in the following table.

### Program Highlights: FY16-17

Number Trained Per Topic	Accomplishments
<ul style="list-style-type: none"><li>Using CBT with Groups (47)</li><li>Trauma and CBT (97)</li><li>CBT and Culture (130)</li><li>Trial Based CBT (84)</li><li>Family Therapy and CBT (47)</li></ul>	<ul style="list-style-type: none"><li>43 clinicians have reached the level of CBT Diplomat</li><li>43 trained as CBT Coaches</li><li>12 Diplomats identified as CBT ongoing trainer</li><li>Train-the-Trainer program yielded sustainable CBT training program</li><li>CBT coaches continually ensuring fidelity to the model.</li></ul>

VCBH will continue to provide ongoing training in CBT through CBT Diplomats that have participated in a Train the Trainer program. This will enable the training of staff in CBT in subsequent years as WET funding comes to an end. VCBH will continue to look for funding opportunities through grants as those become available, but training will no longer be under the auspices of MHSA/WET, as funding will expire on June 30, 2018.

### **Mental Health Career Pathways**

**Population Served:** Various (see description)

**Program Categories & Strategies:** WET – Career

**Description:** This program has included several subgroups geared toward developing and maintaining a culturally-competent workforce through career pathway development. In the past, these programs have included the Client Recovery Education Center which trained and employed individuals with lived experience, Language Assistance Services which helped to ensure that Limited English Proficient (LEP) persons had access to services as needed, the Career Ladder Program for secondary education which encouraged high school students to enter the mental health field and the Human Service Certificate Program, a nine-unit community college case management certificate program focused on wellness and recovery concepts.

A significant challenge has been sustainability. Most of the projects within this program required ongoing funding which is not available through the WET plan. Some of the projects like the high school curriculum and the community college certificate programs were always intended to be adopted by the educational institutions once the materials were developed. The local community college and high school have elected not to allocate funding for these two projects due to budget constraints and insufficient staffing resources within these community partnerships.

These programs have concluded or are no longer being funded. The language services are provided now through traditional interpretive services and are not funded through WET funding.

The Client Recovery Education Center and the Language Assistance Service are no longer funded through WET. The other two programs are no longer active.

A grant through OSHPD has been awarded to VCBH to fund a career pipeline program for high school and undergraduate students for FY 17-18. This grant will provide career information and mentoring to high school students from underserved communities and fund stipends for the Mental Health Associate (MHA) Internship program. After FY17-18, there will be no funding to support community outreach and career pipeline programs like this. Alternative funding sources to fund programs will be explored when possible, but there are no ongoing programs planned for the two subsequent years after FY 2017/18.

### **Residency and Internships Programs**

**Population Served:** Mental health profession students

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



**Description:** The training sites provide clinical fieldwork experience and training for students enrolled in a variety of educational programs which include 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 support the goal of developing a competent, well-trained workforce with a focus on culturally-sensitive services and wellness, recovery, and resilience.

This program had **59** student interns during the FY16-17 academic year. This is a large and vibrant internship program compared to the other mid-sized and larger counties. Of the interns, approximately 38% spoke Spanish, helping to improve accessibility for mono-lingual Spanish-speaking clients and their families. The multi-cultural group of interns also helped to continue to enhance the culturally-sensitive services for our client population.

The student internship programs have created a viable pathway to employment for many of the students. The majority of those students that have pursued and accepted employment offers have been fluent in Spanish which is the County's threshold language.

After FY17-18, the WET funding will be expended and VCBH will not be receiving any additional WET funding. Clinical training opportunities will continue to be provided to graduate students, but funds for educational stipends will no longer be available through WET funds. The amount of \$132,000 in funding through non-WET MHSA funds will be allocated to provide continued support of a smaller stipend program. This 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** - Administrative staffing support for VCBH WET programs.

**Description:** This program includes 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 receive an advanced standing in the application process. The third type of financial incentive program supports the recruitment of PMHNPs. The Loan Assistance Program provided funding toward the educational loans of PMHNPs that seek and maintain employment with VCBH. This table below is a summary for Financial Incentive Programs.

## Program Highlights: FY16-17

### Accomplishments

- **30** students in FY16-17 and 31 students in FY17-18 received stipends
- **64%** of the 30 students above were fluent in Spanish
- **3** staff in FY16-17 (Some fluent in Spanish)

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.

Due to the geographical location of Ventura County, challenges continue in recruitment of students due to competition with Los Angeles County. Many students come from Los Angeles County educational institutions and they have many available options. The success in recruitment thus far has been enhanced through offering of stipends. When the WET funding concludes in FY17-18 it will be difficult to fill these training positions with bilingual and bicultural students.

WET funding will be expended in FY17-18. 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.

## Capital Facilities and Technological Needs (CFTN) Highlights for FY 16-17 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: FY16-17

### 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** - In-field staff activity and potential client engagement, data analytic services
- 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 services which support the administration of client lab orders and results and client portal services

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

## **APPENDIX A – Issue Resolution Process**



**VENTURA COUNTY BEHAVIORAL HEALTH**

<b>POLICY:</b>	<b>MENTAL HEALTH SERVICES ACT ISSUE RESOLUTION PROCESS</b>	<b>PROCEDURE NO:</b> <b>AD-47</b>	<b>EFFECTIVE DATE:</b> 9/05/2011
<b>DIVISION:</b>	ADMINISTRATION	<b>REVISION DATES:</b> 1/15/2012	
<b>AFFECTS:</b>	ADULT SERVICES DIVISION YOUTH AND FAMILY SERVICES DIVISION MENTAL HEALTH SERVICES ACT DIVISION		
<b>LEVEL:</b>	2		
<b>APPROVED BY:</b>	<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>		<b>REVIEW DATES:</b>

**PURPOSE** To provide a process for resolving issues regarding Mental Health Services Act (MHSA) programs, components, or processes.

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**DEFINITION(S)**

**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.

**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.

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**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.

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**PROCEDURE**

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.
  - 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:
  - 3.1. Level 1
    - 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.

## VENTURA COUNTY BEHAVIORAL HEALTH

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### 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.

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FORM(S)

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REFERENCE

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# **APPENDIX B – Ventura County MHSa Prevention and Early Intervention Evaluation Report**

**FY 2016-17 Evaluation Report**

**Prepared by EVALCORP Research & Consulting**

**Please see attachment**



# **APPENDIX C – Discontinued Programs**

**Program Highlights for FY 16-17 Services**



# Discontinued Programs

These programs were not active during FY 17-18; however, data was collected during FY 16-17.

## Children’s Outpatient Services

**Population Served:** Ages 13-19 years involved in criminal justice system

**Program Categories & Strategies:** FSP-Children/Youth

**Description:** In collaboration with the Probation Department, the Children’s Outpatient Services program provides intensive community-based services for youth between the ages of 13 and 19 years of age who are involved in the Juvenile Justice system and have been placed on formal probation. The program provides treatment and support to youth and families through culturally-competent services. The Children’s Outpatient Services are provided by Interface Children & Family Services. The program uses mental health clinicians, peer advocates, a care coordinator, and employment specialist to provide counseling, education, case management, employment development, and support. It focuses on assisting youth and their families in identifying strengths, working together to assess needs, and designing a personal plan of care to treat the youth's mental health conditions, improve their level of functioning and support family functioning. Services includes linkage, access, and engagement to other services and deemed as an integral part of treatment. This table below is a summary for Children’s Outpatient Services.

Program Highlights: FY16-17	
<p><b>Program Activities and Reach:</b></p> <ul style="list-style-type: none"> <li>• <b>31</b> Total Unduplicated Served</li> <li>• <b>22</b> Admitted</li> <li>• <b>33</b> Discharged</li> <li>• <b>244</b> Average length of stay (Days)</li> </ul>	<p><b>Participant Demographics by Age Group:</b></p> <ul style="list-style-type: none"> <li>• 90% Ages 13 - 17</li> <li>• 10% ages 18 – 21</li> </ul> <p><b>Key Threshold Demographics in Percentages -</b></p> <ul style="list-style-type: none"> <li>• Latino - 85%</li> <li>• Male - 72%</li> <li>• Spanish Language - 37%</li> </ul>

Children’s Outpatient Services has been replaced by INSIGHTS.

## Peer Support Services Program

**Population Served:** High-risk clients exiting the inpatient psychiatric unit, jails, and residential treatment facilities ages 18+ years

**Program Categories & Strategies:** General System Development – Peer Support

**Description:** This program places Peer Recover Coaches at County outpatient clinics and specialty programs, including field-based services (Crisis Residential Treatment facility and Hillmont Psychiatric Center) to offer transition services to outpatient mental health treatment. Services provided by the Peer

Recovery Coaches include motivational interviewing, peer support and development of Wellness Recovery Plans (WRAP).

Under supervision of contractor staff and immediate direction by VCBH Clinic Administrator Staff, Peer Recovery Coaches provide a wide range of functions, including a role model to peers, exhibiting competency in personal recovery and use of coping skills. They serve as a consumer advocate, provide consumer information, peer support, and facilitate classes as determined by Clinic Administrator in consultation with the Team Supervisor. The goal of these services is to assist consumers in regaining independence within the community, support individuals in crisis or post crisis, and mastery of their own recovery process. This table below is a summary for Peer Support Services Program.

Program Highlights: FY16-17	
<p><b>Program Activities and Reach:</b></p> <ul style="list-style-type: none"> <li>• <b>575</b> unduplicated referrals               <ul style="list-style-type: none"> <li>○ <b>112</b> POST incarceration number of referrals</li> <li>○ <b>139</b> POST hospitalization number of referrals</li> <li>○ <b>324</b> from Outpatient Clinics</li> </ul> </li> <li>• <b>1341</b> participants for Wellness and Recovery Plan (WRAP) classes</li> </ul>	<p><b>Participant Demographics and Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Referral Age Groups               <ul style="list-style-type: none"> <li>○ TAY (18-25) - 12%</li> <li>○ Adult (26-59) - 76%</li> <li>○ Older Adults (60+) - 12%</li> </ul> </li> <li>• Ethnicity of referrals               <ul style="list-style-type: none"> <li>○ Hispanic - 27%</li> <li>○ Caucasian - 43%</li> <li>○ African American - 3%</li> <li>○ American Indian - &lt;1%</li> <li>○ Asian Pacific Islander - 2 %</li> <li>○ Other - 2%</li> <li>○ Unknown - 22%</li> </ul> </li> </ul>