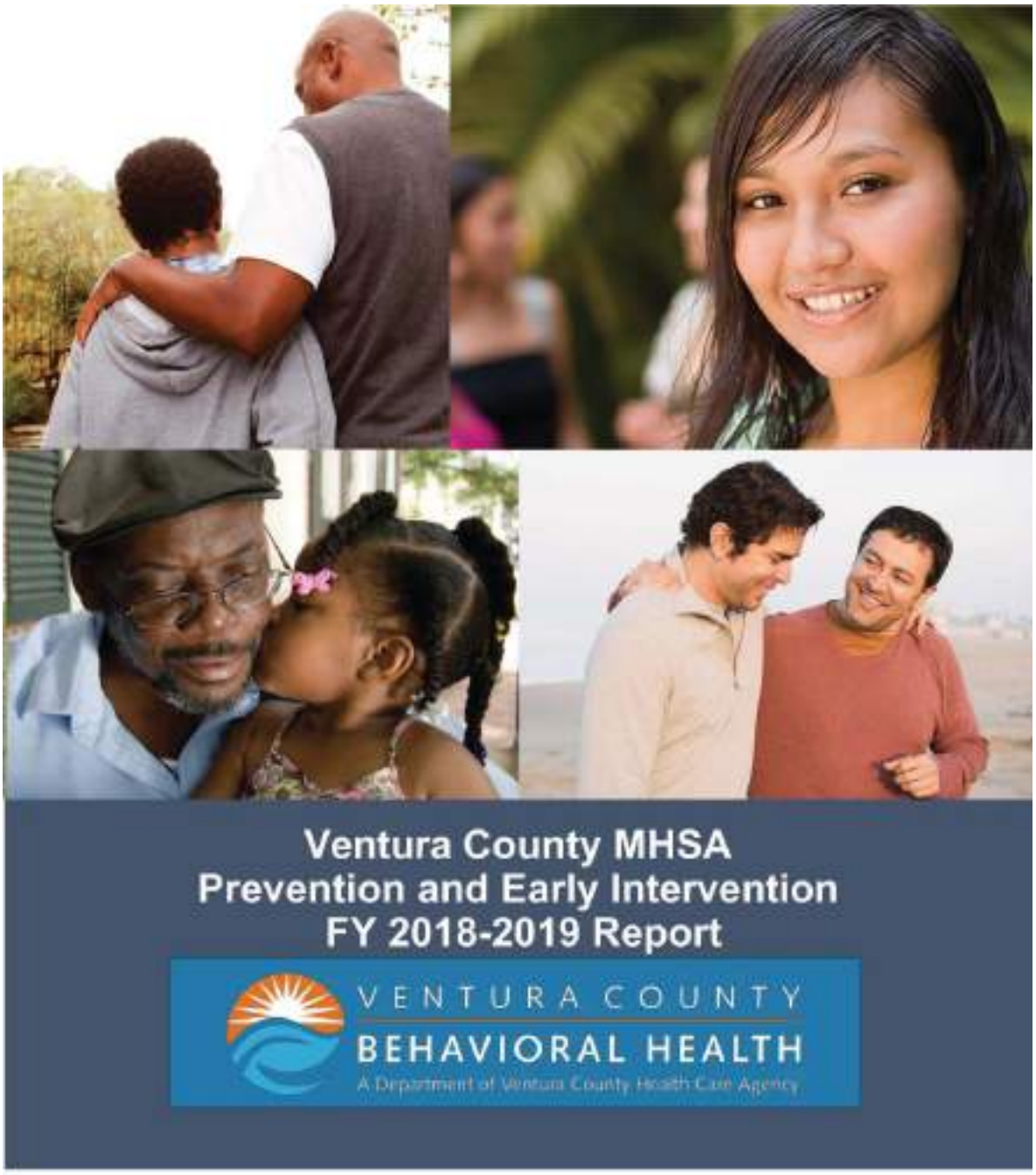
7.4 APPENDIX D – FY 18/19 Prevention and Early Intervention Evaluation Report



Prepared by EVALCORP

VENTURA COUNTY
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ACKNOWLEDGMENTS

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INTRODUCTION

Overview

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

Ventura County Behavioral Health (VCBH) funded 20 programs using PEI dollars during fiscal year 2018-2019. The programs were delivered by community-based providers. These programs served children and adults, individuals and families, and trained providers who work with the County's diverse populations.

PEI Regulations

In October 2015, the PEI regulations were amended, and two overarching modifications were made. First, revised program categories and strategies were specified, and beginning in FY16-17, PEI funded program were required to align with at least one category and employ three required strategies.

The program categories include:

- **Prevention** - Set of related activities to reduce risk factors for developing a potentially serious mental illness and to build positive factors. Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.
- **Early Intervention** - Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including negative outcomes that may result from untreated mental illness. Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness** - The process of engaging, encouraging, educating and/or training and learning from potential responders (family, school personnel, peer providers, etc.) about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
- **Access and Linkage to Treatment** - A set of related activities to connect children, adults and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs (e.g. screening, assessment, referral, telephone help lines, and mobile response).
- **Stigma and Discrimination Reduction** - The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion and equity for individuals with mental illness, and members of their families.

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

- **Suicide Prevention (optional)** - Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.
- **Improving Timely Access to Services for Underserved Populations (optional)** – To increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services. Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings.

The strategies include:

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

Second, the amended regulations required reporting on specific process and outcome metrics, including:

- Unduplicated number of individuals/families served
- Participant demographics (age, race, ethnicity, primary language, sexual orientation, gender, disability status, veteran status)*
- Number and types of referrals to treatment and other services
- Timely follow-through on referrals
- Changes in attitudes, knowledge, and behaviors related to mental illness and help-seeking
- Reduced mental illness risk factors and/or increased protective factors
- Reduced symptoms of mental illness
- Improved mental, emotional, and relational functioning

Following the release of the amended PEI regulations, Counties provided feedback to the Mental Health Services Oversight and Accountability Commission (MHSOAC). MHSOAC considered this feedback and adopted a further revised version of the PEI regulations, which took effect on July 1, 2018. The programs funded during fiscal year 2018-2019 and the data reported in this report are aligned with the October 2015 regulations and any amendments from July 1, 2018, to the extent possible.

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

EVALUATION METHODOLOGY

Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2018-2019. This report presents State-required metrics as available and other program-specific information collected by the PEI providers.

This report provides a comprehensive review of programs, including the following process and outcomes measures:

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

Data Collection and Analysis

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

VCBH PEI-funded programs used four primary types of data collection strategies:

1) **VCBH Template**: In response to the October 2015 PEI amendments, VCBH developed a comprehensive data collection spreadsheet to collect program implementation data and process metrics such as number of individuals served, participant demographics, referrals, outreach and other program activities, and program successes and challenges. After the January 2017 launch of the template, VCBH has continued to refine it to tailor to the needs of each PEI program and to increase the data's adherence to the PEI regulations.

2) **Program tracking logs and sign-in sheets**: Some PEI programs use tracking logs and sign-in sheets to document outreach, referrals, and other activities. This data source is more common among programs that do not use the VCBH template.

3) **Program surveys**: Multiple PEI programs employ post-program surveys to collect outcome data required by the PEI regulations and additional information of interest to VCBH. The post-program surveys typically include both close- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors to mental illness; social-emotional well-being and functioning; symptoms of mental illness; participant satisfaction; and recommendations for improvements. Each PEI program uses different surveys to ensure that the data collected are relevant and appropriate to the individual programs. During fiscal year 2018-2019, VCBH continued to streamline survey items across programs where appropriate.

4) **Narrative reports**: When available, narrative reports provided by the program to VCBH that described key activities, successes, and challenges were reviewed and included in the current report.

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

MOQA Pilot Project

In the first half of 2019, Ventura County participated in a pilot program that was run by the California Institute for Behavioral Health Solutions (CIBHS). Ventura County provided select Suicide Prevention (SP) and Stigma and Discrimination Reduction (SDR) program data to CIBHS as part of the pilot project Measurements, Outcomes, and Quality Assessment (MOQA) pilot project.

MOQA is a county-driven effort, supported by the Department of Health Care Services (DHCS) to improve statewide reporting on outcomes resulting from programs supported through MHSA funds.

CIBHS supports DHCS and California counties in designing measures, creating tools, collecting data, and building reports in a consistent fashion across the state. Currently, MOQA is focused on data collection for Suicide Prevention (SP) and Stigma and Discrimination Reduction (SDR) programs, and the pilot took place during the time periods of January 1, 2019 through June 20, 2019.

At the end of the pilot, CIBHS will be providing MOQA pilot reports based on the information and data collected. Also, CIBHS will continue to collect data beyond the pilot phase and Ventura County will continue to participate.

Data Notes

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

Overarching data limitations for some PEI programs in fiscal year 2018-2019 include:

- **Duplicated data**: Data presented in this report are not always unduplicated. For example, for training programs in particular, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or "declined to answer" selections**: Some questions had low response rates, possibly due to discomfort with or misunderstanding of the question itself.
- **Low participation rates**: Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.
- **Some data not collected in alignment with PEI regulations**: For example, some programs had age categories that were different than the PEI age categories.

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

Report Organization

This report presents the PEI data by program. The programs are organized in this report into three sections, by their primary program categorization. Each section begins with an overall summary of the program category description and data highlights.

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

Appendix A presents PEI-funded programs and their respective alignment with PEI Categories.
Appendix B presents PEI program participation, including number of individuals served or trained by program and by region.
Appendix C presents PEI program population demographics by primary program categorization.

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PREVENTION

The goal of the Prevention component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. In Ventura County, there are 10 programs primarily categorized under prevention. These programs serve a number of special populations including Latinos, Transitional Age Youth (TAY), those that are Deaf and Hard of Hearing (DHH), LGBTQIA+, and those at risk of homelessness or incarceration. Program services vary but include support groups, workshops, trainings, education, presentations, and even having an online presence.

Across programs participants expressed high levels of satisfaction, particularly in regards to cultural competency, with the services they or their children had received. Additionally, for the programs that serve underrepresented groups they all reached their intended priority population(s). Further details about each program's population served, activities and outreach, and participant outcomes can be found on the following pages.

Prevention Programs

- Adult Wellness Center, Turning Point Foundation
- Growing Works, Turning Point Foundation
- One Step A La Vez
- Project Esperanza, Our Lady of Guadalupe Parish
- Promotoras Program, Promotoras Y Promotores Foundation
- Proyecto Conexión Con Mis Compañeras, Mixteco Indigena Community Organizing Project
- Rainbow Umbrella, Diversity Collective
- TAY Wellness Center, Pacific Clinics
- Tri-County GLAD
- Wellness Everyday, Idea Engineering, Inc.*

2,684 individuals received core program services

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

27,018 participants in program activities†

16,208 individuals reached through outreach events†

* Data from this program is not included in the summary numbers for Prevention programs.
† Number of individuals/participants may be duplicated.

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ADULT WELLNESS AND RECOVERY CENTER
TURNING POINT FOUNDATION

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

Program Strategies

Provides access and linkages to services through referrals to appropriate treatment for individuals with serious mental illness.

Improved timely access to services for underserved individuals through mental health support and referrals to appropriate mental health care treatment.

Program Highlights

985 individuals received core program services

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

125 individuals reached through outreach events*

* Number of individuals may be duplicated.

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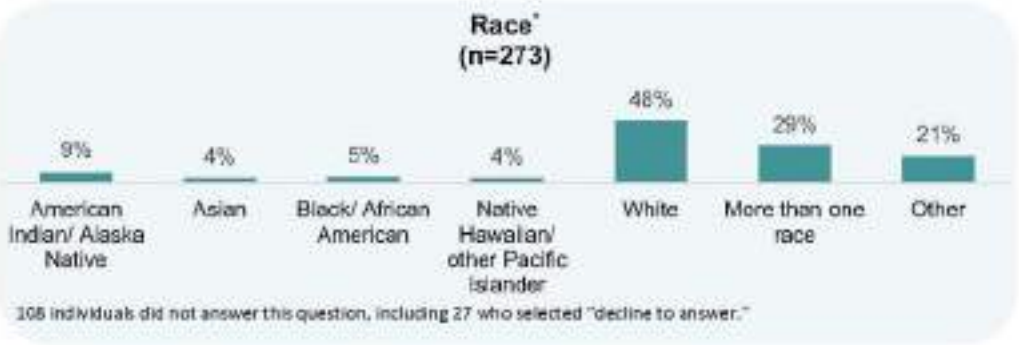
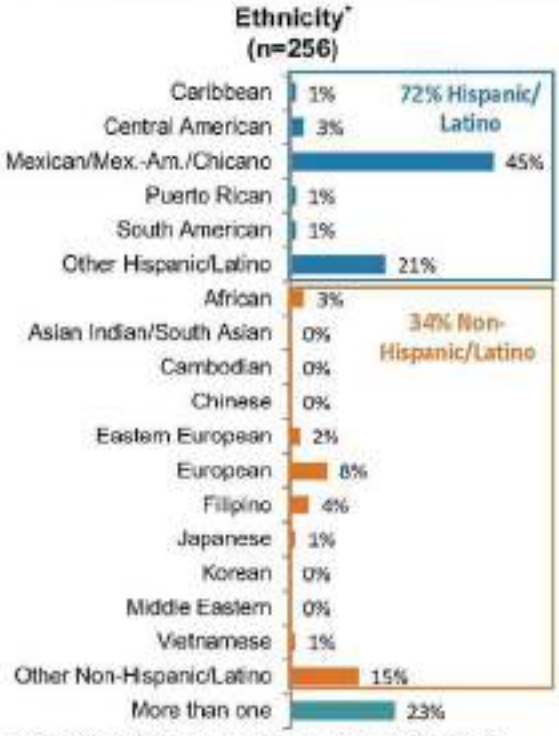
ADULT WELLNESS AND RECOVERY CENTER

Demographic Data

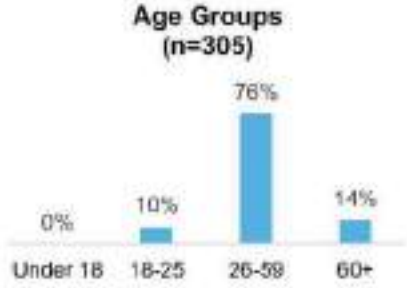
Adult Wellness and Recovery Center served 985 individuals this fiscal year including members and guests. Demographic data in this section represents unduplicated demographic data provided by 381 members who were active in the program.



108 individuals did not answer this question, including 27 who selected "decline to answer."



125 individuals did not answer this question, including 28 who selected "decline to answer."



76 individuals did not answer this question; 7 selected "decline to answer."

14 individuals did not answer this question, including 8 who selected "decline to answer."

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

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ADULT WELLNESS AND RECOVERY CENTER

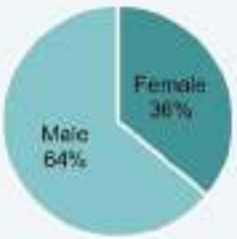
Demographic Data

Current Gender Identity (n=297)

Female	35%
Male	65%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

84 individuals did not answer this question; none selected "declined to answer."

Sex Assigned at Birth (n=302)



79 individuals did not answer this question, including 8 who selected "decline to answer."

Sexual Orientation (n=257)

Bisexual	4%
Gay or Lesbian	3%
Heterosexual or Straight	89%
Queer	2%
Questioning or Unsure	0%
Another Sexual Orientation	2%

124 individuals did not answer this question, including 48 who selected "decline to answer."

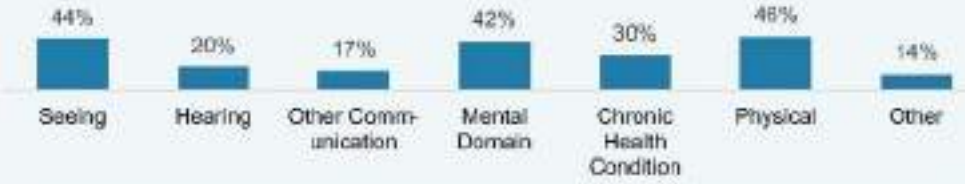
5% of individuals are veterans

n=282; 99 individuals did not answer this question, including 17 who selected "decline to answer."

65% of individuals reported having one or more disabilities

n=276; 105 individuals did not answer this question, including 31 who selected "decline to answer."

Disability* (n=179)



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

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ADULT WELLNESS AND RECOVERY CENTER

Program Activities

Program activities include groups, developing Wellness and Recovery Action Plans (WRAP), and outings facilitated by program staff.

Program Activities by Type	# Activities/ Events
Wellness Recovery Action Plan (WRAP)	149
Non-WRAP Activities	1,303
Lunch	367
Expresso	12
Outings	22
TOTAL # of Activities/Events	1,853

es

81% of program activities in Spanish

15,052 participants in program activities*

Program Outreach

Program outreach activities promote Adult Wellness and Recovery Center in the community and increase awareness and linkages to mental health resources. The Adult Wellness and Recovery Center performed five outreach activities during fiscal year 2018-2019.

125 people reached through outreach events*

150 materials distributed

es

80% of outreach events conducted in Spanish

* Number of participants/people reached may be duplicated because members could participate in multiple activities/events.

ADULT WELLNESS AND RECOVERY CENTER

Program Referrals

Program referrals include referrals to mental health care through VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals are also made for social supports such as food, housing, health insurance, and other support services. Referral data below represents 216 unduplicated individuals; individuals could receive more than one referral.

73 individuals referred to mental health care

162 individuals referred to all available social supports

3,564 total social support referrals were provided

162 individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

Program Outcomes

Adult Wellness and Recovery Center tracks outcomes by surveying participants who receive services. In fiscal year 2018-2019, two versions of the survey were distributed. One version had an option to select neutral and the other version did not. Disagree and neutral response options are grouped together in the table below.

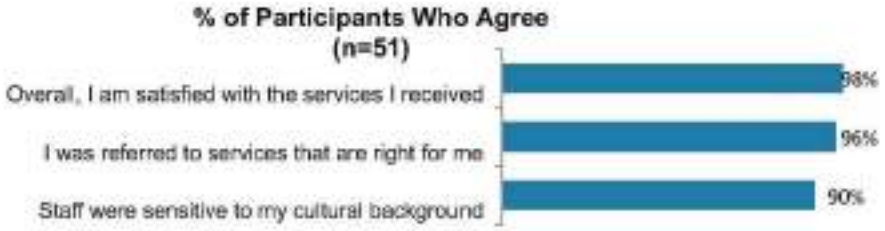
Participant Outcomes (n=50-51)

As a result of participating in Adult Wellness and Recovery Center ...	% Agree	% Disagree/ Neutral
I am more aware of when I need to ask for help with a personal or emotional problem.	92%	8%
I am able to deal with problems better.	90%	10%

ADULT WELLNESS AND RECOVERY CENTER

Program Satisfaction

Participants who received services from Adult Wellness and Recovery Center were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed with each statement.



Program Feedback

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

What was most useful or helpful about this program? (n=49)

Top 4 Responses

- Staff/peer support (27)
- Activities (10)
- Access to food (6)
- Housing/employment assistance (3)

What are your recommendations for improvement? (n=15)

Top 4 Responses

- More activities/outings (3)
- Music/art resources (3)
- Extended hours (2)
- More physical activities (2)

ADULT WELLNESS AND RECOVERY CENTER

Program Successes

"A member was approached yesterday by someone who offered him drugs and he finally had the courage to say no. Member was also thankful that the TWC [The Wellness Center] staff helped him get a full-time job at Walmart."

"A member shared when people ask him for drugs, he takes the chance to talk to them about his sobriety and maybe he can be an example of living without drugs."

Conclusion and Recommendations

Adult Wellness and Recovery Center is working to meet clients' physical and emotional needs through referrals to social supports and to mental health care.

Most people who provided feedback about the program through surveys were satisfied with the services that they received. Additionally, they felt that the program had helped them become more aware of when they need to ask for help with a personal or emotional problem and how to better cope with their problems.

Increasing the number of program participants who complete the outcomes and satisfaction surveys will benefit the program. Having additional data from more participants will provide a more complete picture of the program benefits and areas for programmatic improvements.

GROWING WORKS
TURNING POINT FOUNDATION

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

Program Strategies

Provides access and linkages to services for individuals with serious mental illness through referrals to appropriate mental health treatment.

Implements non-stigmatizing and non-discriminatory practices by providing vocational and social support for individuals with mental health challenges.

Program Highlights

85 individuals received core program services

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

240 individuals reached through outreach events*

*Number of individuals may be duplicated.

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GROWING WORKS

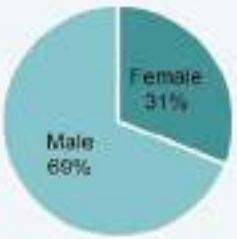
Demographic Data

Current Gender Identity (n=84)

Female	31%
Male	69%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

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

Sex Assigned at Birth (n=85)



Sexual Orientation (n=77)

Bisexual	3%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

8 individuals did not answer this question, including 1 who selected "decline to answer."

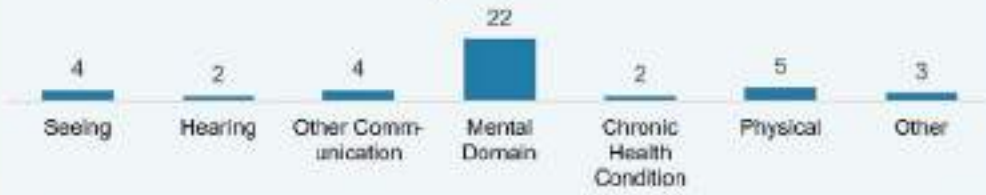
4% of individuals are veterans

n=85.

25 individuals reported having one or more disabilities

n=25; 60 individuals did not answer this question; none selected "decline to answer."

Disability* (n=25)



* Counts may exceed the number of individuals because multiple disabilities could be selected.

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GROWING WORKS

Program Outreach

Program outreach activities promote Growing Works in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Presentation	5
Community Fair or Event	1
Other Outreach	25
TOTAL # of Activities/Events	31

240 people reached through outreach events*

240 materials distributed

es

3% of outreach events conducted in Spanish

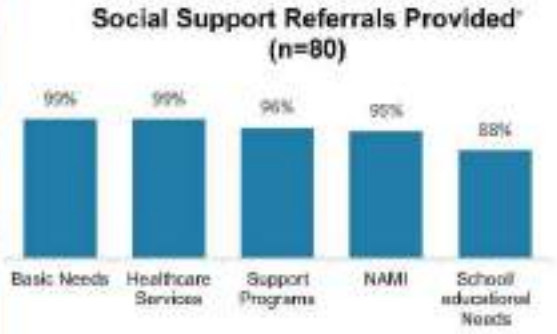
Program Referrals

Program referrals include referrals to mental health care through VCBH or other MHSA prevention, early intervention, or treatment programs. Growing Works also provides referrals to social supports such as food, housing, health insurance, and other support services. Referral data below represents 88 unduplicated individuals. The top 4 social support referrals are provided in the chart below.

47 individuals referred to mental health care

80 individuals referred to one or more social supports

1,080 total social support referrals provided



79 individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

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* Number of people reached may be duplicated.
† Percentages may exceed 100% because participants could be referred to multiple services.

GROWING WORKS

Program Outcomes

Growing Works tracks outcomes by surveying participants who receive services. Participants are given two surveys. The first is a satisfaction/outcomes survey. Two outcomes measured on this survey can be found in the table below. A second, twelve-item survey is completed by participants at four time points (i.e., Intake, Phase 1, Phase 2, Phase 3) to evaluate initial needs and improved competency as they continue through the program. Data from Phase 3 is not presented as only one program participant has completed all prior phases at this time. Additionally, program staff complete an evaluation of each participant upon intake and as they reach a new phase of the program. Survey items on the participant and staff surveys are comparable. Results from these surveys are shown in the tables below.

Participant Outcomes
(n=36-37)

As a result of participating in Growing Works ...	% Agree	% Neutral	% Disagree
I am able to deal with problems better.	83%	14%	3%
I am more aware of when I need to ask for help with a personal or emotional problem.	78%	22%	0%

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GROWING WORKS

Program Outcomes

Participant Evaluations

	% Agree		
	Intake (n=80)	Phase 1 (n=32)	Phase 2 (n=12)
I am comfortable working with people.	66%	84%	92%
I can problem-solve with other people.	65%	84%	83%
I remember and understand instructions.	62%	78%	75%
I am comfortable learning new tasks.	68%	81%	92%
I am willing to ask for clarification if I do not understand something.	71%	91%	92%
I listen to other people's viewpoints.	73%	88%	75%
I ask for advice when needed.	68%	88%	92%
I manage work challenges effectively.		81%	92%
I am comfortable attending employment trainings.		81%	92%
I am comfortable completing tasks.		81%	100%
I am comfortable seeking future employment.		88%	83%
I have learned skills that I can use in other jobs/employment.		91%	83%

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GROWING WORKS

Program Outcomes

Staff Evaluations

	% Agree		
	Intake (n=85)	Phase 1 (n=30)	Phase 2 (n=14)
Is comfortable working with people.	20%	90%	100%
Can problem-solve with other people.	16%	67%	71%
Can remember and understand instructions.	19%	70%	79%
Is comfortable learning new tasks.	20%	87%	79%
Is willing to ask for clarification if they do not understand something.	19%	87%	100%
Can listen to other people's viewpoints.	20%	87%	93%
Can ask for advice when needed.	20%	87%	93%
Can manage work challenges effectively.		80%	71%
Is comfortable attending employment trainings.		80%	86%
Is comfortable completing tasks.		87%	86%
Is comfortable seeking future employment.		83%	86%
Has learned skills that I can use in other jobs/employment.		80%	93%

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GROWING WORKS

Program Satisfaction

Participants who received services from Growing Works were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed with each statement.

Program Feedback

Participants who received Growing Works services were also asked to provide feedback through open-ended response questions. Comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=27)

Top 3 Responses

- Staff support (7)
- Group activities (5)
- Gardening/working with plants (3)

What are your recommendations for improvement? (n=14)

Top 3 Responses

- Provide refreshments (3)
- More employment opportunities (2)
- Extend hours/days of operation (2)

GROWING WORKS

Program Successes

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

"A member shared that this is the first time in a while that he has shown and demonstrated commitment to his parents. His family has been so impressed with him that they gave him back his keys to his truck and is now able to use his own vehicle."

Conclusion and Recommendations

Growing Works is reaching people with mental illness and enhancing their wellness and self-sufficiency with mental health and vocational supports. Most program participants report that they are better able to deal with problems and are more aware of when they need to ask for help with a personal or emotional problem. In addition, the longitudinal survey given to participants and staff suggests that participants are more able to problem solve and work with others after participating in Growing Works. Additionally, most participants were satisfied with services received at Growing Works.

Given the program is in its first fiscal year of operation, data collection should be considered a success and as participants continue to move through the program there will be additional evaluation available for analysis. Nonetheless, an area of future improvement may include increasing the number of participants taking satisfaction surveys so that program success and participant outcomes such as employment status and school performance can be appropriately determined.

ONE STEP A LA VEZ

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

Program Strategies

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

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

Program Highlights

162 individuals received core program services

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

1,651 individuals reached through outreach events*

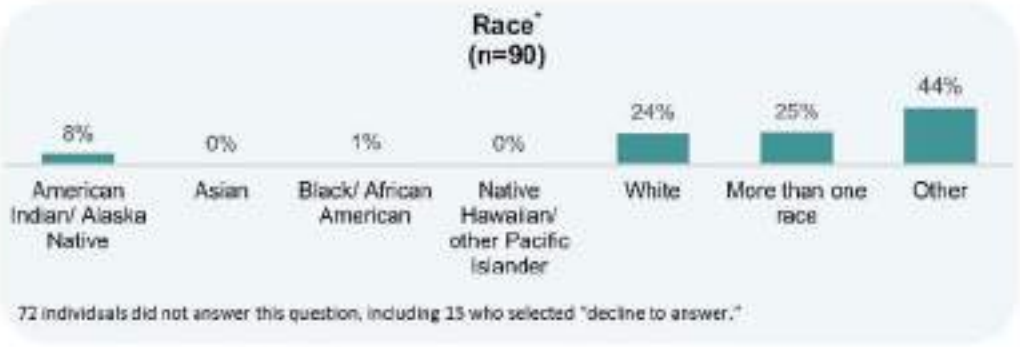
*Number of individuals may be duplicated.

23

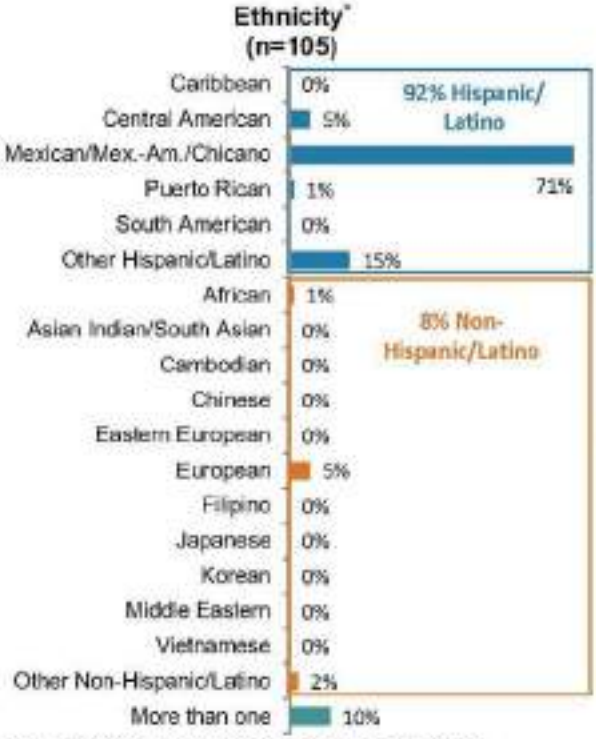
ONE STEP A LA VEZ

Demographic Data

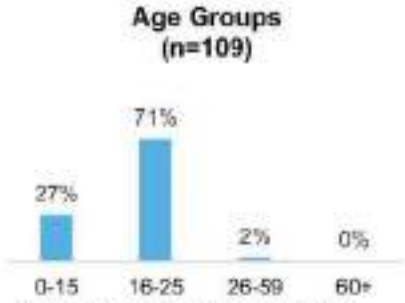
One Step A La Vez collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information from 162 individuals who completed a demographic form.



72 individuals did not answer this question, including 15 who selected "decline to answer."



57 individuals did not answer this question, including 2 who selected "decline to answer."



53 individuals did not answer this question, including 1 who selected "decline to answer."

Primary Language* (n=109)

English	85%
Spanish	25%
Indigenous	3%

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

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

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ONE STEP A LA VEZ

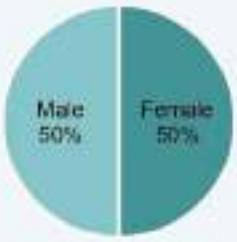
Demographic Data

Current Gender Identity* (n=110)

Female	47%
Male	50%
Transgender	1%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	1%

52 individuals did not answer this question, including 2 who selected "decline to answer."

Sex Assigned at Birth (n=112)



50 individuals did not answer this question, including 1 who selected "decline to answer."

Sexual Orientation* (n=98)

Bisexual	11%
Gay or Lesbian	11%
Heterosexual or Straight	72%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	4%

64 individuals did not answer this question, including 11 who selected "decline to answer."

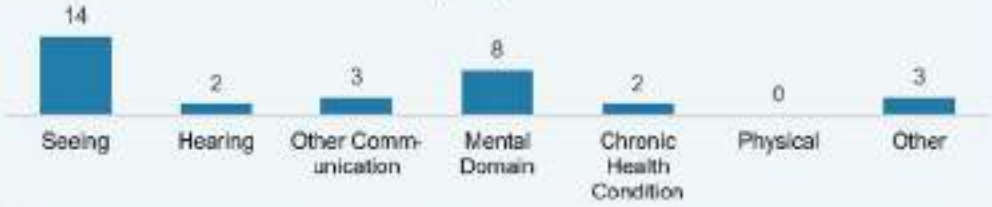
None identify as veterans

n=102; 60 individuals did not answer this question, including 2 who selected "decline to answer."

24% of individuals reported having one or more disabilities

n=102; 60 individuals did not answer this question, including 1 who selected "decline to answer."

Disability* (n=24)



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

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ONE STEP A LA VEZ

Program Activities

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

Program Activities by Type	# Activities/ Events
Project Pride Support Group	74
Domestic Violence Support Group	39
Social Equity Club Meeting	29
Estres y Bienestar Class	26
Making Proud Choices Class (Sex Education)	11
Poetry – VC Art Council Class	5
Youth Leadership Collective Meeting	1
TOTAL # of Activities/Events	185

34% of program activities in Spanish

1,056 participants in program activities*

Program Outreach

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

Program Outreach by Type	# Activities/ Events
Community Events (e.g. One Billion Rising Health Fair; Pride Prom)	3
Interagency Meetings (e.g. Circle of Care; Youth Equity & Success)	16
Food Pantry/Distribution	21
TOTAL # of Activities/Events	40

1,651 people reached through outreach events*

515 materials distributed

58% of outreach events in Spanish

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

26

ONE STEP A LA VEZ

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. The program also makes referrals to social supports such as food, housing, health insurance, and other support services. Referral data presented below represents 162 unduplicated individuals. The top 5 social support referrals provided are represented in the chart below.

6 individuals referred to mental health care

162 individuals referred to one or more social supports

401 total social support referrals provided

48 individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

Social Support Referrals Provided*† (n=162)

Program Outcomes

One Step A La Vez tracks outcomes for two groups: Program participants (e.g., individuals who attend the drop-in center) and trainees (e.g., individuals who attend workshops). Results from participant and trainee surveys are shown separately in the tables below.

Participant Outcomes (n=53-55)‡

As a result of participating in One Step A La Vez ...	% Gotten Better	% Stayed the Same	% Gotten Worse
My school attendance has...	51%	49%	0%
My grades in school have...	53%	45%	2%

*Percentages may exceed 100% because participants could be referred to multiple services.
†Other includes 19 additional categories of social support referrals.
‡Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

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ONE STEP A LA VEZ

Program Outcomes

Participant Outcomes (n=99-102)

As a result of participating in One Step A La Vez ...	% Agree	% Neutral	% Disagree
I feel more connected to others.	69%	30%	1%
I know where to go for mental health services in my community.	79%	18%	3%
I am more aware of when I need to ask for help with a personal or emotional problem.	81%	16%	3%
I am able to deal with problems better.	66%	31%	3%
I feel less stress or pressure in my life.	62%	33%	5%
I feel better about myself.	74%	23%	3%
I feel optimistic about the future.	72%	27%	1%
I believe treatment can help people with mental illness lead normal lives.	78%	18%	4%
I believe people are generally caring and sympathetic to people with mental illness.	71%	24%	5%

Trainee Outcomes (n=7)

As a result of participating in this workshop/class...	# Agree	# Neutral	# Disagree
I know more about the topics presented.	5	2	0
I know where people can go for mental health services in their community.	5	2	0
I believe treatment can help people with mental illness lead normal lives.	4	2	1
I believe people are generally caring and sympathetic to people with mental illness.	6	0	1

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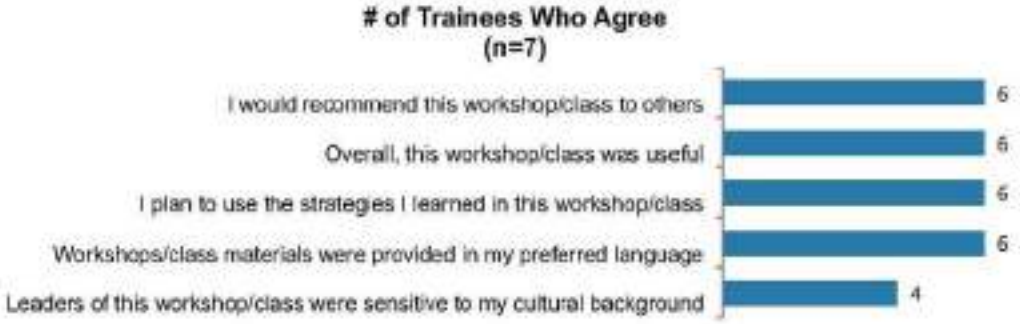
ONE STEP A LA VEZ

Program Satisfaction

Participants and trainees who received services from One Step A La Vez were asked whether they agreed or disagreed with several satisfaction-related statements with the option to select "neutral." The charts below show the percentage or number of participants and trainees who agreed with each statement.



ONE STEP A LA VEZ

Program Feedback

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

Participant Feedback

What was most useful or helpful about this program? (n=85)

Top 5 Responses

- Making new connections with people and staff (19)
- Feeling cared for and supported (19)
- Having a safe space to be myself (19)
- Getting help from staff (15)
- Learning about available resources (11)

What are your recommendations for improvement? (n=77)

Top 5 Responses

- Increase awareness, advertising, and fundraising of program (9)
- Improve facilities and amenities (8)
- More activities, events, and field trips (8)
- Expand hours of service (4)
- More LGBTQ+ events (3)

Trainee Feedback

What was most useful or helpful about this workshop/class? (n=7)

Top 2 Responses

- Learning more about the topic (3)
- Learning about available resources (2)

What are your recommendations for improvement? (n=7)

Top Response

- More and/or different speakers and topics (3)

ONE STEP A LA VEZ

Program Successes

An additional Project Pride LGBTQ+ support group was established in Santa Paula.

In partnership with the Coalition for Family Harmony, the One Step Center now has an on-site crisis counselor every Monday. Ten free counseling sessions are offered to any youth with a history of sexual assault or intimate partner violence or who identify as LGBTQ+ and their support people.

One Step A La Vez launched a Youth Leadership Collaborative that has gathered over 33 youth from across the county to share resources, network, training, and more.

"They gave us resources in case we ever needed them."

Conclusion and Recommendations

One Step A La Vez is reaching the populations they seek to serve, with the majority of the participants identifying as Latino and under the age of 26 and with 28% identifying as LGTBQ+. Additionally, nearly every person who was given social support referrals was linked to food and support groups, suggesting that One Step A La Vez is working to meet clients' physical and emotional needs.

A majority of respondents to participant and trainee surveys agreed that as a result of participating in One Step A La Vez, they are more aware of when and where to ask for help for a mental health problem. Survey results also suggest that participants and trainees hold non-stigmatizing beliefs about people with mental illness as a result of the program or training.

An area of future improvement may include increasing sensitivity to different cultural backgrounds in programming and trainings, as this was the lowest rated item on both the trainee and participant surveys. However, in the open-ended comments, participants reported that One Step A La Vez is particularly skilled at providing a safe place for clients to make connections with other people and staff and making clients feel cared for and supported.

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

PROJECT ESPERANZA
OUR LADY OF GUADALUPE PARISH

Project Esperanza serves the Hispanic community and other underserved populations in the Santa Paula area and offers educational classes and activities to promote mental health prevention and early intervention for all people, regardless of race, social status, immigration status, or religious or cultural beliefs.

Program Strategies

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

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

Program Highlights

330 individuals received core program services

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

1,196 individuals reached through outreach events*

*Number of individuals may be duplicated.

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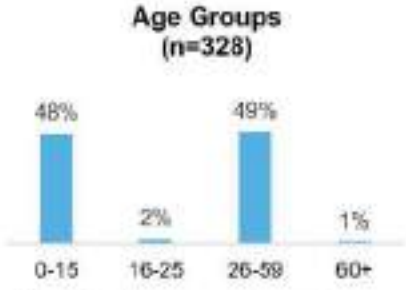
PROJECT ESPERANZA

Demographic Data

Project Esperanza collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by 330 individuals who received services and completed a demographic form.

286 individuals did not answer this question, including 22 who selected "decline to answer."



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

Primary Language* (n=328)

English	18%
Spanish	82%
Indigenous	0%

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

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

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

PROJECT ESPERANZA

Demographic Data

Current Gender Identity* (n=306)

Female	67%
Male	33%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

24 individuals did not answer this question, including 1 who selected "decline to answer."

Sex Assigned at Birth (n=329)

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

Sexual Orientation* (n=177)

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

153 individuals did not answer this question, including 86 who selected "decline to answer."

None identify as veterans

n=85; 245 individuals did not answer this question; none selected "decline to answer."

9 individuals reported having one or more disabilities

315 individuals did not answer this question, including 46 who selected "decline to answer." A count is included instead of a percentage because most individuals skipped this question.

Disability* (n=9)

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

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

PROJECT ESPERANZA

Program Activities

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

Program Activities by Type	# Activities/ Events
Stress Release Class for Kids	147
Connecting with Feelings Through Music	97
Education, Engagement, Access, and Linkage Training	20
Wellbeing Class	1
Cyberbullying & Self-Esteem Workshop	1
Stand Against Stigma Workshop	1
Technology and Mental Health Workshop	1
Anxiety and Depression Workshop	1
Cutting and Self Harm, Not All Wounds Are Visible	1
Suicide Prevention, Break the Silence	1
TOTAL # of Activities/Events	269

es

31% of program activities in Spanish

8,834 participants in program activities*

Program Outreach

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

Program Outreach by Type	# Activities/ Events
Back to School Nights at high schools	6
Community Festivals/Celebrations	3
Health Fairs	2
Presentations/workshops at schools	3
TOTAL # of Activities/Events	14

1,196 people reached through outreach events*

1,061 materials distributed

es

100% of outreach events in Spanish and English

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

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

PROJECT ESPERANZA

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals were also made to social supports such as food, housing, health insurance, and other support services. Referral data presented below represents 43 unduplicated individuals. The top 4 social support referrals provided are represented in the chart below.

28 individuals referred to mental health care

26 individuals referred to one or more social supports

43 total social support referrals provided

21 individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

Social Support Referrals Provided*†
(n=26)

Program Outcomes

Project Esperanza tracks outcomes by surveying participants and parents of participants who receive services offered by the organization. Results from parent surveys are shown in the table below. Data from the participant survey is not presented (n=3) to protect the respondents' confidentiality.

Parent Survey Outcomes
(n=80)

As a result of participating in Project Esperanza, my child...	% Agree	% Neutral	% Disagree
Gets along better with friends and other people.	89%	11%	0%
Is better able to do things he or she wants to do.	86%	14%	0%
Gets along better with family members.	82%	18%	0%
Is doing better in school.	82%	18%	0%
Is better able to cope when things go wrong.	81%	19%	0%

* Counts exceed the number of individuals because individuals could be referred to multiple services.
† Other includes 9 additional categories of social support referrals.

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PROJECT ESPERANZA

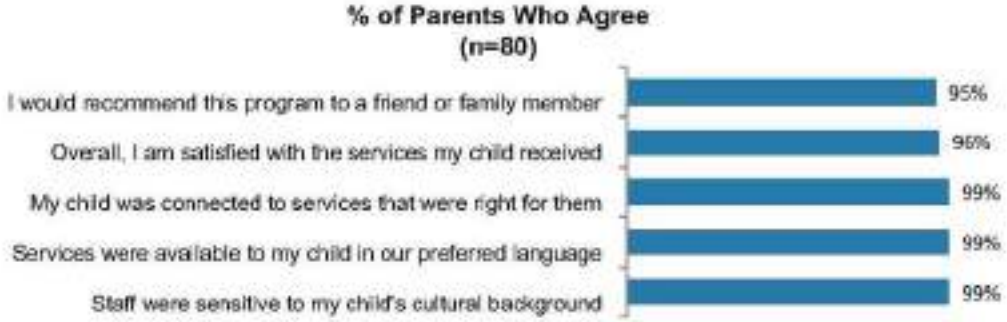
Program Outcomes

Parent Survey Outcomes (n=80)

As a result of participating in Project Esperanza...	% Agree	% Neutral	% Disagree
I am aware of when I need to ask for help for my child.	97%	3%	0%
I know where to find help when my child is having a problem.	92%	8%	0%
I believe treatment can help people with mental illness lead normal lives.	84%	16%	0%
I believe people are generally caring and sympathetic to people with mental illness.	70%	22%	8%

Program Satisfaction

Participants and parents of participants who received services from Project Esperanza were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select "neutral." The chart below shows the percentage of parents who agreed with each statement. Participant satisfaction data is not presented (n=3) to protect participants' confidentiality.



PROJECT ESPERANZA

Program Feedback

Participants and parents of participants who received Project Esperanza services were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses. Participant data is not presented (n=3) to protect confidentiality.

What was most useful or helpful about this program for your child? (n=68)

Top 5 Responses

- Developing socially (24)
- Growing emotionally (18)
- He/she is more disciplined (17)
- Improving in behavior and respect (8)
- Learning new skills (6)

What are your recommendations for improvement? (n=46)

Top 4 Responses

- More class days and additional class types (12)
- More space in the classroom facility (7)
- Additional funding to continue and expand the program (6)
- Nothing can be improved (19)

Conclusion and Recommendations

Project Esperanza is reaching the population they seek to serve, as all participants identified as Hispanic/Latino. Project Esperanza is working to meet clients' physical and emotional needs through referrals to social supports and mental health care when appropriate. They host a large number of wellbeing and copping classes for kids, which targets the prevention of mental illness at a vital age.

Most parents reported that Project Esperanza participation supports their children's social and emotional skills. Parents also reported that the program helped with their advocacy skills (i.e., awareness of when/where to ask for help for child) and improved their attitudes about mental illness.

An area of future improvement may include more consistent recording of successes and challenges of the programming.

PROMOTORAS CONEXIÓN PROGRAM
PROMOTORAS Y PROMOTORES FOUNDATION

The Promotoras Conexión Program primarily serves immigrant Latina women at risk of depression and their families living in the Santa Clara Valley. The Promotoras Conexión Program facilitates community-based mental health support groups and provides one-on-one support to empower and help participants reduce stress, manage depression, and improve their quality of life. In addition, the Promotoras Conexión Program conducts outreach and community presentations to promote program services, distribute mental health educational information, increase awareness of local mental health resources, and educate the community on how to recognize the signs of suicide risk and the effects of trauma (concept of SODA/Conexión).

Program Strategies

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

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

Program Highlights

185 individuals received core program services

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

4,959 individuals reached through outreach events*

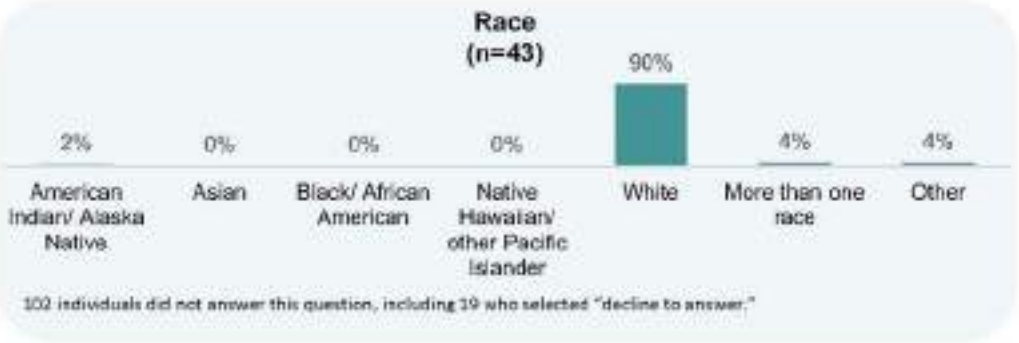
*Number of individuals may be duplicated.

39

PROMOTORAS PROGRAM

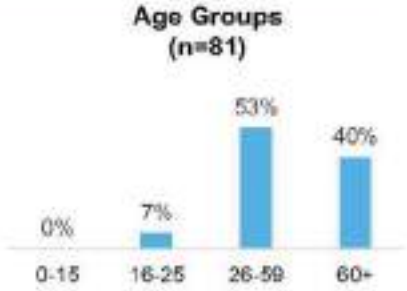
Demographic Data

The Promotoras Conexión Program collects unduplicated demographic data from the individuals they serve. Of the 185 individuals who received core program services, 145 individuals provided some demographic information; this information is presented below.

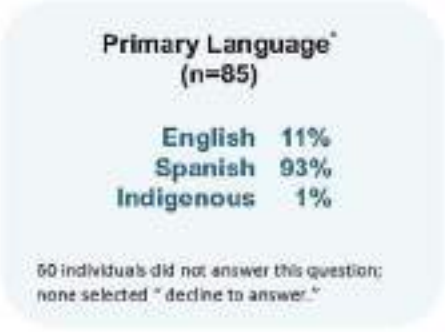


102 individuals did not answer this question, including 19 who selected "decline to answer."

79 individuals did not answer this question; 1 selected "decline to answer."



82 individuals did not answer this question; 1 selected "decline to answer."



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

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

40

PROMOTORAS PROGRAM

Demographic Data

Current Gender Identity* (n=115)

Female	93%
Male	7%
Transgender	1%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	1%

30 individuals did not answer this question, including 2 who selected "decline to answer."

Sex Assigned at Birth (n=91)

54 individuals did not answer this question, including 3 who selected "decline to answer."

Sexual Orientation (n=32)

Bisexual	3%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

113 individuals did not answer this question, including 27 who selected "decline to answer."

None identify as veterans

n=55; 90 individuals did not answer this question, including 4 who selected "decline to answer."

13 individuals reported having one or more disabilities

n=38; 107 individuals did not answer this question, including 25 who selected "decline to answer." A count is included instead of a percentage because most individuals skipped this question.

Disability* (n=13)

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

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VENTURA COUNTY BEHAVIORAL HEALTH
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PROMOTORAS PROGRAM

Program Activities

Program activities include support groups facilitated by program staff. The Promotoras Conexión Program provided 236 support groups in fiscal year 2018-2019. Additionally, the program welcomed 54 new participants to their program activities.

es

100% of program activities in Spanish

895 participants in program activities*

Program Outreach

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

Program Outreach by Type	# Activities/ Events
Presentation	25
Education	6
Outreach	73
Community fair or event	11
Other outreach	3
TOTAL # of Activities/Events	118

4,959 people reached through outreach events*

es

99% of outreach events conducted in Spanish

*Number of participants/people reached may be duplicated.

42

PROMOTORAS PROGRAM

Program Referrals

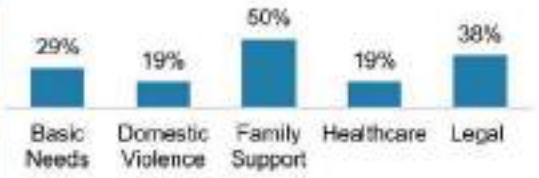
Program referrals include referrals to VCBH or other MHSA prevention, early intervention, or treatment programs, as well as referrals to social supports such as food, housing, health insurance, and other support services. Referral data presented below represents 55 unduplicated individuals. Additionally, the table below represent the top 5 social support services that referrals were provided to.

20 individuals referred to mental health care

48 individuals referred to one or more social supports

82 total social support referrals provided

1 individual was encouraged to access services and follow through via accompaniment



Program Satisfaction

Participants in the Promotoras Conexión Program were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the number of participants who agreed with each statement.

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PROMOTORAS PROGRAM

Program Feedback

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

Participant Feedback

What was most useful or helpful about this program? (n=105)

Top 5 Responses

- Exercises (relaxation, breathing, physical) (54)
- SODA/Conexión (17)
- Sharing with others (12)
- Culturally/linguistically competent staff (8)
- Peer connection (5)

What are your recommendations for improvement? (n=35)

Top 5 Responses

- More exercises (6)
- Longer/more frequent services (6)
- Ensure program sustainability (6)
- More outreach (2)
- More crafts (2)

Program Successes

"One of the 'Compañeros' that was helped by staff a few years ago to get her daughter into necessary services knocked on her door and brought a new person because her daughter had been bullied and physically accosted. Staff took the time and accompanied the mother and met with the principal because the child was afraid to attend school. The principal said he would take action and [our staff] also helped get the child into therapy services."

"Client is successfully assisting Compañeras in Oxnard. As a cancer survivor she is helping other cancer patients manage their stress with the techniques she has learned these past years from becoming a Promotora."

PROMOTORAS PROGRAM

Conclusion and Recommendations

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

Most people who responded to participant surveys agreed that the Promotoras Conexión Program provides services in their preferred language and that staff were sensitive to their cultural background. Participants also reported that services were available during convenient times and that they were connected to services that were right for them.

An area of future improvement may include increasing program compliance with demographic data collection requirements, specifically collecting ethnicity data as required by MHSA PEI regulations. Additionally, implementing outcome surveys would benefit the program. This type of data will allow the program to document its successes, better understand the outcomes experienced by its participants, and identify areas for program enhancement/improvement.

VENTURA COUNTY
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PROYECTO CONEXIÓN CON MIS COMPAÑERAS MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT

Proyecto Conexión Con Mis Compañeras (often referred to as MICOP, which is an abbreviation of the organization's name) facilitates community-based mental health workshops for the Hispanic & Indigenous communities of Oxnard, El Rio, and Port Hueneme. The program raises awareness of mental health with a focus on the topic of depression and how it impacts Hispanic & Indigenous communities. In addition, the program provides referrals and linkages to mental health providers and other services that are culturally and linguistically appropriate. MICOP also conducts outreach to the community to promote program services, distribute mental health educational information, and increase awareness of other local mental health resources.

Program Strategies

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

Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and trainings on mental health topics.

Program Highlights

238 individuals received core program services

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

4,528 individuals reached through outreach events*

*Number of individuals may be duplicated.

46

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Demographic Data

MICOP collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by 238 individuals who completed a demographic form.

Race* (n=129)

109 individuals did not answer this question, including 98 who selected "decline to answer."

Ethnicity (n=195)

100% Hispanic/ Latino

0% Non-Hispanic/Latino

43 individuals did not answer this question, including 32 who selected "decline to answer."

Age Groups (n=190)

48 individuals did not answer this question; 36 selected "decline to answer."

Primary Language* (n=192)

English	4%
Spanish	77%
Indigenous	27%
Other	1%

46 individuals did not answer this question, including 32 who selected "decline to answer."

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

47

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

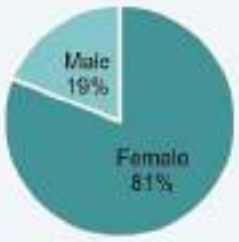
Demographic Data

Current Gender Identity (n=175)

Female	82%
Male	18%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

63 individuals did not answer this question, including 52 who selected "decline to answer."

Sex Assigned at Birth (n=178)



60 individuals did not answer this question, including 47 who selected "decline to answer."

Sexual Orientation (n=124)

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

114 individuals did not answer this question, including 97 who selected "decline to answer."

None identify as veterans

n=181; 57 individuals did not answer this question, including 46 who selected "decline to answer."

12% of individuals reported having one or more disabilities

n=179; 59 individuals did not answer this question, including 54 who selected "decline to answer."

Disability* (n=21)

*Counts may exceed the number of individuals because multiple options could be selected.

48

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Activities

Program activities include trainings and workshops facilitated by program staff. In fiscal year 2018-2019, 20 trainings/workshops were provided.

es

100% of program activities were in Spanish

250 participants in program activities

Program Outreach

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

Program Outreach by Type	# Activities/ Events
Outreach	52
Community Fair or Event	1
TOTAL # of Activities/Events	53

4,528 people reached through outreach events*

4,528 materials distributed

es

100% of outreach events were conducted in Spanish

*Number of people reached may be duplicated.

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PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. All referral data presented below represents 97 unduplicated individuals. Individuals could be referred to multiple services; the chart below shows the top 4 social support referrals that were provided to participants.

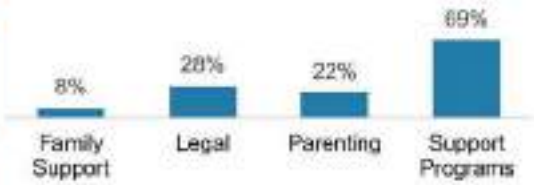
Did not provide referrals to mental healthcare services

97 individuals referred to one or more social supports

136 total social support referrals provided

1 individual was encouraged to access services and follow through via transportation/bus tokens

**Social Support Referrals Provided*
(n=97)**



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

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PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Outcomes

MICOP tracks outcomes by surveying participants who receive services offered by the organization, such as participating in a workshop or training. Surveys include questions about depression, attitudes toward mental illness, and coping behaviors. However, in fiscal year 2018-2019, surveys were completed at initial contact only, and not at follow-up, meaning only baseline data is presented below. All surveys were completed in Spanish. Results from these surveys are shown separately in the tables below.

Participant Depression Scores (PHQ-9)
(n=108-113)

MICOP Survey Respondent Depression (PHQ-9)	% Respondents
No Depression (PHQ Score 0)	9%
Minimal Depression (PHQ Score 1-4)	41%
Mild Depression (PHQ Score 5-9)	28%
Moderate Depression (PHQ Score 10-14)	12%
Moderately Severe Depression (PHQ Score 15-19)	7%
Severe Depression (PHQ Score 20-27)	2%

	% Very or Extremely Difficult
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	7%

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PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Outcomes

Participant Attitudes Toward Mental Illness (n=113)

	% Probably or Definitely	% Probably Not or Never
How likely would you be to work with someone with a serious mental illness?	74%	26%
Do you think that someone with a mental illness is a danger to others? *	45%	55%
Do you think that people with mental health problems experience prejudice or discrimination?	81%	19%
If someone in your family had a mental illness, would you feel ashamed if people knew about it? *	2%	98%
If you had a serious emotional problem, would you seek professional help?	99%	1%
Imagine you had a problem that needed treatment from a mental health professional. Would you delay seeking treatment so that others did not know you had a mental health problem? *	19%	81%

*The ideal response for these items is Probably Not/Never.

52

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Outcomes

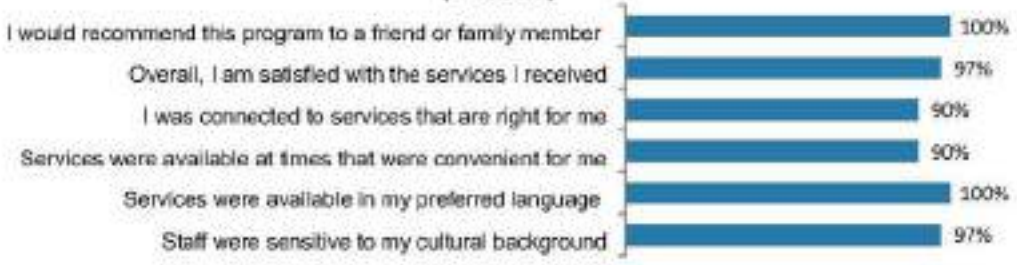
Participant Coping Behaviors (n=113)

	% Somewhat or Very Frequently	% Sometimes or Never
I received support and understanding from someone.	46%	54%
I focused on my work or other activities to distract my mind.	70%	30%
I did something else to help myself think less about the situation, like exercising, going to a group with a friend, dancing, or going out with my family.	58%	42%
I prayed or meditated.	57%	43%
I took action to improve the situation.	46%	54%
I tried to create a plan to figure out what to do.	48%	52%
I expressed my negative feelings.	27%	73%
I used alcohol or other drugs to help me get through. *	1%	99%

Program Satisfaction

Participants who received services from MICOP were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed with each statement.

% of Participants Who Agree (n=30-31)



* The ideal response for this item is Sometimes/Never.

53

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Feedback

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

What was most useful or helpful about this program? (n=20)

Top 4 Responses

- Information provided (12)
- Shared experiences of participants (4)
- Coping skills (3)
- Linguistically competent services/ materials (2)

What are your recommendations for improvement? (n=7)

Top 2 Responses

- More classes/service availability (5)
- Longer class sessions (2)

Program Successes

"We met with the participant from the month before in person and opened up a space for her to just talk. We went over her questionnaire and decided she would follow up with the Living With Love program here at MICOP. She has been to 3 of our workshops now, participating in these workshops seems to be a motivator for her to resolve her conflicts."

"Most of our referrals are to support groups or other community. We find the community enjoys talking about their stories among people that they don't know, in hopes they learn from each other."

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Conclusion and Recommendations

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

Participants indicated high satisfaction with the program. Of the survey respondents, all indicated that they would recommend the program to others and that services were available in their preferred language. In fact, all program satisfaction metrics had at least 90% agreement.

An area for improvement is data collection. Increasing compliance with demographic data collection requirements provided by the MHSA state regulations regarding race and ethnicity is an important goal. Additionally, comparatively low numbers of individuals completed satisfaction surveys and outcome surveys were only completed at intake, not at follow-up. Without adequate numbers of satisfaction surveys and without follow-up data, it is difficult to accurately represent participant outcomes and identify program successes.

VENTURA COUNTY BEHAVIORAL HEALTH
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RAINBOW UMBRELLA DIVERSITY COLLECTIVE

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

Program Strategies

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

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

Program Highlights

342 individuals received core program services

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

2,194 individuals reached through outreach events*

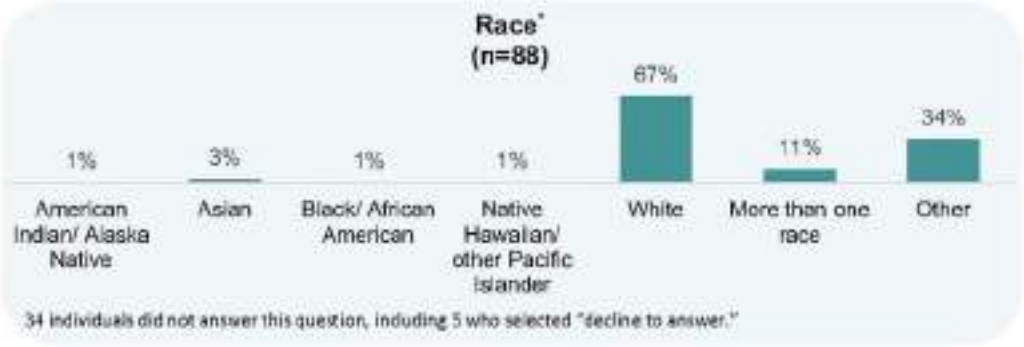
* Number of individuals may be duplicated.

57

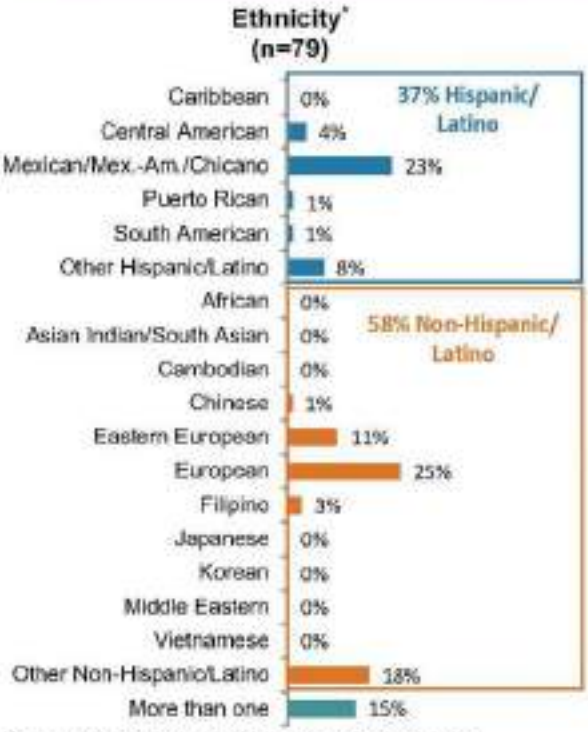
RAINBOW UMBRELLA

Demographic Data

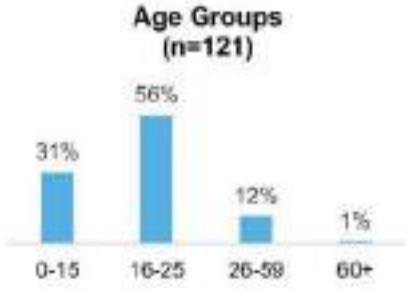
Rainbow Umbrella collects unduplicated demographic data from the individuals they serve and trainees. Of the 342 individuals who received core program services (youth support groups and RISE LGBTQ+ trainings), 122 individuals completed a demographic form; this information is presented below.



34 individuals did not answer this question, including 5 who selected "decline to answer."



43 individuals did not answer this question, including 7 who selected "decline to answer."



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

Primary Language* (n=93)

English	96%
Spanish	3%
Indigenous	0%
Other	1%

29 individuals did not answer this question, including 1 who selected "decline to answer."

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

58

RAINBOW UMBRELLA

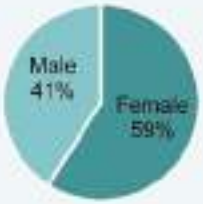
Demographic Data

Current Gender Identity* (n=83)

Female	45%
Male	37%
Transgender	13%
Genderqueer	6%
Questioning or Unsure	1%
Another Gender Identity	2%

89 individuals did not answer this question, including 1 who selected "decline to answer."

Sex Assigned at Birth (n=79)



43 individuals did not answer this question, including 6 who selected "decline to answer."

Sexual Orientation* (n=82)

Bisexual	22%
Gay or Lesbian	23%
Heterosexual or Straight	22%
Questioning or Unsure	4%
Queer	22%
Another Sexual Orientation	10%

40 individuals did not answer this question, including 1 who selected "decline to answer."

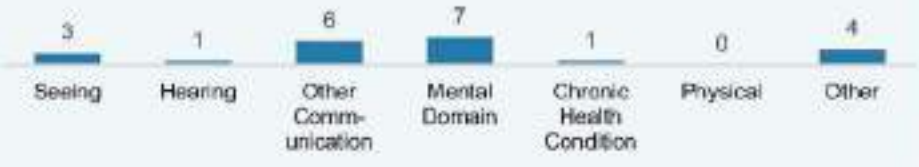
4% of individuals are veterans

n=82; 40 individuals did not answer this question, including 1 who selected "decline to answer."

21 individuals reported having one or more disabilities

n=42; 80 individuals did not answer this question, including 4 who selected "decline to answer." A count is included instead of a percentage because most individuals skipped this question.

Disability* (n=21)



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

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RAINBOW UMBRELLA

Program Activities

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

Program Activities by Type	# Activities/ Events
Rainbow Umbrella Weekly Youth Group	47
RISE Trainings	15
Committee and Task Force Meetings	6
Community Presentations and Workshops	7
Gay-Straight Alliance establishment meetings at a middle school	2
Rainbow Umbrella Special Field Trip	2
Pride Prom	1
TOTAL # of Activities/Events	80

es

3% of program activities in Spanish

1,032 participants in program activities*

Program Outreach

Program outreach includes activities to promote Rainbow Umbrella in the community in order to increase awareness and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Community Festivals/Celebrations	17
Presentations at schools	5
Presentations at groups, clubs, etc.	5
Community Forums	4
TOTAL # of Activities/Events	31

2,194 people reached through outreach events*

1,793 materials distributed

es

19% of outreach events in Spanish

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

60

RAINBOW UMBRELLA

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA PEI or treatment programs. The program also provides referrals to social supports such as food, housing, health insurance, and other support services. Referral data below represents 33 unduplicated individuals. The top 5 social support referrals provided are shown in the chart below.

16 individuals referred to mental health care

28 individuals referred to one or more social supports

49 total social support referrals provided

77 individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

Social Support Referrals Provided*† (n=28)

Program Outcomes

Rainbow Umbrella tracks outcomes by surveying participants and trainees who participate in services offered by the organization. Participant outcomes are presented in the initial 2 tables, followed by trainee outcomes. The first trainee outcome table presents data from 160 RISE trainees who completed surveys. The second trainee table presents data from 24 RISE trainees who completed an additional Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction (SDR) survey. Parents of participants were also offered the opportunity to complete outcome surveys. However, the data from the parent survey is not presented (n=1) to protect the respondent's confidentiality.

Participant Outcomes (n=10)‡

As a result of participating in Rainbow Umbrella...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	2	8	0
My grades in school have...	3	7	0

*Counts exceed the number of individuals because individuals could be referred to multiple services.
†Other includes 2 additional categories of family support and education.
‡Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

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RAINBOW UMBRELLA

Program Outcomes

Participant Outcomes (n=25)

As a result of participating in Rainbow Umbrella...	# Agree	# Neutral	# Disagree
I feel more connected to others.	18	7	0
I know where to go for mental health services in my community.	20	4	1
I am more aware of when I need to ask for help with a personal or emotional problem.	20	5	0
I am able to deal with problems better.	15	9	1
I feel less stress or pressure in my life.	14	9	2
I feel better about myself.	15	8	2
I feel optimistic about the future.	15	8	2
I believe treatment can help people with mental illness lead normal lives.	20	5	0
I believe people are generally caring and sympathetic to people with mental illness.	18	7	0

RISE Trainee Outcomes (n=151-160)

As a result of participating in this training...	% Agree	% Neutral	% Disagree
I know more about the topics presented.	96%	4%	0%
I know where people can go for mental health services in my community.	80%	18%	2%
I believe treatment can help people with mental illness lead normal lives.	91%	8%	1%
I believe people are generally caring and sympathetic to people with mental illness.	60%	31%	9%

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RAINBOW UMBRELLA

Program Outcomes

RISE Trainee Outcomes: MOQA SDR Survey (n=23-24)

As a direct result of this training I am MORE willing to:	# Agree or Strongly Agree	# Neutral	# Disagree or Strongly Disagree
Live next door to someone with a serious mental illness.	18	6	0
Socialize with someone who had a serious mental illness.	15	9	0
Start working closely on a job with someone who had a serious mental illness.	16	8	0
Take action to prevent discrimination against people with mental illness.	22	2	0
Actively and compassionately listen to someone in distress.	24	0	0
Seek support from a mental health professional if I thought I needed it.	20	4	0
Talk to a friend or family member if I was experiencing emotional distress.	20	4	0
As a direct result of this training I am MORE likely to believe:			
People with mental illness can eventually recover.	11	9	3
People with mental illness are different compared to everyone else in the general population.*	0	13	11
People with mental illness are to blame for their problems.*	2	4	18
People with mental illness are never going to be able to contribute much to society.*	2	4	18
People with mental illness should be felt sorry for or pitied.*	0	9	15
People with mental illness are dangerous to others.*	1	8	15

*The ideal response for these items is Disagree/Strongly Disagree.

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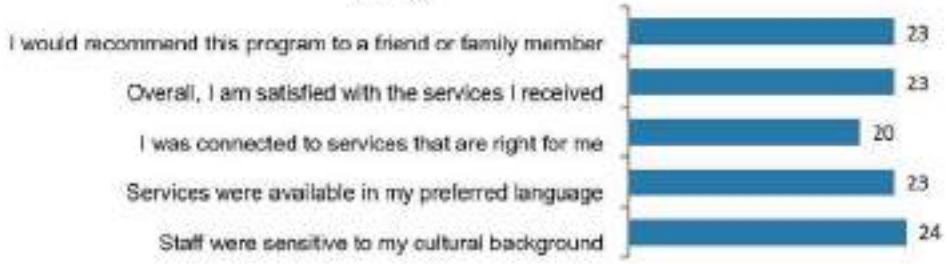
RAINBOW UMBRELLA

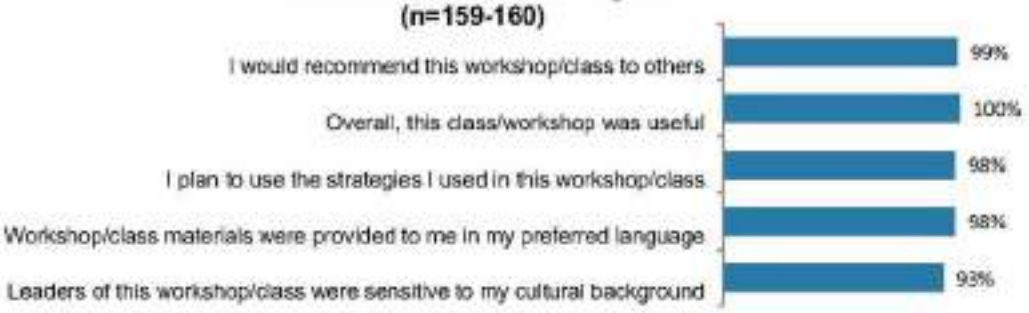
Program Satisfaction

Participants and trainees who received services from Rainbow Umbrella were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select "neutral." Trainees who completed a MOQA survey after a RISE training responded to 3 additional satisfaction questions, which are also reported below. Parents of participants were also offered the opportunity to respond to satisfaction questions. However, the data from the parent survey is not presented (n=1) to protect the respondent's confidentiality.

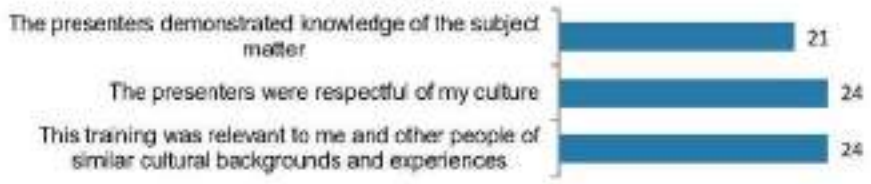
# of Participants Who Agree (n=25)



% of RISE Trainees Who Agree (n=159-160)



# of RISE Trainees Who Agree or Strongly Agree: MOQA SDR Survey (n=24)



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RAINBOW UMBRELLA

Program Feedback

Participants and trainees who received Rainbow Umbrella services were also asked to provide feedback through open-ended response questions. Parents of participants were also offered the opportunity to provide feedback. However, the data from the parent survey is not presented (n=1) to protect the respondent's confidentiality. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

Participant Feedback

What was most useful or helpful about this program? (n=19)

Top 4 Responses

- The sense of community (8)
- Having a safe space to be myself (8)
- The discussions (3)
- Getting support (3)

What are your recommendations for improvement? (n=18)

Top 2 Responses

- Increase advocacy activities (2)
- Nothing can be improved (12)

Trainee Feedback

What was most useful or helpful about this program? (n=147)

Top 5 Responses

- Gaining knowledge about LGBTQ+ experiences and how to treat them respectfully (92)
- Discussion with other trainees (22)
- Informative and poignant course materials and activities (24)
- The tools and resources given (16)
- The instructor's passion and engagement (11)

What are your recommendations for improvement? (n=117)

Top 6 Responses

- More time and more presentations (13)
- Expand population of focus to include elementary and middle school and other cultures (9)
- More discussion, roleplay, and activities (12)
- Share the course materials (7)
- Bring LGBTQ+ youth to share their experiences (3)
- Nothing can be improved (41)

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RAINBOW UMBRELLA

Program Successes

"Keep supporting us and never stop."

"[Being] Aware of the pronouns and sensitive to my language so I can ensure every student feels safe."

Youth Group Leaders planned and executed Pride Prom with 370 peer attendees and recruited 6 new participants.

"I gained a great deal of information and I feel empowered to be an even better ally for by LGBTQIA students."

Conclusion and Recommendations

Rainbow Umbrella is reaching the population they seek to serve, with the majority of the participants identifying as LGBTIQ+. Rainbow Umbrella is working to meet their participants' emotional needs through referrals to social supports and mental health care. They also make reminder calls to support participants in acquiring the referred services.

Most participants agreed that Rainbow Umbrella is effective in helping them increase in awareness around when and where to ask for help, as well as lower levels of stigma around mental illness. A majority of RISE trainees also indicated increased knowledge around mental health issues, reduced stigma toward people experiencing mental illness, and increased intent to help individuals with mental illness. Notably, the RISE training instructor was mentioned several times as an excellent speaker.

An area of future improvement may include increasing outreach to Spanish-speaking individuals in order to share information and services (e.g., RISE trainings, support groups, and parent support) and fill a gap in LGBTIQ+ services in the Hispanic community. Rainbow Umbrella does provide services in Spanish and may be able to expand this aspect of their program.

TAY WELLNESS CENTER
PACIFIC CLINICS

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

Program Strategies

Provides access and linkage to services by providing a warm handoff to community services and formal mental health treatment for individuals with serious mental illness.

Implements non-stigmatizing and non-discriminatory practices by encouraging the TAY receiving services to engage in formal mental health treatment as needed.

Program Highlights

276 individuals received core program services

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

1,315 individuals reached through outreach events*

*Number of individuals may be duplicated.

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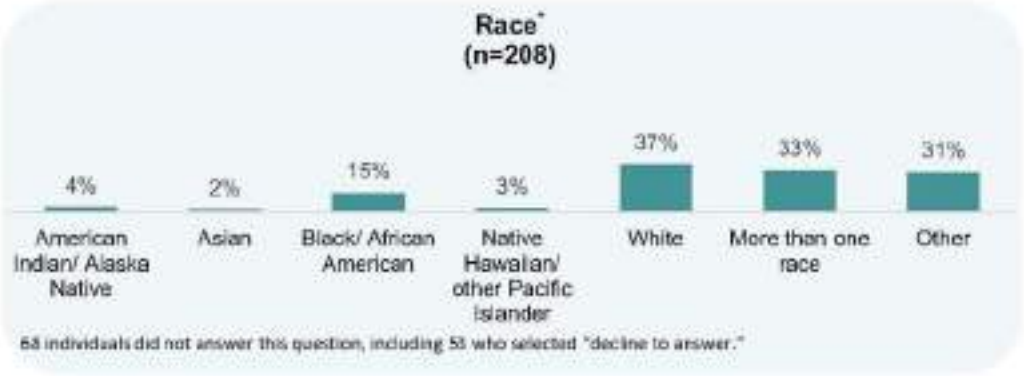
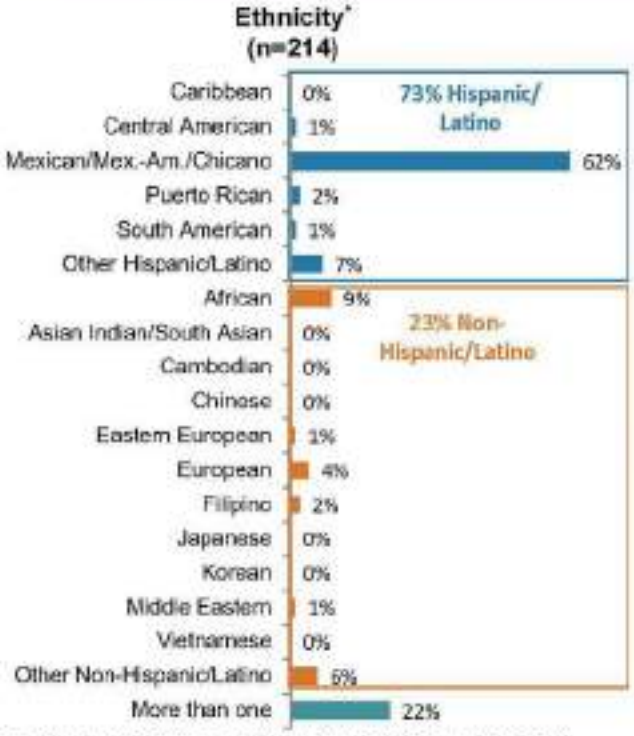
TAY WELLNESS CENTER

Demographic Data

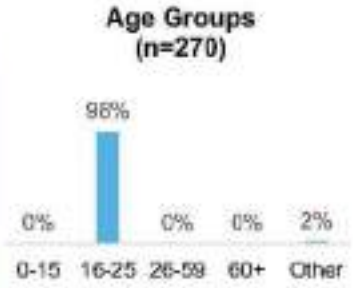
TAY Wellness Center collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 276 individuals.



68 individuals did not answer this question, including 55 who selected "decline to answer."



62 individuals did not answer this question, including 45 who selected "decline to answer."



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

Primary Language* (n=254)

English 91%
Spanish 9%

22 individuals did not answer this question, including 18 who selected "decline to answer."

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

68

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

TAY WELLNESS CENTER

Demographic Data

Current Gender Identity (n=243)

Female	30%
Male	65%
Transgender	1%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	2%

33 individuals did not answer this question, including 23 who selected "decline to answer."

Sex Assigned at Birth (n=239)

37 individuals did not answer this question, including 24 who selected "decline to answer

Sexual Orientation (n=210)

Bisexual	9%
Gay or Lesbian	6%
Heterosexual or Straight	79%
Queer	2%
Questioning or Unsure	1%
Another Sexual Orientation	3%

66 individuals did not answer this question, including 49 who selected "decline to answer."

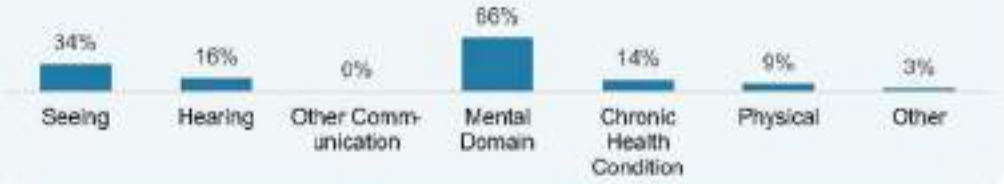
1% of individuals are veterans

n=230; 46 individuals did not answer this question, including 35 who selected "decline to answer."

38% of individuals reported having one or more disabilities

n=227; 49 individuals did not answer this question, including 46 who selected "decline to answer."

Disability* (n=86)



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

69

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

TAY WELLNESS CENTER

Program Activities

All program participants engage in daily experiences to develop the necessary skills to be able to live independently. Beyond that, program activities include education activities facilitated by program staff and community Partners.

Program Activities by Type	# Activities/ Events
Member Presentation	2
Member Socialization	2
Education	1
Other Center Activities*	4
TOTAL # of Activities/Events	9

es

0% of program activities were in Spanish

68 participants in program activities*

Program Outreach

Program outreach includes activities to promote the TAY Wellness Center in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Presentation	9
Training/Workshop	1
Outreach	3
Community Fair or Event	16
Other Outreach*	20
TOTAL # of Activities/Events	49

1,315 people reached through outreach events*

1,562 materials distributed

es

34% of outreach events were conducted in Spanish

* Number of participants/people reached may be duplicated.
* Other is not specified

70

TAY WELLNESS CENTER

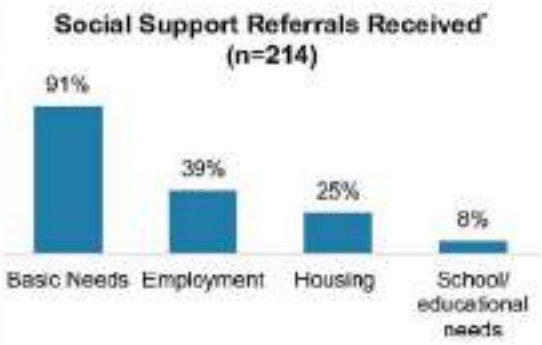
Program Referrals

Program referrals include referrals to mental health care through VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals are also provided to social supports such as food, housing, and health insurance. Referral data below represents 214 unduplicated individuals. The top 4 social support referrals provided are shown in the chart below.

28 individuals referred to mental health care

214 individuals referred to one or more social supports

424 total social support referrals provided



56 individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

Program Outcomes

TAY Wellness Center tracks outcomes by surveying participants who receive services. In fiscal year 2018-2019, two versions of the survey were distributed. One version had an option to select neutral and the other version did not. Disagree and neutral response options are grouped together in the table below.

Participant Outcomes
(n=34)

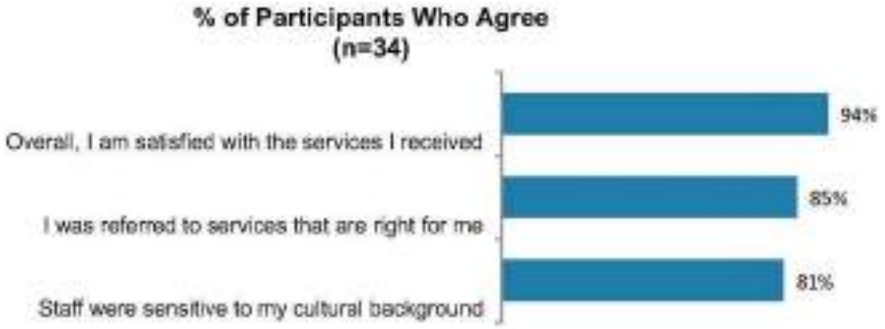
As a result of participating in TAY Wellness Center...	% Agree	% Disagree
I am able to deal with my problems better.	76%	24%
I am more aware of when I need to ask for help with a personal or emotional problem.	91%	9%

71

TAY WELLNESS CENTER

Program Satisfaction

Participants who received services from TAY Wellness Center were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed with each statement.



Program Feedback

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

What was most useful or helpful about this program? (n=29)

Top 3 Responses

- Staff/peer support (18)
- Access to necessities (5)
- Classes/groups (3)

What are your recommendations for improvement? (n=18)

Top 3 Responses

- More activities (5)
- Improved housing services (3)
- More promotion of the center (3)

TAY WELLNESS CENTER

Program Successes

"Client come to our center over a year ago, homeless and experiencing difficulties due to not having an income. After months of dropping by and attending various classes, he applied and was accepted for a position. Since then, he's been an active participant in center activities and has also found stable housing."

"Client signed up for college and got into an assistance program also he has been going to his appointments and he has successfully signed up for FASFA (Financial Aid) started his first college class for spring semester."

Conclusion and Recommendations

TAY Wellness Center is reaching the population they seek to serve, with the majority of the participants identifying as TAY. TAY Wellness Center is working to meet clients' physical and emotional needs through referrals to social supports and mental health care when appropriate.

Most people who responded to participant surveys were satisfied with the services and the referrals that they received. Additionally, they felt that the program had helped them become more aware of when they need to ask for help with a personal or emotional problem. Notably, a sizable minority (24%) did not feel that the program had helped them deal with their problems better.

Though the Center, upon request, can provide any class in Spanish and provides tours and all documents in Spanish, an area of future improvement may include increasing the promotion of these language services. The program reported no activities conducted in Spanish for fiscal year 2018-2019, but Spanish is the primary language of 9% of program participants (among individuals who provided information about primary language). In addition, 19% of participants disagreed with the statement "Staff were sensitive to my cultural background." This suggests that promoting all activities as available in Spanish will benefit those being served by the program. In addition, the program should aim to have higher participation rates for the outcomes and satisfaction surveys. Additional data from more participants will provide the program with a more complete picture of the program benefits and areas for programmatic improvements.

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

TRI-COUNTY GLAD

Tri-County GLAD serves Deaf and Hard of Hearing (DHH) individuals of all ages. They offer educational workshops and trainings about mental health topics and to community organizations about the particular mental health needs of the DHH community. Tri-County GLAD also outreaches to the DHH community through vlogs and social media posts, provides referrals to mental health care, and hosts a mental health task force.

Program Strategies

Increases recognition of early signs of mental illness by providing trainings to educators and other potential responders and mental health vlogs to the DHH community.

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

Program Highlights

81 individuals participated in program activities

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

33,556 mental health vlog views*

* Number of individuals may be duplicated.

74

TRI-COUNTY GLAD

Demographic Data

Tri-County GLAD collects unduplicated demographic data from the individuals they serve. However, in order to preserve the anonymity of individuals who provided demographic information (n=4), this data is not reported.

Program Activities

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

Program Activities by Type	# Activities/ Events
"Communication Barriers," "Bullying," and "Hygiene" Mental Health Workshops for DHH high school and middle school students	4
Cultural Competency Training with Community Organizations	3
TOTAL # of Activities/Events	7

81 unduplicated participants in program activities

100% of program activities in American Sign Language

Program Outreach

Program outreach activities increase awareness of mental health issues and resources, particularly through sharing mental health educational content on social media.

Social Media Education and Outreach	# Posts
Mental Wellness Vlog	12
Communication Workshop Video	10
Community Education Video	8

33,556 total visits/views/hits on Facebook and YouTube

75

TRI-COUNTY GLAD

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals to social supports such as food, housing, health insurance, and other support services are also provided. Tri-County GLAD provided referrals to 4 individuals in fiscal year 2018-2019. Additional information about number and type of referrals is not reported to protect participant privacy.

Program Outcomes

Tri-County GLAD tracks outcomes for program participants (i.e., those who receive services) and trainees in their cultural competency trainings (i.e., those who attend workshops, classes, and trainings). Participant outcomes are not presented to protect their privacy (n=6). Results from trainee surveys are presented below.

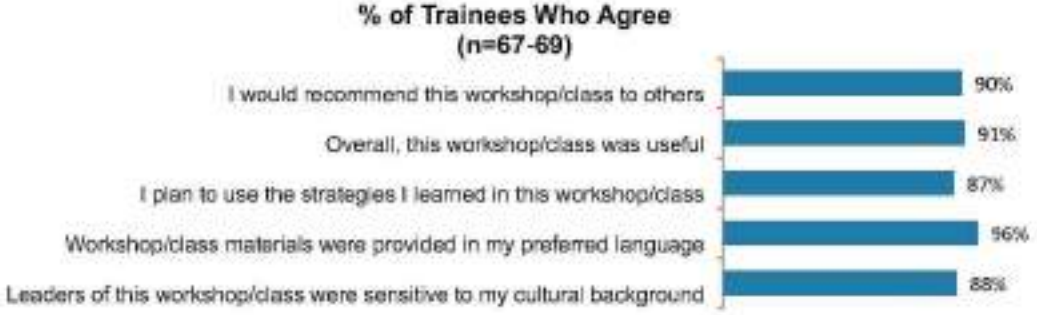
Trainee Outcomes (n=66-68)

As a result of participating in this workshop/class...	% Agree	% Neutral	% Disagree
I know more about the topics presented.	96%	3%	1%
I know where people can go for mental health services in their community.	93%	6%	1%
I believe treatment can help people with mental illness lead normal lives.	97%	3%	0%
I believe people are generally caring and sympathetic to people with mental illness.	68%	21%	11%

TRI-COUNTY GLAD

Program Satisfaction

Trainees were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select "neutral." Participant outcomes are not presented to protect their privacy (n=6). The chart below shows the number of participants who agreed with each statement.



Program Feedback

Participants in the trainings were also asked to provide feedback through open-ended response questions. Participant outcomes are not presented to protect their privacy (n=6). Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this workshop/class? (n=53)

Top 4 Responses

- Learning more about the DHH community and myths about and stigma toward the population (29)
- Learning about existing resources (14)
- Learning how to better serve the DHH community in my role (10)
- The presenter was clear and engaging (3)

What are your recommendations for improvement? (n=45)

Top 5 Responses

- Teach more information, including about different cultures, referral locations, and basic sign language (9)
- Offer more time, sessions, and locations (9)
- Add more videos to the training (3)
- Include materials or translators for Spanish speakers (2)

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WELLNESS EVERYDAY
IDEA ENGINEERING, INC.

Wellness Everyday provides universal prevention messaging regarding mental health throughout Ventura County, primarily through online channels. A *Wellness Everyday* website, available in English and Spanish, delivers information about topics such as preventing suicide, parenting, depression, and healthy living with mental illness, as well as, contact/referral information for local resources/supports (including some MHSA-funded programs). Numerous social media advertisement campaigns are run throughout the year that link to the *Wellness Everyday* website and complement website content.

Program Strategies

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

Distributes mental health and wellness advertisements in English and Spanish through social media platforms.

Program Highlights*

21,193 *Wellness Everyday* website users†

14 social media campaigns delivered in English and Spanish

26,657 clicks on English and Spanish social media advertisements‡

*This program did not provide referral information.
‡Estimate based on Google Analytics.
†May include duplicate users.

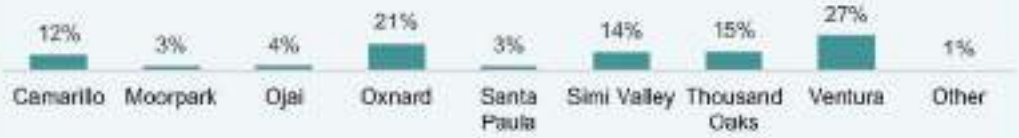
WELLNESS EVERYDAY

Demographic Data

The *Wellness Everyday* website cannot collect accurate demographic data about users due to the anonymous nature of the internet. In lieu of standardized demographic information aligned with PEI regulations, data about geographic location (note that website traffic can come from anywhere in the world) and device type are presented for fiscal year 2018-2019 website sessions. Data are presented separately for the English and Spanish versions of the website.

58% of all English website sessions came from communities in Ventura County

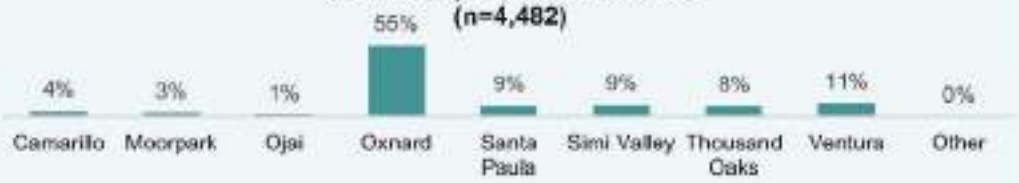
Sessions per Ventura County Community: English website* (n=8,241)



*Cities/communities in the "Other" category include Fillmore, Oak Park, Oak View, Port Hueneme, and Somis.

37% of all Spanish website sessions came from communities in Ventura County

Sessions per Ventura County Community: Spanish website* (n=4,482)



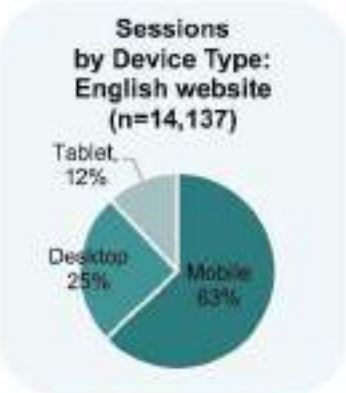
*Cities/communities in the "Other" category include Fillmore, Port Hueneme, and Somis.

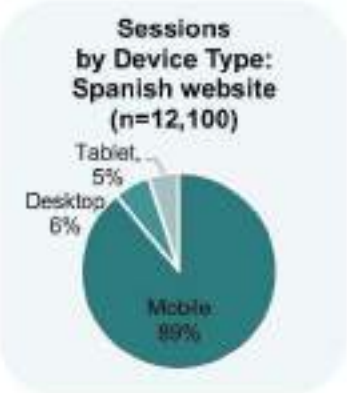
* Estimate based on Google Analytics.
† May include duplicate users.

80

WELLNESS EVERYDAY

Demographic Data





Wellness Everyday Website Traffic

en — 11,514 people used the English website in FY 18-19

es — 9,679 people used the Spanish website in FY 18-19

Wellness Everyday* Website Users by Month

* Users may be duplicated across months.

81

WELLNESS EVERYDAY

Social Media Advertisements

368,509 people viewed English advertisements*

430,626 people viewed Spanish advertisements*

More than 1.1M English advertisements were onscreen*

More than 1.8M Spanish advertisements were onscreen*

10,589 English advertisements were clicked

16,068 Spanish advertisements were clicked

FY 18-19 User Responses to Social Media Advertisements

Program Outcomes and Satisfaction

Wellness Everyday (website and social media campaigns) primarily tracks frequency data (e.g., number of website users, number of comments on social media advertisements). This does not allow for examination of how Wellness Everyday impacts the users of the website or those viewing social media advertisements or users' satisfaction with the mental health information provided.

*May include duplicate users.

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WELLNESS EVERYDAY

Program Successes

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

Social media campaigns focused on multiple age groups. Age-specific campaigns included Teens and Depression, Teens and Social Media *and* Caregiver and Older Adult. *The* Caregiver and Older Adult *campaign was especially popular, prompting a high number of reactions, shares, and comments for both the English and Spanish advertisements.*

Conclusion and Recommendations

Wellness Everyday reaches Ventura County residents and the broader community through its website and social media advertisement campaigns. Its efforts provide valuable information on a variety of mental health and wellness topics and community resources for residents seeking support.

Although outcome and satisfaction data are not collected for this program, social media engagement data suggests that viewers find the information valuable. All engagement metrics (i.e., reactions, shares and comments) were higher in FY18-19 than the prior year for English and Spanish advertisements. In addition, the English-language campaign *Coping with Tragic Events*, which was launched approximately a month after a mass shooting in Thousand Oaks, CA, had a high number of reactions and shares. This suggests that users found the information salient and useful.

Wellness Everyday examines its website traffic data and numerous metrics for its social media campaigns to target at risk groups and revise its messages to make them useful for its audience. Continued monitoring and quality improvement efforts will ensure that Ventura County residents have online access to useful mental health and wellness information.

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

EARLY INTERVENTION

The purpose of the Early Intervention component of MHSA is to intervene early in symptoms of mental illness to reduce prolonged suffering that may result from untreated mental illness. Ventura County funds five Early Intervention programs that provide crisis stabilization, family support, group and individual therapy, assessment and screening, educational and vocational services, and outreach and education. These Early Intervention services promote wellness, foster health, and prevent suffering that can result from untreated mental illness.

Four of the five Early Intervention programs served over 60% Latino/Hispanic participants. Additionally, VIPS and COMPASS served a majority of patients under age 25, which is a priority population for Prevention and Early Intervention programs. Primary Care Integration and Primary Care Program demonstrated decreases in depression and anxiety symptom severity scores among adult and youth participants. Participants in programs providing outreach and education (Family & Friends and VIPS) rated the programs as useful and informative.

Early Intervention Programs

- **Comprehensive Assessment and Stabilization Services (COMPASS), Seneca Family of Agencies**
- **Family & Friends, National Alliance on Mental Illness (NAMI)**
- **Primary Care Integration, Ventura County Behavioral Health (VCBH)**
- **Primary Care Program, Clínicas del Camino Real, Inc.**
- **Ventura Intervention & Prevention Services (VIPS), Telecare, Inc.**

1,569 individuals received core program services

84

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

COMPASS
SENECA FAMILY OF AGENCIES

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

Program Strategies

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

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

Program Highlights*

33 individuals received core program services

17 Days average length of stay

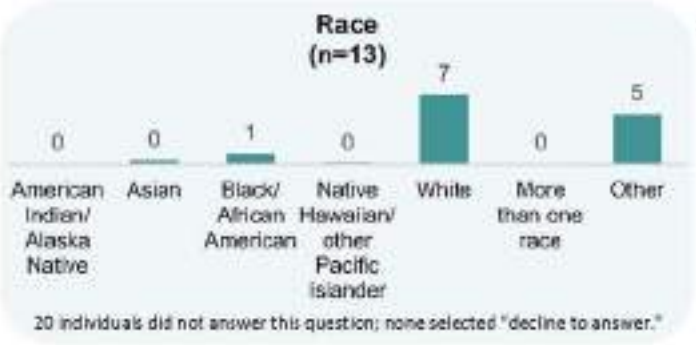
*This program did not provide referrals.

85

COMPASS

Demographic Data

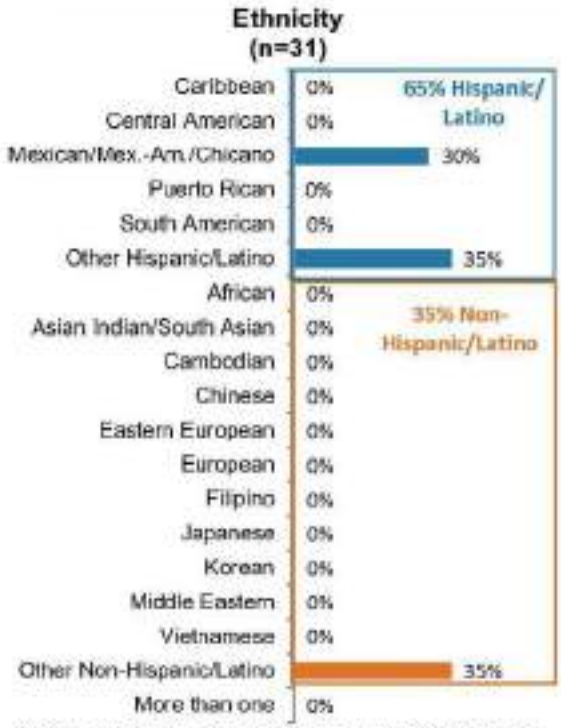
COMPASS collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents 33 individuals whose information was entered into Avatar. Demographic data was not collected for sex assigned at birth, veteran status, and disabilities. Data on sexual orientation (n=1) is not reported in order to preserve anonymity.



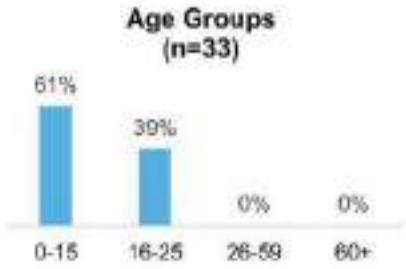
20 individuals did not answer this question; none selected "decline to answer."

Current Gender Identity (n=33)

Female	67%
Male	33%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%



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



Primary Language (n=33)

English	88%
Spanish	12%
Indigenous	0%

86

COMPASS

Conclusion and Recommendations

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

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

FAMILY & FRIENDS NATIONAL ALLIANCE ON MENTAL ILLNESS

Offered through National Alliance on Mental Illness (NAMI), Family & Friends is a free 90-minute to 4-hour seminar for people who have loved ones with a mental health condition. The seminar explains how attendees can best support their loved ones and is an opportunity to meet other people in similar situations and gain community support. It is led by trained individuals who have lived experience with supporting a family member with a mental health condition. Topics include understanding diagnoses, treatment, and recovery; effective communication strategies; the importance of self-care; crisis preparation strategies; and NAMI and community resources.

Program Strategies

Improves access and linkage to treatment by training potential responders, namely, friends and family members, to recognize signs and symptoms of mental illness and related crises and sharing existing resources.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and stigma-reducing presentations to friends and family members who will be supporting loved ones with mental health challenges.

Program Highlights*

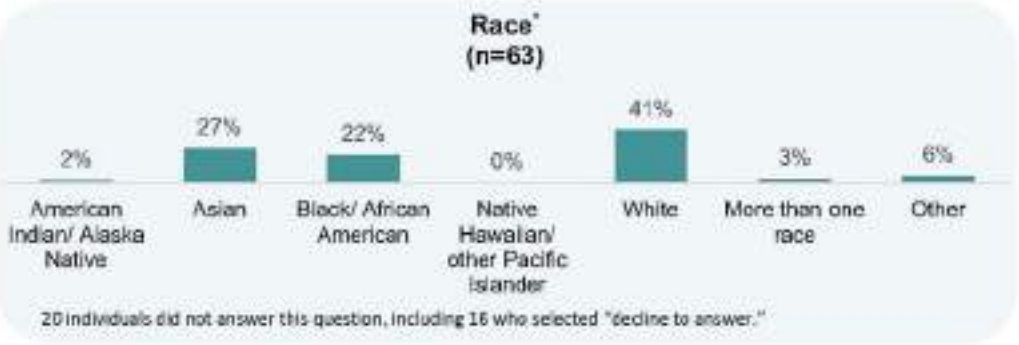
104 individuals received core program services (were trained in a Family & Friends Seminar)

*This program did not provide referrals.

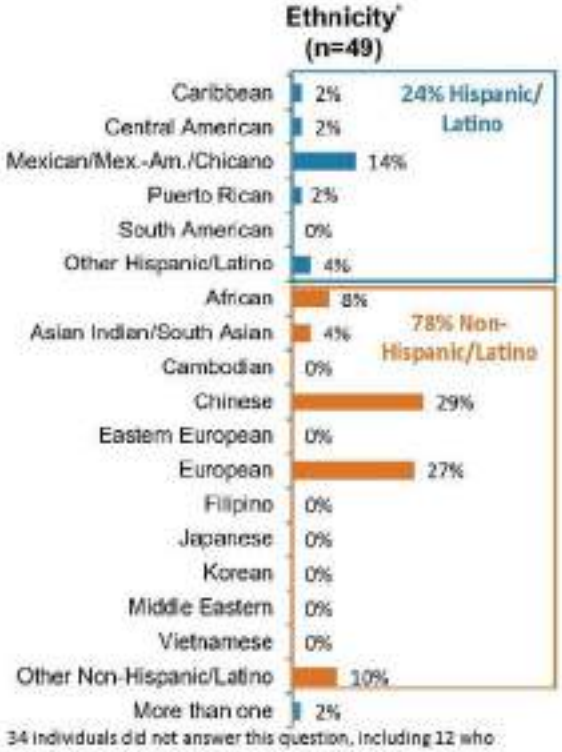
FAMILY & FRIENDS

Demographic Data

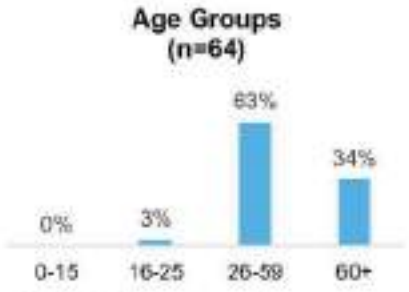
Family & Friends collects unduplicated demographic data from the individuals they serve. Of the 104 individuals who received core program services, 83 individuals completed a demographic form; this information is presented below.



20 individuals did not answer this question, including 16 who selected "decline to answer."



34 individuals did not answer this question, including 12 who selected "decline to answer."



19 individuals did not answer this question, including 15 who selected "decline to answer."

Primary Language* (n=71)

English	97%
Spanish	1%
Indigenous	0%
Other	4%

12 individuals did not answer this question, including 3 who selected "decline to answer."

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

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FAMILY & FRIENDS

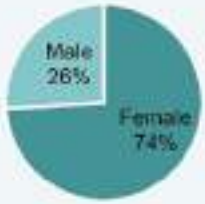
Demographic Data

Current Gender Identity* (n=54)

Female	72%
Male	28%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

29 individuals did not answer this question, including 26 who selected "decline to answer."

Sex Assigned at Birth (n=54)



29 individuals did not answer this question, including 25 who selected "decline to answer."

Sexual Orientation* (n=50)

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

33 individuals did not answer this question, including 25 who selected "decline to answer."

2% of individuals are veterans

n=64; 19 individuals did not answer this question, including 15 who selected "decline to answer."

9% of individuals reported having one or more disabilities

n=53; 30 individuals did not answer this question, including 25 who selected "decline to answer."

Disability* (n=5)

Other includes individuals who did not specify a disability type.

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

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

FAMILY & FRIENDS

Program Activities

The primary program activity is the Family & Friends seminar. The program conducted a total of 3 seminars in fiscal year 2018-2019.

Program Outcomes

Family & Friends tracks outcomes by surveying participants in their workshops. At the conclusion of the workshops, respondents were given the option to select if they agree with several statements. Results from these surveys are shown in the tables below.

Trainee Outcomes
(n=67)

Please select which items below you agree with:	% Agree
1a. I see recovery as a real possibility.	72%
1b. In the past, I haven't felt encouraged regarding recovery from mental illness.	22%
2a. A mental illness is a physical illness, like diabetes.	67%
2b. In the past, I haven't felt that mental illness is a physical illness.	16%
3a. I would feel comfortable working with someone who has a mental illness.	51%
3b. In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	16%

Trainee Outcomes Highlights

9 of 15 individuals who in the past did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility.

9 of 11 who did not feel that mental illness is a physical illness now agree that a mental illness is a physical illness, like diabetes.

7 of 11 who in the past would not have been comfortable working with someone who has a mental illness now would feel comfortable.

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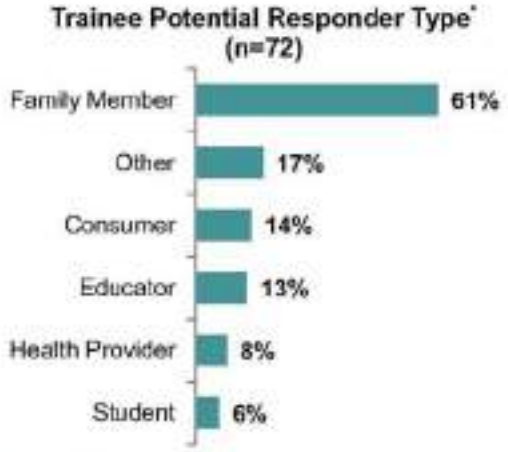
FAMILY & FRIENDS

Program Outcomes

Below are the characteristics of respondents to the Family & Friends workshop trainee survey.



Program Satisfaction

Family & Friends trainees were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select "neutral." The chart below shows the number of trainees who agreed with each statement.

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

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FAMILY & FRIENDS

Conclusion and Recommendations

Family & Friends is reaching the population they seek to serve, with the majority of the participants identifying as a family member of an individual with a mental health issue.

Almost all trainees found the information shared in the trainings to be useful (99%) and the presenters interesting and easy to follow (97%). Trainees also reported that the presentations changed their attitudes and beliefs. For example, 9 of 11 of individuals now see mental illness recovery as a real possibility when they did not previously.

An area of future improvement may be to expand the program's reach to Hispanic/Latino participants as only 24% of trainee respondents identified as Hispanic/Latino. Additionally, the program may wish to collect trainee feedback in open-ended survey responses and conduct follow-up data collection to determine if trainees implemented skills learned during the training. These pieces of data could provide useful information and ideas about further program enhancements and ways to better target training materials to different audiences.

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

PRIMARY CARE INTEGRATION
VENTURA COUNTY BEHAVIORAL HEALTH

Primary Care Integration provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers. This program serves individuals age 12 and older who are at risk of or experiencing depression and/or anxiety symptoms. Services are provided at 14 different health centers throughout Ventura County for individuals that do not have insurance coverage.

Program Strategies

Provides access and linkage to services through screening and mental health treatment.

Improves timely access to services for underserved populations by providing services for individuals without medical insurance coverage.

Program Highlights*

905 individuals received core program services

4.53 point decrease in average youth participant symptom severity

5.66 point decrease in average adult participant symptom severity

*This program did not provide referrals.

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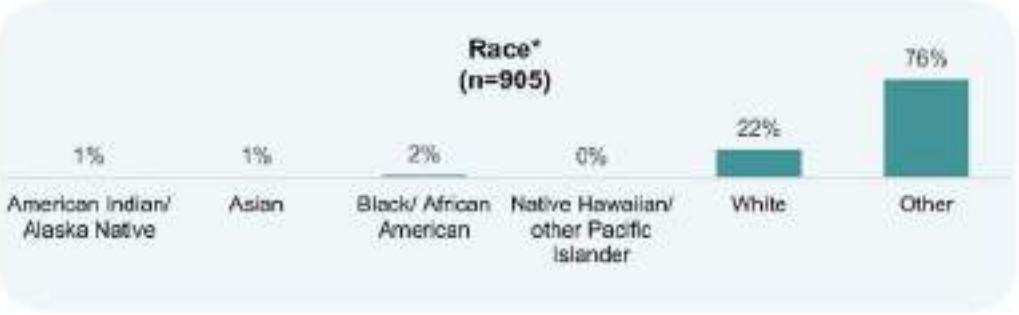
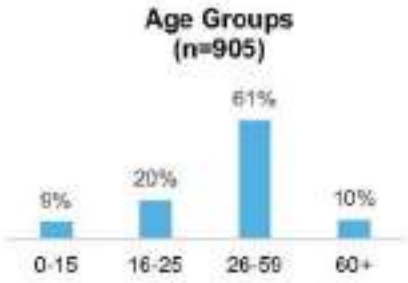
PRIMARY CARE INTEGRATION

Demographic Data

Primary Care Integration collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by the 905 individuals who received services during fiscal year 2018-2019.





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

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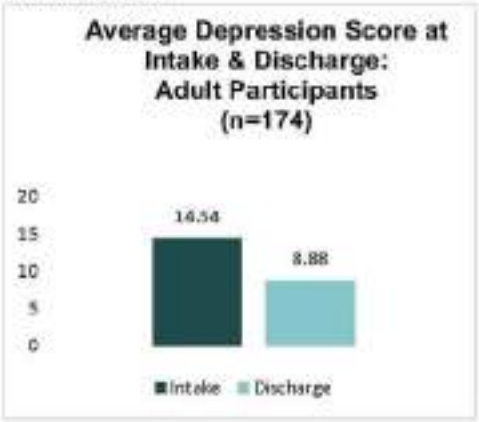
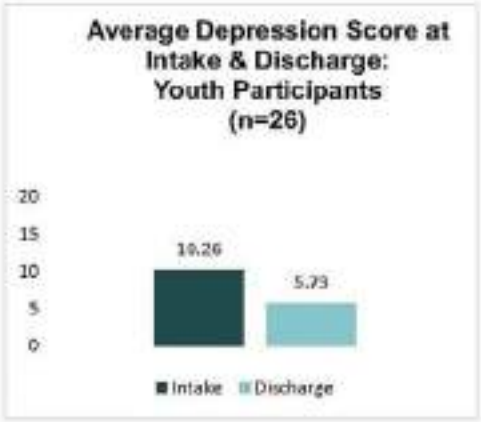
PRIMARY CARE INTEGRATION

Program Outcomes

Primary Care Integration tracks outcomes using the Patient Health Questionnaire (PHQ-9) (as a measure of depression). Average scores across both youth and adult participants at intake and discharge are summarized in the charts below. At intake, both adult and youth participants' average PHQ-9 scores suggest that there was a moderate level of depression (on average), but that at discharge there was a mild level of depression (on average). For youth participants, there was a 4.53-point decrease on average in symptom severity and for adult participants there was a 5.66-point decrease on average in symptom severity. Additionally, the program determines fidelity of program implementation by surveying participants who receive services offered by the organization. Results from these surveys are shown in the tables below.





Fidelity of Program Implementation: Adult Participants (n=174)

	% Agree	% Neutral	% Disagree
My therapist followed a step by step plan to help me.	99%	0%	1%
I learned and practiced new skills to deal with my problems.	98%	1%	1%
I learned how to change my thinking to change the way I feel and act.	97%	3%	0%
My therapist gave assignments or homework so I could better use what I learned in therapy.	98%	2%	0%

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PRIMARY CARE INTEGRATION

Program Outcomes

Fidelity of Program Implementation:
Youth Participants
(n=26)

	# Agree	# Neutral	# Disagree
My therapist followed a step by step plan to help me.	26	0	0
I learned and practiced new skills to deal with my problems.	25	1	0
I learned how to change my thinking to change the way I feel and act.	24	2	0
My therapist gave assignments or homework so I could better use what I learned in therapy.	26	0	0

Conclusion and Recommendations

Most adults and youth who provided program feedback agreed that Primary Care Integration is implemented with fidelity (e.g., therapist followed program standards) and that they had opportunities to learn new skills, and ways of thinking and acting in the program. Additionally, average levels of participant depression decreased between intake and discharge from the program.

An area of future improvement may include increasing compliance with demographic data collection requirements provided by the MHSA PEI regulations for sexual orientation, disability, veteran status, current gender identity, and ethnicity.

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

PRIMARY CARE PROGRAM
CLÍNICAS DEL CAMINO REAL, INC.

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

Program Strategies

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

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

Program Highlights*

482 individuals received core program services

8.7 point decrease in average participant depression severity

6.4 point decrease in average participant anxiety severity

*This program made community referrals but were not included in the data collection

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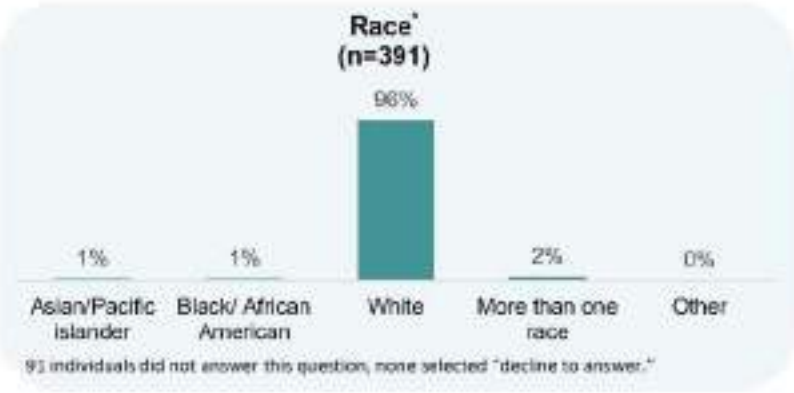
PRIMARY CARE PROGRAM

Demographic Data

Primary Care Program collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by the 482 individuals who participated in services in fiscal year 2018-2019.

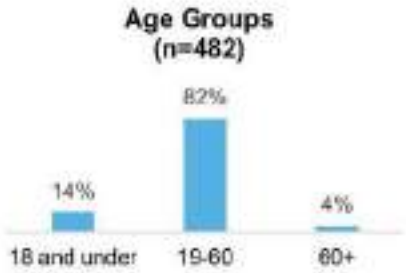


Ethnicity (n=393)

89% Hispanic/ Latino

11% Non-Hispanic/Latino

89 individuals did not answer this question, none selected "decline to answer."



Primary Language* (n=481)

English	51%
Spanish	57%
Indigenous	3%

1 individual did not answer this question, but did not select "decline to answer."

1% of individuals are veterans

n=478; 9 individuals did not answer this question, none selected "decline to answer."

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

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

PRIMARY CARE PROGRAM

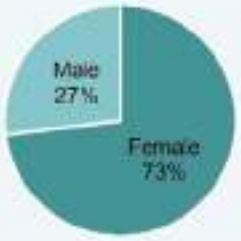
Demographic Data

Current Gender Identity (n=217)

Female	81%
Male	19%
Transgender	0%

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

Sex Assigned at Birth (n=482)



Sexual Orientation (n=288)

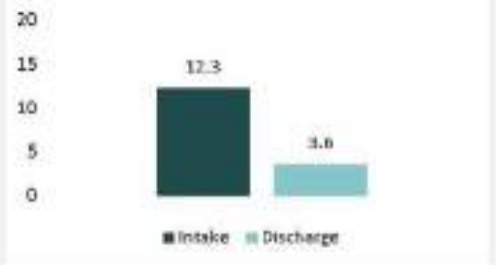
Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	95%
Another Sexual Orientation or Don't Know	2%

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

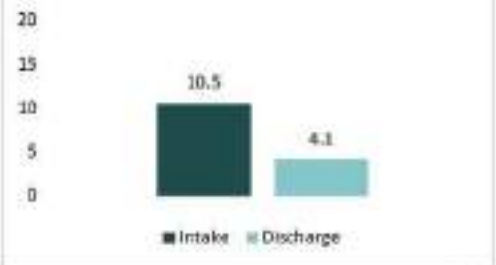
Program Outcomes

Primary Care Program tracks outcomes using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder scale (GAD-7) (as measures of depression and generalized anxiety, respectively). Average scores across participants at intake and discharge are summarized below for patients discharged from services in fiscal year 2018-2019. At intake, participants' average PHQ-9 scores suggest that there was a moderate level of depression (on average), but that at discharge there was a minimal level of depression to none (on average). Participants experienced an 8.7-point decrease in depression symptoms (on average). At intake, participants' average GAD-7 scores suggest that there was a moderate level of anxiety (on average), but that at discharge there was a mild level of anxiety (on average). Participants experienced an 6.4-point decrease in anxiety symptoms (on average).

Average Depression Score at Intake & Discharge (n=34)



Average Anxiety Score at Intake & Discharge (n=24)



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PRIMARY CARE PROGRAM

Conclusion and Recommendations

In fiscal year 2018-2019, average participant scores on both measures decreased from intake to discharge, suggesting that anxiety and depression symptoms decreased. However, data should be interpreted with caution as intake and discharge data were not matched at the participant level and tests of statistical significance were not applied given small sample sizes. Data may also not be fully representative of the experiences of all program participants given low sample sizes overall compared to the number of participants as well as lower sample size at discharge.

An area of future improvement may include increasing compliance with demographic data collection requirements as data for race, ethnicity, age, disability, sexual orientation, and current gender identity were not collected in accordance with state MHSA regulations.

VENTURA COUNTY BEHAVIORAL HEALTH

VENTURA INTERVENTION AND PREVENTION SERVICES TELECARE, INC.

Ventura Intervention and Prevention Services (VIPS) conducts community outreach and education to potential responders about early warning signs of psychosis and available resources; provides a two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, and education/vocational services; and supports participants and families after discharge through the Continuing Care Program.

Program Strategies

Improves timely access to mental health services for underserved populations including Latinos, males, and Spanish-language speakers.

Increases recognition of early signs of mental illness through outreach and trainings to potential responders including school staff, clinicians, spiritual leaders, and police.

Program Highlights*

45 individuals received core program services

27 referrals were received from other programs for mental health care at VIPS

*This program did not provide referrals.

VENTURA INTERVENTION AND PREVENTION SERVICES

Demographic Data

VIPS collects some demographic data from the individuals they serve. Demographic data in this section represents the two program sites at which services are provided (Simi Valley and Ventura). Simi Valley served 20 unduplicated individuals and Ventura served 25. The data represented may be duplicated and the number of respondents was not provided for each of the figures below.

Ethnicity: Simi Valley

62% Hispanic/ Latino

38% Non-Hispanic/Latino

Ethnicity: Ventura

70% Hispanic/ Latino

30% Non-Hispanic/Latino

Program Activities

Program activities include multi-family groups facilitated by program staff. Program activities data was only available for Quarter 1 of fiscal year 2018-2019. A total of 24 multi-family groups were held; half of which were conducted in Spanish.

VENTURA INTERVENTION AND PREVENTION SERVICES

Program Outreach

Program outreach includes activities to promote VIPS services in the community, and to increase awareness of and linkages to mental health resources. Program outreach data was only available for Quarter 1 and part of Quarter 3 of fiscal year 2018-2019; a total of 11 outreach events were conducted where a total of 270 materials were distributed.

Program Outcomes

VIPS tracks outcomes by surveying participants who receive services offered by the organization.

93% of participants agree that they were connected to services that were right for them (n=42)

64% of participants were helped "A Great Deal" by the care they received (n=42)

Conclusion and Recommendations

VIPS is primarily serving youth, the majority of which are Latino. An area of future improvement may include increasing collection of demographic data and implementing outcome and satisfaction surveys to better illustrate program success and participant outcomes. Additionally, of the outcome data that was provided, the percent of participants that had been helped a great deal was only 64%, pointing to a potential area of focus moving forward.

OTHER PEI PROGRAMS

The six programs under Other PEI Programs belong to Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction program categories. All programs in this section focus primarily on training potential first responders about ways to recognize and respond effectively to early signs of mental illness, including educators, students, law enforcement personnel, first responders, people with lived experience, and other community members. Programs also seek to combat negative perceptions, misinformation, and stigma associated with having a mental illness or seeking help for mental illness.

While each program varies in its focus and scope, all programs that provided outcomes data reported high ratings among trainees around the usefulness and satisfaction with program trainings. Similarly, these programs also tended to have illustrative qualitative data in the form of quotes from trainees and success stories to support the high ratings from trainees.

Other Programs

- **Crisis Intervention Team, Ventura County Law Enforcement**
- **In Our Own Voice, National Alliance on Mental Illness**
- **Positive Behavioral Interventions & Supports, Ventura County Office of Education**
- **Restorative Justice, Ventura County Office of Education**
- **RISE (Rapid Integrated Support & Engagement)**
- **Suicide Prevention, Ventura County Office of Education**

5,309 individuals received core program services (trainings)

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VENTURA COUNTY BEHAVIORAL HEALTH

CRISIS INTERVENTION TEAM VENTURA COUNTY LAW ENFORCEMENT

The Crisis Intervention Team (CIT) is a mental health training program for first responder personnel throughout Ventura County. It provides CIT Academy trainings for officers to assess and assist people in mental health crisis in a compassionate and effective manner. The five primary goals of the CIT program are to de-escalate crisis situations, reduce the necessity of use-of-force, reduce the use of jail, decrease recidivism, and facilitate the empowerment of individuals with mental illness by increasing their lawful self-reliance and health-enhancing behaviors. First responder personnel in Ventura County also document encounters with individuals experiencing a mental health issue or crisis through the submission of CIT Event Cards.

Program Categories & Strategies

Outreach for Increasing Recognition of Early Signs of Mental Illness:
Increases recognition of early signs of mental illness and effective response by providing trainings to first responders.

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

Program Highlights*

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

2,719 participants in program activities†

1,352 individuals reached through outreach events†

* This program did not provide referrals.
† Number of individuals may be duplicated.

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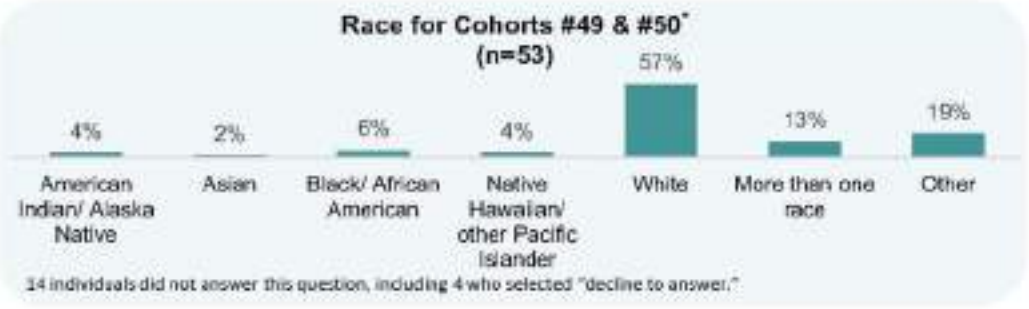
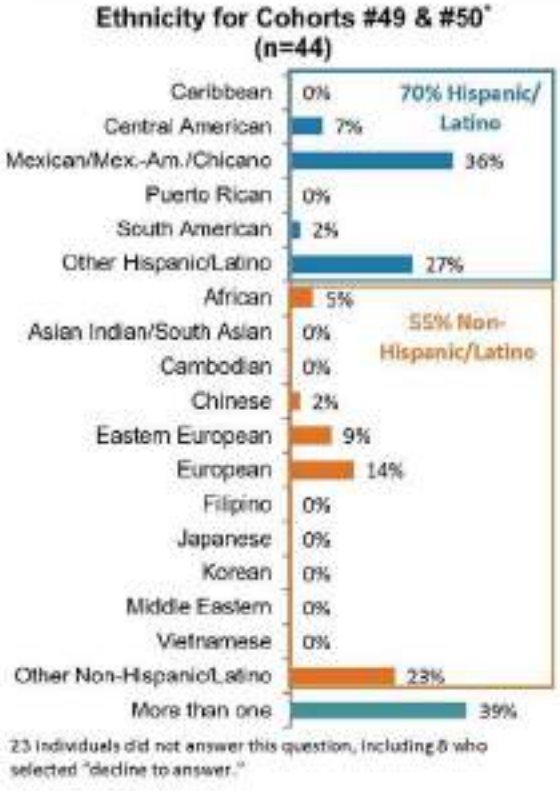
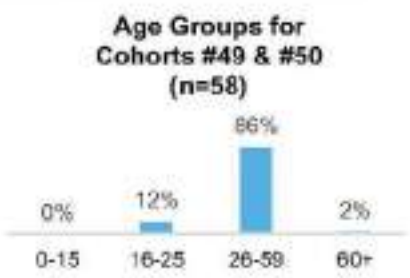
CRISIS INTERVENTION TEAM

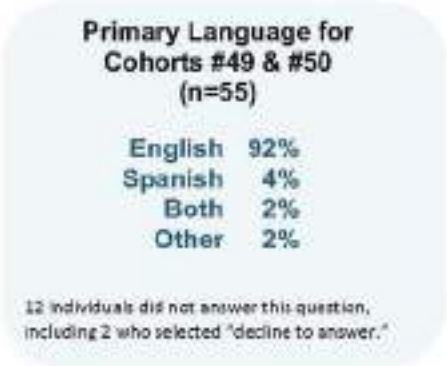
Demographic Data

CIT collects unduplicated demographic data from CIT Academy trainees. In fiscal year 2018-2019, 107 individuals received core program services (CIT trainings) across 3 cohorts: Cohort #48 in September 2018 (n=40), Cohort #49 in February 2019 (n=38), and Cohort #50 in May 2019 (n=29). All individuals provided demographic information. However, individuals in Cohort #48 only provided data on sex and age and the questions were asked differently, so data is shown separately for that cohort.









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

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

CRISIS INTERVENTION TEAM

Demographic Data

Current Gender Identity for Cohorts #49 & #50 (n=56)

Female	29%
Male	67%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	2%
Another Gender Identity	2%

11 individuals did not answer this question, including 2 who selected "decline to answer."

Sex Assigned at Birth for Cohorts #49 & #50 (n=56)

11 individuals did not answer this question, including 2 who selected "decline to answer."

Sexual Orientation for Cohorts #49 & #50 (n=56)

Bisexual	4%
Gay or Lesbian	2%
Heterosexual or Straight	92%
Queer	0%
Questioning or Unsure	2%
Another Sexual Orientation	0%

11 individuals did not answer this question, including 2 who selected "decline to answer."

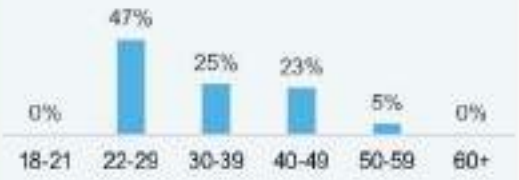
24% of individuals in Cohorts #49 & #50 are veterans

n=54; 13 individuals did not answer this question, including 3 who selected "decline to answer."

2 individuals (4%) in Cohorts #49 & #50 reported having a disability, including a mental domain disability and a chronic health condition

n=45; 22 individuals did not answer this question, including 3 who selected "decline to answer."

Age Groups for Cohort #48 (n=40)



Gender for Cohort #48 (n=39)

1 individual did not answer this question.

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

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

CRISIS INTERVENTION TEAM

Program Activities

In addition to the 3 CIT Academy cohorts, program activities include other types of trainings and presentations facilitated by program staff. Participants may include first responder personnel as well as community members.

Program Activities by Type	# Activities/ Events
Presentations at events, higher education classes, stakeholder meetings, etc.	35
Training and presenting at PD Briefings in different cities	29
Basic Academy Trainings and Presentations	8
TOTAL # of Activities/Events	72

2,719 participants in program activities*

Program Outreach

Program Outreach includes activities to promote community-building between residents and first responders.

Program Outreach by Type	# Activities/ Events
Post De-escalation Video Project	7
Triage Grant Expansion	4
Charity Walks	3
Other community events, such as conferences and agency openings	9
TOTAL # of Activities/Events	23

1,352 people reached through outreach events*

* Number of participants/people reached may not be unduplicated.

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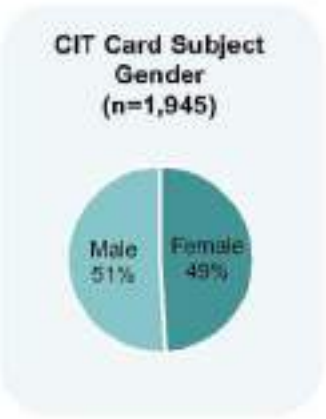
VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

CRISIS INTERVENTION TEAM

CIT Card Information

Ventura County first responder personnel document encounters with individuals experiencing a mental health problem or crisis through the submission of CIT Event Cards, including documentation of subject gender, race, homelessness and veteran status, as well as the city of incident and the disposition or service provided. First responder personnel completed 1,945 CIT cards in fiscal year 2018-2019.



9% of CIT Card subjects are homeless

n=1,945

3% of CIT Card subjects are veterans

n=1,945

CIT Card Disposition or Service (n=1,945)

Disposition/Service Type	% of CIT Cards
Contact Only	53%
Hospital	34%
#5150/#5585	9%
Voluntary IPU	3%
Incarcerated	1%

CIT Card Incident City (n=1,945)

City	% of CIT Cards
Camarillo	18%
Fillmore	5%
Moorpark	6%
Ojai	7%
Oxnard	5%
Port Hueneme	3%
Santa Paula	1%
Simi Valley	23%
Thousand Oaks	28%
Ventura	4%

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CRISIS INTERVENTION TEAM

Program Outcomes: Post-training Evaluation Survey

CIT tracks trainee outcomes by surveying CIT Academy trainees immediately after the conclusion of the training. Cohorts #49 and #50 received a Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction (SDR) survey. However, Cohort #48 received different survey questions from a CIT Academy Evaluation Survey, so those results are shown separately. Cohort #48 also answered some background information questions.

Trainee Background for Cohort #48: Evaluation Survey (n=40)

Statement	% None	% Small	% Medium	% Extensive
My experience knowing someone close to me (family member, friend, etc.) affected by mental illness is:	18%	**34%**	25%	23%
My experience working with those affected by mental illness is:	3%	23%	27%	**47%**
Prior to this class, my level of education about mental illness was:	5%	40%	**47%**	8%

Trainee Outcomes for Cohort #48: Evaluation Survey (n=40)

Statement	% Agree or Strongly Agree	% Uncertain	% Disagree or Strongly Disagree
As a result of this class, I am more knowledgeable about mental health issues and related crises.	**92%**	5%	3%
As a result of this class, I feel more confident in responding effectively with a mental health problem or crisis.	**97%**	0%	3%

VENTURA COUNTY BEHAVIORAL HEALTH

CRISIS INTERVENTION TEAM

Program Outcomes: Post-training Evaluation Survey

Trainee Outcomes for Cohorts #49 & #50: MOQA SDR Survey (n=64-67)

As a direct result of this training I am MORE willing to:	# Agree or Strongly Agree	# Neutral	# Disagree or Strongly Disagree
Live next door to someone with a serious mental illness.	35%	44%	21%
Socialize with someone who had a serious mental illness.	78%	19%	3%
Start working closely on a job with someone who had a serious mental illness.	60%	29%	11%
Take action to prevent discrimination against people with mental illness.	85%	15%	0%
Actively and compassionately listen to someone in distress.	91%	9%	0%
Seek support from a mental health professional if I thought I needed it.	74%	24%	2%
Talk to a friend or family member if I was experiencing emotional distress.	80%	20%	0%
As a direct result of this training I am MORE likely to believe:			
People with mental illness can eventually recover.	35%	56%	9%
People with mental illness are different compared to everyone else in the general population.*	43%	35%	22%
People with mental illness are to blame for their problems.*	0%	28%	72%
People with mental illness are never going to be able to contribute much to society.*	0%	20%	80%
People with mental illness should be felt sorry for or pitied.*	3%	36%	61%
People with mental illness are dangerous to others.*	3%	61%	36%

*The ideal response for these items is Disagree/Strongly Disagree.

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CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey

Approximately 6 to 18 months after a CIT training, trainees were asked to take a Follow-up Survey. The survey was administered in late October to early November 2019 and completed online by individuals participating in CIT trainings held in May 2018 through May 2019. This includes responses from individuals trained in fiscal year 2018-2019: Cohort #48 (n=40), Cohort #49 (n=38), and Cohort #50 (n=29); as well as one cohort from fiscal year 2017-2018: Cohort #47 (n=47). The overall response rate for the survey was 50% (76 individuals completed the survey out of 151 asked to participate).*

CIT Academy Participant Characteristics
(n=76)

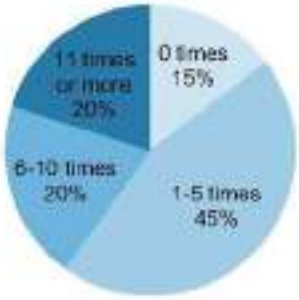
Current Employer	% of Respondents
Federal Police Agency	4%
Municipal Police Department	26%
Probation Office/Parole Agency	8%
Sheriff's Office	42%
State Police Agency	9%
Other (Special District, Casitas Municipal Water District, Oxnard PD, County Sherriff)	11%
Rank/Classification	
Corporal/Sr. Officer/Sr. Deputy	5%
Dispatcher	5%
Officer/Deputy	61%
Probation Officer/Parole Agent	7%
Sergeant	14%
Other (Park Ranger, Deputy Sherriff, Petty Officer Second Class, Detective)	8%
Current Assignment*	
Administration	7%
Community Resources	1%
Courts	1%
Custody	5%
Dispatch	5%
Investigation	11%
Patrol	62%
Probation/Parole	5%
School Officer/School Deputy	1%
Traffic	5%
Other (SWAT, Maintenance, Adult Field Services, Mental Evaluation Team)	9%

CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey

Most (85%) trainees used the verbal- and non-verbal de-escalation techniques learned in the training at least once since attending CIT training (when responding to an incident involving a person displaying signs of mental illness), and 40% used these techniques 6 or more times since being trained.

Frequency of De-Escalation Technique Use
(n=75)



Trainees who reported using the de-escalation techniques at least once since training were asked to respond to the following questions about the utility of de-escalation techniques.

Utility off De-escalation Techniques
(n=63)

Did the de-escalation techniques help to:	% Yes
Decrease the tension in mental health crisis situations?	94%
Reduce the duration of mental health crisis situations?	78%
Return the person displaying signs of mental illness to a competent level of functioning?	73%

*3 individuals were not asked to participate because they are no longer employed as first responder personnel in Ventura County.

CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey

Multiple Follow-up Survey items were asked to assess the impact of CIT training on trainee ability to effectively assess and assist those experiencing a mental health crisis.

CIT Participant Knowledge and Skills
(n=72-73)

As a result of CIT training...	# Agree or Strongly Agree	# Neutral	# Disagree or Strongly Disagree
I am better able to recognize the signs and symptoms of mental illness among individuals that I encounter in the community.	71%	18%	11%
I can more effectively communicate with persons displaying signs of mental illness.	78%	12%	10%
I am more comfortable interacting with persons displaying signs of mental illness.	72%	18%	10%
I am better able to defuse aggression before it becomes violence.	69%	21%	10%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	69%	21%	10%
I have more skills useful for managing any type of mental health crisis effectively.	75%	17%	8%
I believe treatment can help people with mental illness lead normal lives.	67%	26%	7%
I believe people are generally caring and sympathetic to people with mental illness.	49%	29%	22%
Please indicate your level of agreement with the following statements:			
CIT training increases law enforcement officer safety.	63%	27%	10%
CIT training increases mental health consumer safety.	72%	23%	5%
CIT training better prepares law enforcement officers to handle crises involving individuals with mental illness.	78%	14%	8%

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CRISIS INTERVENTION TEAM

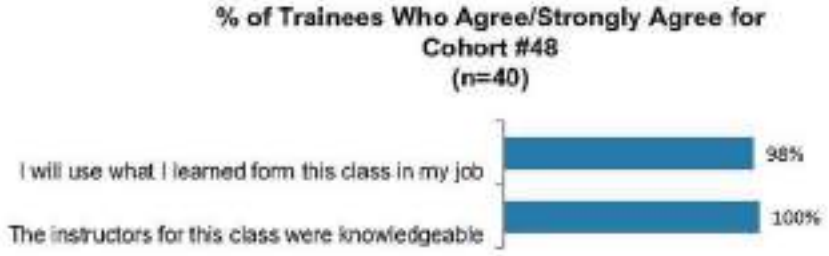
Program Outcomes: Follow-up Survey

CIT Academy Follow-up Survey respondents were asked to indicate whether they completed a CIT Event Card after each encounter with a person displaying signs of mental illness. Of those who reported not completing a CIT Card after each encounter (n=35), key reasons provided are shown below (the frequency of each comment is included in parentheses).

- Specific department, agency, or position not required to complete CIT Cards (e.g., Custody, Supervisor, Dispatch) (10)
- Has not encountered a situation that required a card (3)
- Did not have cards to fill out (3)
- Encounters the same subjects multiple times so does not fill out a card each time (3)
- Time-consuming due to frequent encounters (3)
- Forgot to complete a Card (2)
- Information is tracked another way (e.g., in a separate database) (2)

Program Satisfaction: Post-training Evaluation Survey

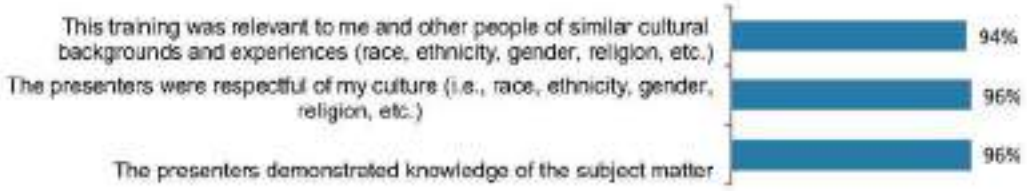
Immediately after each training, CIT Academy trainees were asked whether they strongly agreed, agreed, disagreed, or strongly disagreed with satisfaction-related statements, with the option to select "neither agree nor disagree" or "uncertain." The chart below shows the percentage of trainees who strongly agreed or agreed with each statement from Cohorts #48, #49, and #50. Cohort #48 answered different questions, so their responses are shown separately.



When asked to indicated why they attended the class, 70% of trainees in Cohort #48 said they were told to but didn't mind, 18% said they asked to take it, and 13% said they were told to against their own wishes. Additionally, 90% of trainees in Cohort #48 said they would recommend the CIT Academy to a peer (n=39).

Program Satisfaction: Post-training Evaluation Survey

% of Trainees Who Agree/Strongly Agree for Cohorts #49 & #50 (n=67)



Program Satisfaction: Follow-up Survey

CIT Academy trainees who complete a Follow-up Survey approximately 6 to 18 months after completing a training are also asked to indicate (yes or no) whether they are satisfied with the training they received. Among those who responded, 90% said that they are satisfied with the training they received (n=69). This includes responses from Cohorts #47-#50.

Program Feedback: Follow-up Survey

CIT Academy trainees from Cohorts #47-#50 were also asked to provide feedback through open-ended response questions on the Follow-up Survey. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What type of additional/follow-up training would you be interested in? (n=38)

Top 5 Responses

- More information on mental health topics (e.g., dementia, autism, dangerous behaviors, suicide, officer PTSD, schizophrenia, juveniles and mental health, mental health in the workplace) (11)
- Periodic updates and refreshers (e.g., changes in policies or resource availability) (5)
- More information on laws and procedures around specific issues (e.g., 5150/5585, mental health evaluations for hospital admissions, and legal responsibilities on dealing with suicide) (3)
- More real-life scenarios and videos (3)
- Not interested in any additional follow-up training (7)

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CRISIS INTERVENTION TEAM

Program Successes

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

"We had a female transient enter the park multiple times during the last few weeks of summer. She had a history of prior contacts with law enforcement...We received multiple calls of her disturbing customers at their campsites and at the park store. She was at first aggressive and confrontational towards us. My partner and I (also CIT certified) were able to talk her down and get her to relax and cooperate."

"A male individual was on the pier and was drinking, and several of the employees asked him to leave and he was being difficult. The initial responding officer almost went hands on with the individual who was self-medicating with alcohol and showing signs of bi-polar/schizophrenia. The individual was able to walk off the pier with me and stated he was just hungry and was having a hard time. I gave him my lunch and was able to get him to think about his situation..."

"I have encountered speaking to someone in a crisis. I used techniques learned in the CIT academy such as meeting them at their level, finding common ground and being patient to de-escalate the situation and have them get mental health help voluntary instead was of writing on application. I was also able recognize a crisis faster due to the training I received."

"I have interacted with multiple individuals that were determined to be 5150 and I would not have seen the signs if it were not for my training."

"Responded to a family dispute involving a daughter not taking her meds. The daughter suffers from a mental disability. When I arrived, the daughter was locked inside her bedroom and refused to come out. After speaking to her through the closed door, we were able to talk to her and calm her down. Eventually she came out and took her voluntarily took her meds."

CRISIS INTERVENTION TEAM

Conclusion and Recommendations

The CIT program is reaching the population they seek to serve, with 85% of trainees reporting that they have used the de-escalation techniques they learned in the CIT Academy training and 94% indicating that the de-escalation techniques help to decrease the tension in mental health crisis situations. These findings are illustrated in the success stories provided by CIT Academy trainees.

In fiscal year 2019-2020, the CIT program is exploring the possibility of providing more frequent opportunities to take the Follow-up Survey at regular intervals to improve response rates.

IN OUR OWN VOICE

Program Activities

The primary program activity is the In Our Own Voice presentation. The program conducted a total of 20 presentations in fiscal year 2018-2019.

Program Outcomes

In Our Own Voice tracks outcomes by surveying trainees who receive trainings offered by the organization. At the conclusion of the workshops, respondents were given the option to select if they agree with several statements. Results from these surveys are shown in the tables below.

Trainee Outcomes
(n=498)

As a result of seeing the In Our Own Voice presentation...	% Agree
1a. I see recovery as a real possibility.	84%
1b. In the past, I haven't felt encouraged regarding recovery from mental illness.	26%
2a. A mental illness is a physical illness, like diabetes.	58%
2b. In the past, I haven't felt that mental illness is a physical illness.	21%
3a. I would feel comfortable working with someone who has a mental illness.	86%
3b. In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	19%

Trainee Outcomes Highlights

91% of individuals who in the past did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility.

60% of those who did not feel that mental illness is a physical illness now do agree that a mental illness is a physical illness, like diabetes.

76% of those who in the past would not have been comfortable working with someone who has a mental illness now would feel comfortable.

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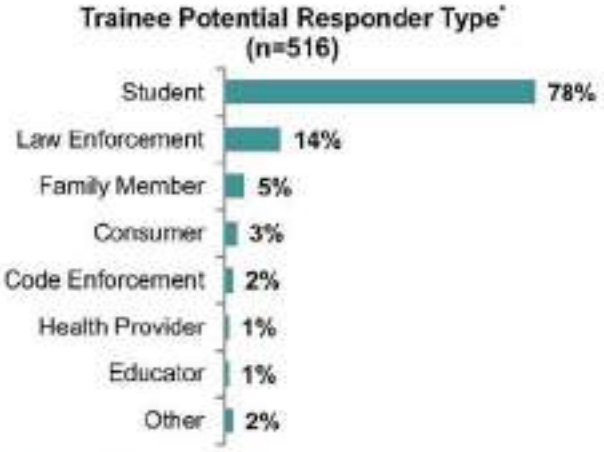
IN OUR OWN VOICE

Program Outcomes

Below are the characteristics of respondents to the In Our Own Voice workshop trainee survey.



Program Satisfaction

In Our Own Voice trainees were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select "neutral." The chart below shows the percentage of trainees who agreed with each statement.

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

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IN OUR OWN VOICE

Conclusion and Recommendations

In Our Own Voice is reaching potential responders to increase empathy and understanding around mental health issues. A majority of trainees were Hispanic/Latino, reflecting the demographics of the county.

A total of 96% of trainees found the information shared to be useful. Additionally, In Our Own Voice trainees report that the presentations are influencing their attitudes, knowledge, and beliefs. For example, an a 91% of individuals now see mental illness recovery as a real possibility when they did not previously.

An area of future improvement may be to collect audience feedback in open-ended survey responses and to record success stories that may be received by the program after an attendee implements skills learned from the training in their life and work.

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

POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS VENTURA COUNTY OFFICE OF EDUCATION

Positive Behavior Interventions & Supports (PBIS) supports schools, school districts, and states to build educators' capacity for implementing a multi-tiered approach to social, emotional, and behavioral support for school-age children and youth. The broad purpose of PBIS is to improve the effectiveness, efficiency, and equity of schools and other agencies. PBIS aims to improve social, emotional, and academic outcomes for all students, including students with disabilities and students from underrepresented groups. The program utilizes the evidence-based Conversation, Help, Activity, Movement, Participation, and Success (CHAMPS) model as the school and classroom behavior management approach to train and encourage desired behaviors among students through school-wide goals and guidelines.

Program Categories & Strategies

Outreach for Increasing Recognition of Early Signs of Mental Illness & Prevention: Increases recognition of and effective response to early signs of mental illness by providing trainings to educators.

Stigma & Discrimination Reduction: Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underrepresented groups.

Program Highlights*

1,651 educators received core program services (PBIS trainings)

*This program did not provide referrals or demographic information.

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POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS

Program Activities

Program activities include meetings, presentations, trainings, and coaching sessions facilitated by program staff (n=71). PBIS provided 54 trainings for 1,651 educators in classroom management competencies and techniques. Trainings provided included PBIS, CHAMPS, CHAMPS for Certificated Staff, CHAMPS for the Library, CHAMPS for Classified Staff, CHAMPS Leadership, and Bilingual CHAMPS. Trainings were provided for educators from the following school districts:

- Briggs
- Conejo Valley
- Hueneme
- Las Virgenes
- Mesa Union
- Moorpark
- Mupu
- Ocean View
- Ojai
- Oxnard Elementary
- Oxnard Union High
- Pleasant Valley
- Rio
- Santa Paula
- Simi Valley Somis
- Union
- Sulfur
- Pines
- Ventura

Program Outcomes, Satisfaction, and Feedback

PBIS tracks outcomes by surveying participants in trainings. The survey results shown in the table below are the average across 19 PBIS Cohort training provided to educators/teachers from 18 different school districts and the Ventura County Office of Education. Surveys were collected from all 558 people in attendance. Survey responses were on a scale from 1 to 4 (1=Below Average and 4=High Above Average).

PBIS Cohort Trainee Outcomes (n=558)

Please check your rating of the following:	Average Score
Presenter's knowledge and expertise level	3.8
Presentation was clear, engaging, and effective	3.8
Relevance and quality of materials and resources	3.7
Content knowledge will assist me to do my job more effectively	3.7
Content will contribute to improving the practices/systems in my work	3.7
Overall rating of workshop	3.7

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POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS

The quotes below are highlights from the trainee surveys collected at the PBIS trainings.

"Today was such a great learning experience for me, being new to...CHAMPS. Thank you for the opportunity to reflect with colleagues around the county to share awesome ideas and strategies."

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

"One important learning I got from this training is correcting student behavior consistently, calmly, immediately, briefly, and respectfully."

Conclusion and Recommendations

PBIS is meeting its goal to train educators in school districts throughout Ventura County in evidence-based models for student behavior improvement.

The PBIS Cohort training survey outcomes are outstanding, with all survey respondents consistently rating trainings as above average in all categories, indicating that educators felt the training was valuable and will help them to increase their effectiveness.

An area of future improvement may include collecting outcomes that speak specifically to the goal of helping educators identify signs of mental illness in students. Additionally, PBIS may wish to consider implementing follow-up surveys to better understand whether educators are able to implement learnings from trainings and what kinds of barriers, if any, educators face to implementing learnings. Then the program could enhance the systems component of its efforts by identifying and addressing systemic challenges.

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

RESTORATIVE JUSTICE
VENTURA COUNTY OFFICE OF EDUCATION

Restorative Justice (RJ) is an approach to school discipline that seeks to move away from suspension and expulsion by helping students to develop healthy relationships and healthy conflict management strategies. It allows for students to develop self-discipline and self-awareness and promote positive behavior in a caring, supportive environment. The program provides leadership, professional development, coaching, consultation, and technical assistance to Ventura County schools and districts to build capacity to implement and sustain RJ.

Program Categories & Strategies

Outreach for Increasing Recognition of Early Signs of Mental Illness & Prevention: Increases recognition of and effective response to early signs of mental illness by providing trainings to educators.

Stigma and Discrimination Reduction: Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students who are at-risk for school failure or dropout.

Program Highlights*

465 educators received core program services (RJ trainings)

*This program did not provide referrals or demographic information.

RESTORATIVE JUSTICE

Program Activities

Program activities include meetings, presentations, trainings, and coaching sessions facilitated by program staff. All program activities were provided in English. Among the 465 educators trained, 65 trainees were from the Ventura County Office of Education and 125 were not specified. The table below shows the number of trainees from each school district.

Number of Participants by School District

School District	# Participants
Conejo	10
Las Virgenes	34
Ojai	35
Oxnard	89
Simi Valley	7
Ventura	100
TOTAL # of Participants	**238**

55 meetings, presentations, trainings, and coaching sessions provided

RESTORATIVE JUSTICE

Program Outcomes, Satisfaction, & Feedback

RJ tracks outcomes by surveying participants in trainings. The survey results shown in the table below are from one RJ training provided to educators/teachers from 6 different school districts. Surveys were collected from all 43 trainees in attendance.

RJ Facilitator Trainee Outcomes
(n=42-43)

Please check your rating of the following:	# Excellent	# Above Average	# Average	# Below Average
Presenter's knowledge and expertise level	98%	2%	0%	0%
Presentation was clear, engaging, and effective	72%	26%	2%	0%
Relevance and quality of materials and resources	74%	21%	5%	0%
Content knowledge will assist me to do my job more effectively	70%	23%	7%	0%
Content will contribute to improving the practices/systems in my work	76%	21%	5%	0%
Overall rating of workshop	81%	19%	0%	0%

RESTORATIVE JUSTICE

The survey results shown in the table below are from one RJ Coaching Session provided to educators/teachers from Ventura school districts on RJ Approaches. Surveys were collected from all 14 trainees in attendance.

RJ Approaches Coaching Session Outcomes (n=13-14)

Please check your rating of the following:	# Excellent	# Above Average	# Average	# Below Average
Presenter's knowledge and expertise level	9	4	0	0
Presentation was clear, engaging, and effective	9	4	0	0
Relevance and quality of materials and resources	12	2	0	0
Content knowledge will assist me to do my job more effectively	11	2	0	0
Content will contribute to improving the practices/systems in my work	10	3	0	0
Overall rating of workshop	10	4	0	0

The quotes below are highlights from the trainee surveys collected at the RJ trainings.

"I would like to take community circles back to the classroom. Finding humanity and building relationships with students will help reduce negative situations."

"I feel ready to use community building circles/other strategies in class. I feel that this will have a direct effect on my classroom management."

"Trying something new is sometimes intimidating at a certain level, but it is a necessary step to help the community alleviate trauma and miscommunication."

RESTORATIVE JUSTICE

RJ also tracks outcomes by monitoring changes in school suspension rates. The reduction in suspension results are shown in the table below are from four different school sites currently implementing RJ.

Suspension Reductions by School Site

Student Group	Chavez		Frank		Haydock		Ramona	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST
All Students	5.4%	3.8%	7%	5.4%	9.1%	8.1%	.9%	.2%
English Language Learners			8.1%	6.7%				
SED	5.4%	4%	8%	6.2%	9.1%	8.1%	.9%	.2%
SWD			11.8%	9.7%			2.3%	1.7%
Homeless	9.8%	9.3%						
Hispanic	5.5%	3.9%			9.3%	8.1%	.9%	.1%

Additionally, two of the school sites, Chavez and Haydock, saw a reduction in chronic absenteeism while Frank had no change, and Ramona saw an increase.

Conclusion and Recommendations

The RJ program is supporting educators in Ventura County in the implementation of a restorative justice approach.

The RJ training survey outcomes are impressive, with all survey respondents consistently rating trainings as above average in all categories, indicating that educators felt the training was valuable and will help them to increase their effectiveness. Additionally, reductions in school suspensions demonstrate program effectiveness.

An area of future improvement may include providing surveys and other metrics for outcomes analysis and collecting outcomes that speak specifically to the goal of helping educators identify unhealthy behaviors and reduce school failure or dropout.

VENTURA COUNTY BEHAVIORAL HEALTH

RAPID INTEGRATED SUPPORT & ENGAGEMENT VENTURA COUNTY BEHAVIORAL HEALTH

The Rapid Integrated Support & Engagement (RISE) program is offered by Ventura County Behavioral Health specifically to encourage and enable people in who have mental health needs to get assessment and treatment. The field-based outreach team makes contact then provides ongoing support in navigating any challenges to accessing care. The RISE team also follows up with clients as needed and may be closely involved with case management.

Program Categories & Strategies

Access and Linkage to Services for People with Severe Mental Illness: Provides access and linkages to services through screening and referrals to appropriate treatment.

Improve Timely Access to Service for Underserved Populations: Improves timely access to services for underserved populations, particularly people without access to services, by providing services in the field.

Program Highlights*

1,503 individuals received core program services

*Information on referrals is not available for this program.

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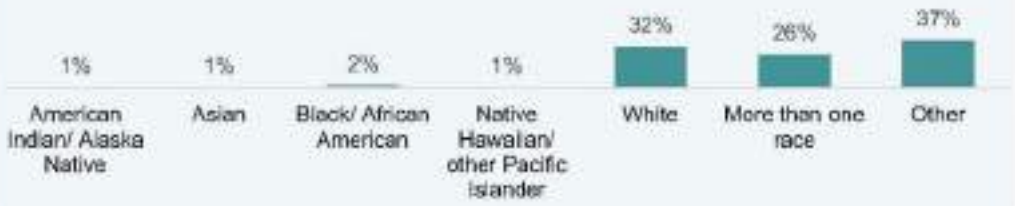
RAPID INTEGRATED SUPPORT & ENGAGEMENT

Demographic Data

RISE collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents the information provided by the 1,503 individuals who completed a demographic form.

Race (n=1,502)



1 individual did not answer this question, none selected "decline to answer."

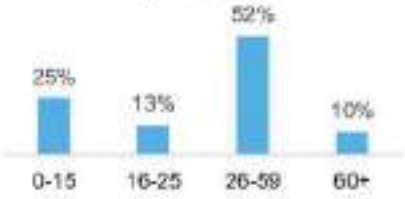
Ethnicity (n=1,503)

44% Hispanic/ Latino

56% Non-Hispanic/Latino

Of respondents identifying as Hispanic/Latino, 66% are Mexican/Mexican American/Chicano(a).

Age Groups (n=1,045)



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

Primary Language (n=1,503)

English	88%
Spanish	11%
Other	1%

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

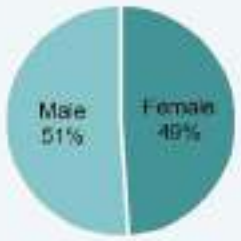
RAPID INTEGRATED SUPPORT & ENGAGEMENT

Demographic Data

Current Gender Identity (n=1,503)

Female	49%
Male	51%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

Sex Assigned at Birth (n=1,503)



Sexual Orientation (n=241)

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

1,262 individuals did not answer this question, none selected "decline to answer."

Program Activities

Program activities include crisis intervention, mental and behavioral health assessments, case management, and long-term plan development. The number of program participants and percent of activities offered in other languages was not provided.

Program Activities by Type	# Activities/ Events
Assessments	411
Case Management	7,002
Plan Development	161
Crisis Interventions	11
TOTAL # of Activities/Events	7,585

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RAPID INTEGRATED SUPPORT & ENGAGEMENT

Program Outreach

Program Outreach includes activities to promote RISE in the community in order to increase awareness and linkages to mental health resources. The number of people reached and materials distributed at outreach events, as well as how many outreach activities were conducted in other languages is unknown.

Program Outreach by Type	# Activities/ Events
Presentations at Community Colleges	6
Presentations at Community Groups	13
Health Fairs	2
TOTAL # of Activities/Events	21

Conclusion and Recommendations

An area of future improvement may include increasing compliance with demographic data collection requirements provided by the MHSA PEI regulations for sexual orientation, disability, veteran status, and ethnicity. Additionally, implementation of the outcomes and satisfaction surveys will benefit the program. This type of data will allow the program to document its successes, better understand the outcomes experienced by its participants, and identify areas for program enhancement/improvement.

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

SUICIDE PREVENTION (safeTALK, suicideTALK, Suicide Prevention/Policy) VENTURA COUNTY OFFICE OF EDUCATION

Suicide prevention training offerings were provided to meet the needs of districts, schools, and community agencies based on their allowance of time and/or alignment with their suicide prevention policies. Trainings included safeTALK, suicideTALK, and Suicide Prevention Policy.

Suicide Alertness for Everyone: Talk, Ask, Listen, Keepsafe (safeTALK) is an evidence- based suicide intervention training program developed by LivingWorks, which aims to positively impact "declared" and "perceived" suicide intervention knowledge. Additionally, this training aims to overcome participants' reluctance to intervene, promote adaptive beliefs conducive to intervention, and increase participants' intervention self-efficacy. Additionally, Livingworks, suicideTALK, a one-hour workshop exploring the signs of suicide and district-specific customized suicide prevention workshops were also provided. All workshops included the signs of suicide and referral resources.

Program Categories & Strategies

Suicide Prevention & Outreach for Increasing Recognition of Early Signs of Mental Illness: Provides community members with tools to identify persons with suicidal ideations and to connect them to appropriate resources therefore increasing timely access and providing access and linkage to mental health

Stigma and Discrimination Reduction: Trains community members on non-stigmatizing and non-discriminatory practices for suicide prevention.

Program Highlights*

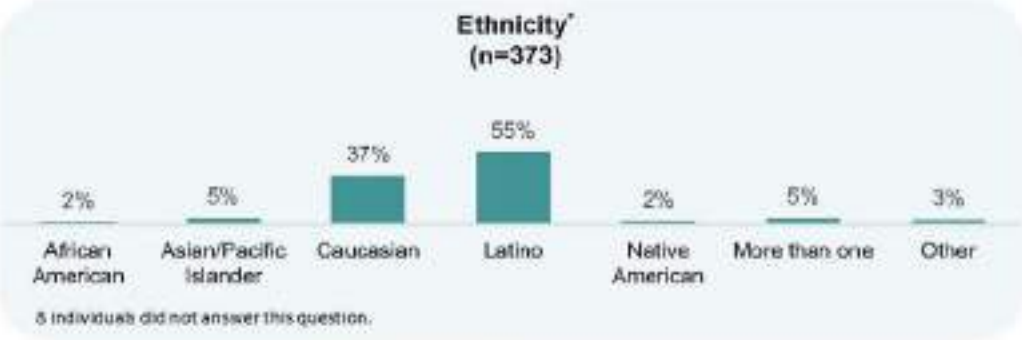
1,064 individuals received core program services (trainings)

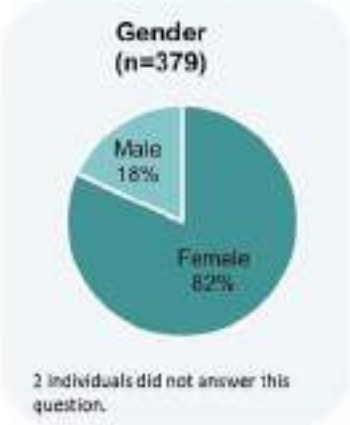
*This program did not provide referral information.

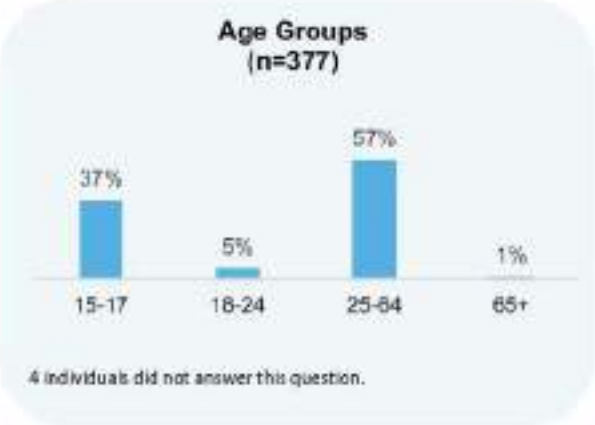
SUICIDE PREVENTION

Demographic Data

safeTALK collects unduplicated demographic data from the individuals who attended trainings; demographic data was not collected for other suicide prevention trainings offered by VCOE. Of the 492 safeTALK trainees, demographic data in this section represents information provided by 381 individuals.







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

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VENTURA COUNTY BEHAVIORAL HEALTH

SUICIDE PREVENTION

Program Activities

Suicide Prevention provides free, suicide alertness trainings to schools and community members, preparing participants ages 15 years or older to identify persons with thoughts of suicide and connect them with suicide first aid resources. All trainings were provided in English.

Training Sites	# Trainees
Conejo Valley	20
Fillmore	4
Hueneme Elementary	45
Las Virgenes	17
Moorpark	14
Oak Park	1
Ocean View	2
Oxnard Elementary	12
Oxnard Union High School	130
Pleasant Valley	14
Rio	6
Santa Paula	13
Simi Valley	40
Ventura	85
Ventura County Office of Education	452
Charter School	94
Other/Unknown	115
TOTAL # of Trainees	1,022

30 trainings provided

1,064 participants trained

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

SUICIDE PREVENTION

Program Outcomes, Feedback, & Successes

Suicide Prevention programs track outcomes by surveying trainees. Of the 492 safeTALK trained individuals, 376 completed surveys. Results from these surveys are shown in the table below.

safeTALK Trainee Outcomes (n=370-376)

Statement	% Strongly Agree	% Agree	% Partly Agree	% Disagree
My trainer was prepared and familiar with the material.	90%	9%	1%	0%
My trainer encouraged participation and respected all responses.	93%	7%	0%	0%
I intend to tell others that they will benefit from this training.	98%	2%	0%	0%

96% of trainees said they now felt mostly prepared or well prepared to talk directly and openly to a person about their thoughts of suicide (n=366).

On average, participants rated the training **9.4** out of 10, with **85%** assigning a score of 9 or higher (n=364).

Trainees who received safeTALK training were asked to provide feedback through an open-ended response question asking for "comments." Responses were grouped by theme and the top response themes are presented below. The number of people who commented under each response theme is shown in parentheses.

Comments (n=265)

Top 3 Responses

- The training was informative, in-depth, thorough (37)
- The examples, scenarios, and role-play were helpful (34)
- Improved comfort, confidence, preparation regarding talking about suicide (28)

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VENTURA COUNTY BEHAVIORAL HEALTH
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SUICIDE PREVENTION

Program Outcomes, Feedback, & Successes

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

"The material was presented very well and in an organized manner that allowed for me to feel comfortable and learn."

Surveys were also completed by the 332 individuals who participated in the Suicide Prevention Policy training.

Suicide Prevention Policy Training Outcomes (n=272-275)

Please check your rating of the following:	Excellent	Above Average	Average	Below Average
Presenter's knowledge and expertise level	77%	16%	6%	1%
Presentation was clear, engaging, and effective	76%	15%	8%	1%
Relevance and quality of materials and resources	77%	15%	7%	1%
Content knowledge will assist me to do my job more effectively	73%	14%	11%	2%
Content will contribute to improving the practices/systems in my work	74%	16%	9%	1%
Overall rating of workshop	76%	16%	7%	1%

On average, participants rated the training **4.7** out of 5, with **78%** assigning a score of 5 (n=231)

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SUICIDE PREVENTION

Program Outcomes, Feedback, & Successes

Trainees who received the Suicide Prevention Policy training were asked to provide feedback through a number of open-ended response question asking about knowledge or skills acquired, how they planned to use the knowledge in their current job, what support they would need to implement changes, and what information they would share with their colleagues. Responses were largely duplicative therefore only responses to "Knowledge gained" are represented below. Responses were grouped by theme and the top response themes are presented below. The number of people who commented under each response theme is shown in parentheses.

Knowledge or Skills Acquired (n=316)

Top 4 Responses

- Learned about warning signs/risk factors (103)
- Learned about self-care techniques (82)
- Learned about statistics relating to suicide in Ventura County (51)
- Learned to directly ask students about suicide (47)

"Overall presentation was informative as it is a sensitive subject that everyone needs to talk about. Thank you for this excellent presentation."

"Thank you for having this training. It's a very important topic that rarely gets discussed."

APPENDIX A. CATEGORIES OF VCBH PEI PROGRAMS

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

*Optional program category according to PEI regulations.

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VENTURA COUNTY BEHAVIORAL HEALTH
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APPENDIX B. FY 18-19 NUMBERS SERVED

FY 18-19 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	2,684
Adult Wellness and Recovery Center	985
Growing Works	85
One Step a La Vez	162
Project Esperanza	330
Promotoras Conexión Program	185
Proyecto Conexión Con Mis Compañeras	238
Rainbow Umbrella	342
TAY Wellness Center	276
Tri-County GLAD	81
Wellness Everyday	21,193*
Early Intervention Programs	1,569
COMPASS	33
Family & Friends	104
Primary Care Integration	905
Primary Care Program	482
Ventura Intervention and Prevention Services	45
Other PEI Programs	5,309
Crisis Intervention Team	107
In Our Own Voice	519
Positive Behavior Interventions & Supports	1,651
Restorative Justice	465
Rapid Integrated Support and Engagement	1,503
Suicide Prevention	1,064
Total:	9,562

*Wellness Everyday participants are excluded from the Prevention Programs subtotal and Total because they may be duplicated.

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

Geographic Area	Number of Participants Served	% of Total
Oxnard	1,480	42%
Santa Paula	579	16%
Ventura	443	13%
Simi Valley	174	5%
Fillmore	174	5%
Thousand Oaks	139	4%
Camarillo	132	4%
Port Hueneme	66	2%
Moorpark	56	2%
Ojai	29	1%
El Rio	26	1%
Other	232	7%
Total with available city of residence data:	2,629	

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

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SUICIDE PREVENTION

Conclusion and Recommendations

Suicide Prevention is successfully reaching educators, students, and community members through suicide prevention and intervention trainings at multiple training sites throughout the County.

A majority of people who responded to safeTALK trainee surveys agreed that they now felt mostly prepared or well prepared to talk directly and openly to a person about their thoughts of suicide. Additionally, nearly trainees indicated that the trainers were prepared/knowledgeable.

An area of future improvement may include collecting outcomes that speak specifically to the goal of helping educators identify signs of suicidal ideation in students. Additionally, Suicide Prevention may wish to consider implementing follow-up surveys to better understand whether educators are able to implement learnings from trainings and what kinds of barriers, if any, educators face to implementing learnings.

APPENDIX A. CATEGORIES OF VCBH PEI PROGRAMS

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

*Optional program category according to PEI regulations.

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APPENDIX B. FY 18-19 NUMBERS SERVED

FY 18-19 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	2,684
Adult Wellness and Recovery Center	985
Growing Works	85
One Step a La Vez	162
Project Esperanza	330
Promotoras Conexión Program	185
Proyecto Conexión Con Mis Compañeras	238
Rainbow Umbrella	342
TAY Wellness Center	276
Tri-County GLAD	81
Wellness Everyday	21,193*
Early Intervention Programs	1,569
COMPASS	33
Family & Friends	104
Primary Care Integration	905
Primary Care Program	482
Ventura Intervention and Prevention Services	45
Other PEI Programs	5,309
Crisis Intervention Team	107
In Our Own Voice	519
Positive Behavior Interventions & Supports	1,651
Restorative Justice	465
Rapid Integrated Support and Engagement	1,503
Suicide Prevention	1,064
Total:	9,562

*Wellness Everyday participants are excluded from the Prevention Programs subtotal and Total because they may be duplicated.

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

Geographic Area	Number of Participants Served	% of Total
Oxnard	1,480	42%
Santa Paula	579	16%
Ventura	443	13%
Simi Valley	174	5%
Fillmore	174	5%
Thousand Oaks	139	4%
Camarillo	132	4%
Port Hueneme	66	2%
Moorpark	56	2%
Ojai	29	1%
El Rio	26	1%
Other	232	7%
Total with available city of residence data:	2,629	

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

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APPENDIX C. FY 18-19 PEI POPULATION SERVED BY PROGRAM CATEGORY

Data provided by PEI programs on participant demographics are reported below by program category, including Prevention, Early Intervention, and Other Programs. A total of 9,562 individuals were served through PEI in Fiscal Year 2018-2019.

Prevention Programs

Prevention Programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 2,684 participants were served by Prevention programs in Fiscal Year 2018-2019, not including the 21,193 outreached to by Wellness Everyday social media campaigns.

Prevention Programs: Demographics of Participants

Ethnicity*	(n=1,307)
Hispanic	84%
Non-Hispanic	17%
More than one ethnicity	10%
Declined to answer: 127	

Age†	(n=1,484)
0-15	15%
16-25	33%
26-59	45%
60+	7%
Declined to answer: 52	

Primary Language	(n=1,513)
English	57%
Spanish	41%
Indigenous	4%
Other	1%
Declined to answer: 59	

Sex Assigned at Birth	(n=1,415)
Female	54%
Male	46%
Declined to answer: 91	

Sexual Orientation	(n=1,057)
Bisexual	6%
Gay or Lesbian	5%
Heterosexual or Straight	84%
Queer	2%
Questioning or Unsure	1%
Another sexual orientation	2%
Declined to answer: 332	

Hispanic Ethnicities†			(n=1,307)
Mexican	53%	South American	0%
Central American	2%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	8%

Non-Hispanic Ethnicities†			(n=1,307)
African	2%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	0%
Eastern European	1%	European	4%
Filipino	2%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	7%

Race	(n=951)
American Indian/Alaska Native	5%
Asian	2%
Black/African American	6%
Native Hawaiian/Pacific Islander	2%
White	48%
Other	31%
More than one	20%
Declined to answer: 252	

Current Gender Identity	(n=1,413)
Female	53%
Male	45%
Genderqueer	1%
Questioning or Unsure	1%
Transgender	1%
Another gender identity	1%
Declined to answer: 85	

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

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

‡Age groups collected by Primary Care Program did not align with PEI categories and are not reported here.

City of Residence*					(n=1,677)
Oxnard	43%	Santa Paula	28%	Ventura	9%
Simi Valley	0%	Fillmore	10%	Thousand Oaks	1%
Camarillo	3%	Port Hueneme	2%	Moorpark	0%
Ojai	1%	El Rio	2%	Other	1%

Prevention Program Descriptions

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

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

One Step A La Vez: Serves Latino, LGBTQ+, and TAY at risk of homelessness or in the juvenile justice system through outreach, a drop-in center, wraparound wellness, stress and wellness classes, a high school equality club, and LGBTQ+ support groups.

Project Esperanza: Offers mental health service assistance, educational and wellness classes, and activities to Latino families in the Santa Paula community.

Promotoras Conexión Program - Promotoras y Promotores Foundation (PyPF): Facilitates mental health for immigrant Latina/Hispanic women at risk of depression through support groups and one-on-one support to manage stress and depression, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

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

Rainbow Umbrella: Hosts weekly support groups for LGBTQ+ youth and TAY and their allies, as well as promotes cultural competency and other mental health trainings to schools and agencies to spread awareness of LGBTQ+ mental health needs.

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

Tri-County GLAD: Increases knowledge and awareness of mental health concerns in the Deaf and Hard of Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle school students.

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

*City of residence data is not available for Wellness Everyday.

Prevention Program Successes and Challenges

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

"In partnership with the Coalition for Family Harmony, the One Step Center now has an on-site crisis counselor every Monday. Ten free counseling sessions are offered to any youth with a history of sexual assault or intimate partner violence or who identify as LGBTQ+ and their support people." -One Step a La Vez staff

"Client came to our center over a year ago, homeless and experiencing difficulties due to not having an income. After months of dropping by and attending various classes, he applied and was accepted for a position. Since then, he's been an active participant in center activities and has also found stable housing." -TAY Wellness Center staff

"Our Mental Health Education video blogs generated over 30,000 hits over Facebook and YouTube." -Tri-County GLAD staff

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

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

Early Intervention Programs

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

Early Intervention Programs: Demographics of Participants

Ethnicity[1]	(n=1,378)
Hispanic	76%
Non-Hispanic	24%
More than one ethnicity	0%
Declined to answer: 101	

Age	(n=1,023)
0-15	10%
16-25	19%
26-59	58%
60+	13%
Declined to answer: 15	

Primary Language	(n=1,490)
English	61%
Spanish	41%
Indigenous	1%
Other	1%
Declined to answer: 10	

Sex Assigned at Birth	(n=1,441)
Female	80%
Male	20%
Declined to answer: 25	

Sexual Orientation	(n=339)
Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	95%
Queer	0%
Questioning or Unsure	0%
Another sexual orientation	2%
Declined to answer: 219	

Hispanic Ethnicities[1]			(n=1,378)
Mexican	1%	South American	0%
Central American	0%	Caribbean	0%
Puerto Rican	0%	Another Hispanic	1%

Non-Hispanic Ethnicities[1]			(n=1,378)
African	0%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	1%
Eastern European	0%	European	1%
Filipino	0%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	0%

Race[4]	(n=467)
American Indian/Alaska Native	0%
Asian	4%
Black/African American	4%
Native Hawaiian/Pacific Islander	0%
White	88%
Other	2%
More than one	2%
Declined to answer: 108	

Current Gender Identity	(n=271)
Female	79%
Male	20%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	1%
Another gender identity	0%
Declined to answer: 291	

City of Residence[5]					(n=1,502)
Oxnard	45%	Santa Paula	6%	Ventura	13%
Simi Valley	10%	Fillmore	0%	Thousand Oaks	8%
Camarillo	1%	Port Hueneme	2%	Moorpark	2%
Ojai	1%	El Rio	0%	Other	11%

[1] Percentages may exceed 100% because participants could choose more than one response option.
[1] Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.
[4] Primary Care Integration Program collected race and ethnicity demographics in a format that differed from PEI categories and therefore only Hispanic/Non-Hispanic ethnicity is reported here.
[5] City of residence data is not available for VIPS and demographic data are not included in this appendix because they were collected and reported in a format that differed from PEI regulations.

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Early Intervention Program Descriptions

COMPASS: A short-term residential program for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. Services include individual and family therapy, case management, psychiatric care, medication support, and assessment to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community.

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

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

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

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

Early Intervention Program Successes and Challenges

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

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

Other PEI Programs

A total of 5,309 individuals were served by Other PEI Programs during Fiscal Year 2018-2019. Other PEI Programs include the following program categories:

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

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

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

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

Other PEI Programs: Demographics of Participants

Ethnicity*	(n=1,831)
Hispanic	48%
Non-Hispanic	51%
More than one ethnicity	2%
Declined to answer: 22	

Age*	(n=1,522)
0-15	17%
16-25	24%
26-59	51%
60+	7%
Declined to answer: 20	

Primary Language	(n=1,974)
English	89%
Spanish	11%
Indigenous	0%
Other	2%
Declined to answer: 22	

Sex Assigned at Birth	(n=1,996)
Female	52%
Male	48%
Declined to answer: 29	

Sexual Orientation	(n=680)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	92%
Queer	1%
Questioning or Unsure	1%
Another sexual orientation	1%
Declined to answer: 37	

Hispanic Ethnicities†			(n=1,831)
Mexican	33%	South American	0%
Central American	1%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	2%

Non-Hispanic Ethnicities†			(n=1,831)
African	0%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	1%
Eastern European	1%	European	3%
Filipino	0%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	16%

Race	(n=1,945)
American Indian/Alaska Native	1%
Asian	2%
Black/African American	3%
Native Hawaiian/Pacific Islander	1%
White	37%
Other	35%
More than one	23%
Declined to answer: 32	

Current Gender Identity	(n=1,963)
Female	54%
Male	45%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 23	

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

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

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

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City of Residence*					(n=351)
Oxnard	21%	Santa Paula	3%	Ventura	30%
Simi Valley	5%	Fillmore	1%	Thousand Oaks	3%
Camarillo	16%	Port Hueneme	1%	Moorpark	5%
Ojai	2%	El Rio	0%	Other	12%

Other PEI Program Descriptions

Crisis Intervention Team (CIT): Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and reduction in recidivism.

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

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

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

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

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

Other PEI Program Successes and Challenges

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

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

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

* City of residence data is not available for CIT, PBIS, RJ, and RISE.

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

Ventura County Behavioral Health
Children's Accelerated Access to Treatment and Services (CAATS)
Evaluation Report: August 2019





VENTURA COUNTY
BEHAVIORAL HEALTH

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Research & Consulting

Table of Contents

I: Overview/Background

Children's Accelerated Access to Treatment and Services Program

In 2016, Ventura County Behavioral Health (BH) developed the Children's Accelerated Access to Treatment and Services (CAATS) initiative. CAATS is funded with Mental Health Services Act (MHSA) Innovation monies and leveraged by EPSDT Medical dollars to serve youth in dependency of the Ventura County Child Welfare System. The CAATS initiative facilitated a series of process and procedural changes within BH in order to improve access, quality, and timeliness of mental health services, including psychotropic medication support, for youth in dependency.

An important note about CAATS is that it functions within the larger context of the Continuum of Care Reform (CCR), and Pathways to Wellbeing, a collaborative initiative between the various agencies involved in caring for youth in dependency: Human Services Agency (HSA), Probation (VCPA), Public Health, BH and members of the child's support network. The foundation of CCR is to increase coordination across agencies so that youth placed within the child welfare system are assessed properly, provided with the appropriate services and supports, and ultimately reunified with their families or placed in a permanent and safe setting as quickly as possible. Through the implementation of CCR, Ventura County partner agencies have engaged in system mapping processes and organizational changes to more efficiently increase their collaborative efforts and implement practices to provide better care and services to youth and families within the foster care system. CAATS is one of the processes that was created to make concrete shifts in service provision to better meet the needs of youth in dependency.

The primary goals of the CAATS initiative are: to conduct universal assessments, provide faster linkages to services, and provide increased supports to youth and their families. One essential element of the CAATS initiative is the Accelerated Assessment and Linkage to Services Model (i.e., Accelerated Access to Treatment) pictured below. This a critical program element as it provides specific guidelines for engaging youth into services in a timely manner once they enter dependency.

Program Goals

CAATS Accelerated Access to Treatment and Services Model

All four program goals are identified in the table on the following pages along with descriptions of the rationale for creating the goal and procedural changes made.

Table 1. CAATS Program Goals

Goal	Description	Overview of Current Processes to Meet the Goal
I. Universal, comprehensive assessments	Research on adverse childhood experiences (ACES) suggests that removal from the home is a traumatic experience, and should be addressed clinically. To respond to this need, comprehensive assessments are conducted for all children to assess their level of trauma.	All children entering dependency are referred to BH and receive a full biopsychosocial assessment. Children entering dependency who were already in care of BH receive a screening to ensure they are receiving the appropriate level of care.
II. Expedited Care	To reduce the overall potential for negative outcomes, timely access to mental health services is critical. Additionally, reducing the delay in provision of services allows BH staff to participate in the case planning Child and Family Team meeting (CFT) that takes place 30 days after entry into the Child Welfare system.	This model requires 5 business days in between each of the key points in providing care: referral from HSA/ social worker to BH; scheduling and completing an assessment; and linking the individual with appropriate treatment.

CAATS Program Goals - continued		
Goal	**Description**	**Change to Existing Practice and Process Improvements**
III. Implementation of culturally and trauma informed care/assessments	Given that the removal from the home is viewed as a traumatic experience in itself, all staff should have a full understanding of trauma. This includes knowledge of culturally relevant treatment for developmental milestones.	Incorporated the Child and Adolescent Strengths and Needs (CANS) tool to the assessment. The CANS is a reliable and valid tool useful for case planning, and a communication tool with other agencies and families. Assessments take place where the youth resides to promote access, expedite the process, and promote comfort and engagement in receiving services.
IV. To provide improved psychotropic medication administration, education, and compliance	Psychotropic medication management for youth in dependency require much oversight and documentation at the county level as mandated by the state. Multiple individuals and departments (i.e., psychiatrists, public health nurses, behavioral health clinicians, probation officers and court officials) contribute to the approval, prescribing, and monitoring of symptoms and results.	To address these needs and provide families with appropriate supports and enhanced coordinated care between departments, the Licensed Vocational Nurse (LVN) role was created. Additionally, a protocol for administering psychiatric medication was developed for and in collaboration with VCBH psychiatrists.

Program Implementation

With respect to the implementation timeline: BH first hired the LVN position, which started in August 2017; followed by the incorporation of the accelerated time to service and universal assessments in February 2018; with the CANS assessment tool launching in April 2018.

II: Data Collection and Evaluation

A mixed methods approach including interviews with key stakeholders, surveys, and quantitative data analysis was utilized to evaluate the progress of the CAATS initiative in meeting its intended goals. The evaluation questions guiding the development of this report are presented below.

Evaluation Questions

1. How long does it take for youth in dependency to receive mental health services before and after the implementation of CAATS?
2. What is the level of trauma for youth in deperdency in the county?
3. Does providing mental health intervention to all youth in dependency improve mental health outcomes?
5. How does the role of the LVN support the work conducted with the youth and families in dependency?
6. Are families satisfied with the services that they LVN provides?

Data Sources

Table 2. Core Data Components of the CAATS Initiative

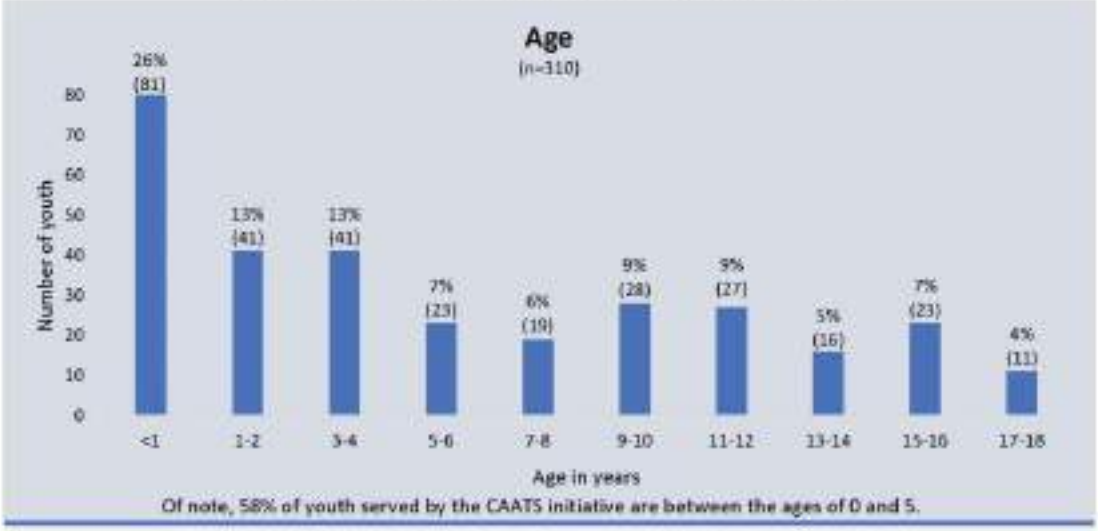
Elements Measured	Data Sources & Methods
Universal Assessments Conducted on all Youth Entering Dependency	Included in this analysis is the percent of eligible children entering dependency (via HSA) who were referred to BH. This metric assesses progress towards the goal of offering mental health assessments to every available child entering dependency.
Expedited Care	To assess the elapsed time between key points of services, as identified in the Accelerated Access to Treatment model, dates for each event were exported from AVATAR, BH's Electronic Health Record database, and analyzed to calculate the number of business days between each event.
Mental Health Symptoms and Outcomes	The CANS scores are used to assess needs and symptomology. Data were extracted from AVATAR and analyzed to identify changes from CANS intake to the subsequent interval administration of CANS assessments.
Licensed Vocational Nurse Position	To assess the value added by the LVN position, a multi-methods approach was utilized including: key stakeholder interviews, surveys, and analysis of a sample of tasks including treatment reviews, CFT interfacing, JV220 activities, and case coordination.

Table 3. Overview of Client Data Analyzed

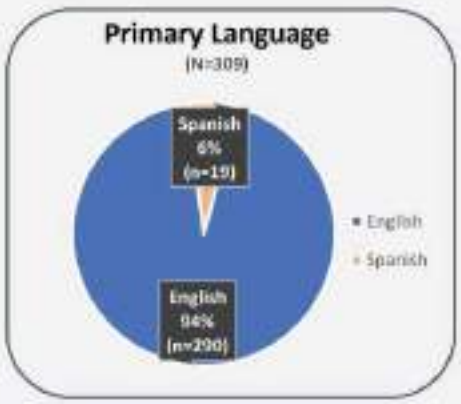
Dataset	Description	Timeframe Provided
1. Time to Service	Time from detention court hearing to referral, assessment, and first treatment appointment	February - December 2018
2. CANS	Assessment provided to all clients referred to VCBH	April 2018 - April 2019
3. Demographics	This dataset was assessed for descriptive information	February - December 2018

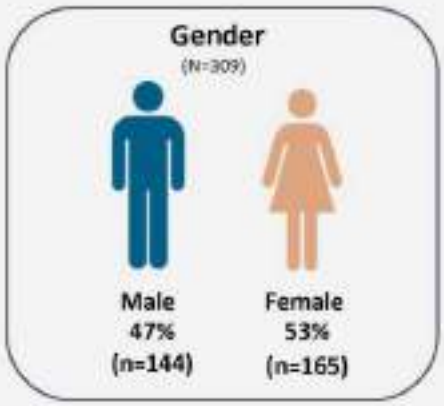
III: Findings

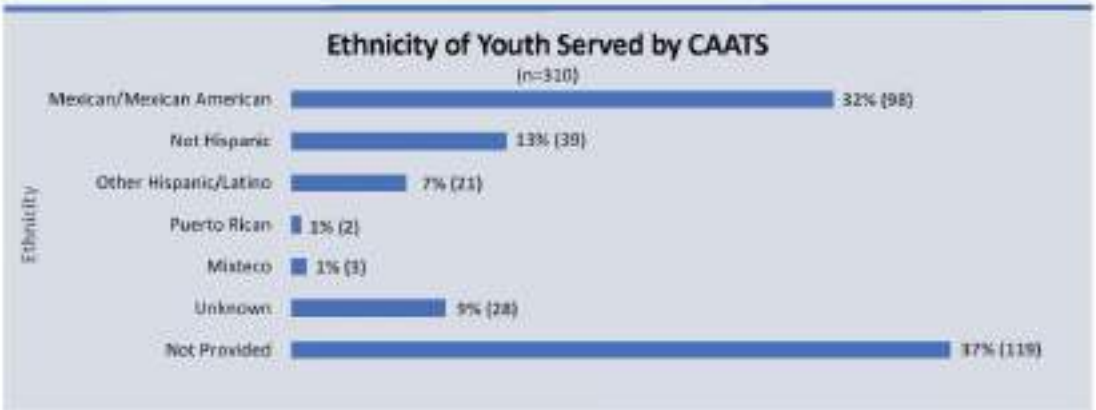
Figure 1. Population Served, Feb 2018 - Dec 2018 (N=310)



Of note, 58% of youth served by the CAATS initiative are between the ages of 0 and 5.







Source: AVATAR Electronic Health Records for VCBH clients

6

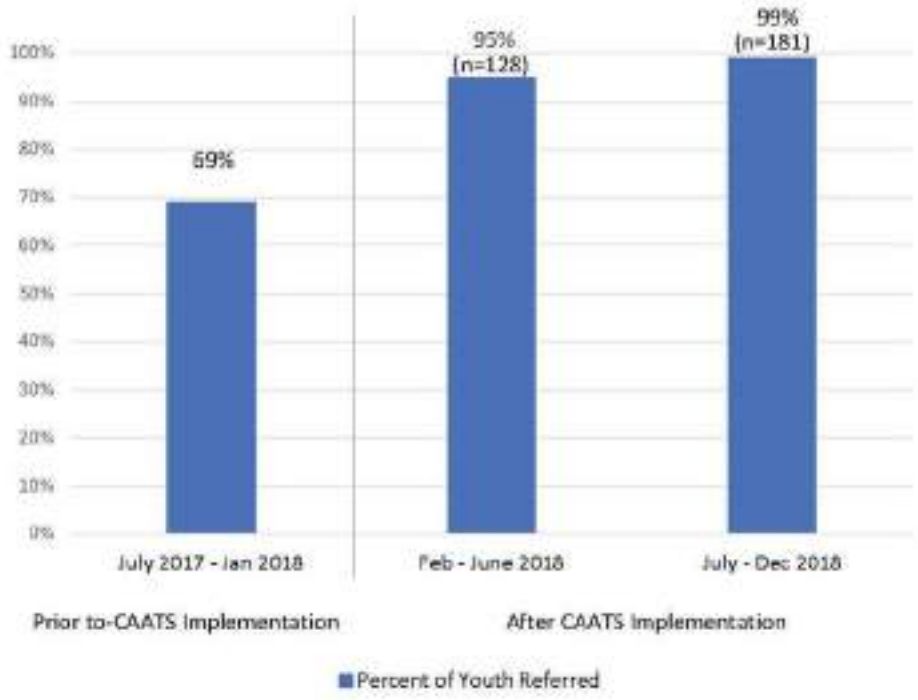
Program Goals 1 & 2: Expedited Service and Universal Assessments

Data reflecting BH's efforts toward expedited services is available from February 2018. For the purposes of this report, data were assessed from February 2018 through December 2018. To account for program maturation, data were compared from February through June 2018; and from July through December 2018.

Target 1: 100% of HSA youth entering dependency are referred to VCBH. To achieve this goal, a referral must be made from a social worker at HSA to BH once the child enters dependency. Prior to CAATS implementation, only a screening was required by the social worker. Between February and June of 2018, 134 youth entered dependency; 128 were referred to VCBH. Between July and December of 2018, 183 youth entered dependency; 181 were referred to VCBH.

As reflected in **Figure 2** below, BH and HSA are on track to meet their target.

Figure 2. Percent of Youth in Dependency Referred to BH



Source: AVATAR Electronic Health Records for VCBH clients

Target 2: Children entering dependency receive treatment or services within 15 business days of their court hearing. To achieve this goal: (1) a referral from an HSA social worker is made within 5 business days of the court hearing date; (2) an assessment is completed within 15 business days of the court hearing date. See **Tables 4-5** for program metrics.

Barriers. Staff experienced challenges in providing services to clients within the 15-day time frame due to scheduling conflicts on the part of the families. Several staff mentioned that many families were not available to attend an assessment appointment within the 15-day time frame provided to families. To address this issue, and capture staff compliance and adherence to the identified goals, a new metric was added for CAATS implementation tracking (i.e., the first date available and offered to families for an assessment). See **Table 5.**

Table 4. Youth in Dependency served by CAATS initiative
Feb 2018 -June 2018
(N=108)*

Steps of the Accelerated Access Initiative:	Step 1: Hearing date to Referral date	Step 2: Referral date to assessment date	Overall: Hearing to Assessment
Number of youth	108	93	93
Average number of days (range)	18 days (1-169)	8 days (1-39)	22 days (2-162)
Percent of clients seen within goal timeframe	38% of clients referred in 5 or fewer days	80% of clients assessed within 10 days of referral	58% of clients assessed within 15 days of hearing

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

Table 5. Youth in Dependency served by CAATS initiative
July 2018 - Dec 2018
(N=111)*

Steps of the Accelerated Access Initiative:	Step 1: Hearing date to Referral date	Referral date to first available assessment date**	Step 2: Referral date to assessment date	Overall: Hearing to assessment
Number of youth	111	47	88	88
Average number of days (range)	8.3 (1-128)	9.7 (0-109)	15.3 (2-117)	24.7 (4-162)
Percent of clients seen within goal timeframe	65% referred in 5 or fewer days	87% offered assessment date within 10 days of referral	58% assessed within 10 days of referral	51% assessed within 15 days of hearing

**Data was unavailable for approximately 70 youth with hearing dates in this period.*
*** Additional metric added*

An additional County goal is accelerated access to treatment for eligible individuals (see **Table 6**). Future analyses and reports on treatment data will include detailed analyses of youth served and timeliness of mental health services provided.

Table 6. Additional Accelerated Services: Assessment Date to Treatment Date

	Feb 2018 - June 2018	July 2018 - Dec 2018
Number of youth	35	24
Average number of days (range)	14 days (8-26)	19.6 days (5-112)
Progress towards goal timeframe	69% of clients receiving treatment within 15 days of assessment	N/A*

**Data was unavailable for approximately 70 youth with hearing dates in this period.*

Accelerated Access to Treatment Successes:

1. Nearly all youth (99%) who entered dependency were referred to BH during the most recent timeframe examined.
2. Staff is on target to reach identified goals.
3. Challenges to meeting accelerated access goals were identified; and new tracking mechanisms have been implemented.

Data Limitations

Many families have situations which cause increased delay in accessing services for the child. These situations affect the data reported by inflating the average number of days before services. Examples include:

- Families sometimes wait longer than necessary to follow-up with clinicians; or due to extenuating circumstances are unable to immediately schedule a child's assessment.
- Not all treatment date data is available.

Source: AVATAR Electronic Health Records for VCBH clients

Program Goal 3: Assessing the Level of Trauma and Behavioral Symptoms Among Youth

Overview

In order to appropriately assess a child, BH clinicians utilize an evidence-based, validated tool that provides insights on a number of critical indicators needed to properly address a child's needs. This tool is known as the Child and Adolescent Needs and Strengths (CANS).

In addition to using the CANS for preliminary needs assessments, subsequent administrations of the CANS help to inform clinicians whether there is improvement in the symptomology experienced by youth.

Assessment Process

The assessment process is conducted by a mobile team of BH clinicians who have had extensive training in the tools utilized. Assessments may take place in the youth's home, placement, school, a BH clinic, or another location convenient for the youth. During the assessment, a clinician uses a conversational style to become familiar with the child's background, behavioral needs, and functioning. The clinician may talk with the youth, parents, and/or caregivers when available to gain a well-rounded perspective on the functioning of the youth. The information gathered through conversations in the assessment is used by the clinician to complete the CANS. Through this approach, the clinician gathers the key information needed to decide on an appropriate plan for treatment and services for the youth.

The CANS is comprised of a series of items organized into domains and rated on a scale of 0-3 depending on assessor's knowledge of the severity experienced by the youth. **Items with a severity rating of 2 or 3 are considered "actionable needs" that can guide the clinician and the child's support staff in addressing the youth's key needs for intervention. Tables 7 and 8** present the percentage of youth with "actionable needs."

Table 7. Level of Trauma (CANS)
April 2018 - April 2019

CANS Traumatic Stress Domain	% of children with actionable need	
	At intake (N=142)	After 6 months of treatment (N=24)
Emotional and/or Physical Dysregulation	20%	4%
Time before Treatment	15%	17%
Traumatic Grief & Separation	15%	17%
Hyperarousal	8%	4%
Intrusion	6%	8%
Avoidance	3%	4%
Numbing	3%	0%
Disassociation	0%	0%

Source: AVATAR Electronic Health Records for VCBH clients

Table 8. Symptoms (CANS) April 2018 - April 2019			
CANS Domain	Top 3 actionable needs per domain	% of children with need	
		At intake (N=142)	After 6 months of treatment (N=24)
Life Functioning	Family Functioning	35%	8%
	Social Functioning	17%	4%
	Living Situation	16%	0%
Behavioral/ Emotional Needs	Anxiety	20%	13%
	Depression	18%	17%
	Anger	10%	8%
Risk Behaviors	Runaway	6%	0%
	Victimization/Exploitation	3%	4%
	Sexually Reactive Behavior	2%	0%

Source: AVATAR Electronic Health Records for VCBH clients

The CANS includes a strengths domain which differs from the other domains. Items in the strengths domain refer to the internal and external supports surrounding a youth, rather than symptoms. A youth's strengths can be used as a protective factor or as part of a strengths-based approach to naturally build resiliency in youth.

Children are identified as having a need to develop strengths when the child lacks existing support in that item, or when the child has minimal existing support that requires significant effort to build into a strength.

In **Table 9** below, percentages at intake indicate the proportion of youth with needs for each item in the Strengths domain. After 6 months of treatment, percentages of youth with a need to develop strengths would ideally decrease. In this group, the percent of children with a need to develop strengths decreased from intake to 6 months of treatment in several items: Cultural Identity, Community Life, Spiritual/Religious, Resourcefulness, and Resilience.

Table 9. Strengths in Youth (CANS)
April 2018 - April 2019

CANS Strengths Domain	% of children with need to develop strength	
	At intake (N=142)	After 6 months of treatment (N=24)
Cultural Identity	65%	54%
Community Life	62%	54%
Spiritual/Religious	63%	50%
Resourcefulness	58%	50%
Resilience	46%	38%
Vocational	73%	79%
Talents and Interests	67%	71%
Educational Setting	58%	58%
Optimism	51%	54%
Interpersonal	37%	38%
Relationship Permanence	32%	33%
Natural Supports	35%	33%

Data Limitation

There is not yet enough outcome data. There are substantially more CANS assessments collected at intake than at 6 months or later. Data reported in the future will include scores for the CANS at the intake, 6-month, key event, and discharge assessments. With these additional time points, scores can be compared to evaluate level of improvement in youth.

Source: AVATAR Electronic Health Records for VCBH clients

Program Goal 4. To Provide Improved Psychotropic Medication Administration, Education, and Compliance

Addition of a Licensed Vocational Nurse

An essential element created as a part of the CAATS process was the position of the Licensed Vocational Nurse (LVN), which focuses on assisting clinicians and psychiatrists with internal medication processes and helping families navigate their medications and the clinical process.

The role of the LVN was evaluated using a multi-method approach to identify benefits, successes and recommendations for improvement. Specifically, the evaluation team engaged in the following activities: (1) key stakeholder interviews with psychiatrists who work with the LVN; (2) surveys of staff members across agencies who work with the LVN; (3) surveys with family members who receive services from the LVN; and (4) meetings with primary BH program staff to obtain a better understanding of the specific expectations of the LVN position.

Activities Engaged in by the LVN

When staff members surveyed were asked to describe specifically how the LVN has aided them, various examples were provided. Of note, every staff member who completed the survey provided a different example of how the LVN helped them in their role, illustrating the diverse and critical role the LVN helps to fill. See **Figure 3** for a sample of the LVN's activities supporting families and staff.

Figure 3. Examples Provided for How LVN Assists Staff Members

Key Stakeholder Interviews with Psychiatrists

A total of three psychiatrists were interviewed to identify the extent to which the LVN position has supported their work and to identify potential areas for improvement or enhancements. All respondents had worked with the LVN for at least one year and reported working with the LVN on a number of tasks. Across all interviews, perceptions of the LVN role were overwhelmingly positive, as all psychiatrists reported added benefits from the LVN role. Specific ways in which the LVN has added value to the system are outlined below.

- **Increased the Quality of Care for Families and Youth Served**
  - i. Serves as a consistent point of contact for families has resulted in ease of mind for families.
  - ii. Provides more timely assistance to families.

iii. Provides a continuum of services and comprehensive care by ensuring administrative processes are completed and all necessary communication is followed up.
iv. A more efficient level of care due to quicker administrative processes and deeper understanding of the case details.
v. The position offers a degree of stability to families receiving VCBH psychiatric services during times of change, such as the transfer to new service providers.

- **Provides a Level of Support to Staff that has Enhanced the Overall Workflow**
  i. The LVN assists with a multitude of processes and continues to find new tasks to complete to facilitate administrative processes and ease doctors' burden.
  ii. Saves psychiatrists' time by answering patient questions, communicating with families, and completing the administrative processes required for patients to receive medication.
  iii. Establishes operations to complete administrative processes proactively and on time or ahead of schedule. Examples include: monitoring medication expiration dates, managing paperwork such as consent forms that are needed for each case, reaching out to doctors when information needs to be communicated or a question arises.

- **The Role of the LVN has Filled Gaps in the System**
  i. Resulted in increased coordination of paperwork within BH and across partner agencies.
  ii. The needs of families are better addressed; especially in relation to answering questions about medication or follow-up processes.

The only recommendation for improvement or enhancement was that LVN is potentially underutilized. Psychiatrists tend to work with the LVN on specific processes (JV 220 paperwork, medication paperwork management) and aren't aware of the role's full capacity for serving clients. Psychiatrists noted this position could likely serve additional purposes, as it has already added value for youth, families, and staff across agencies.

Staff Surveys

Staff members from Public Health, BH, and HSA who worked with the LVN were invited to participate in a survey about their experiences with the LVN. The survey was open from February through May 2019. A total of 26 staff members across all three agencies responded to the survey. Summary findings from the survey are illustrated on the following pages.

Table 10. Staff Survey Respondents: Length of Time in their Current Position

Years in Position	% of respondents
Less than 1 year	7%
1-3 years	58%
4-6 years	15%
More than 6 years	20%

Source: LVN Survey for VCBH staff

Staff were asked to indicate from a list of activities, which ones they have engaged in with the LVN. **Table 11** depicts the percentage of respondents who selected each activity.

Table 11. Ways in Which Staff have Worked with the LVN

Activities Engaged in	% BH respondents agreeing (n=21)	%PH respondents agreeing (n=4)
JV-220 process*	95%	75%
Access to psychotropic medications	67%	75%
Education regarding psychotropic medications	71%	50%
Completing forms	62%	25%
Psychiatric appointment reminders	38%	25%
Compliance with psychotropic medications	33%	50%
Psychiatric appointment attendance	24%	0%

**Respondents were able to select more than one response so numbers may add to more than 100%*

Recommendations for Improvement

1. **Define and share goals and duties of role.** Provide an orientation for psychiatrists to understand the role and how to fully utilize it.
2. **Expand role where possible.** Include further integration into internal administrative processes, and performing other standard nursing activities such as collecting vital signs of patients at doctors' appointments.
3. **Implement a mandatory phone call from the LVN to families.** This would allow the LVN to discuss medication and educate families about medication including the importance of compliance with all families.
4. **Improve sharing of information.** Increase coordination of medication symptom monitoring between the LVN and Public Health nurses so that any potential issues are identified early and modifications can be made as quickly as possible.

Family Member/Client Surveys

A total of 56 surveys were collected from family members who receive services at a BH clinic. Of the surveys collected, 43% of respondents indicated interacting with the LVN at least once, and 31% interacted with the LVN several times.

Similar sentiments as identified by staff and psychiatrists were reflected in the parent survey findings. Overall, the LVN was perceived to be a helpful asset, as 100% of respondents believed the LVN to be "very helpful". See **Table 12** for the percentage of respondents who indicated receiving each type of service. In open-ended responses, parents described how helpful the LVN was and how much they appreciated her support. No recommendations for improvement were provided by parents.

Table 12. Percent of Respondents Indicating Type of Services Received by LVN	
Service Type	**% respondents**
Refills of psychotropic medications*	67%
Getting psychotropic medications (e.g., Prozac, Adderall, Ritalin, etc.)	46%
Help in communicating with psychiatrist	42%
Providing information about psychotropic medications	29%
Help in getting to psychiatric appointments	29%
Help in understanding side effects of psychotropic medications	25%
Providing reminders for upcoming psychiatric appointments	21%

**Respondents were able to select more than one response so numbers may add to more than 100%*

Selected Quotes Across Family Surveys

"The LVN helped me with everything related to the doctor."

"It has been helpful to have her available for medication needs."

"I felt better that my child got additional support."

"She has been very helpful in explaining the generic vs. name brand drugs and side effects."

Selected Quotations Across Staff Data Collection

"Having an LVN on staff has enhanced the way we serve our clients and provides peace of mind that clients will the receive the support and answers they need to help in their recovery."

"[The LVN's] role is extremely valuable and appreciated by CFS. We utilize her daily, multiple times."

"[The LVN] serves as a highly efficient liaison between patients and doctors, helping immensely with resolving the many issues that come up with youth in foster care."

"Having a person with nursing background helps with supporting a multidisciplinary team and serving an educational role with clients."

Source: Survey of VCBH clients served by LVN

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IV. CAATS Initiative Highlights

Perceived Advantages Identified by Staff	1. The CAATS initiative has had wide reaching benefits that have been described by multiple agencies. Administrative and clinical staff at BH, HSA, and Public Health reported numerous benefits of the CAATS initiative. Most importantly, staff noted a cultural shift marked by increased accountability, speed of delivery, teamwork within and across agencies, and flexibility in meeting the needs of the child which allow the county to provide an elevated level of care and service to its clients. Additional successes/benefits of implementing CAATS include: – A new understanding of trauma in youth aged 0-5. – Incorporating the family's voice and choice into planning and choosing services. – Teaming/collaborating with school counselors or group home counselors, or other community support services, to ensure they provide the most comprehensive mental health care possible. – Having a dedicated clinical team facilitates a quicker turnaround time among staff. For example, an assessment clinician who receives a referral in the morning can reach out to the family in the same business day to schedule an assessment. 2. Clinicians pointed to the utility of the CANS for staff members as a tool for: – Communicating needs with families while protecting the privacy of the child. – Identifying and building on a child's existing strengths and support.
Improved Service Delivery and Outcomes for Youth and Families	1. Universal assessments help prevent children from "falling through the cracks." – BH staff who have worked for the system for several years noted that before universal assessments were implemented, children were often referred to services only after acting out. By referring everyone, needs are being identified early on so that the appropriate services or treatments can be provided. 2. The LVN position has helped to improve the overall services and quality of care for youth and families serviced. 3. Improved outcomes for youth. – As evidenced by the CANS assessment data examined for this report, children are experiencing decreased symptomology and negative behaviors within the (1) life functioning; (2) behavioral/emotional needs; and (3) risk behaviors domains. – Additionally, clinicians have witnessed children achieve more positive outcomes, gradual improvement in symptoms, greater openness to receiving therapy, and reduced behavioral problems as a result of changes implemented via the CAATS initiative.

Recommendations for Improvement or Continued Focus

1. Continue to address scheduling challenges with families.
   - BH staff encounter delays in scheduling assessment or treatment appointments for a new case which can result in increased average time to service and meeting the goals set for the Accelerated Access model. Specific examples include:
     - Families are unavailable to schedule appointments or do not return phone calls in a timely manner.
     - Families are so overwhelmed by calls from other system partners, such as social workers, that they forget to call BH back or they think it's the same agency.
     - Parent/caregivers do not want their child to receive mental health care.
     - The child is already receiving mental health services somewhere else.

2. Continue to evaluate processes to improve communication between different departments and to address issue of redundant assessments.
   - In evaluating the data, it was noted that duplicative CANS are sometimes completed when a child is referred to receive services at community-based organizations. It might be beneficial to consider reviewing practices so that each child completes one intake assessment, one 6-month assessment, and additional assessments at key events.

3. Continue to build reliable data infrastructure and consistent data entry across agencies; refine clarity around terms used and definitions.
   - Data with similar titles (such as a hearing date, which is an event that can happen multiple times) needs to be easily identified and separated in AVATAR.
     - One-third of time to service data for the most recent export could not be used because at least one inaccurate date was exported due to similar event title names.
   - All departments should use the same language to describe events or tools.
     - For example, a referral from a social worker in HSA to BH can occur multiple times. If a referral is accidentally mislabeled as an initial referral when a child is already receiving care, this can become problematic for internal tracking purposes.

7.6 APPENDIX F – Healing the Soul MHSA VCBH Innovations Grant with the Mixteco Indigena Community Organizing Project (MICOP)

Healing the Soul
MHSA VCBH Innovations Grant with the
Mixteco Indigena Community Organizing Project (MICOP)

Purpose: This MHSA/VCBH – MICOP collaborative Innovations Project offers a unique and timely Indigenous mental health care perspective and model. The exploration of measureable outcomes exemplifies value and efficacy for incorporating feasible aspects of Indigenous healing practices in the *Tu'un Savi* or Mixtec tradition with current VCBH practitioner offerings, for Indigenous migrants from Oaxaca Mexico living in California experiencing symptoms associated with stress, anxiety, and depression.

Design/ methodology/ approach: A theoretically grounded Indigenous mixed-methods approach was utilized for data collection and analysis. Literature reviewed to support the research included *Tu'un Savi* ways of knowing and counter-story as theoretical approaches, traditional Indigenous healing for mental health, Oaxacan ethno-botany, and cognitive behavior theory (CBT). Data collection comprised focus groups (N=21), in depth-interviews (N=150), and pre and post-tests following weeklong treatments (N=300).

Findings: Post-treatment results indicate significant reduction in symptoms associated with stress, anxiety, and depression, suggesting the need for the integration or incorporation of Indigenous-based complementary and alternative medicine (CAM) with CBT in mental health offerings for diverse populations. Current findings are up to 250/275 with results showing consistency.

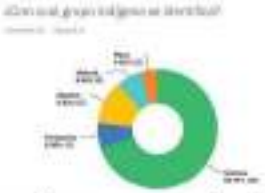
Originality/ Value: This study brings insight to mental healthcare practices serving migrant Indigenous groups living in the U.S. Findings may assist state and local mental wellness agencies with access and service to these groups. Healing the Soul celebrates, validates, and provides understanding of Indigenous ways of knowing for the communities served while identifying professional development opportunities for partner agencies working to serve the *Tu'un Savi* or Mixtec people.

Summary Data Report
July 2019

November 2017- January 2018
Focus Group Interviews (FGIs) (N=21)
Participants: Mixtec women between the ages of 25 and 83.
Findings: Specific Mixtec language names for symptoms associated with stress, anxiety, and depression; Curanderas (healers) identified as keepers of knowledge; suggestion for specific healing modalities used to address high incidence mental health care needs in the community.

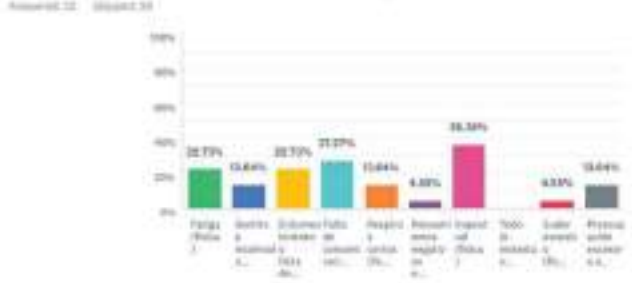
March 2018-February 2019
Surveys with community (N=150)
Participants: 90% women between ages of 25-87; 10% men between ages of 30-89; 85% Mixteco; 12% Zapoteco; 3% other Mexican Indigenous
Findings: Specific names for stress, anxiety, and depression; traditional cures for each one including specific plant names and modalities described; as well as reasons ascribed to high incidence mental health symptoms.

Between March 2019 and August 2019 Healing the Soul team studied plant medicine and healing modalities for implementation phase.
Implementation Results as of July 2019:
51/275 pre and posttests following a week of traditional Indigenous teas, vapor baths with Oaxacan plants, and *limpias* (deep breathing/ mindfulness/ Reiki).
Participants: 70% Mixteco; 90% women



Sample pre-test results for anxiety:

Sample post-test results for anxiety:



Results for depression and stress are comparable.

100% of participants report relief from the intervention/ implementation.

7.7 APPENDIX G - COVID-19 Response Efforts by Agency Report Health Care Agency

4/20/20 COVID-19 Response Efforts by Agency Report
Health Care Agency – Ventura County Behavioral Health

Dept.	Type of Response Effort	Brief Description of Efforts with Outcome or Numbers Served
VCBH Adult Division	Divided the outpatient clinic/program staff between onsite and telecommuting and continued providing services/treatment	207 Adult Division clinical staff have documented more than 10,000 hours of billable mental health services/treatment (i.e., 3/23/20 thru 4/17/20). They had more than 15,000 "contacts" (i.e., mostly via phone) with 4,410 unduplicated clients.
VCBH Adult Division	Continued to provide county-wide Crisis Team response to despite having to reduce face-to-face contact	The Crisis Team has remained fully functional during this time. Initially there was a slight decrease in field-based responses and a slight increase in support calls and time spent on these calls. Total calls per week has ranged from 300-358 during this time. Face-to-face response (including Telehealth) accounts for about 15% of the clinical calls. An increase in the number of times the Crisis Team has needed to call 911 during a call this month has increased slightly (i.e., high acuity situations). With schools closed a 10% drop in youth calls has been observed. Beginning on 3/18/20, the Crisis Team began conducting assessment of persons in mental health crisis in emergency rooms via telehealth. The crisis team has conducted 85 hospital Telehealth assessments to date
VCBH Adult Division	Supported the interagency effort to shelter folks who are homeless and at risk of COVID-19 in local motels by reassigning staff	Four nurses and three clinicians have been among those temporarily reassigned to Public Health and deployed to the four local motels to addressing the mental health needs of sheltered folks (i.e., seven days a week, 8A to 8P). Coordinated placement and on-going case management for homeless clients placed at hotels. Working with CEO and CoC to develop housing options for clients exiting hotels.
VCBH Adult Division	Supported our contracted Board & Care operators who were struggling in terms of operational guidance and staffing	Engaged in regular check-ins, consulted on how to manage clients sheltering in place, and facilitated guidance from Community Care Licensing. Additionally, deployed contract services (i.e., "Quality of Life" program) to the B&Cs to assist with shelter in place efforts, revised the existing contracts to allow access to comfort fund for expenses related to COVID response and supplied dozens of cloth masks for staff.
VCBH Adult Division	Assessed in custody and provided appropriate level-of-care placement for inmates with serious mental illness being released under "no bail" conditions	In the span of four days assessed more than 15 inmates and facilitated psychiatric hospitalization for 4, diverted 2 to the Crisis Stabilization Unit, placed 2 in Crisis Residential Treatment, and facilitated outpatient follow-up for the remainder.

Dept.	Type of Response Effort	Brief Description of Efforts with Outcome or Numbers Served
VCBH Adult Division	Adapted the scope of work for some contracted providers to allow re-deployment to critical areas and keep their staff employed	Contracted providers have expanded their service provision to both the B&Cs and the four motels being used to shelter homeless folks at risk of COVID-19.
VCBH Y & F Division	Outpatient Clinics: Mobilized staff in providing telehealth and telephonic services to children, youth and families. Ensured continued services and provided skeletal crews at outpatient settings.	The bulk of the 187 staff began providing service through telecommuting with about 23 of those out posted at community clinics. Utilized staff to keep clinics open to address crisis, medication monitoring services, and general information and resources to the community; ensures bi-lingual staffing. Clinic staff coordinated with Psychiatrist to ensure scheduling of telehealth sessions and ensure medication refills and monitoring.
VCBH Y & F Division	Coordination with Ventura Office of Education as it relates to Educationally Related Social Emotional Services (school-based) for Special Education client across the county.	School-related service for Special Education students with Mental Health needs were continued to be provided as per Individualized Educational Plans. VCOE
VCBH Y & F Division	Children's Accelerated Access to Treatment and Service continued county-wide to take referrals and assess for dependency youth. Coordination meetings began with Human Services/CFSA	Specific weekly meeting in place to address care coordination efforts as it relates to safety, potential high-risk factors for dependency youth, and planning for COVID-19 spread. Continued mental health assessment of new Child Dependency cases and use of teaming meetings.
VCBH Y & F Division	Continue assessment and treatment via telehealth and in person psychiatry services at the Juvenile Justice Facility	Provide telehealth and telephonic mental health services. Provide Officer of the Day services in addition to direct support of parents during COVID related changes in visitation. Monitor high risk youth and coordinate with probation staff. Provide psychiatry and medication monitoring in- person and coordination with Probation in appropriate phasing in of in-person services.

Dept.	Type of Response Effort	Brief Description of Efforts with Outcome or Numbers Served
VCBH Y & F Division	Interagency provider support of Community Based Organization serving children and youth. Coordinating with congregate care providers as mitigation plan were being developed.	Planned weekly coordination meetings and provided updated information regarding County resources, opportunities for coordination of care of high-risk clients, formation of a joint resource for best clinical practices during this time, and updates on Department of Health Care Services guidelines.
VCBH - SUS	Continued Substance Use Treatment Services via Telephone and Telehealth	Substance Use Treatment Services (SUTS) have continued to provide treatment services via telephone and telehealth to current clients. Services include assessment updates, treatment planning, individual counseling, and family counseling. SUTS has also worked in collaboration with the county prevention department to serve as a distribution site for naloxone (OD kits) and has been successful in providing community members with kits as needed. On 4/17/2020 SUTS began providing initial assessments and group therapy via telehealth platform. Although most staff are working from home to ensure the required physical distancing practices, we have administrative support and a counselor at each of the 7 SUTS clinic locations to provide the community with questions around access and to field service inquiries. Since March 23rd SUTS has served 397 clients remotely.
VCBH - SUS	Continued Services via the Drug Medi-Cal Organized Delivery System Plan	The VCBH Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan continues to refer clients in need of high-level substance use services to Residential, Withdrawal Management, and Medication Assisted Treatment services for continuity of care despite COVID-19. Since March 23rd, the DMC-ODS Plan has referred 29 clients into these levels of care are actively assisting 172 individuals into placement.
VCBH - SUS	Continued Maintenance of the 24/7 Substance Use Disorder Beneficiary Access Line (844) 385-9200 and Care Coordination Services	DMC-ODS Access Line staff continue to assist those in the community in accessing medically necessary substance use treatment. We have worked closely with our contracted providers to streamline referral processes, reducing barriers for those requesting treatment. Since of March 23rd, the SUD Access Line has fielded 393 calls. DMC-ODS Care Coordinators continue to actively serve 174 clients.
VCBH - SUS	Continued Driving Under the Influence Program via Remote Client Services	The VCBH DUI Program is providing continued services via Remote Client Services (telehealth). This allows clients to continue to attend face-to-face, group, and education programs remotely via a virtual meeting platform. Beginning the week of March 23rd through April 17th DUI Counselors provided telephone counseling to over 1,200 DUI clients. The DUI Programs began providing telehealth groups and education starting the week of April 13th with 87 clients. 120

Dept.	Type of Response Effort	Brief Description of Efforts with Outcome or Numbers Served
		clients are scheduled to attend in this new forum the week of April 20th.
VCBH - SUS	Driving Under the Influence Program Client Outreach	All 1,832 active clients in the DUI Program received a letter in English and Spanish, encouraging them to use the new client email addresses to schedule telehealth appointments. Additionally, information for clients to participate via telehealth was posted on the DUI program website in English and Spanish. Per the Department of Health Care Services, DUI Programs are required to place clients on a Leave of Absences upon request. 198 DUI clients have requested and received a Leave of Absence from attending groups and education, due to COVID 19. 340 clients have been contacted by VCBH DUI accounting to assess ability to pay program fees, provide assistance to the clinics, process payments by phone, advise clients how to make a payment by mail.
VCBH - SUS	"Healthy Habits" Campaign – Digital Marketing Campaign Countywide – to promote wellness and address mental health and substance use issues during this time.	New Behavioral Health campaign "Healthy Habits" Launches! This is a Facebook messaging campaign of wellness that rolled out countywide, messaging to the community about increased risks of developing unhealthy habits is urgently needed. The "Healthy Habits" campaign is about the risks of substance use and mental health issues during this time and wellness for all residents. The ads are both in English and Spanish, and can be found at www.vcbh.org/habits www.vcbh.org/habitos As of the week of April 12, the reach was 120K and projected 2,500 clicks.
VCBH - SUS	Overdose Prevention Program Naloxone Distribution Continues during this time of COVID-19 to ensure that we prevent overdose deaths and bring residents closer to care.	Getting Naloxone During COVID-19. The Overdose Prevention Program continued to operate as an essential program, ensuring that individuals at high risk of an overdose receive life-saving naloxone during this time. The link to the Ventura County Responds website included this message, "If a loved one or someone you know may be at risk of an overdose, call us about getting an Overdose Rescue Kit. If you are eligible for a kit, we will train you online on how to use naloxone. You will then be instructed on how to pick up a kit by appointment at one of our VCBH locations. Call about a Rescue Kit at (805) 667-6663." https://venturacountyresponds.org/en/how-to-get-naloxone
VCBH - SUS	Staying Connected through Social Media Messaging about the Mental Health & Substance Use Issues and how to	Daily social media posts on our VCBH.org and Ventura County Limits Facebook and Twitter. Messaging about the risks of overdose and vaping during this time was emphasized, in both English and Spanish. Examples are "Getting Naloxone during COVID-19. Could someone you care about Overdose? For more information on how naloxone

Dept.	Type of Response Effort	Brief Description of Efforts with Outcome or Numbers Served
	access treatment services.	can save lives go to https://venturacountyresponds.org/en/how-to-get-naloxone "What you need to know about teens & vaping https://www.vapingfactcheckvc.org/ This way of communicating prevention messaging related to mental health and substance use issues, and how to get help, is vital during this time.
VCBH - SUS	"Community Connections" Community Outreach Newsletter	Launching the week of April 20, our Prevention Services "Community Connections" Community Outreach Newsletter to stay in touch with our community-based organization (CBO) partners and ensure our communication with parents, schools and community members about substance use risks and how to access help. Our Community Services Coordinators are the liaison to our community families during this time, and this weekly communication will help people to stay connected and continue online inter-agency collaboration efforts.
VCBH Admin –Quality Management	Dissemination of COVID-19 related resources and information to VCBH and CBO providers	Gathering and synthesizing information from a variety of State and local resources to assist SUS and Mental Health providers transition to telehealth service provision. Includes FAQs, training materials, updated consent forms and best practices guidelines.
VCBH Admin –Quality Management	Updated policies and forms to facilitate use for Telehealth services for VCBH and CBO providers	Incorporation of HCA updated Release of Information form into current confidentiality policy. Made form in fillable format to be able to utilize remotely by providers. Revision of consent for treatment policy and forms to include increased guidance regarding consent for and use of telehealth services. Created separate Consent for Telehealth Services form, which includes risks and benefits and protocol for establishing contingency plans. Created best practices guidelines for telehealth service provision, and scheduled training for implementation.
VCBH Admin –Quality Management	Modification of scheduled trainings	Moved several trainings into online format. Working on creating pre-recorded trainings for staff to complete remotely
VCBH Admin –Quality Management	Continued Utilization Reviews	Continue to provide desk reviews of clinical documentation for VCBH providers and CBO providers utilizing the Avatar system in order to ensure continued compliance with documentation standards and provision of feedback to providers.
VCBH Admin –Quality Management	Research and implementation of remote meeting platforms	Research and analysis of benefits and limitations of Zoom, Business Skype, Microsoft Teams, to determine systems most effective for clinical and administrative needs. Provision of group and individual tech training to help with increased usage and troubleshooting. Exploration of HIPAA compliant platforms to continue to utilize post COVID-19 to ensure continuity of remote services as appliable.

Dept.	Type of Response Effort	Brief Description of Efforts with Outcome or Numbers Served
VCBH Admin – QI/EHR	All staff continue to attend to work assignments via telework	Teams continue to attend to time-sensitive tasks that are focused on monitoring operations, reporting on performance indicators, and satisfying state and federally mandated reporting requirements. These include reports and other information related to the DHCS Mental Health Triennial Review, External Quality Review and Network Adequacy and Compliance. Further, given the impact of current circumstance, QI / EHR teams are creating new reports to monitor staff performance and consumer satisfaction with method of service provision.
VCBH Admin – QI/EHR	Quality Improvement Data and Evaluation Considerations: Implications of the Coronavirus Global Health Crisis.	Quality Improvement has developed a data memo to track and describe the impact of COVID-19 on behavioral health services, client care, and client outcomes. This will inform future interpretation of data.
VCBH Admin – Contracts	Dissemination of COVID-19 guidance, information, and service regulations from County, Department of Health Care Services (DHCS), and other governmental agencies.	VCBH Contracts Administration has disseminated information to contractors on several occasions (approximately 5 times) about: (1) the County's response to COVID-19, (2) County service delivery guidance, (3) DHCS guidance on changes to service regulations or new guidance in light of COVID-19, and (4) other COVID-19 safety guidance and support services from other governmental agencies. We have approximately 200 contractors.
VCBH Admin – Contracts	Processed board letters related to contractor service provision due to COVID-19.	VCBH Contracts Administration processed three board letters to provide contractors flexibility in providing services through online formats, at different locations, and to adjust payment parameters during/as a result of the COVID-19 state and local emergency.
VCBH Admin – Contracts	Processing COVID-19 Contract Amendments.	VCBH Contracts Administration processed contract amendments for providers requiring changes to their agreements in response to an impact to their services or how they deliver their services in light of the COVID-19 state and local emergency.
VCBH Admin Support	Processing of Attestations, Telework Agreements; Payroll Tracking and Adjustments	VCBH administration has processed approximately 400 telework agreements. Continued bi-weekly review and processing of attestations and timecard adjustments.

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

BOARD LETTER

June 9, 2020

Board of Supervisors

County of Ventura

800 South Victoria Avenue

Ventura, CA 93009

SUBJECT: Authorization for the Ventura County Behavioral Health Director or Designee to Sign and Submit the Mental Health Services Act Fiscal Year 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for Fiscal Year 2019-20 to the Mental Health Services Oversight and Accountability Commission.

RECOMMENDATION:

Authorization for the Ventura County Behavioral Health (VCBH) Director or designee to sign and submit the Mental Health Services Act (MHSA) Fiscal Year (FY) 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 (Exhibit 1) to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

FISCAL/MANDATES IMPACT:

MHSA Budget Unit #3260

Mandatory: No [ ] Yes [X] Cite Authority: Proposition 63 MHSA.

Source of Funding: Proposition 63 MHSA Funds, Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), Behavioral Health Subaccount, Other Grants, and Client Fees.

Funding Match Required: No

Impact on Other Department(s): None

	2019-2020	2020-2021
Summary Forecasted of Revenue and Total Costs		
Revenue:	$69,563,696	$77,737,063
Costs:		
Direct Cost	$69,563,696	$77,737,063
Indirect - Dept.	$0	$0
Total Costs	$69,563,696	$77,737,063
Net County Costs	$0	$0

FY 2019-20 Adopted Budget for Mental Health Services Act BU #3260				
	Adopted Budget	Adjusted Budget	Projected Budget	Estimated Savings/(Deficit)
Appropriations	$74,424,287	$77,029,407	$67,850,452	$9,178,955
Revenue	$65,101,586	$65,101,586	$62,070,412	($3,031,174)
Net Cost	$9,322,701	$11,927,821	$5,780,040	$6,147,781

DISCUSSION:

Background

Proposition 63, passed by California voters in November 2004 and made effective in January 2005, and known as the MHSA, imposes a one (1) percent income tax on personal income in excess of $1,000,000 to provide funding to counties for the development of comprehensive community-based mental health services and supports that will reduce the adverse impact from untreated serious mental illness in adults and severe emotional disturbance in children and youth. The MHSOAC requires that counties develop plans detailing how MHSA funding will be utilized within the county and submit a Three-Year Program & Expenditure Plan every three years. The MHSA Three-Year plans are developed locally with stakeholder input and are reviewed by the local mental health board, approved by the Board of Supervisors, and then submitted to the MHSOAC for approval. MHSA funding is distributed on a regular basis by the State and is not tied to the submittal and local approval of the MHSA Three-Year Program & Expenditure Plan. MHSA funds are the funding of last resort for these programs and are used only after all other funding sources are applied.

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

MHSA FY 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20

The MHSA FY 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 before your Board describes the Community Program Planning and Local Review Process, VCBH's MHSA budget, forecasted program adjustments and reporting on the MHSA Plan components for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN), and Innovation (INN).

The MHSOAC requires counties to provide an annual update ("Annual Update") forecasting VCBH's projected total expenses and revenues from all sources for the current fiscal year. State approval is not required for the Annual Update. For FY 2018-19, VCBH's expenses for MHSA services totaled $59,097,388. Of this amount, approximately 69% of the expenses were funded by MHSA. The remaining 31% of the expenses were funded utilizing non-MHSA sources, such as SD/MC FFP, Behavioral Health Subaccount, grants, insurance, and client fees. The California Department of Health Care Services (DHCS), per MHSUDS Information Notice No. 19-017, dated March 20, 2019, is requiring every County to establish a Prudent Reserve that does not exceed 33 percent of the average amount allocated to the CSS component in the preceding five years. VCBH's Prudent Reserve as presented in the FY 2019-20 annual update is $8,572,193 which exceeds the maximum level amount by $80,288. On September 17, 2019, VCBH submitted a revised calculation of the Prudent Reserve to DHCS. The transfer will bring the Prudent Reserve fund balance down to $8,491,905. This transfer is shown on the "Funding Summary" as part of the document plan.

Under California Code of Regulations, Title 9, section 3310, counties are also required to submit an MHSA Three-Year Program & Expenditures Plan forecasting their projected total expenses and revenues from all sources for a three-year period in order to receive MHSA funding. The last Ventura County MHSA Three-Year Program & Expenditure Plan was approved by your Board on December 12, 2017 and will end on June 30, 2020. VCBH is now presenting the MHSA Three-Year Program & Expenditure Plan that covers FY 2020-21 through FY 2022-23. For FY 2020-21, VCBH expects to commit $77,737,063 in total expenses for the provision of MHSA services. VCBH forecasts that non-MHSA funding sources will cover 37% of its MHSA program costs. The remaining 63%, having no other available funding source, will be funded by VCBH's MHSA available program funding. Of that, $40,816,065 is expected as new FY 2020-21 MHSA funds and the remainder will be drawn down from unspent MHSA funds from prior years. In addition to the FY 2020-21 forecast outlined above, anticipated revenues and expenses in FY 2021-22 and FY 2022-23 are presented in the Budget/Funding Summary of the MHSA Three-Year Program & Expenditure Plan presented to your Board.

The MHSA FY 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 was posted for public comment from March 17, 2020 through April 18, 2020. Public comments were heard at the April 20, 2020 Behavioral Health Advisory Board (BHAB) public Executive Committee meeting. At that time, the MHSA FY 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 was approved for submittal to your Board.

VCBH recommends authorization for the VCBH Director or designee to sign and submit the MHSA FY 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 to the MHSOAC.

This Board letter has been reviewed by the County Executive Office, Auditor-Controller's Office, and County Counsel. If you have any questions regarding this item, please contact VCBH Director Sevet Johnson or VCBH Assistant Chief Financial Officer Narcisa Egan at (805) 981-1881.

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SEVET JOHNSON, PsyD
Behavioral Health Director

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WILLIAM T. FOLEY
Health Care Agency Director

Attachment:

Exhibit 1 - MHSA FY 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20