



VENTURA COUNTY

**BEHAVIORAL HEALTH**

A Department of Ventura County Health Care Agency

## Mental Health Services Act

### Annual Update

Fiscal Year 2015/2016

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Behavioral Health Medical Director

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HEALTH, RECOVERY & WELLNESS

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# Exhibit A: County Certification

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

County/City: Ventura

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

<b>Local Mental Health Director</b>	<b>County Auditor/Controller/City Financial Officer</b>
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Local Mental Health Mailing Address: 1911 Williams Drive, Suite 200, Oxnard, CA 93036
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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

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

_____ Local Mental Health Director (PRINT)	_____ Signature	_____ Date
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I hereby certify that for the fiscal year ending June 30, 2016, the County/City            has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated            for the fiscal year ended June 30, 2016.

I further certify that for the fiscal year ended June 30, 2016 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

_____ County Auditor Controller/City Financial Officer (PRINT)	_____ Signature	_____ Date
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<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

## Auditor's Signature Page

## Exhibit B: Community Program Planning and Local Review Process

County: Ventura

30-day Public Comment period dates: 03-07-16 to 04-08-16

Date: 02-29-16

Date of Public Hearing (Annual update only): 04-11-16

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Community Program Planning
<b>1. Description of the Community Program Planning (CPP) Process for development of all components included in the annual update/update.</b>
<p>The Community Leadership Committee (CLC) is a group of representatives from county agencies, other community-based organizations, and stakeholder groups including clients and family members. The CLC's purpose is to lead the planning for all Mental Health Services Act (MHSA) components, identify unmet needs, suggest possible programming and supports to fill gaps in the continuum and utilize recommendations from the various Component Workgroups (Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities/Information Technologies and Innovation) as those bodies deem it necessary to meet.</p> <p>The CLC recommends an MHSA plan which will be brought to the Behavioral Health Advisory Board (BHAB). The BHAB retains overall guidance and oversight for the Community Planning Process, including final approval to post the Update for Stakeholder review and oversee the Public Hearing and final approval of the Update prior to sending to the County Board of Supervisors for approval to submit to the State.</p> <p>During fiscal year 2015-2016 the CLC committee began meeting monthly to look at gaps in services, program needs and data outcomes and measures. During these meetings, each MHSA program was reviewed collaboratively with evaluators, program staff, and workgroup members who represented clients, family members and under-served populations. Utilizing program-specific data (operations, outcomes and financial), the subcommittee reported program summaries back to the larger CLC and made program and funding recommendations for discussion</p>

This intensive participatory evaluation process demonstrates Ventura County Behavioral Health's (VCBH) commitment to continuous quality improvement processes which involve stakeholders at every level and transparent communication with the public about program outcomes.

Concurrently, the WET Committee, comprised of diverse stakeholders, continues to meet quarterly. The standing agenda for the meetings includes a progress report on each of the WET programs; feedback from stakeholders; and announcements of training and other Workforce related activities happening in our community. Additionally, a Training Institute Committee, which has provided direction and support for annual professional development activities and continuing education and training has been merged into the overall WET Committee.

All of VCBH's community program planning efforts show a dedication to principles of stakeholder involvement, cultural responsiveness and data-driven decision making.

Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

### **Community Leadership Committee (CLC)**

The CLC is composed of stakeholders from a variety of sectors. It includes representation from public entities, including the Board of Supervisors, directors of the Health Care Agency, Human Services Agency, Public Health and Probation. Also included are representatives from the Behavioral Health Advisory Board and its committees, the various MHSA components, education, underserved communities and the faith-based community. At least half of its members must be consumers and family members, representing the range of ages served by the Department. The CLC was originally created as working sub-committee of the Behavioral Health Advisory Board.

The Workgroup consists of high level representatives from:

- County Departments and Social Services Agencies:
  - Behavioral Health (executive, program and fiscal staff)
  - Human Services Agency
  - Sheriff
  - Probation
  - Public Health
  - Ambulatory Health Care
- Behavioral Health Advisory Board:
  - Board Chair; Representatives from Adult and Children's committees
- Consumers and family members representing children, TAY, adults, and older adults
- Community based (non-County) mental health provider representatives
- Underserved Populations
- Latino Townhall

### **Behavioral Health Advisory Board**

The Behavioral Health Advisory Board (BHAB) exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code as amended by SB43 (McCorquodale, Chapter 564 of 1993). The purpose of the board is to review and evaluate the community's behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance abuse issues. The Board further serves the community by advising the director and department based on their reviews and evaluations of these matters. Recommendations may include programmatic, policy and fiscal pieces.

### **Workforce Education and Training:**

The Workforce Education and Training Community Program Planning process includes a diverse group of stakeholder entities which include consumers, family members, local educational institutions, community based organization representatives, department managers and staff. The committee participants include:

Ventura County Behavioral Health:

- Workforce and Training team
- Ethnic Services Manager
- MHSA Manager
- Behavioral Health Clinic Managers

Community Based Organizations and Advocacy Groups representing Transitional Aged Youth and Peer Employment and Workforce Needs

Education

### **Reducing Disparities Leadership Committee:**

In April 2015, a workgroup was formed to address “Equitable Access to Mental Health Services for the Latino Community”. The mission of the workgroup was to develop and propose strategies to the Behavioral Health Advisory Board (BHAB) that would improve access to mental health services for Latinos. Stakeholders included civic leaders, representatives from Oxnard & Santa Paula school districts, community based organizations, BHAB members, and VCBH staff. The workgroup served as a forum to explore the mental health disparities that exists for Latinos with information provided on increasing access to mental health services. The workgroup met several times and initiated the creation of an outreach plan that targeted two schools with high concentration of Latino students. The workgroup was “put on hold” by the BHAB community membership with no scheduled date to reconvene.



Local Review Process	
2. <b>Describe methods used to circulate, for the purpose of public comment, the annual update or update.</b>	Ventura County's Annual Update plan fiscal year 2015-2016 will be posted on the County's Behavioral Health Department website for 30-day stakeholder review and comment. An email announcing the posting will be sent to more than 500 community stakeholders and the posting will also be announced at the March 7, 2016 CLC General Meeting. In addition to being available on the Department website, the Update will made available upon request by calling or emailing the Department's MHSA offices and MHSA@ventura.org.
3. <b>Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.</b>	Public Comments will be added to comment section located at the end of this document.

Ventura County General Demographics
<p><b>Size of County:</b> Ventura County is 1,843.13 square miles with 446.7 persons per square mile. The County consists of a population of 823,318 in 2010 and an estimated population of 835,981 for 2012 (census.gov). The number of unduplicated mental health clients served in fiscal year 2014 -2015 is 15,534 with 10,031 of them being served by MHSA funds.</p> <p><b>Number of People to be served (by age group):</b> Ventura County has a population of age groups as follows: 6.6% are 5 years of age and under, 25.3% are 18 years of age and under, and 12% are 65 years and over. MHSA programs serve a population of clients of age groups as follows: 0-5 years 7.6%, 6-12 years 13.8%, 13-18 years 14.4%, 19-24 years 9.6%, 25-39 years 19.4%, 40-64 years 31.8%, and 65 years and over 3.5%.</p>

### Mental Health Services Act Components and Definitions:

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. Below are the five components in order:

**Community Supports and Services (CSS):**

Provides funding to support the treatment of the serious and persistent mentally ill, including full service partnerships that utilize a “whatever-it-takes” approach. Full Service Partnerships, treatment programs, and Systems Development programs can be found under this component.

**Capital Facilities and Technology (CAP/FAC/IT):**

Provides funding to purchase and implement a new Management Information System and improve capital facilities infrastructure. This funding source has a ten year allocation and then must be modeled into MHSA funding.

**Workforce Development and Training (WET):**

Allows counties to improve the quality and quantity of their workforce. This funding source has a ten year allocation.

**Prevention and Early Intervention (PEI):**

Focuses on providing resources to the community to reduce the incidence of serious mental illness later in life. These include but are not limited to; outreach, access and linkage to mental health services and resources, reduction of stigma around mental illness, preventing suicide, and providing these services to youth, adults and older adults.

**Innovation**

This funding gives each county the opportunity to develop new approaches to reaching and serving the underserved in the community. The funds may only be used for the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

**Full Service Partnerships (FSP):**

FSP's provided comprehensive services for adults who had serious mental illness and were homeless, at risk of becoming homeless, recently released from a county jail or State prison, and others who were untreated, unstable and at significant risk of incarceration or homelessness without treatment. The focus of FSP's was on the Assertive Community Treatment (ACT) model. This structure served as the foundation of the FSP programs. FSP's make up the largest portion of funding in the CSS component, making up to 51 percent of the budget. The FSP track services youth, TAY, Adults and Older Adults. The programs are designed to provide comprehensive, recovery-based services to the highest-need clients in the system. FSP's provide intensive case management on a 24/7 basis, doing "whatever it takes", in order to promote progress on a client's road of recovery. Mental health treatment includes, but is not limited to: peer support, wellness centers, supportive services, housing, access to needed medical, educational, social and vocational rehabilitative services.

### **System Development:**

"General System Development Service Category" is the Community Services and Supports under which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families. System Development can be seen in FSP activities such as but not limited to; Peer Support, Family Support, Wellness Centers, education and advocacy services, and mobile crisis teams.

### **The Ventura County Outcomes System (VCOS):**

The Ventura County Outcomes System (VCOS) is a tool utilized within Ventura County Behavioral Health (VCBH) to assess consumers' treatment response and treatment outcomes in a variety of domains over time. These domains include, but are not limited to: symptoms, functioning, hopefulness, meaningful activities, significant events, attachment, and activities of daily living. The VCOS questionnaire has separate surveys and measures for consumers who are preschool-aged, youth-aged, or adult-aged, and the VCOS is administered to consumers at intake, annually, and at discharge.

# **Exhibit 1:**

# **Community Services and Supports Program Descriptions**

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #1 Children's Outpatient Services

#### **Program Description:**

In collaboration with the Probation Department, the Children's Outpatient Services program provides intensive community based services for youth between the ages of 13 to 19 years of age who are involved with the Juvenile Justice system and have been placed on formal probation. The program provides treatment and support to youth and families through culturally competent services. The Children's Outpatient Services are provided by Interface Children & Family Services. The program uses mental health clinicians, Peer Advocates, a Care Coordinator, and Employment Specialist to provide counseling, education, case management, employment development and support. The program focuses on assisting youth and their families to identify strengths, working together to assess needs, and designing a personal plan of care to treat the youth's mental health conditions, improve their level of functioning and support family functioning; this includes linkage and engagement to identified services and supports.

#### **Demographics and Outcomes:**

The Children's Outpatient Services program served 39 individuals in fiscal year 2014-2015. All (100%) clients reported to be between 13 and 18 years of age. The program served 31% White/non-Hispanic clients and 69% Hispanic/Latino clients. Ninety-five percent of clients reported that English was their preferred language and 5% of clients reported Spanish as their preferred language. Forty-six percent of clients self-reported to be male and 51% self-reported to be female. Thirty-eight percent of clients reported to have an anxiety disorder, 21% reported to have a depressive disorder, 5% reported to have a psychotic disorder, 5% reported to have an adjustment disorder, 8% reported to have a bipolar disorder, and 23% reported a disorder that was not in any of the main categories. Of the 23 clients for which there is dual diagnosis data, 91% reported that substance abuse affects their mental health.

Sixty-one percent of clients at discharge (n=18) reported that they are connected to services that are appropriate, and 56% of clients at discharge (n=18) reported that they were helped by the care they received. Clinical staff reported that 65% of clients at discharge (n=17) showed global improvement (12% having very much improved, 29% showing much improvement and 24% showing minimal improvement) when compared to their condition at admission.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

This year there have been several staff changes and a change to program administrator. There has been concerted effort to minimize the impact on client care.

#### **Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

Program staff and new Program Manager are now in place. There is continued collaboration with Juvenile Court, Probation and Mental Health and Alcohol and Drug Outpatient programs. Clinicians will be attending cognitive behavioral therapy (CBT) training as well as continuing to use Seeking Safety and Trauma Informed Care Models.

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #2 Children's Intensive Response Team (CIRT)

#### **Program Description:**

The Children's Intensive Response Team (CIRT) is a 24/7 mental health crisis hotline and mobile response program available to all Ventura County youth under the age of 21. CIRT delivers quick and accessible service to families by providing specialized crisis intervention and in-home support and linkage to county mental health services or other appropriate assistance. By working in collaboration with the child's existing service providers, CIRT seeks to keep kids and families safe in their homes and communities and avoid psychiatric hospitalization and use of other public resources such as law enforcement.

Services may be provided over the phone as the initial emergency call is taken (e.g., de-escalation and linkage) or in person (e.g., emergency mental health assessments, assessments for inpatient psychiatric hospitalization, follow up safety planning and safety monitoring, collaborative introduction meetings). CIRT collaborates with community partners to ensure a family is linked to appropriate services. If necessary based on level of danger to self and/or others, CIRT has the authority to facilitate an involuntary psychiatric hospitalization for a child or youth for up to 72 hours.

CIRT Services are emergency services that are provided irrespective of insurance availability or ability to pay. CIRT serves youth under the age of 21 who are engaging in high-risk/unsafe behaviors that put him/her at risk of out-of-home placement. Examples include:

- Suicidal Ideation/Behaviors
- Self-Injurious Behavior (e.g., cutting, choking, head banging, overdosing)
- Homicidal Ideation/Behaviors
- High-Risk Behavior (e.g., running into traffic, grave disability)

#### **Demographics and Outcomes:**

In fiscal year 2014-2015, the CIRT team served 1,521 (57%) clients by crisis call only (43% of calls were from parents), 984 (37%) individuals received single day crisis team services, and 166 (6%) individuals received follow up crisis team services. In addition, the CIRT team completed next-day follow-up phone calls with 3,504 clients. Thirty-nine percent of clients self-reported as White/non-Hispanic, 45% Hispanic/Latino, and 1% unknown/not reported all others 11%. Ninety-four percent of clients spoke English, 5% Spanish, and 1% other/unknown. Forty-six percent of calls were received from Oxnard Plains, 15% from Ventura, 12% from

Conejo Valley, 10% from Simi, 6% from Santa Clara Valley, 2% from Moorpark, 2% from Ojai, and 7% from other/unknown locations.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

**Significant Changes to the Program (if applicable):**

By the end of FY 2015/16 Children's Crisis Services and Response will be taken "in-house" under the county's established crisis team model and new Crisis Stabilization Unit.

**Plans for Next Year:**

No status change.



## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #3 Crisis Stabilization Unit (CSU) (Children)

#### **Program Description and Demographics:**

VCBH is in the beginning stages on the creation of the new receiving center for medically stable children and adolescents (ages 5-17 years) assessed as a danger to self, a danger to others or gravely disabled due to a mental disorder on a WIC 5585.50 civil commitment hold. This Crisis Stabilization Unit and Short Term Crisis Residential Program will join only three other counties in the State to have a children's CSU, and we are very proud to be able to offer this to fill a service gap to the children of this County.

During fiscal year 2014-2015, 582 "Medi-Cal only" minors were hospitalized. 30% of those youth were readmitted within the year. Although data related to private insurance is not available, it is estimated that these minors had the same readmission rate.

Properly implemented, the CSU Receiving Center is both a best practice and a paradigm shift. Only the clients that continue to be imminently dangerous after the CSU's multidisciplinary team has provided opportunities for the client to respond to crisis intervention and repeated attempts at crisis stabilization, are transferred involuntarily to an LPS facility for further treatment and evaluation. Even after the hold is accepted, attempts at stabilization continue until the client is formally transferred to an LPS facility.

The CSU also functions as a crisis stabilization specialty mental health program for children and adolescents who do not meet the criteria for civil commitment and can be safely discharged in less than 24 hours to lower levels of care in the community. Typically, children, youth and caregivers voluntarily commit to this phase of treatment. The Team continues to assess each client prior to discharge on their ability to demonstrate safe behavior and participate in additional crisis stabilization services while on the CSU. This is a two-pronged approach - one by the client who is helped by staff to develop a safety plan and secondly support is provided to the caregiver who is helped by staff to develop an aftercare plan. This aftercare plan will involve a CSU Critical Care Manager who can advocate for and link clients and caregivers who face barriers to accessing needed treatment and services in the community.

By designating a 'coordinated front door' to determine the level and intensity of the crisis intervention warranted, and coordinated aftercare for the minor and their families, we look to reduce the recidivism we currently experience.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):** Currently in planning process

**Significant Changes to the Program (if applicable):**

Currently in planning process

**Plans for Next Year:**

Currently in planning process

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services Supports

**Program Name/Number:** CSS Program #4 Fillmore Community Project

#### **Program Description:**

The Fillmore Community Project provides a variety of mental health treatment including support and case management services for historically underserved communities that are predominantly Latino such as severely emotionally disturbed (SED) youth between 0 and 17 in the communities of Fillmore and Piru. These communities include a significant number of migrant workers and Spanish speakers. Staff are fully bilingual, and services are community based, culturally competent, client and family driven and designed to overcome the historical stigma and access barriers to services in these communities.

#### **Demographics, Outcomes and Medi-Cal listed as Guarantor:**

In fiscal year 2014-2015, the program served a total of 67 clients of which 63 (94%) were between the ages of 0 and 17. The program served a total of 51 clients (76%) who self-reported as Hispanic/Latino, 11 clients (16%) were non-Hispanic/Latino, and 5 clients (8%) did not report their race/ethnicity (8%). Spanish preferred clients totaled 23 (34%), English as a preferred language was 43 clients (64%) and not stated 1 (2%). Clients are reported to have the following diagnosis: disruptive disorder 38 (57%), depressive disorder 22 (32%), adjustment disorder 11 (16%), anxiety disorder 4 (6%), other 1 (2%), bipolar disorder 14 (21%), and psychotic 2 (3%). Of the clients served 25 reported to have a dual diagnosis (37%). In fiscal year 2014-2015, the Fillmore Community Project 65 of the 67 clients had Medi-Cal listed as a guarantor (97%).

#### **Notable Community Impact and Performance Measures/ Outcomes (point in time referenced):**

The program has 3 clinicians and a clinical trainee, all of whom are bilingual. Clinical staff reported that the average function score in fiscal year 2014-2015 at annual evaluation was 46 (rating of 0-80, higher score being higher functioning) (n=24) which is 4 points below the clinical cut off of 50. At discharge, the average functioning score is 53 (n=15) which is 3 points above the clinical cut off of 50. The overall rating of care was scored on a 10 point scale where 1 represents the absolute worst and 10 represents the absolute best; the Fillmore Community project was given an overall rating of care score of 9.36 out of 10 by the 14 youth surveyed and 9.54 out of 10 by the 33 parents surveyed.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

#### **Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change.

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #5 Transitional Age Youth (TAY) Full Service Partnership (FSP) Outpatient Program

#### **Program Description:**

Transitional Age Youth clinical outpatient program serve young adults or TAY, ages 18-25 who are diagnosed with a Serious and Persistent Mental Illness (SPMI), many of whom are dually diagnosed with co-occurring substance abuse disorders and are at risk of homelessness, incarceration or psychiatric hospitalization.

The programming includes service provision to residential programs in a supportive, social rehabilitation environment in Camarillo which requires the collaboration between Telecare Inc. staff who provide social rehabilitation services and the VCBH TAY Transitions FSP clinical staff. These residences served 28 TAY during fiscal year 2014-2015. The programming is built upon a client-driven model and the principles of wellness and recovery with services including psychiatric treatment, individual therapy, intensive case management, group treatment and rehabilitation. Peer staff, or "Recovery Coaches," support clients in the achievement of their wellness and recovery goals. TAY services are unique in that staff often finds creative and unique ways to engage clients that otherwise would not engage in traditional mental health services.

Clients enrolled in these programs receive clinical services including Evidenced Based Practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Depression Treatment Quality Improvement to address symptoms of depression, dual diagnosis and trauma. Programming is specially designed to successfully engage and meet the developmental needs of the TAY. Examples include Creative Expression, Drumming, Relationship Group, Living Skills and a Parenting Group for TAY parents.

The program support individuals in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community, with treatment focused upon the unique developmental needs of the TAY. Clients receive a multidimensional range of services to support their wellness, recovery and mental health needs.

#### **Outcomes and Demographics:**

In fiscal year 2014-2015, the Transitions FSP Outpatient Programs provided services for 84 individuals. Clients self-reported as 49% Hispanic/Latino and 49% non-Hispanic/Latino. Eighty-five percent of clients reported to be between 19 and 24 years old, 1% reported to be 25 years old, and 14% reported to be 18 years old. 48% of clients self-reported as male and 53% self-reported as female. Ninety-three percent of clients reported English as a preferred language while 7% preferred Spanish. Ninety-one percent (n=22) of clients at annual evaluations reported that the clinical staff believe they can grow and recover, and 50% (n=22) of

clients at annual evaluations reported that they were satisfied with their lives. Clinical staff reported that 86% (n=7) of clients at discharge showed global improvement (30% showing very much improvement, 43% showing much improvement and 15% showing minimal improvement) when compared to their condition at admission.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #6 Transitional Age Youth (TAY) Outpatient (Transitions)

#### **Program Description:**

This clinical outpatient programs serve Transitional Age Youth (TAY), ages 18-25 who are diagnosed with a Serious and Persistent Mental Illness (SPMI), many of whom are dually diagnosed with co-occurring substance abuse disorders and are at risk of homelessness, incarceration or psychiatric hospitalization.

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

The programs clinical services include Evidenced Based Practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Depression Treatment Quality Improvement to address symptoms of depression, dual diagnosis and trauma. Programming is specially designed to successfully engage and meet the developmental needs of the TAY. Examples include Creative Expression, Drumming, Relationship Group, Living Skills and a Parenting Group for TAY parents.

Each November, as a culmination of treatment focusing upon grief and loss, Transitions hosts a Dia de Los Muertos celebration. Last year, clients built altars honoring individuals or parts of self that have been lost. Staff worked to prepare cultural foods for clients, their families, and other attendees. Each year the event grows in participation, creativity and depth.

The Transitions program continues to host "HoliTAY" to create a feast and "home" for our TAY in which to celebrate Thanksgiving. Each summer, all TAY are invited to the Transitions Summer Awards Celebration. This is a social event in which individual TAY are recognized for achievements during the past year. The Transitions Summer Awards Celebration operationalizes our commitment to recognizing and building on strengths.

Annually, TAY are sponsored to attend the Substance Abuse and Mental Health Services Administration (SAMHSA) Voice Awards program which honors the contributions of client/peer leaders who have raised awareness and understanding of mental health and substance use disorders. This program helps our TAY

understand that being diagnosed with a mental illness does not define them or limit what they may be able to achieve.

These programs support individuals in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community, with treatment focused upon the unique developmental needs of the TAY. Clients receive a multidimensional range of services to support their wellness, recovery and mental health needs.

**Outcomes and Demographics:**

In fiscal year 2014-2015, the TAY outpatient services program provided services for 438 individuals between 18 and 25 years of age. Twenty-two percent reported to be 18 years old, 75% reported to be between 19 to 24 years old and 3% reported to be 25. Clients self-reported as 39% non-Hispanic/Latino, 56% Hispanic/Latino, and 5% unknown. Forty-seven percent of clients self-reported as male and 53% self-reported as female. Ninety-two percent of clients reported English as a preferred language while 8% preferred Spanish. At annual evaluations, 88% (n=42) of clients reported that the clinical staff believe they can grow and recover, and 73% (n=42) of clients at annual evaluations reported that they were satisfied with their lives. Clinical staff reported that 84% (n=26) of clients at annual showed global improvement (42% showing much improvement and 42% showing minimal improvement) when compared to their condition at admission.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change



## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #7 Family Access Support Team (FAST)

#### **Program Description:**

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

#### **Outcomes and Demographics:**

FAST provided services for 206 families in fiscal year 2014-2015. 67% of clients identified as Hispanic/Latino, 24% of clients identified as White/Non-Hispanic, 7% of clients identified as African American, and 2% of clients identified as other. Clients reported to be 18% between 16 and 18 years of age, 39% between 13 and 15 years of age, 29% between 10 and 12 years of age, 13% between 6 and 9 years of age, and 1 between 0 and 5 years of age. 34% of clients reported Oxnard and Port Hueneme to be their city of residence, 19% reported Fillmore/Piru, 27% reported Ventura/Ojai, 3% reported Camarillo/Somis, 4% reported Thousand Oaks/Newbury Park, 8% reported Simi Valley, 3% reported Santa Paula, and 1% reported Moorpark. 57% of clients reported to be male and 43% reported to be female. 19% of clients reported to have ADD/ADHD, 28% depression, 7% anxiety, 10% adjustment/anger, 5% mood, 2% ODD/OCD, 1% conduct/RAD, 9% bipolar, 3% PTSD, 3% autism/Asperger's, and 11% were unknown.

24% of clients met their outcomes, but 13% of clients lost contact with FAST staff. 5% of clients were discharged because of a move, 9% moved to another program, 11% failed to launch, 15% were an early out, 8% declined service, 3% aged out of the program, and 11% were discharged because they families were no longer VCBH clients.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

This year there were a few changes to staff due to two unplanned resignations. However, the program manager has continued to be flexible and creative with staffing to in an effort to minimize the impact on client care.

**Significant Changes to the Program (if applicable):**

No significant changes this year. However, the United Parents program is in the process of developing a Parent Partner curriculum. This curriculum is designed to provide a standard of training for parent partners, including best practices and cultural competency. Once completed it will be also be an available reference for other local agencies that employ parent partners.

**Plans for Next Year:**

Continue while evaluating recommendation made during previous CLC Workgroup meetings. Continue to utilize outcome measure and begin use of Parent Partner curriculum.

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #8 Adult Mobile Crisis Team

#### Program Description and Demographics:

The Crisis Team (CT) provides field and phone crisis intervention services to adults throughout all of Ventura County. Previous to June 2015, the Children's Intensive Response Team a contracted program for youth up to age 18, had served 18-20 year-old. Effective May 2015, the Adult Team assumed crisis response services to consumers between 18 and 20 years old. Crisis Staff are based either in the West County (Oxnard) or in the East (Thousand Oaks).

- CT staff manage all calls coming into the 24/7 toll-free VCBH ACCESS line. Ventura County is one of very few CA counties whose crisis line is staffed around the clock by mental health professionals.
- CT staff provide post-crisis follow-up and they coordinate extensively with Screening, Triage, Assessment and Referral (STAR) and Rapid Integrated Support and Engagement (RISE) in engaging and facilitating linkage to VCBH, and/or to any other indicated resources or services.
- CT intensively advocates and mediates on clients' behalf in conjunction with community partners and treatment providers to ensure appropriate service delivery.

Numbers Served: Volume (calls and field visits) continues the upward trend (since MHSA funding onset).

	<u>FY 2013-2014</u>	<u>FY 2014-2015</u>
<u>Total Calls into the 866#</u>	<b>18,000</b>	<b>21,058</b>
<u>(Includes "info" calls)</u>		
*****	*****	*****
• Clinical, but not a crisis. (Crisis Follow-Up; Support Calls; Requests for Outpatient Services)	9,912	12,494
• <u>Crisis:</u> Resolved without a CT Field Visit	746	394
• <u>Crisis:</u> Resolved via Field Visit (FV)	1,652	1,957
• <u>% FV Clients diverted from hospitalization</u>	62%	68%

#### Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):

**CHALLENGE:** Anticipated increases in service demand when the Adult Team assumes crisis response service provision responsibility for minors.

MITIGATION: Hiring of additional Crisis Team staff. We are confident that the agency will support the staffing expansion (and intensive training) which this critical programmatic change warrants.

**Significant Changes to the Program:**

- (1) Due in large part to the funding provided through the SB 82 (MHSA) "Triage" grant, five additional staff positions have been filled in the last year.
- (2) Staffing of the East County office has increased (from 3 FTEs to 4 FTEs). This has resulted in a more efficient geographical distribution of Crisis Team staff.
- (3) Over the last three years, Crisis Team participation at the CIT Academy training has gradually expanded. Crisis Team presence at the Academy now extends to all 40 hours of the week-long training. This has provided an increase in the degree and kind of liaison and relationship-building needed to support an ongoing awareness of the CT as an active partner. The overarching goal of such activity is to decrease the incidence of law enforcement involvement in behavioral health and substance-related emergencies.

**Plans for Next Year:**

- (1) Successfully integrate the addition of minors (and their families) to the Crisis Team's "population served."
- (2) Maintain the established successful performance of effective service provision to adults.
- (3) Increase Crisis Team Full-Time Equivalents (FTEs) by five additional staff.

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #9 Screening, Triage, Assessment and Referral (STAR)

#### **Program Description:**

Screening, Triage, Assessment and Referral (STAR) serves clients of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that clients receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. In addition to providing assessment services in every regional VCBH clinic in the county, STAR ensures excellent access by also conducting assessments at community centers, public health clinics, hospitals, and private homes, as needed. STAR offers the Spanish speaking population assessment services by a bilingual clinician or an official certified interpreter.

#### **Demographics and Outcomes:**

In fiscal year 2014-2015, the STAR program served 2,365 individuals. Forty-five percent of clients reported to be male and 55% reported to be female. STAR served a population of 45% Hispanic/Latino with 14% reporting Spanish as their preferred language. Twenty-eight percent of clients were between 40 and 64 years of age, 24% were between 25 and 39 years of age, 11% were between 19 and 24 years of age, 21% were between 13 to 18 years of age, 13% were between 6 and 12 years of age, 1% were between 0 and 5 years of age, and 1% were 65 years of age or older.

In fiscal year 2014-2015, the STAR program had approximately 4,826 requests for services. STAR employs a "Time to Service" Model that allows the risk level to determine the time to the initial appointment so that clients at a higher risk are seen more quickly. For the 1st quarter of fiscal year 2014/2015, the STAR program had a time to service of approximately 18 days for routine appointments, 8 days for expedited appointments, and 2 days for urgent appointments.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

#### **Significant Changes to the Program (if applicable):**

N/A
<b>Plans for Next Year:</b>  No status change

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #10 Adult Treatment Tracks

#### Program Description:

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

Levels of services provided are:

- 1) **Full-service Partnership (FSP)** – Consumers who require intensive services, i.e. history of multiple hospitalization or incarcerations, history of poor engagement with out-patient services, homeless or at risk of homelessness; are served in the FSP track. Consumers are provided with intensive case management services, medication support, and clinical interventions to engage them in services and stabilize them at the lowest level of care in the community. Consumers served at this level of service also have access to additional funding for housing or basic needs. Partial Outcomes presented in Innovations: EPICS FSP and Older Adults FSP. 52 adults are currently utilizing housing assistance under the FSP Telecare XP2 contract.)
- 2) **Treatment services** – Consumers who are engaged and actively working towards wellness and recovery are served in the treatment tracks where they are provided with medication services, individual and group therapy, and regular case management. More than 70% of clients served at the Adult Out-patient clinics are receiving services at this level. VCBH has implemented a number of evidence-based practices to increase the provision of group services to consumers, including “Seeking Safety”, Life Enhancement Training (LET), social skills for clients with psychosis (CORE), and cognitive-based therapy (CBT) for anxiety, depression, and co-occurring disorders. Currently a total of 60 groups are available every week at the out-patient clinics and more than 300 consumers are served on average per week. VCBH has also embarked on training all clinicians in Cognitive-Behavioral Therapy as the Individual Treatment Modality of choice.

**Outcomes:**

In fiscal year 2014-2015, the Adult Division track programs LET, IDDT, and CORE provided services for 3,596 individuals. Five percent (5%) reported to be between 18 to 24 years old, 34% reported to be between 25 to 39 years old, 58% reported to be between 40 to 64 years old and 3% reported to be between 65+ years old. Clients self-reported as 64% not Hispanic or Latino, 32% Hispanic/Latino, and 4% unknown. 42% of clients self-reported as male and 57% self-reported as female. 93% of clients reported English as a preferred language while 6% preferred Spanish. 85% of clients at annual evaluations (n=34) reported that the clinical staff believe they can grow and recover, and 84% of clients at annual evaluations (n=31) reported that they are satisfied with their lives. Clinical staff reported that 70% of clients at Annual (n=73) showed global improvement (2% showing very much improvement, 19% showing much improvement and 47% showing minimal improvement) when compared to their condition at admission.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

- 1) High case-load levels for case managers.
- 2) Wait lists for individual therapy
- 3) Not enough licensed clinicians to supervise interns.

To mitigate these challenges, the county Human Resources Department sought out candidates at job fairs throughout the county and surrounding counties. Ventura County allowed clinicians to submit new hire paperwork prior to receiving their Board of Behavioral Sciences (BBS) number and would hire when the BBS posted the applicants number. This greatly increased the number of clinicians seeking employment and receiving an offer.

**Significant Changes to the Program (if applicable):**

No status change, continue with CBT training

**Plans for Next Year:**

No status change



## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #11 Peer and Family Employment and Support (Client Network)

#### **Program Description:**

The Client Network is a peer-run organization that supports a wellness and recovery based system. By providing support to clients and community members during office-hours and availability in the field and phone, the Client Network educates others on mental health related information and makes referrals to behavioral health and other resources. Through participation in stakeholder groups, meetings, workshops and conferences, the Client Network actively participates in shaping mental health policy and programming at the local and state level by having clients present at meetings, workshops, and conferences (for which they also provide financial sponsorship). Additionally, The Client Network conducts monthly meetings that are open to the public, develops and hosts community forums and workshops on topics that are relevant to client-related issues, and provides transportation support.

#### **Demographics and Outcomes:**

In fiscal year 2014-2015, the Client Network attended 51 outreach and engagement events with a total of 681 attendees. The Client Network also hosted 78 individuals in general meetings and 68 individuals in workshops of which 63 participants were clients and 37 participants were currently enrolled at VCBH. In general meetings and workshops in fiscal year 2014-2015, 38% of participants self-reported to be male, 61% of participants reported to be female, and 1% were unknown. 31% of participants identified as Hispanic/Latino, 66% identified as not Hispanic or Latino, and 2% were unknown. The Client Network also served 244 total individuals in fiscal year 2014-2015 of whom 3 were walk-ins, 2 were referred, 132 were by telephone, and 107 were field visits. The Client Network distributed 1046 bus passes and 2 gas cards in fiscal year 2014-2015. The Client Network also attended 11 conferences with a total attendance of 27 individuals.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Transportations for clients and consumers to attend Client Network sponsored events, remains a challenge. Currently members share in carpooling responsibilities.

#### **Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #12 National Alliance on Mental Illness (NAMI)

#### **Program Description:**

The Ventura Chapter of the National Alliance on Mental Illness (NAMI) provides three peer and family supported programs to the community: (1) Familia a Familia (FAF), (2) Provider Education Program (PEP) and (3) Friends in the Lobby (FITL). All of the programs are designed to address the lack of knowledge around mental illness and to reduce stigma in accessing services.

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

PEP is an evidence-based practice designed to educate those in direct service in the mental health field about the client experience. The program is approximately 15 hours and some staff may be able to earn continuing education units for completing the course.

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

#### **Demographics and Outcomes:**

Familia a Familia collected a total of 269 surveys in fiscal year 2014-2015. 174 surveys were administered at the end of the training and 86 were collected as follow-ups. Of the participants who completed the surveys, 95% prefer English and 5% prefer Spanish. Participants ranged in age from 18 to 87 years old. 38% of participants identified as male and 59% identified as female, 1% declined to state, and 2% were unknown. 80% of participants reported that they are comfortable talking with others about their loved one and their family's situation, and 80% of consumers reported that they feel empathy and understanding when their loved one with mental illness experiences unusual behavior. At follow-up, 97% of consumers and/or their family had participated in or enrolled in Mental Health services following the Family to Family class.

Provider Education collected a total of 75 surveys in fiscal year 2014-2015. 16% of surveys were completed by individuals in the medical industry, 16% by individuals in case management, 17% by individuals in mental health therapy, 12% by individuals in an internship, and 40% by individuals in another field not previously mentioned. 43% of surveys were completed by individuals who serve Ventura, 48% by individuals who serve Oxnard, 24% by individuals who serve Santa Paula, 24% by individuals who serve

Simi Valley, 33% by individuals who serve Camarillo, 20% by individuals who serve the Conejo Valley, 19% by individuals who serve Fillmore, and 17% by individuals who serve Moorpark. 15% of surveys were completed by participants with 0 - 5 years of practice, 3% by participants with 6 - 10 years of practice, 23% by participants with 10 – 20 years of practice, 9% by participants with 20 – 40 years of practice, and 51% of participants surveyed did not report the number of years in practice with a mean average of 14.2 years of practice (n=37). Comments from participants show that the class generally provides a better understanding of the client and family perspective which helps shift the provider's approach to one that is more client-centered and recovery-oriented.

The Friends in the Lobby program (FITL) had an estimated 1,454 contacts with an average of 12.75 contacts per shift. 42% of contacts were engaged and 7% of visitors preferred Spanish. 535 engaged contacts were surveyed and 78% of visitors indicated that the FITL program was helpful.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Continue with outreach to increase the numbers that participate in provider education. Data collection is still quite cumbersome and new versions and data collection methods will be implemented to improve reporting capabilities, moving away from the Survey Monkey.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #13 Recovery Innovations (RI)

#### **Program Description:**

RI International, d.b.a. Recovery Innovations in partnership with Ventura County Behavioral Health (VCBH), contracts with VCBH to train and employ peers to work as recovery coaches at VCBH county sites to assist consumers in their recovery and community and integration process. RI is an organization specializing in the training, employment and support of those with personal experience with mental health issues and recovery. RI International programs help promote VCBH's commitment to continue employment of VCBH mental health peers in the workforce.

#### **Outcomes and Demographics:**

In the fiscal year 2014-2015, RI International provided services for 2,027 unduplicated individuals. Clients self-reported as 3% African American, 53% Caucasian, 1% Native American, 25% Hispanic, 2% Asian, 1% Pacific Islander, 5% Other, and 8% Unknown/Not Identified. 53% of consumers identified as female, 45% of identified as male, and 2% of consumers were unknown. RI administered 80 satisfaction surveys to participants in fiscal year 2014-2015 asking consumers to rate the quality of services received, the type of services desired, and their satisfaction with services, and 92% of consumers reported to have positive satisfaction with the services provided by RI.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Challenges with having sufficient bilingual/bicultural staff to serve the Latino population in Ventura County were mitigated by increasing the diversity of our staff speaking the threshold language in the county. We increased recruiting to the Latino Community and hired 3 additional Spanish-speaking team members bringing our total direct care staff to 5 for a total of 4 Full Time Equivalent (FTE) s —in addition we added a bilingual/bicultural program administrative assistant.

#### **Significant Changes to the Program (if applicable):**

In the 2015-2016 fiscal year RI began piloting a Celebration Community for individuals overcoming anxiety and depression at the request of our contract monitor. A Celebration Community is a group for people with

a shared experience coming together for connection and a sense of belonging. Members share mutual encouragement as they continue to grow in their recovery. RI began piloting one group, 1.5 hours long once a week in the North Oxnard Clinic.

**Plans for Next Year:**

Plans for Next Year: As of June 30, 2016, RI Ventura will have completed its contract. With the recent release of the Request for Proposal (RFP) for peer services, we anticipate providing peer services to county clinical teams in the new year. We look forward to expanding our services throughout the county in support of those experiencing mental health challenges.

## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #14 Transformational Liaison

#### **Program Description and Demographics:**

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

Transformational Liaison program has also been responsible for developing resources for consumers, clinics, and the community:

- Directory of Resources and Support Groups – East and West County
- Homeless Services Cards
- Safety Plan for Adults and Safety Plan for Family and Youth developed in collaboration with the respective Behavioral Health Advisory Board Committees

#### **Outcomes and Demographics:**

In fiscal year 2014-15, 340 consumers and 55 family members participated in orientations. 98% (n=300) of participants reported the orientation was helpful. 99% (n=291) of participants felt they were more comfortable visiting Behavioral Health, and 98% (n=294) of participants reported that they are more familiar with Behavioral Health programs as a result of the orientation.

In fiscal year 2014-2015, 78 cases were mitigated between a transformational liaison and a community member, family member or client. Primary reasons for contact were housing, mental health services, and issues with the clinics.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

#### **Significant Changes to the Program (if applicable):**

The program was staffed with two part time staff and one Community Services Coordinator. Currently the program has one part time staff.

**Plans for Next Year:**

To collect and analyze service and outcome data in relation to contact with the Transformational Liaison program, in particular participating in the VCBH Orientation to determine if greater positive outcomes exist as a result of the Orientation. Such analyses will help the department allocate resources and improve services as needed.



## Exhibit C1

### CSS Program Descriptions

**MHSA Component:** Community Services and Supports

**Program Name/Number:** CSS Program #15 Crisis Residential Treatment (CRT)

<p><b>Program Description:</b></p> <p>This program provides short-term voluntary residential services as an alternative to hospitalization for clients experiencing a mental health crisis and requiring supports beyond those resources available within the community. This program is contracted to Anka Behavioral Health. The licensed 15-bed program serves adults with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations, and homelessness. The program provides up to 30 days of intensive, culturally appropriate, recovery-based and individualized services to ensure stabilization and transition back into the community with appropriate community supports.</p>
<p><b>Demographics and Outcomes:</b></p> <p>In fiscal year 2014-2015, the Crisis Residential Treatment program provided services for 272 individuals. Clients self-reported as 72% White/Non-Hispanic and 28 % Hispanic/Latino. Fifty percent of clients reported to be between 40 to 64 years old, 34% reported to be between 25 to 39 years old, 15% reported to be between 19 to 24 years old, and 1% reported to be between 13 to 18 years old. 46% of clients self-reported to be male and 54% of clients self-reported to be female. Nearly all (99%) clients reported English as a preferred language and 1% reported Spanish as their preferred language.</p> <p>Ninety-five (95%) of clients reported at discharge (n=166) that the residential program was comfortable and “home-like”, and 97% of clients reported that staff believe they can grow, change, and recover. Clinical staff reported that 82% of clients (n=226) showed global improvement with 66% showing much improvement and 16% showing minimal improvement at discharge when compared to their condition at admission.</p>
<p><b>Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):</b></p> <p>N/A</p>
<p><b>Significant Changes to the Program (if applicable):</b></p> <p>N/A</p>
<p><b>Plans for Next Year:</b></p> <p>No status change</p>



# **Exhibit 2:**

# **Capital Facilities**

# **Information Technology**

## Exhibit C2

### CAP/FAC Program Descriptions

**MHSA Component:** Capital Facilities/Technologies Needs Program Description

**Program Name/Number:** CapFac/IT Program #16 Technical Needs Project

#### **Program Description:**

The Technological Needs Project includes the purchase and implementation of a new Information System that is necessary to meet both current Behavioral Health Department needs, as well as to comply with State and Federal requirements, which compel counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records.

This system, when fully implemented, will include:

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

#### **Outcomes and Demographics:**

Phase I of implementation which included client admission and discharges, Billing, Services and Operational Reporting was completed in 2010. Phase II, which was completed in 2013, introduced clinical forms such as the Psychiatric Evaluation, Client Assessment, Client Treatment Plan, Progress Notes, and e-prescribing. Phase III was completed in June 2015 and included the transition to the ICD – 10 diagnosis model, Client screening and triage data capture, implementation of a Spanish Client Treatment Plan, and Katie A (foster care) screening and client identification. Future plans include completion of remaining clinical forms, document scanning and storage of clinical forms, Data Analytics services, Client Portal Services, and Health Exchange Integration.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Challenges can arise whenever new functionality is implemented. To help mitigate potential issues, a cross-disciplinary team has been assembled. Team members include clinical, technical, managerial, and medical subject matter experts. This group comes together twice monthly to discuss and collaborate with the implementation of new features as well as to troubleshoot issues that may arise in the process, keeping the implementation of new components of the electronic record moving forward.

**Significant Changes to the Program (if applicable):**

Implementation continues and there are no significant changes to the program.

**Plans for Next Year:**

Plans for the coming year include:

- Implementation of Client Scheduling within the Electronic Health Record
- Implementation of Data Analytic capabilities
- Implementation of Document Scanning & Storage of documents within the Client Electronic Health Record

# Exhibit 3

## WET

## Exhibit C3

### WET Program Descriptions

**MHSA Component:** Workforce Education and Training

**Program Name/Number:** WET Program #17 Workforce Staffing Support

<b>Program Description:</b>
Support for Ventura County Behavioral Health (VCBH) Workforce Education and Training Personnel.
<b>Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):</b>
Due to staffing reallocation and attrition, there has continued to be decreasing staff resources dedicated to WET. Some of the support activities have been decentralized and the WET Coordinator is utilizing staff that are not dedicated to WET programming but available for periodic support as needed.
<b>Significant Changes to the Program (if applicable):</b>
Workforce Education and Training programs continue to be managed and supported by the WET Coordinator (previously identified as the Internship and Clinical Training Manager). Due to the upcoming completion of the WET plan/funding in FY 2016-17, attrition, and reallocation of staffing resources, WET programs are no longer supported by staff that were previously dedicated to WET programming.
<b>Plans for Next Year:</b>
The WET Coordinator will continue to provide support and oversight of all WET programs. Additional supplemental support will be provided by other departments and staff within the Administration Division as available.

## Exhibit C3

### WET Program Descriptions

**MHSA Component:** Workforce Education and Training

**Program Name/Number:** WET Program #18 Training Institute

#### **Program Description:**

The Training Institute is the umbrella of Workforce Education and Training events within Ventura County Behavioral Health (VCBH). Training is provided in core competency, cultural competency and evidence-based practices throughout the year. In addition to the ongoing training of staff, the Training Institute is involved in coordinating the department's annual conferences. Community collaboration continues by gathering feedback from a variety of stakeholders including educational institutions, clients, family members, Community-Based Organizations (CBO) representatives, and representatives from professional organizations within the community.

#### **Outcomes and Demographics:**

All clinical staff have been trained in a solid foundation of Cognitive Behavioral Therapy (CBT) to provide structure and direction to the clinical services provided through the department. Training has also been provided on Mindfulness, Seeking Safety and Aggression Replacement Therapy.

Overall, approximately 400 staff have participated in this advanced training. Approximately 30 clinicians have been identified and trained as CBT Coaches. Clinical Supervision training has been provided to approximately 70 licensed staff to help to ensure proper supervision, development and competency in service delivery across the County. Staff continue to participate in cultural competency training each year. The annual conferences continue to provide a valuable service to the community by training over 300 people each year in a variety of important clinical topics. This initiative provides an avenue for collaboration with community organizations, stakeholder and mental health professionals throughout the County.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Training in evidence-based practices requires an ongoing allocation of resources to maintain sustainability in this initiative. Funding sources will need to be identified after the culmination of the WET plan and funding in fiscal year 2016-2017.

#### **Significant Changes to the Program (if applicable):**

No significant changes planned.

#### **Plans for Next Year:**



Will continue to provide a consistent quality of evidence-based practice training to keep our workforce competent in current best practices in the field. We will continue to provide annual conferences during the year, cultural competency training opportunities, and professional development to VCBH staff, community mental health professionals, and staff of our contracted agencies.

## Exhibit C3

### WET Program Descriptions

**MHSA Component:** Workforce Education and Training

**Program Name/Number:** WET Program #19 Mental Health Career Pathways

#### **Program Description:**

This program in the past has included several subgroups geared toward developing and maintaining a culturally competent workforce through career pathway development. These programs have included Client Recovery Education Center which provided client education and employment through Recovery Innovations, Language Assistance Services to ensure that Limited English Proficient (LEP) persons had access to services as needed, The Career Ladder Program for Secondary Education provided outreach to high school students to encourage them to enter the mental health field. The Human Service Certificate Program is a wellness and recovery-focused nine-unit community college certificate program to train staff on case management within the public mental health system.

Recovery Innovations (RI) has continued to provide Peer Employment Training classes to prepare people with lived experience to become Peer Support Specialists and Recovery Coaches with VCBH and other community organizations.

Increasing numbers of Limited English Proficient (LEP) persons have been served via Language Assistance Services in a timely fashion. The high school curriculum provided information to high school students to reduce stigma and providing information about mental health careers. The Mental Health Service Certificate program provided training in case management services which provided a foundation for employment within the public mental health system.

#### **Outcomes and Demographics:**

Recovery Innovations (RI) has continued to provide Peer Employment Training classes to prepare people with lived experience to become Peer Support Specialists and Recovery Coaches with VCBH and other community organizations.

Increasing numbers of Limited English Proficient (LEP) persons have been served via Language Assistance Services in a timely fashion. The high school curriculum provided information to high school students to reduce stigma and providing information about mental health careers. The Mental Health Service Certificate program provided training in case management services which provided a foundation for employment within the public mental health system.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

The most significant challenge is sustainability. VCBH has encountered difficulty with engaging community partners to continue the initiated programs. The high school curriculum and the community college certificate programs were always intended to be adopted by the educational institutions once the materials were developed. The local Community College and the high school will not be funding or incorporating these programs into their regular program offering due to budget constraints and insufficient staffing resources. The curricula for both programs continues to be available should resources become available.

**Significant Changes to the Program (if applicable):**

Two of the programs listed above (Career Ladder Program and Certificate program) have concluded. Language Assistant services and peer education program continue to be available but are now funded through other budgets and are no longer WET-specific funded programs.

**Plans for Next Year:**

Programming under section has either been discontinued or reassigned to another area within the department. WET will no longer have oversight or fiscal responsibility for peer education, language services or pathway programs.

## Exhibit C3

### WET Program Descriptions

**MHSA Component:** Workforce Education and Training

**Program Name/Number:** WET Program #20 Residency and Internship Programs

#### **Program Description:**

This program provides clinical training opportunities for students enrolled in mental health related degree programs. The training sites provide clinical fieldwork experience and training for students enrolled in a variety of educational programs which include doctoral psychology programs, Master's in Social Work (MSW) programs, Marriage and Family Therapist (MFT) programs, MFT/Art Therapy programs, Psychiatric Mental Health Nurse Practitioner (PMHNP) training, and undergraduate degrees in psychology or sociology. The internship programs lend support to the goal of developing a competent, well-trained workforce with a focus on culturally sensitive services and wellness, recovery and resilience.

#### **Outcomes and Demographics:**

The clinical training opportunities continue to flourish each year. The department continues to offer training in 8-10 different types of internships. Over the past several years, the department provided clinical training to over 60 students each year which equates to more than 35,000 hours of service and approximately 15,000 hours of direct clinical services provided to clients on an annual basis. A concentrated focus is placed on the recruitment of bicultural and/or bilingual students to support a diverse workforce. The programs have contributed to an increased linguistic capacity to match the underserved population in our clinics. Approximately 50% of student interns continue to be bilingual (English/Spanish- the County's threshold language). This has also led to employment for many of the interns upon their graduation.

In addition to the existing internship programs the department was successful in receiving a grant award through the Office of Statewide Health Planning and Development to support the department's PMHNP training program. This has led to a significant increase in PMHNP students from 1-2 per semester to 7 each semester. This increase in PMHNP's helps to address the shortage of psychiatrists and qualified staff available to provide medication management services.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

In order to continue the success in the recruitment of bilingual students it will be necessary to continue to fund stipends for these students through the financial incentive programs.

#### **Significant Changes to the Program (if applicable):**

No changes to program.

**Plans for Next Year:**

Continue to implement the PMHNP grant and support their clinical placements within the department;  
Continue with focused efforts to recruit students that are bi-cultural and/or bilingual with Spanish as their 2<sup>nd</sup> language.

## Exhibit C3

### WET Program Descriptions

**MHSA Component:** Workforce Education and Training

**Program Name/Number:** WET Program #21 Financial Incentive Programs

#### **Program Description:**

This program provides a variety of financial incentive programs. First, educational stipends are provided for certain categories of clinical training opportunities (such as graduate students that are fluent in the County's threshold language of Spanish, our PMHNP training program and our Mental Health Associate Internship program).

The second type of financial incentive program is a scholarship program for current staff, clients, and family members that are interested in pursuing advanced degrees in the mental health field. Applicants that are bilingual in Spanish/English receive an advanced standing in the application process. 7 Scholarships were awarded this year and the recipients were either bilingual (Spanish-English) or individuals with lived experience.

Recently, a 3<sup>rd</sup> financial incentive program was added to support the recruitment and training of psychiatric mental health nurse practitioners. The Loan Assistance program provides funding assistance towards the loans of PMHNP's that seek employment with VCBH. PMHNP staff meet eligibility for this program after completion of a year of employment with VCBH.

#### **Outcomes and Demographics:**

The educational stipends continue to be most valuable in the recruitment of competent, bilingual student interns. Each year, since providing a stipend for bilingual (Spanish/English) students approximately 50% of our student interns are fluent in Spanish. The provision of stipends for students fluent in Spanish/English has significantly increased the recruitment of this category of student intern. This subsequently leads to increased employment of bilingual clinicians as many of these students acquire employment in our department following their internships.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

The numbers of applications for the Staff Scholarship program continue to be limited. Additional outreach will be provided to inform staff about this opportunity. As the WET plan/funding comes to a close at the end of FY 2016-17, alternative department resources will need to be allocated for sustainability of selected WET programs.

#### **Significant Changes to the Program (if applicable):**

No change to program.

**Plans for Next Year:**

Continue to provide the current financial incentive programs.

# Exhibit 5

## PEI



## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #22 Education and Media

#### **Program Description:**

A major component of universal prevention at VCBH are the education and media campaigns including the Wellness Everyday/Salud Siempre websites, education/programming brochures, and stigma reduction campaigns. This year, a Prevention Suicide Campaign with content developed through a community stakeholder process and available in Spanish and English. A resource guide was created to give the community hands on information and immediate numbers in case they are a loved one was in crisis. A Facebook advertisement was posted during the months of November and December. Additionally, the Wellness Everyday/Salud Siempre website is getting an update to make all resources coordinate to highlight statewide links and county resources.

#### **Outcomes and Demographics:**

WellnessEveryDay.org (including the Spanish version, SaludSiempreVC.org) received an average of 11,327 visits (sessions) per month in fiscal year 2014-2015, which is a 21 percent increase from the previous year. Users spent an average of 1.09 minutes on the website.

From July-December 2015, WellnessEveryDay.org received an average of 15,830 visits (sessions) per month, with an average unique visitors per month of 13,852. Users spent an average of 1.44 minutes on the website.

In November and December of 2015 a Suicide Prevention Campaign ran in English and Spanish on Facebook including mobile ads for the first time.. In November, it received 9,244 clicks for more information on the website, and in December, 7,256 clicks. This was a 200% increase from ads previously run on Facebook. The mobile ads showed a 98%access rate as compared to computer terminal access.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

In order to communicate more fluidly with the community, more resources need to be devoted to media and communication. However, there are few staff positions with the technical ability to support some of the work this requires – such as media development or website design/support. Training and recruitment will try to emphasize where possible the support of this kind of work.

<b>Significant Changes to the Program (if applicable):</b>
N/A
<b>Plans for Next Year:</b>
Continue to re-design the Wellness Everyday/Salud Siempre websites to bring more county-specific information to the public and publicize program outcomes to educate the community about local resources. Also, to look at how to utilize Facebook and social media to impact our community and messaging.

## Exhibit C1

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #23 Outreach and Engagement Projects

#### **Program Description:**

Outreach and Engagement Projects are designed to reach those in faith-based and underserved communities, and reduce stigma that prevents individuals from seeking help. It provides services designed to reduce stigma and discrimination among unserved and underserved populations by increasing awareness of and sensitivity to mental health illness. For the past five years, there have been four on-going projects:

1. Project Esperanza serves Santa Paula and Fillmore
2. One Step a La Vez serves Fillmore, Santa Paula and Piru.
3. St. Paul Baptist Church targeting the African American community in Oxnard
4. Tri-county GLAD (Ventura, Oxnard, Camarillo, and Santa Paula) targets the deaf and hard of hearing community throughout the county.

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

#### **Demographics and Outcomes:**

Project Esperanza's outreach efforts resulting in reaching 1,355 participants. Fifty-eight percent (58%) were female, 87% were Hispanic/Latino and 22% White/Caucasian, and 1% Asian/Pacific Islanders. The referral efforts resulted in 136 referrals in response to mental health, domestic violence, parenting concerns, homeless, hunger, unemployment, phobias, depression, substance use, inadequate housing, trauma, anger anxiety and worry, behavioral problems suicidal behavior, schizophrenia, and emotional issues. Close to 50% were introduced to the service provider, and two-thirds of services were provided in Spanish. The highest number of referrals were to the VCBH STAR/Outpatient Clinics.

Project Esperanza held 162 activities, with 4,313 participants. Some of these activities include kinship support groups, parenting classes, stress release for kids, connecting feelings through music, Triple P session and meeting with VCBH, STAR and Triple P program staff. The average number of participants per group were 27 and 55% of activities were conducted in Spanish. Males and females were similarly distributed (55% and 46% respectively). The ethnicity distribution reflected 99% of participants were Hispanic/Latino.

One Step A La Vez conducted 45 outreach activities during fiscal year 2014-15. These activities included presentations, booths, information distribution at community events, and a number of interagency meetings, as well as the food pantries. These outreach efforts yielded 114 contacts per event, which afforded the opportunity to distribute 1,700 brochures to families about upcoming events. Over 60 % of the outreach participants were females and 36% were male. Seventy-seven percent (77%) were Hispanic/Latino, while 12% were White Caucasians and 1% Asian/Pacific Islanders. Close to 50% of the service contacts were conducted in Spanish. Referral services resulted in 404 individuals referred. 70% were introduced to a service provider and 26% of those referred were Hispanic/Latino. One Step also conducted and/or collaborated on 170 (1,403 participants, 66% female, 35% male, 95% Hispanic/Latino) different meetings and training/workshops designed to engage community members in the program and services.

Saint Paul's Baptist Church (SPBC) conducted 8 Outreach Activities/Events, with 678 contacts made (average of 85 contacts per activity/event). Almost  $\frac{3}{4}$  of participants were female, one-quarter were male, half of the outreach participants were Black/African American, 14% were Hispanic/Latino and 33% did not report their ethnicity. Eighty-eight referrals were made in response to mental health concerns, domestic violence, parenting concerns, homelessness, hunger, unemployment, phobias, depression, mental health disorders, substance use, inadequate housing, trauma, anger anxiety and worry, behavioral and suicidal behavior, VCBHSTAR or outpatient clinics. Sixty-nine percent (69%) of the referrals were made to STAR and outpatient clinics. Of the 42 served, 33 were introduced to the service provider. Regarding engagement activities, there were a total of 264, with 2,062 participants (average number of participants per activity was 8). Fifty-five% were females, 45 percent males, 97% were Black/African American, 9% Hispanic/Latino and 4% were White/Caucasian.

The Tri-County GLAD (TC-GLAD) held 38 electronic/virtual and 22 non-electronic outreach activities/events. The use of electronic/virtual formats resulted in a large number of contacts (over 25,000 individuals), including vlogs, representing an average of 418 contacts per event. The outreach effort included 35% males and 65% females, 48% Hispanic/Latino, 39% White/Caucasian, 12% Asian/Pacific Islander, and less than 1% Black/African American. (This information came from 2,095 participants from in-person outreach as this data was not available for vlog participants.)

Compared to its outreach efforts, referrals represented a much smaller proportion of TC GLAD's services. A total of 28 referrals were made for 27 individuals. One of the 27 individuals was introduced to the service provider. The majority of referrals were designated as "Other", which was specified as "outreach". Six were referred to school/education programs, three to the community mental health agencies and one to a healthcare provider/program.

As far as TC-GLAD'S engagement is concerned, 1,090 community members attended 11 PEI workshops for youth between the ages of 6 and 15, representing an average of 99 per event. Of the 1,090 attending, 87 youth attended in person, representing an average of eight participants per activity. There were 62% males and 38% females, 83% Hispanic/Latino, 12% White Caucasian and 5% Asian/Pacific Islander.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

In person attendance was low for GLAD, so vlogs were instituted and contacts were increased. County found that deaf and hard of hearing participants wanted to receive mental health services or counseling in sign language, so videophones were recommended.

SBPC noted that their community is increasing, so SBPC recommended more training to be able to integrate other communities into the program.

Project Esperanza recommended advertising PEI services more, working collaboratively with schools districts and responding quickly to referral cases.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

The county is committed to meaningful program evaluation and is investing the resources necessary to build capacity within the outreach and engagement projects to collect accurate and timely data for use in continuous quality improvement efforts and contract compliance.

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #24 Promotoras Model Program

#### **Program Description:**

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

The Promotoras Program provides outreach activities such as presentations promoting Ventura County Behavioral Health (VCBH) services and programs at schools, faith-based communities, community organizations, migrant labor organizations, and various community events. The program will conduct mental health wellness trainings with community groups and organizations on wellness practices that promote mental health and reduce stigma. They will support individuals referred to VCBH services by providing support in attending scheduled assessment, education on the Screening Triage Assessment & Referral (STAR) and Rapid Integrated Support & Engagement (RISE) process, follow up, and other liaison duties as indicated. The purpose of the community linkage and support is to ensure those within the community who are seeking or have been identified as potentially needing mental health services are provided the appropriate link to supportive services. The program may be requested to meet individuals within the community, VCBH clinics, or their homes. All contacts and linkage with individuals who show interest in accessing mental health services will be reported to VCBH's Community Service Coordinator. Tracking these individuals will help ensure a smooth transition and continuum of care.

#### **Outcomes and Demographics:**

The program is in its early stages and data is not yet mature for presentation.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

In order to address variability in education background and training inherent in Promotoras Program, all staff providing services and supports will receive and complete training and technical assistance from VCBH, including but not limited to Mental Health First Aid Training; Overview of protocols for accessing

services through the STAR and RISE Programs; and on-going training of the curriculum “Stress and Wellness”.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change

## Exhibit C1

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #25 Mental Health First Aid (MHFA)

#### **Program Description:**

Mental Health First Aid (MHFA) is a national program that teaches skills for recognizing and responding to the signs of mental illness and substance abuse. It includes a 5-step certification process for non-mental health professionals to become trainers. The 12-hour MHFA program is open to anyone in Ventura County at no cost. Classes are available in both English and Spanish. Additionally, MHFA is available with a faith-based perspective. Participants learn the skills, resources and knowledge to provide assistance to people in crisis.

#### **Demographics and Outcomes:**

During the 2014-2015 fiscal year, a total of 543 community members were trained in MHFA. The majority of training was conducted in English, and a smaller portion in Spanish, which represents 35% of Ventura County residents.

Of the 543 participants, 95% completed (n=518) the MHFA completed the evaluation form. Their responses showed that 80% of the respondents were female and 20% were male. Forty-seven (47%) were between the ages of 25 and 44, 32% were between the ages of 45 and 60, 13 percent were between 61 and 80 years old, and 8% were 16 to 24 years old. Ethnicity was mostly divided between 52% being Hispanic/Latino and 39% as White/Caucasian. Nine percent (9%) were divided as Asian/Pacific Islander, Black/African American, and American Indian or Alaskan Native.

There were 515 participants who completed MHFA Course evaluations. Four-hundred eighty-three (n=483) participants indicated that they would recommend the course to others. Participants were asked to rate the trainers. Ninety-nine (99%) indicated that the instructors were engaging and approachable, demonstrated knowledge of the material presented, and they facilitated activities and discussion in a clear and effective manner.

Five-hundred fifteen (n=515) participants felt that they could recognize the signs of someone having a mental health problem or crisis could: recognize and correct misconceptions about mental health, assist a person who may be dealing with a mental health problem or crisis, reach out to someone who may be dealing with a mental health issue, assist a person and seek professional help, offer a distressed person basic "first aid" level information and reassurance about mental health problems, and ask a person where he/she in considering suicide.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**



There are not enough bi-lingual trainers. This will be mitigated when the Southern California Region WET Partnership approves funding to provide a train the trainer model for the region. This is expected to take place fiscal year 2015-2016.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

There will be a concerted effort to roll-out the MHFA for adults who work with youth in both English and Spanish throughout the county. Bringing together the independent trainers to plan this will be key in a successful implementation.

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #26 Crisis Intervention Training (CIT)

#### **Program Description:**

Crisis Intervention Training (CIT) is a mental health training program for law enforcement personnel throughout Ventura County. CIT trained officers learn to assess and assist those in mental health crisis in a compassionate and effective manner.

#### **Outcomes and Demographics:**

During fiscal year 2014-2015 three five-day training courses were conducted – one in October 2014, January 2015 and May 2015. A total of 104 individuals completed all five days of the CIT training and became CIT Certified during the fiscal year.

The demographic data is based on the 103 CIT Training participants who completed a CIT Academy Evaluation Form at the end of the last training session. There was a 99% response rate among the 104 individuals completing the training and becoming CIT certified. Seventy-one (71%) were male between the ages of 22 and 39, currently employed Municipal Police (47%) and Sheriff's Office (30%). Twenty-five (25%) were between the ages of 40 and 49. Average years in career (n=99) was 8 years. Sixty-three percent (63%) being Officer/Deputy.

The participants were asked to evaluate CIT. Almost all of the trainees found the instructors to be knowledgeable about the subject matter (97%). Trainees who completed the class reported that they were more knowledgeable about mental health issues and related crises (93%) and expressed confidence in their ability to respond effectively to a mental health problem or crisis (93%). Additionally, they plan on using what they learned (96%) and would recommend the CIT Training to a peer (95%).

Concerning, their evaluation of the training and instructors, 100% (n=483) would recommend the course. They (99%, n=534) also expressed that the trainers presentation skills were engaging and approachable, the instructor demonstrated knowledge of the material presented, and the instructor facilitated activities and discussion in a clear and effective manner.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

#### **Significant Changes to the Program (if applicable):**

No status change

**Plans for Next Year:**

To try to increase efforts to use data meaningfully and use CIT program-specific data collected in the field to assess the impact of the program in the community. Currently, most CIT evaluation data comes from trainee information rather than in-field outcomes after CIT principles are applied. An upcoming change would be to utilize follow up surveys to see how law enforcement puts to use the skills they learn in the CIT Academy.

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #27 Primary Care Integration Project

#### **Program Description:**

Primary Care Integration provides short term, early intervention treatment for depression and/or anxiety in the primary care setting. Clients with depression are at an increased risk for suicide. Primary care physicians screen and refer patients to mental health professionals for treatment. It follows IMPACT, an evidence-based collaborative care treatment model, and cognitive behavioral therapy is used to treat depression. This project is implemented in partnership with The Clinicas del Camino Real.

The Primary Care Integration program originally funded two projects: Ventura County Health Care Agency and Clinicas del Camino Real. The \$1.5M MHSA funding for the Healthcare Agency was eliminated in fiscal year 2012-2013 with the Health Care Agency assuming the cost of program continuation. The integration project with Clinicas del Camino Real continues with MHSA funds.

Providing early intervention mental health services in a primary care setting is less stigmatizing and increases access to appropriate services and the evidence-based approach is an efficient way to decrease symptoms. Participants in the Primary Care Project showed clinically significant reductions in depression after 12 weeks of treatment. Participants show a clinically significant reduction of symptoms of depression, a mental illness associated with increased risk of suicide.

#### **Outcomes and Demographics:**

In fiscal year 2014-2015, Primary Care IMPACT had 440 participants. 72% were male and 28% female. Ninety-one (91%) of all participants were between the ages of 19 and 60, 6% were 18 years or younger and 3% were over 60 years old. Spanish was the primary language for 61%, English for 29% and both Spanish and English were selected as a primary language by 6% of the clients. Sixty-four percent (64%) of participants live in the Oxnard Plains region and smaller percentages live in the other Ventura County Regions.

The program used the standardized PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalized Anxiety Disorder) to measure the outcomes of its IMPACT service delivery model.

The average scores (n=48) for the PHQ-9 (after 12 sessions) decreased from 16 to 9, indicating that participants reduced the severity of their depression from beginning treatment with scores representative of moderately severe depression and ending treatment with scores indicative of mild depression.

The GAD-7 scores improved on average from the 1<sup>st</sup> to the 12<sup>th</sup> session. The average GAD-7 was reduced from 16 to 8 after participating in 12 sessions (n=6). These scores indicate that participants entered the program with severe anxiety and ended with scores indicating mild to moderate anxiety.

Collaboration with NAMI has been very positive and resulted in increased awareness and access to services provided by Clinicas.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Lessons Learned: The provider has balanced service provision between trying to meet the high demand for services, at also making sure that the PEI funding is spread out over the fiscal year so that the program does not run out of funds and have to wait-list individuals.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

To continue providing services through our partnerships with The Clinicas del Camino Real.

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #28 Ventura Early Intervention Prevention Services (VIPS)

#### **Program Description:**

The Early Detection and Intervention for the Prevention of Psychosis (EDIPP) is an intervention designed to delay or prevent the onset of an acute psychotic disorder. Telecare provides this treatment through the Ventura Early Intervention Prevention Services (VIPS) program. The program assesses and treats those who show early warning signs of psychosis for up to two years. Treatment involves multi-family groups, individual counseling, occupational therapy, educational/vocational services, medication management, and family psycho-education.

#### **Outcomes and Demographics:**

VIPS penetrated communities across Ventura County during fiscal year 2014-2015 with an average of 31 participants (families) in a full program. VIPS served a total of 75 unduplicated clients since July 2012. Among these, 68% are male, 31% are female and gender was reported as unknown for 1%. 96% of consumers served were between the ages of 16 and 25 (as to be expected for a program targeting a population at risk for a psychotic episode).

English was the primary language for 89% of the 75 participants and Spanish was the primary language for 11%. About two-thirds (65%) of participants indicated that their ethnicity was Hispanic or Latino, and 40% indicated their ethnicity was not Hispanic or Latino. The population at risk was identified as the Oxnard Plains and Santa Clara Valley, where 47% and 32% (n=75) of consumers were served respectively.

Overall, outcomes were positive among VIPS program participants who began the program and completed a self-report questionnaire between July 1, 2012 and June 30, 2015. The Hopefulness Scale reported that 29% of participants felt "extremely satisfied", 43% felt "somewhat satisfied", and 28% were spread among "moderately satisfied", "somewhat dissatisfied", and "moderately dissatisfied".

Consumers rated their overall rating of care as 9.5 out of 10 where 1 represented the worst to 10 representing the best.

During fiscal year 2014-2015, there were no conversions to psychosis, hospitalizations, incarcerations, or suicide attempts. The majority of the clients who have been in the program for at least six months or less than three years are working and about one-quarter are volunteering.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

As the program expands, it will need more culturally-competent staff. The program is intensive and requires a great deal of attention, time and services to help each cohort of youth achieve the level of outcomes expected from the program. Expansion to serve additional areas of the county is resource-intensive.

**Significant Changes to the Program (if applicable):**

Based on recommendations from the CLC the program expanded into the Santa Clara Valley to serve more clients in a predominantly Latino region starting last fiscal year and beginning as early as the current fiscal year the program will expand to serve East County.

**Plans for Next Year:**

To continue targeted outreach efforts to bring services to the Spanish-speaking and Latino population was also implemented. To continue after care for those who have completed 2 years of intervention. In the continuing care program, clients continue to meet with a psychiatrist once a month, attend multi-family group once per month, and receive emergency services, if needed.

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #29 School Based/Parenting Services

#### **Program Description:**

School-based intervention is a service strategy that is represented by the following three programs that VCBH contracted with the Ventura County Office of Education (VCOE) to implement in school districts and schools across the county:

- 1) Positive Behavior Intervention and Supports (PBIS) uses the CHAMPS (Conversations, Help, Activity, Movement, Participation, and Success) evidenced-based approach to provide a multi-tiered system of interventions and supports to improve the school climate and promote positive classroom and behavior management in high-need districts/schools, setting and facilitating high expectations for students.
- 2) Restorative Justice (RJ) provides an evidence-based behavioral intervention to address discipline and behavioral issues, and open communication in school districts and schools with high-need students.
- 3) SafeTALK (Tell, Ask, Listen and KeepSafe) is a suicide awareness training program that teaches participant, primarily in school settings, to identify and talk with people who have thoughts of suicide, and connect them to first aid intervention caregivers.

#### **Outcomes and Demographics:**

The PBIS Leadership and Cohort Evaluation completed by 34 participants at the end of the PBIS training in October 2014, all participants indicate that the presenter's knowledge and expertise level, presentation, and materials and resources were either "above average" or "excellent". Additionally, all participants indicated that the presentation content will assist them to do their job more effectively, the content will contribute to improving the practices/systems in their work, and the overall workshop was "excellent".

VCOE administered the PBIS End of the Year Evaluation only to 37 PBIS cohort members in April 2015, asking them to assess the results of the PBIS training and implementation. A total of 29 (13 principals/assistant principals, 10 teachers, 3 counselors, and 3 district administrators) participants responded to the survey. They indicated that PBIS was implemented at their district by April 2015.

The total number of suspensions and expulsions in PBIS schools showed a decrease in out-of-school and in-school suspensions from 2011/12 than all schools countywide. In-school suspension decreased 68% countywide and 80% in PBIS schools from 2011/12 to 2013/14. For out-of-school suspensions, schools countywide had a 17% decrease in suspensions and PBIS schools showed a 56% decrease in suspensions from 2011/12 to 2013/14.



VCBH contracted with VCOE in FY2014-15 to provide leadership, professional development, coaching consultation and/or technical assistance to Ventura County schools and districts with foundational knowledge and experience with RJ.

Due to high demand and interest from schools and organizations, training in basics of RJ was delivered to train or retrain 49 attendees. Twenty-three (23) participants completed an evaluation survey at the end of the training, with 100% indicating "Above Average" or Excellent" for the overall rating of the workshop.

An RJ Facilitators' Network Training was conducted with 100 percent (N=37) participants indicating that the overall rating for the workshop was "Above Average" or "Excellent".

With respect to SafeTALK training, there were 354 attendees (26% were Certificated Staff, 27% were Classified Staff, 30% were students, 2% were Community Members, 1% were Parents and 14% were identified as "Other"). On a scale of 1 to 10, with 10 being the highest possible rating, over 72% of trainees rated the training a 10. One-hundred percent found the training beneficial and indicated that they would relay the benefits of the training to others.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Lessons Learned: It is important to follow-up after training and continue the support for PBIS to increase effectiveness of the effort. SafeTALK: VCOE needs more trained SafeTALK instructors and there is a need for more Spanish trainings.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

No status change

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #30 Triple P

#### **Program Description:**

Triple P is an evidence-based parenting program to support families of children with emerging behavioral challenges. Triple P is backed by 30 years of research and is used around the world. It teaches parents strategies for managing their children's behavior, building healthy relationships and preventing developing problems. It has been shown to reduce the risk of child abuse. VCBH contracts with two community-based organizations, City Impact and Interface, as the primary providers of Triple P in the community. Triple P is offered in over 90 schools across the County and providers report that number is growing.

Additionally, in partnership with other agencies, VCBH held the Strengthening Families Leadership Summit and Master Class during the spring of 2014 to help support county-wide implementation of Triple P. Presenters included Dr. Matt Sanders, Founder of Triple P – Positive Parenting Program, Jane Ellen Stevens of ACES Too High, and Dr. Vincent Felitti, Principal Researcher on the Adverse Childhood Experiences (ACE) study. Following the first portion of the Summit, Triple P Founder, Dr. Sanders, facilitated a Triple P Master Class.

#### **Outcomes and Demographics:**

Of 1,312 unduplicated Triple P clients served across City Impact and interface in aggregate, 31% were under the age of 5 and 71% between ages 5-18. Gender and primary language were divided similarly across both age groups. For clients under age 5 (N=419), 61% were male and 39% were female. The primary language was with English or Spanish for about half of the clients for both age groups. Of the 419 clients under age 5, 56% primarily spoke Spanish and 44% spoke English. Of the 915 clients aged 5-18, 55% primarily spoke Spanish and 44% primarily spoke English. Of the ages under 5 and 5-18, over three-quarters were identified as Latino or Hispanic and their race was White or Caucasian.

Of the 419 clients under age 5, half lived in the Oxnard Plains area, 16% in Conejo Valley and 115 in the Santa Clara Valley. Fifty-eight percent (58%) lived in the Oxnard Plains area, 12% in the Ventura region and 11% in the Conejo Valley region and 11% in the Conejo Valley region. Overall outcomes for 0-5 years old were positive among participants who began the program and completed VCOS Preschool Parent/Caregiver Report measures during FY 2014-15. It should be noted that scores are not matched by client and fewer participants took the survey at discharge as compared to those completing the survey at intake.

Participants scores on the Functioning scale increased from intake (N=106) to discharge (N=48), indicating a higher level of functioning with everyday activities and communication. The scores went from 24.9 to 29.4

Higher number is better). On the Attachment Scale, the scores went from 33.9 to 20.7 (less is better). On the Symptom Scale, the scores went from 23.7 to 12.4 (less is better) indicating the child had fewer problems with less severity. In addition, the decreased scores on the Hopefulness Scale indicates that participants had a more hopeful outlook.

Ninety-six percent (96%) of the 47 Triple P participants under age 5 indicated that they would recommend the services and 96% said they and their children were helped a “great deal” of “quite a bit” by the care they received. Overall, the average rating of care was 9.8 out of 10 with 10 being the best and 1 being the best.

Outcomes for participants ages 5-18 were also very positive. (It should be noted that N=742 at intake and N=446 at discharge.) The average participants score on the Functioning Scale increased from being at the cutoff (50.5) for the clinical problem range at intake to the nonclinical range 60.2) at discharge, showing a reliable change according to the scale developer. The Symptoms and Hopefulness Scales also exhibit outcomes in the desired direction. Average scores decreased on the Symptom Scale from the clinical range cutoff at intake (20.1) to the nonclinical range (10.6) at discharge. Similarly, the Hopefulness Scale indicates more hopeful outlook among participants (9.9 to 7.2).

Almost of the 436 Triple P participants in the Ages 5-18 group provided responses to the Satisfaction Section on the Youth/Caregiver Report expressing satisfaction with the Triple P staff and services. Ninety-three (93%) said they would recommend the services and 02% said that and their children were helped “a great deal” or “quite a bit” by the care they received. The average overall rating was 9.5 out of 10 (1 being the worst and 10 being the best).

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Triple P is an effective and efficient program and there is a great need to bring Triple P to more areas of the county. These challenges can be addressed by adding more level 2 and level 4 groups.

**Significant Changes to the Program (if applicable):**

N/A

**Plans for Next Year:**

To increase efforts on outreach for Level 2 Seminars and Level 4 Groups. The focus will be on schools, Probation, Human Services Agency, Family Resource Centers and Mental Health Clinics.

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #31 Pride Project LGBTQ

#### **Program Description and Demographics:**

The Pride Project was a forum put together by a group of stakeholders interested in serving the “underserved” Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population. According to the 2014 California Healthy Kids Survey, over 50% of our counties 11<sup>th</sup> graders that identify as LGBTQ have had serious suicidal ideations. Through the stakeholder process, a forum reaching out to teens, schools, and communities was presented on November 17, 2015. This forum provided input on the direction the community of Ventura County would like to go in representing the youth and teen LGBTQ community. The two directions the youth identified were; 1) improve or increase Gay Straight Alliance (GSA) groups on campus; 2) create supportive groups for gathering and education after school hours within the community.

The objective to create or strengthen GSA on school campuses was immediately addressed. On January 12, 2016 a training took place to provide information on how to establish a GSA on a school campus. This event brought in 25 individuals and 9 different school districts.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

One of the challenges the group has realized are the lack of resources within Ventura County. One way to mitigate these challenges is to address the need for more GSA/Diversity groups in the middle and high schools as well as to create supportive groups throughout the community.

#### **Significant Changes to the Program (if applicable):**

The major change this fiscal year will be to form a contract with Rainbow Umbrella to hire a coordinator, researching available resources in our county, and reaching out to schools to secure on campus programs specifically for the LGBTQ youth and teens.

#### **Plans for Next Year:**

Plans for next year, are to expand services county-wide, continue reaching out to schools, and create a resource guide that addresses countywide needs; such as counseling services, supportive groups and TAY homelessness. It is the hope that several community supportive groups will be established throughout the county to work with youth, teens and TAY ages 13-24.

## Exhibit C1

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #32 Early Supportive Services (ESS)

<b>Program Description:</b>
The Early Supportive Services program provides focused, short term, research-informed mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or at risk of juvenile justice involvement. These are children and youth who present to the behavioral health system to have behaviors that place the individual at a higher risk for mental health issues. Early Supportive Services follows the child through the first year of treatment. Data indicate that, left untreated, these behaviors may escalate into more significant mental health problems.
<b>Demographics and Outcomes:</b>
In fiscal year 2014-2015, Early Supportive Services provided services to 970 consumers between 0 and 18 years of age. Thirty-three percent (33%) of consumers self-reported as non- Hispanic/Latino, 59% as Hispanic/Latino, and 8% were unknown. 50% of consumers self-identified as male and 50% self-identified as female. 72% of consumers reported English as their preferred language while 27% reported Spanish as their preferred language.  Ninety-four percent (94%,n=34) of consumers during annual assessments reported that they were connected to appropriate services and 100% (n=34) of consumers during annual assessments reported that they were helped by the care they received. Clinical staff reported that 88% (n=52) of consumers at annual assessments showed global improvement (4% having very much improved, 60% showing much improvement and 24% showing minimal improvement) when compared to their condition at intake.
<b>Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):</b>
N/A
<b>Significant Changes to the Program (if applicable):</b>
N/A
<b>Plans for Next Year:</b>
No status change

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #33 TAY Wellness Center

#### **Program Description:**

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

#### **Outcomes and Demographics:**

The Center provided outreach to almost 3,000 individuals through a total of 24 events during the fiscal year, with almost 900 materials distributed in and Spanish coned. Over 300 walk-in TAY attended the Wellness Center in FY 2014-2015, with 83 members served. Of the 311 served, 35% were formerly in foster care and 32% arrived homeless and/or stated housing was their primary problem.

Over half of the members were male, 42% were female, 64% were Hispanic/Latino, 28% were White/Caucasian, 11% were Black/African American, 2% were Asian/Pacific Islander, and 4% indicated "Other" races/ethnicities.

From the 311 TAY served during fiscal year 2014-2015, young adults received formal, comprehensive wellness services, including assistance with the development of WRP plans. Eighty-three individuals attended a WRAP class, of which 81% completed or maintained their WRAP. Other outcomes reported by Pacific Clinics for the TAY Center include that out of 54 who received employment service, 51% obtained competitive employment, of 66 who received housing services, 49% were placed in a more stable living situation, and of 67 who completed a mental health screening, 10 STAR referrals were completed and forwarded to VCBH.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

N/A

<b>Significant Changes to the Program (if applicable):</b>
N/A
<b>Plans for Next Year:</b>
No status change

## Exhibit C4

### PEI Program Descriptions

**MHSA Component:** Prevention & Early Intervention

**Program Name/Number:** PEI Program #34 Adult Wellness Center

<p><b>Program Description:</b></p> <p>The Wellness Center (TWC) is contracted to the Turning Point Foundation and serves adults who are recovering from mental illness and substance abuse who are at risk of homelessness, incarceration, or increasing severity of mental health issues. The program is a portal for access to recovery services by offering support commonly utilized by individuals with a serious mental illness without the pressure of enrolling in traditional mental health services. The main center is located in Oxnard and has a satellite center in Ventura. The Wellness Center outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional Behavioral Health clinic system. The program also provides support for individuals as they transition out of other mental health programs on their journey towards wellness and recovery. The program was developed and run by peers who support members in the design of their own unique recovery plans and in creating a set of meaningful goals.</p>
<p><b>Outcomes and Demographics:</b></p> <p>The Turning Point provided onsite outreach to over 800 adults in person and over 2,000 adults by email during the fiscal year. Additionally, over 1,500 walk-in duplicated adults attended the Adult Wellness and Recovery Center in FY 2014-15, with 166 members served. The gender representation among the Center members was 62% male and 38% female. Forty-seven (47%) of the members were Hispanic/Latino, 40% were White/Caucasian, 4% were Black/African American, 1% were Asian/Pacific Islander, and 7% indicate "Other" races/ethnicities.</p>
<p><b>Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):</b></p> <p>N/A</p>
<p><b>Significant Changes to the Program (if applicable):</b></p> <p>N/A</p>
<p><b>Plans for Next Year:</b></p> <p>No status change</p>



# **Exhibit 4**

# **Innovations**

## Exhibit C5

### INN Program Descriptions

**MHSA Component:** Innovations

**Program Name/Number:** INN Program #35 Quality of Life

#### **Program Description:**

In 2013, Ventura County Behavioral Health (VCBH) contracted with Turing Point Foundation (Turning Point), a local community-based organization, to implement the Quality of Life Improvement (QLI) Program within Board and Care facilities. The QLI Program currently provides services to mentally ill and dual diagnosed residents of two Board and Care facilities, Elms Manor Corporation (Elms Manor) in the City of Ventura and Sunrise Manor located in Oxnard. One of the most unique and important components of the QLI program, is that it is based on a peer model, meaning that Turning Point staff, who carry out the program have personal “lived experience” with mental health challenges and recovery. This personal experience provides Turning Point staff with a unique perspective and understanding of the needs of the residents at each of the Board and Care facilities.

The project seeks to examine whether the establishment of meaningful, non-clinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. All direct services are provided by peers through the Turning Point Foundation who is contracted to implement the program. Peers work with board and care residents to identify the specific activities that would be of interest to the residents as well as educational on topics of wellness and health. Residents who are resistant to participate are worked with one-on-one to encourage greater socialization as the program continues.

#### **Demographics and Outcomes:**

In fiscal year 2014-2015, the Quality of Life provided services at 2 locations, The Elms and Sunrise Manor, with a planned opening of a 3<sup>rd</sup> location in the beginning of fiscal year 2015-2016. The Elms hosted 769 groups with a total of 4,671 attendees while Sunrise Manor hosted 758 groups with a total of 3,970 attendees. The Elms also hosted 2,375 one-on-one interactions while Sunrise Manor hosted 2,484 one-on-one interactions. The Quality of Life members self-identified as 33% Latino, 55% Caucasian, 1% Black, 5% Asian, and 6% other. 60% of members self-identified as male and 40% of members self-identified as female.

The Quality of Life utilized the Ventura County Outcomes System (VCOS) Adult Self and Adult Worker surveys to residents within the Board and Care at intake and every 6-months since the beginning of the

project. The VCOS Adult Self survey includes the BASIS-24 which is a measure of self-reported difficulty in the major symptom and functioning domains that lead to the need for mental health services. The domains include depression/functioning, relationships, self-harm, emotional lability, psychosis, and substance abuse. The BASIS-24 is calculated by each domain as well as an average value, and lower scores for each value indicate few problems and/or decreased severity.

In fiscal year 2014-2015, the Quality of Life administered 14 intake adult self-surveys and 47 6-month adult self-surveys. The BASIS-24 overall average for adult self-surveys at intake were 0.87 (n=14) and at 1.01 (n=42) at 6-month. However, more notable outcomes are available by viewing the BASIS-24 subscale scores. The BASIS-24 subscale score for emotional lability decreased from 0.82 (n=14) at intake to 0.70 (n=47) at 6-month, the BASIS-24 subscale score for psychosis decreased from 0.74 (n=14) at intake to 0.58 (n=46) at 6-month, and the BASIS-24 subscale for relationships decreased from 1.33 (n=14) at intake to 1.15 (n=46) at 6-month.

Quality of Life also administered 14 intake adult worker surveys and 48 6-month adult worker surveys. The worker survey results for fiscal year 2014-2015 show a reduction in the number of negative events endorsed with a score of 1.93 (n=14) at intake to 1.85 (n=48) at 6-month. Worker surveys show an increase in the percentage of appointments consumers attend from 75% (n=14) at intake to 86% (n=45) at 6-month. Workers were also asked to rate the global improvement of consumers at 6-month surveys and 46% (n=48) of worker surveys show a positive global improvement.

**Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

None

**Significant Changes to the Program (if applicable):**

Innovation funding ends June 2016.

**Plans for Next Year:**

Program will be considered by the CLC for transition to CSS.

## Exhibit C5

### INN Program Descriptions

**MHSA Component:** Innovations

**Program Name/Number:** INN Program #36 Adult Health Care Access/Health Navigation

#### **Program Description and Demographics:**

The aim of the Health Navigation Program is to increase the quality and outcomes of services for adults and older adults with serious and persistent mental illness and chronic medical issues who have difficulty accessing health care or who do not have access to regular primary health care. This innovative program is an adaptation of an Full Service Partnership (FSP) model. Although FSP's embrace a "whatever it takes" approach (i.e., field services, based on recovery principles, include peer staff). Ventura County Behavioral Health clients and their families found this approach insufficient to address the full spectrum of medical needs of individuals being served by the Empowering Partners through Integrated Community Services (EPICS) Adults FSP Program and the Older Adults FSP program. It was asserted the FSP models did not go far enough in supporting an integrated health care approach or in addressing the complex health needs that are common found with adults and older adults with serious and persistent mental health issues. As a result, Ventura County's planning workgroup took a fundamentally new approach. This innovation project tests a holistic approach to treatment, with physical health being a significant consideration. For mental health recovery to be promoted, supported, and experienced, attention to the physical wellness must be fully integrated into treatment.

This innovative program adapted existing models for health navigation and coordinated care that typically designate a case manager (or peer staff) to serve as a "health navigator," and instead includes the entire multidisciplinary treatment team in the health navigation role. The goal of health navigation was to help individuals gain the confidence, skills, tools, knowledge and self-empowerment to access and make use of the healthcare system in order to maintain their health and meet their wellness goals. Peer staff occupy a lead role in supporting health navigation.

*Specific program details for the Health Care Access and Outcomes program are located in 'INN Adult Full Partnership/EPICS' and 'INN Older Adults'.*

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Evaluation of the program's impact at the client and program level requires collection of measures in a database created just for the program. To meet the needs of the multiple teams implementing the program the measures and database have undergone several changes but are now completed. Program-specific data is being entered and analysis of these measures, in conjunction with other outcomes and service data collected for the programs as part of the usual course of treatment, is a top priority for this fiscal year.

#### **Significant Changes to the Program (if applicable):**

N/A
<b>Plans for Next Year:</b>  To determine and apply exit criteria for clients.

## Exhibit C5

### INN Program Descriptions

**MHSA Component:** Innovations

**Program Name/Number:** INN Program #37 Empowering Partners in Integrated Community Services (EPICS) Adult FSP

#### Program Description:

The EPICS (Empowering Partners in Integrated Community Services) Adult Full Service Partnership program provides comprehensive wellness and recovery-oriented “whatever it takes” services for those clients with intensive needs who most frequently utilize acute and locked settings, have a history of poor engagement with out-patient services, and who are often homeless or at risk of homelessness. The EPICS program serves up to 80 individuals at a time with severe and persistent mental illness, whose needs are such that they require a more intensive level of intervention in order to help manage often debilitating symptoms while promoting increased independence and recovery. Services include the full range of mental health services (psychiatric, individual and group therapy, intensive case management) offered at an increased frequency and by an Assertive Community Treatment (ACT)-model team with a client: staff ratio of 1:9. The team includes a psychiatrist, RN, 2 clinicians, 3 case managers and 2 Recovery Coaches (trained peers with lived experience). Clients are also eligible for additional housing and “whatever it takes” funding to meet their ongoing and emergent needs.

#### Demographics and Outcomes:

In fiscal year 2014-2015, EPICS Adult Full Service Partnership served 98 consumers with severe and persistent mental illness whose needs are such that they require a more intensive level of intervention in order to help manage often debilitating symptoms while promoting increased independence and recovery. Twenty-six percent (26%) of consumers identified as Hispanic or Latino, 73% of consumers identified as not Hispanic or Latino, and 1% were unknown. Ninety-six percent (96%) of consumers preferred English, 2% preferred Spanish, and 2% preferred other. 68% of consumers reported to be between 40 and 64 of age, 30% reported to be between 25 to 39 years of age, and 2% reported to be 65 years of age or greater. Fifty-three percent (53%) of consumers identified as female and 47% of consumers identified as male. Eighty-nine percent (89%) of consumers reported to have a psychotic disorder, 2% reported to have an anxiety problem, and 3% reported to have a bipolar disorder, depressive disorder, or other disorder respectively. Forty-five percent (45%) of consumers also reported to have a dual diagnosis. 77% (n=26) of adult workers reported a global improvement in clients during annual and discharge evaluations when compared to the consumers’ condition at admission.

In fiscal year 2014-2015, EPICS participated in the Health Navigation Innovation Program and administered 20 intake, 31 6-month, and 1 discharge Project Bridge assessments. It should be noted that the Health Navigation Innovation Program will be completed at the end of fiscal year 2015-2016 and a thorough

pre/post analysis will be conducted to identify significant outcomes. Below is a description of the aggregate data collected in fiscal year 2014-2015.

Section 1 of the Project Bridge Assessment assesses a client's perception of health by asking about a client's health status and pain interferences where a higher score equates to a lower health status. Consumers had an average score of 2.18 (n=19) at intake, 2.29 (n=28) at 6-month, and 1.50 (n=1) at discharge. Consumers also were asked about their current health status. At intake, 22% (n=4) of consumer surveys reported that the consumer had an excellent health status, 56% (n=10) to have a good health status, and 22% (n=4) reported to have a poor health status. At 6-month, 14% (n=4) of consumer surveys reported that the consumer had an excellent health status, 61% (n=17) reported to have a good health status, and 25% (n=7) to have a poor health status.

Section 2 assesses consumers' physical health care received where a higher score equates to a greater level of physical health care received. Consumers had an average score of 2.48 (n=16) at intake, 2.48 (n=24) at 6-month, and 2.80 (n=1) at discharge. Consumers were also asked about their physical health care needs within the last 6 months where a higher score equates to a greater level of physical health care need. Consumers had an average score of 1.93 (n=75) at intake, 1.93 (n=24) at 6-month, and 2.57 (n=1) at discharge.

Consumers were also asked about how often they made visits for doctors' appointments including emergency rooms, dentists, eye doctors, urgent cares and primary care doctor where a higher score equates to a greater number of visits for services. Consumers had an average score of 1.51 (n=12) at intake, 1.53 (n=22) at 6-month, and 1.50 (n=1) at discharge.

#### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

An ongoing hurdle for the EPICS team is in dealing with the multiple challenges, including the severe lack of treatment and housing options when dealing with dual diagnosis, seriously mentally ill individuals, that are not yet interested in sobriety. The team has tried to meet this challenge by partnering with housing and community treatment programs that are willing to work with individuals with dual recovery issues, and by using the intensive ACT model approach, along with their training in Motivation Interviewing, to partner with clients on these difficult issues. However, there remains a severe shortage of placement program options available to people with ongoing substance issues who are not willing to stop or reduce their use.

#### **Significant Changes to the Program (if applicable):**

All staff in the EPICS intensive team have been retrained on Assertive Community Treatment and Health Navigation. Both are evidence-based programs that, respectively, provide a model for increased and coordinated team services in the community, and in assisting clients in engaging with the primary care health system in order to enhance their physical well-being.

#### **Plans for Next Year:**

Continue with refreshers and new trainings to raise the expertise of staff in implementing evidence-based practices with EPICS clients, particularly CBT approaches for clinical work, and the team-oriented Health Navigation and ACT Model approaches.

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## Exhibit C5

### INN Program Descriptions

**MHSA Component:** Innovations

Program Name/Number: INN Program #38 Older Adults FSP

#### **Program Description and Demographics:**

The Older Adult Full Service Partnership provides services to clients 60 years of age and older, who, due to a serious mental illness (SMI), have a reduction in personal or community functioning and are best served in the public specialty mental health system. Often, due to multiple mental health issues and physical challenges, this population is unable to access appropriate outpatient mental health services through community-based clinics. Frequently, these are individuals with persistent mental illness are homebound, or in crisis. The Older Adult Program provides comprehensive, community and home-based “whatever it takes” services which focus on the whole client, in an atmosphere of wellness and recovery. Peer staff, or recovery coaches assist in engaging new and current clients and provide support services and advocacy. Health Navigation was integrated into the Older Adult Program’s services three years ago. The entire team has been trained in Health Navigation, working with the clients to teach them advocacy and communication skills when interfacing with the healthcare providers in a medical setting.

The aim of the Health Navigation Program is to increase the quality and outcomes of services for adults and older adults with serious and persistent mental illness and chronic medical issues who have difficulty accessing health care or who do not have access to regular primary health care. Ventura County mental health clients and their families found the FSP approach insufficient to address the full spectrum of needs of individuals served by Older Adult FSP program. Health Navigation was implemented in recognition that attention to the physical wellness must be fully integrated into treatment in order for mental health recovery to occur.

This Innovations Program adapted existing models for Health Navigation and coordinated care that instead of designating a single case manager or peer staff to serve as a health navigator, and included the entire multidisciplinary treatment team in the Health Navigation role. The goal of Health Navigation is to help individuals gain the confidence, skills, tools, knowledge and self-empowerment to access and make use of the healthcare system in order to improve their health care and to meet their wellness goals. To date, 84% of enrolled clients have been engaged in Health Navigation.

The Older Adult Program has developed an enriched program that provides socialization and rehabilitation, as well as wellness and recovery groups, that engage the homebound clients in a once a week intensive socialization program. Rehabilitation groups are facilitated in two of the Board and Cares where many Older Adult Program clients reside. Additionally, the program facilitates a bimonthly socialization events, often based on calendar themed events (4th of July, Thanksgiving, Holiday Celebrations). While the themed

events are a forum for an experience that provides social interaction and rehabilitation, it addresses the social isolation that an elderly, seriously mentally ill and physically impaired population faces.

## **OUTCOME**

In fiscal year 2014-2015, the Older Adults program served 113 unduplicated clients. 21% of consumers identified as Hispanic or Latino, 79% of consumers identified as not Hispanic or Latino, and 9% were unknown. 88% of consumers preferred English, 9% preferred Spanish, 2% reported to prefer another language, and 10% of consumers had an unknown preferred language. 75% of consumers were 65 years old or greater and 25% were between 40 and 64 years old. 47% of consumers identified as male and 53% identified as female. 44% of consumers reported to have a psychotic disorder, 21% a depressive disorder, 19% a bipolar disorder, 5% an anxiety disorder, and 10% another disorder not previous mentioned. 13% of consumers also reported have a dual diagnosis. 52% (n=88) of adult workers reported a global improvement in consumers during annual discharge evaluations when compared to the consumer's condition at admission.

In fiscal year 2014-2015, Older Adults participated in the Health Navigation Innovation Program and administered 21 intake, 78 6-month, and 22 discharge Project Bridge assessments. It should be noted that the Health Navigation Innovation Program will be completed at the end of fiscal year 2014-2015 and a thorough pre/post analysis will be conducted to identify significant outcomes. Below is a description of the aggregate data collected in fiscal year 2014-2015.

Section 1 of the Project Bridge Assessment assesses a client's perception of health by asking about a client's health status and pain interferences where a higher score equates to a lower health status. Consumers had an average score of 2.03 (n=16) at intake, 1.86 (n=75) at 6-month, and 2.00 (n=7) at discharge. Consumers also were asked about their current health status. At intake, 13% (n=2) of consumer surveys reported that the consumer had an excellent health status, 69% (n=11) to have a good health status, and 19% (n=3) reported to have a poor health status. At 6-month, 12% (n=9) of consumer surveys reported that the consumer had an excellent health status, 49% (n=37) reported to have a good health status, and 14% (n=1) to have a poor health status.

Section 2 assesses consumers' physical health care received where a higher score equates to a greater level of physical health care received. Consumers had an average score of 2.71 (n=16) at intake, 2.75 (n=74) at 6-month, and 2.96 (n=7) at discharge. Consumers were also asked about their physical health care needs within the last 6 months where a higher score equates to a greater level of physical health care need. Consumers had an average score of 1.83 (n=15) at intake, 1.99(n=71) at 6-month, and 2.45 (n=7) at discharge.

Consumers were also asked about how often they made visits for doctors' appointments including emergency rooms, dentists, eye doctors, urgent cares and primary care doctor where a higher score equates to a greater number of visits for services. Consumers had an average score of 1.45 (n=15) at intake, 1.51 (n=73) at 6-month, and 1.58 (n=8) at discharge.

### **Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):**

Due to cognitive decline, and age related medical issues, mental health symptom improvement becomes more challenging. Mental Health programming, including Health Navigation does, however, have a significant impact upon quality of life during the Older Adult clients' final years. Although engagement in Health Navigation has mitigated some challenges with medical issues, staff moral continues to be challenged with the death of clients (old age, illness, and medical issues) with approximately 12% of enrolled Older Adult clients dying each year due to age related illnesses). Program enrichment has also proven to have had a two pronged positive effect on the program, enriching clients' lives, but also, observing the clients engaged, happy and interactive with other clients, and their appreciation of the groups and socialization events has had a positive impact on staff morale.

**Significant Changes to the Program (if applicable):**

Continued refinement and expansion of rehabilitation and group services to the clients (in the Board and Care) and in the Clinic.

One additional Licensed Mental Health Associate and one Behavioral Health Clinician position were added, which will enable growth in the number of SMI older adults served.

Although Health Navigation was offered to all clients entering the Older Adults Program, through program implementation, it became apparent that a uniform exit criteria was needed. Exit criterion were formulated and implemented and included the following: met goals and successfully discharged, consumer no longer wanted Health Navigation Services, life events took priority and interfered with ability to participate, client was too impaired to benefit from or appropriately engage in the program, or deceased. Due to limited longevity of Innovation Programming, the Older Adult Program has begun the process of integrating Health Navigation skills learned and practiced by staff, into the functioning and structure of the Older Adult Program.

**Plans for Next Year:**

With the recent addition of two new additional staff, plan for next year is to increase census of the Older Adult Program.

## Public Comment

The MHSA report was publically heard on April 11, 2016, after a 30 day public comment period. During this time one public comment form was submitted. The following are the substantive changes made to the Annual Update in response to the public comments.

Name: Jerry Weaver

Agency/Organization: Self + NAMI Ventura + Client Network

Role: Consumer

Comment: Prudent Local Reserve Missing in Budget Section

Agency Response: Missing section added to budget section of Annual Update.

## Budget

### FY 2015-16 Annual Update - Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: Ventura

Date: 2/29/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Children's Intensive Response Team / #2	9,324	2,743	3,460		3,121	0
2. Fillmore Community Project / #4	5,530	2,483	1,598		1,393	55
3. Transitional Age Youth FSP / #5	900,209	404,014	496,195		0	0
4. Transitions / #6	1,085,106	744,793	330,080		0	10,233
5. Mobile Crisis Response Team / #8	69,046	62,105	6,941		0	0
6. Screening, Triage, Assessment & Referral / #9	104,756	77,861	26,895		0	0
7. Adult Full Service Partnership (XP2) / #10	871,705	613,437	258,268		0	0
8. Adult Recovery Tracks / #10	11,485,267	6,773,599	3,007,802		0	1,703,865
9. Adult Short Term Social Rehab / #15	182,303	79,787	102,516		0	0
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
<b>Non-FSP Programs</b>						
1. Interface - Child FSP / #1	450,299	311,841	83,361		55,097	0
2. Children's Intensive Response Team / #2	1,361,801	400,747	505,396		455,658	0
3. Children's Crisis Stabilization Unit / #3	1,446,720	560,720	0		0	886,000
4. Fillmore Community Project / #4	404,072	181,479	116,761		101,812	4,021
5. Transitions / #6	1,175,532	806,859	357,586		0	11,086
6. Family Access Support Team / #7	495,538	334,481	0		0	161,057
7. Mobile Crisis Response Team / #8	2,336,744	2,101,852	234,892		0	0
8. Screening, Triage, Assessment & Referral / #9	2,829,596	2,103,128	726,467		0	0
9. Adult Recovery Tracks / #10	6,814,433	3,988,408	1,815,093		0	1,010,932
10. Peer & Family - Employment Support / #11						
11. Peer & Family - NAMI / #12						
12. Peer & Family - Recovery Innovations / #13						
13. Peer & Family - Transformational Liaison / #14						
14. Peer & Family Support / #11,12,13,14	1,383,211	1,383,211	0		0	0
15. Adult Short Term Social Rehab / #15	1,801,405	788,403	1,013,003		0	0
16.						
17.						
18.						
19.	0					
<b>CSS Administration</b>	3,061,932	2,516,904	545,028		0	0
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	38,274,528	24,238,857	9,631,341	0	617,081	3,787,249
<b>FSP Programs as Percent of Total</b>	60.7%					

**FY 2015-16 Annual Update - Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Ventura

Date: 2/29/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Technological Needs Project / #16	1,157,224	1,157,224				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	90,134	90,134				
<b>Total CFTN Program Estimated Expenditures</b>	<b>1,247,358</b>	<b>1,247,358</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2015-16 Annual Update - Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: Ventura

Date: 2/29/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce Staffing Support / #17	0	0	0	0	0	0
2. Training Institute / #18	64,888	64,888	0	0	0	0
3. Mental Health Career Pathways / #19	0	0	0	0	0	0
4. Residency & Internship Programs / #20	217,516	0	0	0	0	217,516
5. Financial Incentive Programs / #21	304,080	304,080	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	60,081	60,081				
<b>Total WET Program Estimated Expenditures</b>	646,565	429,049	0	0	0	217,516

**FY 2015-16 Annual Update - Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Ventura

Date: 2/29/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Universal Prevention-Education & Media / #22						
2. Universal Prevention-Outreach & Engage / #23						
3. Universal Prevention-Promotores Model / #24						
4. Universal Prevention-Mental Health 1st Aid / #25						
5. Universal Prevention-Crisis Intervention Training / #26						
6. Universal Prevention-Pride Project, Serving LBGTQ / #31						
7. Universal Prevention / #22-26 & 31	736,834	736,834	0		0	0
8. Primary Care Integration / #27	1,300,000	300,000	0		0	1,000,000
9. School-Based Parenting Services / #29, 30	1,929,583	1,081,246	350,837		0	497,500
10. TAY Wellness & Recovery Center/ #33	709,438	594,395	0		0	115,043
11. Adult Wellness & Recovery Center/ #34	498,557	498,557	0		0	0
12.						
13.						
14.						
15.						
<b>PEI Programs - Early Intervention</b>						
16. Early Signs of Psychosis Intervention / #28	1,446,397	1,105,274	250,605		0	90,518
17. Early Supportive Services (ESS) / #32	2,555,495	14,036	1,705,857		835,602	0
18.						
19.						
20.						
<b>PEI Administration</b>	1,586,582	1,586,582			0	
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>10,762,886</b>	<b>5,916,924</b>	<b>2,307,299</b>	<b>0</b>	<b>835,602</b>	<b>1,703,061</b>



**FY 2015-16 Annual Update - Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Ventura

Date: 2/29/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Quality of Life Improvement / #35	332,803	332,803	0	0	0	0
2. Adult Health Care Access & EPICS / #36 & 37	1,617,298	1,195,696	421,426	0	0	177
3. Health Navigation Older Adults/ #38	1,395,553	883,534	512,019	0	0	0
4.						
5.						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	517,897	517,897				
<b>Total INN Program Estimated Expenditures</b>	<b>3,863,551</b>	<b>2,929,930</b>	<b>933,444</b>	<b>0</b>	<b>0</b>	<b>177</b>

**FY 2015/16 Mental Health Services Act Annual Update  
Funding Summary**

County: Ventura

Date: 4/13/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2015/16 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	12,418,192	6,230,182	3,277,795	1,325,764	4,438,741	
2. Estimated New FY 2015/16 Funding	24,384,762	4,572,143	1,524,047			
3. Transfer in FY 2015/16 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY 2015/16						0
5. Estimated Available Funding for FY 2015/16	36,802,954	10,802,325	4,801,842	1,325,764	4,438,741	
<b>B. Estimated FY 2015/16 MHSA Expenditures</b>	24,238,857	5,916,924	2,929,930	429,049	1,247,358	
<b>G. Estimated FY 2015/16 Unspent Fund Balance</b>	12,564,098	4,885,400	1,871,912	896,715	3,191,383	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	9,445,986
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	9,445,986

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