

Mental Health Services Act FY 2009-10 Annual Update



**Ventura County Behavioral Health Department
Mental Health Services
August 4, 2009**



VENTURA COUNTY
BEHAVIORAL HEALTH

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Behavioral Health Director

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August 4, 2009

Department of Mental Health
ATTN: MHSA Plan Review
1600 - 9th Street, Room 100
Sacramento, CA 95814

To Whom It May Concern:

Attached for your review and funding approval is the Ventura County Mental Health Services Act Fiscal Year 2009-10 Annual Update.

Guided by our community stakeholders, this plan reflects the priority issues which were identified during our planning and assessment process and is designed to effectively support our MHSA system and further the process of transformation of our overall mental health system.

Please be aware of the following changes from 2008-9 to 2009-10:

- **Elimination of work plans** – As described below in Exhibit B, a comprehensive stakeholder planning process occurred with the goal of developing a 2009-10 plan that will be sustainable for several years, despite the expected decline in Community Services and Supports planning estimates in 2010-11 and beyond. A stakeholder workgroup undertook the difficult task of prioritizing the approved CSS work plans, in order to develop a reduced, and therefore sustainable CSS plan that will best serve the consumers of the county and continue to promote the transformation and integration of the mental health system. As a result of this process, the stakeholder workgroup recommended that two work plans that were approved in 2008-9, but not yet implemented, be eliminated in FY 2009-10:
 - Work Plan #18: Community Resiliency and Recovery Program
 - Alternative funding sources are being pursued, including addressing these service needs through the Prevention and Early Intervention component.
 - Work Plan #19: Mental Health Urgent Care
 - Instead, the Department will establish urgent care hours regionally to meet this need.

Funds that were allocated to these two programs will be considered as unexpended funds and not allocated to any specific program. As described above, the stakeholder planning process was intended to establish a sustainable level of CSS programming despite the expected decrease in CSS planning estimates in the next several years. We anticipate that our unexpended CSS funds, combined with the expected availability of the prudent reserve, will allow us to bridge the gap between our budgeted CSS work plans and decreased planning estimates for the next several years, therefore maintaining our current level of programming.

- **Transfer from Community Services and Supports (CSS) to Prevention and Early Intervention (PEI)** – Program #3, Children’s Outreach and Engagement, will be transferred to PEI upon approval of our PEI component plan, expected during FY 2009-10.
- **Name changes** – The names of the following work plans are being changed to better reflect the functions of the programs:
 - Work Plan #8 – changed to *Short Term Social Rehabilitation*
 - Work Plan #12 – changed to *Family Access Support Team*
 - Work Plan #15 – changed to *Empowering Partners through Integrative Community Services (EPICS)*
- **Consolidation of Work Plans** – Work plan #14, the Integrated Dual Diagnosis Treatment program (IDDT) is being integrated into Work Plan #15, EPICS. IDDT will become part of the full service partnership service continuum of EPICS.

On June 15, 2009 the Mental Health Board reviewed and recommended the Plan to be posted for a 30 day community review and comment period pursuant to Welfare and Institutions Code Section 5848(a). The Plan was posted from June 16 through July 16, 2009. A public hearing was held at the Mental Health Board meeting on July 20, 2009. There were no substantive comments and the Plan was forwarded to the Board of Supervisors. On August 4, 2009 the Plan was reviewed and approved by the Board of Supervisors and is now being forwarded to State DMH for review and approval.

Should you have any questions or comments during your review period, please do not hesitate to contact our offices. We look forward to hearing from you soon.

Sincerely,

Susan Kelly, MFT
MHSA Coordinator

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EXHIBIT A

COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

_____ Signature	_____ Date	<u>Director, Ventura County Behavioral</u> <u>Health Department</u> Title Local Mental Health Director/Designee
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Ventura County Behavioral Health Department
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EXHIBIT B

Description of Community Program Planning and Local Review Processes
MHSA FY 2009/10 ANNUAL UPDATE

County Name: Ventura

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.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Development of the FY 2009/10 Update occurred through a truly collaborative stakeholder process. At the start of the Planning Process, the County established a stakeholder workgroup which was tasked with:

- reviewing the goals that resulted from the original Community Services and Supports (CSS) community planning process,
- assessing the level to which the CSS programs are meeting those goals, and
- determining the recommended size and scope of the programs that should be included in the 2009-10 Update.

Framing the process was the current fiscal reality, in which MHSA CSS planning estimates, after a spike upward in FY 2009-10, are expected to decline significantly in 2010-11 and remain flat for the next several years. Therefore, the stakeholder group was asked to provide recommendations that allowed for *sustainable* levels of MHSA funded programming.

Facilitated by the behavioral health director, the workgroup assessed the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model.

The stakeholder workgroup met three times in April and May 2009. There was substantial, meaningful dialogue in the meetings and the workgroup made the decision to recommend reductions in the size of several programs and [elimination of two programs](#) due to the budget constraints, while further promoting the transformation of the overall system to a more integrated, wellness and recovery and outcomes focused system of care.

On June 3, 2009, the behavioral health department then conducted a community stakeholder meeting in which the behavioral health director presented the workgroup's proposed 2009-10 CSS program and budget recommendations to interested stakeholders. No substantive feedback was received at this presentation and the plan was moved forward for review and recommendation for 30 day public posting at the June 15, 2009 Ventura County Mental Health Board general meeting. Two additional community presentations of the 2009-10 Update

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occurred during the 30 day public comment period, to solicit additional feedback and public comment, on June 30, 2009 in East County and on July 1, 2009 in West County.

Ventura County's Workforce Education and Training (WET) component was approved in February 2009 and the county is in the early implementation stages. The county's WET Stakeholder Planning Committee remains committed to the approved WET plan and no changes are being made in FY 2009-10.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The CSS Stakeholder Workgroup consisted of high level representatives from:

- County Departments:
 - Behavioral Health (executive, program and fiscal staff)
 - Human Services Agency
 - Sheriff
 - Probation
 - Public Health
 - Ambulatory Health Care
- Mental Health Board (MHB):
 - Board Chair; Representatives from Older Adult, Adult, TAY and Children's committees
- TAY Consumer and MHB Committee members
- Adult Consumer
- Older Adult Consumer
- NAMI
- United Parents (representing family members of children and youth)
- Community based (non-County) mental health provider representatives

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Information was provided to the planning workgroup on the overall mental health continuum of care and the integration of MHSA funded programs into that continuum. Fiscal and program data was provided relating to program outcomes and costs. Because of the current fiscal challenges at both the state and local level, a fiscal consultant educated the workgroup on the MHSA fiscal structure and MHSA and non-MHSA revenue projections for the upcoming 4 years. This assisted the workgroup in making informed, strategic program recommendations that will likely be sustainable in the upcoming years, despite flat or declining revenue projections.

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4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

Extensive, substantive dialogue occurred in the Stakeholder Workgroup meetings as the group identified program priorities based on original community planning process goals, current CSS implementation status and results and the current and projected fiscal realities. The workgroup then came to consensus about priorities, which is reflected in the 2009-10 CSS plan.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 2009-10 Update was reviewed by the Mental Health Board on June 15, 2009 and approved to post for 30-day stakeholder review. The 30-day review occurred from June 16, 2009 through July 16, 2009. The public hearing occurred on July 20, 2009. One public comment (attached) was made at the hearing, which requests that the “Transformational Advocate” position identified in the Plan be an employee of an agency other than the BH Department. This request will be included in the consideration of the position when a stakeholder group is convened to move this forward. Subsequent to the hearing, the Mental Health Board approved the Update for submission to the Board of Supervisors for review and approval. On August 4, 2009, the Board of Supervisors approved the Update for submission to State DMH for funding.

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EXHIBIT C

**Report on FY 2007/08 Community Services and Supports Activities
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Ventura

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

Ventura County's CSS funded programs have begun to have a positive impact in the unserved and underserved populations, with a lesser measured impact on the reduction of ethnic/racial disparities. This progress report covers FY 2007-8, a period in which a number of CSS programs were in the planning or early implementation stages. However, successes in reaching un/underserved populations in FY 2007-8 include:

- The Children's Full Service Partnership was successful in reaching its target of serving 60 youth on informal probation and with mental health issues who previously had not been adequately served.
- The Children's Intensive Response Team exceeded its target of providing crisis services to 975 children in the county. Approximately one third of these received intensive 30 day follow up services to ensure they received appropriate assessments and referrals to ongoing services.
- The TAY Full Service Partnership, a voluntary residential community for transitional age youth, most with co-occurring disorders, has found success in engaging this hard-to-reach population. The program has been successful in bringing youth, who may have initially been apprehensive, into the program and in helping them achieve positive outcomes.
- The Adult Full Service Partnership was also successful meeting its enrollment target and in providing effective ACT model support to individuals being released from jail and at risk of homelessness.
- The Adult and TAY Wellness and Recovery Centers began outreach to un/underserved groups throughout the county, encouraging individuals to participate as members of the wellness centers, which also serve as a pathway to other mental health services. This outreach has increased in 2008-9.
- The Adult Mobile Crisis Team expanded its crisis response services to provide county wide 24/7 support to adults experiencing a mental health crisis.
- The Older Adult Full Service Partnership program conducted extensive education and outreach to engage primarily homebound older adults with severe mental illness, reaching their enrollment goal by the end of 2007-8.

Latinos make up the largest nonwhite ethnic group in the county and the area of greatest racial/ethnic disparity to service access. Ventura County has a lower MediCal penetration rate than most other counties in the state. Penetration rates in the county are highest in areas with

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lower percentages of Latino beneficiaries. Therefore, the county is engaging in a variety of efforts to increase access for Latinos.

Funded through MHSA, the Children's Outreach and Engagement programs have been restructured since FY 2007/08 and focus on increasing access by Latino children and families in the Santa Clara Valley and African American access in the Oxnard area. The implementation of the Fillmore Community Project, in early FY 2008-9, will further help to expand service availability. Prior to the clinic, which serves children and families, there were no county mental health services available in the Fillmore and Piru areas of the Santa Clara Valley. At full capacity, the clinic will serve approximately 80 primarily Latino youth and their families in the area.

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Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#1 - Children's Full Service Partnership

Population to Be Served

This program serves children and youth 9-17 years of age who have been identified as having a high risk for severe emotional disturbance (SED) and have been referred to the juvenile justice system. Though racially diverse, the majority of youth in the program have been Latino and male, with approximately half all youth served from the Oxnard area of the County. This often uninsured/underinsured group of youth and their families are traditionally un-served and/or underserved and pose a high risk for escalating legal issues and continued unmet need due to their reluctance to access services through traditional clinical and school based programs.

Work Plan Description

The Children's Full Service Partnership, in collaboration with the Probation Department, is designed to provide early screening and mental health service access for SED youth between 9 and 17 years of age who have involved with the Juvenile Justice System and placed on formal probation. Providing an intensive home-based service utilizing a 'wraparound' philosophy of whatever it takes", the program provides support to the youth and family in a culturally competent use of services through the use of parent partners, peer advocates, and intensive case management to provide counseling, education and support to help the youth and family identify their strengths, assess needs, design a personal plan of care, including linkage and engagement to identified services and supports.

By providing an early assessment and referral system for children and youth placed on formal probation, resiliency for the youth and family is supported through the development of an individualized resiliency plan and supporting goals of decreasing future contact with law enforcement, decreasing out-of-home placements, increasing school attendance and performance, and providing linkages to appropriate community and faith based services, mental health services, physical healthcare, integrated substance abuse services, and social services.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

30 Total

Number of Clients by Funding Category

30 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

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Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#2 - Children's Intensive Response Team (CIRT)

Population to Be Served

The Children's Intensive Response Team (CIRT) serves children/youth experiencing a mental health crisis and their families by providing immediate intensive mental health response services to children/youth up to 18 years of age throughout the county 24 hours per day 7 days a week wherever appropriate and best meets the needs of the youth and family.

Children and youth served by CIRT generally reflect county distribution by ethnicity and gender. A disproportionately high percentage of those served are from the Oxnard area of the county, a region that has been traditionally un/under served.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

975 Total

Number of Clients by Funding Category

244 Full Service Partnerships

731 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Work Plan Description

When crisis situations involving children and youth arise in the community, it is often law enforcement that becomes the first responder. Many of these crisis interventions result in taking the child from the home, which leads to an increase in hospitalizations, out-of-home placement, and/or detention in the Juvenile Justice System. Through the CIRT program, children and their families with escalating mental health issues will be provided immediate access to crisis intervention services. Some families who access these services will be current users of mental health services and will be referred back to their provider after stabilization. However, many families often do not know how to reach out and access appropriate support services. As a result, they remain unserved and are not able to benefit from early interventions and adequate supports that would increase their resiliency.

For those youth and families who are not currently receiving appropriate mental health services, CIRT provides extended intensive case management and support for up to 30 days. Through the 30 day follow up, culturally and linguistically competent CIRT staff facilitate in-home stabilization, conduct assessments, begin the family driven resiliency planning, and establish linkage and brokerage to culturally appropriate community and faith based services. This model has proven to be extremely successful for individuals who are in need of ongoing mental health treatment and support, but who for some reason have yet to connect to services. Within the CIRT program, 85% of the children receiving the 30-day follow-up services demonstrated a reduction in presenting problems and 62% showed an improvement in overall level of functioning. The focus of the 30-day follow-up is on stabilization, hospital diversion, personal recovery plans and follow-up care.

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Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#3 - Children's Outreach and Engagement

Population to Be Served

Children and their families in two communities, the Santa Clara Valley and the Oxnard Plains are the focus of this program. Santa Clara Valley has a population identified as 70% Latino, yet only 15% of those children, youth and families receiving services through our school-based Special Education programs are Latino, while 72% are White. This disparity indicates that an understanding of services offered, as well as an appropriate portal to access child and youth services is missing for this population. Oxnard Plains is home to many of our African American community members and the need for culturally competent access to mental health services was identified as a priority issue during the assessment process.

Work Plan Description

This Work Plan consists of a community-based program to provide education and outreach to promote access and linkage to SED children in identified un- and underserved ethnic, racial and rural communities. The communities identified for this outreach are Oxnard Plains and Santa Clara Valley, specifically the cities of Fillmore and Santa Paula. The program primarily seeks to engage Hispanic youth and their families in the Santa Clara Valley and African American youth and their families in the Oxnard Plains area, with the goal of generating referrals to mental health services and supports. Ventura County Behavioral Health Department (VCBH) has contracted with community level agencies in Oxnard, Fillmore and Santa Paula, who are embedding outreach and engagement activities into the existing community infrastructure. Children, youth and their families in these communities are offered culturally competent outreach, education and access to appropriate mental health services through community based planning and outreach strategies, reaching the unserved and significantly underserved children, youth and families in these geographic regions of our county.

Upon approval the County's Prevention and Early Intervention (PEI) component plan, VCBH intends to shift this work plan to PEI.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

100 Total

Number of Clients by Funding Category

_____ Full Service Partnerships

_____ System Development

100 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

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Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#4 - Transitional Age Youth Full Service Partnership

Population to Be Served

This program serves transitional age youth (TAY), ages 18-25 who are dually diagnosed with a serious mental illness (SMI), many of whom are dually diagnosed with a co-occurring substance abuse disorder and who are risk of homelessness, incarceration or hospitalization. The program serves 15 TAY who live in a supportive, social rehabilitation environment, the “House of Transitions.” An additional 15 TAY living in the community are served throughout the county. Historically, a majority of consumers served by the program have been male and Caucasian, with Latino and African American consumers comprising approximately 20% and 10%, respectively. 76% of those in the program have been diagnosed with schizophrenia or schizoaffective disorder, and nearly one fourth with bipolar disorder. 50% of consumers served have been diagnosed with co-occurring alcohol or substance abuse disorder.

Work Plan Description

The Transitional Age Youth (TAY) Full Service Partnership (FSP) was developed out of recognition that intensive mental health services and co-occurring substance abuse programming was not available to TAY within our county. Previously, if young adults were in need of residential supports, they were within an environment of adult SMI and/or adult dually diagnosed consumers, without services or supports that are designed for the specific and often complex needs of the TAY population.

Therefore, the TAY FSP began with a voluntary residential treatment facility in which TAY received a continuum of FSP services. This therapeutic community residential campus provides voluntary recovery based treatment to TAY with severe and persistent mental illness, and who often also have a co-occurring substance abuse disorder. The 15-bed program is part of a residential campus located centrally in a rural area of Ventura County with a cottage ‘home like’ setting, an ideal environment for young adults to thrive as they work toward recovery in a safe, supportive and multi-dimensional therapeutic modality.

The program was later expanded to provide community based FSP services to TAY living throughout Ventura County. The goal of both components of this program is to support the individual in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community. This recovery model uses an Assertive Community Treatment (ACT) model to support the goal of diminishing or stabilizing factors such as disruptive and harmful behaviors, chronic medical conditions, substance abuse, and social and economic situations, so that independent living is not only a goal but can be achieved and sustained. This supportive and client-centered model focuses on community living, providing information, teaching life skills, providing appropriate and realistic supports and continuously assessing and providing a ‘whatever it takes’ approach to treatment. Intensive case management, group therapy, self-help recovery groups, and individual therapy are combined to provide an array of services to support recovery.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

30 Total

Number of Clients by Funding Category

30 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#5 - Transitional Age Youth Wellness & Recovery Center

Population to Be Served

The Transitional Age Youth (TAY) Wellness and Recovery Center serves TAY, ages 18 to 25 years old, who are recovering from mental illness or mental illness and substance abuse. Many are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. This program focuses on providing outreach and access for the cultural, ethnic and racial groups who have been reluctant to access services through traditional programs or clinic-based services. Located in Oxnard with a population that is 66% Hispanic, a large number of individuals accessing services through this center are Latino.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

100 Total

Number of Clients by Funding Category

25 Full Service Partnerships

 System Development

75 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

 Total

Number of Clients by Type of Prevention

 Early Intervention

 Indicated/Selected

 Universal

Work Plan Description

The TAY Wellness and Recovery Center, or “TAY Tunnel,” is designed as a ‘portal’ for access by offering supports commonly utilized by young adults with a serious mental illness without the pressure of ‘enrolling’ in services. Outreaching to unserved and underserved TAY throughout the county, this ‘under one roof’ center offers an array of on-site supports and relevant referrals to TAY who historically have not accessed services through the traditional clinic system. While providing supports, the Center serves as a linkage to other mental health services. The TAY Tunnel also provides supports for TAY as they transition out of other mental health programs on their journey of wellness and recovery.

The TAY Tunnel was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. TAY are supported in their desire for recovery in a non-judgmental and accepting atmosphere, where peer directed activities and interaction are an integral component to the program. Embracing a philosophy that meaningful work and social activities are at the heart of wellness, each young adult is encouraged to reach his/her personal goals. The center also offers self help groups addressing job preparation and employment readiness, computer skills, awareness of substance abuse, housing opportunities, cooking, art and other activities designed to promote wellness and recovery.

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Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#6 - Adult Full Service Partnership

Population to Be Served

The Adult Full Service Partnership serves 30 individuals per year who are diagnosed with a serious and persistent mental illness, are leaving or at risk of incarceration, and are at risk of homelessness or hospitalization. The program serves individuals throughout the county. Since its inception, a majority of consumers served by the program have been male and Caucasian, with African American and Latino consumers each making up nearly one fourth of those served. 75% of those in the program have been diagnosed with schizophrenia or schizoaffective disorder, and 85% of consumers served have been diagnosed with co-occurring alcohol or substance abuse disorder.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

30 Total

Number of Clients by Funding Category

30 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Work Plan Description

This Adult Full Service Partnership was designed to address the continuing and escalating trend toward inappropriately housing adult mentally ill individuals in the jails. Studies indicate that providing a high level of linkage, care planning and relationship building while the individual is in jail provides a higher level of success for the individual when they return to the community. This program is designed to increase access to those individuals who have historically been unserved or underserved by providing a compliment to the continuum of mental health care currently available and provides intensive community-based services to 30 individual at risk of or leaving incarceration per year.

The program incorporates the *Assertive Community Treatment (ACT)* treatment modality through the provision of comprehensive integrated services. These services include: mental health treatment, psychiatric care and medication management, intensive case management, 24/7 social worker access, medical care, medical education to understand and manage chronic conditions, alcohol and other substance abuse treatment, 12-step or similar programs, life skills training (e.g. money-management, anger management), vocational training and counseling, access to adult education, advocacy regarding criminal justice, social services, social security issues, the sub-payee program, peer support program, pro-social activities, and housing supports.

The program has been successful in reducing homelessness, psychiatric hospitalization and incarceration for participants, and in assisting consumers in achieving their wellness and recovery goals, such as education and job attainment and successful participation in alcohol and drug treatment programs.

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Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#7 - Adult Mobile Crisis Response (Adult Intensive Response and Stabilization Team)

Population to Be Served

This program provides services to all adults in need of community-based crisis response services 24/7/365 throughout Ventura County. This is for individuals currently receiving mental health services, or those who are unserved within the community. For some of these consumers and their families, this may be the first contact with mental health services, so 30 day follow up services to ensure appropriate cultural and linguistic referrals to on-going services are offered. Historically, a majority of consumers served have been Caucasian, with a significant minority of Latino consumers, particularly in the west part of the county. Referrals to the program vary and include, in part, medical providers, family members, law enforcement and residential facilities.

Work Plan Description

Adult Mobile Crisis Team, renamed “Adult Intensive Response and Stabilization Team,” was redesigned in 2008-9 to provide more proactive support for persons likely to require community support to avoid crises and hospitalization, and to assure that persons in crisis are linked to appropriate, ongoing mental health care. This is accomplished in two ways:

1. The expanded “Adult Intensive Response and Stabilization Team” provides increased crisis prevention and intervention services across the mental health system for both enrolled and un-enrolled individuals. The team continues to provide county-wide field-based crisis intervention 24/7/365 days a year and in addition, provides crisis prevention and intervention supports for:

- prospective consumers who, upon initial screening, are determined to be in crisis;
- prospective consumers who would benefit from additional field-based support during the assessment/referral process;
- enrolled consumers who are likely to experience crises without intermittent additional support; and
- individuals in crisis who need immediate crisis intervention whether they are enrolled or not.

The “Adult Intensive Response and Stabilization Team” is also an integral part of the Adult FSP Intensive Treatment Team (aka EPICS) and Transitions FSP ensuring 24/7 coverage is available for these full service partnership programs.

2. The expanded “Adult Intensive Response and Stabilization Team” provides 30-day follow up and case management to assure linkage to appropriate levels of care for un-enrolled clients as well as coordination with existing treatment for individuals already enrolled in services. This expansion in the scope of services is modeled after our successful Children’s Intensive Response Team (CIRT), which was also funded by MHSA. This model has proven to be extremely successful due in part to the 30-day follow-up services for individuals who are in need of ongoing mental health treatment and support, but who for some reason have yet to connect to services. Within the CIRT program, 85% of the children receiving the 30-day follow-up services demonstrated a reduction in presenting problems and 62% showed an improvement in overall level of functioning. The focus of the 30-day follow-up is on stabilization, hospital diversion, personal recovery plans and follow-up care. Assessing the need for additional support services is a unique component to this programming. Peer staff, or “Recovery Coaches,” are part of the treatment team, and assist in engaging and supporting consumers. With the re-design of our “Adult Intensive Response and Stabilization Team”, we hope to replicate such outcomes and reduce the number of hospitalizations of our adult population.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1100 /yr Total

Number of Clients by Funding Category

275 Full Service Partnerships

825 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE

Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#8 - Short Term Social Rehabilitation Program

Population to Be Served

The Short Term Social Rehabilitation Program (formerly known as the Crisis Residential Program) will provide short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis. The 15 bed program will serve adults from 25 to 64 years old throughout the county.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

390 Total

Number of Clients by Funding Category

98 Full Service Partnerships

292 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Work Plan Description

Ventura County does not have a voluntary crisis residential facility in the Adult System of Care to accommodate adults with serious mental illness (SMI) who are in crisis, may be suffering from co-occurring disorders, or who want and need the additional support that can be offered through this type of voluntary program.

The Adult Short-Term Social Rehabilitation program is designed as an alternative to hospitalization for individuals presenting 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 for Ventura County's SMI.

A licensed residential community care, 15-bed facility will be available for voluntary admissions 24 hours a day, 7 days a week and will be staffed to provide mental health services to individuals with complex mental health needs who are currently in crisis and without the resources to cope within the community. The program will provide up to 30 days of intensive, culturally and ethnically sensitive, individualized services. This Center will provide assessment and stabilization supports to identify the level of need of the individual. If it is determined that the individual is not in need of this level of service, referrals to appropriate community supports will be provided through the availability of flexible funding. Estimating that the average stay will be less than 14 days, it is projected that the residential program will serve approximately 390 SMI adults each year. A site is being located for the facility, with an anticipated start date of January 1, 2010, and therefore 195 individuals served in FY 2009-10.

The goal of the program is to facilitate a reduction in the intensity of those factors that lead to admission to this level of care. The program will offer an environment where consumers will contribute to the programming as well as the daily household operations of the center. Emphasis will be on stabilization and working toward personal recovery through the support of peers in creating WRAP recovery plans, identifying personal and community supports and strengths to call upon for future challenges. Based on a recovery-centered approach, the program will include Peer Support Specialists as integral to the team.

Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE

Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#9 - Adult Wellness & Recovery Center

Population to Be Served

The Adult Wellness and Recovery Center serves adults with serious mental illness (SMI) throughout Ventura County. Many are at risk of or experiencing homelessness, substance abuse, incarceration and increasing severity of mental health issues. This program focuses on providing outreach and access for the cultural, ethnic and racial groups who have been reluctant to access services through traditional programs or clinic-based services.

Work Plan Description

The Adult Wellness and Recovery Center (AWRC) is designed as a 'portal' for access by offering supports commonly utilized by adults with a serious mental illness without the pressure of 'enrolling' in services. Located in a centralized and easily accessed area of Ventura, the AWRC reaches out to unserved and underserved adults throughout the county. This 'under one roof' center was developed primarily by consumers and family members and offers an array of on-site supports and relevant referrals to consumers who historically have not accessed services through the traditional clinic system. While providing supports, the Center serves as a linkage to other mental health services. The AWRC also provides supports for adult consumers as they transition out of other mental health programs on their journey of wellness and recovery. Transportation assistance is provided to consumers who live in more distant parts of the county.

The AWRC is staffed by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. AWRC "members" are supported in their desire for recovery in a non-judgmental and accepting atmosphere, where peer directed activities and interaction are an integral component to the program. Embracing a philosophy that meaningful work and social activities are at the heart of wellness, each member is encouraged to reach his/her personal goals. The center also offers self help groups addressing job preparation and employment readiness, computer skills, awareness of substance abuse, housing opportunities, cooking, art and other activities designed to promote wellness and recovery.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

100 Total

Number of Clients by Funding Category

25 Full Service Partnerships

 System Development

75 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

 Total

Number of Clients by Type of Prevention

 Early Intervention

 Indicated/Selected

 Universal

Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE

Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#10 - Older Adult Full Service Partnership

Population to Be Served

This Older Adult Full Service Partnership provides services to consumers 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. Special priority is given to those with persistent mental illness and to those that are homebound, homeless and/or in crisis. The two most frequent primary diagnoses of consumers served by the program are psychosis (38%) and depression (37%). The majority (58%) of individuals served have been White, while 30% have been Hispanic, with 17% of all consumers served being Spanish speaking.

Work Plan Description

During the MHSA community needs assessment and planning process, it became evident that the special needs of the older adult population were not being addressed. Often, due to multiple mental health issues and physical challenges, this population is unable to access appropriate mental health services. The Older Adult FSP was developed to address this need. Combining community outreach and education with clinical evaluation, referral, and treatment services, the Older Adult FSP has increased access to services, reduced service barriers and serves the multiple needs of older adults through multi-agency, comprehensive, integrated care.

The program provides all assessment and treatment services through mobile units that are community based and available to reach individuals where they live. Services include assessment, treatment, crisis response, and co-occurring disorder supports such as substance abuse, dementia, acute distress, post-traumatic stress syndrome and or physical disabilities, for persons with a primary diagnosis of severe mental illness. Settings for service delivery to homebound or homeless, severely mentally ill seniors may include: private homes, board and care homes, outpatient clinics, skilled nursing facilities, inpatient psychiatric/multi-service senior programs, jails and public streets. Peer staff, or “recovery coaches” assist in engaging new and current consumers, and provide support services and advocacy, and through their life’s experience, provide a model for successful wellness and recovery.

The program has been successful in reducing psychiatric hospitalizations, as well as both medical and psychiatric emergency room visits.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

90 Total

Number of Clients by Funding Category

90 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE

Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#11 - Fillmore Community Project

Population to Be Served

This program serves youth and families of youth 0-17 who have been identified as having a 1) mental health and/or substance disorder with a 2) significant impairment in functioning/development OR a probability of significant impairment if not provided services. Fillmore and Piru are predominantly Latino, working class, and religious communities with a significant number of migrant workers, undocumented people, and Spanish speakers. The community has many uninsured/underinsured youth and families that are currently underserved due to the lack of community-based providers and transportation limitations. Furthermore, they are often inappropriately served, due to a disproportionate number of youth from this community entering the justice system and reluctance to access services through traditional clinical based programs.

Work Plan Description

This new Children's Options Outpatient Clinic is in the City of Fillmore, which serves the rural and predominantly Latino communities of Fillmore and Piru. This program provides a variety of mental health treatment, supports and case management services for severely emotionally disturbed (SED) youth between 0 and 17 and their families in both clinic and community based locations.

This clinic is designed in a manner that is oriented toward the MHSA goals of serving as a comprehensive community system that is client and family directed, culturally competent, and recovery/resiliency oriented. This is accomplished several ways. In response to input during the community planning process, the clinic is collocated with medical, public health and social services, providing a central point of service access for children and families. In addition, the program serves as a linkage to the MHSA funded children's outreach and engagement program in Fillmore. Clinical services through this program are provided at the clinic as well as in schools, homes, parishes, and other community locations that may be more accessible for youth and their families.

Through a recovery/resiliency orientation, the program enriches the Children's Systems of Care in the county by integrating a spectrum of services into a coordinated network that fosters the ability for individuals and families to address life's challenges and participate fully in their communities. Services are offered in a strength-based and individualized manner, with the youth and family involved in accessing, planning, implementing, and evaluating these services. In addition, services offered at the Fillmore clinic are aimed at improving functional competencies, fostering self and family efficacies, problem solving skills, and sense of purpose. Furthermore, there is a high level of service coordination within VCBH and between VCBH and other agencies to navigate complex systems and prevent fragmentation of care for clients/families with numerous needs. This is accomplished through coordination between case managers, parent partners, and peer partners. Finally, early intervention services are provided to deal proactively with problems or challenges, rather than letting them become entrenched and more difficult to address.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

80 Total

Number of Clients by Funding Category

Full Service Partnerships

80 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#12 - Children and Family Stabilization Program -
Family Access Support Team (FAST)

Population to Be Served

This program is designed to provide services to children, youth and their families who are at high risk for hospitalization or out-of-home placement. Designed to support families in identifying strategies to address the challenges of severely emotionally disturbed (SED), these families are traditionally unserved and underserved in the current behavioral health system due to a lack of insurance-determined supports such as Therapeutic Behavior Services (TBS). Additionally, this program provides outreach to youth and their families as they first enter the behavioral health system.

Work Plan Description

The Children and Family Stabilization Program is led by United Parents, who is our local children, youth and family advocacy group. Staffed solely with trained Parent Partners, the Family Access Support Team (FAST) provides services *by families, to families*, embracing the philosophy of MHSA in a client and family driven approach to service delivery. Staff are parents who have specialized training, and that have raised a child with a serious mental/emotional disorder. This program is designed to provide children and families with intensive home-based supportive services in a proactive approach, lessening the need for crisis-based responses. Parent Partners work intensely with the family, modeling techniques to the parents, supporting them in implementation of the Personal Care Plan of each child and their family, so that the family better understands how to utilize interventions to alleviate crises.

By providing an alternative to reduce the hospitalization of children and youth, this proactive approach supports and educates children and their families, utilizing strategies that might prevent an escalating situation from turning into a crisis. A primary goal of this program is to reduce the need for actual crisis calls, out-of-home placements and hospitalizations. This program is designed and approached as one component of a larger system of care for children and their families. FAST works collaboratively within a community of service provision, providing a family and purpose-driven system of support to our children and families. Additionally, families who are challenged with potential escalating situations are referred to the program for 'proactive', 'pre-crisis' supports, focused on supporting the family with strategies, education and alternatives to what has often been considered the only option – hospitalization.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

100 Total

Number of Clients by Funding Category

_____ Full Service Partnerships

100 System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#13 - Transitions

Population to Be Served

The Transitions program serves Transitional Age Youth, ages 18 to 25 years old with serious mental illness across a continuum of full service partnership services. Many of these individuals have co-occurring substance abuse, and many are at risk of homelessness, hospitalization or incarceration. The program serves primarily the Oxnard and Conejo and Simi Valley regions of Ventura County. The program has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas, and in engaging Latino TAY, who make up 44% of individuals served since the program's inception. Furthermore, female TAY, who historically are underrepresented in the adult behavioral health system, constitutes 50% of those served.

Work Plan Description

The Transitions program is key to the transformation of the county mental health system, providing a comprehensive array of services as part of the full service partnership continuum of care serving TAY. A comprehensive Behavioral Health outpatient program, Transitions integrates wellness and recovery into its array of behavioral health services, which include psychiatric treatment (psychiatric evaluation/assessment and medication monitoring), individual therapy, intensive case management services, group treatment and rehabilitation services. Transitions allows TAY to move seamlessly through a system of care, accessing those services appropriate to their developmental and mental health needs. While ensuring capacity to provide services within the clinic setting, the inherent vision of the Transitions Program ensures that clinicians and case managers also provide field-based services within homes, community, the TAY Wellness and Recovery Center. Peer staff, or "Recovery Coaches," support consumers in the achievement of their wellness and recovery goals.

More than one-fourth of TAY served by the program has substance abuse treatment needs, so staff has received extensive training on and implemented the research based Integrated Dual Diagnosis Treatment model as part of the Transitions care continuum. The program also focuses on assisting the TAY clients in addressing their appropriate developmental tasks, includes independent living skills, socialization skills, assistance in obtaining insurance, housing, employment and education. More than half of the TAY enrolled in Transitions for over six months have either enrolled in College, obtained employment or are volunteering since enrolling in Transitions. A number of these individuals have been successful in attaining peer employment with the TAY wellness and recovery center or as Wellness and Recovery Action Plan (WRAP) group facilitators.

It is the mission of the Transitions program to provide comprehensive mental health treatment that enables the TAY to complete or approximate their developmental tasks, as fully as possible, based on each individual's specific capacities. Inherent in all work with the TAY, is the notion that the teams help focus upon facilitating the development of skills needed to successfully achieve age appropriate developmental tasks of launching, integrating a Wellness and Recovery, client driven model.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

150 Total

Number of Clients by Funding Category

150 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Ventura

Work Plan Title

#15 - Empowering Partners through Integrative Community Services (EPICS)

Population to Be Served

This Full Service Partnership serves adult consumers (18 and over) with serious and persistent mental illness. Consumers receiving the most intensive services are those who are high users of Institutes of Mental Disorders (Imps), acute psychiatric hospitals, and emergency room services. This population often has additional complicating factors including co-occurring substance abuse disorders, poverty, homelessness, forensic involvement, and social stigma. Furthermore, the program provides a continuum of services for adults throughout the county with seriously mentally ill (SMI) who are at risk of homelessness, incarceration or hospitalization. The service continuum includes individuals diagnosed with co-occurring alcohol or substance abuse issues through the Integrated Dual Diagnosis Program, which has been integrated into EPICS.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1660 Total

Number of Clients by Funding Category

1660 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Work Plan Description

EPICS represents significant transformation of Ventura County's behavioral healthcare services. The program provides a full continuum of full service partnership services to a large percentage of adult behavioral health consumers with SMI, most of whom had been underserved or unserved by the county's traditional mental health system. Up to 80 EPICS consumers, who are high utilizes of IMD and with the most intensive needs, are served through comprehensive, integrated *Assertive Community Treatment (ACT)*. These services include: mental health treatment, psychiatric care and medication management, intensive case management, 24/7 social worker access, medical care, medical education to understand and manage chronic conditions, alcohol and other substance abuse treatment, 12-step or similar programs, life skills training (e.g. money-management, anger management), vocational training and counseling, access to adult education, advocacy regarding criminal justice, social services, social security issues, the sub-payee program, peer support program, pro-social activities, and housing supports.

The majority of EPICS consumers receive services through "recovery tracks," designed to provide research based treatment for individuals with mood disorders, psychosis and depression. Through the recovery tracks, treatment through Ventura County's public mental health system is being transformed so that consumers receive more effective, more efficient treatment aimed towards wellness and recovery. The Integrated Dual Diagnosis Program (IDDT), which had been funded separately by MHSA, has also been integrated into EPICS as an additional recovery track. IDDT has been identified by State DMH, CiMH as well as national mental health organizations as an emerging best practice, and provides integrated treatment for individuals with mental illness and co-occurring substance abuse. During the stakeholder planning process, it was determined that IDDT would be enhanced by incorporating it into the EPICS program as an additional recovery track of EPICS. By integrating the two programs, IDDT consumers will be better served through the addition of 24/7 access to staff support. Additionally, the availability of housing funds will meet a critical need of many IDDT consumers on their path towards wellness and recovery. The integration will also provide for a more seamless integration for other EPICS consumers when dual diagnosis concerns indicate they would benefit from the specialized services of IDDT. Additionally, the recovery tracks incorporate 24/7 access, which will be provided after hours by the expanded Adult Crisis Response Team. Finally, rehabilitation services will be incorporated into the continuum of EPICS full service partnership services.

Through the continuum of full service partnership services provided through EPICS, consumers receive the type and intensity of services that best promotes each individual's wellness and recovery, in a manner that is comprehensive and seamless.

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#16 – Peer and Family Employment

Population to Be Served

The Peer and Family Employment program provides services to transitional age youth, adults and older adults throughout Ventura County’s behavioral healthcare system.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

510 Total

Number of Clients by Funding Category

Full Service Partnerships

510 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Work Plan Description

Peer and family employment is fundamental to the MHSA vision of wellness and recovery as well as to Ventura County’s transformation of its behavioral healthcare system. This program provides training, advocacy and direct service for peers and family members through several distinct, yet related components:

1. Training, employment, supervision and support for Peer Support Specialists and Recovery Coaches and Transformational Advocates throughout the county’s behavioral health system. The county has contracted with Recovery Innovations of California (RICa), which is an organization specializing in the training, employment and support of those with lived experience within the workforce. Through its Recovery Education Center, partially funded by MHSA’s Workforce Education and Training component, RICa provides peer employment training and Wellness Recovery Action Plan (WRAP) facilitation training for peers, serving as the standardized model for peer training in the county. RICa also provides training to county and contractor staff on wellness and recovery and on the integration of peers into the clinical setting.

A number of peers trained are employed by RICa to facilitate WRAP, WELL (Wellness and Empowerment in Life and Living), and Medication for Success classes in all the county’s adult clinics, as well as in into Board and Care residences, other contract provider locations and other types of supervised living situations. RICa employed Recovery Coaches have been integrated into treatment teams of a number of county programs, providing engagement, advocacy and support, utilizing their “lived experience” to provide a unique perspective and approach to their work with consumers. Recovery coaches support consumers participating in recovery classes, support housing success, help them access a spiritual community or other community supports, and identify activities that will help them develop community connections and friendships. Finally, RICa trained peers are employed by other community providers throughout the county.

2. Support to the county’s NAMI chapter, to provide training and support to county and contract providers on the provision of support to consumers and family members.
3. Support to the county’s Client Network group, which provides training and advocacy on the transformation to a wellness and recovery focused treatment system.

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

Ventura

Work Plan Title

#17- Screening, Triage, Assessment and Referral (STAR)

Population to Be Served

STAR will serve consumers of all ages, including children, TAY, adults and older adults who are entering the county's behavioral healthcare system.

Work Plan Description

Historically, individuals and families seeking mental health treatment have entered the county system through multiple doors: by calling the Access Line, walking in or calling a regional clinic, through referral by a primary care physician at a County ambulatory care clinic, contact with our crisis team, or by discharge from the County inpatient unit. While multiple access portals may be positive, the county needs to guarantee that every portal provides the same high quality service and ease of access.

To be implemented in early 2009-10, STAR will coordinate access so that consumers of all ages receive timely, appropriate and consistent information, guidance, screening, triage, assessment, and/or linkage to mental health services and supports in a more efficient, higher quality, culturally sensitive manner county-wide. The county anticipates STAR will lead to an increase in the county's ability to reach its core target population, including an expected increase in services to unserved and underserved individuals.

The dedicated staff assigned to STAR will also manage emergent and urgent requests for service, including walk-in screenings and crisis intervention at every regional clinic. This assures timely response to service requests, while freeing up the clinics to provide the treatment necessary to support recovery. The perspective of a 'lived experience' by peer staff, or Recovery Coaches, will also assist in connecting with and engaging persons who have traditionally been unserved or underserved, who may have been reluctant to access traditional mental health services. Additionally, peer staff will participate as part of the assessment team, helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR staff will also be an accessible resource to the community seeking information about mental illness, outpatient programs and services, and strategies to promote wellness and recovery.

The assessment team will provide assessments county-wide at regional clinics, in addition to non-traditional locations, improving our ability to engage underserved populations that may be reluctant to go to a clinic setting. Telephone screening and assessment services, offered Monday-Friday from 8:00 am to 8:00 pm, will help overcome both the practical and geographical barriers to access most often identified.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1250 Total

Number of Clients by Funding Category

625 Full Service Partnerships

625 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: **VENTURA**

Date: **June 10, 2009**

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$18,726,100		\$0		
2. Transfers ^{b/}					
3. Adjusted Planning Estimates	\$18,726,100	\$0	\$0	\$0	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$20,689,915		\$1,258,211		
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$13,293,633		\$273,888		
b. Adjustment for FY 2008/09 ^{e/}	\$0		\$0		
c. Total Net Available Unspent Funds	\$13,293,633	\$0	\$273,888	\$0	\$0
3. Total FY 2009/10 Funding Request	\$7,396,282	\$0	\$984,323	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates	\$0		\$984,323		
2. Unapproved FY 07/08 Planning Estimates	\$0		\$0		
3. Unapproved FY 08/09 Planning Estimates	\$0		\$0	\$0	
4. Unapproved FY 09/10 Planning Estimates	\$7,396,282		\$0	\$0	
5. Total Funding^{f/}	\$7,396,282	\$0	\$984,323	\$0	\$0

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE
FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: **Ventura**

Date: **6/15/2009**

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	#	Name	New (N)/ Approved Existing (E)		Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	Child - Full Service Partnership (FSP)	(E)	\$ 335,627	\$335,627				\$335,627			
2.	2	Child - Intensive Response Team (CIRT)	(E)	\$ 538,000	\$134,500	\$403,500			\$538,000			
3.	3	Child - Outreach & Engagement	(E)	\$ 37,500			\$37,500		\$37,500			
4.	4	TAY - Full Service Partnership (FSP)	(E)	\$ 962,105	\$962,105					\$962,105		
5.	5	TAY - Wellness & Recovery Ctr	(E)	\$ 554,444	\$138,611		\$415,833			\$554,444		
6.	6	Adult - Full Service Partnership (FSP)	(E)	\$ 555,356	\$555,356						\$555,356	
7.	7	Adult - Mobile Crisis Team	(E)	\$ 840,609	\$210,152	\$630,457					\$840,609	
8.	8	Adult - 15 Bed Short Term Social Rehabilitation	(E)	\$ 1,032,712	\$258,178	\$774,534					\$1,032,712	
9.	9	Adult - Wellness & Recovery Center	(E)	\$ 434,922			\$434,922				\$434,922	
10	10	Older Adult - Older Full Service Partnership (FSP)	(E)	\$ 1,016,364	\$1,016,364							\$1,016,364
11	11	Child - Fillmore Community Project	(E)	\$ 425,908		\$425,908			\$425,908			
12	12	Family Access Support Team (FAST)	(E)	\$ 443,766		\$443,766			\$443,766			
13	13	TAY - Transitions	(E)	\$ 691,002	\$691,002					\$691,002		
14	15	EPICS	(E)	\$ 1,669,963	\$1,669,963						\$1,669,963	
15	16	Consumer and Family Employment	(E)	\$ 1,244,745		\$1,244,745				\$124,475	\$995,796	\$124,475
16	17	Screening, Triage, Assessment & Referral (STAR)	(E)	\$ 1,518,234	\$759,117	\$759,117			\$531,382	\$227,735	\$531,382	\$227,735
26	Subtotal: Work Plans ^{a/}			\$12,301,257	\$6,730,975	\$4,682,027	\$888,255	\$0	\$2,312,183	\$2,559,761	\$6,060,740	\$1,368,574
27	Plus County Administration			\$1,604,351								
28	Plus Optional 10% Operating Reserve			\$1,390,561								
29	Plus CSS Prudent Reserve ^{b/}			\$5,393,746	NOTE: The entire amount, \$5,393,746, is requested through unexpended FY 2007-8 funds.							
30	Total MHSA Funds Required for CSS			\$20,689,915								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 54.72%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE**

**FY 2009/10 Mental Health Services Act
Workforce Education and Training Funding Request**

County: **Ventura**

Date: **6/15/2009**

Workforce Training and Education Work Plans				FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
	No.	Name	New (N)/ Approved Existing (E)		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
1.	1	Workforce Staffing & Support	E	\$193,078	\$193,078				
2.	2	Training Institute	E	\$115,000		\$115,000			
3.	3	C/F Recovery Education Center	E	\$170,250			\$170,250		
4.	4	Language Development	E	\$15,000			\$15,000		
5.	5	Career Ladder Program/Secondary Ed	E	\$52,500			\$52,500		
6.	6	Human Services Cert & AA	E	\$62,500			\$62,500		
7.	7	Psych Tech Feeder Program	E	\$75,000			\$75,000		
8.	8	Coordinate with Local MSW Program	E	\$0					
9.	9	Doctoral Internship Program	E	\$26,250				\$26,250	
10.	10	Residency program	E	\$15,750				\$15,750	
11.	11	Educational Stipends & Scholarships	E	\$60,000					\$60,000
12.	12	Internships Stipends	E	\$358,500					\$358,500
13.									
26.	Subtotal: Work Plans			\$1,143,828	\$193,078	\$115,000	\$375,250	\$42,000	\$418,500
27.	Plus County Administration								
28.	Plus Optional 10% Operating Reserve			\$114,383					
29.	Total MHSA Funds Required for Workforce Education and Training			\$1,258,211					

Ventura County Behavioral Health Department
FY 2009-10 MHSA UPDATE

EXHIBIT G

Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County VENTURA Date June 11, 2009

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding \$12,301,257

Enter the total funds requested from Exhibit E1 – CSS line 26.

2. Less: Non-Recurring Expenditures - \$0

Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration + \$ 1,604,351

Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

4. Sub-total \$13,905,608

5. Maximum Prudent Reserve (50%) \$ 6,952,804

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals \$ 1,559,058

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update +\$ 5,393,746

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

*NOTE: The entire amount, \$5,393,746, is requested through unspent FY 2007/2008 CSS funds.

8. Prudent Reserve Balance \$ 6,952,804

Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% \$ _____ \$0

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

Not Applicable

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.

PUBLIC COMMENTS

PUBLIC COMMENTS

7/20/2009

RATAN BHAVNANI

I generally support the PEI Plan

I Thank Gabeiro Aguirre, Susan Kelly,
the VCBH staff and our team of
consultants

We have a good, solid, group of programs

I generally support the CSS 2009/10
plan update.

With respect to Program #16, I strongly
Recommend to VCBH That the
transformational advocate(s) mentioned
be converted to Family Advocate(s).
And further that this position or
positions be housed within a
community organization such as NAMI,
rather than within VCBH.