HEALTH, RECOVERY & WELLNESS

Mental Health Services Act
2013/14 Annual Update

January 17, 2014

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Community Program Planning Process Participants

VCBH would like to thank the following stakeholders who participated in the development of this project:

Community Services and Supports Planning Workgroup

Meloney Roy	VCBH – Director
Irene Mellick	MHB – Older Adults Cmt
Lisa Rubio	MHB – Children's Cmt Chair
David Holmboe	MHB – Chair
Karyn Bates	MHB – Adult & Housing Cmt
Carol Thomas	MHB – Children's Chair
Anthony Marron	MHB – TAY Cmte
Ratan Bhavnani	NAMI
Liz Warren	Client Network
Ellen Linder	Parent Partner Representative (United Parents)
Mary McQuown	Peer Employee Representative (RICA)
Pam Roach	VCBH – Transformational Liaison
Pam Fisher	VCBH – Adults Division Manager
Robert Mendoza	VCBH – Adults Division
Mary Stahlhuth	VCBH – Adults Division
Meredyth Leafman	VCBH – TAY
Susan Kelly	VCBH – Youth & Family Division Manager
LaValda Marshall	VCBH – Fiscal Staff
Narci Egan	VCBH – Fiscal Staff
David Swanson Hollinger	VCBH – MHSA Manager
Luis Tovar	VCBH – Cultural Competence Workgroup
Lennie Kwock	VCBH – Youth & Family
Dina Olivas	VCBH – Youth & Family
Amanda Pyper	VCBH - Adults

Prevention and Early Intervention Planning Committee

Cleo Anderson	St. Paul's Baptist Church
Karyn Bates	MHB
Kris Bennet	AspiraNet
Ratan Bhavnani	NAMI
Karlyn Bock	VCOE
Nancy Borchard	MHB
Lucrecia Campos-Juarez	Clinicas del Camino Real, Inc.
Patty Chan	VC Public Health
Debra Creadick	Health Services Agency
Julianna Fjeld	Tri-County GLAD
Jennifer Gomez	TAY Wellness & Recovery
Pamela Grothe	Health Services Agency – CFS
Deanna Handel	First Five Ventura County
Dan Hicks	VCBH – Prevention Services Manager
Meredyth Leafman	VCBH – Children's Division
Ellen Linder	United Parents
Barbara Marquez-O'Neil	Alliance
Edgar Mohorko	Clergy Council
Caroline Prijatel Sutton	The Coalition for Family Harmony
Cathy Puccetti	Ventura NfL
Curt Rothschiller	Ventura County Sheriff
Margaret Sawyer	MICOP
Erik Sternad	Interface

Charlotte Torres	First Five Ventura County
Theresa Hart	VC Probation Agency
Liz Warren	Client Network
Luis Tovar	VCBH – Ethnic Services Manager

Workforce Education and Training Committee

Ratan Bhavnani	NAMI
Vanessa Cortez	Pacific Clinics
Carla Cross	VCBH
Rajima Danish	VCBH
Heather Evans	VCBH
Rebecca Evans	VCBH
Mary McQuown	RICA
Kim Prendergast	VCBH
Mindy Puopolo	CLU
Clyde Reynolds	Turning Point Foundation
John Rivera	VCBH – ADP/Prevention
Lisa Rubio	MHB
Terry Schukart	VCCCD

Community Leadership Committee

Karyn Bates	MHB
David Holmboe	MHB
Liz Warren	Consumer
Diana Hernandez	Consumer
Anthony Marron	Consumer
Ratan Bhavnani	Family Member – Adults
Nancy Borchard	Family Member – Adults
Elizabeth Rice	Co-Occurring Disorders Cmt
Jacqueline Bradford	TAY – Underrepresented Populations
Christina Urias	Community – Underrepresented Populations
Debra Creadick	Prevention & Early Intervention Workgroup
Mindy Puopolo	Workforce Education and Training Workgroup (CLU)
Roger Rice	Education
Greg Runyon	Community – Faith Based
Linda Parks (Co-Chair)	Board of Supervisors
Barry Zimmerman	Human Services Agency
Linda Oksner	Law Enforcement
Mark Varela	Probation
Barry Fisher	HCA
Dr. Robert Gonzalez	HCA – Director
Meloney Roy (Co-Chair)	VCBH - Director

Exhibit A
County Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Ventura

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

Local Mental Health Director	**County Auditor/Controller/City Financial Officer**
Name: Meloney Roy	Name: Jeff Burgh
Telephone Number: (805) 981-1881	Telephone Number: (805) 654-3153
Email: Meloney.Roy@ventura.org	Email: Jeff.Burgh@ventura.org

Local Mental Health Mailing Address:

1911 Williams Drive, Suite 200, Oxnard, CA 93036

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 _____

I hereby certify that for the fiscal year ended June 30, 2013 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 December 23, 2013 for the fiscal year ended June 30, 2013.

I further certify that for the fiscal year ended June 30, 2013 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 _____

[1] 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)

Exhibit B
Community Program Planning and Local Review Process

County: Ventura **30-day Public Comment period dates:** 07/05/13 – 08/04/13

Date: May 20, 2013 **Date of Public Hearing (Annual update only):** 08/05/13

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
1. Description of the Community Program Planning (CPP) Process for development of all components included in the annual update/update.
Since the passage of AB 100, which eliminated the approval authority of the State of MHSA plans, Ventura County has refined its local approval process. The Mental Health Board retains overall guidance and oversight for the Community Planning Process, including final approval to post the Update for Stakeholder review, overseeing 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. Prior to being presented to the Mental Health Board, MHSA component specific workgroups analyze current programs and make recommendations for the Annual Update: **Community Services and Supports and Prevention and Early Intervention:** Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) each conducted a series of in depth evaluations between October 2012 and April 2013. At each of the CSS and for PEI Planning Workgroups, stakeholders provided input and feedback on: • Current program status, including successes and challenges; • Proposed changes to existing programs; • How to best maintain the priorities of the MHSA component plans and continuing systems transformation while adapting to the continued budget challenges. The CSS Workgroup meetings took place in a series of 19 presentations to evaluate 15 programs as follows: • October 1, 2012- Work Group Planning preparation and overview of intended process. • October 15, 2012- System overview. • December 5, 2012- Crisis teams and Entry (Children's Intensive Response Team, Adult Crisis Response Team, Adult Short Term Rehabilitation Center, and Screening Triage Assessment Referral Team). • January 3, 2013- Clinical programs (Adult Recovery Tracks, Fillmore Community Project, and Transitions). • January 17, 2013- Peer/Family member programs (TAY Wellness Center, Adult Wellness and Recovery Center, and the National Alliance for Mental Illness). • January 31, 2013- Peer/Family member programs (Client Network, United Parents, Recovery Innovations, and Transformational Liaisons). • February 12, 2013- Full Service Partnerships (EPICS, Children's FSP, TAY FSP, Older Adults FSP) • February 28, 2013- Review of process and recommendations to the CLC. A number of recommendations resulted from the CSS Workgroup, including the need to improve data collection for some programs, and improve outreach and engagement with the Spanish speaking population. The CSS Planning Workgroup also recommended the expansion of the Transitions program to the Santa Clara Valley, increased case management in the Adult Recovery Tracks, and increased access to housing within the Transitions program. Recommendations for the Peer/Family Member programs were to increase outreach and engagement of the Spanish speaking population, increase Peer

employment of VCBH consumers, and increase outreach and engagement with VCBH enrolled clients. Recommendations for the Full Service Partnership programs were to increase access and service to Spanish speaking populations, increase transportation for older adults, and increase services to those with higher level needs within the TAY population. Recommendations for the crisis teams and STAR programs were to consider performing follow up with all clients, improve response time to the East County, improve discharge planning, and provide more explicit criteria for entry into the system. Also, there were recommendations to improve the warm hand off and engagement of newly enrolled clients, increase referral sources, and increase services for those that are dually diagnosed.

At the final meeting, the Workgroup asked that all programs examine opportunities to increase revenue and efficiencies while also decrease costs. This is in recognition of the need over the next several years to scale back net CSS expenditures to a more viable level. Finally, the Department will take into consideration the program specific recommendations listed above that came out of the planning meetings.

The PEI Workgroup meetings took place in a series of 13 presentations to evaluate 6 programs as follows:

- January 8, 2013- VIPS, City Impact, and Mental Health First Aid.
- January 17, 2013- Clinicas, Primary Care Project, Kid and Families Together Kinship Coalition, and Triple P (City Impact and Interface).
- January 29, 2013- Tri-Counties GLAD and Wellness Everyday Panel.
- February 11, 2013- Olweus Bullying Prevention, CHAMPS, St. Paul's Baptist Church, Project Esparanza, and One Step a la Vez.
- February 26, 2013- Recommendations to CLC
- April 29, 2013- Revised Recommendations to the CLC.

At the conclusion of these meetings, the PEI work group recommended a balanced approach so that universal and targeted prevention activities continue to be provided to the community as well as early intervention. This includes ensuring a link between the county's universal prevention campaign and statewide efforts. At its February 26, 2013 meeting, the PEI Workgroup recommended the continuation of current PEI programming, with the expansion of the VIPS program countywide. This change was not implemented.

The PEI workgroup then met again after the March 25, 2013 CLC meeting, in which the CLC approved a net $1M decrease in net PEI expenditures in FY 2013/14 as a step towards to addressing the fiscal imbalance in PEI. The CLC delegated to the PEI Workgroup the authority to determine the specific nature of these reductions.

Workforce Education and Training (WET):

The WET Committee is comprised of diverse stakeholders that met monthly during the planning phase and 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.

At its April 19, 2013 meeting, the WET Committee approved the recommendations for the FY 2013/14 Annual Update.

Innovation

There are four approved Innovation projects, all in the early stages of implementation. Two of the projects focus on outreach and education to underserved ethnic communities and are driven by stakeholders representing the target populations. Another projects target individuals with serious and persistent mental illness (SPMI) with significant needs and is driven by a stakeholder planning workgroup representing consumers, family members and mental health professionals.

Community Leadership Committee (CLC)

The CLC is composed of community stakeholders from a variety of sectors. In FY 2012/13, its oversight role was expanded to now include the approval of MHSA plans for submission to the Mental Health Board for review and approval. On February 20, 2013, the CLC met and agreed to consider a proposal by the Department to increase services to adults with significant mental health challenges.

At the March 25, 2013 CLC meeting, recommendations were brought for all MHSA components for FY 2013/14. Due to new financial information, the CLC agreed to a net $1M reduction in PEI expenditures in FY 2013/14. The CLC gave the PEI planning committee the approval to determine the specific nature of these reductions and approved all other VCBH recommendations for the various MHSA components. After the PEI Workgroup determined that it would rather delay reductions for one more year, the CLC met again to consider this possibility. At this meeting, on May 15, 2013, the CLC determined that the $1M reduction will occur in FY 2013/14 and adopted the Department's recommendation for those reductions.

On December 17, 2013, the CLC reconvened and was informed that the 13/14 MHSA Plan had not been submitted due to over projections in the prudent reserve that was identified and is now reconciled. On January 17, 2014, the CLC was presented with an updated financial statement for the 13/14 MHSA Plan, and it was approved. The fiscal report reflects a $1 Million impact on the CSS prudent reserve for the current fiscal year.

Upcoming CPP Stakeholder Activities

January 27, 2014 through March 17, 2014 (anticipated)

- 30 day Stakeholder Review and comment period

March 17, 2014 (Anticipated)

- Public Hearing, held by the Behavioral Health Advisory Board

March 18, 2014 (Anticipated)

- Board of Supervisors Approval

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

As described above, there were several groups that provided formal direction and input during the Community Program Planning Process:

Community Services and Supports (CSS) Workgroup:

The CSS Stakeholder Workgroup, which provided recommendations for CSS programs, was established during the FY 2009/10 planning process. The Workgroup has since provided annual CSS recommendations for the Annual Update. 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
- Mental Health Board (MHB):
  - Board Chair; Representatives from Older Adult, Adult, TAY and Children's committees
- Consumers and family members representing children, TAY, adults, and older adults
- NAMI
- United Parents
- Community based (non-County) mental health provider representatives

Prevention and Early Intervention (PEI):

For the Annual Update, the County solicited input and feedback from the PEI Planning Committee, which was established and which guided the planning process for the PEI component plan and subsequent amendments and changes to the Plan. The Planning Committee is comprised of stakeholders who represent all PEI sectors and geographic areas of the County, including public and private providers across multiple disciplines, representatives from faith-based and underserved populations, and consumers and their family members. Each agency, organization, advocacy and community group self-identified its representative, who would best provide the 'voice' of their constituency.

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:

- Pacific Clinics
- Casa Pacifica
- RICA – Recovery Innovations of California
- Turning Point Foundation
- NAMI

Education:

- Ventura County Community College District – Oxnard College and Ventura College
- California Lutheran University
- California State University Channel Islands
- Ventura County Office of Education
- The Client Network and members of the Mental Health Board

Innovation:

There are two Innovation workgroups – one which oversees projects related to outreach and education to underserved cultural populations and the other guiding projects serving individuals with significant needs who have serious and persistent mental illness. The former group is composed of representatives from a broad cross section of public and private agencies, grassroots entities serving the underserved and consumers and family members. Included in this group are representatives from the cultural groups being targeted by these projects. The representation of the Planning Workgroup focusing on those with SPMI was established by the MHB and includes participants from the Mental Health Board, Recovery Innovations, the Client Network, NAMI, and VCBH staff, including the Director, Medical Director and Adult Division Manager. More than half the members of the workgroup are consumers or family members.

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 Mental Health 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.

Local Review Process

3. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

Ventura County's FY 2013/14 MHSA Update will be posted on the County's Behavioral Health Department website for 30 day stakeholder review and comment from July 5, 2013 through August 4, 2013. An email announcing the posting was sent to more than 500 community stakeholders and the posting announced at the Mental Health Board Executive Committee meeting on July 8, 2013. 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.

4. 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.

TBD

Exhibit A
General County Demographics

Ventura County General Demographics

Size of County:

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 consumers served is 21,310 with 10,974 of them being served by MHSA and 16,536 being served by non-MHSA programs (January 2010-June 2012).

Number of People to be served (by age group):

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 consumers of age groups as follows: 05 years 6%, 6-12 years 11%, 13-18 years 16%, 19-24 years 11%, 25-39 years 20%, 40-64 years 34%, and 65 years and over 4%. The non-MHSA programs serve a population of consumers of age groups as follows: 0-5 years 8%, 6-12 years 17%, 13-18 years 23%, 19-24 years 9%, 25-39 years 19%, 40-64 years 27%, and 65 years and over 3%.

Languages and Demographics:

According to the Census report for Ventura County, between 2007-2010 37.4% of people 5 years of age and older reported speaking a language in the home other than English. The MHSA consumers report a preferred language as follows: 90% English and 9% Spanish. For Ventura County, the general population is reported to be 48.1% White non-Hispanic or Latino and 40.9% Hispanic or Latino. For the MHSA mental health consumers, 56% are reported as White non-Hispanic or Latino and 39% are reported as Hispanic or Latino. For non-MHSA consumers, 59% are reported as White non-Hispanic or Latino and 46% are reported as Hispanic or Latino (January 2010-June 2012).

VCBH mental health consumers in MHSA funded programs have a diagnosis as follows: 21% Psychotic disorder, 39% Depressive disorder, 12% Bipolar disorder, and 11% Anxiety disorder. Those in non-MHSA funded programs have diagnoses as follows: 15% Psychotic disorder, 35% Depressive disorder, 10% Bipolar disorder, and 9% Anxiety disorder.

Community Services and Supports

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Children's Full Service Partnership/#1**

Program Description and Demographics:

In collaboration with the probation department, the 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 program uses mental health clinicians, Peer Advocates, Care Coordinator, and Employment Specialist to provide counseling, education, case management, employment development and support. The program focuses on assisting youth and their families in identifying strengths, working together to assess needs, and designing a personal plan of care to treat the youth's mental health conditions, improve their level of functioning and support family functioning; this includes linkage and engagement to identified services and supports.

This program served 42 White/Non-Hispanic consumers and 70 Hispanic/Latino consumers with 6 consumers reporting Spanish as a preferred language. This children's CSS program had a primary serious emotional disturbance as follows: 45% depressive disorder, 26% anxiety disorder, 13% other, 6% bipolar disorder, 3% psychotic disorder, 3% adjustment disorder, and 3% disruptive disorder. Also, 59% of consumers had a secondary substance abuse disorder. This program served 78 male consumers and 34 female consumers.

Number Served (by age group):

For FY 2011/2012, this program served 112 consumers. Of those consumers, 99 of them were between the age of 13 to 17 years and 27 were between the ages of 18 to 19 years.

Cost per Client: $5,830

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

The three Juvenile Courts, Solutions, Recovery Class Room, and Drug court, served a total of 112 unduplicated consumers. From Solutions court, where N=59, 8% or 5 were hospitalized. In Recovery Class Room, where N=18, there were no hospitalizations. For the 2nd quarter of FY 2011/12, there were 47 arrests and 56 incarcerations. In comparison to FY 2012/13 2nd quarter, there was one new arrest, 23 arrests for violation of probation, and 41 incarcerations.

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

- Parental engagement has been difficult: plan to utilize intensive case management assessment and linkage at beginning of treatment as means of strengthening engagement with parents and the family.
- High percentage of youth with co-occurring disorders: working to improve coordination of mental health and substance abuse treatment providers.
- Court-initiated transfer of youth between court programs: continue working with Court program decision process to promote greater continuity of care.

Significant Changes to the Program (if applicable):

- Shifted parent partner responsibilities to Care Coordinator and converted Parent Partner position to Employment Specialist.

Plans for Next Year:

- Implement co-occurring mental health and substance abuse treatment for youth identified with significant co-occurring disorders.
- Utilize intensive case management at onset of treatment to strengthen family and parent engagement in treatment.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Children's Intensive Response Team (CIRT)/#2**

Program Description and Demographics:

Through the CIRT program, children and their families with escalating mental health issues are provided immediate access to crisis intervention services, both by phone and in person. Services are provided to children/youth up to 21 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. CIRT also provides extended intensive case management and support for up to 30 days to assist families in accessing ongoing services. Through the 30 day follow up, culturally and linguistically competent CIRT staff facilitate in- home stabilization, conduct assessments, begin family driven resiliency planning, and establish linkage and brokerage to culturally appropriate community and faith based services. Program contracted to Casa Pacifica.

Number Served (by age group):

Total unduplicated consumer count FY 2011/12: 845. Of those, 7% (59) were 11 years of age and under, 62% (524) were ages 12-17 years, and 31% (262) were ages 18-21 years.

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

For FY 2011/12, CIRT received an average of 169 calls per month for a total of approximately 2,028 calls for the year. Only 16% of the calls resulted in hospitalization, which are approximately 250 hospitalizations. Approximately 800 of the calls were handled over the phone and 500 were resolved by a field visit.

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

The stakeholder work group identified the delayed response time to East County and CIRT is currently considering strategies to address this challenge.

Significant Changes to the Program (if applicable):

Not applicable at this time.

Plans for Next Year:

This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Transitional Age Youth Full Service Partnership/ #4**

Program Description and Demographics:

This program serves transitional age youth (TAY), ages 18-25, who are 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 in Camarillo, with an additional 15 TAY living independently throughout the county. The program supports individuals in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community. Consumers receive a multidimensional range of services – "whatever it takes" to support their wellness and recovery, with an emphasis on moving toward living independently within the community. Residential services and clinical services in the community provided by Telecare, Inc. Clinical services at the residential facility provided by VCBH.

The TAY FSP community program served consumers with a diagnosis as follows: 75% psychotic disorder, 17% bipolar disorder, and 8% depressive disorder. Of those consumers served, 54% have a dual diagnosis. The TAY FSP community program served consumers reported as 62% White/Non-Hispanic and 38% Hispanic/Latino with 100% reporting English as a preferred language. Of the consumers served, 67% were reported as male and 33% as female.

The TAY FSP residential program served consumers with a diagnosis as follows: 48% psychotic disorder, 19% bipolar disorder, 13% schizo-affective disorder, 13% mood disorder, 6% PTSD. Of those consumers served, 46% reported as White/Non-Hispanic and 40% reported as Hispanic/Latino. For preferred language, 94% reported English, 3% reported Cambodian, and 3% reported Cantonese. The consumers served by the TAY FSP residential program were reported as 69% male and 31% female.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):
Not applicable.

Significant Changes to the Program (if applicable):
Not applicable.

Plans for Next Year:
This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Transitional Age Youth Wellness and Recovery Center/ #5**

Program Description and Demographics:

The Transitional Age Youth (TAY) Wellness and Recovery Center, or "TAY Tunnel," serves TAY, ages 18 to 25 years old, who are recovering from mental illness and often substance abuse issues, and are also at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for service access, by offering supports commonly utilized by young adults with a serious mental illness without the pressure of 'enrolling' in services. It is located in Oxnard, and outreaches to underserved TAY throughout the county, offering an array of on-site supports and referrals to TAY who historically have not accessed services through the traditional clinic system. 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. Program contracted to Pacific Clinics.

Number Served (by age group):

For FY 11/12 the program served 250 consumers between the ages of 18 to 25 years.

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

The center is open 6 days a week and for FY 2011/12 served 250 consumers (117 members and 133 visitors) that surpassed the contract goal of 150 served. T his is a vast increase in capacity when compared to FY 2009/10, 124 consumers served, and FY 2010/11, 160 consumers served. All of the staff (100%) have lived experience and 44% of them are bilingual/Spanish speaking. In 2011 the program began to outreach to Todd Road Jail Facility for 3 hours a week and, from October of 2011 to November 2012, the program served 65 inmates. Through the supportive housing program for FY 2011/12, of the 15 youth that participated, 1 transitioned to permanent supportive housing, 5 transitioned to sober living/board and care, 2 went into transitional living programs, 1 transitioned to a room for rent, and 3 were reunited with family.

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

Lack of a wellness and recovery center in East County or in the Santa Clara Valley and transportation challenges for consumers in those communities to participate in the program in Oxnard.

Significant Changes to the Program (if applicable):

This program will continue to explore strategies to provide activities in other parts of the county.

Plans for Next Year:

This program will continue to operate as is.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Adult Full Service Partnership (XP2)/ #6**

Program Description and Demographics:

The Adult Full Service Partnership (Adult FSP) serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk or homelessness or hospitalization. This program has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. Services are provided through a contract with Telecare, Inc.

The Adult FSP served consumers reported as 84% White/Non-Hispanic and 15% Hispanic/Latino. Of those consumers, 93% reported a preferred language of English, 2% reported Spanish, 2% reported French, and 2% reported Vietnamese. This program served a consumer population of 68% males and 32% females. This population had a diagnosis as follows: 77% Psychotic disorder, 11% Bipolar disorder, 7% Depressive disorder, and 5% other disorders. Of those, 70% of the consumers had a dual diagnosis.

Number Served (by age group):

For FY 2011/2012, this program served 44 unduplicated consumers with 93% between the age of 25 to 64 years and 7% between the ages of 18 to 24 years.

Cost per Client: $14,777.00

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

Compared to the prior year, for FY 2011/2012, this program had a 94% reduction in hospitalization days, 92% reduction in incarceration days, and an 85% reduction in homeless days. This comparison also extends to meaningful activities where for the prior year the total days were 0, the program reported 240 volunteer days and 383 academic days for consumers during FY 2011/2012. Of those surveyed, the overall rating of care was scored at an 8 or above by 82% of the participants based on a 10 point scale (10 being most favorable).

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):
Not at this time.

Significant Changes to the Program (if applicable):
Not applicable at this time.

Plans for Next Year:
This program will continue to operate as is.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Mobile Crisis Response Team/#7**

Program Description and Demographics:

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/underserved within the community. For some of these consumers and their families, this may be the first contact with mental health services, so a follow-up call may be done within 24hrs, as well as expedited linkage to STAR to ensure ongoing, culturally appropriate services and supports are in place. Services provided by VCBH.

Number Served (by age group):

For FY 2011/2012, the program served 1358 unduplicated consumers.

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

For FY 2011/2012 the Crisis Team received an average of 1500 calls per month serving 1358 unduplicated consumers for the year. Of the calls received, 64% were resolved by a field visit and 31% were resolved by phone. These calls were 48% clinical, 19% request for services, and 33% informational. The reasons for the calls were 55% harm to self, 19% gravely disabled, 12% other, and 8% harm to others. For FY 2011/12, the Adult Crisis Response Team was able to respond in under an hour for 85% of the calls and of those calls they were able to respond to 59% in 15 minutes or less. The Adult Crisis Response Team was able to avoid hospitalization for 54%, 34% were placed on a 51/50, and 9% were voluntarily hospitalized.

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

One of the challenges that the Crisis Team faces is the unpredictable nature of service demand type and volume. There is no prediction of when the calls will come in or the type of call that will be received, which then dictates the services provided. Therefore Crisis Team staff also support the screening function of the STAR program.

Significant Changes to the Program (if applicable):

Not applicable.

Plans for Next Year:

This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Adult Short Term Social Rehabilitation/#8**

Program Description and Demographics:

This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the County 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. 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. Program contracted to Anka Behavioral Health.

Of the population served, 76% were reported as White/Non-Hispanic and 23% are reported as Hispanic/Latino with less than 2% reporting Spanish as a preferred language.

Number Served (by age group):

From April 2012 to March 2013, this program served 181 consumers with 1% between the ages of 13 to 18 years, 15% between the age of 19 to 24 years, and 84% between the ages of 25 to 64 years.

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

For the Adult Short Term Social Rehabilitation program, 77% of the referrals come from the hospital's In Patient Unit. Of those served by this program, 48% discharged home, 11% discharged to Casa Esperanza, 6% were in the assessment and referral process, 6% to a sober living program, and 6% to Turning Point. Of the 53 intake surveys, 23% reported quite a bit/extreme difficulty coping and, of the 40 surveys at discharge, 0% reported quite a bit or difficulty coping. Of the 53 intake surveys, 23% reported often/always thought of hurting self and, of the 40 discharge surveys, 0% reported often/always thought of hurting self. Of the 37 surveys, 81% gave a score of 8 or above on a 10 point scale (10 as absolute best and 1 as absolute worst) was reported for overall rating of care.

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

The program was ramping up in FY 2011/2012 and has become fully operational during the current fiscal year. The program continues to explore means to support consumers as a "step down" from the Inpatient Unit (IPU) as well as a preventive option for IPU placement.

Significant Changes to the Program (if applicable):

Not applicable at this time.

Plans for Next Year:

The program activities will continue while evaluating recommendations made during the CSS Workgroup meetings. The program is also expected to move to its new site during the upcoming fiscal year.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Adult Wellness and Recovery Center (AWRC)/#9**

Program Description and Demographics:

The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' in services. It is located in Oxnard, and 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 clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program 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. Program contracted to Turning Point Foundation.

The program serves consumers that are reported as approximately 52% White/non-Hispanic, 38% Hispanic or Latino, 8% Black or African American, and 2% Asian.

Number Served (by age group):

For FY 2011/12 the program served 102 consumers (members).

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

The program holds more than 12 different types of groups each month with more than 2982 participants attending the groups for FY 2011/12. The program has also exceeded the contract goals in several important ways. The initial goal for increased participation in groups was 20%, but the program exceeded that goal with a total of 84%. Another goal was to increase community activities by 20%, which actually increased by 100%. Finally, the goal of guest-to-member was 50%, but the program exceeded that goal with a total of 86%.

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

The program was ramping up with a new contractor over the past year, which included a move to the new space in Oxnard. With no wellness center in East County or in the Santa Clara Valley, the program is challenged to reach consumers in those areas.

Significant Changes to the Program (if applicable):

Not applicable.

Plans for Next Year:

This program will continue while evaluating recommendations made during the CSS Workgroup meetings, including how best to reach consumers county wide, particularly those who are Spanish speaking.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Older Adults Full Service Partnership/ #10**

Program Description and Demographics:

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. Often, due to multiple mental health issues and physical challenges, this population is unable to access appropriate mental health services through community-based clinics. Frequently, these are individuals with persistent mental illness who are homebound, homeless and/or in crisis. The 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 consumers, and provide support services and advocacy, and through their lived experience, provide a model for successful wellness and recovery. Services provided by VCBH.

Of the population served by the Older Adults Full Service Partnership program, 75% were reported as White/non-Hispanic and 25% were reported as Hispanic/Latino. Of the population served, 89% reported English as a preferred language and 9% reporting Spanish. The program also serves a majority of 68% female and 32% male consumers. The consumers had a diagnosis as follows: 46% psychotic disorder, 30% depressive disorder, 16% bipolar disorder, 5% anxiety disorder, and 3% other. Of those, 32% have a dual diagnosis and 88% have a serious medical condition.

Number Served (by age group):

For FY 2011/2012, this program served 101 unduplicated consumers. Of those served, 59% were between the ages of 60 to 70 years, 37% were between the age of 71 to 80 years, and 9% were between the ages of 81 to 90 years.

Cost per Client: $14,110

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

There are 8 staff that serve this program which does not include managers and administration. For the consumers that are served by the staff in this program, 70% of them do not have a significant other that can help care for them and 56% do not have a family member that can help care for them. Also, 43% of them are homebound and 40% of them lack transportation. Of the 56 surveys, 93% of them reported a score of 8 or above on a 10 point scale (10 being absolute best and 1 being absolute worst) for overall rating of care.

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

One of the barriers to services was a high staff turnover rate and multiple location changes. One of the strategies used to mitigate this is focusing on training by including Health Navigation Training and integrating Recovery Coaches. Another obstacle was having adequate and appropriate transportation for the consumers. Currently, the program has swapped vehicles with the Oxnard Adult Clinic and the Transitions program when needed for appropriate transports. The program is also collaborating with Road Runner services to resolve future needs.

Significant Changes to the Program (if applicable):

As indicated, all staff is being trained in health navigation, which will allow them to empower consumers to best seek appropriate medical care.

Plans for Next Year:

As part of the new Health Outcomes Innovation project, this program will no longer be part of the CSS component in FY2013/14.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Fillmore Community Project/#11**

Program Description and Demographics:

The Fillmore Community Project provides a variety of mental health treatment, supports and case management services for severely emotionally disturbed (SED) youth between 0 and 17 in the communities of Fillmore and Piru, historically underserved communities that are predominantly Latino. These communities include a significant number of migrant workers and Spanish speakers. With fully bilingual staff, 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.

Of the population served by the program, 83% were reported as Latino and 12% reported Spanish as a preferred language. These consumers were diagnosed as follows: 48% disruptive disorder, 26% depressive disorder, 11% adjustment disorder, 8% anxiety disorder, 5% other, and 1% bipolar disorder. Of those consumers that were diagnosed, 9% had a dual diagnosis. These consumers were insured at 81% Medical and 7% self-pay.

Number Served (by age group):

For FY 2011/12 the program served 134 unduplicated consumers age birth to 17 years.

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

The program has 3 clinicians, all of whom are bilingual. The program began in FY 2008/2009 with only 36 participants and has grown to 134 participants for FY 2011/2012. The average function score at intake is 46 (rating of 0-100, 100 being higher functioning) that is 4 points away from the clinical cut off of 50. At discharge the average functioning score is 60. The overall rating of care was scored on a 10 point scale, with 1 being absolute worst and 10 being absolute best. The Fillmore Community project was given a score of 8 or above by 82% of the youth (of 49 surveyed) and 93% of the parents (of 113 surveyed).

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

The stakeholder workgroup expressed some concern about a drop in the number of children and families served in FY2013/4. The program is addressing this through outreach to the local community.

Significant Changes to the Program (if applicable):

Not applicable.

Plans for Next Year:

This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Family Access Support Team/#12**

Program Description and Demographics:

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 out-of-home placement. FAST 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 intense home-based services to families. They model techniques to support parents in implementing the Personal Care Plan of each child and their family, so that the family better understands how to utilize interventions to alleviate crises. Program contracted to United Parents.

FAST provided services to clients that were reported to be 67% Hispanic/Latino and 27% White/non-Hispanic. Of those served, the clients had a diagnosis as follows: 22% ADD/ADHD, 16% other, 11% ODD/OCD, 9% depressive disorder or dysthymic disorder, 9% anxiety disorder, 8% bipolar disorder, 7% mood disorder, 6% adjustment disorder, and 5% PTSD.

Number Served (by age group):

FAST served a total of 156 unduplicated consumers with 4% between the ages of 0-5 years of age, 88% 6-18 years of age, 3% 19 years of age and over.

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

For FY 2011/2012, FAST provide training to staff, including Triple P, Mental Health First Aid, and Non-violent Crisis Prevention and Intervention (NCPI). FAST increases the use of community support, which results in a decrease in calls to the police department, CIRT, and clinicians. On average, 94% of the clients are able to avoid higher level treatment, where only 6% of their cases required a call to an Emergency Response team, 5% resulted in hospitalization, and 1% required CIRT services. FAST is staffed by 7 full time and 2 part time staff. Of those, 6 bilingual staff provided services to 39 bilingual/monolingual Spanish speaking clients.

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

The stakeholder workgroup expressed some concern about the quality of data collection and the ability to assess program performance. Program staff are working with VCBH, including the QI department, to address this issue in FY 2013/14.

Significant Changes to the Program (if applicable):

Not applicable.

Plans for Next Year:

This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Transitions/#13**

Program Description and Demographics:

The Transitions Program serves Transitional Age Youth (TAY), ages 18 to 25 years old, with serious mental illness, by addressing their full spectrum of needs. Transitions focuses on a client driven model, which integrates wellness and recovery into its array of services, including psychiatric treatment, individual therapy, intensive case management services, group treatment and rehabilitation services. While ensuring capacity to provide services within the clinic setting, the Transitions Program ensures that clinicians and case managers also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. Peer staff, or "Recovery Coaches," support consumers in the achievement of their wellness and recovery goals. The program serves primarily the Oxnard, Ventura, Conejo and Simi Valley regions of Ventura County and has been effective in expanding access to services to traditionally un-served and underserved TAY in these areas.

Of the population that the Transitions Program served in FY 2011/2012, 44% were reported as Latino with 3% reporting Spanish as their preferred language. The population was diagnosed as follows: 37% depressive disorder, 22% anxiety disorder, 16% psychotic disorder, 15% bipolar disorder, and 11% mood disorder not specified. Of those, 34% had a dual diagnosis. The consumers were insured at 41% Medical and 24% self-pay.

Number Served (by age group):

For FY 2011/2012 served 572 unduplicated consumers age 18 to 25 years.

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

One of the accomplishments of the program was to increase in capacity. In FY 2009/2010 the program served 326 consumers, in FY 2010/2011 the program served 424 consumers, and in FY 2011/2012 the program served 530 consumers. The supportive employment services included 23 consumers in which 14 obtained jobs, 9 continue to sustain employment, and 2 are volunteering. The supportive housing services have served 48 youth since 2009. Of those 48 consumers, 18 completed the one year contract, 9 are currently enrolled, and 21 consumers discontinued the service due to change of circumstance (moved away, obtained competitive employment, etc.).

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

A significant program gap has been the lack of services available in the Santa Clara Valley, due to a lack of resources.

Significant Changes to the Program (if applicable):

Not applicable.

Plans for Next Year:

In FY 2013/14, the program is being expanded to the Santa Clara Valley and Transitions services will then be available county-wide.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Adult Recovery Tracks/#15**

Program Description and Demographics:

Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. This includes comprehensive, intensive, "whatever it takes" services, through the Empowering Partners through Integrative Community Services (EPICS) track for those consumers with intensive needs who most frequently utilize IMDs and who have been historically underserved in the mental health system. This component is based in Oxnard and serves consumers county-wide. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams.

In FY 2011/12, the consumer population of the psychosis, mood disorder and dual diagnosis recovery tracks was as follows: 58% White/non-Hispanic, 28% Latino/Hispanic, and 14% other/multi-racial. Of the population served, 5% report Spanish as the preferred language. The diagnosis of this population is as follows: 34% psychosis disorder, 34% depressive disorder, 16% bipolar disorder, 9% anxiety disorder, and 4% other. Of those, 33% have a dual diagnosis. The consumer population is insured as follows: 41% Medical, 24% self pay, 6% ACE, and 29% other insurance.

The EPICS track in FY 2011/12 served a population that is reported as follows: 72% White/non-Hispanic and 29% Hispanic/Latino. There is 5% of this population that report Spanish as a preferred language and 94% reporting English. The consumer population was reported as 59% male and 41% female. The diagnosis of the population is as follows: 91% Psychotic disorder, 6% Bipolar disorder, 2% Depressive disorder, and 1% Anxiety disorder. Of those clients, 24% are dually diagnosed. The living situation of the client population are as follows: 46% live in a board and care, 28% live in a house or an apartment, 12% live in room and board, 6% are homeless, and 4% receive supported housing.

Number Served (by age group):

For FY 2011/2012 the three Recovery Track programs served the following unduplicated consumers: dual diagnosis - 618, psychosis - 830, and mood - 1328.

The EPICS program served 108 unduplicated clients for FY 2011/2012 with 63% not reporting an age, 34% between the age of 25 to 64 years, and 4% between the ages of 18 to 24 years. The Cost per Client in FY 2011/12 was: $11,108.

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

Of the clients served in FY 2011/2012, 26% of them received housing support. Also, 40% of all services provided were outside of the office. Of 1,157 surveys, 73% scored a 7 and above on a 10 point scale (10 is absolute best and 1 is absolute worst) for overall rating of care. The level of service units are expected to be higher for FSP programs and appropriately correlate as follows: Medications average of 22 up to 761 units, Treatment Tracks from 25 up to 1,011 units, and Clinic Based FSP from 58 up to 2,254 units.

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

One of the barriers has been a number of individuals served who were eligible for, but not enrolled in, public benefits, including MediCal. In March of 2012, began using the SOAR model and have also invested in Seeking Safety, Mind-Body-Spirit, Integrated Dual Diagnosis Treatment, CORE, and Life

Effectiveness Training.

The majority of the services is provided by the EPICS team outside of an office and is dependent upon the location and living situation of the client. Concurrent with renewing the ACT model, the staff is receiving training in the Health Navigation Model.

Finally, there was strong stakeholder feedback that there were more resources needed to support this program, due to high caseloads and the large number of consumers with complex needs.

Significant Changes to the Program (if applicable):

As indicated, EPICS staff has been trained in health navigation, which will allow them to empower consumers to seek appropriate medical care.

Plans for Next Year:

In FY2013/14, the EPICS component of this program will move to the Innovation component, as part of the Health Outcomes project.

Also, increased resources will be added to the program, including supports to better reach and serve those consumers who are homeless and/or difficult to engage.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Peer and Family Employment and Support/#16**

Program Description and Demographics:

Peer and family employment is fundamental to the MHSA vision of wellness and recovery as well as to the vision of Transformation of the behavioral healthcare system within Ventura County. This program provides training, advocacy and direct service for and by peers and family members through several distinct, yet related components: Training, employment, supervision and support for individuals with "lived experience" to provide wellness and recovery based support to other consumers of the county's behavioral health system. The county has contracted with Recovery Innovations (RI), which is an organization run by and for peers, specializing in the training, employment and support of those with lived experience within the workforce; Recovery Innovations peers also facilitate wellness and recovery focused classes in all the county's adult clinics and other mental health providers throughout the county. "Recovery Coaches" have also been integrated into the treatment teams of a number of VCBH programs, utilizing their "lived experience" to engage consumers in treatment, support them in advocating for themselves in their recovery and supporting them in developing community and spiritual supports; Support to the local NAMI chapter and Client Network (CN), both of which support transformation to a wellness and recovery based system through outreach and training, as well as the empowerment of consumers and family members; and The Transformational Liaison (TL) program includes individuals with personal experience with the mental health system as consumers or family members, providing advocacy and program recommendations while serving as liaisons between the County and the consumer and family member community.

Number Served (by age group):

For FY 2011/2012, CN served a total of 660 individuals and consumers ages 18 years and over. For FY 2011/2012, RI served a total of 1403 unduplicated clients. TL served a total of 85 unduplicated contacts from July 2011 to December 2012 with 55% adults, 25% youth and families, 15% TAY, and 5% older adults.

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

For FY 2011/12, CN distributed approximately 120 resource packets weekly. The CN also sponsored members and staff to attend educational conferences and trainings within the state. They also host a class at the Adult Short Term Rehabilitation Center and participate in NAMI's "Friends in the Lobby" program. The CN hosted 3 workshops that average 70 attendees and a community services forum that averaged 150 attendees. The CN also has members that represent on committees, task forces, and workgroups to stay informed and advocate.

For FY 2011/2012, RI conducted 1450 classes, which average 16 classes per week. There were 219 Recovery Education Graduates, including 135 from WRAP, 29 from WELL, 29 from MFS, and 26 from other classes. There were 32 Peer Employment Graduates, with 19 of them being VCBH consumers. There were 8 Advanced PET graduates. RI currently employs a total of 36 individuals (35 Peers- 32 of which are in dedicated positions, and 2 bilingual Peers). RI provides Recovery Coaches to STAR, Transitions, EPICS and Integrated Dual Diagnosis and Treatment (IDDT), Older adult FSP, Oxnard adult clinic, and the Adult Short Term Rehabilitation Center.

For July 2011 to December of 2012, TL team is composed of two part time staff and one Community Services Coordinator. From their case load of 85 contacts, 8 of them had a preferred language of Spanish. TL also conducts an orientation at the Oxnard adult clinic for clients with Spanish as a preferred language. The surveys show that of 212 surveys, 97% of the attendees felt that they knew more about VCBH procedures and, of 213 surveys, 98% felt that they knew more about the VCBH programs and services. The three main reasons clients seek services from the TL is assistance with

housing (20%), mental health services (20%), and legal issues (17%).

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

One of the challenges identified within these programs is the difficulty in surveying the people contacted through these programs and conducting follow up. However, with all of the programs, steps are being taken to improve data collection by making the forms more user-friendly and creating a data-entry system for staff to make regular reporting and tracking easier.

In stakeholder workgroup meetings, there has been significant discussion about the population that should be served by RI. Beginning in FY 2013/14, RI will serve only VCBH consumers and will refer non-consumers to the Adult and TAY Wellness and Recovery Centers. As a result of stakeholder feedback, RI is also reviewing its outreach and engagement strategies to increase class sizes, outreach to the Latino Spanish Speaking VCBH consumers.

Significant Changes to the Program (if applicable):

See above.

Plans for Next Year:

This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Crisis Residential Treatment/#17**

Program Description: This program part of the CSS component in FY 2012/13.
Notable Community Impact (number served, performance measures etc…): The Crisis Residential Treatment Center opened in Fiscal Year 2012/2013.
Significant Changes to the Program (if applicable): N/A
Plans for Next Year: In FY2013/14 will remain as a CSS component and updates will be provided in the 14/15 Plan.

Exhibit C1
CSS Program Descriptions

MHSA Component: **Community Services and Supports**
Program Name/Number: **Screening, Triage, Assessment, and Referral (STAR)/#18**

Program Description and Demographics:

Screening, Triage, Assessment and Referral (STAR) serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers 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. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while 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 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.
STAR served a population of 38% Hispanic/Latino with less than 8% reporting the preferred language of Spanish.

Number Served (by age group):

For FY 2011/2012, the STAR program served 2,042 individuals.

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

For FY 2011/12, STAR had over 5,500 requests for services. STAR implemented 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 FY 2011/12 STAR had a time to service of approximately 25 days for routine appointments, 13 days for expedited appointments, and 2 days for urgent appointments. By the 4th quarter of FY 2011/12, STAR had a time to service of approximately 16 days for routine appointments, 10 days for expedited appointments, and 2 days for urgent appointments. STAR's Time to Service Model is being expanded to the adult clinics and will be implemented in a Performance Improvement Project.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable):
Not applicable.

Significant Changes to the Program (if applicable):
Not applicable.

Plans for Next Year:
This program will continue while evaluating recommendations made during the CSS Workgroup meetings.

Workforce Education and Training

Exhibit C2
WET Program Descriptions

MHSA Component: **Workforce Education and Training**
Program Name/Number: **Workforce Staffing Support/#1**

Program Description: Support for Ventura County Behavioral Health (VCBH) Workforce Education and Training Personnel.
Notable Community Impact: Providing liaison support, coordination and program implementation services to support the local Workforce Education and Training Plan. **Staffing/Additional Assistance Needed:** Not at this time.
Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable): No challenges to this program.
Significant Changes to the Program (if applicable): The one personnel member paid for with MHSA Workforce Education and Training funding, a Program Assistant is retiring and the department will not be replacing this position. We will no longer charge the cost of this personnel member to MHSA Workforce funds. This change was reviewed in our last Workforce Stakeholder Committee meeting on Friday, April 19, 2013.
Plans for Next Year: Next year the Workforce Education and Training component and programs will continue to be supported by VCBH personnel who have worked on the programs this year including the Ethnic Services Manager, Internships and Training Manager and Mandatory Training Manager.

Exhibit C2
WET Program Descriptions

MHSA Component: **Workforce Education and Training**
Program Name/Number: **Training Institute / #2**

Program Description:

The Training Institute is the umbrella of Workforce Education and Training learning events within Ventura County Behavioral Health (VCBH). The Training Institute planning is done as a part of the Workforce Stakeholder Committee (comprised of educational institutions, consumers, family members, CBO representatives, staff and representatives from professional organizations in our community). The Institute involves core competency, cultural competency and clinical training provided for our workforce throughout the year and two large annual conferences, one focused on alcohol, drug and substance use disorders and one focused on clinical behavioral health. The May 2013 conference is focused on the new Diagnostic and Statistical Manual – V being released in May.

Notable Community Impact:

The institute is a place to coalesce the efforts of VCBH and community based organizations to share training resources and opportunities. The annual conferences have over 300 people from public organizations and community stakeholder groups attending.

Staffing/Additional Assistance Needed:

Not at this time.

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

It is noteworthy that our annual May is Mental Health Month conference is planned with input from our stakeholder committee; but, the work to coordinate the entire conference is done primarily by only 2 employees. A challenge to participation in the training institute continues to be that many organizations and Universities plan and coordinate their own training events and, although we share resources, we don't always know about each other's events. Strategies to mitigate this challenge will be explored in committee to identify a centralized method of communicating local learning opportunities.

Significant Changes to the Program (if applicable):

No significant changes.

Plans for Next Year:

Plans for the year include a continuation of assess and providing the training needed to keep our workforce trained in current best practices in the field. We will continue to provide two conferences per year and cultural competency training opportunities to the community. Plans also include the addition of leadership and software training for employees to prepare for the program and fiscal management that will be an integral part of behavioral health services provision with healthcare reform.

Exhibit C2
WET Program Descriptions

MHSA Component: **Workforce Education and Training**
Program Name/Number: **Mental Health Career Pathways/#3**

Program Description:
This program has four distinct "subprograms" all geared toward developing and maintaining a culturally competent workforce through career pathway development.

(1) Consumer Recovery Education Center provides consumer education and employment through Recovery Innovations.
(2) Language Assistance Services – Ensures that Limited English Proficient (LEP) persons will have access to services as needed through trained in-person language assistance services via four different vendors. Services include American Sign Language (ASL), Mixteco (Indigenous Language), Language Line (Telephone Service) and Campbell and Associates Interpreting and Translation Services (all languages available).
(3) The Career Ladder Program – Secondary Education involves outreach to high school students to encourage them to enter the mental health field.
(4) The Human Service Certificate Program is a wellness and recovery-focused nine-credit unit community college certificate program in Community Mental Health Service. It is situated in the Oxnard College Psychology Department and is intended to provide training and education to the current and future public mental health workforce in Ventura County and to encourage those with an interest to pursue advanced degrees.

Notable Community Impact:

(1) Recovery Innovations (RI) conducted two 75-hour Peer Employment Training classes to prepare people with lived experience to become Peer Support Specialists with VCBH and other community organizations (35 graduates). Thirty-one individuals were employed by Recovery Innovations as Peer Specialists, Recovery Coaches and Team Leads, working both part-time and fulltime. Those individuals had served approximately 800 individuals through recovery education and peer support during the first nine months of the FY 2012/13. RI also conducted an Advanced Peer Employment Training and WRAP Facilitator Training.
(2) Increasing numbers of Limited English Proficient (LEP) persons are served via Language Assistance Services in a timely fashion.
(3) The development of a new curriculum for the Introduction to Psychology class in the Oxnard Union High School District was completed, piloted and permanently established at Hueneme High School. The curriculum now includes an 8 week unit on mental health targeted to reducing stigma and providing information about mental health disorders, mental health services, mental health recovery and mental health careers. VCBH and its community partners support the curriculum by providing speakers. The course is now available to other high schools in Ventura County. Sixty-five students from Hueneme High School attended the course during the 12-13 FY.
(4) A second cohort of the Community Mental Health Service Certificate program began in August, 2012. Students in the cohort are from VCBH contract providers. The cohort will complete the program in December 2013.

Staffing/Additional Assistance Needed:
None

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

(1) None.
(2) Recruitment and training of additional language resource specialists is necessary due to attrition of some of the original trained language resource specialists. Plans for this are being

implemented.

(3) It has been more difficult than expected to interest additional high schools in offering all or part of the new mental health curriculum. High school faculty and administrators are extremely busy and it is a challenge to introduce something new. We plan to strategize and try new ways to generate interest and support.

(4) The Community Mental Health Certificate program has been successful and well received. Our challenge is that we will only be able to offer one more cohort through WET funding, and Oxnard College does not foresee being able to offer the program publicly in the near future due to budget constraints. Hopefully, community college funding will improve in the future for career pathway programs such as this.

Significant Changes to the Program (if applicable):

(1) The Evaluation of Language Assistance Services Project was implemented as a quality improvement project in the winter of 2012.

Plans for Next Year:

(1) Continue providing consumer education and peer support.

(2) Recruit and train four new language resource specialists, increase the number of hours for Indigenous Language, and continue the Language Assistance Service Evaluation project.

(3) Continue to support the new curriculum at two Hueneme High School psychology classes and pursue opportunities to interest other high schools in offering part of the entire new curriculum.

(4) Finish the second cohort and offer a third cohort of the certificate program to begin in August 2013.

Exhibit C2
WET Program Descriptions

MHSA Component: **Workforce Education and Training**
Program Name/Number: **Residency and Internship Programs/#4**

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, MSW programs, MFT programs, alcohol and drug counseling programs, mental health nurse programs, psychiatric nurse practitioners training, and undergraduate degrees in psychology or sociology. The internship programs assist in achieving the goal of developing a competent, well-trained workforce with a focus on culturally sensitive services and a focus on wellness, recovery and resilience.

Notable Community Impact:

The clinical training opportunities continue to expand and grow each year. The types of training programs have increased and the department now offers training in over 10 different types of internships. The department has added collaborations with several additional educational institutions and currently has MOUs with 22 educational institutions. In FY 2012/13 the department provided clinical training to over 45 students. This equates to more than 21,000 hours of service within the department and approximately 9,000 hours of clinical services provided to consumers. The programs have also contributed to an increased linguistic capacity to match the underserved population in our clinics. This year 40% of students interns are bilingual (English/Spanish). In the previous year only 13% of the students were fluent in Spanish, the County's threshold language.

Staffing/Additional Assistance Needed:

Not at this time.

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

Not applicable.

Significant Changes to the Program (if applicable):

No change to program in FY 2012/13.

Plans for Next Year:

Increase recruitment of psychiatric nurse practitioner interns; explore option of initiating a mental health nurse internship with local RN and BSN programs.

Exhibit C2
WET Program Descriptions

MHSA Component: **Workforce Education and Training**
Program Name/Number: **Financial Incentive Programs/#5**

Program Description:

This program provides 2 types 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 and for our Mental Health Associate Internship program). The second type of financial incentive is a scholarship program for current staff, consumers, and family members that are interested in pursuing advanced degrees in the mental health field.

Notable Community Impact:

The educational stipends have been valuable in the recruitment of competent, bilingual student interns. In the previous year 13% of our students were fluent in Spanish. This year, after implementing a stipend for bilingual (Spanish/English) students 40% 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 will subsequently lead to increased employment of bilingual clinicians as many of these students acquire employment in our department following their internships.

The scholarship program will be implemented in the upcoming fiscal year. We are finalizing the protocol and structure of the scholarship program and plan to process the first round of applications in the beginning of FY 2013/14. This financial incentive program will provide financial supports in the form of scholarships for educational costs related to graduate clinical training programs. The program will be available for staff, consumers and family members and the focus will be on bilingual and bicultural individuals in addition to supporting those with lived experience.

Staffing/Additional Assistance Needed:

Not at this time.

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

Not applicable.

Significant Changes to the Program (if applicable):

No change to program in FY 2012/13 – implementation of final program (Scholarship program).

Plans for Next Year:

Full implementation of scholarship program.

Prevention and Early Intervention

Exhibit C3
PEI Program Descriptions

MHSA Component: Prevention & Early Intervention (PEI)
Ventura County Behavioral Health hosted nine (9) Prevention & Early Intervention (PEI) workgroup meetings in FY 12/13, which allowed funded programs the opportunity to provide presentations on program outcomes to the group and stakeholders at large. A subcommittee of the workgroup also worked on a PEI strategic plan which includes common goals between mental health prevention and alcohol & drug prevention as well as inclusion of statewide PEI projects. This annual update includes
Program Name/Number: Universal Prevention/#1

Program Description:
Universal Prevention – These projects include a variety of grassroots prevention efforts that address specific needs of target communities and are increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. ***Community coalitions*** include one lead agency and are made up of community partners, which may include non-profit organizations, faith-based communities, advocacy groups, and/or others who support the project goals. The coalitions are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community, with each Coalition partner providing a unique contribution to the project. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. Community Coalitions are currently being implemented by City Impact for the Oxnard, Port Hueneme, and Rio areas, Kids & Families Together with a county-wide project, and GLAD, with a project specifically focusing on the ***deaf and hard of hearing community***. Other Universal Prevention Project activities include: a social marketing campaign, ***Wellness Everyday*** designed to increase awareness and decrease stigma of mental health issues; ***Mental Health First Aid,*** which includes education of community members about mental health issues; and a comprehensive program to address ***bullying*** on school campuses.

Notable Community Impact (number served, performance measures etc…):
Community Coalitions:
During the second year, the City Impact and Kids & Families Together Coalitions continued to create a network of organizations that can gain from each others' strengths. Coalitions continue to receive technical assistance through California Institute of Mental Health (CIMH) in order to build their capacity on running outcome-driven efforts. The intended outcomes for the coalitions include: increasing knowledge of mental health issues, signs and symptoms; to increase community knowledge of stressors that lead to mental health issues within their target populations; and normalizing stressors and decreasing the stigma that prevents people from getting help. Pre and post measurements were developed to evaluate and report on the community impact, and data entry began in year two. CIMH will provide VCBH with an evaluation of all reports from coalition partners at the end of this fiscal year. In summary, there have been over 100 church members trained on Mental Health First Aid; Parent Peer training is taking place in church communities; a mental health awareness video was produced on stress of migrant Americans in Ventura County; Youth developed a coalition video utilizing the community to act out scenarios depicting stressful issues in underserved populations; Triple P training for Mixteco parents is being conducted; and over 500 community members received presentations on the needs of Kinship families. The coalitions will sunset in FY 2013/14 and full evaluations of the projects will be provided.
Special Project for Deaf & Hard of Hearing:
Tri-County GLAD is a local organization serving the Deaf & Hard of Hearing Community (DHH). They were identified to conduct outreach and engagement to this population because of the high risk for mental health issues due to isolation. They have done extensive outreach, which included a one-of-a-

kind, award-winning brochure that educated the DHH community on mental wellness. GLAD also conducted monthly community education workshops to over 300 individuals on mental health topics that impact the Deaf & Hard of Hearing community. Monthly video logs were filmed and chat sessions on mental health topics have provided additional opportunities for engagement, resulting in approximately 4000 views from the community. GLAD also conducted two sessions of Mental Health First Aid in American Sign Language this year.

Wellness Everyday:

The PEI dedicated website: WellnessEveryday.org continues to grow and has included a variety of media efforts such as: billboard, commercials, radio advertising, and newspaper advertisements. Monthly themes are highlighted that correspond with national recognition of mental health awareness topics. Efforts have resulted in increased visits to the website by 37%. In April, the site received almost 5000 hits. Statewide PEI campaigns on suicide prevention and stigma reduction are linked to WellnessEveryday.org and support materials are also being distributed locally.

Mental Health First Aid:

As of May 2013, almost 1000 community members have been trained and certified as Mental Health First Aid responders. Target groups have included: churches and faith based communities, county agency staffs, City offices, and librarians. Program evaluations indicate 98% of those trained felt more confident in responding to someone undergoing a mental health crisis and that they could recognize and correct misconceptions about people experiencing mental health issues. These data support the goal of community education and stigma reduction. Mental Health First Aid has become the leading suicide prevention training in our county.

Bullying:

In April of 2012, The Prevention & Early Intervention and Alcohol and Drug Prevention divisions partnered on the Anti-bullying efforts because of the strong connection between mental health symptoms and drug and alcohol abuse in youth involved in bullying. The two divisions are developing a strategic plan that will address the connection between several initiatives, one of them being bullying. The plan is expected to be available in February 2013.

The Olweus Bullying Prevention Program was implemented in various phases throughout six school districts, reaching approximately 9,000 students countywide. A baseline of district-wide data was collected during year one, and in year two, outcomes will be shared. VCBH provided participating schools with Unity Day anti-bullying bracelets that emphasize the support needed of the bystanders to bullying. The bracelets slogans read: “Stop the Bullying” and “Don’t Stand By – Stand Up.” On October 23, 2012, the Ventura County Board of Supervisors proclaimed October as Anti-Bullying Month for the County. Representatives from Ventura County Office of Education and Santa Paula Elementary School District were present to be recognized for their efforts in this anti-bullying initiative.

In addition to this program, a Bullying Photo Novella was developed to target children with the Mixteco population, the indigenous group that is expanding in Ventura County of areas in Mexico. This population is being addressed because of prominence of bullying amongst both children and adults.

Significant Changes to the Program (if applicable):

The Universal Programs required a significant amount of planning and development in the first few years. There has been an emphasis on capacity building in the community that will support sustainability of several of the programs. There will be a slight reduction in funding dedicated toward the Wellness Everyday Universal Campaign and Olweus Bullying Prevention program as a result.

Plans for Next Year:

We anticipate the Universal Prevention programs will continue in the FY 2013/14.

Exhibit C3
PEI Program Descriptions

MHSA Component: **Prevention & Early Intervention**
Program Name/Number: **Primary Care Integration Project/#2**

Program Description:
Primary Care Project – This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Integration Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county.

Notable Community Impact (number served, performance measures etc…):
Implementation of the IMPACT evidenced based practice has resulted in services to over 300 individuals in their primary care clinics throughout the county through March. Data reports reveal significant improvements in depression functioning between intake and discharge and significant decreases in depressive symptoms.

Significant Changes to the Program (if applicable):
In FY 2011/12, the VCBH Primary Care Integration Project fiscal responsibility was shift to the Ventura County Health Care Agency in order to create true integration between mental health and health care systems. VCBH clinicians continue to work within the ambulatory care setting and provide evidenced-based practices for depression and anxiety. Community partner, Clinicas del Camino Real also offers the IMPACT program to clients in their ambulatory care setting.

Plans for Next Year:
Primary Care Integration will continue to be a part of the Ventura County Health Care Agency Ambulatory Care. The Clinicas del Camino Real contract will be reduced to better reflect their historical spending levels.

Exhibit C3
PEI Program Descriptions

MHSA Component: **Prevention & Early Intervention**
Program Name/Number: **School-Based/Parenting Services/#3**

Program Description:

This program provides services to support children with behavioral problems and at-risk of more significant mental health issues, as well as their families. It includes implementation of Triple P Parenting, evidence based, and multi-level parenting support model to support families of children with emerging behavioral challenges. Focused on working with parents to identify strength-based interventions for their family, this model seeks to empower the family to address parenting issues. A wide range of community agencies throughout the County that interact with families have been trained to provide simple parenting support and direction using Triple P. Additionally, community based organizations have been contracted to provide the more intensive levels of Triple P to families throughout the County. Triple P contract services are with Interface Children and Family Services and City Impact.

Notable Community Impact (number served, performance measures etc…):

A partnership with Ventura County First 5 completed the second year, which allowed for expansion of services to parents with children in the 0-5 age range. City Impact and Interface are the agencies providing those services as well as the 6-12 age groups. Collectively, City Impact and Interface served over 700 individuals in Triple P and conducted over 200 groups that had between 3-10 participants per group. There were also 5 community training sessions to expand the number of Triple P practitioners, training an additional 120 professionals to serve families. Outcome data for Triple P collected through pre and post measures reveal a significant decrease in clinical symptoms of the children of those parents trained between intake and discharge. In addition, dramatic increases in functioning of those children are also indicated.

Significant Changes to the Program (if applicable):

There were no significant changes to the program in FY 2012/13.

Plans for Next Year:

For the upcoming fiscal year, leveraging Medical dollars for those families who qualify will be put in place. No family will be turned away for service due to lack of Medical eligibility or their capacity to pay. PEI and First 5 dollars will provide services for those families who do not qualify otherwise. The outreach component of this program includes working with the community of Triple P practitioners who were trained on Levels 2 and 3 and connecting them with the contracted providers who are conducting Levels 4 and 5. This activity was previously conducted by City Impact and Interface and in FY 2013/14 will be provided by county staff.

Exhibit C3
PEI Program Descriptions

MHSA Component: **Prevention & Early Intervention**
Program Name/Number: **Early Signs of Psychosis Intervention/#5**

Program Description:

The Ventura Early Intervention Prevention Services (VIPS) program assesses and treats individuals between the ages of 16-25 years old who show signs of, and experience early warning signs of psychosis. The VIPS team provides individualized treatment to address these early "prodromal" signs and to assist young people and their families to build coping skills, reduce stress, and increase performance in all areas of life. The team also educates community members who most typically interact with young people, assisting them in the identification of the early warning signs of psychosis. This program utilizes the Portland Identification and Early Referral (PIER) model, a research informed practice. The program is contracted to Telecare, Inc.

Notable Community Impact (number served, performance measures etc…):

Thirty eight (38) individuals have been served in this program receiving a combination of the following services: multi family groups (every other week); Individual counseling; occupational therapy; educational/vocational support; employment support; psychiatric treatment/medication management; and family psycho education.

Measureable improvements by participants include a significant decrease of conversion to psychosis. At baseline, 59% of the participants experienced a conversion; however, at the six month evaluation 0% had experienced psychotic symptoms. Similarly, increases in functioning at the six month evaluation are reported in the areas of maintaining employment, attending school, receiving high school diplomas, and avoiding incarceration.

Significant Changes to the Program (if applicable):

This program is currently serving the Westside of Ventura County. This year, there were an additional thirty eight (38) viable referrals from out of the current service area with many more inquiries. However, in order to maintain fidelity to the model, the program was unable to serve them with the current amount of staff and resources.

Plans for Next Year:

Both the PEI Workgroup and Community Leadership Committee voted to expand the VIPS program to the Eastside of the County to increase the number of people who can benefit from this program. Both committees supported the use of PEI funding to this program, which ultimately saves lives and reduces lifelong suffering of individuals with thought disorders.

Exhibit C3
PEI Program Descriptions

MHSA Component: **Prevention & Early Intervention**
Program Name/Number: **Early Supportive Services/#6**

Program Description: The Early Supportive Services program provides focused, short term, research based 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 with behaviors that place the individual at a higher risk for mental health issues. Data indicate that, left untreated, these behaviors may escalate into more significant mental health problems.
Notable Community Impact (number served, performance measures etc…): This program continues to serve children and families entering the VCBH system.
Significant Changes to the Program (if applicable): Not applicable.
Plans for Next Year: This program will continue operations in the youth and family clinics. This program will be 100% supported by PEI funds for fiscal year 13/14.

Exhibit C3
PEI Program Descriptions

Innovation

Exhibit C4
Innovation Program Descriptions

MHSA Component: **Innovations**
Program Name/Number: **Mixteco Engagement Project/#1**

Program Description and Updates: This project focuses on increasing outreach and access for the Mixteco (indigenous) population, primarily in the Oxnard Plains area of Ventura County. This project will be guided by an innovative approach to engaging stakeholders in the Mixteco community in a manner that incorporates the unique cultural traits of this group. The resulting peer-driven process for development, implementation and evaluation of outreach, education and service approaches will be evaluated to determine if there is increased access to services and supports by the Mixteco community. A Request for Quote is being composed and posted for a response.
Notable Community Impact: Not applicable.
Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable): Not applicable.
Significant Changes to the Program (if applicable): Not applicable.
Plans for Next Year: Contractor selection and program implementation will be taking place in FY 2013/2014.

Exhibit C4
Innovation Program Descriptions

MHSA Component: Innovations
Program Name/Number: Farmworker Outreach Project/#2

Program Description and Updates: This project proposes to develop an outreach and targeted mental health prevention program targeting the farm worker population, including kinship families within the population, in the Santa Clara Valley area of the County. The expected learning goal of the project is to determine whether the use of trained community members, specifically in partnership with schools and other community resources, leads to increased access to services and supports for this subset of the farmworker population. A Request for Quote is being composed and will be posted for response.
Notable Community Impact: Not applicable.
Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable): Not applicable.
Significant Changes to the Program (if applicable): Not applicable.
Plans for Next Year: Contractor selection and program implementation will be taking place in FY 2013/2014.

Exhibit C4
Innovation Program Descriptions

MHSA Component: **Innovations**
Program Name/Number: **Quality of Life Improvement Project/#3**

Program Description and Updates: 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. Project approved and the contractor, Turning Point Foundation, was chosen.
Notable Community Impact: Not applicable.
Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable): Not applicable.
Significant Changes to the Program (if applicable): Not applicable.
Plans for Next Year: Startup activities are being conducted and the program will be fully implemented in FY 2013/2014.

Exhibit C4
Innovation Program Descriptions

MHSA Component: **Innovations**
Program Name/Number: **Health Care Access and Outcomes Project/#4**

Program Description and Updates:

The aim of the 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 a full service partnership (FSP) model. Although FSPs utilize a "whatever it takes" approach, are based on recovery principles, and include peer staff as part of treatment teams, Ventura County mental health consumers and their families have found this approach insufficient to address the full spectrum of needs of individuals served by their the Empowering Partners through Interactive Community Services Intensive Program (EPICS) and Older Adults FSP programs. As currently structured, the FSP models, in their experience, do not go far enough in supporting an integrated health care approach or in addressing the complex health needs that are common among older adults with serious and persistent mental health issues. As a result, Ventura County's planning workgroup felt that a fundamentally new approach was needed. This Innovation will test a holistic approach to treatment, with physical health at the forefront. This is in recognition that, for mental health recovery to be promoted, supported, and experienced, attention to the physical wellness must be fully integrated into treatment.

This Innovative Program adapts existing models for health navigation and coordinated care that 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 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 maintain their health and meet their wellness goals. Peer staff will take lead roles in supporting health navigation.

Notable Community Impact:

The program began implementation at the end of FY2012/13, so outcomes are not yet available. Bu the program aims to help individuals with serious and persistent mental illness gain the confidence, skills, tools, knowledge and self-empowerment to access and navigate the healthcare system on their own in order to maintain their health and wellness goals and improve their overall physical and mental well-being.

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

Not applicable.

Significant Changes to the Program (if applicable):

Not applicable.

Plans for Next Year:

Implementation of project activities, initial data collection ("pre" measures), gradual increase in number and types of activities during this period, and data collection of process measures.

Capital Facilities/Technological Needs

Exhibit C5
Capital Facilities/Technological Needs Program Descriptions

MHSA Component: **Capital Facilities and Technological Needs**
Program Name/Number: **Technological Needs Project/#1**

Program Description:

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

The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control.

Notable Community Impact (number served-if applicable, performance measures and outcomes):

- Developed many forms to complete clinical practices in new MIS.
- Integrated new forms with Billing System.
- Trained Staff on use of new system.

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

There have been challenges to the implementation because we are working to develop the new functionality while currently using the system for billing. To mitigate this challenge the billing and clinical electronic record system teams work together in close contact so as not to interrupt the current live functionality.

Significant Changes to the Program (if applicable):

Implementation continues and there are no significant changes to program in FY 2013/14

Plans for Next Year:

After implementing the first phase of clinical documentation (Progress Notes and Treatment Plans) in the new system we will continue to implement more functionality including e-prescribing, electronic signatures, and electronic document management. We also will be working to integrate the Behavioral Health MIS with the new system for the Hospital.

Exhibit C5
Capital Facilities/Technological Needs Program Descriptions

MHSA Component: **Capital Facilities and Technological Needs**
Program Name/Number: **Capital Facilities Project/#1**

Program Description: These funds have been dedicated to the site improvement of a facility for a short term social rehabilitation program. The facility is in development and is scheduled to be completed by June 30, 2013.
Notable Community Impact (number served-if applicable, performance measures and outcomes): Project still in development phase.
Challenges or Barriers to the Program and Strategies to Mitigate the Challenges (if applicable): None noted at this time.
Significant Changes to the Program (if applicable): No changes to note at this time
Plans for Next Year: Project expected to be completed.

County: Ventura **Date:** 1/17/14

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$9,764,093	$2,231,599	$6,474,314	$9,443,546	$7,254,727	
2. Estimated New FY 2013/14 Funding	$22,320,000			$4,185,000	$1,395,000	
3. Transfer in FY 2013/14[a/]	$0	$0	$0			$0
4. Access Local Prudent Reserve in FY 2013/14	$0			$0		($1,000,000)
5. Estimated Available Funding for FY 2013/14	$32,084,093	$2,231,599	$6,474,314	$13,628,546	$8,649,727	
B. Estimated FY 2013/14 Expenditures	$25,402,000	$249,000	$1,885,000	$3,456,000	$1,821,000	
C. Estimated FY 2013/14 Contingency Funding	$6,682,093	$1,982,599	$4,589,314	$10,172,546	$6,828,727	

[a/]Per 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.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	$9,339,433
2. Contributions to the Local Prudent Reserve in FY13/14	$0
3. Distributions from Local Prudent Reserve in FY13/14	-$1,000,000
4. Estimated Local Prudent Reserve Balance on June 30, 2014	$8,339,433