



HEALTH, RECOVERY & WELLNESS

# Mental Health Services Act 2011/12 Annual Update

March 28, 2011

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## COUNTY CERTIFICATION

County: Ventura

## Components Included:

<input checked="" type="checkbox"/> CSS	<input checked="" type="checkbox"/> WET
<input type="checkbox"/> CF	<input type="checkbox"/> TN
<input checked="" type="checkbox"/> PEI	<input type="checkbox"/> INN

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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing<sup>1</sup> was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.<sup>2</sup>


The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

<b>Meloney Roy, LCSW</b> <b>Director, VCBH</b>	 Signature	4-18-11 Date
_____ Mental Health Director/Designee (PRINT)		

<sup>1</sup> Public Hearing only required for annual updates.

<sup>2</sup> Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

# COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Ventura30-day Public Comment period dates: 2/15/11 – 3/17/11Date: February 14, 2011Date of Public Hearing (Annual update only): March 28, 2011

**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.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

## Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

### **Community Services and Supports and Prevention and Early Intervention:**

In addition to Innovation, this Annual Update includes recommendations for and Workforce Education and Training.

The 2011/12 Annual Update community planning process for Community Services and Supports and Prevention and Early Intervention consisted of a series of meetings with a wide variety of stakeholders to solicit input and feedback on:

- Current program status, including successes and challenges;
- Proposed changes to existing programs, including program consolidations
- Proposed program eliminations
- Proposed new programs
- How to best maintain the priorities of the MHSA component plans and continuing systems transformation while adapting to the continued budget challenges.

The following stakeholder meetings were part of the CPP process for CSS and PEI for this Annual Update:

#### **December 16, 2010:**

- Meeting of CSS Stakeholder Planning Workgroup, to review current programs, discuss strengths and limitations of programs, and discuss potential program cuts or expansion.

#### **January 4, 2011:**

- The meeting included further discussion of CSS programs as well as discussion of PEI program status and initial recommendations for FY 11/12.

#### **January 24, 2011**

- Presentation and discussion with the County's Mental Health Board, which included an overview and discussion of the community planning process and a summary of the California Governor's state budget proposal and the potential implications on the county if it were to pass.

#### **February 1, 2011**

- Final planning meeting combining the CSS Stakeholder Planning Workgroup and the PEI Planning Committee. The groups reviewed and approved the County's proposed program and budget recommendations for FY 11/12.

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

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

The Workforce Education and Training Component of our MHSA plan has utilized a Community Program Planning (CPP) Process throughout the creation and implementation of our Workforce plan.

We have a Workforce Education and Training Committee 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 Workforce Education and Training programs; feedback from stakeholders; and announcements of training and other Workforce related activities happening in our community. Additionally, we have established a Training Institute Committee to provide direction and support for our annual professional development and continuing education training.

At its February 4, 2011 meeting, the stakeholder comprised Workforce Education and Training Committee approved the recommendations for the 2011/12 Annual Update.

### **Stakeholder Activities: Entire Annual Update**

#### **February 14, 2011**

- Presentation of the Update to the Mental Health Board for its approval to post for 30 day stakeholder review.

#### **February 15, 2011 through March 17, 2011**

- 30 day Stakeholder Review and comment period.

#### **March 28, 2011**

- Public Hearing, held by the Mental Health Board.
- MHB Board Approval.

#### **April 12, 2011**

- Board of Supervisors Approval

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

The Mental Health Board provided 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.

Specific groups of stakeholders were involved in the planning for each MHSA Component:

### **Community Services and Supports:**

The CSS Stakeholder Workgroup, which provided final recommendations for CSS programs, was established during the 2009/10 planning process. The Workgroup again guided the CSS planning recommendations for 2010/11 and this year for the 2011/12 Annual Update. The workgroup consists of high level representatives from:

- County Departments:
  - Behavioral Health (executive, program and fiscal staff)
  - Human Services Agency
  - Sheriff
  - Probation
  - Public Health
  - Ambulatory Health Care
- Mental Health Board (MHB):

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

- 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

The CSS Stakeholder Workgroup met on three occasions (12/16/10, 1/6/11 and 2/1/11) to review and provide feedback on the current CSS funded programs, provide recommendations for program changes and to ultimately recommend the plan be presented to the Mental Health Board for review.

### **Prevention and Early Intervention:**

For the 2011/12 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 39 stakeholders who represent all required 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.

The PEI Planning Committee met on two occasions (1/6/11 and 2/1/11) to review and provide feedback on the current PEI funded programs, provide recommendations for program changes and to ultimately recommend the plan be presented to the Mental Health Board for review.

Unique in this year's planning process was that the County combined the stakeholder meetings on 1/6/11 and 2/1/11 to include both CSS and PEI discussion and recommendations. It is the beginning a process to educate and engage our stakeholders in guiding the county's towards an overall integrated system of care,

### **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 Service 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

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

The County is requesting the elimination CSS Program #18, Children's Resiliency Tracks, which had not yet been implemented. The Early Supportive Services program, recently approved separately as a Prevention and Intervention program, is quite similar to the Children's Resiliency Tracks, though it has been adjusted to serve children with emerging mental health issues. It was determined that there was not a need for both programs due to their similarities. As the PEI program is being implemented, the elimination of the program from CSS was discussed with and approved by both the CSS Planning Workgroup and the PEI Planning Committee at the meetings on 1/6/11 and 2/1/11.

**Local Review Process**

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

Ventura County's 2011/12 MHSA Update was posted on the County's Behavioral Health Department website for 30 day stakeholder review and comment from February 15, 2011 through March 17, 2011. An email announcing the posting was sent to more than 500 community stakeholders. The posting was announced at the Mental Health Board meeting on February 14, 2011. In addition to being available on the Department website, the Update was made available upon request by calling or emailing the Department's MHSA offices.

5. 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.

No comments were received during the 30 day public comment and review period or at the Public Hearing. It was approved by the Mental Health Board without discussion.



# OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: Ventura

Date: February 14, 2011

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

## CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- ☐ WET  
☐ PEI  
☒ INN

### Community Services and Supports:

CSS programs continue to progress as described in the County's approved plan. Programs continue to be reviewed and adjusted as part of an ongoing process of quality improvement and as part of the county's overall monitoring and adapting to the fluctuating fiscal situation at the State level. Other key events in 2009-10 include:

- Continued transformation of the adult system of care, through adoption of Recovery Tracks for those with psychosis, mood disorder and dual diagnoses. Through this transformation, adults are now able to access evidenced based, wellness and recovery focused treatment across the county. (Program # 15 – EPICS)
- Ongoing analysis of the appropriate number of full service partnership slots in the county, with the goal of maximizing resources to provide treatment to the greatest possible number of individuals while also ensuring that those with the greatest needs are supported. As a result, the 11/12 Annual Update proposes adjustments to the number of FSP slots allocated in the Transitions and EPICS programs.
- Peer support has expanded significantly in 2009/10 and has been much more successful than anticipated, becoming an integral part of services provided to consumers across the county's system of care. In the Adult systems, peer support specialists (Program #16) are now valued members of treatment teams and are facilitating wellness and recovery based classes throughout the county. Though staff were initially skeptical of peers as part of the treatment process, a consistent message in this year's community planning process, expressed by stakeholders and staff, was the desire for more peer staff to support consumers.
- Parent partners (Program #12) also have been quite successful in supporting children and their families served through the county's system of care. Staff and families have been very receptive and have embraced the perspective parent partners bring to treatment in supporting families.

### Workforce Education and Training:

Our MHSA Workforce Education and Training Plan is generally proceeding as described in our approved Plan. Last year we structured our plan by organizing our action items within the MHSA Workforce Education and Training Program categories. In exhibit D2 we outline the details of the progress we have achieved in all five programs including Workforce Infrastructure Development and Support; Training Institute; Mental Health Career Pathways; Residency and Internship Programs; and Financial Incentive Programs. Highlights of our progress this year include the implementation of our Training Institute – a clearinghouse for all professional development and continuing education. We have achieved great progress toward our Human Services Certificate Program that is being offered through Oxnard College Contract Education in cooperation with Ventura County Behavioral Health. The Language Development Program is set to provide a valuable service that will improve service delivery and save costs at the same time. And our internship program has expanded to include seven new local schools and a 30% increase in student placements over the previous year.

## OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

**Prevention and Early Intervention:**

The County's PEI plan was approved in October 2009. Implementation planning activities began immediately and continued through the end of the fiscal year as described in the plan. The approved PEI programs are all quite complex, involving multiple community partners, co-location and community based services, evidence based practice trainings as well as hiring of staff and development of provider contracts. Therefore, actual PEI services did not begin during FY09/10. However, there have been no key differences or major challenges with what was in the component plan.

**Innovation:**

Ventura County did not have an approved Innovation plan in FY 2009/10.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

There were several community issues that were most significant during the county's initial community planning process:

- **24/7 Crisis Services:** 2 programs were developed in the initial CSS plan to address this need and remain successful – the creation of the Children's Intensive Response Team (CIRT, Program #2) and the expansion of Adult Mobile Crisis Team (Program #7). Both have been successful in providing countywide 24/7 mobile crisis supports to individuals of all ages who are experiencing a mental health crisis.
- **Underserved Communities of Fillmore and the Oxnard Plains:** The Fillmore Community Project (Program #11) has been successful in expanding services to children in families in the Fillmore/Piru region of the county through the provision of culturally appropriate, community based services to families who are predominantly Latino, low income and often Spanish speaking immigrants. The Children's Outreach and Engagement projects in Fillmore, Santa Paula and Oxnard have been very successful in increasing outreach and education to Latinos in Fillmore and Santa Paula and African Americans in Oxnard.
- **Lack of Services for Transitional Age Youth(TAY):** The creation of the TAY Full Service Partnership and significant expansion of the Transitions program have increased from 40 to 280 the County's capacity to provide developmentally appropriate, age specific services to TAY.
- **Lack of Transportation:** In FY 10/11, the County began a transportation project, contracting with an outside transportation company to provide transportation to consumers receiving treatment at VCBH clinics, freeing up staff to provide more appropriate clinical work with consumers.

### PEI

Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

**The county's PEI programs were in the implementation planning phase through the end of FY09-10. Program implementation began in FY10-11 so no individuals were served in FY09-10.**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			

**OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES**

		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

2. Provide the name of the PEI program selected for the local evaluation<sup>3</sup>. ☒

School Based/Parenting Program

**PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)**

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

<b>Activity Name; Brief Description; Estimated Funding Amount<sup>4</sup></b>	<b>Target Audience/Participants<sup>5</sup></b>
<b>1. Community Coalition Technical Assistance:</b> The California Institute for Mental Health (CIMH) is creating a framework for the development of capacity building of grassroots organizations. This is being done through a technical assistance and capacity building process with these organizations, in a manner designed to support them to build capacity to provide selective prevention supports in targeted communities to address needs identified through the County's PEI needs assessment process. <b>Estimated Amount:</b> \$100,000 in FY 10/11	Grassroots organizations and their coalition partners from the 6 of 12 regions of highest needs as identified during the PEI needs assessment process.
2.	
3.	
4.	

<sup>3</sup> Note that very small counties (population less than 100,000) are exempt from this requirement.

<sup>4</sup> Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

<sup>5</sup> Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

# **Community Services and Supports**

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 1/Children's Full Service PartnershipDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	93			\$3,400
TAY				
Adults				
Older Adults				
Total	93			\$3,400
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			93	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	59	English	80	LGBTQ	Not collected
African American	4	Spanish	6	Veteran	n/a
Asian	2	Vietnamese		Other	
Pacific Islander	2	Cantonese			
Native American	2	Mandarin			
Hispanic	55	Tagalog			
Multi		Cambodian			
Unknown	17	Hmong			
Other	8	Russian			
		Farsi			
		Arabic			
		Other	8		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program has been effective in reaching youth with significant mental health needs at the time of their initial involvement with the probation system. Though racially diverse, the majority of youth in the program have been Latino and male, with approximately half all youth served from the Oxnard area of the County. This often uninsured/underinsured group of youth and their families are traditionally un-served and/or underserved and pose a high risk for escalating legal issues and continued unmet need due to their reluctance to access services through traditional clinical and school based programs.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs (including this one) and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

<b>FY 10/11 funding</b>	<b>FY 11/12 funding</b>	<b>Percent Change</b>
\$385,900	\$423,000	9.6%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐ No ☐

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

<b>Age Group</b>	<b># of individuals FSP</b>	<b># of individuals GSD</b>	<b># of individuals OE</b>	<b>Cost per Client FSP Only</b>
Child and Youth	30			
TAY				
Adults				
Older Adults				
Total	30			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				30

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>This program serves children and youth 9-17 years of age who have been identified as having a high risk for severe emotional disturbance (SED) and have been referred to the juvenile justice system. Though racially diverse, the majority of youth in the program have been Latino and male, with approximately half all youth served from the Oxnard area of the County. This often uninsured/underinsured group of youth and their families are traditionally un-served and/or underserved and pose a high risk for escalating legal issues and continued unmet need due to their reluctance to access services through traditional clinical and school based programs.</p> <p>The Children's Full Service Partnership, in collaboration with the Probation Department, is designed to provide early screening and mental health service access for SED youth between 9 and 17 years of age who have involved with the Juvenile Justice System and placed on formal probation. Providing an intensive home-based service utilizing a 'wraparound' philosophy of whatever it takes", the program provides support to the youth and family in a culturally competent use of services through the use of parent partners, peer advocates, and intensive case management to provide counseling, education and support to help the youth and family identify their strengths, assess needs, design a personal plan of care, including linkage and engagement to identified services and supports.</p> <p>By providing an early assessment and referral system for children and youth placed on formal probation, resiliency for the youth and family is supported through the development of an individualized resiliency plan and supporting goals of decreasing future contact with law enforcement, decreasing out-of-home placements, increasing school attendance and performance, and providing linkages to appropriate community and faith based services, mental health services, physical healthcare, integrated substance abuse services, and social services.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 2/Children's Intensive Response TeamDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		1492		\$14,100
TAY				
Adults				
Older Adults				
Total		1492		\$14,100
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1492	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1124	English	1335	LGBTQ	Not collected
African American	60	Spanish	138	Veteran	n/a
Asian	9	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	746	Tagalog			
Multi	101	Cambodian			
Unknown	198	Hmong			
Other		Russian			
		Farsi			
		American Sign	14		
		Other/No Entry	5		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>Established as part of the county's original 3 year CSS plan, CIRT has filled the critical need for 24/7, mobile crisis support to families in which a child is experiencing a mental health crisis. Children and youth served by CIRT generally reflect county distribution by ethnicity, gender and language. A disproportionately high percentage of those served are from the Oxnard area of the county, a region that has been traditionally un/under served.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$840,000	\$840,000	0%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		1400		
TAY				
Adults				
Older Adults				
Total		1400		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1400

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Children's Intensive Response Team (CIRT) has been a CSS program since the County's original 3 year CSS Plan and programmatically and fiscally is unchanged from last year.</p> <p>The Children's Intensive Response Team (CIRT) serves children/youth experiencing a mental health crisis and their families by providing immediate intensive mental health response services to children/youth up to 18 years of age throughout the county 24 hours per day 7 days a week wherever appropriate and best meets the needs of the youth and family.</p> <p>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. Some families who access these services are current users of mental health services and will be referred back to their provider after stabilization. However, many families often do not know how to reach out and access appropriate support services. For those youth and families who are not currently receiving appropriate mental health services, CIRT provides extended intensive case management and support for up to 30 days. Through the 30 day follow up, culturally and linguistically competent CIRT staff facilitate in-home stabilization, conduct assessments, begin the family driven resiliency planning, and establish linkage and brokerage to culturally appropriate community and faith based services. This model has proven to be extremely successful for individuals who are in need of ongoing mental health treatment and support, but who for some reason have yet to connect to services. Within the CIRT program, a significant proportion of the children receiving the 30-day follow-up services demonstrated a reduction in presenting problems and showed an improvement in overall level of functioning. The focus of the 30-day follow-up is on stabilization, hospital diversion, personal recovery plans and follow-up care.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 4/Transitional Age Youth Full Service PartnershipDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	61			\$10,332
Adults				
Older Adults				
Total	61			\$10,332
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			61	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	29	English	61	LGBTQ	Not collected
African American	1	Spanish		Veteran	Not collected
Asian	2	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	20	Tagalog			
Multi	4	Cambodian			
Unknown	13	Hmong			
Other	13	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Historically, a majority of consumers served by the program have been male and Caucasian, with Latino and African American consumers comprising approximately 20% and 10%, respectively. Three fourths of those in the program have been diagnosed with schizophrenia or schizoaffective disorder, and nearly one fourth with bipolar disorder. Approximately half of consumers served have been diagnosed with co-occurring alcohol or substance abuse disorder.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs (including this one) and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

<b>FY 10/11 funding</b>	<b>FY 11/12 funding</b>	<b>Percent Change</b>
\$1,106,400	\$1,177,200	6.4%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

<b>Age Group</b>	<b># of individuals FSP</b>	<b># of individuals GSD</b>	<b># of individuals OE</b>	<b>Cost per Client FSP Only</b>
Child and Youth				
TAY	30			\$39,240
Adults				
Older Adults				
Total	30			\$39,240
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				30

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>This program serves transitional age youth (TAY), ages 18-25 who are dually diagnosed with a serious mental illness (SMI), many of whom are dually diagnosed with a co-occurring substance abuse disorder and who are risk of homelessness, incarceration or hospitalization. The program serves 15 TAY who live in a supportive, social rehabilitation environment, the "House of Transitions." An additional 15 TAY living in the community are served throughout the county.</p> <p>The Transitional Age Youth (TAY) Full Service Partnership (FSP) was developed out of recognition that intensive mental health services and co-occurring substance abuse programming was not available to TAY within our county. Previously, if young adults were in need of residential supports, they were within an environment of adult SMI and/or adult dually diagnosed consumers, without services or supports that are designed for the specific and often complex needs of the TAY population. Therefore, the TAY FSP began with a voluntary residential treatment facility in which TAY received a continuum of FSP services. This therapeutic community residential campus provides voluntary recovery based treatment to TAY with severe and persistent mental illness, and who often also have a co-occurring substance abuse disorder. The 15-bed program is part of a residential campus located centrally in a rural area of Ventura County with a cottage 'home like' setting, an ideal environment for young adults to thrive as they work toward recovery in a safe, supportive and multi-dimensional therapeutic modality.</p> <p>The program was later expanded to provide community based FSP services to TAY living throughout Ventura County. The goal of both components of this program is to support the individual in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community. This recovery model uses an Assertive Community Treatment (ACT) model to support the goal of diminishing or stabilizing factors such as disruptive and harmful behaviors, chronic medical conditions, substance abuse, and social and economic situations, so that independent living is not only a goal but can be achieved and sustained. This supportive and client-centered model focuses on community living, providing information, teaching life skills, providing appropriate and realistic supports and continuously assessing and providing a 'whatever it takes' approach to treatment. Intensive case management, group therapy, self-help recovery groups, and individual therapy are combined to provide an array of services to support recovery.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 5/Transitional Age Youth Wellness and Recovery CenterDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		17		
Adults		94		
Older Adults		31		
Total		142		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			142	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	108	English	129	LGBTQ	6
African American	9	Spanish	10	Veteran	7
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	3	Mandarin	1		
Hispanic	18	Tagalog	2		
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
This program focuses on providing outreach and access for the cultural, ethnic and racial groups who have been reluctant to access services through traditional programs or clinic-based services. Located in Oxnard with a population that is two third Hispanic, and there is active outreach to this population, though the percentage of Latinos accessing the Center dropped in 2009/10.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$637,600	\$637,600	0%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY			100	
Adults				
Older Adults				
Total			100	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				100

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Transitional Age Youth (TAY) Wellness and Recovery Center serves TAY, ages 18 to 25 years old, who are recovering from mental illness or mental illness and substance abuse. Many are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues.</p> <p>Called the "TAY Tunnel," the program is designed as a 'portal' for access by offering supports commonly utilized by young adults with a serious mental illness without the pressure of 'enrolling' in services. Outreaching to unserved and underserved TAY throughout the county, this 'under one roof' center offers an array of on-site supports and relevant referrals to TAY who historically have not accessed services through the traditional clinic system. While providing supports, the Center serves as a linkage to other mental health services. The TAY Tunnel also provides supports for TAY as they transition out of other mental health programs on their journey of wellness and recovery.</p> <p>The TAY Tunnel was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. TAY are supported in their desire for recovery in a non-judgmental and accepting atmosphere, where peer directed activities and interaction are an integral component to the program. Embracing a philosophy that meaningful work and social activities are at the heart of wellness, each young adult is encouraged to reach his/her personal goals. The center also offers self help groups addressing job preparation and employment readiness, computer skills, awareness of substance abuse, housing opportunities, cooking, art and other activities designed to promote wellness and recovery.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 6/Adult Full Service PartnershipDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	31			\$13,182
Older Adults				
Total	31			\$13,182
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			31	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	19	English	31	LGBTQ	Not collected
African American	3	Spanish		Veteran	Not collected
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	8	Tagalog			
Multi		Cambodian			
Unknown	2	Hmong			
Other	6	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**C. Answer the following questions about this program.**

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

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

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:

1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.
2. Reductions in the size of several programs (including this one) and elimination of two programs due to the budget constraints.

This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current known budget reality, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$638,600	\$747,200	17.0%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	30			\$24,907
Older Adults				
Total	30			\$24,907
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				30

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Adult Full Service Partnership serves 30 individuals per year who are diagnosed with a serious and persistent mental illness, are leaving or at risk of incarceration, and are at risk of homelessness or hospitalization. This program was designed to address the continuing and escalating trend toward inappropriately housing adult mentally ill individuals in the jails. Studies indicate that providing a high level of linkage, care planning and relationship building while the individual is in jail provides a higher level of success for the individual when they return to the community. This program is designed to increase access to those individuals who have historically been un/underserved by providing a complement to the continuum of mental health care currently available and provides intensive community-based services to 30 individual at risk of or leaving incarceration per year.</p> <p>The program incorporates the <i>Assertive Community Treatment (ACT)</i> treatment modality through the provision of comprehensive integrated services. These services include: mental health treatment, psychiatric care and medication management, intensive case management, 24/7 social worker access, medical care, medical education to understand and manage chronic conditions, alcohol and other substance abuse treatment, 12-step or similar programs, life skills training (e.g. money-management, anger management), vocational training and counseling, access to adult education, advocacy regarding criminal justice, social services, social security issues, the sub-payee program, peer support program, pro-social activities, and housing supports. The program has been successful in reducing homelessness, psychiatric hospitalization and incarceration for participants, and in assisting consumers in achieving their wellness and recovery goals, such as education and job attainment and successful participation in alcohol and drug treatment programs.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 7/Mobile Crisis TeamDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		264		
TAY		321		
Adults		811		
Older Adults		209		
Total		1604		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1604	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	824	English	1481	LGBTQ	Not collected
African American	30	Spanish	57	Veteran	Not collected
Asian	23	Vietnamese	2	Other	
Pacific Islander	2	Cantonese			
Native American	4	Mandarin			
Hispanic	351	Tagalog			
Multi	4	Cambodian			
Unknown	448	Hmong			
Other	270	Russian			
		Farsi	2		
		Arabic			
		Other	63		

**C. Answer the following questions about this program.**

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>Since its inception, this program has filled a key need identified in the original CSS needs assessment process, of ensuring 24/7 countywide access of adults to mobile crisis services. Prior to the program, mobile crisis services in the county were very limited. In FY 09/10, the program significantly exceeded the target number of 1100 individuals served, with 1604 served, an increase of 502 over FY 08/09. The majority of clients served were Caucasian, and approximately 21% were Latino.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs (including this one) which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$966,700	\$1,208,300	24.99%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		225		
Adults		1125		
Older Adults		150		
Total		1500		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:

1500

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>This program provides services to all adults in need of community-based crisis response services 24/7/365 throughout Ventura County. This is for individuals currently receiving mental health services, or those who are un/under served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so 30 day follow up services to ensure appropriate cultural and linguistic referrals to on-going services are offered. Historically, a majority of consumers served have been Caucasian, with a significant minority of Latino consumers, particularly in the west part of the county. Referrals to the program vary and include, in part, medical providers, family members, law enforcement and residential facilities.</p> <p>The Adult Mobile Crisis Team, provides proactive support for persons likely to require community support to avoid crises and hospitalization, and to assure that persons in crisis are linked to appropriate, ongoing mental health care. This is accomplished in two ways:</p> <p>1. The expanded "Adult Intensive Response and Stabilization Team" provides increased crisis prevention and intervention services across the mental health system for both enrolled and un-enrolled individuals. The team continues to provide county-wide field-based crisis intervention 24/7/365 days a year and in addition, provides crisis prevention and intervention supports for:</p> <ul style="list-style-type: none"> <li>• prospective consumers who, upon initial screening, are determined to be in crisis;</li> <li>• prospective consumers who would benefit from additional field-based support during the assessment/referral process;</li> <li>• enrolled consumers who are likely to experience crises without intermittent additional support; and</li> <li>• individuals in crisis who need immediate crisis intervention whether they are enrolled or not.</li> </ul> <p>2. The expanded "Adult Intensive Response and Stabilization Team" provides 30-day follow up and case management to assure linkage to appropriate levels of care for un-enrolled clients as well as coordination with existing treatment for individuals already enrolled in services. This expansion in the scope of services is modeled after our successful Children's Intensive Response Team (CIRT), which was also funded by MHSA. This model has proven to be extremely successful due in part to the 30-day follow-up services for individuals who are in need of ongoing mental health treatment and support, but who for some reason have yet to connect to services. The focus of the 30-day follow-up is on stabilization, hospital diversion, personal recovery plans and follow-up care and linkage. Peer staff, or "Recovery Coaches," are part of the treatment team, and assist in engaging and supporting consumers.</p> <p>The budget increase, though under the 25% threshold, represents the decrease in the federal share of MediCal (FMAP), lower MediCal penetration and the restructuring of the team to more clinical positions.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <p style="margin-left: 20px;">a) Names of the programs being consolidated.</p> <p style="margin-left: 20px;">b) How existing populations and services to achieve the same outcomes as the previously approved programs.</p> <p style="margin-left: 20px;">c) The rationale for the decision to consolidate programs.</p>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 8/Short Term Social RehabilitationDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable. N/a – Program approved but not implemented.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			0 (program approved but not implemented in FY 09/10)	

**B. List the number of individuals served by this program during FY 09/10, as applicable. NO INDIVIDUALS SERVED. Program not implemented.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
n/a Program not yet implemented as a site had not yet been located in FY 09/10.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin-left: 40px;"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$1,032,712</td> <td>\$1,554,500</td> <td>50.5%</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,032,712	\$1,554,500	50.5%	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a  Exception requested. Please see below.
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,032,712	\$1,554,500	50.5%					
The budget approved for FY10/11 was for a partial fiscal year (6 months) as program implementation was not expected until mid-year FY 10/11 and included start up costs. The funding requested for FY 11/12 represents a full year of regular operation.							
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
<b>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</b>							
<b>Age Group</b>	<b># of individuals FSP</b>	<b># of individuals GSD</b>	<b># of individuals OE</b>	<b>Cost per Client FSP Only</b>			
Child and Youth							
TAY							
Adults		390					
Older Adults							
Total		390					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 390							

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Short Term Social Rehabilitation Program (formerly known as the Crisis Residential Program) will provide short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis. The 15 bed program will serve adults from 25 to 64 years old throughout the county.</p> <p>Ventura County does not have a voluntary crisis residential facility in the Adult System of Care to accommodate adults with serious mental illness (SMI) who are in crisis, may be suffering from co-occurring disorders, or who want and need the additional support that can be offered through this type of voluntary program.</p> <p>The Adult Short-Term Social Rehabilitation program is designed as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness for Ventura County's SMI.</p> <p>A licensed residential community care, 15-bed facility will be available for voluntary admissions 24 hours a day, 7 days a week and will be staffed to provide mental health services to individuals with complex mental health needs who are currently in crisis and without the resources to cope within the community. The program will provide up to 30 days of intensive, culturally and ethnically sensitive, individualized services. This Center will provide assessment and stabilization supports to identify the level of need of the individual. If it is determined that the individual is not in need of this level of service, referrals to appropriate community supports will be provided through the availability of flexible funding. Estimating that the average stay will be less than 14 days, it is projected that the residential program will serve approximately 390 SMI adults each year. As of February 2011, a site has been located for the facility, and state licensure as well as program implementation is pending.</p> <p>The goal of the program is to facilitate a reduction in the intensity of those factors that lead to admission to this level of care. The program will offer an environment where consumers will contribute to the programming as well as the daily household operations of the center. Emphasis will be on stabilization and working toward personal recovery through the support of peers in creating WRAP recovery plans, identifying personal and community supports and strengths to call upon for future challenges. Based on a recovery-centered approach, the program will include Peer Support Specialists as integral to the team.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 9/Adult Wellness and Recovery CenterDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		17		
Adults		94		
Older Adults		31		
Total		142		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			142	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	108	English	129	LGBTQ	6
African American	9	Spanish	10	Veteran	7
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	3	Mandarin	1		
Hispanic	18	Tagalog	2		
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The Adult Wellness and Recovery Center has been effective in reaching adult consumers either as an entry point into the mental health system or as a step towards one's journey to wellness and recovery. The program has met and generally exceeded its target of maintaining a membership of 100 consumers. Though serving a majority of Caucasian and English speaking members, the program has reached a significant minority of individuals from other ethnic and language groups. Additionally, in FY 10/11, the program is being moved from Ventura to Oxnard, in order to be more centrally located in the county. It will also be located in Oxnard, which has the greatest concentration of un/underserved individuals in the county, including a high number of Latino and African American consumers.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$500,100	\$500,100	0%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		10		
Adults		70		
Older Adults		20		
Total		100		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 100

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Adult Wellness and Recovery Center serves adults with serious mental illness (SMI) throughout Ventura County. Many are at risk of or experiencing homelessness, substance abuse, incarceration and increasing severity of mental health issues. This program focuses on providing outreach and access for the cultural, ethnic and racial groups who have been reluctant to access services through traditional programs or clinic-based services.</p> <p>The Adult Wellness and Recovery Center (AWRC) is designed as a 'portal' for access by offering supports commonly utilized by adults with a serious mental illness without the pressure of 'enrolling' in services. The AWRC reaches out to unserved and underserved adults throughout the county. This 'under one roof' center was developed primarily by consumers and family members and offers an array of on-site supports and relevant referrals to consumers who historically have not accessed services through the traditional clinic system. While providing supports, the Center serves as a linkage to other mental health services. The AWRC also provides supports for adult consumers as they transition out of other mental health programs on their journey of wellness and recovery. Transportation assistance is provided to consumers who live in more distant parts of the county.</p> <p>The AWRC is staffed by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. AWRC "members" are supported in their desire for recovery in a non-judgmental and accepting atmosphere, where peer directed activities and interaction are an integral component to the program. Embracing a philosophy that meaningful work and social activities are at the heart of wellness, each member is encouraged to reach his/her personal goals. The center also offers self help groups addressing job preparation and employment readiness, computer skills, awareness of substance abuse, housing opportunities, cooking, art and other activities designed to promote wellness and recovery.</p> <p>During FY 10/11 a request for proposals was issued for this program and a new contractor selected to run the AWRC. Additionally, the program is being moved from Ventura to Oxnard to be more centrally located in the county and to provide better access in the region with the largest concentration of un/underserved mental health consumers.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 10/Older Adult Full Service PartnershipDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	138			\$4,155
Total	138			\$4,155
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	75	English	112	LGBTQ	Not collected
African American	4	Spanish	21	Veteran	Not collected
Asian	2	Vietnamese		Other	
Pacific Islander		Cantonese	2		
Native American		Mandarin			
Hispanic	22	Tagalog			
Multi	2	Cambodian			
Unknown	39	Hmong			
Other	16	Russian			
		Farsi			
		Arabic	1		
		Other	2		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program has been extremely effective in providing intensive, community based services to homebound older adults with significant mental health diagnoses and often with major health and other issues. This population previously had great difficulty accessing mental health services, nor was there coordination with other services required by these individuals. The program exceeded its target of 90 served in FY 09/10, serving 138 individuals. The majority of those served in FY 09/10 were Caucasian, with approximately 17% Latinos and 15% of all consumers served being Spanish speaking.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs (including this one) and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$1,168,800	\$1,168,800	0%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	90			\$12,987
Total	90			\$12,987

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 90

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>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 so often those in the program are individuals with persistent mental illness who are homebound, homeless and/or in crisis. The two most frequent primary diagnoses of consumers served by the program are psychosis and depression.</p> <p>The program provides all assessment and treatment services through mobile units that are community based and available to reach individuals where they live. Services include assessment, treatment, crisis response, and co-occurring disorder supports such as substance abuse, dementia, acute distress, post-traumatic stress syndrome and or physical disabilities, for persons with a primary diagnosis of severe mental illness. Settings for service delivery to homebound or homeless, severely mentally ill seniors may include: private homes, board and care homes, outpatient clinics, skilled nursing facilities, inpatient psychiatric/multi-service senior programs, jails and public streets. Peer staff, or “recovery coaches” assist in engaging new and current consumers, and provide support services and advocacy, and through their life’s experience, provide a model for successful wellness and recovery.</p> <p>The program has been successful in reducing psychiatric hospitalizations, as well as both medical and psychiatric emergency room visits.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 11/Fillmore Community ProjectDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		104		
TAY				
Adults				
Older Adults				
Total		104		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			104	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	21	English	66	LGBTQ	Not collected
African American	4	Spanish	37	Veteran	Not collected
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	86	Tagalog			
Multi	3	Cambodian			
Unknown	3	Hmong			
Other	73	Russian			
		Farsi			
		Arabic			
		Other	1		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**C. Answer the following questions about this program.**

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This program was created specifically to address the lack of mental health services available to children in families in the Fillmore/Piru area of the county. Fillmore and Piru are predominantly Latino, working class, and religious communities with a significant number of migrant workers, undocumented people, and Spanish speakers. The community has many uninsured/underinsured youth and families that had been underserved due to the lack of community-based providers and transportation limitations. Furthermore, they are often inappropriately served, due to a disproportionate number of youth from this community entering the justice system and reluctance to access services through traditional clinical based programs.

All program staff are bilingual/bicultural and able to serve the community in a manner that is culturally competent and reduces the stigma of accessing services through the provision of services in the community as well as the centrally located clinic. In FY2009/10, 83% of consumers served by the program were Latino, and 36% were Spanish speaking.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:

1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.
2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.

This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current known budget reality, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$489,800	\$489,800	0%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		80		
TAY				
Adults				
Older Adults				
Total		80		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 80

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>This program serves youth and families of youth 0-17 in Fillmore and Piru who have been identified as having a 1) mental health and/or substance disorder with a 2) significant impairment in functioning/development OR a probability of significant impairment if not provided services. Fillmore and Piru are predominantly Latino, working class, and religious communities with a significant number of migrant workers, undocumented people, and Spanish speakers. The community has many uninsured/underinsured youth and families that are currently underserved due to the lack of community-based providers and transportation limitations. Furthermore, they are often inappropriately served, due to a disproportionate number of youth from this community entering the justice system and reluctance to access services through traditional clinical based programs.</p> <p>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 and their families in both clinic and community based locations. The program is designed in a manner that is oriented toward the MHSA goals of serving as a comprehensive community system that is client and family directed, culturally competent, and recovery/resiliency oriented. This is accomplished several ways. First, the clinic is co-located with medical, public health and social services, providing a central point of service access for children and families. In addition, the program serves as a linkage to the MHSA funded children's outreach and engagement program in Fillmore. Finally, clinical services through this program are provided primarily in schools, homes, parishes, and other community locations that may be more accessible for youth and their families.</p> <p>Through a recovery/resiliency orientation, the program enriches the Children's Systems of Care in the county by integrating a spectrum of services into a coordinated network that fosters the ability for individuals and families to address life's challenges and participate fully in their communities. Services are offered in a strength-based and individualized manner, with the youth and family involved in accessing, planning, implementing, and evaluating these services. In addition, services offered are aimed at improving functional competencies, fostering self and family efficacies, problem solving skills, and sense of purpose. Furthermore, there is a high level of service coordination within VCBH and between VCBH and other agencies to navigate complex systems and prevent fragmentation of care for clients/families with numerous needs. This is accomplished through coordination between case managers, parent partners, and peer partners. Finally, early intervention services are provided to deal proactively with problems or challenges, rather than letting them become entrenched and more difficult to address.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 12/FAST – Family Access Support TeamDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		151		
TAY				
Adults				
Older Adults				
Total		151		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	62	English	Not collected	LGBTQ	Not collected
African American	10	Spanish		Veteran	n/a
Asian	0	Vietnamese		Other	
Pacific Islander	0	Cantonese			
Native American	0	Mandarin			
Hispanic	79	Tagalog			
Multi	0	Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>This program is designed to provide services to children, youth and their families who are at high risk for hospitalization or out-of-home placement. Designed to support families in identifying strategies to address the challenges of severely emotionally disturbed (SED), these families are traditionally unserved and underserved in the current behavioral health system due to a lack of insurance-determined supports such as Therapeutic Behavior Services (TBS). Additionally, this program provides outreach to youth and their families as they first enter the behavioral health system. The program has been effective in reaching underserved ethnic groups in the County, with 52% and 7% of those served Latino and African American, respectfully.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$510,300	\$600,500	17.7%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		100		
TAY				
Adults				
Older Adults				
Total		100		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 100

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>This program is designed to provide services to children, youth and their families who are at high risk for hospitalization or out-of-home placement. Designed to support families in identifying strategies to address the challenges of severely emotionally disturbed (SED), these families are traditionally unserved and underserved in the current behavioral health system due to a lack of insurance-determined supports such as Therapeutic Behavior Services (TBS). Additionally, this program provides outreach to youth and their families as they first enter the behavioral health system.</p> <p>The Family Access Support Team (FAST) is led by United Parents, who is our local children, youth and family advocacy group. Staffed solely with trained Parent Partners, FAST provides services <i>by families, to families</i>, embracing the philosophy of MHSA in a client and family driven approach to service delivery. Staff are parents who have specialized training, and that have raised a child with a serious mental/emotional disorder. This program is designed to provide children and families with intensive home-based supportive services in a proactive approach, lessening the need for crisis-based responses. Parent Partners work intensely with the family, modeling techniques to the parents, supporting them in implementation of the Personal Care Plan of each child and their family, so that the family better understands how to utilize interventions to alleviate crises.</p> <p>By providing an alternative to reduce the hospitalization of children and youth, this proactive approach supports and educates children and their families, utilizing strategies that might prevent an escalating situation from turning into a crisis. A primary goal of this program is to reduce the need for actual crisis calls, out-of-home placements and hospitalizations. This program is designed and approached as one component of a larger system of care for children and their families. FAST works collaboratively within a community of service provision, providing a family and purpose-driven system of support to our children and families. Additionally, families who are challenged with potential escalating situations are referred to the program for 'proactive', 'pre-crisis' supports, focused on supporting the family with strategies, education and alternatives to what has often been considered the only option – hospitalization.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 13/TransitionsDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	423			\$2,348
Adults				
Older Adults				
Total	423			\$2,348
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			423	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	160	English	364	LGBTQ	Not collected
African American	22	Spanish	53	Veteran	Not collected
Asian		Vietnamese		Other	Not collected
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	185	Tagalog			
Multi	7	Cambodian			
Unknown	31	Hmong			
Other	203	Russian			
		Farsi			
		Arabic			
		Other	5		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The program has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas, and in engaging Latino TAY, who make up 55% of individuals served since the program's inception. Furthermore, female TAY, who historically are underrepresented in the adult behavioral health system, constitutes approximately half of those served. In FY 09/10, 44% of individuals served were Latino, and 13% were Spanish speaking.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs (including this one) which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☒ No ☐

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$794,600	\$993,200	24.99

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

**NEW/REVISED PROGRAM DESCRIPTION**  
**Community Services and Supports**

County: Ventura☐ Completely New ProgramProgram Number/Name: #13/Transitions  
Program☒ Revised Previously ApprovedDate: February 14, 2011

**D. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth				
TAY	25	225		\$5,000
Adults				
Older Adults				
Total	25	225		\$5,000

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: 250**B. Program Narrative**

- Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Transitions program serves Transitional Age Youth, ages 18 to 25 years old with serious mental illness across a continuum of services. Many of these individuals have co-occurring substance abuse, and many are at risk of homelessness, hospitalization or incarceration. The program serves primarily the Oxnard, Ventura, Conejo and Simi Valley regions of Ventura County. The program has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas, and in engaging Latino TAY, who make up 55% of individuals served since the program's inception. Furthermore, female TAY, who historically are underrepresented in the adult behavioral health system, constitutes approximately half of those served.

In 2009/10, this program was transformed to a full service partnership. As implementation has progressed however, the County has come to the realization that not all consumers enrolled in Transitions have the level of need that requires the augmented services of a full service partnership, such as housing supports, 24/7 access to a personal services coordinator, etc. Furthermore, the intensive outcome data requirements for FSPs are very labor intensive and both increase program costs and reduce the time available for staff to provide treatment.

Therefore, in this update, the County is proposing to split the Transitions program – consumers with more intensive needs will be enrolled in the FSP, receiving the augmented supports that an FSP provides. Consumers not requiring the additional support of an FSP will remain in the program, but without the augmented FSP services. From a financial standpoint, these consumers will be allocated to MHSA system development funds. For this Annual Update, the County is assuming that approximately 15% of all Transitions consumers would benefit from augmented full service partnership services. In essence, this split is intended to be fluid for consumers, based on their level of need. It would also be transparent, as consumers, whether in the FSP or not, would continue to participate together in the some elements of the Transitions program. This will also allow consumers to receive the type and intensity of services that best promotes each individual's wellness and recovery, in a manner that is comprehensive and seamless.

A comprehensive Behavioral Health outpatient program, Transitions integrates wellness and recovery into its array of

**NEW/REVISED PROGRAM DESCRIPTION**  
**Community Services and Supports**

behavioral health services, which include psychiatric treatment (psychiatric evaluation/assessment and medication monitoring), individual therapy, intensive case management services, group treatment and rehabilitation services. Transitions allows TAY to move seamlessly through a system of care, accessing those services appropriate to their developmental and mental health needs. While ensuring capacity to provide services within the clinic setting, the inherent vision of the Transitions Program ensures that clinicians and case managers also provide field-based services within homes, community, the TAY Wellness and Recovery Center. Peer staff, or "Recovery Coaches," support consumers in the achievement of their wellness and recovery goals.

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

2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.

As a Revised Previously Approved Program, Transitions remains consistent with the priorities identified in the Community Program Planning Process that led to its original inclusion in the County's CSS plan. The requested change to the program was presented to and approved by the CSS Planning Workgroup and the Mental Health board.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).

This program remains consistent, with the proposed changes, with the General Standards of the MHSA.

4. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).

In 2010-11, Transitions was expanded to serve two additional regions of the county. Staffing was added to the program to accommodate this expansion. The FY11/12 plan does not propose to serve any additional individuals than the number served through the expansion.

5. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/a

6. If this is a consolidation of two or more programs, provide the following information:
- Names of the programs being consolidated.
  - The rationale for the decision to consolidate programs.
  - How existing populations and services will achieve the same outcomes as the previously approved programs.

N/a

**NEW/REVISED PROGRAM DESCRIPTION**  
**Community Services and Supports**

C. Provide an estimated annual program budget, utilizing the following line items.

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Client, Family Member and Caregiver Support Expenditures	\$10,000			\$10,000
	a. Individual-based Housing	10,000			10,000
	b. Other Supports	10,000			10,000
2.	General System Development Housing				
3.	Personnel Expenditures	1,000,000			1,000,000
4.	Operating Expenditures				
	a. Services & Supplies	300,000			300,000
	b. Professional Services - Psychiatrist	120,000			120,000
5.	Non-recurring Expenditures				
6.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>\$1,450,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,450,000</b>
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only) <b>63% Billable</b>	\$456,800			\$456,800
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
C. TOTAL FUNDING REQUESTED					
		<b>\$993,200</b>			<b>\$993,200</b>

**NEW/REVISED PROGRAM DESCRIPTION**  
**Community Services and Supports**

**D. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, non-recurring expenditures, and other expenditures associated with this CSS Program.

**County Mental Health Department**

The **\$1,450,000** proposed gross expenditure request for Fiscal Year 2011-12 represents the period beginning July 1, 2011 through June 30, 2012 for the **TAY – Transitions, Program 13** of the Ventura County MHSA Plan Update. This is an existing program that is increasing by more than 25%; therefore, it is classified under the "new Program" section. This is a County operated program.

**A. EXPENDITURES - \$1,450,000****Client, Family Member and Caregiver Support Expenditures - \$20,000**

The **County Mental Health Department** projects **\$20,000** in Client, Family Member and Caregiver Support Expenditures. This is **\$10,000** for Individual-based Housing and **\$10,000** for Other Supports that are reasonable and beneficial to our clients.

**General System Development Housing - \$10,000**

The **County Mental Health Department** projects \$10,000 in General System Development Housing for as required TAY client housing subsidies.

**Personnel - \$1,000,000**

The **County Mental Health Department** Personnel Team Expenditures are projected to be **\$699,300** for the following 11.0 FTEs. We have projected a team of **1.50 FTE** BH Clinic Administrator II at **\$102,200**; **3.50 FTE** – Mental Health Associate at **\$248,600**; **5.00 FTE** – Psychiatric Social Worker III at **\$315,100**; and **1.0 FTE** -- Office Assistant IV at **\$33,400**. Benefits are projected to be **\$300,700** or 43% of the salary. The benefits include health, dental, life insurance, retirement, employer taxes, workers compensation, and other Ventura County applicable payroll related benefits.

**Operating Expenditures - \$420,000**

The **County Mental Health Department** projects **\$420,000** in services and supplies for the 11.00 FTEs. Services and supplies are projected to be 30% of the total salaries & benefits. This includes facility cost; office supplies; equipment; vehicle expense; trainings and conferences; communication, voice and data; and other reasonable and required services and supplies.

**C. REVENUES - \$1,450,000**

The total revenue projection is **\$1,450,000**. The **County Mental Health Department** projected revenue from FFP and local match reimbursement is **\$456,800**. This is based on 63% billable Short Doyle Medi-Cal (SDMC) eligible services. Projected revenue budget estimates is **\$993,200** in MHSA CSS funding.



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 15/EPICS – Empowering Partners through Integrated Community ServicesDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	774			\$1,768
Older Adults				
Total	774			\$1,768
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			774	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	Not collected
African American		Spanish		Veteran	Not collected
Asian		Vietnamese		Other	Not collected
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**C. Answer the following questions about this program.**

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Establishment of this program is resulting in a transformation of service to adults through the county's system of care. Through development of the recovery tracks, a significant portion of adults served by the county, who traditionally had received only basic medication and case management services are now able to receive research based treatment for the mental health conditions, in a manner that promotes wellness and recovery.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

EPICS has been a fundamental aspect of the county's five year strategic fiscal plan to weather the fluctuations in MHSA and other mental health funding. Two years ago, the VCBH adult system began a process of transformation whereby *Recovery Tracks* were incorporated into the Adult system of care. These Recovery Tracks included the adoption of new, evidenced based treatment approaches for adult consumers with mood disorders and psychosis as well as the incorporation of peer support in all VCBH clinics. The Recovery Tracks became part of the county's existing EPICS program (CSS Program #15), as did the existing MHSA program, Integrated Dual Diagnosis Treatment (IDDT). This transformation has resulted in a much more integrated, treatment focused adult system of care, and, and it was approved by DMH as a significant expansion to the EPICS program in the county's FY09/10 Annual Update.

The transformation of the adult system through this program has provided the dual benefit of enhancing and improving the system of care for adult consumers in the county, while also giving the county increased financial flexibility, with the ability to utilize MHSA funding to support these transformed services. Through the use of unspent and unapproved MHSA funds from previous years, the County has therefore been able to manage the funding fluctuations with little disruption in services, and in fact, an augmentation of the quality of services provided to adult consumers.

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served? Yes ☐ No X

2) Is there a change in services? Yes ☐ No X

3) a) Complete the table below:

<b>FY 10/11 funding</b>	<b>FY 11/12 funding</b>	<b>Percent Change</b>
\$2,207,788	\$2,759,700	24.99%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐ No X

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐ No X

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

<b>Age Group</b>	<b># of individuals FSP</b>	<b># of individuals GSD</b>	<b># of individuals OE</b>	<b>Cost per Client FSP Only</b>
Child and Youth				
TAY				
Adults	228	1332		\$3,974
Older Adults				
Total	228	1332		1560

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1560

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**B. Answer the following questions about this program.**

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The EPICS program, as currently configured, was approved as part of the County's 2009/10 MHSA Annual Update and represents a significant transformation of Ventura County's behavioral healthcare services. The program was established to provide a full continuum of services to a large percentage of adult behavioral health consumers with SMI, most of whom had been underserved or unserved by the county's traditional mental health system. The program was developed with four "tracks," providing FSP services across a spectrum of needs:

1. **EPICS Intensive:** Up to 80 EPICS consumers, who are high utilizers of IMD and with intensive needs, are served through comprehensive, integrated *Assertive Community Treatment (ACT)*. These services include: mental health treatment, psychiatric care and medication management, intensive case management, 24/7 social worker access, medical care, medical education to understand and manage chronic conditions, alcohol and other substance abuse treatment, 12-step or similar programs, life skills training (e.g. money-management, anger management), vocational training and counseling, access to adult education, advocacy regarding criminal justice, social services, social security issues, the sub-payee program, peer support program, pro-social activities, and housing supports. As a component of the FSP Intensive EPICS track we are enhancing current services to provide the opportunity for clients in need of additional structure to participate in services on a daily basis. These enhanced services will include enhanced groups, individual therapy, case management and peer support activities, socialization and education.
2. **Community Options for Recovery through Education (CORE)** – A *Recovery Track* providing evidenced base group treatment for individuals with psychotic disorders throughout the adult clinic system.
3. **Life Effectiveness Training (LET)** – a *Recovery Track* serving individuals with mood disorders throughout the adult clinic system.
4. **Integrated Dual Diagnosis Treatment (IDDT)** – IDDT has been identified by State DMH, CiMH as well as national mental health organizations as an emerging best practice, and provides integrated treatment for individuals with mental illness and co-occurring substance abuse.

Implementation has resulted in dramatic increases in clinical, evidenced based treatment provided to a much larger number of adult consumers than had previously been possible. Treatment through Ventura County's public mental health system is being transformed so that consumers receive more effective, more efficient treatment aimed towards wellness and recovery. The recovery tracks are being implemented county-wide, in all VCBH adult clinics. Consumers served through EPICS receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams.

As implementation has progressed, the County continues to refine its process for determining which consumers in the recovery tracks would benefit from augmented full service partnership services. This process will be enhanced with the use of a tool for the determination of level of care of consumers, which should provide a more systematic means for determining service appropriateness and for promoting the flow of consumers through the system as they move towards wellness and recovery.

2. If this is a consolidation of two or more programs, provide the following information:
  - a) Names of the programs being consolidated.
  - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
  - c) The rationale for the decision to consolidate programs.

N/a

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/a

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 16/Consumer and Family EmploymentDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		23		
TAY		185		
Adults		610		
Older Adults		130		
Total		948		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			948	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	331	English	Not collected	LGBTQ	Not collected
African American	23	Spanish	" "	Veteran	Not collected
Asian	16	Vietnamese	" "	Other	
Pacific Islander	15	Cantonese	" "		
Native American	14	Mandarin	" "		
Hispanic	101	Tagalog	" "		
Multi		Cambodian	" "		
Unknown		Hmong	" "		
Other	25	Russian	" "		
		Farsi	" "		
		Arabic	" "		
		Other	" "		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>The Consumer and Family Employment program has been a cornerstone of the County's transformation of its mental health system. Primary through the hiring of recovery educators and coaches, individuals with lived experience with the mental health system, the provision of wellness and recovery oriented services has increased dramatically. A key function of these peers, as well as the work done by the Client Network, NAMI and the Transformational Liaisons funded through this program, is to reach out to and engage consumers and family members in order to increase access to services, particularly for those who have been traditionally un/underserved. An example of this is the establishment of Spanish language WRAP classes in the Santa Paula region of the county, in an effort to engage and support monolingual consumers in that area.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County's CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$1,431,500	\$1,431,500	0%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		150		
Adults		750		
Older Adults		100		
Total		1000		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1000

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Peer and Family Employment program provides services to transitional age youth, adults and older adults throughout Ventura County's behavioral healthcare system. Peer and family employment is fundamental to the MHSA vision of wellness and recovery as well as to Ventura County's transformation of its behavioral healthcare system. This program provides training, advocacy and direct service for peers and family members through several distinct, yet related components:</p> <p>1. Training, employment, supervision and support for Peer Support Specialists and Recovery Coaches and Transformational Advocates throughout the county's behavioral health system. The county has contracted with Recovery Innovations of California (RICa), which is an organization specializing in the training, employment and support of those with lived experience within the workforce. Through its Recovery Education Center, partially funded by MHSA's Workforce Education and Training component, RICa provides peer employment training and Wellness Recovery Action Plan (WRAP) facilitation training for peers, serving as the standardized model for peer training in the county. RICa also provides training to county and contractor staff on wellness and recovery and on the integration of peers into the clinical setting.</p> <p>A number of peers trained are employed by RICa to facilitate WRAP, WELL (Wellness and Empowerment in Life and Living), and Medication for Success classes in all the county's adult clinics, as well as in into Board and Care residences, other contract provider locations and other types of supervised living situations. RICa employed Recovery Coaches have been integrated into treatment teams of a number of county programs, providing engagement, advocacy and support, utilizing their "lived experience" to provide a unique perspective and approach to their work with consumers. Recovery coaches support consumers participating in recovery classes, support housing success, help them access a spiritual community or other community supports, and identify activities that will help them develop community connections and friendships. Finally, RICa trained peers are employed by other community providers throughout the county.</p> <p>2. Support to the local NAMI chapter, to provide training and support to county, contract providers, consumers and family members.</p> <p>3. Support to the county's Client Network group, which provides training and advocacy on the transformation to a wellness and recovery focused treatment system.</p> <p>4. Funding of the County's Transformational Liaison position. This position, held by an individual with personal experience with the mental health system as consumer or family member, provides advocacy, program recommendations and serves as a liaison between the County and the consumer and family member community.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <p style="margin-left: 20px;">a) Names of the programs being consolidated.</p> <p style="margin-left: 20px;">b) How existing populations and services to achieve the same outcomes as the previously approved programs.</p> <p style="margin-left: 20px;">c) The rationale for the decision to consolidate programs.</p>
N/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a



**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

County: Ventura☐ No funding is being requested for this program.Program Number/Name: 17/STAR – Screening, Triage, Assessment and ReferralDate: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		527		
TAY		224		
Adults		524		
Older Adults		10		
Total		1285		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1285	

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	594	English	1168	LGBTQ	Not collected
African American	24	Spanish	88	Veteran	Not collected
Asian	9	Vietnamese		Other	
Pacific Islander	1	Cantonese	2		
Native American	7	Mandarin			
Hispanic	442	Tagalog	1		
Multi	11	Cambodian			
Unknown	402	Hmong			
Other	237	Russian	1		
		Farsi	2		
		Arabic			
		Other	23		

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>One of the purposes of STAR was to establish a timely, appropriate and consistent means of access for all consumers entering the mental health system. This has occurred and the program is now nearly fully implemented. Through the use of a centralized phone line, consumers are screened for service appropriateness and level of urgency. Clinical assessments are conducted throughout the county in order to increase access for consumers. Also, specific staff are assigned to engage consumers who are difficult to reach or who are reluctant to access services, often those who are traditionally un/underserved. Last year, the program, though being “ramped up,” served 1285 individuals, exceeding its target of 1250. Of those served, nearly 35% were Latino and 7% were Spanish speaking.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>Ventura County has developed a five year fiscal strategic plan, in order to manage the current budget fluctuations. This plan was originally established two years ago through assessment of the entire behavioral health continuum of care, in order to determine the best means to maximize and ensure integration of MHSA funded services into the continuum while continuing the process of system transformation towards a wellness and recovery oriented service delivery model. At that time, a plan was developed which included:</p> <ol style="list-style-type: none"> <li>1. Transformation of several programs which were incorporated into the County’s CSS plan, increasing funding flexibility.</li> <li>2. Reductions in the size of several programs (including this one) and elimination of two programs due to the budget constraints.</li> </ol> <p>This strategic plan is reviewed regularly, including annually as part of the community planning process with stakeholders. At this point, and given the current <u>known budget reality</u>, the County continues to feel confident that the current plan will allow it to effectively weather the budget fluctuations. The county will continue to monitor the budget situation and work with stakeholders to develop program adjustments if necessary.</p>

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$1,746,000	\$1,746,000	0%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐ No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		320		
TAY		240		
Adults		960		
Older Adults		80		
Total		1600		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:

1600

**PREVIOUSLY APPROVED PROGRAM**  
**Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>STAR serves consumers of all ages, including children, TAY, adults and older adults who are entering the county's behavioral healthcare system. The program coordinates access so that consumers of all ages receive timely, appropriate and consistent information, guidance, screening, triage, assessment, and/or linkage to mental health services and supports in a more efficient, higher quality, culturally sensitive manner county-wide. STAR has increased the county's ability to reach its core target population, including an expected increase in services to unserved and underserved individuals.</p> <p>STAR staff also manages emergent and urgent requests for service, including walk-in screenings and crisis intervention at every regional clinic. This assures timely response to service requests, while freeing up the clinics to provide the treatment necessary to support recovery. The perspective of a 'lived experience' by peer staff, or Recovery Coaches, assists in connecting with and engaging persons who have traditionally been unserved or underserved, who may have been reluctant to access traditional mental health services. Additionally, peer staff participate as part of the assessment team, helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR staff are an accessible resource to the community seeking information about mental illness, outpatient programs and services, and strategies to promote wellness and recovery.</p> <p>The assessment team provides assessments county-wide at regional clinics, in addition to non-traditional locations, improving our ability to engage underserved populations that may be reluctant to go to a clinic setting. Telephone screening and assessment services help overcome both the practical and geographical barriers to access most often identified.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> <li>a) Names of the programs being consolidated.</li> <li>b) How existing populations and services to achieve the same outcomes as the previously approved programs.</li> <li>c) The rationale for the decision to consolidate programs.</li> </ul>
n/a
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
n/a

Select one:

- ☒ CSS  
☐ WET  
☐ CF  
☐ TN  
☐ PEI<sup>6</sup>  
☐ INN

County: VenturaProgram/Project Number/ Name: #18/Children's Resiliency TracksDate: February 14, 2011

## 1. Clearly identify the program/project proposed for elimination.

The program proposed for elimination is the Children's Resiliency Tracks program, currently approved Program #18 in County's Community Services and Supports FY10/11 Plan.

## 2. Describe the rationale for eliminating the program/project.

This program was approved in FY10/11 but never implemented as a CSS program. The program had proposed to establish evidenced based treatment tracks to serve children and their families that are part of the County's system of care. Initially conceived as targeting children with serious emotional disturbance, it was determined that the program would be better served targeting children with emerging mental health issues instead. Therefore, a similar program, Early Supportive Services, was proposed and approved as part of the County's Prevention and Early Intervention plan. That program is being implemented in PEI. Staff have been trained in short-term clinical treatment for depression, trauma exposure and disruptive behavior, and are serving children and families.

As a result, the CSS Children's Resiliency Track program is no longer necessary, and it is being proposed for elimination.

## 3. Describe how the funding for the eliminated program/project will be used.

The funding will be used to cost increases in several other CSS programs in FY11/12, including Transitions, EPICS, FAST, TAY FSP and Adult FSP. These cost increases are due to varying factors, such as staffing changes and a decrease in the federal MediCal contribution.

## 4. Describe how the population that was being served by this program will continue to be served.

As described in #2, the program was never implemented through CSS, but a companion program has been implemented through PEI.

<sup>6</sup> For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E3) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

## CSS FUNDING REQUEST

County: VENTURADate: February 8, 2011

CSS Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name		Full Svc Partnershi p (FSP)	General System Develop.	Outreach and Engagem.	MHSA Hous- ing	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	1	Child - Full Service Partnership - (FSP)	\$423,000	\$423,000				\$423,000			
2.	2	Child - Intensive Response Team (CIRT)	\$840,000		\$840,000			\$840,000			
3.	4	TAY - Full Service Partnership (FSP)	\$1,177,200	\$1,177,200					\$1,177,200		
4.	5	TAY - Wellness & Recovery Center (WRC)	\$637,600			\$637,600			\$637,600		
5.	6	Adult - Full Service Partnership (FSP)	\$747,200	\$747,200						\$747,200	
6.	7	Adult - Mobile Crisis Team	\$1,208,300		\$1,208,300				\$181,245	\$906,225	\$120,830
7.	8	Adult - Short Term Social Rehab	\$1,554,500		\$1,554,500					\$1,554,500	
8.	9	Adult - Wellness & Recovery Center (WRC)	\$500,100			\$500,100			\$50,010	\$350,070	\$100,020
9.	10	Older Adult - Full Service Partnership (FSP)	\$1,168,800	\$1,168,800							\$1,168,800
10.	11	Child - Fillmore Community Project	\$489,800		\$489,800			\$489,800			
11.	12	Child - Family Access Support Team (FAST)	\$600,500		\$600,500			\$600,500			
12.	15	Adult – EPICS	\$2,759,700	\$905,970	\$1,853,730					\$2,759,700	
13.	16	TAY & Adult - Consumer and Family Employment	\$1,431,500		\$1,431,500				\$214,725	\$1,073,625	\$143,150
14.	17	Screening, Triage, Assessment & Referral (STAR)	\$1,746,000		\$1,746,000			\$349,200	\$261,900	\$1,047,600	\$87,300
15.	Subtotal: Programs <sup>a/</sup>		\$15,284,200	\$4,422,170	\$9,724,330	\$1,137,700	\$0	\$2,702,500	\$2,522,680	\$8,438,920	\$1,620,100
16.	Plus up to 15% Indirect Administrative Costs		\$2,292,630								
17.	Plus up to 10% Operating Reserve		\$1,757,683								
18.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$19,334,513								
New Programs/Revised Previously Approved Programs											
1.	13	TAY - Transitions	\$993,200	\$99,320	\$893,880				\$993,200		
2.			\$0								
3.	Subtotal: Programs <sup>a/</sup>		\$993,200	\$99,320	\$893,880				\$993,200		
4.	Plus up to 15% Indirect Administrative Costs		\$148,980								
5.	Plus up to 10% Operating Reserve		\$114,218								
6.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$1,256,398								
7.	Total MHSA Funds Requested for CSS		\$20,590,911								

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)).

Percent of Funds directed towards FSPs=

39.5%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

**CSS Majority of Funding to FSPs****Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re- alignment	County Funds	Other Funds	Total	Total %
<b>Total Mental Health Expenditures:</b>	\$4,521,490	\$0	\$177,060	\$6,214,504	\$0	\$0	\$0	\$0	\$81,483	\$10,994,537	67.5%

# **Workforce Education and Training**



**PREVIOUSLY APPROVED PROGRAM**  
**Workforce Education and Training**

County: Ventura☒ No funding is being requested for this program.Program Number/Name: 1/Workforce Infrastructure Development and SupportDate: February 4, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

During 2009/10, staffing was allocated to assure that our highest priority and most complex workforce programs had what was needed to get a solid start. Considerable staff time was spent surveying training needs and securing trainers for a wide variety of Training Institute programs. The equivalent of a half time FTE was assigned to coordinate the implementation of the human services certificate program. Reputable and experienced consultants were retained to assist with strategy, developing curriculum and providing instructor training for the certificate program. We also invested much staff time in a major expansion of our Internship programs and the implementation of stipends for those programs. Toward the end of the 09/10 fiscal year we assigned staff resources and retained a consultant to oversee the implementation of our language development program.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes ☐ No ☒

2) Is there a change in the activities and strategies?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

N/A – our entire allocation has been received.

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
n/a
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
n/a

**PREVIOUSLY APPROVED PROGRAM**  
**Workforce Education and Training**

County: Ventura☒ No funding is being requested for this program.Program Number/Name: 2/Training InstituteDate: February 4, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The newly formed Training Institute Committee (comprised of educational institutions, consumers, family members, CBO representatives, staff and representatives from professional organizations in our community) was active throughout the fiscal year in identifying training initiatives and planning training events. Specific accomplishments include the following:

- a. Conducted a training survey of department staff, employed consumers and family members, and CBO staff. This survey process assisted in identifying specific training needs and collecting feedback from staff and consumers to guide the committee in planning future training events.
- b. Supported the training needs related to the implementation of the PEI plan and implementation of evidence based treatment protocols within the clinics.
- c. Sponsored County wide conferences providing information on current treatment practices.
- d. Facilitated numerous training events regarding topics of culture and diversity; in particular the Training Institute sponsored a cultural diversity training by Dr. Steven Lopez, USC which has now led to a three-year project, collaborating with three local counties, to improve the clinical skills of those working with issues of diversity in treatment.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

N/A – our entire allocation has been received.

Yes ☐ No ☐

Yes ☐ No ☐

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/a

2. If this is a consolidation of two or more previously approved programs, provide the following information:

a) Name of the programs.

b) The rationale for the decision to consolidate programs.

c) How the objectives identified in the previously approved programs will be achieved.

N/a

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Ventura

☒ No funding is being requested for this program.

Program Number/Name: 3/Mental Health Career Pathways

Date: February 4, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**Recovery Education Center**

During the 09/10 FY, the Recovery Education Center held two Peer Employment Training classes (70 hours of intensive training to prepare consumers to become Peer Support Specialists), graduating 36 individuals. Most of the consumers who attend these courses are able to obtain either part-time or full-time employment as Peer Specialists within the Ventura County public mental health system, as the demand for their skills and lived experience has been steadily increasing over the past several years. The Center also held two Advanced Peer Employment Training classes (26 people graduated) which are designed for those who have been employed in the Mental Health System as Peer Support Specialists for at least six months.

**Language Development Program**

A new program, Linguistic Services Support, was developed to increase the department's capacity to provide services in appropriate relevant languages to monolingual clients. A contractor was identified that could provide training in basic mental health interpreter skills. The program was designed to recruit bilingual (Spanish-English), bicultural graduate students with an interest in mental health careers. Following a basic training, the attendees could then be placed in the clinics to provide assistance to psychiatrists and clinicians during sessions with monolingual clients. The primary language for recruitment was set for Spanish however recruitment would also be open for those with language skills in American Sign Language and Tagalog. Actual implementation of the plan will begin in the 10/11 FY.

**Career Ladder/Secondary Education Program**

We helped sponsor a two-week summer career camp in June 2010 for college bound junior high students from the underserved community. We developed and presented a workshop on careers in public mental health at this event to over 100 students. We presented a similar workshop at another career event in April of 2010 which was attended by 80 senior high school students from the underserved community who had expressed an interest in learning about careers in mental health. In addition, we designed our human services certificate program (see below) with a component which will outreach to secondary education students in the underserved community.

**Human Services Certificate Program**

**PREVIOUSLY APPROVED PROGRAM**  
**Workforce Education and Training**

A certificate program in "Community Mental Health Service" was established at Oxnard Community College in the heart of our underserved community. The program consists of three psychology electives, three credit units each, transferable to CSU. In addition to serving as an outreach to students and their families in the underserved community, this program will provide the training and education needed by current and future mental health workers. A skill-based, recovery-focused curriculum was developed and then approved by the college's curriculum committee during the 09/10 Fiscal Year. Instructors were selected and lesson plans prepared for the first course. Training in skill-based instruction and student centered learning will be presented to instructors in the Fall of 2010 and the program will be offered on a contract education basis to County mental health case managers beginning in January 2011. One course per semester will be introduced over the next three semesters. It is hoped the program will eventually be offered publicly by the college, however, due to community college budget constraints; the program will be offered on a contract education basis utilizing our WET funding over the next 2+ years. Employees of our community-based providers/contractors will be included in future cohorts. A fourth course (Introduction to Public Mental Health) was also approved by the curriculum committee in 2009/10. It will later be developed as a dual high school/community college course and added to the certificate program when it is offered publicly. The purpose will be to attract secondary education students from the underserved community into the certificate program and into careers as public mental health clinicians.

**MSW Support Program**

Targeted outreach was done to establish enhanced relationships with local MSW educational programs. Marketing was also done to recruit recent graduates for open employment positions and the department participated in MSW job fairs to promote employment opportunities with the County.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	N/A our entire allocation has been received.  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change			
FY 10/11 funding		FY 11/12 funding	Percent Change				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							

**PREVIOUSLY APPROVED PROGRAM**  
**Workforce Education and Training**

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**A. Type of Funding by Category**

<b>WET Funding Category</b>	<b>Check the Box that Applies</b>
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
n/a
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
n/a

**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

County: Ventura☒ No funding is being requested for this program.Program Number/Name: 4/Residency, Internship ProgramsDate: February 4, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The internship programs were expanded and further developed throughout the year. There was a 30% increase in the number of student placements from the previous year, MOU's were initiated with 7 new local schools (a 40 % increase from the previous year), and a new program for graduate Research Assistants was established. An investigation was done to determine the feasibility of establishing an internship program for Nurse Practitioners specializing in public mental health.

The Pre-doctoral Internship program increased recruitment and expanded training opportunities to attract an increased number of students from APA approved programs in line with our planned activities. Specific care was taken to provide focused training to the interns on wellness, recovery and resilience and incorporating consumer and family member views into integrated services. The new stipend program, in partnership with a local foundation, was successfully implemented.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

- |    |  |                              |  |
|----|--|------------------------------|--|
| 1. | Is there a change in the work detail or objective of the existing program(s) or activity(s)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. | Is there a change in the activities and strategies?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |



**PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training**

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

N/A – Our entire allocation has been received.

Yes ☐ No ☐

Yes ☐ No ☐

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input checked="" type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

n/a

2. If this is a consolidation of two or more previously approved programs, provide the following information:

a) Name of the programs.

b) The rationale for the decision to consolidate programs.

c) How the objectives identified in the previously approved programs will be achieved.

n/a

**PREVIOUSLY APPROVED PROGRAM**  
**Workforce Education and Training**

County: Ventura

☒ No funding is being requested for this program.

Program Number/Name: 5/Financial Incentive Programs

Date: February 4, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

During the year, the new stipend program, in partnership with a local foundation, was fully implemented. This partnership and infrastructure allowed the department to begin to facilitate the stipend program for students involved in training and internships. Towards the end of the fiscal year additional stipend components were added to the contract to increase stipend opportunities for the upcoming year. Further research and information was gathered to further develop the plan for scholarship funding for staff, consumers and family members. Due to the complexities of the county system and fiscal aspects of these types of programs it has been a more challenging process. The original timeline has been modified to account for these challenges. The planning process and implementation of these programs will begin to take precedence in the next fiscal year now that other systems and programs are operable.

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

- 1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes ☐ No ☒

- 2) Is there a change in the activities and strategies?

Yes ☐ No ☒

- 3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

N/A – Our entire allocation has been received.

**PREVIOUSLY APPROVED PROGRAM**  
**Workforce Education and Training**

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?  c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

**B. Answer the following questions about this program.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
n/a
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
n/a

# **Prevention & Early Intervention**

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

County: Ventura

Program Number/Name: #1/Community Coalitions

☐ Please check box if this program was selected for the local evaluation

Date: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

**X** Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The County's PEI plan was approved in late October 2009. During the remainder of the fiscal year, the county was actively engaged in program planning of the community coalitions, including determining target regions, specific structure and criteria of the coalitions and the development of a request for proposals for coalition funding. Actual implementation of services, however, did not begin in 2009/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

**n/a – Services did not begin in FY 09/10.**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>As indicated above, service delivery did not begin in FY09/10. Early implementation planning was consistent with expectations for a complex, collaborative program.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>7</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li> <li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li> <li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li> <li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li> <li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li> </ul>
<p>n/a. Service delivery had not yet begun in FY09/10.</p>

<sup>7</sup> Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

<b>FY 10/11 funding</b>	<b>FY 11/12 funding</b>	<b>Percent Change</b>
\$895,000	\$2,040,000	128%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☒

No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐

No ☐

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program. n/a see Exhibit F3**

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
n/a see Exhibit F3		
	Prevention	Early Intervention
Total Individuals:		
Total Families:		



# NEW/REVISED PROGRAM DESCRIPTION

## Prevention and Early Intervention

County: Ventura☐ Completely New ProgramProgram Number/Name: 1/Community Coalitions  
Program☒ Revised Previously ApprovedDate: February 14, 2011

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs No Changes	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) - No Changes Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.
No changes.
3. PEI Program Description (attach additional pages, if necessary).
<p>The Community Coalitions program was approved in October 2009 as part of our original component plan. As we have moved towards implementation of the program, we have realized that 1) the need for the Community Coalitions is far greater than the funds we had allocated to the program, and 2) due to significant unspent funds, the County has the funds available for additional targeted, short term community coalition let projects.</p> <p>As a result, the County is proposing to expand the Community Coalition program, in a manner entirely consistent with the program's original goals, community mental health needs and priority populations described in our approved Component Plan. Specifically, we are proposing to fund additional projects that will be incorporated into the activities of the Coalitions:</p> <ul style="list-style-type: none"> <li><b>Universal and targeted prevention campaign</b> – Though part of the original PEI Component Plan, the county has expanded the scope of its media based prevention activities through the development of a multifaceted campaign focusing on wellness and prevention. This prevention campaign includes a comprehensive website, written materials and various media approaches in increase awareness of mental wellness and available resources. The campaign will also support the universal and targeted prevention activities of specific evidenced based practices that are part of the county's PEI plan, including Triple P and an intervention for early psychosis.</li> <li><b>Countywide projects through schools:</b> Working with school districts to identify priorities, we will implement short term projects designed to address specific school related issues. For example, we are currently implementing an evidenced based bullying prevention program which involves a "train the trainer" approach targeting schools across the county.</li> </ul>

## NEW/REVISED PROGRAM DESCRIPTION

### Prevention and Early Intervention

- **Mental Health First Aid** – We will support our coalitions in implementing training in *Mental Health First Aid*, a program which trains community members to provide initial help to someone who may be developing a mental health problem or experiencing a mental health crisis. The program has been implemented successfully in several countries, including in multiple states in this country. The course is “designed to increase mental health literacy, to decrease stigmatizing attitudes in our communities toward people who experience mental health problems, and to increase appropriate and early help-seeking for people with mental health problems” (from <http://dmh.mo.gov/transformation/MENTALHEALTHFIRSTAID2pagedescription.pdf>). Studies have shown Mental Health First Aid to be effective in reducing stigma about mental health issues, to increase the ability to recognize mental health disorders and to increase the likelihood of participants providing assistance to those with emerging or existing mental health challenges. Also a “train the trainer” model, the first group of individuals has begun the process to become trainers, with additional cohorts scheduled for FY11/12.
- **Short term population and regionally specific initiatives or projects.** These projects may focus on areas such as decreasing stigma and increasing access to care, early identification of mental health issues, or addressing community mental health needs that are associated with the incidence of mental health issues. Implementation may occur either by regional coalitions addressing a specific issue or population in that region or by countywide coalitions focusing on a particular population or community need.
- **Other short term prevention focused support to local entities** – This may include support to law enforcement for mental health Crisis Intervention Training or to schools for support to teachers in managing child behavior.

With the above enhancements, the original vision of the Community Coalitions remains. Community Coalitions have been envisioned to identify strategies for outreach, preventative education and early intervention supports within a community. Coalitions are based upon the belief that the community best understands the needs, the challenges and the most strategic culturally appropriate outreach supports for their community.

Coalitions represent the community they serve and may provide other services and supports within that region. Coalition activities are designed to address community-specific approaches to reducing key priority issues as identified during the PEI planning process, in a culturally appropriate environment for the region. Focusing efforts on a collaborative approach, each Coalition has an identified ‘Lead’ agency and will also include supporting organizations, working together to fulfill coalition activities. Additionally, the Coalitions work toward reducing stigma surrounding mental health, as well as increase the opportunities of access to services when they are necessary.

The Community Coalitions will be implemented in the second half of FY10-11. The majority of funding will support Coalitions that are based in the 6 regions of the county identified through the PEI planning process as having the greatest need. Additional funding has been allocated to support coalition projects in other county regions as well as to support coalitions addressing the needs of the deaf and hard of hearing and the lesbian, gay, bisexual, transgender, questioning (LGBTQ) populations, two groups identified through the planning process as having unique needs.

Finally, Children’s Outreach and Engagement Projects are providing targeted, culturally specific outreach and engagement efforts in Fillmore (Latino) Santa Paula (Latino) and Oxnard (African American/Latino), and will complement the work of the community coalitions in those areas.

#### 4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
Community Coalitions and Special Projects	Individuals: Families:	4000 2000		12
Universal and Targeted Prevention Campaign	Individuals: Families:	50,000		12
	Individuals: Families:			
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	54,000 2000		12

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No changes
7. Describe intended outcomes.
No changes
8. Describe coordination with Other MHSA Components.
No changes.
9. Additional Comments (Optional).
None

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

<b>NEW PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	<b>Type of Expenditure</b>	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers/CBO's</b>	<b>Total</b>
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)				
	a. Community Coalitions & Outreach & Engagement Activities			\$1,250,000	\$1,250,000
	b. Special Short-term Projects			490,000	409,000
	c. Prevention Campaign			300,000	300,000
5.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,040,000</b>	<b>\$2,040,000</b>
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$0</b>	<b>\$0</b>	<b>\$2,040,000</b>	<b>\$2,040,000</b>
<b>D. TOTAL IN-KIND CONTRIBUTIONS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

**E. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

**SUMMARY****Community Mental Health Contract Providers / CBO's**

The **\$2,040,000** funding request for Fiscal Year 2011-12 represents the period beginning July 1, 2011 through June 30, 2012 for the **PEI Community Coalitions – Program 1** of the Ventura County MHSA Plan Update. This is an existing program that is increasing by more than 25%; therefore, it is classified under the "new Program" section. This is a collaborative county and provider program at **\$1,250,000** for Community Coalitions and Outreach & Engagement Activities; **\$490,000** for Special Short-term Projects; and **\$300,000** for Prevention Campaign activities.

**A. EXPENDITURES****Contracted Services (Community Mental Health Contract Provider (CBO) / Professional - \$2,040,000**

The **Community Mental Health Contract Provider (CBO) / Professional services** are projected to be **\$2,040,000**. The contracts are divided as follows: **\$1,250,000** for Community Coalitions and Outreach & Engagement Activities; **\$490,000** for Special Short-term Projects; and **\$300,000** for Prevention Campaign activities.

**B. REVENUES****Community Mental Health Contract Providers / CBO's - \$0**

There is no leveraged revenue funding projected.

**C. TOTAL FUNDING REQUEST****Community Mental Health Contract Providers / CBO's - \$2,040,000**

The **County Mental Health Department** projected revenue budget estimates is **\$2,040,000** MHSA PEI funding.

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

County: Ventura

Program Number/Name: 2/Primary Care Program

☐ Please check box if this program was selected for the local evaluation

Date: 02/14/11

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The County's PEI plan was approved in late October 2009. During the remainder of the fiscal year, the county was actively engaged in program planning of the primary care program, including the hiring of staff, establishment of the infrastructure and partnerships with the County ambulatory care clinics where the staff were to be based, development of procedures, development of the contract with the community provider implementing the model and initial staff training in the evidence based practices used in the program. Actual implementation of services, however, did not begin in 2009/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

n/a – Services not begun in FY09/10.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**B. Please complete the following questions about this program during FY 09/10.**

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

As indicated above, service delivery did not begin in FY09/10. Early implementation planning was consistent with expectations for a complex, collaborative program.

4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>8</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
  - g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
  - h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
  - i) Specific program strategies implemented to ensure appropriateness for diverse participants
  - j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

n/a. Service delivery had not yet begun in FY 09/10.

<sup>8</sup> Note that very small counties (population less than 100,000) are exempt from this requirement  
**Ventura County – FY 11/12 Annual Update**

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

<b>FY 10/11 funding</b>	<b>FY 11/12 funding</b>	<b>Percent Change</b>
\$2,112,000	\$2,180,656	3%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☐

No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐

No ☐

n/a

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

No program changes are proposed.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

d. Names of the programs being consolidated

e. The rationale for consolidation

f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/a



PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	1500	687
Total Families:		

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

County: Ventura

Program Number/Name: 3/School Based/Parenting Services

**X** Please check box if this program was selected for the local evaluation

Date: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The County's PEI plan was approved in late October 2009. During the remainder of the fiscal year, the county was actively engaged in program planning for the School Based/Parenting program, including:

- Development of contracts with the two providers of Triple P services.
- Hiring of staff by contractors.
- Development of overall community-wide training approach for the implementation of Triple P Parenting, a multilevel parenting program ranging from universal prevention to early intervention services.
- Initial training of contractor staff in Triple P.
- Outreach to multiple school districts to engage them in the program as partners. Schools identified schools with the highest need as community hubs for contractor staff trained in Triple P to be stationed.
- Development of procedures, service delivery protocols, billing standards, etc.
- Initial outreach by contractor staff to schools and other community organizations to educate them about the availability of this new program.

Therefore, during FY09/10, there were significant program activities, however actual implementation of service delivery as identified in the component plan did not begin until FY10/11.

**B. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

**N/a – Services did not begin until FY10/11.**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**B. Please complete the following questions about this program during FY 09/10.**

5. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

As indicated above, service delivery did not begin in FY09/10. Early implementation planning was consistent with expectations for a complex, collaborative program.

6. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>9</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- k) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
  - l) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
  - m) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
  - n) Specific program strategies implemented to ensure appropriateness for diverse participants
  - o) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

n/a. Service delivery had not yet begun in FY09/10.

<sup>9</sup> Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$2,285,817	\$1,589,212	-30%

b) Is the FY 11/12 funding requested outside the  $\pm$  25% of the previously approved amount, **or**,

Yes ☒

No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm$  25% of the sum of the previously approved amounts?

Yes ☐

No ☐

c) If you are requesting an exception to the  $\pm$ 25% criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

**n/a see Exhibit F3**

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

g. Names of the programs being consolidated

h. The rationale for consolidation

i. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
n/a see Exhibit F3		
	Prevention	Early Intervention
Total Individuals:		
Total Families:		

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

County: Ventura☐ Completely New ProgramProgram Number/Name: 3/School Based/Parenting Program☒ Revised Previously Approved ProgramDate: February 14, 2011

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. <b>PEI Key Community Mental Health Needs</b> <b><u>No Changes</u></b>	<b>Age Group</b>			
	<b>Children and Youth</b>	<b>Transition-Age Youth</b>	<b>Adult</b>	<b>Older Adult</b>
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. <b>PEI Priority Population(s)</b> <b><u>No Changes</u></b> <b>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</b>	<b>Age Group</b>			
	<b>Children and Youth</b>	<b>Transition-Age Youth</b>	<b>Adult</b>	<b>Older Adult</b>
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.
No Changes

3. PEI Program Description (attach additional pages, if necessary).
There are no changes to the PEI Program Description, as articulated in the County's approved Component Plan, subsequent consolidation of the School Based and Parenting programs in the FY 10/11 Annual Update, and program expansion in the FY 10/11 Update dated September 21, 2010.
The budget reduction is the result of two primary factors: <ul style="list-style-type: none"> <li>Actual anticipated costs now that provider contracts have been developed.</li> <li>The completion of a significant amount of staff training in FY10/11. This training had been budgeted in the Component Plan approved in FY09/10, but the expenses were not incurred until FY10/11.</li> </ul>

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

<b>4. Activities</b>				
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
Triple P Parenting	Individuals: Families:	24,000	240	12
Strengthening Families Program	Individuals: Families:	250 250	100 100	12
Supportive Behavioral Services	Individuals: Families:		120	12
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	24,500	500	12
<b>5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.</b>				
No change.				
<b>6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.</b>				
No change.				
<b>7. Describe intended outcomes.</b>				
No change.				
<b>8. Describe coordination with Other MHSA Components.</b>				
No change.				
<b>9. Additional Comments (Optional).</b>				
None.				

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$109,212			\$109,212
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)				
	a. Subcontractor 1 - Casa Pacifica (SBS)			\$500,000	\$500,000
	b. Subcontractor 2 - City Impact			330,000	330,000
	c. Subcontractor 3 – Interface	\$200,000		350,000	350,000
	d. Professional Services - CIMH				200,000
5.	Other Expenditures				
	a. Triple P Supplies	125,000			125,000
	b. Miscellaneous Expenses	56,000			56,000
	<b>Total Proposed Expenditures</b>	<b>\$490,812</b>	<b>\$0</b>	<b>\$1,180,000</b>	<b>\$1,670,812</b>
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				\$40,800
	• City Impact (FFP) 12% Billable			\$19,800	
	• Interface (FFP) 12% Billable			\$21,000	
	b. State General Funds				\$36,720
	• City Impact (EPSDT)			\$17,820	
	• Interface (EPSDT)			\$18,900	
	c. Other Revenues				\$4,080
	• City Impact (County Match)			\$1,980	
	• Interface (County Match)			\$2,100	
	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$81,600</b>	<b>\$81,600</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$490,812</b>	<b>\$0</b>	<b>\$1,098,400</b>	<b>\$1,589,212</b>
<b>D. TOTAL IN-KIND CONTRIBUTIONS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

**E. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

**SUMMARY****County Mental Health Department and Community Mental Health Contract Providers / CBO's**

The **\$1,670,812** funding request for Fiscal Year 2011-12 represents the period beginning July 1, 2011 through June 30, 2012 for the **PEI School Based / Parenting Plan # 3** of the Ventura County MHSA Plan Update. This is an existing program that is increasing by more than 25%; therefore, it is classified under the "new Program" section. This is a collaborative county and provider program at **\$490,812** for County; **\$500,000** for Contract Provider – Casa Pacifica; **\$330,000** for Contract Provider – City Impact; **\$350,000** for Contract Provider – Interface.

**A. EXPENDITURES****County Mental Health Department and Community Mental Health Contract Providers / CBO's - \$1,670,812****Personnel - \$109,812**

The **County Mental Health Department** Personnel Expenditures are projected to be **\$109,812** for the following position: **1.0 FTE of a Program Administrator II**. The salary is projected to be **\$76,792** annually. Benefits are projected to be **\$33,020** or 43% of the salary. The benefits include health, dental, life insurance, retirement, employer taxes, workers compensation, and other Ventura County applicable payroll related benefits.

**Contracted Services (Community Mental Health Contract Provider (CBO) / Professional - \$1,380,000**

The **County Mental Health Department** projects **\$200,000** in professional services from California Institute of Mental Health (CIMH).

The **Community Mental Health Contract Provider (CBO) / Professional services** are projected to be **\$1,180,000**. The contracts are divided as follows: **\$500,000** for Contract Provider – Casa Pacifica; **\$330,000** for Contract Provider – City Impact; and **\$350,000** for Contract Provider – Interface.

**Other Expenditures - \$181,000**

The **County Mental Health Department** Other Expenditures are projected to be **\$181,000**. This includes **\$125,000** in Triple P supplies. This includes **\$56,000** in County operating expenditures; such as, facility cost; office supplies; equipment; vehicle expense; trainings and conferences; communication, voice and data; and other reasonable and required services and supplies.

**B. REVENUES****C. TOTAL FUNDING REQUESTED****County Mental Health Department and Community Mental Health Contract Providers / CBO's - \$1,670,812**

The total revenue projection is **\$1,670,812**. The **County Mental Health Department** projected revenue budget estimates is **\$490,812** in MHSA PEI funding. The **Community Mental Health Contract Providers / CBO's** projected revenue budget estimate is **\$1,298,400**. This is **\$81,600** (i.e. 12% billable services) projected revenue from Short Doyle Medi-Cal (SDMC) FFP, EPSDT, and local match reimbursement and **\$1,098,400** in projected MHSA PEI funding.

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Ventura

Program Number/Name: 5/Early Signs of Psychosis Intervention ☐ Please check box if this program was selected for the local evaluation

Date: February 14, 2011

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The County's PEI plan was approved in late October 2009. During the remainder of the fiscal year, the county was actively engaged in program planning of the Early Signs of Psychosis Program, including the identification of a contract service provider, contract development and planning for the extensive training required of this program. Therefore, actual implementation of services did not begin in 2009/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)**

n/a. Services not begun in FY09/10.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/a. Service not begun in FY09/10. Implementation planning activities progressed as expected, except for the determination that the model should be expanded (described further in Exhibit F3, below.)</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>10</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li> <li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li> <li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li> <li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li> <li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li> </ul>
<p>N/a. Service not implemented in FY09/10.</p>

<sup>10</sup> Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$251,300	\$665,000	165%

b) Is the FY 11/12 funding requested outside the  $\pm 25\%$  of the previously approved amount, **or**,

Yes ☒

No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the  $\pm 25\%$  of the sum of the previously approved amounts?

Yes ☐

No ☐ n/a

c) If you are requesting an exception to the  $\pm 25\%$  criteria, please provide an explanation below.

**NOTE:** If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

**A. Answer the following questions about this program.**

**n/a see Exhibit F3**

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

a. Names of the programs being consolidated

b. The rationale for consolidation

c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
n/a see Exhibit F3		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:		
Total Families:		

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

County: Ventura☐ Completely New ProgramProgram Number/Name: 4/Early Signs of Psychosis Intervention ☒ Revised Previously Approved ProgramDate: February 14, 2011

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs <u>No changes</u>	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) <u>No changes</u> Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No changes.

3. PEI Program Description (attach additional pages, if necessary).

The Early Psychosis Intervention Project is specifically responsive to the priority, as identified by the community planning process, to support a broad multilevel selective prevention and early intervention response targeting Transition Age Youth (TAY) showing the early signs of psychosis. This project primarily involves implementation of the Early Detection and Intervention for Prevention of Psychosis (EDIPP) model, targeting the entire county.

Programmatically, this program is unchanged from what was approved in the PEI Component Plan on 10/22/09. However, upon consulting with the developers of the EDIPP model, the County determined that it had significantly under budgeted the program, and that staffing and medication costs would be significantly higher than anticipated in order to ensure fidelity to the model. This Annual Update corrects the budget shortfall and more accurately reflects the actual program costs as the program is being implemented.

All other aspects of the program, as described in the Component Plan, remain unchanged.

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

4. Activities				
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
EDIPP	Individuals: Families:	1000	25	12
	Individuals: Families:			
	Individuals: Families:			
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	1000	25	12
5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.				
No change				
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.				
No change				
7. Describe intended outcomes.				
No change				
8. Describe coordination with Other MHSA Components.				
No change				
9. Additional Comments (Optional).				
None				

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

<b>NEW PROGRAM BUDGET</b>					
<b>A. EXPENDITURES</b>					
	<b>Type of Expenditure</b>	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers/CBO's</b>	<b>Total</b>
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)				
	a. Subcontractor - Telecare			\$714,875	\$714,875
5.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$714,875</b>	<b>\$714,875</b>
<b>B. REVENUES</b>					
1.	New Revenues				
	a. Medi-Cal (FFP only) <b>14% Billable</b>	\$0	\$0	\$49,875	\$49,875
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$49,875</b>	<b>\$49,875</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$0</b>	<b>\$0</b>	<b>\$665,000</b>	<b>\$665,000</b>
<b>D. TOTAL IN-KIND CONTRIBUTIONS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

**E. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

**SUMMARY****Community Mental Health Contract Providers / CBO's**

The **\$714,875** funding request for Fiscal Year 2011-12 represents the period beginning July 1, 2011 through June 30, 2012 for the **Early Signs of Psychosis Intervention Program # 5** of the Ventura County MHSA Plan Update. This is an existing program that is increasing by more than 25%; therefore, it is classified under the "new Program" section. This is a program projected to be contracted with Telecare, Inc. at **\$714,875** gross services.

**A. EXPENDITURES****Community Mental Health Contract Providers / CBO's - \$714,875**

The **Community Mental Health Contract Provider (CBO) / Professional gross services** are projected to be **\$714,875**. The contractor is Telecare, Incorporated.

**B. REVENUES****C. TOTAL FUNDING REQUESTED****County Mental Health Department and Community Mental Health Contract Providers / CBO's - \$714,875**

The **Community Mental Health Contract Providers / CBO's** projected revenue budget estimate is **\$714,875**. This is **\$49,875** (i.e. 14% billable services) projected revenue from Short Doyle Medi-Cal (SDMC) FFP reimbursement. The **County Mental Health Department** projected revenue budget estimates includes **\$665,000** in MHSA PEI funding.

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Ventura

Program Number/Name: 6/Early Supportive Services

☐ Please check box if this program was selected for the local evaluation

Date: February 14, 2011

☒ No funding is being requested for this program.

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

X Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

This program did not exist in FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.) n/a

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM**  
**Prevention and Early Intervention**

**B. Please complete the following questions about this program during FY 09/10.**

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>n/a</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>11</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li> <li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li> <li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li> <li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li> <li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li> </ul>
<p>n/a</p>

<sup>11</sup> Note that very small counties (population less than 100,000) are exempt from this requirement  
**Ventura County – FY 11/12 Annual Update**

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					
3. a) Complete the table below:  <p align="center"><b>n/a – No funding is being requested for this program.</b></p> <table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>b) Is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the previously approved amount, <b>or</b>,   <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the <math>\pm 25\%</math> of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the <math>\pm 25\%</math> criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change				Yes <input type="checkbox"/> No <input type="checkbox"/> n/a  Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
FY 10/11 funding	FY 11/12 funding	Percent Change					
<p><b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>							
<p><b>A. Answer the following questions about this program.</b></p>							
1. Please include a description of any additional proposed changes to this PEI program, if applicable.							
No changes are being made to this program.							

PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

a. Names of the programs being consolidated

b. The rationale for consolidation

c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

n/a

**B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.**

	Prevention	Early Intervention
Total Individuals:		400
Total Families:		

## PEI FUNDING REQUEST

County: VenturaDate: February 9, 2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs									
1.	2	Primary Care Services	\$2,180,656	\$327,098	\$1,853,558	\$327,098	\$327,098	\$981,295	\$545,164
2.	6	Early Supportive Services (no funding requested)	\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$2,180,656	\$327,098	\$1,853,558	\$327,098	\$327,098	\$981,295	\$545,164
7.	Plus up to 15% Indirect Administrative Costs		\$327,098						
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$2,507,754						
New/Revised Previously Approved Programs									
1.	1	Community Coalitions	\$2,040,000	\$2,040,000		\$1,020,000	\$306,000	\$510,000	\$204,000
2.	3	School Based/Parenting	\$1,589,212	\$317,842	\$1,271,370	\$1,589,212			
3.	5	Early Psychosis	\$665,000	\$199,500	\$465,500		\$665,000		
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$4,294,212	\$2,557,342	\$1,736,870	\$2,609,212	\$971,000	\$510,000	\$204,000
7.	Plus up to 15% Indirect Administrative Costs		\$644,132						
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$4,938,344						
10.	Total MHSA Funds Requested for PEI		\$7,446,098						

Percentage  
15%Percentage  
15%

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 65%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

# **MHSA Summary Funding Request**

County: VenturaDate: Feb. 14, 2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published Component Allocation	\$15,417,800			\$3,866,600		
2. Transfer from FY 11/12 <sup>a/</sup>						
3. Adjusted Component Allocation	\$15,417,800					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$20,590,911			\$7,446,098		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$12,230,882			\$2,679,152		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$12,230,882			\$2,559,655		
c. Unexpended Funds from FY 10/11	\$0			0		
d. Total Net Available Unexpended Funds	\$0	\$0		\$119,497	\$0	
<b>4. Total FY 2011/12 Funding Request</b>	<b>\$20,590,911</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,326,601</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2011/12</b>						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations <sup>b/</sup>						
5. Unapproved FY 10/11 Component Allocations <sup>b/</sup>	\$10,108,681			\$3,460,001		
6. Unapproved FY 11/12 Component Allocations <sup>b/</sup>	\$10,482,230			\$3,866,600		
<b>Sub-total</b>	<b>\$20,590,911</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,326,601</b>	<b>\$0</b>	
7. Access Local Prudent Reserve						
<b>8. FY 2011/12 Total Allocation<sup>c/</sup></b>	<b>\$20,590,911</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,326,601</b>	<b>\$0</b>	

**NOTE:**

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

<sup>b/</sup>For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

<sup>c/</sup> Must equal line B.4. for each component.



# **Training and Technical Assistance**

**Training, Technical Assistance and Capacity Building Funds Request Form  
(Prevention and Early Intervention Statewide Program)**

**X Previously approved with no changes**

☐ **New**

Date: February 14, 2011	County Name: Ventura
Amount Requested for FY 2011/12: \$125,300	
<p>A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).</p> <p>Ventura County Behavioral Health Department will work with a contractor that we have yet to identify that has the demonstrated ability and experience to develop projects that provide statewide training, technical assistance, and capacity building programs in partnership with local and community partners. The contractor will identify and link us with other counties that have similar training and capacity building needs and will partner with local and community partners via sub-contracts or other arrangements in order to help assure the appropriate provision of prevention and early intervention activities in our local communities. The contractor will use training methods that have demonstrated capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.</p> <p><b>X</b></p>	
<p>B. The County and its contractor(s) for these services agree to comply with the following criteria:</p> <ol style="list-style-type: none"> <li>1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.</li> <li>2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.</li> <li>3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892.</li> <li>4) These funds may not be used to pay for any other program.</li> <li>5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892.</li> <li>6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.</li> <li>7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.</li> </ol> <p><b>Certification</b></p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p> <p>_____ Director, County Mental Health Program (original signature)</p>	