Mental Health Services Act
2010/11 Annual Update

Ventura County Behavioral Health Department
April 19, 2010

TABLE OF CONTENTS

TABLE OF CONTENTS

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County: ***Ventura***

			Exhibits																		
			A	**B**	**C**	**C1**	**D**	**D1***	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F****	**F1****	**F2****	**F3****	**F4****	**F5****	**G*****	**H******
For each annual update/update:			☑	☑	☑	☑			☐													
Component	**Previously Approved***	**New***																				
☑ CSS	$ 13,126,020	$ 5,794,333				☑	☑	☑		☑					☑	☑					☐	☐
☑ WET	$ 0	$ 2,575,830				☑	☑	☑			☑				☑	☑						
☐ CF	n/a	n/a						☐				☐			☐		☐					
☑ TN	$ 0	$ 375,000						☐				☑			☐			☑				
☑ PEI	$ 2,246,184	$ 3,803,855				☐	☑	☐					☑		☑				☑			
☐ INN	$	$					☐	☐						☐	☐					☐		
Total	**$ 12,372,204**	**$ 12,549,018**																				

*Reflects program costs + administration; TN Previously Approved amount refers only to project for which County is seeking expanded funding

Dates of 30-day public review comment period:	March 18, 2010 through April 17, 2010
Date of Public Hearing***:**	April 19, 2010
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	**February 26, 2010**

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

***Exhibit G is only required for assigning funds to the Local Prudent Reserve.

****Exhibit H is only required for assigning funds to the MHSA Housing Program.

*****Public Hearings are required for annual updates, but not for updates.

EXHIBIT B
COUNTY CERTIFICATION

County: ___**Ventura**_____

County Mental Health Director	**Project Lead**
Name: **Meloney Roy**	Name: **Susan Kelly**
Telephone Number: **(805) 981-2214**	Telephone Number: **(805) 981-6440**
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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 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board 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.[1]

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 2010/11 annual update/update are true and correct.

_____ _____
Mental Health Director/Designee (PRINT) Signature Date

[1] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

EXHIBIT C
COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Ventura

Date: April 16, 2010

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 the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.

The community planning process for the 2010/11 Annual Update 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.

Stakeholder meetings were held that were specific to the following MHSA components:

Community Services and Supports:

- Planning meetings with VCBH managers – both on Feb. 3, 2010
- Planning meeting with VCBH line staff – Feb 16 and 17, 2010
- Meetings with key Mental Health Board members
- Discussion at NAMI meeting Feb 2010
- Meeting of CSS Stakeholder Planning group, which made recommendations of final programs to be included in Update – March 4, 2010
- Meeting of the Mental Health Board, Adult and Housing Committee, March 8, 2010

Prevention and Early Intervention:

- PEI Stakeholder Planning Committee meeting: March 2, 2010

Workforce Education and Training:

- WET Planning Committee meeting: The committee meets regularly in an ongoing community program planning capacity and spent its January 22, 2010 meeting specifically addressing the 2010/11 Annual Update.

There were other elements of the Community Planning Process that encompassed the entire Update:

- Mental Health Board - Overview of Update process – Feb 22, 2010
- Presentation at MHB – March 15, 2010
- 30 day Stakeholder Review and comment period: March 18, 2010 through April 17, 2010
- Public Hearing, held by the Mental Health Board: April 19, 2010
- MHB Board Approval: April 19, 2010
- Board of Supervisors Approval: May 11, 2010 (Anticipated)

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

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 and developed a 5 year plan for CSS program. The Workgroup again guided the CSS planning recommendations for 2010/11. 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):
  - 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

In addition to the Stakeholder Workgroup, other stakeholders included in the CSS planning process included NAMI, managers and line staff from the behavioral health department, the Mental Health Board and the Mental Health Board Adult and Housing Committee.

Prevention and Early Intervention:

For the 2010/11 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. The Planning Committee is comprised of 44 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.

Workforce Education and Training:

Since the Workforce Education and Training plan was originally approved, the stakeholders involved in the planning process (which include consumers, family members, local educational institutions, CBO representatives, department managers and staff) have continued to participate in regularly scheduled meetings and have been an active part in the implementation of the plan. Stakeholders participate in work groups that focus on individual Workforce programs/action items. At regular meetings, the work groups come together and the full stakeholder group is updated on progress, advised of suggested changes and invited to participate in the discussion of proposed modifications as needed. Most recently, stakeholders were included in a detailed report of the status of each action item and the proposed plans to consolidate and expand so that further progress could be made in the implementation of our plan. At this January 22, 2010 meeting, the stakeholder comprised WET Planning Committee approved the WET recommendations for the 2010/11 Annual Update.

3. If 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.

Community Services and Supports:
In the Update posted for 30 day stakeholder review and public comment, the recommendation was made to eliminate the Short Term Social Rehabilitation (Program 8) and to design alternative services – the Intensive Recovery Day Program, which would be a new component of EPICS (Program 15) – the goal of which was to address the need for intensive, treatment-focused services for the Seriously Mentally Ill. Tied to special housing, it was felt that such a service would similarly address many of the priority needs for which the Short Term Social Rehabilitation program was intended.

However, as described in Question 4 below, after significant stakeholder input, the Short Term Social Rehabilitation program is being reinstated into the Update to be submitted to the State DMH.

Workforce Education and Training (WET)
The recommendation was made to eliminate the Psychiatric Technician Action Item in the WET plan as a feasibility study determined that there was less demand for such a program than originally anticipated. The recommendation was presented to the WET stakeholder Planning Committee at the January 22, 2010 meeting and approved by that committee.

Local Review Process

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

Ventura County's 2010/11 MHSA Update was posted on the County's Behavioral Health Department website for 30 day stakeholder review and comment from March 18, 2010 through April 17, 2010. An email announcing the posting was sent to more than 500 community stakeholders. The posting was announced at the Mental Health Board meeting on March 15, 2010. 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.

In addition, during the 30 day public comment period additional meetings were held to review the CSS proposed changes, specifically regarding the elimination of the Short Term Social Rehabilitation Program:

- NAMI general board meeting
- Stakeholder Workgroup
- MHB Executive Committee
- Housing and Adult MHB Sub-committee
- TAY MHB Sub-committee
- CSS Planning Workgroup

A public hearing was held prior to the regular Mental Health Board meeting on April 19, 2010.

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.

For a description of the Community Planning Process for the 2010/11 Update please refer to Section 2 – *Community Supports and Services* in the above section.

Substantive Changes to Proposed Annual Update:
Substantive changes made to the posted annual update are:

- Short Term Social Rehabilitation (Program 8) – The posted plan recommended the "program to be eliminated.' It has been reinstated in the final Update submitted to the State DMH.
- Intensive Recovery Day Program (IRDP) was a proposed expansion of EPICS (Program 15) in the posted plan. IRDP will instead be integrated into the existing EPICS 'Intensive' Recovery Track.

Discussion of Substantive Changes:

The County and the Stakeholder community have maintained the commitment to implement a Short Term Social Rehabilitation Program (i.e. Crisis Residential) since its introduction in 2005. This program, proposed in the County's original three-year Community Services and Supports plan, was designed to provide voluntary short-term crisis residential services to adults for up to 30 days. However, due to the continued inability to identify an appropriate site, the Department made the recommendation to Stakeholders during the 2010/11 planning, to eliminate this program rather than continue to commit the funds for another year. With fiscal challenges facing county behavioral health departments across the State, withholding these funds from direct program services for another year did not seem prudent; nor did it seem to be in the best interest of those individuals in our County still in need of access to the most intensive levels of care. As there was no potential site identified as FY 2010/11 Planning began, the reality of securing a site and implementing the Program during the 2010/11 FY was highly unlikely.

Therefore, BHD made the recommendation to utilize these funds instead for the expansion of the EPICS adult program, through the addition of a new service (Intensive Recovery Day Program), the goal of which was to address the need for intensive, treatment-focused services for the Seriously Mentally Ill. Tied to special housing, it was felt that such a service would similarly address many of the priority needs for which the Short Term Social Rehabilitation program was intended.

Meetings were held with the CSS Planning Committee, the Housing and Adult Services Sub-Committee, Transitional Age Youth Sub-Committee, NAMI, the Executive Committee of the Mental Health Board and the Mental Health Board itself. The BHD and Community Stakeholders agreed that the Short Term Social Rehabilitation program remains a priority. Due in part to the pressured time-line the County received from State DMH to submit our 2010/11 Plan by May to ensure uninterrupted funding, it was agreed by the Mental Health Board and the CSS Planning Committee that the Plan Update recommending the elimination of the Short Term Social Rehabilitation program would be posted and during the 30 day public comment period the issue would continue to be reviewed.

While the MHSA FY2010/11 Plan Update was posted, Public Comment was been strong and consistent in continuing to advocate for the Short Term Social Rehabilitation program rather than the proposed alternative. BHD continued to meet with the stakeholder groups noted above, letters were written and the local newspaper and radio station (NPR) featured stories outlining the continuing need for the Short Term Social Rehabilitation program, as well as the on-going search for an appropriate location. The efforts of the BHD, the MHB, NAMI and other advocates brought this issue to the attention of our County Board of Supervisors. Hearing this collective voice, Supervisor Steve Bennett, District 1, committed to working toward resolution. After discussion with the Behavioral Health and Health Care Agency Directors, on April 6, 2010, Supervisor Bennett successfully brought forth a recommendation to the County Board of Supervisors directing staff to make the necessary arrangements to convert an existing building on the Ventura County Medical Center campus to a Short Term Social Rehabilitation Facility. The Behavioral Health Department is now working closely with the Public Works Department, County Executive Office and others to come up with a plan outlining the work and costs to be incurred in converting this building. It is anticipated that the Department will be returning to the Board of Supervisors within the next couple of months with a Capital Facilities plan for State submission. This location is the ideal location for the program, due to its proximity to the existing medical services. This demonstration of commitment and support by Supervisor Bennett and our County Board of Supervisors to those individuals within our community who are challenged with a mental illness was the impetus the project needed to assure its timely implementation and inclusion in our '10-'11 Plan.

At the Public Hearing on April 19, 2010, the proposed substantive changes were outlined. There were no public comments made at the hearing. At the conclusion of the hearing, the Mental Health Board approved the revised Update for submission to the Board of Supervisors for its approval to submit the plan for State approval.

EXHIBIT C1
IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

County: Ventura

Date: March 15, 2010

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, PEI and WET components during FY 2008/09.

CSS, WET and PEI

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.

At the end of FY08/09, Ventura County had approved *Community Services and Supports* and *Workforce Education and Training* plans. An extensive community planning process for Prevention and Early Intervention was nearly complete, for the County's component plan which was approved in October 2009. The Technology project plan was also submitted for approval at the end of FY 08/09 and was approved in September 2009. Below are specific updates on the implementation of CSS and WET:

Community Services and Supports
At the end of FY08/09, there were 19 State approved CSS funded programs. The general status of those programs follows with demographic data in the Section 3:

- Program #1 – Children's Full Service Partnership had expanded to serve youth through the Mental Health Court. However, there was recognition that the youth referred through the original component, voluntary probation, did not generally meet the level of severity necessitating FSP services, so this aspect of the program was eliminated in FY09/10.
- Program #2 - Children's Intensive Response Team, providing 24/7 crisis response countywide to children and families
- Program #3 - Children's Outreach and Engagement - After a program reorganization, new grassroots contractors had been identified to outreach to underserved children with potential mental health issues in Oxnard, Fillmore and Santa Paula.
- Program #4 – Transitional Age Youth Full Service Partnership – Had expanded its community based FSP support to TAY, though this was reduced due to budget constraints in FY09/10.
- Program #5 – TAY Wellness and Recovery Center was providing support to TAY through its Center in Oxnard and beginning expansion to other parts of the county through partnerships with community organizations.
- Program #6 – Adult Full Service Partnership, serving adults, primarily with forensic involvement, was expanding in FY08/09, but was then reduced in FY09/10 due to budget constraints.
- Program #7 – Adult Mobile Crisis Team was reconfigured at the end of the fiscal year to begin providing 30 day follow up services to adults.
- Program #8 – Short Term Social Rehabilitation Program – This was to provide voluntary short term residential placement for adults in crisis. However, the County was unable to secure a suitable site for the facility. This challenge continued in 09/10, but a site now seems likely.
- Program#9 – Adult Wellness and Recovery Center was providing support to nearly 100 adult consumers.
- Program #10 – Older Adult FSP was serving adults throughout the County but had not reached its capacity of 120. This program was reduced to serve 90 consumers in FY2009/10.
- Program #11 – Fillmore Community Project, providing community, school and clinic based mental health services in the underserved communities of Fillmore and Piru, was operational but still building its caseload to capacity.
- Program #12 – Family Access Support Team, which provided parent partner support to children and families throughout the county, providing a very positive enhancement to treatment.
- Program #13 – TAY Transitions, providing multiple treatment modalities to TAY in Oxnard and the East County, expanded significantly in 2008/9 and was transformed to a full service partnership, improving the continuum of care for young adults in the County.

- Program #14 – Integrated Dual Diagnosis Treatment program was at capacity, providing research based treatment to adults with co-occurring substance abuse issues.
- Program #15 – EPICS FSP – This program, providing intensive case management services to individuals exiting IMDs or with extensive histories of hospitalization, began in the latter half of FY08/09 and was still building its caseload to the target of 80. This program was transformed significantly in FY2009/10 to become a continuum of care for adults throughout the mental health system.
- Program #16 – Adult Peer and Family Employment – By the conclusion of the fiscal year, two peer employment trainings had occurred in the county and peer staff were conducting Wellness Recovery Action Plan (WRAP) groups in all VCBH clinics. A second component, integrating peer staff into the treatment teams of VCBH programs was just beginning. Peers were integrated into all programs in FY2009/10. All VCBH staff also participated in extensive training on wellness and recovery and the integration of peers into the mental health workforce.
- Program #17 – Screening, Triage, Assessment and Recovery (STAR) – This program was approved at the end of the fiscal year and was just beginning implementation. It provides a portal of entry for all individuals entering the mental health system and is nearly fully implemented in FY2009/10.
- Program #18 – Community Resiliency and Recovery Tracks – Approved at the end of FY2008/9, this program was not implemented as it was eliminated due to budget constraints in FY 2009/10.
- Program #19 – Urgent Care - Approved at the end of FY2008/9, this program was not implemented as it was eliminated due to budget constraints in FY 2009/10.

Workforce Education and Training

Ventura County's WET Plan was approved in January 2009. The initial months after plan approval were spent creating the important infrastructure that would be necessary for plan implementation. Foundational relationships were established with contractors and organizations that would subsequently support the plan activities. A solid relationship and structure was established with the local community college district in order to set up the educational programs included in the career pathway action items. The beginning process of curriculum development was initiated through key meetings with faculty, consultants, and an educational advisory group comprised of WET stakeholders.

In addition to the career pathway programs, the structure for the Training Institute was set up. A Training Institute Committee was created which was to include family members, consumer organizations, community based organizations (CBOs), professional organizations from the community, educational institutions, and department staff. This group would then be charged with the task of clarifying goals for the Training Institute and generating training opportunities that would support the mission of the Mental Health Services Act. With this collaborative group, the training needs and resources would be easily identified for the department and community providers. The committee would work together to design and support a calendar of training activities that would maintain a focus on new and promising practices while remaining attuned to the trending needs of our consumer population.

With MHSA Workforce Education and Training support we provided enhanced training opportunities for 450 County Behavioral Health employees in 2008/9. We have provided training and technical assistance to over 600 employees and local stakeholders and community based organizations and provided 5 new paid doctoral internships this year. Through the Consumer and Family Member Recovery Education Center peer training was provided to create the first classes of Peer Support Specialists. This group of consumers is now running wrap groups with consumers at our clinic sites. Exploratory work was also done to identify resources and a plan for creating the language development programs.

The biggest challenge has been the unexpected drop in financial and staffing support from community colleges and universities due to the financial challenges and budget decreases statewide. As a result our department needed to revisit our original funding plans and we have been faced with dedicating more of our own resources to fully implement our programs. It has required more internal staff time to complete components that would have been taken on by outside organizations as part of the collaborative process. The community college district is faced with reduction in budgets, elimination of classes and redirection of faculty time to face their own financial challenges. In order to proceed with the career pathway programs in our plan we have been tasked with redistributing funds and assigning additional staff resources to fill in the gaps. The current financial struggles are also impacting individual staff and their ability to pay for training and advanced degrees. This has required the department to re-evaluate the original budget that was allocated to support staff education and training along the career pathways. Additional funds are required to address this and to ensure that consumers, family members and staff are able to take advantage of the educational opportunities that are being created.

EXHIBIT C1
IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

In FY 2008/09, VCBH made significant inroads in: assessing its service delivery system, targeted community outreach, authorizing a "disparities project," and instituting the use of the California Brief Multi-cultural Competence Scale (CBMCS), training curriculum for cultural competence training. Accordingly, the Department provided services to the residents of Ventura County resulting in over 527,000 service contacts through its mental health & substance abuse system with over 18,000 persons being served by all programs. In line with the mission of it parent Agency, "…to provide a system [of care] which ensures access to quality, cost effective, culturally sensitive health care for all, especially the most vulnerable members of our community," the Department has made remarkable progress. Highlights include:

- July 2008; Mental Health Services Act, Workforce Education and Training Plan completed.
- January 2009; Workforce Education and Training Plan approved by State.
- July 2008; Fillmore Youth & Family Mental Health Clinic opened.
- May 2008; Accepted to Reducing Disparities Learning Collaborative
- October 2008; Adopted California Brief Multi-cultural Competence Scale Training Curriculum
- Cultural Competence

System-wide Service Delivery Assessment – In July 2008, the department completed the Mental Health Services Act, Workforce Education and Training Plan. As part of the planning process, a system-wide workforce assessment survey was conducted to establish a baseline of workforce capacity and to identify present and future capacity needs. The WFT plan outlines twelve actions and supporting strategies. In addition to workforce capacity needs, this plan includes efforts to address services to under-served and un-served populations by establishing educational pathways for consumers at varies stages of wellness & recovery and language development programs for workforce personnel. In this time, the department also created a personnel coordinator that serves as a liaison to the county's human resources. This position enables the department to enhance recruitment process improvement, readily process new job applicants and assist the department to increase its workforce while keeping workforce vacancies to a minimum. The department has expanded its workforce from 453 FTE's to close to a current level of 600 FTE's. Additionally, there has been an increase in the number of bilingual staff further increasing the department's efforts to serve under-served/un-served populations.

Targeted Outreach - The department has placed a high importance and value of connecting (building collaborative relationships) within the community it provides services. With this strategy in mind, the department experienced high levels of success in forging new relationships founded on collaboration with targeted consumers and family members, community service providers, faith-based organizations, education and others. Through a strategy of outreach, the department participated in 9 separate outreach efforts during the year, providing information about mental health services, including how to access them. Further outreach effectiveness is reflected in the following:

In September 2008, the Department furthered its continuing efforts by expanding a Cultural Competence Workgroup (CCW). The CCW reflects a broad representation of key stakeholders that includes department staff at both the management and service delivery level, community organizations, law enforcement, faith-based, consumers and family members and education representatives.

The CCWC, works closely with the department's designated Ethnic Services Manager toward the following objectives:

- Enhanced mindset of the importance of the cultural and linguistic competence activities in support of the goals and objectives of the department
- Partner with department staff, contract service providers, community organizations, and communities in the pursuit of cultural and linguistic proficiencies across all services and programs
- Implement and foster support and collaboration for continuous quality improvement processes across departmental efforts for the use of data collection and ongoing review leading to reduction in disparities for identified ethnic/racial populations and other cultural groups.

In addition, the workgroup has identified 4 key goals that will guide the work of this body through the remainder of CY2008 and into CY 2009.

- Increase membership of Cultural Competence Workgroup Committee reflective of the community.
- Cultural Competency Advisory Committee work is integrated within the County Mental Health and Alcohol and Drug Program System.
- Identify and reduce disparities for un-served and/or underserved persons within the Latino population.
- Strengthen partnerships with consumers and family members of communities that historically have not been involved in mental health planning and implementation.

Reducing Disparities - In May 2008, the department was accepted as a partner in the Reducing Disparities Learning Collaborative, sponsored by the California Institute for Mental Health (CiMH), Center for Multi-cultural Development (CMD). The RDLC will assist to enhance continuous quality improvement capacity and to benefit from each others' (6 other participating counties) experience in strategically addressing mental health disparities.

Capitalizing on the opportunity for participation in the RDLC, the department has focused its efforts on reducing disparities for Latino, youth and senior consumers from a target population of Medi-Cal eligible Latinos in Oxnard and Santa Clara Valley regions. Through a proposed plan of redistributing resources to better serve the mental health needs of underserved Latino, youth and seniors the department believes it can increase access to care. Under the auspices of the department's Quality Improvement section, the RDLC team will work to ensure that important input from key stakeholders is used to determine ongoing project efforts.

A key component of these efforts will be the collection and analysis of data to determine the extent of penetration in the identified regions of the RDLC project. An important achievement of the project was to conduct and complete preliminary findings and data analysis of general demographic and threshold groups. Findings from the data suggested that rates by ethnicity for Medi-Cal penetration rates were consistent with other data indicators. That is:

- Latinos have the 2nd lowest rates of penetration, but are much greater in population size.
- 0 to15 years of age and those older than 60 years of age, have the lowest penetration rates.
- The greatest concentration of Medi-Cal beneficiaries is Oxnard and the west region of the county.

To successfully address these disparities, the department has initiated efforts to work with key community stakeholders in the identified regions of the RDLC. One such effort is centered, around the collaboration with the local church that is home to many Latinos in the Santa Clara Valley region. Under the auspices of the Mental Health Services Act (MHSA), Community Services and Supports funding, staff from the county operated Santa Paula outpatient clinic will work to identify avenues for linking mental health services in partnership with the faith community. Through its participation in the Reducing Disparities Learning Collaborative (RDLC), the department will receive technical assistance, training and support to develop strategies and measures for addressing identified disparities.

In another effort, examination of utilization data from the county's operated Managed Care Program provided confirming data around speculation that ethnic/racial populations are experiencing difficulty with accessing care. These data suggests that Latinos and African Americans were unsuccessful in attempts to receive authorization for services.

Cultural Competence Training – In continuing its development of cultural competence training for department personnel, the adoption for the use of the California Brief Multi-cultural Competence Scale training curriculum occurred October 2008. Following a train the trainer training in January 2009, training utilizing the CBMCS curriculum was implemented beginning March 2009. Between March 2009 and June 2009, approximately 80 department staff (representing direct services, indirect and management level staff) received CBMCS training.

Staff Recruitment and Hiring – Outreach to unserved and underserved populations has begun to be directly addressed by conducting a comprehensive Latino access survey and implementing targeted outreach activities to these communities. Specific efforts have been made in the recruitment of bilingual, bicultural staff for employment and bilingual, bicultural graduate students for the internship and training programs. The beginning implementation discussions about the scholarship programs for staff have reaffirmed the goal of prioritizing those with bicultural and existing bilingual capacity to reduce the racial and ethnic service disparities Finally, we decided to situate our new community mental health certificate program at the community college located within the heart of our underserved community. We will accompany this with targeted career outreach to the junior and senior high schools located in our underserved bilingual and bicultural communities as we believe this will not only form a pipeline to attract these students into public mental health careers but also help reduce stigma among those in our underserved communities seeking mental health services.

EXHIBIT C1
IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

3. Provide the following information on the number of individuals served:

	CSS	PEI	WET	
Age Group	**# of individuals**	**# of individuals (for universal prevention, use estimated #)**	**Funding Category**	**# of individuals**
Child and Youth	**2206**	**n/a**	Workforce Staff Support	450
Transition Age Youth	**512**	**n/a**	Training/Technical Assist.	612
Adult	**1602**	**n/a**	MH Career Pathway	0
Older Adult	**281**	**n/a**	Residency & Internship	5
Race/Ethnicity			Financial Incentive	0
White	**2058**	**n/a**		
African/American	**168**	**n/a**	[ ] WET not implemented in 08/09	
Asian	**77**	**n/a**		
Pacific Islander	**7**	**n/a**	**Note: The County's PEI Plan was not approved in FY 08/09**	
Native	**4**	**n/a**		
Hispanic	**1087**	**n/a**		
Multi	**n/a**	**n/a**		
Other	**156**	**n/a**		
Other Cultural Groups				
LGBTQ	**Not available**	**n/a**		
Other		**n/a**		
Primary Language				
English	**2738**	**n/a**		
Spanish	**204**	**n/a**		
Vietnamese	**2**	**n/a**		
Cantonese	**5**	**n/a**		
Mandarin	**0**	**n/a**		
Tagalog	**3**	**n/a**		
Cambodian	**0**	**n/a**		
Hmong	**0**	**n/a**		
Russian	**1**	**n/a**		
Farsi	**1**	**n/a**		
Arabic	**0**	**n/a**		
Other	**136**	**n/a**		

PEI

4. Please provide the following information for each PEI Project:
- **a) The problems and needs addressed by the Project.**
- **b) The type of services provided.**
- **c) Any outcomes data, if available. (Optional)**
- **d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).**

The county's PEI plan was not approved in 2008-9.

Community Services and Supports

PREVIOUSLY APPROVED PROGRAM
EXHIBIT D

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #1/ Children's Full Service Partnership

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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.

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

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

PREVIOUSLY APPROVED PROGRAM
EXHIBIT D

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #2 – Children's Intensive Response Team

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	X	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$538,000	840,000	56%

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: Ventura

Program Number/Name: #2/Children's Intensive Response Team

Date: March 15, 2010

Check boxes that apply:
- X CSS
- ☐ WET
- ☐ New
- ☐ Consolidation
- X Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY		975		$
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):			975	

NEW PROGRAMS ONLY – n/a
CSS and WET
1. Provide narrative description of program. For WET, also include objectives to be achieved.
n/a
2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.
n/a
3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).
n/a
CSS Only
1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.
n/a
2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).
n/a
3. 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

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
n/a
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
The Children's Intensive Response Team (CIRT) has been a CSS program since the County's original 3 year CSS Plan. This expansion request is for an increase of greater than 15% in funding for the program to increase the MHSA portion of the overall budget to account for lower than anticipated MediCal revenue. This program responds to external crisis calls. It must respond regardless of a client's insurance status, and therefore it has no control over the number of clients who have MediCal. MediCal revenue allows the county to leverage MHSA dollars and therefore serve more children. However, at the level of MHSA funding in 2009-10, the program has not had the ability to maintain the staffing to provide 24/7 crisis coverage throughout the county. The program services, target population and numbers served annually will otherwise remain unchanged. A more detailed description of the program follows: Through the CIRT program, children and their families with escalating mental health issues are provided immediate access to crisis intervention services. 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. As a result, they remain unserved and are not able to benefit from early interventions and adequate supports that would increase their resiliency. Sixty-two percent of all crisis calls to CIRT are resolved by phone, without the need for a face-to-face visit. Of those in which CIRT staff responds in person, 62% are resolved without the need for the child to be removed from the home. 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.
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
As indicated above, the decision to expand the program was based on the goal of ensuring a sufficient balance of MHSA and MediCal revenue so that the program is able to maintain 24/7 mobile crisis response coverage throughout the county. This decision was affirmed through this year's stakeholder process, which included approval by the CSS Planning Workgroup and the Mental Health Board of this funding increase.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #4 – TAY Full Service Partnership

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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

The Transitional Age Youth (TAY) Full Service Partnership (FSP) was developed out of recognition that intensive mental health services and co-occurring substance abuse programming was not available to TAY within our county. Previously, if young adults were in need of residential supports, they were within an environment of adult SMI and/or adult dually diagnosed consumers, without services or supports that are designed for the specific and often complex needs of the TAY population. Therefore, the TAY FSP began with a voluntary residential treatment facility in which TAY received a continuum of FSP services. This therapeutic community residential campus provides voluntary recovery based treatment to TAY with severe and persistent mental illness, and who often also have a co-occurring substance abuse disorder. The 15-bed program is part of a residential campus located centrally in a rural area of Ventura County with a cottage 'home like' setting, an ideal environment for young adults to thrive as they work toward recovery in a safe, supportive and multi-dimensional therapeutic modality.

The program was later expanded to provide community based FSP services to TAY living throughout Ventura County. The goal of both components of this program is to support the individual in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community. This recovery model uses an Assertive Community Treatment (ACT) model to support the goal of diminishing or stabilizing factors such as disruptive and

harmful behaviors, chronic medical conditions, substance abuse, and social and economic situations, so that independent living is not only a goal but can be achieved and sustained. This supportive and client-centered model focuses on community living, providing information, teaching life skills, providing appropriate and realistic supports and continuously assessing and providing a 'whatever it takes' approach to treatment. Intensive case management, group therapy, self-help recovery groups, and individual therapy are combined to provide an array of services to support recovery.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #5 - TAY Wellness and Recovery Center

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The Transitional Age Youth (TAY) Wellness and Recovery Center serves TAY, ages 18 to 25 years old, who are recovering from mental illness or mental illness and substance abuse. Many are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. This program focuses on providing outreach and access for the cultural, ethnic and racial groups who have been reluctant to access services through traditional programs or clinic-based services. Located in Oxnard with a population that is two third Hispanic, and 39% of those accessing services through this center are Latino.

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

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

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #6 – Adult Full Service Partnership

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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 or 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.

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 compliment to the continuum of mental health care currently available and provides intensive community-based services to 30 individual at risk of or leaving incarceration per year.

The program incorporates the *Assertive Community Treatment (ACT)* treatment modality through the provision of comprehensive integrated services. These services include: mental health treatment, psychiatric care and medication management, intensive case management, 24/7 social worker access, medical care, medical education to understand and manage chronic conditions, alcohol and other substance abuse treatment, 12-step or similar programs, life skills training (e.g. money-management, anger management), vocational training and counseling, access to adult education, advocacy regarding criminal justice, social services, social security issues, the sub-payee program, peer support program, pro-social activities, and housing supports. The program has been successful in reducing homelessness, psychiatric hospitalization and incarceration for participants, and in assisting consumers in achieving their wellness and recovery goals, such as education and job attainment and successful participation in alcohol and drug treatment programs.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #7 – Mobile Crisis Team

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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.

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

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

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

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

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

2. The expanded "Adult Intensive Response and Stabilization Team" provides 30-day follow up and case management to assure linkage to appropriate levels of care for un-enrolled clients as well as coordination with existing treatment for individuals already enrolled in services. This expansion in the scope of services is modeled after our successful Children's Intensive Response Team (CIRT), which was also funded by MHSA. This model has proven to be extremely successful due in part to the 30-day follow-up services for individuals who are in need of ongoing mental health treatment and support, but who for some reason have yet to connect to services. 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.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

Program Number/Name: #8 – Short Term Social Rehabilitation

Date: April 16, 2010

<table>
<tr><th colspan="6">CSS and WET</th></tr>
<tr><td colspan="6">Previously Approved</td></tr>
<tr><td>No.</td><td>Question</td><td>Yes</td><td>No</td><td colspan="2"></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>X</td><td>☐</td><td colspan="2">If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td colspan="2">If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td colspan="2">If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>5.</td><td colspan="5">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</td></tr>
<tr><td colspan="6">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.

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

The Adult Short-Term Social Rehabilitation program is designed as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness for Ventura County's SMI.

A licensed residential community care, 15-bed facility will be available for voluntary admissions 24 hours a day, 7 days a week and will be staffed to provide mental health services to individuals with complex mental health needs who are currently in crisis and without the resources to cope within the community. The program will provide up to 30 days of intensive, culturally and ethnically sensitive, individualized services. This Center will provide assessment and stabilization supports to identify the level of need of the individual. If it is determined that the individual is not in need of this level of service, referrals to appropriate community supports will be provided through the availability of flexible funding. Estimating that the average stay will be less than 14 days, it is projected that the residential program will serve approximately 390 SMI adults each year. A site has been located for the facility, with an anticipated start date of January 1, 2011, and therefore 195 individuals served in FY 2010-11.</td></tr>
</table>

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

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.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #9 – Adult Wellness and Recovery Center

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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.

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

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

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #10 – Older Adult Full Service Partnership

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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 (38%) and depression (37%). The majority of individuals served have been Caucasian, while nearly a third have been Hispanic, with nearly one-fifth of all consumers served being Spanish speaking.

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

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

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #11 – Fillmore Community Project

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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.

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 collocated with medical, public health and social services, providing a central point of service access for children and families. In addition, the program serves as a linkage to the MHSA funded children's outreach and engagement program in Fillmore. 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.

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.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

Program Number/Name: #12 – Family Access Suppport Team

Date: March 15, 2010

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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

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

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #13 - Transistions

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

The Transitions program serves Transitional Age Youth, ages 18 to 25 years old with serious mental illness across a continuum of full service partnership services. Many of these individuals have co-occurring substance abuse, and many are at risk of homelessness, hospitalization or incarceration. The program serves primarily the Oxnard and Conejo and Simi Valley regions of Ventura County. The program has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas, and in engaging Latino TAY, who make up 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.

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

More than one-fourth of TAY served by the program has substance abuse treatment needs, so staff has received extensive training on and implemented the research based Integrated Dual Diagnosis Treatment model as part of the Transitions care continuum. The program also focuses on assisting the TAY clients in addressing

their appropriate developmental tasks, includes independent living skills, socialization skills, assistance in obtaining insurance, housing, employment and education. More than half of the TAY enrolled in Transitions for over six months have either enrolled in College, obtained employment or are volunteering since enrolling in Transitions. A number of these individuals have been successful in attaining peer employment with the TAY wellness and recovery center or as Wellness and Recovery Action Plan (WRAP) group facilitators.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

Program Number/Name: #15 – Empowering Partners through Integrative Community Services (EPICS)

Date: April 16, 2010

Select one:
- X CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	X	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: Ventura

Program Number/Name: #15 – Empowering Partners through Integrative Community Services (EPICS)

Date: March 15, 2010

Check boxes that apply:
- X CSS
- ☐ WET
- X New
- ☐ Consolidation
- ☐ Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults	787	853		$ 2,264
OA				$
Total				
Total Number of Clients to be Served (all service categories):			1640	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

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 full service partnership services to a large percentage of adult behavioral health consumers with SMI, most of whom had been underserved or unserved by the county's traditional mental health system. 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 has come to the realization that not all consumers enrolled in the recovery tracks 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 recovery tracks – consumers with more intensive needs will remain in the recovery track and be enrolled in the FSP, receiving the augmented supports that an FSP provides. Consumers not requiring the additional support of an FSP will also remain in the recovery track, but without the augmented FSP services. From a financial standpoint, these consumers will be allocated to MHSA system development funds. A methodology is being developed to determine these distinct levels of care within each track, based on standard assessments. 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 same recovery track groups. 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.

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

The decision to create, expand and refine EPICS has come from multilevel community planning processes (CPP) over the last several years. The program was originally conceived as part of the CPP that led to the development of the FY07/08 CSS Expanded Plan. At that time, there was an identified need for intensive services for those individuals who were high utilizers of IMDs, acute psychiatric hospitals and emergency room services with the goal of reducing utilization of those services. In FY09/10, the County conducted an extensive community planning process in which the determination was made by stakeholders that transformation of the adult system was necessary, in order to provide increased levels of clinical treatment. As a result, the recovery tracks were developed as a means of establishing a continuum of care and treatment across the adult system for individuals with severe and persistent mental illness.

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

EPICS embodies the fundamental standards of the MHSA. The program represents a truly integrated service experience for consumers, and it is designed to serve individuals across a spectrum or level of needs, as they move through the path of wellness and recovery. Services through EPICS for adult consumers is coordinated though a single system of care, and is designed to be seamless as an individual moves across levels. Services are designed to be culturally competent and consumer driven and consumers are supported by Recovery Coaches, peers with lived experience who assist in ensuring the consumer's voice is heard in treatment.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

This Full Service Partnership serves adult consumers (18 and over) with serious and persistent mental

illness. Consumers receiving the most intensive services are those who are high users of Institutes of Mental Disorders (IMDs), acute psychiatric hospitals, and emergency room services as well as individuals with significant and persistent mental illness who have not regularly accessed the mental health system. This population often has additional complicating factors including co-occurring substance abuse disorders, poverty, homelessness, forensic involvement, and social stigma. Furthermore, the program provides a continuum of services for adults throughout the county who are seriously mentally ill (SMI) who are at risk of homelessness, incarceration or hospitalization. The recovery tracks CORE and LET (described above) serve SMI individuals with psychotic disorders and mood disorders, respectively. The service continuum includes individuals diagnosed with co-occurring alcohol or substance abuse issues through the Integrated Dual Diagnosis Program, which has been integrated into EPICS.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

The county is currently serving nearly the proposed number of individuals to be served through EPICS. The proposed changes do not constitute an increase in the number served but rather a change in services, of which VCBH already has the internal capacity to provide.

3. 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.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

Program Number/Name: # 16 - Adult Peer & Family Employment

Date: March 15, 2010

Select one:
- X CSS
- ☐ WET
- ☐ PEI
- ☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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:

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

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

2. Support to the county's NAMI chapter, to provide training and support to county and contract providers on the provision of support to consumers and family members.

3. Support to the county's Client Network group, which provides training and advocacy on the transformation to a wellness and recovery focused treatment system.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
X CSS
☐ WET
☐ PEI
☐ INN

County: Ventura

Program Number/Name: #17- Screening, Triage, Assessment and Referral (STAR)

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	X	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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 is increasing the county's ability to reach its core target population, including an expected increase in services to unserved and underserved individuals.

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.

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.

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: Ventura

Program Number/Name: #18/ Children's Recovery Tracks

Date: March 15, 2010

Check boxes that apply:
X CSS X New
☐ WET ☐ Consolidation
☐ Expansion
☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY		180		$ n/a
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):			180	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

The Children's Resiliency Tracks will be the start of a transformation of the children's system of care in the county. Through the incorporation of evidenced based treatment modalities, children will receive treatment that is focused, effective, time limited and that is focused on resiliency and recovery. The program will utilize evidenced based practices specifically targeting seriously emotionally disturbed (SED) children with disruptive behavior, mood disorders and who have experienced exposure to trauma. The children who will receive services are often those that have historically remained in the system for extended periods without clear indications of progress or recovery. It is anticipated that through the use of these short term, focused practices, children and their families will gain the ability to move towards recovery and wellness and will have a reduced need for ongoing, intensive mental health services. Families will receive additional support in this program from Parent Partners, caregivers who have experience of a child in the mental health system. Implementation will begin in a targeted fashion, in areas of greatest need. This program will utilize current staff, who will be trained in these new treatment modalities and who will "transform" their practice and further promote the integration of funding and treatment approaches of the MHSA with the traditional mental health system. Services will be tailored to the cultural and linguistic needs of the populations being served and will include groups in other primary languages, specifically Spanish.

A similar, successful transformation in the County's adult system of care began in FY09/10 through the incorporation of "Recovery Tracks," or evidenced based practices serving adults with mood disorders, psychosis or dual diagnoses as part of a broad system of care throughout the adult clinics. For the first time, large numbers of adults with serious mental illness are receiving quality treatment promoting true wellness and recovery. The County anticipates a similar result for the Children's system through the Children's Resiliency Tracks.

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

Inherent throughout the community planning process for Community Services and Supports since the start of MHSA, has been the recognition that more focused, efficacious treatment was needed that promotes wellness and recovery for individuals who traditionally remained in the mental health system for extended periods of time without obvious progress. This program supports that concept while also promoting the integration of MHSA concepts and approaches into the traditional treatment milieu.

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

The Children's Resiliency Tracks support the fundamental MHSA concepts of resiliency and recovery through culturally competent practice that will be driven by children and their families. This will be supported through the incorporation of Parent Partners, who will help to ensure the "voice" of children and families is part of treatment planning. Services will be integrated into the existing service delivery system, so that children and their families may move seamlessly between the Resiliency Tracks and other services such as case management or medication support.

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

CSS Only
1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.
The Children's Resiliency Track program will serve seriously emotionally disturbed (SED) children with disruptive behavior, mood disorders and who have experienced exposure to trauma. The children who will receive services are often those that have historically remained in the system for extended periods without clear indications of progress or recovery.
2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).
This county already possesses the capacity to implement this program as it involves a transformation of the current system of care rather than the addition of significant numbers of staff or new consumers. Staff trained in this model will be those that are already part of the Children's System of Care and they will serve children and their families that have historically been underserved within the County system.
3. 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.

Workforce Education & Training

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
☐ **CSS**
X WET
☐ **PEI**
☐ **INN**

County: Ventura

Program Number/Name: #1 Workforce Infrastructure Development and Support

Date: March 15, 2010

<table>
<tr><th colspan="6">CSS and WET</th></tr>
<tr><td colspan="6">Previously Approved</td></tr>
<tr><td>No.</td><td>Question</td><td>Yes</td><td>No</td><td colspan="2"></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☐</td><td>X</td><td colspan="2">If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>X</td><td colspan="2">If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>X</td><td colspan="2">If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>X</td><td>☐</td><td colspan="2">If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>X</td><td colspan="2">If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td>$193,078</td><td>$234,669</td><td>22%</td></tr>
</table></td></tr>
<tr><td>5.</td><td colspan="5">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6">Existing Programs to be Consolidated</td></tr>
<tr><td>No.</td><td>Question</td><td>Yes</td><td>No</td><td colspan="2"></td></tr>
<tr><td>1.</td><td>Is this a consolidation of two or more existing programs?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #2; If no, answer questions for existing program above</td></tr>
<tr><td>2.</td><td>Will all populations of existing program continue to be served?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #3; If no, complete Exh. F1</td></tr>
<tr><td>3.</td><td>Will all services from existing program continue to be offered?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #4
If no, complete Exh. F1</td></tr>
<tr><td>4.</td><td>Is the funding amount ± 15% of the sum of the previously approved amounts?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #5 and complete Exh. E1 or E2 accordingly
If no, complete Exh. F1</td></tr>
<tr><td>5.</td><td colspan="5">Description of Previously Approved Programs to be consolidated. Include in your description:
a) The names of Previously Approved programs to be consolidated,
b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
c) Provide the rationale for consolidation.</td></tr>
<tr><td colspan="6"></td></tr>
</table>

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: VENTURA

Program Number/Name: #1 Workforce Infrastructure Development and Support

Date: March 15, 2010

Check boxes that apply:
- ☐ CSS
- ☒ WET
- ☐ New
- ☐ Consolidation
- ☐ Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):				

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

#1 Workforce Infrastructure Development and Support. This program is an expansion of an already approved action item that provides the necessary staffing support for implementation of our plan. This action provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration.

The program is being expanded to ensure sufficient staff resources for full implementation and to achieve the goal of developing an adequate workforce for program delivery. Originally, the plan was developed with the understanding that certain tasks and staff resources would be provided through outside organizations that were partnering with the department. Due to budget challenges impacting the local community college district the implementation of the plan will require the increased use of consultants and increased reliance on department staff resources to assist in the process. In addition, up until now, much of the work has focused on setting up relationships and creating an infrastructure for implementation. Now, the programs within the WET plan will move toward full implementation at a much more expedient pace than had originally been anticipated and will require more staffing support in order to achieve this goal.

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

Priorities from the community planning process have not changed. It has become evident that it will require more staff support in order to achieve the original goals that were established. The intent and purpose of the program remains consistent with the originally approved program.

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

This program will continue to ensure the goal of developing a competent, well-trained workforce to support the MHSA programs. The staffing support resources will allow for continued efforts to develop a culturally sensitive and competent staff that will maintain a focus on wellness, recovery, and resilience and will continue to incorporate consumer and family member views in integrated and comprehensive services. The increased workforce infrastructure and staffing resources will allow for full implementation of the original plan that incorporated consumers and family members in the planning process and continues to include consumers and family members in the determination of education and ongoing training which will focus on evidence based, value driven outcomes with a foundation of wellness and recovery principles.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. 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.

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

#1 Workforce Infrastructure Development and Support

Personnel Expenditures: 202,087
Operating Expenditures: 32,582
Total: $234,669

Planning factors:

- The programs within our WET plan will move into full implementation at a much more expedient pace than we originally anticipated and will require more staffing support.
- Workforce program activities and staff resources that were to be provided through outside organizations that partner with the department have been taken on by Ventura County staff due to local budget changes.
- Due to budget challenges impacting the local community college district the implementation of the plan will require increased use of consultants and increased reliance on department staff resources.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

#1 Workforce Infrastructure Development and Support. This program is an expansion of an already approved action item that provides the necessary staffing support for implementation of our plan. The program is being expanded to ensure sufficient staff resources for full implementation and to ensure the goal of developing an adequate workforce for program delivery.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

Originally, the plan was developed with the understanding that certain tasks and staff resources would be provided through outside organizations that were partnering with the department. Due to budget challenges impacting the local community college district the implementation of the plan will require the increased use of consultants and increased reliance on department staff resources to assist in the process. In addition, up until this point, much of the work has focused on setting up relationships and creating an infrastructure for implementation. Now, the programs within the WET plan will move toward full implementation at a much more efficient pace than had originally been anticipated and will require more staffing support in order to achieve this goal.

In the expansion of the above program there will be no change in the content or intent of the originally approved program. The purpose of this action item will remain consistent with the original program that was approved. Since the plan was originally approved, the stakeholders who were involved in the planning process (which include consumers, family members, local educational institutions, CBO representatives, department managers and staff) have continued to participate in regularly scheduled meetings and have been an active part of the implementation of the plan. Stakeholders participate in work groups that focus on individual Workforce programs/action items. At regular meetings, the work groups come together and the full stakeholder group is updated on progress, advised of suggested changes and invited to participate in the discussion of proposed modifications as needed. Most recently the stakeholders were included in a detailed report of the status of each action item and the proposed plans to consolidate and expand so that further progress could be made in the implementation of our plan.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
☐ **CSS**
X WET
☐ **PEI**
☐ **INN**

County: Ventura

Program Number/Name: #2 Training Institute – Advancing Workplace Education

Date: March 15, 2010

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	X	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	X	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	X	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	X	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$115,000	$366,364	219%

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: VENTURA

Check boxes that apply:
☐ CSS ☐ New
☒ WET ☐ Consolidation
☐ Expansion
☐ Reduction

Program Number/Name: #2 Training Institute – Advancing Workplace Education

Date: March 15, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):				

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

#2 Training Institute – Advancing Workplace Education:
This program is an expansion of an already approved action item that provides a comprehensive program of advanced education for consumers, family members, and existing mental health staff. The program is being expanded to allow for an increased level of training and increased efficiency in implementation of this program. Previous activities in this program implementation involved setting up a strong stakeholder group to act as an advisory committee and to guide training events. This stakeholder committee includes educational institutions, consumers, family members, CBO representatives, staff, and representatives from professional organizations in our community.

The first year of implementation was spent creating a program infrastructure from which program and training initiatives can be implemented. Now that the initial setup is complete more funding will be needed in the 2010-11 fiscal year to implement our plan. The Training Institute is an integral component of embracing consumer training and employment in our clinics. Training Institute activities will increase in the upcoming year to support developing community collaborations, an increased amount of culturally sensitive training, and the integration of evidence based programs within areas of the department that require specific staff training. Finally, with the approval of our PEI plan, there are now opportunities to provide collaborative training as some of the PEI programs interact with Training Institute programs. For example, our plan to provide additional mental health training for primary care physicians will be ramped up in order to compliment the new PEI program operating within our Ventura County primary care clinics.

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

Priorities from the community planning process have not changed. The intent and purpose of the program remains consistent with the originally approved program. The new program, an expanded version of the original program, will allow for increased implementation of previously approved activities.

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

This program will continue to ensure the goal of developing a competent, well-trained workforce. The training resources for this program will support the development of a culturally sensitive and competent staff that will maintain a focus on wellness, recovery, and resilience and will continue to incorporate consumer and family member views in integrated and comprehensive services. The increased training resources will provide for full implementation of the original plan that incorporated consumers and family members in the planning process. Consumers and family members will continue to participate in the determination of education and ongoing training which will focus on evidence based, value driven outcomes.

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. 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.

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

#2 Training Institute – Advancing Workplace Education

Training Expenditures: 329,947
Operating Expenditures: 36,418
Total: $366,364

Planning Factors:

- Training Institute activities will increase in the upcoming year to support developing community collaborations, an increased amount of culturally sensitive training, and the integration of evidence based programs within areas of the department that require specific staff training.
- Consumers are now fully integrated into the various clinic settings in the form of peer support specialists and have become active team members with staff as recovery coaches. With this increased collaboration there is an increased need for staff training in wellness and recovery concepts.
- With the approval of our PEI plan, the Training Institute will provide training to support PEI programs such as the Primary Care Project.
- Our Training Institute and the VCBH training department have successfully provided regular training seminars and annual conferences. The department need for training and the local interest in these opportunities regularly exceeds capacity. We need increased funding to meet the needs and enthusiasm for training in transformed mental health practices.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

#2 Training Institute – Advancing Workplace Education. This program is an expansion of an already approved action item that provides a comprehensive program of advanced education for consumers, family members, and existing mental health staff. The program is being expanded to allow for an increased level of training and increased efficiency in implementation of this program. Previous activities in this program implementation involved setting up a strong stakeholder group to act as an advisory committee and to guide training events. This stakeholder committee includes educational institutions, consumers, family members, CBO representatives, staff, and representatives from professional organizations in our community.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

Now that the initial setup is complete more funding will be needed in the 2010-11 fiscal year to implement our plan. The Training Institute is an integral component of embracing consumer training and employment in our clinics. Training Institute activities will increase in the upcoming year to support developing community collaborations, an increased amount of culturally sensitive training, and the integration of evidence based programs within areas of the department that

require specific staff training. Finally, with the approval of our PEI plan, there are now opportunities to provide collaborative training as some of the PEI programs interact with Training Institute programs. For example, our plan to provide additional mental health training for primary care physicians will be ramped up in order to compliment the new PEI program operating within our Ventura County primary care clinics.

In the expansion of this program there will be no change in the content or intent of the originally approved program. The purpose of this action item will remain consistent with the original program that was approved. Since the plan was originally approved, the stakeholders involved in the planning process (which include consumers, family members, local educational institutions, CBO representatives, department managers and staff) have continued to participate in regularly scheduled meetings and have been an active part in the implementation of the plan. Stakeholders participate in workgroups that focus on individual Workforce programs/action items. At regular meetings, the work groups come together and the full stakeholder group is updated on progress, advised of suggested changes and invited to participate in the discussion of proposed modifications as needed. Most recently the stakeholders were included in a detailed report of the status of each action item and the proposed plans to consolidate and expand so that further progress could be made in the implementation of our plan.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

Program Number/Name: #3 Mental Health Career Pathways Programs

Date: March 15, 2010

Select one:
☐ CSS
X WET
☐ PEI
☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
				FY 09/10 funding | **FY 10/11 funding** | **Percent Change**
				| |
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.			
Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	X	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	X	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: d) The names of Previously Approved programs to be consolidated, e) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and f) Provide the rationale for consolidation.			

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: VENTURA

Program Number/Name: #3 MENTAL HEALTH CAREER PATHWAY PROGRAMS

Date: March 15, 2010

Check boxes that apply:
- ☐ CSS
- ☒ WET
- ☐ New
- ☐ Consolidation
- ☐ Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):				

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

#3 MENTAL HEALTH CAREER PATHWAY PROGRAMS

This program is a consolidation and expansion of several previously approved action items. The previous action items included the Consumer and Family Member Recovery Education Center, Language Development, Career Ladder Program – Secondary Education, Human Services Certificate & AA Programs, Psychiatric Technician Program, and MSW Program Support. Each of these action items are specific components of a larger career pathway program. The Psychiatric Technician Action Item is being eliminated and this is reported in Exhibit D1. The other action items would be consolidated and expanded. This new program would combine what were previously approved individual action items into one program consistent with Department of Mental Health program categories. The activities of this new consolidated program therefore include:

- Consumer and Family Member Recovery Education Center to train peer employees for work within the mental health system;
- Language Development program to increase the linguistic capacity of the mental health system through appropriate language training for staff;
- Career Ladder Program – Secondary Education program which will establish mental health pathways in local secondary educational programs that link to community colleges and recruit culturally diverse students to fill positions of need;
- Human Services Certificate & AA Programs which will integrate wellness and recovery concepts and practices into community college programs through the development of certificate programs for entry level positions;
- MSW Program Support through the development of specific outreach and incentive programs to recruit culturally diverse individuals to pursue MSW degrees.

The initial implementation of these programs involved feasibility assessments and establishing the foundation for collaborative partnerships with contractors and educational institutions. It also has included the beginning stages of curriculum development. In the upcoming fiscal year we expect these programs to be fully implemented and will need the funding source allocated for them through the remainder of the plan.

During the initial period following the WET plan approval it was necessary to establish a partnership with the local community college district to assist in program development. Much of the required infrastructure for all of the individual action items will utilize the same system and community partnerships. Consolidating the varied individual action items will allow for a more efficient process in which to apply funding to the implemented action items and track expenditures.

Additionally, Consumers are now fully integrated into our clinic settings in the form of peer support specialists and have become active team members with staff as recovery coaches. With this increased collaboration there is an increased need for staff training in wellness and recovery concepts. We are moving forward with a partner organization to hire, train and support peer support specialists working in our clinic settings

This new program would also include expansion of the previously approved, consolidated action items. Now that the foundational structure is set and the beginning process of curriculum development is completed additional funding will be necessary to fully implement the programs. The community college certificate in Community Mental Health Service will include strategic community outreach to potential students within underserved, bilingual, and bicultural communities. Plans are in place to expedite funding for the career pathway programs and to fast track the programs which will enable us to more expediently attain the goal of a well trained workforce that encompasses the MHSA principles.

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

Priorities from the community planning process have not changed. The intent and purpose of the program remains consistent with the originally approved action items. The new program, a consolidated and expanded version of several original action items, will allow for improved implementation of previously approved activities.

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

This program will continue to ensure the goal of developing a competent, well-trained workforce. The training resources for this program will support the development of a culturally sensitive and competent staff that will maintain a focus on wellness, recovery, and resilience and will continue to incorporate consumer and family member views in integrated and comprehensive services. The increased training resources will provide for full implementation of the original plan that incorporated consumers and family members in the planning process and continues to include consumers and family members in the determination of education and ongoing training which will focus on evidence based, value driven outcomes.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. 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.

WET Only

1.Provide budget justification and clear outline of planning factors used to construct budgeted amount.

#3 Mental Health Career Pathway Programs

Mental Health Career pathway Expenditures:	**307,824**
Training Consultant Contracts:	**518,661**
Operating Expenditures:	**18,209**
Total:	**$ 844,693**

Planning Factors:

- With the full integration of consumer peer support specialists in our clinics we are moving forward with a collaborative partner to hire and train and support peer support specialists who work in our clinic settings.
- The increasing cost to implement career pathway programs and wellness and recovery training programs.
- Due to budget challenges impacting the local community college district the implementation of our Workforce plan

will require the increased use of consultants and increased reliance on department staff resources.
- Opportunities to move from infrastructure development to implementation of programs.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

#3 MENTAL HEALTH CAREER PATHWAY PROGRAMS
This program is a consolidation and expansion of several previously approved action items. The previous action items included the Consumer and Family Member Recovery Education Center, Language Development, Career Ladder Program – Secondary Education, Human Services Certificate & AA Programs, Psychiatric Technician Program, and MSW Program Support. Each of these action items are specific components of a larger career pathway program. The Psychiatric Technician Program is being eliminated and this is reported in Exhibit D1. The other programs would be consolidated and expanded. This new program would combine what were previously approved individual action items into one program consistent with Department of Mental Health program categories.

The initial implementation of these programs involved feasibility assessments and establishing the foundation for collaborative partnerships with contractors and educational institutions. It also has included the beginning stages of curriculum development. In the upcoming fiscal year we expect these programs to be fully implemented and will need the funding source allocated for them through the remainder of the plan.

During the initial period following the WET plan approval it was necessary to establish a partnership with the local community college district to assist in program development. Much of the required infrastructure for all of the individual action items will utilize the same system and community partnerships. Consolidating the varied individual action items will allow for a more efficient process in which to apply funding to the implemented action items and track expenditures.

Additionally, consumers are now fully integrated into our clinic settings in the form of peer support specialists and have become active team members with staff as recovery coaches. With this increased collaboration there is an increased need for staff training in wellness and recovery concepts. We are moving forward with a partner organization to hire, train and support peer support specialists working in our clinic settings

This new program would also include expansion of the previously approved, consolidated action items. Now that the foundational structure is set and the beginning process of curriculum development is completed additional funding will be necessary to fully implement the programs. The community college certificate in Community Mental Health Service will include strategic community outreach to potential students within underserved, bilingual, and bicultural communities. Plans are in place to expedite funding for the career pathway programs and to fast track the programs which will enable us to more expediently attain the goal of a well trained workforce that encompasses the MHSA principles.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

In the expansion and consolidation of the above action items there will be no change in the content or intent of the originally approved activities. The purpose of this program will remain consistent with the original actions that were approved. Since the plan was originally approved, the stakeholders involved in the planning process (which include consumers, family members, local educational institutions, CBO representatives, department managers and staff) have continued to participate in regularly scheduled meetings and have been an active part in the implementation of the plan. Stakeholders participate in work groups that focus on individual Workforce programs/action items. At regular meetings, the work groups come together and the full stakeholder group is updated on progress, advised of suggested changes and invited to participate in the discussion of proposed modifications as needed. Most recently the stakeholders were included in a detailed report of the status of each action item and the proposed plans to consolidate and expand so that further progress could be made in the implementation of our plan.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAMON

Select one:
☐ **CSS**
X WET
☐ **PEI**
☐ **INN**

County: Ventura

Program Number/Name: #4 Residency, Internship Programs

Date: March 15, 2010

<table>
<tr><th colspan="6">CSS and WET</th></tr>
<tr><td colspan="6">Previously Approved</td></tr>
<tr><td>No.</td><td>Question</td><td>Yes</td><td>No</td><td colspan="2"></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td colspan="2">If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td colspan="2">If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☐</td><td colspan="2">If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>5.</td><td colspan="5">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6">Existing Programs to be Consolidated</td></tr>
<tr><td>No.</td><td>Question</td><td>Yes</td><td>No</td><td colspan="2"></td></tr>
<tr><td>1.</td><td>Is this a consolidation of two or more existing programs?</td><td>X</td><td>☐</td><td colspan="2">If yes, answer question #2; If no, answer questions for existing program above</td></tr>
<tr><td>2.</td><td>Will all populations of existing program continue to be served?</td><td>X</td><td>☐</td><td colspan="2">If yes, answer question #3; If no, complete Exh. F1</td></tr>
<tr><td>3.</td><td>Will all services from existing program continue to be offered?</td><td>X</td><td>☐</td><td colspan="2">If yes, answer question #4
If no, complete Exh. F1</td></tr>
<tr><td>4.</td><td>Is the funding amount ± 15% of the sum of the previously approved amounts?</td><td>☐</td><td>X</td><td colspan="2">If yes, answer question #5 and complete Exh. E1 or E2 accordingly
If no, complete Exh. F1</td></tr>
<tr><td>5.</td><td colspan="5">Description of Previously Approved Programs to be consolidated. Include in your description:
g) The names of Previously Approved programs to be consolidated,
h) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and
i) Provide the rationale for consolidation.</td></tr>
</table>

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: VENTURA

Program Number/Name: #4 RESIDENCY, INTERNSHIP PROGRAMS

Date: March 15, 2010

Check boxes that apply:
☐ CSS ☐ New
☒ WET ☐ Consolidation
☐ Expansion
☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):				

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

#4 RESIDENCY, INTERNSHIP PROGRAMS:

This program is a consolidation and expansion of previously approved action items. The previous action items included the Doctoral Internship Program and the Residency Program. This combines what were previously approved individual action items into one program consistent with Department of Mental Health program categories.

Through the Doctoral Internship program, collaborative relationships are being developed with APA accredited internship programs to recruit culturally diverse, bilingual students to fit regional needs. The Residency Program includes establishment of a psychiatry rotation and the recruitment of culturally diverse, bilingual medical residents to mental health programs.

During the initial period following the WET plan approval the focus was on establishing the infrastructure and partnership with community organizations to assist in program development. Now that the foundational structure and collaborative relationships have been initiated more funding is needed to implement the planned internship and residency activities. Some of the planning process and infrastructure is shared between the two original programs and by consolidating the two plans it will allow for more flexibility during the implementation process.

This new program would also include expansion of the two consolidated action items. Plans for the doctoral internship program include expanding the program with a director of clinical training and pursuing American Psychology Association accreditation earlier. The other need for expansion arises out of an initial review of the residency program and the determination that it would require more initial funding than originally planned.

The intent of the individual programs will not be lost in the consolidation process and the efficiency of implementation will improve.

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

Priorities from the community planning process have not changed. The intent and purpose of the program remains consistent with the originally approved program. The new program, a consolidated and expanded version of the two original action items, will allow for improved implementation of previously approved activities.

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

This program will continue to ensure the goal of developing a competent, well-trained workforce. The resources for this program will help our department recruit and train more diverse and highly qualified interns. This will support the

development of a culturally sensitive and competent staff that will maintain a focus on wellness, recovery and resilience and will continue to incorporate consumer and family member views into integrated and comprehensive services. The increased training resources will provide for full implementation of the original plan that incorporated consumers and family members in the planning process. Consumers and family members will continue to participate in the determination of education and ongoing training which will focus on evidence based, value driven outcomes.

CSS Only

1.Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2.Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. 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.

WET Only

1.Provide budget justification and clear outline of planning factors used to construct budgeted amount.

#4 RESIDENCY, INTERNSHIP PROGRAMS

Internship Expenditures: 91,044

Operating Expenditures: 54,626

$ 145,670

Planning Factors:

- The implementation of the program and placement of our first paid doctoral interns this year
- Plans for the doctoral internship program include expanding the program with a director of clinical training
- The need to pursue American Psychology Association accreditation more expediently
- A review of the residency program determined that it would require more initial funding than originally planned to implement such a program

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

#4 RESIDENCY, INTERNSHIP PROGRAMS

This program consolidation and expansion request is for the purpose of combining individual actions items into one larger program. This new program combines what were previously approved individual action items into one program consistent with Department of Mental Health program categories.

This program consolidates the original two individual action items, the Doctoral Internship Program and the Residency Program, into one program. Some of the planning process and infrastructure is shared between the two original programs and by consolidating the two it will allow for more flexibility during the implementation process.

This would also include expansion of the two consolidated action items. Plans for the doctoral internship program include expanding the program with a director of clinical training and pursuing APA accreditation earlier. The other need for expansion comes following an initial review of the residency program which will require more initial funding than originally planned.

The intent of the individual programs will not be lost in the consolidation process and the efficiency of implementation will improve.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

In the expansion and consolidation of the above action items there will be no change in the content or intent of the originally approved activities. Some of the planning process and infrastructure is shared between the two original programs and by consolidating the two it will allow for more flexibility during the implementation process. The purpose of this program will remain consistent with the original actions that were approved. Since the plan was originally approved, the stakeholders involved in the planning process (which include consumers, family members, local educational institutions, CBO representatives, department managers and staff) have continued to participate in regularly scheduled meetings and have been an active part in the implementation of the plan. Stakeholders participate in work groups that focus on individual Workforce programs/action items. At regular meetings, the work groups come together and the full stakeholder group is updated on progress, advised of suggested changes and invited to participate in the discussion of proposed modifications as needed. Most recently the stakeholders were included in a detailed report of the status of each action item and the proposed plans to consolidate and expand so that further progress could be made in the implementation of our plan.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

Program Number/Name: #5 Financial Incentive Programs

Date: March 15, 2010

Select one:
☐ CSS
X WET
☐ PEI
☐ INN

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
6.	Is this an existing program with no changes?	☐	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
7.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
8.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
9.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
				FY 09/10 funding | **FY 10/11 funding** | **Percent Change**
				| |
10.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.			
Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
6.	Is this a consolidation of two or more existing programs?	X	☐	If yes, answer question #2; If no, answer questions for existing program above
7.	Will all populations of existing program continue to be served?	X	☐	If yes, answer question #3; If no, complete Exh. F1
8.	Will all services from existing program continue to be offered?	X	☐	If yes, answer question #4 If no, complete Exh. F1
9.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	X	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
10.	Description of Previously Approved Programs to be consolidated. Include in your description: j) The names of Previously Approved programs to be consolidated, k) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and l) Provide the rationale for consolidation.			

EXHIBIT F1
CSS/WET NEW PROGRAM DESCRIPTION

County: VENTURA

Program Number/Name: #5 FINANCIAL INCENTIVE PROGRAMS:

Date: March 15, 2010

Check boxes that apply:
- ☐ CSS
- ☒ WET
- ☐ New
- ☐ Consolidation
- ☐ Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):				

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

#5 FINANCIAL INCENTIVE PROGRAMS: This program is a consolidation and expansion of previously approved action items. The previous action items included the Educational Stipends & Scholarships and Internship Stipends. This new program would combine what were previously approved individual action items into one program consistent with Department of Mental Health program categories. These programs provide financial supports for both undergraduate and graduate level individuals with the goal of recruitment of a culturally and linguistically diverse pool of individuals into the workforce.

During the initial period following the WET plan approval it was necessary to establish the infrastructure and partnership with a community organization to assist in program development. Much of the required infrastructure for both programs can utilize the same system and community partnership. Consolidating the two individual action items will allow for a more efficient process to apply funding to the implemented action items and track expenditures.
.
This new program would also include expansion of the two previously approved, consolidated action items. Now that the foundational structure and collaborative relationship has been initiated for the scholarship and stipend programs more funding will be needed to fully implement the programs. In light of the current financial issues in the state, additional funds are required to provide adequate funding of educational programs to support interns, consumers, family members, and staff. Plans are in place to expedite funding for programs in order to expand and fast track the stipend and scholarship availability. This will give priority to consumers, family members, bilingual and bicultural students and staff. This will provide opportunities to expand the cultural diversity and competency of our staff in a much more comprehensive and expedient manner.

The intent of the individual programs will not be lost in the consolidation process and the efficiency and efficacy will improve.

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

Priorities from the community planning process have not changed. The intent and purpose of the program remains consistent with the originally approved program. The new program, a consolidated and expanded version of the two original action items, will allow for improved implementation of previously approved activities.

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

This program will continue to ensure the goal of developing a competent, well-trained workforce to support MHSA programs. The education funded by this program will support the development of a culturally sensitive and competent staff that will maintain a focus on wellness, recovery, and resilience and will continue to incorporate consumer and family member views in integrated and comprehensive services. The increased funding will provide for full implementation of

the original plan that incorporated consumers and family members in the planning process. Consumers and family members will continue to participate in the determination of education programs and ongoing training which will focus on evidence based, value driven outcomes.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. 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.

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

#5 Financial Incentive Programs:

Stipend Funds	**795,830**
Scholarship Funds	**188,604**
Total	**$ 984,433**

Planning Factors:

- The opportunity to partner with a local community organization, the Medical Resource Foundation, to streamline and assure strong accountability for scholarship distribution.
- Our outreach efforts, Wellness and Recovery education programs, and the current economic downturn are all leading to increased demand for scholarships and stipends.
- The need to have financial incentives and supports in place to support participation in our Career Pathway programs.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

#5 FINANCIAL INCENTIVE PROGRAMS: This program is a consolidation and expansion of previously approved action items. The previous action items included the Educational Stipends & Scholarships and Internship Stipends. This new program would combine what were previously approved individual action items into one program consistent with Department of Mental Health program categories.

During the initial period following the WET plan approval it was necessary to establish the infrastructure and partnership with a community organization to assist in program development. Much of the required infrastructure for both programs can utilize the same system and community partnership. Consolidating the two individual action items will allow for a more efficient process to apply funding to the implemented action items and track expenditures.

.

This new program would also include expansion of the two previously approved, consolidated action items. Now that the foundational structure and collaborative relationship has been initiated for the scholarship and stipend programs more funding will be needed to fully implement the programs.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

In the expansion and consolidation of the above action items there will be no change in the content or intent of the originally approved activities. Much of the required infrastructure for both programs can utilize the same system and community partnership. Consolidating the two individual action items will allow a more efficient process in which to apply funding to the implemented action items and track expenditures. In light of the current financial issues in the state, additional funds are required to provide adequate funding of educational programs to support interns, consumers, family members, and staff. Plans are in place to expedite funding for programs in order to expand and fast track the stipend and scholarship availability. This will give priority to consumers, family members, bilingual and bicultural students and staff. This will provide opportunities to expand the cultural diversity and competency of our staff in a more comprehensive and expedient manner.

The purpose of this program will remain consistent with the original actions that were approved. Since the plan was originally approved, the stakeholders involved in the planning process (which include consumers, family members, local educational institutions, CBO representatives, department managers and staff) have continued to participate in regularly scheduled meetings and have been an active part in the implementation of the plan. Stakeholders participate in work groups that focus on individual Workforce programs/action items. At regular meetings, the work groups come together and the full stakeholder group is updated on progress, advised of suggested changes and invited to participate in the discussion of proposed modifications as needed. Most recently the stakeholders were included in a detailed report of the status of each action item and the proposed plans to consolidate and expand so that further progress could be made in the implementation of our plan.

County: Ventura

Program/Project Number/ Name: Workforce Education and Training, Action #7 Psychiatric Technician Program

Date: March 15, 2010

Select one:

- ☐ **CSS**
- ☒ **WET**
- ☐ **CF**
- ☐ **TN**
- ☐ **PEI**[2]
- ☐ **INN**

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

Action #7 – Title: Psychiatric Technician Program

The original needs assessment identified an insufficient number of psychiatric technicians within the County. This program was to address the need for trained psychiatric technicians that were required for filling open job categories that, at the time, were typically filled by licensed psychiatric technicians. This action item would have established a psychiatric technician education program. The program would have been provided either locally or through distance education in partnership with a nearby county that had an existing program.

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

In our initial plan, the first objective for this project was to assess the feasibility of establishing a psychiatric technician program. Our plan included first evaluating the actual costs and logistics for implementation of such an educational program. The original steps in the plan also included a further assessment of the ongoing need throughout the County for this type of educational program to determine sustainability.

To assess feasibility we collected information regarding the expected costs, the logistical challenges, and the projected ongoing need within the County. There was not enough demand for Psychiatric Technicians to make implanting a full training program feasible. When we updated our Workforce needs assessment we found that the demand for licensed Psychiatric Technicians was considerably less than when we first surveyed. The projection for future demand was lower than we originally anticipated. Given the cost and the change in need and priority we determined that there would not be a strong enough demand for graduates over time to sustain such a program long term.

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

The original funds allocated for this project will be added into funds identified for the other Mental Health Career Pathway programs. The other projects, such as the Consumer and Family Member Recovery Education Center, Language Development, Career Ladder Program – Secondary Education, Human Services Certificate & AA Programs, and MSW Program Support will benefit from additional funding.

[2] For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) 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.

Technological Needs

EXHIBIT F3
TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Ventura

Select one:
☐ **New**
X Existing

Project Number/Name: Mental Health Information System – Avatar Practice Management

Date: March 15, 2010

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a summary of the TN project:

This project includes data system enhancements to improve functionality, support system transformation efforts, and increase capability for required evaluation. Through this project, Avatar Practice Management and RADplus software will be adopted and will support CSS programming, record keeping, and the increased data reporting requirements essential for MHSA system transformation. The project will integrate information for use by stakeholders, or respond to the goals of seamless client care and increased access. The project will also include a training component to include interactive courses for regulatory, HIPAA compliance, and clinical best practices, in addition to system technology training. This component provides a long-term solution to ensuring ongoing sustainability for training needs. Additionally, it is important as well to note that these funds are being use used to replace the previous county system, whose data base (Allbase SQL) and application tool (HP4GL) have not been supported since 1999. The previous system did not have the capability to meet HIPAA billing requirements.

2. Provide a justification how this request is a continuation of a previously approved project and not a new project.

The original scope and goals of the new project remain unchanged. However, there were various delays due to changes at the State level, delays in contracting, workload increases and additional training needs.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

a. ☐ Project manager performance	i. ☐ Change in cost of materials (hardware, software, etc.)
b. ☐ Project staffing	j. ☒ Personnel cost increase
c. ☐ Requirements not completely defined	k. ☐ Delay in RFP process
d. ☐ Change in scope	l. ☐ Insufficient management support
e. ☒ Difficulties in customizing COTS	m. ☒ Training issues
f. ☒ Delay in project start date	n. ☐ Other
g. ☒ Completion date has lapsed	
h. ☐ Change in Vendor/contract services cost	

Explanation:
E – Due to changes at the state level billing, the system has had major updates and new configuration requirements. The changes have affected our current configurations and workflows. In addition, there have been enhancements and patches to change Caloms.
F – The project was delayed several months due to contracting issues. Configurations were started early in the process but could not be tested until a contract was signed and the software delivered.
G – The completion date has lapsed due to various delays throughout the project. These delays are due to changes in the system, staffing, and training. Short Doyle Phase II testing has created a new configuration of the billing system due to changes on both the state and the vendor's side. The cost report enhancement, 270/271 and void and replace features are new to the product as well.
J – Personnel costs have increased due to the additional workload and re-configurations. Temporary staff

have had to be added to manage work-a-rounds until new development is completed. This included manual deletion of 60,000 transactions in order to ensure appropriate reporting of accounts receivables. Additional consulting time is needed to continue the billing support until Short Doyle Phase II is completed. Additional staff are being utilized for testing of new enhancements in the system.
M – Due to the massive changes in the software and workflows, training has been an on-going task. In addition, there has been more uniformity to the workflows across the agency. New staff and staff being introduced at the project level require additional training resources.

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

a. ☐ Hire additional staff or other personnel	g. ☐ Expand existing software
b. ☐ Acquire new contract services (vendors)	h. ☐ Acquire other materials
c. ☒ Expand existing contract scope of work	i. ☒ Training costs
d. ☐ Acquire new hardware (provide list below)	j. ☐ Other
e. ☐ Expand existing infrastructure	
f. ☐ Acquire new software (provide list below)	

Explanation:
Additional funds will be used to pay for temporary staff, training costs and contractors to support the project.

5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

a. ☐ Project organization	j. ☐ Project phasing
b. ☐ Project management resources	k. ☐ Change management plan
c. ☒ Support resources	l. ☐ Risk management plan
d. ☐ Development and maintenance resources	m. ☒ Contract services costs
e. ☐ Quality assurance testing resources	n. ☐ Hardware costs
f. ☐ Project plan dates (schedule)	o. ☐ Software costs
g. ☐ Project scope	p. ☒ Personnel costs
h. ☐ Project roles and responsibilities	q. ☐ Other costs
i. ☐ Project monitoring and oversight	r. ☒ Training provisions
	s. ☐ None

Explanation:
As described above additional support resources, contracted services and staffing are required due to the delays Increases in contract services costs, personnel costs and core staff.

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

Nothing in this expansion represents a deviation of the program goals or general strategies as outlined in the original project plan, for which there was substantial stakeholder input. The Information Services Steering Committee, a multidisciplinary committee which meets weekly and is made up of representatives from various departments impacted by the project, has provided oversight and approval of the project's progress and additional resources needs throughout implementation.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

EXHIBIT F3
TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

All documents in the funding request are true and correct.

_ ___ _____	_____	
Chief Information Officer (Print)	Signature	Date
_ ___ _____	_____	
HIPAA Privacy/Security Officer (Print)	Signature	Date

Prevention & Early Intervention

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
☐ **CSS**
☐ **WET**
X PEI
☐ **INN**

County: Ventura

Program Number/Name: #1 – Community Coalitions

Date: March 15, 2010

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	X	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	X	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

EXHIBIT F4
PEI NEW PROGRAM DESCRIPTION

County: Ventura

Program Number/Name: #1/ Community Coalitions

Date: March 15, 2010

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 No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **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	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	X	X	X	X

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

The recommended PEI Project, Community Coalitions, is the result of a community-based needs assessment effort spearheaded by VCBH in collaboration with a 44 member PEI Planning Committee, representative of all PEI sectors and the County. The community-based needs assessment involved stakeholders at multiple levels who were identified to participate in the process based on their geographic representation, and representation within the following MHSA categories: age group, community sector, priority populations, and key PEI community mental health needs. The needs assessment was designed to collect both quantitative and qualitative data from various community sources as well from community stakeholders to inform the identification of PEI Projects. Quantitative data included existing data from multiple sources on key indicators representative of the MHSA defined priority populations. Qualitative data included direct input from community stakeholders in the form of 1) key individual interviews; 2) focus groups (area-based and countywide groups with specific populations); 3) Area Work Group data review meetings; and, 4) community forums. Please refer to Form #2 for specific details about the needs assessment program planning process.

The focus of this section will be twofold. First to describe the role stakeholders played at multiple levels in the selection of the Community Coalitions PEI Project; and, second to show how the quantitative and qualitative data collection strategies, analysis, and review process directly informed the selection of the Community Coalitions PEI Project as well as recommended interventions to be implemented as part of the Project.

<u>Stakeholder Input</u>

A countywide grass roots outreach effort was conducted to invite stakeholders to participate in the multilevel PEI Planning process. The 44 member PEI Planning Committee guided the overall planning process and formed area-based Work Groups responsible for reviewing the quantitative and qualitative data collected through the needs assessment and using the corresponding findings to recommend the Community Coalitions PEI Project and related evidence-based intervention models.

To reach the point at which Work Groups were able to review and use data to make PEI project recommendations, other stakeholder input was gathered through a systematic data collection process. Key individual interviews were

conducted across the County with 25 stakeholders who were not only identified to participate in the process based on specific demographic and MHSA categories, but also were knowledgeable about a specific community, issue, or problem related to mental health prevention and early intervention. These individuals were asked to provide input on community and mental health needs, age group priorities and priority populations, existing and needed PEI services, and recommendations for providing effective PEI services.

Focus groups were conducted at two levels: 1) By geographic area of the County (at least two in each area); and, 2) Countywide representing 13 distinct populations: African Americans, Ambulatory Care professionals, Consumers, Deaf and hard of hearing, Developmental disabilities, Pre-K and elementary school students, High school and college students, Faith-based community members, Immigrants and farm workers, Juvenile probation, Older adults, Transitional-age youth, and Veterans. The purpose of the focus groups was to conduct in-depth discussions with different community leaders, gatekeepers and other community members. Participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for PEI.

The PEI Planning Committee members also provided input on the types of key data indicators that would supplement, add to, and validate the qualitative findings from the key individual interviews and focus groups. Data were compiled on 46 primary indicators representing and categorized by the priority populations. Examples relevant to Community Coalitions will be provided in the *Data Analysis and Review* section. A complete presentation of the key indicator data compiled can be found in the Key Indicator Data Report in Appendix I.

Once the key indicators and the findings from the key individual interviews and focus groups were compiled, the five PEI Planning Committee Area Work Groups were convened and provided with copies of the Area-based reports along with a presentation of key findings across all three data collection strategies. (Interview and focus group reports are located in Appendix II.) Work groups were asked to react to and comment on the findings presented, as well as asked to use the findings to identify needed PEI services. The needed PEI services identified by each of the five Area Work Groups were compiled and an additional meeting was held with all five Area Work Groups present to review and comment upon the PEI Projects summarized in this report.

One additional level of stakeholder input was sought from community members throughout the County who had not had an opportunity to participate in the PEI Planning Committee, Area Work Groups, key individual interviews, or focus groups. Three Community Forums were held in one of each of three regions: East County, West County, and Santa Clara Valley. These forums were designed to share findings, present the recommended PEI Projects that emerged from the process and obtain additional comments and suggestions on the recommended PEI Projects and their corresponding interventions.

The Community Coalitions Project is one of five PEI Projects recommended as a result of input from stakeholders at multiple levels. The next section describes the community mental health needs, priority populations, and barriers reported by stakeholders that guided the Project selection and recommended interventions.

Data Analysis, Review, and Implications

Based upon findings across the three data collection strategies—key indicators, key individual interviews, and focus groups, Community Coalitions emerged as a vital project to provide several of the most highly recommended and needed PEI services. As shown in Table 2, education and outreach to increase awareness of mental health issues and services was the number one most recommended PEI strategy in interviews and countywide focus groups, and the third most recommended strategy in area focus groups. Other highly recommended strategies that the Community Coalitions PEI Project address include services that increase access and collaboration, coordination, and communication amongst mental health providers, law enforcement, schools, social services, community organizations, and faith-based organizations.

Table 6
Most Frequently Recommended PEI Services

Key Individual Interviews	Countywide Focus Groups	Area Focus Groups
1. Education, Awareness, and Outreach	1. Education, Awareness, and Outreach	1. Services that Increase Access
2. Services that Increase Access	2. Service Provider Workforce Development and Training	2. School-based Services
3. School-based Services	3. Services that Increase Access	3. Education, Awareness, and Outreach
4. Parent/Family Education and	4. Collaborations, Coordination,	4. Collaborations, Coordination,

Training	and Communication	and Communication
5. Culturally Competent Providers	5. School-based Services	5. Services for Parents and/or Families
6. Service Provider Workforce Development and Training	6. Parent Education and Training	6. Service Provider Workforce Development and Training

These prevention and early intervention services were recommended by stakeholders in order to meet the top prioritized mental health needs, priority populations, and age groups in the County. Key indicator data and interview and focus group discussions regarding the mental health needs in the five geographic regions of Ventura pointed to a significant concern for underserved cultural populations, disparities in access to mental health services, and stigma and discrimination across all age groups.

Underserved cultural populations were highly prioritized for both prevention and early intervention services by participants in interviews and focus groups (see Table 3). Stakeholders frequently commented that it was critical to address underserved cultural populations as they were predominant across the County and most unaware of, or unwilling to access mental health services for cultural reasons. Accordingly, stakeholders also viewed disparities in access to mental health services and stigma and discrimination as top mental health needs, particularly for marginalized populations in the County such as Latino/Hispanic families, immigrants, and farm workers.

Table 7
Top Priority Populations

Key Individual Interviews	Countywide Focus Groups	Area Focus Groups
1. Children and Youth in Stressed Families	1. Children and Youth in Stressed Families	1. Children and Youth in Stressed Families
2. Underserved Cultural Populations	2. Underserved Cultural Populations	2. Children At-risk for School Failure
3. Individuals Experiencing the Onset of Serious Psychiatric Illness	3. Children At-risk for School Failure	3. Underserved Cultural Populations
4. Children At-risk for School Failure	4. Trauma-exposed	4. Children and Youth At-risk of or Experiencing Juvenile Justice Involvement
5. Children and Youth At-risk of or Experiencing Juvenile Justice Involvement	5. Individuals Experiencing the Onset of Serious Psychiatric Illness	5. Trauma-exposed
6. Trauma-exposed	6. Children and Youth At-risk of or Experiencing Juvenile Justice Involvement	6. Individuals Experiencing the Onset of Serious Psychiatric Illness

Key indicator data show that Latinos/Hispanics are by far the largest racial/ethnic minority group in Ventura County, comprising 33% of the total population. However, in some areas of the County, Latinos/Hispanics make up as much as 70% of the population. Similarly, 26% of the countywide population primarily speaks Spanish in their homes, with the number of primarily Spanish-speakers rising to 55% in some areas of the County. In addition, there are a substantial number of residents who are migrant workers/farm workers and not included in the above-mentioned Census 2000 figures. Although it is difficult to estimate the size of the migrant population due to its nature, the number of youth in schools classified as migrant students can shed some light. In the 2007-2008 academic years, there were approximately 11,000 migrant students in the County. Furthermore, one quarter of the students in one area of the County was migrant students.

Another racial/ethnic group which is growing is the Asian Pacific Islander (API) community, making up 5% of the population in the county. In Oxnard, this group makes up 8% of the population, with 7% in Camarillo and Port Hueneme and 6% in the east county cities of Simi Valley, Moorpark, Thousand Oaks and Westlake Village (Appendix I, page 4). Also, 4% of county residents speak an API language, with the highest percentages in Oxnard, Camarillo and Port Hueneme (6%, 5% and 5%, respectively). Ensuring that PEI implementation is culturally and linguistically appropriate to the API community will be a responsibility of the Department.

According to stakeholders in interviews and focus groups, these underserved cultural populations are highly in need of prevention and early intervention services. It was reported that negative mental health outcomes, such as depression

and substance abuse, are more pervasive in marginalized populations due to the disparities in access to mental health services and the cultural stigma associated with mental health treatment.

During interviews and focus group, stakeholders overwhelmingly pointed out the limited access to mental health services across the County, citing the following barriers to accessing services: lack of services available (particularly bilingual and bicultural services), stigma and discrimination, lack of awareness of mental health issues and services, and lack of communication, coordination and collaboration amongst providers. Stakeholders discussed the challenges many Latino/Hispanic and Mixteco community members faced acknowledging and understanding mental health issues. In addition, when they do wish to seek mental health services, Latino/Hispanic and Mixteco populations are often unaware of services available, encounter language barriers, and have difficulties navigating the system.

As indicated above, the language spoken by mental heath providers may limit access and contribute to stigma as those who try to access services and are not able to find a provider in their language may feel stigmatized and discriminated against. Only 21% of the managed health care providers who contract with Ventura County Behavioral Health speak a language other than English. According to the Ventura County's Workforce Education and Training (WET) estimate, more Spanish-speaking mental health work force members are needed across the county. In 2008, it was estimated that 74 additional direct service personnel proficient in Spanish were needed to fill the 35% gap in need. Stakeholders suggested partnerships and collaborations with community organizations to help address language barriers, provide information about PEI services in native languages, coordinate referrals, and facilitate participation in prevention and early intervention services with underserved cultural populations, as well as the community at large.

In addition to language barriers, the cultural stigma associated with mental health and the lack of awareness about mental health issues and services are noteworthy considerations for underserved cultural populations. Stakeholders emphasized that many Latino/Hispanic community members would not seek services due to the shame associated with mental illness in their culture, lack of understanding of what mental health is, and fear and distrust of other individuals/organizations outside of their culture.

To overcome these barriers and meet the needs of underserved cultural populations, stakeholders recommended culturally and linguistically sensitive outreach and education to increase awareness of mental health overall, as well as awareness of mental health services and resources in the community. They emphasized the need for outreach to engage and meet community members in their "comfort zone" such as in schools, homes, churches, and community organizations. In addition, they suggested partnerships with community and faith-based organizations because outreach and education provided by trusted community leaders and entities would be most effective for underserved cultural populations.

Overall, the Community Collaborations PEI Project was considered best suited to address stigma and discrimination and disparities in access to services, particularly for underserved cultural populations, due to its ability to:

- Be tailored to specific community needs and resources in each area of the County;
- Engage community members in locations and ways that are comfortable and non-threatening to community members;
- Provide culturally and linguistically appropriate outreach to help overcome the stigma and discrimination associated with mental health;
- Educate community members about mental health through positive, non-stigmatizing materials and mediums; and
- Increase awareness of existing mental health services and resources;
- Facilitate participation in prevention activities; and,
- Increase access to early intervention services through coordinated referral procedures.

Using the findings from stakeholder input, the PEI Planning Committee Area Work Groups were able to identify the Community Coalitions PEI Project as an appropriate and needed approach to addressing the mental health needs of children, transition-age youth, adults and older adults. Similarly, the mental health needs that emerged from the findings directly implied the need for interventions that increase engagement and outreach, overcome stigma, coordinate referrals, and increase education and awareness about risk and protective factors, as well as services. It is of particular importance that Community Coalitions are tailored to community needs. Therefore, selected interventions may include Promotores, faith-based clergy council activities, and/or screening and referral activities dependent upon the needs and resources indicative of each area of the County.

Since its PEI Component Plan was approved in October 2009, the county has been undergoing pre-implementation activities in order to begin service delivery. It became apparent from initial implementation meetings that additional resources are needed for the community coalitions in order to better meet the community need across the county.

Although implementation of the other PEI programs will be initially be focused on the geographic regions with the greatest needs in the county, the need for targeted prevention efforts through the coalitions countywide remains. Expansion of the Coalitions will allow this to occur, as described below. Therefore, on 3/2/10, expansion of the Coalitions was proposed to the PEI Planning Committee, which approved the recommendation as part of the 2010/11 Annual Update.

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

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.

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:

- ***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 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.
- ***Countywide projects through schools:*** Working with school districts to identify priorities, we will implement short term projects designed to address specific school related issues, such as bullying and cyber-bullying, life skills and social skills groups for youth and the identification of individuals at risk of suicide.
- ***Self-Care for educators and health care providers*** to support them in their work with underserved individuals of all ages.
- ***Training for primary care physicians, other health care providers*** on the identification of mental illness, particularly emerging signs of mental health issues.
- ***Mental Health First Aid –*** We will to 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. We anticipate that the training will be offered to a variety of people in the community likely to come in contact with individuals who have emerging signs of mental illness or who are in mental health crisis, such as clergy, business owners, non-profit agency staff, etc.

With the above enhancements, the original program description for the community coalitions, from our Component Plan approved on October 22, 2009, also remains accurate and follows below:

Community Coalitions have been designed to provide regionally based outreach and education and to complement and support the continuum of universal, selected and early intervention strategies in a community. Reflecting the approach adopted for the community wide planning process, regionally based outreach, initiatives, universal education and community participation will be at the heart of these local Coalitions. Viewed as "Circles of Care" each Coalition will be comprised of stakeholders who reside in, and are connected to, the community they represent. Members of the Coalitions will include service providers of the other PEI Projects, non-profit organizations within the community, advocacy organizations, agencies providing services to the community, family members and consumers. The Coalitions become a 'mirror' reflecting the cultural, ethnic/racial and linguistic make-up of the community which they serve.

There are two specific and interlinked goals identified for these Coalitions. The first is to develop regionally specific outreach and engagement efforts designed to reduce stigma and increase access to services for populations that, through the planning process, were identified as most in need in that particular region. This includes receiving training on the universal strategies embedded in the Projects - and then using this information to educate and outreach within their community to ensure service access, provide educational materials and, with their community connectedness, reduce the stigma that often prevents individuals and families from receiving the supports they need. Coalitions will be responsible for ensuring development of culturally and linguistically appropriate outreach and educational materials as well as for promoting

engagement of diverse cultural and ethnic communities. The Coalitions will also work with each Project to identify where within the community services would best be located, again with the goal of increasing access and reducing stigma. For instance, the Children's Outreach and Engagement Projects which are providing targeted, culturally specific outreach and engagement efforts in Fillmore (Latino) Santa Paula (Latino) and Oxnard (African American/Latino), have been integrated with and will complement the work of the community coalitions in those areas. Coalitions in other regions of the county will target other underserved ethnic minority groups, such as the Asian Pacific Islander community.

Interwoven with these targeted, regional engagement and stigma reduction efforts, will be implementation by the Community Coalitions of the universal prevention component of several of the PEI projects. Three interventions included in the projects described later in the Plan include a universal prevention component - Triple P Parenting Level 1, Early Detection and Intervention for the Prevention of Psychosis (EDIPP) and Improving Mood Promoting Access to Collaborative Treatment (IMPACT). A single entity will be responsible, in collaboration with the Community Coalitions, for developing localized strategies to implement these universal prevention models, including the dissemination of educational materials associated with each model. The Coalitions will then assist in tailoring implementation of these universal strategies to their specific community. These culturally and community specific strategies will be interlinked with the broader outreach and stigma reduction efforts described above. An example of this model would be the Triple P Project. Not only will the Coalitions provide 'Level 1' Universal support for this Project, but they will also work within the Coalition to make recommendations of appropriate locations for the parent and child groups. So although the Triple P Project is identified as 'school based' and 'primary care' based, referrals may be generated from other sources and services may be offered at other locations (such as churches or community centers), if the community feels that service delivery in those location will facilitate the best access.

Successful Coalitions will need to meet the following conditions: (1) Partner with Neighborhoods for Learning, and other local civic and faith organizations, school districts, city municipalities, service providers and county agencies to ensure responsiveness, ownership, and sustainability. (2) Develop plans specific to the needs of un- and underserved ethnic and cultural populations specific to their communities. (3) Include participation and direction from local community leaders who are members of the targeted underserved communities. (4) Demonstrate clear strategies for carrying out education and outreach activities. (5) Demonstrate viable strategies for sustainability.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Prevention		Early Intervention	
Community Coalitions	Individuals: Families:	**7500** **3750**			**12**
	Individuals: Families:				
	Individuals: Families:				
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	**7500** **3750**			**12**

- Previously referred to as "Selected/Indicated"

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

The Community Coalitions serve as the foundation for the other 3 PEI projects, and dovetail with the Neighborhoods for Learning, and the larger mental health and social services system, encompassing both formal and informal services and supports. Coalitions are expected to increase help seeking on the part of individuals and families, and reduce access barriers, such that access to and use of both formal and informal services and supports will be enhanced.

The nature of the linkages between each of the coalitions and the larger service system varies in accordance with constituents of each coalition and the needs and resources of their community. However, in every case, formal referral structures will be in place to ensure that individuals in need of treatment level services will have access to the full range of opportunities under the VCBH Mental Health Plan and Full Service Partnership programs. This is largely be accomplished through the work of the Children's Outreach and Engagement Project and VCBH's newly established STAR program that is responsible for coordinating, streamlining and facilitating countywide triage, assessment, referral and linkage to ensure that all VCBH resources are optimally managed.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

Community Coalitions will, in every case, build upon and enhance existing, local community collaborative structures, including but not limited to the Neighborhoods for Learning. All coalitions will be expected to develop strategies to sustain and expand education and outreach activities through coordination with related initiatives (current and future) and through the resources of their collaborative partners and volunteerism. This collaboration will be critical with schools and primary care sites, both of which are critical to the success of the overall PEI approach in the County. Through the enhancements of this program expansion, it is expected that schools and primary health care will be better equipped to serve as collaborative partners as well as to support the specific prevention and early intervention initiatives that will be implemented in those sites.

7. Describe intended outcomes.

Community coalitions are expected to engage local communities, through collaborative efforts, to embrace mental health promotion, as a local community responsibility, and in turn to engage in strategic education and outreach activities that reduce stigma, and increase protective factors, help seeking and access to formal and informal services and supports. Specific intended outcomes include:

- Inform their local community about mental health issues
- Reduce stigma and other barriers to seeking and receiving services and supports
- Facilitate participation in universal and selective prevention activities
- Increase access to early intervention services
- Coordinate referral activities

8. Describe coordination with Other MHSA Components.

Formal referral structures will be in place to ensure that individuals in need of early intervention services will have access to other PEI programs. Individuals with more significant mental health issues will be connected to our MHSA funded Screening, Triage, Assessment and Referral (STAR) program, which serves as the point of entry into the behavioral health system. STAR staff will asses the individual and determine his/her appropriateness for referral to other behavioral health programs, which includes those funded by MHSA, such as Full Service Partnerships.

Additionally, our training department, funded in part through MHSA Workforce, Education and Training, will support the training efforts described in this and other PEI Programs.

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. 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.

Budget narrative is included with Exhibit F, at the end of that document.

10. Additional Comments (Optional)

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
☐ **CSS**
☐ **WET**
X PEI
☐ **INN**

County: **Ventura**

Program Number/Name: **#2 – Primary Care Services**

Date: **March 15, 2010**

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	X	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	X	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	X	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

EXHIBIT F4
PEI NEW PROGRAM DESCRIPTION

County: Ventura

Program Number/Name: #2/Primary Care Services

Date: March 15, 2010

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 No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	X	X	X	X
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	☐	X	X	X

2. PEI Priority Population(s) **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	X	X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	X
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	X	X	X	X
7.				

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

In this Update, Ventura County is requesting an expansion of the Primary Care Project which will increase the budget by more than 15%, but the identified community health needs, targeted priority populations and strategies remain unchanged. On March 2, 2010, the County's PEI Stakeholder Planning Committee met and reaffirmed these Community Mental Health Needs and Priority Populations for the Primary Care project as well as the expansion proposed in this Annual Update. The Committee is composed of 44 stakeholders from a broad cross section of public, private and grassroots agencies, faith based organizations, education, consumers and family members and has been instrumental in guiding the needs assessment and development of Ventura's PEI Component Plan.

Extensive stakeholder input and data analysis were gathered in the selection of priority populations for and development of the Primary Care Project for the original PEI Component Plan, approved October 22, 2010 by the MHSOAC. That input is outlined below:

The recommended PEI Project, Primary Care Services, is the result of a community-based needs assessment effort spearheaded by the VCBH in collaboration with a 44 member PEI Planning Committee, representative of all PEI sectors and the County. The community-based needs assessment involved stakeholders at multiple levels who were identified to participate in the process based on their geographic representation, and representation within the following MHSA categories: age group, community sector, priority populations, and key PEI community mental health needs. The needs assessment was designed to collect both quantitative and qualitative data from various community sources as well from community stakeholders to inform the identification of PEI Projects. Quantitative data included existing data from multiple sources on key data indicators representative of the MHSA defined priority populations. Qualitative data included direct input from community stakeholders in the form of 1) key individual interviews; 2) focus groups (area-based and countywide groups with specific populations); 3) Area Work Group data review meetings; and, 4) community forums. Please refer to Form #2 for specific details about the needs assessment program planning process.

The focus of this section will be twofold. First to describe the role stakeholders played at multiple levels in the selection of the Primary Care Services PEI Project; and, second to show how the quantitative and qualitative data collection

strategies, analysis, and review process directly informed the selection of the Primary Care Services PEI Project as well as the recommended interventions to be implemented as part of the Project.

Stakeholder Input

A countywide grass roots outreach effort was conducted to invite stakeholder participation in the PEI Planning process at multiple levels. The 44 member PEI Planning Committee guided the overall planning process and formed area-based Work Groups responsible for reviewing the quantitative and qualitative data collected through the needs assessment and use those findings to recommend the Primary Care Services PEI Project and select the evidence-based intervention models corresponding to community needs and populations.

To reach the point at which Work Groups were able to review and use data to make PEI project recommendations, other stakeholder input was gathered through a systematic data collection process. Key individual interviews were conducted across the County with 25 stakeholders who were not only identified to participate in the process based on specific demographic and MHSA categories, but also were knowledgeable about a specific community, issue, or problem related to mental health prevention and early intervention. These individuals were asked to provide input on community and mental health needs, age group priorities and priority populations, existing and needed PEI services, and recommendations for providing effective PEI services.

Focus groups were conducted at two levels: 1) By geographic area of the County (at least two in each area); and, 2) Countywide representing 13 distinct populations: African Americans, ambulatory care professionals, consumers, deaf and hard of hearing, developmental disabilities, pre-K and elementary school students, high school and college students, faith-based community members, immigrants and farm workers, juvenile probation, older adults, transitional-age youth, and veterans. The purpose of the focus groups was to conduct in-depth discussions with different community leaders, gatekeepers and other community members. Participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for PEI.

The PEI Planning Committee members also provided input on the types of key data indicators that would supplement, add to, and validate the qualitative findings from the key individual interviews and focus groups. Quantitative data were compiled on 46 primary indicators representing and categorized by the priority populations. Examples relevant to Primary Care Services will be provided in the *Data Analysis and Review* section. A complete presentation of the key indicator data compiled can be found in the Key Indicator Data Report in Appendix I.

Once the key indicators and the findings from the key individual interviews and focus groups were compiled, the five PEI Planning Committee Area Work Groups were convened and provided with copies of the Area-based reports along with a presentation of key findings across all three data collection strategies. (Interview and focus group reports are located in Appendix II.) Work groups were asked to react to and comment on the findings presented, as well as asked to use the findings to identify needed PEI services. The needed PEI services identified by each of the five Area Work Groups were compiled and an additional meeting was held with all five Area Work Groups present to review and comment upon the PEI Projects summarized in this report.

One additional level of stakeholder input was sought from community members throughout the County. Three Community Forums were held in one of each of three regions: East County, West County, and Santa Clara Valley. These forums were designed to share the needs assessment findings, present the recommended PEI Projects that emerged from the process, and obtain additional comments and suggestions on the recommended PEI Projects and their corresponding interventions.

The Primary Care Services PEI Project is one of five PEI Projects recommended as a result of input from stakeholders at multiple levels. The next section describes the community mental health needs, priority populations, and barriers reported by stakeholders that guided the Project selection and recommended interventions.

Data Analysis and Review

Based upon findings across the three data collection strategies—key indicators, key individual interviews, and focus groups—Primary Care Services emerged as a highly recommended project for Ventura County. Primary Care Services are a vital means of addressing the mental health needs and priority populations emphasized by community stakeholders. Key indicator data and interview and focus group discussions in the five geographic regions of Ventura County highlighted the need to reduce disparities in access to mental health services, stigma and discrimination, the psycho-social impact of trauma, and suicide risk, by making prevention and early intervention services available and accessible in non stigmatizing settings for all age groups, with an emphasis on underserved cultural populations, trauma-exposed individuals, and those experiencing the onset of serious psychiatric illness.

Table 8
Prioritized Mental Health Needs

Key Individual Interviews	Countywide Focus Groups	Area Focus Groups
1. At-risk Children, Youth, and Young Adult Populations	1. Disparities in Access to Mental Health Services	1. At-risk Children, Youth, and Young Adult Populations
2. Disparities in Access to Mental Health Services	2. At-risk Children, Youth, and Young Adult Populations	2. Disparities in Access to Mental Health Services
3. Stigma and Discrimination	3. Stigma and Discrimination	3. Psycho-social Impact of Trauma
4. Psycho-social Impact of Trauma	4. Psycho-social Impact of Trauma	4. Suicide Risk
5. Suicide Risk	5. Suicide Risk	5. Stigma and Discrimination

As shown in Table 4, the need to reduce disparities in access to mental health services, as well as stigma and discrimination consistently emerged as a top priority among interviewees and focus group participants. Specifically, stakeholders emphasized the dearth of services in Ventura County that address the mental health needs of all age groups. Furthermore, stakeholders noted that those services that do exist do not have the capacity to meet the high demand across the County, which leaves those in need of mental health services vulnerable to escalating and exacerbated mental health issues. According to interviewees and focus group participants, those particularly at-risk of exacerbated mental health issues are the underserved cultural populations.

As noted in Table 3 in the Community Coalitions section, underserved cultural populations were highly prioritized for both prevention and early intervention services across stakeholders in interviews and focus groups. Stakeholders also noted a high need to increase knowledge about mental health as a means of reducing stigma and increasing access. Among the underserved in general, there is a lack of understanding of what mental heath is and what it means to be emotionally healthy, as well as an uneasiness and unwillingness to access services for cultural reasons. It was reported that this issue is acute among the Latino community, especially the Mixteco community and migrant farm workers. (Key indicator data presented in the Community Coalitions section show the estimated number of families represented by this particular group.) Other underserved cultural populations mentioned during interviews and focus group discussions included the deaf and hard of hearing community, African Americans, the developmentally disabled, and veterans.

As part of addressing the needs of the underserved cultural populations, key indicator data and interview and focus group discussions emphasized a high need for prevention and early intervention services that address trauma-exposure and suicide risk across age groups. Key indicator data show that almost one-third of Ventura County households are living at or below the 200 percent poverty level. According to interview and focus groups discussions, financial hardship and living in sub-standard conditions puts families at-risk of domestic and community violence, divorce (sometimes due to deportation), depression, and suicide, resulting in the need for services to address these mental health issues.

Key indicator data also provide further evidence of trauma-exposure among children and older adults. In 2008, 8,139 child abuse referrals were made, with two areas of Ventura County representing 21 percent and 45 percent of those referrals. Furthermore, the percentage of children removed from their homes or in foster care ranged from 3 to 40 percent across the five geographic areas of Ventura County. As a consequence of these conditions, interviewees and focus group participants reported a rising number of children and youth who are acting out and displaying disruptive behaviors. It also was reported that children and youth are exhibiting the signs of depressed mood, showing evidence of self-harm such as cutting, and attempting suicide. These mental health concerns among children and youth also suggest the need to provide parents with the tools they need to address and manage associated issues that emerge among their children such as poor academic performance, troublesome behaviors, and inappropriate emotional responses.

With respect to older adults, among the reported cases of abuse perpetrated on older adults and adults in Ventura County in 2008, 41 and 24 percent of those cases represented two of the five County geographic areas. In focus group discussions, participants reported that older adults were particularly vulnerable to trauma from financial, physical, and emotional scams and abuse. Vulnerability to trauma was coupled with indicators of suicide risk such as feelings of isolation, loneliness, and depression.

Another aspect of Primary Care Services considered by stakeholders to be key to meeting the mental health needs and priority populations discussed above is collaboration, coordination, and communication between primary care and mental health providers. Stakeholders in interviews and focus groups pointed out that a closer working relationship between health and mental health providers would foster distribution of educational materials, targeted screenings and assessments, better patient tracking, comprehensive service plans, increased referrals and referral coordination, and coordinated medication management.

Given the findings discussed above, Primary Care Services was considered to be well-positioned to respond to disparities in access, stigma and discrimination, the psycho-social impact of trauma and suicide risk, and to meet these needs across age groups and underserved cultural populations, such as the Latino migrant workers, the deaf and hard of hearing, African Americans, individuals with disabilities, and veterans by:

- Serving as an easily accessible and non-stigmatizing service location for all age groups;
- Serving as a place where early detection of mental health issues can occur;
- Promoting continuity of care;
- Identifying and addressing trauma, depression, and problem behaviors before they lead to negative outcomes;
- Providing the ability to acquire treatment and medication for health and mental health concerns in one location;
- Increasing the level of collaboration, coordination, and communication between health and mental health providers; and,
- Establishing the potential for multi-disciplinary teams that might include law enforcement, Child Protective Services, teachers, among others, in addition to the health and mental health providers.

Using the findings from stakeholder input the PEI Planning Committee Area Work Groups were able to identify the Primary Care Services PEI Project as an appropriate and needed approach to addressing the mental health needs of individuals across age groups. Similarly, the mental health needs that emerged from the findings directly call for interventions focusing on trauma, depression, and providing parents with the skills they need to address disruptive behavior among their children, all of which led to five recommended evidence-based interventions: Depression Treatment Quality Improvement (DTQI), Improving Mood Promoting Access to Collaborative Treatment (IMPACT, specifically designed for older adults), Trauma Focused Cognitive Behavior Therapy (TFCBT), Prolonged Exposure Therapy for PTSD, and Triple P Parenting (PPP).

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

As indicated above, the expansion of the Primary Care Services project does not change the key mental health needs being addressed, priority populations or the program strategies. Rather, the program is being expanded to ensure the appropriate level of coordination with other levels of service throughout the mental health system. These resources will support development of a smooth referral process across systems, both those of behavioral health and of primary health care. This includes establishing a means to promote coordination of ambulatory care specialty referrals with the Primary Care project.

Also, additional resources are being added to expand the scope of the project so that primary care PEI services will be provided through both County ambulatory care clinics as well as through *Clinicas del Camino Real*, which operates a network of community clinics, as a federally qualified healthcare center (FQHC), serving the unserved and underserved communities throughout the county. Clinicas is a key safety net provider particularly in reaching the County's immigrant Latino population, a group that traditionally has been underserved by the mental health system.

These changes outlined above will serve to enhance the Primary Care Project, which remains consistent with the original program, described below:

The Primary Care Project is specifically responsive to the priority, as identified by the community planning process, to make prevention and early intervention services, targeting individuals of all age groups, readily available and accessible in non-stigmatizing settings. In keeping with the areas of greatest need, this project will primarily support selective prevention and early intervention services targeting depression and trauma experienced across the age span, and secondarily support selective prevention services for children with disruptive behaviors.

Integration with primary care centers was prioritized, based on extensive feedback from participants in the community forums and key informant interviews, because it is viewed as less stigmatizing and more accessible, in particular for individuals and families who have recently emigrated from Mexico, which constitute a significant underserved population in the County. Providing selective prevention and early intervention services in primary care settings is one key strategy, in addition to the work of the community coalitions, to reduce stigma and disparities in access.

Primary Care services will be provided by two teams of practitioners (Behavioral Health Clinicians), composed of county and/or private organizational provider(s), dedicated to serving adults/older adults and TAY/children populations, respectively. These PEI Primary Care service teams will be trained in evidence-based intervention models (as described below) and assigned to county and community partner primary care clinics that predominately serve the health needs of low income adults, children and families, and that are located in communities with elevated levels of need.

In every case, the PEI Primary Care service teams will be fully integrated into the primary care clinics, and support a set of interrelated selective prevention and early intervention activities. These activities will be modeled after the Improving Mood,

Promoting Access to Collaborative Treatment (IMPACT). This model, which targets depression in older adults, involves the use of educational materials, screening, assessment, and intervention. In the case of the IMPACT model, educational materials are designed to inform individuals about elder depression, reduce stigma and increase self-referrals. The IMPACT practitioners complete screenings, and when indicated assessment and intervention. Treatment services include an evidence-based cognitive-behavioral intervention for depression specifically designed for older adults coupled with coordinated medication treatment provided by the individual's primary care physician with consultation from the IMPACT practitioners and psychiatrist.

Using the same key elements, the Adult Primary Care Service Team will develop educational materials, and provide screening, assessment and treatment, for adults with depression, and adults and older adults with trauma. Coordination with primary care medical staff will occur as in the IMPACT model. The service team will be cross-trained in IMPACT (for older adult depression), Depression Treatment Quality Improvement—DTQI (for adult depression), and Prolonged Exposure for Therapy for PTSD (for adult and older adult trauma).

The Child Primary Care Service Team will provide educational materials, screening, assessment and coordinated treatment for depression and trauma. The service team will be cross-trained in DTQI (for adolescent depression) and Trauma Focused Cognitive Behavior Therapy—TF-CBT (for child trauma). The child service team will additionally be prepared to provide these services in school settings, in coordination with school staff (described further under the School-Based Project).

Finally, the service team and primary care medical staff will be trained in the use of a brief parenting intervention (Triple P Level 2 which is part of the School Based/Parenting project of PEI) targeting mild disruptive behavior concerns in children.

Each of the proposed intervention models is evidence-based, having demonstrated effectiveness in clinical research trials. Brief descriptions of the primary care intervention models are as follows:

Improving Mood, Promoting Access to Collaborative Treatment (IMPACT)
Improving Mood, Promoting Access to Collaborative Treatment (IMPACT)—A selective prevention and early treatment intervention for late-life depression including an educational campaign, screening/assessment, and treatment integrated into primary care settings. Key components include:

- Educational information on late-life depression
- Short assessment
- Behavioral activation therapy
- Antidepressant algorithm (provided by primary care physician with consultation from IMAPCT team psychiatrist)
- Problem Solving Therapy (6-8 sessions in duration)

Depression Treatment Quality Improvement (DTQI)
Depression Treatment Quality Improvement (DTQI)—An intervention model for depression in adolescents and adults that will be enhanced with IMPACT style educational materials and coordination with primary care medical staff. Key components of the DTQI model include:

- Evaluation—screening and assessment of depression and co-morbid conditions and problems
- Psychosocial Treatment—manualized cognitive behavior therapy using individual, group or family-based formats (12-20 sessions in duration)
- Environmental Risk and Protective Factors—adjustments to choice and implementation of treatment strategies based on risk and protective factors
- Symptom and Outcomes Monitoring—ongoing monitoring of symptoms/outcomes to inform treatment delivery
- Crisis Management—management of therapy threatening behaviors including suicidal behavior, cutting, drug and alcohol use, family crisis, removal from home, change in living situation, abuse and victimization
- Relapse Prevention and After Care—development and practice of relapse plans, and development for treatment after CBT is completed
- Coordination with Psychiatry—regular communication with treating psychiatrist, use of current research-based medication practices for treating depression in adolescents and adults

Prolonged Exposure Therapy for PTSD
Prolonged Exposure Therapy for PTSD—An intervention model for adults showing PTSD from single or multiple episode(s) of trauma that will be enhanced with IMPACT style educational materials and coordination with primary care medical staff. Key components of the model include:

- Individual therapy sessions (1-2 contacts per week totaling 8-15 sessions)
- Psycho-education, imaginal exposure and in vivo exposure.

Trauma Focused Cognitive Behavior Therapy (TF-CBT)
Trauma Focused Cognitive Behavior Therapy (TF-CBT)—An intervention model for children (ages 4-18) with difficulties related to traumatic events that will be enhanced with IMPACT style educational materials and coordination with primary care medical staff. Key components include:

- Weekly sessions (12-16 in duration) with child and caregiver individually and together
- Psycho-education
- Relaxation and stress management
- Emotional regulation
- Connecting thoughts-feelings and behaviors
- Gradual in vivo exposure
- Cognitive and affective processing of trauma experiences
- Personal safety and skills training.

Each Adult Primary Care Service Team will be composed of 2 clinicians and consulting psychiatrist. The clinicians will be crossed trained in IMPACT, DTQI and Prolonged Exposure Therapy for PTSD and be prepared to work with adults and older adults with depression and/or trauma.

Each Child Primary Care Service Team will also be composed of 2 clinicians and consulting psychiatrist. The clinicians will be crossed trained in DTQI and TF-CBT and be prepared to work with children and transition age youth with depression and/or trauma. The child clinicians will work in coordination with the adult clinicians and be assigned to the same primary care clinics. In addition, child clinicians will be available to provide these interventions, as needed, in coordination with school-based services.

Selective prevention materials, including brochures, articles for newsletters, and video vignettes will all be available in the lobbies of the targeted primary care clinics. In addition, these materials will be incorporated into the work of the Community Coalitions.

Clinics will be selected based on level of the unmet need and readiness to support an integrated mental health teams.

Key milestones are as follows:

- Establishing primary care service teams and developing formal collaborative structures with primary care staff
- Developing and implementing educational materials
- Coordinating with Community Coalitions to enhance educational campaign
- Complete training in each of the intervention models for the adult/older adult and child/TAY service teams respectively
- Initiate intervention models

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:			Number of months in operation through June 2011
		Prevention	Early Intervention	
IMPACT	Individuals: Families:	**1680**	**168**	**12**
DTQI	Individuals: Families:	**2640**	**264**	**12**
Prolonged Exposure Therapy for PTSD	Individuals: Families:	**1920**	**192**	**12**
TF-CBT	Individuals: Families:	**630**	**63**	**12**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	**6870**	**687**	**12**

- Previously referred to as “Selected/Indicated”

EXHIBIT F4
PEI NEW PROGRAM DESCRIPTION

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

Community members receiving PEI services under the Primary Care project will have access to the full array of services available through VCBH. Formal referral channels to the VCBH Mental Health Plan will be established. Moreover, through this project coordination with primary care health services will be greatly enhanced. Finally, the Primary Care service teams will be prepared to provide referrals to formal and/or informal services for mental health or other needed services as indicated.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

The Primary Care project is inherently collaborative, building upon and partnering with primary care clinics. In this way, PEI services will be easily accessible, linked with health care, and less stigmatizing. As previously noted, the educational campaign components of the project will be expanded through the work of the Community Coalitions.

VCBH will leverage Medi-Cal and EPSDT funding for Primary Care intervention services when appropriate, which is important for sustaining and leveraging the resources to support these activities.

11. Describe intended outcomes.

Primary Care services are expected to reduce stigma, and increase help seeking and access to early and proven intervention models for depression and trauma across the age span. Specific intended outcomes include:

- Increased access to early intervention services for depression and trauma (all ages)
- Increased interagency collaboration to meet the Prevention and Early Intervention needs of the community (all ages)
- Reduced severity of post traumatic symptoms (all ages)
- Reduced severity of depressive symptoms (transition age youth, adult, older adult)
- Reduced suicide attempts (transition age youth, adult, older adult)
- Improved level of functioning and quality of life (all ages)

12. Describe coordination with Other MHSA Components.

Formal referral structures will be in place to ensure that individuals in need of more extensive treatment level services will have access to Full Service Partnership and other clinical programs when appropriate.

13. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. 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.

Please see the Exhibit F, at the end of the document.

14. Additional Comments (Optional)

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

County: Ventura

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

Date: March 15, 2010

Select one:
☐ CSS
☐ WET
X PEI
☐ INN

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☐	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	X	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	X	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	X	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			
a) This is a consolidation of two PEI Projects – Project #3 – School Based Services and Project #4 – Parenting. b&c) Both the School Based project and the Parenting project target overlapping populations, which include children/TAY in stressed families and at risk of				

school failure. The School Based project incorporates several evidenced based early intervention practices, provided by practitioners on school sites and in close collaboration with schools and other community providers. The Parenting project utilizes a multilevel parenting and family support strategy, Triple P Parenting, which ranges from universal prevention to early intervention. Triple P was also being implemented in close partnerships with the same schools, and utilizing the same providers for the early intervention Triple P levels as those in the School Based project. Thus, operationally, the projects are being implemented in a way that is integrated, so it made sense to combine them as a single project. All program elements of each project remain fully intact as in the approved Component Plan, and there is no change in key mental health needs or priority populations targeted in both of the original projects.

EXHIBIT D
PREVIOUSLY APPROVED PROGRAM

Select one:
☐ **CSS**
☐ **WET**
X PEI
☐ **INN**

County: Ventura

Program Number/Name: #5 – Early Signs of Psychosis Intervention

Date: March 15, 2010

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	X	☐	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: d) The names of Previously Approved programs to be consolidated, e) How the Previously approved programs will be consolidated; and f) Provide the rationale for consolidation			

Budgets

County: VENTURA **Date:** 4/16/10

	CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.	1	Child - Full Service Partnership (FSP)	$385,900	$385,900				$385,900				
2.	4	TAY - Full Service Partnership	$1,106,400	$1,106,400					$1,106,400			
3.	5	TAY - Wellness & Recovery Center	$637,600			$637,600			$637,600			
4.	6	Adult - Full Service Partnership	$638,600	$638,600						$638,600		
5.	7	Adult - Mobile Crisis Team	$966,700	$241,675	$725,025					$966,700		
6.	8	Short Term Social Rehabilitation	$1.032,700		$1.032,700					$1.032,700		
7.	9	Adult - Wellness & Recovery Center	$500,100			$500,100				$500,100		
8.	10	Older Adult - Full Service Partnership	$1,168,800	$1,168,800							$1,168,800	
9.	11	Child - Fillmore Community Project	$489,800		$489,800			$489,800				
10.	12	Child - Family Access Support Team (FAST)	$510,300		$510,300			$510,300				
11.	13	TAY - Transitions	$794,600	$794,600					$794,600			
12.	16	Consumer and Family Employment	$1,431,500		$1,431,500				$143,150	$1,145,200	$143,150	
13.	17	Screening, Triage, Assessment & Referral **(STAR)**	$1,746,000	$436,500	$1,309,500			$611,100	$261,900	$611,100	$261,900	
14.												
15.												
16.												
17.	Subtotal: Programs [a/]		**$11,409,000**	$4,772,475	$5,498,825	$1,137,700	$0	$1,997,100	$2,943,650	$4,894,400	$1,573,850	Percentage
18.	Plus up to 15% County Administration		$1,711,350									15%
19.	Plus up to 10% Operating Reserve		$1,312,035									10%
20.	Subtotal: Previously Approved Programs/ County Admin./Operating Reserve		**$14,432,385**									

		New Programs										
1.	2	Child - Intensive Response Team	$840,000		$840,000			$840,000				
2.	15	Adult EPICS	$2,207,800	$1,782,025	$425,775					$2,207,800		
3.	18	Children's Resiliency Tracks	$500,000		$500,000			$500,000				
4.			$0									
5.			$0									
6.	Subtotal: Programs[a/]		**$3,547,800**	$1,782,025	$1,765,775	$0	$0	$1,340,000	$0	$2,207,800	$0	Percentage
7.	Plus up to 15% County Administration		$532,170									15.0%
8.	Plus up to 10% Operating Reserve		$407,997									10%
9.	Subtotal: New Programs/County Admin./ Operating Reserve		**$4,487,967**									
10.	**Total MHSA Funds Requested for CSS**		**$18,920,352**									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 43.80%

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

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 %
Total Mental Health Expenditures:		$0	$109,063	$1,471,148	$0	$0	$0	$0	$129,344	$1,709,555	55%

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 2- Child Intensive Response Team**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures			$800,000	$800,000
4. Operating Expenditures **@ 35%**			$280,000	$280,000
5. Estimated Expenditures when service provider is not known	$0			$0
6. Non-recurring expenditures	$0			$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$1,080,000**	**$1,080,000**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 2- Child Intensive Response Team**

Innovation (INN)						
	1. Personnel					$0
	2. Operating Expenditures					$0
	3. Non-recurring Expenditures					$0
	4. Training Consultant Contracts					$0
	5. Work Plan Management					$0
	6. Other					$0
	7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES						
	1. New Revenues					
	a. Medi-Cal (FFP only)	***Assumption 23.4% Billable***			$155,566	$155,566
	b. State General Funds	***Assumption 23.4% Billable***			$84,434	$84,434
	c. Other Revenue					$0
	2. Total Revenues		**$0**	**$0**	**$240,000**	**$240,000**
C. TOTAL FUNDING REQUESTED			**$0**	**$0**	**$840,000**	**$840,000**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Please include your budget narrative on a separate page.

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE – CIRT

A. SUMMARY

The funding request for Fiscal Year 2010-2011 represents the period beginning July 1, 2010 through June 30, 2011 for the Child Intensive Response Team Work Plan #2 of the Ventura County MHSA Plan. This is an existing program that is increasing by more than 15%; therefore, it is classified under the "new Program" section. The contracted service provider is Casa Pacifica in Camarillo, CA.

B. EXPENDITURES $1,080,000

Personnel Expenditures - $800,000

Personnel Expenditures are projected to be **$640,000** for the following positions: 1.5 FTE Admin Assistant; 6.0 FTE Clinicians; 2.0 Parent Partner; 1.0 FTE Program Manager; 2.0 FTE Clinical Case Manager; 1.0 FTE Clinical Supervisor; and 1.0 FTE Various Admin position. The benefits are projected to be **$160,000** or 25% of the salaries. The benefits include health, dental, and life insurance, retirement, employer taxes, workers compensation, and etc.

Operating Expenditures - $280,000

All operating expenditures are projected to be **$280,000** or 35% of salaries and benefits. Operating expenditures include projected facility cost; office supplies; equipment; vehicle expense; communication, voice and data; and other reasonable and required services and supplies.

C. REVENUES $1,080,000

This projected revenue budget estimates that 23.4% of the cost associated with this program will be eligible for **$240,000** in Medi-Cal (i.e. FFP and EPSDT) reimbursement. The remaining cost recovery revenue source is **$840,000** in MHSA funding.

County: **VENTURA** Date: **4/16/10**

Program/Project Name and #: **Program 15- Adult EPICS**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	$165,000			$165,000
b. Other Supports	$195,000			$195,000
2. General System Development Housing				$0
3. Personnel Expenditures	$1,764,200			$1,764.200
4. Operating Expenditures **@ 35%**	$645,594			$645,594
5. Estimated Expenditures when service provider is not known	$0			$0
6. Non-recurring expenditures	$120,000			$120,000
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$2,889,794**	**$0**	**$0**	**$2,889,794**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 15- Adult EPICS**

Innovation (INN)						
	1. Personnel					$0
	2. Operating Expenditures					$0
	3. Non-recurring Expenditures					$0
	4. Training Consultant Contracts					$0
	5. Work Plan Management					$0
	6. Other					$0
	7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES						
	1. New Revenues					
	a. Medi-Cal (FFP only)	***Assumption 40% Billable***	$681,994			$681,994
	b. State General Funds					$0
	c. Other Revenue					$0
	2. Total Revenues		**$681,994**	**$0**	**$0**	**$681,994**
C. TOTAL FUNDING REQUESTED			**$2,207,800**	**$0**	**$0**	**$2,207,800**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Please include your budget narrative on a separate page.

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE – EPICS

A. SUMMARY

The funding request for Fiscal Year 2010-2011 represents the period beginning July 1, 2010 through June 30, 2011 for the Adult (EPICS) Work Plan #15 of the Ventura County MHSA Plan. This is an existing program that is increasing by more than 15%; therefore, it is classified under the "new Program" section. This is a county program.

B. EXPENDITURES $2,889,794

Client Supports - $360,000

Client, Family Member and Caregiver Support Expenditure - $360,000

Client, Family Member and Caregiver Support Expenditure are projected to be $360,000 for Whatever It Takes and Housing Services.

Personnel Expenditures - $1,764,200

Personnel Expenditures are projected to be **$1,233,700** for the following 18.2 FTE positions: 2.0 Behavioral Health Clinician; 3.3 FTE Mental Health Associates (Lic); .2 FTE Behavioral Health Manager II; 2.2 Office Assistant IV; 6.0 Psychiatric Social Worker III and IV; 1.0 FTE Psychiatrist; 2.0 Community Coordinator; and 1.5 FTE Nurse II and III. The benefits are projected to be **$530,500** or 43% of the salaries. The benefits include health, dental, and life insurance, retirement, employer taxes, workers compensation, and etc.

Operating Expenditures - $765,594

All operating expenditures are projected to be **$645,594** or 43.3% of salaries and benefits. Operating expenditures include projected facility cost; office supplies; equipment; vehicle expense; communication, voice and data; and other reasonable and required services and supplies. A start-up cost projection of **$120,000** is also included for the planned purchase of equipment, office supplies, computers, furniture/fixtures, and etc.

C. REVENUES $2,889,794

This projected revenue budget estimates that 23.4% of the cost associated with this program will be eligible for **$681,994** in Medi-Cal (i.e. FFP) reimbursement. The remaining cost recovery revenue source is **$2,207,800** in MHSA funding.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 18 – Children's Resiliency Tracks**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures	$356,000			$356,000
4. Operating Expenditures **@ 35%**	$203,000			$203,000
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures	$50,000			$50,000
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$609,000**	**$0**	**$0**	**$609,000**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 18 – Children's Resiliency Tracks**

Innovation (INN)						
	1. Personnel					$0
	2. Operating Expenditures					$0
	3. Non-recurring Expenditures					$0
	4. Training Consultant Contracts					$0
	5. Work Plan Management					$0
	6. Other					$0
	7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES						
	1. New Revenues					
	a. Medi-Cal (FFP only)	***Assumption 20% Billable***	$68,307			$68,307
	b. State General Funds	***Assumption 20% Billable***	$40,693			$40,693
	c. Other Revenue					$0
	2. Total Revenues		**$109,000**	**$0**	**$0**	**$109,000**
C. TOTAL FUNDING REQUESTED			**$109,000**	**$0**	**$0**	**$500,000**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Please include your budget narrative on a separate page.

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE – Children's Resiliency Tracks

A. SUMMARY

The funding request for Fiscal Year 2010-2011 represents the period beginning July 1, 2010 through June 30, 2011 for the Child Recovery Track Work Plan #18 of the Ventura County MHSA Plan. This is a new county program will provide evidenced based group treatment to children and families served through the County's Youth and Family Division.

B. EXPENDITURES $609,000

Personnel Expenditures - $356,000

Personnel Expenditures are projected to be **$249,000** for the following positions: 4 FTE Behavioral Health Clinician III. The benefits are projected to be **$107,000** or 43% of the salaries. The benefits include health, dental, and life insurance, retirement, employer taxes, workers compensation, and etc.

Operating Expenditures - $203,000

All operating expenditures are projected to be **$203,000** or 57% of salaries and benefits. Operating expenditures include projected facility cost; office supplies; equipment; vehicle expense; communication, voice and data; and other reasonable and required services and supplies. A start-up cost projection of $50,000 is also included for the planned purchase of equipment, office supplies, computers, furniture/fixtures, and etc.

C. REVENUES - $609,000

This projected revenue budget estimates that 20% of the cost associated with this program will be eligible for **$109,000** in Medi-Cal (i.e. FFP) reimbursement. The remaining cost recovery revenue source is **$500,000** in MHSA funding.

County: VENTURA Date: March 12, 2010

Workforce Education and Training			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Category					
	#	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs									
1.			$0						
2.			$0						
3.			$0						
4.			$0						
16	Subtotal: Previously Approved Programs		$0	$0	$0	$0	$0	$0	Percentage
17	Plus up to 15% County Administration								#VALUE!
18	Plus up to 10% Operating Reserve								#VALUE!
19	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$0						
New Programs									
1.	1	#1 Infrastructure Development & Support	$234,669	$234,669					
2.	2	#2 Training Institute - Advancing Workplace Education	$366,364		$366,364				
3.	3	#3 Mental Health Career Pathways	$844,693			$844,693			
4.	4	#4 Residency, Internship Programs	$145,670				$145,670		
5.	5	#5 Financial Incentive Programs	$984,433					$984,433	
6.	Subtotal: WET New Programs		$2,575,830	$234,669	$366,364	$844,693	$145,670	$984,433	Percentage
7.	Plus up to 15% County Administration								#VALUE!
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		$2,575,830						
10	**Total MHSA Funds Requested**		$2,575,830						

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 1 Infrastructure Development & Support**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures		**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures	$202,087			$202,087
2. Operating Expenditures	$32,582			$32,582
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$234,669**	**$0**	**$0**	**$234,669**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 1 Infrastructure Development & Support**

Innovation (INN)					
	1. Personnel				$0
	2. Operating Expenditures				$0
	3. Non-recurring Expenditures				$0
	4. Training Consultant Contracts				$0
	5. Work Plan Management				$0
	6. Other				$0
	7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES					
	1. New Revenues				
	a. Medi-Cal (FFP only)				$0
	b. State General Funds				$0
	c. Other Revenue				$0
	2. Total Revenues		**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED		**$234,669**	**$0**	**$0**	**$234,669**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Please include your budget narrative on a separate page. – Please see F1

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE

A. SUMMARY

This is a funding request for Fiscal Year 2010-2011 period beginning July 1, 2010 through June 30, 2011 represents the Program # 1 - Infrastructure Development & Support Plan of the Ventura County MHSA WET Plan. This is a new program. This is a county program.

B. EXPENDITURES $234,669

Personnel Expenditures - $202,087

Personnel Expenditures are projected to be **$141,320** for the following 2.0 FTE positions: 1.0 FTE WET Coordinator and 1.0 FTE Management Assistant. The benefits are projected to be **$60,767** or 43% of the salaries. The benefits include health, dental, and life insurance, retirement, employer taxes, workers compensation, and etc.

Operating Expenditures - $32,582

All operating expenditures are projected to be **$32,582** or 16.1% of salaries and benefits. Operating expenditures include projected facility cost; office supplies; equipment; vehicle expense; communication, voice and data; and other reasonable and required services and supplies.

C. REVENUES $234,669

This projected revenue budget estimates that a cost recovery revenue source of $234,669 in MHSA WET funding.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 2 Training Institute - Advancing Workplace Education**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures		**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures	$36,418			$36,418
3. Training Expenditures	$329,947			$329,947
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$366,364**	**$0**	**$0**	**$366,364**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 2 Training Institute - Advancing Workplace Education**

Innovation (INN)					
1. Personnel					$0
2. Operating Expenditures					$0
3. Non-recurring Expenditures					$0
4. Training Consultant Contracts					$0
5. Work Plan Management					$0
6. Other					$0
7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES					
1. New Revenues					
a. Medi-Cal (FFP only)					$0
b. State General Funds					$0
c. Other Revenue					$0
2. Total Revenues		**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED		**$366,364**	**$0**	**$0**	**$366,364**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE

A. SUMMARY

This is a funding request for Fiscal Year 2010-2011 period beginning July 1, 2010 through June 30, 2011 represents the Program # 2 - Training Institute - Advancing Workplace Education Plan of the Ventura County MHSA WET Plan. This is a new program. This is a county program.

B. EXPENDITURES $366,364

Operating Expenditures - $36,418

All operating expenditures are projected to be **$36,418.** Operating expenditures include reasonable conference services and supplies expense.

C. Training Expenditures - $329,947

All training expenditures are projected to be **$329,947**. Training expenditures include reasonable Psychiatric Training, Support, Supervision of PCPs, and Trainers & Educators.

REVENUES $366,364

This projected revenue budget estimates that a cost recovery revenue source of $366,364 in MHSA WET funding.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 3 Mental Health Career Pathways**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures	$18,209			$18,209
3. Training Expenditures				$0
4. Training Consultant Contracts			$518,661	$518,661
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures	$307,824			$307,824
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$326,033**	**$0**	**$518,661**	**$844,693**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 3 Mental Health Career Pathways**

Innovation (INN)					
1. Personnel					$0
2. Operating Expenditures					$0
3. Non-recurring Expenditures					$0
4. Training Consultant Contracts					$0
5. Work Plan Management					$0
6. Other					$0
7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES					
1. New Revenues					
a. Medi-Cal (FFP only)					$0
b. State General Funds					$0
c. Other Revenue					$0
2. Total Revenues		**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED		**$326,033**	**$0**	**$518,661**	**$844,693**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE

A. SUMMARY

This is a funding request for Fiscal Year 2010-2011, period beginning July 1, 2010 through June 30, 2011 represents the Program # 3 - Mental Health Career Pathways Plan of the Ventura County MHSA WET Plan. This is a new program. This is a county program.

B. EXPENDITURES $844,693

Operating Expenditures - $18,209

All operating expenditures are projected to be **$18,209.** Operating expenditures include reasonable training services and supplies.

Training Consultant Contracts - $518,661

All Training consultant Contracts are projected to be **$518,661.** Due to **$408,642** for Training Consultant Contracts for Peer Training & Education and **$110,019** for Family Training and Education.

Mental Health Career Pathway Expenditures - $307,824

All Mental Health Career Pathway Expenditures are projected to be **$307,824.** Due to **$47,151** for reasonable Language Development & Support; **$182,088** for ROP Program Development & Support (including liaison); and **$78,585 f**or Consultant (Evaluation/Assessment) services.

C. REVENUES $844,693

This projected revenue budget estimates that a cost recovery revenue source of **$844,693** in MHSA WET funding.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 4 Residency, Internship Programs**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures	$54,626			$54,626
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures	$91,044			$91,044
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$145,670**	**$0**	**$0**	**$145,670**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 4 Residency, Internship Programs**

Innovation (INN)					
1. Personnel					$0
2. Operating Expenditures					$0
3. Non-recurring Expenditures					$0
4. Training Consultant Contracts					$0
5. Work Plan Management					$0
6. Other					$0
7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES					
1. New Revenues					
a. Medi-Cal (FFP only)					$0
b. State General Funds					$0
c. Other Revenue					$0
2. Total Revenues		**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED		**$145,670**	**$0**	**$0**	**$145,670**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE

A. SUMMARY

This is a funding request for Fiscal Year 2010-2011, period beginning July 1, 2010 through June 30, 2011 represents the Program # 4 - Residency, Internship Programs Plan of the Ventura County MHSA WET Plan. This is a new program. This is a county program.

B. EXPENDITURES $145,670

Operating Expenditures - $54,626

All operating expenditures are projected to be **$54,626.** Operating expenditures include residency program operating expense.

Internship Expenditures - $91,044

All internship expenditures are projected to be **$91,044.** Internship expenditures are for contracted clinical supervision services.

REVENUES $145,670

This projected revenue budget estimates that cost recovery revenue source of $145,670 in MHSA WET funding.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 5 Financial Incentive Programs**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds	$650,186		$145,644	$795,830
9. Scholarship Funds	$188,604			$188,604
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$838,789**	**$0**	**$145,644**	**$984,433**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 5 Financial Incentive Programs**

Innovation (INN)						
	1. Personnel					$0
	2. Operating Expenditures					$0
	3. Non-recurring Expenditures					$0
	4. Training Consultant Contracts					$0
	5. Work Plan Management					$0
	6. Other					$0
	7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES						
	1. New Revenues					
	a. Medi-Cal (FFP only)					$0
	b. State General Funds					$0
	c. Other Revenue					$0
	2. Total Revenues		**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED			**$838,789**	**$0**	**$145,644**	**$984,433**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE

A. SUMMARY

This is a funding request for Fiscal Year 2010-2011, period beginning July 1, 2010 through June 30, 2011 represents the Program # 5 - Financial Incentive Programs Plan of the Ventura County MHSA WET Plan. This is a new program. This is a county program.

B. EXPENDITURES $984,433

Stipend Funds - $795,830

The stipend funds are projected to be **$795,830.** This is $650,186 or 82% for county and $145,644 or 18% for contracted provider program related service allowances.

Scholarship Funds - $188,604

The scholarship funds are projected to be $188,604 for grants of financial aid awarded to students that successfully participate in the WET Infrastructure Development and Support program.

C. REVENUES - $984,433

This projected revenue budget estimates that a cost recovery revenue source of $984,433 in MHSA WET funding.

County: **VENTURA** Date: **03/12/10**

	Capital Facilities and Technological Needs Work Plans/Projects			TOTAL FY 10/11 Required MHSA Funding	Type of Project		
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs	
1.	1	Mental Health Information System Avatar Practice Management	(E)	$300,000		$300,000	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							Percentage
26.	Subtotal: Work Plans/Projects			$300,000	$0	$300,000	
27.	Plus up to 15% County Administration			$45,000			15.0%
28.	Plus up to 10% Operating Reserve			$30,000			400.0%
29.	Total MHSA Funds Requested			$375,000			

EXHIBIT F
NEW PROGRAM/PROJECT BUDGET DETAIL NARRATIVE

County: **VENTURA** Date: **3/17/2010**

Program/Project Name and #: **Mental Health Information System Avatar Practice Management**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures			$0	
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel	$100,000			$100,000
2. Hardware				$0
3. Software				$0
4. Contract Services	$144,000			$144,000
5. Other Expenditures*	$56,000			$56,000
6. Total Proposed Expenditures	**$300,000**	**$0**	**$0**	**$300,000**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

EXHIBIT F
NEW PROGRAM/PROJECT BUDGET DETAIL NARRATIVE

County: **VENTURA** Date: **3/17/2010**

Program/Project Name and #: **Mental Health Information System Avatar Practice Management**

Innovation (INN)						
	1. Personnel					$0
	2. Operating Expenditures					$0
	3. Non-recurring Expenditures					$0
	4. Training Consultant Contracts					$0
	5. Work Plan Management					$0
	6. Other					$0
	7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES						
	1. New Revenues					
	a. Medi-Cal (FFP only)			$0		$0
	b. State General Funds			$0		$0
	c. Other Revenue					$0
	2. Total Revenues		**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED			**$109,000**	**$0**	**$0**	**$500,000**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: Other Expenditures of $56,000 include support resources for personnel.

Please include your budget narrative on a separate page.

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

EXHIBIT F
NEW PROGRAM/PROJECT BUDGET DETAIL NARRATIVE

BUDGET NARRATIVE - Mental Health Information System Avatar Practice Management

A. SUMMARY
The funding request for Fiscal Year 2010-2011 update addendum represents the period beginning July 1, 2010 through June 30, 2011 for the Mental Health Information System - Avatar Practice Management of the Ventura County MHSA Plan. This is an existing county program that included data system enhancements to improve functionality, support system transformation efforts, and increase capability for required evaluation.

B. EXPENDITURES $300,000
Personnel Expenditures - $100,000
Personnel Expenditures are projected to be **$100,000** due to increased personnel costs for the additional workload and re-configurations. Temporary staff have had to be added to manage work-a-rounds until new development is completed. This included manual deletion of 60,000 transactions in order to ensure appropriate reporting of accounts receivables.

Contract Services Expenditure - $144,000
All contract services expenditure are projected to be $144,000. Contract services include additional consulting time to continue the billing support until Short Doyle Phase II is completed and on-going training.

Other Expenditures - $56,000
All operating expenditures are projected to be **$56,000 or 56% of salaries and benefits.** Operating expenditures include support resources.

C. REVENUES $300,000
This projected revenue budget estimates that the revenue source is **$300,000** in MHSA CFTN funding.

County: VENTURA **Date: 3/12/2010**

	PEI Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group				
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	2	School Based / Parenting	$1,524,340	$66,039	$206,638	$1,251,663	$1,524,340				
2.	4	Early Signs of Psychosis Intervention	$251,300			$251,300		$251,300			
3.			$0								
4.			$0								
5.			$0								
16.	Subtotal: Programs		$1,775,640	$66,039	$206,638	$1,502,963	$1,524,340	$251,300	$0	$0	Percentage
17.	Plus up to 15% County Administration		$266,346								15%
18.	Plus up to 10% Operating Reserve		$204,199								10.0%
19.	Subtotal: Previously Approved Programs/ County Admin./Operating Reserve		$2,246,184								
New Programs											
1.	1	Primary Care Services	$2,112,000		$299,904	$1,812,096	$352,704		$1,174,272	$585,024	
2.	5	Community Coalitions	$895,000	$537,000	$358,000		$411,700	$143,200	$223,750	$116,350	
3.			$0								
4.			$0								
5.			$0								
6.	Subtotal: Programs		$3,007,000	$537,000	$657,904	$1,812,096	$764,404	$143,200	$1,398,022	$701,374	Percentage
7.	Plus up to 15% County Administration		$451,050								15.0%
8.	Plus up to 10% Operating Reserve		$345,805								10.0%
9.	Subtotal: New Programs/County Admin./ Operating Reserve		$3,803,855								
10.	**Total MHSA Funds Requested for PEI**		$6,050,039								

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

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 1 – Community Coalitions**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services			$895,000	$895,000
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$895,000**	**$895,000**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 1 – Community Coalitions**

Innovation (INN)					
1. Personnel					$0
2. Operating Expenditures					$0
3. Non-recurring Expenditures					$0
4. Training Consultant Contracts					$0
5. Work Plan Management					$0
6. Other					$0
7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES					
1. New Revenues					
a. Medi-Cal (FFP only)					$0
b. State General Funds					$0
c. Other Revenue					$0
2. Total Revenues		**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED		**$0**	**$0**	**$895,000**	**$895,000**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Please include your budget narrative on a separate page.

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE – Community Coalitions

A. SUMMARY

The funding request for Fiscal Year 2010-2011 represents the period beginning July 1, 2010 through June 30, 2011 for the PEI Community Coalitions Work Plan # 1 of the Ventura County MHSA Plan. This is an existing program that is increasing by more than 15%; therefore, it is classified under the "new Program" section. This is a provider/vendor program projected at **$895,000** MHSA $. There are no other revenues projected.

B. Subcontractor / Professional Services Expenditures - $895,000

The **Community** subcontractor/professional services is projected to be $**895,000.** This subcontractor/professional services includes projected pool of provider (i.e. TBD) services.

C. REVENUES - $895,000

This program will be fully ($**895,0**00) supported with MHSA funding.

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 2 – Primary Care Services**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures **@ 35%**				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel	$1,468,266		$494,911	$1,963,177
2. Operating Expenditures	$566,512		$173,911	$739,731
3. Non-recurring Expenditures	$185,000			$185,000
4. Subcontracts/Professional Services	$270,400			$270,400
5. Other				$0
6. Total Proposed Expenditures	**$2,219,778**	**$0**	**$668,130**	**$2,887,908**

County: **VENTURA** Date: **3/11/2010**

Program/Project Name and #: **Program 2 – Primary Care Services**

Innovation (INN)						
	1. Personnel					$0
	2. Operating Expenditures					$0
	3. Non-recurring Expenditures					$0
	4. Training Consultant Contracts					$0
	5. Work Plan Management					$0
	6. Other					$0
	7. Total Proposed Expenditures		**$0**	**$0**	**$0**	**$0**
B. REVENUES						
	1. New Revenues					
	a. Medi-Cal (FFP only)	***Assumption 40% Billable***	$546,836		$164,619	$711,455
	b. State General Funds	***Assumption 40% Billable*** **	$49,541		$14,911	$64,452
	c. Other Revenue					$0
	2. Total Revenues		**$596,377**	**$0**	**$179,30**	**$0**
C. TOTAL FUNDING REQUESTED			**$1,623,400**	**$0**	**$488,600**	**$2,112,000**

**(16.7% M/C eligible Child Population)

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **Not Applicable**

Please include your budget narrative on a separate page.

Prepared by: **La Valda R. Marshall, Fiscal Manager IV**

Telephone Number: **805.677.5106**

BUDGET NARRATIVE

A. SUMMARY

The funding request for Fiscal Year 2010-2011 represents the period beginning July 1, 2010 through June 30, 2011 for the PEI Primary Care Work Plan # 1 of the Ventura County MHSA Plan. This is an existing program that is increasing by more than 15%; therefore, it is classified under the "new Program" section. This is a collaborative county at **$2,219,778** and provider at **$668,130** program.

B. EXPENDITURES **$**

Personnel Expenditures - $1,963,177

County Personnel Expenditures are projected to be **$1,026,800** for the following positions: 1.0 FTE Office Assistant IV; 1.0 FTE Mental Health Nurse III; 8.0 FTE Behavioral Health Clinician III; Behavioral Health Clinic Administrator III; and 4.0 FTE Behavioral Health Clinician IV. The benefits are projected to be **$441,466** or 43% of the salaries. The benefits include health, dental, and life insurance, retirement, employer taxes, workers compensation, and etc.

Provider Personnel Expenditures are projected to be **$380,700** for the following positions: 4.0 Behavioral Health Clinicians and The benefits are projected to be **$114,211** or 30% of the salaries. The benefits include health, dental, and life insurance, retirement, employer taxes, workers compensation, and etc.

Operating Expenditures - $739,731

County operating expenditures are projected to be **$566,512** or 38.6% of salaries and benefits. Operating expenditures include projected facility cost; office supplies; equipment; vehicle expense; communication, voice and data; and other reasonable and required services and supplies.

Provider operating expenditures are projected to be **$173,219** or 35% of salaries and benefits. Operating expenditures include projected facility cost; office supplies; equipment; vehicle expense; communication, voice and data; and other reasonable and required services and supplies.

Non-Recurring Expenditure - $682,667

All **County** non-recurring expenditures are projected to be **$185,000** for projected on-time tenant-improvements of **$185,000.**

Subcontractor/Professional Services - $270,400

The **County** subcontractor/professional services is projected to be $270,400. This subcontractor/professional services includes projected psychiatrist services at $130 per hour for 2,080 hours.

C. REVENUES $2,887,908

The **County** projected revenue budget estimates that 40% of the cost associated with this program will be eligible for **$596,378** in Medi-Cal (i.e. FFP) reimbursement. The remaining cost recovery revenue source is **$1,623,400** in MHSA funding.

The **Provider** projected revenue budget estimates that 40% of the cost associated with this program will be eligible for **$179,530** in Medi-Cal (i.e. FFP) reimbursement. The remaining cost recovery revenue source is **$488,600** in MHSA funding.

EXHIBIT E
SUMMARY FUNDING REQUEST

County: VENTURA **Date:** 4/16/2010

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	$16,304,200			$4,513,800		
2. Transfers	$0	$0	$0			$0
3. Adjusted Planning Estimates	$16,304,200					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	$18,920,352	$2,575,830	$375,000	$6,050,039		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds[a/]		$576,368				
c. Unexpended FY 2008/09 Funds[c/]	$20,094,047		$1,946,600	$277,743		
d. Adjustment for FY 2009/2010	$17,969,877	$576,368	$375,000	$750,000		
e. Total Net Available Unexpended Funds	$2,124,170	$0	$1,571,60	-$472,257		
4. Total FY 2010/11 Funding Request	**$16,796,182**	**$2,575,830**	**$0**	**$6,522,296**		
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates[a/]	$0					
c. Unapproved FY 08/09 Planning Estimates	**$0**			**$0**		
d. Unapproved FY 09/10 Planning Estimates	**$11,001,849**			**$2,718,441**		
e. Unapproved FY10/11 Planning Estimates						
Sub-total	**$11,001,849**	**$0**		**$2,718,441**		
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates		**$335,330**				
b. Unapproved FY 07/08 Planning Estimates[a/]		$2,240,500				
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates	**$327,969**			$3,803,855		
e. Unapproved FY10/11 Planning Estimates	**$5,466,364**					
Sub-total	**$5,794,333**	$2,575,830	$0	$3,803,855		
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation [b/]	**$16,796,182**	**$2,575,830**	**$0**	**$6,522,296**		

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

c/ CFTN amount is from 08/09 previously allocated to TN but not assigned to a specific TN project.

EXHIBIT I

Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Project)
X Previously approved with no changes
☐ New

Date: March 12, 2010	County Name: Ventura
Amount Requested for FY 2010/11: $125,300	

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

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.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

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.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
4) These funds may not be used to pay for any other program.
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.
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.
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.

Certification

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.

_____
Director, County Mental Health Program (original signature)

PUBLIC COMMENTS

Comments Regarding Short Term Social Rehab or Intensive Day Treatment Program

Nancy Borchard - MHB Member:

One thing I think would be helpful tomorrow would be two charts outlining the difference between a Day Care Program and a Crisis Residential Program. Or at least two ways of writing out what each would do and who the target population actually is.

Other questions that have occurred to me are:
1. How will people in Crisis enter the program if it is Day Care or if Crisis Res.?
2. Who brings people to the program (police, crisis team, family, BHD)?
3. Crisis Residential always had in mind a close working relationship with the IPU, Crisis Team and the Police - How would that work with a Day Care program?
4. Who can take people to the proposed 23hr. bed? Does the 23hr bed fix the entry problem of how people will enter program if out in the community and not hospitalized and the police have not been called?
5. What are similarities and differences in Daycare and Crisis Res?
6. What programs instituted since 2004 affect the numbers in crisis in our Co.?
7. How does a Day Care help people in crisis? Given the difficulty of engaging people to attend the Wellness and Recovery centers for both adults and TAY how will things be different? Will there be rules about how much and often one attends?
8. There is freedom to come and go and to participate or not in programs offered at Casa Experanza at this time. How does that philosophy fit a crisis residential modality? Will there be different rules in living situation from the other CASA's?
9. Who will run the program? Will there be two separate programs with Casa and Daycare? Two different staffing sources?
10. Will senior adults be eligible for both programs?
11. Are there any published outcomes regarding Crisis Residential and Day Care. Who has greater success and how is it measured?
12. How will substance abuse be dealt with in these programs? Many mentally ill people in crisis are also abusing drugs at the same time. Are they eligible for program. What are protocols for addressing this issue?
13. Could a Casa at Esperanza be used for Crisis Residential and not attach a day care portion to it? Use all the resources for the staff for Crisis Res. would that be a good place to do such a program? It would seem like it would be easier to find housing for the TAY in a neighborhood that to establish a crisis residential facility-less public fear and rejection.

Josephine Black: President Independent Living Resource Center (ILRC):

I am unable to attend the meeting on the morning of March 24 (thought the announcement says in one place Feb 24) and want to simply stress that explicit indictions of accessibility need to be included in any planning. Access for people who have more than one disability is critical to those we serve and their families. I am happy to be involved with the planning when it comes to being sure that the community is aware you have considered how they can get into facilities for services and how they can utilize the features of the programs that are offered. Please call on me if I can be of assistance.
Jo

Pete LaFollette - Mental Health Board Member, Consumer Advocate:

Additional Day Treatment program is maintenance only and is already being done in the county. Also, to bus clients back and forth during crisis event is not continuous care proving. Agree with Gail's observing that cycling cleints in and out of various venues does not create recovery. Very important that stakeholders and family members participate in final outcome of this and not be lead by professional providers. I support Scenario B.

Irene Mellick - MHB Member, Older Adult Committee Chair:

"I will be unable to get to this meeting due to medical issues. I feel I have full knowledge of the issue as I have been a part of the planning and the changes since we began MHSA planning for Ventura County. I vote for the plan as sent to and approved by the MHB on Monday the 15th."

Karyn Bates - Client Network, Vice President:

thank you for the css meeting announcement for wed. march 24th from 9 - 11 a.m. --- i will be in phoenix at that time so will not be attending.....i have studied the latest scenarios and feel the crisis residential needs to be put into place, even though it requires a further investment of time and education and activism.....we will all be pulling together --- the day treatment program is not what i see as a priority.....just because it is doable and the element of risk has been introduced regarding the spending down of the crisis residential funding is no reason to retreat.....it is more reason to collaborate as a community with a common goal and get the crisis residential planned and document our struggle/progress/triumph.....let's forge ahead whatever it takes.....with love and courage and conviction.....me, **karyn bates,** v.c. client network secretary and mental health board consumer-at-large. "

Debora Schreiber - ADAB Member:

I am a psychiatric nurse, a member of NAMI, and on the Alcohol Drug Advisory Board. I am also on the steering committee of the Ventura Social Services Task Force, working to end homelessness in that city.
I believe that at this point in time, a Crisis Residential Treatment Center is a more acute need than the Day Treatment Care proposal.

One concern I have with the current plan is the question as to what activities and level of staffing will be provided for the 18 hours clients are not receiving the 6 hours of day treatment. Who will be available during the night if several clients are agitated, anxious, or in a receptive state for learning life coping skills? I have spent many night shifts in deep connection with a patient who was open to sharing and thinking about his life choices at that time. Will a person with training and skill be available and have the necessary time to make good use of the treatment opportunity for the patient in the beds which are simply an adjunct to the Day Program?

As to the claim that a location could not be found, I am sensitive to that problem. In Ventura we have found that the City or County is not the best entity to locate a building for any such type program. The transparency and required openness of proceedings for public agencies make investigation into possibilities almost surely doomed. Allowing a private consortium to look into possibilities has worked better for us, and I believe it would also work well for finding a location for a Treatment Residential Center in the County. Partnering with a community group has many advantages. Happily, it seems we are no longer unable to find a location, if the Casa could be recertified and used as a Residential Treatment Center, without losing needed TAY beds. Therefore the argument that no location could be found is moot. My final, but a strong concern is that the opinion and desire of consumers and family members that a CRC is the strongest priority for an added County program is not being respected. The need for a Crisis Residential Treatment Center has repeatedly and emphatically been stated by NAMI and individual stakeholders. If plans are not pursued now to implement a CRC, the opportunity will likely be lost.

Thank you.
Debora Schreiber, 933 E. Santa Clara Street #1, Ventura, CA 93001, 643-0817

Dave Holmboe – Chair, MHB Member, TAY Subcommittee Chair:

DearPam,

I met with the TAY group and discussed at length the proposed changes at the hot house, etc. All committee members expressed support for the proposed changes. That is assuming that the current TAY members in their housing won't be uprooted and future qualified and needy TAY members would be eligible for the original 15 slots at Esperanza as discussed. I understand that if the Esperanza's beds are full they might have to wait but they would be given a priority for the next available bed. As a result I am fully supportive of the recent changes to the plan. I am terribly sorry but I have been called to a negotiating meeting on Monday at 2:00. I don't see how I can attend the meeting. Sorry it was just confirmed this Friday. If we handle things quickly I may be able to drive to the meeting but it's doubtful. Please communicate with the Board and Melanie my position. The TAY Committee is supportive of the proposed changes. I agree as well. In future the TAY members will be placed in Esperanza based upon available beds. In future they will not all be placed in the same house as has been done in the recent past.

Dave Holmboe

Ventura County Behavioral Health
Meloney Roy and Susan Kelly
Re: Mental Health Services Act, Community Services and Supports

Ladies and Gentlemen,

As president of NAMI Ventura County, I am submitting an official statement from our offices as a major stakeholder participant in the Mental Health Services Act in Ventura County.

In 2005, at the inception of the MHSA, a description and implementation plan for an Acute Diversion Crisis Residential Treatment Program was submitted as part of the implementation of the MHSA in the county of Ventura. To avoid any confusion about the intent of the implementation of the program as it was envisioned at the time, you will find a copy of the description and implementation plan attached to this statement.

Over the past five years, at least two attempts have been made to find a place for an Acute Diversion Crisis Residential Program, or as it is currently designated, a Crisis Residential Center (CRC) in this county. It is the intent of NAMI Ventura County, as a stakeholder in this process, to inform the county that we must insist the CRC program and the center be implemented. We have been and are in communication with a number of other stakeholders in the county, and we are all in agreement that the CRC has been and is a very high priority item for us.

The following items are a result of debate, deliberation and discussions we have had with the other MHSA stakeholders in this county.

1. It has been brought to the attention of NAMI and other groups the county believes the implementation of a CRC might take as long as 18 months, and that the funding might be lost in that period of time. According to the text of the MHSA, we believe funds allocated are to be utilized as intended and those funds cannot be taken back by the state. In any case, we believe a suitable site for this center has been identified at Casa De Esperanza where one of the 15 bed Social Rehab Long Term Transitional DMH certified and CCL licensed buildings (e.g. a TAY facility) in Camarillo could be converted into a 15 bed Social Rehab Crisis DMH certified facility. It is our understanding these beds are currently unused or underused. This facility already has the appropriate Community Care Licensing Adult Social Rehab License. If indeed that is the case, implementation of a CRC could begin as soon as a service provider has been identified.

2. Currently, it is obvious, sufficient funds exist and are available to provide for a CRC. Over the past five years, a portion of the MHSA funding has been allocated for the development of this program, and none of the funds have been expended, as a suitable site has, up until now, not been identified. At this juncture, all that remains to be done is to find a provider for the program. We believe that an RFP could be created from the attached description and implementation plan, or to expedite the implementation, a Sole Source provider could be identified immediately from a prior RFP. In either case, the program could be up in running in as little as a few weeks, or in a worst case scenario, within six months.

3. In the above scenario, it becomes apparent that there may be difficulties with the existing TAY program if the spaces at Casa De Esperanza are utilized by a CRC Program. Behavioral Health would need to develop a plan to relocate or close the TAY program. It has come to our attention that there is a facility located in the East County in Simi Valley where a non-profit provider has a 7 bedroom house that could be certified and licensed as a 6-bed Social Rehab Transitional facility the TAY program would be able to use to supplant any additional units they might require in the future.

4. By beginning the CRC at Casa Esperanza, we will be able to rapidly implement and deploy the program, and if necessary, continue seeking a permanent facility. This facility can serve as an interim facility for the next one to two years while a permanent site is located, built, certified and licensed or it can become the

permanent location. Behavioral Health would need to select its contract provider by the end of this fiscal year so they can begin the DMH recertification process and possible change of ownership of the CCL license. If the program functions well at Casa, it might behoove the county to keep the facility at Casa permanently and completely avoid any relocation. Keeping the facility at Casa would eliminate the issue of county residents who do no wish to have a facility such as this located in their neighborhood, the 'NIMBY' problems that have been previously encountered when seeking a prospective location for the CRC.

5. We believe the annual costs of maintaining a facility of this type, based on 24/7 availability to be approximately $320 per day for 24 hour care. This is not a great deal more than a Day Treatment facility at approximately $200 per day for only five hours of treatment and less than a third of inpatient costs of over $1000 per day. We also believe that such a facility could conceivably be deployed within weeks or months as opposed to the year and a half proposed by Behavioral health. Based on these assumptions, we believe a CRC of the type described in the attached description and implementation plan could and should be begun without delay.

6. Last but not least, and in fact, of greatest importance to this discussion is the fact consumers, family members, mental health professionals and nearly every stakeholder in the county of Ventura have consistently and repeatedly requested the implementation of a Crisis Residential Center. Every focus group we have discussed this matter with has identified a CRC as their number one priority. The MHSA was implemented by and for the stakeholders in this and every county in the state. Such a mandate cannot be ignored.

As stakeholders, we understand the responsibility of the county to its residents. We understand the difficulties that have been encountered by the county in its effort to implement an Acute Crisis Residential Treatment Program, the CRC as we have referred to it. Since a certified and licensed CRC is required to provide Day and Evening Treatment services it may be possible to create a limited number of community Day Treatment slots for residents transitioning from the CRC to the community or for persons living in the community who need crisis stabilization services.

If Behavioral Health uses the existing Social Rehab facility at Casa as an interim location for the CRC, NAMI would be willing to assist in the location and development of the new facility. We would propose a VCBH/Contract Provider/Stakeholder (family and consumer) effort to create the new facility. It is our goal to assist the county, the Mental Health Board, the county Supervisors and the mandate of the people of California who passed Proposition 63, the MHSA, to achieve the goals we as residents of this county would like to see achieved.

NAMI Ventura County's current number one priority is to implement the CRC to help the residents of this county, the consumers, which include a number of our very own family members and loved ones.

Thank you for your continuing support,

Duane Bentzen, President
NAMI Ventura County