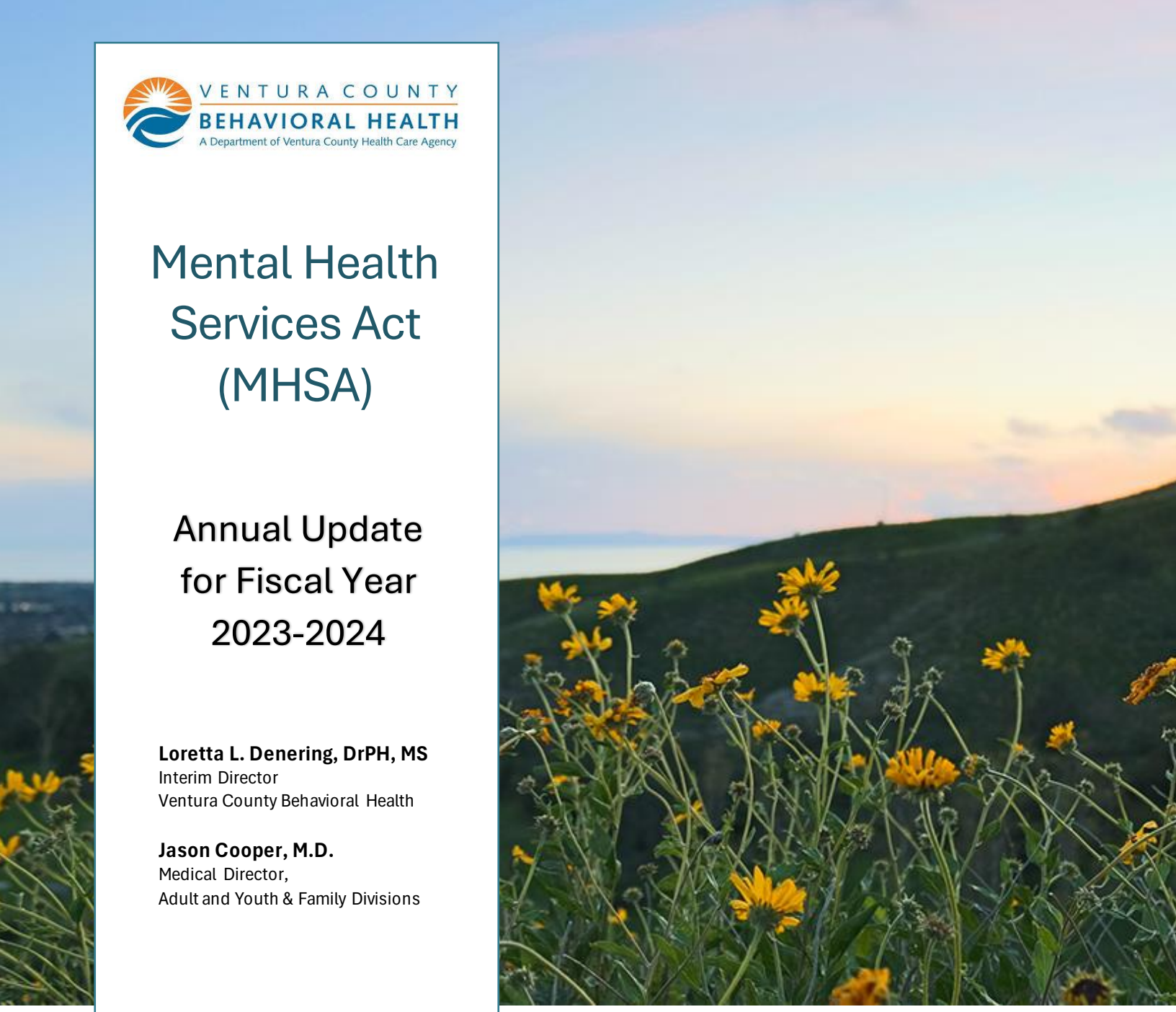


VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Mental Health Services Act (MHSA)

Annual Update for Fiscal Year 2023-2024

Loretta L. Denering, DrPH, MS
Interim Director
Ventura County Behavioral Health

Jason Cooper, M.D.
Medical Director,
Adult and Youth & Family Divisions

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

Acknowledgements

The Ventura County Behavioral Health (VCBH) Department would like to acknowledge all individuals and organizations who contributed their time and effort to support the development of this Mental Health Services Act (MHSA) 3-Year Plan and Annual Update.

First, we would like to thank all VCBH staff and outsourced MHSA providers for the excellent services they provide, their continued support with respect to data collection, ensuring clients voices are heard, and their efforts to bringing this report to fruition. We especially want to thank our diverse stakeholders, individuals, and groups for participating in various focus groups, evaluation, and planning efforts; all of which help ensure we serve and assist our Ventura County Community in an equitable manner; always striving to better address disparities.

In addition, we would like to thank the VCBH Contracts, Quality Improvement, Substance use Services, and Fiscal teams for their contribution, support, and cooperation in gathering the necessary data and information for this report. We would like to acknowledge and thank the VCBH Data Collection and Reporting team for their professionalism and expertise in extracting and preparing the necessary reports. We also acknowledge and thank EVALCORP Research & Consulting for the preparation of the Prevention and Early Intervention (PEI) Evaluation Report.

Finally, we would like to recognize the MHSA Team for its leadership and support in aligning the State reporting and evaluation requirements while valuing stakeholder input and maintaining transparency.

COUNTY CERTIFICATIONS

MHSA County Compliance Certification – Auditor and Director's Signature Page

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Ventura

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Loretta L. Denering Behavioral Health Interim Director Telephone Number: 805-981-2214 E-mail:loretta.denering@ventura.org	Name: Jeffery Burgh Telephone Number: 805-654-3151 E-mail:Jeff.Burgh@ventura.org
Local Mental Health Mailing Address: 1911 Williams Drive, Suite 200, Oxnard, CA93036	

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

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

Loretta L. Denering
Local Mental Health Director (PRINT)

Signature 5/31/24
Date

I hereby certify that for the fiscal year ended June 30, 2023, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/28/2023 for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Jeffery S. Burgh
County Auditor Controller / City Financial Officer (PRINT)

Signature 6/3/2024
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Table of Contents

Executive Summary, County Description and MHSA Program

How to read this report

Where does MHSA fit in Funding Ventura County Behavioral Health (VCBH) System of Care?

VCBH has several funding sources, of which the MHSA is one. The MHSA Plan does not represent all public behavioral health services in Ventura County, and it is not meant to function as a guide to all service options. Not all services can be funded under the MHSA. Reported funding can be from the County's local allocation amount or from state MHSA funding pot often in the form of grants. Funding can also be braided or leveraged with other monies such as Realignment or Medi-Cal dollars; those anticipated amounts are reported separately in the program expenditures plan section of this report and actuals are posted publicly in the Annual Revenue and Expenditures Report (ARER) found at www.vcbh.org[1].

What is the MHSA Three-year Program and Expenditure Plan?

It describes goals, objectives and interventions based on a needs assessment, stakeholder feedback, and the possibilities and limits defined in State regulations. Every three years, Ventura County is required to develop a new Program and Expenditure Plan for the MHSA funding. The Three-year plan outlines and updates the programs and services to be funded by MHSA and allows for a new Three-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The current 3-year plan expires in June 2026. A single fiscal year begins July 1st and ends the following calendar year on June 30th. This year's report is year one of the Three-year plan.

What is an Annual Update?

MHSA regulations require counties to provide community stakeholders with an update to the MHSA Three-year plan, annually. The community planning process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA. An annual update is a standalone report that conveys any changes to the current 3-year Plan. This year's Annual Update report focuses on year one of the current Three-year plan.

Understanding the numbers:

- Most of the data and the cost per client amounts listed in the document refer to data and amounts from Fiscal Year 2022-2023. To write the plan, the most current and complete data and fiscal reporting (for a full 12 months) is from Fiscal Year 2022-2023.

- This document is written and adopted currently in the Fiscal Year 2023-2024 and will be articulated from that point in time.

- This plan's title is reflective of the MHSA requirements and therefore will be named Ventura County's MHSA Annual Update for FY 2023- 2024.

- Funding for the MHSA is based on income tax and cannot be forecasted with complete certainty therefore all plans are subject to change and items that are outlined for funding in the current Three-year plan will be updated in Annual Update Reports each subsequent year.

[1] https://assets-global.website-files.com/62e9972ac69f44f2d5f7aa52/65f09f130d3f078a60486039_DHCS_1822AJ_MHSA_Revenue_and_Expenditure_Report.pdf

BACKGROUND

Overview

In November of 2004, California voters passed Proposition 63, which created the Mental Health Services Act (MHSA). The Act instituted an additional 1% tax on any California resident with income of more than $1 million per year, and annually, this tax is added to every dollar over $1 million residents earn. MHSA revenue is distributed to counties across the state to accomplish an enhanced system of care for mental health services, with a portion of the revenue distributed to agencies at the State level.

The passage of Proposition 63 provided the first opportunity in many years to expand County mental health programs for all populations, including children, transition-age youth, adults, older adults, families, and especially the unserved and underserved. It was also designed to provide a wide range of prevention, early intervention, and treatment services, including the necessary infrastructure, technology, and enhancement of the mental health workforce to effectively support the system.

As part of the system design, the Act provided five fundamental guiding principles in the MHSA regulations:

BACKGROUND

Community Program Planning (CPP) Summary

Pursuant to Welfare and Institutions Code (WIC) Section 5848(a), the Mental Health Services Act (MHSA) requires an inclusive and ongoing Community Program Planning process to gather input regarding existing and forecasted community mental health needs, as well as an assessment of the current mental health system that gauges the overall impact and effectiveness of such programs. The results of this process inform future programming adjustments and determine whether additional or different services are required. In partnership with stakeholders, this process provides the structure necessary for the County to determine the best way to improve existing programs and utilize funds that may become available for the MHSA components.

Programs Summary

The tables below reflect a summary of MHSA funded programming by component. Any updates or changes are noted in the corresponding column. Specific fiscal allocations per program for the Fiscal Year 2023-2024 are listed in the Program and Expenditure section of the report.

Full Service Partnership (FSP)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Youth FSP Program	New in FY22-23	✓	✓	✓
Insights Youth FSP	Sunsetting FY24-25	✓		
Transitional Age Youth (TAY) Expanded Transitions (TAY FSP)	Expanding	✓	✓	✓
Casa Esperanza TAY Transitions Program (TAY FSP)	Expanding	✓	✓	✓
Assisted Outpatient Treatment (AOT) Program		✓	✓	✓
Adult Clinic Based FSP		✓	✓	✓
Empowering Partners through Integrative Community Services (EPICS)	Expanding	✓	✓	✓
VISTA	Expanding	✓	✓	✓
VCBH Older Adults FPS Program	Expanding	✓	✓	✓

Outreach and Engagement (O & E)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Rapid Integrated Support and Engagement (RISE)		✓	✓	✓

General System Development (GSD)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Administrative Infrastructure (temp staffing/consulting/clinic refresh)		✓	✓	
County-Wide Crisis Team (CT)		✓	✓	✓
Crisis Residential Treatment (CRT)		✓	✓	✓
Crisis Stabilization Unit (CSU) Childrens		✓	✓	✓
East County Crisis Stabilization Unit	New	✓	✓	✓
Eye Movement Desensitization and Reprocessing (EMDR)	New		✓	✓

BACKGROUND

Program Summary

General System Development (GSD)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Adult Short Term Treatment Team	New	✓	✓	✓
Youth and Family Intake Team	New	✓	✓	✓
Access Program (Access Line)	New	✓	✓	✓
Fillmore Community Project		✓	✓	✓
Transitional Age Youth (TAY) Outpatient Treatment Program		✓	✓	✓
VCBH Adult Outpatient Treatment Program		✓	✓	✓
The Client Network		✓	✓	✓
Family Access Support Team (FAST)		✓	✓	✓
Growing Works		✓	✓	✓
MCOT TAY / Crisis Care Mobile Unit (CCMU Grant)	Grant Ending			
Mobile Response Team (MRT) for youth and families	Grant	✓	✓	✓
Forensic Pre-Admit		✓	✓	✓
Mental Health Diversion Grant Program		✓	✓	✓
Adult Wellness Recovery Center and Mobile Wellness		✓	✓	✓
TAY Wellness Center		✓	✓	✓
Client Transportation	Rolled up with outpatient services	✓	✓	✓
Language Services	To be rolled up next year with outpatient services	✓	✓	✓
Peer Support Services	Expansion	✓	✓	
Wellness Everyday Website	New to CSS 23-24	✓	✓	✓
Youth and Family Enhanced Care Management		✓	✓	✓

Housing (Hou)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
RCFE (Residential Care for the Elderly)		✓	✓	✓
Board and Cares	Rate increases	✓	✓	✓
TAY D Street Housing		✓	✓	✓
Permanent Supported Housing	Expansion	✓	✓	✓

Prevention and Early Intervention (PEI)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Multi-Tiered System of Supports, VCOE*		✓	✓	✓
Multi-Tiered System of Supports, LEA*		✓	✓	✓
One Step a La Vez Conocimiento		✓	✓	✓
One Step Early Intervention			✓	✓
Ignite Conocimiento		✓	✓	✓
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) (VCAAA)		✓	✓	✓

BACKGROUND

Program Summary

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Diversity Collective		✓	✓	✓
Project Esperanza	Expanding	✓	✓	✓
Tri-County GLAD	Adding EI Services	✓	✓	✓
Primary Care Integration with EDMR		✓	✓	✓
COMPASS		✓	✓	✓
Ventura County Power Over Prodromal Psychosis (VCPOP)		✓	✓	✓
Crisis Intervention Team		✓	✓	✓
Logrando Bienestar	To include PYPF	✓	✓	✓
Rapid Integrated Support and Engagement		✓	✓	✓
Wellness Centers - Continued Expansion	Additional Centers	✓	✓	✓
MHSSA Grant		✓	✓	
Healing the Community		✓	✓	✓
Bartenders as Gatekeepers	New Program	✓	✓	✓
Early Intervention Services for Mild to Moderate for Underserved Populations	New Programs		✓	✓
Wellness Centers at Community Colleges	New Program		✓	✓
Transportation Purchases	New		✓	✓
Upgrades and remodeling, expansion of service sites	New		✓	✓
Teen Drop-in Center Oxnard	New Program		✓	✓
Suicide Prevention Efforts and Events	New Program		✓	✓

Innovations (INN)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Multi-County Full-Service Partnership (FSP) Project	Ending 2024	✓		
Mobile Mental Health	Launching 24-25	✓	✓	✓
Learning Collaborative Healthcare Network Early Psychosis Project (LCHN)	Planned	✓	✓	✓
Veteran Mentorship Program	Planned	✓	✓	✓
Neurosequential Model Implementation	Planned		✓	✓
Community Submissions	Planned		✓	✓
Collaborative Care Model	Planned		✓	✓

Workforce Education and Training (WET)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Workforce Education and Training	Expanding	✓	✓	✓
Mentorship Internship Program (MIP)			✓	✓

BACKGROUND

Program Summary

Capital Facilities and Technological Needs (CTFN)

Program	Changes	Fiscal Year		
		23-24	24-25	25-26
Capital Facilities and Technological Needs	Expanding	✓	✓	✓
Mental Health Rehabilitation Center	New		✓	✓
BCHIP Y&F Services Building (Braided Funding)	New	✓	✓	✓
East County Crisis Stabilization Unit (CSU)	New	✓	✓	
Permanent Supportive Housing Units	New		✓	✓
Secondary Data System	New		✓	✓

BACKGROUND

Program Summary - Updates

The tables below reflect a summary of programming by component that were determined by the last community needs assessment, community planning processes, noted gaps in services according to existing and forecasted needs, and regulatory requirements. Please note if a program is not changing and is not scheduled to take place in this year, it is not included. The full plan can be found on the VCBH website titled MHSA 23-26 3-year plan. Changes from the 3-year plan are noted below.

Program	Changes	24-25	25-26	Category
Accounting System for Payment Reform	Change to 24-25 start	x		CFTN
Board and Care Acquisition	Changed to FY 24-25	x		CFTN/IT
Mental Health Rehabilitation Center	Changed to 24-25	x	x	CFTN/IT
Secondary Data System	Anticipated cost is higher	x	x	CFTN/IT
Medical records Digitization	Anticipated cost is higher	x	x	CSS
Addition of Staff (Treatment, Housing team, and Peers through the system)	Change to 24-25	x		CSS
Administrative Infrastructure (temp staffing/consulting, equipment)	Expanded anticipated cost is higher	x	x	CSS
CARE Act Program	Cost Savings Anticipated	x	x	CSS
Clinic site expansion Adult Division	Changed to FY 24-25	x		CSS
Clinic site expansion Y&F Division	Changed to 24-25	x		CSS
Co-Occurring support staff and programing for integrated care	Potential cost savings	x	x	CSS
COSRs (to maintain and create permanent supportive units)	Changed to 24/25 & anticipated cost is higher	x	x	CSS
Crisis Tracking System	Changed to 24-25	x	x	CSS
Workforce Enhancement and Training	Anticipated host is higher	x	x	WET
East County Crisis Stabilization Unit (CSU)	Changed to 24-25	x	x	CSS
Expanded Access and Outreach Information	Changed to 24-25 anticipated cost is higher	x	x	CSS
Mental Health Rehabilitation Center	Start would be late in the year cost savings anticipated	x	x	CSS
Mental Health Awareness Through the Arts	Anticipated cost is higher	x	x	PEI
Housing (temporary, vouchers, subsides)	Expanded anticipated cost is higher			CSS
One Stop Site for Parents of SED Youth	Change to FY 24-25	x	x	CSS
One-time incentives for Providers - transitioning to Cal AIM	Cost Savings Anticipated	x		CSS
Alternative to VCBH Outpatient Services: Mild/Moderate/Severe MH Care	New	x	x	CSS/PEI
Peer Respite	Not feasible - Reallocation needed	x	x	CSS
Peer Support Services	Start date 24-25	x	x	CSS
Prevention Programs for Underserved Populations	New	x	x	PEI
Transcranial Magnetic Stimulation (TMS)	Higher cost anticipated	x	x	CSS
Transportation Purchases for Programs	Higher cost anticipated	x	x	CSS/PEI

Expansion of all FSP Programs Youth/TAY/Adult/Older Adult	Changed to 24-25 Cost savings anticipated	x	x	CSS-FSP
Collaborative Care Model	Pursuing Approval 24-25	x	x	INN
Community Innovation Projects: Culturally rooted Horticulture	Pursuing Approval 24-25	x	x	INN
Community Innovation Projects: The Arts & Culture Program for Survivors of Trauma & Crime	Pursuing Approval 24-25	x	x	INN
Community Innovation Projects: The Family Justice Center Peer Program,	Pursuing Approval 24-25	x	x	INN
Therapeutic Animal Support	Changed funding category	x	x	CSS
Workforce Enhancement and Training	Expanded anticipated cost is higher	x	x	WET

BACKGROUND

Program Summary

Program	Changes	Fiscal Year			Category
		23-24	24-25	25-26	
Child First Program with Public Health	Not feasible- amount to be reallocated				PEI
Early Intervention Services for Mild to Moderate for Underserved Populations	Changed to 24-25		x	x	PEI
Mental Health Awareness through Arts	Increased Allocation		x	x	PEI
Network Expansion Grants (Formerly Mini Grant) Pilots	Some providers to move to regular PEI programing	x	x	x	PEI
Tripple P Parenting in East County	Cost Savings Anticipated - Program to be funded with other money				PEI
Upgrades, remodeling, expansion of current service sites	Changed to 24-25 start Anticipated cost is higher		x	x	PEI/CSS
New Y&F Program	In place of Child First		x	x	PEI

BACKGROUND

Ventura County Behavioral Health (VCBH) Mental Health Block Grant Descriptions

The following block grant funding, a result of COVID-19 relief funding, will impact several service areas. It has been listed here as a stand-alone and will be reported on in greater detail in each of the following service areas throughout the report. In Fiscal Year 2022-2023 no MHSA money was utilized for these programs, however the initial launch required MHSA support.

- GSD Crisis Stabilization
- GSD Peer Services
- GSD Treatment Services

Community Mental Health Services Block Grant (MHBG)

In August of 2021, VCBH submitted grant applications to DHCS for the MHBG supplemental funding for the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA). On February 16, 2022, Department of Health Care Services (DHCS) awarded VCBH a CRRSAA grant in the amount of $476,882, for the term of July 1, 2021, through December 31, 2022, and an ARPA grant in the amount of $930,321, for the term of September 1, 2021, through June 30, 2025.

The supplemental funding for CRRSAA and ARPA will be used by VCBH to support Crisis Stabilization Units (CSU) care coordination, develop an evidence-based Peer Support Program, and increase telehealth access to behavioral health treatment throughout the adult outpatient clinic system. Specifically, the CSU funding will be used by VCBH to recruit a bilingual Community Services Coordinator (CSC) to help facilitate Ventura County's crisis stabilization units, provide the appropriate level of care for CSU clients, and coordinate communication between the Ventura County crisis stabilization units, other mental health treatment providers, patients and their families/supports.

The Peer Support Program will utilize Peer Support Specialists to conduct outreach to FSP clients across all community-based clinics with a specific focus on the Rapid Integrated Support and Engagement (RISE), Ventura County Power Over Prodromal Psychosis (VCPOP), and Assist (VCBH's Assisted Outpatient Treatment or Laura's Law program) programs. Peer Support Specialists will assist FSP clients in: (1) navigating the treatment system, (2) attaining appropriate services, (3) connecting with community-based resources, and (4) developing the necessary coping skills to aid in alleviating the impacts of social stigma. Currently three of the six allocated positions have been hired.

The telehealth expansion will reduce barriers for clients who are unable to receive in-person services and will ensure greater access to behavioral health treatment through expanding virtual and telehealth programming, purchasing video conferencing equipment for treatment and group services and expanding Zoom for Healthcare (or related service) licenses.

BACKGROUND

Ventura County

Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles Counties and consists of 1,843 square miles of land. It is set against undeveloped hills and flanked by free-flowing rivers. Ventura County is one of 58 counties in the State of California and offers 42 miles of beautiful coastline along its southern border, with the Los Padres National Forest making up the northern area. It has a beautiful, temperate climate, and its landmass rises from sea level to 8,831 feet at Mt. Pinos in the Los Padres National Forest. At certain times of the year, it is often possible to stand on the beach and see snow on the mountains.

Ventura County is made up of two major sections: East County and West County. Communities in the East County include Thousand Oaks, Newbury Park, Lake Sherwood, Hidden Valley, Santa Rosa Valley, Oak Park, Moorpark, and Simi Valley. West County consists of the communities of Camarillo, Somis, Oxnard, Point Mugu, Port Hueneme, Ventura, Ojai, Santa Paula, and Fillmore. The largest beach communities are in West County on the coastline of the Channel Islands Harbor.

Fertile farmland and valleys in the southern half of the County make Ventura County a leading agricultural producer. The Los Padres National Forest occupies half of the County's 1.2 million acres, and of the remaining land, nearly 60%, is devoted to agriculture.

Ventura County has a strong economic base that includes major industries such as biotechnology, healthcare, education, agriculture, advanced technologies, oil production, military testing and development, and tourism.

Naval Base Ventura County is the largest employer with more than 16,000 employees, including civilians and military personnel. The Port of Hueneme is California's smallest and only deep-water port between Los Angeles and San Francisco and plays a major role in the local economy.

BACKGROUND

Ventura County

Ventura County is home to two universities (California State University Channel Islands and California Lutheran University), several small private colleges, and three community colleges (Oxnard, Ventura, and Moorpark).

Through these and other programs, Ventura County enjoys a strong structure for workforce development.

As of July 2022, the estimated population of Ventura County was 832,871.[1] Hispanic or Latinos comprised 44.5% of the population and non-Hispanic/Latino comprised 55.5%. Approximately 21.6% of the population was under 18 years of age while 17.5% of County residents were 65 or older.[2] Ventura County was also comprised of 21.4% foreign-born persons and 4.2% veterans.

The median household income was $102,141, however, 9.5% of the people in the County were at or below the poverty level.

Certain areas of Ventura County have a higher concentration of Hispanic populations. The chart below reflects the County percentages of Hispanic versus non-Hispanic origin among other demographics.

Ventura County Census[1] Population	**N=832,871**
Requested Age Breakouts[2,3]	
0-15 yrs.	N/A
16-25 yrs.	N/A
26-59 yrs.	N/A
60+ and older	24.3%
Census Age Breakout Available[2]	
0-14 yrs.	17.5%
15-24 yrs.	13.1%
25-59 yrs.	45.1%
60 and older	24.3%
Gender	
Female	50.2%
Male	49.8%
Other gender identity[4]	0.5%
Veteran Status	
Veteran (among 18+)	4.2%
Active Duty	N/A
Civilian	N/A

Underserved Populations	
Latinx	African American
LGBTQ+	Unhoused
Risk of Suicide	
Those with co-occurring disorders (mental health and substance abuse)	

Race/Ethnicity[5]	
American Indian/Alaskan Native	1.9%
Asian	8.2%
Black/African American	2.5%
Hispanic or Latino	44.5%
Native Hawaiian/Pacific Islander	0.3%
White (alone)	43%
White (not alone)	83.3%
Multi-racial	3.8%
Another Race/Ethnicity	0.8%
Hispanic	44.5%
Non-Hispanic	55.5%
Language Spoken[2]	
English (only)	61.6%
Spanish (any)	28.8%
Other	9.6%
Language thresholds are English and Spanish.	

[1] From the 2022 US Census Bureau QuickFacts unless noted otherwise.
[2] From the 2021 US Census Bureau American Community Survey 1-year estimates.
[3] Requested CPP age breakouts did not Census age breakouts.
[4] Gender: The source reports 0.5% of individuals aged 18+ in the state of California identifies as transgender. https://williamsinstitute.law.ucla.edu/publications/ /trans-adults-united-states/
[5] Race/Ethnicity: More than one option is permitted.

Ventura County Planning Process

COMMUNITY PROGRAM PLANNING (CPP)

In partnership with stakeholders, the CPP process provides the structure necessary for the County to determine the best way to improve existing programs and utilize funds that may become available for the MHSA components.

There are numerous groups of stakeholders involved in the CPP process and ongoing feedback is received from the various groups such as, the Behavioral Health Advisory Board (BHAB) members, community providers, focus groups and general community meetings. Additionally, this process is designed to hold annual public education and to provide input on goals set by Ventura County Behavioral Health (VCBH), the Mental Health Oversight and Accountability Commission (MHSOAC), and BHAB, including any community gaps identified by the triannual needs assessment, these same entities, and/or community stakeholders.

Community/stakeholder feedback is essential to developing or enhancing behavioral health programs/interventions. This includes the designated MHSA team member's review of annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSA programs, which are made available to the community through the MHSA Annual Updates and 3-year plans. Based on the community planning process feedback, recommendations are presented to the VCBH Director followed by presentations to the BHAB as allowed.

Additional CPP processes may take place for specific standalone programs, projects, or initiatives if funding or timeliness allows.

Overview of the Community Planning Process for the Annual Update

COMMUNITY PROGRAM PLANNING (CPP)

	CPPP Participants (N=57)	Census[1]	Difference
Requested Age Breakouts [2]		(N=832,871)	
0-15 yrs.	2.0%	N/A	N/A
16-25 yrs.	4.0%	N/A	N/A
26-59 yrs.	72.0%	N/A	N/A
60 and older	22.0%	24.3%	-2.3%
Census Age Breakouts[2,3]			
0-14 yrs.	N/A	17.5%	N/A
15-24 yrs.	N/A	13.1%	N/A
25-59 yrs.	N/A	45.1%	N/A
60+ and older	22.0%	24.3%	-2.3%
Race/Ethnicity [4]			
American Indian or Alaskan Native	6.0%	1.9%	4.1%
Asian	2.0%	8.2%	-6.2%
Black or African American	2.0%	2.5%	-0.5%
Hispanic or Latino	62.7%	44.5%	18.2%
Native Hawaiian or Pacific Islander	0.0%	0.3%	-0.3%
White (alone)	27.5%	43.0%	-15.5%
White (not alone)	35.3%	83.3%	-48.0%
Multi-racial	2.0%	3.8%	-1.8%
Another Race/Ethnicity[3]	2.0%	0.8%	1.2%
Gender			
Female	77.0%	50.2%	26.8%
Male	21.0%	49.8%	-28.8%
Other gender identity[5]	2.0%	0.5%[4]	1.5%
Veteran Status			
Veteran (among 18+)	3.9%	4.2%	-0.3%
Have a Disability[3]			
	13.0%	12.0%	1.0%
LGBTQ+[6]			
	15.0%	5.3% [5]	9.7%
Language Spoken at home[3]			
English	50.0%	61.6%	-11.6%
Spanish	61.5%	28.8%	32.7%
Another Language	1.9%	9.6%	-7.7%
Health Insurance Status[3,7]			
No insurance	10.2%	7.3%	2.9%
Private insurance	42.9%	67.1%	-24.2%
Public insurance	46.9%	37.6%	9.3%

[1]From the 2022 US Census Bureau QuickFacts unless noted otherwise.
[2]Requested CPP age breakouts did not match Census age breakouts.
[3]From the 2022 US Census Bureau American Community Survey 1-year estimates (N=832,605).
[4] Race/Ethnicity: More than one option is permitted.
[5]Gender: The source below reports 0.5% of individuals aged 18+ in the state of California identify as transgender
Source: https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/
[6]Sexual Orientation: The American Community Survey only reports two genders (male and female) and does not ask about sexual orientation. The Gallup Daily tracking survey reports 5.3% of California's population (from 2015-2017) answer yes to
"Do you, personally, identify as lesbian, gay, bisexual, or transgender?"
o Source: https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density
[7]Health Insurance Status: Percentages add to over 100% due to census estimates reflecting individuals with multiple coverages.

COMMUNITY PROGRAM PLANNING (CPP)

Stakeholder Involvement

The Mental Health Services Act (MHSA) requires public involvement in the stakeholder process because it's crucial in achieving an equitable 3-year program plan and annual updates. Groups involved in the CPP process include consumers, law enforcement, advocacy groups, and partner agencies. While there are shared requirements for CPP, the process allows Ventura County to tailor its programming to align with its specific needs and adhere to State priorities and regulatory requirements. Ventura County's Stakeholder policy can be found in the Appendix G of this report.

The basis for the Ventura County planning process is found in WIC 5898, 5813.5d and 5892c. In Ventura County, standing groups represent different interests across the County, and as the need arises, focus groups are created to address the needs of these populations.

In addition to availing opportunities to participate within these forums, a formal, robust Community Health Needs Assessment (CHNA) was conducted across the County in accordance with the commitment of Ventura County Behavioral Health (VCBH) to address the health needs of a diverse population. An additional targeted component of the CHNA was also conducted, focused solely on unserved and underserved populations. Stakeholder involvement was accomplished by using different forums, which include various stakeholder groups listed below:

COMMUNITY PROGRAM PLANNING (CPP)

General Behavioral Health Advisory Board (BHAB)

The mission of the BHAB is to advocate for members of the community that live with mental illness and/or substance abuse disorders and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the VCBH.

The BHAB is made up of stakeholders appointed by the Board of Supervisors. It serves in an advisory capacity to VCBH Director and the Board of Supervisors. It plays a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plans and updates, provides feedback and conducts the public hearing. The BHAB, as the local mental health board, has authority to submit plans and updates to the Board of Supervisors for final approval. The BHAB is made up of 20% consumers and 20% family members and includes law enforcement, veterans, and a psychiatrist. All geographic regions are represented.

The table below lists the current membership and their geographic representation, and with term dates.

Ventura County Behavioral Health Advisory Board

Supervisor, Matt LaVere

Membership Roster for Fiscal Year 2022-2023

District 1	District 2	District 3
Kevin Clerici 10/07/21 to 10/06/24	Carol J. "C.J" Keavney 01/08/22 to 01/07/25	Nancy Borchard 01/27/24 to 01/26/27
Cheryl Heitmann 05/11/21 to 05/10/24	Diane McKay 09/17/22 - 09/16/25	Gane Brooking 01/13/22 to 01/12/25
Genevieve Flores-Haro 04/27/21 to 04/26/24	Elizabeth R. Stone 03/01/22 to 02/28/25	Janis Gardner 04/24/21 to 04/24/24
Vacancy	Vacancy	Naomi (Nomi) Marrufo 12/02/23 to 12/01/26

District 4	District 5	Law Enforcement Representative
Jennifer Morrison 03/12/24 to 03/11/27	Soledad Barragán 09/16/23 to 09/15/26	Sergeant Shawn Pewsey 03/28/23 to 03/27/26
Christopher Tejeda 09/18/21 to 09/17/24	Michael Rodriguez 01/25/23 to 01/24/26	
James Espinoza 10/14/21 to 10/13/24	Marlen Torres 01/25/23 to 01/24/26	
Dalia Robkin 04/25/23 to 04/24/26	Liz Warren 03/24/24 to 03/23/27	

COMMUNITY PROGRAM PLANNING (CPP)

BHAB Subcommittees

To address the needs of specific populations, there are additional BHAB subcommittees. These groups report to the General BHAB and ensure coordination and alignment of mission and activities. They are designed to serve populations by age group for Adult and Older Adult, Transitional-Aged Youth (TAY) and Child/Youth. Other priority subcommittees that are non-age specific are the Disparities Reduction committee and Prevention. Each group sets its own goals and generates year-end reports.

MHSA Community Program Planning Committees, Focus Groups and Workgroups

Ventura County Behavioral Health conducts active outreach to ensure key stakeholders are included in the development of programs and services, so they are reflective of the needs of the population to be served. During this planning period, targeted groups included underserved geographic areas, threshold languages, unhoused individuals, and clients of VCBH services

Informing the Community about the CPPP Sessions

A media plan is always generated for any planning process and the corresponding events. Announcements are made at the BHAB and other County committee meetings as well as flyer distribution at clinics and community partners and providers. The media plans include a mixed media approach with advertisements on social media and the department's websites WellnessEveryday.org and vcbh.org as well as traditional print media such as local newspapers.

The results of these promotional efforts led to 485,464 impressions during this time.

An example of the advertisement is listed below to ensure the community was made aware of the events:

Print Media

- Santa Paula Times
- Fillmore Gazette
- Vida
- Ventura County Star
- Acorn (4-zones)
- VC Reporter
- Ojai Valley News

Social Media

- Facebook
- Instagram

COMMUNITY PROGRAM PLANNING (CPP)

Consumer and Family Groups

Feedback is encouraged from other stakeholder groups, such as United Parents, NAMI, and the Client Network through direct consumer/family contact and by encouraging their participation in the BHAB as well as its subcommittees, workgroups, and task forces. Another avenue for engagement is through the VCBH's Patients Rights' Advocate, whose function is to provide information and investigate concerns.

Issue Resolution Process (RP)

Consumers may also voice their views/concerns through the issue grievance process (in the Appendix). At the time of this report, 48 grievances have been filed regarding services that are funded by the MHSA for Fiscal Year 2022-2023.

UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Community Planning Process for the Annual Update

Community Planning meetings take place annually. Planning for an Annual Update report is focused on communicating changes to the current 3-year plan and receiving feedback on proposed changes. However, because of the unprecedented amount of money received during the annual adjustment in the summer of 2023, VCBH has used the CPPP events to also request new proposals and ideas for MHSA funding.

Feedback Type	2024 Dates	Locations	Total
In person events	February 22nd March 5th February 20th February 27th	Simi Valley Ventura Oxnard Santa Paula	94
Response Surveys	Received from Feb 22nd through March 30th 2024	All in person events and online attendees	57
Total			**151**

Four events were held in East and West County. Each event took place in person and via Zoom. All events offered Spanish translation. Handouts and PowerPoint slides were provided in English and Spanish. Childcare and refreshments were also supplied. At these meetings, the VCBH team presented proposed changes to the 3-year plan and upcoming legislative changes were discussed. Copies of the PowerPoint and subsequent materials can be found in the appendix of this report.

Feedback from the Community Program Planning Process can take place during a meeting, though surveys, or via email up to 30 days after the meetings took place. As feedback is received, the program plan is adjusted where possible. Below is an overview of the most common feedback and sentiments that were received. Participant demographics have been added to the CPP participation table listed on page 20. Community feedback for the use of dollars was accepted from February 3 through March 30 and the County expects to host additional planning sessions to continue adjusting the plan.

The following feedback was provided during in-person meetings.

- Question: How will control of funds occur if the State take over distribution of prevention dollars via Prop 1? Attendees stated they preferred to keep local control of funds.
- Question: How can we help get broad reach into the community to fill out the CPPP survey, so all voices are heard?
- Question: How does VCBH provide outreach and services to high-risk populations such as youth, gang members, older adults, or people with addiction issues?
- Comment: I will be reaching out to the BOS and my city council members to tell them we need local control for mental health services. We know what's best in our community and where the gaps in services are. We all need to advocate for local control.
- Question: Where are Taekwondo classes offered? You mentioned prevention programs are for people with mild to moderate mental health needs. This is a wonderful form of preventative maintenance. Taekwondo classes help people with mindfulness and connection. This would be great for gang prevention.
- Question: What about older adults? Wellness classes are important for our aging population. How do we create a community of people? People could have a dog walking group and get out to see nature, their local neighborhood, and have a sense of belonging and get to know their neighbors. I'm on Zoom, it is dark and raining and I'm at home. Zooming is good for some things, but people are really isolated on Zoom now. People are lonely and that leads to depression.

UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Community Planning Process for the Annual Update

- Question: Why don't we have all these programs mentioned here in Ventura, like the after-school programs? Are you aware of the Avenue Library? Can you expand their programs and add mental health programs there?
- Comment: I volunteer at the senior center, and we are not allowed to post stuff on the walls, but I can hand materials out. A lot of people are in need. We need to help homeless people.
- Comment: It's important to have the Latino community also know what is available. I read about your services in the Spanish materials tonight and spoke with VCBH staff about the need for parents to know about suicide prevention. The teens are under a lot of stress.
- Comment: We spoke with VCBH staff to schedule suicide prevention training with our Zumba class members, it needs to be in Spanish. We would like to partner with VCBH.
- Participant asked questions if there will be additional mini grants at this time.
- Participants engaged in a discussion regarding network extension grants becoming PEI programs and when will current mini grantees be notified that they can apply to become PEI.
- Questions were asked by participants regarding SUS programs using PEI dollars if proposition 1 passes.
- Question: what is the eligibility for the MHRC facility do people get locked away against their will? The Adult Division Chief from VCBH spoke to the fact most people in secure settings are on conservatorship, talked though the placement process and the number of individuals who are currently utilizing these services in other counties due to Ventura County not having enough beds to keep them local. The planned MHRC would help to bring many of these client's home.
- Participant asked questions on what a CSS is and how it assists mental rehab center, as well as what stats are used to show that it is working.
- Participant asked if residents in jail are in mental health rehab centers. A partner provider spoke about the mental health services that are available at the jail.
- Question: what is conservatorship does it put people in jail? VCBH staff explained that conservatorship is through civil court and the court decides when an individual is gravely disabled due to mental illness and clarified it's not affiliated with the criminal court.
- Participants inquired if services provided to individuals on conservatorship were provided by the state or the County. VCBH staff explained services are approved by the guardian's office, then VCBH provides the treatment.
- Question: Participant asked what additional services there are for seniors.
- Question: Participant asked if there are any alternatives for housing if Proposition 1 does not pass. If proposition 1 does not pass, then there are no changes to the five buckets of funding?
- Several participants expressed concern that some community programs might be eliminated if proposition 1 passes, due to new regulations.

- Participants asked if funds that are not used must stay within the same bucket, or can they be reallocated to a different bucket of funding.
- Several mentions by parents of Taekwondo classes assisting with their children who have been diagnosed with ADHD.
- Participants commented that prevention and early intervention services for children were more important than housing.

Survey satisfaction Results from the CPPP Events

	% Disagree	% Agree
I am satisfied with the presentation I attended (n=56)	7%	93%
The facilitators provided useful information (n=56)	5%	95%
The facilitators were engaging (n=56)	4%	96%
I am happy with the amount of information provided in today's session (n=56)	14%	86%
I was satisfied with the variety of topics presented (n=56)	9%	91%
The event provided me with valuable information (n=56)	4%	96%
There was enough time for discussion (n=55)	15%	85%

Survey Results and Open-ended Responses

What recommendations, if any, do you have for future presentations?

Participants of the CPPP were asked to provide recommendations for future presentations. Participants voiced a multitude of constructive recommendations aimed at amplifying the initiative's reach and efficacy. A strong emphasis was placed on the importance of inclusivity and accessibility across all generations, with suggestions such as community preventative maintenance classes (e.g., Taekwondo) that cater to all ages, and the expansion of educational programs, particularly those focusing on youth and family. This approach underscores the community's belief in proactive measures—prioritizing prevention —and highlights the need for a holistic educational strategy that supports the mental and physical well-being of children, who are deemed the future stewards of the community. Additionally, the feedback highlighted a desire for more engaging and interactive presentation formats, including discussions, handouts, and detailed plans, to foster a deeper connection and understanding among participants.

There was a strong call for increased representation and involvement from state representatives and community-based organizations (CBOs) to ensure that the community's voice is heard and valued beyond numerical data. Participants also advocated for enhanced communication and outreach efforts, such as more effective advertising of events, making information available in various formats (including pamphlets for those less comfortable with digital technology), and holding periodic meetings to maintain momentum and foster ongoing dialogue. The feedback also touched on the importance of technical training for local CBOs, the integration of new programs like Child First and Project Esperanza, and a more pronounced focus on early intervention programs. These suggestions collectively aim to create a more inclusive, well-

informed, and proactive community environment, ensuring that all members, especially the most vulnerable, have access to the support and resources they need to thrive.

Do you have any feedback on the 3-year plan?

Feedback on the 3-year plan presentation highlighted a clear desire to understand the plan's objectives and details. Participants emphasized the need for a comprehensive plan that includes all age groups, specifically pointing out a perceived omission of seniors aged 65 and above and advocated strongly for the continuation and expansion of Project Esperanza and other prevention and early intervention programs. These programs are viewed as essential for the well-being and future success of the community's youth, with many participants sharing personal testimonials about the positive impacts on their children's mental health and behavior. The call for a larger budget dedicated to these preventive measures reflects a consensus on their importance over other areas of expenditure, stressing that investment in children and prevention is an investment in the future.

Additionally, there was interest expressed in more detailed information regarding the plan's budget, programming, and geographic and demographic considerations, suggesting a need for transparency and clarity to fully assess the plan's alignment with community priorities. The feedback also underscored a preference for face-to-face interactions, providing opportunities for direct engagement and questions, which speaks to a broader request for more inclusive and participatory decision-making processes. Despite some concerns over budget allocations and the desire for more substantial support for preventive programs, the presenter was commended for effectively communicating the plan's content. Overall, the feedback converges on a shared vision for a community-oriented approach that prioritizes preventive care, supports families and youth, and ensures the continuation of valued programs like Project Esperanza, thereby fostering a healthier, more resilient community.

Direct responses from the survey are summarized in the next section.

First Question: What recommendations, if any, do you have for future presentations?

Community preventative maintenance class for all generations e.g. Taekwondo classes for all generations

Continue with the information and professionalism you gave today 2/27/2024

Discussions, definitions, goals, involvement of people present at the presentation with handouts and plans desired. Talking list of points are not engaging enough.

Education and training of the workforce and (new youth and family program) is very important for our community especially for our children who are the future of the world and help them have a healthy mind.

Having more representatives from the State to listen to the Santa Paul community and understand that we are more than a number on a document

I would love to have a lot more info regarding PEI. Or make separate meetings for just PEI programs

I would love to see that the last program line (New Youth and Family Program) could be used to keep our program in our community as it been very beneficial and always consider that preventing is better than try to recover some on afterwards. Always consider that preventing is better than later try to cure but would love to always consider the needs of our community and what has worked for us. Sincerely a other that always look for the best of our children

Invite other CBOs to invite their clients

Invite the community to attend the presentation to be able to listen and express their concerns.

Make some information available in pamphlet form. Most seniors think computers are torture.

Map of where services exist and are proposed

More advertising so the community can come to these presentations. They are not aware of them.

More details and either substance to the presentation or to what we are offering to at risk communities - youth, elder, developmentally disabled, homeless, immigrant, gang. Also, a plan to have local input and control and advocacy and community wide voice about how Prop 1 funds are spent locally.

Periodic meetings rather than only one.

Technical trainings to help local CBO's build their organizational capacity

That the same professionalism is preferred. Thanks

The new program is from youth and family Child First. You can use the funds to help Project Esperanza.

The presentation was very good. I liked that they come to inform us.

There is a big need for early intervention, and I think we need to have more programs. I care about the progress of my children and community. This would impact many children who would stop benefiting.

To announce it more so people are aware of these meetings. That MHSA continues to help.

To have more educational groups for the children to participate and that Project Esperanza continues.

To have more money for the prevention programs

Second Question: Do you have any feedback on the 3-year plan?

A projected large presentation of this plan would have been helpful. Talking about is not dynamic enough. Visual presentation on board while speaking.

Children, Youth, Adults, and older adults. missing seniors 65+ Continue Project Esperanza

I do not agree with the distribution because it is not equitable and put aside what is a priority in our community like prevention programs for our kids.

I don't have enough info - budget, programming breakdown, geographic, population breakdown, etc.

I would like to see a bigger percentage for Prevention and Prevention Early Intervention. We really need them, and I think they are a priority.

I would like to see that the funding to Project Esperanza will continue for our children so they can have a better future.

I would like to see you continue giving money to Project Esperanza so it can continue to impact our children in the community. Since it has been positively impacted.

I would project Esperanza to continue to be open because I have a daughter with anxiety and the classes have helped her and have helped her focus more. She is doing better due to this program.

Please don't stop helping the activities for children.

Presenter did a great job of explaining the content without just reading off slides

Have more face-to-face meetings and allow time for questions.

The prevention program is more important because it helps our families. These agencies are very important to the community and are necessary.

To have a bigger budget for prevention and increase interest and budget. If the addiction problem is important, the antidote for addiction is much more important and relevant.

We don't want the prevention programs to go away, especially for our children that are the future of our community. Everything that you learn in this life is helpful for our children. They deserve these programs.

We want more funds for family groups like Esperanza group. This group has given a lot of support to my daughter in the way that my daughter has changed her behavior.

We would like our community programs to continue regardless of changes to the budget. These programs like Project Esperanza are a great benefit to the community of Santa Paula and all its members

Why don't they give more money to prevention and early intervention instead of drug addicts who spend their money on drugs or other habits. We need to prevent that the children grow up thinking that it's better to be "homeless" because they get all the benefits (money).

County Response to Feedback

Community members consistently focused on local prevention and intervention (PEI) programs and their desire to have expanded services and locations. As a result of this repeated request, all existing PEI providers will have the opportunity to access additional funding next year to expand their efforts. To expand service locations and alternatives to VCBH treatment, several of the Network Expansion Grantees will also be eligible to transition from a short-term grant into an ongoing contract with the department. These providers include geographic areas and several of the age groups that were repeatedly mentioned during the CPP process.

Another theme identified was the desire for additional information regarding number of clients served and MHSA budgets. All dollars per MHSA component are reported by year in the Annual Update reports published each spring (typically in May). Actual dollars spent are subsequently reported in the Annual Revenue and Expenditure Report (ARER) in February of the following year. Both reports are posted to the VCBH.org website and hard copies are brought to BHAB meetings. The department has not typically brought these reports to CPPP meetings due to their size (300+ pages) and previous complaints about how overwhelming they can be to comprehend, as there is so much information included in the regulations. However, copies can be requested at any time and will be brought to future meetings to address this response.

UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Community Planning Process for the Annual Update

Feedback requesting additional meetings to review the plan will also be considered. Updates to the CPPP meeting schedule will be shared publicly via the MHSA listserv and at the BHAB monthly meeting. To be added to the MHSA listserv, community members may email MHSA@ventura.org. The websites VCBH.org and WellnessEveryday.org are also kept up to date with all public meetings.

UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Update on the 3-year plan

Results of the extended CPP process and community health needs assessment completed in Fiscal Year 2021-2022 resulted in a set of prioritization areas for the current 3-year plan Fiscal Year 2023-2026. The results are the five categories listed here in alphabetical order and which the department plans to leverage existing operations and utilize local MHSA funding to implement. MHSA funding is not a guaranteed amount. As such, updates on this list will be dependent on allocation amounts and will be communicated through subsequent Annual Updates and Program Review Summary tables (located in section two of this report).

Priorities for the Fiscal Year 2023-2026 3-Year MHSA plan

- **Access**
  a. Improved articulation of continuum of care and drivers of levels of care
  b. Examine timeliness in relation to level of care.
  c. Examine quality improvement opportunities around physical locations and remote access.
  d. Develop options for immediate response for enrolled youth.

- **Alternatives to VCBH**
  a. Develop more contracted clinical providers/options for those in the mild-moderate category.
  b. Develop more non-clinical providers/options through mini grants (e.g., drop-in centers, after school programs, indigenous/culturally informed interventions, etc.)
  c. Develop session based indicated BH prevention interventions for high schools.
  d. Develop more providers/options for those with other conditions (e.g., developmental/intellectual, traumatic brain injury, dementia, etc.)

- **Clinical Treatment & Services**
  a. Addition of staff clinic/program
  b. Expand the number/nature of physical plants to provide clinical treatment and services.
  c. Add/expand the types of treatment, cultural and indigenous practices, and other services provided by VCBH (possibly involves the purchase of equipment and supplies) Some examples include expanding the role of peers and increasing 24/7 community crisis response services.

- **Housing**
  a. Addition of staff for the development of a specialized housing team.
  b. Acquisition/development/preservation of housing.
  c. Financial support to preserve/expand existing tenancy for VCBH clients.

- **Outreach & Education**
  a. Increase outreach capacity for vulnerable and at-risk populations (i.e., in-house and via contractors)
  b. Expand media campaigns to target vulnerable populations at all care levels.
  c. Expand staff and provider training menu.
  d. Expand specialized Behavioral Health Outreach Team to:
     1. Educate around moderate-severe (VCBH domain) versus mild-moderate (others) mental illness; and significant functional impairment (i.e., what VCBH can be expected to do).
     2. Educate around stigma reduction, substance use and impacts, trauma, diversity, equity and inclusion, changes across the lifespan, and other pertinent topics.

UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Progam Planning Process and Network Adequacy Certification Assessment (NACT)

Provider Information (according to NACT, November 2023)

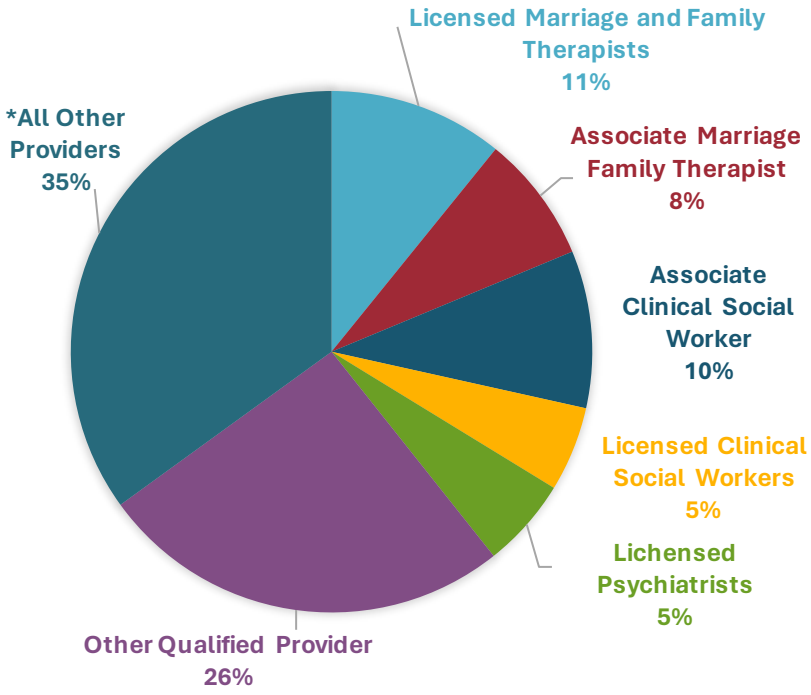
Network Adequacy assessment is submitted annually to assess the VCBH provider system. As of July 2021, services such as Mental Health Services, Case Management, Crisis Intervention, Medication Support, Intensive Care Coordination, Intensive Home-Based and Field support were provided by 588 providers.

Through this assessment VCBH can assess how many of the existing staff are able to provide culturally competent services, in which languages and whether the Workforce Education Training plan should be adjusted accordingly. Additional details on this plan can be found in the WET section of this Annual Report.

Languages other than English spoken by Ventura County providers	% of providers that speak this language*
American Sign Language (ASL)	0.5%
Arabic	0.3%
Armenian	0.5%
Cantonese	0.3%
Farsi	0.8%
Korean	0.3%
Mandarin	0.2%
Other Chinese	0.6%
Russian	26.6%
Spanish	0.9%
Tagalog	0.5%

*Some providers speak more than one language other than English

Percentage of Providers that have received Cultural Competency Training
83.4%



COMMUNITY SERVICES AND SUPPORTS (CSS)

Introduction

Community Services and Supports (CSS) is the largest component of the Mental Health Services Act (MHSA). It is focused on community collaboration, cultural competence, client- and family-driven services and systems, wellness (which includes concepts of recovery and resilience), and integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component and will continue to grow in the coming years. The County system of care under this component consists of programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with serious mental illness and serious emotional disturbance, while emphasizing a reduction in service disparities unique to the County.

Programs funded by this component are presented in this report in accordance with the following regulatory categories:

- Full-Service Partnership
- General System Development (GSD) or System Development (SD)
- Outreach and Engagement (O&E)
- Housing

Program Demographics - Unduplicated Clients

Age Group	**(n=14,599)**
0-15 yrs.	1,100
16-25 yrs.	2,537
26-59 yrs.	7,235
60 & older	1,841
Unknown/Not Reported	1,886
Race	**(n = 14,599)**
White	4,943
African American or Black	372
Asian	137
Native Hawaiian or Other Pacific Islander	83
Alaska Native or Native American	12
Other	4,859
Hmong	1
Unknown/Not Reported	4,192
Gender Identity	**(n = 14,599)**
Female	5,933
Male	5,094
Transgender	17
Declined to Answer	9
Unknown/Not Reported	3,553
Sexual Orientation	**(n = 14,599)**
Lesbian or Gay	50
Heterosexual	1,137
Bisexual	77
Queer, pansexual, and/or questioning	8
Other	82
Declined to Answer	1,526
No Entry	11,719

Ethnicity	**(n = 14,599)**
Hispanic	4,832
Non-Hispanic	4,660
Unknown/Not Reported	5,107
Language Spoken	**(n = 14,599)**
American Sign Language (ASL)	15
Arabic	7
Cambodian	1
Cantonese	3
English	9,845
Farsi	10
Japanese	1
Korean	1
Mandarin	1
Other	27
Other Sign Language	1
Portuguese	1
Russian	116
Spanish	937
Tagalog	8
Thai	1
Unknown/Not Reported	3,612
Vietnamese	12
Veteran	**N/C**
Disability - Communication	**N/C**
Disability – Mental (not SMI)	**N/C**

N/C = Not Collected at this time

COMMUNITY SERVICES AND SUPPORTS (CSS)

Fiscal Year 2022-2023 CSS Programs Table

The following table lists all CSS programs and serves as a crosswalk to the program names in the submitted Annual Revenue and Expenditure Report

Program Name	Prior Program Name in ARER	Ages*
Full-Service Partnership		
Youth and Family (Y&F) FSP	Youth FSP	0-21
Insights	Youth FSP	0-18
Transitional Age Youth (TAY) Outpatient Treatment Program	TAY FSP	16-25
Casa Esperanza TAY Transitions Program (TAY FSP)	TAY FSP	16-25
Assisted Outpatient Treatment (AOT) Program – (Laura's Law)	Assist (Laura's Law)	18+
VCBH Adult FSP Treatment Program	Adult FSP Program	18+
Empowering Partners through Integrative Community Services (EPICS)	Older Adults FSP Program	60+
VISTA	Adult FSP Program	18+
VCBH Older Adults FSP Program	Older Adults FSP Program	60+
Outreach & Engagement		
Rapid Integrated Support and Engagement (RISE)	N/A, no name change	All
Crisis Intervention/Stabilization		
County-Wide Crisis Team (CT)	N/A, no name change	All
Crisis Care Mobile Units (CCMU) Grant	N/A, no name change	All
Crisis Residential Treatment (CRT)	N/A, no name change	18-59
Crisis Stabilization Unit (CSU)	N/A, no name change	6-17
Individual Needs Assessment		
Screening, Triage, Assessment, and Referrals (STAR)	N/A, no name change	All
Treatment		
Fillmore Community Project	N/A, no name change	0-18
Transitional Age Youth (TAY) Outpatient Treatment Program	Transitional Age Youth (TAY) Outpatient (Transitions)	18-25
VCBH Adult Outpatient Treatment Program	Adult Treatment (Non-FSP)	18+
Linguistics Competence Services	N/A, no name change	All
Peer Support		
The Client Network	N/A, no name change	All
Family Access Support Team (FAST)	N/A, no name change	All
Growing Works	N/A, no name change	18+
Adult Wellness and Recovery Center and Mobile Wellness	Adult Wellness Center – Turning Point	26+
TAY Wellness Center	TAY Wellness Center - Pacific Clinics	16-25
MHBG-Peer Support (CRSSA/ARPA)	N/A, no name change	All
Access Support		
Forensic Pre-Admit/Mental Health Diversion Grant Program	N/A No name change	All
Housing	Adult Treatment (Non-FSP)	18+

COMMUNITY SERVICES AND SUPPORTS (CSS)

Data Notes and Definitions – Mental Health Treatment (FSP and Non-FSP)

The following definitions and notes below apply to data collection from the Electronic Health Record (EHR) using the Avatar system.

Served Client is defined as anyone with a service code billed by a FSP or non-FSP MHSA treatment program in the fiscal year who was not in an FSP treatment track at the time of service.

The words **Client** and **Partner** are used interchangeably.

Service codes include no-show service codes.

Service codes must be associated with a FSP or non-FSP episode in a MHSA treatment program that was open in the fiscal year.

Service is attributed to the billing program (not always the same as the program to which the episode is open).

Insights is counted as a FSP treatment track for Youth and Family.

Rollover Client is defined as a served client whose episode admission to a FSP or non-FSP MHSA treatment program through which services were rendered during the fiscal year prior to July 1, 2021.

New Client is defined as a served client whose first episode admission to a FSP or non-FSP MHSA treatment program through which services were rendered during the fiscal year was July 1, 2021 and after.

Age Group Total may not manually add up to the unduplicated client total since clients may have advanced in age and may have moved from one age group to another within the same fiscal year.

Program Total may not manually add up to the unduplicated client total because clients may have been served under more than one program within the same fiscal year and were/are counted under each program in which services were rendered.

The demographic information below is pulled from the first occurring episode in a FSP or non-FSP MHSA program during the fiscal year. If there were multiple entries in an episode, the last entry for the episode was used.

Age is calculated at the date of service for each billed service.

Gender varies by MHSA component.

Preferred Language is the language selected for receiving services.

Ethnicity varies by MHSA component.

Gender Identity varies by MHSA component.

Race Totals may not equal the unduplicated client total as clients may select more than one race (up to five).

Sexual Preference varies by MHSA component.

Disability was not collected for this program at this time.

Veteran status was not collected for this program at this time.

City of Residence varies by MHSA component.

Service Units Categories are based on VCBH-defined groupings for billing. The "Medication Support – MC Billable" category was relabeled as "Evaluation and Management" to be more descriptive of the underlying service codes.

Please note: Percentages may not equal to exactly 100% due to rounding. Also, not all numerators will match unduplicated client counts due to multiple entries by clients

*Programs span a wide range of ages, and every effort was made to present data according to regulations' requirements.
** Programs were combined in Fiscal Year 2020-2021.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Full Service Partnerships

Full-Service Partnership (FSP) programs are designed for all age groups and would benefit from an intensive service program. The foundation of Full-Service Partnerships is doing everything possible to help individuals on their path to recovery and wellness. Full-Service Partnerships are designed to be client driven and are based on an individual's needs.

FSP Programs Target Goals for Fiscal Year 2023-2024

Program	Target Served	Projected cost per client
Youth FSP Intensive Case Management	25	$22,008
Insights	10	$6,945
Transitional Age Youth (TAY) Expanded Transitions Program	20	$23,173
Casa Esperanza TAY Transitions Program	12	$82,624
Assisted Outpatient Treatment (AOT)	120	$10,144
Empowering Partners through Integrative Community Services (EPICS)	90	$17,068
Telecare VISTA	50	$17,860
VCBH Adult FSP Treatment Program (Revamp in FY22-23 Adult FSP Intensive Case Management)	125	$10,322
Adult Clinic Based FSP (New)	25	$10,191
VCBH Older Adults FSP Program	100	$22,048

Program Demographics - Unduplicated Clients

Age Group	n = (364)
0-15 yrs.	8
16-25 yrs.	50
26-59 yrs.	176
60 & older	130
Race	**n = (364)**
White	178
African American or Black	17
Asian	9
Alaska Native or Native American	3
Other	156
Unknown/Not Reported	1
Sexual Orientation	**n = (364)**
Heterosexual	38
Bisexual	2
Declined to Answer	63
No Entry	261

Language Spoken	n = (364)
English	337
Spanish	23
American Sign Language (ASL)	1
Unknown/Not Reported	3
Ethnicity	**n = (364)**
Hispanic	141
Non-Hispanic	201
Unknown/Not Reported	22
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

COMMUNITY SERVICES AND SUPPORTS (CSS)

Youth FSP ATLAS

Program Demographics	
FY22-23 Total Program Cost	**$189,639.65**
Total Individuals Served	8
Cost Per Individual:	$23,704.96
Individuals Served during FY21-22	0
Age Group	**n = (8)**
0-15 yrs.	5
16-25 yrs.	3
Race	**n = (8)**
White	3
Other	5
Sexual Orientation	**n = (8)**
Heterosexual	1
No Entry	7
Gender Identity	**n = (8)**
Female	5
Male	3
Language Spoken	**n = (8)**
English	6
Spanish	2
Ethnicity	**n = (8)**
Hispanic	5
Non-Hispanic	2
Unknown/Not Reported	1
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The ATLAS program launched within the past year has effectively provided Full-Service Partnership level services to diverse, underserved populations in all areas of Ventura County. Utilizing both clinics-based mental health clinicians and field-based case managers and peer support services, the program expanded its reach to marginalized communities. A key challenge has been staffing field-based clinicians. We have worked to support clients in accessing therapy services through collaboration and partnering with VCBH clinics. The staffing constraint has impacted the ability to provide solely field-based services, however our MHAs and Peer Support Specialist are implementing almost all services in the field. Despite the challenge, ATLAS remains committed to providing ongoing high frequency, collaborative community services. We are focused on ensuring equitable, inclusive, and culturally informed care. Of our dedicated full-time staff, 60% are bilingual, which allows the team to support our population in accessing and familiarizing themselves with services.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

ATLAS is actively addressing community issues and key areas identified in the CPP from the initial point of referral. Each referral is categorized to support identification of homelessness, justice involvement and various other risk factors impacting youth progress, so staff can immediately support in these areas. ATLAS provides comprehensive support through mental health services, housing assistance, connections to community resources to address underlying issues contributing to risk factors. All of this supports further stabilization. Additionally, ATLAS collaborates closely with law enforcement, probation, and juvenile facilities to ensure clients are receiving support that focuses on reentry programs to reduce recidivism rates. By actively engaging with our communities, offering culturally competent care, and addressing barriers to access, such as language and transportation, we are prioritizing the needs of our unserved/underserved populations. Services are tailored to meet the needs of the client with the aim of reducing disparities and improving overall outcomes in the community.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Youth FSP ATLAS

Include examples of notable community impact.

Overall, ATLAS aims to improve the overall quality of life for all program participants through a variety of services and support, including case management, peer support services, basic needs requests and housing stability. Through these services, ATLAS improves the quality of life for youth and families, helping create a healthier and more resilient community.

Success Story

ATLAS was recently able to support a single mother of three fleeing a a violent past.

COMMUNITY SERVICE AND SUPPORTS

Insights

Program Demographics	
FY22-23 Total Program Cost	**$71,489.68**
Total Individuals Served	17
Cost Per Individual:	$4,204.63
Individuals Served during FY21-22:	20
Age Group	**n = (17)**
0-15 yrs.	3
16-25 yrs.	14
Race	**n = (17)**
White	11
Other	6
Sexual Orientation	**n = (17)**
Heterosexual	8
No Entry	1
Declined to Answer	8
Gender Identity	**n = (17)**
Female	9
Male	8
Language Spoken	**n = (17)**
English	17
Spanish	0
Ethnicity	**n = (17)**
Hispanic	13
Non-Hispanic	3
No Entry	1
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Over the past year, Insights has been proactively adapting to the post pandemic era with strategic changes to support the program and enhance client success. We have transitioned our meetings to in-person or hybrid formats, prioritizing deeper connections with partnering agencies. Simultaneously, our acknowledgment and screening forms have both undergone updates to provide a more streamlined approach and to support cultural and linguistic competence. To bolster collaboration, we have taken strides to reeducate partnering agencies on Insights, heightening awareness, and refining the referral process. This initiative has resulted in a notable increase in referrals and some increase in census. We've undertaken the task of updating public facing material, specifically program brochures and we created an English and Spanish version to cater to the diverse linguistic backgrounds of our target audience. These updated brochures serve as a vital tool in effectively communicating our mission, services, and commitment to cultural competence. Additionally, we have worked closely with our parent partner agency to support the development and implementation of a monthly bilingual parenting group for families of Insights youth. For youth engaged in Insights we have added prosocial activities to support program engagement, participation, increased frequency of services and overall opportunity to practice positive prosocial behaviors in the community setting. All Insights youth have access to mental health services, substance use services, probation engagement, parent partner support, public health, and educational liaisons as appropriate that collaborate on a regular basis to assist and support engagement and participation to decrease incarceration rates and enhance community functioning.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

In addressing the key differences and/or challenges we've encountered during this transformative period, turnover among our partners and staffing fluctuations have emerged as hurdles. We have addressed this by implementing education strategies to support navigation of the concerns and ensuring continuity and stability in program functioning. Some specific strategies have been intentional education to current standing partners, educating incarcerated youth on the program as well as coordinating discussions with original Insights members to support the transfer of knowledge. Additionally, there has

Insights

been a discernible decrease in the number of youth eligible for 602 wardship which has limited opportunity for census growth and required much effort to support referrals and exploration of ways to expand.

Include examples of notable community impact.

The Insights program has been actively addressing community issues identified through the County's Community Program Planning Process by implementing a multifaceted approach. Firstly, there is dedicated effort to enhance the understanding of mental health issues within the partnership with the juvenile court, public defender's office, probation, district attorney's office, etc. This has fostered a more informed and educated approach to the unique challenges faced by youth involved in the justice system. To ensure holistic well-being of the youth, Insights has prioritized engaging them in ongoing mental health and substance use (as applicable) services. This proactive approach aims to identify and address needs with the hope of fostering better outcomes and reducing the likelihood of deeper involvement in the justice system. Recognizing the importance of meeting basic needs, the program is available to support youth as needs emerge and within the scope that basic-needs funding addresses. This responsive strategy ensures that fundamental needs are met, creating a stable foundation for their overall well-being. In line with supporting the youth's access to court appointments, Insights has implemented a practical solution by offering easily accessible rides. This removes transportation barriers that could hinder youth participation in court proceedings, ensuring that they can engage with the legal system effectively. Moreover, Insights has a comprehensive approach in integrating all relevant providers and stakeholders in regular meetings. This inclusive strategy facilitates a coordinated effort among diverse contributors, working collectively to assist and support youth engagement, participation, and community functioning. This comprehensive approach reflects a commitment to creating a supportive environment that empowers youth, reduces disparities, and enhances community well-being.

COMMUNITY SERVICE AND SUPPORTS

Transitional Age Youth (TAY) Expanded Transitions Program – FSP (TAY FSP)

Program Demographics	
FY22-23 Total Program Cost	**$302,598.51**
Total Individuals Served	22
Cost Per Individual:	$27,508.96
Individuals Served during FY21-22	19
Age Group	**n = (22)**
0-15 yrs.	0
16-25 yrs.	22
Race	**n = (22)**
White	6
African American or Black	3
Other	13
Sexual Orientation	**n = (22)**
Heterosexual	1
Declined to Answer	6
No Entry	15
Gender Identity	**n = (22)**
Female	15
Male	7
Language Spoken	**n = (22)**
English	22
Ethnicity	**n = (22)**
Hispanic	7
Non-Hispanic	12
Unknown/Not Reported	3
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The program strives to provide services to our unserved and underserved populations. When there is a language barrier, staff are available to work with the client in their preferred language. If there are no staff with the preferred language, the program uses certified interpreters to help with communication. This helps to reduce ethnic and cultural disparities so the program can best understand the needs of the clients, and their families, so they feel supported and heard. Staff regularly have training and discussions about disparities in care and how to bridge the gaps for clients. Cultural considerations are regularly discussed in treatment team meetings so all team members can gain an understanding and learn from their peers and clients about required needs to participate and access care.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

To best serve the County's most vulnerable populations, programs need to have a healthy, patient, and informed workforce. Staffing shortages and turnover make it challenging to provide the best care to the most clients.

Include examples of notable community impact.

To increase and improve FSP services in the County, our department partnered with Third Sector, to establish a foundational pathway to increase FSP services to our TAY population. The first phase of the FSP expansion focused on our adult and youth and family clinics. Moving forward, the focus will be on expanding TAY FSP services. The County has worked to transform services through CalAIM. Since racism was declared a public health crisis, there has been an additional focus on providing FSP level of care to our most vulnerable populations to meet the needs of our County's diverse racial, ethnic, and cultural communities.

COMMUNITY SERVICE AND SUPPORTS

Casa Esperanza TAY Transitions Program (TAY FSP)

Program Demographics	
FY22-23 Total Program Cost	**$1,071,346.08**
Total Individuals Served	12
Cost Per Individual:	$89,278.84
Individuals Served during FY21-22	19
Age Group	**n = (12)**
16-25 yrs.	11
26-59 yrs.	1
Race	**n = (12)**
White	3
African American or Black	1
Other	8
Sexual Orientation	**n = (12)**
Heterosexual	1
No Entry	7
Declined to Answer	4
Gender Identity	**n = (12)**
Female	7
Male	5
Language Spoken	**n = (12)**
English	12
Ethnicity	**n = (12)**
Hispanic	6
Non-Hispanic	5
No Entry	1
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The CASA FSP program is unique in that clinical services are provided by VCBH outpatient clinical team members while clients reside at the Casa Esparanza campus. While living there, they engage in rehabilitative programs such as improving functional impairments, learning job skills, and focusing on mastering independent living skills, so clients can be successful in the community when they graduate from the program. Cultural considerations are regularly discussed so all team members can gain an understanding of the barriers that clients are facing and help create a plan to overcome those barriers so they may be successful in the community when they leave the program.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Major challenges include a statewide staffing shortage for mental health workers and clinicians. To best serve the County's most vulnerable populations, programs need to have a healthy, patient, and informed workforce. Staffing shortages and turnover make it challenging to provide the best care for the most clients.

Include examples of notable community impact.

Casa FSP providesour most vulnerable clients to have a safe place to stay, a residential team to help them build skills to get a job and manage their needs while they are learning how to live independently, and an outpatient clinical team to support their mental health needs. Being able to have this level of support and education will help to improve the disparities in care and help to produce positive outcomes for those in care. A recent graduate from the CASA FSP program was able to find a job during her stay, purchase a car and secure independent housing upon her graduation.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Assisted Outpatient Treatment (AOT) Program

Program Demographics	
FY22-23 Total Program Cost	**$1,498823.01**
Total Individuals Served	69
Cost Per Individual:	$21,722.07
Individuals Served during FY21-22	111
Age Group	**n = (69)**
16-25 yrs.	17
26-59 yrs.	47
60 & older	5
Race	**n = (69)**
White	22
African American or Black	3
Asian	2
Other	41
Unknown/Not Reported	1
Sexual Orientation	**n = (69)**
Heterosexual	4
Declined to Answer	13
No Entry	52
Gender Identity	**n = (69)**
Female	22
Male	47
Language Spoken	**n = (64)**
English	64
Spanish	2
American Sign Language (ASL)	1
Other	1
Unknown/Not Reported	1
Ethnicity	**n = (69)**
Hispanic	29
Non-Hispanic	33
No Entry	7
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The AOT program had several successful graduations this year. There were a few clients who graduated from the program and were able to exit from services. There were other clients who were able to be stepped down to outpatient services. There was one client who was able to find housing and a stable job and maintain it for a year. The ASSIST team meets with the clients two to three times per week, which leads to an increase in rapport and engagement.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The ASSIST Team started using petitions to court, as a tool to assist with increased services utilization. During six months, nine petitions were filed and granted. The team is working to identify and evaluate clients that resist treatment and need to be petitioned to the court in order to assist them in recovery.

Include examples of notable community impact.

The ASSIST team is collaborating with several community stakeholders including the police department, hospitals, and community well-care providers, to help increase client monitoring and connect them to the services they need. Our goal is to ensure clients are using services and engaging in treatment. Using court petitions has helped us accomplish this.

COMMUNITY SERVICE AND SUPPORTS (CSS)

VCBH Adult FSP Treatment Program

Program Demographics	
FY22-23 Total Program Cost	**$49,163.44**
Total Individuals Served	92
Cost Per Individual:	$528.64
Individuals Served during FY21-22	192
Age Group	**n = (92)**
16-25 yrs.	3
26-59 yrs.	63
60 & older	26
Race	**n = (92)**
White	41
African American or Black	5
Asian	1
Other	45
Sexual Orientation	**n = (92)**
Heterosexual	10
Bisexual	2
Declined to Answer	22
No Entry	58
Gender Identity	**n = (92)**
Female	37
Male	55
Language Spoken	**n = (92)**
English	83
Spanish	8
American Sign Language (ASL)	1
Ethnicity	**n = (92)**
Hispanic	39
Non-Hispanic	49
Unknown/Not Reported	4
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

In Fiscal Year 2022-2023, VCBH continued to serve FSP clients using "whatever it takes." Despite staff turnover at different clinics, clients on the FSP treatment track obtained clinical support addressing their individual needs. The FSP staff to client caseload were a focus to make sure that all eligible clients were properly identified and entered into the Electronic Health Record. The goal was to get an accurate and up to date account of all clients that qualified for a Full Service Partnership. Toward the end of Fiscal Year 2023, VCBH prepared and moved from Avatar to SmartCare. Staff focused on making sure all Key Events and Quarterly Updates were entered and up to date as we migrated to SmartCare.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Clinic based FSP works with Ventura County's clients who have a severe mental illness who would benefit from an intensive service program. This includes clients who are experiencing homelessness, incarceration, and/or psychiatric hospitalizations. The clinic based FSP track assists clients with housing, employment, and substance use. The program provides an integrated treatment experience for individuals who may have a co-occurring mental health and substance abuse disorder.

Include examples of notable community impact.

A.V., a 40-year-old Latina female served in the FSP treatment track, was successfully placed in independent living after being homeless for the past six years. The client suffers from a severe and persistent mental illness with little family or support in the community. With the support of her treatment team, the client was able to stabilize with proper medications and Full-Service Partnership funds were used to help pay for housing needs. She is a client known by her local community organizations and was a significant source of disruption a few years ago.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Empowering Partners through Integrative Community Services (EPICS)

Program Demographics	
FY22-23 Total Program Cost	**$1,406,866.69**
Total Individuals Served	82
Cost Per Individual:	$16,950.20
Individuals Served during FY21-22	93
Age Group	**n = (82)**
16-25 yrs.	1
26-59 yrs.	59
60 & older	22
Race	**n = (82)**
White	46
African American or Black	4
Asian	3
Native Hawaiian or Other Pacific Islander	1
Other	28
Sexual Orientation	**n = (82)**
Heterosexual	10
Declined to Answer	17
No Entry	55
Gender Identity	**n = (82)**
Female	32
Male	50
Language Spoken	**n = (82)**
English	80
Spanish	2
Ethnicity	**n = (82)**
Hispanic	23
Non-Hispanic	57
No Entry	2
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Empowering Partners through Integrative Community Services (EPICS) offers intensive comprehensive voluntary services to clients who struggle with persistent and severe mental illness. The program connects and provides services to the unserved and underserved populations by going to them. We provide our clients with support and rehabilitation in the community where they live, which includes board & cares, independent living, and shelters. Staff will also visit clients who find themselves in the hospital, skilled nursing facility, or jail. The EPICS team is knowledgeable and aware of ethnic and cultural disparities. The treatment team members seek to reduce these disparities by listening to and engaging clients. The team advocates with clients to receive the resources that they are eligible for to ensure they experience equity. Services assist our clients to live independently in their community. Additionally, EPICS has access to our Basic Needs and Housing Funds. These funds are for safety, a place to live, food, medical, and transportation. When a client's basic needs are taken care of, they experience fewer stressors, which in turn results in a ripple effect on family and others in their life. A major challenge is ensuring clients take their medications consistently. The EPICS clinic has a psychiatrist available on site three days a week and the EPICS team members transport clients to their psychiatric appointments. A psychiatrist is also able to serve clients in the community. The team of nurses ensure that clients get their medical needs met, which includes education, getting the medication records, getting labs done, and providing long-acting injectables, as ordered in the office or in the field.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

As mentioned before, client consistency with medication is a major challenge. The team address this by being hands on, doing education with clients and family members, and addressing barriers.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Empowering Partners through Integrative Community Services (EPICS)

Include examples of notable community impact.

Under the findings and recommendations of the CPPP, they identified that "there is a high level of need for cultivating trust within the community to address barriers that prevent successful connection to MH services." Building rapport and trust is central to the success of our EPICS program. Our EPICS team is empathetic and takes time to make trusting connections. They make outreach phone calls, visit, provide rehabilitative services, and assist clients in identifying their needs.

COMMUNITY SERVICE AND SUPPORTS (CSS)

VISTA (Adults FSP Program)

Program Demographics	
FY22-23 Total Program Cost	**$1,040,645.20**
Total Individuals Served	33
Cost Per Individual:	$30,607.21
Individuals Served during FY21-22	57
Age Group	**n = (33)**
16-25 yrs.	3
26-59 yrs.	27
60 & older	3
Race	**n = (33)**
White	13
African American or Black	1
Asian	1
Other	18
Sexual Orientation	**n = (33)**
Heterosexual	4
Declined to Answer	7
No Entry	22
Gender Identity	**n = (33)**
Female	6
Male	27
Language Spoken	**n = (33)**
English	29
Spanish	4
Ethnicity	**n = (33)**
Hispanic	17
Non-Hispanic	13
No Entry	3
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**
N/C=Not Collected for this program at this time	

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The program hired a certified peer specialist to serve the community in the peer role in hopes of continuing to engage with unserved/underserved populations. She has done a wonderful job at teaching them life skills, encouraging them to find their voice, and leaving a positive impact so that if they ever need services in the future, they know they would be able to reach back out to the program. The team is also multicultural, which has assisted in meeting the needs of the community with diverse ethnic backgrounds. The program also hosted a clinical intern, whose background in substance abuse assisted the program to expand efforts on the effects of substance use and mental health. The biggest challenges this year were implementing the changes of CalAIM and changing electronic medical records for billing.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The program works specifically with the homeless, incarcerated, and underserved/unserved groups. The team includes case managers, nurses, prescribers, therapists, and peers who support clients in becoming independent, maintaining medication compliance, accessing social support, participating in educational groups, obtaining benefits or employment, and learning life skills. Supportive housing assistance is also provided. Services are delivered in person, in the community, in the office, or via telehealth.

The program reaches out to clients for several weeks to build rapport and meet them where they are. Gradually, they engage them in services to reduce recidivism, homelessness, and help them become independent citizens of our community.

Include examples of notable community impact.

Last year, the protocols on how clients receive medication out of jail changed, and it created barriers for clients in the community. So, the staff made every effort to strengthen relationships with the jail staff to minimize barriers for clients with the new change. VISTA is happy to report that those changes are no longer barriers for our clients. Staff work collaboratively with the jail to ensure our clients are being released with enough medication to continue care. Through collaboration, the

program has strengthened the relationship with the public defender's office, another notable contribution. Staff collaborate very closely to create smooth transitions out of jail for the FSP population, which includes partnering with the Police Department's office for transportation to the office, ensuring release date and time for clients so they are not released to themselves with no support, and assurance of medication scripts being sent to the pharmacy for a smooth and "successful head start" to a transition into the community.

COMMUNITY SERVICE AND SUPPORTS (CSS)

VCBH Older Adult FSP Program (Older Adults FSP Program)

Program Demographics	
FY22-23 Total Program Cost	**$2,464.618.21**
Total Individuals Served	89
Cost Per Individual:	$27,692.34
Individuals Served during FY21-22	100
Age Group	**n = (89)**
60 & older	89
Race	**n = (89)**
White	59
African American or Black	3
Asian	2
Other	24
More Than One Race	1
Sexual Orientation	**n = (89)**
Heterosexual	3
Declined to Answer	2
No Entry	84
Gender Identity	**n = (89)**
Female	66
Male	23
Language Spoken	**n = (89)**
English	79
Spanish	9
Arabic	1
Ethnicity	**n = (89)**
Hispanic	21
Non-Hispanic	62
No Entry	6
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**
N/C=Not Collected for this program at this time	

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

In the past year, there was an expansion of a highly successful group program that resulted in more clients attending the new program than the previous program. A higher number of diverse clients attended. The group expanded the modality to include Art Therapy. There are now three active therapeutic groups with one being onsite at a Residential Care Facility for the Elderly. The artwork produced by clients of Older Adults was utilized to create a calendar that was distributed to all clients of the Older Adult Program.

The Clinic Administrator of Older Adult Program, Peter Schreiner, was elected to an Advisory Board of a community partner the Area Agency on Aging (VCAAA) to reach out to underserved and unserved populations. One prominent way is through distribution of a bilingual Resource Guide published by VCAAA that is widely recognized as the best resource guide for diverse older adults in Ventura County.

In the prior year, there were difficulties with hiring and Older Adults used temp agencies to fill the gaps following the pandemic. This year, we were able to hire a full time, bilingual Mental Health Nurse.

There has been an expanded use of resources through the Basic Needs Process as well as utilizing VC Healthcare Foundation, which has been quite helpful in covering more expensive items, such as repairs on electric wheelchairs not covered by Medicare.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The most profound difference for the Older Adult Program and its clients has been the recovery process related to transitioning out of the pandemic. Many of our seniors remain fearful and have grown more habitual in their isolation. The Older Adult team has worked with all clients to create a safe and more hopeful approach to interacting with their community again.

The need for expanded transportation options remains a major challenge. Door-to-door transportation to County motor-pool has become more challenging.

COMMUNITY SERVICES AND SUPPORTS (CSS)

VCBH Older Adult FSP Program (Older Adults FSP Program)

The other major challenge facing mentally ill older adults in Ventura County is a lack of inpatient geriatric psychiatric beds resulting in need to utilize out-of-County psychiatric facilities. This, in turn, limits the ability to utilize LPS conservatorships as a treatment option.

Include examples of notable community impact.

The Older Adult Program has been committed to providing wraparound services that support our clients in getting services they need when they need them. We had gone through a stretch in which the life-alert program we enrolled our clients in went through a change in ownership and we did not feel the new owners were providing a level of service adequate for our population. We researched and collaborated with community partners to identify a life alert that can travel with the client whether they are at home or in the community. These new devices have their own GPS and unforeseen incidents can be responded to any time of the day, 24/7.

Success stories

This success story was written up by our senior clinician:
I am still thinking about the VCBH party and specifically client MM. When I started seeing MM for therapy less than a year ago, she was essentially living in her bed all day...she didn't even get up for therapy. As we worked together, she began coming out into the living room for most sessions (in pajamas.) Eventually she would get dressed, put on make-up and jewelry, and be waiting in the living room when I arrived. Fast forward to the VCBH holiday event, and I would consider her the life of the party. Despite my asking several times if she needed a break, she was determined to keep dancing, stating "when I was a girl I would dance for hours!" MM has joined a church, often arranges her own transportation to appointments/shopping, cooks for herself and others, and spends time with neighbors visiting in the "gazebo." She recently saved up for and attended a weekend church retreat. While MM still reports struggling with depression, she states often "I fight it." It is so inspiring to see how far MM has come, and I am grateful for the Older Adults program and our ability to change lives...MM gives me hope for others and I'm sure, (based on the many who approached her) she inspired more than a few at the party.

-Julie Ehret, M.S., LMFT - Behavioral Clinician IV, Ventura County Older Adults Program

COMMUNITY SERVICES AND SUPPORTS (CSS)

Outreach and Engagement (O & E)

This Community Services and Supports (CSS) category employs strategies and resources to reach, identify, and engage unserved individuals and communities in the County mental health system with the goal of reducing disparities unique to the County. In addition to reaching out to and engaging several entities, such as community-based organizations, schools, primary care providers, and faith-based organizations, this category of programs engages community leaders, the homeless population, those who are incarcerated, and families of individuals served.

The Outreach and Engagement (O & E) category under CSS is fulfilled by the Rapid Integrated Support and Engagement (RISE) program that assigns various staff to support different areas and programs. In addition to the RISE program, there are general outreach efforts executed countywide to inform and engage the community regarding mental illness and services available. The information for the outreach conducted by the Office of Health Equity and Cultural Diversity is included separately under its program description section.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Rapid Integrated Support and Engagement (RISE)

Program Demographics	
FY22-23 Total Program Cost	**$1,722,421.68**
Total Individuals Served	1,317
Cost Per Individual:	$1,307.84
Individuals Served during FY21-22	1,425
Age Group	**n = (1,317)**
0-15 yrs.	94
16-25 yrs.	262
26-59 yrs.	764
60 & older	197
Race	**n = (1,317)**
White	538
African American or Black	47
Asian	17
Native Hawaiian or Other Pacific Islander	4
Alaska Native or Native American	3
Other	658
Unknown/Not Reported	50
Sexual Orientation	**n = (1,317)**
Lesbian or Gay	4
Heterosexual	102
Bisexual	4
Other	7
Declined to Answer	143
No Entry	1,057
Gender Identity	**n = (1,317)**
Female	631
Male	678
Transgender	6
Declined to Answer	2
Language Spoken	**n = (1,317)**
English	1,177
Spanish	114
Farsi	2
Other	4
Unknown/Not Reported	20
Ethnicity	**n = (1,317)**
Hispanic	483
Non-Hispanic	453
No Entry	381
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Rapid Integrated Support and Engagement (RISE) is an outreach and engagement program that reaches out to individuals who have difficulty connecting to services, fall through cracks in the system, and have traditionally been underserved within the behavioral health system of care. RISE provides services to all individuals within Ventura County who need to be connected to a variety of resources, which include but are not limited to behavioral health services. RISE services are defined as any outreach contact that is provided to an individual to help connect them to the appropriate treatment provider or community resource. Our RISE team are bilingual and bicultural – providing direct support in the individuals' native language.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Our RISE team members work closely with local law enforcement (LE) to support individuals who have Serious Mental Illness (SMI) and frequently use emergency services. RISE Community Service Coordinators are paired with law enforcement officers from several departments within Ventura County. These agencies include the Ventura, Simi Valley, and Oxnard police departments, as well as the Sheriff's office, which covers the cities of Thousand Oaks and Camarillo. Unlike traditional co-responder models, which respond to crisis calls, the RISE LE carries a caseload of individuals who consistently use emergency services. The RISE LE partnership team typically receives its referrals from law enforcement officers, with the goal of providing support and resources to its clients before the individual reaches a crisis event. Providing support, engagement and referrals to ongoing services reduces

calls to service providers and reduces incarceration and hospitalization. These services are needed for successful treatment and recovery.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Our RISE staff also partner with our Health Care Agency, in Backpack Medicine and One Stops – providing an opportunity to connect with our most vulnerable community members needing linkage to behavioral health services and other much needed resources.

Rapid Integrated Support and Engagement (RISE)

Include examples of notable community impact.

A recent success story includes that of an individual who was a high utilizer of Law Enforcement service calls, unhoused, and reluctant to engage in behavioral health services. With the ongoing support and collaboration with local LE, our RISE Community Service Coordinator built a rapport and was able to link them to the much-needed services.

Age	Unduplicated Clients Served	Total Episodes
0-15	94	175
16-25	262	601
26-59	764	1,952
60+	197	544
Total	1,317	3,272

COMMUNITY SERVICE AND SUPPORTS (CSS)

General System Development (GSD)

General System Development (GSD) is a category under CSS that funds programs and services that support and improve the existing health service delivery system designed for all clients and, when appropriate, their families (including those qualifying for Full-Service Partnership programs and especially target populations). Additionally, a constant and concerted effort is always made to improve and transform systems of care focused on clients and families. Funds under GSD may be used to fund the following:

- Mental health treatment, including alternative and culturally specific treatments
- Peer support
- Supportive services to assist clients and, when appropriate, their family members, in obtaining employment, housing, and/or education
- Wellness centers
- Personal service coordination/case management to assist clients (and when appropriate their families), to access needed medical, educational, social, vocational, rehabilitative, or other community services
- Individual needs assessment
- Individual Services and Supports Plan development
- Crisis intervention/stabilization services
- Family education services

While these funds are focused on use to improve the County mental health service delivery system for all clients and their families, they can also be applied to collaborate with other non-mental health community programs and/or services and develop and implement strategies for reducing ethnic/racial disparities.

These programs are designed to promote interagency and community collaboration, and develop values-driven, evidence-based, and promising clinical practices to support populations with mental illness.

Subsequent sections describe the County GSD programming structure by categorizing specific programs under the following GSD subcategories:

- Crisis Intervention and Stabilization
- Individual Needs Assessment
- Treatment (non-FSP)
- Peer Support
- Peer Services Coordination and Case Management
- Client Transportation Program
- Forensic Pre-Admit/Mental Health Diversion Grant Program
- Linguistics Competence Services

COMMUNITY SERVICE AND SUPPORTS (CSS)

General System Development (GSD)

Program Demographics - Unduplicated Clients

Age Group	n = (12,918)
0-15 yrs.	998
16-25 yrs.	2,225
26-59 yrs.	6,295
60 & older	1,514
Unknown/Not Reported	1,886
Race	**n = (12,918)**
White	4,227
African American or Black	308
Asian	111
Native Hawaiian or Other Pacific Islander	79
Alaska Native or Native American	6
Other	4,045
Hmong	1
Unknown/Not Reported	4,141
Gender Identity	**n = (12,918)**
Female	5,138
Male	4,216
Transgender	11
Declined to Answer	7
Unknown/Not Reported	3,553
Sexual Orientation	**n = (12,918)**
Lesbian or Gay	46
Heterosexual	997
Bisexual	71
Queer, pansexual, and/or questioning	8
Other	75
Declined to Answer	1,320
No Entry	10,401

Ethnicity	n = (12,918)
Hispanic	4,208
Non-Hispanic	4,006
Unknown/Not Reported	4,704
Language Spoken	**n = (12,918)**
American Sign Language (ASL)	14
Arabic	6
Cambodian	1
Cantonese	3
English	8,331
Farsi	8
Japanese	1
Korean	1
Mandarin	1
Other	22
Other Sign Language	1
Portuguese	1
Russian	2
Spanish	914
Tagalog	8
Thai	1
Unknown/Not Reported	3,591
Vietnamese	12
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

COMMUNITY SERVICE AND SUPPORTS (CSS)

County-Wide Crisis Team

Program Demographics	
FY22-23 Total Program Cost	**$2,914,592.95**
Total Unique Individuals Served	2111
Cost Per Individual:	$1,380.67
Individuals Served during FY21-22	2,532
Target for 23-24	2,000
Age Group	**n = (2,111)**
0-15 yrs.	427
16-25 yrs.	526
26-59 yrs.	891
60 & older	267
Race	**n = (2,111)**
White	188
African American or Black	17
Asian	9
Alaska Native or Native American	1
Other	222
Hmong	1
Unknown/Not Reported	1,673
Sexual Orientation	**n = (2,111)**
Lesbian or Gay	4
Heterosexual	112
Bisexual	6
Queer, pansexual, and/or questioning	1
Other	17
Declined to Answer	157
No Entry	1,814
Gender Identity	**n = (2,111)**
Female	245
Male	201
Transgender	2
Unknown/Not Reported	1,663
Language Spoken	**n = (2,111)**
English	418
Spanish	22
Mandarin	1
Other	4
Unknown/Not Reported	1,666
Ethnicity	**n = (2,111)**
Hispanic	243
Non-Hispanic	154
No Entry	1,714
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The Crisis Team serves individuals of all ages who are experiencing a behavioral health crisis including those dealing with suicide ideation, mental illness, or substance use. Last fiscal year, the team continued to promote the offerings of mobile crisis services, informing the community how they could access assistance. The mobile crisis service team responds with a staff member who speaks the preferred language of the individual or family in crisis. If a bilingual staff member is not available, the team has access to an interpreter to provide the needed support. When providing community presentations, staff conduct the meeting in the preferred language of the target audience. Because there is a continued challenge of filling vacant positions, the team continues to focus on recruitment.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The Crisis Team continues to provide presentations throughout the community in the preferred language of the community receiving the presentation. Staff members discuss what mobile crisis services are and when and how to access them. They also work with our VCBH programs that are working in the community including homeless encampments and one-stops to equip each team member with information on Mobile Crisis Services.

COMMUNITY SERVICE AND SUPPORTS (CSS)

County-Wide Crisis Team

Include examples of notable community impact.

With the diversification of the team, the program has seen increased opportunities to work with families that are monolingual Spanish speaking and providing them with the needed information and education on how to manage a behavioral crisis and how to support - with a trained staff. Staff acknowledge preferred language and cultural norms/practices and work with the families by incorporating their natural resources and existing strengths into treatment and safety planning.

Age Group	Unique Client count	Client Episodes	Episodes Resulting in Telehealth/Field Visits	
0 - 15	425	550	265	48.2%
16 - 25	531	684	398	58.2%
26 - 59	892	1,228	703	57.2%
60+	268	364	195	53.6%
Total	2,111	2,826	1,561	

The Crisis Team's 24-hour Access Line responded to a total of 21,273 calls originating in Ventura County, including non-English speaking callers.

Crisis Line Calls in Fiscal Year 2022-0223				
Age Group	Clinical	Information	Request for Service	Total
0 - 15	1,340	1,304	394	3,038
16 - 25	1,390	923	241	2,554
26 - 59	5,001	5,710	924	11,635
60+	844	491	53	1,388
Unknown	321	2,160	177	2,658
Total	8,896	10,588	1,789	21,273

COMMUNITY SERVICE AND SUPPORTS (CSS)

MCOT CRSSA Grant – TAY Crisis Team

Fiscal Year 2022-2023 Total Program Cost: $213,064.79

Program Description

The Mobile Crisis Outreach for TAY (MCOT) team is comprised of one bilingual clinician, one bilingual Community Service Coordinator (CSC) and one Peer Specialist. The team currently operates Monday-Friday, 8 a.m. to 5 p.m., and provides crisis responses throughout Ventura County for 16 to 25-year-olds. Referrals to MCOT happen through the Access Hotline when community members or agencies call during business hours about an individual within the target age group. Once identified, the Access Hotline transfers calls to the MCOT team for dispatch or support. The MCOT team has a focus on including support systems in the crisis planning, and linkage to outpatient services. Individuals who have been assessed by the MCOT team may remain open to them for engagement and support through the process of being linked.

Program Highlights and Successes

The program launched in Fiscal Year 2022-2023 on February 2, 2023. There have been some challenges around creating a consistent internal referral process from the Access Hotline to MCOT and differentiating these targeted crisis services from the main Crisis Team without creating a confusing message for the community. Hiring the three staff was the primary challenge in the first year. Some of the other challenges include that we wrote into the grant that we would purchase texting software and there have been significant delays since the grant was finalized due to a lack of policies or procedures around texting communication. We were unable to purchase a new van due to fleet shortages, and all the modifications we made in Avatar to try to capture grant reporting data will likely not be continued in SmartCare.

Program Challenges and Mitigations

The MCOT clinician has now assisted with three direct admits from crisis into the VCPOP and Transitions clinics, which allowed these clients to bypass STAR and start VCBH services almost immediately. There has continued to be a need to closely collaborate with the Crisis Team's leadership to ensure effective communication between teams and to adjust protocols for any problems that come up.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Crisis Residential Treatment (CRT)

Program Demographics	
FY22-23 Total Program Cost	**$4,058,631.89**
Total Individuals Served	185
Cost Per Individual:	$21,938.55
Individuals Served during FY21-22	213
Age Group	**n = (185)**
16-25 yrs.	41
26-59 yrs.	144
Race	**n = (185)**
White	67
African American or Black	3
Asian	2
Other	113
Sexual Orientation	**n = (185)**
Heterosexual	23
Bisexual	1
Other	2
Declined to Answer	63
No Entry	96
Gender Identity	**n = (185)**
Female	70
Male	115
Language Spoken	**n = (185)**
English	175
Spanish	8
Tagalog	1
Vietnamese	1
Ethnicity	**n = (185)**
Hispanic	74
Non-Hispanic	95
No Entry	16
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Ventura CRT works closely with VCBH and the greater Ventura County Community. The program takes pride in having a low denial rate (under 10% of referrals). Staff can quickly "flex" treatment approaches given the clinical make-up of the population. This is notable since population needs can change from week to week (younger adults, justice involved, or persons on LPS conservatorship). The clinical team takes special notice of clients who have a recent or long history of homelessness and gaining their consent to more structured and safer discharge facilities. The goal is to break the "homelessness" cycle. This allows treatment to take hold and improves the client's recovery process. The major challenge last year was clients leaving treatment early. The majority are younger and have a significant history of substance abuse. The program has added several activities designed to enhance our overall program and experience at VCRT. The goal is to adjust to the active needs of this population such that they accept treatment and are more willing to remain at the site until safely discharged.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

VCRT prides itself in being a genuine partner with VCBH and the greater Ventura County Community with regards to open access to crucial short term crisis treatment. The staff have noticed a marked increase in referrals from clients who are justice involved, struggling with substance abuse, and those experiencing homelessness. It is crucial to identify these factors upon admission and to address them during daily treatment and in weekly staffing meetings. Focus is placed on historical and current barriers that lead to a disconnection with treatment and suitable shelter. The goal is for every client treated at VCRT to be discharged to a safe and therapeutic setting where they can continue their path to recovery.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Crisis Residential Treatment (CRT)

Include examples of notable community impact.

It is tough for Ventura CRT to gauge community impact, as partners refer clients to the program for treatment. There are former clients and family members who reach back out to the program seeking to return for treatment. This fact is testament that the program has had a positive impact in people's lives and more importantly, they see VCRT as a "safe" place for treatment. With regards to the partnership with VCBH, flexibility to admit seven days per week, extending into the late evening enables all to access our care more freely.

After-treatment success stories are often relayed by way of our sister facility, Hillmont House MHRC. In the last two years, 80% of clients discharged to Hillmont House remain in or have graduated treatment. This includes clients who have earned their GED, citizenship, and employment.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Crisis Stabilization Unit (CSU)

Program Demographics	
FY22-23 Total Program Cost	**$3,812,846.68**
Total Individuals Served	284
Cost Per Individual:	$13,425.52
Individuals Served during FY21-22	287
Target for 23-24	280
Age Group	**n = (284)**
0-15 yrs.	193
16-25 yrs.	91
Race	**n = (284)**
White	99
African American or Black	18
Asian	4
Native Hawaiian or Other Pacific Islander	3
Other	160
Sexual Orientation	**n = (284)**
Heterosexual	7
Bisexual	3
Other	2
Declined to Answer	8
No Entry	264
Gender Identity	**n = (284)**
Female	211
Male	72
Transgender	0
Unknown/Not Reported	1
Language Spoken	**n = (284)**
English	270
Spanish	14
Ethnicity	**n = (284)**
Hispanic	188
Non-Hispanic	64
No Entry	32
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The Crisis Stabilization Unit (CSU), operated by Seneca, serves Ventura County resident youth ages 6 to 17 who are experiencing a mental health crisis. Youth who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level of care up to inpatient hospitalization. Should inpatient hospitalization be required, the CSU facilitates this transfer process. Youth who do not meet criteria are stabilized at the CSU and discharged following a psychiatrist assessment, safety planning process and aftercare meeting with the youth, their caregiver and other service providers. The long-term goal of the CSU is to teach coping skills to youth and caregivers within a short period of time to alleviate the symptoms originally contributing to their CSU admission and engage in crisis management to divert or eliminate future hospitalization. The CSU is staffed with a master's level clinician, Registered Nurse and Mental Health Counselors who all provide stability and access to a psychiatrist 24 hours a day, 7 days per week. Seneca is committed to providing quality services to unserved and underserved populations. Their teams adhere to all required trauma informed practices, complete required cultural competence training and always have bilingual staff on duty. Seneca also participates in the quarterly CIT Stakeholders meeting with numerous agencies to ensure they receive regular updates on CSU eligibility. CSU coordinates closely with services providers at admission and discharge to ensure no gaps in services. CSU serves all youth in Ventura County regardless of insurance. In addition to our VCBH Crisis Team, we also launched the Mobile Response Team (MRT) to provide crisis services for enrolled Y&F Division clients. We continue to work collaboratively with Crisis Team and MRT to ensure a smooth admission to CSU when appropriate. CSU served a total of 284 youth, of which 66% percent were of Hispanic descent and only 5% were Spanish speaking.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Crisis Stabilization Unit (CSU)

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Fiscal year 2022-2023 continued to bring unique collaborative opportunities with Public Health, Hospitals, Law Enforcement, Crisis Team, community, families, and all service providers. VCBH continues to work collaboratively with law enforcement agencies and provides CIT (Crisis Intervention Training) for their officers to increase knowledge and identification of mental health issues to avoid unnecessary incarceration. CIT Training is now embedded as part of the Training Academy for Law Enforcement. Police departments across our county account for 12% of referrals to CSU.

Include examples of notable community impact.

In fiscal year 2022-2023, the CSU continued to experience the challenge of a lack of Southern California inpatient beds for youth, including ambulance wait times, Inpatient Psychiatric Unit (IPU) availability, and emergency department procedures. The program has attempted to mitigate this by being flexible with program processes where possible, and continued communication with partnering agencies to ensure that procedures are understood. Vista Del Mar's Hospital loss of LPS designation also posed a challenge for youth in need of a psyciatric hold.

CSU has continued to provide a valuable service in our community and has maintained an overall 45% diversion rate. Of the youth on diversion, 91 % were discharged to caregivers and 9% to COMPASS. Currently, 35% of all referrals to CSU are from the City of Oxnard. As part of our collaboration with CSU, a bed notification availability is sent to VCBH clinics and Crisis Team first thing in the morning.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Screening, Triage, Assessment and Referrals (STAR)

Program Demographics	
FY22-23 Total Program Cost	**$2,642,334.58**
Total Individuals Served	3,497
Cost Per Individual:	$755.60
Individuals Served during FY21-22	2,335
Target for 23-24	N/A
Age Group	**n = (3,497)**
0-15 yrs.	255
16-25 yrs.	414
26-59 yrs.	803
60 & older	139
Unknown/Not Reported yrs.	1,886
Race	**n = (3,497)**
White	484
African American or Black	31
Asian	4
Native Hawaiian or Other Pacific Islander	10
Alaska Native or Native American	2
Other	537
Unknown/Not Reported	2,429
Sexual Orientation	**n = (3,497)**
Lesbian or Gay	8
Heterosexual	163
Bisexual	16
Other	21
Declined to Answer	271
No Entry	3,018
Gender Identity	**n = (3,497)**
Female	889
Male	719
Unknown/Not Reported	1,889
Language Spoken	**n = (3,497)**
English	1,365
Spanish	222
American Sign Language (ASL)	2
Russian	1
Unknown/Not Reported	1,907
Ethnicity	**n = (3497)**
Hispanic	515
Non-Hispanic	766
No Entry	2,216
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The STAR program provides screening, triage, assessment and/or linkage to appropriate mental health services and support in an efficient, high-quality, culturally sensitive manner county-wide. In cases where individuals do not qualify for specialty mental health services, they are referred to appropriate levels of care to fit their needs. The program continued to see an increase in the number of individuals seeking behavioral health services. Serving individuals in a timely fashion is difficult given the high vacancy rate of direct care staff needed to complete the assessment. In December 2022, the Department of Health Care Services (DHCS) provided the Standardized Statewide Adult & Youth Screening Tools to guide referrals of adults and youth beneficiaries to the appropriate mental health delivery system. This allowed for a timelier approach for adults and youth to reach the appropriate treatment provider, removing the requirement of a 7-domain assessment needing to be completed, prior to the start of treatment.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Screening, Triage, Assessment and Referrals (STAR) is the starting point for most individuals seeking behavioral health services. When the individual or family requests services, STAR staff works with them to determine their immediate needs. If they need support with appropriate linkage to resources, they are connected to our outreach teams RISE or Logrando Bienestar - that can provide extensive case management support. The goal is to reduce barriers to success and to connet cleints with appropriate treatment providers.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Screening, Triage, Assessment and Referrals (STAR)

Include examples of notable community impact.

As the program implemented the DHCS Standardized Screening Tool, a requirement of CalAIM, the staff was able to serve clients in a more streamlined and timely fashion in directing the individual to the appropriate delivery system. As the intake process has become streamlined with CalAIM the need to have a separate assessment team has diminished. As a result, the program will be discontinued. Staff will be redistributed into the existing clinics as a part of a more integrated experience for clients. The new services will be called the Short-Term Treatment Team in the Adult clinics and for children, the Youth and Family Intake team.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Fillmore Community Project

Program Demographics	
FY22-23 Total Program Cost	**$611,039.66**
Total Individuals Served	188
Cost Per Individual:	$3,601.27
Individuals Served during FY21-22	164
Age Group	**n = (188)**
0-15 yrs.	123
16-25 yrs.	65
Race	**n = (189)**
White	81
African American or Black	1
Native Hawaiian or Other Pacific Islander	1
Other	104
Unknown/Not Reported	2
Sexual Orientation	**n = (188)**
Heterosexual	8
Bisexual	1
Other	1
Declined to Answer	7
No Entry	171
Gender Identity	**n = (188)**
Female	102
Male	86
Transgender	0
Unknown/Not Reported	0
Language Spoken	**n = (188)**
English	152
Spanish	33
Cantonese	1
Unknown/Not Reported	2
Ethnicity	**n = (188)**
Hispanic	144
Non-Hispanic	11
No Entry	33
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

The Fillmore Youth and Family Clinic team continues to serve clients in the city of Fillmore and neighboring rural communities. The clinic saw a 15% increase in client census during Fiscal Year 2022-2023 with 189 clients served during this period. There has been a slight increase in clients that identify as Latinx/Latiné (from 91% to 93%). The staff has also increased by 68% the number of case management services provided. This has been largely due to the implemented operational changes, such as having treatment team meetings twice a week where the case manager is present and has been able to prompt an increase in referrals of these services. This reflects the need of this isolated community and the struggles connected to the socioeconomic status of our families. Additionally, the team has been re-establishing relationships with local organizations that tend to serve a large percentage of Latinx youth: One Step A La Vez and the Fillmore Unified School District. Through educational sessions and collaborative meetings, the team has seen an increase in referrals for services.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

As indicated above, one key difference is the operational change that led to an increase in referral and utilization of the assigned case manager. Second, establishing relationships and coordinating care with community organizations has led to an increase in collaboration, referrals of youth for specialty mental health services and better access to care. Third, having staff that can provide services in Spanish has also contributed to increase in access as well as quality of care. A major challenge identified is a lack of community services that provide essential support to the overall wellness of youth and transition to adulthood (for our older clients). Community centers, TAY-focused programs, afterschool recreational facilities, job-training sites are examples of services that lack in the region but that are crucial to supporting youth in developing their basic life skills, positive and healthy relationships and future job skills and career connections. Although these services are not identified as mental health services, they work in adjunct to SMHS

to provide whole-person-care for our youth and help reduce relapse of mental health and substance use disorders later in life. This is particularly important to the underserved, Latinx and low-income youth.

Include examples of notable community impact.

One of the recommendations from the Specialized Focus Groups was addressing the difficulty of having a separate conversation about mental health from cultural stigma. Having the Fillmore clinic located in a non-descript County building (that also houses medical clinic and social services) reduces that stigma. The second recommendation was the need for cultivating trust within community to address the barriers that prevent connection to mental health services. This program has addressed this by continued and regular meetings with various community organizations, by providing educational presentations to improve knowledge and understanding of specialty mental health services and discuss and problem-solve barriers to accessing services and engaging in treatment. Lastly, the clinical staff provide continues psychoeducation to the youth and their families regarding trauma and its impact on mental health.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Transitional Age Youth Outpatient Treatment Program – Non-FSP

Program Demographics	
FY22-23 Total Program Cost	**$1,900,864.03**
Total Individuals Served	577
Cost Per Individual:	$3,294.39
Individuals Served during FY21-22	412
Age Group	**n = (577)**
16-25 yrs.	574
26-59 yrs.	3
Race	**n = (577)**
White	206
African American or Black	23
Asian	7
Native Hawaiian or Other Pacific Islander	8
Other	329
Unknown/Not Reported	4
Sexual Orientation	**n = (577)**
Lesbian or Gay	4
Heterosexual	6
Bisexual	4
Declined to Answer	14
No Entry	549
Gender Identity	**n = (577)**
Female	348
Male	227
Transgender	2
Language Spoken	**n = (577)**
English	540
Spanish	31
American Sign Language (ASL)	2
Tagalog	1
Other	2
Unknown/Not Reported	1
Ethnicity	**n = (577)**
Hispanic	376
Non-Hispanic	131
Unknown/Not Reported	70
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

The TAY program strives to provide services to unserved and underserved populations. When there is a language barrier, there are staff available to work with the client in their preferred language and if there is not a member of staff available with the preferred language, certified interpreters are utilized to help with communication. This communication helps to reduce ethnic and cultural disparities, so the needs of the clients are better understood. It also identifies what the barriers are for care coordination and how to best support/educate clients and their families, so clients feel supported and heard. TAY staff regularly have training and discussions about disparities in care and how to bridge the gaps for the clients. Cultural considerations are regularly discussed in treatment team meetings so that all team members can gain an understanding and learn from clients and peers about what the need will be to participate in and access care.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The TAY program works closely with the housing team to allow TAY clients access to the TAY Housing Grant to support clients who are homeless or at risk of becoming homeless, providing them with rental assistance, motel vouchers or basic needs. Staff work closely with the forensics department to support clients who are in the Mental Health Diversion program or Mental Health Court to engage clients in treatment services so that they can complete the programs successfully. The TAY program provides comprehensive mental health services to clients with multiple barriers, utilizing a lens of cultural humility, to move clients toward personal recovery by providing stabilization and skill development to live an independent and successful life within the community.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Transitional Age Youth Outpatient Treatment Program – Non-FSP

Include examples of notable community impact.

One of the community issues identified has been to increase TAY services across Ventura County and expand the service areas so that the most culturally and linguistically competent services are provided to the most impacted residents. With the County focusing on expanding its FSP services to TAY clients, non-FSP TAY services will be able to expand in the East County and Santa Clara Valley so that TAY aged clients can access specialized services for this age group instead of accessing services through the adult clinics. Having access to specialized TAY services throughout the County will help to reduce disparities within the organization and long-standing inequities of health care systems that have an impact on the most vulnerable communities. If TAY clients receive the necessary care, compassion, skill building and evidence-based practices, the number of clients who remain in specialty mental health care beyond this age group would be reduced.

COMMUNITY SERVICE AND SUPPORTS (CSS)

VCBH Adult Outpatient Treatment Program

Program Demographics	
FY22-23 Total Program Cost	**$24,263,740.45**
Total Individuals Served	6,076
Cost Per Individual:	$3,993.37
Individuals Served during FY21-22	5,731
Age Group	**n = (6,076)**
16-25 yrs.	514
26-59 yrs.	4,454
60 & older	1,108
Race	**n = (6,076)**
White	3,102
African American or Black	215
Asian	85
Native Hawaiian or Other Pacific Islander	57
Alaska Native or Native American	2
Other	2,574
More than one race	7
Unknown/Not Reported	34
Sexual Orientation	**n = (6,076)**
Lesbian or Gay	30
Heterosexual	624
Bisexual	32
Queer, pansexual, and/or questioning	6
Other	23
Declined to Answer	751
No Entry	4,610
Gender Identity	**n = (6,076)**
Female	3,273
Male	2,796
Transgender	7

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

In Fiscal Year 2022-2023, the Adult Outpatient Non-FSP Clinic continued to recover from the pandemic. Clinic operations returned to pre-Covid levels with groups and individual sessions held in-person. Telemedicine continued to be a usual modality to treat clients. Psychiatrists and some therapists used telemedicine to overcome any barriers to accessing services. In-person contact was encouraged as much as possible to properly treat clients with severe and persistent mental illness. The last half of Fiscal Year 2022-2023 focused on preparing for CalAIM and transition of new Electronic Health Record from Avatar to SmartCare. Staff dedicated significant hours to getting properly trained with all the CalAIM initiatives like payment reform.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The Adult Outpatient Non-FSP program's goals are to provide outpatient mental health services for the severe and persistent mentally ill population of Ventura County. With the use of RISE (Rapid Integrated Support & Engagement), underserved and unserved groups are targeted to ensure appropriate connection with outpatient clinics. The Peer Support Specialist was piloted at a few clinics with the goal of reaching vulnerable populations. Overall, the clinic census numbers continued to increase with no increase in staffing.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Transitional Age Youth Outpatient Treatment Program – Non-FSP

Program Demographics Continued

Language Spoken	**n = (6,076)**
American Sign Language (ASL)	10
Arabic	6
Cambodian	1
Cantonese	2
English	5,411
Farsi	8
Japanese	1
Korean	1
Other	16
Other Sign Language	1
Portuguese	1
Russian	1
Spanish	584
Tagalog	6
Thai	1
Unknown/Not Reported	15
Vietnamese	11
Ethnicity	**n = (6,076)**
Hispanic	2,668
Non-Hispanic	2,785
Unknown/Not Reported	623
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Include examples of notable community impact.

One success story is C.R. She is a 46-year-old Caucasian female who was chronically homeless and changing placements due to symptoms of Schizophrenia (i.e. had delusions that people were abusing her infant, and she would leave those placements to find other placements). Multiple CPS reports were completed due to allegations that others were harming her child, but this was likely related to delusional thought content associated with her mental illness. She was connected to one of the Adult Outpatient Non-FSP clinics and was a Tri-Counties Regional Center client. After working with VCBH clinical staff, the client is now medication compliant, living independently and managing symptoms. The client's daughter goes to school, and she is involved in her daughter's education. Her daughter will be baptized, and she is celebrating with her family. She can complete chores and activities of daily living.

COMMUNITY SERVICES AND SUPPORTS (CSS)

The following section reports on programs within General System Development (GSD) that utilize peers to provide services to clients.

COMMUNITY SERVICE AND SUPPORTS (CSS)

The Client Network (CN)

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

The Client Network is a peer-run advocacy organization with a client-centered approach to mental health recovery. The Client Network promotes hope, respect, personal empowerment, and self-determination. It advocates for clients to become full partners in their unique treatment and recovery journeys. Certified Peer Support Specialists provide one-on-one peer support, resources, and referrals. The Client Network promotes measures that counteract stigma and discrimination against mental health consumers by increasing representation, involvement, and empowerment at all levels of the mental health system where client voices have traditionally not been heard. The Client Network collaborates with community partners on client outreach and engagement. Members sit on the Behavioral Health Advisory Board and its subcommittees and participate in stakeholder groups, workshops, and mental health conferences. As a part of the Mental Health Services Act (MHSA) Community Program Planning (CPP) process, the Client Network actively contributes to shaping mental health policy and programming through the stakeholder process at the County and departmental levels. Client Network Advocates collaborate with the Ventura County Behavioral Health Department and the Behavioral Health Advisory Board during the 3-year strategic planning process, the annual EQRO, and ongoing QIC efforts.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc. examples of notable community impact.

In December, Client Network holiday celebrations were held for clients at adult residential facilities. Lunch and or dinner was provided for residents along with holiday treats, gift cards, and personal items, e.g., clothing, toiletries. Bus Passes were also provided. In addition, peer support was available as part of the holiday party socialization. In May, the "Client Network Fiesta" was held in honor of Mental Health Awareness Month which coincided with Cinco de Mayo. An onsite lunch was provided for 75 clients at their residence. Clients participated in games, danced to music, and received gift cards, a snack bag and bus passes.

COMMUNITY SERVICE AND SUPPORTS (CSS)

The Client Network (CN)

	Name of meetings Peers attended during the year. (Many multiple times)
Example of the meetings the Peers attended for the year:	Behavioral Health Advisory Board - General Meeting
	Behavioral Health Advisory Board - Adult Service Committee
	Behavioral Health Advisory Board - Executive Committee
	Behavioral Health Advisory Board – Prevention Committee Meeting
	Behavioral Health Advisory Board – Ombudsman Workgroup
	Board of Supervisors Ethics Training
	Substance Abuse and Mental Health Services Administration Meetings
	Area Housing Authority Meeting
	California Association of Local Behavioral Health Boards and Commissions Meetings
	National Alliance on Mental Health Town Meetings
	Peer Leadership Collaboratives Copeland Center
	California Association of Mental Health Peer-Run Organizations - Pro Peer Workforce Committee
	VCBH Peer Workgroup
	Mental Health Services Oversight & Accountability Commission Meetings
	CalVoices Access Monthly Meeting
	Law and Ethics Medical Training

	Date	Event	Number of Residents
Peer Support Events	December 2022	Client Network Holiday Event	63
	May 2023	Client Network Cinco de Mayo Fiesta	75
		Advocacy Events	225
		Peer Support 1:1 Sessions	319
		Bus Passes	4,697
		Gas Cards (discontinued Oct 2022)	7
		Gift Cards	135

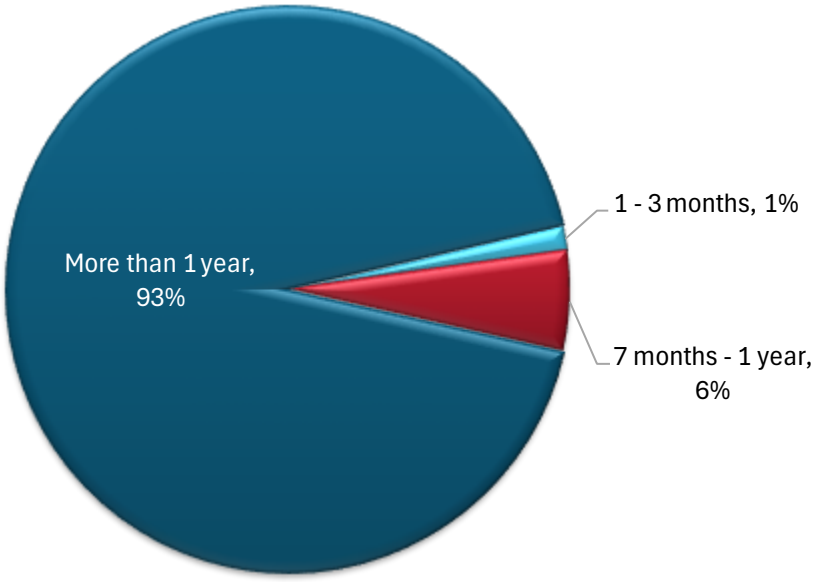
COMMUNITY SERVICE AND SUPPORTS (CSS)

The Client Network (CN)

This program distributes satisfaction surveys twice yearly for a duration of one month each time. These Client Perception and Satisfaction Survey Results* are shown in the table below:

Please indicate how much you agree with each statement (n= 67)	
Staff were sensitive to my cultural background (e.g., ethnic/religious beliefs)	98%
Services were available in my preferred language	95%
I was able to get connected to services I thought I needed	81%
Overall, I am satisfied with the services I received	88%
I would recommend these services to a friend or family member	90%
I am happier with the friendships I have	98%
I have people with whom I can do enjoyable things	98%
I do better in social situations	92%
My housing situation has improved	97%
I feel I belong in my community	92%
I feel better about myself	91%
I am better able to handle things when they go wrong	82%

How long have you been participating in services?



COMMUNITY SERVICE AND SUPPORTS (CSS)

Family Access and Support Team (FAST)

Program Demographics	
FY22-23 Total Program Cost	**$856,694.48**
Total Individuals Served	214
Cost Per Individual:	$4,003.25
Individuals Served during FY21-22	205
Target for 23-24	200
Age Group	**n = (214)**
0-15 yrs.	147
16-25 yrs.	66
Unknown/Not Reported yrs.	1
Gender Identity	**n = (214)**
Female	100
Male	112
Other	2
Ethnicity	**n = (214)**
Hispanic	139
Non-Hispanic	23
No Entry	52
Race	**N/C**
Sexual Orientation	**N/C**
Language Spoken	**N/C**
Veteran	**N/C**
Disability - Communication	**N/C**
Disability - Mental (not SMI)	**N/C**

N/C=Not Collected for this program at this time

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

The program is designed to provide services to severely emotionally disturbed (SED) children, youth and their families served by Ventura County Behavioral Health, who are at high risk for hospitalization or out-of-home placement. It is intended to be one component of a larger system of care that will work collaboratively within a community of service provision, providing a family and purpose-driven system of support to children and families. The United Parents Family Access and Support Team (FAST) program is staffed solely with Parent Partners (Peer Support Specialists) who are parents or caregivers who have raised children with a serious mental/emotional disorder. The Parent Partners receive specialized training to support others in similar situations. Parent Partners collaborate with the treatment team, providing intensive home-based services to families. They offer a menu of services to support the goals of the family and program including education, support, stabilization and promoting wellness and resiliency, inspiring hope, and encouraging advocacy. They respect the values and cultural, linguistic uniqueness of each community, practice authenticity, acknowledge the importance of cultural responsiveness and humility, and model techniques with both individual and group modalities to support parents in strength-based skill-building and increase knowledge regarding their child's mental health status. The program also addresses increasing knowledge regarding services and resources to assist in alleviating crises. The Parent Partners also facilitate monthly support groups in the community and via Zoom as an additional layer of support and resource sharing to those families who are receiving or will receive VCBH services. The Parent Partners also provide services and support for families of other County or community-based programs including Seneca Family of Agencies Children's Crisis Stabilization Unit/COMPA, VCBH Access and Outreach program, and Insights program through Probation.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

Many families do not have reliable transportation, access to the internet, or a private space to receive services, causing further interruption in care and support. The Parent Partners meet the families where they are i.e. in a safe and convenient location. They bring electronic devices to help families without internet connection fill out necessary paperwork and forms to assist with their needs. Families who prefer not to meet in-person are able to meet the Parent Partners via Zoom. Parent Partners continue to be flexible and creative in their outreach to support and engage families any way possible.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Fast Access and Support Team (FAST)

In the prior fiscal year, the demand for services has greatly increased and the severity of the diagnoses, trauma, and need has also increased. Sixty five percent of the clients served in Fiscal Year 2022-2023 were Hispanic and 57% of the Parent Partners are also Hispanic allowing them to relate to and deeply connect culturally with the families they are serving. Staff who are stationed at satellite locations i.e. Insights/Probation, Access and Outreach, Seneca continue to meet the families where they are and assist with crisis intervention and provide a smooth connection to the resources they need. The Parent Partners at these locations are speak English and Spanish.

The agency continues to offer and conduct "refresher presentations" to ensure that all clinics have the most up to date information regarding our referral process and waiting list for services. The staff have been utilizing SmartCare and began billing Medi-Cal in January 2023 (2 of 9 PPs). In July 2024, all Parent Partners will be involved and billing Medi-Cal. All Parent Partners are working toward their Peer Certifications. There are now six Certified Peer Support Specialists and three who are scheduled for their exam. One is scheduled to retake the exam, and another will begin training in May 2024. Our program has continued to implement multiple support groups in-person in the community. In Fiscal Year 2022-2023, there are five support groups -two Spanish speaking groups (Oxnard and Santa Paula), one bilingual group (Oxnard), and two English speaking groups (one in Oxnard for fathers only) and one online group. Most of the attendees live in a high-need, unserved/underserved area and are appreciative of this support and are asking for more frequent gatherings. The program provides meals and childcare for all the the support groups.

Community Client Referrals

Program	Referrals
RISE	90
Seneca	78
Insights	1

Include examples of notable community impact.

The program continues to establish and provide services in underserved areas including Oxnard, Fillmore, Simi Valley, Ventura, Santa Paula, Ojai, and Piru. We have parent support groups that are open to anyone in the community and provide dinner and childcare to attract families, In October 2023, a new support group for families began for parents of justice-involved youth and who experience incarceration and attend court. This support group focuses on learning to navigate the juvenile justice system, connection, and resource support, as well as providing an opportunity for parents to build their natural support network. The program will also be opening a parent drop-in center later this year, where anyone in the community can come in and obtain information on community resources, flyers, receive support, and get connected to services.

Parent Partners connect families to the appropriate and necessary support including housing , rental assistance, food pantries, clothing vouchers, legal aid assistance, cash aid, government assistance and employment services. United Parents has an emergency fund established through fundraising and donations to help clients with temporary assistance while waiting for long-term support. The emergency fund has helped families with rental assistance, utility payments and gift cards for clothing.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Fast Access and Support Team (FAST)

United Parents has a reputation for helping any family in need. If there is a need, the agency will find a way to help or connect. The program fosters strong relationships with other community partners and County representatives, allowing for a smooth transition between services for families.

This program distributes satisfaction surveys twice a year for f one month at a time. The Client Perception and Satisfaction Survey Results* are shown in the table below:

Please indicate how much you agree with each statement (n= 10)	
Staff were sensitive to my family's cultural background (e.g., ethnic/religious beliefs)	90%
Services were provided to my family in our preferred language	100%
My child was connected to services that were right for them	90%
Overall, I am satisfied with the services we received.	100%
I would recommend this program to a friend or family member	100%
My child gets along better with family members	70%
My child gets along better with friends and other people	50%
My child is doing better in school	90%
My child is better able to cope when things go wrong	70%
My child is better able to do things he or she wants to do	70%
I am aware of when I need to ask for help for my child	80%
I know where to find help when my child is having a problem	100%
I believe treatment can help people with mental illness lead normal lives	100%
The parent partners are generally caring and sympathetic to people with mental illnesses	80%

How long have you been participating in services?

COMMUNITY SERVICE AND SUPPORTS (CSS)

Growing Works

Program Demographics	
FY22-23 Total Program Cost	**$24,263,740.45**
Total Individuals Served	6,076
Cost Per Individual:	$3,993.37
Individuals Served during FY21-22	5,731
Age Group	**n = (6,076)**
16-25 yrs.	514
26-59 yrs.	4,454
60 & older	1,108
Race	**n = (6,076)**
White	3,102
African American or Black	215
Asian	85
Native Hawaiian or Other Pacific Islander	57
Alaska Native or Native American	2
Other	2,574
More than one race	7
Unknown/Not Reported	34
Sexual Orientation	**n = (6,076)**
Lesbian or Gay	30
Heterosexual	624
Bisexual	32
Queer, pansexual, and/or questioning	6
Other	23
Declined to Answer	751
No Entry	4,610
Gender Identity	**n = (6,076)**
Female	3,273
Male	2,796
Transgender	7

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

Growing Works is a non-profit, wholesale plant nursery and mental health recovery/job preparedness program of Turning Point Foundation. Volunteers, called Members, must complete 108 hours of service, WRAP, and a job skills class to become eligible for one of eight supported employment positions.

Members and Supported Employees work on their recovery by practicing coping skills as they participate in nursery functions including watering, transplanting, order pulling and preparation, taking inventory, and making deliveries.

Growing Works provides a purposeful safe, stigma-free environment where everyone shares in victories. The program is proud of its individualized approach and ability to develop Members' skills and strengths.

The program is proud to serve nursery customers from Los Angeles to Solvang and has earned a reputation for excellent quality and customer service. Specific customers inlcude Santa Barbara Botanic Garden, UCLA Mathias Botanical Garden, Flora Grubb LA, and The Huntington. This excellence is a direct result of the work of the consumer members and the consumer supported employees. Our success and celebrations make a statement to our consumer clients about their abilities, achievements, and valuable contributions to our business.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

The change to Smart Care has brought many significant changes to the program over the last two years. The small team has mastered new software and continues to refine productivity goals and how to effectively meet those goals within the new payment for service system.

The mental health recovery program operates a $250,000+ sales/year specialized nursery business with just over five staff members. The program's hope is to expand nursery staff in the next year to meet these needs and the demands of a growing business.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Growing Works

The Members, Supported Employees and Staff are feeling the effects of inflation individually and corporately in the way of rent increases, inflated gas prices, utility increases, and higher food costs. Nursery supply costs have also increased significantly in the last two years, in some cases as much as over 200%.

Staff consists of a Program Manager, a Recovery Lead, a Recovery Specialist, and a Peer. This small-sized team facilitates the consumer recovery program, but any absences or leave time creates challenges in supporting our program goals.

Program Demographics Con't.

Primary Language Spoken	**n = (32)**
Declined to Answer	1
English	29
Spanish	2
Ethnicity	**n = (32)**
Declined to Answer	4
Hispanic/Latino	9
More Than One Ethnicity	2
Non-Hispanic	9
Unknown/Not Reported	8
Veteran	**n = (32)**
Declined to Answer	4
No	27
Unknown/Not Reported	1
Disability - Communication	**n = (7)**
Hearing or Having Speech Understood	4
Seeing	3
Disability - Mental (not SMI)	**n = (2)**
Learning	2
Disability - Physical/Mobility	**n = (9)**
Physical/Mobility	4
Chronic Health Condition	3
Disability - Other	**n = (2)**
Other	2

Include examples of notable community impact.

The program continues to enhance employment opportunities for clients to meet their recovery goals.

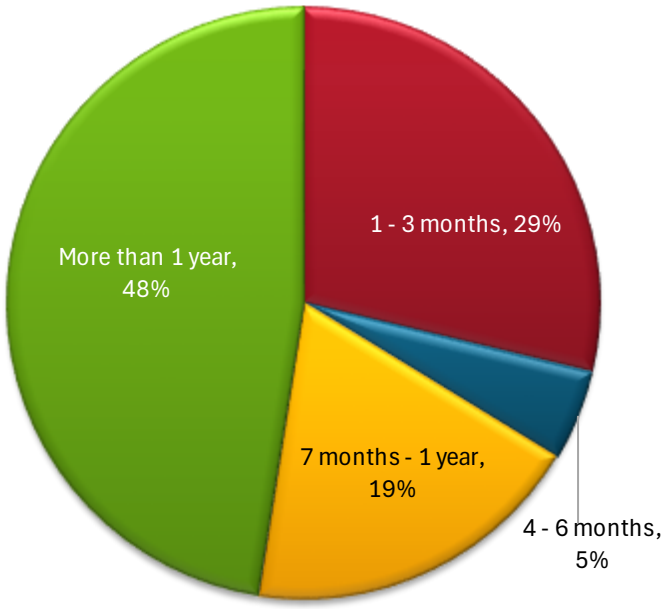
COMMUNITY SERVICE AND SUPPORTS (CSS)

Growing Works

This program distributes satisfaction surveys twice a year for one month at a time. These Client Perception and Satisfaction Survey Results* are shown in the table below:

Please indicate how much you agree with each statement (n= 22)	
Staff were sensitive to my cultural background (e.g., ethnic/religious beliefs)	79%
Services were available in my preferred language	90%
I was able to get connected to services I thought I needed	95%
Overall, I am satisfied with the services I received	90%
I would recommend these services to a friend or family member	90%
I am happier with the friendships I have	91%
I have people with whom I can do enjoyable things	85%
I do better in social situations	73%
My housing situation has improved	58%
I feel I belong in my community	80%
I feel better about myself	86%
I am better able to handle things when they go wrong	77%

How long have you been participating in services?



COMMUNITY SERVICE AND SUPPORTS (CSS)

Adult Wellness Center and Mobile Wellness

Program Demographics	
FY22-23 Total Program Cost	**$51,579.40**
Total Individuals Served	864
Cost Per Individual:	$59.70
Individuals Served during FY21-22	539
Age Group	**n = (864)**
16-25 yrs.	44
26-59 yrs.	509
60 & older	171
Declined to Answer	12
Unknown/Not Reported	128
Race	**n = (864)**
African American or Black	38
Alaska Native or Native American	20
Asian	9
Declined to Answer	49
Hispanic/Latino	102
More than one Race	91
Native Hawaiian or Pacific Islander	1
Other	89
Unknown/Not Reported	150
White	315
Sexual Orientation	**n = (872)**
Bisexual	18
Declined to Answer	91
Heterosexual	588
Lesbian or Gay	34
Other	7
Queer, pansexual, and/or questioning	7
Unknown/Not Reported	127

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

In 2022, the Wellness Center embarked on several new initiatives. Starting in 2022, the administration oversaw the process of assisting all Peers within Turning Point Foundation to get state certified as Medi-Cal Peer Support Specialists. To date, four peers have successfully completed the process, while many others are in the the process of completing training and exams to get certified.

The Programa Latino Indigena (PLI) program was restarted, after closing during the pandemic. This program targets Indigenous, Spanish-speaking members of the community who are not presently enrolled in services. The group is led by bilingual staff members and starts out monthly. The first meeting, which was held in mid-January 2023, had a large turnout. Additionally, The Wellness Center hosted a community resource fair in the fall of 2022 at their site, which was attended by a dozen Mental Health and Wellness Programs within the Oxnard community. The fair saw over 100 individuals in the community attend and helped lead to the creation of the PLI program based on the results of the community needs assessment that was conducted.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues.

The program increases access to recovery services by offering support in addition to or without the pressure of requiring enrollment in traditional mental health services. The Adult Wellness Center reaches out to underserved individuals, low-income populations, monolingual Spanish-speaking populations, and homeless populations throughout the County, offering an array of on-site and off-site supports and referrals to those who historically have not accessed services through the traditional behavioral health clinic system. The program also provides support for individuals as they transition out of other mental health programs. The program was designed by and is run by peers who support members in designing their own unique recovery plans and creating meaningful goals utilizing the Wellness Recovery Action Plan (WRAP) in English and Spanish. Mobile Wellness Services provides support and facilitates four WRAP groups per week at the Wellness Center, plus six WRAP.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Adult Wellness Center and Mobile Wellness

Program Demographics Con't	
Primary Language Spoken	**n = (954)**
Declined to Answer	13
English	674
Other	9
Spanish	132
Unknown/Not Reported	126
Ethnicity	**n = (864)**
Declined to Answer	100
Hispanic/Latino	318
More Than One Ethnicity	63
Non-Hispanic	141
Other	35
Unknown/Not Reported	207
Veteran	**n = (864)**
Declined to Answer	49
No	626
Unknown/Not Reported	132
Yes	57
Disability - Communication	**n = (245)**
Hearing or Having Speech Understood	26
Communication	3
Seeing	111
Multiple Communication Disabilities	105
Disability - Mental (not SMI)	**n = (97)**
Learning	50
Dementia	2
Other	3
Developmental	29
Multiple Mental Disabilities	13
Disability - Physical/Mobility	**n = (248)**
Physical/Mobility	36
Chronic Physical Disability	139
Multiple Physical Disabilities	72
Disability - Other	**n = (25)**
ADHD	1
Another Disability	22
Blood Pressure	1
Pain in Body	1

groups per week at off-site loctions in the community for underserved populations, including Board and Care, transitional and homeless services, and Veteran Services.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Adult Wellness Center and Mobile Wellness

This program distributes satisfaction surveys twice a year for one month at a time. These Client Perception and Satisfaction Survey Results* are shown in the table below:

Please indicate how much you agree with each statement (n= 64)	
Staff were sensitive to my cultural background (e.g., ethnic/religious beliefs)	82%
Services were available in my preferred language	90%
I was able to get connected to services I thought I needed	81%
Overall, I am satisfied with the services I received	86%
I would recommend these services to a friend or family member	87%
I am happier with the friendships I have	82%
I have people with whom I can do enjoyable things	87%
I do better in social situations	71%
My housing situation has improved	73%
I feel I belong in my community	77%
I feel better about myself	79%
I am better able to handle things when they go wrong	74%

How long have you been participating in services?

COMMUNITY SERVICE AND SUPPORTS (CSS)

TAY Wellness Center

Program Demographics	
FY22-23 Total Program Cost	**$587,121.71**
Total Individuals Served	111
Cost Per Individual:	$5,289
Individuals Served during FY21-22	109
Target for 23-24	100
Age Group	**n = (111)**
16-25 yrs.	109
26-59 yrs.	1
Declined to answer	1
Race	**n = (111)**
White	15
African American or Black	7
Declined to Answer	11
Unknown/Not Reported	13
Latino/Hispanic	57
More than one Race	6
Sexual Orientation	**n = (111)**
Lesbian or Gay	7
Heterosexual	45
Bisexual	13
Queer, pansexual, and/or questioning	10
Declined to Answer	15
Unknown/Not Reported	21
Gender Identity	**n = (111)**
Female	42
Male	30
Transgender	2
Genderqueer	2
Other	2
Declined to Answer	12
Unknown/Not Reported	21

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable

The TAY Tunnel serves all transitional aged youth (TAY) ages 18–25 dealing and recovering from mental illness and/or substance use at Ventura County. The Center empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe, and welcoming environment. Bilingual staff with lived experience provide peer driven activities such as the development of achievement plans, Wellness and Recovery Action Plans (WRAP), employment services, creative expression, advocacy, housing linkage, health navigation, SMART recovery, linkage to mental health and other community activities critical to recovery and independence.

Through the Homeless Management Informational System (HMIS) the TAY Tunnel has been able to have individuals complete a Vulnerability Index and the Service Prioritization Decision Assistance Tool. The assessment will improve the chances for the youth to access permanent supportive housing while receiving services at the center.

The TAY Tunnel also provides an array of opportunities to find a meaningful role in life and in their community, such employment services, and Medical Peer Training Certification. In the new fiscal year, the Center will continue to create partnerships to increase its education workshops for youth to access. A good example of this is the center's continued relationship with Planned Parenthood Partnership, which offers a variety of health workshops.

COMMUNITY SERVICE AND SUPPORTS (CSS)

TAY Wellness Center

Program Demographics, con't.	
Primary Language Spoken	**n = (111)**
English	71
Spanish	15
Declined to Answer	15
Unknown/Not Reported	10
Ethnicity	**n = (111)**
Hispanic	52
Non-Hispanic	8
More Than One Ethnicity	10
Declined to Answer	18
Unknown/Not Reported	23
Veteran	**n = (111)**
Yes	1
No	77
Unknown/Not Reported	33
Disability-Communication	**n = (10)**
Seeing	3
Hearing or Having Speech Understood	2
Multiple Communication Disabilities	4
Other	1
Disability-Mental	**n = (10)**
Learning	6
Multiple Mental Disabilities	2
Other	2
Disability-Physical/Mobility	**n = (7)**
Physical/Mobility	4
Chronic Health Condition	3

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues

To address the growing need to provide substance abuse services in Ventura County, the center uses the harm reduction approach and participates in the Naloxone Distribution Project. The center provides free Narcan training to providers and transitional age youth as well as their support network while providing linkage to other substance abuse services in the community to maintain sobriety.

Self-Management and Recovery Training (SMART Recovery) is also offered twice a week by a certified staff. SMART Recovery is a four-point program which is: 1. Building and maintaining motivation, 2. Coping with urges, 3. Managing thoughts, feelings and behavior, 4. Living a balanced life. Trained staff can assist TAY with self-reliance. As SMART membership continues to grow, the TAY Tunnel is looking to add one certified facilitator so the service could be offered four times a week for the youth to access in-person or virtually.

As part of the program's continuous quality improvement, the center is proud to report that all services providers are Medical Peer Certified. The program would also like to seek to have peer providers pursue certification in other evidence-based practices such as IPS Employment and Education, if funding is available.

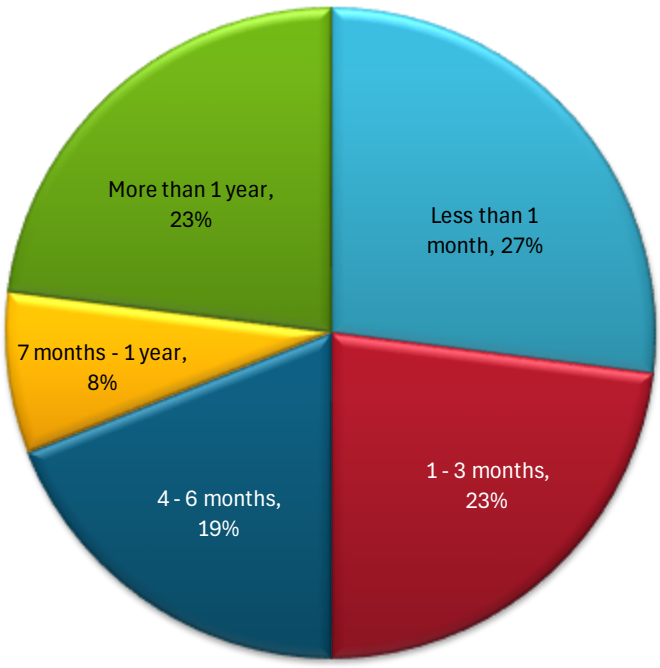
COMMUNITY SERVICE AND SUPPORTS (CSS)

TAY Wellness Center

This program distributes satisfaction surveys twice a year for one month at a time. These Client Perception and Satisfaction Survey Results* are shown in the table below:

Please indicate how much you agree with each statement (n= 28)	
Staff were sensitive to my cultural background (e.g., ethnic/religious beliefs)	88%
Services were available in my preferred language	89%
I was able to get connected to services I thought I needed	93%
Overall, I am satisfied with the services I received	100%
I would recommend these services to a friend or family member	96%
I am happier with the friendships I have	73%
I have people with whom I can do enjoyable things	81%
I do better in social situations	65%
My housing situation has improved	46%
I feel I belong in my community	62%
I feel better about myself	71%
I am better able to handle things when they go wrong	68%

How long have you been participating in services?



COMMUNITY SERVICE AND SUPPORTS (CSS)

Linguistics Competence Services

Population Served

Total Served: 2,502

Cost per client: $127.78

Total to be served next year: 2,520

Program Description

One of the MHSA principles includes linguistically appropriate services and is also an element of the General System Development component. There are several providers that VCBH employs to ensure that all clients have access to services in their required or preferred language. The County ensures that no individual or family suffers due to language or cultural barriers to care by providing culturally sensitive translation services.

This expense is included in Clinic costs for the Annual Revenue and Expenditure Report and will be a subsection of that program beginning with the Fiscal Year 2023-2024 data.

NOTE: This past year marked a significant transitional phase from Avatar to SmartCare within our operations. This transition entailed a shift from manual tracking processes inherent in Avatar to the more sophisticated functionalities offered by SmartCare. As part of our ongoing initiatives, VCBH is diligently assessing the adequacy of our tracking systems to ensure optimal efficiency and effectiveness.

Language Spoken	# of individuals
English	0
Spanish	2,396
Vietnamese	26
Cantonese	4
Mandarin	8
Tagalog	5
Russian	2
Farsi	17
Arabic	3
Other	53

COMMUNITY SERVICE AND SUPPORTS (CSS)

Forensic Pre-Admit/Mental Health Diversion Grant Program

Population Served

Justice-involved Seriously Mentally Ill individuals on pretrial status.

Program Description

Ventura County has benefited from years of close collaboration between the VCBH Department, Superior Court, District Attorney's Office, Public Defender's Office, Probation Agency, Sheriff's Office, and Ventura County Office of the Chief Executive. The continuous operation of the County's Mental Health Court program is one of the best indications of the strength of the Ventura County Mental Health Diversion Collaborative (VCMHDC). Mental Health Court was originally started with grant funding. Although the grant funding ended, the program has continued for more than 19 years. Mental Health Court is emblematic of Ventura County's commitment to addressing the needs of justice-involved persons with mental health issues. In that same spirit and prompted by the recent changes to Penal Code 1001.36, the VCMHDC began meeting in January 2019 to consider the development of a possible mental health diversion program, despite the lack of available funding opportunities at that time. Interagency concerns and considerations were discussed and addressed and the first participants in Ventura County's Mental Health Diversion program were promptly introduced to treatment in the community as an alternative to being in jail.

The VCMHDC has since successfully launched an Intensive Diversion Program (IDP) that leverages County assets and resources around a model that has proven reliability in realizing positive outcomes. The funding allowed for the addition of two dedicated VCBH staff to increase the intensity of mental health treatment/services for those at risk of requiring competency restoration at the Department of State Hospitals (DSH) level. The intended population who will be provided pre-trial felony diversion services is 22 unduplicated clients over five years, who meet DSH Program criteria. Evidence-based decision-making is being used to reduce recidivism and maintain clients in community settings using the principles of matching interventions to risk levels, addressing need by targeting factors that most significantly influence criminal behavior, and responsivity to individuals (risk-need-responsivity) with research-based intervention models. Program components are centered around identified factors shown by studies to be statistically predictive for pretrial diversion success or failure, including collaboration, training, release and diversion options, informed decision making, quick connections to appropriate behavioral health care and support services, community supervision and treatment at the pretrial stage, and performance measurements and evaluation. IDP plan uses Assertive Community Treatment (ACT) as its evidence-based mental health treatment program, a model that VCBH has experience implementing.

Program Highlight and Successes

Since its launch, this valuable program has already engaged 15 of the 22 targeted clients through the grant-funded diversion process qualifying VCBH to receive DSH grant monies. The two additional forensics staff have become a fixture in the courts, jails, and community regarding this difficult population. Community-based settings for these clients have included a full spectrum of care from outpatient services to locked placement.

Program Challenges and Mitigations

VCBH is not a member of the "VCIJIS" system (digital platform used by our legal partners) and has had to rely on referrals from the public defender's office, jail screenings, and word of mouth in court. VCBH staff are in the process of developing relationships with the appropriate parties regarding the creation of a more robust referral system.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Forensic Pre-Admit/Mental Health Diversion Grant Program

Fiscal Year 2023-2026 Program Impacts

Briefly report on the performance of the program during the prior fiscal year, including progress in providing services to unserved and underserved populations, with the emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

Over the past calendar year, the program reached 21-22 spaces available however, over the past fiscal year the program has reached its maximum 22 spaces. The ethnical/cultural makeup of the program accurately reflects the demographics of the County, both serving those with socioeconomic disparities as well as those who were at risk of chronic homelessness, recidivism, and those who would not have qualified for regular diversion or benefited from full-service partnership programs, as they needed higher intensity supervision and support from residential facilities (e.g., locked placement but not legally conserved).

The Mental Health Grant Diversion program has graduated approximately five participants from the program.

The major challenge of this program has been the lack of availability of residential placement within and outside of Ventura County that can provide structure and support that the DSH diversion clientele benefit most from. There have also been barriers with getting our clients into the program because of limited placement options and because of opposition from the Court or District Attorney's Office depending on the severity of the client's criminal conduct.

Describe how this program is addressing the community issues identified during the County's Community Program Planning Process issues, e.g., homelessness, incarceration, serving unserved or underserved groups, etc.

This program directly impacts the CCPPP, specifically those who are at risk of homelessness due to recidivism and incarceration. Historically, the clients served within the Grant are underserved as far as being unlinked to community mental health after being released from prison/jail/DSH, only to then recidivate or have their mental health relapse.

Include examples of notable community impact

This program has notably impacted the community in being able to rehabilitate and link most of the clients in the Grant program to services in the County, which greatly impacts the resiliency factors and compliance to the program (both when active as well as post-program).

COMMUNITY SERVICE AND SUPPORTS (CSS)

Housing (HOU)

The Housing category under CSS embodies both the individual and system transformational goals of MHSA by facilitating collaboration among County organizations and resources to ensure that consumers have access to an appropriate array of services and supports. VCBH oversees a variety of housing resources for vulnerable clients, people living with homelessness as well as clients who may be provisionally housed and/or underserved.

COMMUNITY SERVICE AND SUPPORTS (CSS)

Housing

Program Description

The MHSA housing program is consistent with the priorities identified under the CSS component. It is designed to foster the goal of establishing and strengthening partnerships at the County level, while reflecting local priorities and expanding safe, affordable housing options for individuals and families living with serious mental illness who receive services through the MHSA.

Fiscal Year 2022-2023 Total Program Cost	**$ $1,197,125.58**
Total Individuals Served	686
Cost Per Individual:	$ N/A*
Target for Fiscal Year 2023-2024	690

Ventura County Behavioral Health Department (VCBH) employs a Housing First, evidence-based model for matching clients and their families with housing opportunities that provide an appropriate level of care. VCBH works closely with the County's Continuum of Care (CoC) and the Coordinated Entry System (CES) to ensure that clients have access to all available HUD housing resources such as permanent supportive housing and rapid re-housing.

FSP clients have access through their VCBH case managers to supportive housing funds that provide temporary rental assistance at sober living homes and other community-based living situations. VCBH can also pay back rent to prevent homelessness and deposits to help people move into housing. Once it is determined that the client is eligible for housing assistance, the VCBH Case Manager will work with the client and the treatment team to establish specific housing goals with benchmarks as part of the unique treatment plan. With this type of assistance, the client is responsible for finding the non-licensed community-based living as VCBH does not place clients into non-licensed facilities Monthly rent, back rent and deposits are paid directly to the property manager.

VCBH contracts with seven licensed Adult Residential Facilities (ARF) to ensure that clients needing a high level of care have access to this type of housing. ARFs are non–medical facilities that provide room, meals, snacks, housekeeping, supervision, storage and distribution of medication, and personal care assistance with basic activities like hygiene, dressing, eating, bathing, and transferring as well as social and recreational opportunities. This level of care and supervision is for people who are unable to live by themselves but who do not need 24-hour skilled nursing care. ARFs are considered non-medical facilities and are not required to have nurses, certified nursing assistants or doctors on staff. Two of the seven contracted ARFs are Residential Care Facilities for the Elderly (RCFEs) serving persons 60 years of age and older.

The tables below provide the breakdown of the type of housing by facility name. Units are listed as Potential Units due to the varying number of beds that can be placed in each bedroom in each or the housing facilities.

*Housing cannot be divided by total cost per client as clients get varying amounts depending on need.

MHSA Housing Type	Facility Name	Potential Units
ARF - Board and Care (B & C) Ages 18-59	Brown's Board and Care	10
	Cottonwood	24
	Thompson Place	26
	Saundra's Jarmon's Board & Care	6
	Sunrise Manor	60
ARF - Residential Care for the Elderly (RCFE) Age 59+	Oak Place	34
	The Elms	56
	Total Potential Beds	214

COMMUNITY SERVICE AND SUPPORTS (CSS)

Housing

MHSA Housing Type	Facility Name	Potential Units
Permanent Supported Housing	Hillcrest Villa Apartments	15
	Paseo De Luz	23
	Paseo Del Rio/Santa Clara	15
	MC3	6
	La Rahada – Simi Valley	8
	Peppertree – Simi Valley	11
	D Street Apartments – Oxnard	7
Total Potential Permanent Supported Housing Units		85

Fiscal Year 2022-2023 Changes in Housing

In 2021, VCBH received $140,000 to serve 100 TAY and their families not eligible for FSP over the course of five years. VCBH has been assisting TAY clients with emergency shelter, supportive services, basic needs, rents, and deposits. VCBH continues to offer a variety of housing options for TAY age clients.

VCBH continues to provide a local affordable housing developer, Cabrillo Economic Development Corporation (CEDC) funding in the form of a Capitalized Operating Subsidy Reserve (COSR) account that subsidizes 10 MHSA supportive housing units in Oxnard. VCBH continues to work with CEDC to restrict other PSH units in the community for VCBH clients utilizing COSRs.

Updates and plans for Fiscal Year 2023-2026

VCBH has identified the need for a dedicated housing case management team to support clients and Mental Health Associates in the field. Dedicated housing case managers will work with clients, clinic staff, property owners and other communitybased organizations to access and retain housing for VCBH clients. The dedicated housing case management team will facilitate access to permanent housing for individuals who have a serious mental illness and are homeless or at risk of being homeless. Through a Housing First an integrated support model, housing case managers will work in conjunction with the clinical team to aid clients in securing and maintaining safe, affordable housing in the community. Housing case managers will ensure that clients receiving housing benefit are supported and compliant with the terms of their benefit. VCBH has hired five Community Services Coordinators and two Peer Support Specialists to provide specialized housing case management.

VCBH has identified the need to increase the number of ARF beds available for low-income clients and has begun to work with Turning Point Foundation to identify expansion of ARF opportunities county-wide. VCBH has been working with a local RCFE at risk of closing it to identify other potential operators. VCBH has identified the need to increase the number of ARF beds available for low-income clients and has begun to work with Turning Point Foundation to identify expansion of ARF opportunities county-wide.

Prevention and Early Intervention (PEI)

Programs under the PEI component, in collaboration with consumers and family members, serve to promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. Target populations include all ages with a requirement of serving children and TAY (0-25 years) utilizing 51% of PEI funds.

Ventura County categorized all PEI-funded programs to align with regulations' requirements and definitions. The required program types are prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment and stigma and discrimination reduction. Suicide prevention and improving timely access to services for underserved populations are optional categories. Additionally, all PEI-funded programs are designed and implemented in accordance with strategies that help access and services for people with severe mental illness, the reduction of stigma and discrimination with respect to mental illness and improving timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally appropriate.

Data Collection Instruments

In the context of ensuring the efficacy of PEI programs, this section articulates the systematic approach towards assessing the impact of these initiatives. Grounded in the guidelines set forth by the California Code of Regulations for the Mental Health Services Act (MHSA), the framework endeavors to understand the pathways through which PEI programs achieve their objectives.

PEI programs employ a variety of data collection instruments, based on the program category, to measure the impact each program is having on clients. Instruments have been carefully selected and constructed to ensure alignment with the MHSA regulations and appropriateness for program operations. Methods employed include direct, indirect, and quasi-indirect measures of change, adapted to what is best suited for each individual PEI program. Furthermore, the evaluation design is culturally competent, deliberately incorporating the perspectives of diverse individuals with lived experience of mental illness, including family members as applicable, to enrich understanding and enhance the relevance and effectiveness of each program.

For all Stigma and Discrimination Reduction programs, California Code of regulations call for validated methods to measure changes in attitudes, knowledge, and/or behaviors related to mental illness or seeking mental health services for Stigma and Discrimination Reduction Programs. The Mental Help Seeking Attitudes Scale (MHSAS) is used to measure respondents' overall evaluation of their seeking help from a mental health professional if they found themselves to be dealing with a mental health concern (Hammer, Parent, & Spiker, 2018). Other Prevention or Early Intervention programs utilize the Schwartz Outcome Scale-10 (Schwartz & Michael, 2000) as an indirect measure a broad domain of psychological health. These tools, among other constructed tools that meet the highest standards of survey item construction, provide insight into the impacts that PEI programs are having within the community.

The full evaluation report can be found in the Appendix of this report.

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

PREVENTION AND EARLY INTERVENTION (PEI)

Program	PEI Program Categories						
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Suicide Prevention*	Improving Timely Access to Services for Underserved Populations*
Multi-Tiered System of Support Ventura County Office of Education							
Wellness Centers Expansion K-12 Ventura County Office of Education							
One Step a La Vez							
Program to Encourage Active, Rewarding Lives for Seniors Ventura County Area Agency on Aging (VCAAA)							
Project Esperanza Our Lady of Guadalupe Parish							
Promotoras Conexión Program Promotoras y Promotores Foundation (PYPF)							
Healing the Community Mixteco Indigena Community Organization Project (MICOP)							
Tri-County GLAD							
Wellness Everyday and STAY Media Campaign Idea Engineering							
Network Extension Grants Program Ventura County Behavioral Health							
COMPASS Seneca Family of Agencies							
Primary Care Program Clinicas del Camino Real, Inc.							
Ventura County Power Over Prodromal Psychosis (VCPOP) Ventura County Behavioral Health							
Crisis Intervention Team (CIT) Ventura County Law Enforcement							
Diversity Collective							
Logrando Bienestar Ventura County Behavioral Health							
Rapid Integrated Support & Engagement (RISE) Ventura County Behavioral Health							
Suicide Prevention Ventura County Behavioral Health							

PREVENTION AND EARLY INTERVENTION (PEI)

Program	Number of Participants Served	Cost Per Participant	Target to be Served Fiscal Year 2023-2024
Prevention Programs	**225,865**		
Multi-Tiered System of Support (MTSS) – VCOE	673	Combined	Combined
Multi-Tiered System of Support (MTSS) – LEA	202,792	$11	200,500
One Step a La Vez	110	$545	120
Program to Encourage Active, Rewarding Lives for Seniors	184	$3,262	180
Project Esperanza	110	$838	130
Promotoras Conexión Program	145	$376	n/a
Mixteco Indigena Community Organization Project (MICOP)	143	$1,842	130
Wellness Center Expansion	21,667	$69	25,000
Tri-County GLAD	41	$1,337	45
Network Expansion Grantees	28	$3,232	100
Early Intervention Programs	**634**		
COMPASS	15	$97,231	20
Primary Care Program (Clinicas)	348	$1,140	300
Ventura County Power Over Prodromal Psychosis (VCPOP)	271	$2,571	250
Other PEI Programs	**6,668**		
Crisis Intervention Team (CIT)	99	$2,092	100
Diversity Collective	212	$235	230
Logrando Bienestar	1,279	$851	1,200
Suicide Prevention	4,000	n/a	4,000
Rapid Integrated Support & Engagement (RISE)	1,078	$66	1,000

Fiscal Year 2022-2023 Number of Participants Served by City of Residence[§]

Geographic Area	Number of Participants Served	% of Total
Camarillo	134	5%
Fillmore	186	7%
Moorpark	47	2%
Newbury Park	48	2%
Oak Park	8	<1%
Ojai	40	2%
Oxnard	733	27%
Piru	8	<1%
Port Hueneme	67	2%
Santa Paula	351	13%
Simi Valley	187	7%
Thousand Oaks	109	4%
Ventura	408	15%
Other	426	16%
Total with available city of residence data:	**2,752**	

[§]City of residence data is not available for Crisis Intervention Training, Multi-Tiered System of Supports VCOE, Multi-Tiered System of Supports LEA.

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention

The goal of the Prevention component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. In Ventura County, there are 11 programs primarily categorized under Prevention. These programs serve several historically underrepresented populations including Latinxs, Transitional Age Youth (TAY), individuals who are Deaf and Hard of Hearing (DHH), and LGBTQ+. Program services vary but include support groups, workshops, trainings, education, and presentations.

Across programs participants expressed high levels of satisfaction with the services they received. Additionally, programs that served underrepresented groups all reached their intended priority population(s). Further details about each program's population(s) served, activities and outreach, as well as participant outcomes are outlined in the full report located in the Appendix.

Prevention programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 225,865 participants were served by Prevention programs in Fiscal Year 2022–2023.

Prevention Program Descriptions

Mixteco Indígena Community Organization Project (MICOP): Facilitates mental health for the Latinx and Indigenous communities through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Multi-Tiered System of Support (MTSS), VCOE: Provides education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County.

Multi-Tiered System of Support (MTSS), LEA: Provides mental health screenings, referrals, and mental health services for at-risk students. Contracted districts also provide education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness.

Network Extension Grants: Provides financial support to time-limited, community-based projects or programs promoting wellness among Ventura County residents.

One Step A La Vez: Serves Latinx, LGBTQ+, and TAY at risk of homelessness or in the juvenile justice system through outreach, a drop-in center, wraparound wellness, stress and wellness classes, a high school equality club, and LGBTQ+ support groups.

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS): Offers an in-home counseling program for seniors that teaches participants how to manage depression through counseling sessions supported by a series of follow-up phone calls.

Project Esperanza: Offers mental health service assistance, educational and wellness classes, and activities to Hispanic/Latino families in the Santa Paula community.

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention

Promotoras Conexión Program (Promotoras y Promotores Foundation [PyPF]): Facilitates mental health for immigrant Latinas/Hispanic women at risk of depression through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Tri-County GLAD: Increases knowledge and awareness of mental health concerns in the Deaf and Hard of Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle-school students.

Wellness Centers Expansion: Provides coordinated health/mental health and other support services to maximize student engagement and success through staff and student trainings, family engagement activities, screenings, referrals, and early intervention activities.

Wellness Everyday and STAY Media: Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website.

225,865 individuals received core program services†

186,587 individuals referred to mental health care and/or social support services†

84,696 individuals reached through outreach events†

†Number of individuals may be duplicated.

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention

Prevention Programs: Demographics of Participants[§]

Ethnicity*	(n = 545)
Hispanic	88%
Non-Hispanic	12%
More than one ethnicity	1%
Declined to answer: 84	

Age	(n = 636)
0–15	20%
16–25	10%
26–59	33%
60+	36%
Declined to answer: 6	

Primary Language*	(n = 708)
English	30%
Spanish	54%
Indigenous	8%
Other	7%
Declined to answer: 0	

Sex Assigned at Birth	(n = 563)
Female	80%
Male	20%
Declined to answer: 50	

Sexual Orientation	(n = 479)
Bisexual	1%
Gay or Lesbian	1%
Heterosexual or Straight	94%
Queer	<1%
Questioning or Unsure	0%
Another sexual orientation	4%
Declined to answer: 41	

Hispanic Ethnicities^			(n = 471)
Mexican	94%	South American	2%
Central American	1%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	2%

Non-Hispanic Ethnicities^			(n = 61)
African	2%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	0%
Eastern European	7%	European	82%
Filipino	3%	Japanese	2%
Korean	0%	Middle Eastern	2%
Vietnamese	0%	Another non-Hispanic	3%

Race*	(n = 624)
American Indian/Alaska Native	0%
Asian	1%
Black/African American	1%
Hispanic/Latino	74%
Native Hawaiian/Pacific Islander	0%
White	23%
Other	0%
More than one	1%
Declined to answer: 24	

Current Gender Identity	(n = 659)
Female	80%
Male	20%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 13	

City of Residence					(n
Camarillo	3%	Fillmore	20%	Moorpark	1%
Newbury Park	1%	Oak Park	<1%	Ojai	1%
Oxnard	25%	Piru	1%	Port Hueneme	2%
Santa Paula	33%	Simi Valley	2%	Thousand Oaks	2%
Ventura	8%	Other	<1%		

* Percentages may exceed 100% because participants could choose more than one response option.

§ Demographic data was not collected for MTSS VCOE, MTSS LEA, or Wellness Everyday.

^ Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

PREVENTION AND EARLY INTERVENTION (PEI)

Early Intervention

The purpose of the Early Intervention component of MHSA is to intervene early in the emergence of symptoms of mental illness to reduce negative outcomes and foster positive recovery and functional outcomes. Ventura County funds three Early Intervention programs that provide crisis stabilization, family support, group and individual therapy, assessment and screening, educational and vocational services, and outreach and education. These Early Intervention services promote wellness, foster health, and prevent suffering that can result from untreated mental illness. Early Intervention programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 634 individuals were served in Early Intervention programs in Fiscal Year 2022–2023.

Early Intervention programs, COMPASS and VCPOP, primarily provided services to individuals ages 25 and under, which is also a priority population for Prevention and Early Intervention programs. Additionally, both youth and adult program participants in Primary Care Program saw decreases in their depression and anxiety symptom severity scores.

Early Intervention Program Descriptions

COMPASS: A short-term residential program for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. Services include individual and family therapy, case management, psychiatric care, medication support and assessment to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community.

Primary Care Program: Provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

Ventura County Power Over Prodromal Psychosis (VCPOP, formerly EDIPP): Conducts community outreach and education to community members about early warning signs of psychosis; provides a two-year intervention program with services and supports including psychiatric assessment, medication management, individual therapy, educational/vocational services, case management, multi-family groups, and peer skill-building groups.
Multi-Family Groups, and peer skill building groups.

634

Individuals received core program services

Early Intervention Programs: Demographics of Participants

Ethnicity[§]	(n = 505)
Hispanic	84%
Non-Hispanic	14%
More than one ethnicity	2%
Declined to answer: 1	

Age[§]	(n = 286)
0–15	4%
16–25	96%
26–59	0%
60+	0%
Declined to answer: 0	

Primary Language	(n = 661)
English	58%
Spanish	40%
Indigenous	2%
Other	<1%
Declined to answer: 0	

Sex Assigned at Birth	(n = 348)
Female	74%
Male	26%
Declined to answer 0	

Sexual Orientation[‡]	(n = 299)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	91%
Queer	0%
Questioning or Unsure	4%
Another sexual orientation	0%
Declined to answer: 36	

Hispanic Ethnicities^[§]			(n = 184)
Mexican	59%	South American	0%
Central American	0%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	40%

Non-Hispanic Ethnicities^[§]			(n = 2)
African	0%	Asian Indian/South Asian	50%
Cambodian	0%	Chinese	0%
Eastern European	0%	European	0%
Filipino	50%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another non-Hispanic	97%

Race	(n = 557)
American Indian/Alaska Native	0%
Asian	1%
Black/African American	1%
Hispanic/Latino	0%
Native Hawaiian/Pacific Islander	<1%
White	67%
Other	29%
More than one	1%
Declined to answe: 0	

Current Gender Identity[‡]	(n = 436)
Female	61%
Male	39%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	<1%
Another gender identity	0%
Declined to answer: 0	

City of Residence					(n = 663)
Camarillo	3%	Fillmore	1%	Moorpark	2%
Newbury Park	2%	Oak Park	<1%	Ojai	2%
Oxnard	21%	Piru	<1%	Port Hueneme	1%
Santa Paula	2%	Simi Valley	6%	Thousand Oaks	3%
Ventura	12%	Other	46%		

[§]Age and Ethnicity data were not reported for Primary Care Program.

[‡]Assigned sex was not reported for COMPASS and VCPOP.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

PREVENTION AND EARLY INTERVENTION (PEI)

Other PEI Programs

The programs under Other PEI Programs encompass the core program categories of Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction, as well as Suicide Prevention (optional) and Improving Timely Access to Services for Underserved Populations (optional) programs. All programs in this section focus primarily on training potential first responders—including educators, students, law enforcement personnel, first responders, people with lived experience, and other community members—about ways to recognize and respond effectively to early signs of mental illness. Programs also seek to combat negative perceptions about, misinformation, and/or stigma associated with having a mental illness or seeking help for mental illness.

Although each PEI program varies in its focus and scope, all programs that provided outcome data reported high ratings among trainees around the usefulness and satisfaction with the training they received. Similarly, these programs also tended to have illustrative qualitative data in the form of quotes from trainees as well as success stories that supported the high ratings received from trainees.

A total of 6,668 individuals were served by Other PEI Programs during Fiscal Year 2022-2023. Other PEI Programs include the following program categories:

Outreach for Increasing Recognition of Early Signs of Mental Illness programs train potential responders to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Access and Linkage to Treatment programs connect individuals with severe mental illness to medical care and treatment as early in the onset of these conditions as practicable. These programs focus on screening, assessment, referral, telephone help lines, and mobile response.

Stigma and Discrimination Reduction programs reduce negative attitudes, beliefs, stereotypes, and discrimination toward those with mental illness or seeking mental health services and increase dignity, inclusion, and equity for individuals with mental illness and their families.

Suicide Prevention programs provide organized activities to prevent suicide because of mental illness.

Other PEI Program Descriptions

Crisis Intervention Team (CIT): Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and collaboration with consumers, families, the community, and other stakeholders.

Diversity Collective: Hosts weekly support groups for LGBTQ+ youth, TAY, and their allies, as well as promotes cultural competency and other mental health trainings to schools and agencies to spread awareness of LGBTQ+ mental health needs.

Logrando Bienestar: Helps youth and adults in the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles.
Rapid Integrated Support & Engagement (RISE): Offers field-based connections to mental health assessment and treatment as well as case management.

VCBH Suicide Prevention: Provides resources to advance awareness and knowledge of suicide and related topics.

6,668 individuals received core program services

PREVENTION AND EARLY INTERVENTION (PEI)

Other PEI Programs

Other PEI Programs: Demographics of Participants[§]

Ethnicity*	(n = 1,997)
Hispanic	77%
Non-Hispanic	22%
More than one ethnicity	1%
Declined to answer: 11	

Age[§]	(n = 2,657)
0–15	37%
16–25	22%
26–59	34%
60+	6%
Declined to answer: 0	

Primary Language*	(n = 2,614)
English	75%
Spanish	24%
Indigenous	1%
Other	<1%
Declined to answer: 1	

Sex Assigned at Birth	(n = 1,565)
Female	59%
Male	41%
Declined to answer: 12	

Sexual Orientation[§]	(n = 391)
Bisexual	13%
Gay or Lesbian	10%
Heterosexual or Straight	61%
Queer	8%
Questioning or Unsure	3%
Another sexual orientation	5%
Declined to answer: 437	

Hispanic Ethnicities^			(n = 1,525)
Mexican	76%	South American	<1%
Central American	1%	Caribbean	<1%
Puerto Rican	1%	Another Hispanic	22%
Non-Hispanic Ethnicities^			(n = 55)
African	5%	Asian Indian/South Asian	5%
Cambodian	0%	Chinese	2%
Eastern European	4%	European	31%
Filipino	18%	Japanese	5%
Korean	5%	Middle Eastern	0%
Vietnamese	11%	Another non-Hispanic	13%

Race*	(n = 2,578)
American Indian/Alaska Native	<1%
Asian	0.01
Black/African American	0.01
Hispanic/Latino	0.04
Native Hawaiian/Pacific Islander	<1%
White	0.38
Other	0.54
More than one	0.01
Declined to answer: 8	

Current Gender Identity[§]	(n = 1,377)
Female	44%
Male	50%
Genderqueer	2%
Questioning or Unsure	1%
Transgender	3%
Another gender identity	1%
Declined to answer: 6	

City of Residence[‡]					(n = 1,375)
Camarillo	7%	Fillmore	3%	Moorpark	2%
Newbury Park	2%	Oak Park	<1%	Ojai	1%
Oxnard	29%	Piru	<1%	Port Hueneme	3%
Santa Paula	7%	Simi Valley	10%	Thousand Oaks	6%
Ventura	20%	Other	10%		

Percentages may add to or exceed 100% because participants could choose more than one response option.
[§]Assigned sex data was not collected from RISE.
^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.
[‡]City of residence data is not available for CIT and Logrando Bienestar.

Innovation (INN)

Innovation projects can be built to address issues faced by children, transition-age youth, adults, older adults, families (self-defined), specific neighborhoods, tribal and other communities, counties, or regions. With the inventive nature of innovation projects, there is the potential to impact individuals across all life stages and all age groups using a multitude of approaches, including multi-generational practices/approaches. Projects may also initiate, support, and expand collaboration between systems, with a focus on organizations and other practitioners not traditionally defined as a part of mental health care. The following projects have been approved or are in process of achieving approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) for Ventura County.

The Mental Health Services Act (MHSA) Innovation component provides California the opportunity to develop and test new, unproven mental health models with the potential to become tomorrow's best practices. The primary purpose of Innovation projects is to achieve at least one of the following:

- Increase access to mental health services to underserved groups, including permanent supportive housing.
- Increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health services, support, or outcomes.
- Increase access to mental health services, including permanent supportive housing.

INNOVATION (INN)

Highlights for Fiscal Year 2022-2023 Services

Innovation (INN) projects that were approved in fiscal years 2019-2020 through 2022-2023 are outlined below. Planned projects for 2024-2025 have been included but are subject to change as VCBH moves through the Community Program Planning Process (CPPP).

Current Innovation Projects	Fiscal Years	Purpose	Status
FSP Multi County Innovation Project	2019- 2024	It is an innovative opportunity for a diverse group of counties to develop and implement new data-driven strategies to better coordinate and improve FSP service delivery, operations, data collection, and evaluation. Ventura has been identified as the lead county.	In process
FSP Data Exchange Project	2020- 2023	This project proposes to use a four-way data bridge to track FSP clients across law enforcement encounters, hospital stays, health care services, and homeless management systems.	Final Evaluation included in Apendix
Semi-Statewide Enterprise Health Record (EHR) Innovation	2023-2027	California counties have joined together to envision an enterprise solution where the EHR goes far beyond its original purpose as a claiming system to a tool that helps counties manage the diverse needs of their population. The counties participating in the Semi-Statewide EHR have reimagined what is possible from the typical EHR system.	In process
M.A.S.H. Senior Support to Reduce Homelessness	2022-2027	To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.	In process
Planned Projects			
Mobile Mental Health Van Project	2021-2024	To provide reliable, flexible physical and mental health care to unserved and underserved individuals in Ventura County, regardless of insurance or legal status.	Delayed due to COVID-19 supply chain issues. Planned launch is Fiscal Year 2024-2025
Early Psyhcosis Statewide Learning Collective Project	Proposed approval in 2023-2024	Led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary, and a number of California counties will bring consumer-level data to clinicians, allow programs to learn from each other, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis.	Planned for 2023-2024

INNOVATION (INN)

Full-Service Partnership (FSP) Information Exchange

Program Description

The County is working across agencies to develop a web of shared data streams, so VCBH can serve and report on FSP clients across law enforcement encounters, hospital stays, health care services, and homeless services systems to improve the quality of mental health services. This would allow the care managers to know if one of the FSP partners has been incarcerated, hospitalized, or if they are eligible or in need of homeless services. The project will aid in collecting the data needed to reduce recidivism and is considered a complement to the proposed Innovations Incubator Multi-County FSP project.

Program Purpose and Goals:

1. Report valid FSP program data by gathering directly from partner agency's systems.
2. Share important physical and mental health information with relevant audiences across systems.
3. Improve services through closer care coordination across systems.

Program Developments

The system successfully closed with all 5 data streams finalized in 2023.

The number of Key Event Tracking (KET) forms is one of the best ways to know if the data exchange project improved the system. The number of KET forms completed between Fiscal Years 2020-2021 and 2022-2023 increased by 64% (275 to 430). That is a significant increase especially since the project connected with different data sources over time.

A final summary report is included as an appendix in section 7 of this report.

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

INNOVATION (INN)

Multi-County Full-Service Partnership (FSP) Project

Program Description

Counties throughout the state and FSP providers identified two barriers to improving and delivering on the "whatever it takes" goal of FSP. The first barrier is a *lack of information* about which components of FSP programs deliver the greatest impact. The second barrier is *inconsistent FSP implementation*. FSP's "whatever it takes" spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state.

The project began in 2020 to respond to these challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to improve coordination of FSP service delivery, operations, data collection, and evaluation. Through participation in the multi-county project, participating counties have worked to implement new data-informed strategies to program design and continue improvement for their FSP programs. Ventura worked additionally on several county-specific implementation goals with the support of the Third Sector and RAND's evaluation technical assistance.

Program Developments

The Project concluded its fourth year in which VCBH requested an extension to continue it progress on the local project goals.

VCBH continues to work on the system improvements identified in the extension plan. Both the youth and the dedicated Adult FSP programs were launched successfully. The nationwide workforce shortage has delayed program implementation for several months. Other aspects of the program continue to move forward.

The project is scheduled to end next year, and a final report will be produced.

INNOVATION (INN)

Mobile Mental Health

Program Developments

The Mobile Mental Health program will provide reliable, flexible physical and mental health services to unserved and underserved individuals in Ventura County, regardless of insurance or legal status. The direct and accessible approach to health care can positively affect stigma, emergency room use, and client engagement. The program is designed to deliver quality, quick, and consistent walk-in mobile mental health therapy to residents who have recently been in crisis, live in underserved areas, or identify as being part of underserved communities. The vehicle order was placed in Fiscal Year 2021-2022, but due to COVID-19 supply chain issues was not delivered until Fiscal Year 2023-2024 and is not scheduled to have the modification completed until May 2024. An RFP is in Process.

There have not been any expenditures to date.

Activities	Date/Time Period
Project idea developed through CPP process	Fall of 2020 and Winter of 2021
Project approved by the Board of Supervisors	May 11, 2021
Project approved by the MHSOAC	May 27, 2021
The project launch goal	July, 2024

INNOVATION (INN)

Managing Assets for Security and Health (M.A.S.H.) Senior Supports for Housing Stability

The purpose of the Managing Assets for Security and Health (MASH) program is to provide multiple key supports for seniors at risk of homelessness. The program began on October 1, 2022, and is scheduled to end June 30, 2027. The projects' goal is to provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions. By assigning and monitoring volunteers to work with homebound seniors, the clients will build a trusting relationship with the organization and be more likely to engage in a housing resource plan to include essential services and concrete resources as needed. The participants will be able to explore multiple solutions to their housing situation over time, increasing the chances for success in a new placement. By matching trained specialty peer volunteers with homebound seniors who can help identify and work with those seniors who are in jeopardy of losing their current housing.

Program Updates

Due to the program being new, the data is limited yet it has been noted that the data collections tools are useful. A challenge has been that some clients have reservations about consenting to data sharing.

As of June 30, 2023, seven clients were enrolled in MASH. They all were enrolled in June 2023. The demographics are in the Appendix report.

INNOVATION (INN)

Semi Statewide Electronic Health Record INN Project

Ventura County's highest priorities are client care and addressing the needs of the community. VCBH plans to meet these priorities by joining CalMHSA in creating a new Semi-Statewide Enterprise Health Record, using Streamline Healthcare's SmartCare platform, to do both. The new EHR will be more person and provider centered, services can be enhanced by decreasing the amount of time (estimated 30%) providers are required to document. The project will include a robust process of input from participant counties to ensure the system will allow VCBH stakeholder feedback to be incorporated and for staff to have additional time to provide enhanced services to the community. This multi-county collaborative will capitalize on the strength, knowledge, and experiences of over twenty (20+) counties in formulating a new EHR. The new EHR will meet the new CalAIM standards and will quickly adapt to the ever-changing State requirements. Additionally, it will allow staff to collect and report on meaningful outcomes and provide tools for direct service staff that enhance rather than hinder care to the clients they serve.

Program Updates

To support the project, VCBH worked closely with CalMHSA on the electronic health record project. The VCBH team met a minimum of twice weekly with billing and fiscal staff to identify needs and move the project forward towards the launch goal.

The VCBH team began to meet daily starting in March 2023 to ensure our readiness to gather data, clean data, address issues and meet the milestone goals established by CalMHSA.

Leading up to the go-live date, July 1, 2023, VCBH staff and contracted providers using SmartCare were trained both through CalMHSA Moodle training as well as VCBH led, in person and virtual trainings.

Prior to the launch, VCBH closely collaborated with IT and created a "command center" for all SmartCare users to utilize and address Issues In real time.

While new staff were not hired, staff were reassigned SmartCare responsibilities to ensure a successful launch. However, VCBH did need to enlist data migration help from our Health Care Agency staff in the last three months of the project prior to July 1.

CALMHSA has been a valuable resource, however they struggled with how to manage a project this large and several key features like State Reporting were not delivered on time.

A full update report can be found in the Appendix.

Workforce Education and Training (WET)

The workforce Education and Training component includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors, and volunteers. Refer to CCR, Title 9, Section 3810 - General Workforce Education and Training Requirements for information regarding how MHSA funds can and cannot be used to support WET programs.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

MHSA funds can be allocated to the following activities:

Training and Technical Assistance means educating the Public Mental Health System workforce on incorporating the MHSA General Standards into its work.

Mental Health Career Pathway Program means education, training and counseling programs designed to recruit and prepare individuals for entry into and advancement in jobs in the Public Mental Health System.

Mental Health Loan Assumption Program means payments to an educational lending institution on behalf of an employee who has incurred debt while obtaining an education, provided the individual agrees to work in the Public Mental Health System for a specified period, in a capacity that meets the employer's workforce needs.

Residency and Internship Programs means psychiatric residency programs and post-secondary mental health internship programs to increase the number of licensed and/or certified individuals employed in the Public Mental Health System.

Workforce Staffing Support means the staff needed to plan, administer, coordinate and/or evaluate Workforce Education and Training programs and activities.

A second Southern Counties Regional Partnership (SCRP) program was funded in 2021. The Partnership represents 10 different counties committed to expanding Southern California's public behavioral health workforce. VCBH has had the pleasure to collaborate with 9 additional Counties in the Southern California Regional Partnership to provide MHSA WET programming. This fund has approximately 11 million dollars in state funds and 3.8 million matched funds from all SCRP counties by 2024, making available $15 million to spend over approximately five years.

Funding supports:

1) Retention Strategies
2) Loan Repayment Program
3) Stipend Program
4) Pipeline Programs. Fiscal Year 2020-2021 efforts focused on developing programming which began roll out in Fiscal Year 2021-2022

The Southern California Region Budget is as follows:

Base	DHCS MHSA %	DHCS MHSA Allocation	Total State Funds	Total 10 Counties Local Match	Grand total
$3,000,000	34.137831%	$8,534,452	$11,534,458	$3,806,371	$15,340,829

Training and Staff Development/Support

Retention approaches focus on staff training in clinical, evidence-based practices (EBPs), equity and in staff wellness programs. When staff are well trained in current interventions, they will be able to perform their job duties more adequately and will have more job satisfaction. This includes training in such topics as Trauma Informed Care, Seeking Safety, Suicide and Crisis Intervention, Integrated Care/Co-occurring disorders and Diversity, Equity, and Inclusion topics.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

Training Name	Attendees (Total)	Non-VCBH Attendees	Attendees (VCBH Only)
Suicide Prevention & Intervention	42	0	42
The Neurobiology of Trauma: An update on the Science of Trauma	75	29	46
Seeking Safety - Introductory Session	47		47
Overcoming Compassion Fatigue	137	106	31
Seeking Safety - Introductory Session	31		31
Seeking Safety Clinical Consultation Sessions January 2023	38	24	14
Introduction to a Framework for Confronting Racism	95	83	12
Seeking Safety Clinical Consultation Sessions February 2023	23	18	5
Critical Clinical Conversations About Race	444	420	24
Seeking Safety Advanced	184	180	4
Seeking Safety Clinical Consultation Sessions March 2023	7		7
Effective Suicide and Crisis Intervention Using Telehealth	199	153	46
Seeking Safety Clinical Consultation Sessions April 2023	6		6
Trauma-informed and trauma-focused Interventions using Telehealth with Children, Adolescents, and their Families	535	486	49
Seeking Safety Clinical Consultation Sessions May 2023	5		5
Co-Occurring Disorders	203	189	14
Seeking Safety - Introductory Session	177	128	49
Seeking Safety Clinical Consultation Sessions June 2023	9		9

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

Fiscal Year 2023-24: Minimum 10 SCRP funded trainings (minimum 100 staff)

Fiscal Year 2024-25: Minimum 10 SCRP funded trainings (minimum 100 staff)

In addition, VCBH Trainers of Mental Health First Aid (MHFA) provided 6 training courses to benefit VCBH staff, all Ventura County employees and general community members.

MHFA is a national evidence-based practice focused on teaching skills to identify, understand, and respond to the signs of mental illness and substance use. Like how CPR training helps you assist someone in cardiac arrest, MHFA teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders, strengthening the skills one needs to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a crisis. MHFA training provides education to non-clinical VCBH staff, employees countywide and the community.

Fiscal Year 2021-22: SCRP Grant funds supported 20 MHFA facilitator training opportunities.

Fiscal Year 2022-23: VCBH provided 5 training courses focused on supporting Adults and 1 training focused on Youth.

Training Name	#VCBH Attendees	#Non-VCBH Attendees
Mental Health First Aid for Adults (MHFA)	6	0
Mental Health First Aid for Adults (MHFA) County	19	5
Mental Health Fist Aid for Adult (MHFA)	11	0
Mental Health First Aid for Youth (MHFA)	8	0
Mental Health First Aid for Adults (MHFA) -County	18	17
Mental Health First Aid for Adults (MHFA)	5	1

Fiscal Year 2023-24: Provide a Minimum 3 for 30 attendees in total (VCBH non-clinical staff, employees county-wide, and community members)

Fiscal Year 2024-25: Provide a Minimum 3 for 30 attendees in total (VCBH non-clinical staff, employees county-wide, and community members)

In addition to professional development training, staff are also provided with staff wellness programs focused on reducing job stress and a reduction of job burnout. These include training and programs in self-care, trauma informed care, and vicarious trauma strategies.

A retention strategy also includes an annual conference which addresses strategies for staff wellness and enhanced professional skills for engaging and treating challenging populations. Some goals include review best practices in a collaborative environment, better understand populations that are difficult to engage, and reach a better awareness of common biases of practitioners

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

Conferences

Fiscal Year 2022-23: 19 VCBH Staff attended the SCRP Conference held on March 7 and 8, 2023. The theme was Strategies for Addressing Trauma. Topics included were "9 Continuing Education Unit hours"

Fiscal Year 2023-24: In addition to the annual conference, additional conference to support staff providing Clinical Supervision. VCBH and many other counties have identified a shortage in hiring and retaining licensed clinical staff who are eligible and interested in providing clinical supervision. SCRP retention funds will be used to support training opportunities to enhance skills and wellness for those providing clinical supervision.

1. ***Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment.***

Staff training and wellness activities enhance service providers' skills and prevents burnout, improving client care and addresses key findings and recommendations related to "Connection to Care" – addressing cultural humility, building "trust" with and feel "cared about" by their providers as well as receive "accurate information". Training topics including trauma informed care, effective trauma treatment, suicide prevention and integrated care "co-occurring services" are identified as key areas of need. Further, Mental Health First Aid training directly addresses key findings and recommendations related to "Awareness" - "Rethink how conversations about mental health are held with the community. Bring individuals into conversations about mental health services with terminology that is not already stigmatized. Educate the community about the mental health risks associated with unmet basic needs and trauma exposure."

2. ***Describe how this program/activity will achieve any or all the following outcomes:***

    A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work
    B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities
    C. Promote job retention

Training and retention statistics

Employees value learning and development opportunities, so it's no surprise that workers are more likely to stay at companies that invest in their continued education. Organizations with successful training programs typically see a significant increase in employee retention.

Turnover is costly, and most businesses can't afford to lose their top-performing employees.

- 70% of employees would be somewhat likely to leave their current job to work for an organization known for investing in employee development and learning.
- 34% of employees who left their previous job were motivated to do so by more career development opportunities.
- 86% of millennials would be kept from leaving their current position if training and development were offered by their employer.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

Retention rates rise 30-50% for companies with strong learning cultures (www.lorman.com)

D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance.

E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

- Cultural awareness training topics improve employees' awareness of unconscious bias and other barriers related to culture which develop and maintain a respected, inclusive workplace.

VCBH Career Pathway Program

Fiscal Year 2022-2023: SCRP Pipeline funding made available for distribution: e-versions of PDF of informational posters and pamphlets including highlighting behavioral health occupational pathways, including career maps with related certificate and educational careers information and jobs/positions related to Level of education.

Fiscal Year 2022-2023: Funds continue to be available to award 25 peer stipends at $500 each, which must be spent by Fiscal Year 2025-2026 or reallocated.

Fiscal Year 2023-2024: Available for distribution: Hard copy poster and pamphlets in additional to e-versions of PDF of informational posters and pamphlets including highlighting behavioral health occupational pathways, including: career maps with related certificate and educational careers information and jobs/positions related to Level of education.

Fiscal Year 2023-2024: Allocate some funds from general Pipeline funding to fund undergraduate level student stipends. Funding for 4 students in Fiscal Year 2023-2024 at the cost of $3,000 and four students in Fiscal Year 2024-2025.

Fiscal Year 2023-2024: Funds continue to be available to award 25 peer stipends at $500 each, which must be spent by Fiscal Year 2025-2026 or be reallocated.

Fiscal Year 2024-2025: Available for distribution: e-versions of PDF of informational posters and pamphlets including highlighting behavioral health occupational pathways, including career maps with related certificate and educational careers information and jobs/positions related to Level of education.

Fiscal Year 2023-2024: Utilize unused funds to award peer stipends at $500 each (remaining of 25 total).

Fiscal Year 2023-2024: Utilize re-allocated funds (from general Pipeline) to fund undergraduate level student stipends for four students at the cost of $3,000 each

1. ***Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment.***

   Pipeline development training efforts support the need for a skilled right sized workforce addresses key findings and recommendations related to "Connection to Care", while also supporting mental health education efforts, addressing "Awareness".

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

2. Describe how this program/activity will achieve any or all the following outcomes:

A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work

B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities

C. Promote job retention
   - Growing the profession and feeding the pipeline adds to an increased pool of staff to provide direct services, contributing to manageable workload, a factor that promotes job retention.

D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance
   - VCBH partners with local undergraduate and graduate educational institutions to provide student practice learning experiences which introduce students in our community, representing the local cultures, into the behavioral health career opportunities. Stipends are offered to help subsidize education costs.
   - Historically, VCBH hires students who apply and earn positions through the County civil service process.
   - Approximately 18 students were hired from the pool of 2020-through 2023 students – 14 Master level, 2 Mental Health Associates and 2 Alcohol and Drug Treatment Specialists. 8 (44%) of which are bi-lingual Spanish (the County's threshold language).

E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

VCBH Career Pathway Program

Workforce retention efforts to retain employees for hard-to-fill positions and job satisfaction have also included participation in the Loan Repayment aspect of the SCRP Grant. The loan repayment program aims to provide financial assistance to employees in high need and hard-to-fill positions, as designated by each County. Applicants apply for the program through the HCAI centralized application and are scored by CalMHSA on an objective approach following the model of the MHLAP. The information is reviewed by each individual county to confirm eligibility. Eligibility for the program is based on individuals that are regular, full-time employees, with an emphasis on selecting applicants who enhance and the diversity within the public behavioral health system of care (PBHS). Recipients are required to complete a work obligation of 1 year and to complete an annual follow-up survey for up to three years regarding employment status and satisfaction within the PBHS.

VCBH budget includes 52 awards of $7500 each. CalMHSA administers the application process and disbursement of funds.

Fiscal Year 2021-2022: 19 staff were identified to receive a $7,500 Loan Repayment award.

Fiscal Year 2022-2023: 13 staff were identified to receive a $7,500 Loan Repayment award.

Fiscal Year 2023-2024: Because some staff awarded in previous fiscal years did not accept awards, 21 staff will be identified to receive a $7,500 Loan Repayment award. Alternates will be identified to ensure all 52 awards are awarded.

Fiscal Year 2024-2025: All funding will be used by Fiscal Year 2024-2025. Additional awards will be granted should there be any unused funds due to previous awardees not utilizing their award, including breach of contract.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

1. ***Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment.***
   - Staff retention activities improve client care by maintaining a skilled workforce and addressing key findings "Connection to Care".

2. ***Describe how this program/activity will achieve any or all the following outcomes:***
   A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work
   B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities
   C. Promote job retention
      - To receive a Loan Repayment award, VCBH staff must commit to a 12-month work commitment which commences when they accept an offer of award. Thus, this retention effort will ensure 52 VCBH staff stay for a minimum of 1 year.

D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance

- VCBH partners with local undergraduate and graduate educational institutions to provide student practice learning experiences which introduce students in our community, representing the local cultures, into the behavioral health career opportunities. Stipends are offered to help subsidize education costs.
- Historically, VCBH hires students who apply and earn positions through the County civil service process.
- Approximately 18 students were hired from the pool of 2020-through 2023 students – 14 Master level, 2 Mental Health Associates and 2 Alcohol and Drug Treatment Specialists. 8 (44%) of which are bi-lingual Spanish (the County's threshold language).

E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

VCBH Loan Forgiveness Program

Workforce retention efforts to retain employees for hard-to-fill positions and job satisfaction have also included participation in the Loan Repayment aspect of the SCRP Grant. The loan repayment program aims to provide financial assistance to employees in high need and hard-to-fill positions, as designated by each County. Applicants apply for the program through the HCAI centralized application and are scored by CalMHSA on an objective approach following the model of the MHLAP. The information is reviewed by each individual county to confirm eligibility. Eligibility for the program is based on individuals that are regular, full-time employees, with an emphasis on selecting applicants who enhance and the diversity within the public behavioral health system of care (PBHS). Recipients are required to complete a work obligation of 1 year and to complete an annual follow-up survey for up to three years regarding employment status and satisfaction within the PBHS.

VCBH budget includes 52 awards of $7,500 each. CalMHSA administers the application process and disbursement of funds.

Fiscal Year 2021-22: 19 staff were identified to receive a $7,500 Loan Repayment award

Fiscal Year 2022-23: 13 staff were identified to receive a $7,500 Loan Repayment award

Fiscal Year 2023-24: Because some staff awarded in previous fiscal years did not accept awards, 21 staff will be identified to receive a $7,500 Loan Repayment award. Alternates will be identified to ensure all 52 awards are awarded.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

Fiscal Year 2024-25: All funding will be used by Fiscal Year 2024-25. Additional awards will be granted should there be any unused funds due to previous awardees not utilizing their award, including breach of contract.

1. ***Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment.***
   - Staff retention activities improve client care by maintaining a skilled workforce and addressing key findings "Connection to Care".

2. ***Describe how this program/activity will achieve any or all the following outcomes:***
   A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work
   B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities
   C. Promote job retention
      - To receive a Loan Repayment award, VCBH staff must commit to a 12-month work commitment which commences when they accept an offer of award. Thus, this retention effort will ensure 52 VCBH staff stay for a minimum of one year.
   D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance.
   E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.
      - Students are trained in their field of study and exposed to what their career may look like within VCBH. They are exposed to the VCBH regulatory mandates, required training (including cultural competence and use of an interpreter) and optional training, including evidence-based practices. Further, they learn about the clients and community we are privileged to serve.

VCBH Internship Program

To support the training for hard-to-fill positions, this program used educational stipends, a financial incentive, for all four categories of clinical training opportunities: Doctoral Practicum, Master of Social Work (MSW) Internship, Marriage, and Family Therapist (MFT) Traineeship, and Undergraduate Programs – Mental Health Associate and the Fiscal Year 2020-2021 newly initiated Behavioral Health Worker (BHW) Practicum. Embracing the need for integrated care and supporting a hard-to-fill job classification with low retention rate, the BHW Practicum was developed in partnership with Ventura County Community College District's Addictive Disorders Studies to create a career pathway into Mental Health, Substance Use Treatment, or Integrated Behavioral Health field.

The financial incentive programs have mitigated the financial burden students experience by providing financial assistance to students pursuing advanced degrees. These types of programs have encouraged employers to hire students, especially those who are fluent in Spanish and are bicultural, in hard-to-fill positions.

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

Fiscal Year 2022-2023: VCBH is honored to be an awardee of The Mentored Internship Program grant for two VCBH sites, a component of the California Department of Health Care Services (DHCS) Behavioral Health Workforce Development (BHWD) efforts. The "MIP's overarching goal is to enhance the professional development of diverse talent to help meet California's urgent need for BH workforce in the near-term, … expand California's future BH workforce, … and develop ongoing partnerships … between BH organizations and local educational institutions."

The Fiscal Year 2022-2023 Academic Year is focused on improving the Internship Program structure to establish standardized clinical experiences and strengthen a mentorship supervision model through the MIP grant process. VCBH will be working closely with Advocates for Human Potential, Inc (AHP), the grant Administrative Entity on behalf of DHCS, and our endorsing educational partners to create structures which will support future capacity. The Conejo site focuses on supporting 4 graduate level students and 2 undergraduate level students, as well as 1 graduate student who extended her learning from the Fiscal Year 2021-2022 academic year. The Williams location focused on Integrated care, hosting two Doctoral Practicum students, two Behavioral Health Workers and two of new Internship category for undergraduate students, focused on access and outreach.

VCBH sincerely appreciates the endorsement of our local educational partners and looks forward to ongoing collaborative partnerships: Ventura County Community College District: Oxnard College; California Lutheran University; California State University, Northridge; California State University, Channel Islands; and Antioch University, Santa Barbara.

Fiscal Year 2023-24: Goal is to increase MSW students and BHW to address shortage area. MIP stipend funds were extended from 10/1/2023 to 12/31/2024. Southern California Regional Partnership stipend allocation to fund stipends for students who are not placed at MIP sites.

Fiscal Year 2024-25: Goal is to increase the number of students as a primary pipeline development effort. MIP stipend funds were extended from 10/1/2023 to 12/31/2024. The focus is on increasing Educational Partnership with California undergraduate and graduate level schools. Southern California Regional Partnership stipend allocation to fund stipends for students who are not placed at MIP sites in the Fall 2024 and will become the primary stipend funding source in Spring 2025.

1. ***Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment.***
   - Pipeline development training efforts support the need for a skilled right sized workforce addresses key findings and recommendations related to "Connection to Care".
2. ***Describe how this program/activity will achieve any or all the following outcomes:***
   A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work
   B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities
   C. Promote job retention
   D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work

- VCBH partners with local undergraduate and graduate educational institutions to provide student practice learning experiences which introduce students in our community, representing the local cultures, into the behavioral health career opportunities. Stipends are offered to help subsidize education costs.
- Historically, VCBH hires students who apply and earn positions through the County civil service process.

E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

- Commencing Fiscal Year 2021-2022, to date VCBH has successfully hired our previous students: approximate numbers - 14 Master level graduate students and 4 undergraduate students – 8 students (44%) who are bi-lingual Spanish (the County's threshold language).

EMDR

WET funds are being allocated to support EMDR training in Fiscal Year 2023-2024 and Fiscal Year 2024-2025: EMDR (Eye Movement Desensitization and Reprocessing) is a well-researched psychotherapy treatment for trauma that is recognized by organizations such as the American Psychiatric Association as an effective form of treatment.

1. ***Describe how this program/activity addresses workforce shortages and deficits as identified in the County's Workforce Needs Assessment.***
   - Key findings and recommendations highlight the need for effective trauma treatment and trauma informed care. VCBH currently has requests for this trauma evidence-based practice, which is costly to train staff and implement. Implementing this new recommended approach will also address access needs for VCBH clients
2. ***Describe how this program/activity will achieve any or all the following outcomes:***
   A. Educate the Public Mental Health System workforce on incorporating the MHSA General Standards into its work
   B. Increase the number of clients/family employed in the behavioral health system via recruitment, employment services, and promotional opportunities
   C. Promote job retention; EMDR is costly for clinicians in general. This training makes our clinicians more equipped in providing trauma treatment services to the population we serve which can potentially assist with retention.
   D. Conduct focused outreach/recruitment for individuals who share same racial/ethnic, cultural and/or linguistic characteristics of clients/family and others who have a Serious Mental Illness or Severe Emotional Disturbance
   E. Recruit and employ individuals who are culturally and linguistically competent or educated and trained in cultural competence.

List the languages in which staff (County and contract providers) proficiency is required.

County Threshold Languages:	Spanish

Each County shall designate a WET Coordinator whose duties shall include, but not be limited to: Coordinating WET programs and activities, acting as a liaison to the Department of Health Care Services, and incorporating the MHSA General Standards.

CCR, Title 9, § 3320, 3810

Program and Expenditure Plan

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Fiscal Year 2022-23 Mental Health Services Act Annual Update Funding Summary

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	282,592	0	282,592			0
Assisted Outpatient Treatment (AOT) Program	976,972	669,172	279,387			28,413
VCBH Adult Outpatient Treatment Program-Adult FSP	27,475	27,475	0			0
Empowering Partners through Integrative Community Services (EPICS)	1,256,956	768,103	479,327			9,526
Screening, Triage, Assessment and Referral (STAR)						
VISTA	919,469	116,405	734,622			68,442
TAY						
Transitional Age Youth (TAY) Outpatient Treatment Program	329,212	165,880	155,994			7,338
Empowering Partners through Integrative Community Services (EPICS)	8,687	5,309	3,313			66
Assisted Outpatient Treatment (AOT) Program	361,545	247,638	103,392			10,515
VISTA	64,471	8,162	51,510			4,799
Casa Esperanza TAY Transitions Program (TAY FSP)	1,181,785	457,649	665,775			58,361
Child						
Insights (Youth FSP)	190,417	99,652	90,656			108
Youth FSP Program	701,595	506,618	194,978			0
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	1,285	880	368			37
Older Adults						
VCBH Older Adults FSP Program	2,505,186	1,637,237	850,817			17,131
Empowering Partners through Integrative Community Services (EPICS)	471,658	288,222	179,862			3,574
VISTA	69,767	8,833	55,742			5,193
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	88,792	60,818	25,392			2,582

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
Crisis Stabilization Unit (Children)	4,268,485	3,227,000	994,629			46,855
Mobile Response Team (MRT)	1,024,813	922,332	102,481			
ARPA - Peer Support Program	297,837	37,026	0			260,811
The Client Network (CN)	138,921	138,921	0			0
VCBH Outreach						
County-Wide Crisis Team (CT)	3,008,178	2,473,750	472,392			62,036
Screening, Triage, Assessment, and Referral (STAR)	598,307	443,645	137,303			17,359
Youth & Family Intake Team	470,022	348,521	107,864			13,637
Adult Short Term Treatment Program	1,936,306	1,435,772	444,356			56,178
Access Program (Access Line)	1,215,083	900,984	278,845			35,253
Rapid Integrated Support and Engagement (RISE)	2,419,974	1,906,002	294,413			219,559
Crisis Residential Treatment (CRT)	4,984,700	2,042,876	2,731,903			209,921
MCOT TAY	235,868	0	0			235,868
Fillmore Community Project	964,456	473,078	481,668			9,711
Family Access Support Team (FAST)	1,716,857	1,375,246	53,082			288,529
VCBH Adult Outpatient Treatment Program	29,423,706	13,091,218	13,193,358			3,139,130

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
Housing	1,839,511	1,826,304	0			13,207
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	109,944	75,306	31,441			3,197
TAY Wellness Center	748,164	742,120	0			6,044
Growing Works	588,150	456,069	124,688			7,393
Wellness and Recovery Center and Mobile Wellness	1,250,695	1,250,695	0			0
Wellness Everyday	295,000	295,000	0			0
SMHS Provider Incentive Plan	1,507,275	1,507,275	0			0
Y&F Enhanced Care Management (ECM)	121,199	121,199	0			0
DSH Diversion Grant	457,893	0	0			457,893
CSS Administration	12,065,738	7,177,035	4,837,606			51,096
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	83,642,177	48,603,782	29,632,525			5,405,871
FSP Programs as Percent of Total	19.40%					

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	320,101	228,510	86,691			4,900
Assisted Outpatient Treatment (AOT) Program	1,009,991	833,672	160,829			15,490
VCBH Adult Outpatient Treatment Program-Adult FSP	408,975	408,975	0			0
Screening, Triage, Assessment and Referral (STAR)						
Empowering Partners through Integrative Community Services (EPICS)	1,189,996	799,673	375,650			14,674
VISTA	859,757	111,324	692,860			55,574
TAY						
Transitional Age Youth (TAY) Outpatient Treatment Program	343,553	224,320	104,870			14,363
Empowering Partners through Integrative Community Services (EPICS)	8,224	5,527	2,596			101
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	373,764	308,515	59,518			5,732
VISTA	60,285	7,806	48,582			3,897
Casa Esperanza TAY Transitions Program (TAY FSP)	1,157,721	0	1,082,713			75,008
Child						
Insights	174,127	131,900	36,891			5,336
Youth and Family (Y&F) FSP	799,914	674,134	125,780			0
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	1,329	1,097	212			20
Older Adults						
VCBH Older Adults FSP Program	2,441,950	1,906,066	527,962			7,923
Empowering Partners through Integrative Community Services (EPICS)	446,533	300,068	140,958			5,506
VISTA	65,237	8,447	52,573			4,217
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	91,793	75,769	14,617			1,408

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
Crisis Stabilization Unit (Children)	4,165,059	3,824,554	273,273			67,231
Crisis Tracking System	200,000	200,000	0			0
ARPA - Peer Support Program	772,883	540,418	0			232,465
The Client Network (CN)	288,935	288,935	0			0
VCBH Outreach	0					
Community Innovation Projects	23,419	23,419	0			0
County-Wide Crisis Team (CT)	4,327,681	4,042,893	246,292			38,496
East County Crisis Stabilization Unit (CSU)	3,075,000	2,767,900	307,100			0
Youth & Family Intake Team	1,363,279	1,280,084	81,359			1,837
Rapid Integrated Support and Engagement (RISE)	2,399,915	2,093,157	56,346			250,412
Crisis Residential Treatment (CRT)	4,546,574	2,487,037	1,821,604			237,933
MCOT TAY	548,961	414,225	31,817			102,919
Fillmore Community Project	869,844	511,697	348,349			9,798
Family Access Support Team (FAST)	1,025,261	828,715	21,465			175,081
Mobile Response Team (MRT)	1,267,556	687,158	580,398			0
VCBH Adult Outpatient Treatment Program	28,562,995	15,074,299	10,607,127			2,881,569

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
Access Program (Access Line)	2,177,885	1,984,308	171,482			22,094
Transitional Age Youth (TAY) Outpatient Treatment Program	2,892,146	1,923,985	854,390			113,771
Upgrades, remodeling, expansion of current service sites	1,147,449	1,147,449	0			0
Y&F Community Resource Center	270,500	270,500	0			0
Y&F Enhanced Care Management (ECM)	157,015	157,015	0			0
Housing	6,270,824	1,976,872	0			4,293,951
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	113,660	93,818	18,099			1,743
TAY Wellness Center	716,340	716,340	0			0
Growing Works	465,979	227,574	227,806			10,599
Wellness Everyday	401,718	401,718	0			0
Wellness and Recovery Center and Mobile Wellness	1,418,047	1,418,047	0			0
Transcranial magnetic stimulation (TMS)	320,000	320,000	0			0
Care Act	2,632,139	1,475,195	656,945			500,000
DSH Diversion Grant	595,720	0	918			594,802
CSS Administration	12,199,452	10,189,237	2,010,216			0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	97,148,091	65,121,460	22,248,484			9,778,146
FSP Programs as Percent of Total	15.0%					

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic-Based FSP	351,621	251,361	95,360			4,900
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	1,109,442	917,040	176,912			15,490
VCBH FSP Treatment Program	449,872	449,872	0			0
Screening, Triage, Assessment and Referral (STAR)	0					
Empowering Partners through Integrative Community Services (EPICS)	2,392,695	1,464,263	913,758			14,674
VISTA	940,175	122,456	762,146			55,574
IPS Supportive Employment EBO	750,000	750,000	0			0
TAY						
Transitional Age Youth (TAY) Outpatient Treatment Program	376,472	246,752	115,357			14,363
Empowering Partners through Integrative Community Services (EPICS)	9,037	6,079	2,856			101
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	410,568	339,366	65,469			5,732
VISTA	65,923	8,586	53,440			3,897
Casa Esperanza TAY Transitions Program (TAY FSP)	1,265,993	0	1,190,985			75,008
Child						
Insights	191,007	145,090	40,581			5,336
Youth and Family (Y&F) FSP	879,905	741,548	138,358			0
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	1,460	1,207	233			20
Older Adults						
VCBH Older Adults FSP Program	2,441,950	2,096,673	580,758			7,923
Empowering Partners through Integrative Community Services (EPICS)	446,533	330,075	155,054			5,506
VISTA	65,237	9,292	57,830			4,217
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	91,793	83,345	16,079			1,408

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
Crisis Stabilization Unit (Children)	4,574,842	4,207,010	300,601			67,231
Crisis Tracking System	220,000	220,000	0			0
ARPA - Peer Support Program	772,883	772,883	0			0
The Client Network (CN)	317,828	317,828	0			0
Community Innovation Projects	25,761	25,761	0			0
County-Wide Crisis Team (CT)	4,756,599	4,447,182	270,922			38,496
East County Crisis Stabilization Unit (CSU)	3,382,500	3,044,690	337,810			0
Youth & Family Intake Team	1,499,424	1,408,092	89,495			1,837
Rapid Integrated Support and Engagement (RISE)	2,614,865	2,302,472	61,980			250,412
Crisis Residential Treatment (CRT)	4,977,438	2,735,741	2,003,764			237,933
MCOT TAY	593,565	455,647	34,998			102,919
Fillmore Community Project	955,849	562,866	383,184			9,798
Family Access Support Team (FAST)	1,110,279	911,587	23,611			175,081
Mobile Response Team (MRT)	1,394,312	755,874	638,438			0
VCBH Adult Outpatient Treatment Program	31,131,137	16,581,729	11,667,840			2,881,569
Adult Short Term Treatment Program	2,393,536	1,902,023	462,218			29,295
Access Program (Access Line)	2,393,464	2,182,739	188,630			22,094
Transitional Age Youth (TAY) Outpatient Treatment Program	3,169,983	2,116,383	939,828			113,771
Upgrades, remodeling, expansion of current service sites	1,262,194	1,262,194	0			0
Y&F Community Resource Center	297,550	297,550	0			0
Y&F Enhanced Care Management (ECM)	172,716	172,716	0			0

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Community Services & Support (CSS)

County: Ventura Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs						
Housing	6,468,511	2,174,559	0			4,293,951
Assisted Outpatient Treatment (AOT) Program (Laura's Law)	124,851	103,199	19,909			1,743
TAY Wellness Center	787,974	787,974	0			0
Growing Works	511,517	250,332	250,587			10,599
Wellness Everyday	441,890	441,890	0			0
Wellness and Recovery Center and Mobile Wellness	1,559,851	1,559,851	0			0
Transcranial magnetic stimulation (TMS)	352,000	352,000	0			0
One Stop for Parents of SED Youth	50,000	50,000	0			0
Care Act	4,198,209	2,712,792	985,417			500,000
Peer Respite	250,000	250,000	0			0
DSH Diversion Grant	595,812	0	1,009			594,802
CSS Administration	13,419,398	11,208,160	2,211,237			0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	109,016,420	74,536,731	25,236,654			9,545,681
FSP Programs as Percent of Total	15.3%					

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Prevention and Early Intervention (PEI)

County: Ventura Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention						
K-12 Prevention	2,308,834	2,308,834	0			0
Wellness Centers Expansion K-12	4,505,725	4,505,725	0			0
MHSSA Grant-Wellness Centers K-12	1,589,354	0	0			1,589,354
One Step a la Vez	349,867	349,867	0			0
Project Esperanza	126,257	126,257	0			0
Tri County Glad	158,311	158,311	0			0
Catalyst Church	447,304	447,304	0			0
Network Expansion Grants (Formerly Mini Grant) Pilots	458,472	458,472	0			0
Healing the Community - (MICOP)	288,281	288,281	0			0
Older Adults - VCAAA	857,147	857,147	0			0
Bartenders as Gatekeepers	25,000	25,000	0			0
Early Intervention						
Primary Care Program						
Ventura County Power Over Primordial Psychosis (VCPOPs)	579,859	535,126	0			44,733
COMPASS	1,732,326	908,400	497,108			326,817
Other PEI Programs	2,174,225	1,814,983	359,169			73
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Team (CIT) Training	229,376	229,376	0			0
Stigma & Discrimination Reduction						
Diversity Collective	116,747	116,747	0			0
Access and Linkage to Treatment						
Logrando Bienestar	1,650,417	1,650,417	0			0
Rapid Integrated Support and Engagement	94,242	94,242	0			0
Suicide Prevention						
Suicide Prevention Efforts and Events	376,985	376,985	0			0
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	90,399	90,399	0			0
EVALCORP	297,468	297,468	0			0
PEI Administration	3,865,916	2,551,220	1,300,955			13,741
Total PEI Program Estimated Expenditures	22,322,513	18,190,562	2,157,232			1,974,719

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Prevention and Early Intervention (PEI)

County: Ventura Date: 04/10/2024

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention						
K-12 Prevention	2,395,157	2,395,157	0			0
Wellness Centers Expansion K-12	4,061,782	4,051,480	0			10,302
MHSSA Grant-Wellness Centers K-12	1,259,651	84,047	0			1,175,604
One Step a la Vez	366,127	366,127	0			0
Project Esperanza	107,876	107,876	0			0
Tri County Glad	94,612	94,612	0			0
Catalyst Church	220,810	220,810	0			0
Network Expansion Grants (Formerly Mini Grant) Pilots	483,230	483,230	0			0
Healing the Community - (MICOP)	300,211	300,211	0			0
Older Adults - VCAAA	773,213	773,213	0			0
Bartenders as Gatekeepers	150,000	150,000	0			0
Child First Program with Public Health	500,000	500,000	0			0
Early Intervention						
Primary Care Program	1,072,486	634,699	0			437,787
Ventura County Power Over Primordial Psychosis (VCPOPs)	2,392,879	1,167,093	756,953			468,833
COMPASS	2,481,195	1,955,060	334,135			192,000
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Team (CIT) Training	206,915	206,915	0			0
Stigma & Discrimination Reduction						
Diversity Collective	121,112	121,112	0			0
Access and Linkage to Treatment						
Logrando Bienestar	2,161,108	1,444,115	697,823			19,169
Rapid Integrated Support and Engagement	2,248	2,248	0			0
Suicide Prevention						
Suicide Prevention Efforts and Events	225,940	225,940	0			0
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,547	81,547	0			0
EVALCORP	353,145	353,145	0			0
Mental Health First Aid - In Spanish	625,000	625,000	0			0
PEI Administration	2,908,649	2,274,582	634,067			0
Total PEI Program Estimated Expenditures	23,344,893	18,618,218	2,422,979			2,303,695

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Prevention and Early Intervention (PEI)

County: Ventura Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Prevention						
K-12 Prevention	2,395,157	2,395,157	0			0
Wellness Centers Expansion K-12	3,554,088	3,543,786	0			10,302
MHSSA Grant-Wellness Centers K-12	1,259,651	84,047	0			1,175,604
One Step a la Vez	366,127	366,127	0			0
Project Esperanza	107,876	107,876	0			0
Tri County Glad	94,612	94,612	0			0
Catalyst Church	220,810	220,810	0			0
Network Expansion Grants (Formerly Mini Grant) Pilots	483,230	483,230	0			0
Healing the Community - (MICOP)	300,211	300,211	0			0
Older Adults - VCAAA	773,213	773,213	0			0
Bartenders as Gatekeepers	150,000	150,000	0			0
Child First Program with Public Health	500,000	500,000	0			0
Early Intervention						
Primary Care Program	1,072,486	634,699	0			437,787
Ventura County Power Over Primordial Psychosis (VCPOPs)	2,468,574	1,167,093	832,648			468,833
COMPASS	2,514,608	1,955,060	367,549			192,000
Outreach for Increasing Recognition of Early Signs of Mental Illness						
Crisis Intervention Team (CIT) Training	206,915	206,915	0			0
Stigma & Discrimination Reduction						
Diversity Collective	121,112	121,112	0			0
Access and Linkage to Treatment						
Logrando Bienestar	2,230,890	1,444,115	767,606			19,169
Rapid Integrated Support and Engagement	2,248	2,248	0			0
Suicide Prevention						
Suicide Prevention Efforts and Events	225,940	225,940	0			0
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,547	81,547	0			0
EVALCORP	353,145	353,145	0			0
Mental Health First Aid - In Spanish	625,000	625,000	0			0
PEI Administration	2,908,649	2,274,582	634,067			0
Total PEI Program Estimated Expenditures	23,016,090	18,110,524	2,601,870			2,303,695

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Innovation (INN)

County: Ventura Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Multi-County Full Service Partnership (FSP) Project	146,058	146,058				
Multi-County Full Service Partnership (FSP) Project-ADMIN	89,034	89,034				
Multi-County Full Service Partnership (FSP) Project-EVALUATION	0					
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	72,467	72,467				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	0	0				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	35,990	35,990				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	322,700	322,700				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	196,711	196,711				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	0					
Therapeutic Crisis Response-Mobile Mental Health Van	464,101	426,385	37,716			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	282,907	282,907				
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	0					
INN Administration	358,795	243,049	114,536			1,210
Total INN Program Estimated Expenditures	1,968,763	1,815,302	152,252			1,210

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Innovation (INN)

Date: 04/10/2024

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	167,809	167,809				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	39,818	39,818				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	0					
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	9,419	9,419				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	2,235	2,235				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	0					
Therapeutic Crisis Response-Mobile Mental Health Van	1,115,374	1,115,374				
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	264,655	264,655				
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	0					
Learning Collaborative Healthcare Network Early Psychosis Project	500,000	500,000				
Learning Collaborative Healthcare Network Early Psychosis Project - ADMIN	50,654	50,654				
Learning Collaborative Healthcare Network Early Psychosis Project - EVALUATION	9,734	9,734				
Veteran's Mentorship Program	500,000	500,000				
Veteran's Mentorship Program - ADMIN	118,640	118,640				
Veteran's Mentorship Program - EVALUATION	0					

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Innovation (INN)

Date: 04/10/2024

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Neurosequential Model Program Human Services	1,250,000	1,250,000				
Therapeutic Animal Support	250,000	250,000				
CMH Training Program	500,000	500,000				
Community Innovation Projects	1,548,184	1,548,184				
INN Administration	722,899	658,827	64,072			
Total INN Program Estimated Expenditures	7,049,420	6,985,348	64,072			

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Innovations (INN)

County: Ventura Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	184,590	184,590				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	43,799	43,799				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	0					
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	10,361	10,361				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	2,458	2,458				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	0					
Therapeutic Crisis Response-Mobile Mental Health Van	1,226,911	1,226,911				
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	291,121	291,121				
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	0					
Learning Collaborative Healthcare Network Early Psychosis Project	500,000	500,000				
Learning Collaborative Healthcare Network Early Psychosis Project - ADMIN	142,737	142,737				
Learning Collaborative Healthcare Network Early Psychosis Project - EVALUATION	27,963	27,963				
Veteran's Mentorship Program	550,000	550,000				
Veteran's Mentorship Program - ADMIN	130,504	130,504				

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Innovations (INN)

Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Veteran's Mentorship Program - EVALUATION	0					
Neurosequential Model Program Human Services	1,250,000	1,250,000				
Therapeutic Animal Support	250,000	250,000				
CMH Training Program	500,000	500,000				
Community Innovation Projects	1,548,184	1,548,184				
INN Administration	909,412	838,933	70,479			
Total INN Program Estimated Expenditures	7,568,040	7,497,561	70,479			

VENTURA COUNTY BEHAVIORAL HEALTH
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FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Workforce Education and Training (WET)

Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	30,360	30,360				
Southern Counties Regional Partnership (SCRP) MOA	0					
MIP Integrated Care & Outreach Site	287,064					287,064
MIP MH Outpatient Specialty Care	268,264					268,264
WET Administration	90,900	51,123	39,362			416
Total WET Program Estimated Expenditures	676,588	81,483	39,362			555,744

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	91,963	91,963				
MIP Integrated Care & Outreach Site	152,811					152,811
MIP MH Outpatient Specialty Care	164,987					164,987
Continued Staff training	150,000	150,000				
WET Administration	79,072	65,486	13,586			
Total WET Program Estimated Expenditures	638,832	307,449	13,586			317,797

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Workforce Education and Training (WET)

Date: 04/10/2024

	Fiscal Year 2025-2026					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	101,159	101,159	0			0
MIP Integrated Care & Outreach Site	152,811	0	0			152,811
MIP MH Outpatient Specialty Care	164,987	0	0			164,987
Continued Staff training	165,000	165,000	0			0
WET Administration	86,980	72,035	14,945			0
Total WET Program Estimated Expenditures	670,936	338,193	14,945			317,797

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Capital Facilities/Technological Needs (CFTN)

Date: 04/10/2024

	Fiscal Year 2023-2024					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
Youth & Family Community Resource Center	1,865,264	601,000				
Adult Crisis Stabilization Unit - Simi Valley	1,511,888	1,511,888				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	3,377,152	2,112,888	0			

	Fiscal Year 2024-2025					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
Building Renovation for 8 bed CSU	1,000,000	1,000,000				
Building Purchases for Clin Expansion	2,500,000	2,500,000				
Board & Care Facility Acquistion	1,500,000	1,500,000				
MHRC Unit (Oasis)	20,000,000	20,000,000				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	25,000,000	25,000,000				

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FISCAL YEAR 2022-2023 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Capital Facilities/Technological Needs (CFTN)

	Fiscal Year 2025-2026					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
Board & Care Facility Acquistion	1,500,000	1,500,000				
Financial system Update	648,375	648,375				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	2,148,375	2,148,375				

Public Comments

30 Day Review

The opening of the 30-day public review began April 15th, 2024, and was announced at the Behavioral Health Advisory Board meeting and closed May 15th, 2024.

Public Hearing

At the public hearing on May 20th, 2024, a short explination was given to update changes made to the report and its overall purpose.

- The board voted to send the report as is this year to the Board of Supervisors.

Social Media

There were not comments left across any of the social media platforms for this report.

Changes to the MHSA 23-24 Annual Update report since April 15th, 2023, Changes to programs or costs are listed below:

Several of the projects outlined in the 3-year plan were proposed before budgets could be accurately represented. Now that the Department has had time to research some of these costs and get bids for the following initiatives the anticipated cost will be higher than originally estimated. In part the additional increases in these projects are in place to address the need to reallocate estimates from additional hiring and vehicle purchase items noted in the three-year plan, both of which are currently on hold due to statewide concerns of revenue shortfalls across the state and several changing laws including electric vehicle requirements, Prop 1, and BH Connect. Considering the changing landscape and unknown impact of some of these new requirements the Department is expanding on some of the umbrella projects. There are MHSA funds to cover these increased costs.

Examples of the proposed projects are outlined below and may include other like expansions. Below are the projects that have changed and were not noted in the February CPP Process or the draft Annual Update.

Administrative Infrastructure - Increased by $1,500,000 this initiative will include several projects that have been hindered by a lack of funding in previous years. With the available one-time money, projects such as rewiring of the administration building for more reliable Wi-Fi connections to support interoperability, meeting room upgrades to improve the capacity for hybrid meetings, clinic upgrades and refresh (painting, furniture, and supply replacement) and other administrative structural improvements.

Access and Outreach Education - During the most recent County health needs assessment the following priorities were set; 1. to educate around moderate-severe (VCBH domain) services versus mild-moderate (others) mental illness; and significant functional impairment (i.e., what VCBH can be expected to do) 2. Educate around stigma reduction, substance use and impacts, trauma, diversity, equity, and inclusion, changes across the lifespan, and other pertinent topics. The Department will be revamping its outreach materials and public facing information to meet this need.

Housing – Cost is estimated to increase by $1,000,000. Housing continues to be a priority for the department and for the upcoming implementation of Prop 1. Housing can be funded out of all the current MHSA categories. The department is set to expand rental subsidies, housing vouchers, and temporary housing across the County for individuals living with mental illnesses.

Alternatives to VCBH- $4,000,000 Another priority from the last County health needs assessment is to develop more contracted clinical providers/options for those in the mild-moderate category including, early intervention for underserved populations, and moderate to severe contracted services.

Workforce Enhancement and Training- Increased to $500,000 training initiatives will expand to include a greater number of training courses for the department in anticipation of upcoming legislation. Some examples are WRAP training for all peers, crisis care training, Power BI, and ACT.

PEI: Mental Health Awareness though the Arts: Increased to $750,000 In working with the CEO's office it was determined that increasing the amount would maximize the opportunity to fund multiple arts initiatives.

INN

Community Innovation Plans: The program item in the 3-year plan named Community Innovation Plans outlined is a place holder for a planned community engagement where the public would be able to put forward ideas for an innovation program. A Community Program Planning Process (CPPP) exclusive to Innovation ideas was planned to take place in FY23/24 and is now complete. A public call for submissions took place in January inviting anyone with an innovative approach to mental health to apply for a grant. A total of 38 submissions were received. A workgroup was assembled with eighteen participants across the county who reviewed all submissions. Each participant voted for their top three choices. The department will be pursuing the following Innovation ideas in the next year.

Budgets are not yet final for the current INN proposals already listed in the 3-year plan. However, a CPPP is a timely process that requires a wide range of participants to meet the state requirements so the department opted to continue with the process in hopes that the process can continue to move forward.

Next steps in the process would include a 30-day public posting of a full proposal, Board of Supervisors approval and State approval via the Mental Health Services Oversight and Accountability Commissions (MHSOAC) protocols. As this is a lengthy process, the department is also notifying the community that it may need to pivot to another MHSA funding component such as PEI or CSS to ensure one or more of the submitted INN proposals can still take place with the one-time funding bump should INN funding be unavailable.

In particular, the Department continues to seek ways to reach underserved communities in the County considering that ongoing effort and the robust INN submission process. The Department would like to add a new initiative to the plan.

Prevention Programs for Underserved Populations: Allocation $500,000 This will allow the department the opportunity to fund some of the innovation submissions that were not voted on to be innovative project plans but did meet the qualifications for PEI monies.

The following are the three Innovation projects that have been selected for consideration to be pursued with the MHSOAC.

- **The Arts & Culture Program for Survivors of Trauma & Crime**, submitted by *Creativity Through Music*.
- **The Culturally-rooted Horticulture-assisted Psychotherapy and Somatic Practices**, submitted by *Semillas Counseling & Wellness*
- **The Family Justice Center Peer Program**, submitted by the *Ventura County District Attorney's Office – Family Justice Center.*

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FIRST 5 VENTURA COUNTY

Date: May 20, 2024

Re: VIII. Public Hearing to End 30-day Public Comment Period on the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2023-2024. April 15, 2024 through May 20, 2024.

To: Members of the Behavioral Health Advisory Board

Thank you for the opportunity to provide a public comment on the *Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2023-2024*. On behalf of First 5 Ventura County, I would like to start by commending the Board and Ventura County Behavioral Health (VCBH) on the completion of a comprehensive and well written Annual Update. It is clear from the report that VCBH has taken a thoughtful, data-driven, and evidence-based approach to its programming that appears to be having a positive effect on our community. Given this context, I would like to respectfully suggest that thought be given to the specific allocation of future funds for programming that supports our youngest population and their families. Given the extensive research on the role of toxic stress and trauma on development and long-term health and social outcomes, it is critical that we reach children and families early in life for programs to have the most significant impact.

The biology of stress tells us that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and the brain, with damaging effects on learning, behavior, and health across the lifespan. Research on Adverse Childhood Experiences (ACEs) and the associated toxic stress can detrimentally affect a child's neurobiological and physiological development. The more ACEs a child experiences, the more likely they are to suffer from harmful health and social conditions like heart disease, diabetes, mental health disorders, poor academic achievement, and substance abuse.

The emergent body of evidence on the COVID-19 pandemic underscores the devastating effect it had and continues to have on families with young children. With respect to behavioral and mental health, public schools have seen a huge jump in behavioral concerns such as aggression, elopement, self-injurious behaviors, and defiance particularly among preschool, transitional kindergarten, and kindergarten ages. Recent data from our First 5 Ventura County programs for children ages 0-5 have revealed that between 30-40% of children exhibit developmental or behavioral concerns as identified by external agencies, with many more parents reporting behavioral challenges that are impacting their family routines and everyday functioning.

Empirical literature shows the efficacy of early detection screenings and evidence-based interventions in reducing negative outcomes and equipping children with the requisite skills for school and life success. Regrettably, there is currently a dearth of services in Ventura County tailored to families of young children. We need a diverse set of evidence-based strategies and programs across tiers of support that families of young children can access to support positive long-term outcomes. First 5 Ventura County recognizes that the onus of providing such comprehensive services cannot rest solely on any one agency or program and hopes for collaborative engagement between VCBH and stakeholders within the early childhood community to address this burgeoning need.

Once again, thank you for the opportunity to contribute to this conversation. Please do not hesitate to reach out to me with any questions or comments. I can be reached via email at selmensdorp@first5ventura.org or by phone at (805) 648-9990.

Sincerely,

Sharon Elmensdorp, Ph.D., BCBA-D
Director of Neighborhoods for Learning, First 5 Ventura County

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

FIRST 5 VENTURA COUNTY

Date: May 20, 2024

Re: VIII. Public Hearing to End 30-day Public Comment Period on the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2023-2024. April 15, 2024 through May 20, 2024.

To: Members of the Behavioral Health Advisory Board

On behalf of First 5 Ventura County, I am pleased to provide comments as part of the Public Hearing to end 30-day period on the MHSA Annual Update. First 5 Ventura County, a local public agency, was established in 1998 to administer revenues from Proposition 10, a tax on tobacco products. For 25 years, First 5 Ventura County has managed locally developed resources and systems that improve the health and education for our youngest Californians, from prenatal through age 5 and their families.

Thank you for the opportunity to review the annual update to Ventura County's MHSA plan and for the important work you are doing! The Plan describes a community planning process to gather feedback about programs and services funded through MHSA, including a wide range of prevention and early intervention services We are particularly pleased to see funding for Triple P Positive Parenting Program in East County.

I would like to elevate the importance of **focusing on early childhood population-based prevention programs for 0-5, as identified in Prop 1**. Brain research clearly tells us that the first five years of a child's life are critical for developing lifelong social, emotional and learning skills. Babies are born wired to form relationships with caregivers and connect with the world around them. And those connections and relationships form the foundation for all other development, including their social-emotional development in the context of family, culture and community.

When that foundation and the building blocks crack or aren't strong, risks to infants and toddlers' wellbeing exist. In some circumstances, mental health and developmental disorders can occur even in the early months and years of a child's life. The mental health and wellbeing of parents/caregivers is crucial to the wellbeing of infants and young children. The earlier we can recognize, support and address problems, the better able we are to optimize each child's unique potential, which in the early childhood field is referred to as Infant and Early Childhood Mental Health (IECMH).

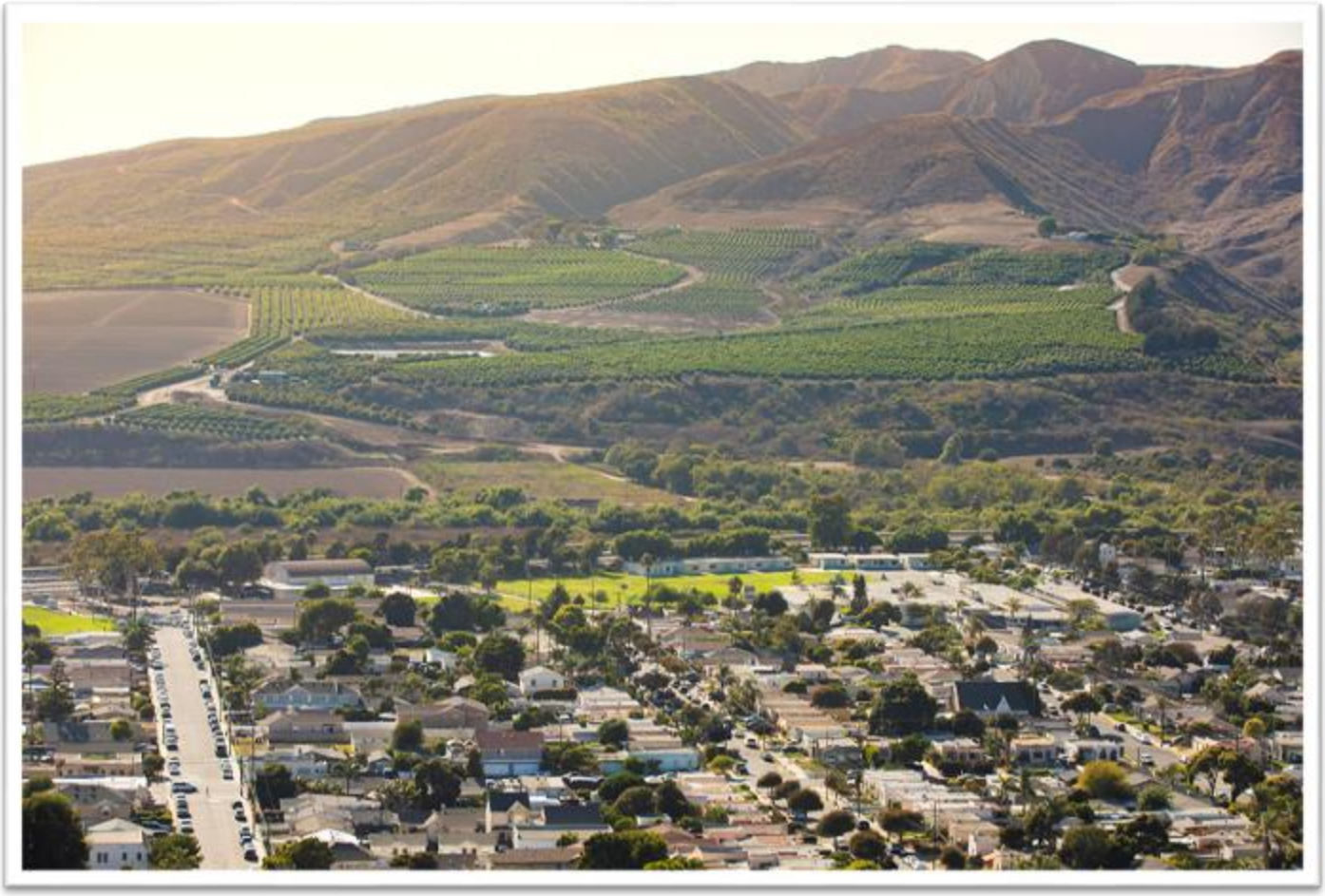
IECMH is the developing capacity of the infant/young child to form close and secure relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. By promoting the social-emotional health of infants and young children, we have the potential to positively impact the trajectory of a child's life.

F5VC is excited to see an increased focus on upstream primary and universal prevention and looks forward to partnering with VCBH and this board on addressing the mental health of infants and toddlers in our communities.

Sincerely,

Petra Puls
Executive Director, First 5 Ventura County

Appendices



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Full Services Partnership Multi-Platform Data Exchange

Final Evaluation Report

December 2023

Prepared by

EVALCORP
Measuring What Matters

Table of Contents

Introduction

Full Services Partnership (FSP) programs are for people who have been diagnosed with a severe mental illness and would benefit from an intensive service program. Ventura County Behavioral Health (VCBH) created the FSP Multi-Platform Data Exchange, which is an interagency information exchange project designed to improve care for the FSP population. The project was funded with Mental Health Services Act (MHSA) Innovation funding.

VCBH contracted with EVALCORP to evaluate the implementation and impact of the FSP Data Exchange Project. The project began in July 2020. Due to project implementation issues EVALCORP's was brought in to evaluate the project in 2022. This final report includes program related information (e.g., data partners, learning questions/goals, evaluation questions, timeline); evaluation methods, findings, and recommendations; and information about the program's continuation now that the MHSA Innovation funding is complete.

FSP Data Exchange Program

FSP programs are designed for people living with serious mental health challenges who would benefit from frequent services and support. The purpose of this project was to work across agencies to develop a shared data stream so VCBH could receive data about FSP clients with regards to law enforcement encounters, hospital stays, health care services, and homeless services systems to improve the quality of mental health services and outcomes (see Appendix A for project information contained in the proposal VCBH submitted for funding). This data exchange allowed VCBH case managers to know if one of the FSP clients had been incarcerated, hospitalized, or experienced homelessness. These are referred to as key events that required that a Key Event Tracking (KET) form be completed (Appendix B).

The learning questions for the program were:

1. Can the proposed data systems be integrated to share information in an actionable way?
2. Are community partners (health care agency, human services agency, and Ventura County Sheriff's Office) better able to coordinate care with behavioral health?
3. Are FSP partners more satisfied with services because of interagency data integration?
4. Does the integration of data reduce costs across agencies over the long term?

The evaluation questions for the FSP Program were aligned with the project learning goals established for the initiative (Table 1).

Table 1. Evaluation Questions and Data Sources

Evaluation Question	Data Source(s)
To what degree was the FSP system data sharing capability valuable to end users in terms of providing care to FSP clients?	1.Key Stakeholder Interviews with Program Administrators and End Users
Did care coordination for FSP clients improve after implementation of the data system, and if so, how?	1.Avatar Electronic Health Record- Number of Key event tracking (KET) forms completed 2. Key Stakeholder Interviews with Program Administrators and End Users
To what degree are system users satisfied with the services they were able to provide because of having access to the data provided via the exchange?	1.Key Stakeholder Interviews with End Users
Is the data-exchange program cost effective?	1.Not being assessed in this evaluation*

*The long-term learning goal related to cost-effectiveness could not be incorporated into this evaluation due to program implementation delays, the complexity, and the need for the program to be in place for a period to assess this goal. The approach to conducting a cost analysis would incorporate looking at changes in metrics such as the number of incarcerations of FSP clients by average cost, the number of hospitalization days by average cost, and the amount to maintain the FSP data exchange system. VCBH should assess in 2024 or 2025.

The timeline for the program's implementation is outlined in Table 2. UAT refers to development in the test environment; PROD is when the data exchange when into production.

Table 2. Care Manager Data Integration Implementation Timeline

Event	Date
Arrests import specification sheet - final version	6/14/23
Arrest import functionality: turnover caused some delay. Meeting with Engineering Team for update	6/12/23 UAT 6/19/23 PROD
Court case information functionality and import specifications	6/26/23 UAT 7/3/23 PROD
Jail detentions automated	4/23/23
Project initiation complete for jail connect set up	2/28/22
Finger printing complete for SAS staff (large hold up for the project)	8/5/22
Homeless data connection complete	2/9/23
Mental health hospitalizations data final	1/30/23
Mental health hospitalizations integration live	11/23/22
Care Manager staff trainings (for new employees and refreshers)	Quarterly
Physical health hospitalizations final	9/21/23
Emergency room visits final	8/23/22
Emergency room visits live	8/11/22
Care Manger live	7/1/22
Trainings of initial staff users (Three sessions and a make-up session)	6/22

Evaluation Methods

The FSP data exchange project evaluation was designed to answer the learning and evaluation questions posed for the project using qualitative and quantitative data collection strategies. Process and outcome metrics were used for the evaluation to assess if the project was implemented as planned and determine the extent to which the program goals were achieved. Process measures were gathered via stakeholder interviews with program administrators. Outcomes were informed by three primary data sources: (1) Avatar data about KET forms completed, and (2) key stakeholder interviews with administrators and end users, and (3) the KET alert and dismissal rate (Appendix C).

Fifteen administrators and end users participated in the key stakeholder interview process: nine in 2022 and six in 2023. The 2022 interviews focused on the process (Appendix D for the interview protocol) while the 2023 interviews focused on the utility of the alerts (see Appendix E for the end-user interview protocol). The interviewees were from VCBH, SAS, Homeless Management Information System (HMIS), Ventura County Continuum of Care, Netsmart (the technology company that developed the data exchange software Care Manager), and Ventura County Sheriff's Office (VCSO). Each interview lasted between 30 and 60 minutes.

VCBH contacted the potential interviewees via email to introduce them to the EVALCORP evaluator. The evaluator followed up to schedule the interview. Multiple follow-ups were made if needed to help ensure high levels of engagement. Notes were taken during each of the interviews to ensure all the information was captured, then the information was analyzed using a thematic approach.

Limitations

As with any evaluation, the FSP data exchange assessment confronted limitations imposed by circumstances. Some project participants were not available to be interviewed and others were new to the project. The 2022 interviews took place about six weeks after the "go live" so impacts were unknown when those interviews took place.

Findings

The findings derived from the KETs data, and the interviews are included in this section. The number of KET forms completed between fiscal years (Fiscal Years) 2020-2021 and 2022-2023 increased by 64% (275 to 430) (Figure 2). That is a significant increase especially since the project connected with different data sources over time.

Figure 2. Number of KETs Entered into Avatar by Fiscal Year

The details of the alert data are in Appendix C. Due to a transition to new electronic health record (EHR), Care Manager was not utilized during the last two weeks of June 2023. There was a total of 224 alerts and 117 dismissals with a dismissal rate of about half (52%) for Fiscal Year 0222-2023.

Key Informant Interviews

This section includes a summary of the information shared by the interviewees. Major themes identified through the information shared by program administrators and end users were (1) general information about the project; (2) collaboration and relationships; (3) project plans and deviations; (4) lessons learned to be shared with other counties; (5) challenges; successes; and (6) recommendations.

About the FSP Project

When asked to provide an overview of the project the interviewees discussed the functions and benefits. The new FSP Data Exchange identifies VCBH clients who have an encounter with the jail system, so it streamlines the process, saves time, and improves care. Case managers can acquire almost real-time notification of key events. Without the system, case managers needed to wait until they had contact with a client to learn about key events. Even when the client contact occurred, the client may not have shared the information or provided an inadequate or actual account of the situation. This can happen for several reasons such as being embarrassed or not remembering. This project enabled the case managers to get closer to the data source for accurate and timely information.

Vision and purpose. The interviewees were asked about their understanding of the vision and purpose of the project. The purpose is viewed as being able to facilitate data sharing for care coordination around FSPs clients and to gain an understanding of criminal justice encounters. Care coordination was the key to the project. Another interviewee explained that the purpose was to have a more effective and efficient service delivery process connecting clients to the right services and resources.

The project increased the number of KET forms completed. KETs are completed when there is a change to a client's current life situation. They can help clients care by providing a story about the challenges they are experiencing and personalizing their treatment services. KETs also help to track and report on program outcomes. Aggregated data can be used for planning service delivery services and quality improvement in clinical practice.

The vision of a successful project included being able to improve services to FSP clients via intensive client management to show positive changes (reduced arrests, lower number of unhoused). Another marker of success shared is that VCBH can obtain the data they need and have deputies be able to contact the VCBH case worker when needed. One person stated that the goal is to have additional agencies share data such as hospitals and housing agencies.

When asked about how they will know when the project is completed, one response centered around the system being automated into the Care Manager data system. Another perspective was that the project would be successful once the data is being utilized consistently to improve service delivery and care coordination for FSP clients.

Perceptions. The perceptions of the FSP project included the following descriptors: delayed, persistence, commitment, relationships, and trust. Several interviewees commented that it was tedious at times. The goals were lofty for a 3-year timeline. One person reported that overall, they have the feeling that the partners are getting more value than expected originally. VCBH is getting a more robust data set from a data partner than anticipated. There is more data to help with transition of care, reporting, and planning. The project was complex yet went down the right path; outcomes will exceed some of the original expectations.

End users reported that there was good communication about what was going on with Care Manager, and the program is easy to navigate. People were not using it as much as they should be, because it is not integrated into the workflow or the EHR.

Training. One of the interviewees attended the Care Manager training and said, "it was great". The interviewee had not heard any concerns about the training or using the system. There were some small issues in the beginning, such as some errors related to running reports; nevertheless, the problems were worked out, and they entered a maintenance stage at this point. It was shared the having a video recording to go back to or use for new hires would be beneficial. Also, having the training be a part of the onboarding process is recommended. If the new hire is trained by a staff person who does not use Care Manager, then that person will not know about the system or how to use it.

Collaboration and Relationships

It has been a very collaborative process. People listened to recommendations and wanted feedback. Interviewees felt heard and reported that the project has been innovative.

A big challenge was the amount of staff turnover at VCBH. It would have been helpful to have the MHSA Program Administrator at VCBH continue to be involved in the project like was in the beginning. Another challenge was that all members of the project team possessed fundamental subject matter expertise required for this type of project, such as data ownership and confidentiality.

It was reported by a couple of interviewees that there were trust issues between VCSO and VCBH. VCSO had concerns with VCBH receiving all law enforcement data to where entity resolution was required to be done by SAS to obtain reportable key events for mutual clients. Effective communication decreased as SAS replaced leading project managers and a VCSO commander retired. There were technical and procedural issues between SAS and VCSO that continuously added time to the project duration to where VCBH had concerns. Relationship concerns were also reported between VCBH and SAS.

Project Plans and Deviations

Delays and Processes. The FSP Program moved forward but not quite as planned. It progressed in a way that did lead the partners to the end goals and did not go sideways. Consensus building with agencies and partners took time. There had to be enough client interest/trust to make it worth wild for users to check Care Manager.

Before VCBH and SAS had an agreement, VCBH was unsure how the process would work, which created stagnation and frustration for a few interviewees. Once the direction with SAS was in place, the project became much easier. The work with the HMIS team included understanding the data (e.g., what could be used for VCBH match decisions, how it was collected, what metrics are available, what data can be shared). Some interviewees mentioned that it would have been helpful if people within VCBH, such as those in the clinics, had met prior to VCBH signing the contract to be clear of the vision. VCBH made the decision to pursue the project without input from clinics, which would have made the project run smoother.

Deviations. County council required the data to be unilateral while the initial plan was that the data would be going back and forth and that clients could select what would be shared with other partners. There were more committee approvals needed than expected.

Care Manager was going to originally be utilized by case managers only. Because there were not enough case managers due to staffing shortages, access was also given to clinic administration and office assistants.

Lessons Learned to Share with Other Counties

- Persistence, relationships, and trust were essential.
- Clarify data that will be shared and who will have access to it up front. Moreover, what will be shared and how it will be used should be communicated in writing to all the project stakeholders.
- Have a high-level administrator involved to assist with problem solving and putting the project into the big picture of how it fits within the larger scope of the organization.
- Get buy-in from staff who are doing the work and provide them with results.
- The process will take longer than people think due to unanticipated delays, staffing shortages, etc. The

County will not be dealing with only their organization, so plan and communicate accordingly.
- Have all the right players at the table from the start to make decisions. This process is based on relationships with data partners. This includes all the people in the County being involved from the beginning, such as those in the clinics.

- The process takes a long time and is labor intensive. Keep staff focused on the shared outcomes and continue to keep them engaged and enthusiastic about the project when possible.

Challenges

- Clarity around legality was a challenge. There were issues related to agreement on the data elements to be shared. The background checks of SAS were unexpected and caused delays.
- Procurement was a challenge. The contractual agreements were unknown to some staff and payment amounts were not clear.
- Technical challenges included the lack of ability to make modifications to HMIS, no direct import feed into the VCBH's EHR, Avatar. The data from HMIS needs to be downloaded and integrated into Avatar. HMIS is not contracted for data integration.
- Keeping the momentum, focus, and vision was a challenge. "Every project starts with the cannons," but the fire dwindles, new projects begin, and interest fades away.
- Care Manager is not part of the EHR; it is a separate system.
- The system needs to be simple and more user-friendly. Having to enter progress notes into Avatar while referencing Care Manager is tedious work for the staff and hence inefficient. This is a particular problem with rising caseloads and staffing shortages.
- The initial setup for staff of adding clients took time.

Successes

There were numerous successes that were identified by the interviewees. These included:

- Getting the partners onboard and Memorandums of Understanding signed.
- Five one-hour training sessions for end users were conducted. A total of 108 people in clinics across the County were trained. Participants included clinic administrators. Deputy directors had their own training as they could only view information and not change it. The training focus was on (1) how to log in and set up accounts; (2) view information, and (3) dismiss the alert.
- A training manual for Care Manager was developed.
- Having the VCBH client matched with HMIS and VCSO data is an advantage for saving time.
- Problems after the "go live" date were minimal. One interviewee reported having not heard of any concerns from staff using the system. Some errors related to running reports occurred, but they were not major and have been resolved.
- Data to provide alerts about if there was a need to intervene or not intervene was valuable.
- The data exchange was very helpful, because case managers did not know when FP clients had a key event—now they know right away. It is helpful for staff so that they know what is happening to their client. Case managers reach out to clients when they see key events and become more familiar with the clients. The information assists case managers with knowing how they can help the client; they can look for patterns.
- This assists with providing more handholding for FSP clients; keeps track, helps them stabilize, and assists with medication compliance.

Recommendations

Interviewees were asked for recommendations on how the system could be improved. Their feedback is outlined below, along with recommendations from the evaluator.

- Improve the workflow so that Care Manager is integrated and not a separate system. This may improve the dismissal rate.
- Work on trust and relationship building between partners.
- Have the system include information about when the client has a crisis in jail; by knowing what happened in the jail it may assist VCBH with providing care.
- When the client is in crisis in the jail, it would be helpful to have the VCBH case worker visit the jail as they know the background of the client; the medical personnel in the jail do not have access to the VCBH records and hence, the client's history.
- Have a high-level administrator involved to assist with problem solving and putting the project into the big picture of how the project fits within the larger scope of the organization.
- Provide HMIS staff with access to VCBH data such as length of time homeless and a diagnosed disability. A diagnosis is needed to qualify for supportive housing from Housing and Urban Development assistance. Currently the client needs to go to his or her provider to get the diagnosis and have the document signed. This is problematic for many reasons such as clients losing documents, not having transportation, and other barriers. This process is also not efficient. If a client signs a release of information, then violation of the Health Insurance Portability and Accountability Act is not an issue with VCBH sharing data. Two releases would need to be signed: one with VCBH and the other with Continuum of Care.
- Have VCBH join a 'ride along' with the VCSO to see what the contact and booking process is like in the field. That would give them an understanding of the challenges faced by VCSO and the levels of data complexity (e.g., the person having multiple charges, a warrant).
- Data is important for decision making. VCSO would like a feedback loop on the data so that they can use it for training to teach techniques.
- Analyze KETs aggregated data. The data can be used for planning services and improving clinical practice.
- Have quarterly staff reviews and discussions about the data.
- The system could expand to include information beyond the FSP population.
- Having a fact sheet created based on the questions asked during the training would be useful. The supervisors were not able to attend every training course, and this would give them a resource to refer to if needed.
- Having a video recording to go back to or use for new hires would be beneficial. Also, having the training be a part of the onboarding process is recommended.
- Have an annual refresher training. Show the utility of the tool, why it is helpful, and how it can help the user. Share success stories to help people "connect the dots" and enhance motivation to use the system.
- Incorporate the Care Manager utility and data into treatment team meetings e.g., discussions, prioritization.
- The frequency of HMIS data exchange is monthly. A recommendation is to increase the frequency so that the data are more current for case managers.
- Sharing the data on changes in recidivism and homelessness was requested.
- Have a technical support person for Care Manager.
- Connect St. John's Hospital notifications with Care Manager.

Project Continuation

The FSP project will continue now that the Innovation funding has ended. The technological components have been built and integrated into the system. The funding for the maintenance will be derived from the County's overall budget.

For dissemination and stakeholder participation in the decision to continue the data exchange project, the program results and impacts were reported in the 3-year plan that is publicly posted on the County's website. VCBH advertised that the 3-year plan was posted to increase the number of people who access and review its content.

Summary

The FSP data exchange project can improve care coordination, client outcomes, and efficiency. Delays and other challenges occurred; however, the project moved forward, and the data exchange is live. The project participants have a positive outlook, and the number of KETs has improved. The Care Manager program utilization appears to need to be increased through ways such as showing its value and, if possible, integrating the system into the EHR. In addition, it needs to be firmly institutionalized into the County clinics by making it part of treatment team discussion and the onboarding of new employees.

Appendix A: Project Background

PRIMARY PROBLEM

FSP individuals are considered some of the County's most vulnerable population. The highest risk and highest need clients and they are often put in the position of reporting on their own service outcomes, retelling their story over and over to the professional stranger. They must also continually advocate for themselves even when they are being placed in environments where they have little to no control. Family members encounter the same level of difficulty advocating when their loved one has been hospitalized or incarcerated. What good is a crisis plan or an advanced mental health directive, if the healthcare provider in the jail or emergency services cannot access that information? In addition, the unfair burden that systems place on our seriously mentally ill (SMI) population, to advocate for themselves during high stress situation, demonstrates the critical need to improve the overall ability to communicate within systems.

Outcomes reporting for FSP programs are defined by the state. Reduced recidivism for days incarcerated, hospitalized and homeless are among the primary goals. Measuring these outcomes varies by county and is another reason that Ventura is participating in the Multi-County FSP project. Currently these indicators are self-reported by the FSP partner. Some verification is completed though secondary data sources, however incoming data is often incomplete, delayed, and difficult to match. Through participation in the multi-county Innovation Project, participating counties will implement new data-informed strategies to modify program design and create continuous improvement for their FSP programs. One way for Ventura to get the greatest return for its FSP partners from the multi county project is to ensure that we can access valid outcome data from the start rather than continuing the current practice of asking the participant repeatedly. Ventura County has several programs operating in three of its primary agencies that focus on these high need individuals and serve them separately. VCBH has RISE outreach and engagement services, the VCSO has dedicated homeless services officers, and HCA has the WPC program. Often these services are working together on the ground with overlapping clients and overlapping services, and then reporting client data and outcomes in completely isolated systems. Through the Triage Grant from the MHSOAC the County developed RISE, which continues to innovate and provide a very flexible outreach model. The RISE team does a good job of reaching out and connecting the hard to serve, however they are only as good as the information they must work with. Law Enforcement has been a dedicated active partner with VCBH for years. Currently they operate a TAY Triage grant with VCBH and established the CIT program back in 2001. The VCSO and all five police departments collectively participate in payment for the CIT program and have almost 100% of all patrol offices trained county-wide. They plan on introducing a recertification program in Fiscal Year 2020-2021 to keep officers up to date on the latest approaches in mental health and de-escalation practices. Physical health is in a similar situation with a backpack medicine program and shower pods, through WPC, in that they can treat high-risk people in places such as the river bottom or city park. An intensive and costly program focused on serving the County's most vulnerable. Again, they can only provide these services if they know who needs them and where to provide them. Ongoing efforts to try and integrate as much as possible is a continued focus of discussion across the County. Too often RISE outreach workers are notified of a discharge after the fact, or a referral is made for homeless services and the person is no longer at the place they were last seen or have been arrested by the time team members have gone out into the field. Law Enforcement often spends hours tied up on 5150 applications in our Emergency Departments or following up on calls that would be better answered by behavioral health personnel.

All these services spend time and energy with our mentally ill homeless. Roughly 10-15 percent of the County's Behavioral Health population are homeless living outdoors or in a place not suitable for human habitation. The process of documenting that experience in our HMIS requires extensive documentation to serve as proof before becoming eligible for certain types of housing. If the County could combine efforts in a more systematic way, the most at risk individuals in our FSP programs would benefit greatly through improved services and reduced recidivism.

PROPOSED PROJECT

The County will work across agencies to develop a web of shared data streams which can be merged so VCBH can serve and report on FSP clients across law enforcement encounters, hospital stays, health care services, and homeless services systems, to improve the quality of mental health services. This would allow our care managers to know if one of the 1500-2000 FSP partners has been incarcerated, hospitalized, or if they are eligible or in need of homeless services. The County currently serves approximately 600 FSP individuals. However, after recently completing a service use analysis and participating in the Multi-County FSP project the number of participants is expected to rise to the current estimate of 1,500. The project will aid in collecting the needed data to reduce recidivism and is considered a complement to the proposed Innovations Incubator Multi-County FSP project. Uniting these data systems is a complicated proposal that has already consisted of several months of meetings between organizations. Each agency has a different data system that must be built to bridge bidirectionally, to allow for the capacity to share data either uni-directionally or bi-directionally consistent with signed informed patient consent and state and federal privacy law, in as close to real time as possible. The EHR systems used by Behavioral Health, Primary Health, and ED services will need additional overlay software, as EHR's are so rigid in their purpose. For example, with the current VCBH EHR software setup, if the County wanted to report the demographics of all FSP enrollees, the programmer would need to identify the data elements, download the raw data, create a report and send it back to the managers to be utilized. This is the same process for any information related to an action, or service needed in the current system. The multi-step process severely limits the ability to use or to change data report elements in the moment. In addition to technical challenges there are legal ones, informed patient consent forms that are consistent with state and federal privacy laws and regulations must be created as well. HCA is working on a separate endeavor to expand the number of county hospitals currently operating in their developing Health Information Exchange. The HIE would allow emergency room information exchange from private hospitals to be collected though a third-party health information network called Manifest Medex. This component would dramatically improve visibility and care coordination vital for FSP clients who are homeless or do not live near the County ED, but still use their services. The result of these complex efforts would be more nimble and comprehensive service coordination and valid data reporting for FSP performance outcome measures.

Acronyms

DCR-Data Collection and Reporting
ED-Emergency Department
EHR-Electronic Health Record FSP-Full Services Partnership
FSP Partner- Clients enrolled in an FSP program or treatment track
HCA-Health Care Agency
HIE-Health Information Exchange
HMIS-Homeless Management and Information System
HSA-Human Services Agency
RISE-Rapid Integrated Support and Engagement
SMI-Seriously Mentally Ill
VCBH-Ventura County Behavioral Health
VCSO-Ventura County Sheriff's Office
WPC-Whole Person Care

Appendix B: FSP Key Event Tracking (KET) Form

Clear Form

Full Service Partnership (FSP) KET Form – Page 1/7

Adult KET 12/05/19

Adult: 26-59 Years

Key Event Tracking (KET)

Partnership Information

* Date Completed (mm/dd/yyyy):	

* County: _____

CSI County Client Number (CCN): _____

County Partner ID (optional): _____

* Partner's First Name: _____

* Partner's Last Name: _____

* Partner's Date of Birth (mm/dd/yyyy): _____

Changes in Administrative Information -- Skip this section if there are no changes

Date of Provider Number/ NPI change (mm/dd/yyyy):	
NEW Provider Number/NPI:	
Date of Full Service Partnership (PSP) Program ID change (mm/dd/yyyy):	
NEW Full Service Partnership (PSP) Program ID:	
Date of Partnership Service Coordinator (PSC) change (mm/dd/yyyy):	
NEW Partnership Service Coordinator (PSC) ID:	

Full Service Partnership (FSP) KET Form – Page 2/7

Adult KET 12/05/19

New Partnership Status -- Skip this section if there are no changes

Date of Partnership Status Change (mm/dd/yyyy):	

○ **Discontinuation** / Interruption of Full Service Partnership and/ or Community Services/ Program

○ **Reestablishment** of Full Service Partnership and/or Community Services/ Program

If there is a **Discontinuation / Interruption** of Full Service Partnership and / or Community Services/ Program, indicate the reason (choose one)	
○	Target Criteria: Target population criteria are not met
○	Partner Discontinued: Partner decided to discontinue Full Service Partnership participation after partnership established
○	Moved: Partner moved to another County/ service area
○	Not Located: After repeated attempts to contact Partner, s/he cannot be located
○	Residential / Institutional Mental Health Services :Partner's circumstances reflect a need for Residential/ Institutional Mental Health Services at this time (such as State Hospital)
○	Jail: Community Services / Program interrupted
○	Prison: Community Services / Program interrupted
○	Met Goals: Partner has successfully met their goals such that the discontinuation of Full Service Partnership is appropriate
○	Deceased: Partner is deceased

Program Information

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved (Indicate status below)
1. AB2034		○ Now enrolled in the AB2034 Program ○ No longer participating in the AB2034 Program
2. Governor's Homeless Initiative (GHI)		○ Now enrolled in the GHI Program ○ No longer participating in the GHI Program
3. MHSA Housing Program		○ Now enrolled in the MHSA Housing Program ○ No longer participating in the MHSA Housing Program

Full Service Partnership (FSP) KET Form – Page 3/7

Adult KET 12/05/19

Residential Information – Includes Hospitalization and Incarceration

Skip this section if there are no changes

Date of Residential Status Change (mm/dd/yyyy):	
General Living Arrangement	
○	1.In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate(must hold lease or share in rent/mortgage)
○	2. With one or both biological /adoptive parents
○	3. With adult family member(s) other than parents
○	4. Single Room Occupancy (must hold lease)
Shelter / Homeless	
○	5. Emergency Shelter/Temporary Housing (includes living with friends but not paying rent)
○	6. Homeless (includes people living in their car)
Supervised Placement	
○	7. Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)
○	8.Assisted Living Facility
○	9. Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
○	10. Licensed Community Care Facility (Board and Care)
Hospital	
○	11. Acute Medical Hospital
○	12. Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)
○	13. State Psychiatric Hospital
Residential Program	
○	14. Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)
○	15. Skilled Nursing Facility (physical)
○	16. Skilled Nursing Facility (psychiatric)
○	17. Long-Term Institutional Care (Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC))

Full Service Partnership (FSP) KET Form – Page 4/7

Adult KET 12/05/19

Justice Placement	
○	18. Jail
Other	
○	19. Other
○	20. Unknown

Education Information -- Skip this section if there are no changes

Date of Grade Level Completion (mm/dd/yyyy):	

Highest Level of Education Completed: Choose One

○ No High School Diploma / No GED	○ Associate's Degree (e.g. A.A., A.S./ Technical or Vocational Degree)
○ GED Coursework	○ Bachelor's Degree (e.g. B.A., B.S.)
○ High School Diploma/ GED	○ Master's Degree (e.g. M.A., M.S.)
○ Some college/ Some Technical or Vocational Training	○ Doctoral Degree (e.g., M.D., Ph.D.)

Education Setting Information -- Skip this section if there are no changes

Date of Educational Setting Change (mm/dd/yyyy):	

If there are any Educational Setting Changes, indicate ALL new and ongoing statuses including those previously reported.

Education Setting	Currently (mark all that apply)
1. Not in school of any kind	☐
2. High School / Adult Education	☐
3. Technical / Vocational School	☐
4. Community College / 4 year College	☐
5. Graduate School	☐
6. Other	☐

○ **Yes**	○ **No**	If the Partner is stopping school, did the Partner complete a class and/or program?
○ **Yes**	○ **No**	Does one of the Partner's current recovery goals include any kind of education at this time?

Full Service Partnership (FSP) KET Form – Page 5/7

Adult KET 12/05/19

Employment Information -- Skip this section if there are no changes

Date of Employment Change (mm/dd/yyyy):	

Current Employment

If there are any changes to the Partner's employment status, indicate ALL new and ongoing statuses including those previously reported:	Average Hours Per Week	Average Hourly Wage
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	_____	$_____
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	_____	$_____
Transitional Employment/ Enclave: Paid jobs in the community that are: 1. Open only to individuals with a disability. **AND** 2. Are either time-limited for the purpose of moving to a more permanent job. **OR** Are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	_____	$_____
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. ***A Sheltered Workshop*** usually offers sub-minimum wage work in a simulated environment. ***A Work Experience*** (Adjustment) *Program* within an agency provides exposure to the standard expectations and advantages of employment. ***An Agency-Owned Business*** serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	_____	$_____
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	_____	
Other Gainful / Employment Activity: Any informal employment activity that increases the Partner's income (e.g., recycling, gardening, babysitting) OR Participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).	_____	$_____

Full Service Partnership (FSP) KET Form – Page 6/7

Adult KET 12/05/19

☐	**Unemployed:** Check this box if the Partner is not employed at this time.	
○ **Yes**	○ **No**	Does one of the Partner's current recovery goals include any kind of employment at this time?

Legal Issues / Designations -- Skip this section if there are no changes

Justice System Involvement

☐ **Arrest Information:**
Date Partner Arrested (mm/dd/yyyy)

☐ **Probation Information:**
Date of Probation status change (mm/dd/yyyy)

Indicate new Probation status
- ○ Removed from Probation
- ○ Placed on Probation

Conservatorship Information

☐ **Conservatorship / Information:**
Date of new Conservatorship status change (mm/dd/yyyy)

Indicate new Conservatorship status change:
- ○ Removed from Conservatorship
- ○ Placed on Conservatorship

☐ **Payee Information:**
Date of Payee status change (mm/dd/yyyy)

Indicate new Payee status:
- ○ Removed from Payee status
- ○ Placed on Payee status

Emergency Intervention -- Skip this section if there are no changes

Date of Emergency Intervention (mm/dd/yyyy): ☐

Indicate the type of Emergency Intervention:
(e.g. emergency room visit, crisis stabilization unit)
- ○ Physical Health Related
- ○ Mental Health/ Substance Abuse Related

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Full Service Partnership (FSP) KET Form – Page 7/7

Adult KET 12/05/19

County Use Questions -- Skip this section if there are no changes

To be tracked on the KET form:	Date of Change mm/dd/yyyy	New Value
County Use Field # 1	_____	_____
County Use Field # 2	_____	_____
County Use Field # 3	_____	_____

Appendix C: Alert and Dismissal Dashboard

CareManager FSP Key Event Alerts

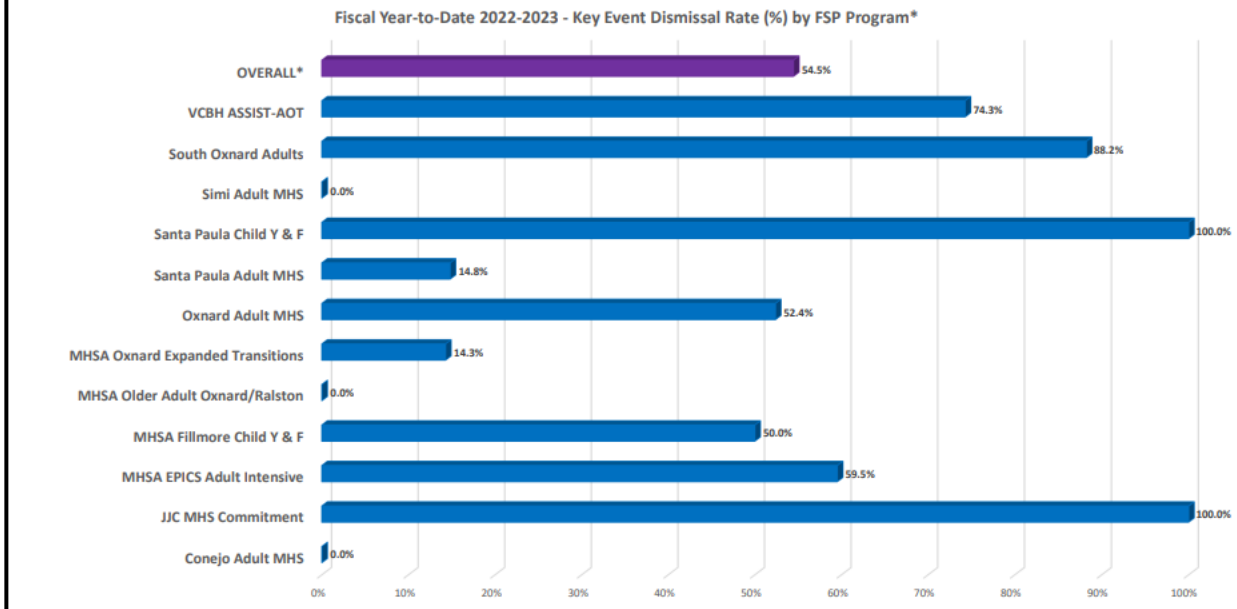
Report Ending: June 30, 2023

Key Events into CareManager and Staff Dismissing the Alert

FY 2022-2023	Jul-Sep 2022		Oct-Dec 2022		Jan-Mar 2023		Apr-Jun 2023^		YTD	
	Key Events	Dismissed	Key Events	Dismissed	Key Events	Dismissed	Key Events	Dismissed	Key Events	Dismissed
Conejo Adult MHS	2	0	2	0	1	0	0	0	5	0
JJC MHS Commitment	0	0	0	0	0	0	1	1	1	1
MHSA EPICS Adult Intensive	10	10	7	4	11	11	14	0	42	25
MHSA Fillmore Child Y & F	0	0	0	0	1	0	1	1	2	1
MHSA Older Adult Oxnard/Ralston	0	0	4	0	1	0	4	0	9	0
MHSA Oxnard Expanded Transitions	0	0	2	0	3	0	2	1	7	1
Oxnard Adult MHS	15	15	3	3	5	2	19	2	42	22
Santa Paula Adult MHS	15	4	6	0	2	0	4	0	27	4
Santa Paula Child Y & F	0	0	0	0	0	0	1	1	1	1
Simi Adult MHS	0	0	0	0	0	0	1	0	1	0
South Oxnard Adults	4	4	8	7	2	2	3	2	17	15
VCBH ASSIST-AOT	1	1	3	3	39	39	27	9	70	52

Percentage of Key Events Dismissed

FY 2022-2023	FY22-23	Quarter 1	Quarter 2	Quarter 3	Quarter 4^	TRENDING
Conejo Adult MHS	0.0%	0.0%	0.0%	0.0%	#DIV/0!	
JJC MHS Commitment	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	100.0%	
MHSA EPICS Adult Intensive	59.5%	100.0%	57.1%	100.0%	0.0%	
MHSA Fillmore Child Y & F	50.0%	#DIV/0!	#DIV/0!	0.0%	100.0%	
MHSA Older Adult Oxnard/Ralston	0.0%	#DIV/0!	0.0%	0.0%	0.0%	
MHSA Oxnard Expanded Transitions	14.3%	#DIV/0!	0.0%	0.0%	50.0%	
Oxnard Adult MHS	52.4%	100.0%	100.0%	40.0%	10.5%	
Santa Paula Adult MHS	14.8%	26.7%	0.0%	0.0%	0.0%	
Santa Paula Child Y & F	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	100.0%	
Simi Adult MHS	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	0.0%	
South Oxnard Adults	88.2%	100.0%	87.5%	100.0%	66.7%	
VCBH ASSIST-AOT	74.3%	100.0%	100.0%	100.0%	33.3%	
OVERALL*	54.5%	72.3%	48.6%	83.1%	22.1%	



* Alloted 30+ Days to Dismiss Key Event Alerts

^ FSP identifiers changed for SmartCare

Top Employees for FY 2022-2023**

1	*Martha Magana*	*VCBH ASSIST-AOT*
2	*Gabriella Martinez*	*Oxnard Adult MHS*
3	*Teresa Ramirez*	*South Oxnard Adults*

Top Employees April to June 2023

1	Martha Magana	VCBH ASSIST-AOT
2	Nerisa Martinez	Ventura Adult MH Clinic
3	Teresa Ramirez	South Oxnard Adults

Top Employees January to March 2023

1	Martha Magana	VCBH ASSIST-AOT
2T	Gabriella Martinez	Oxnard Adult MHS
2T	Teresa Ramirez	South Oxnard Adults

Top Employees - October to December 2022

1	Martha Magana	MHSA EPICS Adult Intensive
2	Teresa Ramirez	South Oxnard Adults
3	Gabriella Martinez	Oxnard Adult MHS

Top Employees - July to September 2022

1	Martha Magana	Oxnard Adult MHS
2	Gabriella Martinez	MHSA EPICS Adult Intensive
3	Salvador Manzo	Santa Paula Adult MHS

**By quantity of timely dismissed alerts

Appendix D: 2022 Interview Protocol

FSP Data Exchange Key Stakeholder Interview Protocol

[THE FOLLOWING IS TO BE READ TO PARTICIPANTS AT THE START OF THE INTERVIEW]

Introduction

Good [*morning/afternoon*]. Thank you for taking the time to talk with me today. My name is Lois Ritter, and I work for EVALCORP. Venture County Behavioral Health has contracted with EVALCORP, an established applied research and evaluation consulting firm, to conduct an evaluation of the Full Services Partnership Data Exchange project, also known as FSP.

The purpose of this interview is to learn about the status of the FSP Data Exchange project, successes and challenges, and lessons learned. I expect this conversation to last about 30 minutes.

Your participation is voluntary. Your identity will be kept confidential, and your input will be shared anonymously. That means nothing you say will be personally linked to you in any reports that result from this key stakeholder interview. All the comments today will be put together as a summary, and your name will not be tied to any information.

Do you have any questions before we begin? [*Respond to questions*]
If there are no other questions, let's go ahead and get started.

Questions for Administrators

1. Please tell me about the FSP project.
    a. What do you understand the vision and purpose of the project to be?
    b. How will you know when you get to the finish line?
2. What are your perceptions of the FSP project?
3. Please describe the collaboration between you and VCBH.
4. Has the communication been effective?
5. Have you had opportunities to speak up and share ideas?
6. Has VCBH been open to innovation? Please explain.
7. Have you had opportunities to impact the direction of the project?
8. Is the project moving forward as planned?
    a. If 'yes', what has been achieved to date?
    b. If 'no', what deviations from the plans have occurred?
9. What do you see as the project success to date?
10. What have been the technical and/or legal challenges?
    a. Have they been overcome?
        i. If 'yes', how?
        ii. If 'no', how do you plan on moving the project forward with these barriers?
11. Did you receive training on the Care Manager system?
    a. If yes, was the training provided and the materials useful? Please explain.
12. What is your vision of a successful FSP project?
13. Is there anything else that you would like to share about the FSP program?

Appendix E: 2023 Interview Protocol

FSP Data Exchange Draft Focus Group Protocol

For Administrators and End Users

February 5, 2023

[THE FOLLOWING IS TO BE READ TO PARTICIPANTS AT THE START OF THE Key Informant Interview]

Introduction

Good [*morning/afternoon*]. Thank you for taking the time to talk with me today. My name is Lois Ritter, and I work for EVALCORP. Ventura County Behavioral Health has contracted with EVALCORP, an established applied research and evaluation consulting firm, to conduct an evaluation of the Full Services Partnership Data Exchange project.

The purpose of this key informant interview is to learn about the FSP data exchange project successes, challenges, and impacts as well as lessons learned. I expect this conversation to last about 60 minutes.

In case you are not familiar with the program name, the FSP data exchange project, I want to explain how the system works. The FSP data exchange project shares data with the County clinics from other systems, such as the County hospitals. As a result, the data exchange project provides alerts to users at clinics about key events that occur with FSP clients. The alerts were phased in over time. They began last summer with ER visits and hospital stays related to physical health issues. Then alerts were provided when clients had key events related to mental health hospitalizations and homelessness. So, these alerts enable people at clinics to know when their FSP client has been in the ER, hospitalized, or had a change in housing. This way the FSP provider knows right away when there has been a key event in the person's life.

Have you seen these alerts?
→ If' yes', continue with the script.
→ If 'no', discontinue the interview.

Your participation is voluntary. Your identity will be kept confidential, and your input will be shared anonymously. That means nothing you say will be personally linked to you in any reports that result from this key informant interview. All the comments today will be put together as a summary, and your name will not be tied to any information.

Do you have any questions before we begin? [*Respond to questions*]

If there are no other questions, let's go ahead and get started.

Questions for Administrators

1. What are your perceptions of the FSP data exchange project?
2. What do you see as the project successes?
3. What do you see as the project challenges?
4. What impact, if any, is the project having on staff? If there is an impact, please explain.
5. What impact, if any, is the project having on FSP clients? If there is an impact, please explain.
6. What impact, if any, is the project having on the costs associated with providing care to FSP clients? If there is an impact, please explain.
7. What changes would you like to see made in the future?
8. Is there anything else that you would like to share about the FSP data exchange project?

Questions for End Users (Office Assistants, Case Managers, Care Coordinators)

9. What are your perceptions of the FSP data exchange project?
10. Has the FSP data exchange project had an impact on coordination of care? Please explain.
11. Have the alerts changed your approach to care? Please explain.
12. How has access to the additional information assisted with your decision making related to client care?
13. Do you believe that clients have benefited from the data exchange? Please explain.
14. What do you see as the project successes?
15. What have been the challenges?
16. What changes would you like to see in the future?
17. Is there anything else that you would like to share about the FSP data exchange program?

Ventura County Behavioral Health

Semi-Statewide Enterprise Health Record Multi-County Collaborative INN Project Annual Innovative Project Report

Appendix B: Semi-Statewide Enterprise Health Record Multi-County Collaborative INN Project Annual Innovative Project Report

Project Period: *FY 22-23 through FY26-27*

Project Approved by MHSOAC: *January 25, 2023*

Official Start Date of EHR INN project: *February 1, 2023*

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

CalMHSA
California Mental Health Services Authority

TABLE OF CONTENTS

Project Overview and Local Need

1. Please describe this Innovation project and its purpose.

This is a multi-county, scalable INN project that stems from a larger Semi-Statewide Enterprise Health Record (EHR) project CalMHSA is concurrently leading (the EHR Project). CalMHSA is partnering with 23 California counties – collectively responsible for 27% of the state's Medi-Cal beneficiaries – on the Semi- Statewide Enterprise Health Record project.

This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and in the future.

The key principles of the EHR project include:

- **Enterprise Solution:** Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of county behavioral health plans. This approach also facilitates data sharing between counties for patient treatment and payment purposes as patients move from one county to another.
- **Collective Learning and Scalable Solutions:** Moving from solutions developed within individual counties to a semi-statewide cohort allows counties to achieve alignment, pool resources and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.
- **Leveraging CalAIM:** CalAIM implementation represents a transformative moment when primary components within the EHR are being re-designed (e.g., clinical documentation and Medi-Cal claiming), while data exchange and interoperability with physical health care — toward improving care coordination and client outcomes — are being both required and supported by the State.
- **Lean and Human-Centered**: Engaging with experts in human-centered design to reimagine the clinical workflow in a way that reduces "clicks" (the documentation burden), increases client safety, and natively collects outcomes.
- **Interoperable**: Typically, county behavioral health has, in response to state regulations, developed documentation that is out of alignment with data exchange standards. We are reimagining the clinical workflow so critical information about the people we serve is formatted in a way that will be interoperable (standardized and ready to participate in key initiatives like health information exchanges).

Please describe how this project makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.

This project will meet the general requirements by making a change to an existing practice in the field of mental health, specifically, the practice of documentation of care provision in an EHR that meets the needs of the County's workforce and the clients they serve.

Please describe how this project impacts your County's local need(s):

Ventura County's highest priorities are client care and addressing the needs of our community. By joining CalMHSA in creating a new Semi-Statewide Enterprise Health Record (EHR), using Streamline Healthcare's SmartCare platform, Ventura County Behavioral Health (VCBH) can achieve both priorities. The new EHR will be more person and provider centered, services can be enhanced by decreasing the amount of time (estimated by CalMHSA to be 30%) providers are required to document services provided and other critical information into each client's record. The project includes a robust process of input from participant counties to ensure the system will allow VCBH stakeholder feedback to be incorporated and for staff to have additional time to provide enhanced services to the community.

This multi-county collaborative is capitalizing on the strength, knowledge, and experiences of over twenty (20+) counties in formulating a new EHR. The new EHR will meet the new CalAIM standards and will quickly adapt to the ever-changing State requirements. Additionally, it will allow staff to collect and report on meaningful outcomes and provide tools for direct service staff that enhance rather than hinder care to the clients they serve.

This is an opportunity for Ventura County to benefit from this larger collaborative bringing expertise, knowledge, and experience to this project under CalMHSA's leadership and the California Counties participating in this project. This project is highly innovative due to this unique opportunity to create a new EHR in the above manner. The County will have the ability to participate in an evaluation of the project inclusive of stakeholder perceptions of and satisfaction with the decision-making process, as well as formative assessments to iteratively improve the design and usability of the new EHR by utilizing Human-Centered Design approaches that include summative assessments of the user experience and satisfaction with the new EHR as compared to the existing EHR and user burden. Below is a list of current local stakeholder feedback on ideal EHR project goals:

- Stakeholder interests focus on ensuring the EHR can capture data that is necessary for client care and supports the most current DHCS requirements, that can change frequently, and/or changes due to new grant funds or projects in a user-friendly and efficient way.
- Stakeholder interests also focus on ensuring the EHR can support accurate, timely, and comprehensive reporting that supports both ongoing monitoring and required reporting.

CalMHSA has supported the above stated goals by keeping County needs at front of mind. The CalMHSA team seeks input from Counties and is responsive to new County requests or needs. While there have been times when input may have been sought later in the process than VCBH would like, CalMHSA exhibits a continuous quality improvement process and is making changes to frontload County involvement as the development of the EHR progresses.

Additional Stakeholder Engagement

1. In March 2023 VCBH staff created a weekly Super User group consisting of selected members from each clinic and contracted provider, approximately 170 individuals (staff, prescribers, and Contracted providers) participated. Super Users were early adopters to learn the new electronic health record (EHR) system and were being situated to provide their clinic or programs with an on the ground "SmartCare" trainer. As a resource for their clinic, they would be able to guide, share helpful hints, tips, and techniques.

a. Overview Super User Responsibilities

i. Learning the new system
ii. Developing, Testing and Training on new workflows
iii. Discovering onboarding and adoption stumbling blocks
iv. Identifying features your staff are using (and not using)
v. Being a training resource for your clinics/programs

2. VCBH sent out weekly updates on SmartCare to all Impacted participants before June 30, 2023.

3. VCBH staff created a VCBH specific Frequently Asked Questions document that was provided in the weekly updates.

4. During the pre-go live trainings VCBH Staff created VCBH specific presentations regarding SmartCare to keep stakeholders informed and learning.

5. A weekly meeting with Senior operations leadership including representatives from operations, billing and EHR met to address both needs, issues, concerns, and additional stakeholder engagement.

6. To support stakeholder engagement, VCBH created a unique VCBH.org email address for AskSmartCare@ventura.org so that staff specific questions could be sent directly to the electronic health record staff to address issues and be responsive to needs.

Progress Update and Identified Changes

1. Please describe your project progress from the date of approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC) through June 30, 2023.

To support the project, VCBH worked closely with CalMHSA on the electronic health record project. The VCBH team met a minimum of twice weekly with billing and fiscal staff to identify needs and move the project forward towards the launch goal.

The VCBH team began to meet daily starting in March 2023 to ensure our readiness to gather data, clean data, address issues and meet the milestone goals established by CalMHSA.

Leading up to the go-live date, July 1, 2023, VCBH staff and contracted providers using SmartCare were trained both through CalMHSA Moodle training as well as VCBH led, in person and virtual trainings.

Prior to the launch, VCBH closely collaborated with IT and created a "command center" for all SmartCare users to utilize and address Issues In real time.

While new staff were not hired, staff were reassigned SmartCare responsibilities to ensure a successful launch. However, VCBH did need to enlist data migration help from our Health Care Agency staff in the last three months of the project prior to July 1.

CALMHSA has been a valuable resource, however they struggled with how to manage a project this large and several key features like State Reporting were not delivered on time.

2.Has your county experienced any changes in project implementation and/or local needs since the submission of your Appendix for MHSOAC approval? What is/are the reason(s) for this/these change(s)?

Both CalMHSA and SmartCare were unable to meet the deliverable timelines for ensuring that State Reporting structures were built into this system at go-live. This caused delays in testing, training, monitoring, and reporting data to DHCS at regularly scheduled intervals. VCBH has met the quarterly implementation plan for FY22-23.

3.How does this change/these changes noted in #2 above impact or modify your project plan and/or timeline?

State Reporting, which encompasses the County's ability to enter data into SmartCare for multiple required report types as well as to submit data to DHCS, has been impacted by the unmet deliverable. While there has been an ongoing process of deploying fixes as they become available, VCBH had to develop alternative data collecting and monitoring processes to support the integrity of data collection and eventual reporting.

CalMHSA's Internal Evaluation and Qualitative Analysis of the State of Electronic Health Records Across California Counties

During this project period, CalMHSA partnered with IDEO, a global design and research company with over 40 years of consulting experience working in social and government sectors. IDEO was uniquely positioned to assist CalMHSA based on their strong focus on capacity building and creating new, strategized approaches to previously unsolved problems. CalMHSA, at the request of participating counties, sought to create a semi-statewide EHR system, built according to the needs of the user, that not only meets documentation and regulatory requirements, but also integrates provider needs for transparent communication, augments support for decision-making and best practices and, through increased efficiency, reduces staff burnout and improves workforce retention.

IDEO conducted interviews with over 50 county staff from participating county agencies, primarily focused on outpatient psychiatry services, to better understand different users' interactions and needs within an EHR. The staff interviewed included doctors, nurses, social workers, and peer counselors. IDEO also met with EHR experts and analogous experts, such as digital storytellers, data visualization scientists, and behavioral scientists to draw inspiration for what was possible for this future EHR vision. They also conducted an in-depth analysis of the transitional EHR, SmartCare, to better understand what could be leveraged versus what would need to be customized to achieve the goals as stated above.

Some key needs identified from these interviews included:

- An improved EHR design that allows for a holistic view of patient data rather than siloed across different areas of the software
- Better facilitation of record keeping and sharing across the platform
- Improved utilization of automaticity and intentional pauses as moments to accurately capture structured data to reduce redundancy, disseminate key information and promote best practices while maintaining flexibility and trust amongst users
- Transparent dialogue and a disruption of bias patterns in the software so the data entered can promote equitable outcomes and care.

Evaluation Data/Learning Goals/Project Aims

CalMHSA contracted with the RAND Corporation during this project period to conduct a comprehensive evaluation of the project. To ensure a systematic evaluation of the migration to the new EHR platform, RAND is employing two measurement approaches: 1) a pre-post user survey, 2) pre-post task-based usability testing. RAND selected evidence based EHR metrics grounded in measurement science that are precise, reliable, and valid.

The goal of the pre-post user survey is to measure user experience and satisfaction of existing EHRs and the new EHR across all participating counties. This pre-phase of the survey was administered during this project period and prior to the "go-live" implementation of the new EHR system. It was sent to all EHR users in participating counties (see Exhibit 1 for Pre-Survey User Data). The survey (see Exhibit 2) included outcome measures such as the Post-Study System Usability Questionnaire (PSSUQ), satisfaction with EHR attributes, satisfaction with specific tasks in the EHR, and likelihood of recommending the EHR. The PSSUQ is a 16-item standardized questionnaire that originated from the IBM project called System Usability Metrics in 1988. This standardized tool allows for a single metric to be calculated as an average of the 16 items, which provides a reliable measure that can be compared to other studies that have used the tool. The tasks included in the survey were also based on the most common use cases across different role types (e.g., prescribers, medical staff, licensed clinicians, non-licensed providers, and administrators).

The goal of the pre-post task-based usability testing is to obtain objective measures of EHR usage and burden (as measured by the length of time required to complete specific, common tasks in the EHR) before and after the migration to the new EHR. The pre-phase of this usability testing was conducted from May 30, 2023, to June 30, 2023, and included 30 prescribers and licensed clinicians in the select counties who opted to participate. The usability tests asked each participant to complete three tasks in a simulated EHR environment with simulated client scenarios. Tasks included creating an assessment/evaluation and progress note for a new client visit, reviewing a chart for an existing client and creating a progress note for a return client visit. The outcome metrics included task completion rate, time on task, errors, and post-task satisfaction. These usability tests complement the user survey to provide objective measures of the EHRs in a controlled environment.

The post-phase of the survey and task-based usability testing will likely occur in approximately January/February 2024 to allow users to become accustomed to the new EHR platform. The optimal time to conduct a post-migration assessment is when users have established stable and sustainable behaviors, which has typically been three to six months after implementation. The post-survey will also address the original learning goals and project aims regarding quality, safety/privacy, satisfaction, and outcomes.

Overall, the evaluation will eventually allow for an assessment of how the transition to the new EHR resulted in changes to usability and user satisfaction.

Learning Goals/Project Aims
Quality • Comprehensiveness of client care • Efficiency of clinical practice • Comprehensiveness of client care • Clinician access to up-to-date knowledge
Safety/Privacy • Avoiding errors (i.e., drug interaction) • Ability to use clinical data for safety • Personal and professional privacy
Satisfaction • Ease of use • Clinician's stress level • Rapport between clinicians and clients • Client's satisfaction with the quality of care they receive • Interface quality
Outcomes • Communication between clinicians and staff • Analyzing outcomes of care • System usefulness • Information quality

Future annual reports will include status updates on the above learning goals and project aims.

V

Program Information for Individuals Served

This project focuses on transforming current EHR systems and processes counties use for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible for serving the population of Medi-Cal beneficiaries who need specialty mental health and/or substance use disorder treatment services among approximately 27% California's Medi-Cal beneficiaries, or among approximately 4,000,000 people.

Regarding specific project information on individuals to served, this project focuses on transforming the current EHR system and the processes California counties use for the provision of behavioral health services rather than directly testing an innovative approach to service delivery.

Budget and Annual Expenditures

Attached is the updated Budget and Annual Expenditures.

Salaries & Benefits expenses increased by 5% compared to submitted and approved budget ($20,706.46) due to payroll increased effective January 2023 that we have not budgeted.

RAND Evaluation total expenses $500,000 budgeted as FY23 $200,000 FY24 $150,000 and FY25

$150,000. But a total of $500,000 invoiced to VCBH from CalMHSA for RAND evaluation in FY23. Therefore, actual contract line-item expenses exceed $300,000.

Actual expenses by funding source are included in **2nd tab** "Budget Actual Expense Context"

- Total dollar amount expended during the reporting period on this Innovative Project by the following funding sources:
  - Innovation Funds
  - Medi-Cal Federal Financial Participation
  - 1991 Realignment
  - Behavioral Health Subaccount
  - Any Other Funding
- Total dollar amount expended during the reporting period for the administration of this Innovative Project by the following funding sources:
  - Innovation Funds
  - Medi-Cal Federal Financial Participation
  - 1991 Realignment
  - Behavioral Health Subaccount
  - Any Other Funding
- Total dollar amount expended during the reporting period for the evaluation of this Innovative Project by the following funding sources:
  - Innovation Funds
  - Medi-Cal Federal Financial Participation
  - 1991 Realignment
  - Behavioral Health Subaccount
  - Any Other Funding

Exhibit 1 – Pre-Survey User Data

User Roles

1. 96 prescribers
2. 121 prescriber med staff
3. 730 clinician LPHA
4. 723 non-LPHA
5. 1081 admin
6. 17 'other'
7. 157 no response

Users by County (Please note: Counties participating in the Multi-County INN project are noted with an '' below*

8. Colusa - 5
9. Contra Costa - 6
10. Fresno - 290
11. Glenn - 29
12. Humbolt* - 67
13. Imperial* - 189
14. Kern - 585
15. Kings* - 44
16. Lake - 74
17. Marin - 29
18. Mono* - 16
19. Placer* - 103
20. Sacramento - 303
21. San Benito* - 20
22. San Joaquin* - 165
23. San Luis Obispo - 119
24. Siskiyou* - 27
25. Sonoma* - 101
26. Stanislaus - 104
27. Tulare* - 232
28. Ventura* - 299
29. Other - 9
30. Did not respond – 89

Exhibit 2 – Pre-Survey Questions

Usability and Satisfaction Metrics

PSSUQ: On a scale between "Strongly Disagree" and "Strongly Agree," please rate the following statements (1 - Strongly Disagree to 7 - Strongly Agree).

1. Overall, I am satisfied with how easy it is to use this system.
2. It was simple to use this system.
3. I was able to complete the tasks and scenarios quickly using this system.
4. I felt comfortable using this system.
5. It was easy to learn to use this system.
6. I believe I could become productive quickly using this system.
7. The system gave error messages that clearly told me how to fix the problems.
8. Whenever I made a mistake using the system, I could recover easily and quickly.

9. The information provided with this system was clear.
10. It was easy to find the information I needed.
11. The information was effective in helping me complete the tasks and scenarios.
12. The organization of information on the system screens was clear.
13. The interface of this system was pleasant.
14. I liked using the interface of this system.
15. The system has all the functions and capabilities I expect it to have.
16. Overall, I am satisfied with this system.

Based on your experience, please indicate how satisfied you are with the way your EHR performs on the following items (1 - Very Dissatisfied to 5 - Very Satisfied, NA).

17. Ability to use the EHR without needing IT or additional support
18. Supports delivery of quality healthcare
19. Interactions within the care team
20. Amount of time spent in the EHR
21. Your stress levels
22. Rapport between providers and clients
23. Data privacy and security
24. Access to up-to-date information
25. Usefulness of alerts
26. Comprehensiveness of client care
27. Efficiency of clinical practice
28. Avoiding errors (such as overlooking a drug interaction, selecting the wrong intervention, or scheduling the wrong service time)
29. Amount of information presented on each screen
30. Amount of data entry required
31. Response time (i.e., speed of system response or loading time)
32. Reliability (i.e., system correctly performs every time)
33. Costs of providing care
34. Inclusivity or adequacy of demographic data fields

Based on your experience, how satisfied are you with the way your EHR allows you to perform the following tasks? (1 - Very Dissatisfied to 5 - Very Satisfied, NA)

35. Review progress notes
36. Obtain and review lab results
37. Obtain and review imaging or test results
38. Review past and current medications or prescriptions
39. Identify allergies
40. Update medication lists
41. Enter a progress note with all relevant service indicators (e.g., person contacted, contact type, place of service, service intensity, etc.)
42. Create and maintain problem lists
43. Customize templates
44. Prevent providers from signing a document if required fields are not complete
45. Link a new episode or admission record to previous care coordination activities
46. Enable documentation of social determinants of health (SDOH) or Z-codes
47. Bill for services in a timely manner
48. Complete a psychosocial assessment or screening

49. Enter new outpatient lab orders
50. Enter orders for other tests
51. Add/renew/discontinue prescriptions
52. Receive drug interaction or dosage error alerts when writing prescriptions
53. Receive drug allergy alerts when writing prescriptions
54. Prevent other adverse events
55. Schedule appointments
56. Manage a closed-loop referral process (i.e., make a referral to an outside entity and track if the referral was completed)
57. Manage client caseload (e.g., identify people at risk or those who have not engaged in services in the last 60 days)
58. Run reports on metrics across your client network (e.g., number of clients dealing with homelessness, timeliness to treatment, number of referrals, etc.)
59. Analyze outcomes of care
60. Send quality measures to other entities (e.g., preventive screening rates)
61. Facilitate continuity of care and follow-up across organizations or providers
62. Communicate with clients electronically
63. Generate documents in my client's preferred language

How likely are you to recommend this EHR to a colleague? (0-to-10-point scale)

Appendix C: Notice of Problem Resolution Processes

Ventura County Behavioral Health Department (VCBH) would like to know about and help to resolve your problem or concern about any aspect of your treatment. Detailed information regarding these processes can be found in the *Ventura County Mental Health Plan Beneficiary Handbook or Ventura County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook.*

Grievance Forms are available in your provider's waiting room and can be sent in the provided self-addressed envelope or to the Quality Management Program: 1911 Williams Dr., Ste. 200 Oxnard, CA 93036, or you may call1-888-567-2122 to file an oral grievance.

- Filing a Grievance: You or your designated representative may present your Grievance orally or in writing. Within five (5) Calendar days, you will receive an Acknowledgement of Receipt for Grievance Letter. When a decision has been made regarding your grievance, VCBH will notify you with a written Notice of Grievance Resolution (NGR) within 90 days from receipt of your grievance.

- In addition, you may be provided behavioral health services by a licensed or registered professional with the Board of Behavioral Sciences. Please be advised that the following notice may apply to you and is provided as required by law:

    - NOTICE TO CLIENTS: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

- Notice of Adverse Benefit Determination: Please note: A Notice of Adverse Benefit Determination (NOABD) is defined as:

    - The denial or limited authorization of a requested service, including determinations based on the type or level or service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
    - The reduction, suspension, termination, modification, denial, or timely access of a previously authorized service
    - The denial, in whole or in part, of payment for a service
    - The failure to provide services in a timely manner
    - The failure to act within the timeframes for resolution of Grievances, Appeals or Expedited Appeal.
    - The denial of a request to obtain services outside of the network (for residents of rural area)
    - The denial of a request to dispute financial liability, including cost sharing, co- payments, premiums, deductibles, coinsurance, and other beneficiary financial liabilities.
    - Filing an Appeal: You may orally request an Appeal to a received Notice of Adverse Benefit Determination (NOABD), which must be followed up with a written Appeal. The date of your oral appeal will be noted as the date of your Appeal. VCBH will provide you with a written Notice of Appeal Resolution (NAR) within 30 days from the receipt of your Appeal. You may present evidence and allegations of fact or law, in person or in writing. You or your representative may examine your file, including your medical records, and any other documents or records considered before and during the Appeal process.

- **Timeframe Extensions: The timeframes for a Grievance or Appeal may be extended up to 14 calendar days** if you request an extension, or if VCBH believes that there is a need for additional information and that the delay is in your best interest. You will be notified in writing if an extension is required.

- **Expedited Appeal:** You may file an **Expedited Appeal** orally if you, or your authorized representative/provider certifies or VCBH determines that following the timeframe for a standard Appeal, as noted above, would seriously jeopardize your life, health, or ability to attain, maintain or regain maximum function. VCBH will attempt to resolve the Expedited Appeal within 72 hours.

    - You may authorize another person to act on your behalf
    - You may identify a staff person or another individual to assist you with the Grievance or Appeal.
    - You may identify a staff person or another individual to provide you the information regarding the status of your Grievance or Appeal.
    - You will not be subject to any discrimination or any other penalty for filing a Grievance, Appeal or Expedited Appeal.
    - You may also contact the Patient's Rights Office at (805) 477-5731.

- **State Fair Hearing:** If you are a Medi-Cal beneficiary, you may orally or in writing file for a **State Fair Hearing** *after* you have exhausted the Appeal or Expedited Appeal process. The procedure for filing a State Fair Hearing and other information for problem resolution is provided in the Ventura County Mental Health Plan Beneficiary Handbook or Ventura County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook.

Can the State Help Me with My Problem/Questions?

- **Mental Health:** Contact Department of Health Care Services, Office of the Ombudsman, by phone at (888) 452-8609 or by e-mail at MMCDOmbudsmanOffice@dhcs.ca.gov.

    - **Note:** E-mail messages are not considered confidential. You should not include personal information in an e-mail message.

- **Substance Use Services:** If you are having trouble finding the right people at the County to help you find your way through the system, call toll-free: 1-800-952-5253.

For Questions Call the MH/SUD Quality Management Unit 1-888-567-2122

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Appendix D: Innovation Project Managing Assets for Security and Health

Ventura County Behavioral Health

Mental Health Services Act

Innovation Project

Managing Assets for Security and Health

Final Annual Report
Fiscal Year 2022-2023
Year One

December 2023

MASH
Managing Assets for Security and Health

Project Overview

The purpose of the Managing Assets for Security and Health (MASH) program is to provide multiple key supports for seniors at risk of homelessness. The program began on October 1, 2022, and is scheduled to end June 30, 2027.

Ventura County Behavioral Health (VCBH) contracted with the CAREGIVERS: *Volunteers Assisting the Elderly* (CV) in Ventura County. CV is a non-profit agency that recruits volunteers to support home bound elderly. MASH is a new program in which CV provides creative case management as well as therapeutic and material support to MASH enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions. CV works with the evaluation team, EVALCORP (EVC), by being responsible for collecting and submitting the data to EVC, who conducts the analysis and completes reporting. EVC provides technical assistance to CV in their data collection efforts.

Project Goal. To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.

Assumptions of Program Approach. By assigning and monitoring volunteers to work with homebound seniors, the clients will build a trusting relationship with the organization and be more likely to engage in a housing resource plan to include essential services and concrete resources as nee ded. The participants will be able to explore multiple solutions to their housing situation over time, increasing the chances for success in a new placement.CV places clients into a tier based on a preliminary screening and the client's needs.

The initial tiers were changed after the data collection tools were pilot tested (see next section). The revised four tiers are:

Tier 1: Self-resolve; education only
Tier 2: On site modifications for aging in place, benefit enrollment, other financial coaching, clinical support as desired
Tier 3: Reverse mortgages, or other financial management goals with an option for oversight from a Certified Public Accountant, light rental subsidy, or home share with case management
Tier 4: Rapid re-housing with intensive case management from outside professional partners

The learning goals and questions to be addressed through the program are:

1. *Does enrollment in the MASH program have an impact on the client's motivation to change their housing situation?*
2. *How much does the program improve client's sense of security and safety?*
   Aim 1: Living situation
   Aim 2: Fiscal situation
3. *Does enrollment in the program reduce feelings of depression, anxiety, and isolation?*
4. *Does the program have an effect on enrolled clients' housing situation as measured by three aims.*
   Aim 1: Prolonged ability to stay in current housing (Tier 1 and 2 clients only)
   Aim 2: Reduced evictions
   Aim 3: Stably housed 6-12 months post discharge (Tier 3 and 4 clients only)

Evaluation Overview

The mixed-methods evaluation includes data collected using assessment forms, focus groups, and interviews. No interviews were conducted during year one. This design provides a comprehensive look at the impacts of the MASH program.

Evaluation Questions

The evaluation questions closely align the project learning goals. The evaluation questions are:

1) Does enrollment in the MASH program impact the client's motivation to change their housing situation, and if yes, to what degree?
2) Does the program improve a client's sense of security and safety and if yes, to what degree?
3) Does enrollment in the program reduce feelings of depression, anxiety, and isolation and if yes, to what degree?
4) Does the program affect enrolled client's housing situation, and if yes, how?

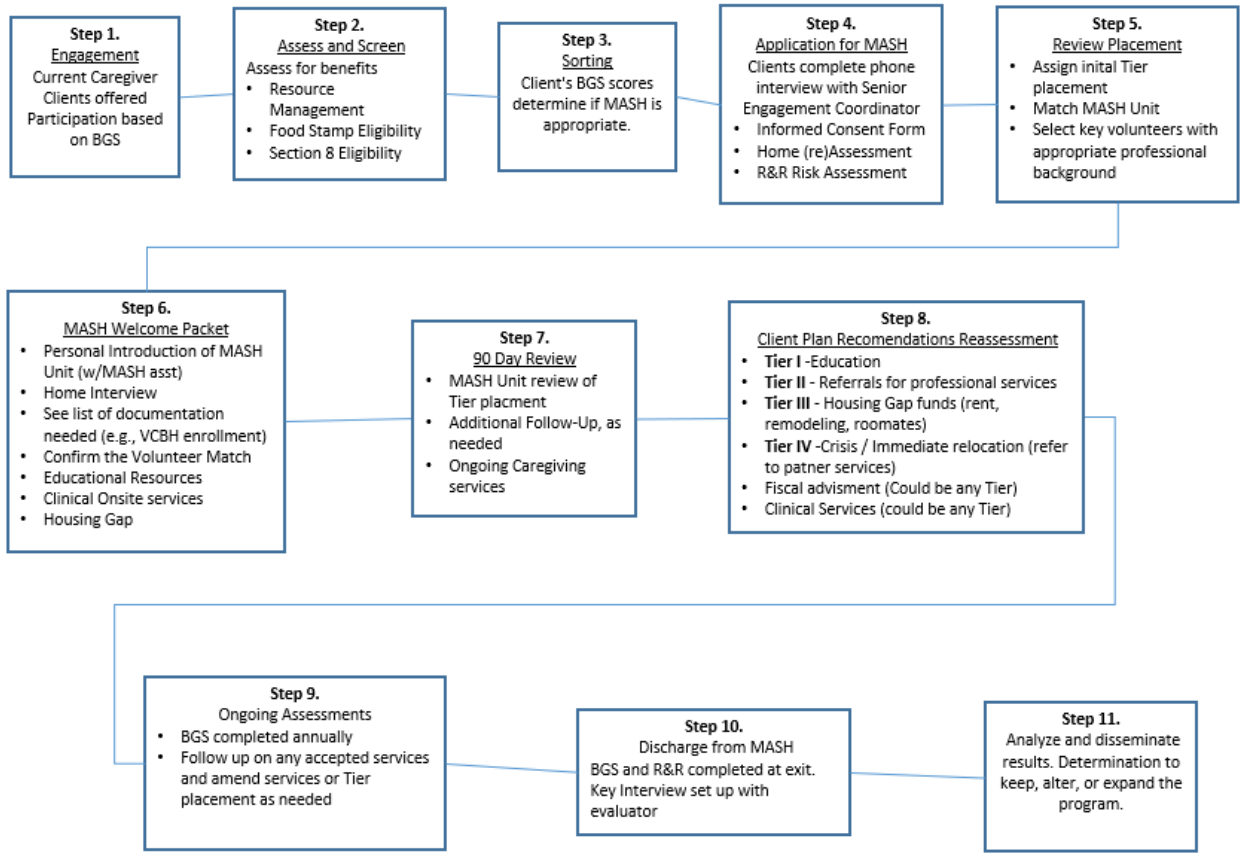
Methods

The evaluation of MASH is informed by six data sources: (1) BetterAge Guidance System (BGS) (2) Risk & Referral Tool (R&R), (3) data log, (4) focus groups, (5) interviews, and (6) quarterly reports. Interviews were not conducted in year one. Demographic data was collected upon enrollment into MASH and included in the data log. An identification number is used for all assessments. The evaluation team does not have access to the name or other identifying information related to the identification number, which is assigned by CV staff.

A written consent form (Appendix A) is signed by the CV client prior to sharing data with EVC. If consent is not given, the data is not shared with EVC, and services are still to be provided.

The data collection is integrated into CV's process for caring for their clients. Figure 1 illustrates the process with the data collection and decisions points included.

Figure 1. CV Process for Working with Clients and the Data Collection Points



Data Collection Tools

The data collection tools were reviewed by MCBH and CV staff prior to use and then pilot tested with CV clients. The BGS was administered with 49 clients to check for response dispersion. The clients who scored low on the financial question of the BGS, falling into Tiers 2-4, were then screened further using the Risk & Referral Assessment Tool. Clients who remained in Tiers 2-4 were asked to participate in the MASH program. The R&R tool was pilot tested with 49 CV clients to check for alignment with client responses and MASH team perceptions. The MASH team met to discuss the results. They determined that the R&R results and the MASH team assessments were not always in agreement. Among MASH team conversations, they agreed that the disparities were valuable as it enabled the MASH team to identify the areas where the clients perceived to be their highest need and hence were more open to working on those areas first.

The data collection tools, administration method and timing, and their descriptions are in Table 1. The tools are included in Appendices B through F. Table 2 is a crosswalk of the evaluation questions and the tool used to answer that question as well as the indicators.

Table 1. Data Collection Tools

Tool Name	Administration Method and Timing	Description
Demographics Form	CV client to complete the form at the time of enrollment in MASH	Includes demographic questions such as gender, sex at birth, and race/ethnicity. The demographics are entered into the data log.
BetterAge Guidance System (BGS)	This tool can be self-administered or administered verbally by a CV staff member or volunteer. Completed at the time of enrollment in MASH, annually, and when the case is closed*	The tool includes 12 closed-ended questions about mental, physical, and financial health as well as community connectedness. Respondents are asked to rate their response between zero and 10.
Risk and Referral Tool (R&R)	Administered by CV staff or volunteers upon enrollment in MASH, annually, and when the case is closed*	Includes eight closed-ended questions about finances and safety.
Data Log	Completed by CV staff and submitted quarterly throughout the MASH project.	This Excel spreadsheet includes information about demographics, referrals, program activities, and success stories.
Focus Group Protocol	Facilitated by EVC researcher in years one and five.	The protocol includes introductory comments and focus group questions. Focus group is with CV volunteers and staff.
Client Interview Protocol	Facilitated by EVC researcher in years two and five.	The protocol includes introductory comments and interview questions. Interviews are with CV clients.
Quarterly Report	Completed by CV staff quarterly.	Includes information about program challenges and successes, significant findings, and upcoming activities.

*If the case is closed within one-month of the time of the last BGS then the BGS is not re-administered.

Table 2. Evaluation Questions, Tool Used, and Indicators

Evaluation Question	Data Source	Indicators/Metrics
Does enrollment in the MASH program impact the client's motivation to change their housing situation, and if yes, to what degree?	Risk & Referral Tool Focus Groups Interviews	Indicators about money management, ability to cover expenses, and feedback about program impacts.
Does the program improve a client's sense of security and safety and if yes, to what degree?	Risk & Referral Tool Interviews	Survey Question. 1. Considering your current health, to what degree do you worry about your safety e.g., falls, mobility? Feedback about program impacts.
Does enrollment in the program reduce feelings of depression, anxiety, and isolation and if yes, to what degree?	BetterAge Guidance System	Survey Questions. 1. How would you rate your overall mental health? 2. How often do you feel lonely? 3. How would you describe your sense of belonging to your local community? 4. During the past two weeks, how often have you experienced positive emotions such as joy, affection, or hope? 5. During the past two weeks, how often have you experienced negative emotions such as sadness, worry, or despair?
Does the program have an effect on enrolled clients housing situation, and if yes, how?	Risk & Referral Tool Focus Groups Interviews	Overall score on the R&R and analyze changes to specific questions to assess what changed e.g., ability to pay rent or mortgage in aggregate and pre/post. Feedback about program impacts.

Focus Group

One 45-minute virtual focus group was conducted with CV staff and volunteers. It was facilitated by an EVC researcher. The purpose was to learn about the program benefits and ways that it can be improved through questions related to client impacts, assessment tools, successes, and challenges. The focus group protocol is in Appendix F. The focus group took place in August 2023.

Data Analysis

The quantitative data from the data log, BGS, and R&R were analyzed using aggregated descriptive statistics. Qualitative data from the focus group and CV quarterly reports were analyzed using a thematic analysis.

Findings

Due to the program being new, the data is limited yet it has been noted that the data collections tools are useful. A challenge has been that some clients have reservations about consenting to data sharing. As of June 30, 2023, seven clients were enrolled in MASH. They all were enrolled in June 2023. The demographics were withheld from public reporting due to a very small sample size however were submitted to the state as per regulations.

BetterAge Guidance System Data

The questions to the responses to the 10 BGS questions are in Table 3. For all questions 0=best; and 10=worst. The responses have been grouped for interpretation purposes.

Table 3. Responses to BGS Questions. (n=7)

Responses	**0-3**	**4-6**	**7-9**	**10**
	0=Worse possible			10=Best possible
How are you personally doing at this time?	0	3	4	0
How do you think you will be doing in 2 years?	0	2	4	1
How would you rate your financial situation?	5	2	0	0
How would you rate your physical health?	2	4	1	0
	0=Poor			10=Excellent
How would you rate your overall mental health.	0	3	3	1
	0=Not limited at all			10=Severely limited
To what extent have you been limited because of a health problem in activities people usually do?	5	2	0	0
	0=Strongly Disagree			10=Strongly agree
How strongly do you agree with this statement? "I have sense of direction and purpose in life"	2	2	0	3
	0=Never			10=Always
Can you rate how often you feel lonely?	3	1	2	1
If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them?	3	0	2	2
In the past two weeks, can you rate how often you have experienced positive emotions such as joy, affection, or hope.	1	2	2	2
In the past two weeks, can you rate how often you have experienced negative emotions such as sadness, worry or despair.	2	2	2	1
	0=Very weak			10=Very strong
Rate your sense of belonging to your local community?	3	1	2	1

Risk & Referral Results

The responses are shown in Figures 3-7. When the scores were totaled, all participants were in Tier 2.

Figure 3. Responses to Yes/No questions (n=7)

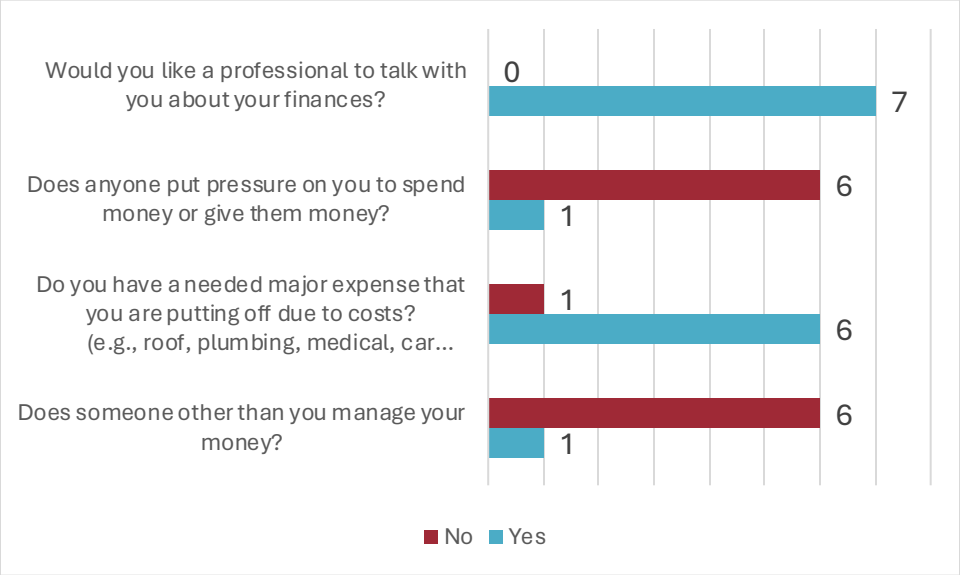


Figure 4. Ability to pay the following costs per month. (n=7)

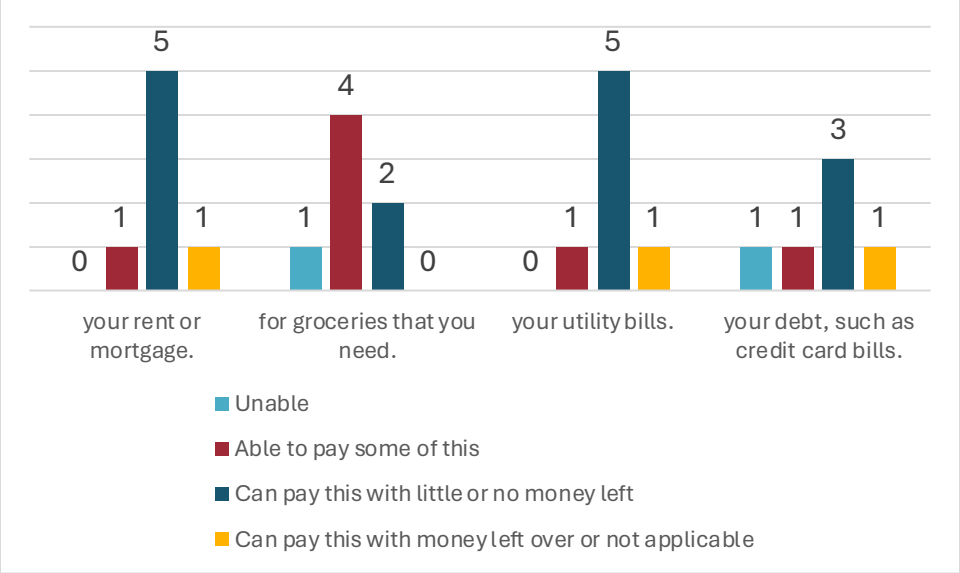


Figure 5. Frequency of being behind on rent or mortgage each month (n=7)

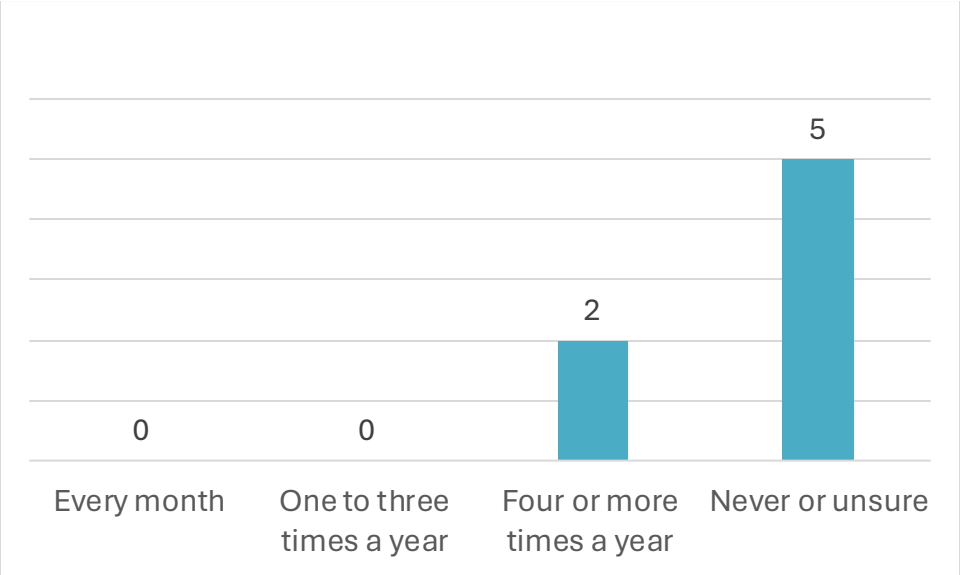


Figure 6. Confidence in Managing Their Money e.g., balancing a checkbook (n=7)

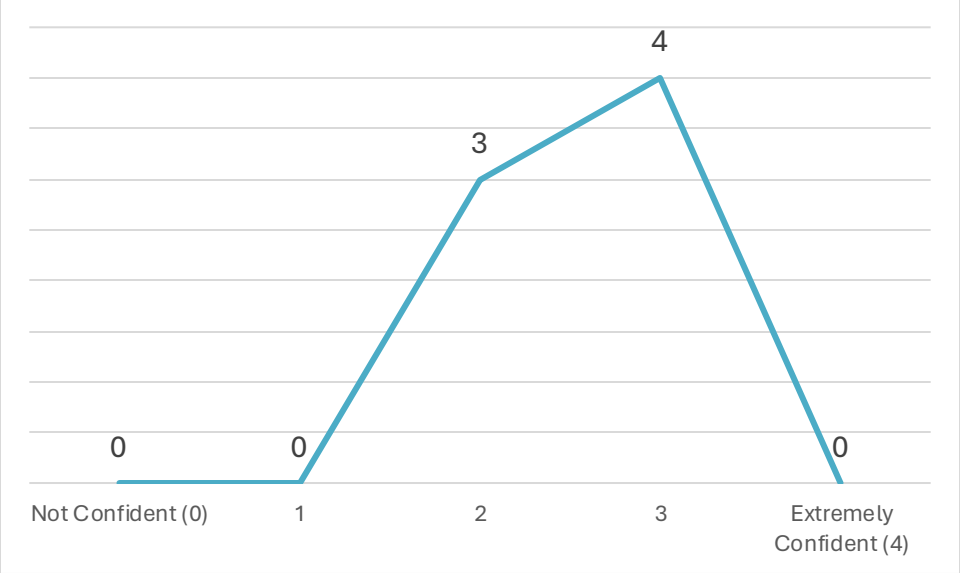
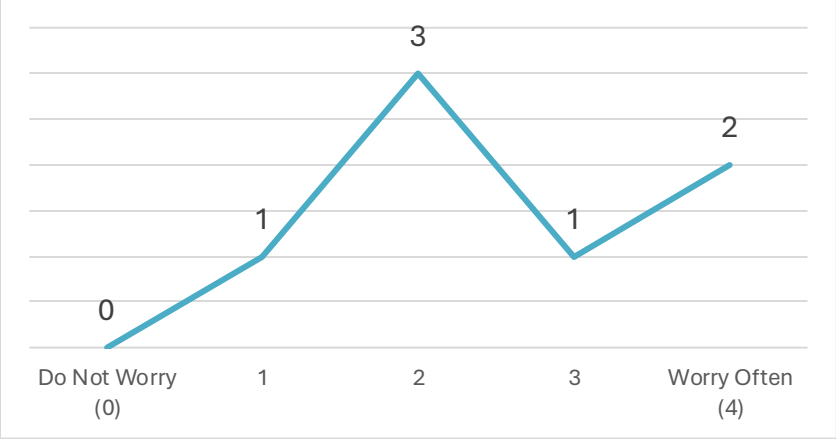


Figure 7. Considering Their Current Health Their Degree of Worry About Safety (e.g., falls) (n=7)



Focus Group Findings

Five people, staff, and volunteers, participated in the focus group. They shared that it takes several visits and a lot of time to gather the information from the clients. Trust and rapport need to be established. The process requires patience.

For lessons learned, it was too early for them to identify lessons, potential changes, and successes. The participants stated that consent is difficult to obtain, but they have changed how and when they request consent, which has made a difference. About 30% have consented to participate.

When asked about the data collection tools, it was shared that R&R is successful at placing people in the correct tiers. It was noted that the table in R&R that inquires about what they can afford (e.g., food) is particularly useful. The data has been helpful. Client perceptions may not be reality, and the perceptions of the staff and volunteers sometimes are different from those of the client. The participants stated that knowing the staff perceptions is helpful as they can work with what the client sees as the problems areas; clients are receptive to working on those problems.

No referrals were made during the first year. The reports included information about the staff training for use of the data collection tools, challenges related to consent, and the pilot test of the BGC. It was noted that an electronic BGS is needed, and the BGS is a powerful tool that allows the MASH team to quickly identify trouble spots beyond the financial issues outlined in the grant. The CV team mentioned that they are noting mental health issues such as loneliness and a lack of sense of purpose.

Discussion

Due to the program's newness and hence the small participant size, it is pre-mature to identify impacts on the clients. Yet, the challenges with consent are noteworthy, yet it will no longer be needed once the innovation project ends.

Five of the seven (71%) participants noted extreme financial problems and limited abilities due to health problems; three (43%) reported being very lonely, not having people to count on when needed, and not feeling a part of the community. All the participants wanted to speak to a professional about their financial situation. Five (71%) could pay rent or mortgage and utility bills with little or no money left. Concerns were moderate about their ability to manage their money and safety.

In sum, this population has issues related to mental health, particularly regarding feeling lonely and a lack of community engagement and support. Many are struggling financially and hence are at risk for housing, food insecurity, and other financial outcomes in the future.

Appendix

Appendix A. Written Consent for Data Sharing

Informed Consent Document
Managing Assets for Security and Health (MASH) Project

INTRODUCTION
You are invited to join an innovative project that aims to provide multiple key supports for seniors at risk of homelessness. The purpose of the project is to assist seniors with attaining sustainable housing situations.
By consenting to participate in the project, you are allowing the information that you provide, described in the next paragraph, to be shared with two organizations. Those are the project funder, Ventura County Behavioral Health, and evaluators at EVALCORP. No identifying information, such as your name and address, will be shared. The information will be used to determine the impact of the project on helping seniors stay in their homes and in safe living situations.

WHAT IS INVOLVED IN THIS PROJECT AND WHAT WILL BE SHARED?
Upon acceptance to the MASH project, every six months, and at the close of your MASH case (whichever comes first) you will be asked to complete a housing Risk Assessment & Referral survey and participate in an interview with CAREGIVERS's staff. This information is used to evaluate whether the MASH project had an impact on senior housing. This data will be summarized and reported anonymously and as a group, so there will be no identifying data that could be traced back to you or your family. Identifying information will not be on the surveys that are shared with the two agencies outside of CAREGIVERS: *Volunteers Assisting the Elderly*.

CONFIDENTIALITY
All data will be kept private and housed in a secure location. These completed documents will be kept in a locked file cabinet at CAREGIVERS.

YOUR RIGHTS AS A PROJECT PARTICIPANT
Participation in this project is voluntary. You have the right not to participate at all or to leave the MASH project at any time. Any data collected from the time you sign this consent until your withdrawal or termination from the MASH project may be shared. Deciding not to participate or choosing to leave the project data sharing will not result in any penalty, and it will not harm your relationship with CAREGIVERS: *Volunteers Assisting the Elderly*. If you decide to not participate, then the data CAREGIVERS's collects will not be shared with the funder or evaluator, but you will still receive volunteer caregiving services.

There is no cost to you to participate. The benefit of your participation is that it may assist other seniors with being able to identify solutions to what is learned from this project.

Do you have any questions? If you do, please discuss them with your MASH volunteers, the CAREGIVERS staff, or the CAREGIVERS Executive Director. After your questions have been answered, please place your initials next to the statement below.

_____ My questions about the project have been discussed with me and have been resolved

I consent to participate in the Managing Assets for Security and Health (MASH) Project, and I agree with the two surveys being shared without any identifying information.

_____ _____/__/_____
Print Your Name Your Signature Date

Appendix B: Demographics Form [Required for Individuals Served (per §3580.010)]

Demographic Information

Date

Your answers to the following questions will help Ventura County Behavioral Health understand who we are serving. The information on this form is private. **Please skip any question you do not want to answer. Thank you!**

What is your payor source?

☐ Medi-Cal/Gold Coast
☐ Private Insurance (e.g. Kaiser, Blue Cross)
☐ Medicare (Age 65+)
☐ No Insurance

What racial categories do you identify with? Please select all that apply.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander
☐ White
☐ More than one race
☐ Another race (please specify): _____

What ethnic categories do you identify with? Please select all that apply.

Hispanic or Latino

☐ Caribbean
☐ Central American
  ☐ Mexican/Mexican American/Chicano
☐ Puerto Rican
☐ South American
☐ Another Hispanic or Latino ethnicity
(please specify): _____

Non-Hispanic or Non-Latino

☐ African
☐ Asian Indian/South Asian
☐ Cambodian
☐ Chinese
☐ Eastern European
☐ European
☐ Filipino
☐ Japanese
☐ Korean
☐ Middle Eastern
☐ Vietnamese
☐ Another non-Hispanic or Latino ethnicity
(please specify):
_____

☐ More than one ethnicity

What is the primary language spoken in your home?

□ Spanish

□ English

□ Both Spanish and English

□ Indigenous (Mixtec or another)

□ Another language (please specify): _____

Do you have a disability?

(Disability is defined as a physical or mental impairment or medical condition lasting at least 6 months that substantially limits a major life activity, which is not the result of a severe mental illness.)

□ Yes □ No

If you have a disability, please select all that apply.

□ Difficulty seeing
□ Difficulty hearing, or having speech understood
□ Another communication disability (please specify): _____
□ Learning disability
□ Developmental disability
□ Dementia
□ Another mental disability, not related to mental illness (please specify): _____
□ Physical/mobility disability
□ Chronic health condition/chronic pain
□ Another disability (please specify): _____

Are you a veteran?

□ Yes □ No

How do you describe your gender?

□ Male □ Genderqueer

□ Female □ Questioning or Unsure of your gender identity

□ Transgender □ Another gender identity (please specify): _____

What sex were you assigned at birth?

□ Male

□ Female

□ Another sex (please specify): _____

Do you consider yourself:

□ Heterosexual or Straight

□ Bisexual

□ Gay or Lesbian

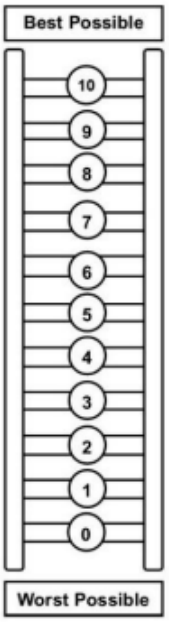
□ Questioning or Unsure of your sexual orientation

□ Queer

□ Another sexual orientation (please specify): _____

Appendix C. BetterAge Guidance System Questionnaire

Please **circle the answer** that best represents your response to the questions below.



For the first three questions please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the **best possible life for you** and the bottom of the ladder represents the **worst possible life for you.**

1. **On which step of the ladder would you say you personally feel you stand at this time?**

Worst possible										Best possible
0	1	2	3	4	5	6	7	8	9	10

2. **On which step do you think you will stand about five years from now?**

Worst possible										Best possible
0	1	2	3	4	5	6	7	8	9	10

3. **Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.**

Worst possible										Best possible
0	1	2	3	4	5	6	7	8	9	10

4. **In general, how would you rate your physical health?**

Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

5. **How would you rate your overall mental health?**

Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

6. **For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?**

Not limited at all										Severely limited
0	1	2	3	4	5	6	7	8	9	10

7. **I have a sense of direction and purpose in life.**

Strongly disagree										Strongly agree
0	1	2	3	4	5	6	7	8	9	10

8. **How often do you feel lonely?**

Never										Always
0	1	2	3	4	5	6	7	8	9	10

9. **How would you describe your sense of belonging to your local community?**

Very weak										Very strong
0	1	2	3	4	5	6	7	8	9	10

10. **If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them, or not?**

Never										Always
0	1	2	3	4	5	6	7	8	9	10

11. **During the past two weeks, how often have you experienced positive emotions such as joy, affection, or hope?**

Never										Always
0	1	2	3	4	5	6	7	8	9	10

12. **During the past two weeks, how often have you experienced negative emotions such as sadness, worry, or despair?**

Never										Always
0	1	2	3	4	5	6	7	8	9	10

Appendix D. Risk Assessment & Referral Form

Managing Assets for Security and Health (MASH)
Risk Assessment and Referral (R&R)

Funding for this Innovation Grant provided by

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Client Name: _____
Date: _____
MASH Unit Lead: _____
Office Team Lead: _____

Managing Assets for Security and Health (MASH)
Risk Assessment and Referral (R&R)

Date: _____
Client ID: _____
AWC Score (Q3): _____ **AWC:** *(5-6 Surviving; 3-4 Struggling; 0-2 Crisis)*
R&R Score: _____ **R&R:** *(Higher scores mean a greater concern)*
Tier Placement: _____

Tier One: Thriving/Self-resolve/Education (0-6)
Tier Two: Surviving/Financial Management (7-15)
Tier Three: Struggling/Housing Gap/Clinical Services Referral (16-20)
Tier Four: Crisis/External Intervention Services (21-27)

1. Does someone other than you manage your money?

   ☐ Yes (1) If yes, who is the person (sister, son, etc.) _____
   ☐ No (0)

2. Please select your ability to pay the following costs per month in the table below.
   Select one response for each row. See Expense and Debt reports for details.

Ability to pay...	Unable to pay this (3)	Able to pay some of this (2)	Can pay this with little or no money left (1)	Can pay this with money left over (0)	Not applicable (0)
your rent or mortgage					
for groceries that you need					
your utility bills					
your debt, such as credit card bills					

3. How often are you behind on rent or mortgage?

   ☐ Every month (3)
   ☐ Four or more times a year (2)
   ☐ One to three times a year (1)
   ☐ Never (0)
   ☐ Unsure (0)

4. How confident are you with managing your money e.g., balancing a checkbook, making financial decisions?
   Please circle a number.

Not Confident				Extremely Confident
4	3	2	1	0

Funding for this Innovation Grant provided by

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Client Name: _____
Date: _____
MASH Unit Lead: _____
Office Team Lead: _____

---

5. Do you have a needed major expense that you are putting off due to costs? *(e.g., roof, plumbing, medical, car repairs)? See Expense report for details.*

   ☐ Yes (1)
   ☐ No (0)

6. Would you like a professional to talk with you about your finances?

   ☐ Yes (1)
   ☐ No (0)

7. Does anyone put pressure on you to spend money or give them money?

   ☐ Yes (1)
   ☐ No (0)

8. Considering your current health, to what degree do you worry about your safety e.g., falls, mobility.

Worry Often				**Do Not Worry**
4	3	2	1	0

R&R Score: _____

(Higher scores mean a greater concern)

Appendix E. Data Log Screenshots

Individual Data		MASH																						
Reporting Dates	7/1/22			to	6/30/23																			
Contact Name	Contact Code	Dates and City/Zip				Payor Source					Race										Ethnicity			
Provider use only	Client ID	Enrollment Assessment Date	Disenrollment Date	City	Zip Code	MediCal / Goldcoast	Medicare (Age 65+)	Private Insurance. Ex: (Kaiser, Blue Cross)	No Insurance	Declined to Answer	Am. Indian or Alaska Native	Asian	Black Or African American	Latino/Hispanic	Native Hawaiian or Pacific Islander	White	More than one Race	Another Race	Another Race-Please Specify (Text Field)	Declined to Answer	Hispanic or Latino (Use Dropdown)	Input "Other" Hispanic or Latino (Text field)	Non Hispanic or Latino (Use Dropdown)	Input "Other" Non Hispanic (Text field)	More than one Ethnicity
Totals	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

INN Referral Tracking to Prevention, Early Intervention and Higher Level of Care Program Categories																												
BOX 2: CLIENT INFORMATION												PART I: ALL REFERRALS (Please fill out for ALL referrals)															PART II – COMPLETE ONLY FOR REFERRALS TO COUNT	
	Language Required for Services (Use Drop-Down		Underserved Populations (Enter "1"									Referral Information			Follow-Up Call Information-Record dates of follow-up calls took place within a 30-day period and participation information					Access Assistan	If answered "Yes" to assisting client in accessing						Please enter narratives where appropriate. Da	
Contact Code / Client ID (Copy from Individual Data Tab)	Select Preferred Language (Use Drop-down)	Other Language (Fill in)	Hispanic/Latinx	Mixteco	Homeless	Trauma Risk or Exp (Child / Y	Older Adults (60+)	African-American	LGBTQ+	Asian Pacific Islander	None Of the Above/Don't kn	Written Referral Date	Program Name (What program is client being referred to?") (Use Drop-down)	Enter name of Program if not listed in previous cell.	Follow-Up 30 day Phone Call 1 (Date)	Follow-Up 30 day Phone Call 2 (Date)	Follow-Up 30 day Phone Call 3 (Date)	Participation Date (Indicate date of first time client participated in or attended referred program)	If person did not participate in referred program, please give reason why, if known. If unknown, enter "unknown".	Did you assist client to access services (Y/N)? If yes, indicate in the subsequent cells how you assisted. (Drop-down)	Bus Tokens	Transportation	Accompaniment	Translation or Interpreter	Reminder calls	Other (Text: Write in)	Describe reason for referral.	years and months) has the person been experiencing the symptoms? (Use Dropdown to enter # of years (1-20)) YEARS:
Totals			0	0	0	0	0	0	0	0	0	0		0	0	0	0	0			0	0	0	0	0	0		

Activities Tracking											
Provider Name: Outreach and Engagement Provider	***MASH***	**Directions:** Fill out requested information or Place a number 1 in each relevant column to represent yes leave blank for no or n/a				**Numbers Reached / Engaged**	**Event Time**	**Activity Language**			
Activity Name (May be contractual activities also)	Type of Activity (dropdown)	Additional Title / Topic / Info (If needed)	City	Zip Code	Date of Activity	Total Number of Participants (Those present.)	Length of time of activity (hours)	Activity was in Spanish	Activity was in English	Mixtec (or other Indigenous)	Other language
Totals					0	0	0	0	0	0	0

Monthly Progress Report		
Provider Name	**MASH**	
Project Name	**MASH**	
Directions: This is a fillable Excel form. Type or copy and paste answers below:		
Challenges	**Status**	**Date Completed**
Successes	**Status**	**Date Completed**

Appendix F. Focus Group Protocol

Managing Assets for Security and Health (MASH) Project

Staff and Volunteer Focus Group Protocol

[THE FOLLOWING IS TO BE READ TO PARTICIPANTS AT THE START OF THE FOCUS GROUP]

Good [*morning/afternoon*]. Thank you for taking the time to talk with me today. My name is Lois Ritter, and I work for EVALCORP. Venture County Behavioral Health has contracted with EVALCORP, an established applied research and evaluation consulting firm, to conduct an evaluation of the Managing Assets for Security and Health project, also known as MASH.

The purpose of this focus group is to learn about the program's benefits and ways that it can be improved. I expect this conversation to last about 60 minutes.

Your participation is voluntary. Your identity will be kept confidential, and your input will be shared anonymously. That means nothing you say will be personally linked to you in any reports that result from this focus group. All of the comments today will be put together as a summary, and your name will not be tied to any information.

Do you have any questions before we begin? [*Respond to questions*]

If there are no other questions, let's go ahead and get started.

Questions for Staff and Volunteers

1. What are your perceptions of the MASH program?
2. What impact, if any, is the project having on MASH clients? If there is an impact, please explain.

Now I want to ask a few questions about the BetterAge Guidance System, also known as the BGS, and the Risk & Referral tools.

3. Have the tools been easy to administer?
4. Has the data collected from the BGS and the Risk & Referral tools assisted with your decision making related to client care? Please explain.
5. Are there items on the tools that you would change, added, or removed?
6. Was the scoring useful with making decisions about tier placements?
7. What specific information, if any, was most helpful with placing clients on one of the tiers?
8. Are there items about the scoring ranges and related tiers that you would change? If yes, please explain.
9. What do you see as the project successes?
10. What do you see as the project challenges?
11. What changes would you like to see in the future?
12. Is there anything else that you would like to share about the MASH program?

Appendix G. Quarterly Report Template

Innovation Quarterly Progress Report

Date report completed:

Reporting period (enter the Quarter and the Year of the reporting period):

Name of person completing report:

Email Address:

Organization:

Guidance for Completing the Quarterly Progress Report

The guidance document will help you summarize the activities and accomplishments attained during the reporting period. The purpose of this document is to accurately and comprehensively communicate the program activities to Ventura County Behavioral Health conducted during the reporting period

This guidance document has seven sections:

1. Major Activities and Accomplishments
2. Problems (Challenges)
3. Successes (Stories)
4. Significant Findings *(Not Applicable for the Year 1 Qtr 1 Report)*
5. Dissemination and Marketing Activities
6. Additional Activities
7. Activities Planned for Next Reporting Period

Responses can be typed directly into this document. **The quarterly reports are due on the following dates:**

- **1/30 (covers October 1 through December 31)**
- **4/30 (covers January 1 through March 31)**
- **7/30 (covers April 1 through June 30)**
- **10/30 (covers July 1 through September 30)**

Quarterly reports should be emailed directly to MHSA staff hilary.carson@ventura.org, and EVALCORP evaluator lritter@evalcorp.com.

Major Activities and Accomplishments

Use this section to report on activities conducted during the reporting period in preparation and implementation of providing services, such as providing dinners, engaging in field trips, and youth leader engagement. Your responses should correspond to the timeline, core deliverables, and outputs in your proposal and contract documents.

Provider Response [Insert your response here]:

Core Deliverable (From Contract)	Updates	Status
1.		1a.
2.		
3.		
4.		
5.		
6.		

Problems (Challenges)

Describe any changes from the original project design or stated plans from your last quarterly report for the reporting period including any adjustments in task completion dates and special challenges (if any) encountered or expected during this reporting period. Include details about impacts to programming such as closures due to COVID-19 pandemic or staff changes. Please also use this section to advise your program administrator of any program needs that may require technical assistance.

Provider Response [Insert your response here]:

Successes (Stories)

Describe any project successes. For example, share a story about something they did or changed as a result of the program? Did you hold your first workshop?

Provider Response [Insert your response here]:

Significant Findings

Please attach an addendum with any significant findings from your project work that have been compiled, analyzed, or summarized- in this space any actions towards this end goal. If you have questions about what to include or report here please reach out for technical assistance prior to the report due date.

Provider Response [Insert your response here]:

Dissemination and Recruitment Activities

Please detail any dissemination activities, such as presenting the program successes at a school. Also include recruitment and marketing efforts during the reporting period in preparation for starting services, including activities such as community outreach, website development, social media, flyers, or radio advertisements. Please include an update on recruiting new youth. Copies of any new materials should be attached.

Provider Response [Insert your response here]:

Additional Activities

Use this section to address other planning preparations during the reporting period, including how you have shared information about your program with your community, brought partners together, or completed subcontracts or Memorandums of Understanding (MOUs). Please also detail your staffing activities, including the recruitment and hiring of new staff, as well as training new and existing staff.

Provider Response [Insert your response here]:

Activities Planned for the Next Reporting Period

Describe activities planned for the next reporting period, such as your continued planning period activities and the expected date to begin services.

Provider Response [Insert your response here]:

Appendix E: Changes to the 3-Year Plan 2023-2026

Additions	23-24	24-25	25-26	Category	Changes
Accounting System for Payment Reform		x		CFTN	Change to 24/25 start
Board and Care Acquisition		x		CFTN/IT	Changed to FY 24/25
Mental Health Rehabilitation Center		x	x	CFTN/IT	Changed to 24/25
Medical records Digitization		x	x	CSS	Anticipated cost is higher
Addition of Staff (Treatment, Housing team, and Peers through the system)		x		CSS	Change to 24/25
CARE Act Program		x	x	CSS	Cost Savings Anticipated
Clinic site expansion Adult Division		x		CSS	Changed to FY 24/25
Clinic site expansion Y&F Division		x		CSS	Changed to 24/25
Co-Occurring support staff and programing for integrated care		x	x	CSS	Potential cost savings
COSRs (to maintain and create permanent supportive units)		x	x	CSS	Changed to 24/25
Crisis Tracking System		x	x	CSS	Changed to 24/25
East County Crisis Stabilization Unit (CSU)		x	x	CSS	Changed to 24/25
Mental Health Rehabilitation Center		x	x	CSS	Start would be late in the year cost savings anticipated
One Stop Site for Parents of SED Youth		x	x	CSS	Change to FY 24/25
One-time incentives for Providers - transitioning to Cal AIM	x	x		CSS	Cost Savings Anticipated
Peer Respite		x	x	CSS	Not feasible -Reallocation needed
Expansion of all Full Service Partnership Programs (FSP) Youth/TAY/Adult/Older Adult		x	x	CSS	Changed to 24/25 Cost savings anticipated
Collaborative Care Model		x	x	INN	Pursuing Approval 24/25
Community Innovation Projects		x	x	INN	Pursuing Approval 24/25
Therapeutic Animal Support		x	x	INN	May try to use alternate funding
Child First Program with Public Health		x	x	PEI	Not feasible
Early Intervention Services for Mild to Moderate for Underserved Populations		x	x	PEI	Changed to 24/25
Network Expansion Grants (Formerly Mini Grant) Pilots	x	x	x	PEI	Some providers to move to regular PEI program
Tripple P Parenting in East County	x			PEI	Cost Savings Anticipated - Program funded with other money
New Y&F Program		x	x	PEI	In place of Child First

Acronyms
CFTN-Capital Facilities and Technological Needs
CSS-Community Services and Supports
PEI- Prevention and Early Intervention
INN- Innovation
WET-Workforce Education and Training

Cambios al Plan Trienal 2023-2026

Adiciones	23-24	24-25	25-26	Categoría	Cambios
Sistema Contable para la Reforma de Pagos		x		CFTN	Cambio, empieza 24/25 start
Adquisición de alimentos y cuidados		x		CFTN/IT	Cambio a FY 24/25
Centro de rehabilitación de salud mental		x	x	CFTN/IT	Cambio a FY 24/25
Digitalización de registros médicos		x	x	CSS	El costo previsto es mayor
Incorporación de Personal (Tratamiento, Equipo de Alojamiento y Compañeros a través del sistema)		x		CSS	Cambio a 24/25
Programa de la Ley CARE		x	x	CSS	Ahorros de costos anticipados
Ampliación del sitio de la clínica de División de Adultos		x		CSS	Cambio a FY 24/25
Ampliación del sitio de la clínica de División de Adultos		x		CSS	Changed to 24/25
Ampliación del sitio de la clínica de División de Juventud y Familia		x	x	CSS	Ahorros potenciales de costos
COSR (para mantener y crear unidades de apoyo permanentes)		x	x	CSS	Cambio a 24/25
Sistema de seguimiento de crisis		x	x	CSS	Cambio a 24/25
Departamento de Estabilización de Crisis del Este del Condado (CSU)		x	x	CSS	Cambio a 24/25
Centro de rehabilitación de salud mental		x	x	CSS	El inicio sería más tarde en el año. Se anticipan ahorros de costos.
Sitio único para padres de jóvenes SED		x	x	CSS	Cambio a 24/25
Incentivos únicos para proveedores: transición a Cal AIM	x	x		CSS	Ahorros de costos anticipados
Relevo entre iguales		x	x	CSS	No es factible -Se necesita reasignación
Ampliación de todos los programas de asociación de servicio completo (FSP) para jóvenes/TAY/adultos/adultos mayores		x	x	CSS	Cambio a 24/25. Ahorros de costos anticipados
Modelo de atención colaborativa		x	x	INN	Buscando aprobación 24/25
Proyectos de Innovación Comunitaria		x	x	INN	Buscando aprobación 24/25
Apoyo terapéutico para animales		x	x	INN	Puede intentar utilizar financiación alternativa
Programa del Niño Primero con el Departamento de Salud Pública		x	x	PEI	No es factible
Servicios de intervención temprana para poblaciones desatendidas de leves a moderadas		x	x	PEI	Cambio a 24/25
Proyectos Piloto de Subvenciones para expansión de red (anteriormente conocido come Minisubvenciones)	x	x	x	PEI	Algunos proveedores pasarán al programa PEI regular
Paternidad Tripple P en el Este del Condado	x			PEI	Ahorros de costos anticipados - Programa financiado con otro dinero
Nuevo Programa de Juventud y Familia		x	x	PEI	En lugar de “Child First”

Acrónimos
Instalaciones de Capital y Necesidades Tecnológicas
Servicios y Apoyos Comunitarios
Prevención e Intervención Temprana
Innovación
Educación y Capacitación de la Fuerza Laboral

Appendix F: Community Planning Process (CPP)

VENTURA COUNTY
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February 2024

COMMUNITY PLANNING PROCESS (CPP)

Prioritization

What is MHSA?

California's Mental Health Services Act (MHSA), also known as Proposition 63, placed an additional 1% tax on personal incomes exceeding $1M.

- MHSA funds mental health programs across treatment, prevention and early intervention, innovation, infrastructure, and workforce development.
- There are five "buckets" of MHSA funding:

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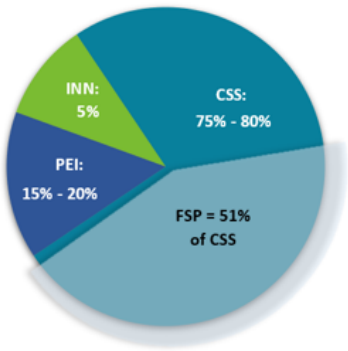
Annual Update and 3-year plan

Community Planning: Counties are required to meaningfully involve stakeholders in program planning (e.g., Annual Updates, Three-Year Plans), implementation, evaluation, and budget allocation

3 Year Plans: Outlines the department needs, goals, program plans and spending for the next three years.

Annual Update Reports: Reports on all MHSA funded programs from the prior fiscal year and anticipated changes for the next year always links back to the current 3-year plan.

-Today's Purpose: Annual Update



Required break down of spending

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What does the Annual Update Process look like?

Changes to the current 3YP - Community Planning Process

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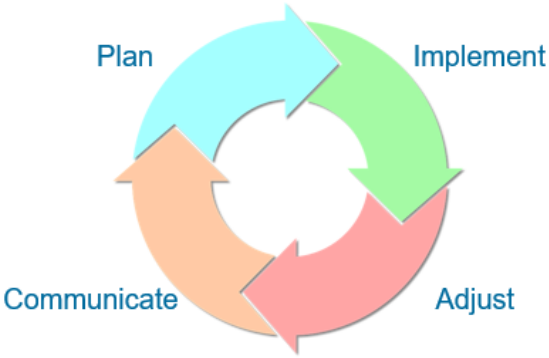
Things to keep in mind



2 years remaining to allocate and spend this funding 2023-2026

All MHSA money is being planned for as one time (i.e., infrastructure, time-limited expansions, pilot programs, trainings)

Prop 1 potential Impacts

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Prop 1 the Behavioral Health Services Act (BHSA)

Prop 1: SB326 will be on the March 2024 ballot along with the bond measure contained in AB531

Non comprehensive summary:

- Establishes a new 30% housing component with a housing first requirements
- Establishes the BHSA as a new source of funding for SUD services
- Creates a new and comprehensive structure for planning, data gathering, and reporting.
- Overhauls the adult and children's system of care statutes
- Eliminates county-based prevention funding priority
- Establishes new service requirements (e.g., ACT/FACT and IPS Supported Employment)

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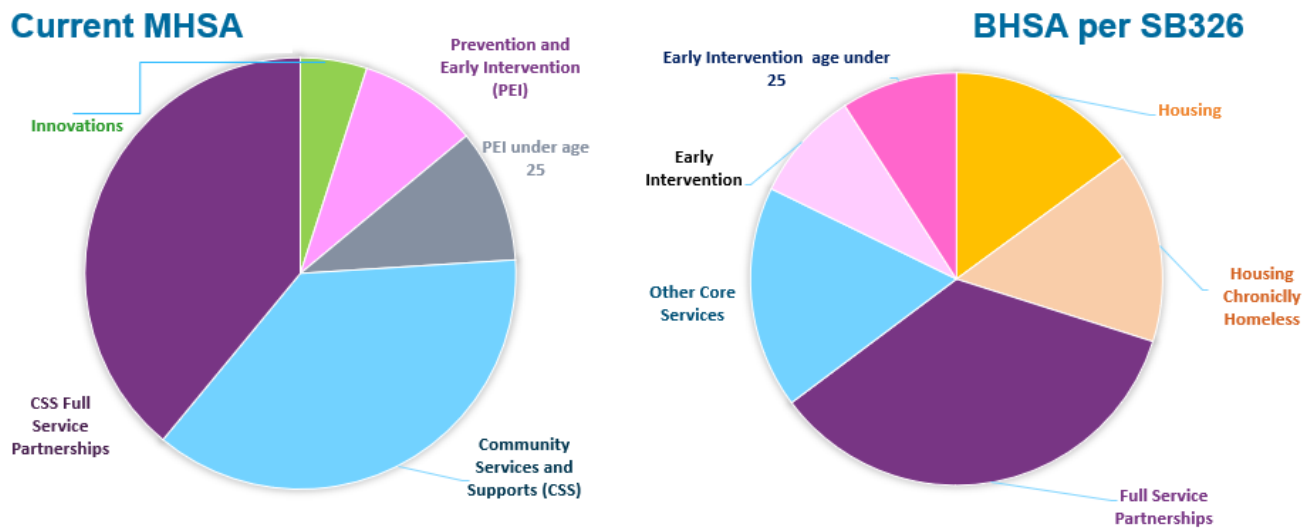
Prop 1 Updated Spending Percentages



VENTURA COUNTY BEHAVIORAL HEALTH

Modernizing Our Behavioral Health System - California Health and Human Services

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Need Assessment Results: Categories of Solutions

I. **Housing**
   I. Buildings
   II. Services
   III. Units

II. **Expansion of Services and Treatment types**
   I. Staff
   II. Buildings
   III. Services

III. **Access**
   I. Timing
   II. Immediate or Urgent Care

IV. **Outreach and Education**
   I. Knowing when, where, and how to access services.

V. **Alternatives to VCBH**
   I. Mild to moderate care
   II. Services partners

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UPDATES

Hand out

Thoughts from the community

WHAT ARE YOUR THOUGHTS?

WHAT ARE WE MISSING?

Let us know

- Raise your hand now
- Submit via MHSA@ventura.org
- Include your feedback in your surveys!

- Always looking for INN programs: submit via www.wellnesseveryday.org

Review and Next Steps

1. Continue to receive feedback
   - Deadline-March 29th

2. Post the adjustment report to the public
   - BHABs and Website
   - Public Review Period April -May

3. Public Hearing for MHSA 3-year plan Mid-year adjustment
   - Monday May 20th 1pm-3:30pm

Dates are planned and subject to change

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Please fill out a survey

English:
https://www.surveymonkey.com/r/CPP23-26rev23-24-E

Spanish:
https://www.surveymonkey.com/r/CPP23-26rev23-24-S

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VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Febrero 2024

PROCESO DE PLANIFICACIÓN COMUNITARIA (CPP, POR SUS SIGLAS EN INGLÉS)

Priorización

¿Qué es la MHSA?

La Ley de Servicios de Salud Mental de California (MHSA), también conocida como la Proposición 63, gravó un impuesto adicional del 1% sobre los ingresos personales superiores a un millón.

- La MHSA financia programas de salud mental para el tratamiento, la prevención, la intervención temprana, la innovación, la infraestructura y el desarrollo de la fuerza laboral.
- Hay cinco "pilares" del financiamiento de la MHSA:

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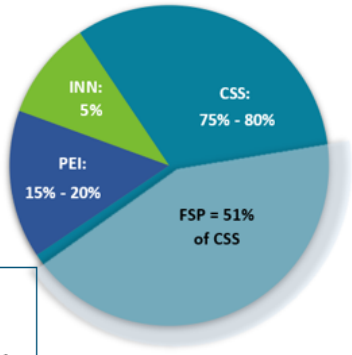
Actualización anual y plan de 3 años

Planificación comunitaria: se requiere que los condados involucren significativamente a las partes interesadas en la planificación del programa (por ejemplo, Actualizaciones Anuales, Planes de Tres Años), implementación, la evaluación y la asignación de presupuesto.

Planes de 3 años: describen las necesidades del departamento, las metas, los planes del programa y los gastos para los próximos tres años

Informes de actualización anual: los informes sobre todos los programa financiados por la MHSA del año fiscal anterior y los cambios anticipado para el próximo año siempre se vinculan con el plan de 3 años actual. - Objetivo de hoy**: Informes de actualización anual**



Desglose de gastos necesario

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¿Cómo es el proceso de ajuste de mitad de año?

Construcción sobre el Proceso de Planificación Comunitaria del Plan de 3 Años actual

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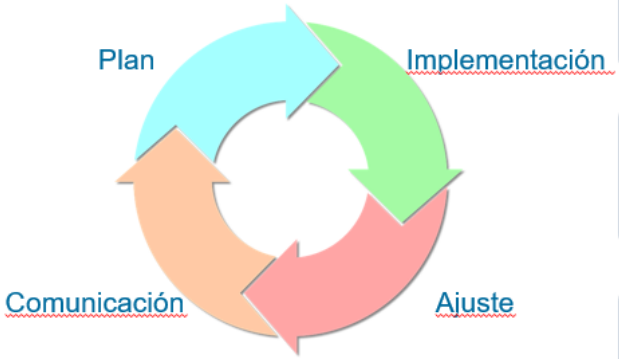
Cosas para considerar



Quedan 2 años para asignar y gastar estos fondos de 2023-2026.

Todo el dinero de la MHSA se está planificando para pagos de una sola vez (es decir, infraestructura, expansiones por tiempo limitado, programas piloto, capacitaciones).

Posibles impactos de la Proposición 1.

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Prop. 1: La Ley de Servicios de Salud del Comportamiento (BHSA, por su designación en inglés Behavioral Health Services Act)

Prop. 1: SB326 estará en la boleta electoral de marzo del 2024 junto con la medida de fianza contenida en AB531.

Resumen no exhaustivo:

- Establece un nuevo componente de 30 % de vivienda con requisitos de una primera vivienda.
- Establece la BHSA como una nueva fuente de financiamiento para los servicios de trastornos por consumo de sustancias (SUD, por sus siglas en inglés).
- Crea una estructura nueva y completa para la planificación, la recopilación de datos y la generación de informes.
- Revisa los estatutos del sistema de cuidado de adultos y niños.
- Elimina la prioridad de financiamiento de prevención basada en el condado.
- Establece nuevos requisitos de servicio (p. ej.: ACT/FACT y Empleo Respaldado por IPS)

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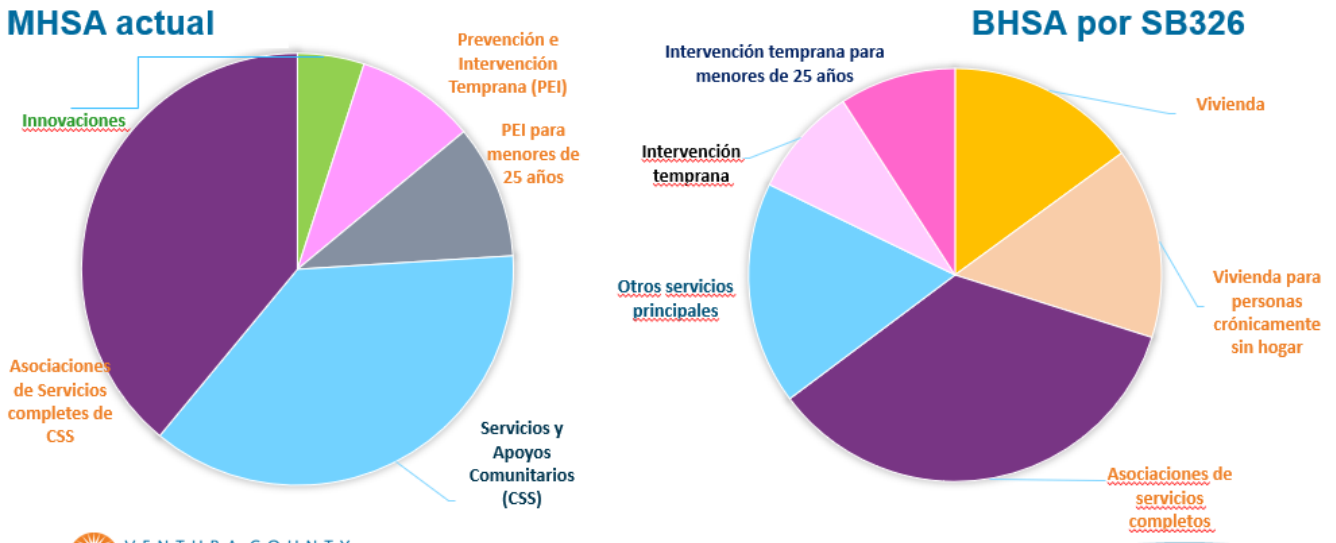
Prop. 1: Porcentajes de gasto actualizados



VENTURA COUNTY BEHAVIORAL HEALTH

Modernizando nuestro Sistema de Salud Conductual - Salud y Servicios Humanos de California

Categorías principales de soluciones

I. **Vivienda**
   I. Edificios
   II. Servicios
   III. Unidades

II. **Expansión de Servicios y tipos de tratamiento**
   I. Personal
   II. Edificios
   III. Servicios

III. **Acceso**
   I. Tiempo
   II. Atención inmediata o urgente

IV. **Alcance comunitario y educación**
   I. Saber cuándo, dónde y cómo acceder a los servicios.

V. **Alternativas para VCBH**
   I. Cuidados leves a moderados
   II. Asociaciones de servicios

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ACTUALIZACIONES

Folletos

Comentarios de la comunidad

¿QUÉ PIENSA SOBRE ESTO?

¿DESEA AGREGAR ALGO MÁS?

Agregue comentarios

- Levante su mano ahora
- Envíe por correo a MHSA@ventura.org
- ¡Incluya sus comentarios en la encuesta!

- Siempre buscamos programas de innovación: envíelos mediante www.wellnesseveryday.org

Revisión y próximos pasos

1. Continuamos recibiendo comentarios.
   - Plazo: 29 de marzo

2. Publicar el informe de ajuste al público.
   - BHAB y sitio web
   - Período de revision pública: abril-mayo

3. Audiencia pública sobre el ajuste de mitad de año del plan de 3 años de la MHSA
   - Lunes 20 de mayo, 1 p. m. - 3:30 p. m.

Los datos se planifican y están sujetos a cambios.

VENTURA COUNTY BEHAVIORAL HEALTH

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Por favor, complete la encuesta

Inglés:
https://www.surveymonkey.com/r/CPP23-26rev23-24-E

Español:
https://www.surveymonkey.com/r/CPP23-26rev23-24-S

VENTURA COUNTY BEHAVIORAL HEALTH

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Appendix G: AD-48: Stakeholder Collaboration

Current Status: *Active* **PolicyStat ID:** *7398775*

VENTURA COUNTY BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Origination:	*9/5/2011*
Effective:	*9/13/2017*
Last Approved:	*9/13/2017*
Last Revised:	*9/13/2017*
Next Review:	*12/1/2023*
Owner:	*Courtney Lubell*
Category:	*Administration*
Affects:	*ALL DIVISIONS*

AD-48: Stakeholder Collaboration

AFFECTS

ALL DIVISIONS

LEVEL

1

PURPOSE

To provide information on how Ventura County Behavioral Health (VCBH) collaborates with stakeholders regarding programs, services and policies.

DEFINITION(S)

Stakeholder: For this policy, stakeholders are clients, family members, community members, VCBH employees as well as outside agencies and organizations whose interests are affected by the Behavioral Health system and whose activities may likewise affect the system.

Mental Health Services Act (MHSA): The Mental Health Services Act is a voter approved initiative that provides for the development, through a stakeholder process, of a comprehensive approach to providing community based mental health services and supports for California residents.

Committee: A committee is a group officially delegated to consider, investigate, act on, or report on some matter.

Subcommittee: A subcommittee is a group appointed by a main committee for ongoing monitoring, review and planning of and for a specific program, division, entity or agency and then report their findings back to the main committee where decisions concerning findings are made.

Work-Group: A work-group is two or more individuals, who function as a team, and work towards a common goal. Their duties may include conducting research and making recommendations.

Focus Group: A focus group is a group that is scheduled to discuss a specific topic with the goal of receiving feedback from interested stakeholders for planning and decision-making.

Task Force: A task force is a temporary group established to work on a single defined task or idea.

POLICY

Ventura County Behavioral Health (VCBH) is committed to addressing the mental health as well as

PROCEDURE

the alcohol and drug prevention and treatment needs of a diverse population and as such supports and facilitates multiple pathways through which stakeholders play an integral role in providing input regarding programs, services and policy.

1. Stakeholder involvement is accomplished through various approaches, including:
    1. Advisory Boards and their committees/sub-committees, work-groups and task forces.
    2. VCBH committees, focus groups, workgroups, and task forces.
    3. MHSA Component Planning committees and workgroups.
    4. Interagency collaborations.
    5. Meetings with staff and their representing Union(s).
    6. Consumer and family groups.
2. Advisory Boards- Behavioral Health Advisory Board (BHAB):
    1. The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to the County of Ventura Behavioral Health Director and Board of Supervisors.
        1. It operates under bylaws that are approved by the County Board of Supervisors and its role is defined in Welfare and Institutions Code 5604.2.
        2. It also serves an important role in facilitating public discussion of Mental Health Services Act (MHSA) plan approval, provides feedback prior to the required 30-day posting and then conducts the Public Hearing.
            1. The BHAB may approve the plan to send to the Board of Supervisors, or return it to VCBH with recommended changes.
            2. The BHAB has authority to approve the plan before submission to the Board of Supervisors for final approval.
    2. Advisory board sub-committees, work-groups and task forces are appointed by, and may include members from, their respective board as well as other interested stakeholders.
        1. Each advisory board sub-committees operate under bylaws, have standing meeting times, keep minutes and report regularly to their respective board(s).
3. Mental Health Services Act (MHSA): Community Program Planning Committees and Workgroups includes representation of affected populations in MHSA program and services planning.
    1. VCBH will provide active outreach to ensure key stakeholders are included in the development of programs and services so that they are reflective of the needs of the population to be served.
    2. VCBH MHSA Committees:
        1. The MHSA department, MHSA Evaluation Committee, and MHSA Planning Committees lead the community planning and review processes for all MHSA components.

2. MHSA Planning Committee's mission is to review new program ideas, and recommend filling program gaps and or goals based on the community planning process.
3. MHSA Evaluation Committee's mission is to review MHSA program performance outcomes, stated program and component goals, cultural competency and penetration rates, fiscal impact, and client satisfaction surveys. The committee makes recommendations to VCBH based on its review with an annual assessment.
4. VCBH presents committee recommendations and all reports to the BHAB for review.

3. MHSA Issue Resolution Advisory Committee:
    1. The VCBH MHSA Stakeholder Issue Resolution Process allows stakeholders who have issues and concerns with an MHSA funded component, program or process to file an issue resolution request. Refer to VCBH Policy QM-18: Person in Care Problem Resolution Processes.
        1. If the issue cannot be resolved to the stakeholder's satisfaction at the Division Manager or Administrative Services Manager level, the MHSA Issue Resolution Advisory Committee will review the issue and provide recommendations to the VCBH Director.

4. Cultural Equity Advisory Committee:
    1. The Ethnic Services Manager leads the Cultural Equity Advisory Committee.
    2. The committee is comprised of mental health and alcohol and drug department staff, key stakeholders from community and faith based organizations, other county and city departments and individuals from the community at-large.
    3. The Cultural Equity Advisory Committee's mission is to ensure that mental health and alcohol and drug programs services are responsive in meeting the needs for care of diverse cultural, linguistic, racial and ethnic populations.
    4. The committee actively addresses the conditions that contribute to and are indicators of the need for appropriate and equitable care.
    5. The Ethnic Services Manager provides the Cultural Equity Advisory Committee's recommendations to the Ventura County Behavioral Health for review and consideration.

5. Focus Groups
    1. VCBH convenes focus groups to provide a forum for interested stakeholders to share their thoughts, ideas and suggestions regarding program development, service provision and community service need.
    2. Information on the meeting times and places is communicated via posted notices on the VCBH website, flyers, newspaper notices, and/or word of mouth through various community organizations and non-profits.

6. Topic Specific Task Forces and Workgroups
    1. Topic specific task forces and workgroups operate under the rules of their respective bodies of authority.
        1. A task force serves a temporary function.
        2. A workgroup may serve a temporary or long term function depending on the nature of the assignment.

2. Their respective groups appoint the participants and each group shares a common goal and/or task.
3. They may provide reports to their bodies of authority where the information is reviewed and decisions made.

7. Interagency and Community Based Organizations Collaboration
    1. VCBH encourages and facilitates interagency collaboration.
    2. Staff representing VCBH on committees, sub-committees or other collaborative forums with outside organizations or agencies, does so with the approval of their immediate supervisor and function as a representative of VCBH.
        1. Depending on the nature of the collaboration, approval may also be required from the Division Manager and/or Director.
    3. Committee status reports, work products and feedback will be shared with the Supervisor, Managers and/or Directors as appropriate.
8. Employees and Contract Physicians as Stakeholders
    1. VCBH employees and contract physicians voice concerns and provide input through various venues:
        1. Participation in VCBH committees, workgroups, task forces/focus groups that affect organizational decisions.
            1. Time limited focus group/task forces may also be created to determine staff/contract physician needs.
        2. Participation in interagency collaboration, when approved.
        3. Meeting - clinical team meeting, staff meetings and Town Halls.
        4. Informal conversations with managers.
        5. Annual performance evaluations.
        6. Anonymous surveys.
9. Consumer and Family Groups
    1. Feedback is encouraged from other Stakeholder groups, such as National Alliance on Mental Illness (NAMI), United Parents and the Client Network through direct consumer/family contact and by encouraging their participation in the BHAB as well as the subcommittees, workgroups and task forces.
    2. Feedback is obtained from the VCBH Transformational Liaisons.
    3. The VCBH Outcome System measures quality of care as well as the perception of care and are obtained from both families and clients.
        1. Perception of Care Surveys are collected at intake, annually and at discharge. This survey assesses, among other things, client/family satisfaction; their view on the quality and environment of care; their view on their involvement in the process.
    4. VCBH's Patients Rights' Advocate whose function is to provide information and investigate concerns. Per Policy AD 09: Patients' Rights.
    5. Consumers may also voice their views/concerns through the grievance process.
10. The following are additional goals of any stakeholder and interagency collaboration:

1. Outreach to the community to involve stakeholders early in the planning process.
2. Engage served and underserved clients as well as engage organizations and agencies who represent or who can report on the interests of these populations.
    1. The body should reflect the cultural and ethnic diversity of our county.
3. Provide education to the community on understanding the mental health system and how individuals can access services.
4. Receive suggestions on improving care and access.
5. Foster a sense of collaboration and support.

REFERENCE

WIC 5602, 5604.2, 5848
Health and Safety Code 11805 and 11998.1
CCR Title 9, Division 1, Chapter 14, Section 3200.270; 3300; 3315
MHB Bylaws; ADAB Bylaws
QM-18: Person in Care Problem Resolution Processes
AD 09 Patients' Rights

Attachments

No Attachments

FY 2022-2023

Appendix H: PEI Evaluation Report

MENTAL HEALTH SERVICES ACT

Prevention and Early Intervention Evaluation Report

VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Prepared by:

EVALCORP
Measuring What Matters℠

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Introduction

Overview

The Mental Health Services Act (MHSA) was approved in 2004 and enacted in 2005 through the passage of California's Proposition 63, which placed a 1% personal tax on incomes over $1 million to increase mental health funding in the state. The goal of MHSA is to transform "the mental health system while improving the quality of life for Californians living with a mental illness." * MHSA utilizes several components to accomplish this goal including one devoted to supporting programs that focus on Prevention and Early Intervention (PEI).

Ventura County Behavioral Health (VCBH) funded 18 programs using PEI dollars during fiscal year (FY) 2022–2023. The programs were delivered by community-based providers. These programs served children and adults, individuals and families, and trained providers who work with the County's diverse populations.

PEI Regulations

MHSA regulations are updated frequently by the state legislature and the Mental Health Services Oversight and Accountability Commission (MHSOAC). The most recent update was made in January 2020. The programs funded during FY 2022–2023, and the data presented in this report, are aligned with both the PEI regulations and any amendments, to the extent possible.

Since FY 2016–2017, PEI-funded programs have been required to align with at least one of seven categories and employ three required strategies. Program categories and strategies are detailed below.

The program categories include:

- **Prevention:** A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build positive factors. Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.
- **Early Intervention:** Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including negative outcomes that may result from untreated mental illness. Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness:** The process of engaging, encouraging, educating and/or training and learning from potential responders (family, school personnel, peer providers, etc.) about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for Increasing Recognition of Early Signs of Mental Illness Program services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

- **Access and Linkage to Treatment:** A set of related activities to connect children, adults, and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment including, but not limited to, care provided by county mental health programs (e.g., screening, assessment, referral, telephone help lines, mobile response).
- **Stigma and Discrimination Reduction:** The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness and members of their families.
- **Suicide Prevention (optional):** Organized activities that the County undertakes to prevent suicide because of mental illness.
- **Improving Timely Access to Services for Underserved Populations (optional):** To increase the extent to which an individual or family member from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

The strategies include:

- **Improving Timely Access to Services for Underserved Populations:** See above definition.
- **Access and Linkage to Treatment:** See above definition.
- **Implementing Non-Stigmatizing and Non-Discriminatory Practices:** Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and making services accessible, welcoming, and positive.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness (optional):** See above definition.

Regulations also require reporting on specific process and outcome metrics, including the following.

- Unduplicated number of individuals/families served
- Participant demographics (age, race, ethnicity, primary language, sexual orientation, gender, disability status, veteran status)*
- Number and types of referrals to treatment and other services
- Timely follow-through on referrals
- Changes in attitudes, knowledge, and behaviors related to mental illness and help-seeking
- Reduced mental illness risk factors and/or increased protective factors
- Reduced symptoms of mental illness
- Improved mental, emotional, and relational functioning
- Reduced negative outcomes that may result from untreated mental illness including suicide, incarcerations, school failure or dropout, unemployment, homelessness, etc., as defined by the Welfare and Institutions Code (WIC) 5840

*Note that for a minor younger than the age of 12, programs are not required to collect demographic data on sexual orientation, current gender identity, and veteran status. Additionally, programs serving children younger than 18 years of age are only required to collect data to the extent permissible under applicable state and federal privacy laws.

* https://mhsoac.ca.gov/all/new-tools-focus-on-transparency/. Retrieved November 7, 2023.

Evaluation Methodology

Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during FY 2022–2023. This report presents state-required metrics as available and other program-specific information collected by the PEI providers. The report also provides a comprehensive review of programs, including the following process and outcome measures. Evaluation activities seek to understand how PEI funded programs reduce negative consequences associated with untreated mental illness such as suicide, school failure or dropout, unemployment, among others. Additional indicators measured include psychological health, knowledge of community resources, knowledge of warning signs of mental health issues or suicide risk, and stigma associated with seeking mental health support. Data collected includes:

- Participant demographics and populations served
- Program services and activities
- Service participation
- Program impacts and outcomes

Data Collection Instruments

In the context of ensuring the efficacy of PEI programs, this section articulates the systematic approach towards assessing the impact of these initiatives. Grounded in the guidelines set forth by the California Code of Regulations for the Mental Health Services Act (MHSA), our framework endeavors to understand the pathways through which PEI programs achieve their objectives.

PEI programs employ a variety of data collection instruments, based on the program category, to measure the impact each program is having on clients. Instruments have been carefully selected and constructed to ensure alignment with the MHSA regulations and appropriateness for program operations. Methods employed include direct, indirect, and quasi-indirect measures of change, adapted to what is best suited for each individual PEI program.

For all Stigma and Discrimination Reduction programs, California Code of regulations call for validated methods to measure changes in attitudes, knowledge, and/or behaviors related to mental illness or seeking mental health services for Stigma and Discrimination Reduction Programs. The Mental Help Seeking Attitudes Scale (MHSAS) is used to measure respondents' overall evaluation of their seeking help from a mental health professional if they found themselves to be dealing with a mental health concern (Hammer, Parent, & Spiker, 2018). Other Prevention or Early Intervention programs utilize the Schwartz Outcome Scale-10 (Schwartz & Michael, 2000) as an indirect measure a broad domain of psychological health. These tools, among other constructed tools that meet the highest standards of survey item construction, provide insight into the impacts that PEI programs are having within the community.

Data Collection and Analysis

The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs. Although VCBH strives to standardize data collection across programs to the extent possible, variations existed in each program's specific data collection tools and measures to reflect program uniqueness and target populations; however, all data collection tools were designed to assess progress toward overarching PEI goals.

VCBH PEI-funded programs used five primary types of data collection strategies.

1) **VCBH Template**: In response to October 2015 PEI amendments, VCBH developed a comprehensive data collection spreadsheet to collect program implementation data and process metrics such as number of individuals served, participant demographics, service referrals, outreach and other program activities, and program successes and challenges. Since the template was launched in January 2017, VCBH has continued to tailor it to the needs of each PEI program and to increase the data's adherence to PEI regulations.
2) **Program Surveys**: Multiple PEI programs employ post-program surveys to collect outcome data required by the PEI regulations and additional information of interest to VCBH. The post-program surveys typically include both closed- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors for mental illness; social-emotional well-being and functioning; symptoms of mental illness; participant satisfaction; and recommendations for improvements. Each PEI program uses different surveys to ensure that the data collected are relevant and appropriate to the individual programs. During FY 2021–2022, VCBH continued to streamline survey items across programs where appropriate.
3) **Narrative Reports**: When available, narrative reports provided by the PEI program to VCBH that described key activities, successes, and challenges were reviewed and included in the current report.
4) **Electronic Health Record (EHR) Data**: Some PEI programs use the County's EHR system, Avatar, to record client data including demographic information and treatment outcomes. This data source is more common among programs that do not use the VCBH template.
5) **Web Analytics**: A few PEI programs also use web analytics to measure reach and engagement on their social media pages and websites.

In preparing this report, extensive data verification, cleaning, and analysis procedures were employed to ensure accuracy and validity of data and information presented.

Data Notes

Information about data availability and quality for individual PEI programs is presented within each program's section of the report. Notes about the overarching availability and quality of the data presented are listed below and program results should be considered within the context of these limitations.

Data limitations for some PEI programs in FY 2022–2023 included:

- **Duplicated data**: For some training programs, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or "declined to answer" selections**: Some questions, particularly for demographic indicators, had low response rates, possibly due to discomfort with or misunderstanding of the question itself.

- **Low participation rates**: Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.

VCBH continues to enhance data collection tools and procedures among the programs to report on demographics and outcomes according to PEI regulations.

Report Organization

This report presents the PEI data by program. The programs are organized into three core sections by their primary program categorization (Prevention, Early Intervention, Other PEI Programs). All program category sections provide an overall summary of the program category, and include an overview comprised of program descriptions, profile of demographic characteristics of clients served, and highlighted successes and challenges experienced by programs within that category.

Results from each individual program are then presented, beginning with an overview of the program, followed by a detailed analysis of available data. The type of data presented varies across programs but may include information about participant demographics, program activities and reach, referrals, participant outcomes, participant satisfaction, feedback and recommendations for program improvement, and success stories. Each program section also contains a conclusion and recommendations section. Process and outcome data are reported in alignment with State requirements whenever possible.

Appendix A delineates PEI-funded programs and their alignment with PEI Categories.

Appendix B provides an overview of PEI program participation, detailing the number of individuals served or trained by program and by region.

Appendix C offers insights into the outcomes of the MTSS Final Evaluation Report for FY 2022–2023.

Prevention

The goal of the Prevention component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. In Ventura County, there are 11 programs primarily categorized under Prevention. These programs serve several historically underrepresented populations at risk for mental health issues, including Latinxs, Transitional Age Youth (TAY), individuals who are Deaf and Hard of Hearing (DHH), and LGBTQ+. Program services vary but include support groups, workshops, trainings, education, and presentations.

Across programs, participants expressed high levels of satisfaction with the services they received. Additionally, programs that served underrepresented groups all reached their intended priority population(s). Further details about each program's population(s) served, activities and outreach, as well as participant outcomes are outlined in the following pages.

Prevention programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 225,865 participants were served by Prevention programs in FY 2022–2023.

Prevention Program Descriptions

Mixteco Indígena Community Organization Project (MICOP): Facilitates mental health for the Latinx and Indigenous communities through support groups and one-on-one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Multi-Tiered System of Support (MTSS), VCOE: Provides education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County.

Multi-Tiered System of Support (MTSS), LEA: Provides mental health screenings, referrals, and mental health services for at-risk students. Contracted districts also provide education and training for school personnel and students, as well as family outreach and engagement to reduce stigma and discrimination about mental illness.

Network Extension Grants: Provides financial support to time-limited, community-based projects or programs promoting wellness among Ventura County residents.

One Step A La Vez: Serves Latinx, LGBTQ+, and TAY at risk of homelessness or in the juvenile justice system through outreach, a drop-in center, wraparound wellness, stress and wellness classes, a high school equality club, and LGBTQ+ support groups.

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS): Offers an in-home counseling program for seniors that teaches participants how to manage depression through counseling sessions supported by a series of follow-up phone calls.

Project Esperanza: Offers mental health service assistance, educational and wellness classes, and activities to Hispanic/Latino families in the Santa Paula community.

Promotoras Conexión Program (Promotoras y Promotores Foundation [PyPF]): Facilitates mental health for immigrant Latinas/Hispanic women at risk of depression through support groups and one-on-

one support to manage stress and depression, as well as referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Tri-County GLAD: Increases knowledge and awareness of mental health concerns in the Deaf and Hard of Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle-school students.

Wellness Centers Expansion: Provides coordinated health/mental health and other support services to maximize student engagement and success through staff and student trainings, family engagement activities, screenings, referrals, and early intervention activities.

Wellness Everyday and STAY Media: Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website.

225,865 individuals received core program services†

186,587 individuals reached through outreach events†

84,696 individuals referred to mental health care and/or social support services†

†Number of individuals may be duplicated.

PREVENTION PROGRAMS: DEMOGRAPHICS OF PARTICIPANTS[§]

Ethnicity*	(n = 545)
Hispanic	88%
Non-Hispanic	12%
More than one ethnicity	1%
Declined to answer: 84	

Age	(n = 636)
0–15	20%
16–25	10%
26–59	33%
60+	36%
Declined to answer: 6	

Primary Language*	(n = 708)
English	30%
Spanish	54%
Indigenous	8%
Other	7%
Declined to answer: 0	

Sex Assigned at Birth	(n = 563)
Female	80%
Male	20%
Declined to answer: 50	

Sexual Orientation	(n = 479)
Bisexual	1%
Gay or Lesbian	1%
Heterosexual or Straight	94%
Queer	<1%
Questioning or Unsure	0%
Another sexual orientation	4%
Declined to answer: 41	

Hispanic Ethnicities^			(n = 471)
Mexican	94%	South American	2%
Central American	1%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	2%

Non-Hispanic Ethnicities^			(n = 61)
African	2%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	0%
Eastern European	7%	European	82%
Filipino	3%	Japanese	2%
Korean	0%	Middle Eastern	2%
Vietnamese	0%	Another non-Hispanic	3%

Race*	(n = 624)
American Indian/Alaska Native	0%
Asian	1%
Black/African American	1%
Hispanic/Latino	74%
Native Hawaiian/Pacific Islander	0%
White	23%
Other	0%
More than one	1%
Declined to answer: 24	

Current Gender Identity	(n = 659)
Female	80%
Male	20%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 13	

City of Residence					(n= 724)
Camarillo	3%	Fillmore	20%	Moorpark	1%
Newbury Park	1%	Oak Park	<1%	Ojai	1%
Oxnard	25%	Piru	1%	Port Hueneme	2%
Santa Paula	33%	Simi Valley	2%	Thousand Oaks	2%
Ventura	8%	Other	<1%		

*Percentages may exceed 100% because participants could choose more than one response option.

[§]Demographic data was not collected for MTSS VCOE, MTSS LEA, Wellness Centers, or Wellness Everyday.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic

Healing the Community

Mixteco Indígena Community Organizing Project

Mixteco Indígena Community Organizing Project (MICOP) facilitates community-based mental health workshops for the Hispanic/Latino and Indigenous communities of Oxnard, El Rio, and Port Hueneme. The program raises awareness of mental health with a focus on the topic of depression and how it impacts Hispanic/Latino and Indigenous communities. MICOP provides culturally relevant holistic and traditional Indigenous wellness treatments to relieve symptoms of stress, anxiety, and depression. In addition, the program provides referrals and links to mental health providers and other services that are culturally and linguistically appropriate. MICOP also conducts outreach to the community to promote program services, distribute mental health educational information, and increase awareness of other local mental health resources.

Program Strategies

Improves timely access to services for underserved Hispanic/Latino and Indigenous communities in Oxnard, El Rio, and Port Hueneme through referrals to culturally and linguistically appropriate services.

Implements non-stigmatizing and non-discriminatory practices by providing culturally relevant Indigenous wellness treatments and workshops, as well as offering cultural competency training to local service providers.

Program Highlights

143 individuals received core program services

143 individuals referred to mental health care and/or social support services

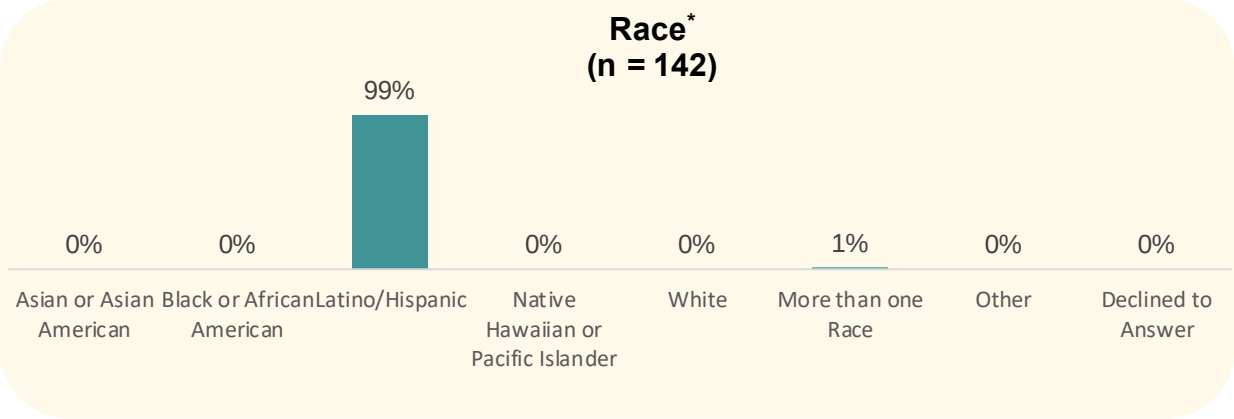
280 individuals reached through outreach events[†]

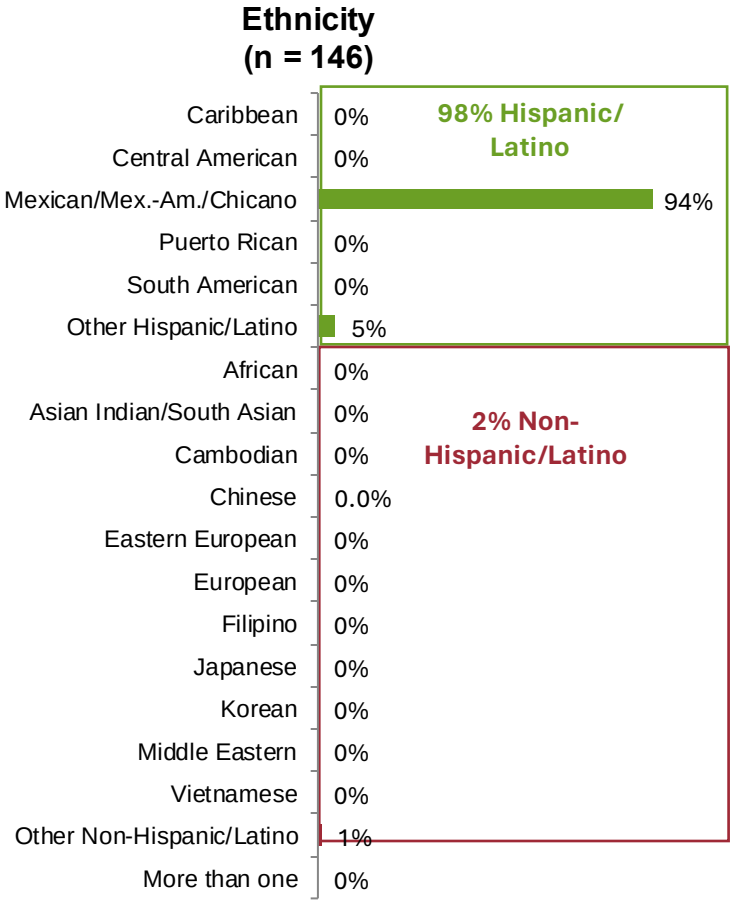
[†]Number of individuals may be duplicated.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

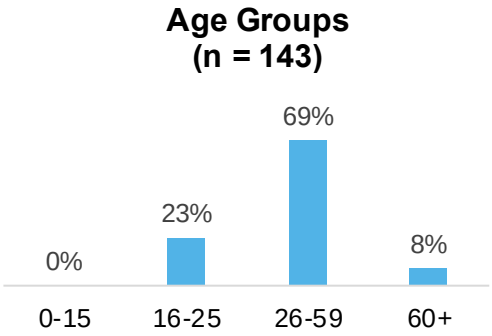
Demographic Data

MICOP collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 148 individuals who completed a demographic form.





1 individual did not answer this question.



3 individuals did not answer this question.

Primary Language* (n = 146)

English	17%
Spanish	60%
Indigenous	24%

*Percentages may exceed 100% because participants could choose more than one response option.

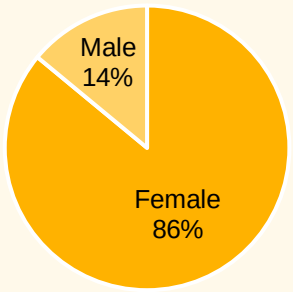
MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Demographic Data

Current Gender Identity (n = 143)

Female	86%
Male	14%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

Sex Assigned at Birth (n = 143)



Sexual Orientation (n = 146)

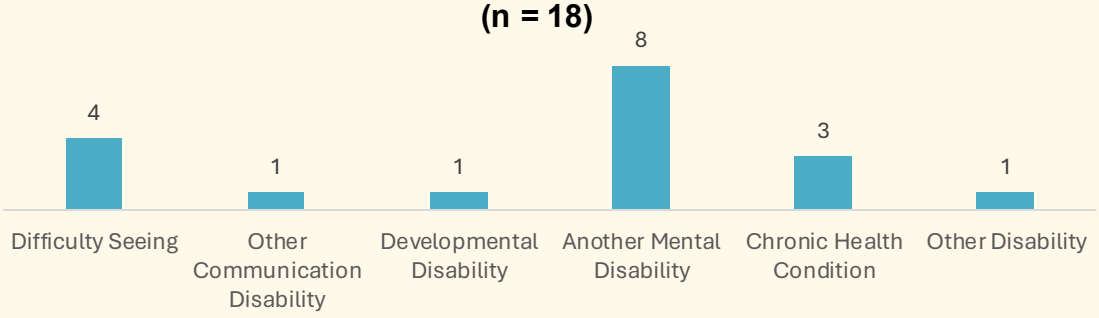
Bisexual	1%
Gay or Lesbian	0%
Heterosexual or Straight	98%
Queer	11%
Questioning or Unsure	0%
Another Sexual Orientation	0%

1 individual did not answer this question.

1% of individuals identified as veterans (n=143)

10% of individuals reported having one or more disabilities (n=143)

Disability* (n = 18)



*3 individuals reported more than one disability.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by MICOP program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Support Group	11
Training/ Workshop	1
TOTAL # of Activities/Events	**12**

245 participants in program activities[†]

es

100% of activities offered in Spanish

Program Outreach

Program outreach includes activities to promote the program in the community, increase awareness of mental health and link community members to mental health resources.

Program Outreach by Type	# Activities/ Events
Outreach	2
Presentation	1
TOTAL # of Activities/Events	3

280 people reached through outreach events

es

100% of outreach events conducted in Spanish

[†]Number of people reached may be duplicated because individuals could attend multiple activities/events.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Referrals

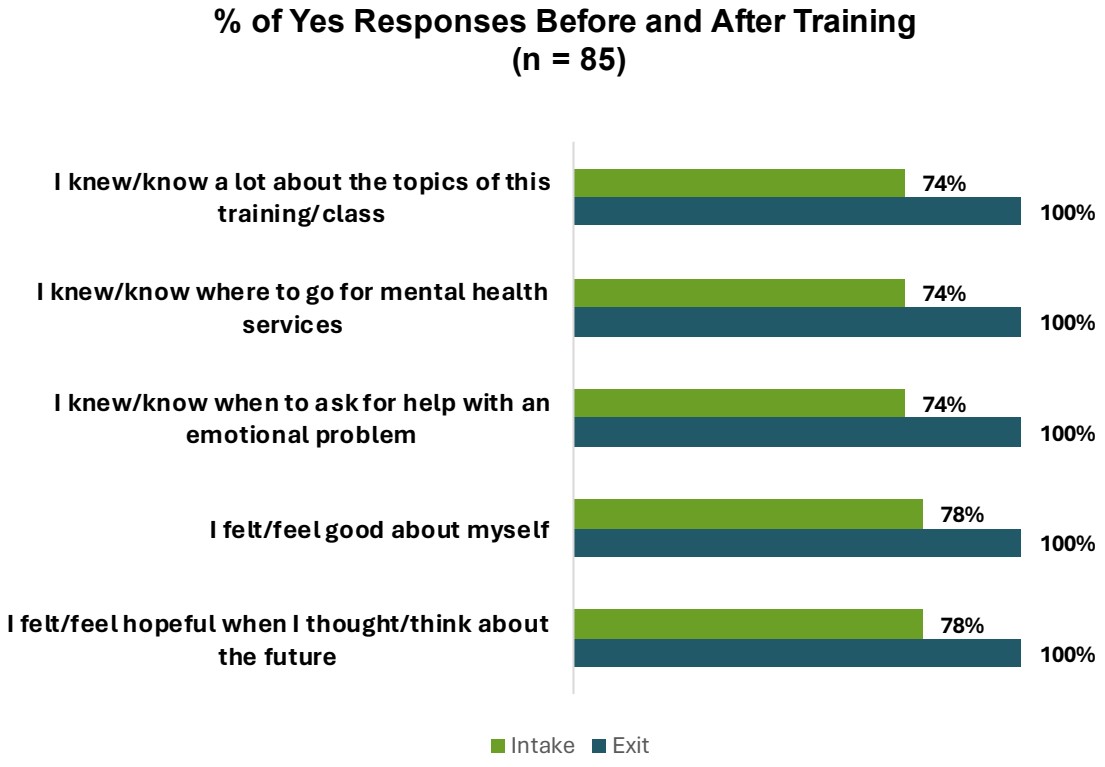
Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. All referral data highlighted represents 7 unduplicated individuals, who could be referred to multiple services.

143 individuals referred to mental health care

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Outcomes

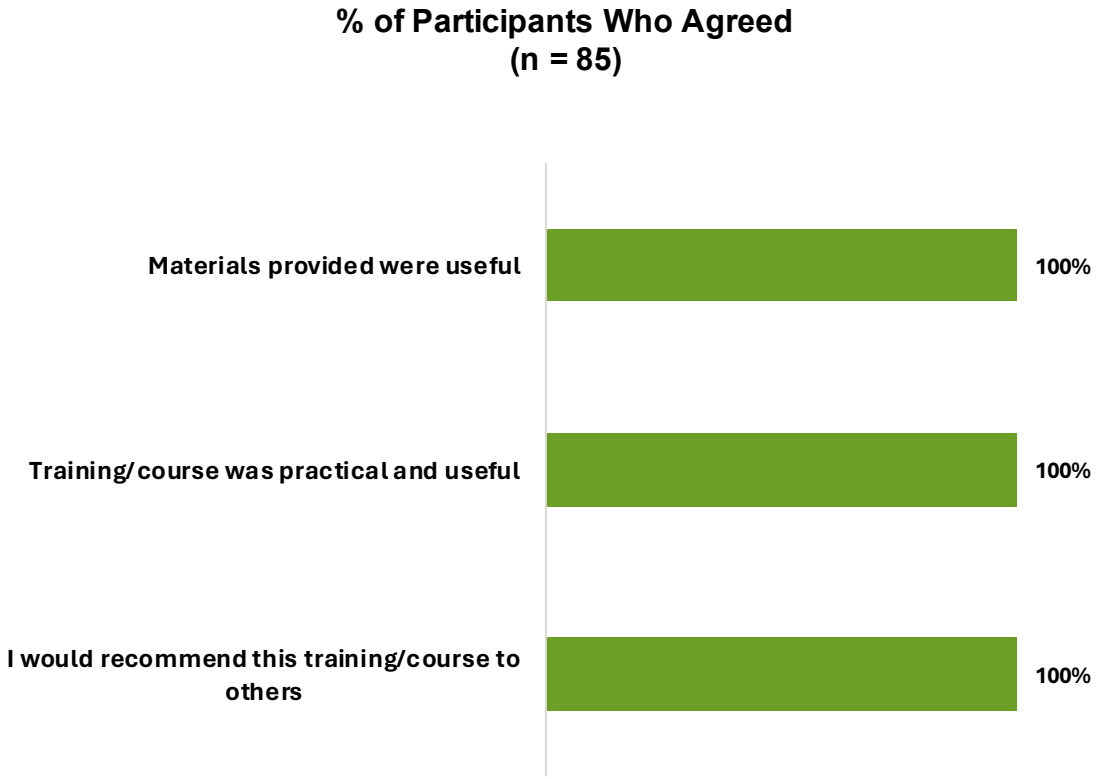
MICOP tracks program outcomes by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they receive services. Survey results are presented in the chart below.



MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Satisfaction

Participants of MICOP were asked to indicate the extent to which they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who strongly agreed or agreed with each statement.



Participants were highly satisfied with MICOP's program

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 82)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	0%
My grades in school	0%
My housing situation	0%
My job situation	1%
My relationships with friends and family	1%
My parenting	1%
Staying out of jail or prison	0%
My mental health	96%
Substance use	0%

Participants reported that the primary area of need was help with mental health.

*Percentages may exceed 100% because participants could choose more than one response option.

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Program Feedback

Participants who received program services from MICOP were asked to provide additional feedback through two open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this program?

(n = 72)

Top 3 Responses

- Mindful and wellness practices (29)
- Community connection and belonging (10)

What would make this program better?

(n = 27)

Top 2 Responses

- More in-person workshops (19)
- No recommendations (8)

Program Successes

"Participants shared that undergoing three treatments, rather than just one, has significantly improved their overall well-being. This extended session approach has enhanced their self-awareness and provided valuable insights into the various phases and challenges they've encountered in their lives."

"Full Moon Circles have been instrumental in fostering a safe space where women can come together to connect and share."

MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP)

Conclusion and Recommendations

MICOP is reaching the populations they seek to serve, with most participants identifying as Hispanic/Latino, female, reporting either Spanish or an Indigenous language as their primary language, and express interest in program support for their mental health.

All participants reported having more knowledge after receiving MICOP services than before. Additionally, participants were highly satisfied with the services they received. All participants indicated that they found the program useful and would recommend this program to others. A recommendation may be to increase the number of social support referrals (if needed by the individuals served).

Multi-Tiered System of Support (MTSS)

Ventura County Office of Education (VCOE)

Multi-Tiered System of Support (MTSS) is a comprehensive framework designed to align initiatives and resources within an educational organization, such as Ventura County Office of Education (VCOE), to identify and address student needs. MTSS aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change. VCOE has seven core activities they must implement county-wide. Among these include education and training for school personnel and students, family outreach and engagement, and ongoing technical assistance and contract monitoring for their contracted Local Educational Agencies (LEAs)/School Districts.

Program Strategies

Provides access and linkage to services for those with serious mental illness and serious emotional disturbance.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

PROGRAM HIGHLIGHTS[‡]

673 individuals received early intervention services[†]

10,784 individuals reached through outreach events[†]

[‡]This program did not provide referrals or demographic information.

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Activities

Program activities include meetings, training, and technical assistance facilitated by VCOE staff. Ventura County educators and other community members may participate in these activities or events.

VCOE Program Activities by Type	# Activities/ Events
Staff Trainings	24
Resilient Calm Learner Training	1
Youth Mental Health Conference	1
TOTAL # of Activities/Events	**26**

673

participants in program activities[†]

Additionally, VCOE established Memorandums of Understanding (MOUs) with the following 12 Local Educational Agencies (LEAs)/School Districts to implement MTSS at all their school sites.

- Conejo Valley Unified School District
- Fillmore Unified School District
- Hueneme Elementary School District
- Moorpark Unified School District
- Oak Park Unified School District
- Ojai Unified School District
- Oxnard Elementary School District
- Oxnard Union High School District
- Rio School District
- Santa Paula Unified School District
- Simi Valley Unified School District
- Ventura Unified School District

As part of these MOUs, VCOE is responsible for supporting contracted districts to provide multi-generational family engagement, outreach events, and trainings to enhance public understanding of mental health and to reduce mental health stigma and discrimination. Further, VCOE is required to ensure that contracted districts engage and train students on mental health awareness, services, occupations, and peer engagement strategies targeting at-risk populations. For additional information about these activities, please refer to the MTSS Final Evaluation Report for FY 2022–2023, which can be found in **Appendix C** at the end of this report.

[†]Number of individuals may be duplicated. Excludes Technical Assistance, Collaboration Meetings, and

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Outreach

Program outreach includes activities or events to promote services provided by VCOE to parents and members in the community to increase awareness of and linkages to mental health resources. These are in addition to events hosted by specific districts (summarized in the LEA program section of this report).

VCOE Program Outreach by Type	# Activities/ Events
Parent events	2
Student events	14
TOTAL # of Activities/Events	**16**

10,670

students engaged through outreach activities[†]

Staff/Student Trainings

One of the primary program activities conducted within MTSS, VCOE are staff/student trainings. These staff/student trainings included the following topics:

- **4** Crisis Intervention
- **3** Mental Health Resources and Referral Process
- **2** Restorative Justice
- **4** Suicide Awareness and Prevention
- **1** Trauma-Informed Practices
- **1** Resilient Calm Learner
- **2** Social-Emotional Learning
- **6** Vulnerable Populations
- **2** Mental Health Stigma Reduction

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Outcomes and Satisfaction

VCOE tracks outcomes by surveying participants following each training. For information about outcomes and satisfaction for each training conducted by VCOE please refer to the MTSS Final Evaluation Report for FY 2022–2023.

Program Feedback

The following quotes are highlights from surveys from VCOE staff training attendees.

"The content, stats, information, and resources to provide my students/ families is so important. Thank you for this presentation!"

"The most helpful thing I learned is how, as a counselor, you should never tell a student how to feel, but instead ask them how they feel and process that."

"Thank you for the list of resources given and the lesson plans are a plus!! Thank you so much for offering this topic."

Conclusion

VCOE is meeting their goal to implement MTSS at Local Educational Agencies throughout Ventura County while aligning with relevant PEI strategies to provide access and linkage to services, improve timely access to services, and reduce stigma and discrimination of mental health.

The appended MTSS Final Evaluation Report for FY 2022–2023 shows positive outcomes and feedback for all training conducted by VCOE.

Multi-Tiered System of Support (MTSS)

Local Educational Agency (LEA)

Multi-Tiered System of Support (MTSS) is a comprehensive framework designed to align initiatives and resources within an educational organization, such as school districts, to identify and address student needs. MTSS aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change. Each contracted Local Educational Agency (LEA)/School District has five core activities they must implement county-wide. Among these include mental health screenings and referrals for students, education and training for school personnel and students, and family outreach and engagement.

Program Strategies

Provides access and linkage to services for high-risk mental health populations.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

PROGRAM HIGHLIGHTS‡

202,792 individuals received early intervention services†

186,035 referrals to mental health care and/or social support services†

‡This program did not provide demographic information.

†Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Program Activities

LEA MTSS activities include staff and student trainings, family engagement activities, and early intervention services facilitated by district/school staff. Staff, students, and other community members (including families) may participate in these activities or events.

LEA Program Activities by Type	# Activities/ Events
Staff/Student Trainings	1,617
Family Engagement Events	335
	# Individuals Reached
School-based Individual Services	177,781
School-based Group Services	25,011
Other	184,645

131,493 participants in staff/student trainings†

For additional information about these activities please refer to the MTSS Final Evaluation Report for FY 2022–2023 in **Appendix C**.

Program Referrals

Program referrals include those made to school-based group or individual therapy, community-based mental health services, and/or other support services as needed. Contracted school districts conducted 33,846 screenings of students' social, educational, and mental health needs. Referral data presented below may be duplicated.

1,390 individuals referred to mental health care†

184,645 individuals referred to social supports†

2,067 students and families linked to services

3,520 students identified as at-risk

56 calls to the VCBH Crisis Team

266 safety plans developed

† Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Program Outcomes, Satisfaction, and Feedback

LEA tracks outcomes by surveying participants following each training. For information about outcomes, satisfaction, and feedback on training, please refer to the MTSS Final Evaluation Report for FY 2022–2023.

Conclusion and Recommendations

Contracted LEAs in Ventura County are meeting their goals of performing early identification through screenings and referrals, training educators and students in school districts throughout Ventura County, educating families, and providing early intervention services.

Post-training survey outcomes indicate that after participating in training sessions, staff and family participants are more knowledgeable about mental health and more confident in their ability to support youth.

Like the recommendations for MTSS, VCOE, continuing to refine process data collection procedures may be an area for future improvement. There was some inconsistency in the kinds of screenings, referrals, and activities that were logged across districts. Additional guidance on how to classify screenings, referrals, intervention activities, and training could further improve data quality and assessment of trends.

Network Extention Grants Program

Ventura County Behavioral Health (VCBH)

The Network Extension Grants Program (NEGP) was designed to provide financial support to time-limited, community-based projects or programs promoting wellness among Ventura County residents. The NEGP originated from recognizing that many Ventura County residents receive wellness support through their natural networks of family, friends, faith, and community groups rather than accessing local government for mental health services. The long-term goal of this program is the development of more non-traditional, local approaches to wellness in Ventura County.

Program Criteria

New projects/programs supporting un- and underserved populations or regions with prevalent health disparities

Application of new, peer-based approaches to community wellness including:

1) meaningful input from community members in project/program development
2) promotion of individual empowerment, resiliency, and self-determination for participants

Program Highlights

23 grants awarded

Ventura County Behavioral Health (VCBH)

NEGP grantees along with the project/program start and end dates are presented in the chart below.

Grantee	Activity Timeline	
	FY 2022-23	FY 2023-24
Ventura County Clergy and Laity United for Economic Justice		
Autism Society Ventura County		
Big Brothers Big Sisters of Ventura County		
Candela Group		
LUCHA (Fiscal Agent for Poder Popular)		
NAMBA Performing Arts Space In. and Rock and Roll High		
Nate's Place a Wellness and Recovery Center		
National Health Foundation (Fiscal Agent for FIND)		
Nyeland Promise		
Santa Paula Town Hall - Adelante		
The Elite Theater Company		
Two Trees Community, Inc. Community Outreach Center		
Women of Substance & Men of Honor		
Amplify Arts Project Girls Rock SB		
Boys & Girls Clubs of Greater Oxnard and Port Hueneme		
Childhood Matters		
De Colores Multicultural Folk Arts, Inc.		
Mesa Independent Living		
No Limits Theater Group Inc., DBA No Limits for Deaf Children and Families		
Open Door Studio		
Oxnard Performing Arts Center Corporation (OPAC)		
Ventura County Family Justice Center Foundation		
Westminster Free Clinic		

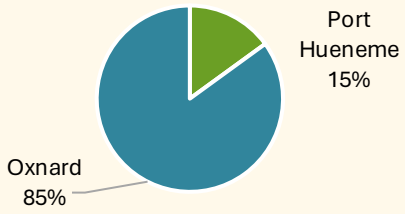
Ventura County Clergy and Laity United for Economic Justice (CLUE-VC)

NEGP grantees piloted community engagement events or programs using non-traditional approaches to wellness. During FY 2022-2023, Ventura County Clergy and Laity United for Economic Justice (CLUE-VC) engaged 37 organizations to host a mental health and family wellness-focused resource fair, "Swap Meet Justice", at Oxnard College reaching approximately 600 Hispanic/Latinos, immigrants, farm worker families, and monolingual Spanish- and Mixteco-speakers. Five workshops were also offered to participants covering topics like stress relief, early signs of mental illness, diabetes prevention, and first aid.

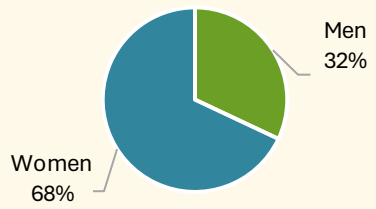
Demographic Data

Participants in NEGP projects provided some demographic information. This information is presented below.

City of Residence (n = 20)



Gender Identity (n = 25)



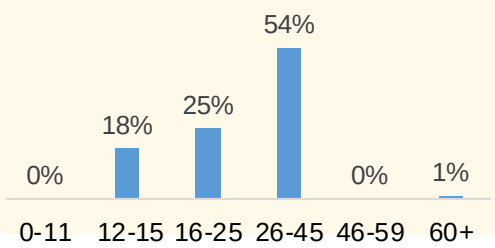
Race (n = 29)

100% of individuals identified as Hispanic/Latino

Ethnicity (n = 27)

100% of individuals identified as Mexican/Mexican American/Chicano

Age Groups (n = 28)



Primary Language (n = 29)

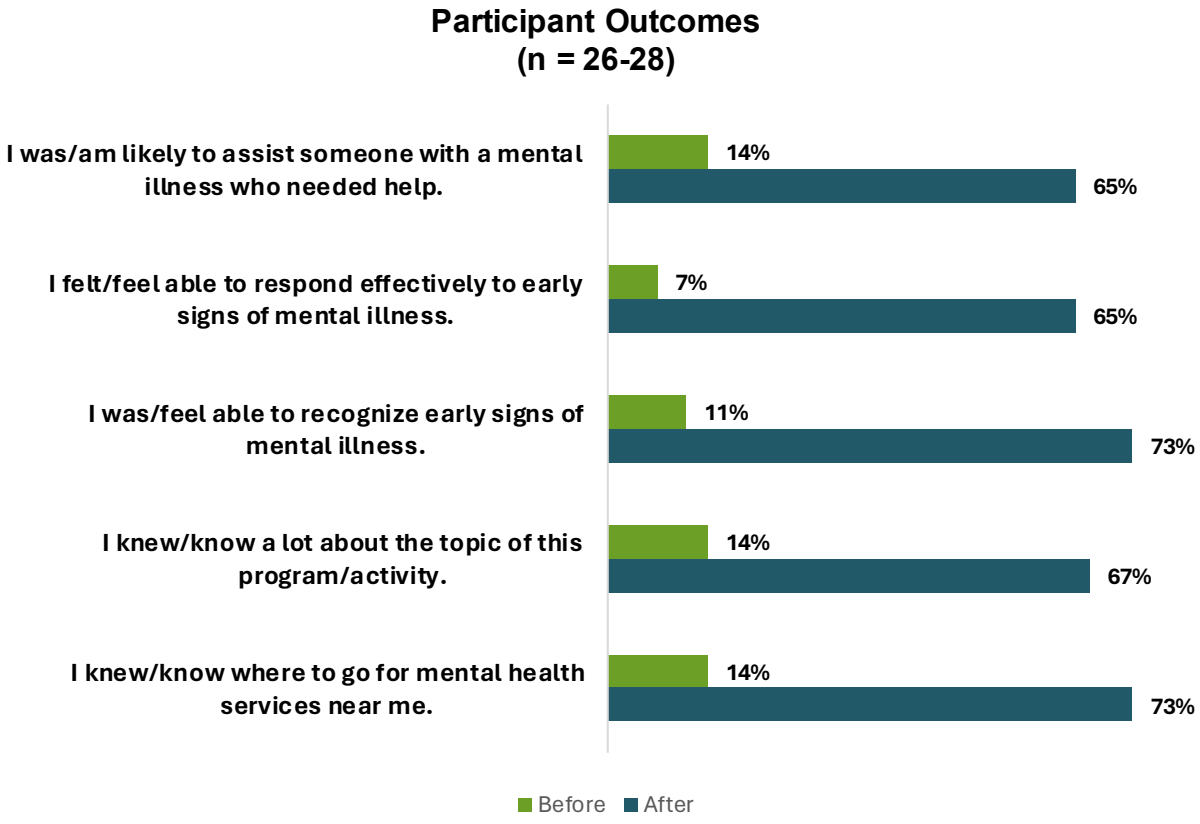
Spanish 62%
English 17%
Indigenous 58%

NETWORK EXTENSION GRANTS PROGRAM

Ventura County Clergy and Laity United for Economic Justice (CLUE-VC)

Program Outcomes

NEGP grantees tracked outcomes for program participants by asking them to self-assess their knowledge from two perspectives (retrospective pre/post): before and after participating in mental health and family wellness workshops. Survey results are presented in the chart below.

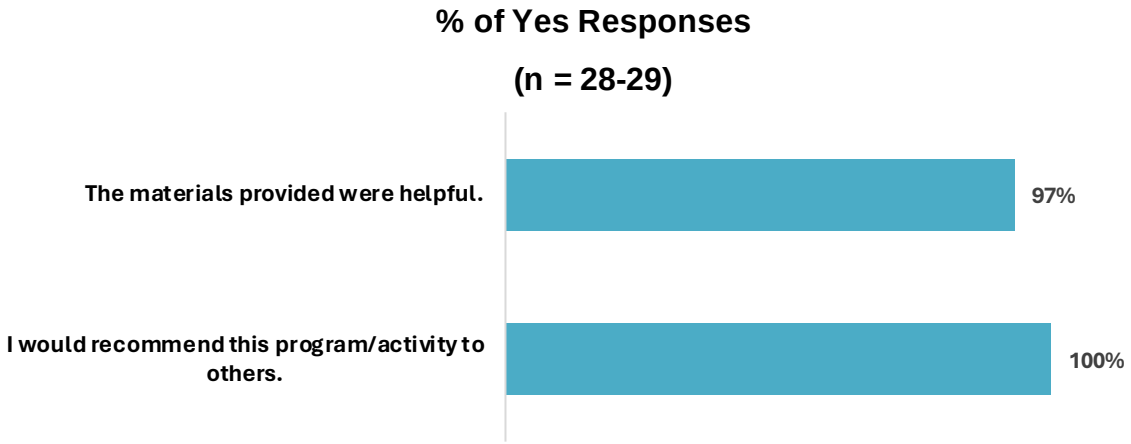


NETWORK EXTENSION GRANTS PROGRAM

Ventura County Clergy and Laity United for Economic Justice (CLUE-VC)

Program Satisfaction and Feedback

Participants in NEGP projects were asked about their satisfaction with the services received and to share additional feedback about the programs. Responses to these questions are presented below. For the open-ended question, comments were grouped by theme and presented along with the number of responses for each category (shown in parentheses).



What was most helpful about this program?

(n = 28)

- Stress Management Techniques (8)
- Choking Prevention/First Aid for Children (6)
- Diabetes Prevention (10)
- Mental Health Information (6)

Conclusion and Recommendations

NEGP recipient CLUE-VC's mental health and family wellness-themed resource fair, "Swap Meet Justice", reached the populations they sought to serve, with all survey participants identifying as Hispanic/Latino. Post-event survey outcomes indicate that most participants were more knowledgeable about mental illness and mental health resources. Additionally, participants were highly satisfied with the program and services received, with 100% of individuals stating they would recommend this program to others. An area of future improvement may be increasing the number of completed outcome surveys to better highlight the program's impact.

One Step A La Vez

One Step a La Vez (OSALV) serves multiple populations including the Latino/a community in Fillmore, Piru, and Santa Paula, Youth and Transitional Age Youth (TAY) ages 13–25, LGBTQ+ youth, youth in the juvenile justice system, and youth and TAY who are homeless or at risk of homelessness. One Step a La Vez offers a drop-in center for mental health resources, wraparound support, youth leadership activities, LGBTQ+ support groups, and classes on topics related to stress, coping, and wellness.

Program Strategies

Improves timely access and linkages to services for underserved populations by reaching youth, TAY, and Latinos/as who might not otherwise get help.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and LGBTQ+-sensitive services, workshops, and presentations.

Program Highlights

110 individuals received core program services

114 individuals referred to mental health care and/or social support services†

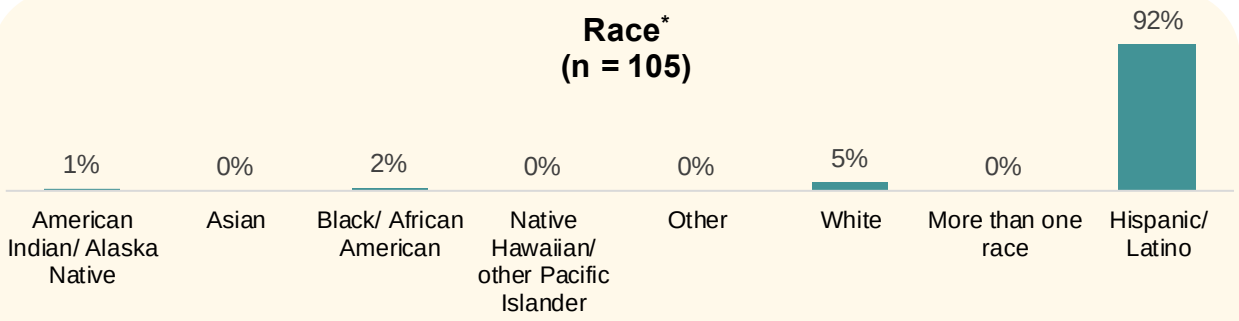
810 individuals reached through outreach events†

†Number of individuals may be duplicated.

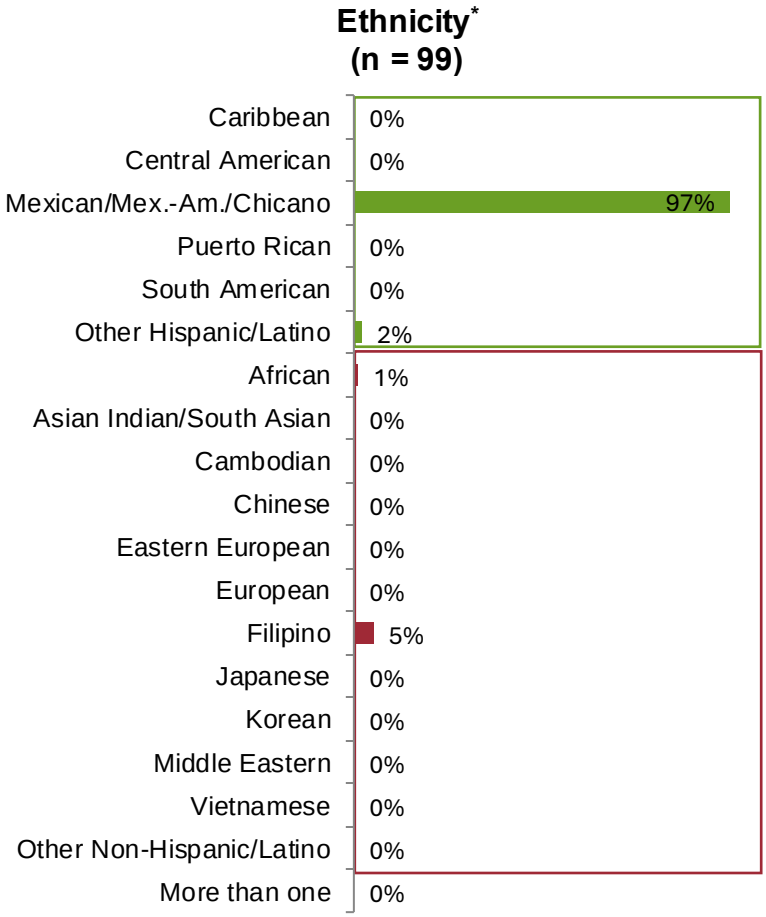
ONE STEP A LA VEZ

Demographic Data

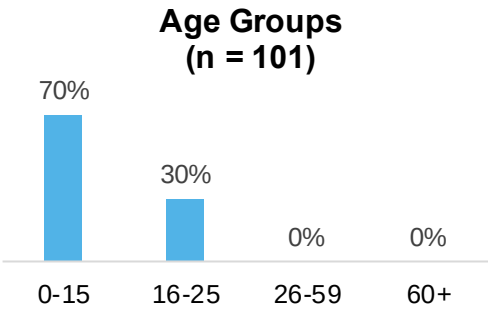
One Step a La Vez collects unduplicated demographic data from the individuals they serve. Data in this section represents information from individuals who completed a demographic form.



3 individuals did not answer this question, and 3 individuals selected "decline to answer"



7 individuals did not answer this question, and 5 selected "decline to answer"



8 individuals did not answer this question, and 2 selected "decline to answer"

Primary Language*
(n = 113)

Mixteco 1%

Spanish 49%

English 50%

7 individuals did not answer this question; and 2 selected "decline to answer."

*Percentages may exceed 100% because participants could choose more than one response option.

ONE STEP A LA VEZ

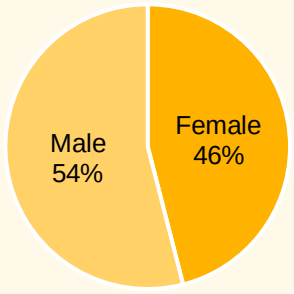
Demographic Data

Current Gender Identity (n = 109)

Female	46%
Male	52%
Transgender	1%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	1%

1 individual did not answer this question, and one selected "decline to answer"

Sex Assigned at Birth (n = 100)



9 individuals did not answer this question, and 2 selected "decline to answer"

Sexual Orientation (n = 97)

Bisexual	8%
Gay or Lesbian	0%
Heterosexual or Straight	86%
Queer	3%
Questioning or Unsure	2%
Another Sexual Orientation	1%

8 individuals did not answer this question, and 6 selected "decline to answer"

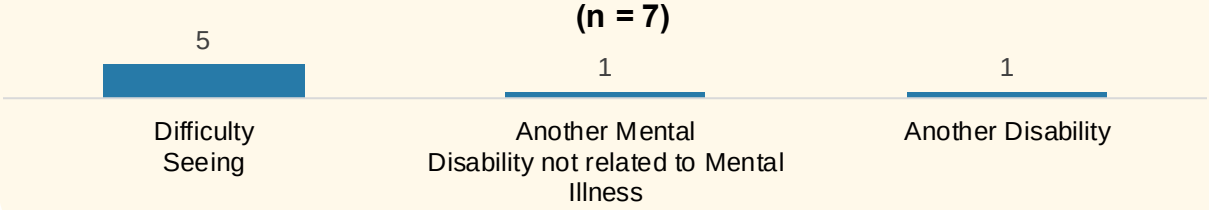
0% individuals identified as veterans

n = 107; 2 individuals did not answer this question, and 2 selected "decline to answer

9% of individuals reported having one or more disabilities

n = 101; 8 individuals did not answer this question, and 2 selected "decline to answer"

Disability* (n = 7)



*Percentages/counts may exceed 100%/number of individuals because participants could choose more than one response option.

ONE STEP A LA VEZ

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by One Step a La Vez program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	#Activities/ Events
One Step Center	90
Class	80
Support Group	10
Meeting	4
Training/Workshop	2
Drop-in Program	1
TOTAL # of Activities/Events	**187**

5779 participants in program activities†

es

43% of activities offered in Spanish

Program Outreach

Program outreach includes activities to promote One Step a La Vez in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Interagency Meeting	19
Outreach	1
TOTAL # of Activities/Events	**20**

810 people reached through outreach events†

es

30% of outreach events offered in Spanish

†Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

ONE STEP A LA VEZ

Program Referrals

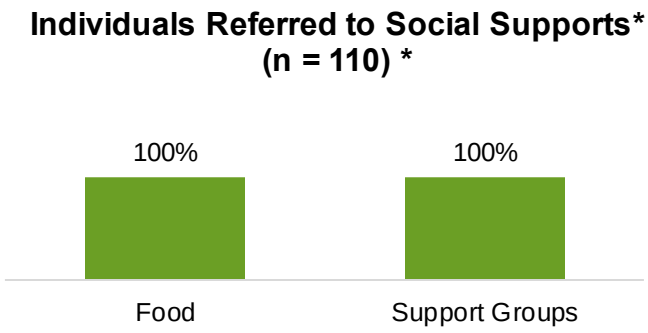
Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. One Step a La Vez also makes referrals to social support such as food, housing, health insurance, and other support services. Referral data highlighted represents 110 unduplicated individuals. The top three social support referrals provided are presented in the chart below.

110 total social support referrals provided

110 individuals referred to one or more social supports

4 individuals referred to mental health care

4 individuals encouraged to access and follow through with services via transportation/bus tokens and reminder calls

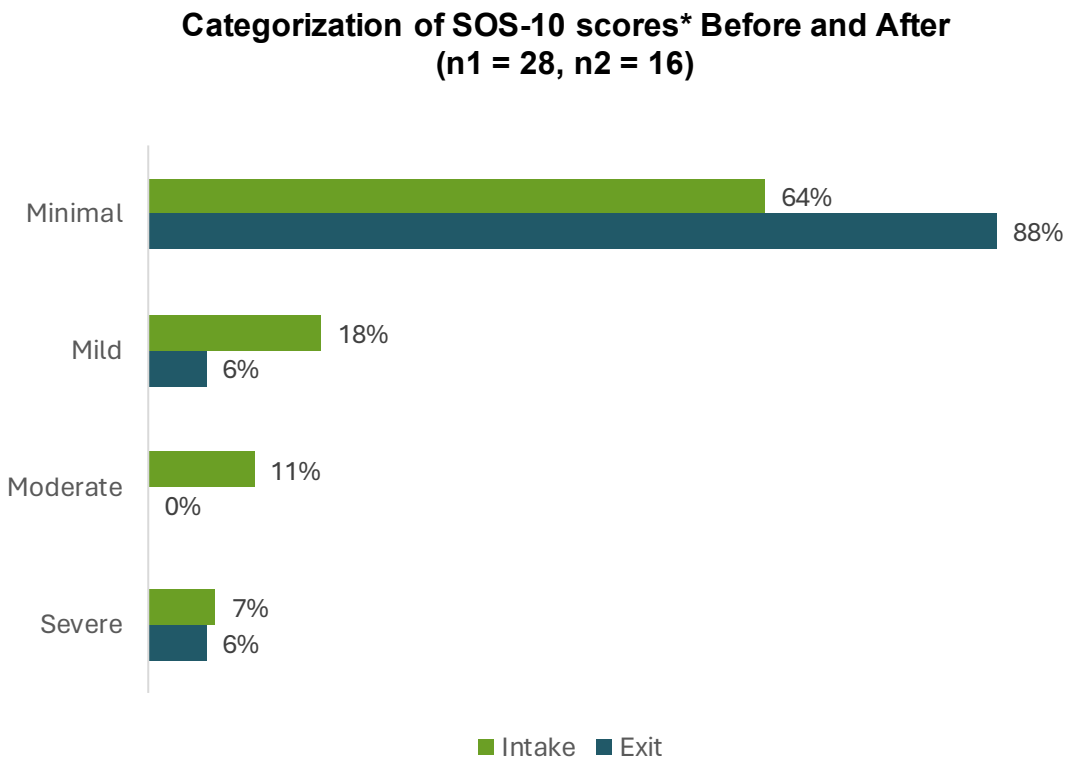


*Percentages/counts may exceed 100% because participants could be referred to multiple services.

ONE STEP A LA VEZ

Program Outcomes

One Step a La Vez tracks outcomes for program participants (e.g., individuals who attend the drop-in center) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/ lower levels of distress. Results from the participants surveyed are presented in the figure below.



Average SOS-10 scores went from 43.9 at intake to 50.8 at exit.

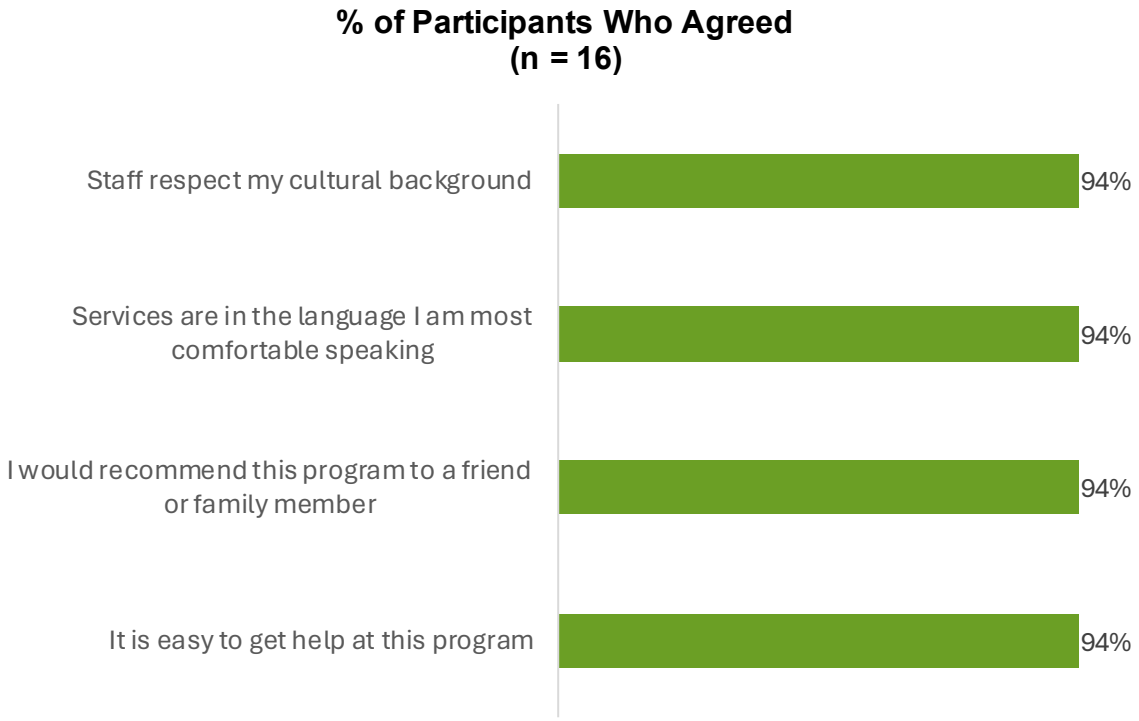
Majority of participants (69%) have been receiving services from OSALV for more than 7 months.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

ONE STEP A LA VEZ

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with OSALV. The percentages of participants who agreed or strongly agreed with each statement are shown below.



Most participants were completely satisfied with OSALV's program and staff.

ONE STEP A LA VEZ

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 16)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	50%
My grades in school	69%
My housing situation	13%
My job situation	0%
My relationships with friends and family	31%
My parenting	0%
Staying out of jail or prison	6%
My mental health	25%
Substance use	6%

Participants reported that the primary area of need was help with their grades in school. Help with school attendance and relationships with friends and family also were indicated as areas needing support.

*Percentages may exceed 100% because participants could choose more than one response option.

ONE STEP A LA VEZ

Program Feedback

Individuals who received services from One Step a La Vez were asked to provide additional feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 14)

Top 3 Responses

- Information and resources (6)
- Community connection and belonging (3)
- Supportive and empathetic staff (2)

What are your recommendations for improvement?

(n = 14)

The top recommendation was to diversify activities (e.g., fieldtrips, games)

Most participants reported that they had no suggestions for improvement.

Program Successes

"We've experienced a consistent presence of dedicated youth volunteers during Foodshare Days. This commitment doesn't stem from any external institution's requirement; rather, it reflects their genuine willingness to support the OSALV center. They arrive and assume their roles with minimal supervision, stay until the end of the program day, assisting in cleaning and resetting the center to its original setup."

"Seven youths graduated from Fillmore High School, and one of them was awarded a scholarship, which the One Step staff assisted with during the application process."

ONE STEP A LA VEZ

Conclusion and Recommendations

One Step a La Vez continued to reach the populations they seek to serve, with most participants identifying as children and youth Latino/as. Additionally, every person who was referred to a social support service was linked to food services and support groups, suggesting that One Step a La Vez is working to meet clients' social and emotional needs.

Most participants who completed the outcome surveys indicated only minimal levels of distress after receiving services through One Step a La Vez. An area of future improvement may include increasing efforts to obtain baseline surveys from clients. Overall, participants surveyed expressed complete satisfaction with the program services and staff

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Ventura County Area Agency on Aging (VCAAA)

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based case management program for seniors that teaches participants the necessary skills to move forward and make positive changes. PEARLS provides eight sessions over 12 weeks, covering three behavioral approaches to depression management: (1) teaches participants to recognize symptoms of depression and understand the link between unsolved problems and depression, (2) helps participants meet recommended levels of social and physical activity, and (3) helps participants identify and participate in personally pleasurable activities. In addition to the sessions and follow-up phone calls, PEARLS makes assessments to ensure that other potential factors contributing to depression, such as chronic medical conditions, are adequately treated.

**Some sessions are currently conducted via porch visits and telephonically due to the COVID pandemic for the safety of participants and staff.*

Program Strategies

Provides access and linkage to services for older adults by conducting outreach.

Provides access and linkage to services for older adults by conducting outreach.

Improves timely access to services for underserved populations (older adults) who might not otherwise get help.

Program Highlights

184 individuals received core program services

12 individuals referred to mental health care and/or social support services

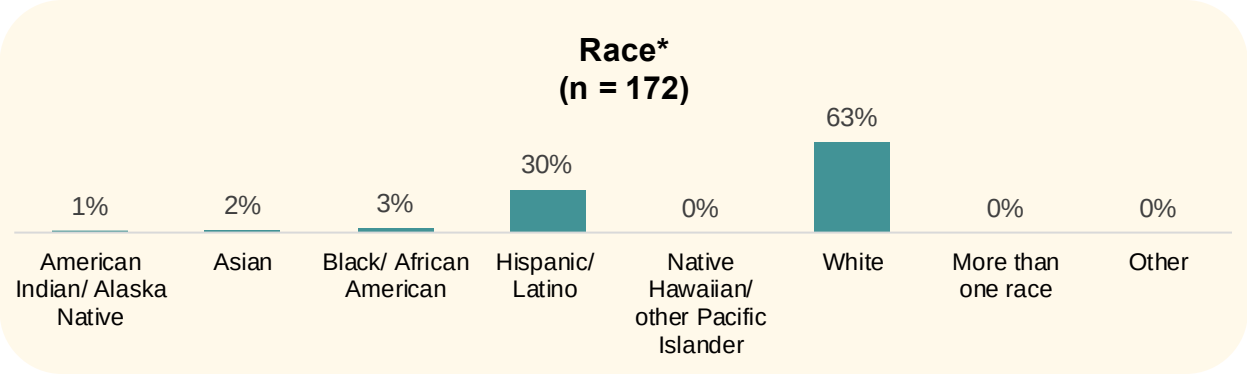
5635 individuals reached through outreach events†

†Number of individuals may be duplicated.

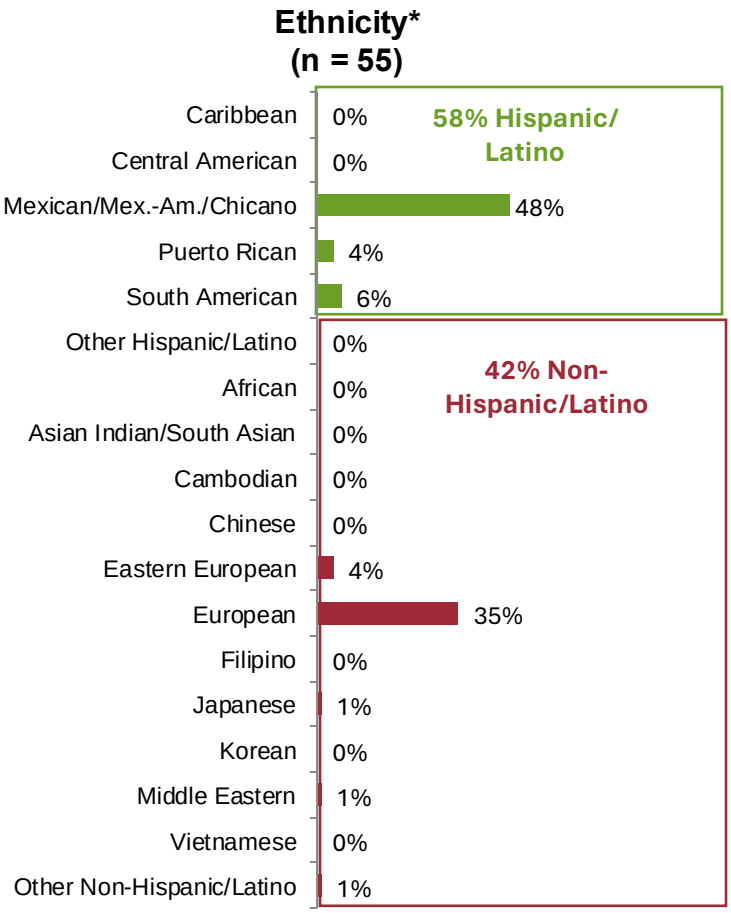
PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

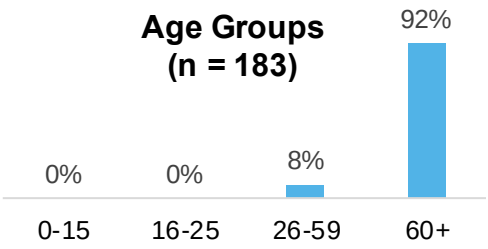
Demographic Data

VCAAA collects unduplicated demographic data from the individuals they serve. Data in this section represents demographic information provided by 184 individuals served in the PEARLS program.



13 individuals selected "decline to answer."





1 individual did not answer this question.

Primary Language
(n = 184)

English 78%
Spanish 20%
Other 2%

45 individuals did not answer this question, and 84 selected "decline to answer."

*Percentages may exceed 100% because participants could choose more than one response option.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

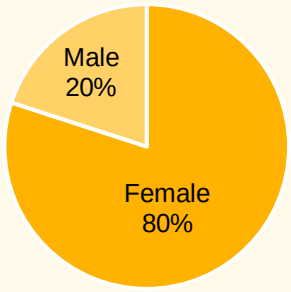
Demographic Data

Current Gender Identity (n = 181)

Female	80%
Male	20%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

3 individuals selected "decline to answer."

Sex Assigned at Birth (n = 175)



3 individuals did not answer this question, and 7 selected "decline to answer."

Sexual Orientation (n = 168)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	99%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

2 individuals did not answer the question, and 14 selected "decline to answer."

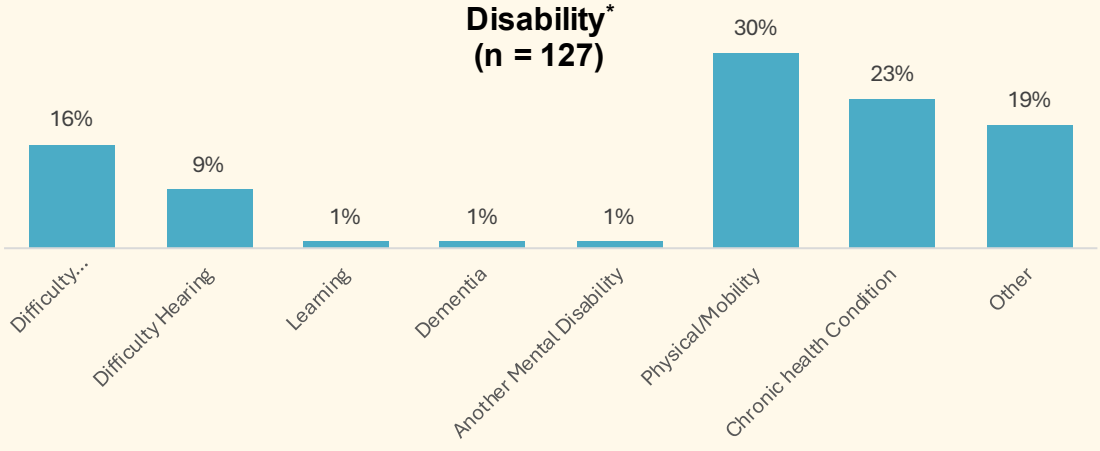
6% of individuals identified as veterans

n = 179; 2 individuals selected "decline to answer."

71% of individuals reported having one or more disabilities

n =178; 5 selected "decline to answer."

Disability* (n = 127)



*Percentages may exceed 100% because participants could choose more than one response option.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Activities

Program activities include training and workshops facilitated by VCAAA program staff.

es

19% of program activities offered in Spanish

186 participants in program activities

Program Outreach

Program outreach includes activities to promote PEARLS in the community, increase awareness of mental health, and link community members to mental health resources.

Program Outreach by Type	# Activities/ Events
Other	16
Outreach	7
Community Fair or Event	1
TOTAL # of Activities/Events	**24**

5635 people reached through outreach events†

es

96% of outreach events offered in Spanish

†Number of people reached may be duplicated because individuals could attend multiple events.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. Individuals could be referred to multiple services.

12 individuals referred to mental health care

1 individual referred to one or more social supports

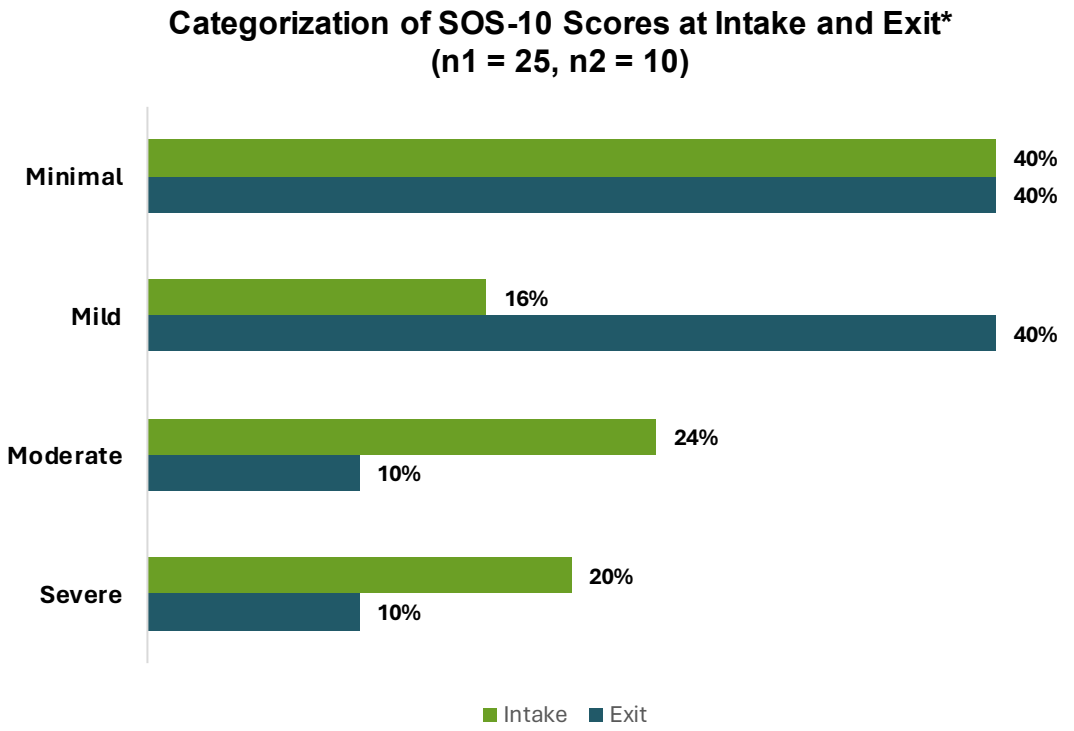
1 total social support referrals provided

12 individuals encouraged to access and follow through with services via reminder calls

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Outcomes

PEARLS/VCAAA tracks outcomes by surveying participants who receive services offered by the organization. Participant outcomes are assessed at two time points (intake and exit) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Comparisons of intake and exit scores are presented in the chart below.



The average SOS-10 score was 34.1 at intake and 38.9 at exit, suggesting greater psychological well-being/lower levels of distress after receiving services.

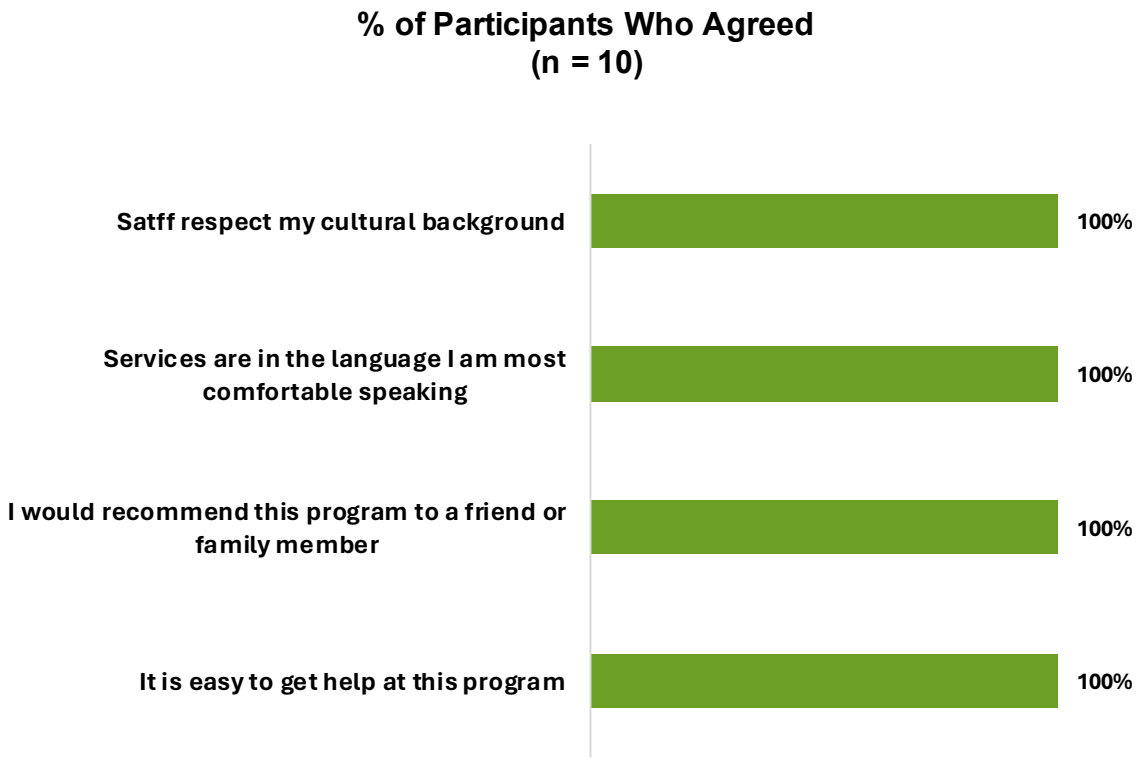
Half of participants reported that they have been receiving services from PEARLS/VCAAA for less than 3 months.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with PEARLS/VCAAA program and services. The percentages of participants who agreed or strongly agreed with each statement is shown in the chart below.



All participants were highly satisfied with PEARLS' program and staff.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in that area.

% of Participants Who Need Support*
(n = 10)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	0%
My grades in school	0%
My housing situation	30%
My job situation	10%
My relationships with friends and family	70%
My parenting	1%
Staying out of jail or prison	0%
My mental health	90%
Substance use	0%

Participants reported that the two primary areas of need were help with (1) mental health and (2) relationships with friends and family.

*Percentages may exceed 100% because participants could choose more than one response option.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Feedback

Participants in PEARLS/VCAAA services were asked to provide additional feedback through two open-ended questions. Their comments were grouped by theme, and the top responses are presented below. (The number of people who commented on each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 10)

Top 3 Responses

- Supportive and emphatic staff (8)
- Interpersonal skills (2)
- Information and resources (1)

What was most helpful about this

What would make this program better?

(n = 10)

Top Response

- Increase counseling time and follow-up (5)

Nearly half of respondents indicated that no improvements are necessary (n = 4).

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Conclusion and Recommendations

PEARLS/VCAAA is reaching the population they seek to serve, with the majority of participants identifying as older adults. On average, participants reported greater psychological well-being after receiving services compared to before, which is an indication of PEARL's positive program outcomes. Additionally, participants were highly satisfied with the program and services received, with 100% of individuals stating they would recommend this program to others.

An area of future improvement could be to increase the number of referrals to mental health and/or social support services. Additionally, staff members are encouraged to log and share program success stories to help showcase the positive impact of the program and highlight individual and team achievements.

Project Esperanza

Our Lady of Guadalupe Parish

Project Esperanza, held at Our Lady of Guadalupe Church, is a primary community resource that provides education, sports, and cultural preservation in the Santa Paula area. Project Esperanza serves the Hispanic/Latino community and other underserved populations regardless of race, social status, immigration status, or religious and cultural beliefs. Project Esperanza offers free mental health literacy workshops in partnership with local mental health practitioners and advocates, targeting parents of children enrolled in after-school programs. Educational classes explore a variety of topics on mental health each month including mental health stigma, wellness, technology and mental health, cyberbullying and self-esteem, anxiety and depression, self-injurious behavior, suicide prevention, children's mental health, and women's and men's mental health. All educational activities focus on prevention, knowledge building, and stigma reduction.

Program Strategies

Improves timely access and linkages to services for underserved populations, including the Hispanic/Latino population, who might not otherwise get help.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent services, workshops, and presentations.

Program Highlights

110 individuals received core program services

13 individuals referred to mental health care and/or social support services†

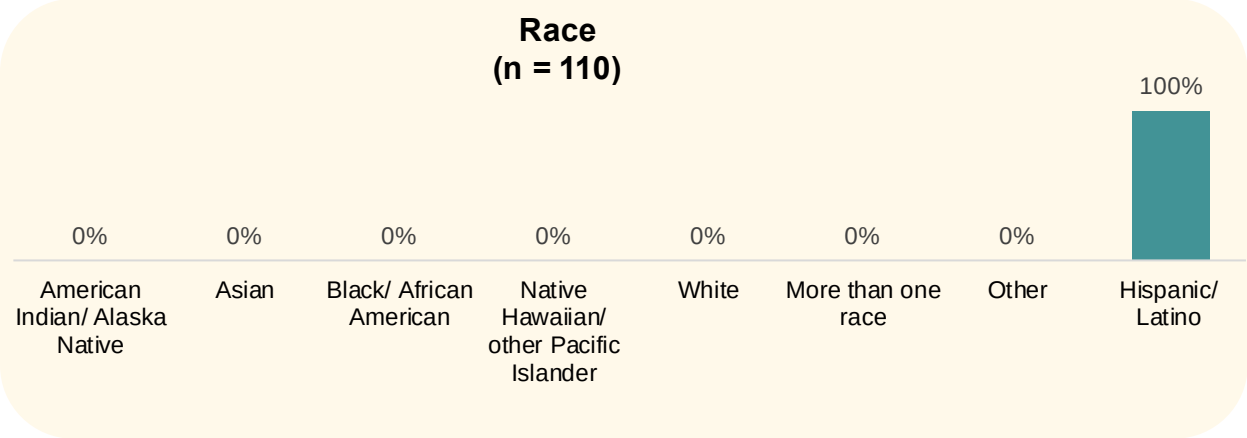
6525 individuals reached through outreach events†

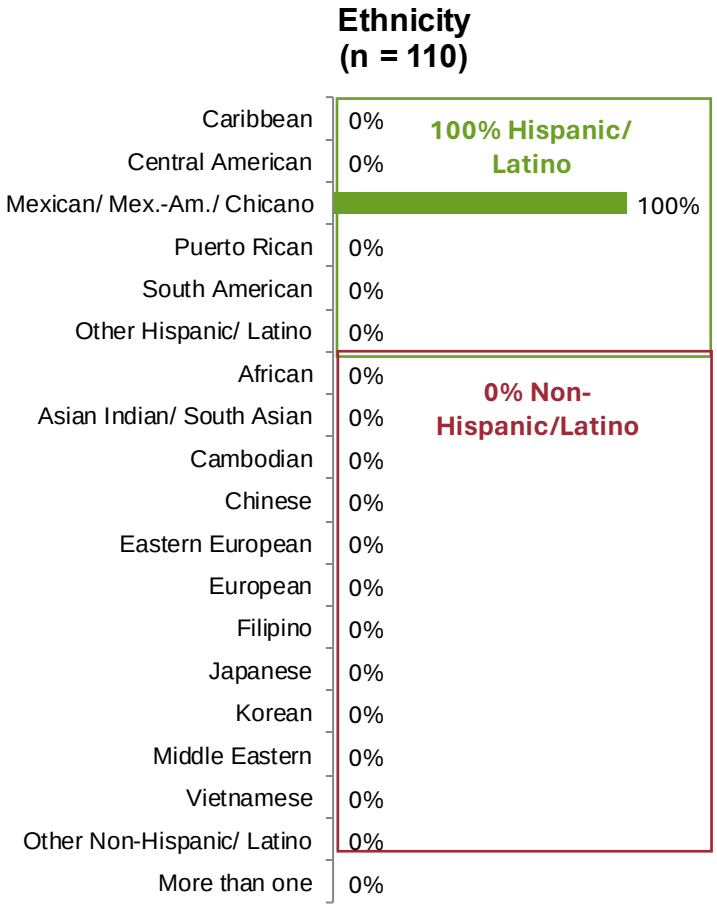
†Number of individuals may be duplicated.

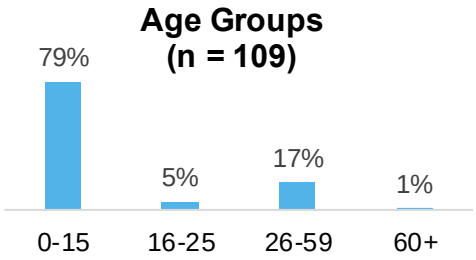
PROJECT ESPERANZA

Demographic Data

Project Esperanza collects unduplicated demographic data from individuals they serve. Data in this section represents information provided by individuals who received services and completed a demographic form.







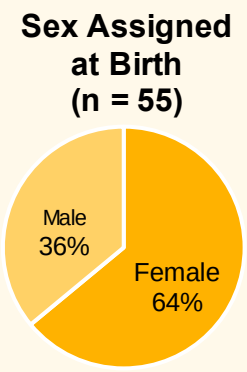
Primary Language
(n = 110)

English 0%

Spanish 100%

PROJECT ESPERANZA

Demographic Data



55 individuals did not answer this question; none selected “decline to answer.”

No individuals identified as veterans

n = 110

No individuals reported having one or more disabilities

n = 110

PROJECT ESPERANZA

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by Project Esperanza program staff. Program participants and other community members may participate in these activities or events.

Program Activities by Type	# Activities/ Events
Class	230
Training/Workshop	18
TOTAL # of Activities/Events	248

3110 participants in program activities†

99% of program activities offered in Spanish

Program Outreach

Program outreach includes activities to promote Project Esperanza in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Outreach	10
Presentation	4
Meeting	2
Electronic/Online	1
Workshop	1
Community Fair or Event	1
Other	1
TOTAL # of Activities/Events	20

6525 people reached through outreach events†

2440 materials distributed

95% of outreach events offered in Spanish

†Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

PROJECT ESPERANZA

Program Referrals

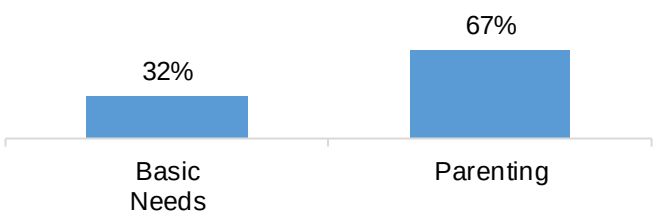
Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals were also made to social supports such as food, housing, health insurance, and other support services. Referral data highlighted represents 219 unduplicated individuals. The top four social support referrals provided are presented in the chart below.

13 individuals referred to mental health care

18 individuals referred to one or more social supports

21 total social support referrals provided

13 individuals encouraged to access and follow through with services via reminder

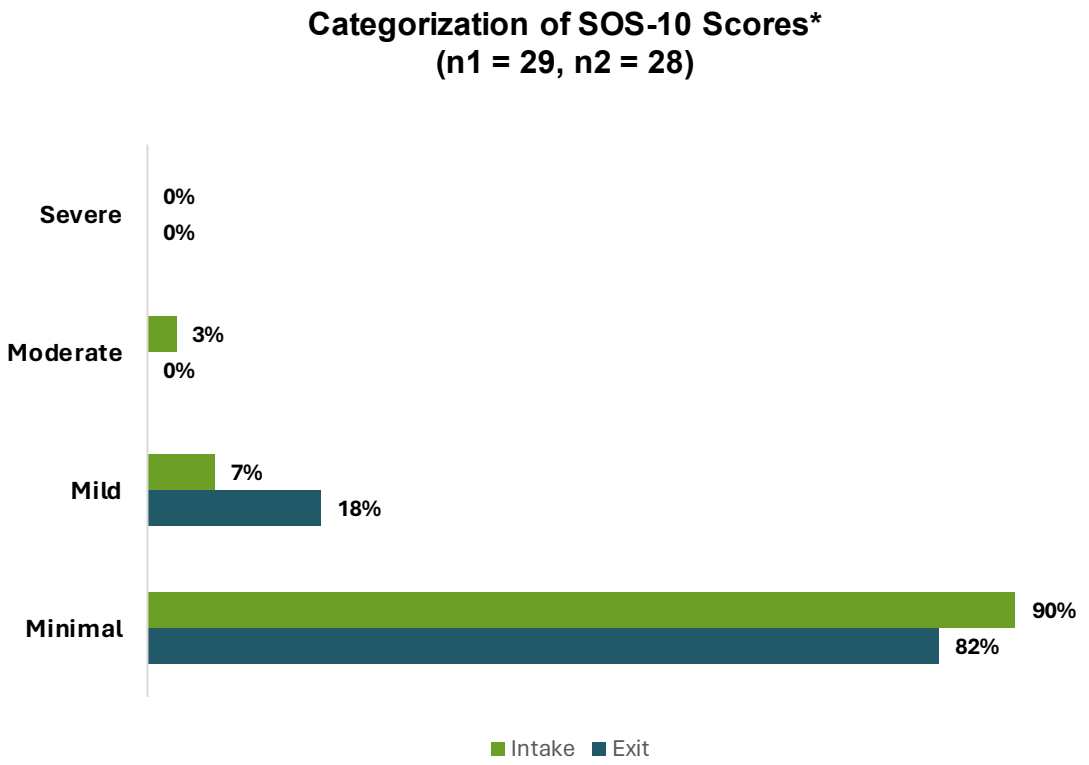


*Percentages may exceed 100% because individuals could be referred to multiple services.

PROJECT ESPERANZA

Program Outcomes

Project Esperanza tracks outcomes for program participants and trainees who receive services offered by the organization using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Results from the participants surveyed before and after the program are presented in the figure below.



Most participants reported experiencing minimal levels of distress with the average SOS score of 52.0 at exit.

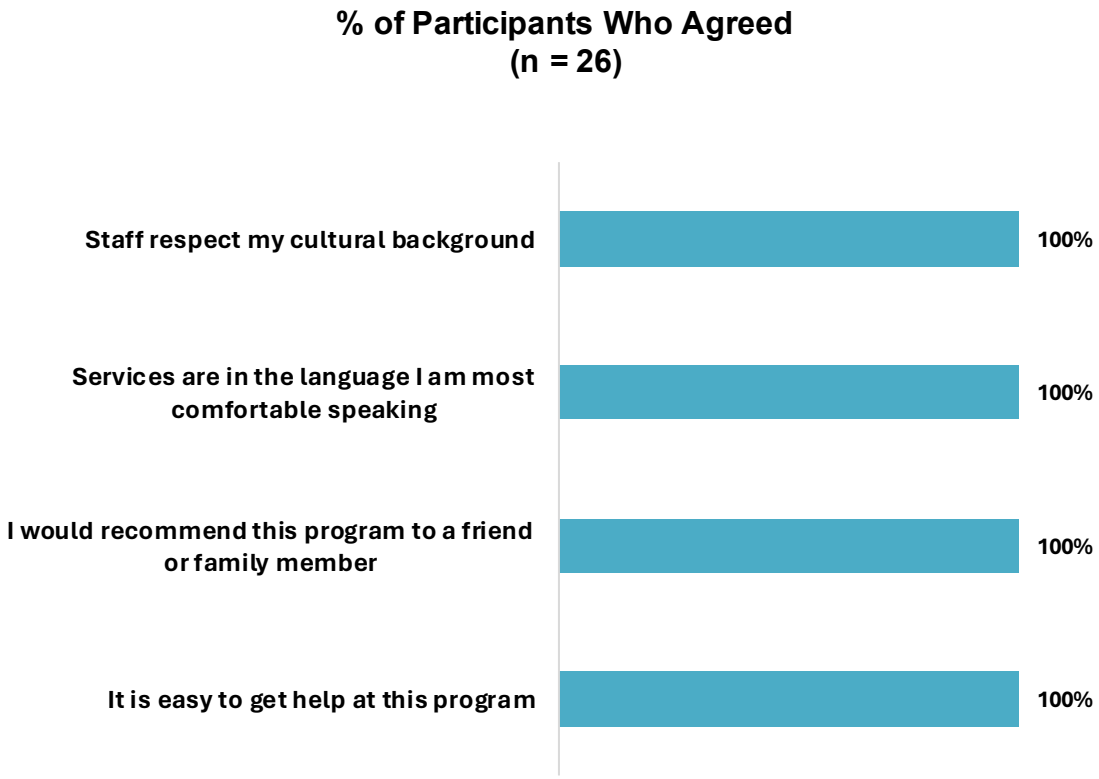
One third of participants (29%) have been receiving services from Project Esperanza for more than a year.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

PROJECT ESPERANZA

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with Project Esperanza program and services. The percentages of participants who agreed or strongly agreed with each statement is shown below.



Participants were highly satisfied with Project Esperanza's program and staff.

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 28)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	25%
My grades in school	32%
My housing situation	4%
My job situation	4%
My relationships with friends and family	18%
My parenting	21%
Staying out of jail or prison	4%
My mental health	25%
Substance use	0%

Participants reported that the primary area of need was help with school grades. Help with mental health, school attendance, and relationships with friends and family were also indicated as areas needing support

*Percentages may exceed 100% because participants could choose more than one response option.

PROJECT ESPERANZA

Program Feedback

Individuals who received services from Project Esperanza were asked to provide feedback through two open-ended questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each theme is shown in parentheses.)

What was most helpful about this program?

(n = 25)

Top 3 Responses

- Interpersonal and learning skill development (15)
- Kids' activities (13)
- Child behavior and well-being (8)

What are your recommendations for improvement?

(n = 21)

Top 3 Responses

- More class/activity availability and periodicity (12)
- No recommendations (4)
- Facility improvement/enhanced space (2)

PROJECT ESPERANZA

Conclusion and Recommendations

Project Esperanza is reaching the population they seek to serve, as 100% of clients identified as Hispanic/Latino. Project Esperanza is working to meet clients' physical and emotional needs through referrals to social supports and mental health care when appropriate.

All participants reported only mild or minimal distress after receiving services from the program. All participants were also highly satisfied with the program and staff. Additionally, demographic data such as gender identity and sexual orientation can be collected from more individuals in the upcoming fiscal year to align more closely with regulatory requirements.

Promotoras Conexión Program

Promotoras y Promotores Foundation

The Promotoras Conexión Program, referred to as Promotoras y Promotores Foundation (PyPF), primarily serves immigrant Latina/Hispanic women and their families who are at risk for depression and live in the Santa Clara Valley. The Promotoras Conexión Program facilitates community-based mental health support groups and provides one-on-one support to empower and help participants reduce stress, manage depression, and improve their quality of life. In addition, the Promotoras Conexión Program conducts outreach and community presentations to promote program services, distribute mental health educational information, increase awareness of local mental health resources, and educate the community on how to recognize signs of suicide risk and the effects of trauma (concept of "Situation, Options, Decide, Act [SODA]"/Conexión).

TMProgram Strategies

Improves timely access to services for underserved populations primarily in the Santa Clara Valley, with outreach to other areas of Ventura County, through referrals to culturally and linguistically appropriate services

Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and presentations.

Program Highlights

145 individuals received core program services

84 individuals referred to mental health care and/or social support services

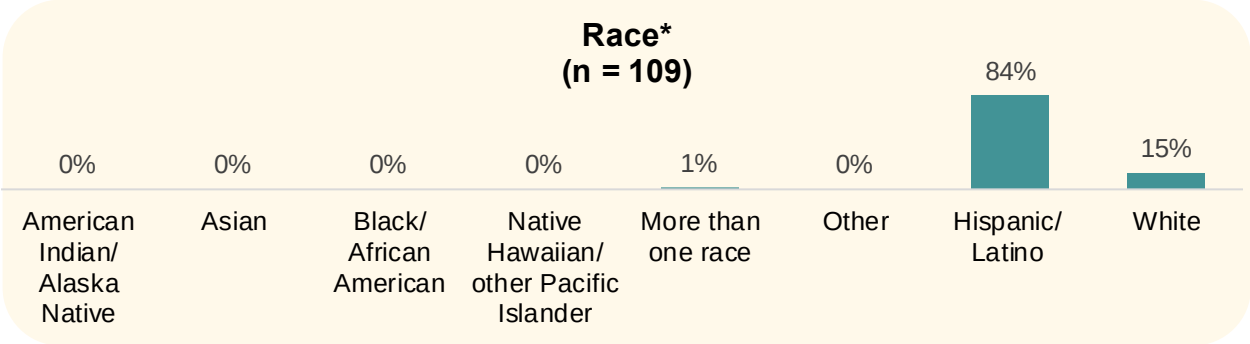
9655 individuals reached through outreach events[†]

[†]Number of individuals may be duplicated.

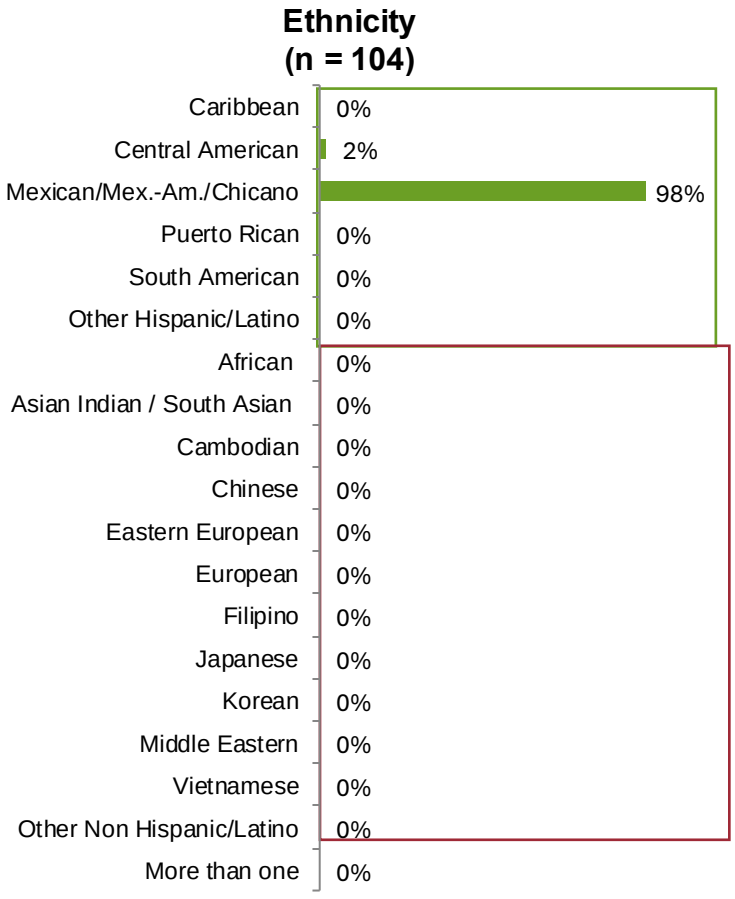
PROMOTORAS CONEXIÓN PROGRAM

Demographic Data

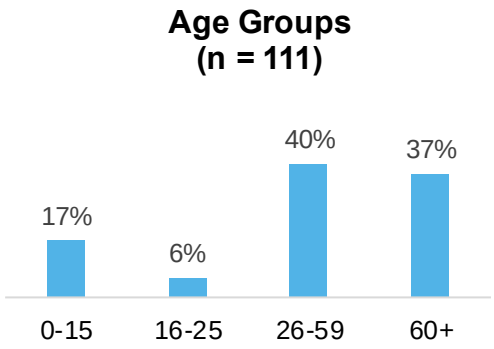
The Promotoras Conexión Program collects unduplicated demographic data from the individuals they serve. Demographic information for the 129 individuals who received core program services are presented below.



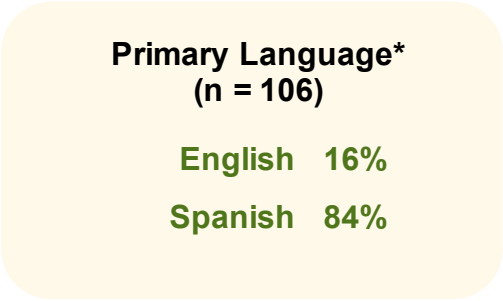
25 individuals did not answer this question, and 11 selected "decline to answer."



17 individuals did not answer this question, and 8 selected "decline to



28 individuals did not answer this question, and 6 selected "decline to answer."



26 individuals did not answer this question

*Percentages may exceed 100% because individuals could choose more than one response option.

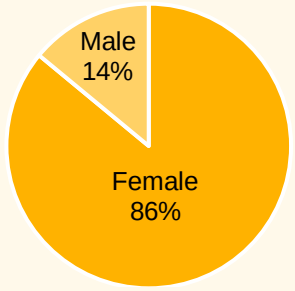
Demographic Data

Current Gender Identity (n = 102)

Female	80%
Male	20%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

33 individuals did not answer this question, and 10 selected "decline to answer."

Sex Assigned at Birth (n = 143)



2 individuals did not answer this question

Sexual Orientation (n = 86)

Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	100%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

34 individuals did not answer this question, and 25 selected "decline to answer."

No individuals identified as veterans

n = 102; 34 individuals did not answer this question, and 9 selected "decline to answer."

4 individuals reported having one or more disabilities

n = 96; 39 individuals did not answer this question, and 10 selected "decline to answer."

PROMOTORAS CONEXIÓN PROGRAM

Program Activities

Program activities include support groups facilitated by program staff. The Promotoras Conexión Program provided 276 support groups in FY 2022–2023.

Program Activities by Type	# Activities/ Events
Support Group	276
TOTAL # of Activities	276

2032 participants in program activities[†]

es

100% of program activities offered in Spanish

Program Outreach

Program outreach includes activities to promote the Promotoras Conexión Program in the community and increase awareness and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Outreach	73
Community Fair or Event	4
Presentation	3
Faith Based	1
Other	1
TOTAL # of Events	82

9655 people reached through outreach events[†]

5460 materials distributed

es

83% of outreach events offered in Spanish

[†]Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

PROMOTORAS CONEXIÓN PROGRAM

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. Individuals could be referred to multiple services.

26 individuals referred to mental health care

49 individuals referred to one or more social supports

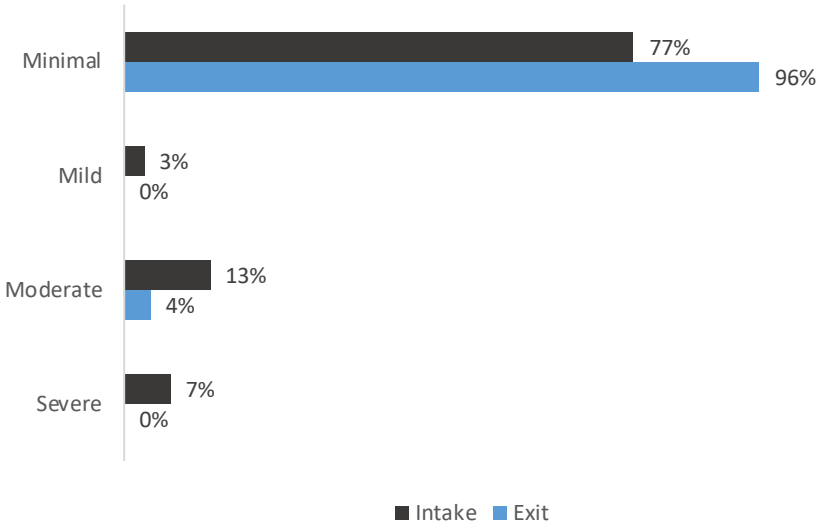
59 total social support referrals provided.

PROMOTORAS CONEXIÓN PROGRAM

Program Outcomes

The Promotoras Conexión Program tracks outcomes by surveying participants who receive services offered by the organization. Participant outcomes are assessed at two time points (intake and exit) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Comparisons of intake and exit scores are presented in the chart below.

**Categorization of SOS-10 Scores at Intake and Exit*
(n1 = 90, n2 = 81)**



The average SOS-10 score was 48.8 at intake and 54.8 at exit, suggesting greater psychological well-being/lower levels of distress after receiving services.

Most participants (81%) reported they have been receiving services from PyPF for more than one year.

PROMOTORAS CONEXIÓN PROGRAM

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with the PyPF program, staff, and services. The percentages of participants who agreed or strongly agreed with each statement are shown in the chart below.

Participants were highly satisfied with PyPF's program and staff.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

PROMOTORAS CONEXIÓN PROGRAM

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in that area.

% of Participants Who Need Support*
(n = 81)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	1%
My grades in school	0%
My housing situation	7%
My job situation	1%
My relationships with friends and family	44%
My parenting	6%
Staying out of jail or prison	0%
My mental health	67%
Substance use	0%

Participants reported that the two primary areas of need were help with (1) mental health and (2) relationships with friends and family.

*Percentages may exceed 100% because participants could choose more than one response option.

PROMOTORAS CONEXIÓN PROGRAM

Program Feedback

Participants who received services from the Promotoras Conexión Program were also asked to provide feedback through open-ended questions. Comments were grouped by themes, and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 80)

Top 3 Responses

- Mindful and wellness practices (23)
- Supportive and empathetic staff (17)
- Community connection and belonging (14)

What are your recommendations for improvement?

(n = 77)

Top 3 Responses

- No recommendations (59)
- Increase class availability and periodicity (14)
- Increase outreach and communication (4)

Program Successes

"Social Friday is a success thanks to a wide range of activities it offers. Participants enjoy playing games, listening to music, dancing, doing manicures, engaging in craft activities, and more. Additionally, on the last Friday of every month, they celebrate the participants' birthdays. These activities bring joy to participants and provide them with a few hours of respite from their stresses."

"A Promotora provided crucial assistance to a participant navigating divorce proceedings amid domestic violence. Feeling lost and uncertain about the next steps, the Promotora accompanied her to her Consulate, where they facilitated the paperwork and offered financial support to initiate the process. This support not only brought emotional relief to the participant but also spared her from confronting her abuser directly."

PROMOTORAS CONEXIÓN PROGRAM

Conclusion and Recommendations

The Promotoras Conexión Program is reaching the population they seek to serve, with most participants identifying as female. The program is working to meet clients' physical and emotional needs through support groups, and referrals to social support and mental health care when appropriate.

Participants had improved psychological well-being after receiving services, as suggested by their scores on the SOS-10 measure at intake and exit. All individuals who completed the survey also expressed satisfaction with the program and staff and agreed that they would recommend the program to a family member or friend.

Tri-County GLAD

Tri-County GLAD serves Deaf and Hard of Hearing (DHH) individuals of all ages. The program offers educational workshops and trainings about mental health topics and provides community organizations with information on the mental health needs of the DHH community. Tri-County GLAD also provides referrals to mental health care.

Program Strategies

Increases recognition of early signs of mental illness by providing trainings to educators and other potential responders.

Implements non-stigmatizing and non-discriminatory practices by dispelling myths about DHH individuals and sharing information about DHH in English and Spanish.

Program Highlights

41 individuals received core program services

41 individuals referred to mental health care and/or social support services

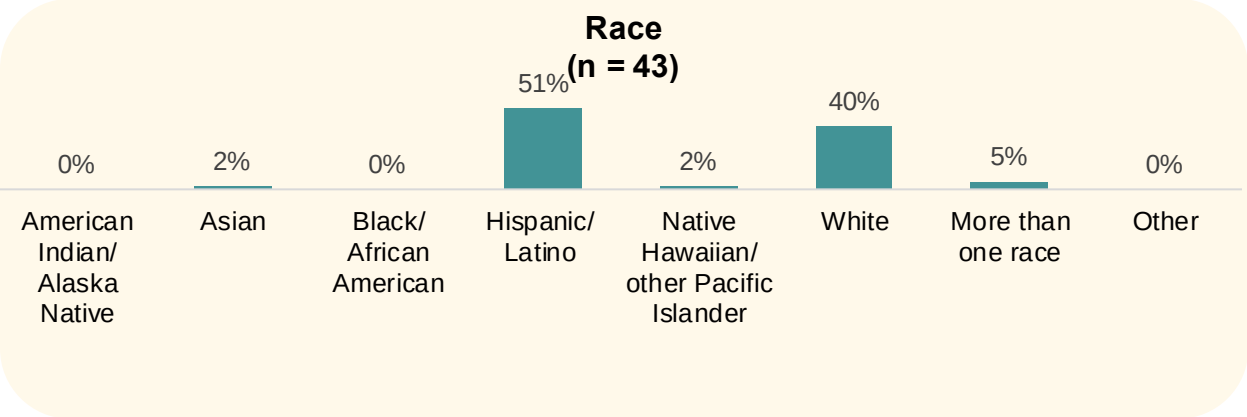
33 individuals reached through outreach events†

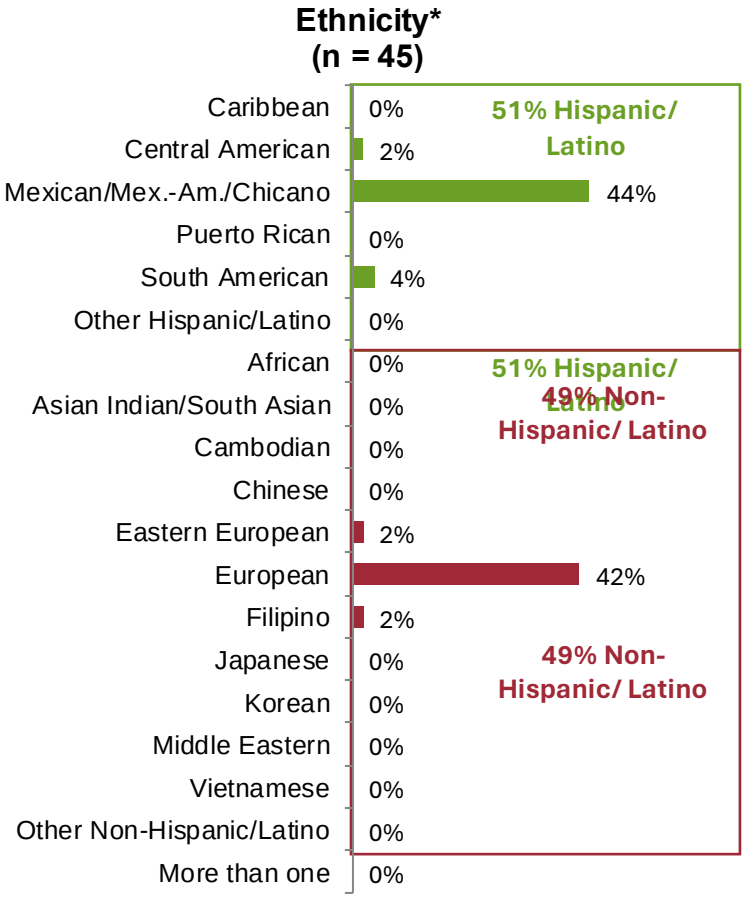
†Number of individuals may be duplicated.

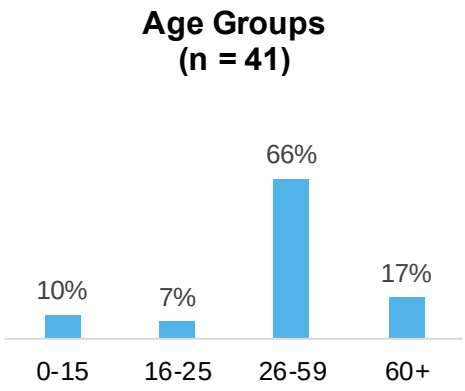
TRI-COUNTY GLAD

Demographic Data

Tri-County GLAD collects unduplicated data from the individuals they serve. Data in this section represents information from 43 individuals who completed a demographic form.







2 individuals did not answer this question

Primary Language*
(n = 49)

14% of individuals selected "English" and 86% selected ASL as "Other Language"

*Total responses may exceed the number of participants as individuals could select multiple response options.

TRI-COUNTY GLAD

Demographic Data

Current Gender Identity (n = 43)

Female	56%
Male	44%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

Sexual Orientation (n = 41)

Bisexual	0%
Gay or Lesbian	10%
Heterosexual or Straight	90%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

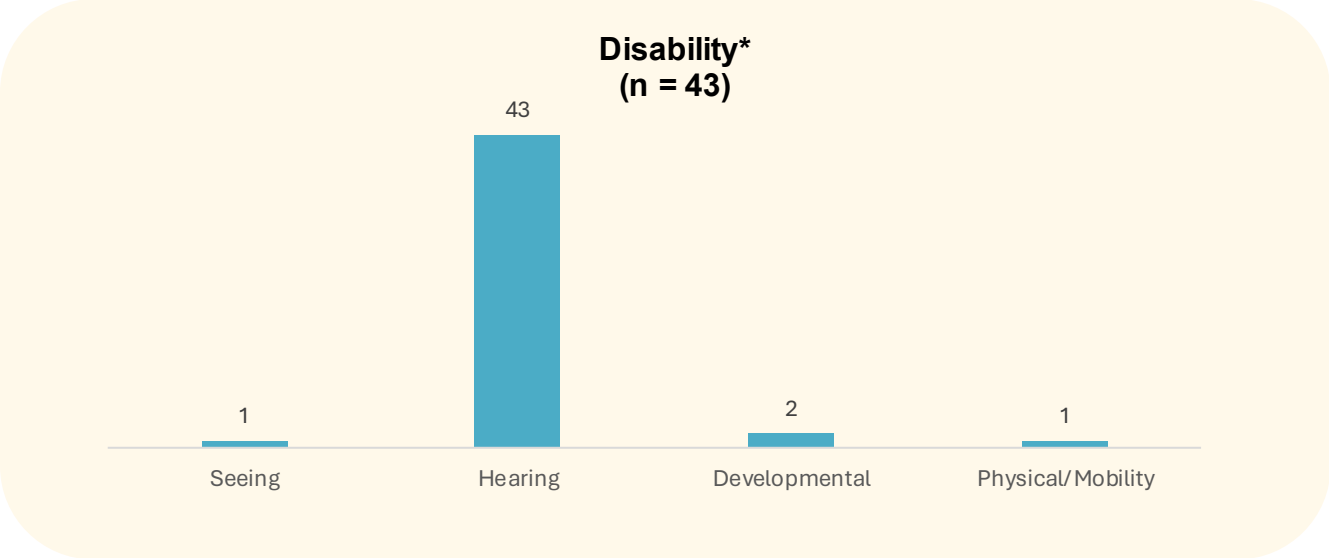
2 individuals selected “decline to answer”

0% of individuals identified as veterans

n = 43

100% of individuals reported having a disability

n = 43



TRI-COUNTY GLAD

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Training/Workshop	23
TOTAL # of Activities/Events	23

412 participants in program activities†

100% of programactivities offered in American Sign Language

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Tri-County GLAD provided 1 referral to mental health care services during FY 2022–2023. Referrals to social supports such as food, housing, health insurance, and other support services were provided to 41 individuals.

1 individual referred to mental health care

41 individuals referred to one or more social supports

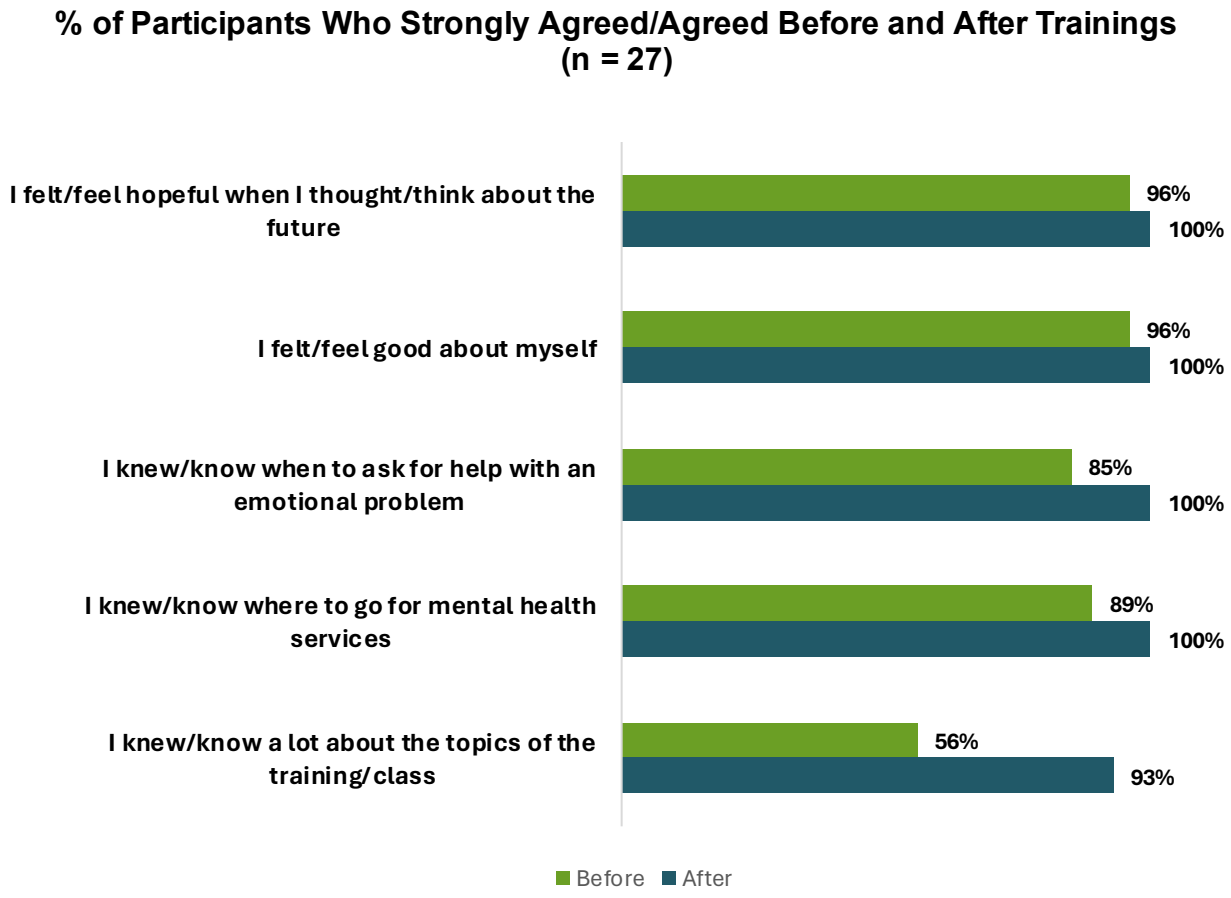
64 total social support referrals provided, 40 of which provided advocacy services

†Number of participants/individuals reached may be duplicated because individuals could attend multiple activities/events.

TRI-COUNTY GLAD

Program Outcomes

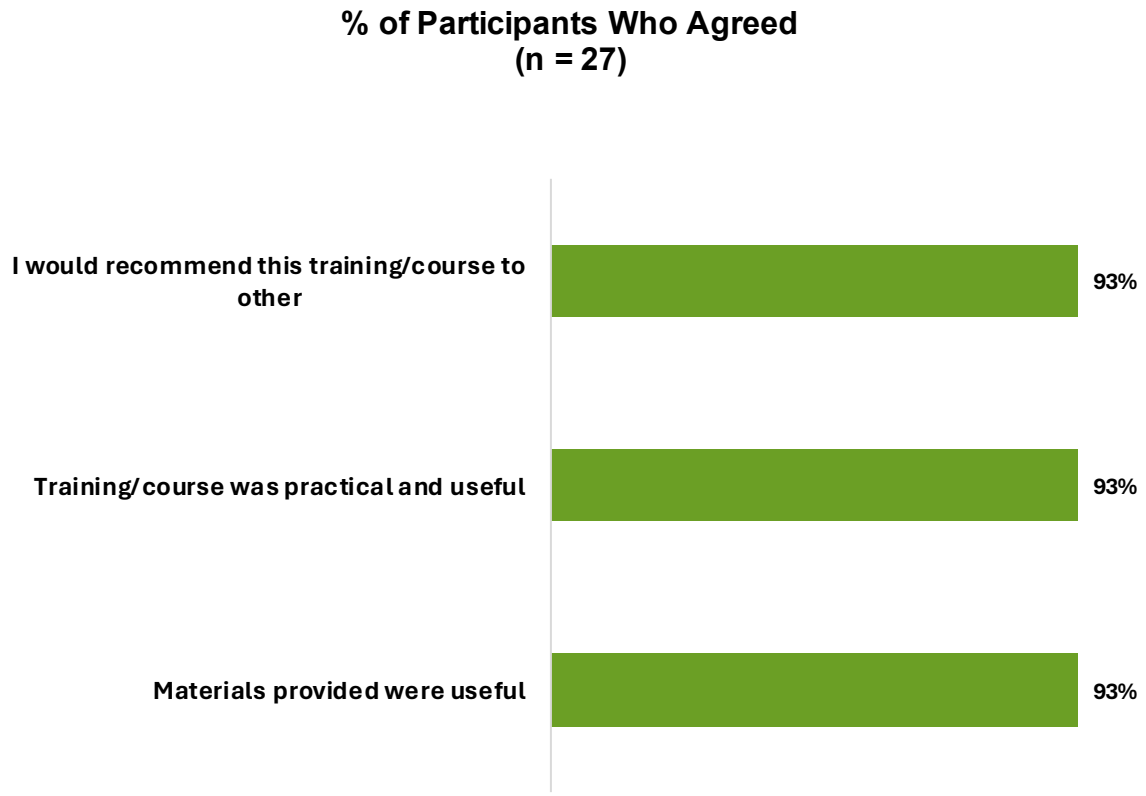
Tri-County GLAD tracks program outcomes by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they received services. Survey results are presented in the table below.



TRI-COUNTY GLAD

Program Satisfaction

Participants and trainees in Tri-County GLAD services were asked to indicate the extent to which they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who strongly agreed or agreed with each statement.



Participants were highly satisfied with Tri-County GLAD's trainings/courses.

TRI-COUNTY GLAD

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 42)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	0%
My grades in school	0%
My housing situation	0%
My job situation	28%
My relationships with friends and family	34%
My parenting	7%
Staying out of jail or prison	0%
My mental health	24%
Substance use	7%

Participants reported that the three primary areas of need were help with (1) relationships with friends and family, (2) job situation, and (3) mental health.

*Percentages may exceed 100% because participants could choose more than one response option.

TRI-COUNTY GLAD

Program Feedback

Participants were asked to provide additional feedback through two open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this program?

(n = 27)

Top 3 Responses

- Deepening awareness of D/HH culture and mental health needs (8)
- Information and resources (5)
- Supportive and emphatic staff (4)

What are your recommendations for improvement?

(n = 10)

The top 2 recommendations were to have more in-person presentations (2) and to promote inclusivity for individuals who are both D/HH and LGBTQ+ or incarcerated (2)

More than half of participants (60%) indicated that no improvements were necessary.

Conclusion and Recommendations

Tri-County GLAD reaches the DHH community through educational workshops. They also serve the DHH community by providing cultural competency training for community members and organizations. These trainings aim to increase awareness of the DHH community, dispel myths about DHH individuals, reduce stigma, and inform community members about available DHH resources.

Participants indicated that they had greater knowledge after Tri-County GLAD's trainings/workshops than they did before (e.g., where to go for mental health services, recommended strategies). Additionally, participants found the training and related materials to be useful and would recommend the training to others.

An area of future improvement might be to intensify efforts to gather comprehensive participant outcome and satisfaction data to robustly assess the effectiveness of its services. Additionally, instead of solely describing activities, data entry logs for success stories could focus on documenting achieved milestones, providing a more tangible representation of participant progress.

Wellness Centers Expansion K-12

Ventura County Office of Education (VCOE)

Beginning in Spring 2022, Ventura County Behavioral Health allocated funding to the Ventura County Office of Education to implement Wellness Centers in eleven middle school campuses as part of its Prevention and Early Intervention programming within MHSA. These Wellness Centers are classified as Prevention programs under MHSA, which are broadly defined as "a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors." These Wellness Centers began service implementation in the Fall 2022 school year.

Program Strategies

Provides access and linkage to services for those with serious mental illness and serious emotional disturbance.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

PROGRAM HIGHLIGHTS‡

25,233 individuals received early intervention services†

887 individuals received a mental health screening†

1. Prevent mental illness from becoming severe and debilitating
2. Reduce risk factors that negatively affect mental health and academic success
3. Improve access to school-based mental health services

WELLNESS CENTER SCHOOLS

Districts	Schools
Conejo Valley Unified School District	Colina Middle School
	Sequoia Middle School
Fillmore Unified School District	Fillmore Middle School
Ojai Unified School District	Matilija Middle School
Oxnard School District	R.J. Frank Academy
	Fremont Academy
	Dr. Manual M. Lopez Academy
Pleasant Valley School District	Las Colinas Middle School
	Monte Vista Middle School
Santa Paula Unified School District	Isbell Middle School
Ventura County Office of Education	Gateway Community School

‡This program did not provide demographic information.

†Number of individuals may be duplicated.

Program Activities

Program activities documented by Wellness Centers include staff and student training, family engagement activities, screenings, referrals, and early intervention activities. Additionally, a summary of reported successes and challenges experienced by schools in implementing the Wellness Centers was provided by center staff.

LEA Program Activities by Type	# Activities/ Events
Staff/Student Trainings	191
Family Trainings and Events	110
TOTAL # of Trainings/Events	**301**
	# Individuals Reached
School-based Individual Services	412
School-based Group Services	666
Other	14
TOTAL # of Individuals	**1,092**

21,667 participants in staff/student trainings†

For additional information about these activities, please refer to the Wellness Centers Expansion Final Evaluation Report for FY 2022–2023 in **Appendix C**.

Program Referrals

Program referrals include those made to school-based group or individual therapy, community-based mental health services, and/or other support services as needed. Contracted school districts conducted 887 screenings of students' social, educational, and mental health needs to determine the need for service.

76 students and families linked to services

45 students identified as at-risk

73 safety plans developed

10 calls to the VCBH Crisis Team

144 individuals referred to community based mental health referrals†

†Number of individuals may be duplicated.

Successes and Challenges

Across the 11 schools, 30 challenges and 39 success stories were shared. Representative challenges shared include:

- High demand or need for services
- Staffing shortages
- Setting up the space and implementing services for the first time (e.g. establishing ground rules)
- Balancing different student needs (i.e. quiet space vs social space)
- Offering fidget/sensory stimulation items without them being stolen or broken

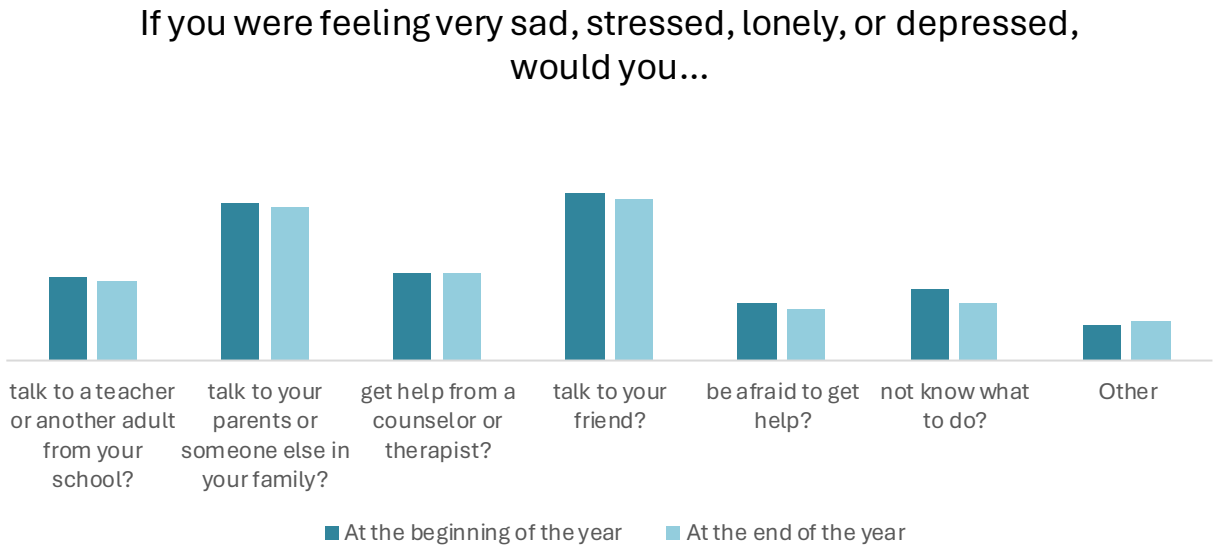
Representative success stories shared include:

- High utilization of Wellness Centers by students
- Successful implementation of peer mentors
- Positive reception from parents and school board
- Success stories from individual students who engage with the Wellness Center
- Successful implementation of themed events/activities (e.g. Mental Health Awareness Month)

"There has been a shift in school culture across our middle schools in recognition of the importance of social-emotional support. The schools have implanted school-wide social-emotional learning and have been increasingly identifying and referring students for wellness support."

A Mental Health Access and Awareness retrospective pre/post survey was digitally administered to all students to evaluate changes in student awareness of the Wellness Centers and other school-based services, as well as student attitudes toward seeking help for oneself and others at the beginning and end of the school year. A total of 2,432 students responded to the Access and Awareness survey. Results on awareness of services at the beginning and end of the school year, and attitudes toward seeking help for oneself at the beginning and end of the school year are presented in the charts below. For all survey results please refer to the FY 2022-2023 MS Wellness Final Evaluation Report (See Appendix C).

Awareness of Services at the Beginning and End of the School Year	% Agree or Strongly Agree at the beginning of the school year	% Agree or Strongly Agree at the end of the school year
…I knew/know what mental health resources/services were available for students at my school.	68%	87%
…I knew/know when to ask for help with mental health issues.	65%	75%
…if someone close to me had a mental health issue, I would/would have encouraged them to seek help.	84%	78%



At the end of the first year of implementation of the Wellness Centers Expansion, nearly 9 out of 10 students are aware of the Wellness Centers, and just under half of the students have visited their school's Wellness Center. Students also reported being more aware of what services were available at their school and were more willing to ask for help at the end of the year, compared to the beginning of the year. However, roughly 15% of students did not agree that their school offers the mental health services they would need. As the centers continue to streamline their implementation of services, this value will be important to monitor to ensure that students feel their schools offer the kind of support that they could need. It may be worth considering modifying or expanding the kinds of services offered when possible (that are within the scope of the wellness centers' goals).

Additionally, the school-wide Access and Awareness survey for this first year of implementation relied on a "retrospective pre/post" format that required students to answer how they felt and what they knew earlier in the school year. Because of the possibility of recall or other memory biases, we would recommend implementing a variation of this survey at the beginning and end of the next school year (i.e. as a pre/post design), if possible. The current results do provide an overview of the impact of the wellness centers on school-wide attitudes regarding mental health services and provide a meaningful baseline with which to compare incoming classes and some of the same cohorts during the next school year.

Wellness Everyday and STAY Media Campaign

Idea Engineering, Inc.

Wellness Everyday provides universal prevention messaging regarding mental health throughout Ventura County, via traditional and digital media channels. The *Wellness Everyday/Salud Siempre* website, available in English and Spanish, provides educational information about mental health and wellness and suicide prevention, as well as contact/referral information for local resources/supports (including some MHSA-funded programs). The "STAY" Media Campaign ("Quédate" in Spanish) is designed to prevent suicide attempts and connect individuals to resources. Information is disseminated through digital, traditional, and location-based media. While Wellness Everyday and the "STAY" Media Campaign are separate programs, Fiscal Year 2022-2023 data has been combined into this report. Future years will have Wellness Everyday and STAY Media Campaign data in separate reports.

Program Strategies

Distributes mental health and wellness advertisements in English and Spanish both through traditional media such as radio, transit and newspapers, and through digital media such as social media advertising and targeted website advertisements

Provides mental health and wellness information and resources in English and Spanish through the *Wellness Everyday/Salud Siempre* website.

Program Highlights[‡]

25,141 *Wellness Everyday/Salud Siempre* website users*

13 Social and digital media campaigns delivered in English and/or Spanish

21,531 Clicks on English and Spanish digital advertisements*

48,113,382 Total media impressions for STAY Campaign (Digital, Traditional, and Location-based)*

17,666 *Website page views from STAY Media Campaign*

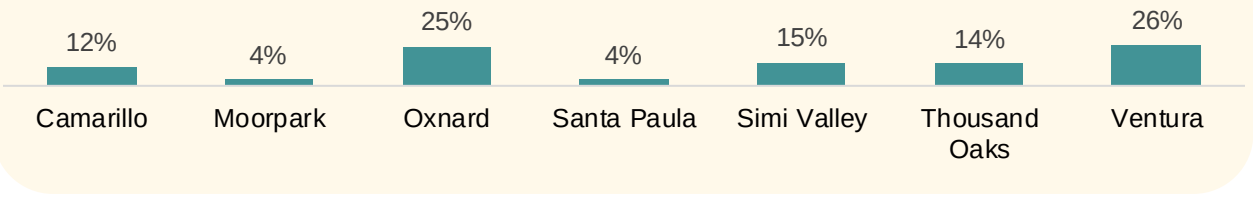
[‡]This program does not provide referral information.

*May include duplicate users.

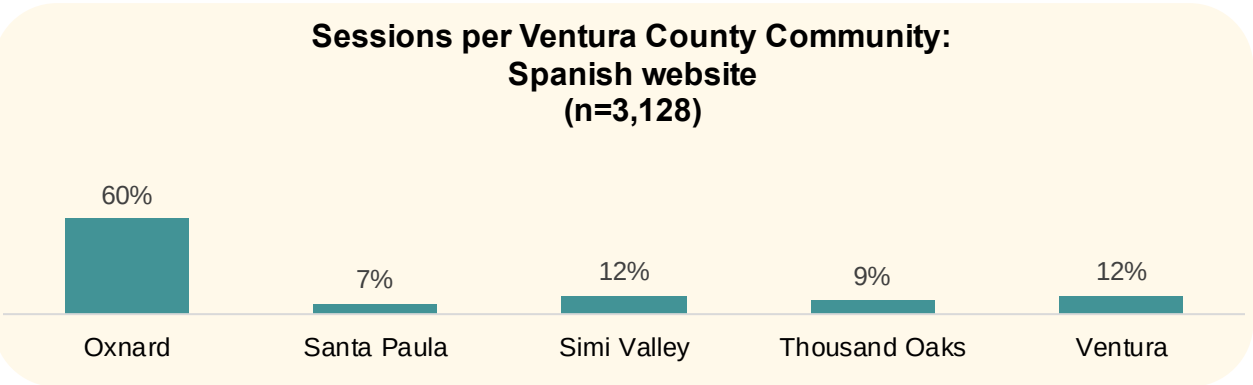
Demographic Data[†]

The *Wellness Everyday/Salud Siempre* website is not able to capture detailed demographic data about users. In lieu of standardized demographic information aligned with PEI regulations, data about geographic location (note that website traffic reports include all of California) and device type are presented for fFiscal Year 2022–2023 website sessions. Data are presented separately for the English and Spanish versions of the website.

At least 61% of all English website sessions were accessed by an individual while in Ventura County*



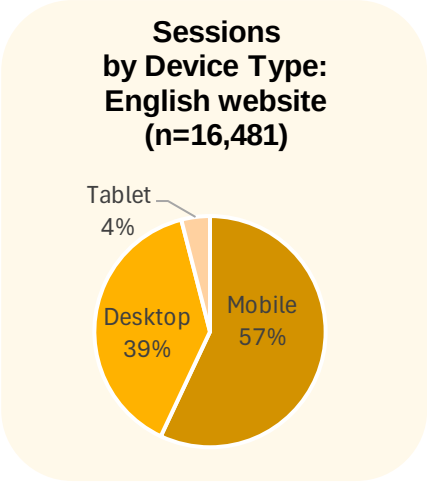
At least 41% of all Spanish website sessions were accessed by an individual while in Ventura County*

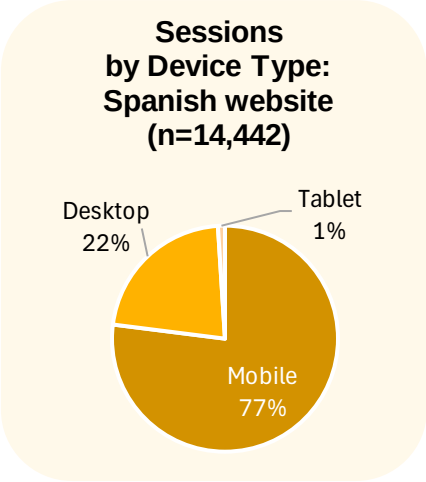


[†]May include duplicate users.

*Ventura County residents commuting outside of the County may affect the tracking of location-based metrics. Beyond this, privacy and technological restrictions affect the capacity to collect accurate geographical data. Given the local resources contained on the website, and local targeting of media, it can be reasonably assumed that most website visitors are local to Ventura County.

Website Sessions by Device Type





Website Traffic

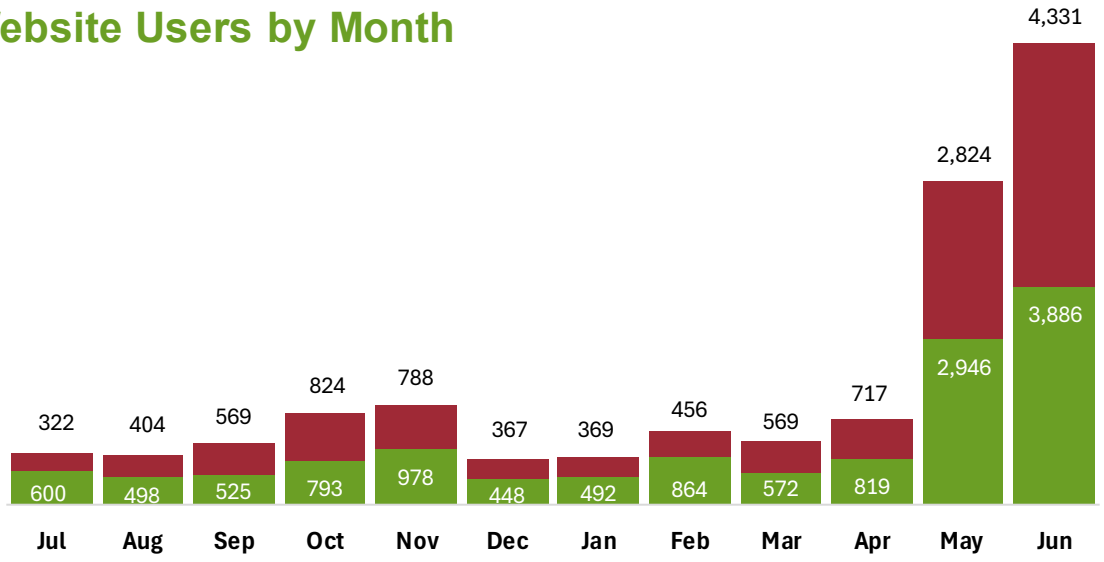
en

12,799 people visited the English website in Fiscal Year 2022-2023

es

12,342 people visited the Spanish website in Fical Year 2202–2023

Website Users by Month



Digital Advertisements

More than 1.7 M English

More than 1.3 M Spanish advertisements were on screen†

10,150 English advertisements were clicked*

11,381 Spanish advertisements were clicked*

†May include duplicate viewers who saw multiple campaigns or viewed the advertisements on screen more than once. The estimated number of people viewing ads is not available for all digital media channels.

*Clicks led to the *Wellness Everyday/Salud Siempre* website or online registration for community events.

Conclusion and Recommendations

Wellness Everyday reaches Ventura County residents and the broader community through its website and media advertisement campaigns. The website and media campaigns provide targeted topical information such as coping with anger and suicide prevention to multiple age groups.

Outcome and satisfaction data are not collected for this program. However, available metrics suggest that Ventura County community members turn to *Wellness Everyday/Salud Siempre* for guidance on mental and behavioral health and respond positively to the media advertisements.

The choice of digital media channel is dependent on the overall media strategy and the purpose of the campaign; some campaigns prioritize reach and impressions to disseminate important information and messaging, while other campaigns are more appropriate for social media, where people can interact with advertisements, share them, and comment on them.

Wellness Everyday/Salud Siempre website traffic data and the digital media campaign metrics are examined on a regular basis to ensure that at-risk groups are receiving culturally and linguistically competent information. Additionally, website/advertising campaign messages are customized to make them appealing to and useful for those audiences. Sustained monitoring and quality improvement efforts continue to ensure that Ventura County residents have online access to beneficial mental health and wellness information. Media outreach is a key tool for increasing the visibility of online resources, as evidenced by the dramatic increases in the number of total users of the Salud Siempre (12,342) website when compared to the prior fiscal year (7,108). This reflects a 74% increase in total users and aligns with the "STAY" media campaign outreach.

Early Intervention

The purpose of the Early Intervention component of MHSA is to intervene early in the emergence of symptoms of mental illness to reduce negative outcomes and foster positive recovery and functional outcomes. Ventura County funds three Early Intervention programs that provide crisis stabilization, family support, group and individual therapy, assessment and screening, educational and vocational services, and outreach and education. These Early Intervention services promote wellness, foster health, and prevent suffering that can result from untreated mental illness. Early Intervention programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 634 individuals were served in Early Intervention programs in FY 2022–2023.

Early Intervention programs, COMPASS and VCPOP, primarily provided services to individuals ages 25 and under, which is also a priority population for Prevention and Early Intervention programs. Additionally, both youth and adult program participants in Primary Care Program saw decreases in their depression and anxiety symptom severity scores.

Early Intervention Program Descriptions

COMPASS: A short-term residential program for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. Services include individual and family therapy, case management, psychiatric care, medication support and assessment to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community.

Primary Care Program: Provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

Ventura County Power Over Prodromal Psychosis (VCPOP, formerly EDIPP): Conducts community outreach and education to community members about early warning signs of psychosis; provides a two-year intervention program with services and supports including psychiatric assessment, medication management, individual therapy, educational/vocational services, case management, multi-family groups, and peer skill-building groups.

634 individuals received core program services

Ethnicity[§]	(n = 505)
Hispanic	84%
Non-Hispanic	14%
More than one ethnicity	2%
Declined to answer: 1	

Age[§]	(n = 286)
0–15	4%
16–25	96%
26–59	0%
60+	0%
Declined to answer: 0	

Primary Language	(n = 661)
English	58%
Spanish	40%
Indigenous	2%
Other	<1%
Declined to answer: 0	

Sex Assigned at Birth	(n = 348)
Female	74%
Male	26%
Declined to answer: 0	

Sexual Orientation[‡]	(n = 299)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	91%
Queer	0%
Questioning or Unsure	4%
Another sexual orientation	0%
Declined to answer: 36	

Hispanic Ethnicities^[§]			(n = 184)
Mexican	59%	South American	0%
Central American	0%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	40%

Non-Hispanic Ethnicities^[§]			(n = 2)
African	0%	Asian Indian/South Asian	50%
Cambodian	0%	Chinese	0%
Eastern European	0%	European	0%
Filipino	50%	Japanese	0%
Korean	0%	Middle Eastern	0%
Vietnamese	0%	Another non-Hispanic	97%

Race	(n = 557)
American Indian/Alaska Native	0%
Asian	1%
Black/African American	1%
Hispanic/Latino	0%
Native Hawaiian/Pacific Islander	<1%
White	67%
Other	29%
More than one	1%
Declined to answer: 0	

Current Gender Identity[‡]	(n = 436)
Female	61%
Male	39%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	<1%
Another gender identity	0%
Declined to answer: 0	

City of Residence					(n = 663)
Camarillo	3%	Fillmore	1%	Moorpark	2%
Newbury Park	2%	Oak Park	<1%	Ojai	2%
Oxnard	21%	Piru	<1%	Port Hueneme	1%
Santa Paula	2%	Simi Valley	6%	Thousand Oaks	3%
Ventura	12%	Other	46%		

[§]Age and Ethnicity data were not reported for Primary Care Program.

[‡]Assigned sex was not reported for COMPASS and VCPOP.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

COMPASS

Seneca Family of Agencies

Comprehensive Assessment and Stabilization Services (COMPASS) is a short-term residential program offered as part of the continuum of care for youth ages 12 to 17 transferring from the Crisis Stabilization Unit and Ventura County Behavioral Health clinics. This program provides comprehensive clinical services to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community. Services include individual and family therapy, case management, psychiatric care, medication support and assessment. The goals of the program are to provide safety and containment while identifying the determinants of the current crisis, assist youth and caregivers in the development of alternative skills and replacement behaviors, create comprehensive aftercare plans that include community linkages, and provide in-depth evaluations that will guide treatment and/or placement decisions along with long-term treatment recommendations. A psychiatrist or tele-psychiatrist is on call 24/7.

Program Strategies

Increases access and linkage to treatment for youth with severe mental illness by stabilizing those in crisis and providing mental health care.

Improves timely access to services for underserved populations by focusing on youth in an essential window of time to prevent and intervene in mental illness.

PROGRAM HIGHLIGHTS‡

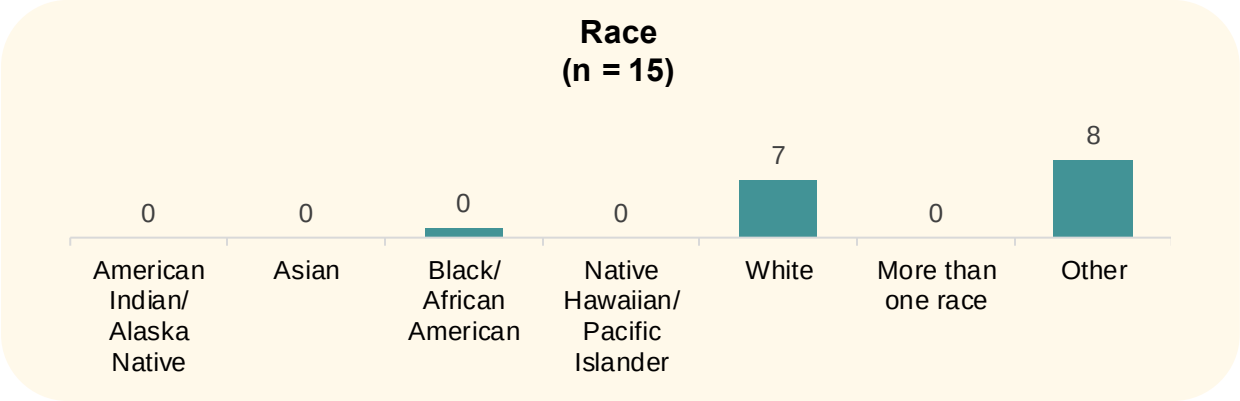
15 individuals received core program services

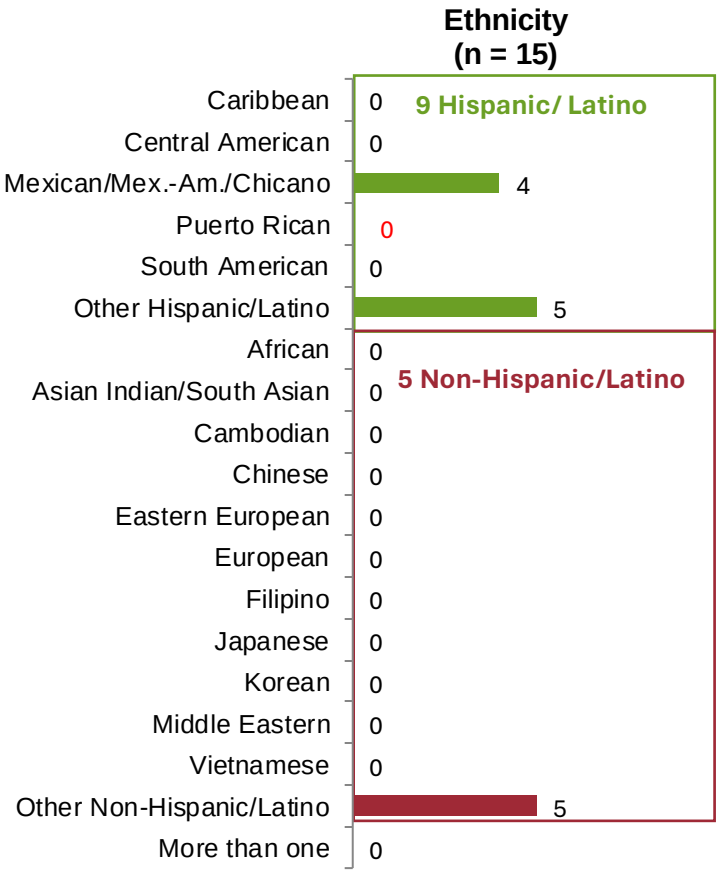
15 days, average length of stay

‡This program did not provide referrals.

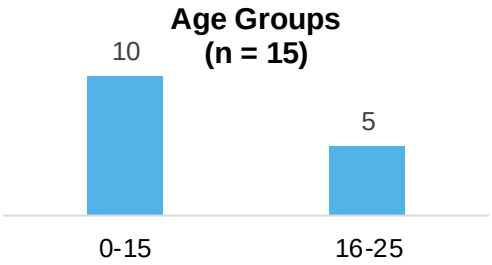
Demographic Data

COMPASS collects unduplicated demographic data from the individuals they serve. Demographic data in this section represent 15 individuals whose information was entered into Avatar. Demographic data were not collected for current gender identity, veteran status, and disabilities.



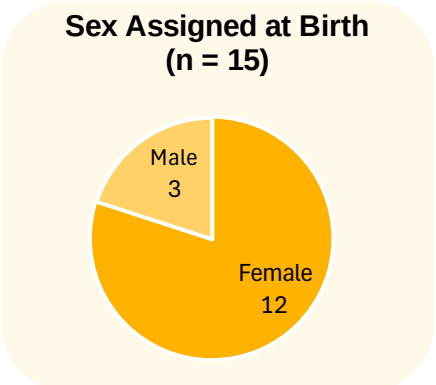


1 individual selected 'unknown'.



Primary Language
(n = 15)

English	14
Spanish	1



Program Activities

COMPASS provides program activities including mental and behavioral health assessments, case management, and long-term plan development. A list of activities and the number of times each activity was provided are presented in the table below.

Program Activities by Type	# Activities/Events
Assessments/Evaluation	25
Case Management	52
Collateral Meetings	52
Mental Health Evaluation and Management	49
Individual Therapy	111
Medication Management	11
Plan Development	31
Psychotherapy	31
Rehab Service	936
TOTAL # of Activities/Events	**1298**

Conclusion and Recommendations

COMPASS continues to reach the population they seek to serve, with most participants being youth under the age of 15. The two beds at COMPASS are always typically full, demonstrating the need for this important service. The program intervenes early in a mental health crisis to provide youth with a sustainable plan for treatment and support. COMPASS has seen significant increases this past fiscal year in the number of individual therapy sessions and rehab services, with decreases in psychotherapy. In future fiscal years, COMPASS could track program outcomes by surveying participants and their families at intake and discharge.

Primary Care Program

Clinicas del Camino Real, Inc.

Primary Care Program provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers. The Primary Care Program works with clients ages 12 and older who may be experiencing depression and/or anxiety and is able to refer them to appropriate mental health services in a timely manner. They can also provide immediate interventions to reduce clients' risks of developing other severe mental health conditions. Additionally, the program provides evidence-based services to individuals who would otherwise not have access by delivering services at multiple locations throughout Ventura County, with the goal of increasing service access to underserved populations including those who do not have reliable transportation.

Program Strategies

Provides access and linkage to services through screening assessment, referrals to appropriate treatment, and care coordination.

Improves timely access to services for underserved populations by providing services at 16 different locations across the county.

Program Highlights[§]

348 individuals received core program services

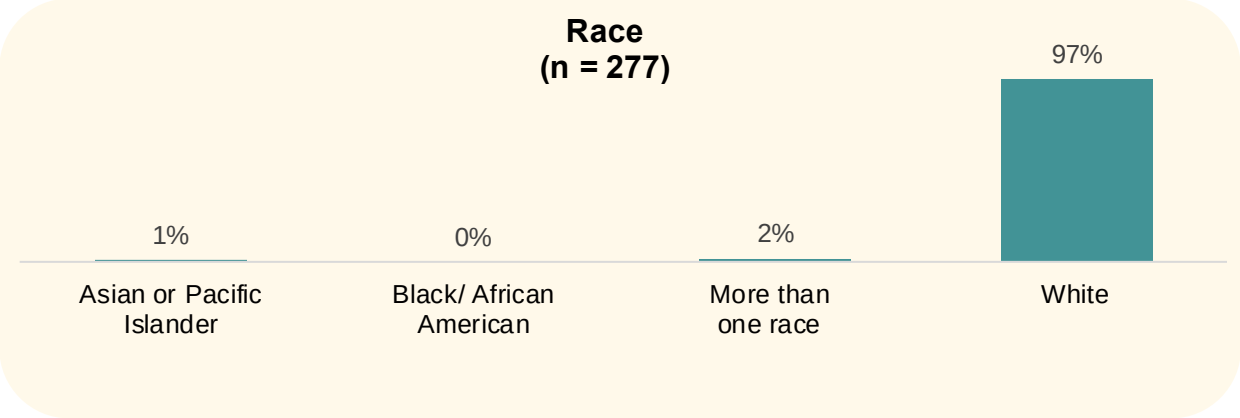
9.2 point decrease in average participant depression severity scores on the PHQ-9 measure

9.4 point decrease in average participant anxiety severity scores on the GAD measure

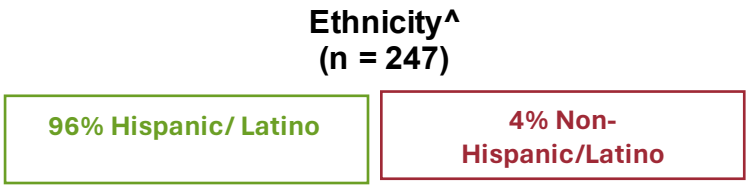
[§]This program made community referrals, but those were not included in the data collection.

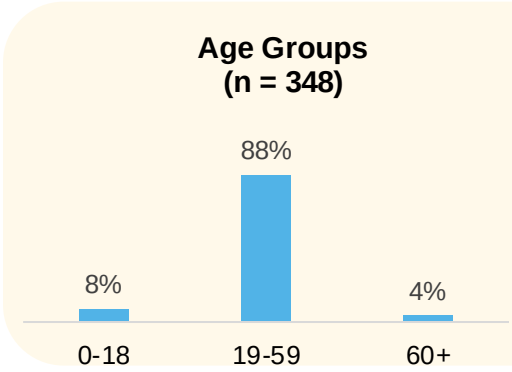
Demographic Data

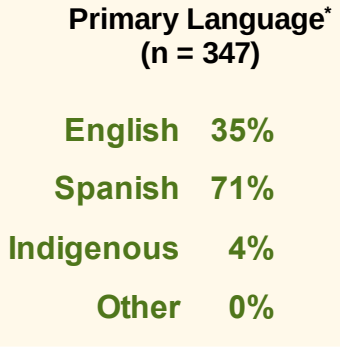
Primary Care Program collects unduplicated demographic data from the individuals they serve. Data presented in this section represents information provided by the 348 individuals who completed a MHSA-compliant demographic form in FY 2022–2023.



71 individuals did not answer this question; none selected "decline to answer."







1 individual did not answer this question.

^Data for sub-categories of ethnicity were not available.

Percentages may exceed 100% because participants could choose more than one response option.

*

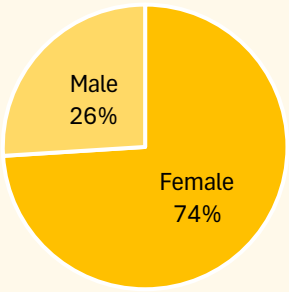
Demographic Data

Current Gender Identity (n = 150)

Female	88%
Male	12%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

71 individuals did not answer this question and 1 selected "decline to answer."

Sex Assigned at Birth (n=348)



Sexual Orientation (n= 276)

Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	93%
Queer	0%
Another Sexual Orientation/Don't know	4%

n = 344; 4 individuals did not answer this question; none selected "decline to answer."

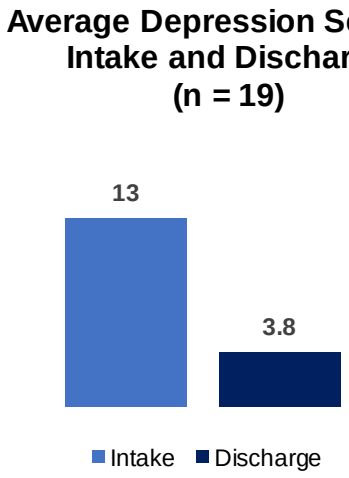
1 individual identified as a veteran

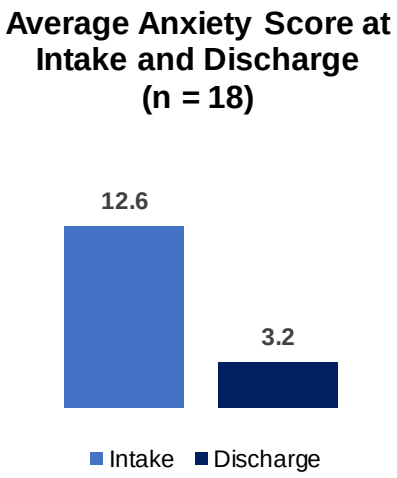
198 individuals did not answer this question.

Program Outcomes

Primary Care Program tracks outcomes using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder scale (GAD-7) as measures of depression and generalized anxiety, respectively. Average scores across participants at intake and discharge are summarized below for patients discharged from services in FY 2022–2023.

- At intake, average PHQ-9 scores suggest that, overall, participants had moderate levels of depression, but at discharge there were minimal to no levels of depression. Participants experienced a 9.2-point decrease in depression symptoms.
- At intake, average GAD-7 scores suggest that, overall, participants had moderate levels of anxiety, but at discharge there were minimal to no levels of anxiety. Participants experienced a 9.4-point decrease in anxiety symptoms.





Conclusion and Recommendations

In FY 2022–2023, Primary Care Program served 348 individuals. The program serves patients across the County, including the Ojai, Santa Clara, and Conejo communities, which have limited opportunities for such programs in comparison to other areas of the County. By offering 16 service sites, the Primary Care Program reaches a large and diverse participant population.

Further, average participant scores on both PHQ-9 and GAD-7 measures decreased from intake to discharge, suggesting that depression and anxiety symptoms decreased because of Primary Care Program services. However, data should be interpreted with caution as intake and discharge data were not matched at the participant level and tests of statistical significance were not applied given small sample sizes. Data may also not be representative of the experiences of all program participants given the lower sample sizes of individuals who completed the PHQ-9 and GAD-7 compared to the total number of fiscal year participants.

An area of future improvement may include increasing response rates on forms collecting demographic data such as race, ethnicity, age, disability, sexual orientation, and current gender identity (though the program recognizes that providing demographic information is voluntary).

Ventura County Power Over Prodromal Psychosis (VCPOP)

Ventura County Behavioral Health

Ventura County Power Over Prodromal Psychosis conducts community outreach and education to community members about early warning signs of psychosis and provides a four-year intervention program with services and supports including psychiatric assessment, medication management, individual therapy, educational/vocational services, case management, multi-family groups, and peer skill-building groups.

Program Strategies

Provides intensive support and education to individuals and their support systems to reduce stress and manage symptoms.

Increases recognition of early signs of psychosis through outreach and trainings to community members including school staff, clinicians, spiritual leaders, and police.

PROGRAM HIGHLIGHTS‡

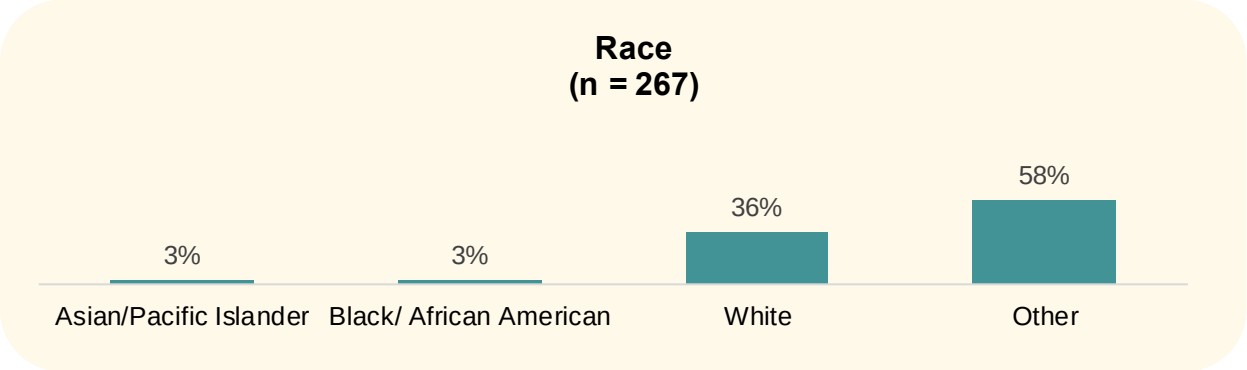
271 individuals received core program services

371 days, average length of stay

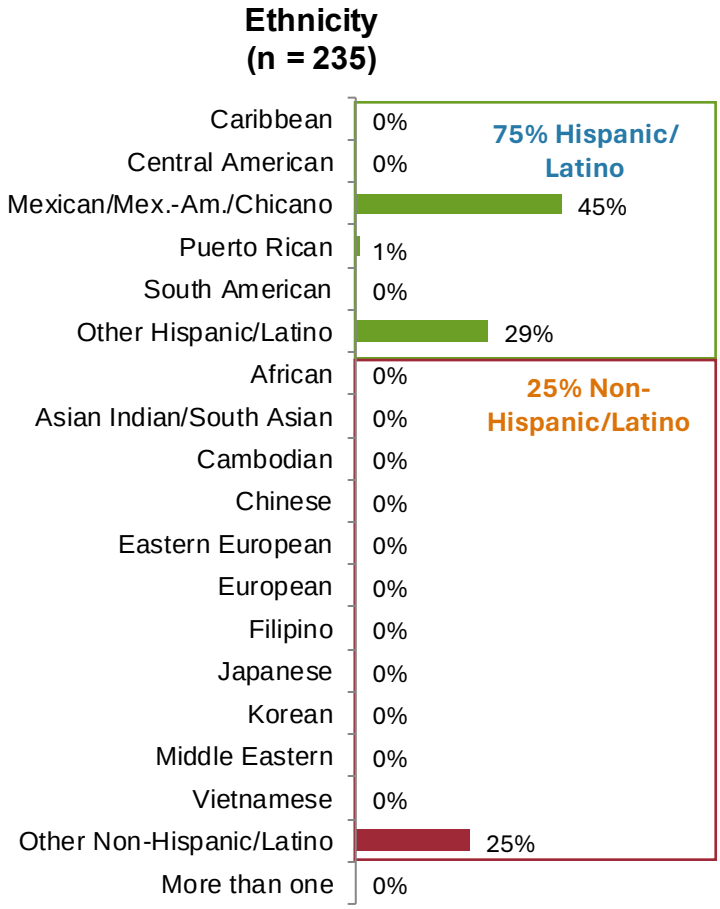
‡This program did not provide referrals.

Demographic Data

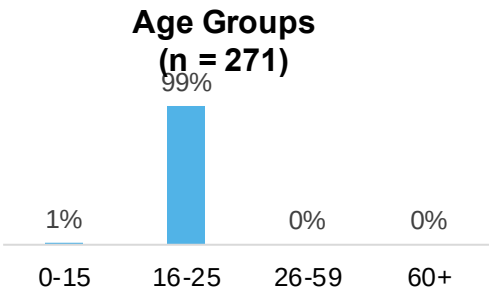
VCPOP collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents information provided by the 271 individuals who received core program services. Demographic data were not collected for veteran status and disabilities.



4 individuals did not answer this question; none selected "decline to answer."



35 individuals did not answer this question, and 1 selected "decline to answer."



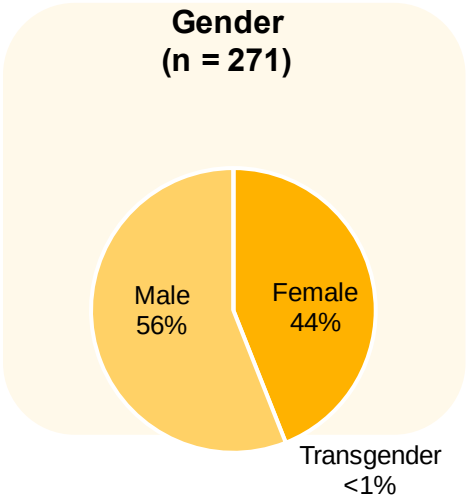
Primary Language
(n = 267)

English	93%
Spanish	7%

4 individuals did not answer this question.

Demographic Data

Gender
(n = 271)



1 individual identified as transgender.

Sexual Orientation
(n = 23)

Bisexual	5
Gay or Lesbian	1
Heterosexual or Straight	16
Queer	0
Questioning or Unsure	1
Another Sexual Orientation	0

224 individuals did not answer this question, and 21 selected "decline to answer." 3 individuals identified as transgender.

Program Activities

VCPOP provides program activities including mental and behavioral health assessments, case management, and long-term plan development. A list of activities and the number of times each activity was provided are presented in the table below.

Program Activities by Type	# Activities/Events
Assessments/Evaluation	14
Case Management	1,010
Collateral Meetings	844
Crisis Intervention	176
Mental Health Evaluation and Management	697
Individual/Group Therapy	649
Intensive Care Coordination	67
Medication Management	916
Psychotherapy	385
Plan Development	111
No-Show/Outreach	1,592
Paperwork Completion	886
Rehab	560
Targeted Case Management	1,540
Transportation/Travel	60
Whatever It Takes Support	8
Interpretation	1
TOTAL # of Activities/Events	**9,516**

Conclusion and Recommendations

VCPOP primarily serves Transitional Age Youth (TAY) and provides this population with a wide range of services and support. An area of improvement for the future may include expanding the collection of demographic data in compliance with MHSA regulations (e.g., veteran and disability status) and implementing outcome and satisfaction surveys to illustrate program success and participant outcomes.

Other PEI Programs

The programs under Other PEI Programs encompass the core program categories of Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction, as well as Suicide Prevention (optional) and Improving Timely Access to Services for Underserved Populations (optional) programs. All programs in this section focus primarily on training potential first responders—including educators, students, law enforcement personnel, first responders, people with lived experience, and other community members—about ways to recognize and respond effectively to early signs of mental illness. Programs also seek to combat negative perceptions about, misinformation, and/or stigma associated with having a mental illness or seeking help for mental illness.

Although each PEI program varies in its focus and scope, all programs that provided outcome data reported high ratings among trainees around the usefulness and satisfaction with the training they received. Similarly, these programs also tended to have illustrative qualitative data in the form of quotes from trainees as well as success stories that supported the high ratings received from trainees.

A total of 6,668 individuals were served by Other PEI Programs during FY 2022-2023. Other PEI Programs include the following program categories:

Outreach for Increasing Recognition of Early Signs of Mental Illness programs train potential responders to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Access and Linkage to Treatment programs connect individuals with severe mental illness to medical care and treatment as early in the onset of these conditions as practicable. These programs focus on screening, assessment, referral, telephone help lines, and mobile response.

Stigma and Discrimination Reduction programs reduce negative attitudes, beliefs, stereotypes, and discrimination toward those with mental illness or seeking mental health services and increase dignity, inclusion, and equity for individuals with mental illness and their families.

Suicide Prevention programs provide organized activities to prevent suicide because of mental illness.

Program Descriptions

Crisis Intervention Team (CIT): Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and collaboration with consumers, families, the community, and other stakeholders.

Diversity Collective: Hosts weekly support groups for LGBTQ+ youth, TAY, and their allies, as well as promotes cultural competency and other mental health trainings to schools and agencies to spread awareness of LGBTQ+ mental health needs.

Logrando Bienestar: Helps youth and adults in the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles.

Rapid Integrated Support & Engagement (RISE): Offers field-based connections to mental health assessment and treatment as well as case management.

VCBH Suicide Prevention: Provides resources to advance awareness and knowledge of suicide and related topics.

6,668 individuals received core program services

Other PEI Programs: Demographics of Participants[§]

Ethnicity*	(n = 1,997)
Hispanic	77%
Non-Hispanic	22%
More than one ethnicity	1%
Declined to answer: 11	

Age[§]	(n = 2,657)
0–15	37%
16–25	22%
26–59	34%
60+	6%
Declined to answer: 0	

Primary Language*	(n = 2,614)
English	75%
Spanish	24%
Indigenous	1%
Other	<1%
Declined to answer: 1	

Sex Assigned at Birth	(n = 1,565)
Female	59%
Male	41%
Declined to answer: 12	

Sexual Orientation[§]	(n = 391)
Bisexual	13%
Gay or Lesbian	10%
Heterosexual or Straight	61%
Queer	8%
Questioning or Unsure	3%
Another sexual orientation	5%
Declined to answer: 437	

Hispanic Ethnicities^			(n = 1,525)
Mexican	76%	South American	<1%
Central American	1%	Caribbean	<1%
Puerto Rican	1%	Another Hispanic	22%

Non-Hispanic Ethnicities^			(n = 55)
African	5%	Asian Indian/South Asian	5%
Cambodian	0%	Chinese	2%
Eastern European	4%	European	31%
Filipino	18%	Japanese	5%
Korean	5%	Middle Eastern	0%
Vietnamese	11%	Another Non-Hispanic	13%

Race*	(n = 2,578)
American Indian/Alaska Native	<1%
Asian	1%
Black/African American	1%
Hispanic/Latino	4%
Native Hawaiian/Pacific Islander	<1%
White	38%
Other	54%
More than one	1%
Declined to answer: 8	

Current Gender Identity[§]	(n = 1,377)
Female	44%
Male	50%
Genderqueer	2%
Questioning or Unsure	1%
Transgender	3%
Another gender identity	1%
Declined to answer: 6	

City of Residence[‡]					(n = 1,375)
Camarillo	7%	Fillmore	3%	Moorpark	2%
Newbury Park	2%	Oak Park	<1%	Ojai	1%
Oxnard	29%	Piru	<1%	Port Hueneme	3%
Santa Paula	7%	Simi Valley	10%	Thousand Oaks	6%
Ventura	20%	Other	10%		

*Percentages may add to or exceed 100% because participants could choose more than one response option.

[§]Assigned sex data was not collected from RISE.

^Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

[‡]City of residence data is not available for CIT and Logrando Bienestar.

Crisis Intervention Team

Ventura County Law Enforcement

The Crisis Intervention Team (CIT) is a mental health training program for first responders throughout Ventura County. CIT Academy provides training to help first responders assess and assist people in mental health crises compassionately and effectively. The four primary goals of the CIT program are to reduce the intensity of a crisis using de-escalation strategies, reduce the necessity of use-of-force, promote pre-custody diversion, and collaborate with mental health consumers, their families, the community, and other stakeholders to build and support a vibrant and accessible crisis system.

Program Strategies

Provides training to first responders to increase recognition of early signs of mental illness and how to respond to crises effectively.

Implements non-stigmatizing and non-discriminatory practices by providing culturally competent trainings to first responders.

PROGRAM HIGHLIGHTS‡

99 individuals received core program services (attended CIT Academy trainings)

2,836 individuals experiencing a mental health problem or crisis served†

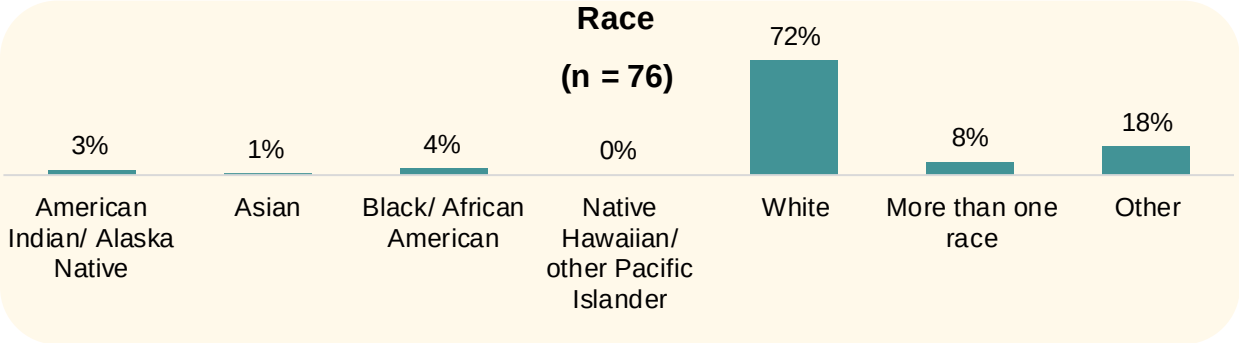
2,121 individuals reached through other program activities†

‡This program did not provide referrals.

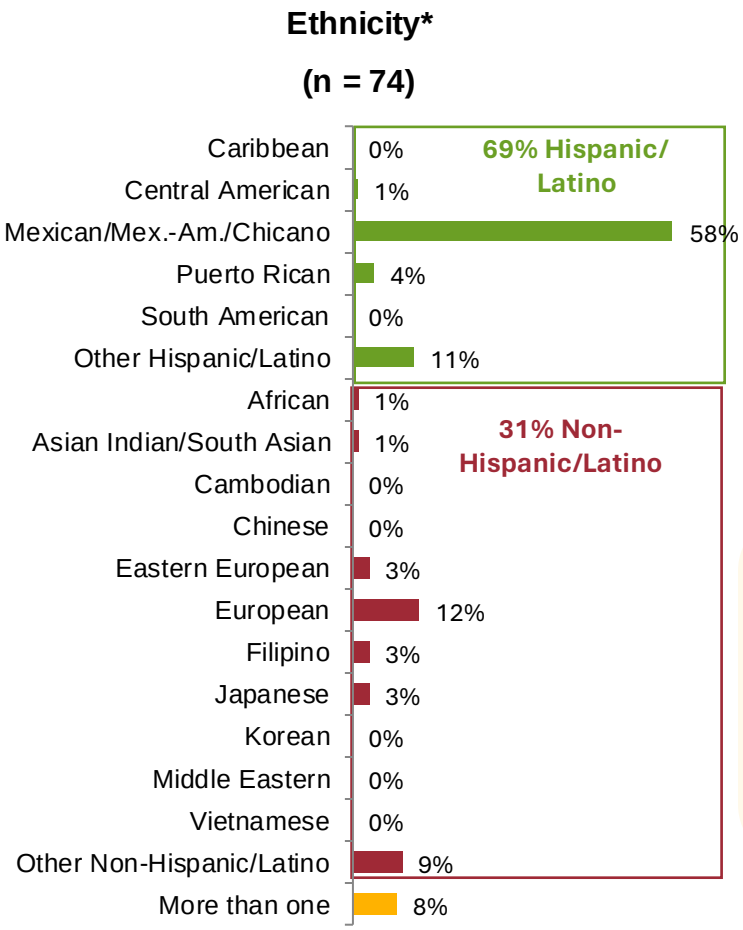
†Number of participants/individuals may be duplicated.

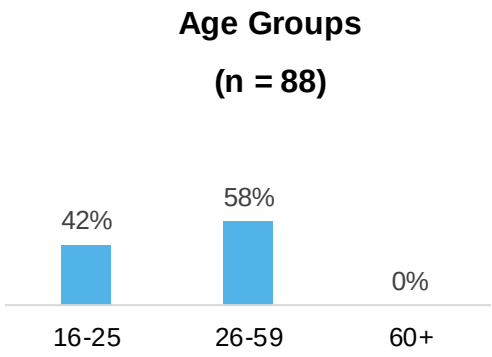
Demographic Data

CIT collects unduplicated demographic data from CIT Academy trainees. In FY 2022–2023, 99 individuals received core program services (CIT Academy training). Data for individuals (n=74-96) who provided demographic information is presented below.

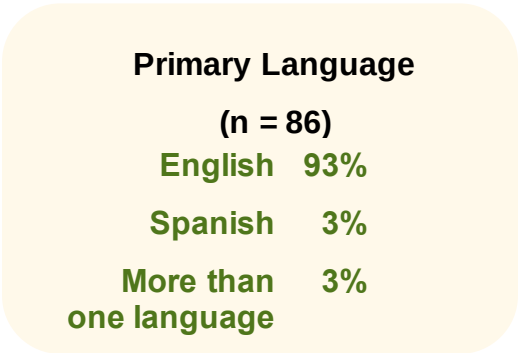


10 individuals did not answer this question, and 5 selected "decline to answer."





8 individuals did not answer this question, and none selected "decline to answer."



10 individuals did not answer this question, and 0 selected "decline to answer."

19 individuals did not answer this question, and 3 selected "decline to answer."

*Percentages may exceed 100% because participants could choose multiple response options.

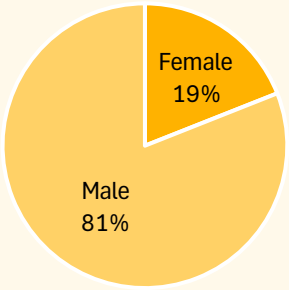
Demographic Data

Current Gender Identity (n = 88)

Female	19%
Male	81%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

8 individuals did not answer this question, and none selected "decline to answer."

Sex Assigned at Birth (n = 88)



8 individuals did not answer this question, and none selected "decline to answer."

Sexual Orientation (n = 87)

Bisexual	1%
Gay or Lesbian	1%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

9 individuals did not answer this question, and none selected "decline to answer."

13 trainees (15%) identified as veterans

n = 88; 8 individuals did not answer this question, and none selected "decline to answer."

No individuals reported having a disability

n = 88; 8 individuals did not answer this question, and none selected "decline to answer."

Crisis Intervention Program

Program Activities

In addition to the two CIT Academy cohorts, program activities include other types of trainings and presentations facilitated by program staff. These trainings cover topics such as suicide prevention, early recognition of signs of mental illness, and stigma and discrimination reduction. Participants may include first responder personnel as well as community members.

Program Activities by Type	# Activities/ Events
Presentations	15
Basic Academy Trainings	8
Other Law Enforcement Trainings	4
Program Updates	4
TOTAL # of Activities/Events	**31**

2,121 participants in program activities

[†]Number of participants/individuals may be duplicated.

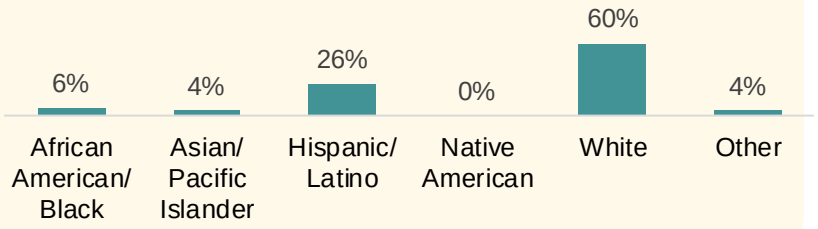
Crisis Intervention Program

CIT Card Information

Ventura County first responders document encounters with individuals experiencing a mental health problem or crisis through the submission of CIT Event Cards. These cards include individuals' demographic information, the city of the incident, and the disposition or service provided. First responder personnel completed 2,836 CIT cards in FY 2022–2023.

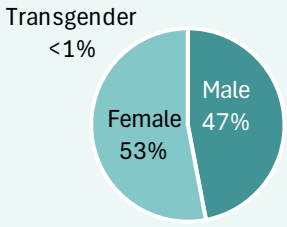
Subject Race

(n = 2,812)



Subject Gender

(n = 2,819)



11 participants answered "transgender" to this question.

8% of individuals encountered were homeless

2% of individuals encountered were veterans

Program Outcomes: Training Evaluation Survey

Disposition or Service

(n = 2,713)

Disposition/Service Type	% of CIT Cards
Contact Only	54%
Hospital	35%
#5150/#5585	8%
Voluntary IPU	2%
Incarcerated	1%

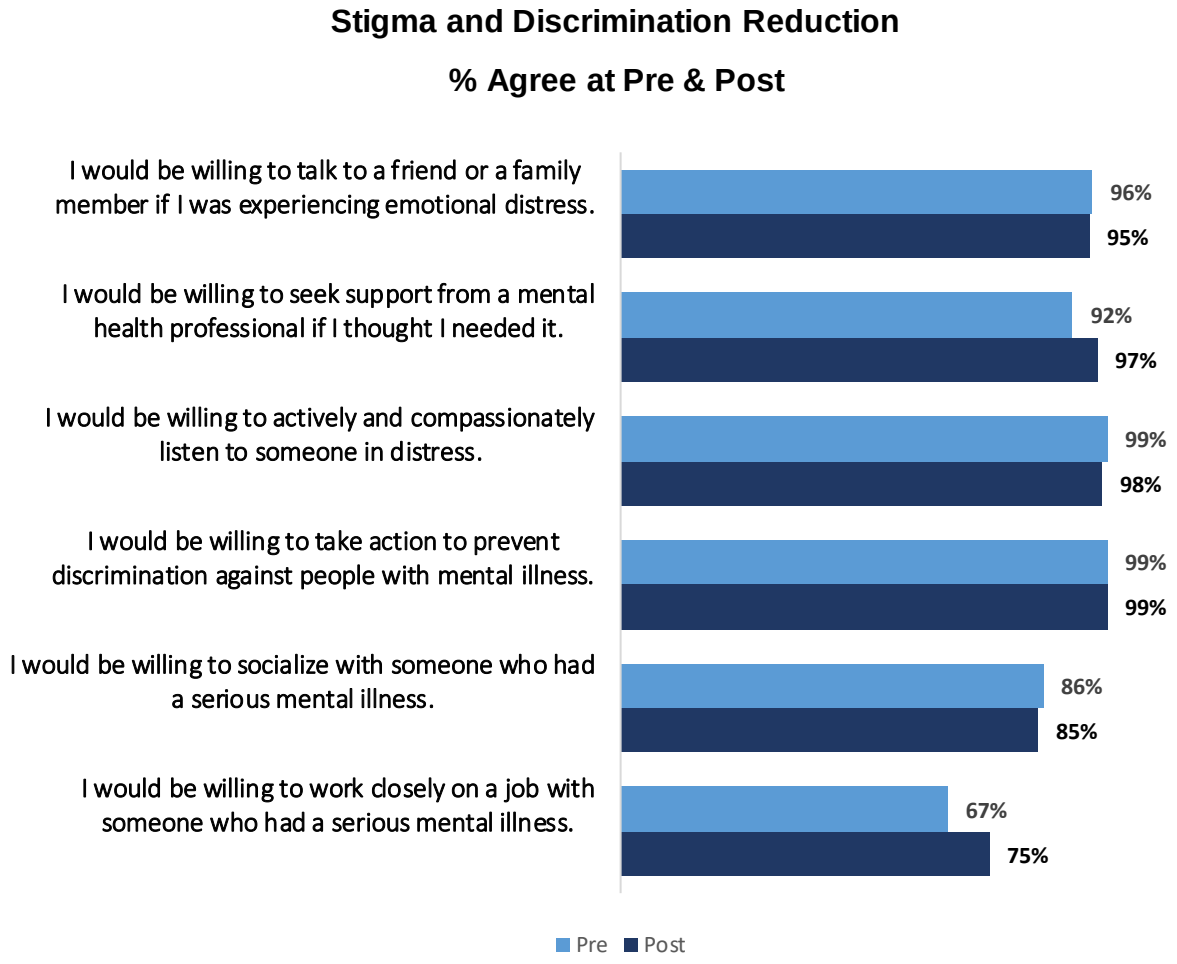
City of Incident

(n = 2,806)

City	% of CIT Cards
Camarillo	18%
Fillmore	4%
Moorpark	5%
Ojai	4%
Oxnard	6%
Port Hueneme	2%
Santa Paula	1%
Simi Valley	16%
Thousand Oaks	31%
Ventura	11%
County-wide	0%
Other	0%

Crisis Intervention Program

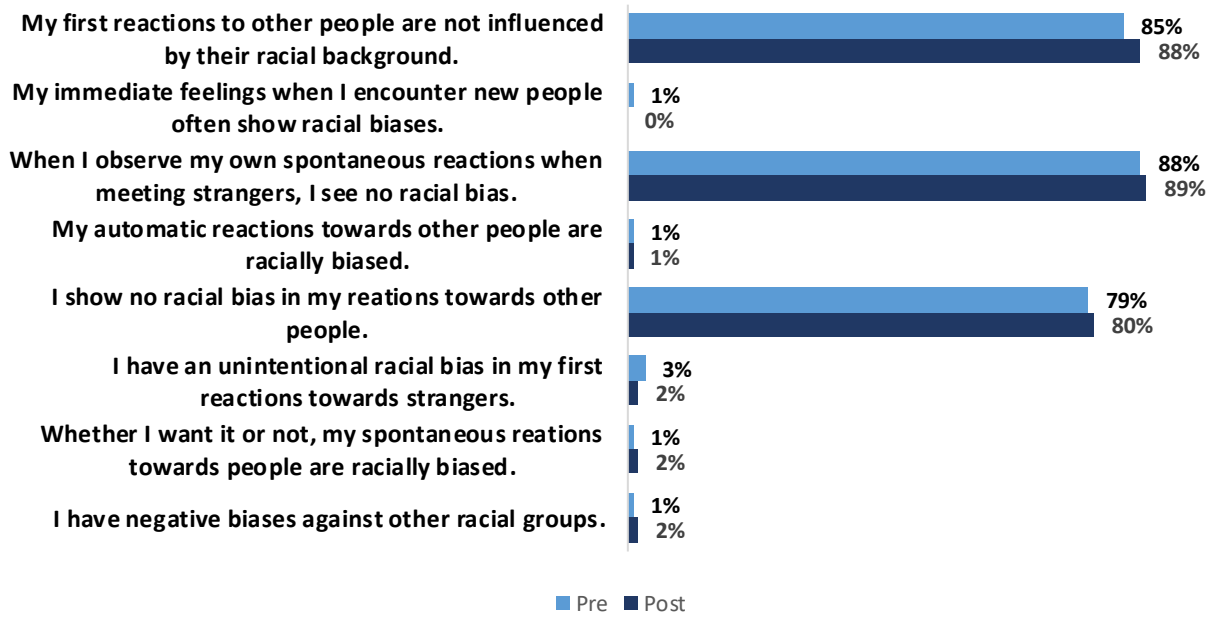
CIT tracks program outcomes by surveying CIT Academy trainees on topics such as stigma and discrimination and implicit racial bias at two time points: before and after the training. Results from the surveys are presented in the tables below.



Program Outcomes: Follow-up Survey

Implicit Racial Bias % Agree at Pre & Post

(n = 103–106)



Program Outcomes: Follow-up Survey

Approximately six months after CIT Academy training, trainees were asked to take a follow-up survey. Questions on this survey were intended to measure the outcomes of CIT Academy training, including how frequently trainees have implemented techniques learned from the training and overall perceptions of the training. Results from this survey are presented below.

% of Strongly Agree and Agree

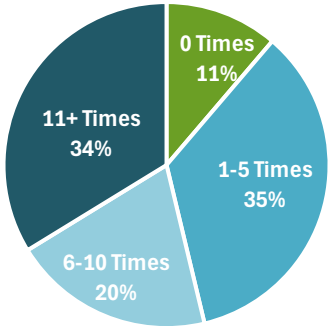
(n = 79-80)

As a result of CIT training…	% Agree
I am better able to recognize the signs and symptoms of a mental health disorder among individuals that I encounter in the community.	90%
I can more effectively communicate with persons displaying signs of a mental health disorder.	90%
I am more comfortable interacting with persons displaying signs of a mental health disorder.	90%
I am better able to defuse aggression before it becomes violence.	88%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	89%
I have more skills useful for managing any type of mental health crisis effectively.	85%
CIT training…	**% Agree**
Increases law enforcement officer safety	89%
Increases the safety of those affected by mental health conditions	92%
Better prepares law enforcement officers to handle crises involving individuals with a mental health disorder	91%

Program Outcomes: Follow-up Survey

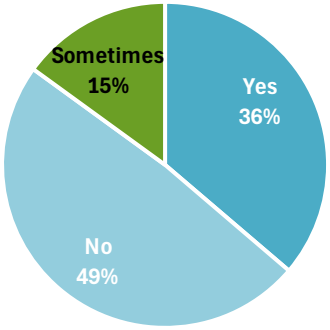
How many times have you used de-escalation techniques taught in CIT Training?

(n = 80)



Do you complete a CIT Event Card after each encounter with a person displaying signs of a mental health disorder?

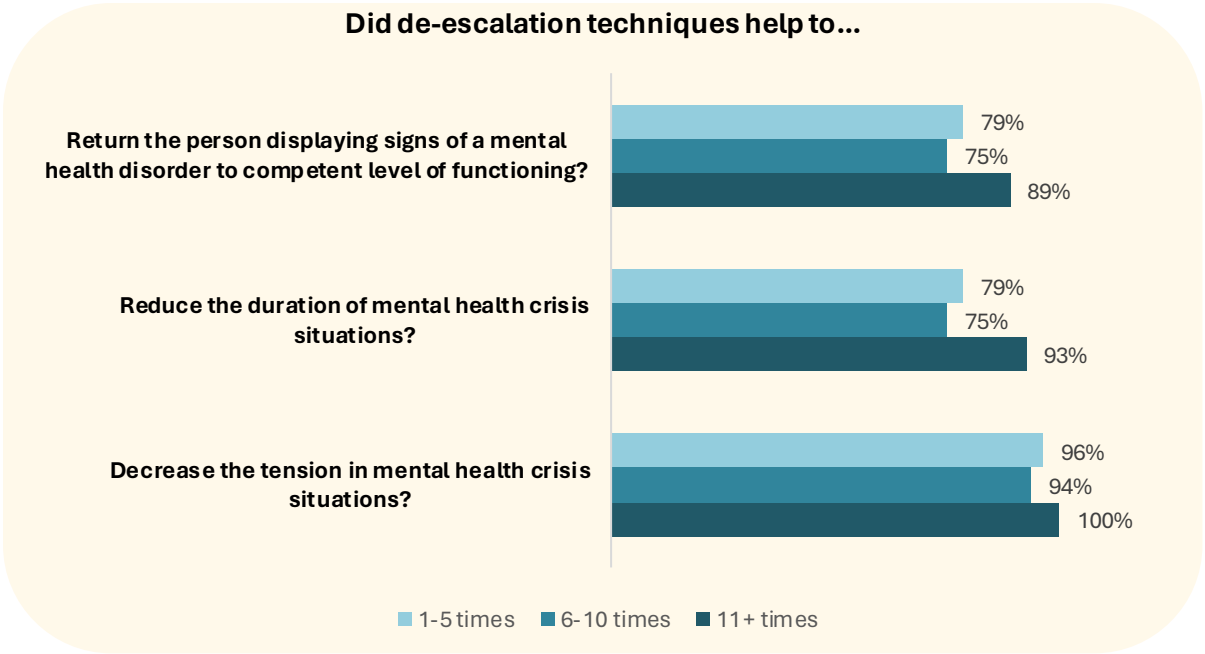
(n = 80)



*The primary reason for not completing a CIT card was because the individual encountered was in custody.

% of Yes Responses Based on Number of Times De-Escalation Techniques were Used

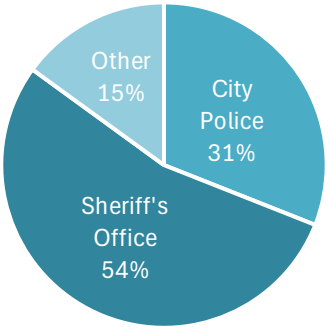
(n = 16–28)



Program Outcomes: Follow-up Survey Respondent Characteristics

Current Employer

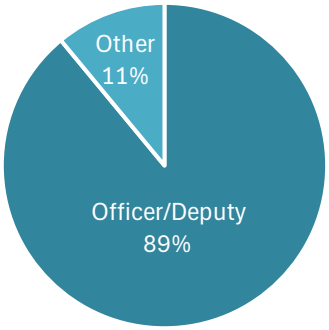
(n = 80)



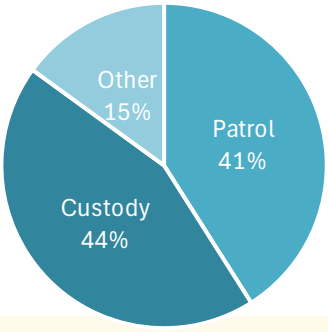
*Other category includes State Police, Probation, Federal Police, Other Law Enforcement (LE) Agency, Not LE

Rank Classification

(n = 80)



*Other category includes dispatcher, lieutenant/captain/commander, sergeant and PSO/CSO/SST

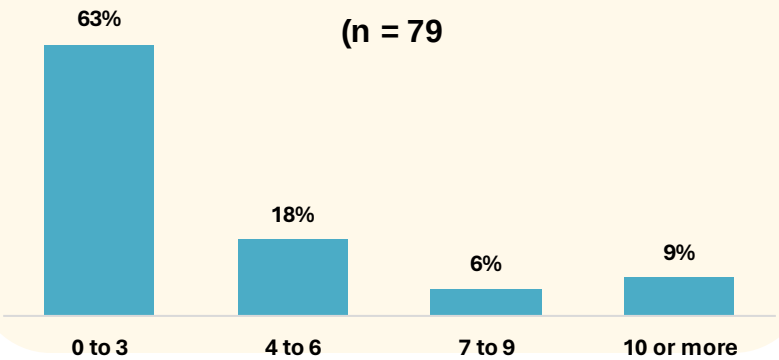


Current Assignment

*Other category includes dispatch, administration, courts, and probation

Years in Law Enforcement

(n = 79



Program Feedback and Successes

Participants who completed CIT training were asked about their satisfaction with the training and to share additional feedback about the program. Responses to these questions are presented below. For the open-ended question, responses were grouped by theme, and the top responses are presented along with the number of responses for each category (shown in parentheses).

What type of additional training would you be interested in?

(n = 53)

Top 3 Responses

- Refresher course (16)
- Different scenarios (e.g., custody-based, realistic, street related) (8)
- Crisis intervention/negotiation (7)

"I use my CIT Training on a regular basis while in custody. As our mental health population grows, the necessity to use my training has allowed me to prevent uses of force by simply using my voice and my communication skills."

"I responded to an individual with suicidal ideations. I was able to build rapport with and calm them. I feel the CIT course helped me develop a better understanding of how to communicate with people in a crisis situation."

% of Yes Responses

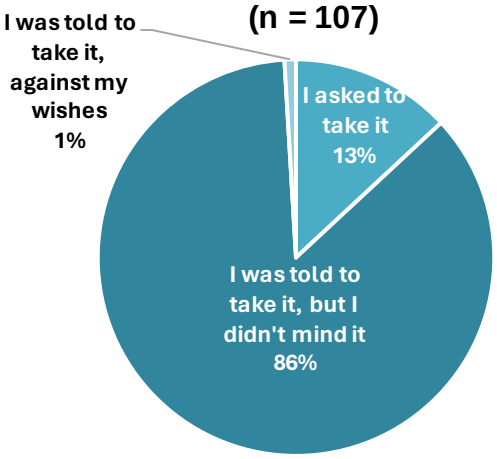
(n = 79)

Program Satisfaction

CIT Academy trainees' satisfaction with their training were asked through a series of questions. Responses to these satisfaction-related questions are presented below.

I attended this class because I was…

(n = 107)



Would you recommend CIT Academy to a peer?

(n = 107)

100% of CIT Academy trainees responded "Yes".

How has the CIT training impacted how you do your job?

(n = 54)

Top 2 Responses

- How to communicate generally and with individuals in distress or with mental illness (32)
- Have greater understanding of mental illness (10)

What suggestions do you have to improve the CIT training program?

(n = 51)

Top Response

- More real-life examples/scenario-based training, especially in custody settings (20)

What additional support do you need to fully implement the strategies from CIT training?

(n = 41)

Top 2 Responses

- More practice/experience (7)
- Greater understanding and use of available resources (6)

Conclusion and Recommendations

The CIT program trained 99 law enforcement officers and other first responders in FY 2022–2023. Of the individuals trained, 89% reported that they have used the de-escalation techniques they learned in the CIT Academy training and that those de-escalation techniques helped decrease the tension in mental health crisis situations. These findings also are illustrated in the success stories provided by CIT Academy trainees.

In FY 2023–2024, it is recommended that the CIT program include opportunities for problem-solving and practicing crisis situations trainees may face (e.g., real-life examples with scenarios).

Diversity Collective

Diversity Collective is an affirming and welcoming space for LGBTQ+ youth ages 13 to 23 and their allies. Diversity Collective hosts a weekly support group to discuss mental health and other topics such as suicide prevention, homelessness, consent, and bullying. Diversity Collective also conducts activities such as community outreach presentations, mental health guest speakers, social and advocacy events, discussions with parents of LGBTQ+ youth, and LGBTQ+ Cultural Competency trainings. Additionally, they conduct RISE (Recognize, Intervene, Support, Empower) and P.R.I.D.E. (Parents & Professionals' Responsibility for Inclusion, Diversity, and Equity) trainings to Ventura County school and agency staff to spread awareness of sexual assaults and address mental health needs in the LGBTQ+ community. Diversity Collective's trainings employ a variety of methods and activities to shift attitudes, enhance knowledge, and modify behaviors concerning the diagnosis of mental illness, living with mental health conditions, and seeking mental health services and then measure that impact through a validated instrument, the Mental Help Seeking Attitudes Scale (Hammer, Parent, & Spiker, 2018). These include interactive workshops that provide education on mental health issues specific to the LGBTQ+ community, peer support groups to share experiences and coping strategies, resilience and empowerment exercises tailored to address the unique challenges faced by LGBTQ+ individuals, and advocacy skills training to promote access to mental health services. These efforts are designed to create a supportive environment that encourages understanding, acceptance, and proactive engagement with mental health resources.

Program Strategies

Improves timely access to services for underserved populations by providing social and emotional support and connections to mental health care to LGBTQ+ youth.

Implements non-stigmatizing and non-discriminatory practices by providing LGBTQ+ cultural competency trainings to potential responders and agency staff.

Program Highlights

212 individuals received core program services

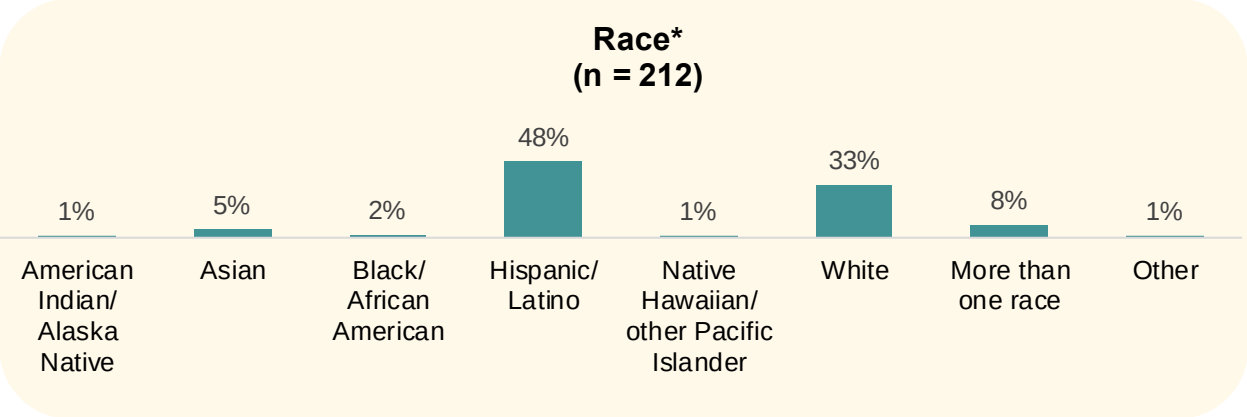
10,888 individuals reached through outreach events[†]

[†]Number of individuals may be duplicated.

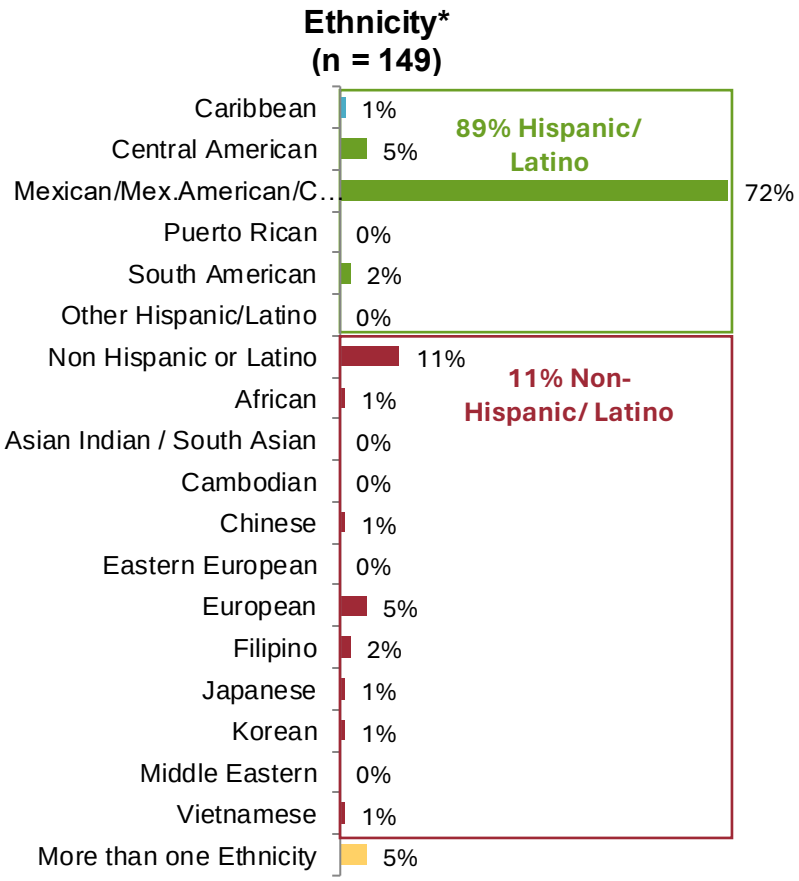
Diversity Collection

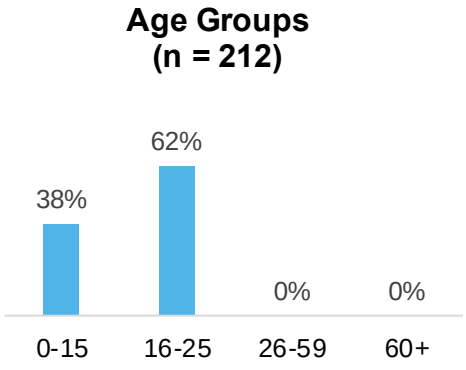
Demographic Data

Diversity Collective collects unduplicated demographic data from the individuals they serve and train. Of the 212 individuals who received core program services (youth support groups, RISE and P.R.I.D.E. LGBTQ+ trainings), all completed a demographic form, and this information is presented below.



4 individuals selected "decline to answer."





Primary Language
(n = 212)

English 75%

Spanish 22%

*Percentages may exceed 100% because participants could choose more than one response option.
1 individual selected "decline to answer."
4 individuals selected "decline to answer."

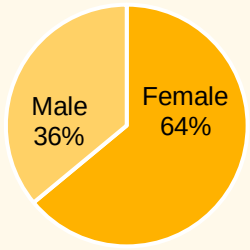
Demographic Data

Current Gender Identity* (n = 212)

Female	30%
Male	29%
Transgender	19%
Genderqueer	12%
Questioning or Unsure	4%
Another Gender Identity	4%

6 individuals selected "decline to answer."

Gender Assigned at Birth (n = 212)



12 individuals selected "decline to answer."

Sexual Orientation* (n = 212)

Bisexual	21%
Gay or Lesbian	17%
Heterosexual or Straight	28%
Questioning or Unsure	4%
Queer	15%
Another Sexual Orientation	9%

10 individuals selected "decline to answer.".

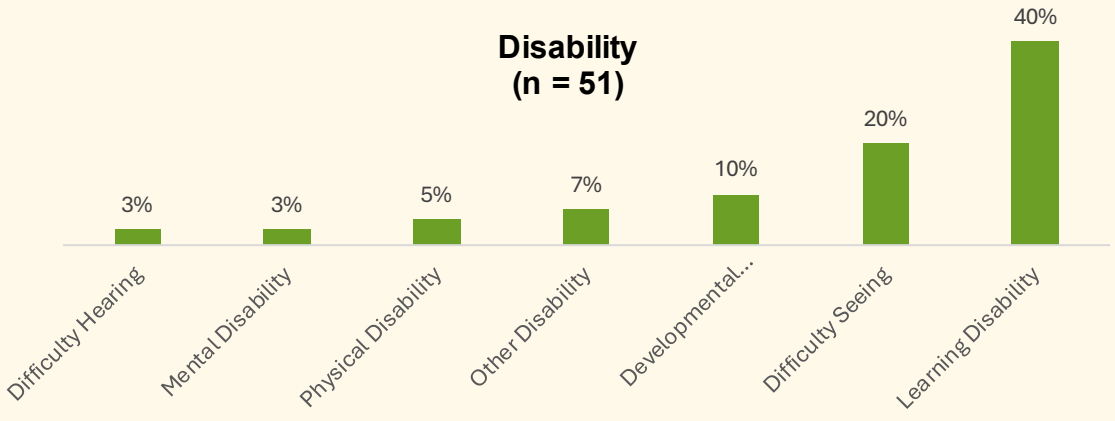
0% of individuals identified as veterans

n= 211; 9 individuals selected "decline to answer."

24% of individuals reported having one or more disabilities

n = 212; 8 individuals selected "decline to answer."

Disability (n = 51)



*Percentages may exceed 100% because participants could choose more than one response option.

Diversity Collection

Program Activities

Program activities include drop-in programs, trainings and workshops, meetings, and support groups facilitated by Diversity Collective program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Drop-in Program	66
Training/Workshop	6
Meeting	2
Support Group	2
TOTAL # of Activities/Events	**73**

11% of activities offered in Spanish and/or Mixteco

752 participants in program activities†

Program Outreach

Program outreach includes activities to promote Diversity Collective in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Community Fair or Event	52
Education	2
Presentation	1
Outreach	1
Interagency Meeting	1
Meeting	1
TOTAL # of Activities/Events	**58**

10,888 people reached through outreach events†

12,252 materials distributed

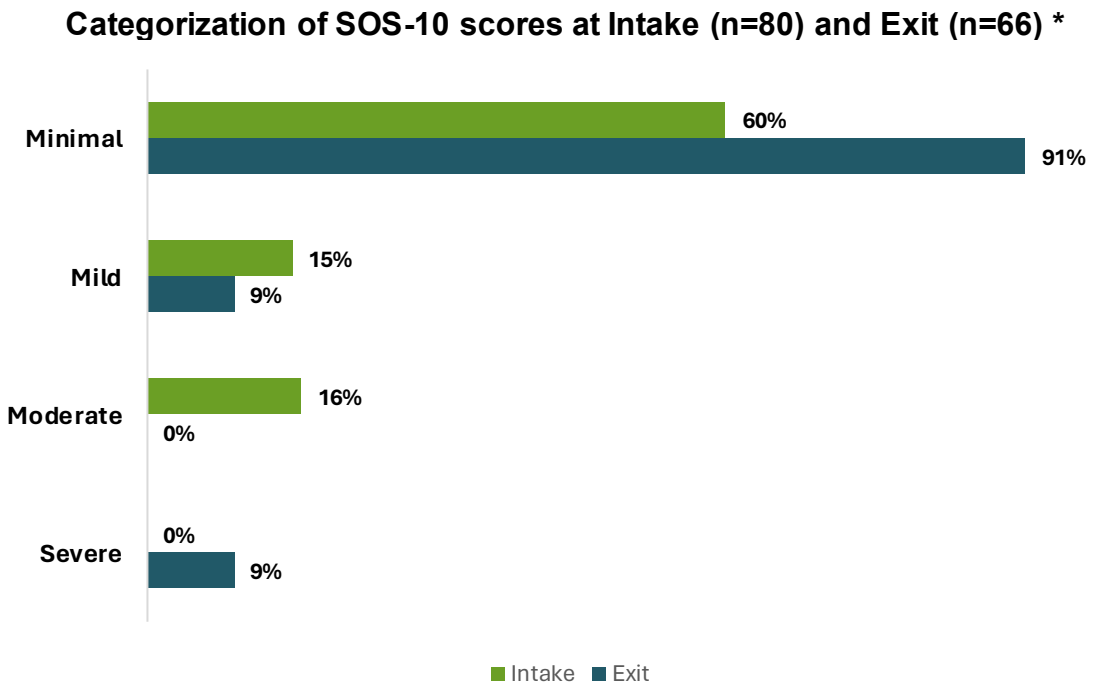
49% of outreach events conducted in Spanish

†Number of participants/individuals reached may be duplicated because individuals could attend multiple activities/events.

Diversity Collection

Program Outcomes

Diversity Collective tracks outcomes by surveying participants who receive services offered by the organization. Participant outcomes are assessed at two time points (intake and exit) using the Schwartz Outcome Scale (SOS-10), a 10-item measure of psychological health. Higher scores on this measure indicate greater psychological well-being/lower levels of distress. Comparisons of intake and exit scores are presented in the chart below.



Participants reported experiencing minimal levels of distress, on average, across the two time points (Intake: 41.4, Exit: 50).

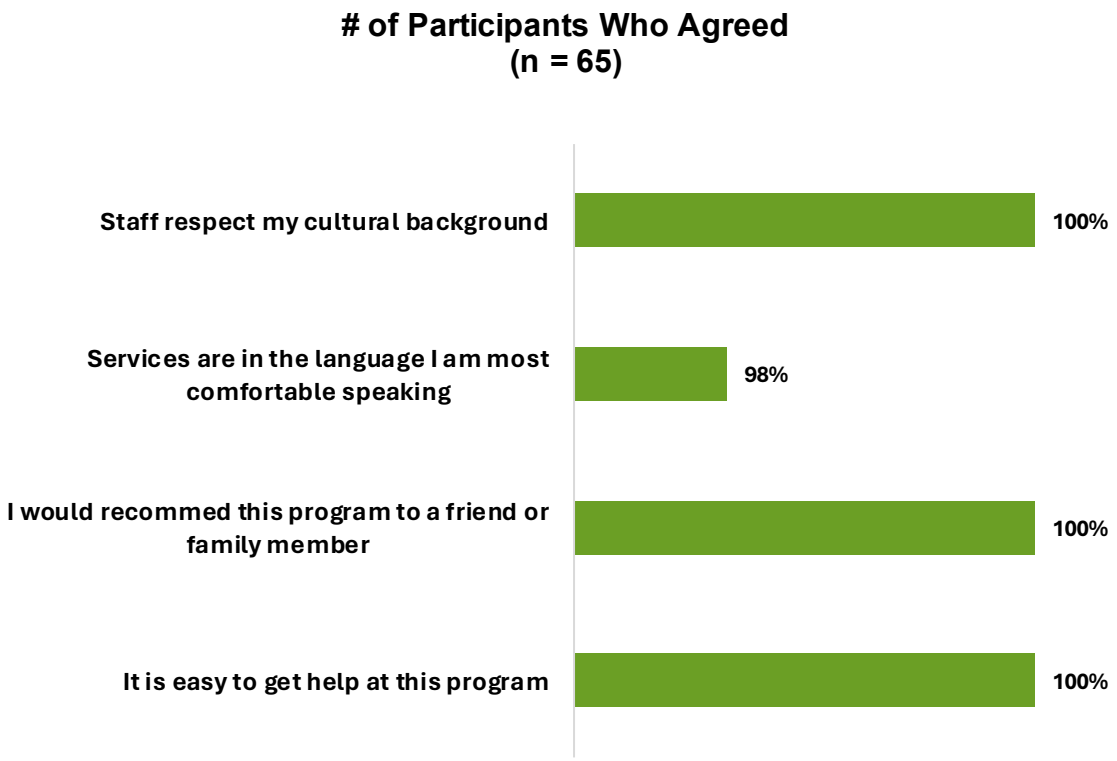
Most participants (86%) have been receiving services from Diversity Collective for 7 months to a year.

*Total score on the SOS-10 ranges from 0–60 and scores are categorized as minimal (40–59), mild (33–39), moderate (23–32), or severe (1–22) levels of distress.

Diversity Collection

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with the Diversity Collective program and services. The number of participants who agreed or strongly agreed with each statement is shown in the chart below.



Most participants were completely satisfied with Diversity Collective's program and staff.

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all statement response options and the number of participants who indicated they needed help in each area.

# of Participants Who Need Support*
(n = 66)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	6%
My grades in school	18%
My housing situation	5%
My job situation	9%
My relationships with friends and family	29%
My parenting	0%
Staying out of jail or prison	5%
My mental health	88%
Substance use	14%

Participants reported that the two primary areas of need were help with (1) mental health and (2) relationships with friends and family.

*Total count may exceed number of participants because they could choose more than one response option.

Diversity Collection

Program Feedback

Participants who received Diversity Collective services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most helpful about this program?

(n = 4)

Top 2 Responses

- Community connection and belonging (3)
- Supportive and empathic staff (1)

What are your recommendations for improvement?

(n = 3)

Top 2 Responses

- Help with transportation and accessibility (2)
- Activity diversification (e.g., fieldtrips) (1)

Program Successes

"The transition to hybrid meeting structures has shown an increase in the number of active participants."

"The use of the Discord platform to create a weekly safe space for fostering communication among teens in a monitored and secure environment outside of traditional sessions has led to increased engagement and higher participant retention."

Diversity Collection

Conclusion and Recommendations

Diversity Collective is working to meet their participants' emotional needs through referrals to social support and mental health care.

Diversity Collective saw significant gains in the number of surveys collected from the prior fiscal year. Surveys reflect strong positive impacts that Diversity Collective is having on the mental health of participants. All participants who completed outcome surveys reported that they were satisfied with the program and would recommend it to others. One area of future improvement may include raising awareness and promoting program referrals to mental health services and social support programs/groups.

Logrando Bienestar

Ventura County Behavioral Health

The Logrando Bienestar program is designed to help the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles. Logrando Bienestar walks participants through the process of getting well. The program serves youth and adults county-wide.

Program Strategies

Improves timely access to services for underserved populations countywide through referrals to culturally and linguistically appropriate services.

Implements normative and cultural values to reduce stigmatization and increase workshop participation.

Program Highlights

1,279 individuals received core program services

22,213 individuals reached through outreach events[†]

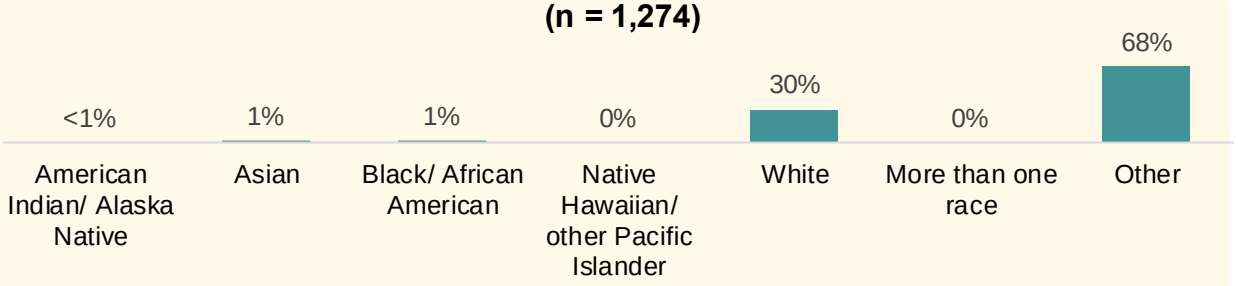
[†]Number of individuals may be duplicated.

Logrando Bienestar

Demographic Data

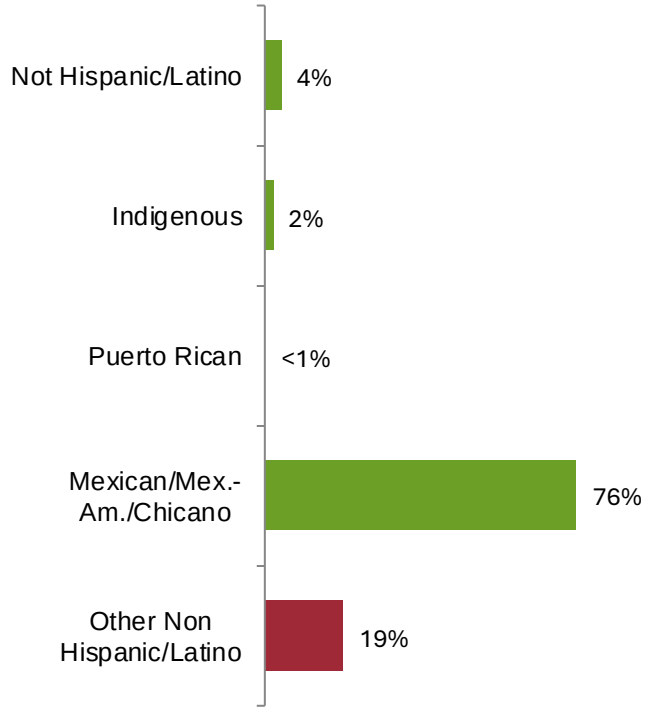
Logrando Bienestar collects unduplicated demographic data from the individuals they serve. Of the 1,279 individuals who received core program services, all provided some demographic information. This information is presented below.

**Race*
(n = 1,274)**



*5 individuals did not answer this question.

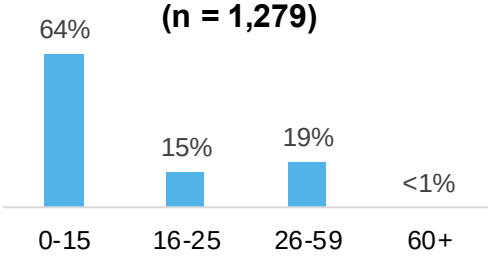
**Ethnicity*
(n = 992)**



*1 individual selected "refuse to state."

286 individuals did not answer this question.

**Age Groups
(n = 1,279)**



**Primary Language
(n = 1,261) ***

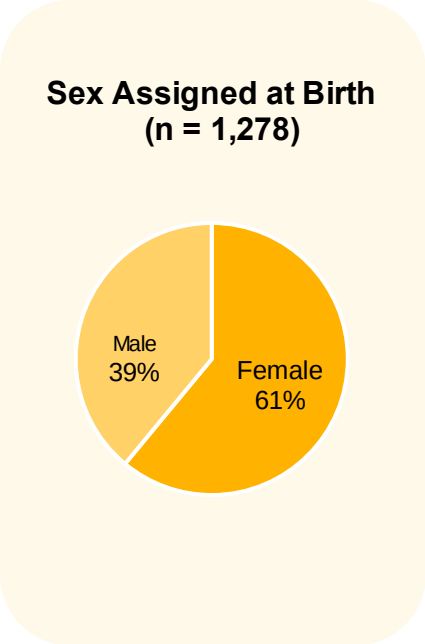
English	61%
Spanish	38%
Indigenous	1%
Other	<1%

*18 individuals selected did not answer this question.

Other include N=1 American Sign Language, N=1 Other Non-English

*Total responses may exceed the number of participants as individuals could select multiple response options.

Demographic Data



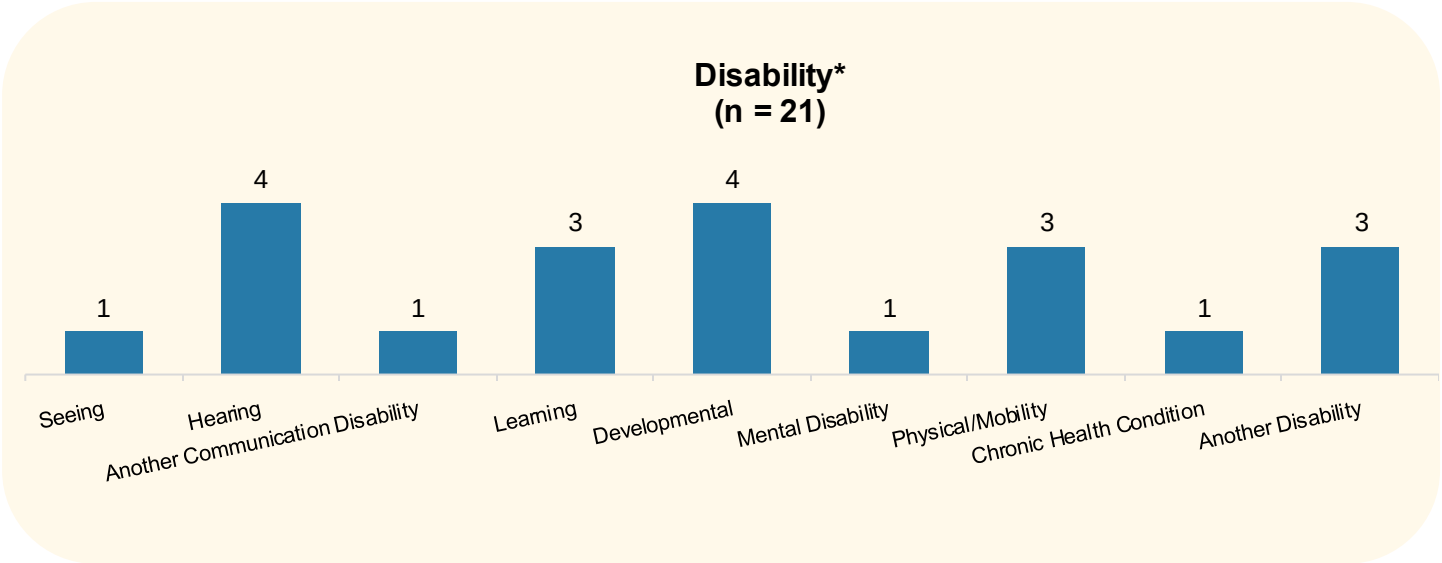
No individuals identified as veterans

n = 1278; 1,231 individuals did not answer this question.

2% of individuals reported having one or more disabilities

n = 1,279

*1 individual did not answer this question.



Logrando Bienestar

Program Activities

Program activities include workshops facilitated by program staff. Logrando Bienestar provided 629 program activities from July 2022–June 2023.

Program Activities by Type	# Activities/ Events
Workshop	16
Training	5
TOTAL # of Activities	**21**

322 participants in program activities†

es

100% of program activities conducted in Spanish and English

22% in Indigenous languages

Program Outreach

Program outreach includes activities to promote the Logrando Bienestar program in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Outreach	608
TOTAL # of Events	608

21,895 people reached through outreach events†

374 materials distributed

es

99% of outreach events conducted in Spanish

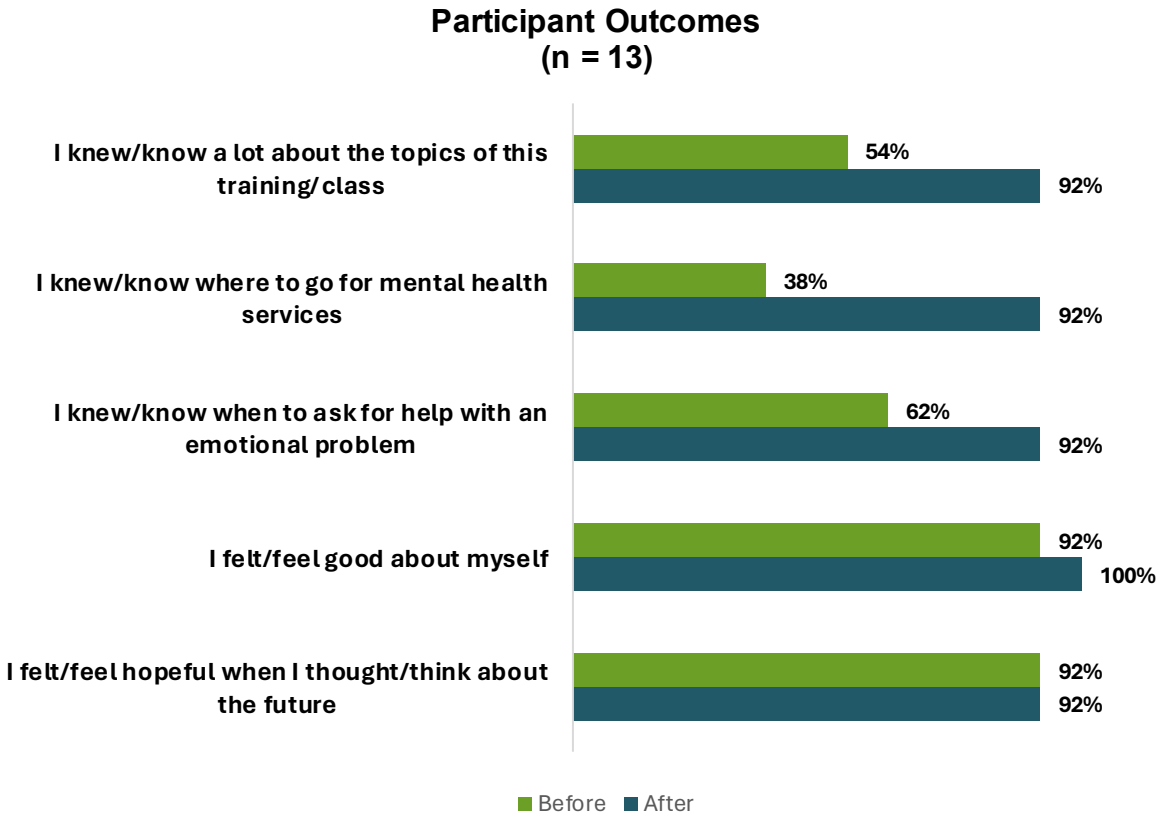
10% in English

4% in Indigenous languages

† Number of participants/people reached may be duplicated.

Program Outcomes

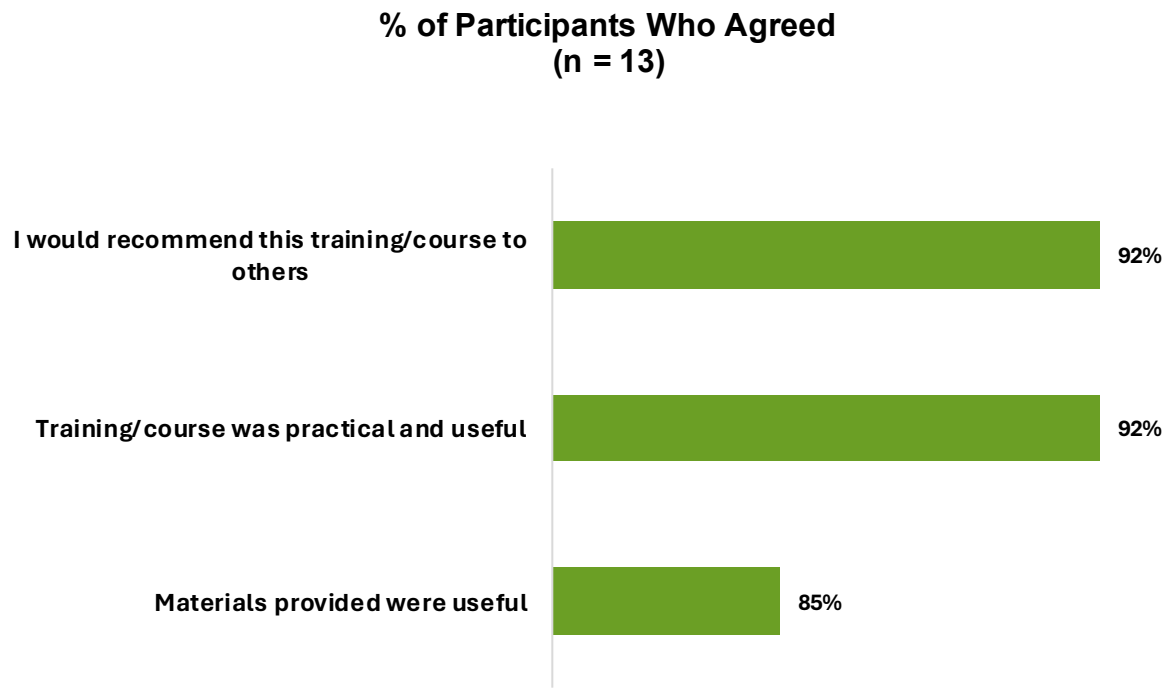
Logrando Bienestar tracks outcomes for program participants (i.e., those who receive services) by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they received services. Survey results are presented in the chart below.



Logrando Bienestar

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the program as a measure of their satisfaction with the Logrando Bienestar program and services. The percentages of participants who agreed or strongly agreed with each statement are shown in the chart below.



Participants were highly satisfied with Logrando Bienestar's program and staff.

Areas of Support

Participants were asked to select areas in which they needed additional support from a list of options. The table below displays all response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 25)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	8%
My grades in school	0%
My housing situation	8%
My job situation	8%
My relationships with friends and family	33%
My parenting	17%
Staying out of jail or prison	0%
My mental health	25%
Substance use	0%

Participants reported that the three primary areas of need were help with (1) relationships with friends and family, (2) mental health, and (3) parenting.

*Percentages may exceed 100% because participants could choose more than one response option.

Program Feedback

Participants were asked to provide additional feedback through two questions. One question asked participants what the most helpful part of the program was, and participants selected their responses from a list of options. The second question was open-ended and inquired about recommendations for the program. Participants' comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response category is shown in parentheses.)

What was most helpful about this program?

(n = 13)

Top 3 Responses

- Building mental health awareness (6)
- Information and resources (5)
- Emotional and mental well-being (2)

What are your recommendations for improvement?

(n = 8)

Top 2 Responses

- Class availability and frequency (4)
- Outreach and communication (2)

25% of participants indicated that no improvements were necessary.

Conclusion and Recommendations

Logrando Bienestar is reaching the population they seek to serve, with the majority of the participants identifying as Latino. The program is working to meet clients' physical and emotional needs through referrals to mental health care when appropriate.

An area of future improvement may include increasing compliance with demographic data collection for information on gender assigned at birth, sexual orientation, and current gender identity. Additionally, the program should collect data on referrals alongside capturing narratives of both success stories and challenges encountered.

Rapid Integrated Support & Engagement (RISE)

Ventura County Behavioral Health (VCBH)

The Rapid Integrated Support & Engagement (RISE) program is offered by Ventura County Behavioral Health specifically to encourage and allow people with mental health needs to get assessments and treatment. A field-based outreach team makes contact with individuals then provides ongoing support in navigating any challenges to accessing care. The RISE team also follows up with clients as needed and may be closely involved with case management.

Program Strategies

Provides access and linkages to services through screenings and referrals to appropriate treatment.

Improves timely access to services for underserved populations, particularly people without access to services, by providing services in the field.

PROGRAM HIGHLIGHTS‡

1,078 individuals received core program services

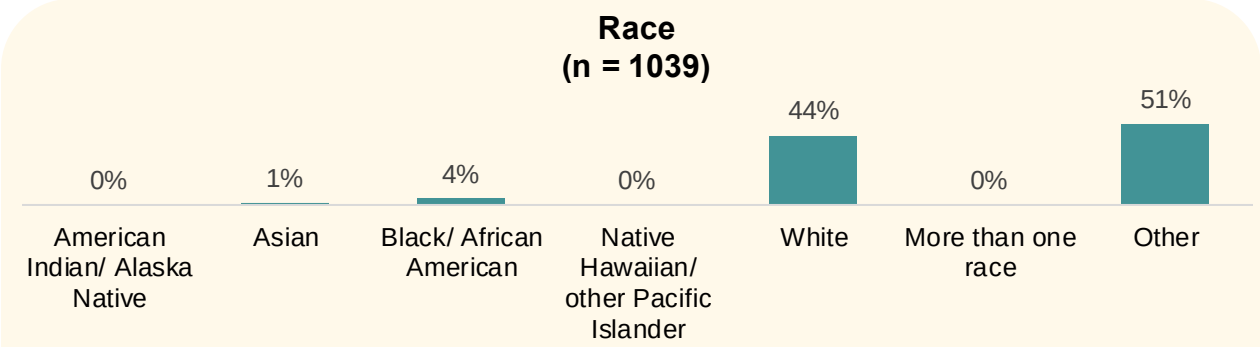
66 days, average length of stay

‡Information on referrals is not available for this program.

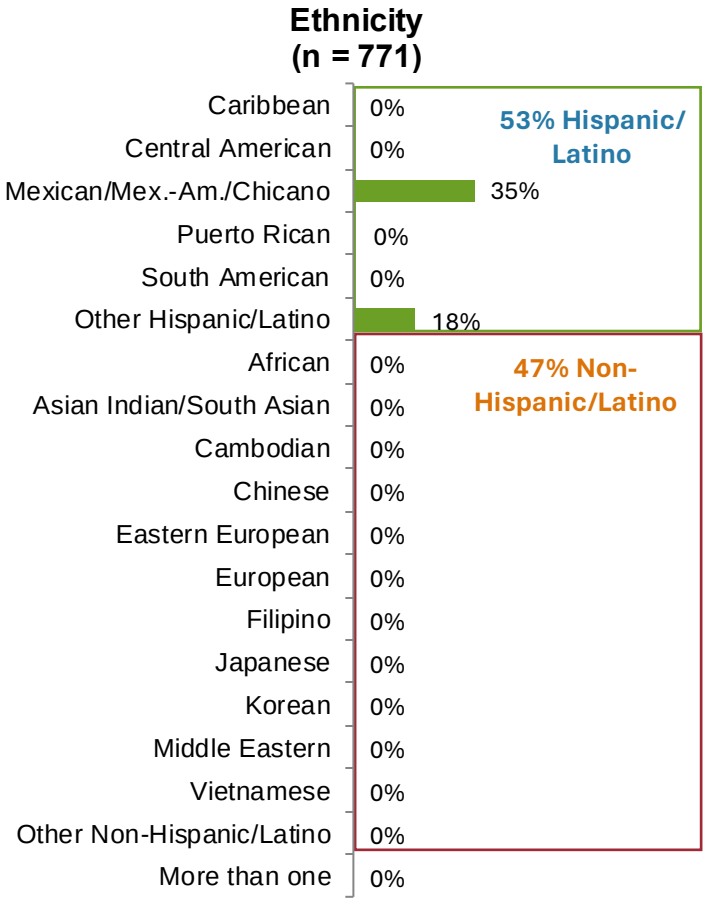
Rapid Integrated Support & Engagement (RISE)

Demographic Data

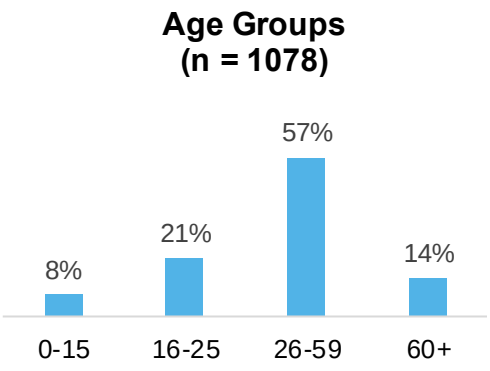
RISE collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents information provided by the 1,078 individuals who completed a demographic form.

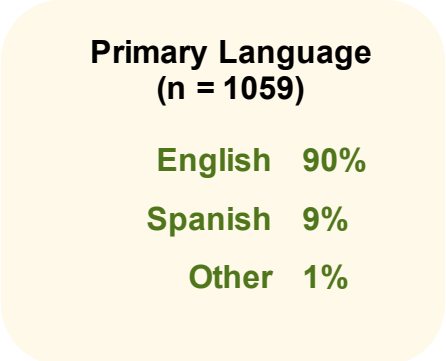


39 individuals did not answer this question; none selected "decline to answer."



306 individuals did not answer this question, and 1 selected "decline to answer."





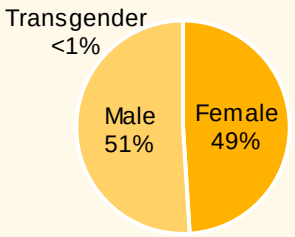
19 individuals did not answer this question.

Demographic Data

Sexual Orientation (n = 87)	
Bisexual	5%
Gay or Lesbian	3%
Heterosexual or Straight	91%
Queer	0%
Questioning or Unsure	1%
Another Sexual Orientation	0%

871 individuals did not answer this question, and 114 selected "decline to answer." 6 individuals answered "transgender" to this question.

Gender (n = 1,076)



6 individuals answered "transgender" to this question. 2 individuals did not answer this question.

Rapid Integrated Support & Engagement (RISE)

Program Activities

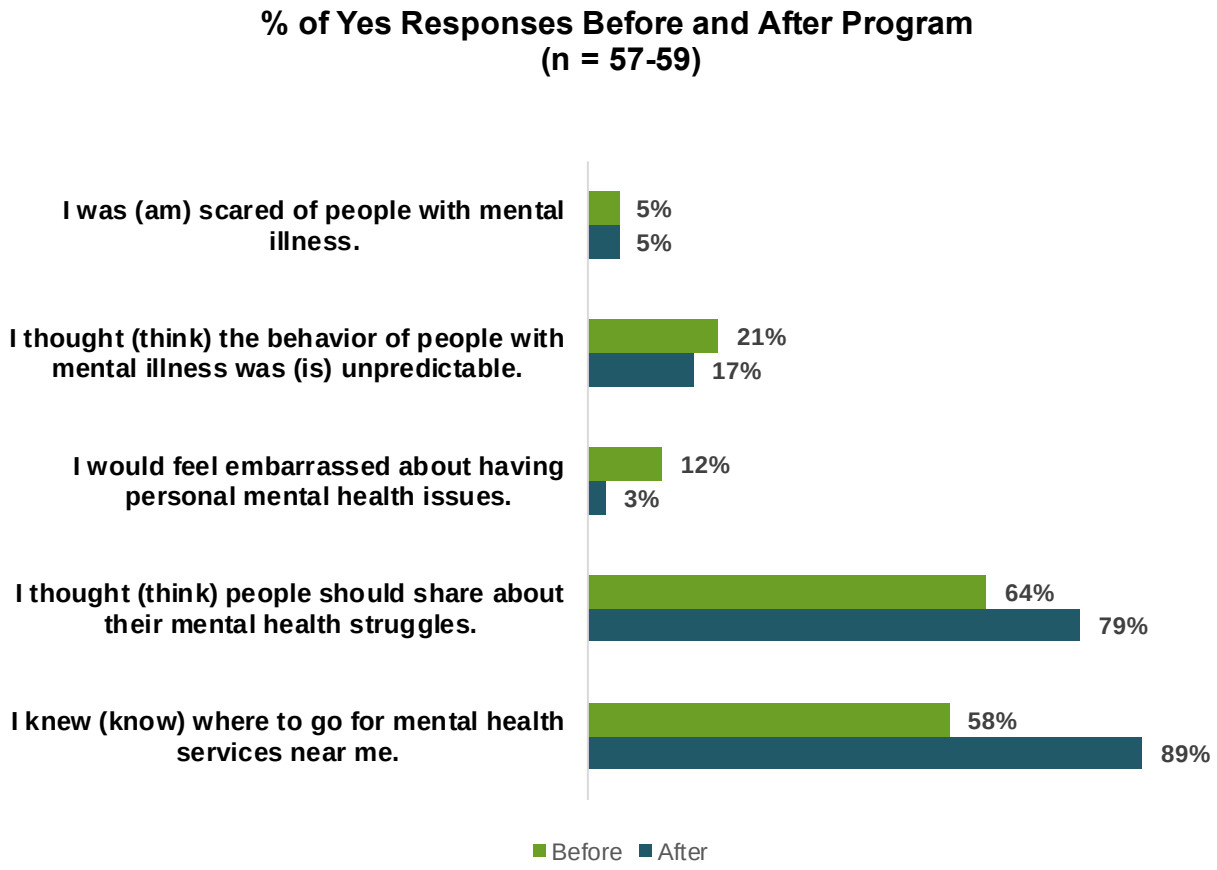
RISE provides a range of program activities including crisis intervention, mental and behavioral health assessments, case management, and long-term plan development. A list of activities and the number of times each activity was provided are presented in the table below.

Program Activities by Type	# Activities/Events
Assessments	342
Case Management	3,604
Collateral Meetings	145
Crisis Intervention	10
Mental Health Evaluation and Management	285
Medication Management	3
Plan Development	98
No Show/Outreach	152
Paperwork Completion	2321
Transportation/Travel Services	156
Rehab Services	5
TOTAL # of Activities/Events	**7,121**

Rapid Integrated Support & Engagement (RISE)

Program Outcomes

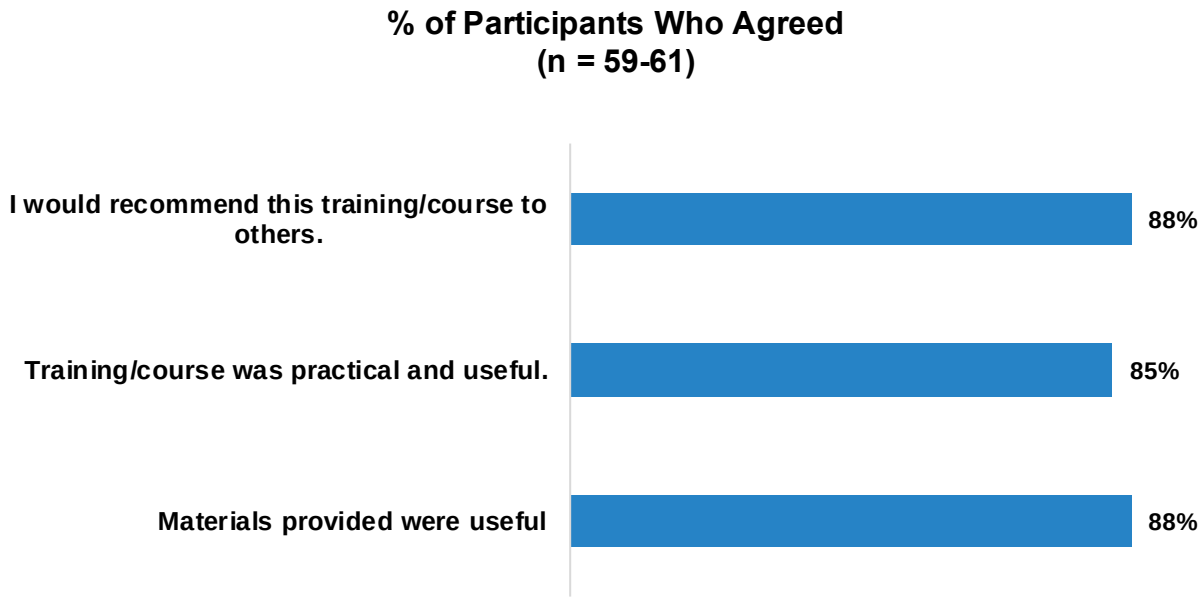
RISE tracks outcomes for program participants (i.e., those who receive services) by asking participants to self-assess their knowledge from two perspectives (retrospective pre/post): before and after they receive services. Survey results are presented in the chart below.



Rapid Integrated Support & Engagement (RISE)

Program Satisfaction

Participants were asked to indicate the extent to which they disagreed or agreed with several statements about the RISE program as a measure of their satisfaction. The percentages of participants who agreed or strongly agreed with each statement are shown in the chart below.



Participants were highly satisfied with the RISE program.

Areas of Support

Participants were asked to select areas where they needed additional support from a list of options. The table below displays all response options and the percentage of participants who indicated they needed help in each area.

% of Participants Who Need Support*
(n = 33)

Before I attended this program, I wanted help with…	% of Participants
My school attendance	6%
My grades in school	18%
My housing situation	6%
My job situation	15%
My relationships with friends and family	24%
My parenting	6%
Staying out of jail or prison	0%
My mental health	21%
Substance use	3%

Participants reported that their primary area of need was help with relationships with friends and family. Help with mental health, grades in school, and job situation were also indicated as areas for additional support.

*Percentages may exceed 100% because participants could choose more than one response option.

Conclusion and Recommendations

Participants who received services from the RISE program completed a survey inquiring about their knowledge prior to and after receiving services. Their responses suggest that the RISE program increased knowledge of mental health resources and the belief that people should share their mental health struggles. Additionally, most participants agreed that the program was useful and would recommend RISE to others.

An area of future improvement may include collecting demographic data in accordance with the MHSA PEI requirements (e.g., sexual orientation, gender identity, disability status, veteran status).

Suicide Prevention

Ventura County behavioral Health (VCBH)

Ventura County Behavioral Health (VCBH) along with the Ventura County Suicide Prevention Council, stakeholders, and community members seek to promote help and hope to everyone at risk or affected by suicide. VCBH provides resources to advance awareness and knowledge of suicide and related topics through a variety of activities.

Program Highlights

Population served: Community members of Ventura County
Approximately 4,000 individuals engaged in program activities

Program Activities

Crisis Hotline – 3,225 calls, chats, and texts to the suicide prevention center hotline were made in Ventura County. Over half of all contacts who reported their age (n=1,647) were 15 to 24 years (39%) or 25 to 34 years (25%). Top concerns among contacts included relationship concerns, anxiety/stress, suicidal desire, depression, and mental health.

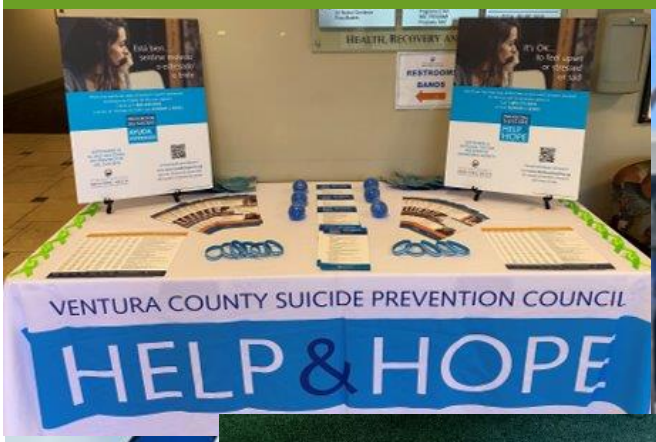
Empower Up! for Your Mental Health – Over 400 high school students attended a youth-for-youth event focused on mental well-being featuring inspiring talks from local youth along with engaging workshops and activities. Of the 208 attendees who completed a post-event survey, 85% agreed the event was a valuable experience and 82% would recommend it to a friend/colleague.

Suicide Prevention Forum – Approximately 200 individuals including high school students attended the forum virtually and in person where personal stories, wellness activities, and local resources were shared. Breakout sessions focused on LGBTQ+, youth and young adults, families, mental wellness, and monolingual Spanish speakers provided opportunities for deeper discussion and questions. While survey response rates were low, likely due to the event being held outside, respondents (n=37-38) left the conference knowledgeable about available support services (100%), warning signs (97%), and how to help someone thinking about suicide (94%).

Suicide Prevention

Successes and Learnings

"They talked about mental health and that it's ok to get help. They provided numerous experiences to show that no matter what we go through, we are not alone."



"To hear every speaker's experience and how they overcame the obstacles that were in front of them. It helped me to realize there's always a way."

Appendix A. Categories of VCBH PEI Programs

Program	PEI Program Categories						
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Suicide Prevention*	Improving Timely Access to Services for Underserved Populations*
Multi-Tiered System of Support Ventura County Office of Education							
Wellness Centers Expansion K-12 Ventura County Office of Education							
One Step a La Vez							
Program to Encourage Active, Rewarding Lives for Seniors Ventura County Area Agency on Aging (VCAAA)							
Project Esperanza Our Lady of Guadalupe Parish							
Promotoras Conexión Program Promotoras y Promotores Foundation (PYPF)							
Healing the Community Mixteco Indigena Community Organization Project (MICOP)							
Tri-County GLAD							
Wellness Everyday and STAY Media Campaign Idea Engineering							
Network Extension Grants Program Ventura County Behavioral Health							
COMPASS Seneca Family of Agencies							
Primary Care Program Clinicas del Camino Real, Inc.							
Ventura County Power Over Prodromal Psychosis (VCPOP) Ventura County Behavioral Health							
Crisis Intervention Team (CIT) Ventura County Law Enforcement							
Diversity Collective							
Logrando Bienestar Ventura County Behavioral Health							
Rapid Integrated Support & Engagement (RISE) Ventura County Behavioral Health							
Suicide Prevention Ventura County Behavioral Health							

*Optional program category according to PEI regulations.

FY 22–23 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	225,865
Multi-Tiered System of Support (MTSS) – VCOE	673
Multi-Tiered System of Support (MTSS) – LEA	202,792
One Step a La Vez	110
Program to Encourage Active, Rewarding Lives for Seniors	184
Project Esperanza	110
Promotoras Conexión Program	145
Mixteco Indigena Community Organization Project (MICOP)	143
Wellness Centers	21,667
Tri-County GLAD	41
Early Intervention Programs	634
COMPASS	15
Primary Care Program (Clinicas)	348
Ventura County Power Over Prodromal Psychosis (VCPOP)	271
Other PEI Programs	6,668
Crisis Intervention Team (CIT)	99
Diversity Collective	212
Logrando Bienestar	1,279
Suicide Prevention	4,000
Rapid Integrated Support & Engagement (RISE)	1,078
Total:	233,167

FY 22–23 Number of Participants Served by City of Residence[§]

Geogracphic Area	Number of Participants Served	% of Total
Camarillo	134	5%
Fillmore	186	7%
Moorpark	47	2%
Newbury Park	48	2%
Oak Park	8	<1%
Ojai	40	2%
Oxnard	733	27%
Piru	8	<1%
Port Hueneme	67	2%
Santa Paula	351	13%
Simi Valley	187	7%
Thousand Oaks	109	4%
Ventura	408	15%
Other	426	16%
Total with available city of residence data:	2,752	

[§]City of residence data is not available for Crisis Intervention Training, Logrando Bienestar, Multi-Tiered System of Support VCOE, Multi-Tiered System of Support LEA, Wellness Centers, and Wellness Everyday.

What are FSP Programs?

Under the Mental Health Services Act (Prop 63), Community Services and Supports (CSS) component, Full-Service Partnership (FSP) programs provide intensive wellness and recovery-based services for previously unserved or underserved individuals with serious mental illness (adults and older adults) or severe emotional disturbances (children and youth) that would benefit from an intensive wraparound service program as they seek to achieve their individualized treatment goals. The MHSA has established a standard that 51% of all CSS funding be dedicated to these programs.

Why is this Important?

At Ventura County Behavioral Health (VCBH), the foundation of FSPs lies in a "whatever it takes" approach to help individuals on their path to recovery and wellness. FSPs embrace client-driven integrated services and support that include treatment, case management, transportation, housing, crisis intervention, education, vocational training and employment services, as well as socialization and recreational activities. Unique to FSP programs are a low client-to-staff ratio, 24/7 Personal Service Coordinator (PSC) availability, and a treatment approach that employs, as the name implies, a "partnership" between consumers, mental health staff, peers, and community-based service providers. Embedded in FSP programs is a commitment to deliver services in ways that are culturally and linguistically responsive and appropriate.

Data Collection and Reporting System (DCR)

FSP providers collect client self-report data, including the Partner Assessment Form (PAF), Quarterly Assessments (3Ms), and the Key Event Tracking (KET) forms. These self-report data are collected initially in VCBH's Electronic Health Records system and subsequently uploaded into the California Department of Health Care Services (DHCS) Data Collection & Reporting System (DCR). Additionally, client data are entered into VCBH's Electronic Health Record (EHR) system and data warehouse. Data presented in this report stem will predominantly focus on data from VCBH's EHR. Due to a transition to a new EHR system, VCBH is currently in the process of cleaning up FSP partner data from Fiscal Year 2022-2023 which would typically be uploaded to DHCS's site; however, these data are not currently in a stage where they can be uploaded with accuracy and thus, this report will rely on data directly from the EHR.

The majority of the data presented in this report rely on partner self-reported data (e.g., outcome measures) Whenever possible VCBH aims to corroborate self-reported data with data that we collect and have access to in the EHR; however, at this point in time this is not possible with the majority of the indicators presented in this report. Thus, the data based on self-reported events from partners may not be as accurate or reliable. Additionally, we are in the process of ensuring that we have a completed PAF for every partner.

The data presented in this report include data from FSP partners who were served by VCBH during the FY22-23 – partners should have been in the FSP programs for at least one year (or 12 months).

Demographics

Table 1 presents demographic information for the *unduplicated* number of partners served in a VCBH FSP program within FY22-23. As illustrated, VCBH served a total of 364 partners within the FY22-23. In this report, served is defined as having a billed unit for any service rendered to the partner within the fiscal year. There were a total of 339 unique Adult, Older Adult and TAY partners served and a total of 25 youth partners served in FY22-23.

As illustrated in Table A1, we have partner demographic information for Age Group, Sex, Sexual Orientation, Employment Status, Ethnicity, Race, and Preferred Language. These data are extracted from VCBH's Electronic Health Records (EHR) system based on the data that is collected. There are a number of data points that VCBH does not currently collect, including partner Veteran status and is not presented in this report.

Table A1. FY22-23 FSP Partner Demographics for TAY, Adults, and Older Adults (unduplicated client count)

Demographics (N = 339 unduplicated clients)		
Category	**N**	**%**
Age Groups Served		
0-15	--	--
16-25	33	10%
26-59	176	52%
60+	130	38%
Sex/Gender		
Female	150	44.6%
Male	189	55.4%
Transgender	--	--
Sexual Orientation		
Bisexual	2	0.5%
Heterosexual	29	9%
Lesbian (female)	--	--
Transgender	--	--
Decline to answer	55	16%
Not Reported	253	75%
Ethnicity		
Hispanic/Latino	123	36%
Non-Hispanic	196	58%
Unknown/Unreported	20	6%
Race		
American Indian	3	1%
Black/African American	16	5%
Chinese	1	0.3%
Filipino	1	0.3%
Alaskan Native	--	--
Japanese	3	1%
Korean	1	0.3%
Not Reported	24	7%
Other Asian	2	0.6%
Other Race	140	41%
Vietnamese	1	0.3%
White	147	43%
Preferred Language		
English	302	89%
Spanish	28	8%

American Sign Language (ASL)	1	0.5%
Other/Not Reported/ Unknown	8	2%

Note. Data based on VCBH Electronic Health Records

Please refer to section 4 of the Annual Update for additional information on FSP partners and the programs that serve them.

FSP TAY, Adult, and Older Adult Clients (Outcomes)

The following section examines outcomes over time for partners who received services and completed an entire year in an FSP. Based on self-reported data collected from the PAF, 3Ms, and KETs, the next set of tables and figures demonstrate of the partners served in FY22-23, the percentage of partners who self-reported on the various indices presented, including number of arrests, number of hospitalizations, and residential status.

The data presented in this section is derived from self-reported data uploaded into the state's DCR system and analyzed using the Enhanced Partner-Level Data (EPLD) templates developed by Kate Cordell. The analyses are focused on the partners with complete data within the service year of v and examines and compares the data reported to the prior year (FY21-22; prior to the partnership, for those who have data), which serves as a baseline comparison (thus a comparison between partners within the service year and 1 year prior to them entering a VCBH FSP program).

We do not have complete and accurate self-reported data on employment or education from the PAF, 3Ms or KETs, and thus will not be presenting these data points in this year's report. The tables and graphs in the following section include the subset of partners who completed at least one entire year in an FSP program to fully capture the effects of FSP participation from one year before (baseline) to one year of partnership (change is represented in percent change).

For this section, data primarily was self-reported by partners and documented using FSP outcome assessment forms developed by the California State Department of Health Care Services. These forms, include Partnership Assessment form (PAF) that collects baseline and current data when clients first enter FSP services; Quarterly assessment form (3M) that updates the data from the PAF and is done every three months for each client as long as they are receiving FSP services; and the Key Event Tracking (KET) form that is done each time a key event (i.e. crisis visit, arrest, incarceration, hospitalization) occurs.

Partner Residential Status

Table A2 illustrates the unduplicated number of partners who reported that they experienced unstable housing and the total number of unsheltered days in FYs 21-22 and 22-23. Based on the self-report DCR data, 123 partners reported unstable housing in FY21-22 and those partners also self-reported a total of 24,712 total days of unstable housing compared to 141 partners who reported unstable housing in the service year of FY22-23 with a total of 20,286 days with unstable housing. This is an increase of 15% of partners with unstable/temporary housing but a decrease of 18% in number of days with unstable housing from FY21-22 to FY22-23.

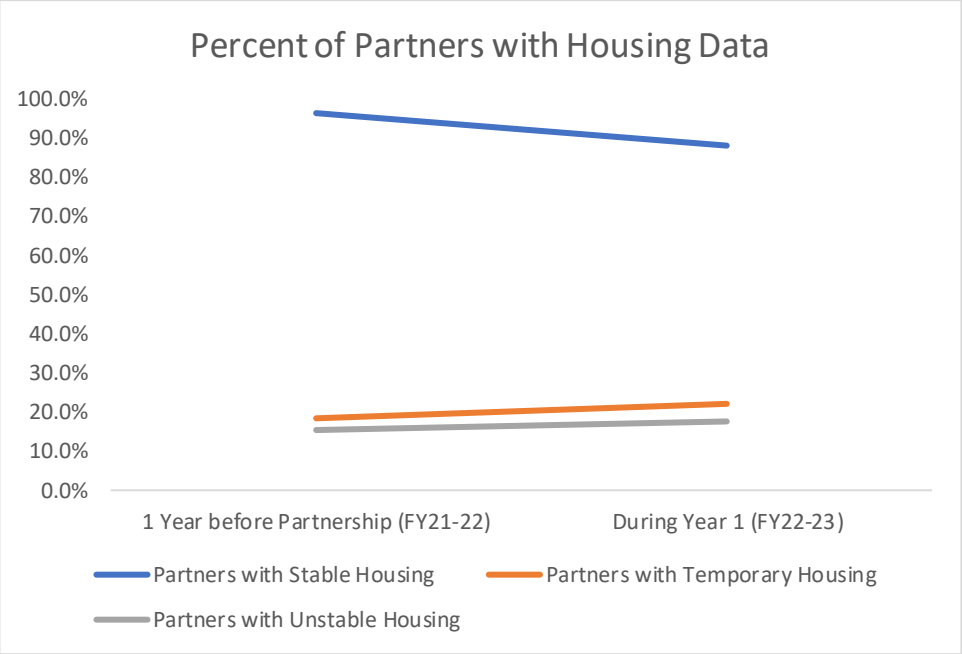
Table A2. Partner Residential Status

All Partners who experienced Unstable Housing					
1 year before (Baseline: FY21-22)		**Current: FY22-23**		**Percent Change from Baseline**	
# (n) Unduplicated Partners	# days unsheltered	# (n) Unduplicated Partners	# days unsheltered	Percent Change Unduplicated Partners	Percent Change # days
123	24,712	141	20,286	+15%	-18%

Note. Data based on DCR records analyzed with the EPLD templates

Figure A1 displays the percent of partners with unstable, temporary, and stable housing based on self-reported data from the DCR. As illustrated, the percentage of partners with stable housing decreased from FY21-22 to FY22-23 based on self-reported partner data.

Figure A1. Partners' Residential Status



Partner Number of Arrests and Arrest Days

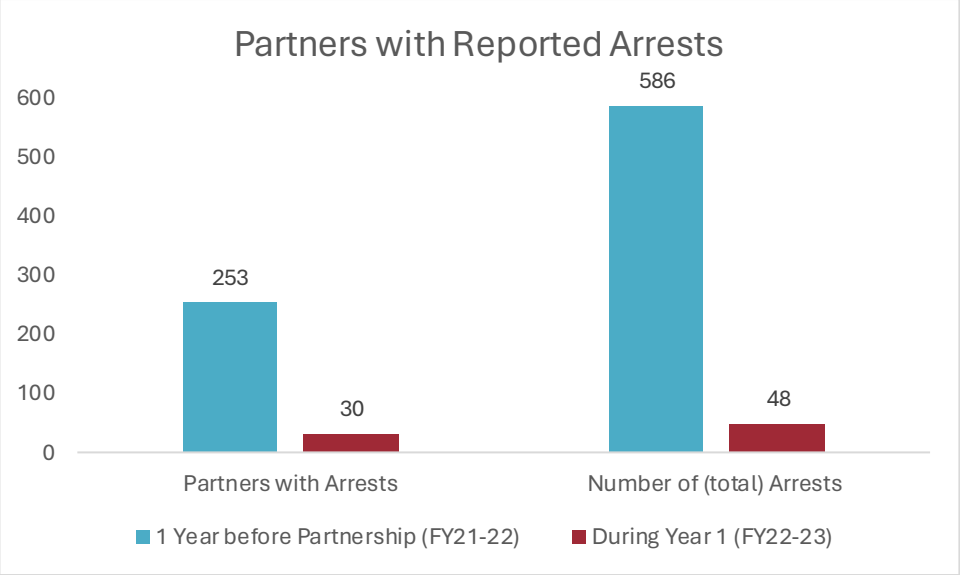
Table A3 presents Ventura County FSP Client data illustrating the unduplicated number for partners who reported that they were arrested and total number of arrest days in FY22-23 compared to FY21-22. Included in the sample are TAY, Adult, and Older Adult partners. Of the partners served in FY22-23 *who completed an entire year* in FSP, 30 reported being arrested in FY22-23. A decreased change of 88% from the prior year FY21-22based on data reported in the DCR.

Table A3. Partner Number of Arrests and Number of Arrest Days

All Partners who experienced Arrests					
1 year before (Baseline: FY21-22)		**Current: FY22-23**		**Percent Change from Baseline**	
# (n) Unduplicated Partners Arrested	Total # of Arrest days	# (n) Unduplicated Partners (Arrested)	Total # Arrest days	Percent Change Unduplicated Partners (Arrests)	Change # Arrest days
253	586	30	48	-88%	-92%

Note. Data based on DCR records analyzed with the EPLD templates

Figure A2. Partners Who Experienced Arrests



Partner Hospitalizations

Table A4 illustrates the number of psychiatric hospitalizations and number of days hospitalized for partners who were enrolled in an FSP Program at VCBH in the FY22-23 service year and were hospitalized for psychiatric reasons in FY22-23 compared to those hospitalized in FY21-22 (for comparison). Hospitalization data were extracted from VCBH's electronic health records (EHR) and may not reflect all hospitalizations if VCBH was not notified of a non-Medi-Cal billed stay.

Based on this data reflect FY22-23 FSP clients, there were 134 hospital admissions (with a total of 1,900 days hospitalized) in FY21-22 compared to 147 hospital admissions (with a total of 3,139 days hospitalized) in FY22-23 (see Table A4). We observed a slight increase in the number of psychiatric hospitalizations in FY22-23; of note, some partners had hospitalizations that began in FY21-22 and carried over in FY22-23.

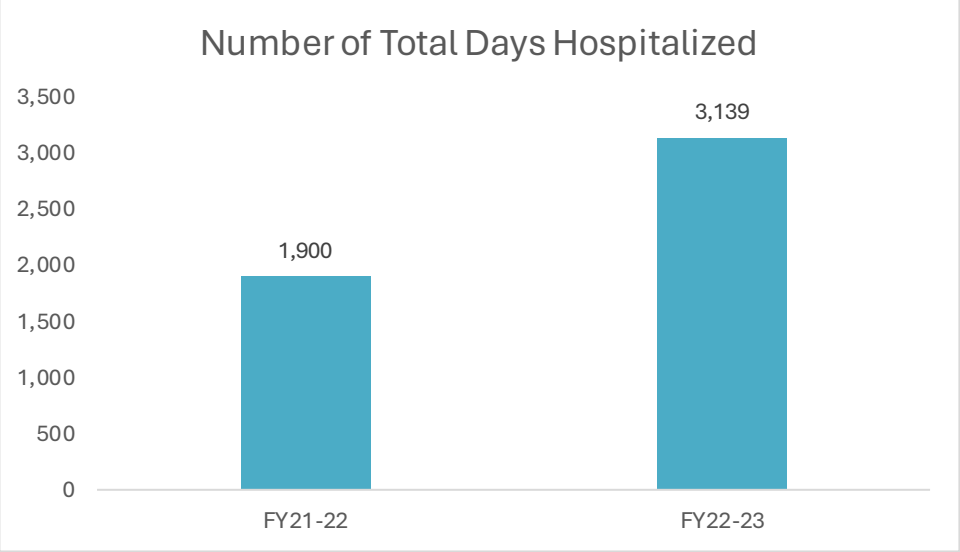
Table A4. Partner Psychiatric Hospitalizations

Partners in FSP who experienced psychiatric hospitalizations					
1 year before (Baseline: FY21-22)		**Current: FY22-23**		**Percent Change from Baseline**	
# of hospital admissions	# of days hospitalized	# of hospital admissions	# of days hospitalized	Percent Change in # of hospital admissions	Percent Change In Partners Hospitalized
134	1,900	147	3,139	+9.7%	+65%

Note. Data based on VCBH's EHR reflecting 130 hospitalized clients out of of the 364 FSP population

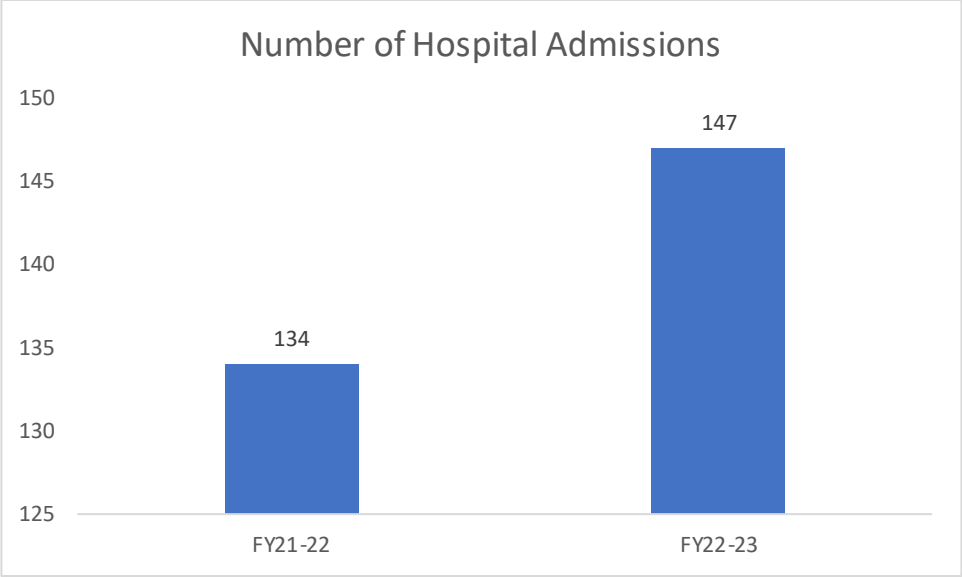
Figures A3 and A4 reports VCBH's data on partner hospitalizations. Figure A3 displays the cumulative total number of days hospitalized for partners who were served by a VCBH FSP program in Fiscal Years 2021-2022 and 2022-2023, while Figure A4 displays the number of hospital admissions for these partners in Years 2021-2022 compared to FY22-23. As illustrated in both figures, the number of psychiatric hospital admissions was slightly higher in FY22-23 compared to FY21-22. Although VCBH served a significant number of rollover partners (from Fiscal Years 2021-2022 and 2022-2023), a small portion of the total served in FY22-23 may have been newly established partners for the year; thus, this may be part of the reason for the result pattern observed in Figures A3 and A4.

Figure A3. Number of Partners Days Hospitalized



Note. Data based on VCBH's EHR.
Figure displays cumulative total number of days hospitalized for partners served in FY22-23 and FY21-22 (for comparison).

Figure A4. Number of Partner Admissions to the Hospital



Note. Data based on VCBH's EHR.
Figure displays total number of hospital admissions for partners served in Fiscal Years 2022-2023 and 2021-2022 (for comparison).

Improved Functionality on Assessment Measures

The 24-item Behavior and Symptom Identification Scale, BASIS-24®, is a leading behavioral health assessment tool designed to assess the outcome of mental health or substance abuse treatment from the client's perspective. Typically, BASIS-24® is given at admission and discharge for inpatient or residential programs, and at intake/initiation of treatment and then periodically thereafter in partial hospital or ambulatory/outpatient care settings. Grounded in the latest scientific methods of survey development and validation, the BASIS-24® underwent extensive field testing as part of a multiyear research and development process and has been validated and found reliable in inpatient, residential, partial and outpatient settings.

BASIS-24® inquires as to the degree or frequency of difficulty that the respondent has been experiencing during the past week. The 24 items are scored using a weighted average algorithm that gives an overall score as well as scores for six subscales. The 24 items assess six major areas of difficulty and/or distress including: Depression/Functioning, Relationships, Self-Harm, Emotional Lability, Psychosis, and Substance Abuse. The overall Total Score will be presented in this report to illustrate improvement in partners who have completed at least 1 year in a VCBH FSP program and had two time points of Basis 24 assessments for comparison. To provide context to the score, higher scores are indicative or higher levels of psychopathology. Due to the transition to a new EHR in summer of 2023, the Adults Division made the decision to discontinue using the BASIS 24 on clients in January 2023; as a result, we present partial-year data on the BASIS.

As noted in Table A6 and Figure A5, partners who had an assessment in FY22-23 had a slightly lower Overall Score compared to those same partners who were assessed approximately 1 year prior (serving as the baseline). These data are from FSP partners served in FY22-23 and had at least two time points of data on the BASIS 24 (one in FY21-22 and in FY22-23). These results demonstrate that partners served in VCBH programs are functioning slightly better compared to the prior year.

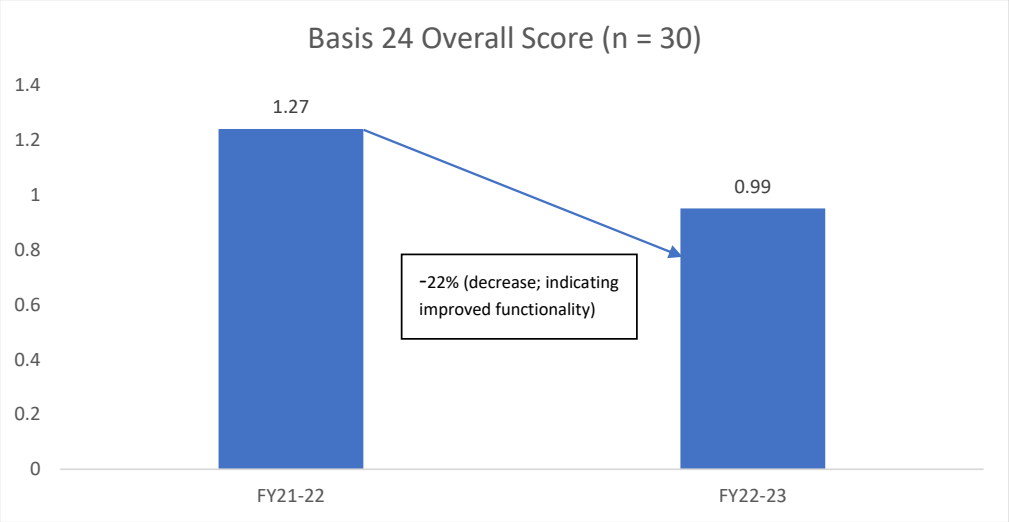
Table A6. FSP Adult Partners with Basis 24 Total Scores at Two Time Points

Measure	**FY21-22 (Baseline; Point of Comparison)**	**FY22-23**	**Change between Baseline and FY22-23**
	Group Mean Score	Group Mean Score	Aggregate change in mean values
Basis 24			
Basis 24 Overall Score (n = 30)	1.27	0.99	-22%[1]

Note. Data based on Electronic Health Records

[1] Decreased score indicates improved functioning

Figure A5. Basis 24 Overall Score: Comparison of FY21-22 and FY22-23 Cohort of FSP partners with Two Time Points of Data

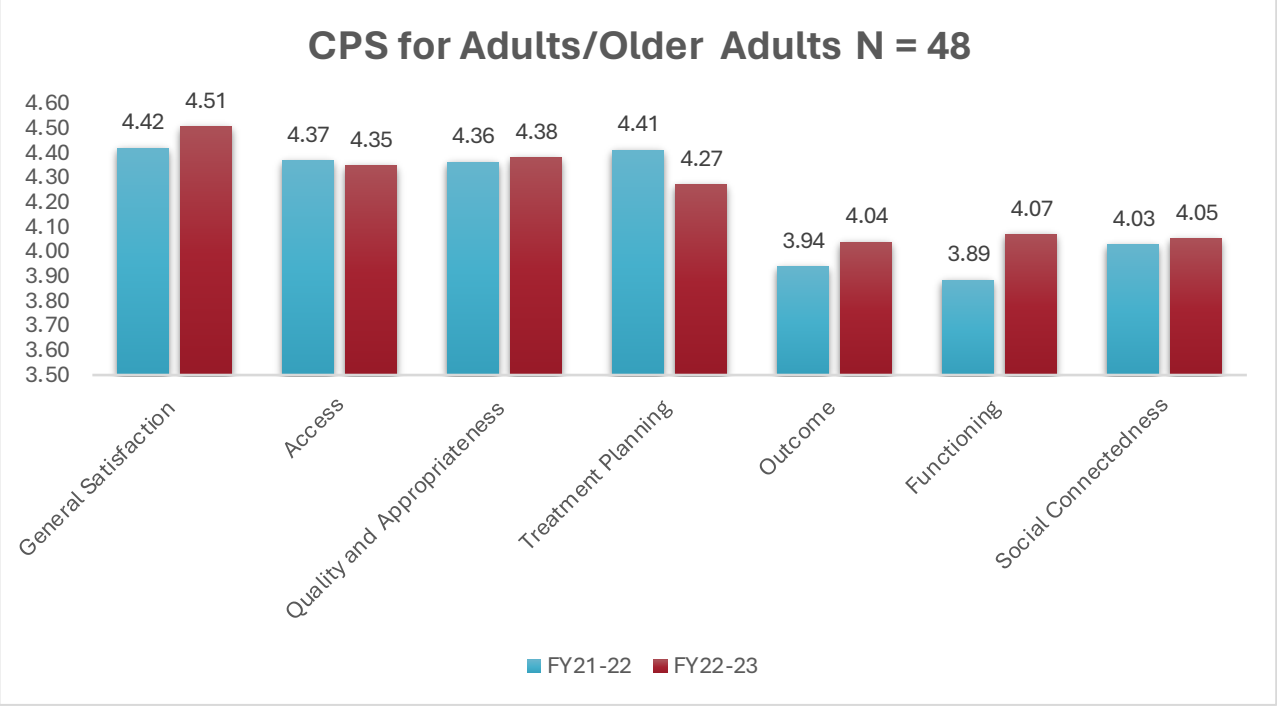


Consumer Perception Survey: Client Satisfaction

Consumer satisfaction was assessed during FY22-23 using the DHCS Consumer Perceptions Survey (CPS). In May of 2023, VCBH administered the survey for the duration of one week, collecting information from those attending services during that time. The CPS assesses client perception of treatment using various domains. Items are again scored from 1 (Strongly Disagree) to 5 (Strongly Agree) with higher ratings indicative of higher agreement and satisfaction. In this report, we present the domains of General Satisfaction, Access (to services), Quality, Treatment Planning, Outcome, Functionality (Better Functioning), and Social Connectedness for FSP clients served in FY22-23 who also completed the CPS in the prior year (i.e., FSP partners with two time points of data). As displayed in Figure 9., 48 FSP partners had two time points of CPS data for comparison.

In general, the CPS domains showcase high satisfaction with VCBH services. As illustrated in Figure 9 48 Adults/Older Adults FSP clients had complete data on the various CPS domains in FY21-22 and FY 22-23. Domain mean averages were the lower for Outcome (3.94 for FY21-22; 4.04 for FY22-23), Functioning (3.89 for FY21-22; 4.07 in FY22-23) and Social Connectedness (4.03 in FY21-22; 4.05 in FY22-23); though given the scale from 1-5, scores in high 3's and low 4's still demonstrate a strong degree of satisfaction. The highest rated domain was General Satisfaction (4.42 in FY21-22; 4.51 in FY22-23) (see Figure 9).

Figure A6.



Note. Data based on DHCS beneficiary satisfaction data

Summary

Are FSP Adult Clients Getting Better?

In addition to the FSP client outcome data presented in the preceding pages, we present a qualitative description of how an FSP adult client has improved based on a description from their VCBH case manager.

This success story was provided by one of VCBH's senior behavioral health clinicians:

"I am still thinking about the VCBH party and specifically client MM. When I started seeing MM for therapy less than a year ago, she was essentially living in her bed all day…she didn't even get up for therapy. As we worked together, she began coming out into the living room for most sessions (in pajamas.) Eventually she would get dressed, put on make-up and jewelry, and be waiting in the living room when I arrived. Fast forward to the VCBH holiday event, and I would consider her the life of the party. Despite my asking several times if she needed a break, she was determined to keep dancing, stating "when I was a girl I would dance for hours!" MM has joined a church, often arranges her own transportation to appointments/shopping, cooks for herself and others, and spends time with neighbors visiting in the "gazebo." She recently saved up for and attended a weekend church retreat. While MM still reports struggling with depression, she states often "I fight it." It is so inspiring to see how far MM has come, and I am grateful for the Older Adults program and our ability to change lives… MM gives me hope for others and I'm sure (based on the many who approached her) she inspired more than a few at the party."

FSP Youth Clients

The following section examines outcomes for youth partners who received services and completed an entire year in an FSP program. A total of 25 youth partners were served in FY 22-23. FSP Youth Partners can be served in VCBH's Insights program and the newly established FSP Youth Program (ATLAS) (established in February 2023 within FY22-23).

The Insights program encompasses both the Youth (0–15) and TAY (16–25) FSP categories since it serves individuals up to 21 years old. Families enrolled in the Insights program are primarily families who are underserved or inappropriately served in the community. In addition, some youth served struggle with safety concerns due to community violence, housing and food instability, and lack of other basic needs. Moreover, Insights was developed to address the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders, who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program utilizes a multidisciplinary approach to provide intensive treatment and case management services to these youth. Through a collaborative process, coordinated services are offered to the youth and their caregivers which may include comprehensive mental health services, substance use services, peer and parent supports, and other county and community-based support resources.

The ATLAS program launched within the past year and has effectively provided Full-Service Partnership level services to diverse, underserved youth populations in all areas of Ventura County. Utilizing both clinics based mental health clinicians and field-based case managers and peer support services, the program has expanded its reach to marginalized communities.

Presented in this report is data on Insights and ATLAS clients that VCBH has access to at this time. These data are solely based on VCBH's electronic health records, not the DCR submissions.

Table A7 displays the demographic information for VCBH's Youth FSP clients. As illustrated in FY22-23 VCBH served a total of 25 clients in youth FSP programs.

Table A7. Youth FSP youth client demographic information (N =25)

Demographics (N = 25 unduplicated Youth FSP Program Clients)		
Category	**N**	**%**
Age Group		
0-15	8	32%
16-25	17	68%
Sex/Gender		
Female	14	56%
Male	11	44%
Sexual Orientation		
Heterosexual	9	36%
Decline to answer/Not reported	16	64%
Race		
White	14	56%
Other Race	11	44%

Ethnicity		
Hispanic/Latino	18	72%
Non-Hispanic	4	16%
Unknown/Unreported	3	12%
Preferred Language		
English	23	92%
Spanish	2	8%

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

There are four levels of each item (0 to 3) with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths): For Needs, a '0' indicates that there is no evidence of a need, while a '3' is indicative of immediate/intensive action; for Strengths, a '0' is indicative of a centerpiece strength, while a '3' is indicative of "no strength identified".

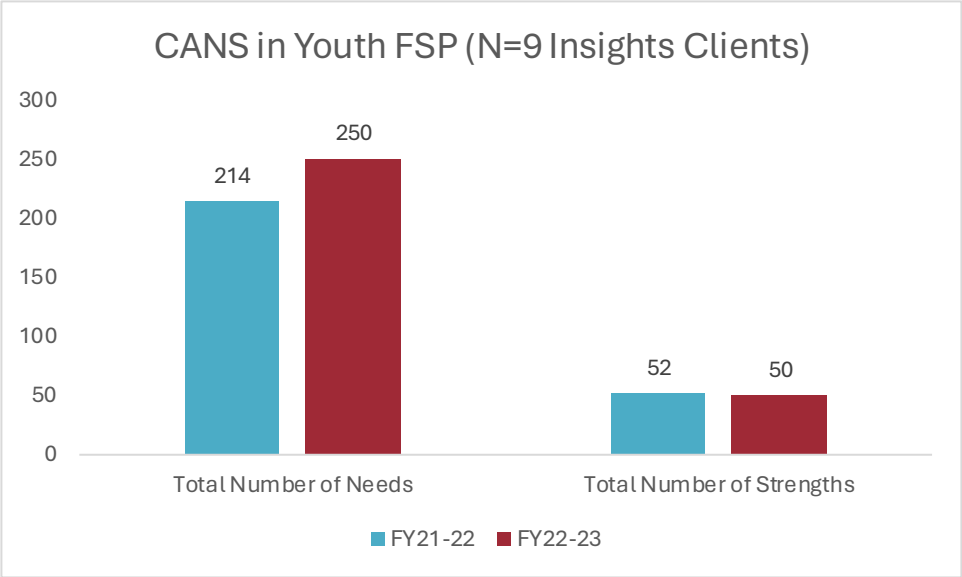
Figure A7 presents the total number of Needs and Strengths for FY22-23 FSP Insights clients that had two time points of data to allow for comparison of their Needs and Strengths in FY21-22 (N=9). (NOTE: Atlas clients were not included in this analysis due to the short timeframe in FY22-23 that the program has been running). As illustrated in Table A8 and Figure A7, the overall number of Needs increased by approximately 17% between FY21-22 and FY22-23, and the total number of Strengths decreased slightly by approximately 4%. Given the very small sample size of only nine clients (N=9) with two time points of CANS data, these results should be interpreted with caution.

Table A8. FSP Youth Clients' CANS total Needs and Strengths in FY21-22 and FY22-23

Measure	**FY21/22 (Baseline; Point of Comparison)**	**FY22/23**	**Change between Baseline and FY22/23**
CANS	**Group Mean Score**	**Group Mean Score**	**Aggregate change in mean values**
Total Number of Needs	214	250	+16.8%
Total Number of Strengths	52	50	-3.84%

Note. Data from the Electronic Health Record for partners with two time points of data. Additionally, the CANS is intended to be administered in 6-month intervals.

Figure A7. CANS Total Needs and Strengths in FSP Clients with Two Time Points of Data



Are Youth Clients Getting Better?

Currently we do not have enough data to make a determination based on outcome measures for youth FSP clients, and the data on CANS is based on a very small sample of youth partners; thus, it should be interpreted with caution. Future reporting will aim to incorporate additional outcome measures to determine improved functionality in youth based on services provided at VCBH. Qualitatively, program staff in Insights and ATLAS aim to improve the overall quality of life for all partner participants through a variety of services and supports including but not limited to, case management, peer support services, basic needs requests, and housing stability. Through such enhancements Youth FSP programs can provide services leading to a healthier and more resilient youth community.

> One success story highlighted by ATLAS staff notes –"ATLAS was recently able to support a family with a single mother of 3 children fleeing from a violent past."

Limitations of the Data

The majority of the data presented in this report relies on partner self-reported data of the various indices on the PAF, 3Ms, and KETs. Whenever possible VCBH aims to corroborate self-reported data with data that we have access to in the EHR; however, this may not be possible with all of the indicators presented in this report. Thus, the data based on self-reported events from partners may not be as accurate or reliable.

Additionally, not all active clients have a completed Partner Assessment Form (PAF), or subsequent completions of the Quarterly Assessments (3Ms) or Key Event Tracking (KETs) forms. As a result, the data and results presented in this report are based on the completed data that we have available to us from the county uploaded data files into the Data Collection and Reporting System (DCR).

Efforts are in place for continual improvements to VCBH's data collection and reporting for FSP programs and clients. For example, VCBH has been participating in data improvement efforts through the Innovations grant and has been working with a third-party consulting firm, Third Sector, to help support data improvement efforts. Efforts to date include a reworking of FSP provider trainings, the development of a comprehensive FSP training manual, and multiple training sessions conducted with FSP providers to adequately train them on data entry for the PAF, 3Ms, and KETs in VCBH's

Electronic Health Record system. Moreover, VCBH implemented the use of CareManager in FY22-23, a dedicated system for interagency communication. CareManager helped track partner hospitalizations and partner number of days unhoused more closely and possibly, more accurately whereas the majority of FY21-22 data may have been more reliant on partner self-reports accounting for some discrepancies in the data between the two fiscal years (FY21-22 and FY22-23).

Conclusion and Future Work

Overall, based on the data we present in this FSP client report we can determine that VCBH's FSP clients are making incremental strides in improved functionality.

Future work will focus on improved data collection and data entry efforts, including completing a PAF for every partner along with subsequent Quarterly assessments (3Ms) and Key Events (KETs). VCBH transitioned to a new EHR in FY22-23 and aims to ensure partner data collected are complete and regular for improved reporting of partner outcomes. Moreover, VCBH will continue to ensure that data batched and uploaded into the state's DCR system is complete and accurate. Additionally, VCBH will aim to corroborate partner self-reported information with data collected in the EHR whenever feasible.