VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Mental Health Services Act

Fiscal Year 2016/17 Update

And

Three-Year Program & Expenditure Plan

FYs 2017/18 through 2019/20

Elaine Crandall
Director

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Medical Director

Deborah Thurber, M. D.
Medical Director

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Acknowledgments

The Ventura County Behavioral Health (VCBH) Mental Health Services Act (MHSA) team would like to acknowledge and thank a number of individuals and organizations for contributing their time and effort to support the development of this MHSA FY 2016 -17 Annual Update and Three-Year Program and Expenditure Plan. First, we would like to thank all the MHSA providers for their continued support, help, and efforts in not only bringing this report to fruition but also their continued hard work in bringing to the community these worthwhile mental health programs. Secondly, we thank the stakeholder work groups for their evaluation and planning efforts in driving this plan forward. Through these efforts, the MHSA continues to help people of all ages and backgrounds in Ventura County.

We would like to thank the VCBH Contracts and Fiscal teams for their help, support and cooperation in getting the data and information together for this report. We would like to acknowledge and thank the VCBH Quality Improvement team (QI) for their professional attitude and expertise in helping gather and prepare necessary data and information. Finally, we would like to thank EVALCORP Research & Consulting for the preparation of the FY 2015/16 Prevention and Early Intervention Evaluation Report, which was used in this report.

Exhibit A: County Certification

Auditor's Signature Page

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Ventura

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

Local Mental Health Director	**County Auditor/Controller/City Financial Officer**
Name: Elaine Crandall	Name: Jeff Burgh
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Local Mental Health Mailing Address:

1911 Williams Drive, Suite 200, Oxnard, CA 93036

I hereby certify that the Three-Year Program and Expenditure Plan and 2016 - 17 Annual Update is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a County which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the State to be deposited into the fund and available for other counties in future years.

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

Elaine Crandall
Local Mental Health Director (PRINT)

Signature (for Elaine Crandall) Date 11-21-17

I hereby certify that for the FY ending June 30, 2017, the County of Ventura 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 February 13, 2017 for the FY ended June 30, 2016.

I further certify that for the FY ended June 30, 2017 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a County general fund or any other County fund.

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

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

Signature Date 11/27/17

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

Exhibit B: Community Program Planning and Local Review Process

Community Program Planning

Ventura County's stakeholder process has always begun with the Community Leadership Committee (CLC). The CLC assists the VCBH Department to review MHSA-funded programs and projects to ensure alignment with the goals of MHSA. The design and intent of the CLC is to act in an advisory role to the VCBH Department on the effectiveness of MHSA-funded programs and projects and provide a voice for the individual and family members who these services are designed to serve. The CLC also leads the community planning for all MHSA components and will review the MHSA performance outcomes, stated program and component goals and make recommendations to the Behavioral Health Advisory Board (BHAB).

CLC Membership:

To ensure appropriate stakeholder representation, the following comprises the CLC membership:

- Two (2) Mental Health Advisory Board members. (Preferably representing 1 Older Adult and 1 Youth and Family)
- Three (3) Consumers. (Preferably representing 1 Adult; 1 TAY and 1 Youth)
- Three (3) Family Members (Preferably representing 1 TAY, 1 Youth; and 1 Adult)
- One (1) Co-Occurring Disorders Committee

Fifty-percent (50%) of the membership are consumers and/or family members. Of this 50%, the goal is to fill half of these positions with individuals representing culturally-diverse backgrounds.

Changes to the Community Program Planning (CPP) Process

Almost ten years after its conception, the CLC held a special meeting to review its originally-intended purpose. At its conclusion, the committee decided that in order to have meaningful stakeholder involvement, the CPP process should be more robust and the program review component more concentrated. The consensus was to dissolve the CLC and replace it with a more robust program planning process consisting of two ad-hoc time limited workgroups for planning and evaluation.

The new CPP process will hold annual public forums on goals set by VCBH, State and BHAB or gaps identified by these same entities and/or community stakeholders. The planning workgroup reviews and recommends programs based on the annual CPP process. The evaluation workgroup reviews the annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSA programs. Recommendations from both workgroups are presented to the BHAB.

The CLC was formally dissolved by the Board of Supervisors on March 21, 2017.

BOARD MINUTES
BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA

SUPERVISORS STEVE BENNETT, LINDA PARKS,
KELLY LONG, PETER C. FOY AND JOHN C. ZARAGOZA
March 21, 2017 at 8:30 a.m.

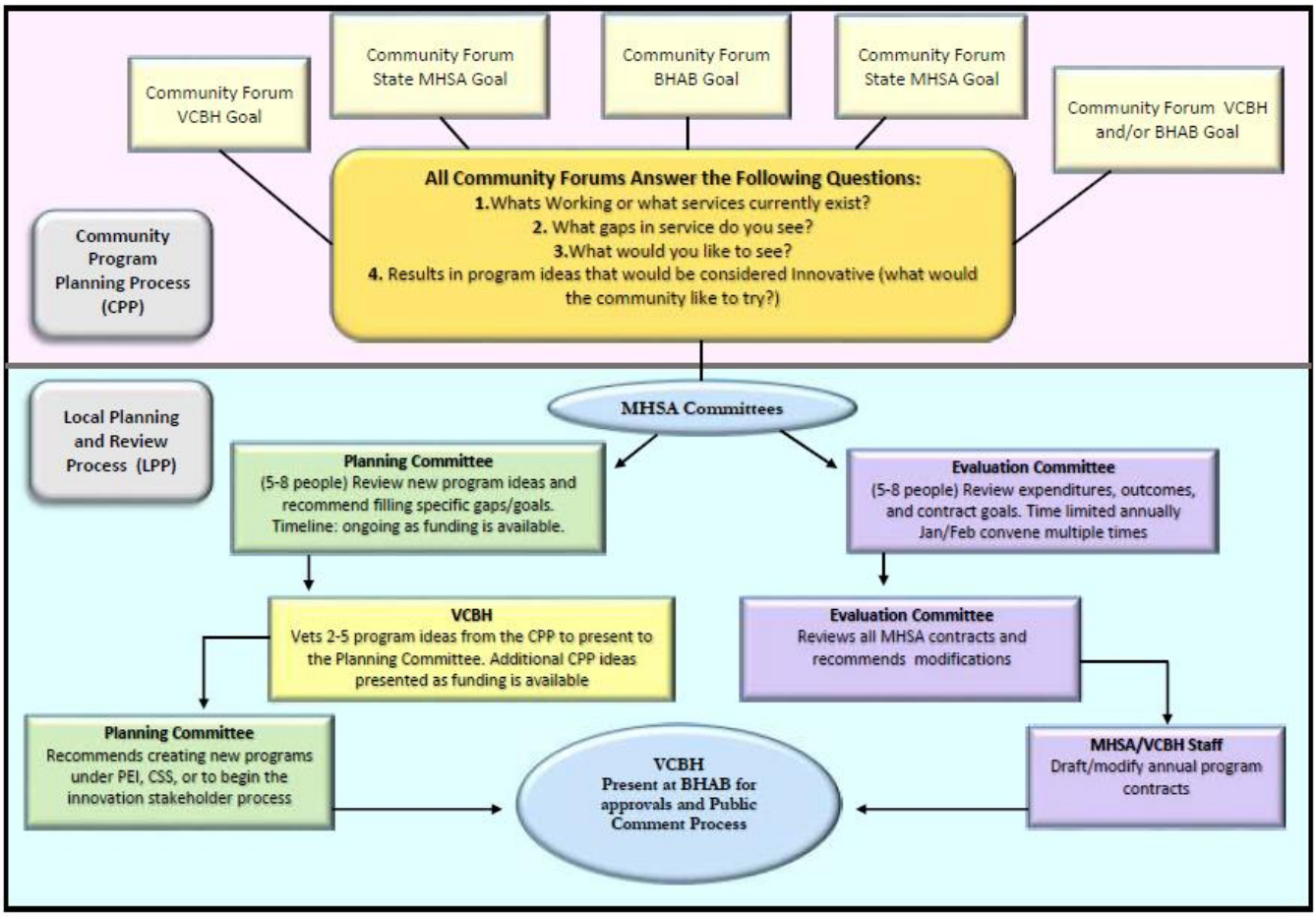
CONSENT – HEALTH CARE AGENCY – Behavioral Health - Dissolution of the Mental Health Services Act Community Leadership Committee, Effective March 21, 2017.

(X) All Board members are present.

(X) Upon motion of Supervisor Foy, seconded by Supervisor Parks, and duly carried, the Board hereby approves the recommendations as stated in the respective Board letters for Consent Items **11 – 21 and 25 – 26**, with a revised Board letter for Item No. **16**, a revised Board letter and a revised Exhibit 1 for Item No. **19**, and a Board letter and Exhibits 1-9 for Item No. **20**.

By: _____
Brian Palmer
Chief Deputy Clerk of the Board

PROCESS FOR PROGRAM PLANNING AND REVIEW - FLOW CHART



About Ventura County

Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties. Ventura County is one of 58 counties in the State of California. The County offers 42 miles of beautiful coastline along its southern border, and the Los Padres National Forest make up its northern area. Fertile farmland and valleys in the southern half of the County make Ventura County a leading agricultural producer. Together, farming and the Los Padres National Forest occupy half of the County's 1.2 million acres.

Ventura County is 1,843.13 square miles in area with 446.7 persons per square mile. The County consisted of a population of 823,318 in 2010 with a current estimated population of 850,536. The median household income is $77,348. However, 10% of people in the County are at or below the poverty line. Thirty-nine (39%) of households speak a language other than English as their primary language, with 30% of households speaking Spanish as their primary language in the home.

Ventura County has a population of approximate age groups as follows: persons 18 years of age and under is 25%, ages 25 to 64 is 62% and 65 years and over is 13%. Consumer characteristics approximate age groups are 6% are 0 to 5, 35% are 6 to 18, 8% are 19 to 24, 47% are 25 to 66 and 3% are 65 and older.

See charts below for a demographical summary.

Ventura County Demographics

- 25% 18 years and under
- 13% 65 years and over

Population: 850,536

- 10% over 200K
- 10% Persons in poverty

Median Household Income: $77,348

Housing: 283,899 units

- Owner 64%,
- Renter 36%

Half of Renters pay over 35% Household Income

Language spoken in home:

39% other than English

- 30% Spanish
- 8% Other

VCBH Mental Health Consumer Characteristics





Race
- 54% Caucasian
- 27% Other
- 4% African American
- 4% Multiple Race

Demographics
- 45% Latino Ethnicity
- 12% Spanish Language Preferred
- 50% Male

Age
- 6% 0 to 5
- 35% 6 to 18
- 8% 19 to 24
- 47% 25 to 64
- 3% 65+

Court Status
- 5% Foster Youth
- 3% Juvenile Offender
- 5% Involuntary Commitment

Location
- 44% Oxnard Plains
- 18% Ventura
- 11% Simi Valley
- 10% Conejo Valley
- 8% Santa Clara Valley

Overview and Executive Summary

The VCBH MHSA Three-Year Program and Expenditure Plan (Three-Year Plan) for FY 2017/18 through 2019/20 starts July 1, 2017 and describes programs under components of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN) Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). During 2016, VCBH invested the resources necessary to interpret and apply regulations for the PEI and INN components published on October 6, 2015, by the Mental Health Services Oversight and Accountability Commission (MHSOAC). As a result, VCBH was able to map existing PEI programs onto PEI strategy requirements. This, in turn, provided a roadmap for fulfilling future data collection requirements, analyses, and evaluation of all PEI programs. These are all currently being implemented and will continue for the next three years. Additionally, new data collection methods and tools, and evaluation models were developed for PEI programs by integrating new regulations and contractual requirements.

VCBH is striving towards reporting in a prospective manner versus a retrospective manner, as past reports have been written. As a result, this report will include any programs changes made during FY 2016/17. Data will be reported for FY 2015/16 for all programs, and the Three-Year Plan will be created.

Specifically, and relevant to this Three-Year Plan, the PEI and INN data reported for FY 2015/16 represents traditional data (not in accordance to new PEI and INN regulations, dated October, 2015). Going forward, VCBH developed evaluation models reflecting the new regulations, along with tools to facilitate data collection efforts. However, these tools were not deployed until January 2017. This translates into new PEI and INN data (in accordance with regulations dated October, 2015) being available for only the last 6 months of FY 2016/17. The first 6 months of data for FY 2016/17 represents the traditional data VCBH reported in the previous fiscal year (FY 2015/16). For FY 2017/18, VCBH expects to have a full set of data (PEI and INN) to report and evaluate based on new regulations.

Another major change affecting this Three-Year Plan is the Community Program Planning (CPP) organizational infrastructure and processes. The former way of implementing the CPP consisted of a Community Leadership Committee (CLC). (See the CPP section for a definition of the CLC.) It was found that this body was no longer serving its original intent and its role had possibly evolved. Additionally, there was a duplication of effort on behalf of the BHAB and the CLC. This discovery resulted in dissolving the CLC and replacing its original purpose with two entities that would meet as required and at a minimum, annually.

The Evaluation Workgroup conducts a detailed evaluation of all MHSA programs based on meeting program and contractual requirements, cost per consumer served, contract performance, efficiency, cost-effectiveness, outputs, and outcomes. During FY 2016/17, the Evaluation Workgroup followed a rigorous and robust process to arrive at reducing cost by approximately $3 million to be applied beginning in FY 2017/18. This Three-Year Plan reflects these cost savings in the form of elimination and reduction in contracts. This evaluation exercise will continue and be applied to existing programs

(internal and external) that may exhibit duplication of services and/or present opportunities for consolidation of services and resources.

Furthermore, the following programs will be discontinued from MHSA at the end of FY 2016/17 as a result of the Evaluation Workgroup findings.

- Triple P
- Peer Services
- Children's Outpatient Services

The Early Intervention Program Early Detection and Intervention for the Prevention of Psychosis (EDIPP) will be reduced by $250,000 due to a decrease in demand for services. Details regarding cost reductions will be presented in the body of this FY 2016/17 Update and Three-Year Plan under each program section.

A change coming to Ventura County will be the integration of services for CSS programs in accordance with a continuum of care for services in Ventura County. One of these is the design of a children's Full Service Partnership (FSP) program, along with the streamlining of the current recovery model for youth, TAY adults and older adults. These efforts will consider leveraging resources that currently exist in the County, improve the quality of services while reducing costs or maintaining them at the current level.

Another internal goal for VCBH is to improve the completeness and quality of data collection as it applies to treatment programs. VCBH evaluated all treatment programs this year, and the outcomes indicated that a worthwhile project would be a campaign to improve data collection, analysis, and evaluation, especially as these apply to CSS programs.

Other noteworthy impacts for the upcoming three fiscal years are as follows:

- Triage Grant AB82 application – Second phase
- Effects of reduction in MHSA funds due to No Place Like Home (NPLH)
- AB 403, Continuum of Care Reform (CCR)
- Reduction in realignment 1991 funds to VCBH
- Upcoming Managed Care System implementation

Mental Health Services Act Components and Definitions

The passage of Proposition 63, now known as MHSA, in November 2004 provides the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support County mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system. The five (5) components of MHSA are listed and defined below.

Community Services and Supports (CSS)

Provides funding to support the treatment of the serious and persistent mentally ill, including full service partnerships that utilize a "whatever-it-takes" approach. Full Service Partnerships (FSP), treatment programs, and Systems Development (SD) programs can be found under this component.

Capital Facilities and Technology Needs (CFTN)

This component provides funding for the purchase and implementation of a new Management Information Systems and improvement of capital facilities and infrastructure. This funding source has a ten-year allocation.

Workforce Development and Training (WET)

The WET component allows counties to improve the quality and quantity of their workforce. This funding source has a ten- year allocation.

Prevention and Early Intervention (PEI)

The PEI component focuses on providing community resources to prevent and reduce the incidence of serious mental illness later in life. These include but are not limited to outreach, access, and linkage to mental health services and resources, reduction of stigma around mental illness, preventing suicide, and providing these services to youth, adults and older adults.

Innovation (INN)

Innovation funding gives each County the opportunity to develop new approaches to reaching and serving the underserved populations in the community. The funds may only be used for one or more of the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

Full Service Partnership (FSP)

Full Service Partnership (FSP) programs are designed to provide comprehensive services for those who have serious and persistent mental illness and were homeless, at risk of becoming homeless, recently released from a County jail or State prison, and others who were untreated, unstable and at significant risk of incarceration or homelessness without treatment. The FSPs maintain a focus on the Assertive Community Treatment (ACT) model. This structure serves as the foundation of the FSP programs and makes up the largest portion of funding in the CSS component, making up to 51 percent of the budget. The FSP track currently serves Transitional Age Youth (TAY), adults and older adults. The programs are designed to provide comprehensive, recovery-based services to the highest-need clients in the system, along with intensive case management on a 24/7 basis, and doing "whatever it takes" in order to promote progress on a client's road of recovery. Mental health treatment includes, but is not limited to peer support, wellness centers, supportive services, housing, and access to needed medical, educational, social and vocational rehabilitative services.

System Development (SD)

This component uses MHSA funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families. System Development can be seen in FSP activities such as, but not limited to, peer support, family support, wellness centers, education and advocacy services, and mobile crisis teams.

The Ventura County Outcomes System (VCOS)

The Ventura County Outcomes System (VCOS) is a tool utilized within the VCBH system to assess consumers' treatment response and outcomes in a variety of domains over time. These domains include, but are not limited to symptoms, functioning, hopefulness, meaningful activities, significant events, attachment, and activities of daily living. The VCOS questionnaire has separate surveys and measures of consumers who are preschool-aged, youth-aged, or adult-aged, and the VCOS is administered to consumers at intake, annually, and at discharge.

Exhibit C1: Community Services and Supports (CSS) Program Descriptions

CSS Program #1: Children's Outpatient Services

Program Description

In collaboration with the Probation Department, the Children's Outpatient Services program provides intensive community-based services for youth between the ages of 13 and 19 years of age who are involved in the Juvenile Justice system and have been placed on formal probation. The program provides treatment and support to youth and families through culturally-competent services. The Children's Outpatient Services are provided by Interface Children & Family Services. The program uses mental health clinicians, peer advocates, a care coordinator, and employment specialist to provide counseling, education, case management, employment development, and support. It focuses on assisting youth and their families in identifying strengths, working together to assess needs, and designing a personal plan of care to treat the youth's mental health conditions, improve their level of functioning and support family functioning. Services includes linkage, access, and engagement to other services and deemed as an integral part of treatment.

Demographics and Outcomes

The Children's Outpatient Services program served 36 individuals in FY 2015/16. All consumers reported being between 13 and 19 years of age. The program served 75% Hispanic/Latinos, same as the previous year, and 25% of all clients reported Spanish as their preferred language. Fifty-six percent (56%) of clients self-reported to be male and 44% female.

Client Demographic Data

	FY 15-16	
	N = 36*	
Gender	**n**	**%**
Female	20	56%
Male	16	44%
Age		
13-18	35	97%
19-21	1	3%
Ethnicity		
Hispanic/Latino	27	75%
Non-Hispanic	9	25%
Preferred Language		
English	27	75%
Spanish	9	25%

*Although 36 clients were served, only half of these were admitted in this fiscal year.

Both the median and the average length of stay is over 365 days—that is, for FY 2015/16, of the 36 unduplicated clients, at least 18 were in the program for over a year.

Clinical staff reported that, on average, there was an improvement in functioning (by 4 points), and a decrease in symptoms (by 6 points) in pairwise comparisons, using pre- and post- measurements (n=23). A change between pre- and post- scores that equal less than 10 for symptoms and less than 8 for functioning is not a reliable change.

Client and Clinical Staff Feedback

	FY 15-16	
	N = 36	
Clinical Staff Feedback	n = 23*	
Functioning	Score	
Pre-	37	
Post-	40	
Change	4**	No reliable change
Symptoms	Score	
Pre-	37	
Post-	32	
Change	6***	No reliable change

*These are only 23 pairwise comparisons.

**Rounding suggests change is lower, 40-37 is a 3, but 37, and 40 are rounded themselves.

***Rounding suggests change is lower, 37-32 is a 5, but 32, and 37 are rounded themselves.

Symptoms: Range: 0 – 100; lower scores indicate fewer problems/decreased severity. Clinical Cutoff Score=20, Reliable Change $\leq$ 10.

Functioning: Range: 0 – 80; higher score indicates higher functioning. Clinical Cutoff Score=50. Reliable Change $\geq$ 8.

Success Stories

"AJ," a female teen, was referred to Children's Outpatient Services due to a pattern of aggressive behavior with school personnel. Although there has a been a long history of Child and Family Services referrals for suspected sexual abuse of AJ, the client and her family had never fully engaged in the services needed to assist with education and healing. Although AJ had struggled with her aggressive behaviors, underlying those behaviors was severe anxiety related to Post-Traumatic Stress Disorder, which was still unresolved from the sexual abuse. During AJ's time in Children's Outpatient Services, she learned to advocate for herself, increase her coping strategies, and decrease her aggressive and negative coping symptoms greatly. AJ was not only able to finally gain the ability to express her feelings more positively, but she was also able to have closure with her parents about the abuse that had occurred years previously. AJ was able to graduate from Children's Outpatient Services and have her formal probation status terminated. AJ also returned to a comprehensive high school where she is expected to graduate this spring.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

This program had various challenges as listed below and although efforts were made to mitigate some of these, the outcomes were still not favorable:

- Half of the consumers (18 out of 36) for FY 2015/16 were in the program for over 1 year.
- The totals on the right-hand side (see Table below) represent the number of unduplicated clients seen for from 7/1/2015 through 6/30/2016.
- The number of consumers seen per month continued to decline during FY 2015/16 as seen in the table below.

	7/2015	8/2015	9/2015	10/2015	11/2015	12/2015	1/2016	2/2016	3/2016	4/2016	5/2016	6/2016	7/1/2015 to 6/30/2016 Total
Female	12	16	13	13	11	10	10	8	6	5	5	5	20
Male	9	8	6	9	9	10	9	10	9	9	8	8	16
Total Unduplicated Consumer Coun	21	24	19	22	20	20	19	18	15	14	13	13	36

- Consumers surveyed showed a small decrease in symptoms and a small increase in functioning. However, no reliable clinical change was observed.
- The number of referrals for screening into Children's Outpatient Services continued to decline. Contributing factors to the low referral rate are as follows. A significant amount of work has been done in the community to reduce the number of youth on formal probation, which is one of the qualifiers for admittance into the program. Additionally, the Recovery Classroom and Juvenile Drug Court ended July 2016. There is also a reluctance on the part of some community partners to refer or encourage youth to accept Children's Outpatient Services as a program due to the perception that there will be an increase in commitment time. Efforts were made to address each of these contributing factors through a monthly Court Team Meeting and weekly in the Court Team Meeting.

FY 2016/17 Significant Changes to the Program

This program will no longer exist as currently designed and contracted beginning July 1, 2017. The Evaluation Workgroup (during the CPP process) found the claims by Children's Outpatient Services were true in that the referrals were too low to warrant the cost of the program. Additionally, as part of a mitigation plan, mental health resources will be provided to the youth currently enrolled in the program and a process for incoming referrals coming in from the Juvenile Justice system will be created to streamline specific access and services to meet the needs of this community.

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A robust Full Service Partnership (FSP) continuum of care model for youth will be created and implemented during FY 2017/18.

CSS Program #2: Fillmore Community Project

Program Description

The Fillmore Community Project provides a variety of mental health treatment including support and case management services for historically underserved communities that are predominantly Latino such as Severely Emotionally Disturbed (SED) youth between 0 and 18 in the communities of Fillmore and Piru. These communities include a significant number of migrant workers and Spanish speakers. Staff is fully bilingual, and services are community-based, culturally-competent, client- and family-driven, and designed to overcome the historical stigma and access barriers to services in these communities.

Demographics and Outcomes

During FY 2015/16 the program served 85 clients. Demographics breakdown is included in the table below.

Client Demographic Data

Total Clients	**FY 15-16**	
	N = 85	
Gender	**n**	**%**
Female	24	28%
Male	61	72%
Unknown	0	0%
Age (the duplicate count is possible due to age progression within a FY.)		
0-5	1	1%
6-12	38	45%
13-18	47	55%
19-24	2	2%
Ethnicity		
Hispanic	69	81%
Non-Hispanic	12	14%
Unknown/No Entry	4	5%
Preferred Language		
English	53	62%
Spanish	32	38%
Other Languages	0	0%

Success Stories

Over the past year, culturally-meaningful family events have augmented the already rich array of services offered by the Fillmore team. This fall, families were invited to HeArt night, where families shared in art and cultural rituals of dance and Los Dia de Los Muertos. This event created an opportunity for one child to verbalize the depth of sadness he had over his losses which he had not shared before, paving the path to connection and healing. The Fillmore team also hosted their first Family Holiday Craft event where parents and children were presented with another opportunity for bonding and creating warm memories. Families spent time working together to create arts and crafts to decorate their homes. One of the projects was an interactive family window dressing where parents would trace their children's hands and vise versa all while enjoying "Abuelita" hot chocolate and cookies together in celebration. Teen clients served as helpers and mentors, giving back to their community and enhancing a sense of self-efficacy and belonging. Promotoras wellness classes continue providing weekly mental health wellness information and support to community members.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

This program has faced challenges in the areas of availability and awareness. Regarding availability, parents of clients prefer after-school and after-work hours up to 6 pm. This presents a difficulty in scheduling family sessions during the morning and early afternoons. Parents are also often overwhelmed with other activities, including other children and their needs, basic daily tasks, single parenting, and other entailments associated with being family providers and parents. This may negatively impact their physical and emotional availability for services. However, the program offers after-work hours, transportation, and community/home-based services.

Other areas that negatively impact community pursuits of mental health services are lack of awareness about mental health and the stigma associated with seeking these services. Stigmas include fear of being considered "crazy" or children are getting medicated and then drug-addicted. Considering the efforts regarding education and outreach of mental health wellness (Promotoras community wellness classes and presentations), mental health interventions (VCBH outreach and engagement programs), and VCBH's school's collaboration with Improving Special Education Services (ISES) there is an increase in understanding mental health and services available for individuals and families. However, stigma and lack of awareness persist and must be continually addressed.

An additional challenge in this program is that the assessment data collection rate is low in the VCOS, in order to evaluate outcomes and performance using reliable information a greater rate

of completion is nessesary. For FY 2015/16 only 54 out of 85 required entries into VCOS were completed. Furthermore, ten entries skipped Clinical Staff Feedback on Client Improvement.

FY 2016/17 Significant Changes to the Program

Over the past year, culturally-meaningful family events have augmented the already rich array of services offered by the Fillmore team. There was an expansion of school-based services resulting in a full-time position being added to serve the Fillmore area.

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There are no significant changes to this program except to continue improving by increasing data entry to 100% completeness, increase group therapy sessions, use evidence-based CBT interventions offered by a an Assertive Community Treatment (ACT) Certified Diplomat, increase partnerships with ambulatory care or schools in Piru as needed to meet community's youth and family service needs and continue two community events per year for families.

CSS Program #3: Transitional Age Youth (TAY) Full Service Partnership (FSP) Outpatient Program

Program Description

This clinical outpatient program serves Transitional Age Youth (TAY), ages 18-25 who are diagnosed with a Serious and Persistent Mental Illness (SPMI), many of whom are dually diagnosed with co-occurring substance abuse disorders and are at risk of homelessness, incarceration or psychiatric hospitalization and with little to no support in their natural environments.

The programming includes service provision to residential programs in a supportive, social rehabilitation environment in Camarillo which requires the collaboration between Telecare Inc. staff, who provide social rehabilitation services, and the VCBH TAY Transitions FSP, clinical staff.

Transitions focus on a client-driven model with services including psychiatric treatment, individual therapy, intensive case management, group treatment, and rehabilitation services. The Transitions Program ensures that clinicians and case managers also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. Peer staff, or "Recovery Coaches," support clients in the achievement of their wellness and recovery goals. The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas.

Demographics and Outcomes

During FY 2015/16, the program served 74 clients. Seventy-four (74) clients (18 to 25 years) were served with 36 (49%) being Hispanic, 36 (49%) non-Hispanic and 2 (2%) unknown. Most clients (93%) preferred English.

Client Demographic Data

	FY 15-16 N=74	
Gender	**n**	**%**
Female	35	47%
Male	39	53%
Age		
18-25	74	100%
Ethnicity		
Hispanic/Latino	36	49%
Non-Hispanic	36	49%
Unknown/No Entry	2	3%
Preferred Language		
English	72	97%
Spanish	2	3%

Success Stories

The Transitions program continues to host "HoliTAY" to create a feast and "home" for our TAY in which to celebrate Thanksgiving. Each summer, all TAY are invited to the Transitions Summer Awards Celebration. This is a social event in which individual TAY are recognized for achievements during the past year. The Transitions Summer Awards Celebration operationalizes our commitment to recognizing and building on strengths.

Annually, TAY are sponsored to attend the Substance Abuse and Mental Health Services Administration (SAMHSA) Voice Awards program which honors the contributions of client/peer leaders who have raised awareness and understanding of mental health and substance use disorders. This program helps our TAY understand that being diagnosed with a mental illness does not define them or limit what they may be able to achieve and serves as a powerful reinforcement of ways to daily break down the stigma of mental illness. These programs support individuals in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community, with treatment focused on the unique developmental needs of the TAY. Clients receive a multi-dimensional range of services to support their wellness, recovery and mental health needs.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

It is still difficult to assist clients with obtaining housing which is a basic need for safety and for an individual to be able to focus on mental wellness. Given that housing options are sparse, the ability to be as effective in helping clients gain stability is often stunted. Current efforts to mitigate this challenge is working with other agencies through the County Executive Office, stakeholders and providers in the community on a collaborative to apply for federal Housing and Urban Development (HUD) for funding TAY-specific funding in the County.

An additional challenge in this program is that the assessment data completion rate is low in the VCOS, especially when compared to the goal of 100%; to be able to evaluate outcomes and performance measurements the data must be reliable.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

The TAY program hopes to expand services by providing satellite services in the Ventura Adults Clinic to reach TAY clients that historically go untreated because they do not continue services in the Adult Clinic. TAY continues to work with community partners to expand the services that can be provided to the LGBTQ+ population. Additional training of clinicians will take place October 2017, to provide

training for clinicians working with the LGBTQ TAY. VCBH plans to look at all TAY Services and provide a comprehensive continuum of care of all TAY ages 16-24.

VCBH will be addressing data collection challenges as it relates to outcomes and evaluation.

CSS Program #4: Transitional Age Youth (TAY) Outpatient (Transitions)

Program Description

This clinical outpatient program serves Transitional Age Youth (TAY), ages 18-25 who are diagnosed with a Serious and Persistent Mental Illness (SPMI), many of whom are dually diagnosed with co-occurring substance abuse disorders and are at risk of homelessness, incarceration or psychiatric hospitalization with little to no support in their natural environments.

Transitions focus on a client-driven model with services including psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. The Transitions Program ensures that clinicians and case managers will also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. Peer staff, or "Recovery Coaches," support clients in the achievement of their wellness and recovery goals. The program served both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas.

Demographics and Outcomes

The following data represents the Transitions program for Non-FSP clients.

During FY 2015/16, the program served 387 clients. All clients (100%) were between the ages of 18 to 25 years. Of the 387 clients, 224 (57%) were Hispanic, 171 (37%) were non-Hispanic and 15 (4%) were unknown. Most clients (92%) preferred English.

Client Demographic Data*

	FY 15-16	
	N=387	
Gender	**n***	**%**
Female	205	53%
Male	174	45%
Age		
18-25	387	100%
Ethnicity		
Hispanic/Latino	224	58%
Non-Hispanic	143	37%
Unknown/No Entry	15	4%
Preferred Language		
English	356	92%
Spanish	19	5%
Other Language(s)/Unknown	4	1%

*The numbers (n) reported may not add up to the number (N) served due to data entry omission, errors, or non-reporting by the client.

Success Stories

Each November, as a culmination of treatment focusing on grief and loss, Transitions hosts a Dia de Los Muertos celebration. Clients often build memorials honoring individuals or parts of self that have been lost. Cultural foods are prepared and served for clients, their families, and other attendees. Each year the event grows in participation, creativity, and depth.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

A challenge in this program is the assessment data completion rate is so low in the VCOS, especially when compared to the goal of 100%; to evaluate outcomes and performance measures the data must be reliable.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

This program continues to work with community partners to expand the services that can be provided to the LGBTQ+ population. Additional training of clinicians will take place October 2017, to provide training for clinicians working with the LGBTQ TAY. VCBH plans to look at all TAY Services and provide a comprehensive continuum of care for all TAY ages 16-24.

VCBH will be addressing data collection challenges as it relates to outcomes and evaluation.

CSS Program #5: Adult Treatment Tracks

Program Description

The adult treatment tracks provide a continuum of services to adult behavioral health consumers with serious and persistent mental illness. These services are provided at six adult outpatient clinics situated in Ventura, Oxnard, Santa Paula, Thousand Oaks, Simi Valley and South Oxnard. Services are provided based on the level of acuity, engagement with services, and the needs of the consumers. Services may include individual and group therapy, case management, medication support and peer support. Consumers are moved from one recovery track to another as their needs change.

Levels of services provided are:

Full-service Partnership (FSP) – Consumers who require intensive services, i.e., history of multiple hospitalizations or incarceration, history of poor engagement with outpatient services, homeless or at risk of homelessness are served in the FSP track. FSP services are provided via two programs The Empowering Partners through Integrative Community Services (EPICS) program and Telecare XP2. Both programs provides comprehensive, intensive, "whatever it takes" services for those consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment placements), who are at high risk to require those levels of care without intervention, and who have been historically underserved in the mental health system due to a variety of barriers that make access to traditional services challenging. Consumers are provided with intensive case management services, medication support, and clinical interventions to engage them in services and stabilize them at the lowest level of care in the community. Those served at this level of service also have access to additional funding for housing or basic needs. TelecareXP2 receives referrals from the local jail for individuals with serious and persistent mental illnesses that is untreated in the community and are suspected of contributing to their legal problems.

Treatment Services – Consumers who are engaged and actively working toward wellness and recovery are served by the non-FSP Adult treatment tracks where they are provided with medication services, individual and group therapy and regular case management. More than 70% of clients served at the adult outpatient clinics are receiving services at this level. Additionally, VCBH has implemented a number of evidence-based practices to increase the provision of group services to consumers, including "Seeking Safety," Life Enhancement Training (LET), social skills for clients with psychosis (CORE), and Cognitive-Behavioral Therapy (CBT) for anxiety, depression and co-occurring disorders. Currently, a total of 60 groups are available every week at the outpatient clinics, and more than 300 consumers are served on average per week. Also, VCBH has embarked on training all clinicians in CBT as the Individual Treatment Modality of choice.

Demographics and Outcomes

During FY 2015/16 the Adult FSP program Telecare XP2 served 57 clients and EPICS served 726 clients. Of the 726 EPICS clients, 241 (33%) were Hispanic, 458 (63%) were non-Hispanic, and 27 (4%) were unknown. Most clients (93%) preferred English. OF the 57 Telecare XP2 clients 19 (33%) were Hispanic, 37 (65%) were non-Hispanic, and 1 (2%) were unknown or unreported. All 57 clients preferred the English language.

FSP Client Demographics Data*

EPICS	FY 15/16	
	N=726	
Gender:	**n**	**%**
Female	292	40%
Male	432	60%
Unknown	2	0%
Age: (the duplicate count is due to age progression within a fiscal year.)		
18-64	692	95%
65+	41	6%
Ethnicity:		
Hispanic	241	33%
Non-Hispanic	458	63%
Unknown/No Entry	27	4%
Preferred Language:		
English	677	93%
Spanish	39	5%
Other Languages	11	2%

Telecare XP2	FY 15/16	
	N=57	
Ethnicity	**n**	**%**
Hispanic/Latino	19	33%
White/ Not Hispanic	37	65%
Unknown/ No entry	1	2%
Age Group		
19 - 24 yrs old	7	12%
25 - 39 yrs old	26	46%
40 - 64 yrs old	23	40%
65 yrs old +	1	2%
Gender		
Male	38	67%
Female	19	33%
Unknown/No entry	0	0
Preferred Language		
Spanish	0	0
English	57	100%
Other	0	0

*Total of **n** many not equal to **N** due to lack of or duplication in response choices.

Non-FSP Adult Treatment

During FY 2015/16 Non-FSP treatment services, the program served 8,016 clients. Most clients (91%) were between the ages of 18 to 64 years. Of the 8,016 clients, 2,572 (32%) were Hispanic, 4,462 (56%) were non-Hispanic and 1,725 (22%) were unknown. Most clients (85%) preferred English.

Client Demographic Data*

Number of Clients Served	FY 15-16 N=8,016	
Gender:	**n***	**%**
Female	4,255	53%
Male	3,753	47%
Age (the duplicate count is due to age progression within a FY.)		
18-64	7,277	91%
65+	529	7%
Ethnicity		
Hispanic	2,572	32%
Non-Hispanic	4,462	56%
Unknown/No Entry	1,725	22%
Preferred Language		
English	6,862	85%
Spanish	533	7%
Other Languages	121	2%
Unknown	1,121	13%

*Total of **n** many not equal to **N** due to lack of or duplication in response choices.

Success Stories

Male EPICS client age 42, with a diagnosis of Bipolar II, has been in and out of VCBH services since 2011. Over the course of his time with VCBH, he had 59 episodes, numerous encounters with the Crisis Team and seven hospitalizations. The client went to a crisis residential treatment facility twice and had an additional period of voluntary residential treatment. He entered the EPICS program in April 2015. In that time the client received intensive case management, therapy, and psychiatric assistance. Recently he has improved so much that he was transferred to a regular Clinic for step-down treatment. He is living independently, has a part-time job and has had no crisis episodes.

Female EPICS client age 28, with a diagnosis of schizoaffective disorder. She was first seen by the youth and family treatment program in 2006. She has had 33 episodes three hospitalizations and at one point spent 18 months in a voluntary residential treatment facility. This client entered EPICS services in Nov, 2011. She has worked closely with the team to advance her recovery. Currently, she reports several months clean and sober. She has maintained part-time employment, is living independently, and is consistent with her medications and treatment.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Ongoing challenges for this program reflect high case-load levels for case managers, wait lists for individual therapy and a shortage of licensed clinicians to supervise interns.

To mitigate these challenges, the County Human Resources Department sought out candidates at job fairs throughout the County and surrounding counties. Ventura County allowed clinicians to submit new hire paperwork prior to receiving their Board of Behavioral Sciences (BBS) number and would hire when the BBS posted the applicants number. This greatly increased the number of clinicians seeking employment and receiving an offer.

VCOS completion rates indicate that clients were connected with appropriate services and were helped by the care that the received. However, the number of outcome measures completed at discharge is relatively low. An improvement plan is in process to identify ways to increase completion rates of the outcome measure.

FY 2016/17 Significant Changes to the Program

No status change, continue with CBT training for all incoming clinicians.

Three-Year Plan FY 2017/18 - FY 2019/20

This program will be undergoing an analysis to identify improvements in areas that present opportunities. For example, increasing the number of VCOS entries to have a better gauge of performance concerning outcomes. There will be a reassessment of the determinants of care and the FSP intake and discharge procedures.

CSS Program #6: Older Adults FSP Program

Program Description

The Older Adult FSP Program provides rich, community-based, mobile, in-home services including psychiatric treatment, case management (linkage to housing, benefits, healthcare, & rehabilitation services), skill building services to decrease functional impairments, individual and group treatment crisis intervention, Recovery, and Wellness Programs, advocacy and referrals for medical, dental, legal, benefits support services and community agencies.

In addition to the community-based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers in regularly scheduled wellness and recovery groups facilitated by Recovery Coaches, and rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians. The program works collaboratively with community partners that include the Ventura County Area Agency on Aging (AAA), Adult Protective Services (APS), Public Health, Ambulatory Care and the District Attorney's Office.

Demographics and Outcomes

East County served 38 consumers, and Oxnard served 73 consumers, with a total of 110 unduplicated clients (one client seen at both sites). Latinos served continue to comprise 1 in 5, with a preference for Spanish decreasing slightly. Males make up slightly less than a third of participants in the program.

Client Demographics*

	Fiscal Year 2015/16	
	N=110	
Gender	**n**	**%**
Female	77	70%
Male	33	30%
Age		
60-64	25	23%
65+	85	77%
Ethnicity		
Hispanic	22	20%
Non-Hispanic	88	80%
Unknown/No Entry	1	<1%
Preferred Language		
English	104	95%
Spanish	6	5%

*Total of **n** many not equal to **N** due to lack of or duplication in response choices.

A number of Older Adults FSP clients participated in an innovation project during FY 2015/16. The demographics and outcome data related to the project are in the Innovation Section of this document (INN Program #43 Adult Health Care-Access/Health Navigation) and a detailed report at Appendix B – Health Navigation for outcomes resulting from their participation in the Health Navigation Project.

Success Stories

A female client suffering from major depressive disorder entered services a year ago. As she began to build a relationship with her clinician her story unfolded, she disclosed she was living with relatives who were taking advantage of her financially. She had suffered for years in her current situation from the severe emotional and financial abuse. The client had a long history of extreme trauma, going back many years and two failed marriages. The client had become isolated experiencing little joy or interaction with the outside world; the client was sullen and often cried. The client had difficulties discussing feelings and had little sense self-worth. As the client began working the program, she began to realize her current situation needed to change. With the help of the team, the client moved out on her own. It was the first time in her life that she had lived independently. Since the move, the client has blossomed into a vibrant, happy, expressive person who is beginning to understand just how much her life is worth.

Direct quotes from additional clients about services:

"The support group has helped me get out of the house. It's a commitment I make". -Age 77

"I met people that have the same problem as me." –Age 74

"It's very helpful to get support and help with my depression." –Age 68

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

A challenge in this program is that the assessment data completion rate is low in the VCOS, especially when compared to the goal of 100%. In order to be able to evaluate program outcomes and performance, there must be reliable informationto analyze. The challenge is being addressed.

FY 2016/17 Significant Changes to the Program

There are no significant changes for the program.

Three-Year Plan FY 2017/18 - FY 2019/20

The number of Spanish speaking clients is significantly lower than their English speaking counterparts. This discrepancy will be investigated. An action plan will be developed for increasing Latino participation and put in place if warranted.

VCBH will be addressing data collection challenges as it relates to outcomes and evaluation.

CSS Program #7: Assist (Laura's Law)

Program Description

Assist is VCBH's Assisted Outpatient program (sometimes referred to as "Laura's Law"). Assist is a joint venture between VCBH and Telecare Corporation and provides needed treatment to individuals with serious mental illness who have difficulty living safely in the community and who have declined mental health care and/or have struggled to engage in mental health treatment in the past. Assist employs a client-cantered approach to outreach and engagement in the hope of gaining individuals' voluntary acceptance of mental health services. However, there is the potential for court-ordered treatment to supervise mental health care when circumstances warrant. The court process is only used after every effort has been made to encourage individuals who need treatment to participate in Assist voluntarily.

Assist provides intensive mental health services with frequent client contact and a 24-hour team response. Services include psychiatric care and medication management, access to primary health care, substance abuse counseling, benefits and resource coordination and linkage, supportive housing, vocational rehabilitation, and peer and family member education and support.

Demographics and Outcomes

Since this is a new program, data is not currently available.

Success Stories

Since this is a new program, data is not currently available.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Since this is a new program, data is not currently available.

FY 2016/17 Significant Changes to the Program

This section is not applicable since it is a new program.

Three-Year Plan FY 2017/18 - FY 2019/20

For the next three years, Assist has the following goals:

- Engage 40 clients in the development and execution of mental health treatment plans in the first year of Assist implementation and increase the number of new admissions to 60-70 in subsequent years, despite some anticipated carryover of clients from the prior year(s).
- Decrease the observed rates of hospitalizations, homelessness, and jail days by at least fifty percent (50%) when comparing the 12 months pre- and post-referral to Assist.
- Increase to ninety-five percent (95%) the Assist clients' ability to be self-supporting by either assisting them in securing disability benefits and/or gainful employment comprising the balance.

Exhibit C2: CSS/System Development (SD) Program Descriptions

CSS/SD Program #8: The Client Network

Program Description

The Client Network is a peer-run culturally-sensitive advocacy organization with a client-centered approach to mental health recovery. It empowers clients to become full partners in their own unique treatment and recovery journeys. The Client Network advocates for clients by promoting measures that counteract stigma and discrimination against mental health recipients through increasing client representation, involvement, and empowerment at all levels of the mental health system. The Client Network promotes hope, respect, personal empowerment and self-determination through client-driven mental health services and programs.

Through participation in stakeholder groups, meetings, workshops, and conferences, the Client Network actively participates in shaping mental health policy and programming at the local and state level. Clients present at meetings, workshops, and conferences (for which they also provide financial sponsorship) where their voices have not traditionally been heard. Additionally, they host general monthly meetings that are open to the public, develop and host community events and workshops on topics that are relevant to client-related issues, and provide transportation support for these activities. The program includes peers that provide individual client support, resources and referrals, and collaboration with community partners. This program conducts outreach activities to increase connection with clients and is seen as a hub for clients gathering for support.

Demographics and Outcomes

Client Network added 62 new members in FY 15/16. Out of 87 members, 33 (37%) identify as Latino/Hispanic.

Membership Demographics

Total Members	**87**
New Members in FY15/16	62
Participant is Existing Member	25
Identify as Latino/Hispanic	33
Identify as Male	40
Identify as Female	47

Program Activities

# General Meetings	6
Total General Meeting Attendees (Duplicated)	128
# Workshops	2
Total Workshop Attendees (Duplicated)	110
# of Advocacy Activities	99

Individual Peer Support Services

Walk-ins	5
Phone	10
Field Visit	178
Supportive Services	
Bus Passes Distributed	782
Gas Cards Distributed	8

Outreach and Engagement Events

Total Events	26
Total Attendees	879

Success Stories

Client Network Members attended the following local and state decision maker meetings to advocate on behalf of consumers of the mental health system by speaking publicly.

- 18 Behavioral Health Advisory Board meetings
- 3 Community Leadership Committee Meetings
- 2 Ventura County City Council Meetings
- 2 VC Board of Supervisor's Meeting
- VC Transportation Authority Meeting
- Housing Authority Resident Council Meeting
- VC Suicide Prevention Council
- Housing Authority Resident Council
- VC Continuum of Care for Foster Care
- 3 Laura's Law Workgroup Meeting
- Housing Authority Resident Council
- VC Suicide Prevention Council
- Suicide Prevention Radio Interview
- VCBH Suicide Prevention Conference Committee Meetings
- Housing Authority Resident Council
- CA Association of Behavioral Health Commissions

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Transportation of East County Clients to monthly meetings and workshops continue to be a challenge. Other avenues are being explored to provide transportation for these clients.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

Continue with advocacy, support, and education. Data collection methods will be modified to reflect more meaningful and specific outcomes.

CSS/SD Program #9: National Alliance on Mental Illness (NAMI)

Program Description

The Ventura Chapter of the National Alliance on Mental Illness (NAMI) provides three peer and family supported programs to the community: (1) Familia a Familia (FAF); (2) Provider Education Program (PEP); and (3) Friends in the Lobby (FITL). These programs are designed to address the lack of knowledge around mental illness and to reduce stigma in accessing services.

FAF is a series of 12 weekly classes held in Spanish for the caregivers of those with a mental illness. The course provides psychoeducation as well as skill-building for self-care and peer support.

PEP is an evidence-based practice designed to educate those in direct service in the mental health field about the client experience. The program is approximately 15 hours, and some staff may be able to earn continuing education units for completing the course.

FITL is a program where individuals who are experiencing a loved one being hospitalized for a mental health crisis greet others going through the same experience in the lobby of Hillmont Psychiatric Unit or Vista Del Mar. The NAMI staff members are able to provide support and resources to visitors that engage in the program during a stressful time.

- Course 1: Start date August 12, 2015, Fillmore (One Step a la Vez) - 15 attendees
- Course 2: Start date September 18, 2015, Oxnard (Turning Point Wellness Center) - 13 attendees
- Course 3: Start date March 11, 2016, Turning Point Clubhouse, 5th St., Oxnard - 11 attendees
- Course 4: Start date March 24, 2016, El Buen Pastor United Methodist Church, Santa Paula - 10 attendees

Familia a Familia collected a total of 26 surveys in FY 2015/16. Thirty-one percent (31%) of participants identified as male, 65% identified as female and 4% either declined to state or were unknown. As a result of the training, approximately eighty percent (80%) of participants reported they were comfortable talking with others about their loved ones' and their family's situation, and approximately 80% reported that they feel empathy and understanding when their loved one with mental illness experiences unusual behavior.

Provider Education Program courses during FY 2015/16:

- Course 1: Start date July 6, 2015, Telecare Camarillo - 18 attendees
- Course 2: Start date September 4, 2015, VCBH Oxnard (Williams Dr.) - 20 attendees
- Course 3: Start date February 4, 2016, NAMI Ventura County - 16 attendees
- Course 4: Start date February 22, 2016, United Methodist Church of Thousand Oaks - 12 attendees

Provider Education collected a total of 50 surveys for FY 2015/16. Twenty percent (20%) of the surveys were completed by individuals in the case management field, 12% by individuals in the mental health therapy field, 12% by individuals in social work and 10% by individuals in addiction counseling. Comments from participants show the class provides a better understanding of the client and family perspective which helps shift the provider's approach to one that is more client-centered and recovery-oriented.

The Friends in the Lobby Program contacts for FY 2015/16.

First 6 months:

- Seventy-nine (79) shifts at Hillmont Psychiatric Center, 398 visitor contacts, with an average of 5 visitor contacts per shift
- Twenty-six (26) shifts at Aurora Vista del Mar Hospital, 223 visitor contacts, with an average of 8.5 visitor contacts per shift

Last 6 months:

- Seventy-eight (78) shifts at Hillmont Psychiatric Center, 401 visitor contacts, with an average of 5 visitor contacts per shift
- Twenty-six (26) shifts at Aurora Vista del Mar Hospital, 151 visitor contacts, with an average of 5.8 visitor contacts per shift

In addition to all of the above activities and trainings, the NAMI Holiday Party (December 8, 2015) was attended by 518 guests.

Success Stories

Family members that attend the Familia a Familia class frequently write in their post program evaluation that because of this class they now know not to blame their loved one for their situation. They recognize that treatment can help their family member move forward on a path towards recovery. Family members also report they have formed their own support system that continues even after the class has ended.

"John's parents enrolled in a NAMI Famila a Familia class to learn more about their son and his illness. John has a diagnosis of schizophrenia and had refused to take medications as prescribed by the psychiatrist. John's parents were frustrated and angry with their son's choices and told him he would not be able to live with them if he did not comply with his treatment plan.

Through the knowledge they acquired in the Familia a Familia class they realized that they could become a positive part of John's overall treatment plan by offering him support and understanding instead of ultimatums. Their relationship improved and John eventually agreed to take the medication on a trial basis. Within 3 months his symptoms improved significantly and he is now taking a class at

community college. John still has challenges but his parents say that he is in the best place he has been in for more than 2 years."

FY 2016/17 Significant Changes to the Program

The Provider Education Program is a program developed by NAMI National and are also starting a 4-hour version of this class. This came about as many NAMI affiliates around the country reported that many agencies would send their staff to a 4-hour training if it were available, but not to a 15-hour training. Data and feedback will be collected and analyzed regarding this approach.

Three-Year Plan FY 2017/18 - FY 2019/20

Plans for next year are to enhance the Familia a Familia program by recruiting and training more instructors. The Provider Education Program will actively recruit for more students and will explore the options that will be available with the 4-hour version of the program.

CSS/SD Program #10: Peer Support

Program Description

Recovery Innovations (RI) International in partnership with VCBH, trains and employs peers to work as recovery coaches at VCBH County sites to assist consumers in their recovery, and community and integration process. It is an organization specializing in the training, employment and support of those with personal experience with mental health issues and recovery. They promote VCBH's commitment to continue employment of VCBH mental health peers in the workforce.

Demographics and Outcomes

Recovery Coaches and Recovery Specialists reached out to those individuals referred by the VCBH treatment team members, i.e., Psychiatrists, Therapists, Case Managers and Clinic Administrators, and also used each program site's list of enrolled participants to connect with clients and potentially provide peer services. The RI International team members supported VCBH treatment teams by contacting these referred participants via telephone, in-person home visits and/or clinic visits.

Referral Outcomes*

	Second Quarter	Third Quarter	Fourth Quarter	Year Totals
Referrals	377	414	411	1202
Individuals Accepted	321	344	353	1018
Individuals Declined	56	70	58	184

*The tracking of referrals began in the second quarter of this FY.

Number of Individuals Enrolled Within Each Program (Clinic Site) – Year Total

Crisis Residential	105	RISE*	265
EPICS	53	Santa Paula	14
Mental Health Court	37	Simi Valley	73
Older Adults East	0	Thousand Oaks/Conejo Valley	84
Older Adults West	18	Transitions East	36
Oxnard North	40	Transitions West	0
Oxnard South	18	Ventura	31

* There is overlap of individuals with RISE and the other Programs/Clinic Sites.

Types of Services Received

FY 15/16	Year Total
Recovery Coaching	442
Recovery Education	652
RISE (Field Services)	790

Ethnicity

Fourth Quarter Ethnicity By Program	Recovery Coaching	Recovery Education
African American	10	12
Asian	7	6
Caucasian	163	186
Hispanic	81	85
Native American	6	5
Pacific Islander	1	3
Other	24	29
Unknown/Not Identified	3	4

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Due to inconsistent data submission it is difficult to determine the number of unduplicated clients served.

FY 2016/17 Significant Changes to the Program

As of June 30, 2016, RI International is no longer the provider of Peer Services for Ventura County. Starting July 1, 2016, Pacific Clinic assumed the contract for these services. The RI staff worked closely with Clinic Administrators to assure a smooth transition for all persons served. Any new person referred to RI recovery coach was informed regarding the new provider coming in as of July 2016. Transitions throughout July would be taking place, and they may have a new Recovery Coach/Partner by the end of July. The scope of the contract shifted to encourage additional focused supports for high risk clients exiting the inpatient psychiatric unit, jails, and residential treatment facilities.

Three-Year Plan FY 2017/18 - FY 2019/20

The program was chosen by the Evaluation Committee for additional review based on outcome data, cost, and duplication of services across the agency. After review the contract was not renewed as of July 1, 2017. The services currently delivered under this contract will be absorbed by functions in other programs.

CSS/SD Program #11: Transformational Liaison

Program Description

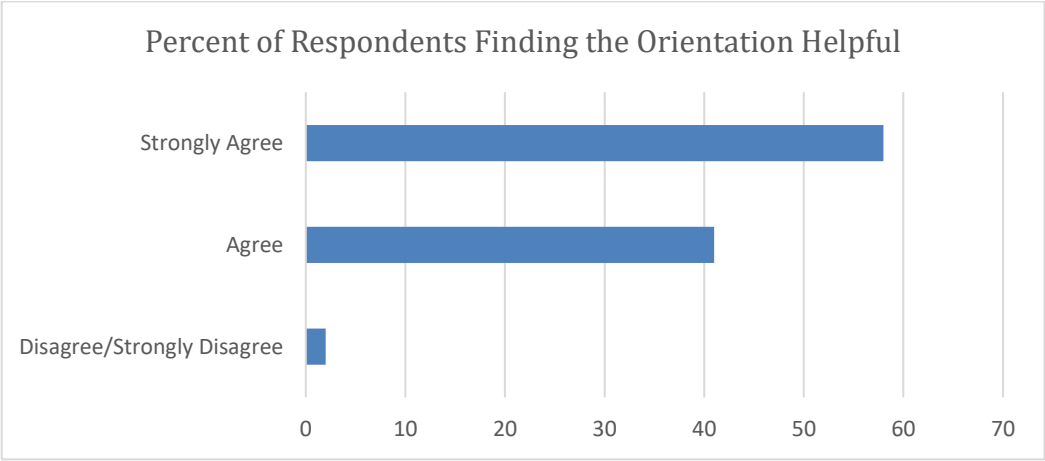
Transformational Liaison includes individuals with personal experience within the mental health system as clients or family members. They provide advocacy, resource development, represent the consumer and family perspective within the mental health system, and most importantly serve as liaisons between the County, client, family member, and community. The Transformational Liaison is responsible for providing orientations to clients and their family members who are new to the behavioral health system. These orientations serve to welcome clients and conducted at all adult clinics. They are also offered in Spanish. Additionally, the liaison mitigates general-support cases in the office, phone, and in the field to people as well as offering referrals to behavioral health and other resources.

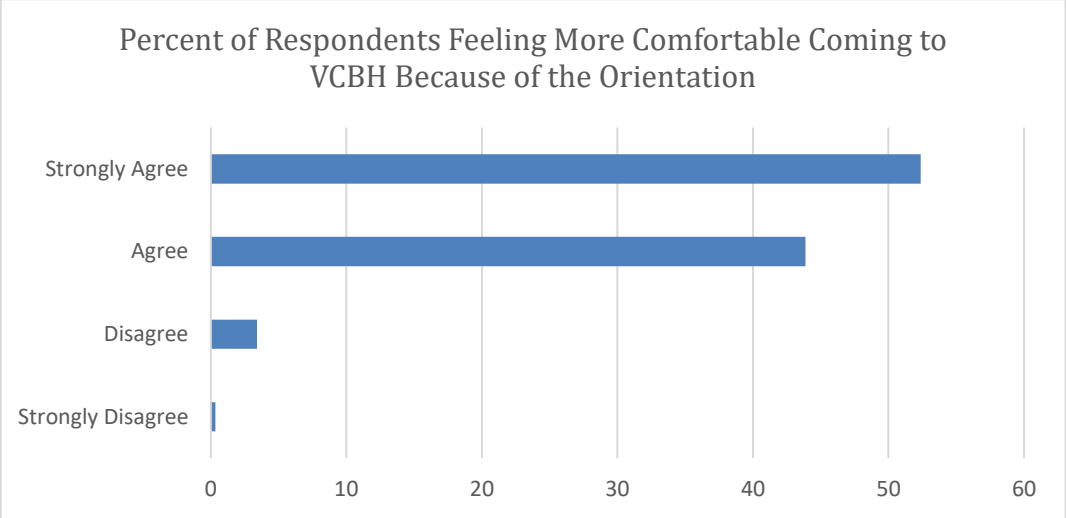
The Transformational Liaison program has also been responsible for developing resources for consumers, clinics, and the community, such as:

- Directory of Resources and Support Groups – East and West County
- Homeless Services Cards
- Safety Plan for Adults and Safety Plan for Family and Youth developed in collaboration with the respective Behavioral Health Advisory Board Committees
- Family Member Information Input Form

Demographics and Outcomes

During FY 2015/16 - FY 2016/17 the Transformational Liaison program held 77 orientations with 295 total participants. Of those, 223 were clients of VCBH and 72 were family members/supporters. Seven of the clients were monolingual Spanish speakers, and four of the family member/supporters attended Spanish language orientation. Of those surveyed, more than 98% found the orientation helpful, and more than 95% of respondents felt more comfortable coming to VCBH because of the orientation.





In FY 2015/16, 55 cases were facilitated between a Transformation Liaison member and a community member, family member or client. Additionally, data indicate the three primary reasons for contact were for mental health services, issues with the clinic, general information or resource requests.

Success Stories

At the conclusion of each orientation, an evaluation was completed by the participants. Following are comments made regarding the experience.

"I didn't know that Mental Health has a lot to do with what 'you' want for a healthier life."

"I just appreciate there is this kind of service for people who really need it. I didn't know what to do before, and now I feel hopeful. Thank you."

"It's an improvement to feel like a person instead of the feeling of being shuffled paperwork."

"Find it extremely heartfelt in that the "team" has had experience with a disabled family and they can relate and deeply care."

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

None at this time.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

Within the next FYs, VCBH will continue to collect and analyze service and outcome data in relation to contact with the Transformational Liaison program, specifically those clients

participating in the VCBH Orientation, to determine if positive correlations exist between attending the orientation and the reduction of recidivism. Such analysis will help the department allocate resources and improve services as needed.

CSS/SD Program #12: Family Access Support Team (FAST)

Program Description

This program is designed to provide services to children, youth and their families served by VCBH who are at high risk for hospitalization or for out-of-home placement. The FAST program is contracted to United Parents and is staffed solely with Parent Partners, who have raised a child with a serious mental/emotional disorder and receive specialized training to support others in similar situations. Parent Partners collaborate with the treatment team, providing intensive home-based services to families. They model techniques with both individual and group modalities to support parents in implementing the Personal Care Plan. The Personal Care Plan is a strategic intervention model for those parents referred in for services. It is strength-based, focused on skill-building and increasing knowledge regarding their child's mental health status. It also addresses increasing knowledge regarding services and resources to assist in alleviating crises.

Demographics and Outcomes

Numbers Served by Age

Age	Number Served
4-6	8
7-10	43
11-14	85
15-18	88
19	3
Unknown	1
Total	**228**

Number Served by Diagnosis

Type	Number Served
ADD/ADHD	41
Adjustment/Anger	15
Anxiety	8
Autism/Aspergers	7
Bi-Polar	22
Conduct/RAD	1
Depression	56
Mood	12
ODD/OCD	5
Psychotic	2
PTSD	7
Unknown	52
Total	**228**

Number of Discharged Clients by Reason

Reason	Number Served
Aged Out	2
Declined Services	12
Early Out	8
Failure to Launch (FTL)	8
Lost Contact	22
Moved Out of County	2
Moved to Other Program	10
Outcomes Met	17
VCBH No Longer Treating	7
Total	**88**

Active Clients Average of Days in Program: 332.50

Success Stories

Ten year old "Leticia" was referred to by Ventura Clinic. She was continually skipping school, sharing that she was bullied by other children due to being "different." At home, Leticia was frequently arguing to the point of becoming verbally abusive to Mom, a single parent. A Parent Partner worked intensely with Mom, suggesting that Leticia enroll in summer school programs to stay busy and to improve her social skills. The Parent Partner provided support to Mom through role modeling and role playing so that Mom could increase and improve communication with her daughter. Ultimately, Leticia was able to significantly improve control of her outbursts at home with Mom working hard on better communication. Also, due to intervention with the school regarding the bullying situation, Leticia was comfortable returning to school and not skipping class. Today, home visits with this family have decreased from weekly to monthly. Mom has developed greater confidence in her ability to parent competently, and Leticia's behavior has significantly improved both at school and home.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Effective July 1, 2013, the improved Healthy Family Parenting Inventory (HFPI), an evidence based tool, was implemented across the agency. The survey is designed to be sensitive to change, is culturally-appropriate, and produces data that is immediately useful for parent partners to review with parents. Following a thorough review of Parent Partners using the HFPI survey, inconsistent completion and application of the survey was discovered. Steps have been taken to remediate this issue with Parent Partners through additional training, setting up a processing form, and soliciting feedback from Parent Partners. In collaborative discussions with Parent Partners, two new tools were created to ensure greater success and compliance.

FY 2016/17 Significant Changes to the Program

In 2016 the Parent Partner Curriculum was completed and set the standards for required training for Parent Partners throughout Ventura County. To date, two trainings have been provided for Parent Partners. United Parents, Casa Pacifica, Children & Families Together, Interface and Aspiranet participated in the training. The goal is to provide four additional trainings in the coming year.

Three-Year Plan FY 2017/18 - FY 2019/20

This program will continue to empower parents by giving them a voice on priorities for state funding through increased outreach, education & advocacy. It will be partnering with agencies throughout the state with a new state grant. It will also continue to improve efficiencies through the use of customized software technology in order to spend more time in direct service and provide increased licensed clinical supervision for staff.

CSS/SD Program #13: Crisis Stabilization Unit (CSU) and COMPASS for Children

Program Description

On December 7, 2016 VCBH opened a new receiving center for medically-stable children and adolescents assessed as a danger to self, a danger to others or gravely disabled due to a mental disorder on a WIC 5585.50 civil commitment hold. There are two levels of care for children in need of crisis stabilization a 23 hour Crisis Stabilization Unit and a short term Comprehensive Assessment and Stabilization Service. This Crisis Stabilization Unit joined only three other counties in the State to have a children's CSU. Ventura County is very proud to be able to offer this service to fill a long-standing service gap to the children of the County.

Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU) 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 hospitalizing 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 and their caregiver. The CSU is staffed with a Masters Level Clinician and a Registered Nurse 24 hours a day, 7 days per week. Mental Health Counselors are also onsite providing stabilization services around the clock and a Psychiatrist is available 24 hours a day, 7 days per week.

Comprehensive Assessment and Stabilization Services-Acute Care

The Comprehensive Assessment and Stabilization Services (COMPASS) program serves as a short-term crisis residential program for youth who do not require inpatient hospitalization but who need further stabilization services prior to returning to their community. All referrals for the COMPASS program are generated from the Crisis Stabilization Unit. This program offers a 'no eject, no reject' intake/discharge policy for the entirety of the placement stay, up to 30 days. The COMPASS program provides treatment for children and adolescents in serious distress by providing longer term stabilization, integrated assessment and planning services needed to return to a stable setting in the community. The program is staffed with Mental Health Counselors 24 hours a day, 7 days a week, a Masters Level Clinician, Psychiatry, and Nursing.

Demographics and Outcomes

Preliminary data are showing a diversion rate between 60-70% over the course of the first three months that the CSU has been in operation. This means that approximately two-thirds of youth admitted to the CSU are being stabilized in less than 24 hours and discharged back to the community without the need for an inpatient psychiatric hospitalization.

Success Stories

The collaborative process between VCBH, Seneca and our Community Partners (such as, Law Enforcement, Hospitals, Special Education Local Plan Area (SELPA), Human Services Agency (HSA)- Child & Family Services, Emergency Medical Services (EMS), and Probation Department) during the development phase of this program went very well. Community partners were very positive and enthusiastic about the CSU and played a significant role in developing protocols and preparing for the anticipated collaboration needs that may arise.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

An initial challenge to the program was low admission rates. During the first few months of CSU operation, the census remained low. Further staff training to increase the efficiency of the admission process and reduce the time it takes to accept or deny a youth is in process. Also, collaborative outreach with VCBH and community partners, i.e., Emergency Departments and Law Enforcement was determined to be necessary. Although multiple stakeholder meetings were held prior to the opening of the CSU, it was found that information was not reaching the line staff that could facilitate a referral to the CSU.

FY 2016/17 Significant Changes to the Program

Not applicable since this program opened this year.

Three-Year Plan FY 2017/18 - FY 2019/20

Through a collaborative process with VCBH, this program will continually be examined for efficiencies in order to continue providing stabilization services to youth in crisis in the least restrictive environment possible. Seneca CSU will also increase and maintain rates for admission, diversion, and client satisfaction and stabilization intervention to reduce unnecessary psychiatric hospitalization.

CSS Program #14: Children's Intensive Response Team

Program Description

The Children's Intensive Response Team (CIRT) is a 24/7 mental health crisis hotline and mobile response program available to all Ventura County youth under the age of 21. CIRT delivers quick and accessible service to families by providing specialized crisis intervention and in-home support and linkage to county mental health services or other appropriate assistance. By working in collaboration with the child's existing service providers, CIRT seeks to keep kids and families safe in their homes and communities, avoid psychiatric hospitalization, and reduce the use of other public resources such as law enforcement.

Services may be provided over the phone (e.g., de-escalation and linkage) or in person (e.g., emergency mental health assessments, assessments for inpatient psychiatric hospitalization, follow up safety planning and safety monitoring, collaborative introduction meetings). CIRT partners with county and community agencies to ensure a family is linked to appropriate services. If necessary there is considerable level of danger to self and/or others, CIRT has the authority to facilitate an involuntary psychiatric hospitalization for a child or youth for up to 72 hours.

CIRT emergency services are provided irrespective of insurance availability or ability to pay. CIRT serves youth under the age of 21 who are engaging in high-risk/unsafe behaviors that put him/her at risk of out-of-home placement. Examples include:

- Suicidal Ideation/Behaviors
- Self-Injurious Behavior (e.g., cutting, choking, head banging, overdosing)
- Homicidal Ideation/Behaviors
- High-Risk Behavior (e.g., running into traffic, grave disability)

Demographics and Outcomes

During FY15/16 the program served 1,329 clients by phone only (27% of calls were from parents), 1,137 (85%) individuals received in person crisis team services, and of those 1,137 individuals 117 (10%) were contacted the next day and chose to participate in a follow-up services phone call.

	Fiscal Year 2015/2016	
	N = 1,329	
Ethnicity		
Hispanic/Latino	558	42%
Non-Hispanic	584	44%
Others /Unknown/No Entry	187	14%
Preferred Language		
English	1302	98%
Spanish	27	2%
Unknown	0	0%
Calls Received		
Oxnard Plains	465	35%
Ventura	186	14%
Conejo Valley	120	9%
Simi	146	11%
Santa Clara Valley	80	6%
Moorpark	27	2%
Ojai	13	1%
Other/Unknown location.	292	22%

Success Stories

In February 2016, CIRT was awarded full renewal of its national American Association of Suicidology (AAS) accreditation for crisis hotline, emergency field response, and community-based follow up services.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Not applicable.

FY 2016/17 Significant Changes to the Program

The contract was not renewed by VCBH, effective July 1, 2016.

Three-Year Plan FY 2017/18 - FY 2019/20

CIRT contract was concluded as of July 1, 2016. Ventura County Behavioral Health (VCBH) Crisis Team (which had previously been an all-ages team until the incarnation of CIRT in 2007) will re-absorb all county youth crisis work.

CSS/SD Program #15: County-Wide Crisis Team (CT)

Program Description

The County-Wide Crisis Team (CT) provides field and phone crisis intervention services to individuals of all ages throughout Ventura County. Beginning May 2016, the CT began serving youth under the age of 18 as part of the transition plan surrounding the termination of the Children's Intensive Response Team (CIRT) contract with Casa Pacifica. Staff for the CT are based in West (Oxnard) and East County (Thousand Oaks). They manage calls coming into the 24/7 toll-free VCBH ACCESS line which is unique in that Ventura County is one of very few counties in California whose crisis line is staffed around the clock by mental health professionals. This program provides post-crisis follow-up and coordinates extensively with other programs, such as Screening, Triage, Assessment and Referral (STAR) and Rapid Integrated Support and Engagement (RISE), to engage and facilitate linkage to VCBH services and to other indicated resources or services. Additionally, the CT advocates intensively and mediates on clients' behalf in conjunction with community partners and treatment providers to ensure appropriate service delivery.

Demographics and Outcomes

Demographics are not collected for crisis calls as the intervention is an emergency service.

Annual County-Wide Crisis Team Services*

	FY 15/16
All Logged Calls	22,524
Non-Crisis Service Requests Calls	3,991
Calls for Crisis Intervention	2,871
Field Visits (FV)	2,444

*These numbers are duplicated

Field Visits (FV) Disposition Outcomes (N=2,444)

	FY 15/16	
	n	%
Psychiatric hospitalization avoided	1,328	54%
Assisted with voluntary psychiatric hospitalization admit.	145	6%
Involuntary hospitalization (5150)	827	34%
Other*	144	6%

*Other can include but is not limited to individuals who cancelled the call after the team was dispatched those who were not medically cleared by the emergency room personnel, or those who were not present when the team arrived at the destination.

The CT was able to respond within 1 hour for 67% (1,629 out of 2,444) of cases.

Success Stories

The CT successfully a completed a six-month training series in preparation for the re-absorption of CIRT. This included a two-part series with national youth crisis expert, Kappy Madenwald, an interactive children's risk assessment clinic with Dr. Meagan Houston, and multiple trainings with subject experts within Ventura County (e.g., Human Services Agency's Children & Family Services Department, VCBH's Youth & Family Division, Ventura County Office of Education).

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Increasing need for crisis services throughout the County was addressed with the onboarding of five (5) SB-82 (Investment in Mental Health Wellness Act of 2013) grant-funded CT staff and four (4) new clinicians with specialties in youth and family. The former will support the SB-82 mission to alleviate the over-burdening on medical hospitals and law enforcement in addressing acute mental health needs. The latter was implemented as part of the transition of youth crisis work from the CIRT to the CT. However, due to need for crisis services there are times when the crisis team is at capacity which may result in a delayed response time.

FY 2016/17 Significant Changes to the Program

After nine years where youth in crisis were served by CIRT, the CT resumed intervention with this population beginning in May 2016.

Three-Year Plan FY 2017/18 - FY 2019/20

This program will continue to undergo an examination of crisis services needs and collaboration with community partners, i.e., law enforcement, hospitals, may adjust utilization of staff in order to most effectively meet the needs of our clients and the community.

CSS/SD Program #16: Screening, Triage, Assessment, and Referral (STAR)

Program Description

The Screening, Triage, Assessment, and Referral (STAR) program serves clients of all ages who have the potential for entering the County's behavioral healthcare system. The program coordinates access so that clients receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally-sensitive manner County-wide. This program has increased the County's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to unserved and underserved individuals. In addition to providing assessment services in every regional VCBH clinic in the County, STAR ensures excellent access by also conducting assessments at community centers, public health clinics, hospitals, and private homes, as needed. It offers the Spanish-speaking population (as well as those clients whose primary language is not English or who have sign language needs) assessment services by a bilingual clinician or an official certified interpreter. The program employs a "Time to Service" model that allows the risk level to determine the time to the initial appointment so that clients at a higher risk are seen more quickly.

Demographics and Outcomes

During FY 2015/16, the STAR program served 2,343 clients. Of the 2,343 clients, 1,102 (47%) were Hispanic, 1,100 (47%) were non-Hispanic and 186 (8%) were unknown. Most clients (88%) preferred the English language.

In FY 2015/16, the STAR program had an average time to service of approximately sixteen days for routine appointments, eight days for expedited appointments, and three days for urgent appointments.

Client Demographic Data N=2,343

	FY 15-16	
Number of Requests For Service (RFS)	5,395	
Number of Clients Assessed	2,343	
Ethnicity*	**n**	**%**
Hispanic/Latino	1,102	47%
White/ Not Hispanic	1,100	47%
Unknown/ No entry	186	8%
Age Group		
0 - 5	28	1%
6 - 12	303	13%
13 - 18	513	22%
19 - 24	233	10%
25 - 39	575	25%
40 - 64	647	28%
65+	44	2%

Gender	n	%
Male	1,132	48%
Female	1,209	52%
Unknown/No entry	4	.1%
Preferred Language*		
Spanish	229	10%
English	2,057	88%
Other	100	4%

*Clients selected more than one category or skipped questions, therefore, the sum exceeded the total unduplicated count

Success Stories

In November 2016, VM, 36-year-old Hispanic female, was brought in to STAR by a children's clinician after she became upset and reported suicidal ideation at her son's psychiatric appointment. She was able to contract for safety and de-escalated after she had a chance to talk to staff. She was seen for a mental health assessment within a week and was approved for treatment at a clinic. Before she began treatment ongoing stress at home was exacerbating her symptoms. The STAR assessor offered phone support on several occasions as well as in-person support. She was able to de-escalate each time but decided that a voluntary hospitalization was the safest option for her and her family. Post hospitalization she started treatment at the clinic.

She stopped by the office to thank STAR staff for the support provided. She said they were there for her when she didn't know what to do and felt that they really cared. She reported, "I'm in a much better space right now." She is continuing treatment and working toward recovery.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Challenges include meeting expedited time to service (RFS to 1st offered assessment) and turnaround times from assessment to date placed in billing drawer. Also, since health care is more accessible to clients and the system that serves lower level mental health treatment has an insufficient number of providers, it has produced an increase in the number of clients being referred to VCBH for mental health treatment. Another challenge is the use of paper charts, despite having access to the Electronic Health Record (EHR). The additional processing can prevent clients from getting in to clinical services as clinics wait for the physical chart to arrive in the office before an appointment.

FY 2016/17 Significant Changes to the Program

There has been an improvement in turnaround times (assessment to → date placed in billing drawer) for those clients who clearly meet criteria for specialty mental health services. They are informed of their disposition at the time of their assessment, and adult clients are given an appointment for developing an Individual Support Services Plan (ISSP). The ISSP/POC appointments are not scheduled for children. There have also been changes to standards for Time to Service (RFS → 1st offered assessment appointment). It is 28 days for all cases and three days for urgent cases. Another change is making accessibility easier for clients who are on Clozaril.

They bypass the STAR assessment process and are opened directly with the VCBH clinic where they will receive ongoing treatment.

Three-Year Plan FY 2017/18 - FY 2019/20

In addition to the above changes, there is currently an internal Continuous Improvement Project to further facilitate clients accessing services more quickly with fewer redundancies in the process. This should streamline the process and maximize use of resources.

CSS/SD Program #17: Rapid Integrated Support and Engagement (RISE)

Program Description

The Rapid Integrated Support and Engagement (RISE) program is funded by the Investment in Mental Wellness Act of 2013, through the MHSOAC. The RISE team members provide multiple services including extensive County-wide outreach to clients who are at risk of a mental health crisis, currently experiencing or at risk of re-experiencing a mental health crisis. The primary goal of the program is to successfully link clients to the appropriate level of mental health care by providing robust transitional case management and clinical services in a field setting. The primary target groups are those who traditionally "fall through the cracks" without special intervention. The primary populations include homeless clients, post-psychiatric inpatient hospital clients and other underserved populations.

Demographics and Outcomes

During FY 2015/16, the RISE program served 1,296 clients. Of the 1,296 clients, 239 (18%) were Hispanic, 262 (20%) were non-Hispanic and 795 (62%) were unknown or not reported. There were 491 clients (38%) that preferred the English language, 3% preferred Spanish while 766 (59%) clients did not report a language preference. The RISE program enrolled 496 clients out of the 1.296 that were engaged successfully.

In reference to the table below, "RISE Pre-Admit" refers to a pre-admit episode opened in the Electronic Health Record (HER) when RISE receives referrals for individuals who are in need of mental health services. The RISE staff provides the majority of their services during this time to engage an individual into mental health treatment.

A "RISE Admit" episode is opened when a client shows up to have an assessment completed by a VCBH clinician either at the STAR program or with a RISE clinician. At this point the client is then considered an enrolled client of VCBH.

"Service contacts" includes all services provided by RISE staff, both in pre-admit and the admit phases. The services are entered into the EHR to document and record all outreach and engagement attempts.

Clients Served and Demographics*

	FY 15-16	
Number of Clients Served (Pre-Admit, Admitted, Unduplicated)	1,766	
Number of Clients Served (Admitted, Unduplicated)	1,296	
Number of Clients (Pre-Admit, Unduplicated)	470	
Number of Contact Services (Duplicated)	5,506	
Number of RISE Clients enrolled in VCBH Treatment Services (Unduplicated)	496	
Ethnicity of Unduplicated Clients (N=1296)	**n****	**%**
Hispanic/Latino	239	18%
White/ Not Hispanic	262	20%
Unknown/ No entry	795	62%

Age Group of Unduplicated Clients (N=1296)		
0 - 15	134	10%
16 - 25	281	22%
26 - 59	792	61%
60 +	92	7%
Gender of Unduplicated Clients (N=1296)		
Male	683	53%
Female	612	47%
Unknown/No entry	1	0.1%
Preferred Language of Unduplicated Clients (N=1296)		
Spanish	39	3%
English	491	38%
Other/ No entry	766	59%

Demographics represent number of unduplicated, RISE – Admit, N=1296.
**Small "n" may not add up to "N" due to clients selecting more than 1 option.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Some of the challenges have involved the recruitment and retention of qualified staff. Strategies to mitigate these are to continually recruit qualified staff and promote from within, when possible.

FY 2016/17 Significant Changes to the Program

In July of 2016, the RISE team was tasked with conducting all post-crisis follow-up services for youth in the County. A clinician was added to the team with the goal of collaborating with one of the Community Service Coordinators in order to provide in-home risk assessments, safety planning and intake assessments as needed.

In January of 2017, RISE was assigned the duty of screening candidates for the Assisted Outpatient Treatment (AOT, aka Assist) program that serves individuals meeting the criteria for Laura's Law. The RISE staff accepts the initial referral to determine appropriateness for Assist and conducts the initial face-to-face screening with the potential Assist client. If the individual is deemed as appropriate for Assist services, he/she is referred to Telecare (contract provider) who provides services using an Assertive Community Treatment (ACT) model. If the potential client does not meet the criteria for AOT, but is in need of mental health treatment, then he/she is referred for linkage to appropriate services.

Three-Year Plan FY 2017/18 - FY 2019/20

Within the final year of this grant funded program, there will be increased outreach efforts within the community, potential clients, community partners and stakeholders. These efforts will result in improved collaboration with law enforcement, hospitals, schools, primary care physicians, Federally Qualified Health Care Clinics (FQHC's), churches, business, landlords, and other community-based providers. Other plans include continued partnerships with client advocacy groups such as NAMI and outreach to underserved populations identified within our community, such as the LGBTQ and Latino populations.

Additionally, ongoing evidence-based training to all RISE staff will continue, such as Motivational Interviewing and Solution-Focused Techniques. This is all in the spirit of increasing the number of

individuals reached, adequately identifying the appropriateness of services and successful linkage to treatment.

8B82 Sound phase grant is expected to release by Fall 2017. It is the goal of VCBH to apply for this new grant opportunity.

CSS/SD Program #18: Quality of Life Improvement (QLI)

Program Description

In 2013, VCBH contracted with Turning Point Foundation (Turning Point), a local community-based organization, to implement the QLI program within board and care facilities. The QLI program currently provides services to mentally ill and dual-diagnosed residents of 2 board and care facilities, Elms Manor Corporation (Elms Manor) in the Ventura and Sunrise Manor in Oxnard. One of the most unique and important components of the QLI program is that it is based on a peer model, meaning that Turning Point staff working in the program have personal "lived experience" with mental health challenges and are experienced in the recovery process. This personal experience provides Turning Point staff a unique perspective and understanding of the needs of the residents at each of the board and care facilities.

The project seeks to examine whether the establishment of meaningful, non-clinical activities for adults with Serious and Persistent Mental Illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. All direct services are provided by peers through the Turning Point Foundation who is contracted to implement the program. Peers work with board and care residents to identify the specific activities that would be of interest to the residents as well as education on topics of wellness and health. Residents who are resistant to participate are worked with one-on-one to encourage greater socialization as the program continues.

Demographics and Outcomes

See Innovation section for the final report.

Success Stories

See Innovation section for the final report.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

See Innovation section for the final report.

FY 2016/17 Significant Changes to the Program

This program was moved from the Innovation component to CSS.

Three-Year Plan FY 2017/18 - FY 2019/20

The expansion of the QLI program beyond board and care facilities has provided other opportunities for growth, serving more SPMI individuals in the community. In January 2017, QLI program was introduced at Castillo del Sol, supportive housing managed by Housing Authority of the City of San

Buenaventura. The Housing Authority has expressed interest in introducing the QLI program into other facilities, especially those for older adults.

At this point, the program is at capacity serving five sites. However, opportunities exist for future expansion should additional funding become available. These include Safe Haven, Wooly House, and Riverhaven, properties managed by Turning Point, properties managed by the Housing Authority, as well as revisiting La Siesta and Hickory House, two sites originally considered for participation.

CSS/SD Program #19: Crisis Residential Treatment (CRT)

Program Description

The Crisis Residential Treatment program (CRT) program provides short-term voluntary residential services as an alternative to hospitalization for clients experiencing a mental health crisis and requiring supports beyond those resources available within the community. It is a licensed 15-bed program which serves adults with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment, leading to a reduction in involuntary hospitalizations, incarcerations, and homelessness. The program provides up to 30 days of intensive, culturally-appropriate, recovery-based individualized services to ensure stabilization, restoring functioning to pre-crisis levels, and successfully transition client to appropriate mental health and/or substance abuse services in the community.

Demographics and Outcomes

During FY 2015/16 Crisis Residential Treatment program served 243 clients. Of the 243 clients, 67 (28%) were Hispanic, 176 (72%) were non-Hispanic. Almost all clients (240, 99%) preferred the English language while three clients (1%) preferred Spanish.

Client Demographics

	FY 15-16	
Number Clients Served	N=243	
Ethnicity	**n**	**%**
Hispanic/Latino	67	28%
White/ Not Hispanic	176	72%
Unknown/ No entry	0	0
Age Group		
13 - 18	2	1%
19 - 24	34	14%
25 - 39	93	38%
40 - 64	117	48%
Gender		
Male	111	46%
Female	132	54%
Unknown/No entry	0	0
Preferred Language		
Spanish	3	1%
English	240	99%
Other	0	0

*The numbers (n) reported may not add up to the number (N) served due to birthday which may have occurred during the reporting period.

Success Stories

The client is a 32-year-old male with a long history of Schizophrenia, Paranoid Type. The client was educated, having studied and obtained his Yoga teaching certificate before his first psychotic break. After his break, Client resided with parents through his young adult years until his behaviors became too difficult for parents to manage. The client then received treatment in several facilities including Hillmont House and Casa de Esperanza. Client arrived at CRT needing both emotional and psychiatric stabilization. Client's behavior had significantly regressed, and he was not tending to self-care or hygiene, and he was socially isolative. The CRT implemented a behavioral program using pictorial images to help Client complete teeth brushing, showering, toileting, and laundering his clothes. Initially, multiple prompts and staff support was needed in order for Client to complete these skills, but over time the prompts gradually decreased until finally, the Client was able to consistently complete self-care tasks and hygiene independently. Using this same approach, Client was prompted daily on socialization skills, until finally was able to interact with others on his own, reducing his social isolation. Upon discharge from CRT, Client was able to successfully transfer to a community-based Transitional Living Program where he is continuing to work on his recovery and learning independent living, community, and vocational skills.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

The main challenge faced by CRT is assisting clients with discharge planning. There are limited housing resources in Ventura County, whether it be transitional housing, licensed board and cares homes, or longer-term specialty residential programs. The CRT works collaboratively with VCBH to find alternative housing and to arrange for extra supports and follow-up for clients after discharge. Additionally, the CRT continues to participate in problem-solving with VCBH with respect to discharge planning.

An additional challenge in this program is that the assessment data completion rate is low in the VCOS, especially when compared to the goal of 100% in order to be able to truly evaluate outcomes and performance using reliable information.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

In FY 2017/18 – FY 2019/20, the CRT plans to continue increasing daily average census, thereby increasing the number of clients served by a minimum of 10% yearly. The CRT would also like to add a vocational specialist to their staff.

VCBH will be addressing data collection challenges as it relates to outcomes and evaluation.

Exhibit C3: Capital Facilities Technological Needs (CFTN) Program Description

CFTN Program #20: Technical Needs Project

Program Description

The Technological Needs Project includes the purchase and implementation of a new Information System and computing environment that are necessary to meet current VCBH needs, as well as comply with State and Federal requirements, which compel counties to transform paper-based reporting systems to an integrated technology system supporting secure Electronic Health Records (EHR).

This system, when fully implemented, will include:

- Staff In-Field activities and potential client engagements
- Potential client screening and triage
- Client Admissions & Discharges
- Electronic clinical documentation
- Electronic billing
- Client appointment scheduling
- Outcomes tracking
- e-prescribing
- Lab orders
- Mobile device access
- Document imaging & storage
- Interface with contracted community-based providers
- Web-based Client Portal which can be used for communications and appointment scheduling requests between clients and clinicians
- Secure, regulatory compliant integrations with other health-care organizations

Demographics and Outcomes

Phase I of implementation which included client admission and discharges, billing, services and operational reporting was completed in 2010. Phase II, which was completed in 2013, introduced clinical forms such as the Psychiatric Evaluation, Client Assessment, Client Treatment Plan, Progress Notes, and e-Prescribing. Phase III was completed in June 2015 and included the transition to the ICD – 10-diagnosis model, client screening and triage data capture, implementation of a Spanish Client Treatment Plan, and foster care/dependency tracking, screening, and client identification. During the past 12 months, in-field staff activity and potential client engagement features, as well as data analytic services have been added.

Success Stories

One of the major successes resulting from the use of CFTN funding has been the elimination of most equipment-based issues previously experienced as a result of antiquated technology equipment. Staff productivity can be greatly reduced as a result of dysfunctional or outdated equipment when used beyond their planned lifetimes. An industrial-strength EHR is predicated on a robust computing environment. The CFTN funding has enabled VCBH to implement a 20% annual computer refresh program, leading to major reductions in equipment support requirements and impediments to staff productivity.

Another success involves the tracking and measurement of the Full Service Partnership (FSP) activities within the Electronic Health Record (EHR). Formerly, this information was directly entered by staff into the state mainframe computing environment, a system with limited data quality checking. Through close collaboration with the vendor, Netsmart, additional features were added to the EHR that allow quarterly and key event activities for FSP clients previously registered in the state system to be captured in the EHR. This has resulted in greater data validation constraints leading to a higher level of data integrity in the FSP data set.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Since challenges can arise whenever new functionality is implemented, a cross-disciplinary team has been assembled to help mitigate potential issues. Team members include clinical, technical, managerial, and medical subject matter experts. This group comes together twice monthly to discuss and collaborate on the implementation of new features as well as to troubleshoot issues that may arise in the process, keeping the implementation of new components of the electronic record moving forward.

FY 2016/17 Significant Changes to the Program

Implementation continues, and there were no significant changes to the program.

Three-Year Plan FY 2017/18 - FY 2019/20

During the coming year, building on the foundational aspects of our electronic health record (EHR) will take place by implementing services which support the following activities:

- Document Scanning & Storage of client documents into the EHR
- Staff Scheduling & Availability
- Administration of Client Lab Orders & Results

Plans also include document scanning and storage of clinical forms, Client Portal Services, and Health Exchange Integration. Funds are expected to expire June 30, 2018. At this time, all services will be absorbed into VCBH Administrative functions.

Exhibit C4: Workforce Education and Training (WET) Program Descriptions

WET Program #21: Workforce Staffing Support

Program Description

Administrative staffing support for VCBH WET programs.

Demographics and Outcomes

Not applicable.

Success Stories

Not applicable.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Due to staffing reallocation and attrition, this program is not active. Supportive activities were decentralized in previous years, and the WET Coordinator is utilizing resources that are not dedicated to WET programming but are available for periodic support as needed.

FY 2016/17 Significant Changes to the Program

Not applicable.

Three-Year Plan FY 2017/18 - FY 2019/20

The WET Coordinator will continue to provide oversight of WET programs through FY 2017/18 when the WET programs conclude. Supplemental support will be provided by other departments and staff within the VCBH administration as needed during the final year of the WET plan.

WET Program #22: Training Institute

Program Description

The Training Institute is the umbrella of WET events within VCBH. Training is provided in core competencies, cultural competency and evidence-based practices throughout the year. In addition to the ongoing training of staff, the Training Institute is involved in coordinating the department's annual conferences. Community collaboration continues by gathering feedback from a variety of stakeholders including educational institutions, clients, family members, Community-Based Organizations (CBOs) representatives, and representatives from professional organizations within the community.

Demographics and Outcomes

All clinical staff has been trained in a solid foundation of CBT to provide structure and direction to the clinical services provided by the department. Overall, approximately 400 staff has participated in this advanced training. Approximately 30 clinicians have been identified and trained as CBT Coaches. Clinical Supervision training has been provided to approximately 70 licensed staff to help to ensure proper supervision, development, and competency in service delivery across the County. The annual conference provided a valuable service to the community by training over 300 people on the topic of Anxiety Disorders. This initiative provides an avenue for collaboration with community organizations, stakeholder and mental health professionals throughout the County.

Success Stories

There have been 70 staff trained in Advanced CBT and 23 have been identified for specialized training to become a certified diplomat. The CBT coaches are reviewing session tapes and conducting supervision groups on a regular basis, using a rating scale to score sessions, to ensure fidelity to the model.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Training in evidence-based practices requires an ongoing allocation of resources and labor hours to maintain fidelity in these treatment approaches. It is also difficult to manage the many demands of multiple evidence-based practices, so VCBH has elected to focus on continuing and building on a foundation of CBT and add other interventions as possible in the future. Some evidence-based practices are very costly to implement and maintain, thus continuing to be a challenge.

FY 2016/17 Significant Changes to the Program

No significant changes.

Three-Year Plan FY 2017/18 - FY 2019/20

The department, VCBH, will continue to provide ongoing training in CBT with booster sessions, certification of CBT coaches and research additional evidence-based practice training to add into the training plan, as possible, through FY 2017/18. Training of staff for FY 2017/18 will be attempted with the goal of becoming internal trainers. This will enable the training of staff in CBT during the

following two years after the WET funding ends after FY 2017/18. Research for free or low-cost training opportunities to provide to the staff after the WET funding is expended will take place, but the training programs will no longer be under the auspices of MHSA/WET, as funding will expire on June 30, 2018.

WET Program #23: Mental Health Career Pathways

Program Description

This program has included several subgroups geared toward developing and maintaining a culturally-competent workforce through career pathway development. These programs have included the Client Recovery Education Center which trained and employed individuals with lived experience, Language Assistance Services which helped to ensure that Limited English Proficient (LEP) persons had access to services as needed, the Career Ladder Program for secondary education which encouraged high school students to enter the mental health field and the Human Service Certificate Program, a nine-unit community college case management certificate program focused on wellness and recovery concepts.

Demographics and Outcomes

Two of the programs listed above (Career Ladder Program and Certificate program) have concluded and are no longer being funded. The Language Assistant Services and the Client Recovery Education Center for peer education continue to be available, but are now funded through other departments and are no longer WET-funded programs.

Success Stories

Not applicable.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

The most significant challenge has been sustainability. Difficulty in engaging community partners has been encountered by VCBH to continue the initiated programs. The high school curriculum and the community college certificate programs were always intended to be adopted by the educational institutions once the materials were developed. The local community college and high school will not be funding or incorporating these programs into their regular program offerings due to budget constraints and insufficient staffing resources. The curricula for both programs continue to be available should resources become available within the educational institutions.

FY 2016/17 Significant Changes to the Program

The Client Recovery Education Center and the Language Assistance Service are no longer funded through WET. The other two programs are no longer active.

Three-Year Plan FY 2017/18 - FY 2019/20

A grant through OSHPD has been awarded to VCBH to fund a career pipeline program for high school and undergraduate students. This program will be initiated and completed in FY 2017/18. It will provide career information and mentoring to high school students from underserved communities and fund stipends for the Mental Health Associate (MHA) Internship program. After FY 2017/18, there will be no funding to support community outreach and career pipeline

programs like this. Alternative funding sources to fund programs will be explored when possible, but there are no ongoing programs planned for the two subsequent years after FY 2017/18.

WET Program #24: Residency and Internship Programs

Program Description

This program provides clinical training opportunities for students enrolled in mental health-related degree programs. The training sites provide clinical fieldwork experience and training for students enrolled in a variety of educational programs which include doctoral programs in Psychology, Masters of Social Work (MSW), Marriage and Family Therapy (MFT), MFT/Art Therapy, Psychiatric Mental Health Nurse Practitioner (PMHNP), and undergraduate degrees in Psychology or Sociology. The internship programs support the goal of developing a competent, well-trained workforce with a focus on culturally-sensitive services and wellness, recovery, and resilience.

Demographics and Outcomes

This program had 63 student interns during the 2015-16 academic year. This is a large and vibrant internship program compared to the other mid-sized and larger counties. Of the interns, approximately 43% spoke Spanish, helping to improve accessibility for mono-lingual Spanish-speaking clients and their families. The multi-cultural group of interns also helped to continue to enhance the culturally-sensitive services for our client population.

Success Stories

Not applicable.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Office space and having sufficient numbers of licensed staff to provide clinical supervision has limited the number of student interns at several locations. Additional examination of space issues will continue to be addressed, and one option to alleviate the space challenge has been to identify an "intern" office that is shared for charting and other non-clinical activities and then having sign-up sheets on other offices that are shared by all for scheduling therapy sessions.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

After FY 2017/18, the WET funding will be expended and VCBH will not receive additional funding for these programs. Clinical training opportunities will continue to be provided to graduate students, but funds for educational stipends will no longer be available As the WET plan will conclude in FY 2017/18, the internship programs will no longer be under the auspices of WET. The elimination of stipends will significantly impair the recruitment of bilingual student interns. When the stipend program was implemented, the recruitment of bilingual students increased from 14% of the internship cohort to an average of 41% each year. However, VCBH will continue to encourage bilingual students to participate in the internship training programs.

WET Program #25: Financial Incentive Programs

Program Description

This program includes a variety of financial incentive programs. First, educational stipends are provided for certain categories of clinical training opportunities such as graduate students that are fluent in the County's threshold language of Spanish, the Psychiatric Mental Health Nurse Practitioners (PMHNPs) training program, and MHA Internship program.

The second type of financial incentive program is a scholarship program for current staff, clients, and family members that are interested in pursuing advanced degrees in the mental health field. Specific degrees are included that can help meet the need in hard-to-fill positions. Applicants that are bilingual in Spanish/English receive an advanced standing in the application process.

The 3rd type of financial incentive program supports the recruitment of PMHNPs. The Loan Assistance Program provides funding toward the educational loans of PMHNPs that seek and maintain employment with VCBH. PMHNP staff meets eligibility for this program after completion of a year of full-time employment with VCBH.

Demographics and Outcomes

- 4 PMHNP students were offered employment with VCBH (50% were fluent in Spanish)
- 32 students received stipends (59% were fluent in Spanish)
- 6 Scholarships were awarded this year (67% were fluent in Spanish)

Success Stories

The stipend program for the MHA Internship program supports a true career pathway program. An employee that started out as an MHA Intern while completing her undergraduate degree was unclear about a career choice and curious about mental health careers. With an undergraduate degree in psychology, there are very few jobs to just step into right out of college. During the MHA Internship, she was able to get experience in the clinic as a case manager and decided she loved the mental health field. Having a stipend available for this program made it possible for her to participate in the internship, and gave her the skills and experience to pursue employment as a Mental Health Associate at the conclusion of her internship.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Due to the geographical location of Ventura County, challenges continue in competing with Los Angeles County for students. Many students come from Los Angeles County educational institutions and have many other options. The success in recruitment achieved thus far comes the offering of stipends, but when the WET funding is concluded, it will be difficult to fill these training positions.

FY 2016/17 Significant Changes to the Program

In FY 2016/17 financial incentive programs were added to support the psychiatrists that volunteered to support the PMHNP training program.

Three-Year Plan FY 2017/18 - FY 2019/20

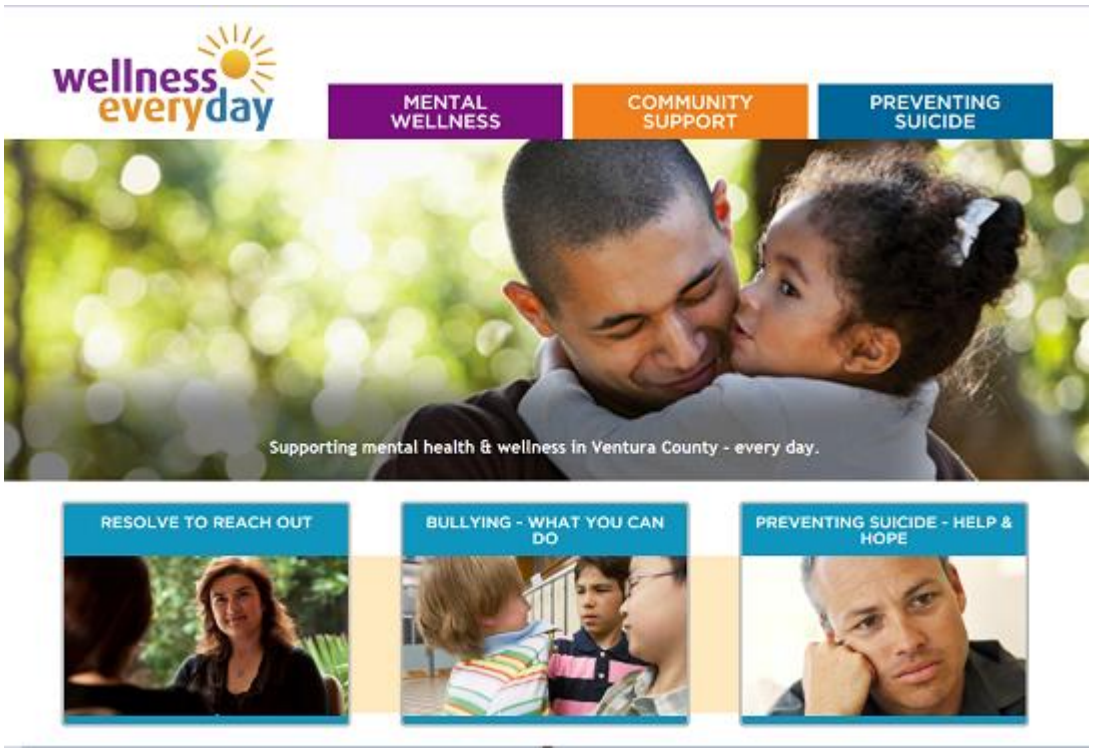
During the last year (FY 2017/18) of the WET plan, the financial incentive programs will continue as currently structured.

Exhibit C5: Prevention Program Descriptions

Prevention Program #26: Education and Media

Program Description

The educational and media campaigns are major components of universal prevention at VCBH. They include social media advertising in English and Spanish, focusing on monthly themes such as mental health stigma reduction or suicide prevention. The Wellness Every Day/Salud Siempre website provides further information and connection to local resources. Printed outreach materials are created for distribution by providers and at community events such as health fairs. During FY 2015/16, Wellness Everyday campaign efforts specifically focused on reducing stigma and discrimination among the LGBTQ community, preventing suicide, and providing individuals and families access to mental health information and services via the Wellness Everyday website.



Demographics and Outcomes

The Wellness Everyday Facebook Advertising Campaigns in FY 2015/16 were successful at reaching both English and Spanish speaking communities regarding different mental health issues and subjects. The Facebook campaign themes and corresponding statistics are provided in the following tables.

English Facebook Ad Campaigns

Campaign Theme	Start Date	End Date	Reach*	Impressions**	Clicks***
Stigma Reduction (Oxnard)	7/2/2015	8/6/2015	31,252	253,994	475
Stigma Reduction (Santa Paula)	7/2/2015	8/6/2015	20,603	130,310	232
Suicide Prevention	9/1/2015	9/30/2015	55,548	327,862	654
Suicide Prevention-I	11/4/2015	11/30/2015	89,110	284,335	6,406
Suicide Prevention-II	12/1/2015	12/31/2015	87,637	240,133	4,930
MHFA	3/1/2016	3/31/2016	257,571	480,137	431
Promotoras/Latinas & Depression	4/8/2016	4/30/2016	81,940	397,263	489
Mental Illness/Stigma Reduction	5/5/2016	5/31/2016	336,788	819,058	1,898
Mental Illness/Stigma Reduction	6/1/2016	6/14/2016	124,480	257,518	3,757
VIPS	6/15/2016	6/30/2016	118,336	219,383	6,133

*Reach: Number of people to whom ad was delivered (same people may have seen multiple campaigns).
**Impressions: Number of times ad was delivered.
***Clicks: Number of people who clicked on ad for more information.

Spanish Facebook Ad Campaigns

Campaign Theme	Start Date	End Date	Reach*	Impressions**	Clicks***
Stigma Reduction (Oxnard)	7/2/2015	8/6/2015	8,608	221,660	355
Stigma Reduction (Santa Paula)	7/2/2015	8/6/2015	6,530	115,611	185
Suicide Prevention	9/1/2015	9/30/2015	18,750	329,519	637
Suicide Prevention - I	11/4/2015	11/30/2015	37,211	152,152	2,838
Suicide Prevention - II	12/1/2015	12/31/2015	31,665	116,324	2,326
MHFA	3/1/2016	3/31/2016	74,462	159,017	264
Promotoras/Latinas & Depression	4/8/2016	4/30/2016	74,953	378,730	555
Mental Illness/Stigma Reduction	5/5/2016	5/31/2016	119,670	404,877	6,298
Mental Illness/Stigma Reduction	6/1/2016	6/14/2016	56,639	116,982	1,631
VIPS	6/15/2016	6/30/2016	53,088	131,648	3,020

*Reach: Number of people to whom ad was delivered (same people may have seen multiple campaigns).
**Impressions: Number of times ad was delivered.
***Clicks: Number of people who clicked on ad for more information.

Success Stories

LGBTQ youth in Ventura County have been shown in the CHKS to be at high risk for suicidal ideation, and the local LGBTQ community did not have unified educational outreach efforts. In the fall of 2015, with input from the LGBTQ committee led by VCBH, the Pride Project theme was created to unify local outreach efforts. The Pride Project forum in November exceeded expectations for participation, including youth. Resource flyers and the development of new sections in English and Spanish on the Wellness Every Day/Salud Siempre website filled a

communication gap, bringing together information that had not been available before. Response from community members has been enthusiastic and ongoing prevention efforts will continue in the next FY.

Similarly, although much was being done to support suicide prevention in the community, developing the "Help & Hope" theme to focus local initiatives and updating the name of the Ventura County Suicide Prevention Council created a recognizable, unified identity for outreach efforts, as well as for stakeholders. Expanding and featuring the suicide prevention section of the website, social media campaigns, and local resource flyers and cards provided cohesive information that was not previously available. Additionally, the development of a media kit and presentation for Public Information Officers (PIOs) and other people involved with media contributes to preventing suicide by helping shift cultural norms on how to talk about and report suicide and mental illness.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Although the suicide prevention social media campaigns were successful as measured by clicks to learn more and had high visibility, drawing attention to the topic, it was found that it did require regular monitoring of comments in case any were from people in crisis. However, VCBH does not have staff available for monitoring and Idea Engineering staff are not trained in that area. A plan for agreed-upon responses to comments of concern was developed. But to limit that likelihood, the decision was made to not focus on suicide prevention in social media campaigns going forward. Hopefully, at some point, VCBH will have staff available to monitor social media comments, and this useful outreach channel could be added back into the mix for suicide prevention.

FY 2016/17 Significant Changes to the Program

Upon direction from the MHSA Manager, outreach efforts were unified and focused as described in Success Stories above. All content on the website was also reviewed and updated for relevance to current MHSA priorities. Monthly social media campaigns with targeted themes and audiences were reinstated.

Three-Year Plan FY 2017/18 - FY 2019/20

Continue targeted social media campaigns to support mental health stigma reduction, suicide prevention and connect people to local resources. Providers will continue to be featured in the campaigns and on the website, with added features including an events calendar.

Prevention Program #27: Suicide Initiative

Program Description

In addition to statewide resources offered through CalMHSA and Know the Signs, Ventura County has opted to form its own workgroup around addressing the sensitive issue of suicide prevention. Ventura County has often been ahead of the state average by one suicide per 100,000 in population. Through the Ventura County Suicide Prevention Council, many populations can be reached throughout the County. Members include a partnership with the Ventura County Office of Education (VCOE), law enforcement, higher education, hospitals, community base organizations, the LGBTQ+ community, private therapist, Didi Hirsch, American Foundation for Suicide Prevention and many other parties interested in making a difference. The meetings are held the first Friday of every month, and all are welcome to attend.

During each meeting, the topics of Prevention, Response, and Recovery are addressed within the group as a whole or in smaller break-out groups. The target is to identify the need in each age category (Youth, TAY, Adult and Older Adult) and what steps can be taken to accomplish those identified needs.

Demographics and Outcomes

During the calendar year of 2015, there were 97 completed suicides, as compared to 93 the year before. To begin to address this issue, the committee created a suicide prevention resource guide with local and national suicide prevention numbers.

A media guide and presentation was provided to the County-wide Public Information Officers (PIOs) on" Guidelines for Responsible Reporting of Suicide," and a County-wide law enforcement "Support After Loss" card with resources for families following suffering a loss. In addition to these efforts, the VCOE provided SafeTALK classes. These classes trained 255 people County-wide for FY 2015/16. These trainings provided individuals with suicide intervention skills in order to improve identification of suicidal ideation and reduce suicide attempts and associated behavior. The committee has held a first-ever, half-day suicide prevention conference, in partnership with the local university, California State University, Channel Islands in the Fall of 2016, over 250 people were in attendance to hear topics from keynote speaker Susie Favor-Hamilton, Prevention, Response and Recover, a Safetalk training, LGBTQ, Older Adult, Alcohol and Drugs, and Veteran Risks.

Success Stories

After a Didi Hirsch representative spoke to one of the County high schools, the school responded with the following email.

"I wanted to share in some recent news that you may find to be good. Due to your presentation March 4 (2015) here at Buena, a teacher was able to clearly identify the signs in a student, and we were able to get her help last week. Just today, due to the efforts of students reporting their concerns, another student was referred for help based on what the teacher found out."

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

The challenge has always been to engage the community as a whole consistently. Many members are focused on specific causes, age groups, and opinions of how to address the need. The other significant challenge is how to accurately measure that suicide prevention efforts make a lasting difference.

FY 2016/17 Significant Changes to the Program

A new vision and mission statement will be created to move the group into the next fiscal year.

Three-Year Plan FY 2017/18 - FY 2019/20

In the coming three years, the objective of continuing efforts toward County-wide recognition of suicide needs will continue. An additional conference will be held in Spanish, addressing the continuing needs of teens and increased efforts with adult males and older adults ages 70-74.

Prevention Program #28: Promotoras Model Program

Program Description

The goal of "Proyecto Conexión Con Mis Compañeras/Project Connecting With My Peers" is the outreach, engagement, and early intervention for the prevention of depression in immigrant Latina women living in the Santa Clara Valley and Oxnard Plains. Although services for these 2 areas are equal, there are provided by 2 different providers. This section addresses the data for services in the Santa Clara Valley as provided by Promotores y Promotoras Foundation (PyPF). The next section addresses the data for services provided in the Oxnard Plains area, and the provider is Mixeco Indigena Community Organizing Project (MICOP).

The Promotoras Model Program is designed to reach the underserved Latino community by providing Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) community support activities that increase knowledge, understanding, and service access within the Latino community. Promotoras are comprised of respected community members who serve as liaisons between their community and health, human, and mental health organizations. Due to the relationship, they have with their community, they are particularly effective at reaching Latinos and other unserved and underserved families and individuals. They take the community health worker model one step further because they speak the same language, come from the same neighborhood, and share common life experiences with the community members they serve.

The Promotoras Program provides outreach activities such as presentations promoting VCBH services and programs at schools, faith-based communities, community organizations, migrant labor organizations, and various community events. The program conducts mental health wellness trainings with community groups and organizations on practices that promote mental health and reduce stigma. They support individuals referred to VCBH services by providing accompaniment to scheduled assessments, education on the STAR and RISE processes, follow-up, and other liaison duties as indicated. The purpose of the community linkage and support is to ensure those within the community who are seeking or have been identified as potentially needing mental health services are provided the appropriate link to supportive services. The program may meet individuals within the community, VCBH clinics, or their homes. All contacts and linkage with individuals who show interest in accessing mental health services are reported to VCBH's Community Service Coordinator. Tracking these individuals ensures a smooth transition within the continuum of care.

Demographics and Outcomes

A total of 125 individuals participated in the PyPF Promotoras activities in FY2015/16. Participation by activity is summarized in the following table:

PYPF Promotoras Activities and Participation

	FY15-16
Program Participants	
Total program unduplicated participants in group and/or individual activities	125
Support Groups	
Total support group attendance for year (duplicated)	965
Average monthly attendance in groups (across multiple groups)	80
Average number of attendees per group	7
Individual Contacts (Duplicated)	
Participants receiving home visits	10
Participants receiving other in-person contacts in the community	43
Participants receiving phone contact	48
Referrals Provided	
VCBH Services	5
STAR Program	15
RISE Program	12
Other miscellaneous warm hand-off referrals (e.g. legal services, food banks, utility assistance, housing, health insurance, etc.)	11
Community Outreach	
Number of individuals reached in the community	3,586

One hundred and eighty-six Promotoras Surveys were partially or fully completed by persons who had a group or one-on-one contact with the program. Survey respondent demographics are summarized in the table below. (Note: The number of respondents exceeds the total number of program participants because surveys were also completed by 56 seniors at a mental health prevention conference that PyPF staff attended. (This was in order to assess the potential need for program services).

PYPF Promotoras Survey Respondent Demographics Table

	FY15-16
Sex/Gender Assigned at Birth (N=116)	
Male	10%
Female	86%
Other	4%
Age (N=47)	
16 to 25	17%
26 to 59	68%
Over 60	15%
Race (N=39)	
American Indian or Alaskan Native	0%
Asian	0%
Black or African American	0%
White	87%
Other or More than one race	5%
Decline to answer	8%
Ethnicity (N=46)	
Hispanic or Latino	98%
Non-Hispanic or Latino	2%

Primary Language (N=107)	
English	2%
Spanish	86%
Both English and Spanish	12%
Region of Residence (N=36)	
Fillmore	11%
Santa Paula	89%
Disability Status (N=106)	
Yes disability (vision or hearing)	4%
No disability	83%
Decline to answer	13%

In addition to demographic information, the survey also collected information about respondents' mental health, including depression levels, coping behaviors, and attitudes toward mental illness. These results relating to the depression scale are reported in the following table (data is only indicated for initial encounters; comparison data will be reflected in future updates).

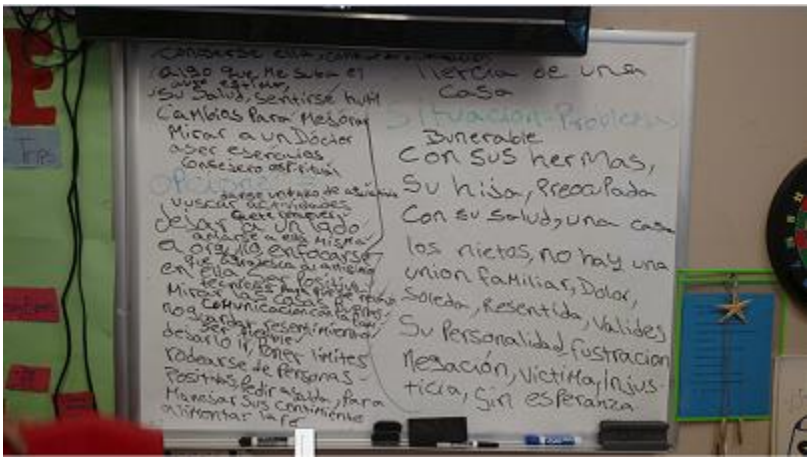
PYPF Promotoras Survey Respondent Depression (PHQ-9*)

	FY15-16 (N=139)
No Depression (PHQ-9 score 0)	24%
Minimal Depression (PHQ-9 score 1-4)	17%
Mild Depression (PHQ-9 score 5-9)	32%
Moderate Depression (PHQ-9 score 10-14)	22%
Moderately Severe Depression (PHQ-9 score 15-19)	4%
Severe Depression (PHQ-9 score 20-27)	1%
	% Very or Extremely Difficult (N=43)
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	9%

*Scoring based on Pfizer 2005 PHQ-9 Patient Depression Questionnaire Depression Severity Scoring.

Success Stories

Through several months of attending PyPF group sessions, one woman struggling with mental health issues was able to build a trusting relationship with the Promotora leading the sessions and confided in her about her situation and anxiety. She had a 15-year-old son who had started using drugs and becoming violent and a 13-year-old daughter who was also being affected. She had unsuccessfully tried to get her son help in the past. With one-on-one help and support navigating the system provided by the Promotora – including accompaniment to appointments – the woman and her children were connected to RISE services and are now getting the help their family needs. The woman continues to attend the support groups.



Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

- Promotoras need brochures and VCBH material to be able to assist the engagement of participants into the program. These materials provide a way for them to start the conversation and invite them to the support groups and program. It has taken months to receive these materials, but PYPF was supplied a small volume to use. Ongoing, it would be beneficial to the program to receive material ongoing for distribution from VCBH.
- Majority of participants are happy to receive services offered by the referrals of the Promotoras. The Promotoras continue to educate on processes and procedures required for special circumstances, especially with issues addressing care provided within the clinics. They contact the Executive Director (ED) to discuss their concerns and ED Provides a course of action. Participants feel they are not receiving appropriate care are asked to write a letter describing their concerns and complaints. These concerns will be/are provided to the Clinic manager so that the participant can continue treatment plan and adjusted as needed to accommodate the concerns of the participant.
- Software literacy amongst the Promotoras continues to be a major challenge for them to utilize the tools available via the internet to complete the task at hand. Reporting outcomes depends on their reporting so that unique individual is identified through the process of attendance in support groups and referrals. Requires more one-on-one training.

FY 2016/17 Significant Changes to the Program

The program continues to follow through with no major changes. However, as the program grows, there is an attempt to reach out to those women that filled out surveys to compare and determine the impact of the program on the wellness of Latina women in the communities being served.

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- Continue the growth of the program by seeking additional venues to provide outreach and support groups for Latinas with depression and anxiety. Request training from other agencies to improve service to the Senior population.

Prevention Program #29: MICOP Promotoras Model Program

Program Description

The Promotoras Model Program described in Prevention Program #26 (previous section). The difference between these programs is in the geographic areas they serve. The MICOP Promotoras program focuses on the Oxnard Plains (includes Oxnard, El Rio, and Port Hueneme) area. The information provided below in this sections represents this area of service.

Demographics and Outcomes

The program offers two-hour Mujeres y Nuestro Bienestar Emocional (MyNBE) classes at local schools and community locations in Oxnard, El Rio, and Port Hueneme. Between March and June 2016, a total of 19 classes were attended by 152 participants. In these classes, Promotoras shared information about strategies to prevent and cope with depression, as well as local mental health resources and services.

Participation in these activities is summarized in the following table:

MICOP Promotoras Activities and Participation*

	FY15-16
Mental Health Classes	
Total MyNBE classes held	19 classes
Total MyNBE class participants**	152 participants
Community Outreach	
Number of individuals reached in the community	902 individuals

*Activities and participation numbers as reported in quarterly reports submitted to VCBH.
**Total class participants may be duplicated, as participants may attend more than one class.

Besides the classes, Promotoras provide one-on-one in-person support and conduct follow-up phone calls for class participants who need additional support, referrals or linkages to mental health and other services.

A total of 353 Promotoras Surveys were either partially or fully completed by MICOP participants during classes or one-on-one meetings. Respondents' demographics are summarized in the following table.

MICOP Promotoras Survey Respondent Demographics

Sex/Gender Assigned at Birth	**(N=210)**
Male	6%
Female	93%
Other	1%
Age	**(N=206)**
16 to 25	13%
26 to 59	75%
Over 60	8%
Decline to answer	4%
Race	**(N=197)**
American Indian or Alaskan Native	<1%
Asian	0%
Black or African American	<1%
White	93%
Other or More than one race	2%
Decline to answer	4%
Ethnicity	**(N=244)**
Hispanic or Latino	78%
Non-Hispanic or Latino	22%
Primary Language	**(N=207)**
English	2%
Spanish	85%
Other	12%
Both English and Spanish	1%
Decline to answer	<1%
Region of Residence	**(N=114)**
Oxnard	79%
Port Hueneme	1%
Santa Paula	19%
Ventura	1%
Disability Status	**(N=165)**
Yes disability (vision or hearing)	4%
No disability	93%
Decline to answer	3%

In addition to demographic information, the survey also collected information about respondents' mental health, including depression levels, coping behaviors, and attitudes toward mental illness. The

depression level responses are summarized in the following table (data is only indicated for initial encounters; comparison data will be reflected in future updates).

MICOP Promotoras Survey Respondent Depression (PHQ-9*)

	FY15-16 (N=124)
No Depression (PHQ-9 score 0)	21%
Minimal Depression (PHQ-9 score 1-4)	36%
Mild Depression (PHQ-9 score 5-9)	26%
Moderate Depression (PHQ-9 score 10-14)	13%
Moderately Severe Depression (PHQ-9 score 15-19)	2%
Severe Depression (PHQ-9 score 20-27)	2%
	% Very or Extremely Difficult (N=80)
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	3%

*Scoring based on Pfizer 2005 PHQ-9 Patient Depression Questionnaire Depression Severity Scoring.

Success Stories

A class participant disclosed her feelings of sadness and concern over constant arguments with her parents residing in Mexico. They would often argue over financial issues as her parents needed support and she was not able to provide for them financially. Due to this situation, she began feeling down and would often recall memories of her childhood when she was in Mexico. She would recall her father's alcoholism problems and how this affected her family emotionally. Due to these memories of her childhood, feelings of anger surfaced and contributed to more arguments with her parents.

The class participant commented on the helpfulness of the class "Mujeres y Nuestro Bienestar Emocional" offered as part of the program Connecting with My Peers. After receiving the classes, she began implementing the self-help practices and started experiencing changes in her well-being. Some of the self-help strategies she practices are breathing exercises, walking at the park and listening to music on days when she is feeling down. This aided her in becoming more patient and understanding with her children. Additionally, she was referred to and attended the parenting classes offered at MICOP. This particular referral contributed to her knowledge about the importance of quality time with her children. A second referral for the class participant was to the "Living with Love" series of workshops. She received a completion certificate for this series of workshops. The support she has received in this group has assisted her in communicating with her parents about their differences and challenges in a healthy manner. She reports that now she listens to her parents attentively instead of getting angry. She mentioned that this has helped both parties remain calm during the exchange. Her relationship with her parents has improved as a result of the referrals she has received. Due to her financial situation and because there is a charge for individual counseling services, she has not received counseling services, but she is hopeful that in the future she can obtain this much needed support.

The class participant shared her hopes to continue learning about emotional wellbeing for herself and her family. Overall, she reported an increased knowledge of emotional wellbeing and mental health which helps her in daily life circumstances.

A participant in the class, "Mujeres y Nuestro Bienestar Emocional" did not share much during the course of the class. At the end of the class, she stayed and spoke with a Promotora in private about her current life situation and asked for help. She had been seeking help for her situation, but unfortunately, the counseling services for her and her children were too expensive. She had recently separated from her partner, and her children were resenting this change. Her children blamed her for the separation with their father. She reported losing control of her children, specifically with her oldest son who was a teenager. There was a significant amount of yelling when communicating resulting in the values of respect and understanding in the family slowly getting lost. She felt helpless as a parent.

She was referred to the Coalition which offers individual family counseling services at low cost. As she was waiting to access these services, she was encouraged to participate in the "Living with Love" classes offered at MICOP. She began to participate and get involved in other programs at MICOP as well. In a recent follow-up, she disclosed that she was now part of a group at MICOP of domestic violence survivors, "Voz de la Mujer Indigena." She shared that her relationship with her children has improved significantly and that she has established good communication with the father of her children in order to continue their parenting roles in a healthy manner. She is grateful for the referrals and support she has received through her participation in the "Mujeres y Nuestro Bienestar Emocional" class.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

- There has been a low turnout of participants for the classes held during the winter time. Many families migrate to other cities following the farm labor season. Additionally, families are reluctant to attend the afternoon classes because it is darker and colder outside. In order to address this issue, MICOP will begin offering classes to the community in the mornings and even on Saturdays to make it more accessible.
- Severe cases of mental illness are not frequent in class participants resulting in a low number of referrals to VCBH STAR and RISE. In order to address this low number of referrals, Promotoras will be retrained in order to more effectively identify class participants who would benefit from referrals to VCBH STAR and RISE.
- When class participants are referred to local mental health services for mild mental health concerns, there is usually a waiting list. This is an issue that has not been thoroughly addressed. Also, not all the local mental health providers offer culturally or linguistically appropriate services to the indigenous population. This challenge is being addressed by MICOP offering cultural competency trainings to these local community organizations such as the Coalition, City Impact, and Interface.
- Many hours of outreach have to be completed in order to obtain a reasonable number of class participants. It is difficult to have a limitation on outreach hours as this results in less members of the community receiving information about mental health services. It

will be requested that more hours for outreach activities are allocated in order to reach more community members.

FY 2016/17 Significant Changes to the Program

The program continues to follow through with no major changes. However, as the program grows, there is an attempt to reach out to those women that filled out surveys to compare and determine the impact of the program on the wellness of Latina women in the communities being served.

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Outreach efforts will continue in the different areas in Oxnard, El Rio, and Port Hueneme. Classes will be offered to 300 participants in order to promote mental health practices and to reduce stigma around access to mental health services. In addition, referrals to mental health services will be provided to participants in need.

Prevention Programs: Outreach, Referral and Engagement Prevention Programs

Within the PEI component a group of 5 programs exist under the heading of Outreach, Referral, and Engagement (OR&E). These are designed to reach those faith-based, rural, and other underserved communities. The unserved or underserved communities may be designated by geographic location or a group with a specific need.

A primary goal of the OR&E programs is to reduce the stigma that prevents individuals from seeking mental health help. They provide services centered on this goal and also help to reduce discrimination. These programs accomplish their goal by increasing awareness of and sensitivity to mental health illness. The programs are listed below and will be presented in subsequent sections of this plan.

1. Project Esperanza (Latinos, including parents and youth, Santa Paula and Fillmore)
2. One Step a La Vez (Latinos, including parents and youth, in Fillmore, Santa Paula and Piru)
3. St. Paul Baptist Church (African-American community, including parents and youth, in Oxnard)
4. Tri-County GLAD (deaf and hard of hearing throughout Ventura County)
5. Rainbow Umbrella (LGBTQ community).

Each program conducts outreach activities and ongoing programs (such as youth groups, after school classes, hosting parenting classes) and provides referrals to mental health and other services. These projects also make presentations to those in the community about topics relevant to those they serve to others in helping roles.

Prevention Program #30: Project Esperanza

Program Description

Project Esperanza primarily serves the communities of Santa Paula and Fillmore. Their focus is on reducing stigma and discrimination among unserved and underserved populations through increasing awareness and sensitivity to mental health issues as well as increasing help-seeking behavior among those with mental illness.

Demographics and Outcomes

In FY 2015/16, Project Esperanza conducted 16 outreach activities in the community, resulting in 973 outreach contacts made. Outreach activities and demographics are summarized in the following tables and charts.

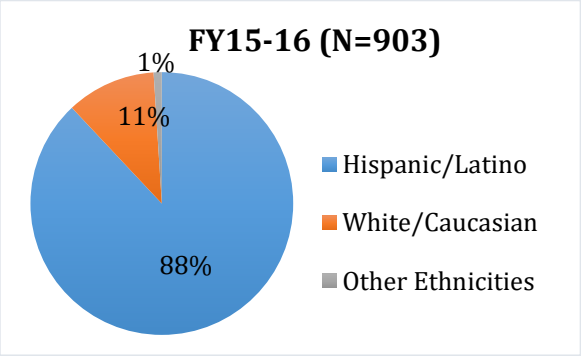
Outreach Results

Types of Outreach Measures	FY15-16
Total # Events	16
Total # of Contacts	973
Average # of Contacts per Event	60.8
Total # of People Who Received 1 or More Brochures	709
Average # of People per Event Who Received 1 or More Brochures	44.3
% of Outreach Services in Spanish or Spanish/English	87%

Outreach Events by Type

Outreach Event Type	FY15-16 % of Activities, N=16
Info/Material Distribution	32%
Table/Booth at Community Event	19%
Presentation at Community Event	13%
Promoting Services – Summer Camps & Bible Camps	6%
PTA Board Meeting at Grace S. Thille School	6%
Promoting Services – Park & Shopping Center	6%
Promoting New Parenting Class Sessions	6%
Board of Supervisors Meeting at SP City Hall	6%
Visiting Schools and Agencies	6%

Contacts by Race/Ethnicity



In FY 2015/16, Project Esperanza made 82 referrals for 34 individuals, mostly to community mental health agencies (39%), other miscellaneous services (21%), and support programs (17%). The following table shows Project Esperanza's referral efforts.

Referral Statistics

Types of Referral Measures		FY15-16
Total # of Referrals		82
Total # of Individuals Referred		34
Average # of Referrals Per Person		2.4
Total # of Individuals Introduced to the Service Provider		32
Percent of Referral Services in Spanish		25%
Referrals by Agency/Program	% of Referrals	
		FY15-16 (N=82)
Adult or Child Protective Services		2%
Alcohol & Drug Programs-VCBH		1%
Alcohol & Drug Programs-Community		4%
Basic Needs		6%
Domestic Violence Services		6%
Healthcare		0%
Mental Health – Community Agency		39%
Mental Health – Triple P		0%
Mental Health – VCBH STAR or Outpatient Clinics		0%
Religious/Spiritual		4%
School/Education		0%
Support Program		17%
Other (e.g., legal, transportation, financial, unemployment/ job, service applications; community organizations)		21%

Success Stories

A mother had been looking in many places for services for her young son (special needs) for a long time. Exhausting different resources, she finally went to Project Esperanza seeking ways to deal with her son's behavior. Project Esperanza identified this family as benefitting from several of PEI services. The boy started attending classes offered by the program for Stress Release and Connecting with Feelings Through Music. He was also referred to the VCBH Santa Paula Clinic where he was diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and Autism. His mother also began attending parenting classes offered by the program.

This program helped the mother by coping with the acceptance of her son having to take medication. This occurred as another parent shared a testimony reflecting a similar experience. So the mother found the support needed and felt confident saying yes to the doctor.

The boy is now a teenager and continues attending program classes; his behavior is as common as any other teenager and grades at school are very good.

The mother continues attending to parenting training, as well as Mental Health First Aid. This family has had the benefit of services since 2010.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Although the effort to remove the stigma barrier is ongoing, there has been a change from 2009 through 2016. This is evident while working with the community in that mental health topics are not received as "taboo," but are now recognized as a relevant theme within the target population. The prevalent stigma challenge is mitigated by continuing to be heavily involved in the community and providing educational resources.

Another challenge is the number of homeless cases in the community served. Some of these receive services from VCBH, while others do not. This segment of the population comes with different issues such as lack of food, little to no financial resources and lack of community support. Often, these problems discourage or impede them from taking direction from their mental health professionals, including medication advice. The action taken by program staff is to provide them with alternatives to solve some of those issues and help them to continue taking their medication as indicated for successful treatment and outcomes.

FY 2016/17 Significant Changes to the Program

See next section for changes to the program.

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- This program will continue adjusting to its growing demand by providing facilities to accommodate the growing number of activities' participants and their parents. It will also continue expanding its role as host to other services offered by MHSA programs.

- Outreach will expand to the farm fields to promote Mental Health and inform this community about PEI services.
- Staff will continue to be present in all community events, presentations or meetings to provide information on services.
- A greater effort will be made to improve the collaboration with other agencies and Community-Based Organizations such as MICOP, the Coalition, Interface, and United Parents, to increase resources for families in need of mental, emotional, physical, and social services.
- The increase of parent engagement will also be included in the contract.
- Strategic efforts to target more at risk children and youth for program activities will also take place.

Prevention Program #31: St. Paul Baptist Church

Program Description

St. Paul Baptist Church (SBPC) primarily provides services and activities within the African-American community in the Oxnard area to reduce stigma and discrimination surrounding mental illness. This provider delivers education on available mental health services and works to increase awareness and knowledge of mental health issues within this community.

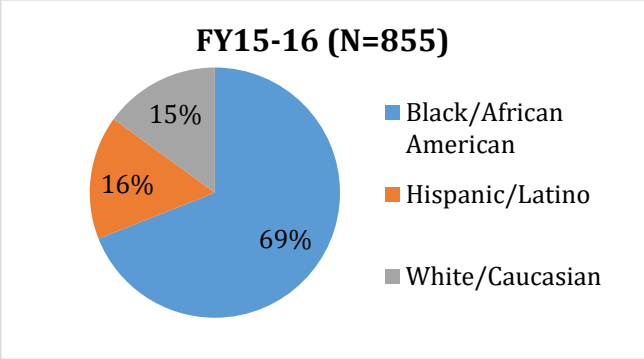
Demographics and Outcomes

In FY 2015/16, SPBC conducted 8 community outreach activities including presentations and mental health material distribution in the community, resulting in 855 contacts made. The majority (88%) of these outreach events took place in Oxnard, and most contacts were made with females (74%) and African-American individuals (69%). Outreach activities and demographics are summarized in the tables and charts below.

Outreach Events

Types of Outreach Measures	FY15-16
Total # Events	8
Total # of Contacts	855
Average # of Contacts per Event	106.9
Total # of People Who Received 1 or More Brochures	300
Average # of People per Event/Activity Who Received 1 or More Brochures	37.5

Contacts by Race/Ethnicity



In FY 2015/16, SPBC made 52 referrals to 36 individuals, including on-site counseling/Triple P and Overcomers Meeting (27%), religious/spiritual programs (23%), and basic need services (13%). Referral stats are shown below.

Referral Statistics

Types of Referral Measures	FY15-16
Total # of Referrals	52
Total # of Individuals Referred	36
Average # of Referrals Per Person	1.4
Total # of Individuals Introduced to the Service Provider	33
Referrals by Agency/Program	**FY15-16 (N=52)**
Adult or Child Protective Services	0%
Alcohol & Drug Programs-VCBH	2%
Alcohol & Drug Programs-Community	2%
Basic Needs	13%
Domestic Violence Services	2%
Healthcare	0%
Mental Health – Community Agency	6%
Mental Health – Triple P	4%
Mental Health – VCBH STAR or Outpatient Clinics	11%
Religious/Spiritual	23%
School/Education	4%
Support Program	6%
Other: On-site counseling, On-site Triple P, Overcomers Meeting	27%

In FY 2015/16, SPBC engaged 1,880 community members in a total of 194 workshops, training, and support groups, the majority (96%) taking place in Oxnard. Engagement activities mainly consisted of online interaction with youth (25%), tutoring (21%), and Overcomers Support Group (11%). Most participants were female (65%) and Black/African American (81%). Engagement activities and demographics are summarized in the tables below.

Program Engagement Statistics

Program Engagement Activities and Participants	FY15-16
Total # Activities	194
Total # of Participants	1,880
Average # of Participants per Activity	9.7

SPBC Program Engagement Activities by Type

Program Engagement Activity Type (Rank Order)	FY15-16 # Activities (N=194)
Online Interaction With Youth	25%
Tutoring	21%
Overcomers Support Group	11%
Parenting - Triple P	10%
Counseling - Youth	4%
Youth Group	4%
Boys to Men Mentoring	3%
Ladies of Legacy Mentoring	3%

Field Trip/Outing	3%
Meeting	3%
Triple P Seminar	3%
Class/Group Activity	2%
Dealing with Grief	1%
Youth Leadership	1%
VCAAA	1%
Workshop - Self Image	1%
Self Esteem Assessment	1%
Mental Health Awareness Workshop	1%
Workshop - Forgiveness	1%
Training/Workshop	1%

Success Stories

One major accomplishment for the year was the 2nd Annual Mental Health Fair. The success of this event is due largely to an ongoing partnership with the University of California Channel Islands Nursing Department. The student nurses assisted in coordinating the event. Various agencies were invited to participate and provide information on the services they offer. Some of the participants were VCBH, VCAAA, Clinicas, Colgate Mobile Dental Van, and of course the SBPC COPING Program. Student nurses provided information on adolescent/youth depression & anxiety. Screenings were done for hypertension and diabetes by the nurses and appropriate referrals given. Included as part of the event was the "Street Store" where participants could "shop" for free. Gently used clothing, shoes, and accessories were available. Refreshments and entertainment were provided as well. There were approximately 225 attendees.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

No significant challenges to report.

FY 2016/17 Significant Changes to the Program

No significant changes to report.

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This program will no longer be funded by MHSA.

Prevention Program #32: Rainbow Umbrella

Program Description

The Pride Project began with a forum put together by a group of stakeholders interested in serving the LGBTQ population. According to the 2014 California Healthy Kids Survey, over 50% of the County 11th graders that identify as LGBTQ have had serious suicidal ideations. Through the stakeholder process, the forum reaching out to teens, schools, and communities. The forum provided input on the direction the community of Ventura County would like to go in representing the youth and teen LGBTQ community. Areas identified were: 1) Improve or increase Gay Straight Alliance (GSA) groups on campus; 2) Create supportive groups for gathering; and 3) Provide LGBTQ education after school hours within the community.

During FY 2015/16 - FY 2016/17 a contract was created with Rainbow Umbrella to engage GSA's and provide and coordinate mental health topics as related to this underserved population. Additional support groups were to be created throughout the County to address LGBTQ mental health needs throughout the community.

Demographics and Outcomes

This program is in its early stages and is not yet mature for outcomes.

Success Stories

Through Rainbow Umbrella's increased presence on college campuses, at mental health fairs, with high school partners, and on social media, word has spread to community partners about the services and support available to LGBTQ youth, allies, and educators. A new partnership and long-term initiative has formed with Ventura Unified School District (VUSD) to provide professional development to every district employee, from top leadership to classroom faculty to support staff, aimed to increase support and campus climate for LGBTQ students.

New youth participants are attending the weekly peer support group, having found Rainbow Umbrella primarily through internet searches for support services for LGBTQ youth in Ventura. Rainbow Umbrella attended multiple college and community resource fairs, hosting a tabled booth and distributing mental health and LGBTQ resource flyers, and providing education and outreach to booth visitors. Rainbow Umbrella conducted training for the Coalition for Family

Harmony, educating counselors-in-training on intimate partner abuse and sexual assault issues in the LGBTQ community, with the objective of better supporting LGBTQ survivors with cultural proficiency and sensitivity. Rainbow Umbrella took sixteen youth participants to a full-day conference, Models of Pride, hosted in partnership with the Los Angeles LGBT Center and the University of Southern California. Rainbow Umbrella is sponsoring four youth participants through a scholarship to attend the Brave Trails LGBTQ Youth Leadership camp in the summer of 2017. Rainbow Umbrella has established an ongoing partnership with the GSA/QSA groups at Ventura High School and El Camino High School, with more partnerships at additional campuses in process.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Rainbow Umbrella is still in need of permanent space in which to hold weekly group meetings and maintain office space. Such a space would allow Rainbow Umbrella to increase direct outreach to Ventura County youth. Rainbow Umbrella is currently in discussion and partnership with Diversity Collective, with the hope of establishing residence as the youth services provider in the new LGBTQ Resource Center, tentatively scheduled to open in early Spring of 2017. Identifying and recruiting volunteer facilitators is another challenge. Without additional adult facilitators, adding weekly peer support groups in various geographic locations remains a goal. Rainbow Umbrella will outreach to graduate counseling programs and through community contacts to recruit additional volunteers, ideally ones with training in group facilitation.

FY 2016/17 Significant Changes to the Program

No significant changes are planned for the weekly peer support group. However, the focus of Rainbow Umbrella has expanded to include a broader goal of supporting students in educational environments and building coalitions and partnerships with schools and community-based organizations. Rainbow Umbrella has added professional development and community education as a top priority for the coming year.

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Rainbow Umbrella seeks to expand on and build relationships with K-12 and higher education campuses, to offer mental health, sensitivity workshops and seminars to professionals interacting with and serving LGBTQ youth and community members. Additional plans are to establish satellite model programs for weekly peer support groups in targeted geographical areas.

Prevention Program #33: Tri-County GLAD

Program Description

Tri-County GLAD (TC GLAD) works to address the broad social service needs of deaf and hard of hearing (DHH) individuals Countywide. The agency offers an array of advocacy, communication access, peer counseling, employment and community education services to the DHH community. TC GLAD is focused on increasing awareness and knowledge regarding mental health in the DHH community as well as increasing sensitivity to the issues faced by the DHH community.

Demographics and Outcomes

In FY 2015/16, TC GLAD conducted 45 community outreach events and activities. Vlogs were used for 38 of the 45 events, resulting in 24,006 total outreach contacts made and a per-event average of 533 contacts. The majority (91%) of outreach was conducted using American Sign Language, and 9% of outreach was conducted in Spanish. Outreach activities and demographics are summarized in the tables and charts below.

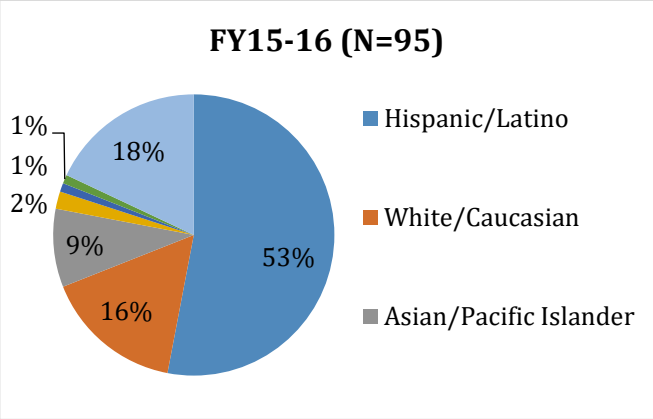
TC GLAD Outreach Events

Outreach Measures	FY15-16
Total # Events	45
Total # of Contacts including Vlogs	24,006
Average # of Contacts per Event	533.5
Total # of People Who Received 1 or More Brochures	114
Average # of People per Event Who Received 1 or More Brochures	2.5
Percent of Outreach Services in Spanish	9%

TC GLAD Outreach Activities by Type

Outreach Event Type	FY15-16 # Events (N=45)
Mental Wellness Blog/Vlog	36%
Communication Vlog	24%
Community Education Vlog	24%
PowerPoint Presentations at Community Locations	14%
Tour Overview of Mental Health Outreach	2%

TC GLAD Contacts by Race/Ethnicity



In FY 2015/16, TC GLAD made a total of 19 referrals for 19 individuals. Referrals for FY 2015/16 are shown below in the following tables.

Referral Statistics

Types of Referral Measures	FY15-16
Total # of Referrals	19
Total # of Individuals Referred	19
Average # of Referrals Per Person	1.0
Total # of Individuals Introduced to the Service Provider	0
Referrals by Agency/Program	**FY15-16 (N=19)**
Healthcare	0%
Mental Health – Community Agency	0%
School/Education	21%
Support Program	5%
Other: Outreach, Counseling	74%

In FY 2015/16, TC GLAD engaged 122 community members in a total of 16 workshops and meetings, including mental health workshops (69%) and Prevention Oversight Task Force Meetings (31%). All (100%) engagement activities were conducted in American Sign Language and took place in the city of Ventura. More than half of participants were male (57%) and identified as Hispanic/Latino (55%). Engagement activities and demographics are summarized in the following tables and charts.

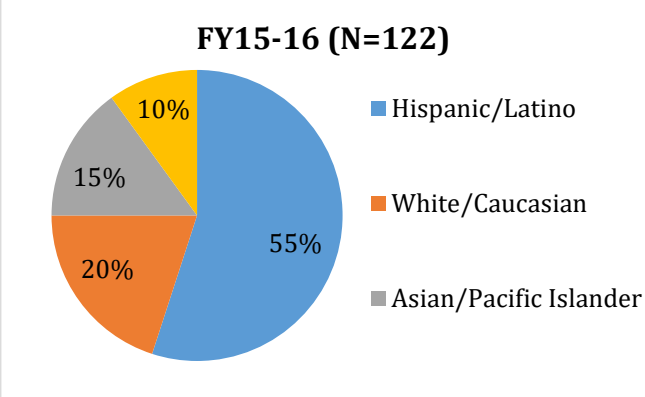
Program Engagement Statistics

Program Engagement Activities and Participants	FY15-16
Total # Activities	16
Total # of Participants (in-person)	122
Average # of Participants per Activity	7.6

Program Engagement Activities by Type

Program Engagement Activity Type	FY15-16 # Activities (N=16)
Mental Health Workshops	69%
Prevention Oversight Task Force Meetings	31%

TC GLAD Program Engagement Race/Ethnicity



Success Stories

- The students at Cabrillo Middle School are enlightened and empowered through the monthly Mental Health workshops supplemented by ice breaker activities, vlogs which are signed in American Sign Language (ASL), captioned and voiced. After they view the monthly vlogs, there are 'post-vlog' discussions. (The format was changed from PowerPoint to vlogs and students are now enthralled and eager to know more about Mental Health issues.)

- There has been an increase in number of hits after the viewers see 3 different vlogs on a monthly basis. It is a roving success with the high number of hits through website, Facebook, and YouTube.
- Mental Health Outreach and Awareness presentations have been very successful.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

- There has been a decreasing number of the Mental Health Outreach presentations during FY 2015/16 due to a ramp up initially of presentations to 22 sites each year for 5 years. It is natural that the number of presentations have been decreased down to up to 10.

FY 2016/17 Significant Changes to the Program

Please note bullet #1 under the "Success Stories" section. It is a significant change.

Three-Year Plan FY 2017/18 - FY 2019/20

Along with the same plans for FY 2015/16, one more plan will be to provide mental health workshops to the deaf/hard of hearing students at Rio Mesa High School in Oxnard with the same format currently being used at Cabrillo Middle School. Instead of doing ice breakers, warm-up rap sessions will be employed, so students will see that they are not alone. After the warm-up rap session, vlogs will be shown, and post-vlog discussion with the Mental Health Outreach Coordinator and a community member from the Mental Health Outreach's Task Force committee will take place.

Prevention Program #34: One Step a la Vez

Program Description

One Step A La Vez (OSALV) primarily focuses on engaging middle and high school-aged youth in positive experiences and providing support and referrals for underserved Hispanic/Latino youth and adults.

Demographics and Outcomes

In FY 2015/16, OSALV conducted 41 outreach activities in the community, resulting in 2,978 outreach contacts made. The majority of activities were at food distribution events (60%) and occurred in Fillmore (90%). Most contacts were made with females (72%) and Hispanic/Latino individuals (82%). Outreach activities and demographics are summarized in the following table and charts.

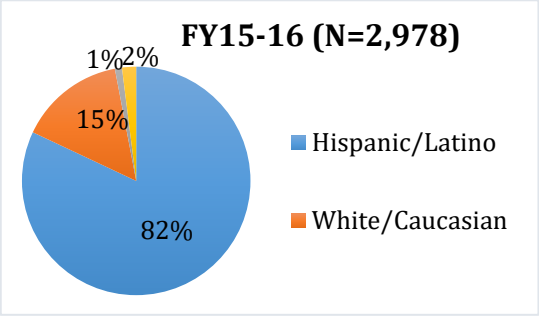
Outreach Events

Outreach Measures	FY15-16
Total # Events/Activities	41
Total # of Contacts	2,978
Average # of Contacts per Event	72.6
Total # of People Who Received 1 or More Brochures	43
Average # of People per Event Who Received 1 or More Brochures	1.0
Percent of Outreach Services in Spanish or Spanish/English	66%

Events by Type

Outreach Event Type	FY15-16 % of Activities (N=41)
Food Distribution	60%
Interagency Meeting	27%
Community Event Table/Booth	5%
Forum	2%
Fire Dept. Toy Drive	2%
Presence at Community Event	2%
Networking at Community Event	2%

Contacts by Race/Ethnicity



In FY 2015/16, OSALV made a total of 397 referrals for 303 individuals, mostly to support programs (33%), school/education (15%), and Triple P (11%). The table below shows OSALV referral efforts.

Referral Data

Types of Referral Measures	
Total # of Referrals	397
Total # of Individuals Referred	FY 2015/16
Average # of Referrals Per Person	1.3
Total # of Individuals Introduced to the Service Provider	138
Percent of Referral Services in Spanish	74%
Referrals by Agency/Program	**FY15-16 (N=397) % of Referrals**
Adult or Child Protective Services	1%
Alcohol & Drug Programs-VCBH	3%
Alcohol & Drug Programs-Community	2%
Basic Needs	9%
Domestic Violence Services	4%
Healthcare	3%
Mental Health – Community Agency	7%
Mental Health – Triple P	11%
Mental Health – VCBH STAR or Outpatient Clinics	3%
Religious/Spiritual	9%
School/Education	15%
Support Program	33%
Other (e.g., legal, transportation, financial, unemployment/ job, service applications; community organizations)	<1%

In FY 2015/16, OSALV engaged 2,406 community members in a total of 197 meetings, trainings, or workshops, mostly in Fillmore (99%). Engagement activities mostly consisted of domestic violence support groups (24%), Youth Leadership Board meetings (18%), Social Equality Club field trips (17%), and stress and wellness classes (16%), as shown in the tables below.

Program Engagement Statistics

Program Engagement Activities and Participants	FY15-16
Total # Activities	197
Total # of Participants	2,406
Average # of Participants per Activity	12.2
% of Program Engagement Services in Spanish or Spanish/English	72%

Program Engagement Activities by Type

Program Engagement Activity Type	FY15-16 % of Activities (N=197)
Coalition for Family Harmony – Domestic Violence Support Group	24%
Youth Leadership Board	18%
Models of Pride Field Trip for Social Equality Club	17%
Stress and Wellness Class	16%
Women's Cross-Cultural Exchange	7%
Familia a Familia NAMI Workshop	6%
Pride Project Youth Group	4%
Palmer Drug Abuse Program	2%
Justice Friday's	2%
Mental Health First Aid	2%
Triple P	2%
Way of Council	<1%
Advocacy Meeting	<1%
Equality Club	<1%
Los Promotores Reducing Stress Workshop	<1%

Success Stories

Juan has been a OSALV member since he was 12 and is 21 now. Prior to being a member, he and his sister had been removed from their home due to trauma, substance, and abuse later to return home after a loving foster mother passed away. At 12 he started participating in OSALV activities and was assigned a mentor who met with him regularly. He later developed depression and substance abuse issues, and at 17 Juan began hearing voices. OSALV has connected Juan with mental health and other services every step of the way including VCBH, Hillmont Psychiatric Center and currently, Juan lives at Casa de Esperanza. Another OSALV member who has left a traumatic life himself but is currently in recovery – now picks Juan up every weekend and they go to Victory Outreach Church together.

James came to OSALV with the outward, mental and emotional state of a 12-14-year-old although he was 19. He had spent much of his teen years dealing with dire physical illness. He rarely spoke, had a controlled and flat affect, and looked out from behind large frightful eyes. But James relished being with others in the community and feeling a part of something. It became clear that

James was being abused at home and when he felt safe, he confided in One Step staff that his mother was physically abusive and frequently told him she wished he had died from his physical illnesses. OSALV made a report to adult protective services, and James immediately became homeless. He was unable to care for himself at this time since his abusive family had always controlled and administered his very complicated medications that for him were lifesaving. OSALV connected Josh to Pacific Clinics TAY Tunnel for temporary emergency housing, health coordination, and mental health services. OSALV helped to find long term housing for James, and he is now stable, housed and volunteers at the OSALV Center daily. It can be seen in the way he voices his thoughts and opinions and even in his walk that he is building trust and releasing fear daily. He now considers OSALV his chosen family and he participates in all aspects of the center with a generosity of spirit and sparkling eyes.

Project Pride is the now weekly (formerly monthly) activities based support group facilitated by OSALV for LGBTQ youth that was created in response to the need articulated at the Pride Project forum through VCBH. This group has grown from 4 or 5 youth to an average of 10-12. Health topics are frequently addressed, such as suicide prevention, stress, and wellness. This group has taken field trips to Pride Prom, Ventura County Pride, and Models of Pride (large CA youth conference for this at-risk demographic). Most recently the group created a Dia de los Muertos altar for the Fillmore City event that honored the 49 victims of the Orlando Pulse shooting. After asking many community members, it became clear that this was the first EVER public and visible testament to LGBTQ culture/issues in the history of the town of Fillmore. OSALV then collaborated with Partnership for Safe Families to host a forum regarding resiliency for the LGBTQ community. Project Pride youth attended the event as well as youth who do not identify as LGBTQ. There were also about 40 adults present from agencies across the County.

Circle of Care met monthly to assess community needs and to discuss mental health topics and how to build resilience for youth and families. After a high profile suicide of a beloved Fire Chief the town was reeling, and the Circle of Care became the perfect forum for discussion of how to respond collectively and what each group could do to support at-risk members of the community. Many of the Circle of Care participants collaborated with VCBH on the Suicide Prevention Forum.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

No significant challenges planned this year.

FY 2016/17 Significant Changes to the Program

One Step a la Vez was changing this year in response to the vision of the new Executive Director. Some of these changes included specific outreach to LGBTQ youth and to immigrant youth. The work with gang involved youth and youth with socio economic disparities continues, but the demographics have diversified considerably.

This year, in collaboration with VCBH and PyPF, a weekly Spanish Stress, and Wellness class is open to youth and adults, building resiliency.

The Project Pride youth group has changed from monthly meetings to weekly.

Three-Year Plan FY 2017/18 - FY 2019/20

Continue to coordinate a one day per month event located in Piru with different services, organizations, and agencies, as well as connect this community to resources.

Prevention Program #35: Mental Health First Aid (MHFA)

Program Description

Mental Health First Aid (MHFA) is a national program that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps identify, understand, and respond to signs of addictions and mental illnesses. It includes a 5-step certification process for non-mental health professionals to become trainers. The 8-hour MHFA course is open to anyone in Ventura County at no cost. Classes are available in both English and Spanish. Additionally, MHFA is available with a faith-based perspective.

Demographics and Outcomes

In FY 2015/16, a team of MHFA trainers conducted a total of 39 mental health and mental wellness training for a total of 568 training participants.

The table below shows a breakdown of training participants by training site.

MHFA Training Participants by Training Site

	FY15-16 (N=568)
Camarillo	6%
Fillmore	2%
Moorpark	4%
Newbury Park	2%
Oxnard (includes Oxnard VCBH)	37%
Port Hueneme	2%
Santa Paula	5%
Simi Valley	23%
Thousand Oaks	5%
Ventura	14%

In FY 2015/16, most MHFA training participants were female (83%), age 25 to 44 (61%) and identified as Hispanic/Latino (70%). The table below shows the training participant demographics.

MHFA Training Participant Demographics

	FY15-16 (N=482-521)
Gender	
Female	83%
Male	17%
Age	
16 to 24	6%
25 to 44	61%
45 to 60	25%

	FY15-16 (N=482-521)
61 to 80	8%
81 or older	<1%
Race/Ethnicity*	
Hispanic or Latino	70%
White or Caucasian	25%
Asian or Pacific Islander	4%
Black or African American	3%
Native Hawaiian or Other Pacific Islander	<1%
American Indian or Alaskan Native	1%

* Percentages exceed 100% as participants were asked to check all options that applied.

In FY 2015/16, most of the participants that responded to a Post-Training Survey reported that the training gave them the confidence and ability to recognize, assist, and support individuals dealing with a mental health issue or illness. Self-reported participant outcomes are summarized in the table below.

MHFA Training Participant Self-Reported Skills/Confidence Gained

As a result of this training, I feel more confident that I can…	FY15-16 (N=548-555)
	% Agree or Strongly Agree
Recognize the signs that someone may be dealing with a mental health problem or crisis.	99%
Recognize and correct misconceptions about mental health and mental illness as I encounter them.	98%*
Assist a person who may be dealing with a mental health problem or crisis to connect with the community, peer, and personal supports.	97%
Reach out to someone who may be dealing with a mental health problem or crisis.	98%
Assist a person who may be dealing with a mental health problem or crisis to seek professional help.	98%
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.	98%
Ask a person whether s/he is considering killing her/himself.	97%

Success Stories

The following student quotes highlight class effectiveness.

"I referred a friend to a mental health agency because she thought she could get better but she was not getting any better, and she got the help she needed by a professional, well-trained person."

"This class gave me hope because I learned new and different ways to control my anger."

"This class had helped me rethink mental health; I always thought mental health was only a term for people that were very sick."

"The list of resources has been very helpful because I gave it to others so they can get help too."

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Although there were no major challenges or barriers to the program, there were a significant number of respondents measured using a Post-Training Evaluation Form administered at the conclusion of the last MHFA training session that suggested two different themes listed below.

- That there was not enough time/the course was not long enough to effectively cover all course information.
- It would be helpful if course material covered more topics (e.g., post-partum depression or alcohol and substance abuse).

FY 2016/17 Significant Changes to the Program

Not applicable.

Three-Year Plan FY 2017/18 - FY 2019/20

Continue to educate the community on mental health first aid while increasing the numbers along with improving utilization of material learned as a result of training. Also, parameters are being set to improve the cost-effectiveness of community education.

Prevention Program #36: Crisis Intervention Training

Program Description

The Crisis Intervention Training (CIT) is a mental health training program for law enforcement personnel throughout Ventura County. It provides training for officers to assess and assist people in mental health crisis in a compassionate and effective manner.

The five primary goals of the CIT program with regard to the mentally ill are to de-escalate crisis situations, reduce the necessity for use-of-force, reduce the use of jail, decrease recidivism and facilitate the empowerment of mentally ill individuals by increasing their lawful self-reliance and health-enhancing behaviors.

Demographics and Outcomes

During FY2015/16, CIT provided three, 40-hour (5-day) intensive training sessions to law enforcement personnel throughout Ventura County. Trainings were conducted in November 2015, January 2016, and May 2016 with a total of 122 individuals trained and certified (See Table below).

CIT Training Participation

FY15-16 CIT Trainings	CIT Academy #39 November 2015	CIT Academy #40 January 2016	CIT Academy #41 May 2016	Total
Number of Participants Trained & Certified	39	44	39	122

The majority (92%) of training participants reported that they were more knowledgeable about mental health issues and related crises following the training and 91% reported increased confidence in responding effectively to a mental health problem or crisis. Almost all (98%) of the training participants stated that they plan to use what they learned in the class in their job. The following table shows satisfaction ratings and program outcomes of CIT training.

Overall Evaluation of CIT (Percent that agrees or strongly agrees)

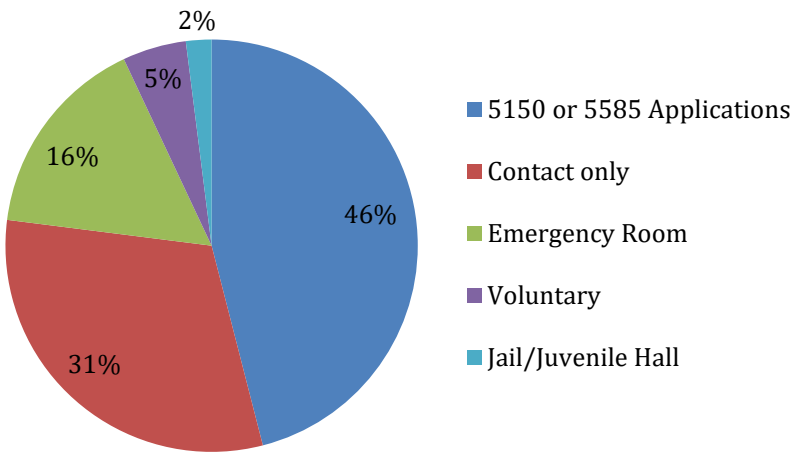
	FY15-16 (N=120-122)
The instructors for this class were knowledgeable.	99%
As a result of this class, I am more knowledgeable about mental health issues and related crises.	92%
As a result of this class, I feel more confident in responding effectively with a mental health problem or crisis.	91%
I will use what I learned from this class in my job.	98%
Would recommend the CIT Academy to a peer.	93%

*Percent that agrees or strongly agrees.

Ventura County's law enforcement personnel document encounters with individuals experiencing a mental health problem or crisis through the submission of CIT Event Cards. During FY2015/16, 1,832 CIT Cards were submitted.

Subject dispositions for FY2015/16 CIT Cards are shown in the following table.

CIT Card Subject Disposition FY15-16 (N=1,832)



Success Stories

The CIT program, with the help of a stakeholder panel, selected the second CIT Officer of the Year, Deputy Chris Love, from the Ventura County Sheriff's Office. Deputy Love keeps track of all his station's CIT cards and notices when a person is escalating or having frequent contacts. He takes it upon himself to contact the person and follow-up. He also responds to any CIT calls in the City & County beats. This year he became a co-instructor with the CIT program. Also recognized for their contributions to the CIT program were former CIT Program Administrator Kiran Sahota, and retired Oxnard Police Commander Marty Meyer.

The CIT program is working with County Information Technology Department to develop an electronic CIT card that can be completed on an officer's smart phone. This project is expected to go live before the end of 2016.

The CIT program was selected to present at the Vista Del Mar Hospital's "Lunch n Learn" Program. Due to the demand and popularity of the topic, a second presentation had to be scheduled.

The CIT program was also selected to present at this year's CIT International Conference in Chicago. The presentation was titled: "How to Build a County Wide CIT Program: The Ventura County Model."

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

In May of 2015, law enforcement was faced with a significant challenge. With no advanced warning, they were suddenly faced with a 40 % reduction of in-patient beds available and no longer accepted juveniles at the Hillmont Psychiatric Center. This presented significant delays in being able to facilitate the transfer of persons taken into custody on an application for a 72-hour

hold. In many cases, law enforcement was left guarding patients in emergency rooms for several hours and on some occasions days. This challenge caused a significant reduction in law enforcement's ability to keep officers on the street handling 911 calls. Due to circumstances beyond the Hillmont Psychiatric Center's control, this issue continued to drain resources and strain the relationship between law enforcement and the mental health system.

In an effort to create transparency and work toward resolving this crisis, law enforcement and representatives from the County hospital and VCBH began meeting monthly starting in October of 2015. These meetings are known as the Crisis Intervention Team/Health Care Agency Meeting. These meetings have gone a long way in reducing the strain in the relationship and allows for working toward developing guidelines to mitigate ongoing issues.

FY 2016/17 Significant Changes to the Program

In July 2015, retired Ventura Police Commander Mark Stadler was hired to be the new CIT Program Administrator. Mark joined the program with over 28 years of law enforcement experience. He is a co-founder of the Ventura County CIT program and has remained actively involved with since its creation in 2001.

The primary goal is to continue working toward the goal of providing mental health and de-escalation skills training to every law enforcement officer in Ventura County. Additionally, all the Ventura County Sheriff's Deputies CIT cards automated through the smartphone application "iCop" and by the end of the calendar year 2017 we want to have every law enforcement agency in Ventura County using "iCop."

Three-Year Plan FY 2017/18 - FY 2019/20

To continue holding CIT Academy which provides training to 100 officers per year. Also, to increase the submittal of CIT contacts on the iCOP app. A new training evaluation form will be in effect to measure the usefulness of the training 6 months after an officer completes the course. Another effect is that health access and linkage will contribute to reduced recidivism in detention facilities.

Prevention Program #37: School-Based Intervention

Program Description

School-based intervention is a service strategy that is represented by the following programs that VCBH has contracted with the Ventura County Office of Education (VCOE) to implement in school districts and schools across the County. The programs implemented by VCOE serve as an enhancement and/or supplement to other non-MHSA funded school-based programs. A regular assessment of school-based services is conducted under the umbrella of the CPP process to ensure that this population is adequately served. It follows that 3 EBP programs (below) are currently implemented to impact high need students through school staff, such as administrators and educators.

- Restorative Justice (RJ) provides an evidence-based behavioral intervention to address discipline and behavioral issues and open communication in school districts and schools with high-needs students.
- SafeTALK (Tell, Ask, Listen and KeepSafe) is a suicide awareness training program that teaches participants, primarily in school settings, to identify and talk with people who have thoughts of suicide and connects them to first aid intervention caregivers.
- Positive Behavior Intervention and Supports (PBIS) uses the CHAMPS (Conversations, Help, Activity, Movement, Participation, and Success) evidenced-based approach to provide a multi-tiered system of interventions and supports to improve the school climate and promote positive classroom and behavior management in high-need districts/schools, setting and facilitating high expectations for students.

Demographics and Outcomes

Below are the results from the PBIS program.

School Districts and Schools in the FY15-16 PBIS cohort.

School Districts	Schools
Las Virgenes Unified School District (LVUSD)	Round Meadow Elementary School
Mupu Elementary School District	Mupu Elementary School
VCOE	Gateway Community School
	Triton Academy
	Phoenix School
Pleasant Valley School District (PVSD)	Terra Linda Elementary School
	Monte Vista Middle School
Santa Paula Unified School District (SPUSD)	Isbell Middle School
Conejo Valley Unified School District (CVUSD)	Los Cerritos Middle School
	Westlake High School

Following the PBIS Leadership Cohort Training, 19 cohort members completed a training evaluation. As shown in the following table, respondents rated components of the workshop as “above average” or “excellent.”

Overall PBIS Leadership Cohort Training Evaluation

	FY15-16 (N=18-19) % Above Average or Excellent
Presenter's knowledge and expertise level.	100%
Presentation was clear, engaging and effective.	100%
Relevance and quality of materials and resources.	100%
Content knowledge will assist me to do my job more effectively.	100%
Content will contribute to improving the practices/systems in my work.	100%
Overall rating of the workshop.	100%

To assess the impact of PBIS training and implementation on students and school climate during the 2015-16 academic year, VCOE administered an online PBIS Evaluation Survey to cohort members in April 2016. A total of nineteen cohort members responded to the survey, including four principals/assistant principals, two counselors, eleven teachers, one education specialist and one instructional specialist. Pertinent survey results regarding reduction of behavioral disruptions are summarized in the following table.

Reduction of Behavioral Disruptions Since PBIS Training

FY15-16	To a Great Extent	Somewhat	Not at All	N/A
Principals/Asst. Principals/Counselors (N=14)				
Suspensions	60%	40%	0%	0%
Expulsions	40%	60%	0%	0%
Office Referrals	80%	20%	0%	0%
Tardies	20%	60%	0%	20%
Absences	0%	80%	0%	20%
Teachers (N=10)				
Suspensions	20%	50%	10%	20%
Expulsions	10%	20%	10%	60%
Office Referrals	30%	30%	10%	30%
Tardies	0%	60%	10%	30%
Absences	10%	60%	10%	20%

Restorative Justice: VCOE utilized international RJ Trainer Jessalyn Nash to facilitate RJ trainings. The following table shows the topics covered and number of participants that attended each training session.

Restorative Justice Training Data

Date	Topic	# of Participants
September 28, 2015	Building a Restorative School Community Part I	46
December 7, 2015	Restorative Justice for Elementary Schools	77
February 2, 2016	Restorative Justice Team Building	52
	Total	175*

*Represents the duplicated total number of training participants, as some participants attended multiple trainings.

Evaluative surveys were administered to training participants at the completion of the three FY 2015/16 RJ Trainings. A total of 124 surveys were collected from the 175 participants, resulting in an overall response rate of 71%.

RJ Training Evaluation Findings

	FY15-16*		
	Building a Restorative School Community	**Restorative Justice for Elementary Schools**	**Restorative Justice Team Building**
Survey Response			
Total # of Training Participants	46	77	52
# of Surveys Received	33	58	33
Response Rate	72%	75%	63%
Training Component			
Presenter's knowledge and expertise level	100%	91%	94%
Presentation was clear, engaging and effective	94%	86%	97%
Relevance and quality of materials and resources	100%	86%	94%
Content knowledge will assist me to do my job more effectively	97%	81%	91%
Content will contribute to improving the practices/systems in my work	97%	81%	91%
Overall rating of the workshop	97%	85%	94%

To assess the impact of RJ training and implementation on students and school climate during the 2015-16 academic year, VCOE administered an RJ Training/Coaching Follow-up Survey. A total of 20 training participants completed the survey. Of the 20 survey respondents who provided their current school assignment, nine were classroom teachers, seven were principals/assistant principals, two were district administrators, and two were counselors.

Survey results regarding the usage of RJ techniques are summarized in the table below.

RJ Techniques Usage

FY15-16 (N=20)					
	Yes, 5+ times	Yes, 3-4 times	Yes, 1-2 times	No cases*	N/A*
I have used RJ to address behavioral issues that would have resulted in suspension or expulsions.	10%	38%	19%	10%	24%
I have developed plans (verbal/written) with a student during a circle addressing behavior.	5%	38%	14%	0%	43%
I have involved family members in the RJ process.	10%	29%	10%	5%	48%
I have referred students and families in the RJ process to services (e.g., counseling, alcohol or drug prevention).	14%	29%	10%	10%	38%

*Note: Some facilitators are learning about RJ this FY and have not yet begun implementing the model at their schools.

safeTALK: The safeTALK training sites and participants are presented in the following table. A total of 16 trainings were held in FY 2015/16, reaching a total of 255 training participants.

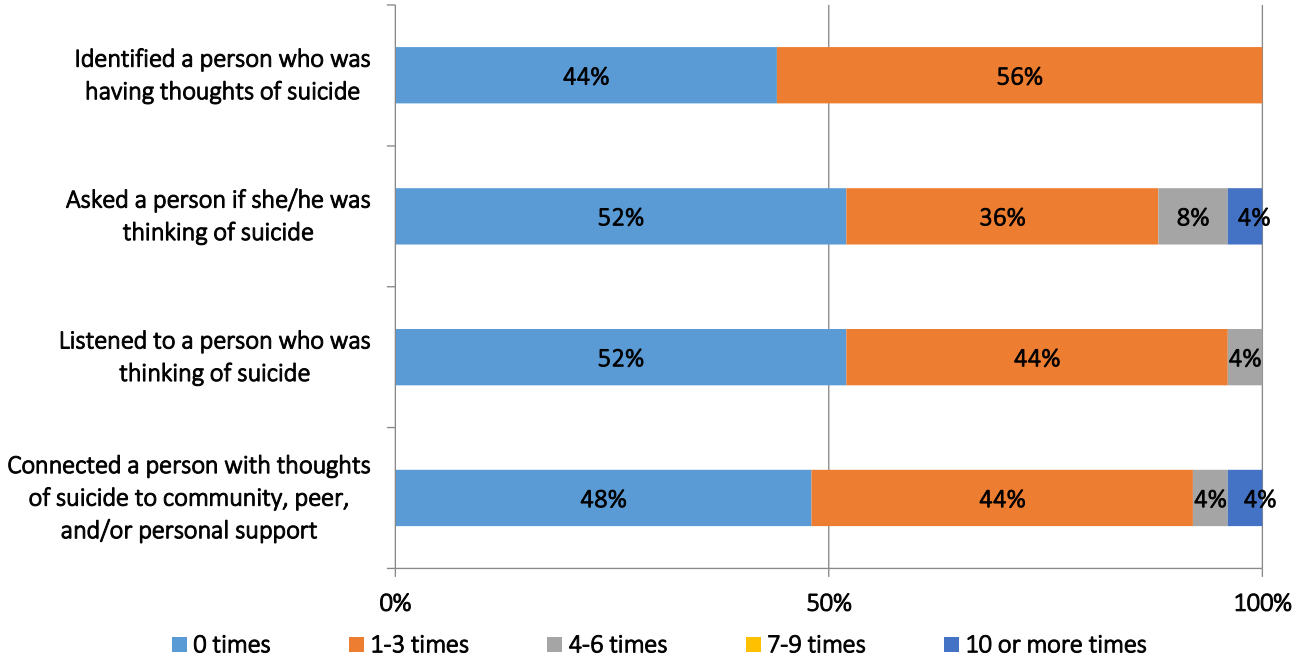
safeTALK Training Sites and Participants FY 2015-16

	Total Number of Participants Trained (N=255*)
Ojai (2 trainings)	unavailable
Oxnard College – community members, college students, and staff	28
Oxnard Fire Department personnel (3 trainings)	63
Simi Valley City Council Meeting Presentation (by Gabe Veran, VCOE staff, and safeTALK instructor)	unavailable
Santa Paula High School (students, parents, and staff)	21
Simi Valley Public Library	14
Ventura County Public Health – Participants from Health Care Agency	34
VCOE (6 trainings, including ASIST**/safeTALK Training for Trainers (T4T)), (school staff/community members)	81

*As reported in VCOE Quarter 4 PEI Report Form submitted to VCBH. Total number of participants not available for Ojai trainings and Simi Valley City Council Meeting.
**Applied Suicide Intervention Skills Training

To assess the knowledge and skills gained by training participants, VCOE administered an online safeTALK Trainee Follow-up Survey to all training participants, excluding Oxnard Fire Department personnel. 26 participants responded to the survey. The results are summarized in the following table.

Implementation of safeTALK Methods by FY 2015-16 Training Participants (N=26)



Success Stories

Restorative Justice: Since the inception of RJ, school administrators, teachers, counselors, nurses, outreach coordinators, and community members have been trained on various topics in restorative dialogue, circles, and team building. In addition, many districts have added RJ into their Local Control Accountability Plan (LCAP).

One of the community members, who received the RJ facilitator and RJ network training, was hired in the 15-16 school year by Santa Paula Unified School District (SPUSD) to hold RJ circles. In addition to holding several daily circles, the SPUSD facilitator has expanded the program to include re-entry circles for students who are returning from suspension. This facilitator is now volunteering at the Juvenile Detention Center to hold re-entry circles with adolescents pending their release and transition back into the community.

Also, at the start of the 15-16 school year, a peer mediation program was developed at a Simi Valley Unified School District (SVUSD) middle school. The trainer met with the creators of the program, reviewed their procedures, and provided input into the program process. Prior to their meeting, SVUSD was considering the name of "Peer Court." The change in language and intent of the process helped support student's acceptance of the process and that they may benefit from the process. They have included "new to the school" circles to assist new middle school students in becoming familiar with the campus and culture of the school. They also hold mediation circles to address discipline issues which are referred from the administrators.

safeTALK: A participant of the ASIST training, a teacher at Adult Education, was able to recognize the signs of suicide and create a plan with the individual who admitted suicidal ideations, which included a plan of action. A week or so later, the teacher was approached and able to assist that

person to be admitted to the hospital because the individual respected and followed the created plan when the suicide thoughts were near action.

Positive Behavior Intervention and Supports (PBIS): Across the board, the PBIS approach has resulted in the enhancement of strong student-staff connections, increased graduation and attendance rates, and a reduction in student discipline referrals, suspensions, and expulsions. There is also data demonstrating the model has contributed to increased student achievement with some of the most challenged populations.

The continued support of the visitation has been instrumental in sustaining these sites' implementation for Ventura County educators.

As schools and districts scale up the PBIS/CHAMPS proactive and preventable approach, they can identify students before such students consider or implement extreme measure such as suicidal thoughts.

Newly-trained staff have visited sites already implementing PBIS to gain an appreciation of seeing the advantages in a variety of school settings.

Many of the recently honored "Gold Ribbon Schools" have been recognized by the state for their CHAMPS practices. As a result, VCOE will continue to host a County Gold Ribbon Showcase featuring these CHAMPS schools.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Restorative Justice Challenges: One challenge is in getting districts to collect meaningful data on the number of circles they have provided. The facilitators' network meetings also had sporadically low attendance numbers. These were held in the evening after the school day. Additionally, participants that never attended an RJ training would show up to the facilitators' network unfamiliar, but very interested in beginning RJ in their class or at their site. The experienced providers were able to provide valuable information and the leaders of the meeting, VCOE Directors, were able to provide a "mini-session" about RJ and provide participants with resources to take back.

safeTALK: Even with significant marketing, there were no requests from schools or community organizations for safeTALK courses in the months of June through January. Due to this fact, the courses will be offered monthly at VCOE during various times of the day. The January class had to be canceled due to low registration, but classes were held in February through June. A morning and afternoon class was held in May. In 2014-2015, VCOE had only 4-5 active safeTALK instructors, so capacity had to be increased to meet school and community needs. VCOE was able to increase the capacity of their instructors by holding an ASIST training and safeTALK instructor courses. There are now 10 additional trainers. Intentionality was made in the selection of the 10 safeTALK instructors, including school and community members and bilingual (Spanish). There is currently no Spanish version of safeTALK available. Contact has been made with Living Works, the publisher of safeTALK, and they have postponed their Spanish version.

PBIS Challenges: A challenge, due to staff attrition, at PBIS cohort sites is maintaining the momentum of their efforts. Not necessarily a challenge, but there were 2 participating schools in the Pleasant Valley School District, and they decided to continue with only 1 school.

FY 2016/17 Significant Changes to the Program

Restorative Justice: For the 15-16 school year, the program was changed to provide more County-wide RJ training offerings instead of only holding the RJ facilitator's networking meetings. Larger-scale trainings were provided on desired topics, including: Building Restorative School Communities, RJ for Elementary Schools, and Team Building. The networking meetings continued, but under the direction and facilitation of the Health and Prevention Director, Dawn Anderson, and Leadership Support Services Director, Claudia Frandsen.

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Restorative Justice: Expand program offering to specifically include mental health training, outreach, and identification by doing the following:

- Provide leadership, professional development, coaching, consultation and/or technical assistance (TA) to schools and districts needing Restorative Justice (RJ) and Mental Health Trainings to build the school/district's capacity to implement, sustain and support RJ. This will be accomplished directly and/or indirectly by experts in the field as determined necessary.
- Include mental health resources and referral information into RJ Trainings, including trauma informed care.
- Include outreach for increasing recognition of early signs of mental illness and measures to reduce stigma and discrimination for those seeking mental health services in the trainings.
- Collect data from participants to demonstrate increased ability in providing school-wide RJ, early identification of mental health illness, and knowledge of available mental health referral resources.

safeTALK:

- Continue providing safeTALK classes at VCOE.
- Promote and work with school personnel and community groups to expand the program to include more students.
- Continue to follow-up with participants to determine impact.

PBIS: The PBIS Cohort training will include information on the following:

- Tier 3 level students and how to increase support for students with social-emotional challenges including, but not limited to early identification of mental illness, stigma and discrimination reduction and referrals to mental health services.
- Continuous improvement of data collection and coaching feedback to staff relating to CHAMPS approaches.

- Collect data related to the STOIC variable (structure, teaching expectations, observe, interact positive, correct fluently), and how to provide positive and constructive feedback based on the data.
- Add an additional school to the PBIS cohort.

Prevention Program: #38 Triple P

Program Description

Triple P is an evidence-based parenting program that offers a range of services to support families of children with emerging behavioral challenges. Triple P is backed by 30 years of research and is used around the world. It is designed to give parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and preventing developing problems. The program targets parents of children in two groups 0 up to 5 and 5-18 years of age with a wide range of behavioral issues and concerns. It has been shown to reduce the risk of child abuse. The system has five levels of care listed below. Services are provided by two community-based organizations, City Impact and Interface and offered in over 90 schools across the County.

Triple P Service Levels	***Level 2***: Tip Sheet seminars or private, 15-30-minute sessions providing parenting tips
	Level 3: Brief private sessions or two-hour discussion groups targeting everyday
	Level 4: Group or standard individual sessions to address more serious behavioral issues
	Level 5: Intensive support for parents at risk of child maltreatment/families with serious

Demographics and Outcomes

A total of 1,216 children participants were served by Triple P in FY2015/16. Interface served 488 unduplicated participants and City Impact served 727 unduplicated participants. Services provided to participants and their families are summarized in the table below.

Triple P Services: Types and Number of Services Provided*

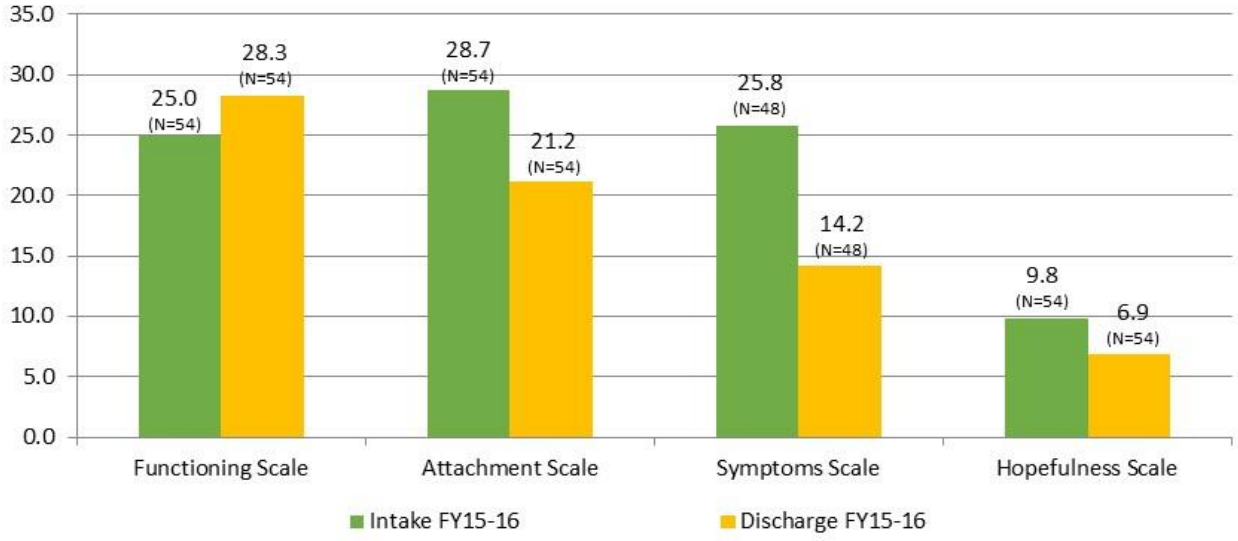
	Total Participants FY 15-16
City Impact	
Group (Level 4)	532
Individual (Level 4/5)	3
Other (assessment, case management, etc.)	202
*Total (Unduplicated)**	*727*
Interface	
Group (Level 4)	255
Individual (Level 4/5)	32
Other (Level 2, assessment, case management, etc.)	488
*Total (Unduplicated)**	*489*
Grand Total Served(Unduplicated)*	***1,216***
*Participants received multiple service types; thus total unduplicated served may be less than the sum of participants receiving each type of service.	

Triple P participant outcomes were assessed using validated measures of child functioning, attachment (participants under age 5 only), symptoms, and hopefulness. These outcomes were collected through surveys conducted with parents of child participants at intake and discharge. Outcome breakdowns for the two participant age groups are summarized in the charts below and demonstrate positive improvements across all domains between intake and discharge.

Some highlights include the following.

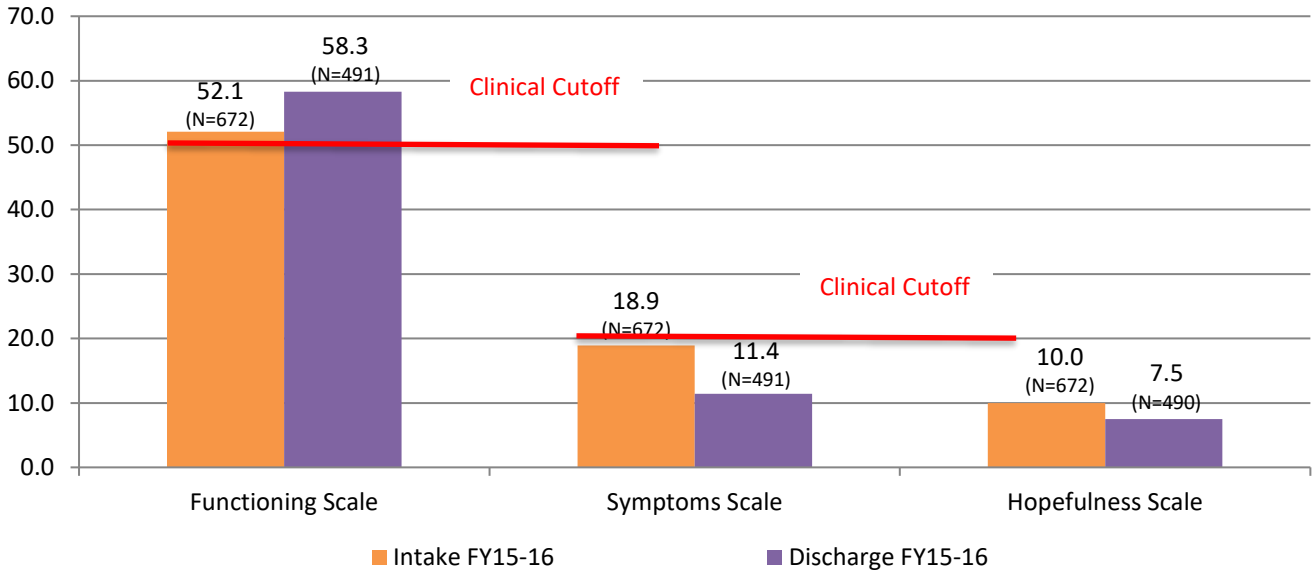
- Higher levels of functioning with everyday activities and communication (indicated by higher scores)
- Higher levels of positive parent/child attachment (assessed in under age 5 group only) (indicated by lower scores)
- Lower levels of symptoms and symptom severity (indicated by lower scores)
- Higher levels of hopefulness (indicated by lower scores)

Outcomes for Participants Under Age 5



Functioning scale, age <5, asks parents to assess current child functioning, e.g. ability to talk, use hands/fingers, interact with others, inform others of needs. Scores range 0-32. Functioning scale, ages 5-18, asks parents to rate degree to which child's problems interfere with everyday activities. Scores range 0-80. *Higher* scores indicate higher functioning.
Attachment scale asks parents of children age <5 about relationship with their child, perceptions of child's behavior, and experiences as a parent. Scores range 0-128; *lower* scores indicate more positive attachment.
Symptoms scale asks parents how often in last 30 days child experienced issues. For age <5, e.g. eating/sleeping issues, seeming unhappy/withdrawn, playing poorly with others, hurting self, unpredictable behavior. For age 5-18, e.g. fights, breaking rules, feeling sad/anxious, nightmares/eating problems. Scores range 1-80; *lower* scores indicate less symptoms.
Hopefulness scale asks parents about their satisfaction with relationship with child, capability of dealing with child's problems, stress levels, and optimism about child's future. Scores range 4-24; *lower* scores indicate more hopefulness.

Outcomes for Participants Age 5 to 18 (PEI School-Based) **



**Fewer participants in Levels 4/5 took the survey at discharge than intake.

Of the total 787 clients served with Level 4 and 5 services 69% or 545 completed the pre and posttests. Though data may not be paired.

Success Stories

At the end of the program, parents were asked open-ended survey questions regarding their positive and negative experiences in the Triple P program and recommendations for improvement. A majority of the parents responded that they learned positive parenting skills for helping and disciplining their child in positive ways. Below is a sample of comments.

- *"We were able to learn how to be better parents and how to treat our children... We learned how to discipline our children [in] positive and loving ways thanks to the Triple P program. We improve[d] our relationship as a family, and now we spend more time as a family."*
- *"The experiences have been really good. We are learning many techniques to help our children."*
- *"I have learned tools to be a better, more confident parent. I also think the instructor was excellent!"*
- *"Great ways to improve my child's behavior at home, school and in the community. Techniques are easy to follow, understand and implement."*

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

This program has experienced difficulty in acquiring the specified number of participants per the contract goals. This has resulted in having to conduct extensive outreach activities (cost of outreach is high) with insignificant outcomes to warrant the cost.

FY 2016/17 Significant Changes to the Program

At the end of FY 15/16 one of the agencies, City Impact, chose to no longer contract with VCBH. New Dawn, another local counseling agency was contracted to continue Triple P services. Additionally, both contractors for FY 16/17 were encouraged to use para-educators for a more peer-based program for Levels 2 and 4. Specific goals were set in the contracts for providers during this FY.

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This program was identified as a candidate for further evaluation to consider cost-effectiveness, fidelity to the model, and contractual goals. Through the MHSA CPP Evaluation process it was decided to sunset this program, ending June 30, 2017.

Ventura County's First Five State Agency will continue their grant funding to provide Triple P services for children 0 -5 years old utilizing the current providers.

Prevention Program #39: TAY Wellness Center

Program Description

The Transition Age Youth (TAY) Wellness and Recovery Center serves young adults ages 18-25 who are recovering from mental illness or are in need of referral services. Provided by Pacific Clinics, the TAY Wellness Center is located in Oxnard and outreaches underserved individuals throughout the County. As a portal entry to engage unserved or underserved TAY, the program offers a range of supports and service linkages to those who historically have not accessed services through the traditional clinic system. The program is staffed by professional young adults with lived experience and provides peer-driven activities and services such as Wellness Recovery Action Plan (WRAP) classes, skills for life training, job readiness, creative expression community activities, advocacy and support.

Demographics and Outcomes

In FY 2015/16, the TAY Wellness Center served a total of 253 members, including 233 new members and 20 members carried over from FY 2014-15. The Center also conducted 37 outreach events in FY 2015/16, making over 1,000 contacts at these events. Outreach and engagement activities are summarized in the table below.

Outreach and Engagement

Outreach	FY 15-16
Total Outreach Events	37
Total Contacts at Outreach Events	1,025
Materials Distributed in English	653
Materials Distributed in Spanish	424
Engagement	**FY 15-16**
Total Duplicated Visitors/Walk-ins	350
Total Members (unduplicated)	253

In FY 2015/16, the Center made a total of 384 referrals for 233 individuals, mostly to basic needs services (39%) and other services (29%). Referral data are shown below.

Referrals

Types of Referral Measures	FY 15-16
Total # of Referrals	384
Total # of Individuals Referred	233
Referrals by Agency/Program	**FY 15-16 (N=384)**
Alcohol & Drug Programs-VCBH	3%
Alcohol & Drug Programs-Community	3%
Basic Needs	29%
Domestic Violence Services	2%
Healthcare	3%
Mental Health – Community Agency	3%
Mental Health – VCBH	2%
Mental Health – VCBH STAR or Outpatient Clinics	6%

Religious/Spiritual	1%
School/Education	5%
Support Program	4%
Other Services	39%

In FY 2015/16, most Center members were male (61%) and Hispanic/Latino (61%), and 24% were formerly in foster care. Demographics are shown in the table below.

Member Demographics

	FY 15-16 (N=252-253)
Gender	
Female	37%
Male	61%
Other	2%
Race*	
Asian or Pacific Islander	<1%
Black or African American	10%
Hispanic or Latino	61%
White or Caucasian	28%
Other	<1%

*Race may sum to over 100% as respondents could select more than one response.

Success Stories

Sara completed 16 weeks of Career Club and showed tremendous growth. Sara first came to the TAY Tunnel shy and with little work experience. Through Career Club, Sara became more confident with herself in interviews and networking. Despite having an offer of employment, Sara decided the best option for her was to go to Oxnard College full-time and pursue her dream of becoming a teacher.

Andy came to the Center homeless and without employment. After working with this individual through Job Readiness courses and several job interviews, he successfully gained employment with a private contracting company. He is now working full-time and has secured housing.

Jon had been in out of juvenile hall for a long time. When he turned 18 this year, a staff member reached out to him while he was incarcerated. After his release, he ended up homeless with no resources. Having nowhere to go and no one to turn to, he found his way to the Center. He enrolled in the outreach and engagement housing program called Step Up. While in the program, he was able to obtain employment which allowed him to gain his own place. Currently, Jon is still working and maintaining his housing.

Julisa, age 25, came to the Center two years ago. She has been battling for years with addiction and homelessness. At the time she had lost custody of her eldest child. Through working her Wellness Recovery Action Plan and allowing staff to support her to enroll in Drug and Alcohol classes, she has now been able to turn her life around. Julisa has successfully completed the TAY Network Project parenting classes. She was able to utilize the outreach and engagement housing to combat

homelessness. Currently, she is living on her own with her second child and is planning on going back to school.

Ashely started working with the Pacific Clinics Health Navigator. Ashley never took any initiative on her health. Ashely didn't have a primary care doctor or any doctor that she had seen for years. Ashely had always thought she was doing enough for her health. She was sure she was healthy, adamant that she was "fine" or "good." This was partly because she had a fear of going to the doctors. Through Health Navigation, Ashely was able to see the importance of seeing a doctor. It turned out Ashely wasn't "fine" exactly; rather, she was on the verge of being diagnosed with multiple health concerns, including fatty liver disease. She is now managing her health responsibly and sees her doctor regularly to manage her fatty liver disease. Ashely is also aware of how to contact and speak to medical personnel.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

The Center serves a large number of homeless young adults who are not attached to any source of income and find it very difficult to find emergency and/or immediate housing. It strives to utilize all community housing options in order to support immediate housing provision. The TAY, not connected to formal mental health services, can be placed in a hotel by leveraging a voucher from VCBH. This is done by utilizing the Step Up process, thus enabling to house a TAY short-term in a hotel up to 8 weeks, depending on their progress in connecting with VCBH mental health services.

FY 2016/17 Significant Changes to the Program

On September 2016, through a budget modification, the Center eliminated a Coordinator position and promoted the individual to a Center Manager. Additionally, a Mental Health Worker position was eliminated and promoted the individual to a Team Lead.

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The Center will continue to assess program efficiency to meet the needs of TAY while ensuring that it meets expectations of the contract.

All staff have been trained in administering the Milestones of Recovery Scale, MORS. By January 2017, the MORS will be initiated every three months with the Center members to evaluate the effectiveness of the program on individual wellness better.

There will also be a focus on reaching LGBTQ TAY population to address their needs.

Another important aspect of the Center's operation and utilization during the next 3 years is to incorporate it as in integrated part of the continuum of care for treatment and recovery services.

Prevention Program #40: Adult Wellness Center

Program Description

The Adult Wellness Center (AWC) is contracted to the Turning Point Foundation and serves adults who are recovering from mental illness and are at risk of homelessness, incarceration, or increasing severity of mental health issues. The program is a portal for access to recovery services by offering support commonly utilized by individuals with a serious mental illness without the pressure of enrolling in traditional mental health services. The main center is located in Oxnard and has a satellite center in Ventura. The Wellness Center reaches out to underserved individuals throughout the County, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional Behavioral Health clinic system. The program also provides support for individuals as they transition out of other mental health programs on their journey towards wellness and recovery. The program was developed and run by peers who support members in the design of their own unique recovery plans and in creating a set of meaningful goals.

Demographics and Outcomes

In FY 2015/16, the AWC served 224 members and made over 3,800 outreach contacts, approximately one-third of which were in-person (720) or over the phone (480). Duplicated attendance at monthly peer recovery groups held at the AWC totaled over 1,400, with some individuals participating more than once in each group or in multiple groups. Outreach and engagement services are shown in the following tables.

Engagement

	FY 15-16
Total Members* (unduplicated)	224
Total Walk-in Guests** (duplicated)	1,367

* Member defined as individual who joined program, unduplicated.
** Guest defined as potential member (e.g. walk-in, referred individual).

Outreach Contacts

	FY 15-16
In-person	720
Phone	480
Email	2,584
US Mail	48
Total Outreach Contacts	3,832

Group Attendance

	FY 15-16
Oxnard Location Group Attendance (duplicated)	1119
Ventura Location Group Attendance (duplicated)	303
Total Group Attendance (duplicated)	1422

In FY 2015/16, the majority of members were male (61%) and White/Caucasian (46%) or Hispanic/Latino (41%). In addition, 8% listed Spanish as their primary language. The following table summarizes member demographics.

Member Demographics

	FY 15-16 (N=224)
Gender	
Female	39%
Male	61%
Race	
Asian or Pacific Islander	1%
Black or African American	7%
Hispanic or Latino	41%
White or Caucasian	46%
Other	5%

A primary goal of the AWC is to meet the needs of underserved individuals in communities served by the Center, including the Hispanic/Latino community. Toward this goal, in FY 2015/16 the Turning Point Foundation launched the Programa Latino Indígena (PLI) at its location in Oxnard. This program provides the same services as the AWC, but with a specific focus on meeting the needs of the Hispanic/Latino community in a culturally-relevant and supportive manner.

As shown in the table below, PLI served a total of 36 members in FY 2015/16, along with 165 walk-in guests. The majority of members were female (59%), and all identified as Hispanic/Latino (100%).

PLI Engagement

	FY 15-16
Total PLI Members*(unduplicated)	36
Total PLI Walk-in Guests**(duplicated)	165
Total PLI Group Attendance (duplicated)	224
PLI Member Demographics	**FY15-16 (N=36)**
Gender	
Female	59%
Male	37%
Unknown/Not Reported	4%
Race/Ethnicity	
Hispanic or Latino	100%

* Member defined as individual who joined program, unduplicated.
** Guest defined as potential member (e.g., walk-in, referred individual).

Success Stories

A male struggling with mental illness who had previously blinded himself while hospitalized during a psychotic break began receiving services at the AWC. With the help and support he received from peers, he is taking positive steps to actively work toward recovery. He has also expressed interest in working at the AWC as a peer to help others in the future.

Below are some additional accomplishments from the AWC.

- 6 members obtained employment
- 6 members completed the Wellness Recovery Action Plan and Peer Employment Training
- 3 members completed the Wellness Recovery Action Plan
- 6 members received housing
- 14 members not hospitalized for FY 2015/16
- 2 members returned to college
- Culturally-competent serving members in Spanish and Mixteco languages in the PLI program
- Collaborated with CONREP to keep members out of jail
- Assisted members on preparing resumes for interviews. Also collaborated with Department of Rehab to provide more job search and readiness skills
- Focused on socialization as an essential part of the program
- Member facilitated groups
- Members sought support from peer staff when struggling before calling the hospital or the crisis team
- Assisted members in setting up emails
- Assisted members in applying for housing and jobs
- Computer access provided for members to connect with loved ones
- Holistic approach to recovery
- Provided Arts & Crafts groups and supplies that fit members' artistic interests

- Integrated community through groups, outings and member parties
- eXpresso Day themed member parties at the end of each month. This special member celebration has self-expression, food, birthdays, games, and member of the month
- Outreached and collaborated with the Mexican Consulate, Public Health, Mixteco Indigenous Community Organizing Project, the Department of Rehabilitation and Moorpark College

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

No significant challenges.

FY 2016/17 Significant Changes to the Program

- Serving Lunch Daily
- Addition of W.R.A.P.
- Significant growth of PLI program

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- Conduct Peer Employment Training twice per year
- Expand City of Ventura outreach
- Add Spanish speaking groups to The Wellness Center Day Program in order to reduce stigma within the Latino community regarding mental health issues
- Collaborate with the Mexican Consulate, MICOP, Public Health and D.O.R.
- Incorporate the AWC as part of the continuum of care for treatment and recovery services
- Continue to evaluate program for maximizing utilization

Exhibit C6: Early Intervention Program Descriptions

Early Intervention Program #41: Primary Care Integration Project

Program Description

The Primary Care Integration program provides short-term, early intervention treatment for depression and/or anxiety in a primary care setting. Clients with depression are at an increased risk for suicide. Primary care physicians screen and refer patients to mental health professionals for treatment. It uses IMPACT (Improving Mood- Promoting Access To Collaborative Treatment), an evidence-based collaborative care treatment model, and CBT is used to treat depression and anxiety. This program is implemented in partnership with Clinicas del Camino Real, Incorporated.

The Primary Care Integration program originally funded two projects: Ventura County Health Care Agency and Clinicas del Camino Real. The $1.5 million MHSA funding for the Healthcare Agency was eliminated in FY 2012/13 with the Health Care Agency assuming the cost of program continuation. The integration project with Clinicas del Camino Real, Incorporated continues with MHSA funds.

Providing early intervention mental health services in a primary care setting is less stigmatizing and increases access to appropriate services and the evidence-based approach is an effective way to decrease symptoms.

Demographics and Outcomes

In FY 2015/16, Primary Care provided PEI IMPACT services to 436 unduplicated patients. The following chart shows patient mental health diagnoses at intake and primary care services delivered in FY 2015/16.

Diagnoses and Services

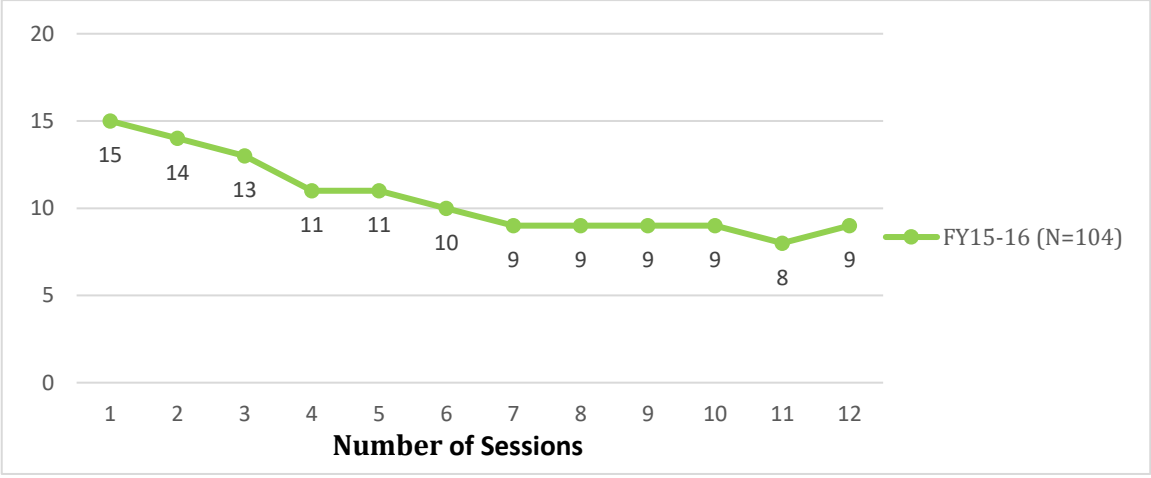
	FY 15-16
Total # of Unduplicated Patients	436
Primary Diagnosis at Intake	% of Unique Patients
Depression	52%
Anxiety	24%
Depression/Anxiety	24%
Services Received by Patients	N (unduplicated)
Initial Assessment	195
Face-to-Face Initial Introduction	11
Non-Face-to-Face Initial Introduction	8
Length of Treatment	# Sessions
Average # of Sessions	9

Client Demographics

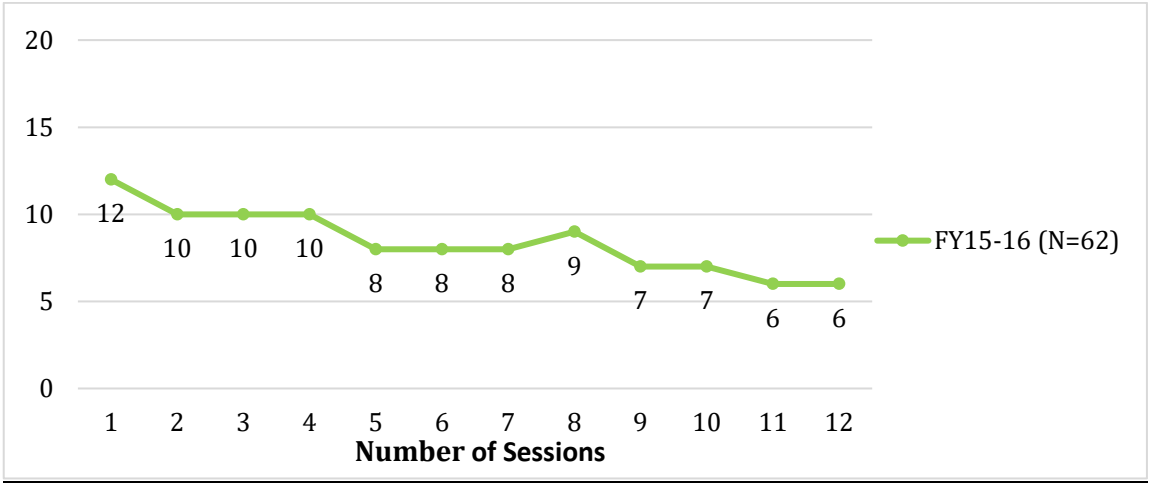
	FY 15-16 (N=436)
Gender	
Female	72%
Male	28%
Age	
18 or younger	12%
19 to 60	84%
Over 60	4%
Race	
Asian or Pacific Islander	1%
Black or African American	<1%
Native American or Alaskan Native	<1%
White (including Hispanic)	64%
Other	<1%
Unknown/Not Reported	34%
Ethnicity	
Hispanic or Latino	87%
Non-Latino	13%
Unknown/Not Reported	<1%
Primary Language	
Chinese	<1%
English	31%
Hindi	<1%
Mixteco	1%
Spanish	62%
Unknown/Not Reported	5%
Region of Residence	
Conejo Valley	2%
Moorpark	4%
Ojai	1%
Oxnard Plains	57%
Santa Clara Valley	17%
Simi	6%
Ventura	12%
Other	1%

Outcome data presented in the following sections were collected through pre- and post-standardized surveys including the Patient Health Questionnaire (PHQ-9) and/or the Generalized Anxiety Disorder (GAD-7), administered to patients at intake, each session, and discharge to assess levels of depression and anxiety. Patient scores on both the PHQ-9 and GAD-7 assessments showed the decreased severity of depression and anxiety symptoms, respectively, as they participated in more sessions.

Average PHQ-9 Scores for Discharged Clients



Average GAD-7 Scores for Discharged Clients



Success Stories

A woman was referred by her Primary Care Provider (PCP) for depression. She presented an initial (Patient Health Questionnaire-9) PHQ-9 score of 25. The range for a PHQ-9 can be 0-27. She has been coping with many severe stressors – traumatic deaths of both parents, chronic health issues, marital problems but has learned to shift her thoughts from focusing on the negative to appreciating things that are going well. This patient reports "slowly assimilating" the material to good effect. Her current PHQ-9 is 12, and because she is experiencing progress, she wants to continue in treatment to further decrease levels of depression.

A 34-year old Mexican male, whose primary language is Mixteco, was referred by his PCP for anxiety. He was hesitant to make and keep the appointment for mental health services since in his native town mental health services are not provided, and there is a high level of stigma associated with receiving mental health services. This man was able to keep his appointment with the strong encouragement from the PCP, whom he trusts. At his initial visit, his Generalized Anxiety Disorder-7 (GAD-7) score was 20. The range for a GAD-7 can be from 0-21. His level of anxiety was so high and disabling that he was not able to work. This impacts not only him but his family as he is the sole supporter for his family of 5. The client was in distress dealing with anxiety but also the stigma and cultural factors associated with receiving mental health services. After three months of treatment, he was able to decrease levels of anxiety. He has been able to return to work and is learning to implement positive changes in his life to reduce his worries. It is a challenge for him to change his cultural beliefs about mental health and prefers not to share information about this service with his family. He tells them his is going to Clinicas to see the doctor and refers to the mental health provider as the doctor. For him, it has been easier to accept the services as they are being provided at a health center.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Clinicas provides evening services two days per week and the evening appointments are popular with the population we serve. Some health centers also provide services on Saturdays. We are currently, exploring the possibility of adding mental health services on Saturdays. This will be a challenge as it based on providers being available.

FY 2016/17 Significant Changes to the Program

No significant changes to the program have been made as Clinicas continues to be successful in serving an increased number of patients from different geographical areas. Clinicas has been able to increase and improve the coordination of services with PCP and Mental Health Providers.

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Clinicas plans to add a new health center next year, which will mean increase patient access to all of the services provided by Clinicas, including IMPACT.

Clinicas also plans to continue serving the Mixteco population.

Early Intervention Program #42: Early Detection and Intervention for the Prevention of Psychosis (EDIPP)

Program Description

The Early Detection and Intervention for the Prevention of Psychosis (EDIPP) is an intervention program designed to delay or prevent the onset of a psychotic disorder. Telecare provides this treatment through the Ventura Early Intervention Prevention Services (VIPS) program, which is a fidelity Portland Identification and Early Referral (PIER) model. The program assesses and treats 16 to 25-year-olds who show early warning signs of psychosis within the last 30 days. The full program is two years of intervention with an additional third year of continuing care. This program offers a first break program that treats clients with prior psychotic symptoms have lasted for up to 18 months. Telecare utilizes the same VIPS model for the First Break program. Treatment involves assessment, multi-family groups, individual and family therapy, educational/vocational services, medication management with a psychiatrist and a nurse, and family psycho-education. It also ensures the availability of bicultural and bilingual clinicians to offer culturally and logistically appropriate services to a large number of families in Ventura County.

Demographics and Outcomes

In FY 2015/16, VIPS conducted outreach with 2,347 individuals and served an average of 37 participants and their families per month, as summarized in the following table.

Outreach Data Summary

	FY 15-16
Outreach/Presentations	
# Outreach Events/Presentations	269
# People Reached (approx.)	2,347
Brochure Distribution	
# Brochures Distributed (approx.)	11,285
Referrals Received & Evaluations Conducted	
# of Total Referrals Received	74
# of Evaluations Conducted from Referrals	31
# of Appropriate Referrals	29
VIPS Participation	
Average # of Full VIPS Participants per Month	32
Average # of Continuing Care Participants per Month	5
Average # of Total VIPS Participants Involved per Month	37
Multi-Family Groups (MFGs)	
Average # of Spanish Ongoing MFGs per Month	1
Average # of Total Ongoing MFGs per Month	4
Average # of Families in Spanish MFG per Month	17
Average # of Families Assigned across Total MFGs per Month	37

Demographic data for the VIPS program participants are provided in the following table. As shown, the total number served was 6. The majority of VIPS participants were male (66%) and Hispanic/Latino (69%). Eighty percent (80%) spoke English as their primary language and were residents of Oxnard Plains (39%) or Ventura (66%).

VIPS Demographic Data

	FY15-16 (N=61) *
Age Range	
16 to 18	52%
19 to 21	28%
22 to 25	18%
26 to 27	2%
Gender	
Female	34%
Male	66%
Unknown/Not Reported	0%
Ethnicity	
Hispanic or Latino	69%
Not Hispanic or Latino	31%
Race**	
White or Caucasian	31%
Black or African American	7%
Asian or Pacific Islander	2%
American Indian or Alaskan Native	3%
Other	52%
Unknown/Not Reported	5%
Primary Language	
English	80%
Spanish	18%
Unknown/Not Reported	2%
Region of Residence	
Oxnard Plains	39%
Ventura	36%
Santa Clara Valley	11%
Ojai	5%
Simi	7%
Conejo Valley	2%
Other	0%

** FY15-16 N: 61 unduplicated participants were served from July 1, 2013-June 30, 2016.*
*** Race: Sum may exceed 100%, as respondents could select all races that applied.*

Participant outcomes were measured using the Behavior and Symptom Identification Scale (BASIS 24), Hopefulness Scale, and Global Assessment of Functioning Scale (GAF) administered at intake, annually, and at discharge. Summarized in the two tables below, results from all assessments show a positive impact of the program on participants. For example:

- Participants' scores on the BASIS 24 decreased from intake to discharge, indicating that participants were experiencing fewer problems with lower degrees of severity since intake. (**Figure 1**)
- Participants' scores on the Hopefulness Scale decreased from intake to discharge, indicating a more hopeful outlook after treatment. (**Figure 2**)

FIGURE 1. VIPS PARTICIPANT BASIS 24 OUTCOMES

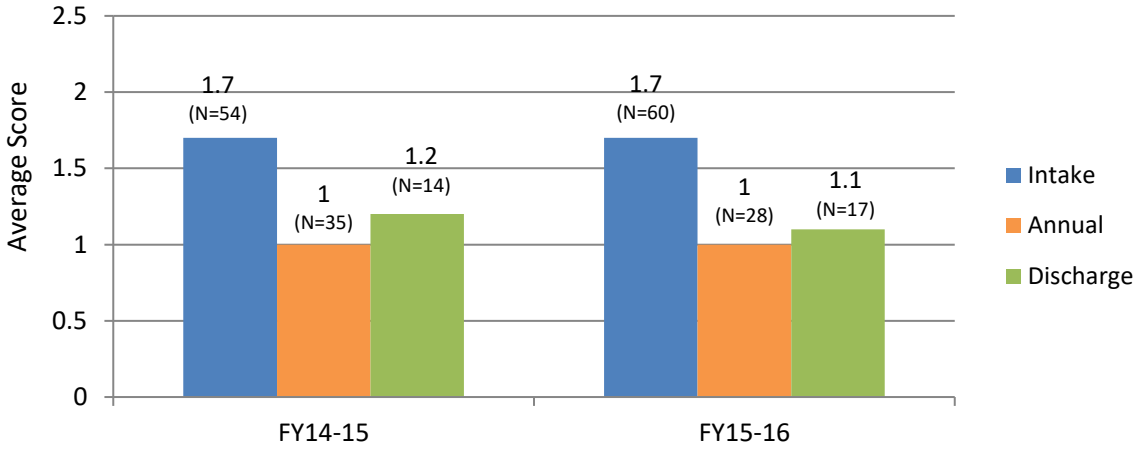
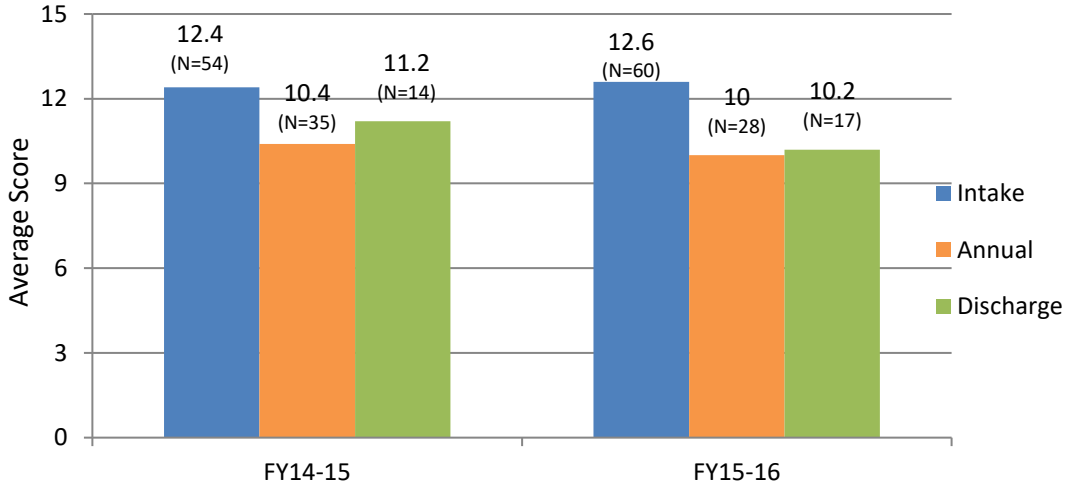


FIGURE 2. VIPS PARTICIPANT HOPEFULNESS SCALE OUTCOMES



Success Stories

Meghan has just finished a training program to be a respiratory therapist. Five years ago, Meghan's prospects weren't nearly so bright. At 19, she had been severely depressed, on and off, for years. During the bad times, she'd hide out in her room making thin, neat cuts with a razor on her upper arm. "I didn't do much of anything," Meghan recalls. "It required too much brain power." "Her depression just sucked the life out of you," Kathy, Meghan's mother, recalls. "I had no idea what to do or where to go with it." One night in 2010, Meghan's mental state took an ominous turn. Driving home from her job at McDonald's, she found herself fascinated by the headlights of an oncoming car. "I had the weird thought of, you know, I've never noticed this, but their headlights really look like eyes." To Meghan,

the car seemed malicious. It wanted to hurt her. Kathy tried to reason with her. "Honey, you know it's a car, right? You know those are headlights," she recalls pressing her daughter. "You understand that this makes no sense, right?" "I know," Meghan answered. "But this is what I see, and it's scaring me. "In other words, Meghan had unusual experiences that are attributable to a mental illness. It appeared to be the beginning signs of a psychotic illness. At 19, Meghan was in real trouble in her life. She was referred to the VIPS program by VCBH. She was assessed as appropriate for the VIPS program, and she and her family became fully involved in her treatment. She received the appropriate medications from our psychiatrist and had her sleep, nutrition, and exercise monitored by the program nurse. She received individual and family therapy and attended multi-family groups and psychoeducation seminars. She received educational and vocation services from the team as well. Meghan spent 3 years in the program and did very well. Meghan's family credits the VIPS program for her transformation. "She's not the broken little girl that she was three years ago," Meghan's stepfather, Charlie, says. Meghan is now a respiratory therapist and living a “full and happy life.”

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

The office in Simi Valley was opened to serve the east part of the County. However, the demand and response to services have not been very successful in terms of number of clients. Only 9 referrals were received. It was expected to have a minimum of 25 families from this part of the County. So, the outreach to the east County was significantly increased to produce more referrals and have started ongoing meetings with the east County VCBH offices to collaborate and identify appropriate referrals to the VIPS program.

FY 2016/17 Significant Changes to the Program

The program has initiated a “First Break” program that will include clients who have had prior psychotic experiences. This shall be accomplished through the provision of comprehensive, integrated services, utilizing the PIER model which serves clients either experiencing prodromal symptoms, or psychotic symptoms and episodes for a duration of up to 12 months. These services shall maintain fidelity to the model and include community outreach, mental health assessment, and treatment in a manner consistent with PIER program fidelity.

Three-Year Plan FY 2017/18 - FY 2019/20

Sadly, in FY 2016/17 the program lost their clinical director when he unexpectedly passed away.

In collaboration with VCBH, Telecare has designed an expansion of the model to include “first break” which will allow the VIPS program to serve clients that have been symptomatic up to 12 months. This is a significant expansion of the model which will allow the VIPS team to serve a population which now includes clients with psychotic symptoms present for up to 12 months. Outcomes will be tracked separately from the original prodromal population. Outcomes will be looking at an increase specifically in domains of functioning: working, volunteering, attending school and global assessment of functioning scales. This will show the strides individuals provided this level of intervention are able to make towards leading a healthier and more functional life due to decreased symptomology. A reduction of funds $250,000 will take place to make this program more cost-effective.

Furthermore, due to a low census, the program will formulate and implement an expanded outreach plan targeting the entire County in order to educate the community about the expanded services and the new criteria for inclusion. It is also the expectation that family groups will begin in the East end of the county and additional clinical staff will be hired to meet the current needs of families and clients.

Early Intervention Program #43: Early Supportive Services (ESS)

Program Description

The Early Supportive Services (ESS) provides focused, short-term, research-informed mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or juvenile justice involvement. These are children and youth exhibiting behaviors that place them at a higher risk for mental health issues. Early Supportive Services follows the child through the first year of treatment. Data indicate that left untreated, these behaviors may escalate into more significant mental health problems.

Demographics and Outcomes

During FY 2015/16, the program served 902 clients. Clients were between the ages of 0 to 18 years. Of the 902 clients, 488 (57%) were Hispanic, 302 (33%) were non-Hispanic, and 47 (5%) were unknown. Most clients (80%) preferred English. Four-hundred-eighty-six (486) were admitted, and 488 were discharged for this fiscal year.

Client Demographics*

	FY 15-16 N=902	
Gender	**n**	**%**
Female	468	52%
Male	434	48%
Age		
0-18	902	100%
Ethnicity*		
Hispanic/Latino	554	61%
Non-Hispanic	302	33%
Unknown/No Entry	47	5%
Preferred Language		
English	726	80%
Spanish	168	19%
Other Language(s)/Unknown	8	1%

*Clients selected more than one category, therefore, the sum may exceed the total unduplicated count.

Success Stories

No success stories to report.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Staff is reporting most referrals are exhibiting symptoms requiring services that last longer than the one-year parameter.

FY 2016/17 Significant Changes to the Program

No significant changes occurred in the last reporting period.

Three-Year Plan FY 2017/18 - FY 2019/20

During this next plan period, the Agency will be creating an FSP for Youth using the full continuum of care to determine early access, family support, school and educational support, and clinical services.

Exhibit C7: Innovation (INN) Program Descriptions

INN Program #44 Quality of Life

Program Description

In 2013, VCBH contracted with Turning Point Foundation (Turning Point), a local community-based organization, to implement the Quality of Life Improvement (QLI) Program within board and care facilities. The QLI Program currently provides services to mentally ill and dual-diagnosed residents of two Board and Care facilities, Elms Manor Corporation (Elms Manor) in the City of Ventura and Sunrise Manor located in Oxnard. One of the most unique and important components of the QLI program, is that it is based on a peer model, meaning that Turning Point staff, who carry out the program have personal "lived experience" with mental health challenges and recovery. This personal experience provides Turning Point staff with a unique perspective and understanding of the needs of the residents at each of the Board and Care Facilities.

The project seeks to examine whether the establishment of meaningful, non-clinical activities for adults with Serious and Persistent Mental Illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. Peers provide all direct services through the Turning Point Foundation who is contracted to implement the program. Peers work with board and care residents to identify the specific activities that would be of interest to the residents as well as education on topics of wellness and health. Residents who are resistant to participate are worked with one-on-one to encourage greater socialization as the program continues.

Demographics and Outcomes

Program sunset date June 30, 2016. See Appendix A for a full evaluation.

Success Stories

Program sunset date June 30, 2016, from the Innovation component. See Appendix A for a full evaluation.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Program sunset date June 30, 2016, from the Innovation component. See Appendix A for a full evaluation.

FY 2016/17 Significant Changes to the Program

Program sunset date June 30, 2016, from the Innovation component. See Appendix A for a full evaluation.

INN Program #45: Adult Health Care Access/Health Navigation

Program Description

The aim of the Health Navigation Program is to increase the quality and outcomes of services for adults and older adults with SPMI and chronic medical issues who have difficulty accessing health care or who do not have access to regular primary health care. This innovative program is an adaptation of a Full Service Partnership (FSP) model. Although FSP's embrace a "whatever it takes" approach (i.e., field services, based on recovery principles, include peer staff). VCBH clients and their families found this approach insufficient to address the full spectrum of medical needs of individuals being served by the Empowering Partners through Integrated Community Services (EPICS) Adults FSP Program and the Older Adults FSP program. It was asserted the FSP models did not go far enough in supporting an integrated health care approach or in addressing the complex health needs that are commonly found with adults and older adults with serious and persistent mental health issues. As a result, Ventura County's planning work group took a fundamentally new approach. This innovation project tests a holistic approach to treatment, with physical health being a significant consideration. For mental health recovery to be promoted, supported, and experienced, attention to the physical wellness must be fully integrated into treatment.

This innovative program adapted existing models for health navigation and coordinated care that typically designate a case manager (or peer staff) to serve as a "health navigator," and instead includes the entire multi-disciplinary treatment team in the health navigation role. The goal of health navigation was to help individuals gain the confidence, skills, tools, knowledge, and self-empowerment to access and make use of the healthcare system in order to maintain their health and meet their wellness goals. Peer staff occupies a lead role in supporting health navigation.

Specific program details for the Health Care Access and Outcomes program are located in 'INN Adult Full Partnership/EPICS' and 'INN Older Adults.'

Demographics and Outcomes

Program sunset date June 30, 2016. See Appendix B for a full evaluation.

Success Stories

Program sunset date June 30, 2016. See Appendix B for a full evaluation.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Program sunset date June 30, 2016. See Appendix B for a full evaluation.

FY 2016/17 Significant Changes to the Program

Program sunset date June 30, 2016. See Appendix B for a full evaluation.

INN Program #46: Mixteco Research

Program Description

The Mixteco project, Healing the Soul, is an innovative research project that is designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project will introduce changes to existing treatment services through an evaluation of the effectiveness of indigenous cultural practices and perspectives on mental well-being and then assess the feasibility of those results to be integrated with the CBT approach for symptoms of stress, anxiety, and depression.

The project will begin with the establishment of an advisory board. The board will be actively involved to help recruit 150 local indigenous Mexican community members to participate in either a focus group or a structured survey. Topics will include traditional healing practices for treating adverse mental health symptoms, values and beliefs about mental health, acculturation, the likelihood of using available Western mental health services, and prevalence rates of mental illness. The structured survey will be quantitative-style questions designed to incorporate a multitude of perspectives on the aforementioned topics. Results from the surveys will be compiled to assess whether or not any of the practices can be adapted into a structured, time-limited strategy that could be used by a provider using CBT. If the practices identified from the surveys cannot be adapted into a CBT congruent strategy, the project will be concluded.

The strategy(ies) will be tested by 300 community members that will voluntarily participate in the intervention. Eligible participants will take part in one of the intervention strategies facilitated by a local healer/Promatoras(es). Participants will take pre- and post-tests to assess whether or not the intervention had an effect in alleviating levels of stress, anxiety, or depression symptoms over a six-week period. Results will be analyzed, and if successful, VCBH clinical staff will advise how the strategies can be utilized by clinicians administering CBT with indigenous Mexican clients. If the board and VCBH do not agree or think an adaption of the strategies is possible, the project will conclude.

The final component of the project will include a training workshop provided by VCBH staff in partnership with MICOP for mental health providers in the County. The workshop will review the synthesized data from the structured survey's covering community values and beliefs on mental health, as well as the unmodified traditional healing practices. The workshop will train the providers on how to utilize the culturally-tailored interventions in conjunction with CBT and how to use cultural learning cards with their clients.

Demographics and Outcomes

Not applicable.

Success Stories

Not applicable.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Not applicable.

FY 2016/17 Significant Changes to the Program

Not applicable.

Three-Year Plan FY 2017/18 - FY 2019/20

Year 1: 1 -15 months - Recruiting and training new staff for the project, establishing a 10-member community advisory board, and identifying the community needs, perspectives, and healing practices among indigenous Mexican populations through structured interviews. Identify strategies to test in conjunction with VCBH clinical staff for compatibility with CBT. If practices cannot be adapted project will conclude.

Year 2-3: 15-24 months - Evaluation process of traditional healing adapted intervention with up to 300 eligible participants tested. Pre- and post-tests administered to participants. VCBH clinical staff assess with the advisory board if strategies can be conveyed as a culturally-adapted CBT strategy. If not, project concludes.

Optional Year 4: 6-12 months - Data will be analyzed and written for publication. Development and dissemination of tools and training resources will take place in partnership. Indigenous Mexican healing training workshops will be delivered to VCBH mental health providers. Baseline and post-training surveys will be administered to evaluate increased knowledge and attitudes about the feasibility of integrating indigenous Mexican cultural beliefs towards mental health.

INN Program #47: Children's Accelerated Access to Treatment and Services (CAATS)

Program Description

The Children's Accelerated Access to Treatment and Services is an innovation project that is proposing to make several significant changes in the way that mental health services are provided to foster youth. VCBH will provide a comprehensive intake process that includes mental health assessments, coordinated interagency service linkages, medication support, and clinical intervention for all youth entering the child welfare system. VCBH perceives that these proposed changes will produce better outcomes for the youth and their families by reducing symptoms of traumatic stress, preventing and/or ameliorating the onset of mental illness through early intervention, improving medication monitoring of youth in treatment and medication education for caregivers, and reducing the overall recidivism rates of youth. A mixed method design will be used to evaluate each of the program objectives and outcomes.

C.A.A.T.S. is a pilot project with program timeline and budget outlined for three years. An evaluation will take place to measure the innovation project primary purpose, service quality improvement. A mixed method design will be used to evaluate the program objectives and additional learning goals. VCBH, along with agency partners, feel strongly that these proposed changes in the way services are currently accessed and provided will have a significantly positive impact on the foster youth and caregiver(s) to avoid congregate care, hospitalizations, school failure, adjudication, and promote reunification/family stabilization. If the proposed changes demonstrate positive effects on the above-mentioned indicators, the field of mental health would have a tested change model for how to improve service quality and outcomes for children entering the child welfare system.

Demographics and Outcomes

Not applicable.

Success Stories

Not applicable.

Challenges or Barriers to the Program and Strategies to Mitigate the Challenges

Not applicable.

FY 2016/17 Significant Changes to the Program

Not applicable.

Three-Year Plan FY 2017/18 - FY 2019/20

To be determined.

Public Comment

Public Comment from BHAB General Meeting on Monday, November 20, 2017

Comment:

Robbie Hidalgo, Vice President for Simi Valley Community Garden

"…We have several other initiatives engaging thousands of people, many whom are behavioral health clients. One thing we have noticed as a grassroot entity, working within our constraint, is to address this population is the absence of behavioral health services in our community, specifically MHSA, Behavioral Health Services, CSS, and PEI.

My comment is to encourage you to look to see which programs are touching Thousand Oaks and Simi Valley. Us, in the East County feel isolated with what's going on, we don't have TAY Tunnel, we don't have Adult Wellness Center and great things are going on, but we feel somehow left out to dry. I encourage you as you go through the annual report to take a look and see to address these counties as much as we can."

Agency Response:

Ventura County Behavioral Health reviewed the current California Code of Regulations, Title 9, Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14 Mental Health Services Act, Section 3650. Community Services and Supports Component of the Three-Year Program and Expenditure Plan, in its entirety. Which states, the requirement for an *Assessment of Mental Health Need* for each three-year plan.

It is the intent of the VCBH to contract with an outside, independent consultant to conduct this required Assessment and include the findings in future MHSA Annual updates. Per MHSA regulations, current programs and priority populations may be adjusted based on the findings of the Assessment of Mental Health Needs.

Budget

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Ventura Date: 6/20/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,895,847	3,104,181	3,841,294	280,235	1,507,192	
2. Estimated New FY2017/18 Funding	25,840,000	6,460,000	1,700,000			
3. Transfer in FY2017/18a/	(391,579)			157,183	234,396	
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	39,344,268	9,564,181	5,541,294	437,418	1,741,588	
B. Estimated FY2017/18 MHSA Expenditures	30,893,078	6,055,675	1,075,474	437,418	1,741,588	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,451,190	3,508,506	4,465,820	(0)	(0)	
2. Estimated New FY2018/19 Funding	26,404,753	6,601,188	1,737,155			
3. Transfer in FY2018/19a/	0					
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	34,855,943	10,109,694	6,202,975	(0)	(0)	
D. Estimated FY2018/19 Expenditures	31,484,293	6,345,619	1,071,692	0	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,371,650	3,764,075	5,131,282	(0)	(0)	
2. Estimated New FY2019/20 Funding	26,404,753	6,601,188	1,737,155			
3. Transfer in FY2019/20a/	0					
4. Access Local Prudent Reserve in FY2019/20	2,308,154					(2,308,154)
5. Estimated Available Funding for FY2019/20	32,084,557	10,365,263	6,868,437	(0)	(0)	
F. Estimated FY2019/20 Expenditures	32,084,557	6,485,523	1,210,655	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	(0)	3,879,740	5,657,782	(0)	(0)	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	9,498,519
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	9,498,519
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	9,498,519
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	(2,308,154)
10. Estimated Local Prudent Reserve Balance on June 30, 2020	7,190,365

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

S:\BH Fiscal\MHSA\MHSA 5 YEAR FORECAST\MHSA 3 Year Forecast\3 year plan 18-20\FY17-18Through 19-20 3YrProgExpendPlan_FiscalForms 10-2-17 v2.xlsx

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2017-18					
	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 Treatment Tracks	8,184,515	4,632,259	2,949,856	0	0	602,400
County Wide Crisis Team	38,227	28,857	9,220	0	0	150
Crisis Residential Treatment (CRT)	193,279	89,362	103,917	0	0	0
Screening, Triage, Assessment and Referral (STAR)	116,768	75,423	41,034	0	0	310
TAY						
Transitional Age Youth (TAY) Full Service Partnership (FSP)	747,632	351,778	395,854	0	0	0
Transitional Age Youth (TAY) Outpatient (Transitions)	311,353	155,890	155,459	0	0	5
Screening, Triage, Assessment and Referral (STAR)	390,527	252,252	137,237	0	0	1,038
Child						
Fillmore Community Project	551,396	171,993	221,848	0	157,555	0
County Wide Crisis Team	245,456	185,292	59,202	0	0	961
Crisis Stabilization Unit (CSU) (Children)	2,520,052	824,424	308,200	0	1,387,428	0
Family Access Support Team (FAST)	893,509	728,390	0	0	0	165,119
Rapid Integrated Support and Engagement (RISE)	230,655	0	14,791	0	0	215,864
Screening, Triage, Assessment and Referral (STAR)	1,405,897	908,108	494,053	0	0	3,737
Non-FSP Programs						
The Client Network	101,433	100,962	0	0	0	471
National Alliance on Mental Illness (NAMI)	186,899	186,032	0	0	0	867
Peer Support (termed FY16-17)	0	0	0	0	0	0
Transformational Liaison	196,464	195,552	0	0	0	912
Family Access Support Team (FAST)	49,608	40,440	0	0	0	9,167
County Wide Crisis Team	3,069,536	2,317,160	740,353	0	0	12,024
Screening, Triage, Assessment and Referral (STAR)	1,992,078	1,286,738	700,045	0	0	5,295
Crisis Stabilization Unit (CSU) (Children)	2,520,052	824,424	308,200	0	1,387,428	0
Rapid Integrated Support and Engagement (RISE)	2,075,894	0	133,117	0	0	1,942,778
Quality of Life	334,667	334,667	0	0	0	0
Crisis Residential Treatment (CRT)	1,799,292	831,897	967,395	0	0	0
Laura's Law	1,514,311	314,136	200,175	0	0	1,000,000
Adult Health Care Access/Health Navigation	1,002,853	540,499	462,355	0	0	0
Adult Treatment Tracks	18,249,177	9,937,568	6,740,847	0	0	1,570,761
Transitional Age Youth (TAY) Outpatient (Transitions)	2,163,630	1,083,297	1,080,301	0	0	32
CSS Administration	5,776,778	4,495,678	1,264,517	0	0	16,584
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	56,861,938	30,893,078	17,487,973	0	2,932,411	5,548,476
FSP Programs as Percent of Total	51.2%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2018/19					
	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 Treatment Tracks	8,417,774	4,700,857	3,097,348	0	0	619,569
County Wide Crisis Team	39,316	29,481	9,681	0	0	154
Crisis Residential Treatment (CRT)	198,788	89,675	109,113	0	0	0
Screening, Triage, Assessment and Referral (STAR)	120,095	76,691	43,086	0	0	319
TAY						
Transitional Age Youth (TAY) Full Service Partnership (FSP)	768,939	353,293	415,647	0	0	0
Transitional Age Youth (TAY) Outpatient (Transitions)	320,226	156,990	163,231	0	0	5
Screening, Triage, Assessment and Referral (STAR)	401,657	256,491	144,099	0	0	1,068
Child						
Fillmore Community Project	567,111	176,615	232,940	0	157,555	0
County Wide Crisis Team	252,451	189,300	62,162	0	0	989
Crisis Stabilization Unit (CSU) (Children)	2,591,874	880,836	323,610	0	1,387,428	0
Family Access Support Team (FAST)	918,974	749,149	0	0	0	169,824
Rapid Integrated Support and Engagement (RISE)	0	0	0	0	0	0
Screening, Triage, Assessment and Referral (STAR)	1,445,965	923,367	518,755	0	0	3,843
Non-FSP Programs						
The Client Network	104,323	103,839	0	0	0	484
National Alliance on Mental Illness (NAMI)	192,226	191,333	0	0	0	892
Peer Support (termed FY16-17)	0	0	0	0	0	0
Transformational Liaison	202,063	201,125	0	0	0	938
Family Access Support Team (FAST)	51,022	41,593	0	0	0	9,429
County Wide Crisis Team	3,157,018	2,367,281	777,370	0	0	12,367
Screening, Triage, Assessment and Referral (STAR)	2,048,853	1,308,359	735,047	0	0	5,446
Crisis Stabilization Unit (CSU) (Children)	2,591,874	880,836	323,610	0	1,387,428	0
Rapid Integrated Support and Engagement (RISE)	0	0	0	0	0	0
Quality of Life	344,205	344,205	0	0	0	0
Crisis Residential Treatment (CRT)	1,850,571	834,807	1,015,764	0	0	0
Laura's Law	1,557,469	318,786	210,184	0	0	1,028,500
Adult Health Care Access/Health Navigation	1,031,435	545,962	485,472	0	0	0
Adult Treatment Tracks	18,769,278	10,075,861	7,077,890	0	0	1,615,528
Transitional Age Youth (TAY) Outpatient (Transitions)	2,225,294	1,090,944	1,134,316	0	0	33
CSS Administration	5,941,416	4,596,617	1,327,743	0	0	17,056
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	56,110,217	31,484,293	18,207,069	0	2,932,411	3,486,444
FSP Programs as Percent of Total	51.0%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2019/20					
	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 Treatment Tracks	8,673,674	4,783,055	3,252,216		0	638,404
County Wide Crisis Team	40,511	30,188	10,165		0	159
Crisis Residential Treatment (CRT)	204,831	90,262	114,569		0	0
Screening, Triage, Assessment and Referral (STAR)	123,746	78,178	45,240		0	329
TAY						
Transitional Age Youth (TAY) Full Service Partnership (FSP)	792,315	355,886	436,429		0	0
Transitional Age Youth (TAY) Outpatient (Transitions)	329,961	158,563	171,393		0	5
Screening, Triage, Assessment and Referral (STAR)	413,867	261,464	151,304		0	1,100
Child						
Fillmore Community Project	584,351	177,419	244,587		162,345	0
County Wide Crisis Team	260,126	193,836	65,271		0	1,019
Crisis Stabilization Unit (CSU) (Children)	2,670,666	901,270	339,791		1,429,606	0
Family Access Support Team (FAST)	946,910	771,923	0		0	174,987
Rapid Integrated Support and Engagement (RISE)	0	0	0		0	0
Screening, Triage, Assessment and Referral (STAR)	1,489,923	941,270	544,693		0	3,960
Non-FSP Programs						
The Client Network	107,495	106,996	0		0	499
National Alliance on Mental Illness (NAMI)	198,069	197,150	0		0	919
Peer Support (termed FY16-17)	0	0	0		0	0
Transformational Liaison	208,206	207,240	0		0	966
Family Access Support Team (FAST)	52,573	42,857	0		0	9,715
County Wide Crisis Team	3,252,991	2,424,010	816,239		0	12,743
Screening, Triage, Assessment and Referral (STAR)	2,111,138	1,333,727	771,800		0	5,611
Crisis Stabilization Unit (CSU) (Children)	2,670,666	901,270	339,791		1,429,606	0
Rapid Integrated Support and Engagement (RISE)	0	0	0		0	0
Quality of Life	354,669	354,669	0		0	0
Crisis Residential Treatment (CRT)	1,906,829	840,276	1,066,553		0	0
Laura's Law	1,604,816	324,357	220,693		0	1,059,766
Adult Health Care Access/Health Navigation	1,062,790	553,044	509,746		0	0
Adult Treatment Tracks	19,339,864	10,243,440	7,431,784		0	1,664,640
Transitional Age Youth (TAY) Outpatient (Transitions)	2,292,942	1,101,876	1,191,032		0	34
CSS Administration	6,122,035	4,710,331	1,394,130		0	17,575
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	57,815,968	32,084,557	19,117,423	0	3,021,556	3,592,431
FSP Programs as Percent of Total	51.5%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2017-18					
	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
PEI Programs - Prevention						
Education and Media	103,595	103,595	0	0	0	0
Suicide Initiative	93,235	93,235	0	0	0	0
Promotoras Model Program*	103,595	103,595	0	0	0	0
Project Esperanza	53,351	53,351	0	0	0	0
St. Paul's Baptist	53,351	53,351	0	0	0	0
Rainbow Umbrella	51,797	51,797	0	0	0	0
Tri-County GLAD	53,351	53,351	0	0	0	0
One Step a la Vez	53,351	53,351	0	0	0	0
Mental Health First Aid (MHFA)	77,696	77,696	0	0	0	0
Crisis Intervention Team	100,000	100,000	0	0	0	0
School Based	62,157	62,157	0	0	0	0
Triple P	0	0	0	0	0	0
TAY Wellness Center	598,896	562,210	0	0	0	36,686
Adult Wellness Center	591,486	476,733	0	0	0	114,753
PEI Programs - Early Intervention						
Primary Care Integration Project	2,304,043	200,933	0	0	0	2,103,110
Early Detection and Intervention for the Prevention of I	878,011	461,620	241,492	0	0	174,899
Early Supportive Services	4,519,360	1,649,750	1,646,184	0	1,220,417	3,009
	0					
	0					
PEI Administration	2,017,754	1,834,596	179,674			3,484
PEI Assigned Funds	64,352	64,352				
Total PEI Program Estimated Expenditures	11,779,383	6,055,675	2,067,350	0	1,220,417	2,435,941

*Includes Santa Paula PYPF and Oxnard MICOP

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2018/19					
	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
PEI Programs - Prevention						
Education and Media	108,630	108,630	0	0	0	0
Suicide Initiative	97,767	97,767	0	0	0	0
Promotoras Model Program*	108,630	108,630	0	0	0	0
Project Esperanza	55,944	55,944	0	0	0	0
St. Paul's Baptist	55,944	55,944	0	0	0	0
Rainbow Umbrella	54,315	54,315	0	0	0	0
Tri-County GLAD	55,944	55,944	0	0	0	0
One Step a la Vez	55,944	55,944	0	0	0	0
Mental Health First Aid (MHFA)	81,472	81,472	0	0	0	0
Crisis Intervention Team	104,860	104,860	0	0	0	0
School Based	65,178	65,178	0	0	0	0
Triple P	0	0	0	0	0	0
TAY Wellness Center	628,002	589,533	0	0	0	38,469
Adult Wellness Center	620,232	499,902	0	0	0	120,330
PEI Programs - Early Intervention						
Primary Care Integration Project	2,416,020	210,698	0	0	0	2,205,322
Early Detection and Intervention for the Prevention of I	920,683	483,717	253,567	0	0	183,399
Early Supportive Services	4,739,001	1,727,623	1,728,493	0	1,279,729	3,155
PEI Administration	2,115,816	1,923,506	188,658	0	0	3,653
PEI Assigned Funds	66,012	66,012				
Total PEI Program Estimated Expenditures	12,350,393	6,345,619	2,170,717	0	1,279,729	2,554,328

*Includes Santa Paula PYPF and Oxnard MICOP

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2019/20					
	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
PEI Programs - Prevention						
Education and Media	111,823	111,823	0	0	0	0
Suicide Initiative	100,641	100,641	0	0	0	0
Promotoras Model Program*	111,823	111,823	0	0	0	0
Project Esperanza	57,589	57,589	0	0	0	0
St. Paul's Baptist	57,589	57,589	0	0	0	0
Rainbow Umbrella	55,912	55,912	0	0	0	0
Tri-County GLAD	57,589	57,589	0	0	0	0
One Step a la Vez	57,589	57,589	0	0	0	0
Mental Health First Aid (MHFA)	83,868	83,868	0	0	0	0
Crisis Intervention Team	107,943	107,943	0	0	0	0
School Based	67,094	67,094	0	0	0	0
Triple P	0	0	0	0	0	0
TAY Wellness Center	646,466	606,866	0	0	0	39,600
Adult Wellness Center	638,467	514,599	0	0	0	123,868
PEI Programs - Early Intervention						
Primary Care Integration Project	2,487,051	216,893	0	0	0	2,270,158
Early Detection and Intervention for the Prevention of I	947,751	492,715	266,245	0	0	188,791
Early Supportive Services	4,878,328	1,742,809	1,814,918	0	1,317,353	3,248
PEI Administration	2,178,021	1,976,171	198,091	0	0	3,760
PEI Assigned Funds	66,012	66,012				
Total PEI Program Estimated Expenditures	12,711,554	6,485,523	2,279,253	0	1,317,353	2,629,425

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2017-18					
	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						
Mixteco Research	174,321	174,321				
Mixteco Research - EVALUATION	7,618	7,618				
Mixteco Research - ADMINISTRATION	27,111	27,111				
Children's Accelerated Access to Treatment and Services (CAATS)	969,763	534,365	435,398			
Children's Accelerated Access to Treatment and Services (CAATS) - EVALUATION	42,382	42,382				
Children's Accelerated Access to Treatment and Services (CAATS) - ADMINISTRATION	150,818	52,901	97,917			
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
INN Administration	237,450	236,776	0			674
Total INN Program Estimated Expenditures	1,609,463	1,075,474	533,315	0	0	674

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2018/19					
	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						
Mixteco Research	235,523	235,523				
Mixteco Research - EVALUATION	11,054	11,054				
Mixteco Research - ADMINISTRATION	40,456	40,456				
Children's Accelerated Access to Treatment and Services (CAATS)	829,763	457,221	372,542			
Children's Accelerated Access to Treatment and Services (CAATS) - EVALUATION	38,946	38,946				
Children's Accelerated Access to Treatment and Services (CAATS) - ADMINISTRATION	142,530	44,613	97,917			
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
INN Administration	244,574	243,879	0			694
Total INN Program Estimated Expenditures	1,542,846	1,071,692	470,459	0	0	694

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2019/20					
	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						
Mixteco Research	240,902	240,902				
Mixteco Research - EVALUATION	10,830	10,830				
Mixteco Research - ADMINISTRATION	40,825	40,825				
Children's Accelerated Access to Treatment and Services (CAATS)	871,251	480,082	391,169			
Children's Accelerated Access to Treatment and Services (CAATS) - EVALUATION	39,170	39,170				
Children's Accelerated Access to Treatment and Services (CAATS) - ADMINISTRATION	147,650	147,650				
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
INN Administration	251,911	251,196				715
Total INN Program Estimated Expenditures	1,602,539	1,210,655	391,169	0	0	715

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2017-18					
	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 Staffing Support	3,527	0				3,527
Training Institue	106,733	96,733				10,000
Mental Health Career Pathways	218,940	0				218,940
Residency & Internship Programs	0	0				0
Financial Incentive Programs	278,107	273,634				4,473
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
WET Administration	67,193	67,051	0	0		142
Total WET Program Estimated Expenditures	674,500	437,418	0	0	0	237,082

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2018/19					
	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						
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2019/20					
	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						
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2017-18					
	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						
CFTN Programs - Technological Needs Projects						
Technical Needs Project	1,810,541	1,541,692	268,849	0	0	0
CFTN Administration	200,324	199,896	0			428
Total CFTN Program Estimated Expenditures	2,010,865	1,741,588	268,849	0	0	428

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2018/19					
	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						
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					
CFTN Programs - Technological Needs Projects						
Technical Needs Project	0	0				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Ventura Date: 6/20/17

	Fiscal Year 2019/20					
	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						
CFTN Programs - Technological Needs Projects						
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Appendix A – Quality of Life

Section I: Overview/Background

Quality of Life Improvement Program

In late 2013, VCBH contracted with Turning Point Foundation (Turning Point) to carry out the Quality of Life Improvement (QLI) program. The program was initially funded with Mental Health Services Act (MHSA) Innovation monies, and as of July 2016 is being funded by Community Support Services (CSS).

The QLI program offers peer support services to mentally ill and dual diagnosed residents residing in Ventura County board and care facilities. QLI program staff work to enhance and enrich the lives of residents within these facilities by providing an array of activities in a non-clinical setting. The program follows principles outlined in the evidence-based program Wellness Recovery Action Plan (WRAP), which promotes increasing individual wellness by working to overcome mental health issues and fulfilling personal dreams and goals, to the extent possible. QLI program staff engages residents in numerous activities falling under six domains: art, health, cognitive, mastery, beautification, and community.

Activities are provided both in-house as well as off-site. Resident outings provide a setting for residents to develop a greater bond and sense of community, as they are able to create shared memories and experiences outside of the board and care facility. Examples of outings include equine therapy, fishing trips, BBQs, day trips to Malibu, visits to local parks and zoos, participation in National Alliance on Mental Illness (NAMI) walk, and other recreational activities allowing for social interaction and engagement. In-house activities offer structured events aimed at enhancing the lives of the residents, including gardening activities, computer classes, art/crafts, etc. Staff also acknowledges and celebrates resident birthdays on a monthly basis in order to promote and augment the sense of belonging and community among residents. QLI program staff is typically at each facility four times a week engaging with clients through one-on-one interactions and providing different group activities throughout the day.

Program Goals

One of the most unique and important components of the QLI program is that it uses a Peer Model, meaning that staff who carry out the program have personal "lived experience" with mental health challenges and recovery. This personal experience provides staff with a unique perspective and understanding of the needs of the residents at each of the board and care facilities.

The QLI program primarily (1) provides/coordinates activities utilizing a

peer-run approach tailored to each of the facilities served and (2) trains peer staff to incorporate their lived experience using strategies that will engage residents who may be hesitant to participate in these activities.

Program Implementation and Expansion

The program was first implemented at two board and care facilities, Elms Manor Corporation (Elms Manor) in the City of Ventura and Sunrise Manor located in Oxnard. In September 2015, the program was expanded to a third board and care, Cottonwood, located in Ventura. Then, in July 2016, QLI broadened its scope to include a supported independent living facility located in Camarillo. In January 2017, the program will expand to a final, fifth location, in Ventura.

Section II: Data Collection Activities

QLI Program Data Collection

Data collection tools and related activities have evolved since the inception of the program in order to most effectively measure outcomes and better match the comprehension level of residents and the skill set of peer staff. The various tools that have been used are described below.

Ventura County Outcome System. During the initial years of implementation, staff administered the Ventura County Outcome System (VCOS) Adult Worker and Adult Self-Report surveys. These surveys were designed by VCBH and are used within the larger clinical and mental health setting among County staff and providers. The Adult Worker Report is designed to be completed by the staff implementing the program and are used to assess progress made by clients. The Adult Self-Report is to be completed by the clients themselves. The surveys are to be administered at multiple time periods including intake, annual, and discharge. They contain approximately 30 items measuring changes in a series of health related items. The Adult Worker Report also includes the Behavior & Symptoms Identification Scale – 24, a validated outcome measure that assesses for changes in behaviors and mental health symptoms.

These data collection instruments began to be phased out in late 2015, as program staff noted several challenges and limitations to both administering the tools and collecting relevant information. Details about challenges and the transition to the new outcome measurement system can be found in the "Challenges to Implementation" section of this report (see page 10).

Community Integration Quality of Life Screen. In late 2014, when QLI transitioned leadership, the new Program Manager designed and began to implement the Community Integration Quality of Life Screen (CIQ), which was intended to replace the VCOS surveys. The CIQ was designed to meet several goals: (1) allow easier administration for peer staff; (2) provide less complicated questions that are easier for residents to comprehend; and (3) include measures that are more directly tied to the program goals. The tool includes items related to level of engagement, state of change in recovery, connectedness, and appearance/behavior questions. The instrument also includes the Milestone of Recovery (MOR) scale that provides a "snapshot" of an individual's

progress towards recovery. Staff administers the tool at intake and six-month intervals. QLI program staff enters the data and develops reports that are shared with VCBH.

Outreach Tracking Log. QLI program staff keeps detailed and meticulous notes regarding outreach efforts and interactions with residents within each board and care facility. Staff collects sign-in sheets every time they provide activities at a board and care site and inputs the information into a tracking log. Also documented are the one-on-one interactions with residents and progress notes pertaining to every engaged resident.

Qualitative Data Collection/Formative Evaluation

EVALCORP Research and Consulting was contracted to design and conduct focus groups with (1) QLI staff and (2) residents at the board and care facilities. Focus groups were conducted to assess the extent to which the program goals were being met, as well as determine the difference that the QLI program was making in the lives of board and care residents. The staff focus group discussion centered on lessons learned, challenges, and successes identified through the QLI program implementation, while the resident focus groups (conducted at two board and care facilities) asked participants to discuss which activities were most useful/valuable, suggestions or recommendations for change, and to describe the difference the QLI program has made in their lives.

All QLI program staff participated in the focus group, and a separate interview was conducted with the QLI Program Manager. Focus group participants included peer staff, the program's administrative assistant, and the Lead Support Specialist. Staff members' experience and length of employment with the QLI program varied, ranging from two months to nearly one year with peer staff splitting their time across facilities.

Section III: Findings

The following sections present findings from participant tracking logs and the CIQ. Primary findings that are most reflective of program goals have been provided.

Resident Characteristics, Participation in Activities, and One-on-One Interactions

Participant Characteristics and Average Resident Participation in QLI Program

Residents participating in QLI program activities were primarily male (60%) and identified as Caucasian (55%) or Latino (40%). Throughout the FY, a total of 29 new residents began to participate in programs, while 33 residents were discharged from the board and care facilities. As shown in **Table 1**:

- Across all board and care sites, 97% of residents engaged in at least one activity per month.
- Close to 100 residents, across the three board and care facilities, participated in QLI program activities each month during FY 2015/16. The number of residents participating in activities varied slightly per month within each of the three board and care sites.

Table 1. Resident Attendance by Site, FY 15/16

	Average % of Member Attendance per Month	Range of Unduplicated Attendees per Month	Average Number of Unduplicated Monthly Attendees
Sunrise Manor	97%	33-40	37
Elms Manor	97%	26-35	31
Cottonwood*	96%	16-20	18
Total	97%	75-95	N/A**

*Services began September 2015.

**The "Total" average was not calculated, as Cottonwood was operational less than 12 months of the FY.

Participation by Activity Types and Board and Care Facility

During FY 2015/16, the QLI program offered a variety of planned activities for residents to participate in, with activities falling within six domains: art, health, cognitive, community, beautification, and mastery (i.e., symptom management-type groups). Attendance sheets are collected daily across all sites, and QLI program staff review the sheets monthly to determine what activities residents are most interested in attending and make adjustments to the program as needed. **Table 2** details the number of groups held within each type of domain. In sum, QLI program staff held 1,258 groups throughout the year, offering an extensive range of activities and engagement opportunities for the board and care residents. As shown, the most frequently offered and attended activities were within the domains of mastery, cognitive, and community.

Table 2. Number of Groups and Participants* in Attendance at QLI Program Activities by Site, FY 15/16

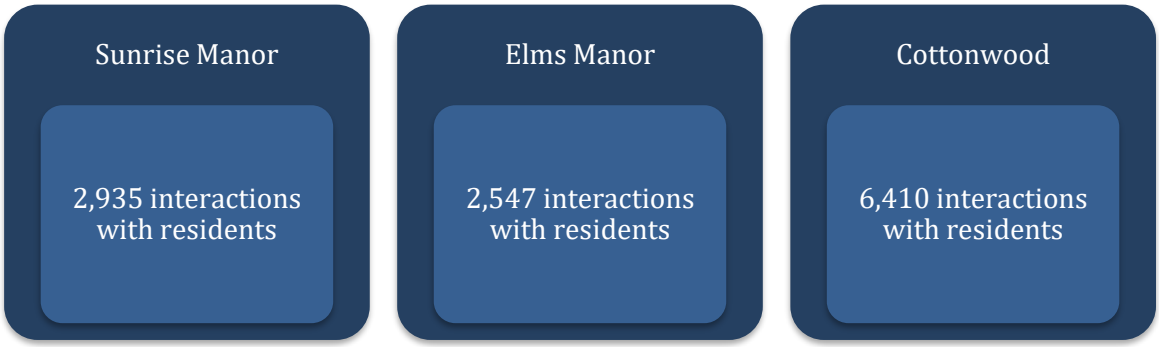
	Sunrise Manor		Elms Manor		Cottonwood		Total	
Activity Domain	**# of Groups**	**# of Participants**	**# of Groups**	**# of Participants**	**# of Groups**	**# of Participants**	**# of Groups**	**# of Participants**
Mastery	144	1,164	155	1,271	62	532	361	2,967
Cognitive	124	1,282	144	1,224	45	354	313	2,860
Community	105	662	92	711	59	523	256	1,896
Health	53	323	92	595	13	103	158	1,021
Arts	53	354	52	332	26	197	131	883
Beautification	32	214	7	47	0	0	39	261
Total	**511**	**3,999**	**542**	**4,180**	**205**	**1,709**	**1,258**	**9,888**

*The number of participants does *not* represent unduplicated resident counts, as residents could have participated in multiple groups.

One-on-One Interactions

QLI staff also engages in one-on-one interactions to enhance social connections with each resident and to promote participation in the structured group activities. During FY 2015/16, staff engaged in thousands of one-on-one interactions with residents. Provided in **Figure 1** are the number of interactions with residents at each facility. These numbers do not represent interactions with unduplicated individuals, rather the total number of one-on-one contacts.

Figure 1. One-on-One Interactions by Site, FY 15/16



Community Integration Quality of Life Screen – Findings

The following section presents findings from the Community Integration Quality of Life Screen (CIQ) completed by QLI program staff in collaboration with board and care residents at 6-month intervals, starting at intake. **The timeframe for the outcomes presented below spans from October 2014 to June 2016.** The current QLI data system aggregates each new month's information to the prior month; as such data are cumulative from October 2014 (when the forms began to be administered) to June 2016. The findings presented below reflect the items that best align to the goals of the program and reflect outcomes of QLI program participation.

Staff Assessments of Program Participants

QLI program staff assess each resident on a number of different factors to monitor improvements and movement towards enhanced interaction with others and participate in activities. Specifically, staff gauge program participants on (1) state of change, (2) level of engagement, and (3) milestone of recovery. Positive findings were identified among the board and care residents who participated in the QLI program.

Stage of Change. Staff assesses each client for how ready they are to change and engage in interactions or group activities. The six stages of change residents are scored on are: (1) pre-contemplative = not yet considering change or is unwilling to change behaviors; (2) contemplation = resident thinks change is possible but is uncertain or unready to change; (3) preparation = has made decision to change; (4) action = specific steps have been taken to change behaviors; (4) maintenance = behaviors have changed and resident works to continuously engage in behaviors; and (6) relapse = reverts to original state prior to implementing change. QLI program staff works to change residents' tendencies to isolate and motivate residents to engage in interactions with others and participate in activities.

As shown in **Table 3**, positive outcomes were identified in regards to resident's stage of change.

- A lower percentage of residents were identified as being in the first stage of change, "pre-contemplative," after their initial assessment.

- One third (33%) of the residents who participated in the QLI program for 12 months were identified to be in the "action" stage of change, meaning they have exhibited changed behaviors. Furthermore, after 12 months of participation, roughly one in ten (14%) residents were identified to be in the "maintenance" stage, indicating continued and sustained positive behavioral changes (i.e., actively participating in group activities).

- Findings among residents who have participated in QLI for 18-months continue to show positive trends. Although a slightly lower percentage of respondents were identified to be in the "action" and "maintenance" stage at 18-months (compared to 12-months), we might expect these percentages to increase as more residents reach the 18-month QLI program participation milestone.

- Of note, none of the program participants relapsed/reverted to prior isolation behaviors.

Table 3. Stage of Change for Recovery Across Administration Time Points, October 2014 – June 2016

Stage of Change	Intake N=87	6-Month N=65	12-Month N=51	18-Month N=28
Pre-Contemplation	45%	25%	10%	7%
Contemplation	23%	20%	18%	18%
Preparation	15%	23%	25%	36%
Action	14%	15%	33%	28%
Maintenance	3%	17%	14%	11%
Relapse	0%	0%	0%	0%

Level of Engagement. One of the primary goals of the QLI program is to promote resident connectedness through increased interactions with QLI program staff and other residents and to encourage residents to participate in planned group activities. In order to gauge increased levels of engagement among residents, QLI program staff rates each resident along a four point continuum: (1) isolated = no engagement, remains in his/her room, only leaves room out of necessity; (2) limited socialization = resident allows QLI program staff to engage him/her in one-on-one interactions and participates in activities; (3) limited community involvement = resident also engages in off-site QLI program activities and might visit Turning Point's Wellness Center; (4) community integration = resident is no longer living at board and care and integrated in the community, or is functioning the best he/she can given their symptoms but might still be residing in the board and care facility.

This scale was developed by QLI staff to be used a barometer assessing engagement. The primary goal is move residents away from isolation and get them to engage in activities. Level of engagement is expected to vary between board and care sites, based on the respective resident populations. The level of engagement attained is expected to be highest among residents at Sunrise Manor, as this site has a

younger population and residents at this facility are there partially due to alcohol, drug, and legal issues; therefore they are more likely to be able to address behavioral issues and attain "community integration" compared to residents at Elms Manor or Cottonwood, who are more persistently mentally ill and have learning disabilities which decrease the likelihood of residents to become fully independent.

As illustrated in **Table 4**, positive outcomes were identified in regards to resident's level of engagement:

- A lower percentage of residents participating in the QLI program were identified as "isolated" at later time points than at intake, indicating residents were more likely to engage with others after some time enrolled in the QLI program than when they were at intake.

- At 12-months, 45% of program participants were identified to have "limited community involvement, " and 27% had moved to "community integration."

- Findings among residents who have participated in QLI for 18-months continue to show positive trends, indicating sustained benefits of program participation; at 18-months, a quarter (26%) of participants were identified as being in the "community integration" level of engagement.

Table 4. Level of Engagement Across Administration Time Points, October 2014 – June 2016

Level of Engagement	Intake N=86	6-Month N=66	12-Month N=51	18-Month N=27
Isolated	20%	6%	8%	11%
Limited Socialization	43%	33%	20%	19%
Limited Community Involvement	30%	40%	45%	44%
Community Integration	7%	21%	27%	26%

Milestone of Recovery (MOR). QLI program staff assesses for program participants' recovery progress and engagement via the MOR scale. QLI program staff rates each QLI program participant along the 8-point scale; where a higher score indicates more advanced recovery. The eight scales are as follows: (1) extreme risk; (2) high risk/not engaged; (3) high risk/engaged; (4) poorly coping/not engaged; (5) poorly coping/engaged; (6) coping/rehabilitating; (7) early recovery; and (8) advanced recovery. The MOR scale is also used to identify residents who might be at extreme risk or high risk/not engaged, as these residents would require immediate attention. **Table 5** presents the average MOR scale score across the administration time points. As presented in the table:

- QLI program participants had higher MOR scale scores after intake, indicating that, on average, participants showed increases in recovery after some time enrolled in the program.

- Findings among residents who have participated in QLI for 18-months continue to show positive trends, indicating sustained benefits of program participation.

Table 5. Milestone of Recovery Scores Across Administration Time Points, October 2014 – June 2016

Outcome Measure	Intake N=87	6-Month N=67	12-Month N=53	18-Month N=28
Milestone of Recovery	4.70	5.07	5.34	5.25

Staff Observation Ratings of Resident Improvement

QLI program staff rate residents using a 5-point scale (where 1=Poor and 5=Excellent) on seven physical health components (i.e., overall health, hygiene, ability to self-report, demeanor, body language, behavior, and cooperative). As shown in **Table 6**:

- On average, staff ratings on each observation component were higher at later assessment time points compared to at intake, indicating that the more time residents were enrolled in the QLI Program, the more they were improving in the areas of health, hygiene, ability to self-report, demeanor, body language, behavior, and cooperative behaviors according to staff.

Table 6. Mean Scores Across Time Points: Observation Components, October 2014 – June 2016

Observation Component	Intake N=87	6-Month N=67	12-Month N=53	18-Month N=28
Health	3.30	3.72	3.60	3.79
Hygiene	3.60	3.64	3.85	3.86
Ability to Self-Report (i.e., ability for resident to be able to recognize and describe their symptoms)	3.55	3.72	4.09	3.89
Demeanor	3.41	3.78	3.75	4.11
Body Language	3.33	3.69	3.66	4.07
Behavior	3.63	3.93	4.15	4.21
Cooperative (i.e., resident participates in activities and is responsive to QLI staff)	3.86	4.09	4.38	4.25

Participant Self-Assessment

Community Connections and Related Topics

Residents are asked to respond to a series of Yes/No questions that fall within three areas: connection with others, substance use, and personal needs/skills questions. These questions provide staff with basic resident information in regards to drug use, help recognize areas in the resident's life they could work to provide assistance to improve, and also serve as a way to identify improvements in engagement and connectedness (as a result of participation in QLI program activities). Findings specific to the connectedness and substance use items are presented below, as these help to show program outcomes. Survey questions related to personal needs/skills or informational items (e.g., does the resident have family in the area, does the resident smoke, etc.) are used primarily by QLI

program staff to learn about the resident and help tailor conversations and recommend activities for him/her, and thus are not presented in this report.

Table 7. Percentage of Residents Who Indicated "Yes" to Survey Questions by Time Point, October 2014 – June 2016

Survey Question	Intake N=87	6-Month N=67	12-Month N=53	18-Month N=28
Connectedness				
Do you have any friends outside the home?	93%	96%	94%	93%
Do you feel close to anyone outside the home?	58%	48%	74%	93%
Substance Use				
Do you feel you have a problem with alcohol or drugs?	10%	5%	0%	0%
Do you have anyone to talk to about drinking or drug use?	17%	31%	38%	54%

As shown in **Table 7**:

Connectedness

- A consistently high number of residents reported having friends outside of the home during the various time points at which they were assessed.
- A greater percentage of residents reported feeling close with someone outside of the home at 12-months and 18-months compared to intake.

Substance Use

While the goal of the QLI program is to promote resident engagement in QLI program activities in order to add meaning/value to the lives of board and care residents, some positive findings were also identified in regards to alcohol and drug use:

- A lower percentage of residents reported feeling as though they had a problem with alcohol or drugs at later time points compared to at intake.
- A greater percentage of residents reported having someone they can talk to about drinking or drug use at 6-months, 12-months, and 18-months of program participation compared to at intake; pointing toward greater connection and comfort speaking with others.

Focus Group Findings – Board and Care Residents

Two separate focus groups were conducted with the residents of board and care facilities. At the time EVALCORP was contracted to conduct the formative evaluation, QLI program services were only being provided at two board and care sites (i.e., Elms Manor and Sunrise Manor). As such, findings provided are only reflective of the residents within those two facilities; however, given the similar and

consistent implementation of the QLI program at Cottonwood, comparable findings might be expected from residents within that facility as well. The findings are presented in aggregate across both sites, as emergent themes were consistent across both facilities. Noted differences are identified, when applicable. A total of 11 residents participated in the focus group at Elms Manor; 10 were female and 1 male. At Sunrise Manor there were a total of 12 male participants.

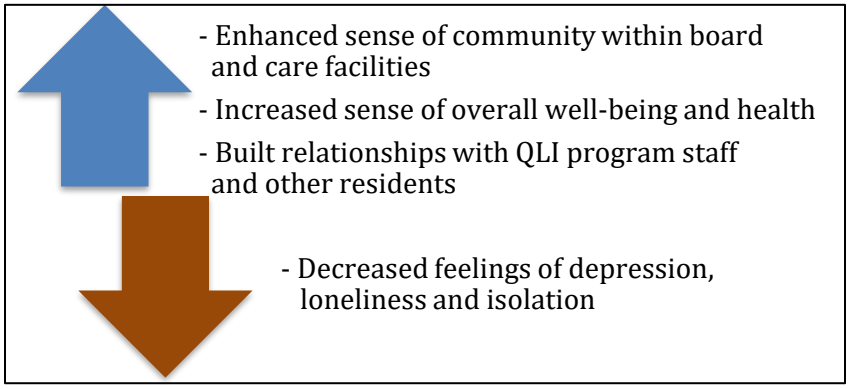
Participation in Activities

All focus group participants indicated participating in one or more activities provided by the QLI program. Among participants at Elms Manor, respondents most frequently indicated participating in outings (such as NAMI walks or BBQs) and fitness activities. Other activities engaged in by participants included: Expresso Night, Seeking Safety Classes, movie nights, and beauty/hygiene events that help build residents' self-esteem. Participants at Sunrise Manor reported most often engaging in art or music related activities, check-ins with QLI program staff, painting, and a Seeking Safety class. The favorite type of activities noted across residents at Elms Manor and Sunrise Manor included some type of outing (e.g., barbecuing, fishing, etc.) as it provides a sense of normalcy in their lives.

Impact of Participation in QLI Program

Focus group participants were asked to describe how engaging in the QLI program makes them feel or what they like about it. Across both sites, participants shared numerous positive impacts of their participation in the program and responses were reflected within two themes: (1) adds meaning to their life; and (2) enhanced relationships/sense of community. A description of each theme and corresponding illustrative quotes are presented below.

Figure 2. Reported Benefits of QLI Program Among Residents



- **Adds Meaning to Their Lives.** Most notably, respondents stated that the QLI program gives them purpose and something to look forward to each day. Respondents expressed that their participation in the QLI program has been a positive experience and they really enjoy participating in the various activities. One respondent stated, *"It makes life more interesting and it gives you something to look forward to."* Additional statements provided by focus group participants are below:

  - "Having the activities helps fight depression."
  - "I tend to be homebound but with the trips I get out more. It has a very positive impact on my life. I feel like I can be normal."
  - "I like that everybody's happy. I used to spend a lot of time in bed, but now with the activities I have something to do. And I've also tried to smoke less."
  - "It's refreshing to be out in the open doing activities. It changes your perspective and gives you something different to do."

- "I get something out of the activities every time."
- "Having a daily routine and being involved in something helps my depression."
- "I like being a part of something."

- **Enhanced Relationships/Sense of Community.** Respondents also noted that participating in activities helps to create bonds and foster relationships with the other residents and with QLI program staff. Several remarks were made about the enhanced interactions with others at the board and care facilities as a result of the QLI program and how that has positively impacted their lives. In general, participants feel a greater sense of community with others at the facility. Participant statements illustrating this theme are provided below:

  - "Helps us bond more."
  - "Everybody supports each other."
  - "It feels more like a community."
  - "I feel supported and accepted."
  - "I find when they [Turning Point staff] are not here I look for them. I really miss them."

Residents at Sunrise Manor described the relationships they have established with QLI program staff, and noted the positive support they provide. Focus group participants reported that they feel that staff really care about them and ask how things are going, making them feel special and important. Additionally, residents at Sunrise Manor shared that participating in the group classes such as Seeking Safety helps them cope and address their mental illness. Participants indicated the QLI program helps them feel better about how they interact with others. Sunrise Manor residents also discussed the impact and benefits of having QLI programs' Peer Model approach. Residents unanimously stated that the Peer Model adds greater value to the services that are being provided. One respondent indicated, *"Having a peer is important. You see a therapist about once a week, but you see QLI program staff several times a week. And there is a big difference with how you act with your peers, there is more interaction and you can get to know each other better. The staff really help me and I can talk to them about anything."* Another resident stated, *"I look up to them [QLI program staff]."*

Suggestions for Improvement

When focus group respondents were asked to identify any recommendations for improving the program, they primarily reiterated positive comments, and emphasized the difference it has made in their lives. Participants at Elms Manor requested more fitness classes but also stated that ***QLI program staff is doing a great job and they enjoy what is offered to them.*** Participants at Sunrise Manor requested for QLI program staff to talk with them more about mental health topics, such as schizophrenia, that affect the residents. Overall, participants enjoy the groups and would like to incorporate more discussion about their illnesses and related treatments. Residents at Sunrise Manor

also made the recommendation for QLI program staff to come to the facility on Mondays in addition to the already established days.

Section IV: Implementation Findings

The information provided below reflects qualitative information gleaned from QLI program staff.

Challenges to Implementation

Staff was asked to describe what, if any, challenges were experienced during implementation of the QLI program and how the challenges were overcome. Three key themes emerged in the discussion with project staff, as identified below.

- **Prior Leadership/Organizational Structure.** Challenges described were primarily related to the program's initial organizational structure and leadership. Staff stated there were two site leads when the QLI program first began, one for each board and care facility, with each lead requiring disparate procedures and reporting practices. Staff further elaborated that the inconsistencies posed challenges and confusion in fulfilling their job roles. Staff also indicated the prior leadership established data collection procedures in a manner that "set them up to fail." However, QLI program staff has noticed great improvements in daily operations stemming from the new leadership and more structured management approach. There is currently one site lead working across board and care facilities, leading to greater consistency and efficiency in conducting daily tasks. Staff spoke very highly of current management, and explained that the current management style allows for more simplified and efficient implementation of the program across all sites.

  Staff also credited the improved organization on the strong leadership style, vision, and direction from the Clinical Director, Executive Director, and Site Lead. Focus group participants noted enhanced clarity in regards to job responsibilities due to the effective management style of the new leadership team. Staff described the leadership team as open, communicative, responsive, and supportive, resulting in a more cohesive and functional staff unit. This strong leadership has positively impacted all aspects of the job, enabling staff to feel supported and empowered in their work, which was lacking with the prior management structure. Focus group participants stated that the "current team works really well together and there is great communication and collaboration among staff."

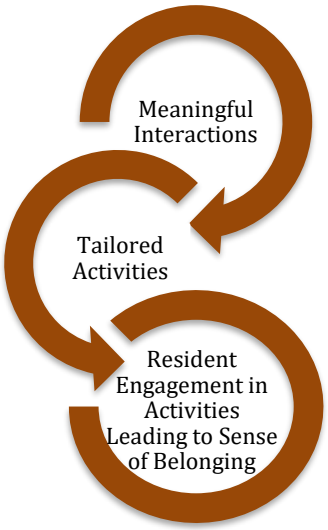
- **Challenges within Board and Care Facilities.** Staff noted minor challenges within the board and care facilities stemming from when a resident becomes unstable, which can impact the other residents and activities being conducted. When these types of situations arise, staff works to quickly diffuse the situation in a respectful manner, with minimal disruption to the activities or other residents. Staff has also had to overcome minor resistance or hesitation from the board and care managers in regards to beautification efforts within the residences. However, staff has worked diligently to address concerns expressed and build positive relationships within the facilities. Staff even noted that over time the relationships with the board and care management/staff have improved to the point that the board and care sites are even turning to QLI program staff for suggestions on how to make improvements for residents.

- **Data Collection.** Several challenges were identified in regards to project data collection efforts. During the first year of implementation, the QLI program management team agreed to implement the VCOS Worker and Self Report Form and to enter the information into an ACCESS database that was designed by an outside contractor. Staff described the VCOS forms to be inappropriate for the population being served and frustrating to manage for several reasons: (1) the VCOS forms were too complicated for the residents within the board and care facilities to understand; (2) peer staff that were designated to administer the forms were also not equipped to accurately complete the information, as they are not clinically trained; (3) the ACCESS data entry database was described as complicated to operate among QLI staff and did not provide useful reports; and (4) VCOS surveys were inconsistently administered. Additionally, due to staff turnover within the QLI Program and at VCBH, there was some miscommunication in regards to management of the forms. In order to establish a more user-friendly outcome reporting system that better aligned with the program population (both participants and staff), in September 2014, the Community Integration Quality of Life Screen and corresponding data entry and reporting system were developed. Staff believes this simplified form helped to better capture the primary outcomes specific to the goals of the program. However, staff has noted the forms could be further refined to capture most appropriate information and the data entry process could be revised to reduce duplicity within the data set.

Successes

Numerous program successes were identified that fall within seven themes, illustrated below.

- **Meaningful Interactions Promote Resident Engagement.** In order to ensure residents at the board and care facilities actively engage in activities provided, QLI staff use several types of approaches to garner resident participation in non-clinical activities. Most importantly, staff approaches each resident in a holistic manner and "meets each resident where he/she is at." Throughout the focus group, staff frequently emphasized the importance of engaging with each person in a unique way that is best suited to their personality, utilizing the peer model approach. Staff work to create rapport and a foundation of trust with each of the residents, finding that one-on-one interactions help to build strong relationships with each resident and lead to interest in the group activities provided. During the staff focus group, several individuals mentioned it might take some residents one or two months to open up with staff or engage in activities; however, through persistent and frequent interactions, residents learn to trust and develop a bond to the QLI program staff.



- **Appropriately Tailored Activities for Participants.** Given the different age populations and level of care required among residents at each facility, activities are designed to meet the needs of the residents at each location. This includes ensuring that activities and events, particularly the off-site outings, align with the residents' mobility capabilities. To further provide appealing and relevant activities, resident input is frequently obtained and integrated into event planning. Staff has found consistent participation among residents across locations, indicating appropriately

tailored and suitable activities are being planned to effectively engage residents to participate in the program.

- **Positive Changes in Residents.** QLI program staff spoke at length about the positive changes they have experienced with residents across both sites. Staff shared various stories related to residents who were apprehensive and unwilling to participate in any activities when the QLI program first began. While some residents engaged in activities with minimal efforts, other residents needed months of consistent interactions with staff to feel comfortable to participate. One staff member commented, *"There are some residents where you have to engage them really slowly. They do not easily trust people so they are at first wary of you. However, we talk with them a little every time we see them. We are consistent and it's so rewarding when they learn to trust us and look forward to seeing us."*

> **"It's exciting to see visible changes in the residents. For example, we've noticed increased eye contact, lucid communication, and increased participation. We see residents participating more frequently and are**

- **Enhanced Sense of Community at Board and Care Facilities.** Staff described how the implementation of the QLI program has fostered an enhanced sense of community at both sites. Residents have a reason to congregate more frequently when they participate in activities and are now more social.

- **Beautification of Facilities to Enhance Surroundings.** When the QLI program first began, one major strategy staff employed was in the beautification of the board and care facilities to provide residents with a more inviting living space. Often times, these types of facilities can be somewhat sterile in appearance and lack vibrancy or appeal. QLI program staff has worked diligently to enhance the appearance of each facility, to the extent possible. Given the different layout/design of each facility, distinctive types of improvements to the physical environment have been made at each location. Sunrise Manor has a large open courtyard in the center of the building where residents can easily congregate, inclusive of some trees and foliage, thus a greater focus is placed on improving the outside space at this facility. QLI program staff collaborates with volunteers who donate their time to assist with the beautification of the location. One volunteer provides gardening services to ensure foliage is managed and appears well kempt, while another volunteer is a talented artist who painted a mural at Sunrise Manor to provide a more inviting space. Further, what has facilitated this process is the strong working relationship with the owner of Sunrise Manor, who provides support and approval to the suggested modifications at the facility. Staff has made similar advancements at Elms Manor, including a wall of paintings that displays resident's artwork. This hallway is located near residents' sleeping quarters and provides a more cheerful surrounding for them. Older and broken furniture in communal areas was also replaced with updated furniture that all residents can enjoy and take pride in. As the program has progressed, beautification of the facilities is still addressed by QLI staff through the activities conducted with the residents; however, it has become less of a focus, as the primary goal of the program is to enhance engagement of the residents through meaningful interactions to provide them with a sense of connectedness and belonging.

- **Community Recognition.** Staff noted that the program is becoming more known within the community and has helped place the QLI program, as well as Turning Point, in a positive light. Staff further noted that within Turning Point the QLI program is highly esteemed ad regarded as a valuable and needed program.

- **More Efficient Implementation at New Facilities.** Staff noted that the "ramp up time" within new facilities have become shorter, as staff has become more efficient in getting the program started at new sites.

Lessons Learned

Staff was asked to describe the primary lessons learned in implementing the QLI program. Responses all centered on the importance of sound leadership and organizational structure. Staff stated that having an effective leadership team allows for staff to do their job well and is a critical component to program success. Specifically, clearly delineated procedures and a focused cohesive message from leadership helps ensure all elements of the program run smoothly. Having an effective management team promotes an efficient and cohesive work environment that enables staff to do their best work and to be able to serve the residents of the board and care facilities.

QLI Participant Success Story

Staff shared a story about a Sunrise Manor resident who was a former QLI program participant and who is now a peer volunteer working at Turning Point foundation. This particular individual has spent 16 years in a state operated mental hospital and he was able to participate in the 40 hour peer employment training required to work as a peer volunteer at Turning Point. Staff noted this individual credited his participation in the QLI program as the factor contributing to his enhanced functioning and recovery. Showing how someone can go from being

Section V. Summary/Key Take-Aways

The QLI program was established to provide residents within board and care facilities with meaningful non-clinical activities in order to enhance and enrich their lives. Board and care facilities are often described to be depressing and lonely and can further isolate the residents within these facilities. Through the implementation of the Peer Model approach in service delivery, staff is able to connect with and relate to the residents within these facilities in an effective manner. QLI program staff works to engage all residents within the board and care sites through extensive one-on-one interactions in order to build relationships and enhance their sense of connectedness and also help to manage their symptoms, to the extent possible. QLI program staff provides varied and tailored activities suited to the residents within each facility.

As with every program, some challenges, lessons learned, and recommendations for enhancement were also identified through staff focus groups and interviews. A brief summary of the identified successes, challenges, and potential next steps are provided below.

Key Take-Aways	
Successes/Benefits of Implementation	Numerous positive outcomes among board and care residents including: ▪ Fewer residents identified as "isolated" at 6-months, 12-months, and 18-months post participation. ▪ Increased number of participants identified to be actively changing their behaviors and building social connections with QLI staff and other board and care residents. Substantial benefits of the QLI program, as reported by QLI program participants during focus groups include: ▪ Increased sense of meaning and normalcy ▪ Established relationships with QLI program staff ▪ Enhanced feelings of belonging ▪ Decreased feelings of isolation, loneliness, and depression ▪ Improved well-being and overall positive impact in the lives of residents
Challenges to Implementation	Primary challenges identified were related to data collection and reporting. ▪ Staff described various challenges with respect to initial data collection efforts. In order to overcome the challenges, staff developed the CIQ form to better assess outcomes that align with the program goals.
Next Steps Moving Forward	Continue to place emphasis on quality outcome measurement and reporting. ▪ Ongoing staff trainings to ensure appropriate CIQ administration and resident participation tracking. Discuss opportunities for refinement of existing data collections tools. ▪ Potentially modify CIQ form to further enhance outcome measurement and ensure measures are relevant across the newly added independent living facilities. ▪ Potentially modify internal data entry and management practices to be able to report findings by site, as the information is currently maintained and reported in aggregate across sites.

Appendix B – Health Navigation

Section I: Overview/Background

Adoption of Pilot Program in Ventura County

Between July 2013 and June 2016, VCBH incorporated principles from the University of Southern California (USC)'s Project Bridge Peer Health Navigation Program into two of its existing mental health services: (1) Empowering Partners through Integrative Community Services (EPICS) Program and (2) the Older Adult Program. EPICS provides intensive and comprehensive services to individuals with serious mental illness between the ages of 20 and 60, who are frequent users of higher levels of care (e.g., inpatient hospitalization or residential treatment programs) and who have been historically underserved within the mental health system. The Older Adult Program provides group treatment crisis intervention and Recovery and Wellness Programs, along with advocacy and referrals for medical, dental, legal, and benefits support services to adults who are 60 or older.

Goals of the Project Bridge Program

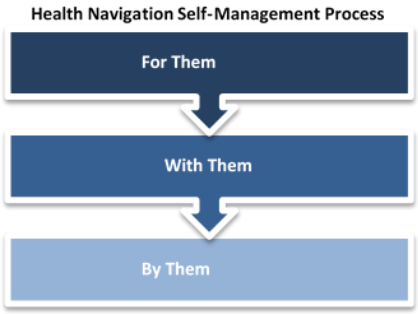
Project Bridge Health Navigation Program was developed to address some of the common challenges experienced by individuals who are identified as severely mentally ill. These challenges include higher rates of physical illnesses, poor treatment access, problems in diagnosis, and a lack of adequate treatment and follow-up resulting in poorer health outcomes.

The ultimate goal of the Health Navigation Program is to help individuals with serious mental illness gain confidence, skills, tools and self-empowerment to navigate the health care system on their own to maintain their health and wellness goals. This is accomplished by using Health Navigators to train the client/consumer to effectively navigate the health care system to better manage their own health care needs. Within the context of VCBH, existing EPICS and Older Adult Program staff implemented the concepts delineated within USC's Health Navigation Program. That is, VCBH did not hire additional staff to implement the pilot program, rather existing staff were trained to incorporate the principles delineated within the Health Navigation Program in their work thereby acting as "Health Navigators."

"For Them, With Them, By Them"

In order for clients/consumers to reach the goal of the program, the Health Navigation process uses the concept of, "for them, with them, by them." Health Navigators first model behaviors and engage in activities for the clients, then coach their clients and participate in activities with them, eventually decreasing their involvement in the activity by encouraging the client to do it on his/her own. The

Health Navigator is a critical component to the Health Navigation Process, as they are the link between the consumer and the medical care providers.



The three primary phases of the Health Navigation Program are: (1) assessment and goal setting; (2) active or intensive navigation; and (3) follow-up including maintenance and boosters.

Summary of Implementation Findings

Staff in both the EPICS and Older Adult Programs were trained on Health Navigation principles so that staff could help clients/consumers gain confidence, skills, tools, and self-empowerment to navigate the health care system on their own and maintain their health and wellness goals. Since the EPICS and Older Adult programs are Full Service Partnerships (FSPs) and already provided "wrap around care" to clients prior to the implementation of the Health Navigation Program, many of the Health Navigation principles were already being engaged in. Staff across the EPICS and Older Adult programs expressed that the implementation of the pilot program did not significantly alter their traditional roles/duties, as they had already been doing most of the elements comprised within Health Navigation. Specifically, staff mentioned that their usual activities included talking with clients about their physical health needs and assisting them with doctor's appointments and taking their medication, which all fall in line with the Health Navigation Program. Staff also identified multiple areas of overlap between the data collection and documentation required within the Health Navigation Program and existing data collection practices. Furthermore, staff within the Older Adult program did not believe the program to be particularly effective or relevant for their clients, as the primarily goal of having clients navigate their health care on their own would never be fully accomplished by the Older Adult consumers, given their physical limitations and age.

> Implementation of the Health Navigation Pilot Program mirrored existing activities and practices within the services provided by the EPICS and Older Adult programs.

While staff generally described no changes to their traditional job roles/tasks, the primary identified benefits were: (1) a formalized process of empowering clients and speaking with them about their health needs, and (2) integrating the Health Navigation principles into the program culture in a more overt manner. Additional details about the challenges and successes are presented in later sections of this report.

Although the Health Navigation Program will not continue beyond the pilot administration, the EPICS and Older Adult Programs will continue under Community Services and Supports (CSS).

Section II: Data Collection/Evaluation Activities

Project Bridge Health Navigation Intake and Discharge Assessment. Staff was required to administer the 30-item assessment form used to measure changes in a series of health related items. The tool also included an adapted (31-question) version of the 32-item validated outcome measure, Behavior and Symptom Identification Scale, or BASIS-32 scale. This assessment measured self-reported behavioral health symptoms and treatment outcomes on a 5-point scale across each of five domains: (1) Relation to Self and Others; (2) Depression and Anxiety; (3) Daily Living and Role Functioning; (4) Impulsive and Addictive Behavior; and (5) Psychosis. The tool was to be administered at intake and discharge, but was also collected at six-month intervals.

Qualitative Data Collection. In late 2015, EVALCORP Research & Consulting was contracted to conduct a formative evaluation of the implementation of Health Navigation through a series of focus groups and interviews with VCBH mental health care providers and consumers in the EPICS and Older Adult Programs.

Focus groups were conducted with 11 Health Navigators in the Older Adult Program and nine Health Navigators in the EPICS program. Additionally, Clinic Administrators of the EPICS and Older Adult Programs were interviewed. Similar questions were posed to staff and Clinic Administrators and included items related to impacts of implementing Health Navigation, challenges experienced, lessons learned, successes of the program, and recommendations for improvement. Consumers of both programs were asked to describe the types of services they received, the most valuable aspects of the program, and impacts of the program on their lives.

Section III: Findings

A. Consumer Characteristics

Demographic characteristics of EPICS and Older Adult consumers are provided in **Table 1** below.

- Amongst EPICS consumers, the majority were English-speaking (95%), White/Caucasian (62%), non-Latino (72%) and ages 40 to 64 (67%). Approximately half were male (51%).

- Older Adult consumers were mostly female (76%), age 65 or older (72%), English-speaking (88%), White/Caucasian (72%) and non-Latino (83%).

Table 1. EPICS and Older Adult Consumer Demographics

		EPICS FSP N = 74	Older Adult FSP N = 93
Gender	Male	51%	24%
	Female	49%	76%
Age	19 – 24 years	1%	n/a
	25 – 39 years	31%	n/a
	40 – 64 years	67%	28%
	65 years and older	1%	72%
Preferred Language	English	95%	88%
	Spanish	3%	9%
	Arabic	1%	0%
	Vietnamese	1%	0%
	Other Non-English	0%	2%
	Unknown/Not Reported	0%	1%
Race	White/Caucasian	62%	72%
	Black/African American	5%	2%
	Filipino	3%	1%
	Japanese	1%	0%
	Korean	1%	0%
	Vietnamese	1%	0%
	Multiple Race	0%	4%
	Other	26%	19%
	Unknown/Not Reported	1%	2%
Latino Ethnicity	Yes	27%	17%
	No	72%	83%
	Unknown/Not Reported	1%	0%

Source: Basic Demographics Report for Served Consumers (unduplicated) provided by VCBH QI for 8320 MHSA EPICS Adult Intensive; 801(MHSA Older Adult East County + 8032 MHSA Older Adults Oxnard.

B. Project Bridge Health Navigation Intake and Discharge Assessment Findings

The following section presents findings from the Project Bridge Health Navigation Intake and Discharge Assessment. Although the Assessment was administered at intake, six-month intervals, and at discharge, data were analyzed at the time of intake and discharge only, as this provides the most meaningful assessment of impacts. Furthermore, given the lengthy assessment form, only the items

that most closely tied to the program goals are presented below. As such, findings are presented by four primary categories that best reflect the program's primary intended goals:

1. Consumer **confidence and self-empowerment** regarding their ability to successfully navigate their physical and mental health care;
2. Consumer use of **self-advocacy skills and behaviors** to obtain needed physical and mental health care;
3. Consumer reports of **personal health and wellness** (including outcomes from the adapted BASIS-32); and
4. **Healthy behaviors and overall health status** amongst consumers.

Findings are presented first for EPICS, followed by the Older Adult program.

Empowering Partners through Integrative Community Services (EPICS)

Of the 74 consumers who participated in the EPICS program, all 74 completed intake assessments, and 59 (80%) also completed discharge assessments.

1. Navigating the Health Care System: Confidence & Self-Empowerment

At intake and discharge, consumers were asked a series of questions to assess their level of confidence and self-empowerment in being able to talk with their health care provider about their mental health. As shown in **Table 2**, EPICS consumers showed **improvements in the following areas**:

- Being less afraid to tell their provider about the psychiatric medications
- Being more comfortable asking questions

Additional room for improvement still exists in the following:

- Being able to inform their provider about their psychiatric diagnosis

Table 2. EPICS Consumer Confidence and Self-Empowerment Navigating Health System

	Intake (n=74)	Discharge (n=59)	Demonstrated Improvement?
Confidence Talking About Mental Health with Provider	**Agree**		
1. I am afraid to tell my health care provider I take psychiatric medication because he or she will treat me differently.	10%	5%	✓
2. I am comfortable asking questions of my health care provider.	78%	80%	✓
3. I am able to inform my health care provider about my psychiatric diagnosis.	82%	82%	⇔

2. Navigating the Health Care System: Self-Advocacy Skills and Behaviors

EPICS consumers were also asked about whether or not they engaged in specific behaviors related to advocating for their physical and mental health. As shown in **Table 3**, consumers showed **improvements in nearly all self advocacy behaviors from intake to discharge**:

- Looking for a doctor
- Making an appointment, and not giving up on trying to make an appointment even if frustrating
- Getting to the doctor on their own
- Talking with their doctor about their main health concerns
- Having their health concerns addressed
- Following doctor's instructions
- Getting prescriptions filled or re-filled
- Taking medications as prescribed
- Asking for assistance from clinic staff
- Provider's awareness of all their medications
- Their own feelings that they were handling their health needs and that they had successful healthcare visits with their doctors

It should also be noted that from intake to discharge, EPICS consumers reported a lower frequency of going directly to the emergency room (vs. to a primary care or other office location) when sick or in need of health advice.

Additional room for improvement still exists in making sure a consumer's healthcare provider is aware that he/she has a psychiatric diagnosis.

Table 3. EPICS Consumer Health Care System Self-Advocacy Behaviors

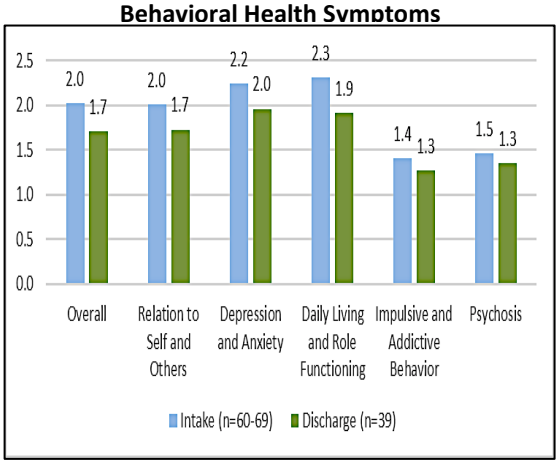
		Intake (n=74)	Discharge (n=59)	Demonstrated Improvement?
Physical Health Self-Advocacy Behavior		**At Least Once**		
In the last six months, how often have you done the following?	Looked for a doctor for your physical health needs.	67%	80%	✓
	Made an appointment with a doctor for your physical health needs on your own.	68%	69%	✓
	Visited the same doctor about your physical health.	75%	95%	✓
	Given up trying to make a medical appointment because It was too frustrating or difficult.	27%	23%	✓
	Gotten to the medical doctor for an appointment on your own.	57%	67%	✓
	Talked with your doctor about your main health concerns.	82%	98%	✓
	Had your health concerns satisfactorily addressed by your doctor.	78%	100%	✓
	Followed your doctor's instructions.	84%	100%	✓
	Gotten a prescription filled.	63%	74%	✓
	Taken your medication as prescribed.	88%	98%	✓
	Gotten your medication re-filled.	61%	74%	✓
	Asked for assistance from clinic staff.	85%	100%	✓
	Felt like you were handling your health care needs.	82%	95%	✓
	Felt like you had a successful visit to your medical doctor.	84%	97%	✓
Mental Health Self-Advocacy Behavior		**Yes**		

Please answer only about health care you have used in the last 6 months.	Was your healthcare provider aware of ALL medications you are taking for your mental and physical health?	80%	87%	✓
	Was your healthcare provider aware that you have a psychiatric diagnosis?	93%	87%	×
Locations Where Consumer Goes for Care		**Yes**		
Where do you usually go when you are sick or need advice about your health?: Hospital Emergency Room		12%	4%	✓

3. Maintaining Personal Health & Wellness: Physical & Mental Health Interference in Daily Life

As shown in **Figure 1**, from intake to time of discharge, EPICS consumers showed **improvements in all five modified BASIS-32 domains**, indicating improved behavioral health symptoms and treatment outcomes, as lower scores indicate fewer problems. The number of items within each domain varies (i.e., between four and seven items) and the domain scores are calculated using the established scoring guidelines corresponding with the validated tool. The scale range is from 1 – 5.

Figure 1. EPICS Consumers Modified BASIS-32: Behavioral Health Symptoms



EPICS consumers were also asked a series of additional questions about how much their physical and mental health ailments interfere with their lives.

As shown in **Table 4**, **moderate improvements were seen in 4 out of 8 items**, including:

- Fewer limitations on certain activities of daily living, e.g. climbing stairs, engaging in vigorous activity
- Fewer instances where their physical health led them to accomplish less or limited what they could do

Additional room for improvement was observed:

- Physical health interference with certain daily activities, e.g. bathing/dressing and moderate activity
- Physical health interference with normal work and social activities

Table 4. EPICS Consumer Physical and Mental Health Interference with Daily Life, FY15-16

		Intake (n=74)	Discharge (n=59)	Demonstrated Improvement?
Physical Health Interference with Daily Activities		**Limited a Lot**		
On a typical day, does your physical health limit you in these activities?	Bathing or dressing yourself.	2%	3%	×
	Climbing several flights of stairs.	6%	5%	✓
	Moderate activities, such as moving a table, pushing a vacuum cleaner, walking to the store, bowling, or playing golf.	10%	15%	×
	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	31%	26%	✓
Physical Health Interference with Work & Social Activities		**All of the Time or A Good Bit of the Time**		
During the past four weeks, any of the following problems with work or other regular daily activities as result of your physical health?	Accomplished less than you would like.	54%	38%	✓
	Were limited in the kind of work or other activities you did.	49%	38%	✓
Physical Health Interference with Work & Social Activities		**A Lot**		
During the past six months, how much did pain interfere with your normal work (including work both outside the home and housework)?		4%	8%	×
In the past six months, has your physical health limited your social activities (like visiting friends or relatives)?		6%	10%	×

4. Maintaining Personal Health & Wellness: Health & Self-Care Behaviors

Consumers were also asked about their current health status and health behaviors that they engage in, as shown in **Table 5**. **Improvements were seen in multiple personal health and wellness items**, as follows:

- Improved self-rating of overall health status
- Decreased self-reported substance use (alcohol, nicotine, marijuana, and other drugs)
- Improved frequency of notifying their physician if not taking medications as prescribed

Table 5. EPICS Consumer Health Status and Behaviors

		Intake (n=74)	Discharge (n=59)	Demonstrated Improvement?
Overall Health Status		**Excellent or Good**		
How would you describe your current health status?		81%	85%	✓
Substance Use		**Yes**		
In the last six months, have	Alcohol	23%	7%	✓
	Nicotine (cigarettes, dip)	14%	5%	✓

you used any of the following drugs?	Marijuana (weed, pot, hashish)	22%	10%	✓
	Other substances (methamphetamines, cocaine, heroin, LSD, mushrooms, Ecstasy, spice, bath salts)	14%	12%	✓
Taking Medications as Prescribed		**All of the Time**		
How often do you notify your physician when you are not taking medication as prescribed?		37%	44%	✓

Older Adult Consumers

Of the 94 consumers who participated in the Older Adults program, all 94 completed intake assessments, and 67 (71%) also completed discharge assessments.

1. Navigating the Healthcare System: Confidence & Self-Empowerment

Consumers were asked a series of questions at intake and discharge regarding level of confidence and self-empowerment in being able to talk with their health care provider about their mental health. As shown in **Table 6**, Older Adult consumers showed **notable improvements in all 3 items**:

- Being less afraid to tell their provider about the psychiatric medications
- Being more comfortable asking questions
- Being able to inform their provider about their psychiatric diagnosis

Table 6. Older Adult Consumer Confidence and Self-Empowerment Navigating Health System

	Intake (n=94)	Discharge (n=67)	Demonstrated Improvement?
Confidence Talking About Mental Health with Provider	**Agree**		
I am afraid to tell my health care provider I take psychiatric medication because he or she will treat me differently.	9%	0%	✓
I am comfortable asking questions of my health care provider.	71%	100%	✓
I am able to inform my health care provider about my psychiatric diagnosis.	73%	96%	✓

2. Navigating the Healthcare System: Self-Advocacy Behaviors

Older Adult consumers were also asked about their engagement in specific self-advocacy behaviors related to their physical and mental health. As shown in **Table 7,** they showed **improvements in close to all areas from intake to discharge**:

- Looking for a doctor
- Making an appointment, and not giving up on trying to make an appointment even if frustrating
- Getting to the doctor on their own
- Talking with their doctor about their main health concerns
- Having their health concerns addressed
- Following doctor's instructions
- Taking medications as prescribed

- Asking for assistance from clinic staff
- Provider's awareness of all their medications
- Provider's awareness of their psychiatric diagnosis
- Their own feelings that they were handling their health needs and that they had successful healthcare visits with their doctors

Furthermore, at discharge, Older Adult consumers reported reduced frequency of going directly to the emergency room (vs. to a primary care or other office location) when sick or in need of health advice.

Additional room for improvement still exists in the following:

- Getting prescriptions filled or re-filled

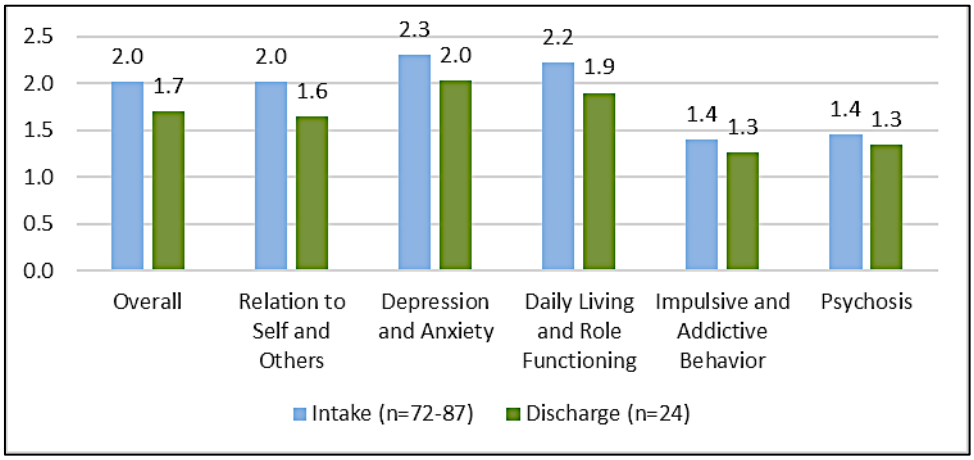
Table 7. Older Adult Consumer Health Care System Self-Advocacy Behaviors

		Intake (n=94)	Discharge (n=67)	Demonstrated Improvement?
Physical Health Self-Advocacy Behavior		**At Least Once**		
In the last six months, how often have you done the following?	Looked for a doctor for your physical health needs.	40%	42%	✓
	Made an appointment with a doctor for your physical health needs on your own.	55%	58%	✓
	Visited the same doctor about your physical health.	87%	100%	✓
	Given up trying to make a medical appointment because it was too frustrating or difficult.	23%	4%	✓
	Gotten to the medical doctor for an appointment on your own.	38%	58%	✓
	Talked with your doctor about your main health concerns.	87%	96%	✓
	Had your health concerns satisfactorily addressed by your doctor.	85%	92%	✓
	Followed your doctor's instructions.	94%	96%	✓
	Gotten a prescription filled.	71%	58%	×
	Taken your medication as prescribed.	89%	96%	✓
	Gotten your medication re-filled.	72%	67%	×
	Asked for assistance from clinic staff.	73%	75%	✓
	Felt like you were handling your health care needs.	73%	88%	✓
	Felt like you had a successful visit to your medical doctor.	86%	100%	✓
Mental Health Self-Advocacy Behavior		**Yes**		
Please answer only about health care you have used in the last 6 months.	Was your healthcare provider aware of ALL medications you are taking for your mental and physical health?	88%	100%	✓
	Was your healthcare provider aware that you have a psychiatric diagnosis?	89%	100%	✓
Locations Where Consumer Goes for Care		**Yes**		
Where do you usually go when you are sick or need advice about your health?: Hospital Emergency Room		14%	0%	✓

3. Maintaining Personal Health & Wellness: Physical & Mental Health Interference in Daily Life

Older Adult consumers showed **improvements in all five modified BASIS-32 domains**, as shown in **Figure 2.** This demonstrates improved behavioral health symptoms and treatment outcomes overall from intake to time of discharge. The number of items within each domain varies (i.e., between four and seven items) and the domain scores are calculated using the established scoring guidelines corresponding with the validated tool. The scale range is from 1 – 5.

Figure 2. Older Adult Consumers Modified BASIS-32: Behavioral Symptoms



Small improvements were seen in items assessing for how much consumer physical and mental health interferes with their lives. As shown in **Table 8**, improvements included:

- Feeling less limited in bathing/dressing
- Decreased frequency of their physical health leading them to accomplish less, limiting what they could do, or limiting their social activities

As might be expected with an elderly population, additional room for improvement exists in these domains:

- Physical health interference with a number of activities of daily living, including climbing stairs and engaging in moderate and vigorous activity
- Physical health interference with normal work activities

Table 8. Older Adult Consumer Physical and Mental Health Interference with Daily Life

		Intake (n=94)	Discharge (n=67)	Demonstrated Improvement?
Physical Health Interference with Daily Activities		**Limited a Lot**		
On a typical day, does your physical health limit you in these activities?	Bathing or dressing yourself.	26%	13%	✓
	Climbing several flights of stairs.	53%	54%	×
	Moderate activities, such as moving a table, pushing a vacuum cleaner, walking to the store, bowling, or playing golf.	54%	57%	×
	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	72%	83%	×
Physical Health Interference with Work & Social Activities		**All of the Time or A Good Bit of the Time**		
During the past four weeks, any of the following problems with work or other regular daily activities as result of your physical health?	Accomplished less than you would like.	76%	58%	✓
	Were limited in the kind of work or other activities you did.	76%	75%	✓
Physical Health Interference with Work & Social Activities		**A Lot**		
During the past six months, how much did pain interfere with your normal work (including work both outside the home and housework)?		39%	46%	×
In the past six months, has your physical health limited your social activities (like visiting friends or relatives)?		40%	38%	✓

4. Maintaining Personal Health & Wellness: Health & Self-Care Behaviors

When asked about their current health status and health behaviors, Older Adult consumers showed i**mprovements in close to all personal health and wellness items**, as shown in **Table 9**:

- Improved self-rating of overall health status
- Decreased self-reported substance use for alcohol, nicotine, and marijuana
- Improved frequency of notifying their physician if not taking medications as prescribed

Table 9. Older Adult Consumer Health Status and Behaviors

		Intake (n=94)	Discharge (n=67)	Demonstrated Improvement?
Overall Health Status		**Excellent or Good**		
How would you describe your current health status?		56%	88%	✓
Substance Use		**Yes**		
In the last six months, have you used any of the following drugs?	Alcohol	13%	6%	✓
	Nicotine (cigarettes, dip)	19%	4%	✓
	Marijuana (weed, pot, hashish)	5%	1%	✓
	Other substances (methamphetamines, cocaine, heroin, LSD, mushrooms, Ecstasy, spice, bath salts)	1%	1%	⇔

Taking Medications as Prescribed	All of the Time		
How often do you notify your physician when you are not taking medication as prescribed?	25%	32%	✓

C. Focus Group Findings – EPICS and Older Adult Clients

Two separate focus groups were conducted with clients/consumers of both programs. Findings are presented in aggregate, as themes were consistent across both focus group sessions. Differences between the two groups are delineated, where applicable. A total of nine consumers participated across the focus groups, including five clients from the Older Adult program and four clients from EPICS.

Types of Services Received

Respondents were asked to describe the types of services they receive from VCBH's Health Navigation Program. Responses included having staff accompany them to doctor's offices/visits, setting health and wellness goals, and learning to communicate better with their doctors. Focus group participants indicated that program staff assists them in a number of ways, including: helping them with problems, providing advice or resources, transportation, help getting to doctor's appointments and providing therapy and group classes.

Impacts of Health Navigation

Focus group participants were also asked to describe the best or favorite things about Health Navigation and
VCBH staff. Across both groups, participants shared abundant positive impacts of their participation, with responses primarily falling under two key themes: (1) source of support; and (2) assistance with medical/health needs.

- **Source of Support.** Most often, focus group participants stated that the program provides them with various types of support and resources they would not have been able to receive otherwise. As one respondent noted, "Staff help in any way they can. They give me advice and provide resources and information about things that are available to me." The Older Adult focus group participants further made reference to the peer support they receive within group therapy and weekly group meetings. Participants expressed these group settings to be a valuable experience because they get to learn from each other and have an outlet for discussion and interaction. They spoke at length about how beneficial these group sessions are and how much they enjoy having the venue to engage with others.
- **Assistance with Medical and Health Needs.** Several participants described how helpful it is to have program staff provide assistance with medical/health needs. In addition to offering transportation to appointments, staff also plays an instrumental role in assisting with filling and picking up prescription medication and communicating with physicians. Focus group participants appreciate how staff serves as a trusted ally and champion when communicating with doctors. As one respondent stated, ***"they are able to advocate for you because people don't always take you seriously when you have a mental illness."*** Sample quotes illustrating this theme are provided below:

> "The services provided by VCBH save lives and provide a better quality of life."
> – Older Adult Program Focus Group

- "When I needed to have surgery a month ago, my case manager took me to the hospital and got the staff to get me everything I needed in advance. [My case manager] was there for a while before I went into surgery and even brought me flowers while I was in the hospital. She helped me with the whole process."

- "My case worker's interactions with my doctor on my behalf and I've been able to get better help. I'm feeling much better now."

- "VCBH staff is my biggest support system. I would not be able to manage my life without them."

Suggestions for Improvement

Participants were asked to indicate what, if anything, they do not like about the program or things they would recommend changing. ***In response, participants in both focus groups provided additional positive comments about the services they receive and how beneficial the program has been to their lives. Specifically, consumers in both programs stated how much they appreciate and value their caseworkers. One respondent stated, "If it weren't for the services I don't know what would have become of me." Another respondent stated, "if it weren't for the Older Adults Program, I'd be dead."*** Focus group members from the Older Adult Program also emphasized how much they liked the group classes and hoped that would never change. Some participants in the EPICS focus group noted they would like to participate in more group activities and have more interaction with others. Interestingly, focus group participants in the Older Adult group identified a need for more case workers, as they get the sense their case workers are overworked and have a lot on their plate. They also requested additional drivers so that case workers aren't over burdened with having to drive them to and from various appointments.

Section IV: Implementation Findings

The information provided below stems from the focus groups conducted with EPICS and Older Adult Program staff to inform the process evaluation.

Challenges

When asked to identify any challenges experienced in implementing the Health Navigation Program, the following themes emerged.

- **Cumbersome and Redundant Paperwork.** Staff across both programs noted the implementation of the Health Navigation Program impacted workload due to the amount of paperwork that needs to be completed for the pilot project. Staff need to complete various

additional tools specific to the Health Navigation Program at multiple time intervals, including: (1) Intake/Discharge Assessment; (2) Assessment Review Guide; (3) Health Care Goal Setting Worksheet; and (4) Ask Me3 Form.

Staff also expressed that the paperwork is too lengthy, redundant, and complicated, frequently requiring completion over several administration periods due to attention levels of clients or more pressing matters such as a client's physical health that needed to be addressed. Some clients had mental health issues (e.g., delusions, substance abuse) that made it difficult or impossible to participate in completing the forms. Furthermore, staff across both programs stated that the questionnaires are redundant to other forms already required by VCBH, often leaving clients confused and overwhelmed. Concern regarding the validity of the data was also expressed; as clients frequently answered questions differently across administration time periods and often had difficult time answering specific questions such as goal setting, which were especially challenging for the Older Adult population and severely mentally ill.

- **Appropriateness of Population.** Staff emphasized that the Health Navigation Program may not be applicable to the seriously mentally ill and older adult populations, as the ultimate goals of the initiative will likely never be achieved among these populations. For instance, clients within the Older Adult program are between the ages of 60 and 100 and face several physical ailments that prevent them from ever being able to visit their doctor on their own accord. A core component of the Health Navigation Program model promotes "for them, with them, by them" which ultimately means the client will be able to manage their own care, get to their appointments and interact with their doctors on their own. However, Older Adult Program staff repeatedly mentioned that given the nature and severity of several of their clients' physical ailments and mental health, they will never be able to accomplish the final step, "by them," as they are physically or mentally unable to care for themselves. Similarly, clients who are severely mentally ill might never be able to fully care for or advocate for themselves. Staff recommended that program participation be optional for those populations and also suggested that the Health Navigation Program is most appropriate for those clients who could eventually address their health care needs on their own so the goals of the program could be met. Alternatively, it was suggested that modifying the ultimate program goal to getting the clients to the highest level of functioning each individual is capable of.

  In general, staff from the EPICS program had a more positive experience implementing the Health Navigation Program, compared to the Older Adult staff, as Older Adult staff experienced greater difficulty meeting the goals identified within Health Navigation given the age demographic of their clients.

- **Lack of Clear Goals and Timeline.** Staff across both programs noted that it would have been beneficial to be aware of the timeline and duration for the Health Navigation Program from VCBH. Furthermore, considering the populations of the two programs for which the initiative was implemented – staff was often uncertain about what the goal was.

Successes

While EPICS and Older Adult staff primarily noted the components of the Health Navigation Program were already engrained in the way they did business with their clients, some positive outcomes in regards to the program implementation were identified:

- **Formalized the Existing Process for Working with Clients.** While EPICS and Older Adult Program staff noted they have always incorporated the principles of Health Navigation Program into their work, the implementation of the Health Navigation processes and more frequent trainings has served to formalize the approach of comprehensive care and client empowerment through the use of the corresponding Health Navigation assessment forms. For instance, staff assess the physical health goals of the their clients more formally, as they are required to document their clients' goals using the assessment tools provided as part of Health Navigation Program. The tools associated with the Health Navigation Program provide an avenue to "fine-tune what staff have always done." As one staff member described, "… there is greater level of understanding and conscious assessment of client's needs and empowerment."

- **Greater Integration of Health Navigation Concepts.** In addition to a more formalized approach to managing mental and physical health needs, implementation of the Health Navigation Program has helped to integrate the concept of empowering clients to manage their physical and mental health needs into the culture of the programs, as program staff are more consciously addressing these concerns with their clients. **While program staff has always aimed to do this, engagement in the pilot program prompted staff to talk about this component to a greater extent than they had previously. The Health Navigation Program concept of "for them, with them, by them" is becoming a part of the program staff's common vernacular and culture, as program staff has this at the forefront of their mind when working with their clients.** This indoctrination was heard throughout the focus groups, as program staff frequently referred to this concept when describing their experiences with clients.

- **Ask Me3 Form.** Although program staff identified various challenges related to the numerous Health Navigation Program data collection tools, staff across both programs agreed that the Ask Me3 Form has been a valuable asset for themselves, their clients, and doctors. The tool is useful on numerous fronts, as it (1) allows the client to narrow down their health problems and prioritize the top three issues that are most severe or of immediate concern to be discussed with their doctor; (2) helps clients to engage in more meaningful discussions with their doctor; and, (3) provides the program staff with a resource to refer back to as they manage client health and well-being.

- **Means for Identifying Health Concerns.** Another positive outcome mentioned was that staff is becoming more aware of specific health ailments based on symptoms described by clients. Since staff is now consistently asking clients the same types of questions through the assessment tools, staff is better able to help identify potential ailments and assist clients in seeking the proper medical

> "Some of the questions listed on the forms have been beneficial for obtaining more specific information about the client. For instance, we ask about sexual relationships and STDs which we might not have previously thought to ask about. In one particular instance, asking one of our clients about this led to her being treated for an STD which in turn helped her overall health, self-esteem, and really impacted her in so many positive ways." – EPICS Program Staff

attention. Furthermore, there are some questions on the assessment forms that staff might not traditionally have asked (e.g., questions specific to sexual activity) that have brought to light health concerns the client did not know how to address yet needed to do so.

- **Small Incremental Changes Observed among EPICS Clients.** EPICS Program staff noted that they have seen small positive changes in some of their clients, indicating that some clients appear to be more aware of certain things and have gained some independence; however, these changes are on a case-by-case basis and given the severity of the mental illness, the changes can be short-lived.

Section V. Summary/Key Take-Aways

The Health Navigation Program was implemented as a pilot initiative within the existing EPICS and Older Adult Programs over a three-year period between July 2013 and June 2016. While the Health Navigation Program will not continue beyond the pilot implementation, the EPICS and Older Adult Programs will be supported under CSS moving forward. Although several challenges were identified resulting from the implementation of the Health Navigation Program, successes and benefits emerged that could easily be integrated into the EPICS and Older Adult Program operations (e.g., use of Ask Me3 Form, deeper questioning about symptomology, etc.). Given the already engrained emphasis on comprehensive service provision and "wrap around care" to all EPICS and Older Adult Program clients, the Health Navigation Program did not significantly alter either program's daily operations or way of doing business. The Health Navigation Program is likely to be a more valuable resource to programs that are not already established as a full service partnership or as a "wrap around care" program.

A brief summary of the identified successes, challenges, and potential next steps for integrating benefits that emerged through the implementation of the pilot program are provided on the next pages.

Key Take-Aways	
Successes/Benefits of Implementation	▪ Several positive client outcomes were identified from intake to discharge in the areas of navigating the health care system. However, these findings might have been obtained without the implementation of the Health Navigation Program, as the activities staff engaged in, stemming from the pilot program, were not significantly different from their previously existing daily job responsibilities. However, prior evaluations of the EPICS and Older Adult Programs have not been conducted and findings cannot be compared with prior efforts. ▪ Clients across both the EPICS and Older Adult programs perceived the programs to add value to their lives. Focus group participants described the programs as a source of support they wouldn't otherwise have. However, these findings might not necessarily be solely attributable to the Health Navigation Program implementation, as staff did not introduce entirely new activities as a result of the Health Navigation Program. It is possible that clients were expressing their satisfaction with the EPICS and Older Adult programs overall. ▪ Additionally, EPICS program staff reported observing small, incremental changes among their clients, although the behavioral changes might not have been sustained. ▪ Implementing the Health Navigation Program primarily reinforced activities staff were already engaged in, as staff had more frequent meetings and trainings about their roles. The pilot program also provided a slightly more formalized approached to helping clients navigate the path between the mental health and physical health care systems, to the extent possible. ▪ While the additional forms/data collection tools were generally perceived to be redundant, cumbersome and challenging to complete, the Ask Me3 form, in particular, was viewed as a valuable tool for clients, program staff, and doctors.
Challenges Identified with the Implementation	As noted in prior sections of the report, several challenges were experienced during the implementation of the Health Navigation Program, highlighted below. ▪ Most of the concepts and components of the Health Navigation Program mirrored the existing activities and responsibilities of staff and did not significantly alter their roles or daily job tasks. Staff explained that the concepts identified in the pilot program were already being engaged in. ▪ A layer of redundancy and replication was introduced when the pilot program began, as much of the data collection that was required through the initiative, was already being captured/addressed.

	▪ The Health Navigation Program included overly burdensome data collection requirements for both staff and clients across both programs. ▪ Goals of the Health Navigation Program were not necessarily attainable for all clients. Specifically, staff within the Older Adult program did not believe the program to be particularly effective or relevant for their clients, as the primarily goal of independent health care system navigation would never be fully accomplished by the Older Adult consumers, given their physical limitations and age.
Incorporating Identified Benefits and Lessons Learned into Daily Practice	Although the Health Navigation Program is not continuing, specific elements of the program that were identified to be useful could be integrated into staff's every day work. As identified in the successes section: (1) the Ask Me3 Form; (2) the more overt and formalized approach to managing mental and physical health needs of clients; and (3) the more frequent staff trainings emphasizing empowering clients to navigate their health care needs were all seen as beneficial by-products of the pilot program, as they supported existing activities. Furthermore, during the process evaluation, staff identified learning the following, which could be incorporated into their work to enhance client outcomes. ▪ **Ask deeper questions about symptomology,** as this allows staff to better address client's health needs. ▪ **Be consistent and persistent** in helping clients advocate for themselves to the extent possible. ▪ **Keep in mind the population you are working with** and assess what each individual client's capabilities are. Do not expect to reach the same level of self-sufficiency or empowerment with every client. ▪ Staff also stated there **continues to be a stigma among the medical community related to mental health illness.** Staff would like more doctors and nurses to be educated about mental health illness and how to best interact with/provide care to those with a mental illness. This key learning was broader than the scope of the Health Navigation Program, but still useful for addressing the needs of clients.

Appendix C – Demographics Worksheet

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

ID/ Contact ID _____

Date _____

The State of California Mental Health Services Act requires that all counties collect the following demographic information. Answering these questions is not mandatory, however your answers will help Ventura County Behavioral Health understand the diversity of those being served. The information on this form is confidential.

Demographic Information

What is your payor source?

- ☐ MediCal / Goldcoast
- ☐ Private Insurance (eg: Kaiser, Blue Cross)
- ☐ Medicare (Age 65+)
- ☐ No Insurance

What is your age group?

- ☐ 0-15 years (children and youth)
- ☐ 16-25 (transition age group)
- ☐ 26-59 (adult)
- ☐ Ages 60+ (older adult)
- ☐ Decline to answer

What is your race by the following categories?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ More than one race
- ☐ White
- ☐ Other
- ☐ Decline to answer
- ☐ Native Hawaiian or Pacific Islander

What is your ethnicity by the following categories?

Hispanic or Latino

- ☐ Caribbean
- ☐ Central American
- ☐ Mexican/Mexican American/Chicano
- ☐ Puerto Rican
- ☐ South American
- ☐ Other (Hispanic or Latino)

Other

- ☐ More than one ethnicity
- ☐ Declined to Answer

Non-Hispanic or Non-Latino

- ☐ African
- ☐ Asian Indian/South Asian
- ☐ Cambodian
- ☐ Chinese
- ☐ Eastern European
- ☐ European
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Middle Eastern
- ☐ Vietnamese
- ☐ Other (Non-Hispanic)

Primary language used

- ☐ Spanish
- ☐ English
- ☐ Indigenous (Mixtec or other)
- ☐ Other
- ☐ Declined to Answer

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

ID/ Contact ID _____

Date _____

Disability, defined as a physical or mental impairment of medical condition lasting at least six months that substantially limits a major life activity, which is not as a result of a severe mental illness.

- ☐ Difficulty seeing
- ☐ Difficulty hearing
- ☐ No
- ☐ Other

Mental (non- Mental Illness)

- ☐ No
- ☐ Learning
- ☐ Dementia
- ☐ Developmental

Mobility

- ☐ No
- ☐ Physical Disability

Chronic Health

- ☐ Chronic Health disability (ex: pain)
- ☐ Other
- ☐ None
- ☐ Declined to Answer

Veteran Status

- ☐ Yes
- ☐ No
- ☐ Declined to Answer

Sexual Orientation

- ☐ Gay or Lesbian
- ☐ Queer
- ☐ Heterosexual or Straight
- ☐ Another Sexual Orientation
- ☐ Bisexual
- ☐ Declined to Answer
- ☐ Questioning or Unsure

Gender assigned at Birth

- ☐ Male
- ☐ Female
- ☐ Decline to Answer

Current Gender Identity

- ☐ Male
- ☐ Transgender
- ☐ Female
- ☐ Genderqueer
- ☐ Questioning or Unsure
- ☐ Another Gender Identity
- ☐ Declined to Answer