Introduction

The purpose of the Annual Summary for Fiscal Year 2014-2015 (FY14-15) is to provide a broad overview of organizational activities and services delivered by the Ventura County Behavioral Health (VCBH) mental health programs. This data represents all VCBH outpatient and contractor sites. The data is obtained from a wide range of sources, including demographic and billed services entered in the VCBH management information system, clinical outcome and satisfaction measures, surveys, and referral tracking. In addition, in order to provide a context to VCBH information, data is employed from the U.S. Census, the California Department of Health Care Services, and the National Institute of Mental Health. The data and programmatic information contained in this report can be selectively used for reports and presentations requested by VCBH managers.

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Fiscal Year 2014-2015
Ventura County Demographics

Other Facts

- Ventura is the twelfth most populous California County and is thus classified as a “large” county.
- The Median Household Income (MHI) is $76,544, with the lowest MHI of $54,496 in the City of Santa Paula and the highest of $112,083 in the City of Westlake Village. In general, East Ventura County is more affluent, particularly along the highway 101 corridor.
- Median Housing Values have dropped from 568,700 in 2009 to $442,200 in 2013.
- The largest industries by gross sales are:
  1. Retail
  2. Manufacturing
  3. Professional, scientific, and technical services, such as legal and accounting services
  4. Health Care and social assistance
- Latinos are by far the largest minority group in Ventura County and are overwhelmingly of Mexican origin. In contrast, the small percentage of Asians represents an extremely diverse group of ethnicities, including individuals of Middle Eastern, South East Asian, and Pacific Islander decent.
- The largest concentration of Medi-Cal served is:
  - Oxnard Plains (49%)
  - Ventura (14%)
- Percentage of underserved populations by city (Medi-Cal Latinos: Ratio of VCBH Served to Prevalence Estimate*, FY13-14):
  - Oxnard Plains (68%)
  - All other cities (<7%)
- Ventura County is ranked 14th out of 58 counties with regard to health, as measured by mortality, morbidity, health behaviors (i.e., obesity, smoking, etc.), clinical care, social and economic factors, and physical environment ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

Source for Graphic and "Other Facts", [www.factfinder.census.gov](http://www.factfinder.census.gov), unless otherwise noted.
### VCBH Consumer Characteristics

#### Race
- 59% Caucasian
- 30% Other
- 5% African American
- 6% Multiple Race

#### Demographics
- 46% Latino Ethnicity
- 13% Spanish Language
- 51% Male

#### Age
- 6% 0 to 5
- 35% 6 to 18
- 9% 19 to 24
- 49% 25 to 64
- 4% 65+

#### Court Status
- 5% Foster Youth
- 4% Juvenile Offender
- 1% Involuntary Commitment

#### Location
- 44% Oxnard Plains
- 18% Ventura
- 12% Simi Valley
- 10% Conejo Valley
- 8% Santa Clara Valley

### Other Facts
- Latinos represent the only county minority threshold population as they constitute 68% of the Medi-Cal population. Being a threshold population means that the population constitutes more than 5% of the local Medi-Cal population and thus requires services tailored to their needs. In addition, Spanish is the only threshold language (other than English), which requires that materials and paperwork be produced in this language for clients. The predominance of Latino and Spanish Speaking consumers is therefore consistent with this focus.
- The concept of race is distinct from ethnicity. Race is defined as groups based on common biological traits deemed socially significant, while ethnicity refers to grouping based on cultural practices and perspectives.
- Adults constitute the largest segment of consumers served, particularly the 25 to 64 age range. The smallest age groups served are ages 0 to 5 and older adults (65+).
- The significant percentage of the foster youth served is via the VCBH Child Welfare Subsystem collaboration with the Human Services Agency.
- Similarly, VCBH provides extensive on-site clinical services in the county Juvenile Justice Facility, which accounts for the significant percentage of those youth served.
- The majority of consumers served reside in the Oxnard plains (i.e., Oxnard, Camarillo, Port Hueneme), where the preponderance of Medi-Cal recipients live, followed distantly second by the City of Ventura.
VCBH Clinical Data

- VCBH diagnostic data indicates the majority of youth consumers have Depressive Disorder, Disruptive Behavior, Anxiety, and Adjustment Disorders (which often include mood and disruptive symptoms).

- The most frequently endorsed presenting problems on parent-completed outcome measures are all symptoms of Mood, Disruptive Behavior, and Adjustment Disorders.

- VCBH Youth data is consistent with National Institute of Mental Health (NIMH) studies which demonstrate the lifetime prevalence of a “severe mental disorder” for 13 to 18 year olds is 21.4%, with the most frequently occurring being Disruptive Behavior and Mood Disorders.

- For adults in the general population, the prevalence rate of a “Serious Mental Illness” is approximately 4.5%. “Serious Mental Illness” would constitute a chronic and severely impairing psychotic or mood disorder.

- VCBH adult self-report data and diagnostic is again consistent with this NIMH study, as Mood and Psychotic Disorders, which constitute serious mental illnesses, are overwhelmingly dominant with the consumers we serve.

Top Three Reported Clinical Symptoms at Intake:

**Preschool Parent Form**
- Restless, constantly active
- Easily upset
- Disobeys adults

**Parent Form**
- Arguing with others
- Refusing to do what is asked
- Can't seem to sit still

**Adults Self Report Form**
- Coping with problems in life
- Racing thoughts
- Feeling sad or depressed
This fiscal year the number of clients served dropped slightly from the previous fiscal year, though there was an increase in number of client contacts and units of services delivered.

Of the approximately 23 million units of service provided, there is significant variance across divisions of what these services entail. This is exemplified with Youth & Family data indicating the predominance of collateral services that involve service delivery with family members, and individual therapy. Since the Adult Division targets the seriously mentally ill, there is a greater emphasis on medication support and rehabilitation. The Adult Division also provides essential services that are unbillable, such as client transportation to appointments.

With regard to service location, most services take place within the service provider’s office, while 20% of services take place in the field, home or school.
Quality: Efficiency

*Making the best use of limited resources and reducing waste*

- This data reflects the median units of service a client receives in a year. The median is used as a measure of central tendency due to the skewed nature of data.
- For outpatient services, a unit is equal to a minute of service. For residential and inpatient services, a unit is equal to a 24 hour day. For day treatment, a unit is equal to a 4 or 6 hour day.
- Adult consumers tend to receive fewer units of service since interventions are focused on medication management, while youth services focus on behavioral and family interventions.
- There was a two-year trend of decline for Youth and Family Services in fiscal years 11-12 and 12-13, which a gradual increase during the most recent two years. Adult Services median units has remained stable over the last five fiscal years.

- This data reflects the median of number of times a client receives a service in a year. The median is again used as a measure of central tendency due to the skewed nature of the data.
- Similar to the Units of Service data, there has been an increase in the contacts for Youth and Family consumers that match the number for Adults.
- The trend for last year was 12 contacts for both Youth and Adults per year.
Quality: Consumer Centered

Providing care that is respectful of and responsive to individual consumer preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

- All consumers, staff, and/or caretakers respond to the Ventura County Outcome System (VCOS) at intake, annual, and discharge. Satisfaction and quality of care questions from the VCOS are analyzed from consumers at annual review and discharge.
- This graph summarizes the percentage of highly satisfied consumers, i.e., those consumers providing a rating of eight or greater on a ten point scale.
- The data suggests that consumers are maintaining a high level of satisfaction with VCBH services over the years. Parents report the greatest level of satisfaction.
- Specific comments regarding satisfaction with services can be seen in the consumer comments section of this report.
- *Parent data from 12-13 on includes both Preschool and Youth age data, prior includes Youth only.*

- This question from the VCOS satisfaction section assesses consumers’ views about the fit of services to their or their children’s needs at annual review and discharge.
- This data continues to suggest that the overwhelming majority of consumers and/or their parents feel that VCBH services are a good fit for their needs—a direct measure of consumer centeredness. Levels of satisfaction have increased for adults, youth, and parents in 14-15.
- High levels of service satisfaction adds further support to the consistency of positive service satisfaction.
- *Parent data from 12-13 on includes both Preschool and Youth age data, prior includes Youth only.*

- Fiscal Year 2014-2015
Quality: Sustainability

The ability to economically continue the provision of services

Average Productivity

- Productivity is the amount of client-centered activity clinical staff engaged in during the total course of their work time.
- A data point represents the average productivity across a 12 month period.
- The Adult Division continued to increase productivity, while the Youth & Family Division had a slight decrease this last fiscal year.

- VCBH is the primary provider for mental health services for Medi-Cal recipients who meet medical necessity, which is the combination of having a covered diagnosis and the level of functional impairment that puts the individual at risk for hospitalization and/or placement.
- VCBH also provides services for individuals without insurance and with private insurance.
- This data indicates the Medi-Cal status of all VCBH consumers at the end of the fiscal year.
- This past year, there has been a resurgence of Medi-Cal consumers, which may be attributable to a combination of the efforts of VCBH to increase Medi-Cal consumers and the increase of Medi-Cal eligibility in the population.
Quality: Access

The degree to which individuals are able to obtain needed services

- Medi-Cal penetration rate is the total number of VCBH Medi-Cal consumers divided by the total number of Medi-Cal recipients in Ventura County.
- While the overall penetration for VCBH remains relatively constant at 5%, it has steadily increased for Latino clients.

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<tr>
<td>State Latino</td>
<td>3.3%</td>
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This indicator is the number of VCBH Medi-Cal consumers being retained for 5 or more services divided by the total number of VCBH Medi-Cal recipients. This is a DHCS required metric.

- While the penetration rate represents Medi-Cal consumers entering services, the retention rate represents those consumers who are engaged in services.

VCBH has surpassed the state average 7 out of 8 years.

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Quality: Efficacy

*The degree to which services yield maximum benefits or results*

- Consumer functioning was assessed using the Clinical Global Impression (CGI) Improvement Scale. The CGI is one of the most commonly used measures in treatment studies of consumers with mental disorders.
- This data represents those consumers with improved functioning at the end of treatment for youth and at annual for adults, as there are differential discharge patterns for the two populations.
- In the last year the percentage with improved functioning has been maintained for youth while showing a slight decline for adults. Note: Adult data should only be compared to youth for descriptive purposes. Because of the seriousness and chronic nature of adult mental illness, more significant challenges in functional improvement are expected.
- *Youth data from 12-13 on includes both Preschool and Youth age data, prior includes Youth only.*

- The symptoms of consumers prescribed medication were assessed using the Clinical Global Impression Efficacy Index.
- In the Adult Division, the majority of consumers are prescribed medication, while in the Youth & Family Division, it is the minority of consumers.
- This data continues to suggest a high level of symptom remediation across both divisions. Furthermore, in contrast to the data on functioning, similar levels of improvement are seen across both divisions.
Quality: Safety

Avoiding injuries to individuals from the care that is intended to help them

- The medication clozapine is an atypical antipsychotic medication that is used to treat symptoms of schizophrenia and other psychotic disorders.
- Clozapine can sometimes cause agranulocytosis, a severe reduction in white blood cell count that can result in a fatal inability to fight infections. Therefore, regular laboratory work is required for the early identification of this condition.
- Data is obtained from an annual audit of 25% of consumers being prescribed Clozapine. “Routines” represents regularly occurring labs. “Repeats” represent compliance with labs that are required for significant drops in white blood cell count that occur between two time periods or an absolute value that falls below a certain range.
- Data suggests that compliance is perfect to near perfect for “Routine” labs. “Repeat” labs occur less frequently and there has been a drop in compliance since FY10/11.

- This question from the satisfaction survey assesses whether consumers prescribed medication were told what to do in case of side effects or an emergency.
- Consumer reports are contingent upon a number of factors, including education by VCBH and their own memory for instructions.
- In 14-15 Adult and Parent reports show improvements in level of satisfaction in this area. Youth services saw a drop in this area in fiscal year 14-15.
Quality: Timely Response

Reducing delays for those who need care

- The Screening, Triage, Assessment, & Response Team (STAR) logs intake appointments offered to consumers who contact STAR for services. This tracking is done according to three levels of need, each with different deadlines: Urgent (3 working days), Expedited (14 calendar days), and Routine (28 calendar days).

- With regard to expedited and routine cases, the STAR program has continued to demonstrate substantial gains in meeting established deadlines. This is the result of the STAR team making focused performance improvement efforts on these indicators. These are the highest marks to date for this indicator.

- This indicator from the satisfaction section of the VCOS represents the percentage of consumers who received an appointment as soon as they needed one. Consumers report a high level of satisfaction with the timeliness in which they are provided appointments. This high level of satisfaction continues to be present across adult, youth, and parents in the last year.

- Parent data from 12-13 on includes both Preschool and Youth age data, prior includes Youth only.
VCBH Initiatives and Significant Changes

Child Welfare Subsystem (CWS)—Pathways to Wellbeing: Behavioral Health Department (BHD) provides comprehensive integrated Mental Health services for foster children and their caregivers. Coordinated services are provided and have been expanded through the efforts of an integrated management and program structure between BHD and the Health and Human Service Agency (HSA). In the spirit of the Core Practice Model (CPM) which embodies shared beliefs, values, and practice between child welfare and mental health, collaboration occurs on various levels to best integrate trauma informed clinical strategies for children and families. The collaboration efforts include joint utilization of a universal Mental Health Screening Tool and the Katie A Screening Tool to best identify needs and appropriate levels of service, joint staffing meetings of newly detained children, data and program meetings, contract coordination meetings to build capacity with our community based providers, and cross-training of CFS Social Workers and BH Clinicians. Child and Family Team (CFT) meetings were implemented this year and are a vehicle for family-centered coordination of services that is responsive to the social, emotional, and cultural needs of vulnerable children and their caregivers. A shared outcome structure and guide for data collection was established this year with reports demonstrating preliminary trends. Additional planning and coordination has occurred to ensure capacity for Evidence Based practices services that meet the need of particular developmental age groups like the 0-5 population and the transitional age non-minor dependents.

Expansion of Intensive Social Emotional Services (ISES) – The Ventura County Office of Education (VCOE) / Special Education Local Plan Area (SELPA) continue to contract with VCBH to provide mental health services for Special Education students via the IEP process. These services include assessment, individual therapy, group therapy, collateral and case management services for students suffering from a mental illness that is significantly impacting their ability to access their education. The implementation of ISES in the Fall of 2011 to current has resulted in increased access to mental health services throughout the county. The ISES program has grown from serving approximately 681 students at implementation to now serving nearly 800 students. The most significant areas of growth has been in traditionally underserved areas including Santa Paula, Fillmore, South Oxnard and Ojai. To address this growth and increase the ability of clinicians to provide intensive services, the SELPA has provided funding for nine additional clinicians for FY 2015-2016. The addition of these clinicians will result in lower caseloads countywide, allowing for increased family work and engagement.

Continuum of Crisis Stabilization Services for Children: The children’s system has committed to the development and implementation of a more robust continuum of options for children and youth who are in crisis. To date, options have been limited to community crisis response and, when indicated, hospitalization. There has not been an opportunity to support the child and family in a safe environment to stabilize, develop a plan of care, coordinate after-care and return the youth to their home environment when hospitalization can be averted. Beginning with the purchase of an existing facility in July 2015, programming is now being developed with a target date of early 2016 for the opening of a Crisis Stabilization Unit for the assessment and 23 hour stabilization of youth. Additionally, the feasibility of a Short-Term Crisis Residential program, located in the same facility, is currently under way. The CSU, Short Term Residential and the Community Stabilization Team, will ensure the youth and families of our community are provided a safe and devoted program prepared to address the crisis needs of our community. It is anticipated that this array of crisis support will reduce the hospitalization of our children by as much as 50%.

Center Point Mall: On December 10th, Ventura County Behavioral Health (VCBH) celebrated the grand opening of two new clinics at the Center Point Mall in South Oxnard. The two clinics, Adult Services and Youth & Family Services, are just the latest of many projects that VCBH has successfully implemented in order to improve access to

Fiscal Year 2014-2015
the county’s Latino population. In order to accommodate working families, the Behavioral Health Department clinics -- including these two new Oxnard clinics - are open later hours on Monday, Tuesday, and Thursday until 6:00 pm, and on Wednesdays until 7:00 pm. These expanded hours allows working families to more easily access care. Transportation can also be a barrier to access and can be particularly difficult for people with mental illness. The new clinics in Oxnard are located within an area that is well served by public transportation.

**Dedication to Improving Excellence (Implementation of Evidence-Based Practices):** The integration of Evidence Based Practices (EBPs) in community behavioral health is vital in ensuring that consumers have access to the highest level of services which integrate clinical expertise, with external scientific evidence, and the perspective, values, needs, choice, and voice of those we serve. Cognitive Behavioral Therapy (CBT) valued in the behavioral health field to be highly effective and culturally sound evidence based treatment. Mental health providers are bound by a code of ethics to practice within their scope of competence and to be trained in treatments which they are not proficient, VCBH has contracted with The Academy of Cognitive Therapy. "The Academy of Cognitive Therapy™, a non-profit organization founded in 1998, supports continuing education and research in cognitive therapy, provides a valuable resource in cognitive therapy for professionals and the public at large, and actively works towards the identification and certification of clinicians skilled in cognitive therapy. Certification is awarded to those individuals who, based upon an objective evaluation, have demonstrated an advanced level of expertise in cognitive therapy.”

In close collaboration between the Adult and Youth and Family Divisions, all VCBH clinical staff have received training in CBT by the Academy. Clinicians have received additional training in providing CBT in group and family treatment modalities in addition to individual treatment. More than 50 staff have received training in advanced CBT skills. To date, VCBH has 11clinicians certified as CBT experts who serve to mentor and provide on-going clinical supervision to trained staff. CBT adherence is measured through the use of the Cognitive Therapy Rating Scale (CTRS) used to rate recorded sessions. A peer mentoring model has been incorporated to support implementation, as recorded sessions are listened to in team meetings and fidelity to CBT is measured by the CTRS. Culturally sensitive and developmentally versatile outcome measures have been identified and started to be used.

**ICD-10:** The California Department of Health Care Services (DHCS) will require all client services provided to Behavioral Health clients, submitted for MediCal claims reimbursement on or after October 1, 2015, to reference an ICD-10 compliant diagnosis. The International Classification of Diseases (ICD) version 10, was originally planned for release in the United States in October 2013, but has been delayed by the Department of Health and Human Services (DHHS) and congress until October 1, 2015. To meet this requirement, in October 2013 the Behavioral Health Electronic Health Record (EHR) project team began planning the purchase and implementation of ICD-10 features within our EHR application, Netsmart Avatar. The goals of the ICD-10 implementation were realized in June 2015. Since that date, all new client admissions have included an ICD-10 compliant diagnosis. Further, the existing client caseload has been undergoing review to update their current diagnosis to meet ICD-10 compliance in preparation for the required October 1, 2015 date.

**R.I.S.E:** In 2014, VCBH launched a new unit called Rapid Integrated Support and Engagement (RISE). This new unit is primarily funded by the Crisis Triage grant awarded to the department in 2014 with additional funding from MHSA and a P.A.T.H. grant. RISE replaced and expanded VCBH STAR Program’s *Bridge Building Initiative* that had success in helping connect to services people who had traditionally fallen through the cracks including service resistant and homeless populations. **RISE also provides crisis prevention and crisis resolution services for lower level crises and coordinates with the Adult Crisis Team and CIRT for moderate to severe crisis response.** RISE teams are assigned to each of the four major geographical regions – Oxnard, Ventura, Thousand Oaks/Simi Valley, and Santa Clara Valley. Each team has a Community Services Coordinator and a Recovery Innovations Peer who seek out clients where they live or congregate including shelters, community centers, libraries, parks, etc. RISE has developed close partnerships with community service organizations, faith-based centers, and law enforcement in each region to maximize the effectiveness of outreach and engagement efforts. Also, two Rapid Response Assessment Teams staffed by Behavioral Health Clinicians are available to the East and West County to provide “quick strike”
assessment capability in the field for those clients who have difficulty accessing office-based settings. A thorough psychosocial assessment is the key component of admission to VCBH services. These teams also provide clinical support to high risk clients as they make their way through the outpatient admission process. Community Service Coordinators dedicated to homeless clients have been assigned to the two largest regional outpatient clinics in Ventura and Oxnard to ensure that the particular needs of these clients continue to be met even after they commence outpatient services. The RISE team consistently receives accolades from clients, families, providers, and law enforcement throughout the county for its outreach and engagement efforts. For Fiscal Year 14-15 RISE engaged approximately 1,501 unduplicated clients, provided 4,474 documented services, and had over 1,000 additional incidental contacts in the community.
Consumer Comments

What have been your most helpful and positive experiences while receiving services at VCBH?

Preschool Parent
- "(The services) have helped me know rest."
- "I changed my thinking and acting and know a better relationship (with my children) (it let us) lead a life more peaceful."
- "The awesome techniques to guide our children are valuable to me. Using them and actually seeing them work is a speechless moment."

Youth Parent
- "That I was provided with a therapist who can speak and understand my language and my culture. (The therapist) treats my family with respect and teaches my child many things to control her anger."
- "Without (the therapist’s) help I can't imagine where our family would be."
- "My child has grown so much. The doctors saved my child. She was diagnosed properly and is receiving treatment."

Youth Self-Report
- "Helping me get back on my feet when I was overwhelmed."
- "Learning to use coping skills (like) relying on family, and being treated in a respectful and dignified way."
- "Opportunity to express feelings. Feeling safe and in control. Friendly clinicians."

Adult Self-Report
- "Understanding and courteous care."
- "Having (the staff) help me with my medical appointments has brought me peace."
- "When (the staff) came to my home, when I could not help myself, to help me. I’m grateful."