

BEHAVIORAL HEALTH ADVISORY BOARD
ADULT SERVICES COMMITTEE
MINUTES ■ Thursday, March 3, 2022

<p>Members Present Nancy Borchard, Committee Co-Chair Mary Haffner, Haffner Law Group Jerry Harris, BHAB Cheryl Heitmann, BHAB Jennifer Morrison, BHAB Elizabeth R. Stone, BHAB Chris Tejeda, BHAB Carol Thomas, BHAB Sheri Valley, Family Member Scott Walker, CIT Liz Warren, Client Network Gray Wilking, Ventura County Area Agency on Aging</p> <p>Others Present Clarisa Cajian, Interpreter</p>	<p>Ventura County Behavioral Health (VCBH) Managers/Staff Present Sloane Burt, Quality Improvement Behavioral Health Manager Julie Glantz, Adult Services Senior Behavioral Health Manager Sara Sanchez, Access & Outreach Services Division Chief Dr. John Schipper, Adult Services Division Chief Susan White Wood, Behavioral Health Housing Manager Dr. Shanna Zanolini, Quality Improvement Senior Program Administrator Joanna Peterson, Management Assistant / Zoom Engineer Vickie Poliquin, BHAB Assistant</p> <p>NEXT MEETING: Thursday, May 5, 2022, 10:00 a.m. – 11:30 a.m.</p> <p>Zoom Meeting: https://us02web.zoom.us/j/87680728818?pwd=b3dCdjBNcGszRUJ4VzM2TXY1cJlJQT09 Meeting ID: 876 8072 8818 Password: 156974 Dial-in: 669-900-9128</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Co-Chair Nancy Borchard called the meeting to order at 10:01 a.m. following the instructions that were provided by Joanna Peterson on how to access interpretation services.		
II.	Address Any Issues of Membership Ms. Borchard officially appointed Jennifer Morrison as a member of the Committee. As a result, the number of members has increased from fifteen to sixteen.		
III.	Roll Call Dr. John Schipper called roll per the request of Ms. Borchard and determined a quorum was present.		
IV.	Approval of the Agenda Ms. Borchard asked the Committee for a motion to approve the agenda. Ms. Thomas moved to approve the agenda as written; Ms. Heitman seconded. The motion to approve the agenda as written carried unanimously through roll call.	The agenda was approved as written. M/C/S	
V.	Approval of the January 6, 2022 Minutes Ms. Borchard asked the Committee for a motion to approve the minutes of the January 6, 2022 meeting. Ms. Heitman moved to approve; Ms. Haffner seconded. The motion to approve the minutes as written carried by majority roll call vote with one abstention.	The minutes were approved as written. M/C/S	
VI.	Welcome and Introductions Ms. Borchard welcomed everyone and asked for introductions from all members and meeting participants.		
VII.	Public Comments Ms. Valley inquired as to Vista del Mar Hospital's practices regarding visiting, virtual or otherwise.	Dr. Schipper to inquire	
VIII.	Chair Announcements Ms. Borchard shared that Mr. Bhavnani is pursuing information about a Los Angeles County program that seeks to sustain and increase board & cares (B&C). Information received will be reported back to the Committee. Mr. Harris advised that the Governor announced today that he will initiate a complete revamping of the mental health system. He requested VCBH provide an update on how any proposed State or Federal funding is planned to be spent in Ventura County.		

	Ms. Warren raised concern about training/funding for unlicensed facilities and advocated for more support for licensed facilities within Ventura County.		
IX.	<p>Update and Discussion</p> <p>Presentation of Findings from the Behavioral Assessment, Inc. STAR Program Evaluation</p> <p>Sloan Burt and Dr. Shanna Zanolini from VCBH’s Quality Department and operational managers Sara Sanchez and Julie Glantz presented a PowerPoint presentation of the findings from Behavioral Assessment, Inc.’s (BAI) which examined access to VCBH services for Latinx residents.</p> <p>Sloan Burt and Dr. Shanna Zanolini spoke to the methodology, scope of work, and findings which observed there was no significant difference in time to service or types of services received across groups. Most clients interviewed reported no barriers and reported feeling satisfied with VCBH services received. Sara Sanchez spoke to efforts to increase the presence of staff who can speak Spanish and Indigenous languages and improve engagement.</p> <p>Ms. Warren asked how Latinx clients might fall out of the system before receiving services and Sara Sanchez spoke to creating more flexible service hours, including families and reducing paperwork. Ms. Stone expressed concerns regarding separate means of access to services which Sara Sanchez reported was not the case. Mr. Tejada raised some methodological concerns which Dr. John Schipper addressed. There were several questions/comments associated with anticipated changes to access associated with CalAIM. Julie Glantz commented that the CalAIM requirements are evolving.</p>		
X.	<p>Contracts Review</p> <p>Ms. Borchard inquired, but there were no comments about contracts before the committee.</p>		
XI.	<p>VCBH Updates:</p> <p>a. Adult Operations</p> <p>Dr. John Schipper spoke to VCBH’s effort being directed towards the \$2.2 billion State funding for infrastructure development through the Behavioral Health Infrastructure Continuum Program (BHICP). He noted VCBH’s successes in the first two rounds and plans to pursue funding for a 120-bed MHRC in Camarillo in round 3. He also spoke to efforts involving Susan White Wood to funding for residential facilities.</p> <p>b. Substance Use Services</p> <p>No update was provided.</p>		
XII.	<p>Items for Next Meeting Agenda</p> <p>Ms. Haffner asked to be provided with a progress update on the “Stepping Up Initiative” Resolution that was passed by the Board of Supervisors in September 2019.</p> <p>Ms. Stone requested information about the “In Lieu of Services Option” that she is not certain may be filtering down from the Medi-Cal Managed Care Plans and how VCBH can tie into those services.</p> <p>Mr. Harris requested a presentation from the staff unit within VCBH, if there is such a unit, who handles grants and works with finding funding for needed programs. Dr. John Schipper advised that VCBH does not have a staff unit dedicated to grant writing. Mr. Harris expressed concern about this and Ms. Borchard suggested that this could be a future recommendation from the BHAB.</p>		
XIII.	<p>Adjourn</p> <p>The meeting adjourned at 11:36 am.</p>		



STAR PROGRAM

EVALUATION REPORT

*Prepared by:
Behavioral Assessment, Inc.
May 28, 2021*



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INTRODUCTION

Behavioral Assessment, Inc. was contracted to perform an independent evaluation of the Ventura County Behavioral Health (VCBH) Screening, Triage, Assessment, and Referral (STAR) program. The goal of this evaluation was to assist VCBH to improve access to care, especially for the Latino community. This independent evaluation was led by Richard Cervantes, Ph.D., and a team of professional evaluators with experience conducting similar evaluation research.

Ventura County Behavioral Health (VCBH) is the primary agency responsible for serving the moderate to severely impaired mentally ill with a primary target of serving those on Medi-Cal. Within VCBH, The STAR system is the entry point for receiving county services. It is important to acknowledge in this evaluation that the VCBH STAR mission is to adhere to the Medi-Cal Specialty Mental Health Services mandate. Specifically, STAR is in the position of having to evaluate referrals with reference to Medi-Cal criteria (i.e., based on diagnosis and nature/extent of functional impairment) and distinguish between those who are mild-to-moderate versus moderate-to-severe.

The Hispanic and Latino Population of Ventura County

According to the U.S. Census (V2019) American Community Survey, the population of Ventura County is 846,006. Nearly forty two percent (43.2%) of all County residents are of Hispanic or Latino origin. Nearly forty two percent (41.6%) of all County residents are of Hispanic or Latino origin. According to the VCBH Cultural Competence Plan (3-Year Plan 2018-2021), of the total 243,466 Medi-Cal beneficiaries enrolled in Ventura County (FY 2017-2018), 122,764 are Hispanic/Latino. Of the total 9,723 annual count served, 3,829 (39.4%) are Hispanic/Latino.

Nearly ninety percent (87.8%) of Ventura County's Hispanic/Latino community are Mexican. About 20,000 farm workers in Ventura County are members of the indigenous Mexican community from Oaxaca, Mexico. One percent (1%) are Puerto Rican, (0.48%) are Cuban, and (10.69%) are "other." Nearly eighty percent (79%) of those who speak a language other than English at home speak Spanish; 11% speak Asian languages; (10%) speak other languages.

Based on the Mixteco/Indigena Community Organizing Project (2018) there are about 23,000 Mixtecs in Ventura County from the region of Oaxaca, Mexico, this population is indigenous, and Spanish is not their primary language, though many of them do speak the language. Of the 23 known languages among Oaxacan tribes the predominant dialects within Ventura County include Mixteco, Triqui, Zapoteco, Amusco, and Chatino. There are approximately 23,000 Oaxacans residing in Ventura County, making this region nearly first in the nation in terms of demographic concentration of this indigenous population per square mile. Many of the individuals from this population may be served by VCBH.

PURPOSE

The purpose of this evaluation as noted above was to provide data and information to assist VCBH in improving access to behavioral health care among Hispanic/Latino residents of Ventura County. Previous evaluations of the VCBH service system were conducted by other independent entities including LULAC (2014) and APS Healthcare Audit Firm (2014) whose reports were critical of the agency for disproportionate care to Hispanic/Latinos and highlighted the lack of bilingual/bicultural agency staff resulting in low access to care.

This evaluation report will address 4 objectives as detailed in the Statement of Work. The four objectives include: 1) End-to-end process mapping of the STAR program process., 2) Evaluation of the STAR program process to determine the program's efficiency and timeliness in meeting client needs from first contact to treatment, 3) A time study evaluation that analyzes the time from first contact with a client to client treatment using 30 randomly selected Latino clients from the Oxnard and Santa Clara Valley communities, and 4) Conducting of interviews with 20 randomly selected clients from the following six populations:

- A. Latino clients who were referred, screened, assessed, and accepted for services. Admitted to a VCBH Clinic but closed after receiving limited VCBH services/treatment. **"Limited" services** are defined as less than four (4) billable contacts. (Connected to clinic but dropped out at some point). Changed to include 5 or less billable contacts and expand into 2020 in order to get more clients to interview.
- B. Latino clients who were referred, and screened by STAR but **not assessed, nor admitted**. (Triaged/ referred out at point of RFS). Later expanded into 2020 in order to get more clients to interview.
- C. Latino clients who were referred, screened, and **assessed by STAR, but not admitted** to VCBH services/treatment. (Assessed by STAR, not meet criteria (lower level of care), referred out to Beacon or CBO for services)
- D. Latino clients who were screened by STAR, given an assessment, and were **accepted to a VCBH outpatient clinic** for services/treatment. (currently engaged)
- E. **Non-Hispanic/Latino clients** who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services/treatment. (currently engaged)
- F. Community-based organizations and stakeholders serving the Latino community in Ventura County.

In performing the evaluation, BAI conducted an end-to-end process mapping of the STAR program process to provide a visual of each point in which a client would have contact with VCBH STAR and looked for repetition or duplication of efforts. BAI also conducted a time study evaluation that analyzed the time from first client contact to client treatment using 30 randomly selected Hispanic/Latino clients from the Oxnard and Santa Clara Valley communities. BAI also conducted interviews with past and present Hispanic/Latino client populations and representatives of community-based organizations to solicit feedback about their experience with the STAR program services and process. In addition, BAI reviewed current VCBH policies and other documents to ensure they include guidelines for cultural and linguistic appropriateness and efficiency of behavioral health care to minority and disadvantaged populations.

Evaluation Study Design

In collaboration with the VCBH and STAR administration, a mixed methods approach was used for this evaluation. The initial evaluation contract covered the period between December 2019 through May 2020. It should be noted that face-to-face meetings, interviews, and client recruitment was delayed due to the COVID-19 Pandemic and the initial study period was extended as a result of the “Shelter in Place” orders. It is noteworthy to mention that as a result of COVID-19, VCBH has gone from a primarily phone-based referrals system that leads to in-person assessments, to the currently all remote system (I.e., telephone and/or zoom).

Our evaluation team is led by Richard Cervantes, Ph.D., and includes Cindy Keig, MS, Donna Camacaro, Elias Koutantos, Adrian Reyes, and Martha Cristo, Ph.D. An initial kickoff meeting was held March 5, at which time several staff members were in attendance including Dr. Sevet Johnson, Behavioral Health Director, Dave Roman, Electronic Health Records, Dr. John Schipper, Adult Division Chief, Jennifer Doherty, Behavioral Health Manager II, Ana Magbitang, Clinic Administrator, Dina Olivas, Division Chief, Cynthia Salas, Equity Services, Tina Coates, Community Advocate, Pete Pring, Special Project Chief, Julie Glantz, Adult Division, RISE and Outreach, Stephanie Moneyhun, Clinician, and Hugo Centeno, Clinician (formerly Youth and Family). In addition, other staff members including the following titles: RISE screener for Crisis Access; Clinician with RISE; Law Enforcement with RISE (outreach with homeless and those in legal system), Rise engagement, outreach and referrals from schools and hospitals; Lead clinician; Clerical team (scheduling, interpreters, and follow-ups), and Logrando Bienestar staff who works with Latinos through schools, and engages services for Hispanics/Latinos.

A mixed methods approach was used, including the following:

- Review of VCBH STAR documents and relevant reports- A number of documents were provided by VCBH staff as a way of capturing information on the development and operations of the VCBH STAR system. BAI Received STAR process documents from C. Ortiz to review on 2.19.20. Selected documents relevant to the STAR process included STAR Scheduling workflow diagrams, RFS protocol, STAR team training documents, and various relevant reports, among others. Further analyses took place through June 2020.
- Analysis of AVATAR Health Records data frequencies- With assistance from VCBH analyst Dave Roman, BAI reviewed timeframe data on requests for services (RFS). BAI reviewed frequency analyses received from VCBH from April 13, 2020 through July 2020. BAI conducted analysis of critical data points including: the number of days between triage and assessment; time between referral and service; number of case management sessions, number of individual therapy sessions, number of medical support sessions; number of evaluations, and number of family meetings, and no shows for both Hispanic and Latino and Non-Hispanic and Latino clients.

- Conducting face-to-face and telephone-based interviews – BAI staff conducted face-to-face interviews with STAR personnel including clinicians, crisis team members, staff members from RISE and Logrando Bienestar, STAR administrators, outreach staff, and special projects staff. In addition, with the support of VCBH staff, six separate client samples were identified, selected, and interviewed. It should be noted that multiple programs (Crisis Team, Logrando Bienestar, RISE, etc.) process requests for services. Client interviews took place from July 14, 2020 to February 18, 2021.
 1. BAI interviewed Group A. Hispanic/Latino clients who were referred, screened, assessed, and accepted for services. Admitted to a VCBH Clinic but closed after receiving limited VCBH services/treatment. "Limited" services are defined as less than four (4) billable contacts. (Connected to clinic but dropped out at some point).
 2. BAI interviewed Group B. Hispanic/Latino clients who were referred, and screened by STAR but not assessed, nor admitted. (Triaged/ referred out at point of RFS).
 3. BAI interviewed Group C. Hispanic/Latino clients who were referred, screened, and assessed by STAR, *but not admitted to VCBH services/treatment*. (Assessed by STAR, not meet criteria (lower level of care), referred out for services).
 4. BAI interviewed Group D. Hispanic/Latino clients who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services.
 5. BAI interviewed Group E. Non-Latino clients who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services.
 6. BAI interviewed Group F. 21 Community-based organizations serving the Latino community in Ventura County. Interviews took place from November 24, 2020 to January 8, 2021.

The BAI evaluation team communicated regularly via email and phone with VCBH staff since the beginning of the project. BAI met in person with VCBH STAR staff on December 12, 2019, and again on March 5, 2020. BAI staff (Donna Camacaro) kept in communication with Julie Glantz and her team on a regular basis regarding scheduled interviews, sample size, and requests of more clients for interview purposes.

DOCUMENTS REVIEWED

The BAI team reviewed relevant process documents received from STAR staff, including referral process documents; various reports; scheduling documents; STAR team training documents; STAR service protocols; manuals; and others. Table 1 shows a listing of various documents reviewed.

REQUEST FOR SERVICES	REPORTS	SCHEDULING	TRAININGS	PROTOCOLS	MANUALS	Cultural Competence & Other
RFS Protocol	DMAIC Access Project Final	ISSP Appointments	Ventura County MHP Handbook	Chart Processing Protocol	OD Training Manual Rev 8.2019	Office of Health Equity & Cultural Diversity -Cultural Competence Plan 2018-2021
Introduction to VCBH Services (2016)	VCBH Annual Summary Report 2014-15			School No Response Letter		Quality Assessment & Performance Improvement Work plan 2019-20
RFS Checklist	BH Report 2014 California LULAC	Diagnosis Collaboration with Medical Team	Introduction to Services English	Billing Process Matrix	Beacon Algorithm Adults	Matrix for Turnaround Times
Instructions for Referral to STAR Intake & Consent	Ventura MHP EQRO Final Report FY 2018	STAR Scheduling Flowchart (11/1019)	English Language Acknowledgment of Receipt of Informing Materials	Walk in Protocol	Beacon Algorithm Children	CA08 Consent for MH & MR06 Adult Consent d
RFS Phone Queue Guideline	2018 VCBH Latino Prevalence Penetration Rates	STAR Case Workflow (flowchart handout from VCBH)	Chart Processing & Auditing	What to include in Beacon Referral	NOABD Guide	Adult & Child Audit Sheets
RISE Referral	1115 Behavioral Health Services Needs Assessment	Appointment Pink Sheets	CA 59 Safety Plan	EPSDT Overview for Staff	Milestones of Recovery Scale	English -Your Right to Make Medical Decisions About your Medical Treatment
Finalizing RFS & Closing	VCMH Community Mental Health Needs Assessment 2019	Clinic Assignments	RFS Training Manual			Notice of Privacy Factsheet
Beacon CM Referral	VCBH Office of Health Equity & Cultural Diversity -Cultural Competence Plan 3-Year Plan 2018-2021	Order Process Timeline				Adult Missed Appointment Notice
RFS Flow for intake staff	DHCS Medi Cal Eligibility & Enrollment Report Apr 2021					RISE Brochure
	VCBH Mental Health Services Act Expenditure Plan & Annual Update 2019-2020					English Provider List
	Ventura County STAR Latino Mental Health Care 2018 (vcstar.com)					English HIPPA Acknowledgement

End-To-End Process Mapping of The STAR Program Process

PURPOSE

The purpose of the process mapping was to provide a visual of each keynote or element that would be a point in which the client had contact with VCBH STAR to show (visually) if there is an overlap or repetition within the process from the initial request for services to services or treatment, and any barriers.

METHODOLOGY

STAR Staff Meetings

Dr. Cervantes held a first project planning meeting with Dr. Sevet Johnson and Dr. Henry Villanueva on December 12, 2019. BAI team met with VCBH administrators, staff and STAR program team on March 5, 2020 that included: Dr. Sevet Johnson, Behavioral Health Director, Dave Roman, Electronic Health Records, Dr. John Schipper, Adult Division Chief, Jennifer Doherty, Behavioral Health Manager II, Ana Magbitang, Clinic Administrator, Dina Olivas, Division Chief, Cynthia Salas, Equity Services, and Tina Coates, Community Advocate. BAI conducted a literature review of numerous internal documents and reports and BAI reviewed the AVATAR assessment process through an in-person meeting with the senior program administrator (Dave Roman) of the Electronic Health Records AVATAR system. Several BAI-STAR phone meetings were held during the contract period.

THE STAR PROCESS DESCRIPTION

STAR is a complex system with many inputs. The admission of new clients into VCBH for mental health services is conducted in a centralized manner by the Screening Triage Assessment and Referral (STAR) team. The end-to-end process for clients to obtain services through STAR includes several components beginning with the request for services or a referral and continues to intake/admission. The assessment process includes: 1) Scheduling; 2) Paperwork Completion; 3) Assessment; and 4) Services or Treatment.

The initial request for services (RFS) is received through a direct call to STAR or ACCESS, an email or fax, clinic walk-ins, and referrals (including E-referrals) from multiple other community organizations and agencies. Based on information received from STAR staff interviews, STAR licensed staff determine if the criteria are met to schedule an appointment. If licensed staff is not available at the time of the RFS, the client will need to be called back. If the criteria are not met an appointment is not scheduled, and client is referred to community providers.

According to STAR staff, the admission process consists of a STAR intake staff explaining to each client what the STAR assessment is upon being scheduled, but the level of understanding by client is on a case-to-case basis. Some language barriers or complex terms may not be understood, and turnaround time may be an issue especially if the client does not have a phone. It is important to note that the Pandemic forced the entire community to communicate virtually, and the loss of jobs or limited income also resulted in limited access to phone and Internet.

Interpreter support is secured during previously scheduled appointments and is always made available and offered to limited English proficient clients.

The client assessment includes, but is not limited to assessment of clinical/medical symptoms and history, case management, employment, and other. The results of the assessment will determine the mental health diagnosis for the client. The presence of mental illness and significant functional impairments and/or symptoms establishes eligibility for services. Eligible clients are referred to the appropriate VCBH clinic / program by the STAR team with treatment recommendations. If appropriate, a psychiatric evaluation may also be conducted to determine the need for medication services.

Based on staff interviews, STAR only provides services for moderate to severely impaired mentally ill clients. According to STAR clerical team member (Lydia) a large percentage of STAR clients have “mild to moderate” mental illness, and STAR does not provide clinical services for these clients, although at times they do provide case management through RISE or Logrando Bienestar to help clients and families connect to community services in order to prevent further decline, especially for persons needing higher level of care. If the STAR team determines, through their initial screening or comprehensive assessment, that an individual is not eligible for specialty mental health services with VCBH, appropriate referrals to community programs or resources are given.

Ventura County Behavioral Health’s Cultural and Linguistic Appropriate Services

Based on The Ventura County Behavioral Health (VCBH) Competency Plan (2018-2021) VCBH aims to improve and advance health equity through a wide range of policies and procedures, including telephone access, human resources training and recruitment, bilingual allowances, cultural competence training, interpretation, signage, and other areas documented in the plan. VCBH Follows the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). According to the VCBH Competency Plan, VCBH currently provides services that are responsive to diverse cultural health beliefs, preferred languages, health literacy and other communication needs through providing all paperwork documents in the Spanish language and providing interpreters and use of peers to assist non-English speaking clients as needed. Note: VCBH brought in a new Equity Services Manager Dec 13th, 2019 and has taken steps to restructure the Office of Health Equity and Cultural Diversity.

STAR End-to End Process Map

The Following process map shows each step of the STAR process from request for services to assessment. In addition, a map of each individual process is provided separately along with a description of barriers and other notes and information as taken from interviews with STAR staff. Each step from the request for services to the actual treatment or service is identified in the process map below. Each process has several elements or steps as shown in the process mapping visual below.

MAPPING OF THE STAR PROGRAM PROCESS INTAKE TO ASSESSMENT

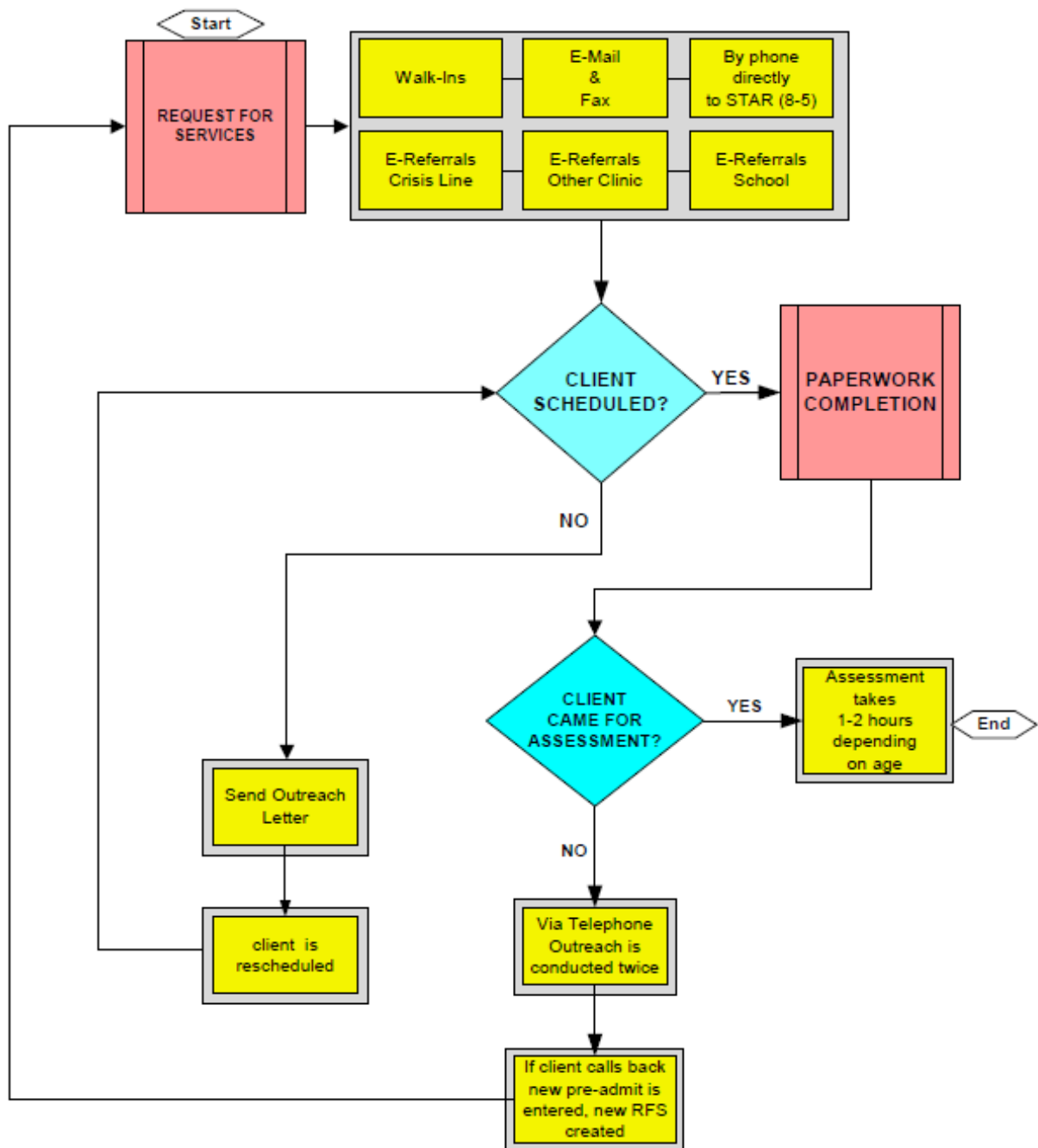
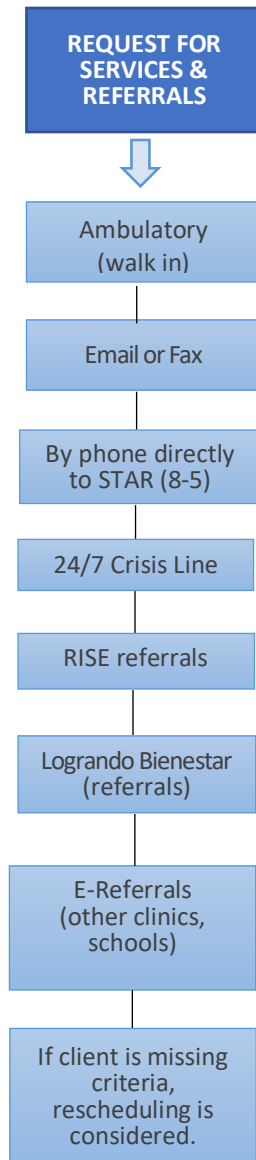


Figure 1:

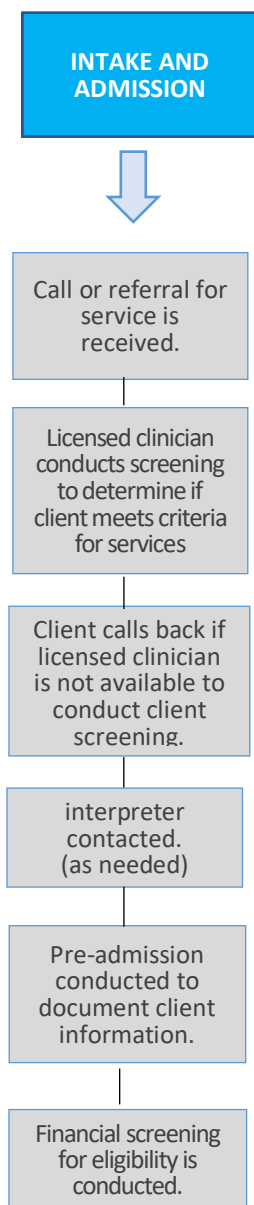


STAR PROCESS STEP 1: Requests for Services

According to findings from the records review and staff interviews, the admission of new clients into VCBH for mental health services is conducted in a centralized manner by the Screening Triage Assessment and Referral (STAR) team. Clients can access VCBH STAR services in person, directly by telephone, via email or fax, or through calling the 24/7 Crisis line. Clients can also get referred from other VCBH programs such as Logrando Bienestar, RISE, by other clinics, and by school referrals.

The following are brief descriptions of VCBH programs that refer clients To STAR.

- a) **Ventura County Behavioral Health ACCESS LINE** -This is a **24-hour CRISIS line** that serves as an access point to Ventura County behavioral health services. The STAR program coordinates access so that consumers receive appropriate screening, triage, assessment, and/or linkage to appropriate mental health services.
- b) **The Rapid Integrated Support & Engagement (RISE) Program**-is offered by Ventura County Behavioral Health for those who have mental health problems and are unable or unwilling to access assessment and treatment. RISE is a field-based outreach team that makes contact, then provides ongoing support in navigating any challenges to accessing care. The RISE team also follows up with clients as needed and may be closely involved with case management.
- c) **Logrando Bienestar** (Achieving Wellbeing) is a program of Ventura County Behavioral Health designed to help the Hispanic/Latino community understand the importance of mental and emotional health, with the goal to help individuals to access mental health services. The program services youth and adults in Santa Paula and areas of Oxnard and has expanded in all regions of Ventura County including: El Rio, South/North Oxnard, Port Hueneme, Santa Clara Valley, East County, and has increased collaborative relationship with other public service agencies to provide psychoeducation, information about VCBH services, and provide support in navigating the mental health system. **The Logrando Bienestar Outreach Program** is actively partnering with school districts and beyond in order to offer workshops, consultation, and education regarding COVID-19 to parents and families, while continuing to accept referrals from school sites. In addition, Logrando is looking to use a technology platform to reach out and connect with the local farm worker community.

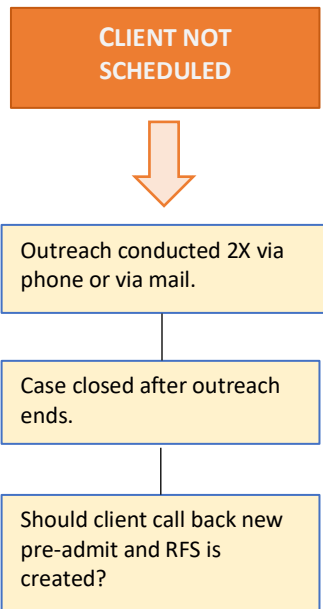
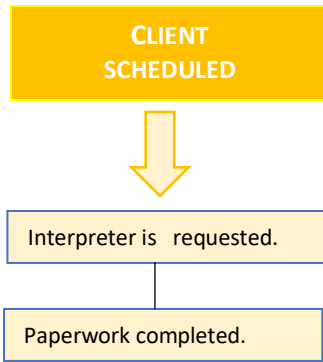


STAR PROCESS STEP 2: Intake and Admission

During the intake/admission process, the client receives a single screening by a licensed clinician to establish eligibility before an appointment (for assessment) is scheduled. Screening includes documenting client information and screening financial and/or medical insurance eligibility.

Based on VCBH STAR staff and key personnel interviews the following comments were noted in regard to the intake/admit process.

- STAR has a language line available for non-English speaking clients.
- There is NO script for staff who answer client phone calls.
- Calls are answered 24/7 by Access Line or Crisis team staff.
- Calls directly to STAR are answered 8:00am -5:00pm only.
- The Access Crisis line is made public -the direct line to STAR is not.
- All voice mail messages are returned next business day.
- Mental Health Crisis & emergencies/referrals are handled by RISE.
- Once a fax is received, client is called for scheduling.
- Screening process takes approx. 10-15 minutes.
- All (telephone) screenings can be conducted by clinicians, RNs, techs, RISE coordinators or community service coordinators.
- Screening is critical to ensure services are through the agency.
- Fifty percent 50% of referrals identify as Latinx/Indigenous & Hispanic
- The ethnicity of a client is often not checked or overlooked (by staff or client) when completing the assessment form.
- Clients can get access to services without using STAR process through CBO's.
- Many barriers within STAR service are not unique to Latinos only including transportation, limited hours, scheduling, phone calls and high eligibility requirements.
- Some staff concerns are that immigrant clients (including farm workers) and undocumented clients may not be receiving services due to limited access and limited technology.
- Lack of Spanish language on the (recorded) after hours call line.

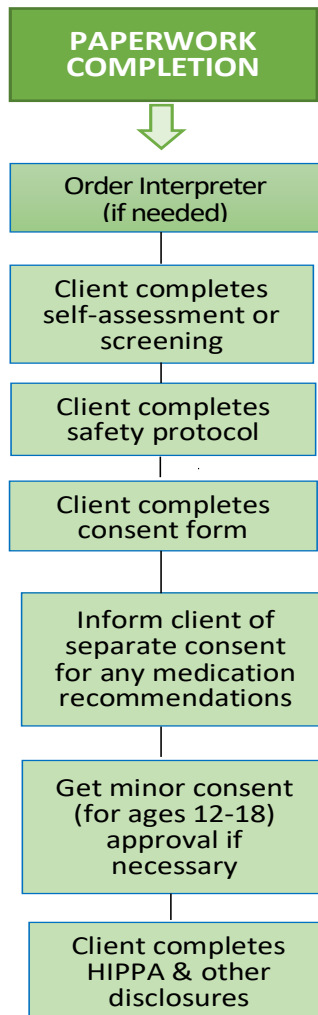


STAR PROCESS STEP 3: Client Scheduling for Assessment

Based on staff interviews, STAR only provides services for moderate to severely mentally impaired clients. STAR licensed staff determine if the criteria are met to schedule an appointment. If it is determined that an individual is not eligible for specialty mental health services with VCBH, appropriate referrals to community programs or resources are given and a letter of denial is provided. If a client is deemed eligible for services (through screening), a comprehensive assessment will be scheduled.

According to STAR clinicians and triage staff, the following list includes some barriers / concerns for Hispanic/Latino Clients when scheduling services through STAR:

- Clients do not know they can contact STAR directly. They do not know they do not need a referral.
- Generally, the Hispanic/Latino community does not know how to access mental health services.
- Parents often fear that their child may get kicked out of school if they don't respond to (referral) services.
- Hispanic/Latino clients often have a fear of reprisal and often think the crisis team is Child Protection Services.
- Stigma about using mental health services is a big issue in the Hispanic/Latino community.
- Socio-economic and Immigration issues (i.e., lack of health insurance, immigration status, access, poverty, language barriers, etc.) often create barriers to getting mental health services.
- RISE cannot transport minors, which can delay access to services being scheduled.
- Many Hispanic/Latino clients have a fear of compromising other opportunities (i.e., immigration, employment, education) so they don't complete the services.
- Staff unable to locate clients for outreach, to reschedule or follow up.



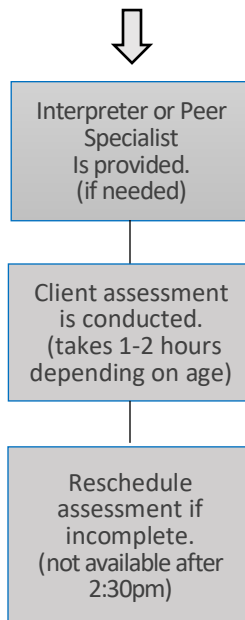
STAR PROCESS STEP 4: Paperwork Completion

Each client has to complete paperwork prior to receiving services. Paperwork is available in Spanish. Interpreters are always provided, and peers can assist, (when available). Some examples of the paperwork required for clients to complete includes financial (insurance) documents; self-assessment and screening; safety information; and consent forms. Confidentiality and other disclosures are also required.

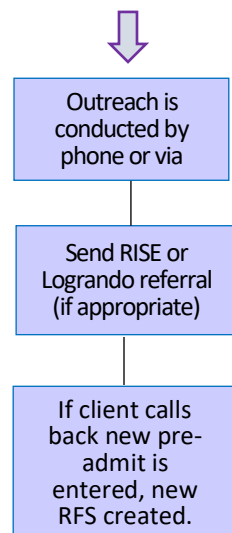
Based on STAR staff interviews, the following are some challenges that STAR staff and Hispanic/Latino clients often face when completing the paperwork required for STAR assessment services.

- Often paperwork is necessary when clients are being transferred or handed-off from one service to another and is often repetitive for staff and clients.
- The Spanish language paperwork (forms) are very complex for clients and staff who assist clients in completing paperwork or complete the paperwork for them.
- Indigenous languages /dialects are a big problem. Few if any indigenous language translators/interpreters are available.
- Many Hispanic/Latino clients cannot read or write in either English or Spanish or other indigenous language.
- Sharing private information with a number of people during the admission process can be difficult for many Hispanic/Latino clients as many carry a tradition of privacy.

ASSESSMENT



ASSESSMENT NO SHOW



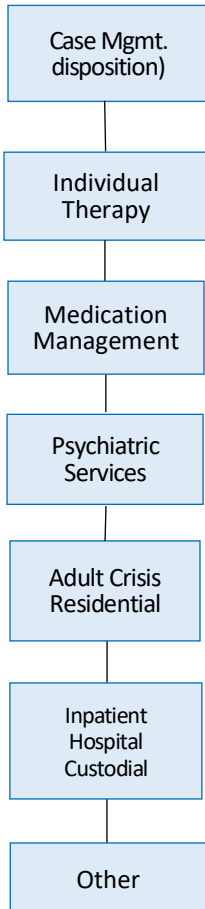
STAR PROCESS STEP 5: Assessment

Once a client is eligible for VCBH services a comprehensive assessment is scheduled. Interpreters are available when needed. The assessment generally takes 1-2 hours per client, and may be rescheduled to complete if necessary.

Based on STAR staff interviews, the following are some challenges that Hispanic/Latino Clients face in completing the assessment or obtaining STAR services.

- Assessments are not provided after 2:30 pm. Many Hispanic/Latinos work in the fields or service industries which can make availability for scheduling an assessment challenging.
- Very few resources are available in the community for “mild to moderate” mental illness. Many STAR clients do not meet criteria for Medi-Cal Specialty Mental Health services (i.e., the moderate to severe mentally impaired as evidenced by the combination of certain diagnosable conditions and significant functional impairment).
- Transportation is a barrier for many Hispanic/Latino clients. Some cannot get timely public transportation or distance is a problem.
- Lack of childcare is a barrier for many Hispanic/Latino clients.

TYPES OF SERVICES PROVIDED



Services Available Through STAR

Once the need for services is determined, clients are referred to appropriate services depending on the results of the assessment and need. Services available through STAR include case management, group therapy, individual therapy, medication management, psychiatric services, family services, adult crisis residential, inpatient hospital and others as needed.

Based on STAR staff interviews, the following are some challenges that Hispanic/Latino Clients face in receiving services.

- 10-day appointment time from intake to physician is preferred; wait times between appointments often take longer.
- There are few bilingual doctors / staff – (STAR currently uses tele-psych services for bilingual clients).
- Undocumented status of clients is a problem for following through with treatment because of the fear of deportation and separation.
- The number of “hand off” contacts that clients have with various STAR partners in the process (i.e., school/Access, crisis/STAR, STAR/RISE etc.) creates a longer wait time and duplication of efforts and information sharing.
- Cultural issues (for example, there is no word for Mental Health among many Latinos).

SUMMARY

The STAR system is complex. Overall, the process mapping did not find habitual repetition or duplication of tasks from the initial request for services to the actual doctor appointment or treatment. The mapping did reveal that due to the nature of using a phone-based call-in system to get an RFS, the need for multiple callbacks and lack of Spanish language screeners the ability of STAR to respond quickly for clients who are in grave psychiatric need may be compromised. For example, if a clinician is not available to the client upon the initial intake call, the client is scheduled for a call back upon the clinician's availability; the callback may be delayed further if an interpreter is requested and not available at that time.

Based on interviews conducted with STAR staff, there were four clinicians staffed to address all the call backs and initial screenings or triage assessments. Because many of the Hispanic/Latino and indigenous clients only use cell phones and often move from one location to another, they are hard to keep in contact with, and call backs are made repeatedly. In addition, according to STAR staff, more common than not, the option to split an assessment into two or three separate appointments is available to clients in order to complete the assessment as they are not scheduled beyond 2:30pm.

In summary, while there is a logical flow to the STAR process mapping there are a number of points in which Hispanic/Latino clients can fall out of the system before receiving a fair and comprehensive triage and assessment.

***SOME
KEYBARRIERS
SPECIFIC TO
HISPANIC/
LATINO CLIENTS
AS NOTED BY KEY
INFORMANTS AND
STAR STAFF***

- Literacy issues-Many Hispanic/Latino clients cannot read English or Spanish language which causes delays in getting necessary paperwork completed.
- Hispanic/Latino clients often do not trust the interpreters.
- There are very few if any indigenous dialect interpreters available.
- The annual repetition of paperwork completion creates delays for both clients and the STAR staff.
- Hispanic/Latino clients are often not comfortable with sharing private information with others repetitively.
- The shortage of bilingual staff and doctors causes delays in Hispanic/Latino clients scheduling of appointments.

Time Study Evaluation

PURPOSE

The purpose of the time study was to evaluate the waiting periods to access services and the type of services received from the STAR Program at Ventura County Behavioral Health for Hispanic/Latino clients in need of mental health care. Specifically, the time study examined the time intervals between the different points of services from the initial request to the first treatment contact for 60 randomly selected Hispanic and Non-Hispanic clients from the Oxnard and Santa Clara Valley regions in Ventura County.

METHODOLOGY

The time study used a mixed methods design that included meetings with VCBH STAR staff and archival electronic patient health records review (AVATAR).

SAMPLE

Thirty Hispanic/Latino and 30 Non-Hispanic electronic patient health records were randomly selected from the VCBH Avatar electronic system. The sample represented clients that were either currently receiving STAR services or received at least one service contact.

DATA COLLECTION

A two-step approach was used to collect data for the time study. First, a series of data planning meetings were conducted with the VCBH Senior Program Administrator (Technical Projects) to identify client databases and sampling strategies. Second, STAR services archival client databases that included the type and date of service for each client in the sample during the period of July 2019 to March 2020 were used.

DATA ANALYSIS

Comparative analysis between Hispanic/Latino and Non-Hispanic clients were conducted for the different types of service contacts and the time intervals for receiving services. The service contacts used for the analysis were: (1) Initial request for services, (2) Assessment Intake, (3) Type of treatment, and (4) missed appointments. Descriptive statistics were applied to determine the waiting periods (in days) between each service contact including missed appointments. Specifically, the following analysis were conducted:

- Analysis of 30 Randomly Selected Hispanic/Latino - Service Detail and Missed Appointments.
- Analysis of 30 Randomly Selected Non-Hispanic/Latino -Service Detail and Missed Appointments.

RESULTS

Overall, the results of the comparative analysis for Non-Hispanic/Latino and Hispanic/Latino clients revealed similarities and differences for the various types of service contacts. These results appear in Table 2. As shown, the mean number of assessments for Non-Hispanic/Latino clients was 1.6 and 1.8 for Hispanic/Latino clients. Case management and case planning service contacts were also comparable for both groups. The mean number of case management service contacts was 2.6 for Non-Hispanic/Latino clients and 2.8 for Hispanic/Latino clients. Similar means were derived for case planning service contacts for Non-Hispanic/Latino and Hispanic/Latino clients (M=1.6, M=1.5, respectively). A notable difference was found with regard to psychiatric consults. Non-Hispanic clients received twice the rate of psychiatric consults (M=1.1) than Hispanic clients (M=.5). Medication support service contacts were also slightly higher for Non-Hispanic/Latino clients (M=1) compared to Hispanic/Latino clients (M=0.7). One explanation for the lower psychiatric services for Hispanic/Latinos is that they were more likely to seek services for a child. This was not controlled for in the sampling of clients.

	Assessment Services	Case Management Services	Case Plan Development Services	Medication Support Services
NON-HISPANIC/LATINO				
<i>Total</i>	49	77	48	32
<i>Mean</i>	1.6	2.6	1.6	1
HISPANIC/LATINO				
<i>Total</i>	55	84	47	23
<i>Mean</i>	1.8	2.8	1.5	0.7

The analysis of the time intervals between service contacts revealed that the waiting periods (for services) ranged from two weeks to one month for both Hispanic and Non-Hispanic clients. Specifically, the mean number of days from the initial request for mental health services to receiving an assessment appointment was 15.9 for Non-Hispanic clients and 15.3 for Hispanic clients. The results for the number of days from the initial request for mental health services to a first treatment appointment date indicated that Non-Hispanic clients had slightly longer waiting periods (M=33.7 days) compared to Hispanic clients (M=29.2 days). These results are presented in Table 3. Data was also obtained for those clients who did not receive treatment services after assessment.

	Number of Days from Request Date to Assessment Date	Number of Days from Request Date to First Treatment Date	Number of Clients that did Not Receive Treatment
NON-HISPANIC			
<i>Total</i>	454	101.2	5
<i>Mean</i>	15.3	33.7	16%
HISPANIC			
<i>Total</i>	478	1018	8
<i>Mean</i>	15/9	29.2	26%

Data for the number of service contacts including missed appointments for each sample group was analyzed. The results appear in Table 4. As indicated, Non-Hispanic/Latino clients were found to have at least three more service contacts than Hispanic/Latino clients. The mean number of service contacts for Non-Hispanic/Latino clients was 15.3 and 12.4 for Hispanic/Latino

clients. Additionally, missed appointments were slightly higher for Non-Hispanic/Latinos (M=1.4) than Hispanic/Latino clients (M=1.2).

Table 4. Mean number of service contacts and missed appointments							
	Individual Therapy	Group Therapy	Collateral Family/Client	Crisis Intervention	Crisis Stabilization	MH Crisis Residential	Rehab Services
NON-HISPANIC/LATINO							
<i>Total</i>	44	4	8	0	5	39	24
<i>Mean</i>	1.6	0.1	0.2	0	0.1	1.3	0.8
HISPANIC/LATINO							
<i>Total</i>	55	6	15	4	0	0	0
<i>Mean</i>	1.8	0.2	0.5	0.1	0	0	0

The frequency of the different types of treatment service contacts for Non-Hispanic/Latino and Hispanic/Latino clients was assessed. For the analysis, the STAR Program Clinic codes were utilized to categorize the types of service contacts. These results are displayed in Table 5. Notable differences between Non-Hispanic/Latino and Hispanic/Latino clients were detected. Hispanic/Latino clients had twice the rate of collateral family therapy sessions (Mean=.5) than Non-Hispanic/Latino clients (M=.2). For the seventh month period examined by the present time study, crisis intervention services were obtained by Hispanic/Latino clients (M=.1) while Non-Hispanic/Latino clients did not receive this type of service. In contrast, Non-Hispanic/Latino clients obtained services that included crisis stabilization, mental health crisis intervention in a residential setting, and rehabilitation services, whereas Hispanic/Latino clients did not receive any of these services (see Table 4). Additionally, the mean number of individual and group therapy sessions were slightly higher for Hispanic/Latino clients (M=1.8, M=.2, respectively) than Non-Hispanic/Latino clients (M=1.6, M=.1, respectively).

Table 5. Frequency and types of service contacts		
STAR Clinic Service Contacts Without Missed Appointments	Missed Appointments	
NON-HISPANIC		
<i>Total</i>	440	44
<i>Mean</i>	15.3	1.4
HISPANIC/LATINO		
<i>Total</i>	373	36
<i>Mean</i>	12.4	1.2

SUMMARY

The most important finding from the present time study was the long waiting periods for accessing treatment services. Clients in both groups, had a waiting period of one month before they were seen by a therapist. Long waiting periods place clients at high risk for symptom severity as mental health problems go untreated. In addition, access issues often lead to emergency room visits or hospitalizations. This finding pointed to the need for VCBH STAR to improve access services for both Hispanic/Latino and Non-Hispanic/Latino clients.

The time study also highlighted key differences between Non-Hispanic/Latino and Hispanic/Latino clients on accessing services from the VCBH STAR Program. A difference was found in the service utilization rates for Hispanic/Latino clients. Hispanic/Latino clients had fewer service contacts (twelve visits) than their Non-Hispanic/Latino counterparts (fifteen visits).

Barriers such as limited bilingual providers, availability of appointments, long waiting periods, and the lack of culturally sensitive services may have accounted for this difference.

OBJECTIVE 3

Client and Community Surveys

PURPOSE

The purpose of these interviews was to gather feedback from clients and community-based organizations about their experience with the STAR program services and process. VCBH was particularly interested in: (1) understanding clients and community-based organizations perception and experience with the STAR program process, (2) why clients did not choose to proceed with the assessment process after a referral, (3) why clients did not enter and/or continue with treatment after an assessment, and (4) what feedback community-based organizations receive from the community members about the STAR program and process.

METHODOLOGY

BAI Conducted interviews with 91 randomly selected clients from the following six populations. Each population interviewed was divided into groups as shown below:

The 6 groups are as follows:

- Group A. Latino clients who were referred, screened, assessed, and accepted for services. Admitted to a VCBH Clinic but closed after receiving limited VCBH services/treatment. "Limited" service is defined as less than four (4) billable contacts. (Connected to clinic but dropped out at some point). Changed to include 5 or less billable contacts and expand into 2020 in order to get more clients to interview.
- Group B. Latino clients who were referred, and screened by STAR but not assessed, nor admitted. (Triaged/ referred out at point of RFS). Later expanded to include 2020 in order to get more clients to interview.
- Group C. Latino clients who were referred, screened, and assessed by STAR, but not admitted to VCBH services/treatment. (Assessed by STAR, not meet criteria (lower level of care), referred out to Beacon or CBO for services)
- Group D. Latino clients who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services/treatment. (currently engaged)
- Group E. 20 Non-Latino clients who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services/treatment (currently engaged).
- Group F: Community-based organizations serving the Latino community in Ventura County.

RANDOM SAMPLING

VCBH Sr. Program Administrator (Dave Roman) selected random samples for each group of clients from the AVATAR Electronic Health Records System. The process included the following:

- 1) Records were selected matching the requirements for each group (A – E) and were saved into an Excel file.
- 2) The data analyst performing record selection worked with each Excel file in turn to randomly highlight various rows, moving from top to bottom of the spreadsheet, until the requested quantity of records had been selected.
- 3) The spreadsheet was reviewed a second time to remove the non-highlighted rows, leaving only the randomly selected data.
- 4) The spreadsheet containing the request quantity of randomly selected data was forwarded to the VCBH project lead (Julie Glantz) for distribution.
- 5) When lists were exhausted/ attempted outreach to all clients on the list, a new list was requested.
- 6) Steps 1-4 was repeated until desired number of clients were contacted and agreed to participate.

The following Table shows the number of clients VCBH STAR contacted to participate, the number of clients that declined to be interview and other reasons for non-participation (i.e., phone hang ups, wrong numbers, messages left, etc.). STAR staff were provided access to an Excel file via BAI’s cloud storage (Dropbox) for scheduling purposes. The file titled “VCBH STAR Client Interview Schedule” had 5 sections for each group that included the following fields: 1) client’s name, 2) phone number, 3) appointment date, 4) appointment time, 5) preferred language, 6) VCBH staff comments, and 7) BAI staff comments. Three additional fields included those that did not answer, those that did not return voicemail messages, and those with no current contact information available. **An overall response rate for participants in groups A through E is 17.3%.**

July 1, 2018 to Dec 31,2019	Total Outreach	Total that Agreed to Participate	Total Declined	Other	Percent Scheduled
Group A	215	36	49	130	16.74%
Group B	285	35	36	214	12.28%
Group C	196	45	18	133	22.96%
Group D	141	33	7	101	23.40%
Group E	320	36	50	234	11.25%
Totals	1,157	185	160	812	

From the clients who were contacted by STAR staff and consented to be interviewed, a master participant list was created by BAI and used for interviewer assignment. Interviewing was conducted with STAR clients from July 14, 2020 to February 18, 2021 to solicit their opinions, comments, and suggestions regarding the VCBH program. Of the total sample provided by VCBH outreach staff (N=201) clients, 91 participated in the study. There was a forty five percent (45.3%) completion rate.

A telephone survey was conducted by trained BAI interviewers using a phone application called KeKu, a Voice over Internet Protocol (VoIP) company that has its own patented Smart Dial technology for its calling services. Users can make use of KeKu's services via its iOS, Android and Google Chrome apps as well as in-browser calling. This app allowed the interviewers to share the same calling account where all call records were maintained at one location on their website. As a call was made, upon answering, the call was automatically tape recorded to include both the interviewer and respondent. The high-quality recordings were saved on the server and were conveniently downloaded and transcribed for analysis and reporting.

A total of 645 call attempts were made to complete the 91 interviews. A total of 42 interviews were conducted in English and 49 interviews were conducted in Spanish. The results were tabulated by computer.

Client and Community Stakeholder Survey Instruments

The Client Survey was developed by the BAI evaluation team. The survey instrument itself has twenty-seven questions with one additional question that is relevant to each specific group. Twelve of the twenty-seven questions are open ended. The survey tool itself has a total of eight demographic questions include gender, age, ethnic background, race, preferred language, birthplace, and whether services were for the client or a family member.

The community stakeholder instrument was also designed in collaboration with designated VCBH staff and Cynthia Salas, Health Equity/Ethnic Services and Cultural/Linguistic Manager. Through a series of meetings with VCBH a final item and open-ended content survey was created. The survey instrument itself has twenty-seven questions. Nine of the twenty-seven questions are open ended. The survey tool itself has a total of four demographic questions include gender, age, race, and ethnic background.

A script was designed for interviewers to use as an introduction and to provide instruction upon calling each client. The survey tools and script were given in both English and Spanish.

Data Management

Additionally, as part of the BAI real-time computer assisted interviewing system, interviewers used a dashboard to manage the survey sample provided by VCBH. The system allowed BAI to add, delete or change sample information as well as make interviewer assignments, scheduling of callbacks, recording disposition of calls and generating progress reports. A graphic of the dashboard system is shown below.



reports. A graphic of the dashboard system is shown below.

Figure 2:
Data Management
Dashboard

RESULTS

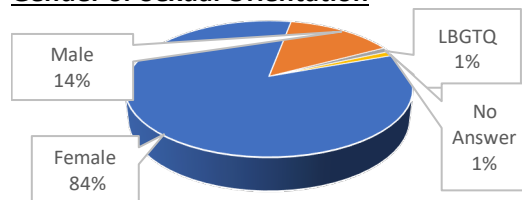
The following Table reflects the final sample of clients who were interviewed within each of the 5 groups.

	Group A	Group B	Group C	Group D	Group E
Totals	15	15	20	21	20

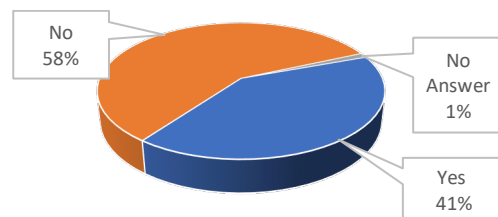
CLIENT DEMOGRAPHICS

The figures below show the overall demographic analyses for (N=91) client respondents in group A, B, C, D and E combined. In terms of gender eighty four percent (84%) of all respondents are female; (14%) are male; (1%) are LGBTQ; and (1%) did not answer. Twenty-two percent (22%) of all the respondents are under the age of 30; (30%) range in age from 31-39 years old; (30%) range between 40-49 years of age; and (18%) are 50 years of age and older. The ethnicity of fifty four percent (54%) of all respondents is Mexican; (11%) are Mexican/Mexican American; (5%) are Central American; (1%) are Mixteco; and (1%) did not specify. Forty one percent (41%) of all respondents were born in the United States; (58%) were not born in the United States. The primary and preferred language used at home is Spanish. Of those respondents that were not born in the U.S, their birthplaces are El Salvador, Guatemala, Mexico, Nicaragua, and Pakistan. Fifty eight percent (58%) of the respondents are “other” race, and (40%) are White race.

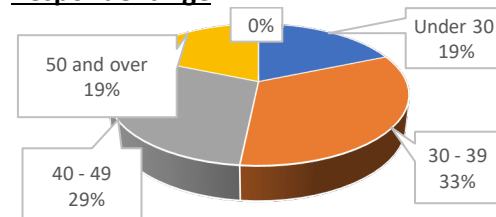
Gender or Sexual Orientation



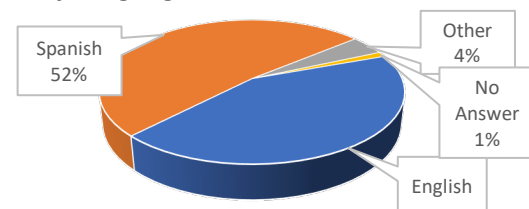
Born in the USA.



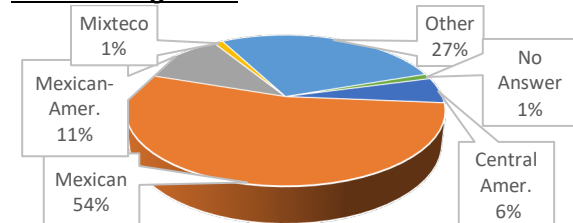
Respondent Age



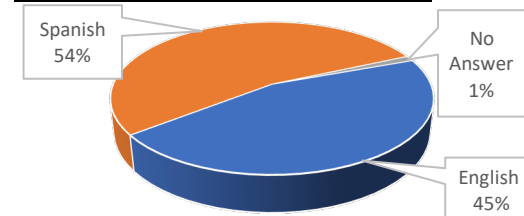
Primary Language Use at Home



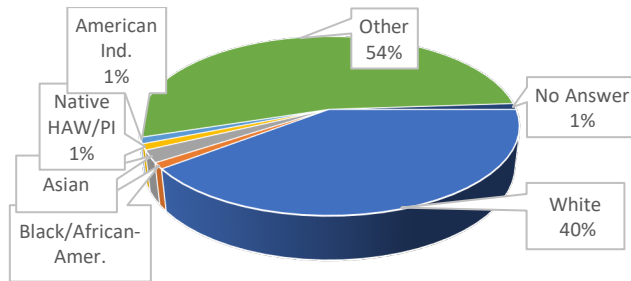
Ethnic Background



Preferred Language Used at Home



Respondent Race



OVERALL CLIENT SURVEY FINDINGS

This section of the report will provide a summary of the quantitative questions that were part of the VCBH STAR Evaluation Survey. In addition to providing a summary of responses for all (N=91) clients, and additional set of tables are provided to highlight differences in client responses based on their memberships in groups A-E.

Following these group comparison tables this section of the report will provide an overview of the qualitative interview summaries based on the transcribed responses of client interviews.

Reason for seeking Mental Health Services at STAR-Nearly half (40%-50%) of all (N=91) client respondents interviewed sought mental health services for emotional stress. Respondents whose family member was referred to STAR but did not meet the criteria for STAR services (condition was not severe enough) ranged from (10%) non-Latino clients to (40%) Latino clients. Twenty seven percent (27%) of Latino respondents that were accepted to receive STAR mental health services (but dropped out) described themselves as being in crisis; (19%) of Latino clients were recommended to STAR services by someone else and are currently engaged; and (1%) of Latino clients and (5%) of non-Latino clients were taken to STAR against their will. Thirteen percent of all Latino clients (13%) did not answer.

Able to speak with someone at STAR in preferred language-Of all (N=91) clients surveyed, between eighty and ninety percent (80% - 90%) of all Latino clients were able to speak with someone at STAR in their preferred language, up to (20%) were not. Ninety five percent (95%) of all non-Latino clients were able to speak with someone at STAR in their preferred language, (5%) were not applicable or did not answer.

Staff/Therapists/Psychiatrists were sensitive to my cultural/ethnic background -Of the (N=91) client respondents, twenty three percent (23%) “strongly agreed” that staff was sensitive to their culture; (50.5%) “agreed that the staff was sensitive to their culture;” (3.3%) “strongly disagreed;” (7%) “neither agreed or disagreed;” (2%) “disagreed;” and (14.3%) did not answer.

Did any of the following barriers interfere with your ability to receive a STAR assessment?

- **I did not understand how the assessment process worked** - Of the (N=91) client respondents, eighty eight percent (88%) did not find this to be a barrier whereas (12%) did not understand the assessment process.
- **I did not receive an appointment for an assessment at the STAR Clinic** - Of the (N=91) client respondents, eighty nine percent (89%) indicated that this was not a barrier whereas (11%) felt that not receiving an appointment for an assessment was a barrier to services.
- **Limited bilingual services were available at the time of my assessment** - Nearly one hundred percent (98%) did not feel that limited bilingual services being available during the assessment process was a barrier, (2%) of all (N=91) respondents did feel that limited bilingual services during assessment was a barrier.
- **Hours available for an assessment did not meet my needs** - Of the (N=91) client respondents, eighty nine percent (89%) of all the respondents did not feel that the hours of services that were available met their needs.
- **Service location for the assessment was too far** - Of the (N=91) client respondents, ninety two percent (92%) did not think that the service location for the assessment was too far, and (8%) of the client respondents felt that this was a barrier.
- **I had difficulty finding transportation or difficulty with transportation cost** -Of the (N=91) client respondents, eighty nine percent (89%) did not feel this was a barrier whereas (12%) did have difficulty with finding transportation or difficulty with transportation costs.
- **The wait for an assessment was too long** - Overall, of the (N=91) client respondents, eighty eight percent (88%) did not feel that this was a barrier whereas (12%) of all client respondents did think that the wait was too long.

Spanish speaking screener was available at first contact with STAR - Of the (N=91) client respondents, fifty four percent (54%) indicated that a Spanish speaking screener was available at their first contract with STAR; (16.5%) indicated a Spanish speaking screener was not available at first contact with STAR; (24%) did not answer; (5%) question was not applicable.

Number of clients who would go back to STAR for mental health services in the future - Eighty two percent (82%) of the (N=91) respondents would return for STAR services in the future. Nine percent (9%) would not, (8%) did not answer.

Since your initial screening contact, have you received any services outside of VCBH STAR?

Of the (N=91) client respondents, sixty eight percent (68%) had not received any services outside of VCBH STAR since their initial screening; (15.4%) did receive services outside of VCBH STAR since their initial screening; and (16.5%) of all respondents did not answer.

For Group A, (73%) of the respondents did not receive any services outside of VCBH STAR.

For Group B and C (60%) of the respondents did not receive any services outside of VCBH STAR.

For Group D, (71%) of the respondents did not receive any services outside of VCBH STAR.

For Group E, (75%) of the respondents did not receive any services outside of VCBH STAR.

CLIENT QUANTITATIVE SURVEY QUESTION RESULTS

The following tables provide a comparison for the open-ended questions in the STAR client survey between each of the sample groups A through E. Highlighted percentages within these tables reflect notable differences in the group responses. As noted in these tables there is a high percentage of non-response/don't know responses. Upon analysis the following list are reasons that clients gave for the non-response/don't know answers.

- The question was not asked.
- Phone was disconnected or hung up deliberately.
- Received STAR services many years ago.
- Client did not need help.
- Too long ago, client did not remember.
- Client refused to go to the scheduled assessment appointment.
- Client never received an assessment but was referred elsewhere for services.
- Client went to 2 visits in total but never returned for services.
- Therapist went on vacation and client was never contacted again.
- Client did not qualify for STAR services; told to look for group therapy.
- Client did not qualify for STAR services; went elsewhere for services.
- Client called but never got a call back.
- Client never received any services from VCBH STAR.
- May have received services outside of VCBH.

a. Did you seek services for yourself or a family member?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	0.0%	5.0%	4.8%	0.0%	3.3%
Family member						
% within Group	60.0%	60.0%	80.0%	61.9%	25.0%	57.1%
Self						
% within Group	33.3%	40.0%	15.0%	33.3%	75.0%	39.6%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.00%	100.0%

b. If family member, who?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	40.0%	40.0%	20.0%	38.1%	75.0%	42.9%
All						
% within Group	6.7%	0.0%	5.0%	0.0%	0.0%	2.2%
Children						
% within Group	6.7%	0.0%	10.0%	9.5%	0.0%	5.5%
Daughter						
% within Group	26.7%	20.0%	20.0%	19.0%	10.0%	18.7%
Grandson						
% within Group	6.7%	0.0%	0.0%	0.0%	5.0%	2.2%
Niece						
% within Group	0.0%	0.0%	5.0%	0.0%	0.0%	1.1%
Sister						
% within Group	0.0%	0.0%	0.0%	4.8%	0.0%	1.1%
Son						
% within Group	13.3%	40.0%	40.0%	28.6%	10.0%	26.4%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

c. What was the primary reason that you sought mental health services through VCBH STAR?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know % within Group	13.3%	0.0%	5.0%	4.8%	0.0%	4.4%
I was experiencing some emotional distress. % within Group	40.0%	46.7%	50.0%	47.6%	45.0%	46.2%
Someone else recommended that I come in. % within Group	6.7%	13.3%	0.0%	19.0%	15.0%	11.0%
I was in crisis % within Group	26.7%	6.7%	5.0%	4.8%	25.0%	13.2%
I came in against my will % within Group	0.0%	0.0%	0.0%	0.0%	5.0%	1.1%
My child or family member needed help. % within Group	13.3%	33.3%	40.0%	23.8%	10.0%	24.2%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

d. How did you get a referral to the STAR Program?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know % within Group	6.7%	0.0%	5.0%	9.5%	0.0%	4.4%
A Friend % within Group	0.0%	6.7%	5.0%	9.5%	5.0%	5.5%
Physician % within Group	26.7%	13.3%	25.0%	33.3%	30.0%	26.4%
Logrando Bienestar staff % within Group	6.7%	0.0%	10.0%	0.0%	0.0%	3.3%
School % within Group	40.0%	46.7%	30.0%	28.6%	5.0%	28.6%
Other % within Group	20.0%	33.3%	25.0%	19.0%	60.0%	31.9%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

e. If you referred yourself (or a family member) to VCBH STAR, how many total phone call attempts did you make before you spoke to someone?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	13.3%	10.0%	4.8%	0.0%	6.6%
0						
% within Group	0.0%	6.7%	5.0%	9.5%	10.0%	6.6%
1						
% within Group	46.7%	20.0%	35.0%	52.4%	50.0%	41.8%
2						
% within Group	33.3%	33.3%	15.0%	19.0%	15.0%	22.0%
3						
% within Group	6.7%	13.3%	30.0%	4.8%	25.0%	16.5%
4						
% within Group	6.7%	0.0%	5.0%	0.0%	0.0%	2.2%
5						
% within Group	0.0%	6.7%	0.0%	4.8%	0.0%	2.2%
6						
% within Group	0.0%	0.0%	0.0%	4.8%	0.0%	1.1%
15						
% within Group	0.0%	6.7%	0.0%	0.0%	0.0%	1.1%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

f. How many total phone calls to VCBH STAR did you make or receive before you were scheduled for the assessment appointment?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	13.3%	13.3%	15.0%	0.0%	0.0%	7.7%
0						
% within Group	0.0%	6.7%	5.0%	14.3%	10.0%	7.7%
1						
% within Group	13.3%	33.3%	25.0%	33.3%	35.0%	28.6%
2						
% within Group	40.0%	33.3%	35.0%	38.1%	35.0%	36.3%
3						
% within Group	20.0%	6.7%	10.0%	9.5%	10.0%	11.0%
4						
% within Group	6.7%	0.0%	5.0%	0.0%	5.0%	3.3%
5						
% within Group	0.0%	0.0%	0.0%	0.0%	5.0%	1.1%
7						
% within Group	0.0%	6.7%	0.0%	0.0%	0.0%	1.1%
8						
% within Group	0.0%	0.0%	0.0%	4.8%	0.0%	1.1%
9						
% within Group	6.7%	0.0%	5.0%	0.0%	0.0%	2.2%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

g. When you called VCBH STAR to make an appointment, were you able to speak to someone in your preferred language?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	13.3%	13.3%	5.0%	0.0%	0.0%	5.5%
Yes						
% within Group	80.0%	80.0%	85.0%	90.5%	95.0%	86.8%
No						
% within Group	6.7%	0.0%	10.0%	4.8%	0.0%	4.4%
Not Applicable						
% within Group	0.0%	6.7%	0.0%	4.8%	5.0%	3.3%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

h. After your first screening call to VCBH STAR, did you receive an appointment for an assessment with the time and location within:						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	26.7%	15.0%	0.0%	5.0%	9.9%
2 - 5 days						
% within Group	26.7%	26.7%	30.0%	38.1%	35.0%	31.9%
6 - 9 days						
% within Group	20.0%	13.3%	30.0%	42.9%	20.0%	26.4%
10 - 21 days						
% within Group	33.3%	20.0%	15.0%	19.0%	15.0%	19.8%
Over 3 weeks						
% within Group	0.0%	0.0%	10.0%	0.0%	25.0%	7.7%
I did not receive an appointment.						
% within Group	13.3%	13.3%	0.0%	0.0%	0.0%	4.4%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

i. Following the completion of your VCBH STAR assessment, how soon was your first appointment in the clinic to see a Therapist/ Case Manager?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	20.0%	5.0%	0.0%	5.0%	6.6%
Within one week						
% within Group	40.0%	33.3%	45.0%	38.1%	20.0%	35.2%
Within two weeks						
% within Group	26.7%	33.3%	5.0%	42.9%	35.0%	28.6%
Within three weeks						
% within Group	20.0%	0.0%	5.0%	19.0%	5.0%	9.9%
Over one month						
% within Group	0.0%	6.7%	15.0%	0.0%	30.0%	11.0%
Over two months						
% within Group	0.0%	0.0%	5.0%	0.0%	0.0%	1.1%
Over three months						
% within Group	6.7%	0.0%	0.0%	0.0%	5.0%	2.2%
Not Applicable						
% within Group	0.0%	6.7%	20.0%	0.0%	0.0%	5.5%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

j. Following the completion of your VCBH STAR assessment, how soon was your first appointment to see a Psychiatrist?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	26.7%	5.0%	4.8%	0.0%	7.7%
Within one week						
% within Group	20.0%	26.7%	15.0%	9.5%	15.0%	16.5%
Within two weeks						
% within Group	46.7%	0.0%	15.0%	47.6%	25.0%	27.5%
Within three weeks						
% within Group	6.7%	13.3%	5.0%	9.5%	15.0%	9.9%
Over one month						
% within Group	0.0%	0.0%	10.0%	14.3%	20.0%	9.9%
Over two months						
% within Group	0.0%	0.0%	0.0%	4.8%	5.0%	2.2%
Over three months						
% within Group	6.7%	0.0%	5.0%	4.8%	10.0%	5.5%
Not Applicable						
% within Group	13.3%	33.3%	45.0%	4.8%	10.0%	20.9%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

k. I understood the VCBH STAR referral and assessment process and what to expect after my first contact to receive services.						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	26.7%	25.0%	4.8%	0.0%	12.1%
Strongly Disagree						
% within Group	6.7%	0.0%	0.0%	9.5%	0.0%	3.3%
Disagree						
% within Group	0.0%	0.0%	0.0%	0.0%	10.0%	2.2%
Agree						
% within Group	73.3%	53.3%	65.0%	71.4%	65.0%	65.9%
Strongly Agree						
% within Group	13.3%	20.0%	10.0%	14.3%	25.0%	16.5%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

l. My first appointment for the VCBH STAR assessment was in a time frame that met my needs.						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	26.7%	30.0%	4.8%	0.0%	13.2%
Neither Agree nor Disagree						
% within Group	0.0%	0.0%	0.0%	0.0%	5.0%	1.1%
Strongly Disagree						
% within Group	13.3%	6.7%	0.0%	9.5%	20.0%	9.9%
Disagree						
% within Group	6.7%	6.7%	0.0%	9.5%	10.0%	6.6%
Agree						
% within Group	60.0%	46.7%	60.0%	52.4%	25.0%	48.4%
Strongly Agree						
% within Group	13.3%	13.3%	10.0%	23.8%	40.0%	20.9%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

m. My first appointment for therapy or psychiatrist visit was in a time frame that met my needs.						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know % within Group	6.7%	26.7%	25.0%	9.5%	0.0%	13.2%
Neither Agree nor Disagree % within Group	0.0%	6.7%	0.0%	0.0%	5.0%	2.2%
Strongly Disagree % within Group	20.0%	6.7%	0.0%	9.5%	10.0%	8.8%
Disagree % within Group	6.7%	6.7%	10.0%	0.0%	15.0%	7.7%
Agree % within Group	53.3%	33.3%	55.0%	61.9%	40.0%	49.5%
Strongly Agree % within Group	13.3%	20.0%	10.0%	19.0%	30.0%	18.7%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

n. I was satisfied with the phone or in person screening services that I received when I first contacted VCBH STAR.						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know % within Group	6.7%	26.7%	25.0%	4.8%	0.0%	12.1%
Neither Agree nor Disagree % within Group	0.0%	0.0%	0.0%	4.8%	5.0%	2.2%
Strongly Disagree % within Group	6.7%	6.7%	0.0%	9.5%	10.0%	6.6%
Disagree % within Group	6.7%	0.0%	0.0%	4.8%	15.0%	5.5%
Agree % within Group	53.3%	33.3%	60.0%	52.4%	35.0%	47.3%
Strongly Agree % within Group	26.7%	33.3%	15.0%	23.8%	35.0%	26.4%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

o. I was satisfied with the in-person assessment services that I received through VCBH STAR.						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	6.7%	26.7%	25.0%	4.8%	0.0%	12.1%
Neither Agree nor Disagree						
% within Group	6.7%	6.7%	0.0%	4.8%	5.0%	4.4%
Strongly Disagree						
% within Group	6.7%	0.0%	0.0%	9.5%	5.0%	4.4%
Disagree						
% within Group	0.0%	0.0%	5.0%	4.8%	10.0%	4.4%
Agree						
% within Group	66.7%	46.7%	50.0%	57.1%	45.0%	52.7%
Strongly Agree						
% within Group	13.3%	20.0%	20.0%	19.0%	35.0%	22.0%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

p. VCBH STAR Staff/therapists/psychiatrists were sensitive to my cultural/ethnic background (race, language, etc.)						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know						
% within Group	13.3%	26.7%	25.0%	9.5%	0.0%	14.3%
Neither Agree nor Disagree						
% within Group	6.7%	6.7%	5.0%	4.8%	10.0%	6.6%
Strongly Disagree						
% within Group	6.7%	0.0%	0.0%	9.5%	0.0%	3.3%
Disagree						
% within Group	0.0%	0.0%	0.0%	9.5%	0.0%	2.2%
Agree						
% within Group	60.0%	46.7%	45.0%	52.4%	50.0%	50.5%
Strongly Agree						
% within Group	13.3%	20.0%	25.0%	14.3%	40.0%	23.1%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

q. Did any of the following barriers interfere with your ability to receive a STAR assessment?							
		Group					Total
		A	B	C	D	E	
I did not understand how the assessment process worked	Yes, it was a barrier	13.3%	6.7%	5.0%	14.3%	20.0%	12.1%
I did not receive an appointment to the assessment clinic	Yes, it was a barrier	33.3%	13.3%	0.0%	9.5%	5.0%	11.0%
Limited bilingual services were available at the time of my assessment	Yes, it was a barrier	0.0%	6.7%	0.0%	4.8%	0.0%	2.2%
I had difficulty finding transportation or difficulty with transportation costs	Yes, it was a barrier	20.0%	6.7%	5.0%	4.8%	25.0%	12.1%
Hours of services that were available did not meet my needs	Yes, it was a barrier	13.3%	13.3%	0.0%	14.3%	15.0%	11.0%
Service location for the assessment was too far	Yes, it was a barrier	6.7%	6.7%	5.0%	4.8%	15.0%	7.7%
The wait was too long	Yes, it was a barrier	13.3%	6.7%	10.0%	4.8%	25.0%	12.1%
	Total Clients:	15	15	20	21	20	91
	Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

r. If you needed, was a Spanish speaking screener available when you had your first contact with VCBH STAR?							
		Group					Total
		A	B	C	D	E	
No Response/Don't Know	% within Group	6.7%	26.7%	25.0%	9.5%	50.0%	24.2%
Yes	% within Group	80.0%	60.0%	60.0%	66.7%	10.0%	53.8%
No	% within Group	6.7%	6.7%	15.0%	19.0%	30.0%	16.5%
Not Applicable	% within Group	6.7%	6.7%	0.0%	4.8%	10.0%	5.5%
	Total Clients:	15	15	20	21	20	91
	Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

s. If you had any mental health related issues in the future, would you go back to VCBH STAR?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know % within Group	6.7%	20.0%	10.0%	4.8%	5.0%	8.8%
Yes % within Group	73.3%	73.3%	80.0%	95.2%	85.0%	82.4%
No % within Group	20.0%	6.7%	10.0%	0.0%	5.0%	7.7%
Maybe % within Group	0.0%	0.0%	0.0%	0.0%	5.0%	1.1%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

t. Since the time of your STAR initial screening have you received any services outside of VCBH?						
	Group					Total
	A	B	C	D	E	
No Response/Don't Know % within Group	20.0%	33.3%	10.0%	14.3%	10.0%	16.5%
Yes % within Group	6.7%	6.7%	30.0%	14.3%	15.0%	15.4%
No % within Group	73.3%	60.0%	60.0%	71.4%	75.0%	68.1%
Total Clients:	15	15	20	21	20	91
Total:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

SUMMARY

The results from the quantitative survey show a number of trends about reasons that clients sought mental health services and barriers that they experienced in receiving STAR services. The results of each question varied by group with some groups of clients having a much different experience than others. Most clients in Group C (assessed, but not admitted to VCBH services) sought services for a child or family member. On the other hand, individuals in Group E (Non-Hispanic/Latino clients) were more likely to seek services for themselves. When asked how participants got a referral to the STAR program, 40.0% from Group A (admitted but closed after receiving "limited" services) and 46.7% from Group B (not assessed, nor admitted). said that they were referred from their school.

Clients were asked how many phone calls they made to VCBH STAR before they were able to speak to someone. Groups A (admitted but closed after receiving "limited" services) and Group B (not assessed, nor admitted) had 33.3% in each group that had to make 2 calls to get in contact with STAR while Group C (assessed, but not admitted to VCBH services) had 30.0% of their participants and Group E (Non-Hispanic/Latino clients) had 25.0% of their participants making 3 calls to get in contact. However, when asked about how many total phone calls to VCBH STAR clients made before they were scheduled for an assessment appointment Group A (admitted but closed after receiving "limited" services) had the most phone exchange with STAR staff where responses showed that 40.0% made 2 calls, 20.0% made 3 calls, and 6.7% made 4 calls before they were scheduled.

Regarding the client satisfaction of services received through STAR, the majority of clients were satisfied. Only a small number of individuals in Group A (admitted but closed after receiving "limited" services) and Group D (accepted to a VCBH outpatient clinic) were dissatisfied with the cultural competence of the staff, therapists and/or psychiatrists.

On other survey questions 25.0% of Group E (Non-Hispanic/Latino clients) had to wait over 3 weeks for a response after their first screening call in order to receive an assessment. It is also worth noting that when clients were asked how soon their first appointment was following the completion of their assessment, Group C (assessed, but not admitted to VCBH services) had 15.0% and Group E (Non-Hispanic/Latino clients) had 30.0% claiming that it took over a month to get that appointment. When asked about how long it took between assessment and the first appointment with a psychiatrist, Group A (admitted but closed after receiving "limited" services) had 6.7%, Group C (assessed, but not admitted to VCBH services) had 5.0%, Group D (accepted to a VCBH outpatient clinic) had 4.8%, and Group E (Non-Hispanic/Latino clients) had 10.0% that had said that it took over 3 months to get their appointment. Nearly seven percent (6.7%) of clients in Group A (admitted but closed after receiving "limited" services) and 9.5% of clients in Group D (accepted to a VCBH outpatient clinic) "strongly disagreed" that they understood the referral and assessment process with STAR or what to expect. Clients in Group A (admitted but closed after receiving "limited" services), Group D (accepted to a VCBH outpatient clinic), and Group E (Non-Hispanic/Latino clients) also responded that their first appointment was not in a time frame that met their needs with 13.3% of Group A (admitted but closed after receiving "limited" services), 9.5% of Group D (accepted to a VCBH outpatient clinic), and 20.0% of Group E (Non-Hispanic/Latino clients) responding that they strongly disagreed with the sentiment. In a similar way, when questioned if the first appointment for therapy or a psychiatrist visit was in a time frame that met their needs, 20.0% of Group A (admitted but closed after receiving "limited" services) said that they strongly disagreed with the statement.

When asked about barriers to receiving an assessment, results showed that twenty percent (20.0%) of Group E (Non-Hispanic/Latino clients) did not understand how the assessment process worked. Results also showed that 33.3% of Group A (admitted but closed after receiving "limited" services) and 13.3% of Group B (Non-Hispanic/Latino clients) did not receive an appointment to a clinic. Difficulty with transportation costs was a barrier for 20.0% of Group A (admitted but closed after receiving "limited" services) and 25.0% of Group E (Non-Hispanic/Latino clients). Another barrier was that the hours for available services did not meet the clients' needs, 13.3% of Group A (admitted but closed after receiving "limited" services), 13.3% of Group B (Non-Hispanic/Latino clients), 14.3% of Group D (accepted to a VCBH outpatient clinic), and 15.0% of Group E (Non-Hispanic/Latino clients). Another barrier was that the service location for the assessment was too far for 15.0% of Group E (Non-Hispanic/Latino clients).

Finally, 13.3% in Group A (admitted but closed after receiving "limited" services) and 25.0% in Group E (Non-Hispanic/Latino clients) said that the wait time to receive an assessment was too long for them. When asked if clients would go back to STAR for any mental health related issues in the future, 20.0% of Group A (admitted but closed after receiving "limited" services), and 10.0% of Group C (assessed, but not admitted to VCBH services) said that they would not. On a similar note, 30.0% of clients in Group C (assessed, but not admitted to VCBH services) said that since their initial screening contact with VCBH STAR, they have received services outside of VCBH.

CLIENT INTERVIEWS and FINDINGS

Qualitative Data Analysis

The following analysis reflect major themes and quotations from each of the six separate subsample groups. By analyzing the data separately for each group, we are able to determine specific experiences by both Hispanic/Latino and Non-Hispanic/Latino clients based on their participation in STAR. Some clients received various STAR based screening and referral services while others were not eligible for services or terminated from services prematurely.

Findings are based on transcribed qualitative interview analysis as outlined by (Strauss and Corbin (1988)). Six BAI staff were engaged in the coding of the Interviews led by Drs. Richard Cervantes and Martha Cristo.

Interviews were transcribed. The data were analyzed using grounded theory and constant comparative method that included a process of open, axial, and selective coding. Specifically, subsequent to open coding was the axial process of relating categories to subcategories. Thereafter, an integration process took place, which fostered a refining of the theory (Strauss & Corbin, 1998).

CLIENT INTERVIEWS- GROUP A

Table 8.	
GROUP A: Latino clients who were referred, screened, assessed, and accepted for services. Admitted to a VCBH Clinic but closed after receiving limited VCBH services/treatment. "Limited" services defined as less than five (5) billable contacts. (Connected to clinic but dropped out at some point).	
Survey Question 16: How would you describe your first hone contact with VCBH/STAR?	
Theme	First contact went very well; they listened; they were kind and understanding; helped relieve fears about medicating her child; It was comforting; satisfied that first contact was in their language.
Quote	"It went well for me. They were very kind and took good care of me."
Survey Question 17: What did you understand about the STAR referral process when you first requested services?	
Theme	Some Respondents understood that the process was about setting goals and getting evaluated.
Theme	Respondents understood that they needed an assessment before seeing the doctor and it means that you are waiting longer for services; understood that the process would take time.
Theme	Some of the respondents understood that it was a process for parents and that it would be helpful for their child.
Quote	"So, I'll say specifically for people with mental health, especially if they're suicidal, there's an extreme urgency and so having to take an assessment before having a doctor's appointment means you're waiting longer for it to happen."
Survey Question 18: What did the STAR phone screener do to help you receive services?	
Theme	They were helpful; filled out paperwork; connected me to a counselor; gave me resources; help with setting up appointments.

Quote	"They explained to me how the process was going to be for me. To wait for a case manager then the case manager will go and find the right match for my counselor. They were helpful that way."
Survey Question 19: What would help to make it easier for Hispanic/Latinos to receive services at VCBH?	
Theme	Some respondents felt the services seem to work for everyone; there is nothing to improve.
Theme	Staff and front desk receptionist need to be able to translate in a courteous way; Lack of availability of translator.
Quote	"It was in the waiting room, a lady was coming in to ask about appointments for her daughter with the receptionist and another person that talks Spanish, but when they were talking, they were getting frustrated that the person wasn't understanding; she changed the tone of her voice and that's when the family got upset and they made the comment. This is why Hispanics don't come."
Theme	More Hispanic/Latino community outreach awareness and education is needed; STAR needs to promote itself in the Latino community; Hispanic/Latinos need more clarification about mental health; More Spanish outreach is needed for homeless; brochures; Hispanics don't know about STAR programs.
Theme	Parents need more education about STAR and mental health services; There are culture differences and confusion among Hispanics regarding their children's mental health.
Theme	Need more Spanish language social media outreach for parents and the general community.
Quote	"I think that because we as Latinos don't know much about the program or don't seek help because we don't know about the program or how it would help."
Survey Question 21: What was your experience working with Spanish interpreter?	
Theme	Overall, for those that worked with an interpreter it was a good experience; Clients felt that they were understood.
Quote	"I think that because we as Latinos don't know much about the program or don't seek help because we don't know about the program or if we need it or how it would help."
Survey Question 22: From the time of your first contact with STAR, were you satisfied with the time period between your first contact, receiving an assessment, and getting an appointment with a counselor or doctor; Did the process go smoothly?	
Theme	The majority of the client respondents were generally satisfied.
Theme	Some clients were dissatisfied for several reasons; STAR took too long; no one took responsibility for their case; multiple calls and messages and no return calls from STAR; the client was shifted from one therapist/accessor to another.
Quote	"The therapist for some reason couldn't take care of me because they told me he was taking more time with someone else another patient."
Survey Question 23: How would you describe your experience with STAR staff?	
Theme	Very pleasant and excellent experience.
Quote	"Well, they were very understanding. They told me that there they were to help me, to listen to me, that I had to tell them."
Theme	Because Multiple people were doing the assessment the client had to repeat information that was already given by phone.

Theme	Process was too slow; Parent had to wait a long time for a child psychiatrist; Had to rely on school staff to push STAR to get an appointment.
Survey Question 24: Do you feel the STAR staff understood your problems?	
Theme	Generally, clients felt well understood by STAR staff.
Quote	“Yes. They were sensitive; they didn't pass judgment; they remained professional.”
Theme	One client felt uncomfortable; had to repeat their problems and re state things several times.
Quote	“Yes, that's what I'm saying, that I feel like they understood me, where I was coming from but for me personally, I felt bad because I had to re share it.”
Survey Question 26: Based on all your experiences that you have shared with me about STAR, do you have any suggestions for improving the STAR program for Hispanic/Latinos?	
Theme	Clients gave concrete suggestions. For example, need more localized clinic settings; need later office hours; do more coordination with the community; be more efficient.
Quote	“So, I think they need to work out a better system for somebody that needs to make an immediate contact with somebody in there. Counselors are not available.”
Theme	Office staff and receptionist were rude and unkind.
Quote	“Not everybody is very kind, but I didn't get a bad person.”
Theme	The STAR system worked well for the client, No suggestions for improvement.
Quote	“It worked for me. You can't go into the program just to go into it if you're not going to actually try to make it work, you know, there's no magic.”
Group A: After your clinical assessment with STAR, why were you or your family member not admitted receiving counseling, therapy, or psychiatric treatment?	
Theme	Child stopped going to VCBH due to COVID and getting more parental support during quarantine.
Quote	“Because he started seeing what I was trying to tell him, and he got into football that lifted him up tremendously. But we then had to be confined to our houses, that helped him because said, “I don't know if I can cope, let's just join in strength because we all need to learn to cope with this.”
Theme	Some respondents felt there were long wait periods.
Quote	“I stopped receiving their services mainly because they took too long.”

Client Interview Findings- Group A

For Group A (successfully screened, assessed, and accepted, but received “limited services”), the initial STAR screening and triage process was positive. Respondents had good experiences upon the first screening call, were well informed about the process of STAR and felt their individual mental health concerns were understood by STAR screeners. At the same time the respondents indicated areas of improvement for serving Hispanic/Latinos including doing more Spanish language outreach and advertising as well as providing more information for parents and the community. Some respondents were dissatisfied for several reasons: The STAR process took too long; no one took responsibility -there were multiple calls and messages and no return calls from STAR. Additional suggestions were given about the front desk clinic staff who were sometimes described as discourteous.

CLIENT INTERVIEWS- GROUP B

Table 9.	
GROUP B: Latino clients who were referred, and screened by STAR but not assessed, nor admitted. (Triaged/ referred out at point of RFS). Later expanded to include 2020 in order to get more clients to interview.	
Survey Question 16: How would you describe your first phone contact with VCBH/STAR?	
Theme	The majority of respondents described their first phone contact with VCBH/STAR as being good; It went well; staff were easy to talk to. The staff made them feel comfortable.
Quote	“It was good, they made me feel comfortable and I kind of explained what was going on with my child, and then they set up an appointment and they met with me at the school, and they also spoke with the counselors there.”
Survey Question 17: What did you understand about the STAR referral process when you first requested services?	
Theme	Some respondents felt they understood what the program would be about, they would get the help they needed, and didn’t have any problems with the process. Everything was fine.
Quote	“I understood they were going to give me, like a therapist to talk to, and might be able to just talk to me.”
Theme	For one respondent the login process was confusing. Another respondent didn't get an appointment; didn’t follow up, and nobody called back; another had doubts and was curious about the program.
Quote	“I understand that all I had to do was contact one of the ladies that worked there, and then I had an appointment set up; I had to login to a website; That's a little bit confusing, the login process.”
Survey Question 18: What did the STAR phone screener do to help you receive services?	
Theme	The majority of the respondents said that the phone screeners helped schedule appointments; the screener looked to see what therapist was available. Another respondent said the screener gathered information for a referral, and one claimed they took care of me.
Quote	“I was immediately given an appointment with my daughter to start help.”
Survey Question 19: What would help to make it easier for Hispanic/Latino people to receive services at VCBH?	
Theme	Respondents would like more information provided; let people know about the services available; have more bilingual staff available at all times; explain the process more; provide program information at churches, make people more aware of STAR services. Another respondent suggested that they extend transportation services, and one respondent suggested staff be more sensitive; practice more confidentiality and not share everything with family members.
Quote	“I feel like they should be a little bit more confidential because everything that I would tell them about my bullying stuff, everything kind of went out to my family, and it was supposed to be confidential.”
Quote	“I was referred to services in Thousand Oaks. My insurance didn’t cover services that were close. A lot of Hispanics have Gold Coast Insurance; maybe provide transportation to get all the way over there.”

Survey Question 21: What was your experience working with Spanish interpreter?	
Theme	Overall, the respondents were treated well, and felt the interpreter understood them; the therapist spoke Spanish well, and English. One respondent would prefer that the Therapists and Psychiatrists speak Spanish to so she could better understand.
Quote	“On other occasions I've had to go with Psychiatrists, and they don't give me an interpreter because they don't have one. They don't speak Spanish.”
Quote	“I speak English, but sometimes it helps me to understand better in Spanish.”
Survey Question 22: From the time of your first contact with STAR, were you satisfied with the time period between your first contact, receiving an assessment, and getting an appointment with a counselor or doctor; Did the process go smoothly?	
Theme	The majority of respondents felt satisfied from their first contact with STAR and the time between the first assessment and getting an appointment with a doctor; everything went well; it was a smooth process. Respondents understood they would not be served in one day.
Quote	“Everything went very well; I had no problem at all”
Survey Question 23: How would you describe your experience with STAR staff?	
Theme	All the respondents were satisfied with their experience with the STAR staff; one client felt comfortable with the staff; they were understanding and patient and that was good; One respondent was pleased with the way staff treated her daughter; they spoke well and that helped her.
Quote	“They treated her well and spoke to her well and that helped her a lot.”
Quote	“Like there was a lot of understanding between the person who gave the therapy, and she was also patient with me; Well, more than anything.”
Survey Question 24: Do you feel the STAR staff understood your problems?	
Theme	All of the respondents felt that the STAR staff understood their problems; one mentioned that staff wrote everything down about how the client felt or the problems that he had; They felt welcomed; the staff paid attention and they understood their problems. One respondent felt like they helped and took care of his/her problem.
Quote	“They wrote everything down, recorded it, and then spoke with me and the counselor, I think it was due to insurance.”
Quote	“They did understand my problems and were there when I needed to talk.”
Survey Question 26: Based on all your experiences that you have shared with me about STAR, do you have any suggestions for improving the STAR program for Hispanic/Latinos?	
Theme	One of the respondents suggested STAR treat children that do not have a history of violence or anxiety or autism; extend treatment to children with any mental illness; another respondent felt STAR needs to extend appointment time shared with children and with patients in general; and they need to address the lack of communication. Provide more outreach.
Quote	“They sent me a letter saying I didn't rate because his problem wasn't very serious, they only treated children with violence, anxiety, and I don't know, autism. I was referred to another place. I don't call anywhere else.”
Quote	“I think what happened with me was we just didn't communicate and maybe she had a lot of clients and she didn't have time to call me.”
Group B: Even though you were referred for VCBH services, in your opinion, why did you not receive services?	

Theme	The majority of the respondents were not covered by insurance; On respondent did not receive a callback or correspondence from STAR services; another respondent did not feel he/she needed STAR help anymore.
Quote	“I would call, and they would tell me that they were going to contact me to find me the person who could go and see the girl so that the girl could have therapy and they never called me, ever. I don't know why I didn't receive it; I never got any correspondence.”
Quote	“I Just feel like I really didn't need help anymore.”

Client Interview Findings- Group B

For Group B (Latinos who were referred and screened, but not assessed or admitted) respondents described their first phone contact with STAR as being good, staff was easy to talk to. Most respondents understood that the STAR referral process would lead them to get the help they needed, although for some, the login process was a bit confusing. The majority of respondents were satisfied with the phone screeners who helped with scheduling their appointments. Respondents suggested that STAR provide more information in the community such as churches, and to extend transportation services. More bilingual staff was also recommended. More confidentiality between family members of clients and STAR staff was also suggested. Some other improvements suggested by respondents included to extend services to children with any form of mental illness, extend appointment times, and to have better communication between and clients and staff. Some reasons that the respondents did not receive services were lack of insurance, lack of communication, and they felt they no longer needed help.

CLIENT INTERVIEWS- GROUP C

Table 10.	
GROUP C: Latino clients who were referred, screened, and assessed by STAR, but not admitted to VCBH services/treatment. (Assessed by STAR, did not meet criteria (lower level of care), referred out to Beacon or CBO for services)	
Survey Question 16: How would you describe your first phone contact with VCBH/STAR?	
Theme	Respondents described the first phone contact with the STAR Program as quick, straightforward, and understandable. Several respondents indicated that the VCBH staff was friendly, helpful, and treated them fairly.
Quote	“They answered me quickly... in my language and were very kind.”
Survey Question 17: What did you understand about the STAR referral process when you first requested services?	
Theme	Respondents stated that the STAR referral process was explained clearly. Respondents requesting services for children indicated that they were informed of the evaluation process and that their children would be helped.
Quote	“I remember being told that they were going to talk to the children, they were going to ask a few questions, and they were going to evaluate them, see if they qualified for services.”

Survey Question 18: What did the STAR phone screener do to help you receive services?	
Theme	Most respondents reported that the STAR phone screener helped them obtain an appointment for an evaluation and/or with a psychiatrist. While others received referrals to therapists outside of VCBH. In contrast, one respondent reported not receiving any help because his problems did not meet the criteria for services.
Quote	"I was contacted by the people necessary to be able to continue the process."
Survey Question 19: What would help to make it easier for Hispanic/Latino people to receive services at VCBH?	
Themes	Respondents expressed that mental health services should be available for Hispanics in need. Providing brochures on mental health services and transportation were highlighted as necessary for Latinos.
Quote	"Sometimes the problem is transportation. Most of the time we don't drive."
Survey Question 21: What was your experience working with Spanish interpreter?	
Theme	Spanish-speaking respondents reported positive experiences when using an interpreter. Respondents expressed that interpreters assisted them to communicate and explain their problems clearly.
Quote	"They did treat me well. The one (interpreter) who helps me is a very good person. I still talk to her because I love her so much; she helped me."
Survey Question 22: From the time of your first contact with STAR, were you satisfied with the time period between your first contact, receiving an assessment, and getting an appointment with a counselor or doctor; Did the process go smoothly?	
Theme	The majority of respondents were satisfied with the waiting periods from the first contact to receiving an appointment. Respondents reported that the process went smoothly and quickly. Some respondents were aware of the two to three month waiting period and they were overall satisfied with the process and reported no problems
Quote	"It was OK. I made a phone call a month later there. You know, I didn't like the timeline, but I understood because, you know, there's a lot of people that needed help at that time. That's fine. I understood that."
Survey Question 23: How would you describe your experience with STAR staff?	
Theme	Respondents were positive about their experiences with the STAR staff. Many respondents stated that the STAR staff was helpful and treated them well.
Quote	"I did like it. I liked the way they took care of me."
Survey Question 24: Do you feel the STAR staff understood your problems?	
Theme	Overall, clients felt that VCBH STAR staff understood their problems and expressed being helped.
Quote	"They helped me because I was going through a difficult process."
Survey Question 26: Based on all your experiences that you have shared with me about STAR, do you have any suggestions for improving the STAR program for Hispanic/Latinos?	
Theme	A number of suggestions were recommended to improve the STAR program for Hispanics/Latinos. In general, respondents suggested reducing the waiting periods for patients. Another suggestion was increasing the number of Spanish-speaking therapists in the STAR Program.

Quote	“So that the therapists would be consistent because they missed appointments a lot, instead of the patient, they were the ones missing.”
Group C: After your clinical assessment with STAR, why were you or your family member not admitted receiving counseling, therapy, or psychiatric treatment?	
Theme	The primary reason was that respondents did not qualify to receive services (not severely mentally ill). Other respondents were assessed as not needing further mental health services, and some reported that the STAR program did not follow up with them to provide services.
Quote	"I told myself someone would talk to me to make the appointment. But no, they didn't talk to me."

Client Interview Findings- Group C

For Group C (Latinos who did not meet criteria for services) respondents first contact with STAR staff was described as being straightforward and understandable. Staff was friendly and helpful, and the process was explained clearly. Respondents understood that the screener helped to make appointments if they met eligibility criteria. Spanish-speaking respondents reported positive experiences with interpreters. Suggestions for improvements for serving Hispanic/Latinos from respondents included: 1) reducing the waiting periods for patients to receive services and 2) to increase the number of Spanish-speaking therapists. The primary reason that respondents did not qualify to receive services was that they did not meet the criteria (mental illness not severe enough), being assessed as not needing further mental health services, and some reported that the STAR staff did not follow up with them to provide services.

CLIENT INTERVIEWS- GROUP D

Table 11.	
GROUP D: Latino clients who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services/treatment. (currently engaged)	
Survey Question 16: How would you describe your first phone contact with VCBH/STAR?	
Theme	First phone contact was positive; pleasant; good & helpful. One respondent was made to feel very comfortable; another felt that they were very professional; excellent service.
Quote	“It is very nice, very professional, especially compared to other therapy places that I had called previously.”
Quote	“The lady was super patient, and I was able to make my appointment. I'm a lot better at phone calls now, clearly.”
Theme	Some clients did not know what to expect; One respondent prefers personal contact rather than telephone; expected more service; faster; Spanish language was not available.
Quote	“No one that spoke Spanish.”
Quote	“Difficult communication with psychiatrist because of language.”
Survey Question 17: What did you understand about the STAR referral process when you first requested services?	
Theme	Many clients were confused & didn't understand the STAR process or what to expect.

Quote	"The middle part of it was the most confusing in between OC and actually getting to the STAR program was the most confusing part. Me and my mom were just kind of waiting around like what was happening."
Quote	"It wasn't the help I expected at the time of the crisis."
Theme	Some clients appear to understand that the process would help with their mental health issues; They understood the process would help with depression and anxiety.
Quote	"I served in the military, so when I heard that there were people out there that would be able to help me dealing with depression and anxiety; I was super excited to check them out. And, you know, I'm glad I did because it's been over a year and I'm feeling a lot better."
Survey Question 18: What did the STAR phone screener do to help you receive services?	
Theme	Overall clients felt positive about the initial phone screening. Many forms of assistance were given by the phone screeners including setting up appointments or referrals; connected one client's child to a counselor/therapist for help; determined what another client's problem was in order to get help; asked questions and listened.
Quote	"They were there to listen & support me during a crisis; gave me guidance."
	"They asked the reason why I need to see someone so they could direct me to the correct place. They connected me with the right people to get the medications that I needed."
Survey Question 19: What would help to make it easier for Hispanic/Latino people to receive services at VCBH?	
Theme	VCBH needs to work more closely with schools and parents; Support schools in Hispanic/Latino neighborhoods to better reach the parents; Talk to parents because don't believe in psychologists.
Quote	"In my personal opinion, I think that it would benefit a lot of Hispanic neighborhoods if you guys continue supporting schools, especially like elementary schools, because that's where I found out about you guys, you know, through my little sister's school. I'm glad it was through the school, so I would hope to continue to support schools and other areas where, you know, people might not really know the help is really needed."
Theme	VCBH can help Hispanic/Latinos overcome stigma & understand the Mexican culture.
Quote	"More psychiatrists & therapists who speak the language, & really understand it."
Quote	"It would be more than anything to talk to the parents, because in some places as a Mexican I don't believe much in psychologists."
Theme	VCBH should have more Spanish language capability and help with the language barriers.
Quote	"Sometimes there is no other schedule for someone in Spanish. I have to wait until the afternoon for someone to answer in Spanish."
Survey Question 21: What was your experience working with Spanish interpreter?	
Theme	Most of the respondent's experience was not pleasant; Not enough interpreters or not available when needed; One client was left on hold for a long time to find someone that speaks Spanish; receptionist did not speak Spanish; client had to wait while the interpreter arrived.
Theme	"Several times they leave one on hold a lot, because not many people speak Spanish and then they leave one on hold."
Theme	A few respondents said they had a good experience; Very friendly; attentive; no problem; client was treated well.

Quote	“Very friendly and very attentive.”
Theme	“The first contact was fine; it was me with my friend and my friend explained everything to me. The issue was when I came back by myself, when I got to the window and the person did not speak Spanish, I was explaining where I was going, and she did not understand me. That was my experience.”
Survey Question 22: From the time of your first contact with STAR, were you satisfied with the time period between your first contact, receiving an assessment, and getting an appointment with a counselor or doctor; Did the process go smoothly?	
Theme	The majority of the respondents were satisfied and felt that the process went smoothly; Satisfied; Most of the clients were satisfied with the time period.
Quote	“Yes, from the time that I that I called, and give them the information. They did the intake. We felt like that was an appropriate timeline.”
Theme	For a few respondents, the process took too long; There was no follow up call; The psychologist went on vacation and was not available.
Quote	“No, not anymore, because the psychologist, she went on vacation in December, it was the last appointment time. They didn’t call, and they were called again but because of the virus then he couldn’t go anymore.”
Theme	
Theme	Overall, the respondents had a good experience; Helpful; Some clients described their experience as wonderful; Very Good’ Everything went well; Wonderful people.
Quote	“They make everybody feel comfortable. And I feel that that's very important, especially if somebody is out there looking for help.”
Theme	One client’s experience was awkward due to not having direct contact with the STAR assessor but stated the process was fine.
Quote	“The process with the evaluation was fine. Maybe I should not have had an interpreter, the assessor was fine, I got an interpreter that I could understand. But when it’s our first time and it’s up to someone who’s doing the evaluation to speak English only, It’s not like direct contact, you don’t have to wait for the interpreter to tell you things. That’s the awkward part.”
Survey Question 24: Do you feel the STAR staff understood your problems?	
Theme	Overall, the respondents felt that STAR staff understood their problems; Felt comfortable; Client felt patient and heard; Felt staff were understanding.
Quote	“Everybody was very understanding, there was never any pressure and I never felt bad about anything. Everyone was very helpful.”
Quote	“Yes. I do remember the lady that helped me with my assessment and who was trying to put me in a program, she was really nice and very patient. I would recommend her. She made me feel comfortable and like I was heard.”
Survey Question 26: Based on all your experiences that you have shared with me about STAR, do you have any suggestions for improving the STAR program for Hispanic/Latinos?	
Theme	Respondents suggested help with transportation & provide bus tickets; Stay involved with schools; send pamphlets; Increase awareness; Improve language & communication with the community; More direct communication not just a general phone number.
Quote	“Perhaps by sending them pamphlets, at school, and speak in communities so that people know that they are there to serve them.”
Quote	“If they would help bus tickets, they would help.”

Client Interview Findings- Group D

For Group D (Latino clients who were accepted to outpatient services/treatment) the respondents first contact with STAR staff was described as being positive and helpful. While some respondents did not know what to expect, others were expecting more services. Some respondents experienced difficulty in communicating as staff and psychiatrists could not speak Spanish and limited Spanish language services were available when needed. While some respondents understood that the STAR process would help them with their mental health needs, others were confused and did not understand the STAR process. Overall, clients felt positive about the initial phone screening. For this group, the language barriers were most pronounced. Most of the respondent’s experience with Spanish language interpreters was not pleasant. Interpreters were not available when needed; one client mentioned being put on hold for a long time while STAR staff tried to find someone that speaks Spanish. Further, in another case, the receptionist did not speak Spanish and the client had to wait until an interpreter arrived. Related to the language barriers, the respondents had several suggestions that would improve the STAR services for Hispanic/Latinos. These include: 1) more Spanish language capability, 2) increased outreach with parents of children in schools and in Hispanic/Latino neighborhoods. Because it was noted that many Hispanic/Latinos do not believe in psychologists, more outreach about STAR services would be helpful. Also, extending transportation or bus tokens was suggested. Although the majority of the respondents were satisfied with the timeframe between their first contact with STAR services and getting to see a doctor, some of the respondents thought the STAR process took too long.

CLIENT INTERVIEWS- GROUP E

Table 12.	
GROUP E: Non-Latino clients who were screened by STAR, given an assessment, and were accepted to a VCBH outpatient clinic for services/treatment. (currently engaged)	
Survey Question 16: How would you describe your first phone contact with VCBH/STAR?	
Theme	Some of the respondents described their first phone contact with VCBH STAR as lacking in communication; STAR staff was described as rude and angry; lagging; one respondent felt the staff was frustrated because he asked for bus fare.
Quote	“The lady I spoke to was extremely rude and I cried, and the health navigator called back to talk to the manager because of how rudely I was treated. Then she did not transfer us; she hung up.”
Quote	“I was frustrated because I told them that I wouldn’t be able to get there and have enough money to get back on the bus and they told me that they have bus passes. When I got there, they made a big issue out of me getting a bus pass and kind of seem like angry and defensive; I just needed a way home, and I couldn’t afford both ways there.”
Theme	Respondents described their first contact with VCBH STAR as professional; they were treated good; one respondent was very satisfied; they were attentive; timely; personable and responsive; another felt comfortable; they were thoughtful; Effective.

Quote	"They were very professional and very thoughtful of the things I was saying. I felt like they were listening to me and not just jotting things down."
Survey Question 17: What did you understand about the STAR referral process when you first requested services?	
Theme	Some of the respondents described the process as being frustrating; several were uncertain and felt uninformed; had no idea what the process was. Some experienced a lack of communication; uncertain about their needs and the process.
Quote	"I can't state strongly enough how lacking it was, I understood that it would be moving in a timely manner and that I could seek professional help; I still am seeking professional help."
Theme	One respondent understood that STAR would help her figure out what she needed and set up and appointment.
Quote	"I knew that there was help, I just didn't know in what regard. I knew that they were setting an appointment, OK, and that I would be evaluated."
Survey Question 18: What did the STAR phone screener do to help you receive services?	
Theme	Overall, the screener helped the majority of the respondents in setting up appointments for assessments; the screener listened and asked all the appropriate questions about the client; they helped clients to get medication; explained the process so that they understood what is going to happen; the screener was very courteous and calming.
Quote	"What stood out to me was an assessment by the nurse who checked my blood pressure and gave a quick screening. The lady who did the initial screening was very cordial and courteous, very calming. I was in a panic attack and she was able to handle that very well. They immediately connected me before I even left, I was able to go in and talk to a psychologist who kind of followed up with the screening, so I was very impressed with the screening."
Survey Question 19: What would help to make it easier for Hispanic/Latino people to receive services at VCBH?	
Theme	A few respondents felt that staff could be more patient especially during the assessment; The majority of the respondents felt that more staff would be helpful including more bilingual psychiatrists and therapists; more is time needed for appointments; Some respondents said they need more locations, or they need to provide more transportation; respondents also commented that more communication between staff about the clients was needed.
Quote	"To be patient, especially during assessment, which a lot of those questions are very triggering. If the lady had taken the time to pace and not, grunt or sigh or repeat in an angry tone, it would be very helpful, especially to those who struggle with communication. They should know who their demographic is and who they are working with."
Quote	"What I'm hearing from the psychiatrist there is they're cutting back on the time they can be with the clients, and there's an overload of people needing to get in. So maybe more staff."
Quote	"I think if you're having a bad day, don't come into work or try to leave it outside when you go into the doors, because even though you're having a bad day, you never know how bad the client is or what mental health or problems they are having that day or what is going on in their life. They should be more patient and not try to catch an attitude as fast as the patient or client does. I

	think if they communicated with each other about clients, that would be helpful.”
Survey Question 21: What was your experience working with Spanish interpreter?	
	This question was not answered as none of the respondents used an interpreter.
Survey Question 22: From the time of your first contact with STAR, were you satisfied with the time period between your first contact, receiving an assessment, and getting an appointment with a counselor or doctor; Did the process go smoothly?	
Theme	Most of the clients were generally satisfied; Felt that the process went smooth.
Quote	“Yes, it did go smoothly. They were very adamant about getting me in and they knew the rush on it; they knew I was out of medication. They knew it was important. Yeah, it was a very smooth process.”
Theme	Some clients were dissatisfied for several reasons; Took too long to get an assessment or took too long to see somebody; Some of the respondents felt it was confusing; Slow process.
Quote	“I think that the wait is too long to get into the assessment because I remember I applied in August and I couldn’t get into the assessment until sometime in September and at that point, I was high risk in an emergency situation where I was teetering on admitting myself into a hospital. So, yeah, it was the frustrating just how long you have to wait to see somebody.”
Survey Question 23: How would you describe your experience with STAR staff?	
Theme	Overall, the respondents stated that their experience with STAR staff was great; Excellent; Cordial; They were gentle and kind.
Quote	“They were great. They were really great. I was very pleased with that. The staff was kind the gal that interviewed us was gentle and kind and really seemed to be focused on us and not just a process for her.”
Theme	A few respondents were dissatisfied with their experience; One respondent felt that staff was not paying attention to him and did not do much to help him; another respondent did not have a good impression with the STAR program, she left feeling jaded.
Quote	“I left feeling jaded, feeling like, why is she even doing this job? She’s supposed to be there for people, and I was mad because I’m like, if she does this to me, how many other people has she done this to, you know. I just think that people are going there for mental health problems, depression and the last thing they need is someone from a place where they are supposed to get help being treated that way.”
Survey Question 24: Do you feel the STAR staff understood your problems?	
Theme	Some respondents felt that STAR staff understood their problems; felt that staff understood their culture; they met expectations; collected information and pointed her in the right direction to get the help she needed.
Quote	“Yes. OK, Especially the therapist. She is very well trained and has. Really developed a good relationship with my daughter, is able to speak to her and help pull things out of her, the other therapists have not been able to do. She’s been able to gain trust.
Theme	Respondents felt that STAR staff were impersonal; one respondent claimed they didn’t know his name and he felt that there was a disconnect; there was not enough staff; another respondent felt that staff did not understand her problems; there was a lack of communication between the staff members resulting in her discontinuing her medication.

Quote	“The psychiatrist doesn’t really know us, at least for me, she didn’t know who I was, and I felt like that is very impersonal. She never got my name right, which made me feel very shallow.”
Quote	“I have since discontinued medication because I did not think that the staff person prescribing really understood. Yeah, there was a disconnect as I was prescribed medication again and I had already gone through that, so I really freaked out at that time.”
Survey Question 26: Based on all your experiences that you have shared with me about STAR, do you have any suggestions for improving the STAR program for Hispanic/Latinos?	
Theme	Overall, the majority of the respondents felt that more staff is needed; more immediate appointments are necessary for client who are in a crisis; one respondent shared that her son took his own life; he attempted to go to the STAR program but was not able to get in; verbal explanations of the STAR assessment process should be an option versus just reading; better training for the therapists and counselors when matching the children’s personality with a therapist.
Quote	“The number of staff needs to be upped, and also a better explanation of how the assessment process works should be given verbally versus reading, as some have trouble reading.”
Quote	“I believe, just getting somebody in sooner. I will share that my oldest son took his life; he did try to go to the STAR program, but he was not able to get in. I won’t say that that’s the reason because it’s not, but I do know that he needed to see somebody, and he really struggled to get in there and he got frustrated with the system and wouldn’t continue with it.”

Client Interview Findings- Group E

For Group E (Non-Latino clients who were accepted to an outpatient clinic for services) many clients were dissatisfied with their first phone contact with STAR staff. Some described STAR as lacking in communication. Staff were described as being rude and angry, and frustrated with having to provide clients with transportation (bus tokens). A few respondents described their first phone contact with STAR staff as professional and attentive. The majority of the respondents were satisfied with the screening process and felt that the screener helped them with setting up appointments for assessments, and they listened to clients and asked all the appropriate questions. When asked what would make it easier for Hispanic/Latinos and Latinos to receive services at VCBH, respondents felt that staff could be more patient especially during the assessment. Although some of the respondents were satisfied with the time period between their first contact and getting an appointment, others were dissatisfied and felt that the process to get an assessment took too long or that it took too long to see a counselor. Some of the respondents also felt the process was confusing. Some respondents described the STAR staff in very positive terms, while other respondents were dissatisfied with their experience. Some general recommendations for improving STAR services were provided, including: 1) the respondents felt that more staff is needed, 2) more immediate appointments are necessary for clients who are in a major crisis; 3) providing verbal explanations of the STAR assessment process; 4) better training for the therapists and counselors for matching children with a therapist.

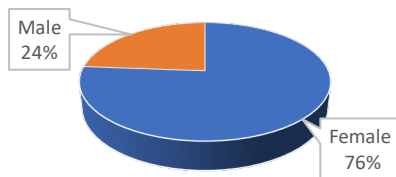
COMMUNITY BASED ORGANIZATIONS & STAKEHOLDERS SURVEY RESULTS

Behavioral Assessment, Inc. conducted telephone surveys among a sampling of 26 Hispanic/Latino serving community-based organizations and stakeholders in Ventura County. The surveys were conducted from November 24, 2020 thru January 8, 2021. The purpose of the interviews was to solicit their opinions, comments, and suggestions regarding the VCBH STAR Program services. Of the total sample of 26 Hispanic/Latino serving organizations and stakeholders, (N=21) participated in the study for an (80.8%) completion rate. Seventeen interviews were conducted in English and four were conducted in Spanish.

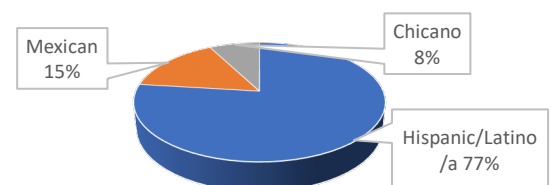
COMMUNITY PARTICIPANT DEMOGRAPHICS

The figures below show the overall demographic analyses for (N=21) Hispanic/Latino serving community organizations and stakeholder participants. In terms of gender/orientation, (76%) of the participants were female, and (24%) were male. Nineteen percent (19%) of the participants were under 40 years of age; (43%) ranged in age between 41-50 years; (19%) ranged in age between 51-64 years; and (9%) were 65 year of age and older. Thirty three percent (33%) of the respondents are White and (62%) selected "other" as race. Ninety percent (90%) are Latinx/Indigenous or Hispanic and (10%) are Non-Hispanic/Latino. Of those that are Hispanic/Latino (67%) are Mexican American and (33%) are Mexican.

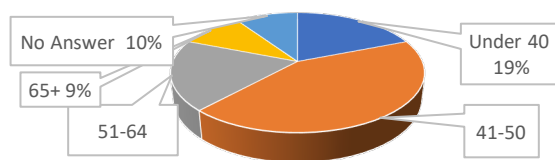
Gender or Sexual Orientation



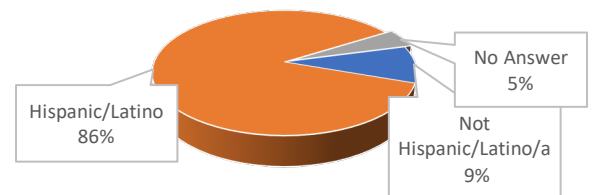
Other Race



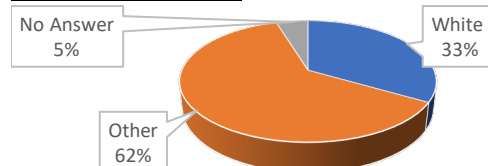
Age of Respondent



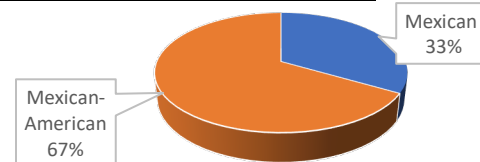
Ethnic Background



Respondent Race



Background Hispanic Specify



Below are the community and stakeholder findings for the quantitative section of the survey.

Table 13. Community Stakeholder Survey Findings	Total participants N=21
Have you had interactions with VCBH STAR services?	
Yes: 95%	
No: 5%	
Have you heard about any barriers to receiving screening, triage, or referral services through STAR among Hispanic/Latino consumers?	
Yes: 86%	
No: 14%	
In your opinion are the STAR services culturally competent?	
Yes: 40%	
No: 60%	
If Spanish is required, is there a staff member routinely available that is bilingual?	
Yes: 56%	
No: 44%	
When was the last time you used STAR services?	
1 week ago: 44%	
3 weeks ago: 19%	
Over a month ago: 37%	
Based on your experiences or knowledge about STAR please rate the quality of: Staffing	
Needs major improvement: 44%	
Poor: 12%	
Good: 38%	
Very Good: 6%	
Based on your experiences or knowledge about STAR please rate the quality of: Community Outreach and Marketing of STAR to the Hispanic/Latino community	
Needs major improvement: 67%	
Poor: 22%	
Good: 6%	
Very Good: 6%	
Based on your experiences or knowledge about STAR please rate the quality of: Schedule and times available for client services	
Needs major improvement: 53%	
Poor: 6%	
Good: 40%	
Very Good: 0%	
Based on your experiences or knowledge about STAR please rate the quality of: Availability of weekend hours	
Needs major improvement: 64%	
Poor: 21%	
Good: 14%	
Very Good: 0%	
Based on your experiences or knowledge about STAR please rate the quality of: Commute time for clients	
Needs major improvement: 60%	
Poor: 13%	
Good: 20%	
Very Good: 7%	
Based on your experiences or knowledge about STAR please rate the quality of: Waiting time for clients	
Needs major improvement: 71%	
Poor: 6%	
Good: 24%	
Very Good: 0%	
Based on your experiences or knowledge about STAR please rate the quality of: Cultural and Language competence	
Needs major improvement: 72%	
Poor: 0%	

Good: 17% Very Good: 11%
Based on your experiences or knowledge about STAR please rate the quality of: Overall quality of the STAR process for Hispanic/Latino clients
Needs major improvement: 44% Poor: 17% Good: 39% Very Good: 0%
Based on your experiences or knowledge about STAR please rate the quality of: Hours of operation 8:00 am to 5:00 pm Monday- Friday
Needs major improvement: 78% Poor: 11% Good: 11% Very Good: 0%:
Based on your experiences or knowledge about STAR please rate the quality of: Hours of assessment: Earliest starting at 8:00 am to 2:30pm
Needs major improvement: 72% Poor: 11% Good: 17% Very Good: 0%
Based on your experiences or knowledge about STAR please rate the quality of: Timeliness of communication (return calls, schedule appointments)
Needs major improvement: 47% Poor: 6% Good: 41% Very Good: 6%
Based on your experiences or knowledge about STAR please rate the quality of: Knowledge of Latino Community such as immigration issues and trauma
Needs major improvement: 50% Poor: 13% Good: 31% Very Good: 6%
Based on your experiences or knowledge about STAR please rate the quality of: Time from assessment to first clinical appointment
Needs major improvement: 65% Poor: 10% Good: 18% Very Good: 12%

Overall, the respondents were very familiar with the STAR process and referral system. Ninety five percent of the respondents had at least one interaction with the STAR referral system. The findings show that while that there are some areas that are rated “very good,” most of the respondents rated various aspects of the STAR services as either “poor” or “needs major improvement.” As an example, timeliness of communication between STAR staff and respondents was rated “very good” or “good” by 47%, yet 53% reported that communication is poor or needs major improvement. Other areas where major improvement was rated high by the vast majority included the hours of operation; hours available for assessment; community outreach; and cultural and language competence.

COMMUNITY STAKEHOLDER AND ORGANIZATION PARTICIPANTS

The tables below show the organizational and stakeholder participant positions and organization descriptions.

Table 14. Group F: Community Members and Stakeholders Positions/Titles	Frequency
School Counselor	5
Community Activist	1
Community Coordinator	1
Director of Counseling	1
Director of Pupil Services	1
Director of Student Support Services	1
Educational Translator	1
Educator and Community Organizer	1
Intervention Counselor	1
Not Applicable	1
Parent	1
Retired College Dean	1
Secretary	1
-- No Response --	4

Table 15. Stakeholders & Community Organizations	Frequency
Community member	2
Family member of a client	2
P.L.A.N.	2
California State University Channel Islands (CSUCI)	1
Current School	1
Director of Pupil Personnel – Oxnard Elementary	1
Former League of United Latin American Citizens (LULAC) District 17 Director	1
Hueneme Elementary School District	1
Kamala School	1
Lemonwood School	1
Mixteco Indigena Community Organizing Project/Proyecto Mixteco Indigena (MICOP)	1
Santa Paula H.S.	1
Santa Paula Unified District	1
Soria School	1
Tri-County Families	1
Ventura Unified School District	1
-- No response --	2

COMMUNITY STAKEHOLDER INTERVIEW FINDINGS

Participants in Group F (community-based organizations and stakeholders) were all selected as knowledgeable about the Hispanic/Latino community, their mental health needs, and about the VCBH program.

Table 16.	
GROUP F: Community-based organizations and stakeholders serving the Hispanic/Latino communities in Ventura County.	
Survey Question 1: What do you know about the VCBH STAR services? (What is the purpose of STAR?)	
Theme	Community Stakeholders are aware that STAR is a place to go to receive mental health services.
Sub Theme	Source of referrals and/or screening to receive mental health services -- the front door entry way for people within Ventura County to enter into the first step of assessment.
Sub Theme	Serve as a source of referral and triage for children, youth, families, and STUDENTS.
Sub Theme	Some participants have a general understanding of what STAR is without much specific detail and are confused about the services.
Sub Theme	It's a difficult-to-access entry point for some to receive mental health services.
Survey Question 2: Have you had interactions with VCBH STAR services? If yes, describe your interaction.	
Theme	Overall, respondents reported mixed feelings concerning the interactions with STAR services. Several themes emerged for example. For example, school personnel who work with and refer students to STAR had a more positive experience when compared with individuals and/or Spanish speaking Hispanic/Latino clients. The following themes reflect these overall findings:
Sub Theme	Interactions were positive and received a lot of information about STAR both in person and over the phone -- received positive information about STAR by attending workshops in the community -- Interaction is based on reducing stigma for Latinos.
Sub Theme	Interactions center around getting referrals for adults, students, and family members.
Sub Theme	Advocate felt there was a cultural bias with some who worked at STAR services -- lack of bilingual staff members on hand -- lack of cultural sensitivity in the voice mail -- the lack of bilingual staff made it somewhat difficult to understand and receive an assessment for the child -- no interpreter was available.
Quote	"And so, when I asked more questions about that, they said, well, her husband, was deported, she's left here with all her kids and she's trying to fend for herself and her family. She was attacked at work. And then after all of that, I thought, well, she she's gone through some heavy stress and she's not acting right. And I'm definitely not a psychiatrist, so I don't claim to be an expert. But I felt like this person was a shoo in to get services. And so, when we sent her to get the services, they told her she didn't qualify because it was a temporary adjustment or something like that. And so, the STAR system, I think, has been challenging for Latinos."
Sub Theme	Lack of staff members on hand in general -- STAR does not allow for walk-ins, it has many layers of bureaucracy with many long waiting periods -- required multiple calls to get help
Sub Theme	Insensitivity to time constraints of the client (particularly that of farm-working clients).

Sub Theme	The email referral system is a good process and better than the faxing process.
Sub Theme	School staff refer students to STAR services when they do not have the means to help them -- STAR services follow up with families that are referred through schools.
Survey Question 3: What have you heard from community members or clients about the quality of the STAR services?	
Theme	When asked about what participants had heard from community members or clients about the quality of STAR services, there were a number of emergent themes, mostly related to the limited scope of STAR services and strict eligibility criteria as well as lack of cultural and language sensitivity among STAR staff. Respondents who serve as active advocates particularly those in school settings were more positive in their assessment about clients' experiences. The following highlight some of the more salient themes that emerged from these community stakeholder interviews:
Theme	STAR services are limited and difficult to access.
Quote	"Basically, STAR is highly cumbersome, layers of bureaucracy and seemingly designed to turn people away."
Subtheme	Takes too much time to get services.
Sub Theme	Parents claim STAR is a waste of time--don't get what they need.
Sub Theme	Excellent in terms of what the program is designed to do--we don't necessarily have many patients there because the level of care that they provide is for people who have more severe psychiatric illnesses. Many people in the community including Latinos need mental health services but they are not severe enough to access through STAR.
Theme	Overall lack of bilingual or culturally sensitive services or staff.
Quote	"But that left me not feeling I don't trust the STAR system. So, the reason I don't is because, we have parents like this parent had like a third-grade education. She's an immigrant. She's a very humble, very hardworking person. And so, you have to have a certain sensitivity and finesse and care to be able to service someone like that, you know, because one, they're stepping out on a limb to talk about someone in their family having a mental challenge. And so, they're really taking a high risk. And I don't feel that the STAR system or the people that work for the STAR system realize like this is a big risk for this specific person from a cultural background."
Sub Theme	Sometimes they don't speak the language or have the right interpreter.
Sub Theme	Sometimes community advocates have to actually serve as translators for STAR staff and that puts them in an uncomfortable position.
Sub Theme	School staff are not always aware of the consent process and how to be an intermediary between the parent and VCBH STAR.
Quote	"I have not heard positive interaction. I've spoken with families not being successful be called back after our initial meeting or if they do, the information is minimized to where the family doesn't understand what they're being asked. So, they are turned away for services when they actually need services. I personally, in the past, when I would make, contact wasn't provided any information because I didn't have the proper consent, even though I would include it within the interaction. But it was never clarified that I specifically needed their consent till now, like this specific VCBH consent form rather than the consent form that the school has. Well, I've also spoken with other counselor and the consensus is also the same, where I had a particular counselor call with the family, and they

	told her that she would get a call back from the service provider while they were there."
Theme	Many families have low mental health literacy and/or stigma.
Quote	"But again, sometimes families need our guidance for clarity, for support and to understand what mental health means if they're walking them through the process."
Quote	"Like this parent had like a third-grade education. She's an immigrant. She's a very humble, very hardworking person. And so, you have to have a certain sensitivity and finesse and care to be able to service someone like that, you know, because one, they're stepping out on a limb to talk about someone in their family having a mental challenge."
Quote	"Most folks, once they don't get a bilingual person or they don't get sensitive person, they're not going to follow up. They have a lot of other things going on. It's a high-risk action that they're taking, reaching out for help because of mental health. There's a stigma to it."
Theme	STAR Services are helpful for those who qualify and have an advocate.
Quote	"I've heard positive feedback from people that I've referred over to STAR."
Quote	"What I have heard about the STAR program, they like it because if I'm not able to refer parents myself, parents can do a STAR referral and then they have a parent and speak English. They have people that are bilingual. And another positive thing is that every time we call the STAR program or a parent, we're always able to get a hold of someone."
Sub Theme	By participating in a family support group, I was able to see how it helped other people.
Quote	"But mostly our parents get the support they need right away, which is, that our counselors have come out and support our family. So, I see I've only heard good things. I have not really heard anything negative"
Theme	Logrando Bienestar greatly improved Spanish-speaking access to STAR services.
Quote	"Services have gotten better in the last couple years. Better in the sense that students/families are being connected to services through Logrando Bienestar."
Quote	"Since we've been working closely with Logrando Bienestar, one hundred percent positive, a lot better now because we have an organization that's bilingual, and that was also the other problem. We had an issue with bilingual families."
Sub Theme	Lack of an availability of information and lack of timeliness.
Sub Theme	STAR cannot address the needs of the very large Latino population in Ventura County
Sub Theme	Professionals do not recognize and are not proactive in addressing these issues which is a little off kilter.
Sub Theme	Given the large percentage of medically eligible Latinos in Ventura County, there is a general lack of cultural sensitivity to this client population
Quote	"So, the lack of consciousness would be by school social workers, community organizations, school counselors, you know, the lack of consciousness to not recognize that and, you know, proactively move towards addressing those questions seems a little off kilter in terms of wanting to deliver a quality service."
Sub Theme	Long wait, not as good as private insurance programs
Sub Theme	No follow through, no follow-up, the ball was dropped
Sub Theme	Lack of follow-up with families and patients

Survey Question 4: In your opinion, how do STAR services help Hispanic/Latino people get into treatment?	
Theme	There isn't enough awareness about the VCBH STAR program in the Latino Community.
Sub Theme	Doing outreach and engagement for Latino communities has been difficult for VCBH in the past. Initiatives such as Curando el Alma and Logrando Bienestar can be very helpful for engaging the Latino Community including indigenous Mixteco clients.
Quote	"Well, I got my brother into treatment because there was a police officer that came and told me about the program and said I could call to get my brother into this program, but that was after many times that the police came to my house to my brother."
Sub Theme	STAR needs to reach out to families about available services for children who are suffering from mental illness or using drugs.
Quote	"So, it's just a matter of just educating them and making them aware that [there are] a lot of [things] they don't know. Unfortunately, in our culture, it's that way that we don't necessarily--we don't go out. We don't really believe in the psychologists or the therapists."
Theme	Latino families may not trust the mental health system or consent process and information sharing.
Sub Theme	Some Hispanic/Latinos avoid mental health care because of taboos and stigma.
Quote	" For example, in what is mental health, sometimes we as Hispanics have a taboo that what they say should not refer to mental health or not, one did not say I am not crazy because I am going to mental health, right?"
Quote	"Unfortunately, in our culture, it's that way that we don't necessarily we don't go out. We don't really believe in the psychologists or the therapists. We don't we don't normally do all the time, so it's not a bad thing. And it's not for crazy people. It's just a way to everybody needs some counseling at one point in time in life. So, let's just help each other. I think it helped them really educate them in what services are available for them."
Theme	The word spreads in the Latino community that STAR services may not be efficient.
Sub Theme	There are several barriers for Latinos to access STAR. One barrier is lack of trust in STAR's ability to provide good services; another barrier is limited hours of operation; other barriers are the long travel time and distances to receive an assessment.
Quote	"So, [there is] a bottleneck, it's a bottleneck that is not responsive to the needs of a community that doesn't have transportation, relies on buses for transportation, you know, work in the fields and cannot take the day off as perhaps you or I could to be able to go to an appointment to take the entire day for the appointment. The lack of kind of cultural consciousness of who they're dealing with is a bottleneck as well. So, it does not serve the Latino community well."
Sub Theme	VCBH continues to under-serve the Latino community.
Quote	"The penetration rate into the Latino community for mental health services is way below the desired mark of the state evaluators. Yet nothing's changed."
Theme	Client advocates can be very helpful.

Sub Theme	STAR has changed the procedure to help and access treatment for Hispanic/Latino clients; counselors are no longer involved (as advocates) in the initial screening process as in the past.
Quote	"OK, what are those barriers and how can we address those? And so that Logrando program too did really good job of providing these community service folks that would be out engaging folks essentially is the bottom line and engaging folks in services. And that's because often times where the ball gets dropped is in-between the time that somebody has a need for services and then they're handed a piece of paper or a phone number and told to fill that out and go do that. And that may or may not happen. And sometimes people need support to that process because that's it's difficult. It could be confusing. It could be intimidating if you're undocumented status and you're worried about putting down something on paper and all kinds of things that need to be considered, and the Logrando program addressed barriers and better engage the Latino community."
Sub Theme	Having good interpreters is essential for getting Hispanic/Latinos engaged in STAR.
Sub Theme	Logrando Bienestar can help low-income clients maneuver through the system.
Sub Theme	Working through the schools has been successful.
Sub Theme	There was an open-door access pilot program that was very helpful. Logrando staff would walk the family through the steps of the STAR system.
Quote	" The issue has never been with the STAR system; once people get in; they receive very good mental health services. The challenge is getting people through the STAR system. And getting them accepted."
Survey Question 5: Have you heard about any barriers to receiving screening, triage, or referral services through STAR among Hispanic/Latino consumers?	
Theme	Some Latinos who feel marginalized, lack trust in the VCBH STAR process.
Quote	"So, I have heard I've heard of those particular types of barriers and barriers where it has to do really, I think it's important to mention that I am working within our community that in many ways is triply segregated by many factors, geographic factors, race factors, language, cultural origin. All of these factors create removal from sort of the dominant culture and can be a barrier in working to gain trust with folks, folks that are marginalized, disenfranchised and are vilified in some ways in today's current political environment."
Theme	Language access.
Sub Theme	The use of complex terminology in English--acronyms and other technical language that Spanish speakers may not understand.
Quote	"But, you know, some issues related to language, translation, the translation of documents to the amount of time and response time being long and the complexity of the process and some of the language."
Quote	"I would tell you, 99 percent of the time there is nobody that can speak Spanish. And if I'm not there, for example, with my mom, who lives with my brother, that's schizophrenic, she is completely unmotivated to call the STAR service because there aren't enough Spanish personnel available."
Quote	"Language, definitely language, especially in our community of high Spanish speaking and Mixteco community, so language is a barrier."

Quote	"The language. Language remains a barrier. And also, to the community we serve specifically mostly and Mixtec, Zapoteco, Purépecha, and have no staff to serve them.
Quote	"I think we need to open up a Request for Services and then we're told, the client is told we don't have anyone who speaks Spanish, so can you call back in an hour, so that is a deterrent."
Theme	The client wait time for an assessment appointment took too long.
Sub Theme	Can take up to 3 months to get an assessment; Clients are transferred from one coordinator to another resulting in longer wait times; Clients that did not meet the criteria were not provided any type of comprehensive service or follow-up.
Quote	"Sometimes there was a feeling that there was a long waiting list."
Quote	"And unfortunately, like the hours that families will be called would be during times that they were not able to connect. So, it was very difficult for our families to follow up. And when they did, it was like too late because the referral was closed. And so, they were sent back to us to, again, reopen the referral or to redo the referral again. So, for our families, it takes more than three calls to be able to successfully link them to services."
Theme	Staff lacks cultural competence.
Quote	"I don't think they talk about their barriers, but what I've observed I'm very aware of and the experience that work left me when we had these meetings so that they could attend only one case, is the lack of knowledge in the area of cultural competence that their staff can have. They lack knowing culture, valuing beliefs, and knowing how to work with different communities."
Theme	Distance to the assessment site can be very long.
Quote	"So where do you live? Well, I live in Oxnard. Well, first available clinic is in Simi Valley, which is, if you have a car and an hour and some change away. Or it's available in Thousand Oaks, which is 45 minutes to an hour away if you have a car, you have a bus, you'd better take some food along because you're going to be a really long time."
Theme	Lack of on-site immediate service availability.
Quote	"The number one issue I've heard is that people are turned away. Now, if you look at any General Hospital, you walk into an emergency, they will not turn you away. They have a triage there, they have a nurse, and they talk to you and then before they let you go, they want to make sure you're OK. That does not happen with STAR. They do not do that. They send you away and it's almost like nonchalant, like, sorry, go home and call us. We don't talk to people here."
Theme	In some instances, Spanish language services are available.
Quote	"Today when I had to apply for the services, I mainly wanted in Spanish and they gave it to me in my language."
Survey Question 6: Based on feedback that you have received from the community or from clients of STAR, what recommendations do you have to improve the STAR system for Hispanic/Latinos?	
Theme	VCBH STAR should adapt to the multiple needs of Ventura County's Latino population.
Theme	Need more bilingual staff and interpreters.

Sub Theme	Need more bilingual staff at the facility; Having a Spanish speaking counselor present at the assessment would be helpful; Need Spanish language marketing materials; Need more bilingual therapists.
Quote	“The fact that for 10 plus years, maybe 11 years, they never had a bilingual recording, when you call after hours, that they have a lack of interest in addressing the cultural needs of the community. The fact that a client, if they call during lunch after five, doesn't reach anybody. And then to add to that, if they reach out to you twice by phone, and they don't get you, then they write you up to nonresponsive and close your case. So, is that culturally responsive to a farm worker or a Latino farm worker?”
Quote	“There's about 25,000 Oaxacans here in Oxnard on the Oxnard plane Ventura County. Oaxacans are the Mixteco people of the southern part of Mexico known as like Guerrero. We have, because of the farm fields, I think the second largest concentration of Oaxacans. They don't speak Spanish or English. They speak an indigenous dialect.”
Theme	Need lower threshold for receiving services.
Quote	“The majority of our students are Hispanic, you know, on our campus and in our community, that's probably the only place that I've seen anything is like, well, what do we do? What do we do with these students who need more than what we offer but don't meet the threshold? But I, I don't I don't want it in any way to sound like a criticism of the STAR program or VCBH, because they do a great job with the resources that they have.”
Quote	“Have a more open system of being able to offer care to more people, not just for severe cases.”
Theme	Parents need a case manager.
Sub Theme	Continued follow-up for the families would be helpful, many are single parents or work difficult jobs; Having a trusted person would be helpful; Evening phone calls would be helpful.
Quote	“Evening phone calls, you know, continued phone calls to follow up. Hey, how is how is that going? OK, did you follow up with that appointment know did you keep that appointment? Were you able to get there? Do you need help with transportation?”
Theme	STAR needs more flexible office hours.
Sub Theme	Hispanic/Latino people who work in the fields have difficult jobs and cannot take time off during the day.
Quote	“So, the payment to receive those services. Your scheduling flexibility too. They regularly work office hours from 9 to 5 and our community sometimes needs more when it's harvest season -may be coming home at five, five and a half in the afternoon.”
Theme	Need more community outreach like Logrando Bienestar.
Quote	“Systems where Hispanics tend to pay more attention, like radio versus TV or computer, because they do tend to listen to radio a lot more like local radio, for example.”
Quote	“A lot of the parents or families in Oxnard were very happy with Logrando, they had community outreach people who were doing a warm handoff from school staff to STAR or warm handoff from a community nonprofit to

	the STAR system. I wish that every school in our county had that kind of concierge service or guidance, available from VCBH.”
Quote	“I'm glad that they developed a Logrando because that has been amazing.”
Quote	‘Expand your Logrando Bienestar program. Having more staff and the staff that you have is wonderful because they not only have done a tremendous amount of work with our Latinos are Spanish speaking families, but with Latinos who have like this, what's the word? There's a stigma with mental health. So, they work with that cultural stigma and then with their families with low income.’
Theme	Develop stigma reduction strategies.
Quote	“Mental health is a huge stigma within our families.”
Quote	“There’s still somewhat of a stigma within the Hispanic community, just explaining to them a little bit more of the services that they'll be receiving and what it is and how it can help them.”
Quote	“Let more informative workshops continue to be offered to achieve more comfort, I think. How I tell you that sometimes in the Hispanic community there is a lot of taboo in that regard for services what interests is what mental health is. It's like sure that if you don't program them like in schools so that more dads get out and can help family and the community.”
Theme	More localized services.
Quote	“I have to wait three months, or two months for an assessment, unless I want to go to Simi Valley, you know, just very far away. So, it's an inefficient mechanism that is counterproductive to the needs of a community in this case, particularly the Latino community.”
Quote	“The second thing I would recommend is that the STAR program needs to create a more expeditious way of treating walk ins without them having been sent away, and especially when they have a high-risk situation.”
Survey Question 7: In your opinion are the STAR services culturally competent? What would make the services more culturally responsive?	
Theme	Provide Spanish flyers and visual materials.
Quote	“We recommend at that time that the fliers or something that you present are more visual, and they don't give you words to high because sometimes we know we have parents that don't speak English or sometimes they can't read and write. So, he only sees to explain how they work and like more visually, maybe they understand more their program, how they work it, have more visuals and not too high words therefore level because maybe some parents only take the first or second grade or sometimes, they don't go to school.”
Theme	More diversity with supervisors and people at the top.
Quote	“I see diversity when you're talking to supervisors and stuff, but at the very top, not so much.”
Quote	“I think cultural understanding and cultural bias training should be done. I think assuring a bilingual staff be available all the time is crucial. I think making sure the STAR system is just accessible, and when that person picks up the phone that they that speak common Spanish and that there is also a need for folks to be culturally sensitive when they're evaluating.”
Theme	VCBH needs more bilingual staff to increase cultural responsiveness.

Quote	"I see diversity when you're talking to supervisors and stuff, but at the very top, not so much."
Quote	"I think cultural understanding and cultural bias training should be done. I think assuring a bilingual staff be available all the time is crucial. I think making sure the STAR system is just accessible, and when that person picks up the phone that they that speak common Spanish and that there is also a need for folks to be culturally sensitive when they're evaluating."
Theme	VCBH needs more bilingual staff to increase cultural responsiveness.
Quote	"I talked with the parent, she kept telling me that she was fine, that she was okay. And it was obvious, though, that she wasn't OK. And this parent when she didn't get services from STAR. And so, then I had to reach out to the Logrando program and then the person from Logrando came, met with the parent was like, yeah, you definitely, they did their own type of mini assessment and then they forwarded that through STAR. When the Logrando person did that, the person qualified for services."
Quote	"They don't have ample bilingual support services in their clinician unit and so they don't get services. There's nobody there. ...So, the bilingual thing is huge and it's all over the data if you look at all their evaluations, lack of, that's like every other word, lack of bilingual services. So that would be huge."
Theme	More intensive training and cultural competence for VCBH staff.
Quote	"Decentralized it, train the staff, qualified staff to be assessors and rotate the function, beginning with the officer of the day. Most likely to have the most time to do assessments and create a rigor of cultural competency that moves towards beyond 'do you like tortillas?'"
Quote	"Again, education, especially education in the Latino community, I think is a big one, and that in the Latino community know what's out there with the STAR program is, and even people that are the referral source, letting their clients know exactly what it is and educating them."
Quote	"I think in order to be more culturally responsive would be the diversity in the people that you have, people that understand either with the language barriers or have the competency training just understanding the community."
Theme	STAR staff must be aware of stigma among the Latino community.
Quote	"We understand that this may seem like a taboo. This may seem that it's not right. But just like you go in a hospital when your stomach hurts, you have to also get help when you're not emotionally well. I think just being aware of those thoughts that the parents have. Their mental model of how they see mental health support, I think that's important for people that are going to serve our community to be aware of. I think a lot of times, you know, we might just feel not ourselves. And so, it's OK to ask for help. And it's OK that someone may be able to provide something that they need."
Survey Question 8: If Spanish is required, is there a staff member routinely available that is bilingual? If not, what happens?	
Theme	Staff can be rude or seem like they do not care when there is no Spanish speaking personnel present.

Quote	"The customer service, you need to be encouraged to do customer service when they speak with some people. Sometimes they are rude, but also maybe because the language barrier they don't understand."
Theme	Interpreters for non-English languages such as Spanish and Mixteco are not always readily available.
Quote	"Well, if there is so the answer is no, not always readily available. There is not somebody with the caller that can interpret. Then there just isn't much that can be done. And then it all depends on how little English the caller has, for example."
Theme	Clients get discouraged when put on hold waiting for an interpreter. This can take long periods of time.
Quote	"I have to say it's improved, but it's kind of a hit and miss thing where, I've had parents call, they get put on hold, after so many minutes, they hang up or there's not someone who picks up right away. That's been my experience, and so it hasn't always been accessible. Language has been a barrier."
Theme	Neither VCBH STAR nor the contract company they use does not always have trained interpreters on hand.
Quote	"So, what should happen is... They should have somebody on staff that they could call on that is a certified interpreter to come to the phone and say, I'm Henry, I'm going to be your interpreter today, let's get started. Absent that, they should have a third-party source that they could call on, there's a I cannot remember the telephone system, but there's a telephone system that you can dial and say we need an interpreter right now, the language is Spanish and then you do a three-way call. That should be in place when nobody's available. Does that happen now with regularity? What happens is we don't have anybody now."
Quote	"My understanding is that they have the option to call in an interpreter on the phone, through a phone service that they have what they call in to a certain agency and they get the person on the phone and then you have the client on the phone and then you're on the phone if you're the non-Spanish speaking person. And that's how they handle it. And that was, again, I'll tell you myself, as a therapist at one time, I would not do that. I mean, that is the worst thing you can do is bring in a stranger to interpret confidential information and so forth."
Theme	STAR staff are understaffed in terms of qualified, competent clinicians when it comes to interpretation.
Quote	"According to the six different annual reports that I read, it was consistently bad, meaning they were really understaffed in that area in terms of qualified, competent clinicians."
Survey Question 11: Do you have any additional comments or suggestions regarding the VCBH STAR Program?	
Theme	VCBH STAR continues to collaborate with other institutions in to provide services.
Quote	"I'd like to say they've been really collaborative with us in terms of developing the relationship and the referral pipeline. They've been very proactive and in reaching out to Channel Islands to see how they can provide services for our students and they are very responsive. So, we

	really appreciate how collaborative they've been with the university on behalf of the students."
Theme	VCBH STAR should perform more outreach based on community needs.
Quote	"Well, I've indicated that there's some areas that needs improvement. And I as an educator, I work from what's called a growth mindset, which is always how can I improve and better. And so, I bring that to the table. And when I sit down with VCBH staff, I feel like they bring that to the table, too. And I want to continue that partnership and us talking about how we can better meet the needs of our community."
Quote	"We need to move from being defensive of what they are doing to looking at what the community needs. So instead of doing something wrong and defending it without thinking about how they could do it better, doesn't help anybody. What they need to do is say, OK, who are we serving, what are their needs and what do we do to facilitate, better, safer mental health for our community."
Theme	VCBH STAR should increase their staff in order to increase hours of operation.
	"But compared to white collar people, I don't think that eight to five is appropriate. I would like to see maybe up to seven or eight, like a 12-hour rotation or even a 16-hour rotation with two full time shifts. Yes, I do think the increase in staffing to then offer hours that are a lot fairer to people requesting these services would be a lot more appropriate."
Theme	Focus groups can help increase community participation.
Quote	"Maybe even a focus group for just Spanish speaking family members would really get the community to start taking some ownership. And feeling like they, too, are part of the team, because it's not just up to the services out there, unfortunately."
Theme	Further decentralization of the STAR system would increase accessibility to clients.
Quote	"I think this practice of having the client come to you hasn't worked well, and I don't think it's culturally appropriate. I think there needs to be more education and more access accessibility. And that goes along the lines of decentralizing the STAR system."
Theme	Increase the amount of cultural competence in regard to language used in practice and in materials.
Quote	"Offer services to the community, reach the community talking about their services but in the language and be a type of appropriate scope, that they are not only an information table and hand out a flyer, because they have to consider that not the whole community can read. Mental health symptoms remain a topic of stigma in the community and you have to know how to say it in simple language."
Quote	"My suggestions are to ensure that all family needs are met. And that comes with the caveat of talking about our low-income family, our families in certain cultures and ethnicities and that have language barriers as well."
Theme	VCBH STAR needs a timelier process to receive and treat people that need help.
Quote	"I think that the STAR program needs to reengineer itself so it can respond to people in a timely manner. OK, what most people would expect, let's say you were a parent. Let's say you had a son or daughter, a teenager,

	<p>thinking about suicide. You don't want to take them to a place that's going to tell them to come back, go home and call or wait three weeks. You're going to be distraught as much as they are. And that's actually one of the moms that I talked to that I got that idea from. So, they need to come up with a timelier way to receive and treat people that need help. That's probably the most important thing of everything I've said and everything I've heard, you know, the time situation, the lack of timeliness and in how they deal with people and in how they deal with people.”</p>
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Summary of Community Stakeholder Interviews

The respondents were articulate and provided a great level of detail in response to the interview questions. Generally, all of the stakeholders know that STAR is a place where individuals and families go to receive mental health services. In regard to interactions with VCBH services, most respondents had mixed feelings. While some indicated they received good information about STAR services in person or over the phone, others felt there was a bias a lack of bilingual STAR staff on hand and a lack of cultural sensitivity in the voice messaging. Respondents went on to report that they perceive STAR to have many layers of bureaucracy and long waiting periods. Respondents who work in the community and who have heard from the community members about STAR relayed problems related to the limited scope of STAR services and strict eligibility criteria, as well as a lack of cultural and language sensitivity among STAR staff. Other respondents reported hearing about STAR in excellent terms in the context of what the program is designed to do. Respondents also discussed a general lack of trust among parents in the Hispanic/Latino community and that families may not understand how the STAR system works. There is low mental health literacy and stigma among many Hispanic/Latinos in Ventura County. Importantly, respondents noted that STAR has been greatly improved by the Logrando Bienestar initiative that helps Spanish speaking clients access STAR services. Respondents highly recommended an increased awareness about STAR services within the community and called for expanded outreach initiatives such as Curando Alma and Logrando Bienestar. Client advocates for helping access STAR services are reported to be very important. When asked about barriers to receiving STAR services among Hispanic/Latinos, many of the same themes emerged including: 1) Some Hispanic/Latinos who feel marginalized lack trust in the VCBH STAR process; 2) Low language access, 3) The client wait time for an assessment appointment took too long, 4) Staff lacks cultural competence. In response to some of these barriers the community stakeholders mentioned a number of recommendations for improving the STAR system for Hispanic/Latinos.

Overall, the respondents recommend that VCBH STAR should adapt to Ventura County’s Hispanic/Latino population and more bilingual staff and interpreters be trained and hired. Other recommendations included: 1) STAR should do a more personal handoff of clients who don’t meet VCBH assessment criteria, 2) More flexible office hours, 3) More expanded community outreach services like Logrando Bienestar, 4) Developing stigma reduction strategies for the Hispanic/Latino communities, 5) Establishing more localized services. In response to other similar open-ended questions the community stakeholders reiterated many of the above-mentioned concerns and opportunities regarding services for Hispanics/Latinos. Highly emphasized is the need for more culturally and linguistically appropriate STAR services to better serve the needs of this community.

Summary and Recommendations

In collaboration with Ventura County Behavioral Health (VCBH) Behavioral Assessment, Inc. (BAI) conducted a comprehensive evaluation of the VCBH STAR Program between December 2019 to March 2021. A mixed methods approach to the evaluation was used. The purpose of this evaluation was to assist VCBH to improve access to care, especially for the Latino community and to identify barriers to access and utilization of STAR Services for Hispanic/Latino community members. Past evaluations have pointed to language and other barriers to serving this population resulting in low penetration rates of mental health service utilization for this community.

Staff interviews, review of relevant documents, policies and procedures, analysis of the AVATAR electronic client information system, and collection of both qualitative survey data and qualitative interviews were conducted. Ninety-one adult surveys and phone-based interviews were conducted with randomly selected client groups. An additional 21 community provider/stakeholders phone interviews were conducted.

Key Evaluation Findings can be summarized as follows:

Time Study-Thirty Hispanic/Latino and 30 Non-Hispanic/Latino electronic patient health records were randomly selected from the VCBH Avatar electronic system. The sample represented clients that were either currently receiving STAR services or received at least one service contact. Comparative analysis between Hispanic/Latino and Non-Hispanic/Latino clients were conducted for the different types of service contacts and the time intervals for receiving services. The service contacts used for the analysis were: (1) Initial request for services, (2) Assessment Intake, (3) Type of treatment, and (4) missed appointments.

The time study revealed key differences between Non-Hispanic/Latino and Hispanic/Latino clients on accessing services from the VCBH STAR Program. Non-Hispanic/Latino clients were more likely to see a psychiatrist at least once. The data shows that this was not the case for Hispanic/Latino clients who may have been in need of psychiatric medication services. It is possible that Hispanic/Latino clients may have less needs for a psychiatric consultation as they were much more likely to seek STAR services on behalf of a child or another family member. Alternatively, the shortage of bilingual psychiatrists at VCMH, may have contributed to this finding. A slight difference was found in the service utilization rates for Hispanic/Latino clients. Hispanic/Latino clients had fewer total service contacts (twelve visits) than their Non-Hispanic/Latino counterparts (fifteen visits).

Mapping of STAR Process -The purpose of the process mapping was to provide a visual of each keynote or element that would be a point in which the client had contact with VCBH. This mapping aimed to show (visually) if there was an overlap or repetition within the process from the initial request for services to services or treatment. Overall, the process mapping did not find any significant repetition or duplication of tasks from the initial request for services to the actual doctor appointment or treatment. At the same time, key informant interviews about the mapping revealed points at which limited English proficient Hispanic/Latino clients might be disengaged or lost in the process. Potential reasons for client disengagement include 1) using a

phone-based call-in system to get an RFS, 2) the need for multiple callbacks and 3) lack of Spanish and indigenous language screeners. While there is a logical flow to the STAR process mapping there are a number of points in which Hispanic/Latino clients can fall out of the system before receiving a fair and comprehensive triage and assessment. Staff screening and assessment personnel provided a variety of comments regarding serving the Hispanic/Latino community and generally agreed on issues that the STAR process may not account for including:

- Literacy issues -Many Hispanic/Latino clients cannot read English or Spanish language which causes delays in getting necessary paperwork completed.
- Hispanic/Latino clients often do not trust the interpreters.
- There are very few if any indigenous language interpreters available.
- Hispanic/Latino clients are often not comfortable with sharing private information with others repetitively.
- The shortage of bilingual staff and doctors causes delays in Hispanic/Latino clients scheduling of appointments.

Client Interviews -BAI Conducted interviews with 91 randomly selected clients from the following six populations. In collaboration with VCBH staff a selected random sample of each group of clients from the AVATAR Electronic Health Records System was included in the evaluation study. All 91 clients completed both quantitative survey questions and were interviewed by BAI staff. *For some client groups, however, there was a high percentage of non-applicable responses or non-responses.*

The survey checklist responses showed the majority of clients to be satisfied with the array of services offered through STAR. Some differences in responses between clients in groups A – E were noted. Generally, clients from Group E (Non-Hispanic/Latinos) were much more likely to have sought services for themselves, whereas clients in Group C (assessed by STAR, but not admitted) mostly sought services for a child. The results also showed that clients had multiple phone exchanges with VCBH STAR prior to speaking with someone. Thirty percent of clients in Group C (assessed by STAR, but not admitted) made at least 3 calls to VCBH STAR. Waiting periods to receive an assessment varied with the longest wait times noted for clients in group E (Non-Hispanic/Latinos). A small percentage in most all groups indicated not receiving an appointment with a psychiatrist for over three months. **Regarding cultural sensitivity, the vast majority of clients were satisfied with VCBH STAR services.** However, among Hispanic/Latino clients that receive the full array of STAR services (Group D), 20% were dissatisfied with the cultural sensitivity of their counselor or psychiatrist. A number of service barriers were mentioned including hours of operation or service location that did not meet client needs. Transportation cost was a barrier mostly for clients in groups A (admitted but closed after receiving limited services) and E (Non-Latino clients).

The open-ended Interview responses for clients who received some or all of the VCBH STAR services were generally positive regarding the initial phone contact, screening and triage, and counseling or psychiatric treatment. The Hispanic/Latino clients who were included in these samples and who were able to work with Spanish speaking staff or through an interpreter were generally satisfied with STAR services. Interestingly, Non-Hispanic/Latino STAR clients who received the full range of services were more openly critical of the STAR system. Most importantly however, for the purpose of improving access and for engaging Hispanic/Latino clients, there were many suggestions for improving the STAR and the overall VCBH system. The overall suggestions included: 1) more Spanish and indigenous language capability, 2) increased outreach with parents of children in schools and in Hispanic/Latino neighborhoods; 3) develop strategies to address stigma about mental illness among Hispanic/Latinos; 4) provide transportation or reduce travel distances; 5) extend service hours for seasonal workers; 6) extend to children or adults with any form of mental illness; and 7) improve communication between clinic frontline receptionist staff and clients. It is important to note that some of these suggestions reflect those of the Community Stakeholders and are not necessarily reflected in the client data. While there is no doubt a value to increased outreach and stigma reduction these are not within the scope of STAR roles for screening and assessing those who present for services.

Community Stakeholder Surveys- BAI conducted interviews with 21 community organizations and stakeholders. A survey form was developed that included quantitative opinion items and a series of open-ended interview questions. Overall, the community respondents were very familiar with the STAR process and referral system. Ninety five percent of the respondents had at least one interaction with the STAR referral system.

The survey checklist responses revealed that generally the vast majority of community stakeholders felt a need for improvement in the STAR process and services for Hispanic/Latinos and Latinos. Areas where major improvements were needed include: 1) hours of operation; 2) hours availability for assessment; 3) VCBH STAR community outreach; 4) Cultural and language competence; 5) Wait time; and 6) Commute time.

The community stakeholder interviews revealed a number of positive perceptions regarding STAR services, where many felt that the system works in a fashion that was designed for (screening and triage for severe mental illness). Community stakeholders, however, were quite vocal about numerous perceived barriers to access to services for Hispanic/Latino clients including: 1) some Latinos who feel marginalized lack trust in the VCBH STAR process; 2) low language access, 3) the client wait time for an assessment appointment is too long, 4) staff lacks cultural competence; and 5) overly strict eligibility criteria. In response to some of these barriers the community stakeholders mentioned a number of recommendations for improving the VCBH STAR system for Hispanic/Latinos. Respondents highly recommended an increased awareness about STAR services within the community and called for expanded outreach initiatives such as Curando Alma and Logrando Bienestar. Overall, the respondents recommend that VCBH STAR should adapt to Ventura County's Hispanic/Latino population and more bilingual staff and interpreters be trained and hired. Additionally, other recommendations were given including: 1) STAR should do a more personal handoff of clients who don't meet VCBH assessment criteria, 2) More flexible office hours, 3) More expanded community outreach services like Logrando

Bienestar, 4) Developing stigma reduction strategies for the Hispanic/Latino communities, 5) Establishing more localized services. Highly emphasized is the need for more culturally and linguistically appropriate STAR services to better serve the needs of this community.

Limitations -There are a number of limitations to this STAR Evaluation Study. First and foremost was the complication created by the COVID19 pandemic and its impact on potential participation in this study. On site or in person recruitment of participants was not possible. A second limitation is the low response rate and small sample size. A response rate of 17.3% was realized. This is particularly low and in some of the subsamples, the desired sample size of N=20 was not achieved. An additional and important limitation is related to the sole use of the AVATAR electronic client database for sampling of the 5 specific sub samples. In some cases, participants who did not receive the full array of STAR services responded to some of the quantitative survey questions as if they had received the full array of services, thus indicating they may not have fully recalled their STAR experiences or may have based their responses on non-STAR, outside screening and counseling services.

RECOMMENDATIONS

Based on the accumulated findings from this BAI STAR Evaluation Study, there is consensus on a number of recommendations for improving and enhancing STAR services to improve access and utilization among Hispanic/Latino clients and families. This list of recommendations may not be exhaustive but considers the full scope of the qualitative and quantitative data that was collected by BAI. Some of the recommendations reflect comments about VCBH overall and have been included in this report and may not be specific to STAR services. It is important to note that the various types of data collected with multiple and small samples of consumers were not always consistent. *Some of the survey data collected, for example, reflects moderate to high levels of satisfaction of STAR services among some consumers.* Yet there are clearly stated qualitative perceptions about STAR services among consumers and Community Stakeholders where service improvements are suggested. Additionally, some of the recommendations made here coincide with recommendations made by previous evaluation studies conducted by groups including LULAC and the State of California evaluators.

- 1) Front line, receptionist training on customer relations is recommended. A number of interview respondents pointed to the need for improved “customer service”. The first contact that clients may have at the local clinic is with front line receptionists and intake workers. VCBH STAR should ensure that all front desk receptionist and intake staff have basic training in mental health/illness, basic customers service skills to address customer needs and foster a positive experience. Customer service is often considered a “soft skill,” including traits like active listening and reading both verbal and nonverbal cues. Efforts should be made to have at least one front line staff person who is bilingual to avoid the need have other clients or untrained staff serve as impromptu interpreters.

- 2) Improved language access for Spanish speaking clients is needed, especially at intake levels of STAR services and includes language appropriate phone screening and voice messaging. This includes the ability of STAR to respond to regional and indigenous dialects that are becoming increasingly common in Ventura County (e.g., Mixteco). Efforts should be made to have all voice messaging and initial screening services available in Spanish at a minimum. Findings from this evaluation support previous evaluation studies that recommended that all STAR services be available in Spanish to improve access and reduce confusion or uncertainty in Hispanic/Latino clients who may be in crisis. Teenagers and youth appear to have trouble understanding and relating to Spanish language interpreters especially when with the therapist or psychologist. Review and adherence to the Revised CLAS Standards is highly recommended.
- 3) Findings suggest that the STAR process is complex with several points where clients can become frustrated with multiple phone contacts, call backs, limited schedules for assessments, and repetition of annual paperwork and generally longer than expected wait times. Standardized phone screening training to ensure consumer awareness about the VCBH process is recommended. Translated and easy to understand written or telephone scripts that describe the STAR process should be used during the screening and triage phases. At the beginning of the assessment period, provide an orientation in person in both Spanish and English to explain the STAR process. Reinforce the need and importance for clients to share their mental health histories with several people. Many clients reported that there are too many people involved during a session, (i.e., Psychologist, parent, interpreter) making them feel uncomfortable.
- 4) Clients often report having to travel long distances for the STAR assessment or treatment services. Pilot programs such as the Santa Paula Curando con Alma pilot that have co-located STAR triage and assessment services in one place are recommended. Minimizing phone call backs, increasing face to face screening, triage, and assessment, and co-locating these services with treatment services is highly recommended, especially for Hispanic/Latino clients and for those without transportation. This would greatly assist those who may be seasonal farm workers with rigid work schedules. Make transportation vouchers available for those who travel long distances for STAR services.
- 5) Expanded community outreach and information dissemination in Spanish is highly recommended for VCBH overall. The services provided by the Logrando Bienestar Initiative have been highly lauded and should be expanded. The ability of Logrando Bienestar staff to understand many of the acculturation issues facing Hispanic/Latinos seems critical to client engagement. Logrando Bienestar's ability to provide pre-STAR orientation and help with "warm handoffs" for Hispanic/Latino clients and parents to STAR can reduce initial stigma, improve client understanding about VCBH STAR and can improve initial engagement and entry into the service system. Anti-mental health stigma in the Hispanic/Latino community is not unique to Ventura County. The success of an expanded Logrando Bienestar community outreach model toward reducing stigma can serve as a statewide and national model.

- 6) Expanded school-based outreach and family member awareness about STAR services in Spanish language is recommended for VCBH overall. Community stakeholders and clients point to the importance of strengthening STAR connections with local schools. Schools offer a safe place where parents can learn more about mental health care, identifying symptoms and STAR services. Disseminating written materials, posting information on social media and on school web sites, and conducting periodic parent orientations about STAR services may be effective strategies for informing Hispanic/Latino families about mental health care.
- 7) Develop specific referral protocols for those clients that do not meet VCBH access criteria and include follow up navigation to ensure client receives some lower tier form of care. Many clients and community stakeholders are discouraged that STAR cannot serve individual and families who do not meet the criteria to receive an assessment or treatment. The development of more formal relationships and agreements between STAR and local, outside counseling and treatment providers are recommended. Prevention of more severe disorders among Hispanic/Latino can be achieved by ensuring that non-eligible STAR clients be successfully connected with lower levels of care.
- 8) Many hired farm workers and their families are foreign-born people from Mexico and Central America. They often come back every season to help with the harvest. Given the nature of seasonal farming, many who live and work in the Ventura County farm worker community are not able to accommodate traditional VCBH service hours. It is suggested that VCBH STAR services extend their hours to include weekdays and Saturdays to meet the needs of this population.
- 9) Staff at various levels of the STAR process can benefit from training in cultural competency, cultural sensitivity, intersectionality of health disparities, social determinants of health and Hispanic/Latino stigma reduction. Ongoing training through SAMHSA's Office of Behavioral Health Equity, the California Department of Public Health's Office of Health Equity, the SAMHSA's National Hispanic/Latino Mental Health Technology Transfer Center is strongly recommended. These organizations can offer these training and TA workforce capacity building services.

Screening, Triage, Assessment, and Referral (STAR) Evaluation Completed by Behavioral Assessment, Inc. May 28, 2021: Report Summary



Evaluation Purpose

Behavioral Assessment, Inc. (BAI) was contracted to conduct an independent evaluation of the STAR program that serves as the entry point for much of VCBH services.

The goal was to provide data and information that will contribute to improving access to behavioral health care for Latinx residents in Ventura County.



Methodology

Multiple sources of data/information:

- STAR Process Mapping of client contacts and program efficiency
- Time Study of first contact to client treatment
- 91 Client Interviews to gain feedback, examined by client experience with STAR (e.g., accepted to services with less than 4 services; assessed with no services or referred out, etc.)
- Community Based Organization (CBO) & Stakeholder Interviews to gather input on STAR process and services
- Document Review of VCBH policies and other related document

Opportunity Areas

Based on the evaluation findings, the following are identified as areas for improvement*:

- Improve engagement during the triage and assessment process for limited English proficient Hispanic/Latino clients.
- Increase presence of Spanish and indigenous language screeners, translation/interpreters, clinical staff and doctors to help reduce potential for delays in service and completion of necessary paperwork.
- Improve service utilization rates for Hispanic/Latino clients: The study found fewer service contacts compared to the Non-Hispanic/Latino group.
- Reduce waiting time for clinical service: For all service groups, waiting periods averaged one month to be seen by a therapist.

*See page two for additional information on how VCBH has or will address these opportunity areas.

Screening, Triage, Assessment, and Referral (STAR) Evaluation Completed by Behavioral Assessment, Inc. May 28, 2021: Recommendations & Action Steps

Behavioral Assessment, Inc. (BAI) was contracted to conduct an independent evaluation of the STAR program that serves as the entry point for much of VCBH services.

The goal was to provide data and information that will contribute to improving access to behavioral health care for Latinx residents in Ventura County.

Evaluation Recommendations	VCBH Current and Planned Action Steps *All focus areas are included in the VCBH Strategic Plan
Customer Service/ Relations Training	Planned Action: <ul style="list-style-type: none"> Offer specialized training for direct service and office administration staff.
Improved Language Access	Current State: <ul style="list-style-type: none"> Logrando Bienestar community services staff are 100% bilingual or trilingual, speaking Spanish, English, and Mixteco Alto/Bajo. Planned Action: <ul style="list-style-type: none"> Increase bilingual psychiatrists and nurse practitioners. Improve internship access as a pathway for staff recruitment. Develop measure of satisfaction for interpretation services.
Access Process Streamlining (screening, scheduling, assessment)	Current State: <ul style="list-style-type: none"> COVID/telehealth related operational changes have shown promising effects on efficiency. STAR meets timeliness goals; 1st offered assessment appointment within 10 days of request). More than 50% of STAR & RISE staff are bilingual, speaking Spanish and English.
Improved Ease of Access (Bringing services into the community)	Current State: <ul style="list-style-type: none"> Working to standardize the option of telehealth for flexible access to services. Screening & assessment services brought into regional clinic locations, improving timeliness. Logrando Bienestar & RISE teams bring screening and appointment scheduling into community. Implementation of Wellness Centers in partnership with VCOE at eight VC high school campuses to help improve mental health system navigation for youth.
Expanded Community Outreach	Current State: <ul style="list-style-type: none"> Ongoing collaboration with the Gold Coast Health Care Plan and VCOE to clarify when and how to access VCBH services. Continued social media expansion via the VCBH website, Facebook, Instagram, and WhatsApp.
Staff Cultural Training	Planned Action: <ul style="list-style-type: none"> Establish training to increase awareness of culturally informed, evidence-based practices in line with Diversity, Equity, and Inclusion principles.
Expanded School-Based Outreach and Family Member Awareness	Current State: <ul style="list-style-type: none"> Logrando Bienestar workshops to increase families' awareness of when and how to access mental health services. Ongoing, school based, clinical work in partnership with 130 schools across VC providing Educationally Related Social and Emotional Services.
Follow up Navigation for Individuals Referred out from VCBH	Current State: <ul style="list-style-type: none"> Ongoing coordination with Beacon Health Options and other community-based organizations to streamline connection of referrals into appropriate services.
Extension of VCBH service hours	Current State: <ul style="list-style-type: none"> Ongoing clinic "flex" hours can vary from 8:00 am until as late as 7:00 pm. Additional scheduling opportunities are offered, as needed, to accommodate client needs.

APPENDICES

- Script for Community Based in Spanish and English for 1st contact by email
- Script for STAR Client Survey in Spanish and English when calling client
- Script for Community Based in Spanish and English when calling client
- STAR Client Consent (English Only)
- STAR Client Final Survey Spanish and English
- STAR Final Community Based Survey Spanish and English

Participant Name: _____

Date: _____ Time: _____

Participant Contact Number/Email: _____

STAR EVALUATION PROJECT TELEPHONE/EMAIL 1st CONTACT SCRIPT- ENGLISH

Hello, my name is _____ and I am contacting you on behalf of Ventura County Behavioral Health. The purpose of my call/email is to ask for your participation in a brief survey.

VCBH has partnered with Behavioral Assessment Inc., an independent evaluation firm, to conduct a brief survey to better understand how Hispanic clients are being served by the VCBH STAR program. We are contacting community stakeholders to voluntarily participate in this survey.

The survey will take about 30 minutes and the questions are based on your knowledge/experiences with the STAR program. The information that you provide in the survey is strictly confidential and will NOT be shared with anyone except the evaluators.

When would be a good time and date to contact you? Please provide a phone number to reach you at.

Thank you for your time.

Participant Name: _____

Date: _____ Time: _____

Participant Contact Number/Email: _____

STAR EVALUATION PROJECT TELEPHONE/EMAIL 1st CONTACT SCRIPT-SPANISH

Hola, mi nombre _____ y estoy contactando a usted en nombre de Ventura County Behavioral Health. El propósito de mi correo electrónico es pedir su participación en una breve encuesta.

VCBH se ha asociado con Behavioral Assessment, Inc., una firma de evaluación independiente, para realizar una breve encuesta para entender mejor cómo los clientes hispanos están siendo atendidos por el programa VCBH STAR. Nos ponemos en contacto con las partes interesadas de la comunidad para participar voluntariamente en esta encuesta.

La encuesta tomará unos 15 minutos y las preguntas se basan en sus conocimientos/experiencias con el programa STAR. La información que usted proporcione en la encuesta es estrictamente confidencial y NO se compartirá con nadie excepto con los evaluadores.

¿Cuándo sería la mejor hora y fecha para contactarte? Proporcione un número de teléfono para comunicarse con usted.

Gracias por su tiempo.

STAR EVALUATION CLIENT SURVEY SCRIPT- ENGLISH

Hello, May I speak with _____

My name is _____ and I am calling on behalf of Ventura County Behavioral Health (VCBH) and BAI. Thank you for agreeing to take part in this important survey. The purpose of this survey is to get your feedback based on your experiences with the VCBH STAR program. The information you provide will help us understand how Hispanic clients are being served through the STAR program. The information that you provide in the survey is confidential and your identity will not be shared for any reason. The Survey will take 20 minutes and consists of several questions about your experiences with the STAR Program.

Because this interview will be recorded, we ask you to please speak slowly and clearly to assure we don't miss any of your opinions and suggestions.

Do you have any questions before we begin?

STAR EVALUATION CLIENT SURVEY SCRIPT-SPANISH

Hola, Puedo hablar con _____

Mi nombre es _____ y estoy llamando en nombre de Ventura County Behavioral Health VCBH y BAI.

Gracias por aceptar participar en esta importante encuesta. El propósito de esta encuesta es obtener sus comentarios basados en sus experiencias con el programa VCBH STAR. La información que nos proporcione nos ayudará a entender cómo se está sirviendo a los clientes Hispanos a través del programa STAR. La información que usted proporciona en la encuesta es confidencial y su identidad no se compartirá por ningún motivo.

La Encuesta tomará 20 minutos y consta de varias preguntas sobre sus experiencias con el Programa STAR.

Debido a que esta entrevista será grabada, le pedimos que por favor hable lenta y claramente para asegurar que no nos perdemos ninguna de sus opiniones y sugerencias.

¿Tienes alguna pregunta antes de empezar?

STAR EVALUATION COMMUNITY SURVEY SCRIPT- ENGLISH

Hello, May I speak with _____

My name is _____ and I am calling on behalf of Ventura County Behavioral Health (VCBH) and BAI. Thank you for agreeing to take part in this important survey. The purpose of this survey is to get your feedback based on your experiences with the VCBH STAR program. The information you provide will help us understand how Hispanic clients are being served through the STAR program. The information that you provide in the survey is confidential and your identity will not be shared for any reason. The Survey will take 20 minutes and consists of several questions about your experiences with the STAR Program.

Because this interview will be recorded, we ask you to please speak slowly and clearly to assure we don't miss any of your opinions and suggestions.

Do you have any questions before we begin?

STAR EVALUATION COMMUNITY SURVEY SCRIPT-SPANISH

Hola, Puedo hablar con _____

Mi nombre es _____ y estoy llamando en nombre de Ventura County Behavioral Health VCBH y BAI. Gracias por aceptar participar en esta importante encuesta. El propósito de esta encuesta es obtener sus comentarios basados en sus experiencias con el programa VCBH STAR. La información que nos proporcione nos ayudará a entender cómo se está sirviendo a los clientes Hispanos a través del programa STAR. La información que usted proporciona en la encuesta es confidencial y su identidad no se compartirá por ningún motivo.

La Encuesta tomará 20 minutos y consta de varias preguntas sobre sus experiencias con el Programa STAR. Debido a que esta entrevista será grabada, le pedimos que por favor hable lenta y claramente para asegurar que no nos perdemos ninguna de sus opiniones y sugerencias.

¿Tienes alguna pregunta antes de empezar?

Participant Name: _____

Date: _____

Participant Contact Number: _____

STAR EVALUATION PROJECT TELEPHONE CONSENT

Hello, my name is _____ and I am calling on behalf of VCBH. The purpose of my call is to ask for your participation in a brief survey. VCBH has partnered with Behavioral Assessment Inc., an independent evaluation firm, to conduct a brief survey to better understand how Hispanic clients are being served by the VCBH STAR program. We are contacting clients who have received some services from VCBH STAR to voluntarily participate in this survey. The survey will take about 30 minutes and the questions are based on your experiences with the STAR program. The information that you provide in the survey is strictly confidential and will NOT be shared with anyone except the evaluators. Your participation will not affect the services you are currently receiving through VCBH or any other service you might receive in the future.

If you **agree and consent to participate**, we will provide BAI with your telephone number. A BAI team member will be contacting you to conduct the survey. Do you have any questions?

Do you agree to participate?

Yes, I Consent to participate in the survey

OR

Refused to participate



Ventura County Behavioral Health (VCBH)
Screening, Triage, Assessment, and Referral (STAR)
EVALUATION SURVEY

Date: _____

Interviewer: _____

Demographic Questions

Gender/Orientation: Female Male LGBTQ Other _____

How old are you? _____

What is your Ethnic Background? Central American Cuban Dominican Mexican Mexican American Mixteco Puerto Rican South American Other (Please specify): _____

Were you born in the US? Yes ____ No _____ (if no Please specify): _____

What is your race? White Black/African American Asian Native Hawaiian or other Pacific Islander Alaska Native American Indian Other: _____

What is the primary language you use at home? _____

What is your preferred language? _____

Did you seek services for yourself or a family member? Family Member Who? _____ Self

1. What was the primary reason that you sought mental health services through VCBH? (Mark one)

- I was experiencing some emotional distress.
- Someone else recommended that I come in.
- I was in crisis.
- I came in against my will.
- My child or other family member needed help.

2. How did you get a referral to the STAR Program? From:

- A Friend
- Access/RISE
- Physician
- Logrando Bienestar staff
- School

Other: _____

3. If you referred yourself to STAR, how many total phone call attempts to Ventura County Behavioral Health (VCBH) STAR did you make before you spoke to someone? _____.
4. How many total phone calls to VCBH STAR did you make or receive before you were scheduled for the assessment appointment? _____.
5. When you called STAR to make an appointment, were you able to speak to someone in your preferred language? Yes No N/A
6. After your first screening call to STAR, did you receive an appointment for an assessment with the time and location within: (please check one)
 - 2 – 5 days
 - 6 – 9 days
 - 10 – 21 days
 - Over 3 weeks
 - I did not receive an appointment.
7. Following the completion of your assessment, how soon was your first appointment in the clinic to see a Therapist/ Case Manager? (please check one)
 - Within one week
 - Within two weeks
 - Within three weeks
 - Over one month
 - Over two months
 - Over three months
 - N/A
8. Following the completion of your assessment, how soon was your first appointment to see a Psychiatrist? (please check one)
 - Within one week
 - Within two weeks
 - Within three weeks
 - Over one month
 - Over two months
 - Over three months
 - N/A

How much do you agree or disagree with the following statements? (please check one)

9. I understood the STAR referral and assessment process and what to expect after my first contact to receive services.
 - Strongly Agree Agree Disagree Strongly Disagree Neither Agree nor Disagree

10. My first appointment for the assessment was in a time frame that met my needs.

Strongly Agree Agree Disagree Strongly Disagree Neither Agree nor Disagree

11. My first appointment for therapy or psychiatrist visit was in a time frame that met my needs.

Strongly Agree Agree Disagree Strongly Disagree Neither Agree nor Disagree

12. I was satisfied with the phone or in person screening services that I received when I first contacted STAR.

Strongly Agree Agree Disagree Strongly Disagree Neither Agree nor Disagree

13. I was satisfied with the in-person assessment services that I received through STAR.

Strongly Agree Agree Disagree Strongly Disagree Neither Agree nor Disagree

14. Staff/therapists/psychiatrists were sensitive to my cultural/ethnic background (race, language, etc.).

Strongly Agree Agree Disagree Strongly Disagree Neither Agree nor Disagree

15. Did any of the following barriers interfere with your ability to receive a STAR assessment?
Please listen as I read each option, and we can check any of these that apply:

- I did not understand how the assessment process worked, was that a barrier for you?
- I did not receive an appointment to the assessment clinic; was that a barrier for you?
- Limited bilingual services were available at the time of my assessment; was that a barrier for you?
- I had difficulty finding transportation or difficulty with transportation costs; was that a barrier for you?
- Hours of services that were available did not meet my needs; was that a barrier for you?
- Service location for the assessment was too far; was that a barrier for you?
- The wait was too long; was that a barrier for you?

Now I am going to ask you a few more questions, where you are free to give your own opinion:

16. How would you describe your first phone contact with VCBH/STAR?

17. What did you understand about the STAR referral process when you first requested services?

18. What did the STAR phone screener do to help you receive services?

19. What would help to make it easier for Hispanic/Latino people to receive services at VCBH?

20. If you needed, was a Spanish speaking screener available when you had your first contact with STAR?
(if no skip to question 22)

21. If you answered “yes” to question 20, what was your experience working with Spanish interpreter?
22. From the time of your first contact with STAR, were you satisfied with the time period between your first contact, receiving an assessment, and getting an appointment with a counselor or a doctor? Did the process go smoothly, please describe?
23. How would you describe your experience with STAR assessment staff?
24. Do you feel the STAR staff understood your problems? Please explain:
25. If you had any mental health related issues in the future, would you go back to STAR?
26. Based on all your experiences that you have shared with me about STAR, do you have any suggestions for improving the STAR Program for Hispanic/Latinos?
27. Since the time of your VCBH STAR initial screening contact have you received any services outside of VCBH? And if yes, which ones: _____

GROUP A QUESTIONS ONLY:

- A. After your VCBH case was open, what were the reasons that you or your family member did not follow through with your appointment for the assessment or to see a counselor/case manager or psychiatrist?

GROUP B QUESTIONS ONLY:

- B. In your opinion, why were you or your family member not offered any services through STAR even though you were referred by an outside clinic?

GROUP C QUESTIONS ONLY:

- C. After your clinical assessment through STAR, why did you or your family member choose not to receive counseling, therapy, or psychiatric treatment?

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE



Ventura County Behavioral Health (VCBH)
Examen, Triage, Evaluación y Referencia (STAR)
ENCUESTA DE EVALUACIÓN

Fecha: _____

Entrevistador: _____

Preguntas demográficas

Género/ Orientación: Femenino Masculino LGBTQ Otro _____

¿Cuántos años tienes? _____

¿Cuál es su origen étnico?: Centroamericano/a cubano/a Dominicano/a Mejicano/a
 Mejicanoamericano/a Mixteco/a Puertorriqueño/a Sudamericano/a Otros (Especificar):

¿Naciste en EE.UU.? Sí _____ No _____ (Si su respuesta es negativa, por favor, especifique): _____

¿Cuál es su raza? Blanco/a Negro/a/Afroamericano/a Asiático/a Nativo Hawaiano/a u otro Isla del Pacífico Nativo de Alaska Indígena Americano/a Otro: _____

¿Cuál es el idioma que más usas en tu casa? _____

¿Cuál es su idioma preferido? _____

¿Usted buscó servicios para usted o un miembro de su familia? Miembro de la familia , Quien? _____
 Amigo/a Para mi

28. ¿Cuál fue la razón principal por la que buscó servicios de salud mental a través de VCBH? (Marque uno)

- Estaba sintiendo un poco de angustia emocional.
- Alguien más me recomendó que viniera
- Yo estaba en crisis.
- Vine en contra de mi voluntad.
- Mi hijo u otro miembro de la familia necesitaba ayuda.

29. ¿Cómo obtuvo una referencia al Programa STAR?

- De un amigo
- De Access/RISE
- De un Médico
- De personal de Logrando Bienestar

De la Escuela

Otro: _____

30. Si usted mismo se refirió a STAR, ¿cuántas llamadas telefónicas tuvo que hacer en total a Ventura County Behavioral Health (VCBH) STAR antes de hablar con alguien? _____.

31. ¿Cuántas llamadas telefónicas en total a VCBH STAR hizo o recibió antes de que se le programara para la cita de evaluación? _____.

32. Cuando llamó a STAR para hacer una cita, ¿pudo hablar con alguien en su idioma preferido?

Sí No N/A

33. Después de su primera llamada de selección a STAR, recibió una cita para una evaluación con la hora y el lugar dentro de:

2 – 5 días

6 – 9 días

10 – 21 días

Más de 3 semanas

No recibí una cita.

34. Después de completar su evaluación, ¿qué tan pronto fue su primera cita en la clínica para ver a un Terapeuta/ Gerente de casos? (Marque uno)

Dentro de una semana

Dentro de dos semanas

En tres semanas

Más de un mes

Más de dos meses

Más de tres meses

N/A

35. Después de completar su evaluación, ¿qué tan pronto fue su primera cita para ver a un psiquiatra? (Marque uno)

En una semana

En dos semanas

En tres semanas

Más de un mes

Más de dos meses

Más de tres meses

N/A

¿Cuánto está usted de acuerdo o en desacuerdo con las siguientes declaraciones?

36. Entendí el proceso de referencia y evaluación de STAR y qué lo podría esperar después de mi primer contacto para recibir servicios.

- Fuertemente de acuerdo De acuerdo En desacuerdo Fuertemente en desacuerdo
 No estoy de acuerdo ni en desacuerdo

37. Mi primera cita para la evaluación fue en un plazo que satisfizo mis necesidades.

- Fuertemente de acuerdo De acuerdo En desacuerdo Fuertemente en desacuerdo
 No estoy de acuerdo ni en desacuerdo

11. Mi primera cita para terapia o visita al psiquiatra fue en un plazo que satisfizo mis necesidades.

- Fuertemente de acuerdo De acuerdo En desacuerdo Fuertemente en desacuerdo
 No estoy de acuerdo ni en desacuerdo

12. Yo estaba satisfecho con el servicio de selección por teléfono o en persona que recibí cuando me puse en contacto con STAR por primera vez.

- Fuertemente de acuerdo De acuerdo En desacuerdo Fuertemente en desacuerdo
 No estoy de acuerdo ni en desacuerdo

13. Yo estaba satisfecho con los servicios de evaluación en persona que recibí a través de STAR

- Fuertemente de acuerdo De acuerdo En desacuerdo Fuertemente en desacuerdo
 No estoy de acuerdo ni en desacuerdo

14. El personal/terapeutas/psiquiatras eran sensibles a mi origen cultural/étnico (raza, idioma, etc.).

- Fuertemente de acuerdo De acuerdo En desacuerdo Fuertemente en desacuerdo
 No estoy de acuerdo ni en desacuerdo

15. ¿Alguna de las siguientes barreras interfirió con su capacidad para recibir una evaluación de STAR?

Por favor, escuche mientras leo cada opción, y podemos comprobar cualquiera de estas que se aplican:

- Yo no entendí cómo funcionaba el proceso de evaluación. ¿Fue eso una barrera para usted?
 Yo no recibí una cita para evaluación en la clínica. ¿Fue eso una barrera para usted?
 Los servicios bilingües eran limitados en el día de su evaluación. ¿Fue eso una barrera para usted?
 Yo tuve dificultades con los costos o acceso al transporte. ¿Fue eso una barrera para usted?
 Las horas de servicio que estaban disponibles no satisfacían mis necesidades.
¿Fue eso una barrera para usted?
 El lugar donde están localizado el servicio está muy lejos. ¿Fue eso una barrera para usted?
 La espera fue demasiado larga. ¿Fue eso una barrera para usted?

Ahora voy a hacerles unas preguntas más, donde es libre de dar su propia opinión:

16. ¿Cómo describiría usted su primer contacto telefónico con VCBH/STAR?

17. ¿Qué entendió sobre el proceso de referencia de STAR cuando llamó por primera vez?

18. ¿Qué hizo el personal de selección telefónico de STAR para ayudarle a recibir servicios?

19. ¿Qué ayudaría a facilitar que las personas Hispanos/Latinos reciban servicios de VCBH?

20. Si fuera necesario, ¿había un intérprete disponible cuando tuvo su primer contacto con STARS?
(si no, se pasa a la pregunta 22)
21. Si respondiste "Sí" a la pregunta 20, ¿cuál fue su experiencia trabajando con el intérprete que habla español o Mixteco?
22. Desde el momento de su primer contacto con STAR, ¿estaba satisfecho con el período de tiempo entre su primer contacto, recibir una evaluación, y obtener una cita con un consejero o médico;
¿El proceso transcurrió sin problemas? Por favor describa:
23. ¿Cómo describiría su experiencia con el personal de evaluación de STAR?
24. ¿Siente que el personal de STAR entendió sus problemas? Por favor explique:
25. Si tuviera algún problema relacionado con la salud mental en el futuro, ¿volvería a STAR?
26. Basado en todas sus experiencias que has compartido conmigo sobre STAR,
¿Tiene alguna sugerencia para mejorar el Programa STAR para Hispanos o Latinos?
27. Desde el momento de su contacto de detección inicial VCBH STAR, ¿Ha recibido algún servicio fuera de VCBH?
Y en caso afirmativo, cuáles?: _____

GROUP A QUESTIONS ONLY:

- A. Después de que su caso VCBH fue abierto, ¿cuáles fueron las razones por las que usted o su familiar no siguieron con su cita para la evaluación o para ver a un consejero/administrador de casos o psiquiatra?

GROUP B QUESTIONS ONLY:

- A. En su opinión, ¿por qué usted o su familiar no se les ofreció ningún servicio a través de STAR a pesar de que fue referido por una clínica externa?

GROUP C QUESTIONS ONLY:

- A. Después de su evaluación clínica a través de STAR, ¿por qué usted o su familiar eligieron no recibir asesoramiento, terapia o tratamiento psiquiátrico?

GRACIAS POR SU COOPERACIÓN PARA COMPLETAR ESTE CUESTIONARIO



Group F. VCBH Evaluation Interview for Community Stakeholders/CBOs

Demographic Questions

What is your position or title? _____

What is your Gender or Sexual Orientation: Female Male LGBTQ Other _____

What is your age? _____

What is your race? White Black/African American Asian Native Hawaiian or other Pacific Islander Alaska Native American Indian Other: _____

What is your Ethnic Background? Not Hispanic or Latino Cuban Hispanic or Latino

- 1) What do you know about the VCBH STAR services? (What is the purpose of STAR?)
- 2) Have you had interactions with VCBH STAR services? If yes, describe your interaction.
- 3) What have you heard from community members or clients about the quality of the STAR services?
- 4) In your opinion, how do STAR services help Hispanic people get into treatment?
- 5) Have you heard about any barriers to receiving screening, triage or referral services through STAR among Hispanic consumers?
- 6) Based on feedback that you have received from the community or from clients of STAR, what recommendations do you have to improve the STAR system for Hispanics?
- 7) In your opinion are the STAR services culturally competent? What would make the services more culturally responsive?
- 8) If Spanish is required, is there a staff member routinely available that is bilingual? If not, what happens?
- 9) When was the last time you used STAR services?

10) Based on your experience or knowledge about STAR, please rate the quality of the following:		Needs Major Improvement	Poor	Good	Very Good
		1	2	3	4
1.	Staffing				

2.	Community Outreach and Marketing of STAR to the Hispanic community				
3.	Schedule and times available for client services				
4.	Availability of Weekend Hours				
5.	Commute time for clients				
6.	Waiting time for clients				
7.	Cultural and language competence				
8.	Overall quality of the STAR process for Hispanic clients				
9.	Hours of operation 8:00 AM to 5:00 PM, Mon- Friday.				
10.	Hours for Assessment: earliest starting at 8:00 AM & last starting at 2:30 PM.				
11.	Timeliness of Communication (return calls, schedule appointments)				
12.	Knowledge of Latino community such as immigration issues and trauma.				
13.	Time from Assessment to first clinical appointment				

11) Do you have any additional comments or suggestions regarding the VCBH STAR Program?



Group F. VCBH Evaluation Interview for Community Stakeholders/CBOs

Preguntas Demográficas

¿Cuál es su posición o título? _____

¿Cuál es su Género o Orientación sexual?: Femenino Masculino LGBTQ Otro _____

¿Cuál es su edad? _____

¿Cuál es su raza? Blanco/a Negro/a/Afroamericano/a Asiático/a Nativo Hawaiano/a u otro Isla del Pacífico Nativo de Alaska Indígena Americano/a Otro: _____

¿Cuál es su origen étnico?: No Hispano o Latino Hispano o Latino

- 10) ¿Qué sabes de los servicios VCBH STAR? (¿Cuál es el propósito de STAR?)
- 11) ¿Ha tenido interacciones con los servicios de VCBH STAR? En caso afirmativo, describa su interacción.
- 12) ¿Qué ha escuchado de los miembros de la comunidad o clientes sobre la calidad de los servicios STAR?
- 13) En su opinión, ¿cómo ayudan los servicios STAR a los hispanos a recibir tratamiento?
- 14) ¿Ha oído hablar de alguna barrera para recibir servicios de detección, triaje o derivación a través de STAR entre los consumidores hispanos?
- 15) Basándose en los comentarios que ha recibido de la comunidad o de clientes de STAR, ¿qué recomendaciones tiene para mejorar el sistema STAR para los hispanos?
- 16) En su opinión, ¿los servicios STAR son culturalmente competentes? ¿Qué haría que los servicios respondieran más culturalmente?
- 17) Si se requiere español, ¿hay un miembro del personal disponible rutinariamente que sea bilingüe?
- 18) ¿Cuándo fue la última vez que usaste los servicios STAR?

10) Based on your experience or knowledge about STAR, please rate the quality of the following:		Necesita una mejora importante 1	Pobre 2	Bien 3	Muy Bien 4
1.	Personal				
2.	Alcance comercialización comunitaria de STAR a la comunidad Hispana				

3.	Horario y horarios disponibles para los servicios al cliente				
4.	Disponibilidad del horario de fin de semana				
5.	Tiempo de viaje para los clientes				
6.	Tiempo de espera para los clientes				
7.	Competencia cultural y lingüística				
8.	Calidad general del proceso STAR para clientes hispanos				
9.	Horario de operación de 8:00 AM a 5:00 PM, de Lunes a Viernes.				
10.	Horario para evaluación: más temprano a partir de las 8:00 AM y último a partir de las 2:30 PM.				
11.	Puntualidad de la comunicación (llamadas de devolución, agenda de citas)				
12.	Conocimiento de la comunidad latina como problemas de inmigrante y trauma.				
13.	Tiempo desde la evaluación hasta la primera cita clínica				

11) ¿Tiene algún comentario o sugerencia adicional con respecto al Programa VCBH STAR?

Ventura County Behavioral Health
Board Letter Summary of Contracts for November 2021

Board Date	Contractor	Amount	Term	Description
11/9/2021	California Mental Health Services Authority	\$0	July 26, 2020 Through December 31, 2024	<p>First Amendment to the Participation Agreement for the Third Sector Multi-County Full Service Partnerships Innovation Project with the California Mental Health Services Authority (CalMHSA).</p> <p>Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. Full Service Partnerships (FSP) programs support people with the most severe and often co-occurring mental health needs. These MHSA funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. While the state's MHSA-FSP programs promote a flexible "whatever it takes" approach to serving individuals with the most severe mental health needs, the flexibility inherent in an FSP program has hindered the development of meaningful county comparisons for evaluation purposes. In response to the need for county consensus on FSP eligibility, program elements, and performance measures, VCBH sought and received approval from the Board on March 10, 2020 of the FY 19-20 to FY 23-24 Multi-County FSP Innovation Work Plan. This work plan created a collaborative comprised of six counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) whose goal is to work together to develop a performance-based model for FSP data collection, services utilization, and outcomes evaluation. With approval from the Board on July 21, 2020, VCBH executed the Participation Agreement with CalMHSA for the Third Sector Multi-County FSP Innovation Project. Through this Participation Agreement, CalMHSA provides administrative and fiscal oversight for this FSP Innovation Project and contracted with Third Sector, a nonprofit organization, to serve as the lead contractor that assists the collaborative of counties in creating a data-driven FSP that uses data to better design, implement, and manage FSP services across various age groups and populations, with the ultimate goal of better understanding important client outcomes and continuously working to improve them. The First Amendment extends the Agreement with CalMHSA through the end of the project term and enables VCBH and CalMHSA to continue working together to achieve the project objectives. Source of Funding is Proposition 63 Mental Health Services Act (MHSA).</p>

Ventura County Behavioral Health
Board Letter Summary of Contracts for December 2021

Board Date	Contractor	Amount	Term	Description
12/14/2021	California Department of Health Care Services	\$633,390	September 15, 2021 through June 30, 2025	California Department of Health Care Services (DHCS) Crisis Care Mobile Units (CCMU) Program Grant. VCBH submitted an application to DHCS in the amount of \$1,000,000 to expand its existing Crisis Team to establish the Transitional Age Youth Rapid Response Team (TAY-RRT). VCBH submitted a revised budget to DHCS in the amount of \$633,390 in accordance with DHCS updated requirements. The TAY-RRT is the County's second mobile crisis response team that specializes in responding to crises involving TAY. The TAY-RRT provides TAY (ages 16 - 25) with age-appropriate crisis intervention services for mental health emergencies. The team operates Monday - Friday (8am to 6pm) and serves youth and young adults throughout Ventura County. The experienced and trained team – a Behavioral Health Clinician, Community Service Coordinator, and Peer Specialist – assesses and responds accordingly, as clinically indicated, to TAY experiencing mental health crises. To carry out the grant funded activities, VCBH must hire the following three (3) positions: (1) Behavioral Health Clinician, (2) Community Service Coordinator, and (3) Peer Specialist. The grant agreement for these proposed services is pending from DHCS, however, once it is received it will be reviewed and approved by County Counsel before VCBH Director execution. Source of funding for these services is the Behavioral Health Continuum Infrastructure Program (BHCIP), Coronavirus Response and Relief Appropriations Act (CRRSAA), Short-Doyle Medi-Cal (SD/MC) Federal Financial Participation (FFP), and Proposition 63 Mental Health Services Act (MHSA) funds.
12/14/2021	Kids to Kids	\$256,272	January 1, 2022 through June 30, 2022	Kids to Kids Short Term Residential Treatment Program (STRTP) Agreement. The Continuum of Care Reform (CCR), signed into law in January 2017 as AB403, sought to transform foster care in California by strengthening and elevating family-based care. As part of CCR, group homes are replaced with Short Term Residential Therapeutic Programs (STRTP) intended to serve children and youth whose challenging behaviors and significant emotional and developmental needs created barriers to placement in family-based care. The STRTP license category requires providers to obtain national accreditation, meet DHCS mental health standards, procure a contract with a County Mental Health Plan (MHP), and implement trauma-informed care. Kids to Kids provides an integrated program of specialized, intensive care and supervision, transition support services, specialty mental health services, trauma informed care, culturally relevant mental health treatment, and short-term, 24-hour care and supervision to children in two 6-bed facilities for a total of 12 beds. This agreement is for a six-month term to cover the outpatient specialty mental health services. It is funded with SD/MC FFP and Realignment funding.
12/14/2021	Netsmart Technologies, Inc.	\$10,226,851	July 1, 2021 through June 30, 2026	Netsmart Technologies, Inc. (Netsmart) 1st Amendment. Netsmart provides VCBH's Electronic Health Record (EHR) system, also known as Avatar. VCBH has contracted with Netsmart for several years to help meet the federal and state requirements of an EHR system. The EHR is the foundation of an integrated systems infrastructure that provides a secure, real-time, point-of-care, client-centered information resource for service providers. The initial implementation was focused on Practice Management, including client demographics, admissions, diagnosis, services, and discharge. The current five-year Agreement with Netsmart covers the expansion of services in the areas of secure HIPAA compliant interoperability among other healthcare and business partners, direct client services using client portal web access, and ongoing planned staff expansion. The initial release contained enough licenses to be used by 50 VCBH staff, primarily front office staff and clinic administrators. Today, there are over 900 Avatar users. Clinicians, doctors, and quality analysts now also use Avatar, performing additional operations such as clinical data collection, medication management, document scanning and display, outcomes management, research analysis, and lab order administration. The First Amendment to the FY 2021-26 Agreement with Netsmart revises the Agreement to provide for: (1) additional Avatar RADplus licenses and maintenance (100 users), (2) diagnosis content on demand, (3) OrderConnect prescriber licenses (10), and (4) Avatar hosting with disaster recovery and perceptible hosting disaster recovery. These services are needed to support the expansion of the EHR user community as more of our contracted business partners choose to adopt our Netsmart Avatar system as their own clinical EHR. The revisions will increase the maximum contract amount from a total of \$9,583,535 to \$10,226,851 (an increase of \$643,316), and services related to this increase is effective January 1, 2022. The amount of the Agreement is to be allocated as follows: Year 1 - \$2,263,498; Year 2 - \$1,867,583; Year 3 - \$1,970,836; Year 4 - \$2,010,841; Year 5 - \$2,114,093. This Agreement is funded with SD/MC FFP, 2011 Realignment (Trust N520-719C), Proposition 63 MHSA, and Drug Medi-Cal (DMC) FFP funding.

Board Date	Contractor	Amount	Term	Description
12/14/2021	California Department of Housing and Community Development	N/A	N/A	<p>California Department of Housing and Community Development (HCD) No Place Like Home (NPLH) Round 4 Competitive Funding Application. All counties statewide may compete for post construction loans to develop permanent supportive housing for very low-income homeless persons who also have a serious mental illness. As eligible applicants, all counties may apply alone or choose to apply for NPLH funds with co-applicant development sponsors for NPLH funding. Where counties apply for NPLH funds with co-applicant development sponsors, funds will be paid directly to the development sponsor and may be used to acquire, design, construct, rehabilitate, or preserve a minimum of five (5) permanent supportive housing units and a maximum of 49% of the total units within a proposed project. The majority of units to be built in NPLH projects are not restricted to homeless and mentally ill residents and are considered simply affordable homes. Furthermore, the development sponsors are responsible for overseeing all regulatory and property management operations at the NPLH projects and to maintain the properties for 55 years. Pursuant to the NPLH legislation, VCBH will provide mental health supportive services to NPLH client tenants for up to 20 years. VCBH submitted Round 1 NPLH program applications to Housing and Community Development (HCD) in January 2019, and Round 2 NPLH program applications in January 2020, and Round 3 NPLH program applications in January 2021. VCBH is now submitting Round 4 NPLH program applications for three projects for a total of 180 units, of which 69 are NPLH units. These applicatons are due on January 19, 2022. This is funded with NPLH funding.</p>