BEHAVIORAL HEALTH ADVISORY BOARD
TRANSITIONAL AGE YOUTH (TAY) COMMITTEE (SPECIAL MEETING)
MINUTES ▪ Wednesday, May 4, 2022

Members Present	Ventura County Behavioral Health (VCBH) Managers/Staff Present
Elizabeth R. Stone, Chair Carol C.J. Keavney, BHAB Scott Walker, Crisis Intervention Team **Others Present** Vanessa Acain, Independent Living Resource Center Vannessa Cortez, Pacific Clinics TAY Tunnel Lorena Suarez, Homeland Language Services Mayra Tamayo, Interface Children and Family Services Cristian Telles, Pacific Clinics TAY Tunnel	Dr. John Schipper, Adult Services Division Chief Greg Bergan, Mental Health Services Act Program Administrator Eileen Corona, Oxnard Substance Use Treatment Center Clinic Administrator Joanna Peterson, Management Assistant / Zoom Engineer Nancy Springer, Transitional Age Youth / East County Behavioral Health Manager Susan White Wood, Housing Manager Vickie Poliquin, BHAB Assistant

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** Chair Stone called the meeting to order at 3:36 pm. Committee membership was discussed noting that there were seven (7) Committee members in attendance at the April 20 regular meeting. Ms. Stone re-appointed Carol C.J. Keavney and Scott Walker as members. The Committees membership now stands at nine (9) members. Vickie Poliquin called roll and it was determined that a quorum was not present.		
II.	**Welcome and Introductions** Ms. Stone welcomed everyone to the meeting. All meeting attendees introduced themselves. Ms. Stone noted that attendees, other than herself and Carol C.J. Keavney, were made up of either contractors providing services under the MHSA contract or VCBH staff.		
III.	**Approval of the Agenda** No motion made to approve the agenda due to lack of a quorum.	Agenda not able to be approved.	
IV.	**Purpose and Procedure for Today's Meeting** Ms. Stone noted the purpose of the meeting was to provide a structured and guided opportunity, especially for people receiving services, to learn how to access MHSA's Annual Update, encourage review its contents, and provide information as to how to offer public comment. Ms. Stone summarized the list of suggested Annual Update sections that were provided with the agenda which outlined information about the planning process and highlighted specific programs that are funded to provide services to TAY.		
V.	**Overview of Process for Submitting Public Comments Regarding MHSA's Annual Update** Greg Bergan provided an overview of the process and instructions for submitting public comments regarding the MHSA Annual Update. To review the MHSA Annual Update: ▪ Click the MHSA link on the Wellness Every Day website: (https://www.wellnesseveryday.org/mhsa) ▪ Click the Annual Update FY21-22 link: https://vcbh.org/images/VCBH/About_Us/MHSA/Annual-Update_FY21-22/MHSA_Annual_Update_2021-2022.pdf or ▪ Click the VCBH.org website: https://vcbh.org/en/about-us/mental-health-services-act To make public comments: ▪ Click on the public comment card link: ▪ https://vcbh.org/images/VCBH/About_Us/MHSA/Annual-Update_FY21-22/Public_Comment_Card_Annual_Report.pdf ▪ Print, complete and email public comment cards to: MHSA@ventura.org ▪ If unable to print public comment cards, provide responses via email to MHSA@ventura.org and an MHSA staff member will complete the card for you.		

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
	▪ Or join the virtual Behavioral Health Advisory Board meeting on Monday, May 16, to make a public comment at the meeting or send written public comments to BHABAdmin@ventura.org by no later than 10:00 AM on May 16. Ms. Stone provided clarification regarding how public comments can be made at BHAB meetings and noted the importance community involvement and for people to feel welcomed and comfortable in making their public comments. Greg Bergan will check on the availability of comments cards translated into Spanish.		
VI.	**Guided Discussion of Select Sections from the Mental Health Services Act (MHSA) Annual Update** Ms. Stone began the discussion asking for input from people that wish to review any specific programs within the Annual Update. Carol C.J. Keavney indicated would be helpful to receive additional information regarding references made within the Executive Summary portion of the Annual Update related to the TAY programs that indicate "new grants" or "no changes". Dr. John Schipper added that he and Nancy Springer are available to answer operational questions related to TAY programs. A detailed review, along with explanations, questions and responses of portions of the Annual Update ensued. Dr. John Schipper and Nancy Springer provided detailed information regarding TAY Full Service Partnerships (FSP's) including lower caseload ratios, service provision and eligibility requirements. Carol C.J. Keavney prompted a discussion of RISE/TAY Expansion (initiated with grant funding that has ended). Mayra Tamayo noted Interface also provides street outreach and engagement support to TAY-aged youth. Dr. John Schipper suggested she reach out to Felicia Skaggs, the RISE program's Clinic Administrator, to ensure service coordination efforts. Vanessa Cortez reported RISE connect clients with the TAY Tunnel and indicated the RISE/TAY Expansion is a great resource. Questions were asked and answered about the TAY Youth Rapid Response Team. Nancy Springer provided a summary of the Behavioral Health Continuum Infrastructure Program (BHCIP) grant-funded program that is in the early planning stages with the goal of reducing hospitalizations. Susan White Wood reported that the TAY Transitional Housing Assistance Grant aids TAY with housing up to 18 months. The grant provides services to non-FSP TAY clients that includes emergency shelter, rental assistance, assistance with deposits and discretionary funding. Nancy Springer and Dr. John Schipper provided information about the various treatment services and treatment staff provided through the Casas aimed at helping people develop independent living skills. Ms. Stone recommended spending time reviewing the Community Planning Process to ensure that everyone has a clear understanding. Greg Bergan provided a high-level overview of the process aimed to foster a partnership with community stakeholders for the purposes of determining the best utilization of MHSA funds. Ms. Stone noted 5% of the entire MHSA funds can be dedicated to the Community Planning Process and indicated that this topic may be placed on a future TAY Committee meeting agenda for further review and discussion given the importance of the community involvement in this process.		
VII.	**Review Process and Timeline for Submitting Public Comments Regarding MHSA's Annual Update by the May 16, 2022 Deadline (Close of Public Comment Period)** Greg Bergan reminded attendees of the process to submit public comments by accessing either the Wellness Every Day or VCBH.org websites to complete a public comment card and submit them via email at MHSA@ventura.org or to attend the virtual May 16 BHAB General meeting to provide their public comments.		
VIII.	**Public Comments** There were no public comments.		
IX.	**Adjourn** The meeting was adjourned at 5:00 PM.		

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

Mental Health Services Act (MHSA)

Annual Update
2021-2022

Sevet Johnson, PsyD
Director
Ventura County Behavioral Health

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

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

MENTAL HEALTH SERVICES ACT
PROPOSITION 63
CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

Acknowledgements

The Ventura County Behavioral Health (VCBH) Department would like to acknowledge all individuals and organizations who contributed their time and effort to support the development of this Mental Health Services Act (MHSA) 21-22 Update.

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

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

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

1. COUNTY CERTIFICATIONS

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

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BEHAVIORAL HEALTH
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2.2 BACKGROUND

2.2.1 Executive Summary

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

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

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

2.2 BACKGROUND

2.2.2 Community Program Planning (CPP) Summary

The CPP process is the basis for developing the Three-Year Program & Expenditure Plan and subsequent updates to the plan. Through this process, and in partnership with stakeholders, community needs related to mental health (behavioral health, mental illness and health and well-being) is identified and analyzed. It follows that priorities and strategies can be determined and continually refreshed by re-evaluating programming to meet these prioritized needs, as well as ensuring service gaps are filled and unserved and underserved populations are adequately served.

Elements of the Ventura County CPP process generally include(s):

MHSA team members lead, coordinate, and manage all aspects of the CPP process.

Stakeholders representing the Ventura County community participated in the CPP process including individual and family members with lived experience; providers; organizations; and members of standing stakeholder groups, such as the Behavioral Health Advisory Board (BHAB) representing Youth & Family, Transitional Age Youth (TAY) and Adults.

Other participating stakeholders included representatives from community-based organizations, law enforcement, social services, faith-based organizations, public health, older adult agencies, probation, education, medical examiner, and clinical services.

Clients involved in behavioral health treatment and family members are essential to this process. We ensure we receive their feedback ongoing and during focus group sessions.

Countywide geographic representation was monitored to promote and ensure that geographic areas and target populations were represented.

Transparency with the public and County organizations is imbedded in the structure by creating workgroups and community advisory groups.

Outreach and engagement took place to encourage and solicit participation, along with raising awareness of the process within the context of MHSA regular activities.

Outreach and participation data were collected and continually monitored using demographic information to secure population and geographic diversity.

In addition to community and stakeholder input, the CPP process considered other factors in program planning:

Requirements as set forth in Senate Bill, SB-1004 Mental Health Services Act: Prevention and Early Intervention.

County compliance with regulatory spending percentages per regulations.

Evaluation of programs regarding performance and relevance.

County compliance in programming alignment with MHSA components and their respective categories.

Details regarding the most recent CPP process are presented in a subsequent section. The programming results from the CPP process are summarized in the following section by component and fiscal allocation.

2.2.3 Program Results Summary

The tables below reflect programming by component that were determined by the community needs assessment, noted gaps in services, sustainment of existing programs according to existing and forecasted needs, and regulatory requirements. Significant changes, additions, or omissions are bolded within the tables. Any changes from the three-year plan, delays due to the COVID-19 pandemic, or other alterations are noted and bolded. Specific fiscal allocations per program are listed in Section 5 under the Three-Year Expenditure Plan.

2.2 BACKGROUND

2.2.3 Program Results Summary

Community Services and Supports (CSS) Allocated Funds

Category	Program Name	Update Description
Full Service Partnership (FSP)	Child/Youth FSP	**Delayed due to COVID-19 pandemic – Planned to launch end of 2022**
	INSIGHTS Program (Youth FSP)	No programmatic change
	Transition-Aged Youth (TAY) Transitions	No programmatic change
	Assisted Outpatient Treatment (Laura's Law)	No programmatic change
	VISTA	No programmatic change
	In-House Adult	**Program revamp**
	EPICS	No programmatic change
	Older Adult	No programmatic change
General System Development (GSD)	Mental Health Block Grant: CSU and Peer Support Services	**New program, pending grant approval**
	EvalCorp Research & Consulting	No programmatic change
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) and RISE TAY Expansion	**Upon grant conclusion, MHSA to fill funding gap for peer positions**
	County-Wide In-House Outreach	**Effort has been rolled up into the Logrando Bienestar program.**
GSD - Crisis Intervention & Stabilization	County-Wide Crisis Team (CT)	No programmatic change
	TAY Age Youth Rapid Response Team	**New Program – grant funded**
	Crisis Stabilization Unit	No Programmatic change
	Crisis Residential Treatment (CRT), 24-hr	No Programmatic change
	Jackson House Crisis Residential Treatment (CRT), 24-hr	**New Program**
GSD - Individual Needs Assessment	Screening, Triage, Assessment, Referral (STAR)	No programmatic change
GSD - Treatment	In-House Specialty Mental Health Services (All age groups) – (Non FSP Adult Clinics)	No programmatic change
	Forensics Diversion Grant	**New program**
	Afterhours Urgent Mental Health Care	**New Program**
GSD - Peer Support	TAY Wellness Center	No programmatic change
	Adult Wellness Center and Mobile Wellness	No programmatic change
	Client Network (CN)	**Moved to CPPP funding in FY20-21**
GSD - Staff Development & Retention (Formerly WET)	OSHPD Education & Training Matching Program	**Expend CSS funds to participate in program- WET**
	Mentored Internship Program – Grant	**New program**

2.2 BACKGROUND

2.2.3 Program Results Summary

Community Services and Supports (CSS) Allocated Funds, cont.

Category	Program Name	Update Description
GSD-Peer Support	Growing Works	No programmatic change
GSD-Peer Service Coordination/Case Mgmt.	Family Access Support Team (FAST)	No program change
GSD-Transportation	In-House Client Transportation Support	No programmatic change
GSD-Language Services	Interpreting Services	No programmatic change
Community Program Planning (CPP)	CPP Resourcing - up to 5% of CSS funding	No programmatic change
Housing - Board & Care (B&C)	Two Residential Care for the Elderly (RCFE)	No programmatic change
Housing-B&C/RCFE	Seven (7) B&C Facilities	**Two facilities changed hands; the facility name has changed**
Housing - TAY Transitional Housing Assistance	Telecare Casas B, C, D	No programmatic change. Received a small TAY housing grant
Housing- Permanent Supported Housing	Hillcrest Villa, Paseo De Luz, Paseo Del Rio, Paseo Santa Clara, Hillcrest Villa, La Rahada, Peppertree, Thompson Place, D Street Apts; E Street Apts	**Added 3 new units at E Street Apts**
	Expansion of Beds – No Place Like Home	**If grant is awarded, building of units is projected to take three years. Currently, two projects are under construction.**
	Case Management	**Requested New Staffing**
	TAY Housing (HHAP-2)	**New Program –Grant Pending**

2.2 BACKGROUND

2.2.3 Program Results Summary

Prevention & Early Intervention (PEI) Allocated Funds

Category	Program Name	Update Description
Prevention	One Step A La Vez	No programmatic change
	Project Esperanza	No programmatic change
	Tri-County GLAD	Adding
	Promotores y Promotoras Foundation	No programmatic change
	Healing the Community - (MICOP)	No programmatic change
	Wellness Everyday Outreach & Media	No programmatic change
	Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools-(VCOE) SB1004	**Extending Program**
	Older Adult Intervention – Ventura County Area Agency on Aging (VCAAA)	No programmatic change
	MHSSA Grant-Wellness Centers K-12	Grant received and funded in FY20-21
	Wellness Centers Expansion K-12	**New Program**
Prevention, Outreach to Recognize Signs of Mental Illness	Rainbow Umbrella Youth Support Groups and Recognize, Intervene, Support, Empower (RISE) – (Diversity Collective)	No programmatic change
Early Intervention	Comprehensive Assessment and Stabilization Services (COMPASS)	No programmatic change
	Primary Care Integration Program	**Ended in 2020**
	Ventura County Power Over Prodromal Psychosis (VCPOP) formerly: Early Detection & Intervention for the Prevention of Psychosis	**Increasing staff to ensure appropriate staff to client ratios**
Early Intervention – Family Support	National Alliance on Mental Illness – Family Education Program	No programmatic change
Early Intervention – Outreach Support	La Clave Education & Training	**Time limited program concluded. Training to be continued though certified providers**
Outreach to Recognize Signs of Mental Illness	Crisis Intervention Team (CIT)-Law enforcement	No programmatic change
Stigma & Discrimination Reduction	In Our Own Voice - NAMI	No programmatic change
Access & Linkage to Treatment	Logrando Bienestar Expansion	**Expanding to serve County-wide**
Suicide Prevention	Suicide Prevention Coordinator	**New initiative**

2.2 BACKGROUND

2.2.3 Program Results Summary

Innovation (INN) Allocated Funds

Category	Program Name	Update Description
INN	Healing the Soul	Planned to continue services as a PEI program. Final report in appendix
	Youth Program (Conocimiento)	Began FY19-20, may be absorbed by PEI pending results FY20-23
	Suicide Prevention - Bartenders as Gatekeepers	Established in FY18-19, ended in FY20-21, Training component to be continued. Final report in appendix
	Push Technology	Established FY18-19, ended in FY20-21, evaluation demonstrated satisfaction but no effect. Final report in appendix
	FSP Multi-County Project	Established in FY19-20. **Extension dollars requested to complete project goals FY21-22**
	FSP Data Exchange - Data Sharing (IPU, Jail and HMIS)	Established FY20-21
	Mobile Mental Health Van	Approved FY20-21
	M.A.S.H. Homelessness Prevention for Seniors	**To be requested in FY21-22**
	Mentoring for First Responders	To be requested in FY22-23
	Early Detection Intervention and Prevention – Multi County Project	To be requested in FY21-22

2.2 BACKGROUND

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

The following block grant funding, a result of COVID relief funding, will impact several different service areas. It has been listed here as a stand-alone and will be reported on in greater detail in each of the following service areas once money is received.

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

Community Mental Health Services Block Grant (MHBG)

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

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

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

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

2.2 BACKGROUND

2.2.5 Ventura County

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

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

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

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

Naval Base Ventura County is the county's largest employer with approximately 19,000 employees, including civilians and military personnel. The Port of Hueneme is California's smallest, and only, deep-water port between Los Angeles and San Francisco and plays a major role in the local economy.

Ventura County is home to two universities (California State University Channel Islands and California Lutheran

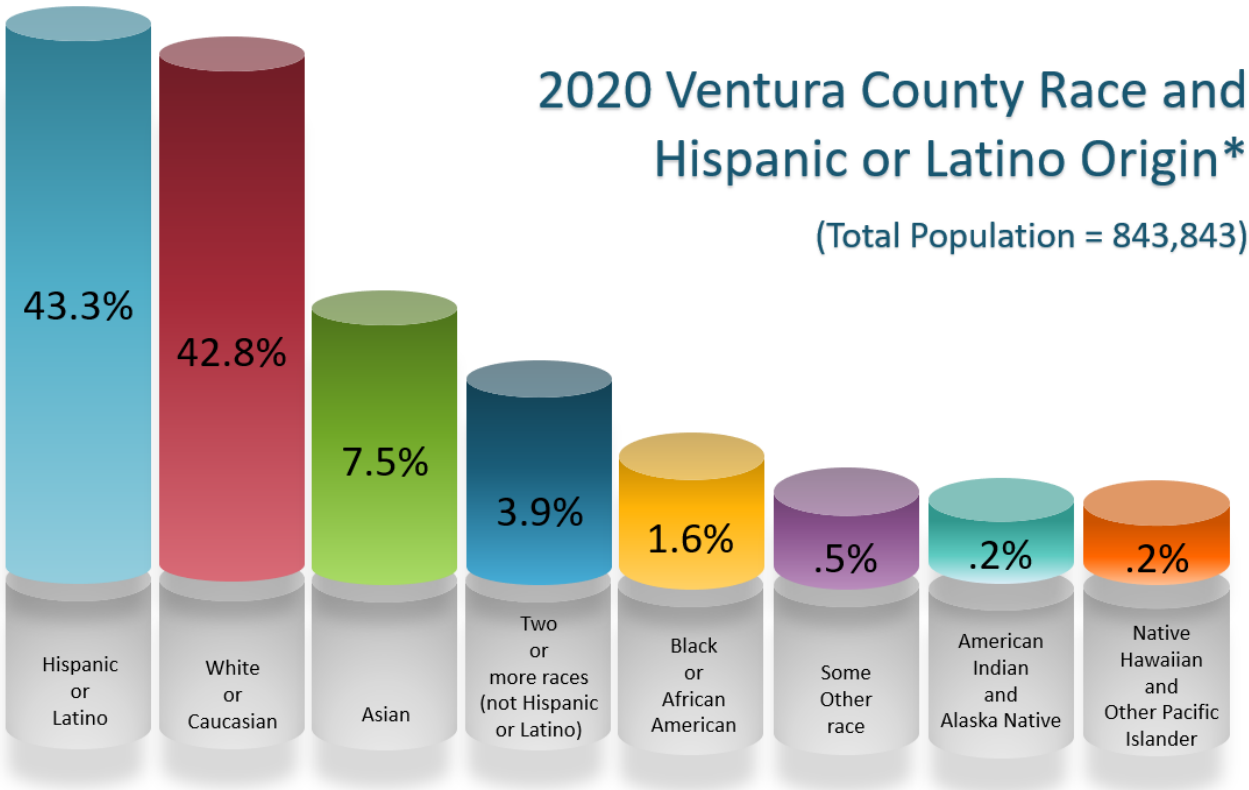
University), several small private colleges, and three community colleges (Oxnard, Ventura, and Moorpark).

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

As of July 2019, the estimated population of Ventura County was 846,006. Hispanic or Latinos comprised 43.2% of the population and non-Hispanic or Latino comprised 44.7%. Approximately 22.6% of the population is under 18 years of age while 16.2% of County residents are 65 or older. Ventura County is also comprised of 21.8% foreign-born persons and 39,781 veterans.

The median household income (in 2019 dollars) was $88,131, and the per capita income was $38,595. However, 8.2% of the people in the County are at or below the poverty line.

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



*Source of all demographic data from census.gov website. See website for additional details including any data anomalies.

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

VENTURA COUNTY PLANNING PROCESS

3.1 COMMUNITY PROGRAM PLANNING (CPP)

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

The groups of stakeholders involved in the CPP process is extensive and ongoing feedback is received from the various groups, Behavioral Health Advisory Board (BHAB) members, community providers, focus groups and general community meetings. Additionally, this process is designed to hold annual public education and to provide input on goals set by Ventura County Behavioral Health (VCBH), the Medical Health Operational Area Coordinator (MHOAC), and BHAB, including any community gaps identified by these same entities and/or community stakeholders. Community/stakeholder feedback is essential to the development or enhancement of behavioral health programs/interventions; based upon availability of funding. This includes the designated MHSA team members review of annual outcomes and previous-year comparisons, contractual obligations, and cost-effectiveness of all currently funded MHSA programs; all of which is made available in the MHSA annual reports. Based on the community planning process feedback, recommendations are then presented to the VCBH Director followed by the Director presenting the information to the BHAB.

The COVID-19 pandemic hindered the regular and in person CPP process for the 20/21 planning process for the available Innovation dollars. However, Ventura County was able to hold virtual focus groups to discuss the submitted Innovation ideas and discuss community priorities. Additionally, consideration was built upon the MHSA most recent community-wide mental health needs assessment that was completed for the current three-year plan. Results from that effort identified several population and challenges to the mental health services currently being provided in the community. To that end, the County advertised for submissions in the following way: the current state local priorities for mental health services are our unserved or underserved populations in Ventura County such as: Latinx, African American, lesbian, gay, bisexual, transgender, queer/questioning, and others (LGBTQ+), people who are homeless, people with co-occurring disorders (mental health and substance use), and people at risk of suicide. The Innovations projects are outlined in section 4.3 of this report including the advertisements noted in section 3.1.3.1.

3.1 COMMUNITY PROGRAM PLANNING (CPP)

3.1.1 Stakeholder Involvement

MHSA requires public involvement in the stakeholder process because it is crucial in achieving an equitable three-year program plan and annual updates. Groups involved in the CPP process include consumers, law enforcement, personal advocacy groups, community members, and health agencies. While there are shared requirements for CPP, the process allows for Ventura County to tailor its programming to align with its specific needs and adhere to State priorities and regulatory requirements.

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

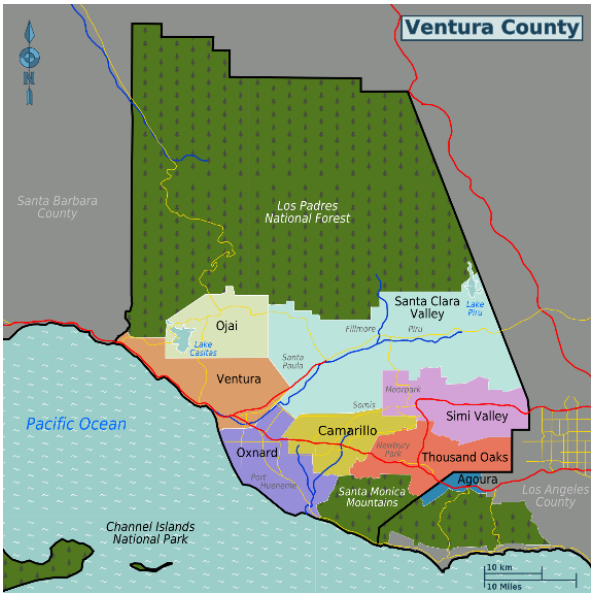
In addition to availing opportunities to participate within these forums, a formal, robust mental health needs assessment was conducted in 2019 across the County in accordance with the commitment of VCBH to address the mental health needs of a diverse population. The findings continue to inform the CPP process. Stakeholder involvement was accomplished by using different forums, which include various stakeholder groups listed below:

3.1 Community Program Planning (CPP)

3.1.2 General Behavioral Health Advisory Board (BHAB)

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

The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to the VCBH Director and Board of Supervisors. It plays a significant role in facilitating public discussion of MHSA plans and updates and provides feedback throughout the required 30-day posting then conducts the public hearing. The BHAB has authority to vote on recommendations for the plan and updates submitted to the Board of Supervisors for final approval.



The graphic below shows districts, membership, and term dates in FY20-21 BHAB

Ventura County Behavioral Health Advisory Board

Membership Roster 2020-2021

District 1	Claudia Armann 03/11/21 – 03/10/24	District 2	Ratan Bhavnani 02/24/19 – 02/23/22
	Kevin Clerici 10/07/18 – 10/06/21		Carol J. Keavney 07/21/20 – 01/07/22
	Genevieve Flores-Haro 04/27/21 – 04/26/24		Patricia Mowlavi 03/15/20 – 03/15/23
	Cheryl Heitmann 05/11/21 – 05/10/24		Carol Thomas 09/17/19 – 09/16/22
District 3	Nancy Borchard 01/26/21 – 01/26/24	District 4	Jesse Finkbeiner 04/07/20 – 10/13/21
	Gane Brooking 01/13/19 – 01/12/22		Jerry M. Harris 09/17/19 – 09/17/22
	Janis Gardner 04/24/21 – 04/24/24		Jennifer Morrison 02/09/21 – 02/09/24
	Joe S. Ramirez 04/09/19 – 12/01/20		Christopher Tejeda 04/13/21 – 09/17/21
District 5	Soledad Barragán 09/15/20 – 09/15/23	Law Enforcement Representative	Cmdr. James Fryhoff 09/10/19 – 09/10/22
	Jose Estrada 03/23/21 – 03/22/24		
	Michael Rodriguez 01/25/20 – 01/24/23		
	Marlen Torres 01/11/20 – 01/24/23		

3.1 Community Program Planning (CPP)

3.1.3 BHAB Subcommittees

To address needs of specific populations, there are other special BHAB subcommittees. These groups report to the General BHAB and ensure coordination and alignment of mission and activities. They are designed to serve populations by age group for Adult and Older Adults, Transitional Age Youth (TAY) and Youth and Families. Each group sets its own goals and generates year-end reports on accomplishments.

Additionally, there is a BHAB group whose primary focus is prevention.

3.1.3.1 MHSA Community Program Planning Committees, Focus Groups and Workgroups

The Ventura County MHSA team held two Community Update meetings in November to provide education, updates, and training on the MHSA. The MHSA team presented information regarding changes in the Annual Update from the last Three-Year Plan. Modifications included an increase in funding needed for housing and for the Multi-County Innovation project, as well as a brief overview of Innovation programs which were sunsetting and proposed new programs. The goals of the MHSA Community Update were to ensure the community is aware of how MHSA is funded, the different components of the funding, and the importance of community involvement in the process.

An announcement of the upcoming Community Program Planning Process (CPPP) in Summer 2022 was made, and instructions for how to get involved were shared. Further updates regarding MHSA funded projects related to Prevention and Early Intervention (PEI), Community Services and Supports (CSS) and Innovations were presented. MHSA also provided some background on CalAIM and other upcoming changes in the Behavioral Health System as driven by State changes and potential new grants. Over 80 community members attended the presentations, and many asked questions and provided feedback. The tape recording of the information session is available on the Wellness Everyday website (www.wellnesseveryday.org).

Informing the Community about the CPPPP sessions

The following advertisements were provided to ensure the community was made aware of the events:

3.1.3.2 Consumer and Family Groups

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

3.1.3.3 Cultural Equity Advisory Committee (CEAC)

The committee is comprised of mental health and substance use services department staff, key stakeholders from community and faith-based organizations, other county and city departments, and individuals from the community at-large. CEAC's mission is to ensure mental health and substance use services are responsive in meeting the needs for care of diverse cultural, linguistic, racial, and ethnic populations. The committee identifies indicators used to actively address conditions that may contribute to a need for appropriate and equitable care.

3.1.3.4 Issue Resolution Process (RP)

Recently, the definition of an "MHSA grievance" was clarified. Any grievance that is clinical in nature will adhere to the typical grievance process. If the complaint/issue is related to the community planning process, services access, or program implementation, then the MHSA grievance process (AD 47) process will be followed. Based on the current definition of a MHSA grievance, there were zero for the requested time period.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Key findings from the CMHNA fell into four primary areas of need across responses from the community, providers, and consumers. VCBH has been taking in these findings and is proud to share some updates that have commenced since the report was published. The county will continue to work on solutions in the years to come. Please note that a new CMHNA will be initiated starting 2022.

***Key Finding #1 - Lack of access to needed mental health services**: Twenty-six percent (26%) of community survey respondents who said they had needed mental health services in the past year did not receive them, while 35% of them said the same of a close family member. Respondents cited various barriers to access, including lack of health insurance or limited health insurance; inconvenient timing of services; services requiring too much travel; fear of provider mistreatment; and a lack of culturally or linguistically appropriate services. Many priority populations reported high rates of experiences of culturally inappropriate services, while homeless and Asian/Pacific Islander individuals reported a lack of linguistic appropriateness in higher proportions than other groups.*

Key Finding #1 Update:

- In the Youth and Family Division, Mental Health services provided both in person and via telehealth to address COVID-19 Pandemic Health and Safety Orders as well as personal safety concerns and assured that all clinics were open to in-person services as needed to assure minimal barriers to services.
- The Youth & Family Division, Community Based Organizations (CBO's) and VCBH continue to streamline the process for access. The collaboration includes adding CBOs in the request for service process and the Psychiatric Appointment Request process into the county's electronic health record (EHR) system.
- Juvenile Justice Mental Health Services team has expanded services to the TAY population in the Juvenile Facility, to include mental health screenings, and short-term services as well as to assist the probation team in consulting treatment requests for the long-term TAY population.
- Front Door Services developed an Access Pod that is staffed by a multidisciplinary team composed of Behavioral Health Clinicians, Mental Health Associates, Community Service Coordinator, and Licensed Vocation Nurse or Psychiatric Technician. The team is dedicated to take calls and referrals from the community that need linkage into not only mental health services, but substance abuse services as well. The priority is ensuring individuals and families who reach out have an initial intake appointment prior to ending the call and/or linking them to the appropriate resources. This has allowed for reduction of steps and time to obtain access into services.
- Improve engagement from the initial point of contact for new incoming clients/families. Connecting clients/families with the needed resources to support with appropriate linkage to their first appointment, assisting with initial intake paperwork, and immediate resources
- VCBH continues to work towards integration and ensuring that our intake assessors are regionalized within the community for easier access to clients/families. From initial intake, the appointments are occurring closest to where the clients live by providing these services at the nearest clinic.
- The assessment process is being streamlined to avoid wait times and expedite linkage to treatment providers.
- VCBH continues to actively recruit candidates that are as diverse as the community we serve.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

***Key Finding #2: Depression as a major mental health illness**: Fifty-two percent (52%) of community survey respondents indicated they had been diagnosed with depression by a healthcare provider in the past. About 29% of survey respondents also indicated that they had thought about or attempted suicide. Diagnosis of depression was fairly uniform across most priority groups, but notably higher among homeless (65%) and LGBTQ+ (62%) individuals, who both indicated having been diagnosed with depression in higher proportions than overall. Suicidal ideation did differ substantially across priority populations, with homeless individuals (56%) and LGBTQ+ individuals (49%) indicating past suicidal ideation or attempts in higher proportion than all other groups. Asians/Pacific Islanders, Blacks/African Americans, and TAY also reported higher-than-overall rates of suicidal ideation or attempts (39-42%).*

Key Finding #2 Update:

- Youth and Family Wellness Centers are now operational in eight local high schools. VCBH Wellness Staff in partnership with school-based programs, and community-based partnerships are providing students with coordinated health/mental health and other support services to maximize student engagement and success, provide information, community resources, and linkages to mental health services.
- Youth and Family Division is actively participating in Assembly Bill 2083 (AB2083), establishing strategic partnerships between Behavioral Health, Human Services Agency, Probation and Public Health, Tri-Counties Regional Center and Ventura County Office of Education.
- Also, as part of Children's System of Care AB2083, Behavioral Health continues to be an active participant in the Essentials for Childhood Ventura County workgroup. This workgroup is a collaborative effort by Behavioral Health, Human Services Agency, Probation, Regional Center, Child Development Resources, Ventura County Office of Education and First Five, to coordinate and align service delivery systems that support families.
- Ventura County of Behavioral Health (VCBH) continues to contract with the Ventura County Office of Education (VCOE) to develop programs for education and outreach on depression in K-12 schools in Ventura County.
- The new VCOE Wellness centers provide screenings for depression as well as trainings to address depression and suicidal ideation.
- The Adult Wellness Centers, operated by Turning Point, provided Mobile Wellness services to underserved populations in Board in Cares transitional housing programs, along with homeless services with the goal of developing individualized Wellness Recovery Action Plan.
- The Adult Wellness centers have returned to full operations despite the COVID surge. Throughout this past year, 780 individuals engaged in groups services.
- New community webinars have been initiated with the goal of early identification mental health concerns as well as enhancing behavioral wellness and prevention. Topics address stress, depression, anxiety, and general coping techniques including available resources. These are well advertised through social media as part of an educational campaign to decrease mental health stigma and encourage community engagement.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

Key Finding #3: The homeless population as a priority group are in need of mental health services*: Forty percent (40%) of community survey respondents and 60% of provider survey respondents felt that homelessness was one of the top contributing issues to poor mental health in their community, with approximately 4% of survey respondents indicating they were currently homeless. During Ventura County's most recent point-in-time homeless count, in 2018, there were about 1,299 homeless individuals, and about 28% of them had mental health problems, while 26% were substance users. The community survey found that homeless individuals reported worse mental health outcomes than every other priority population across several key factors, including: (1) self-rated mental health status, (2) substance use, (3) suicidal ideation or attempts, and receiving mental health services that were either (4) culturally or (5) linguistically inappropriate. Homelessness is also unevenly distributed across Ventura County. The 2018 point-in-time homeless count showed that two thirds of homeless individuals were living in the cities of Oxnard and Ventura, the county's largest urban centers.*

Key Finding #3 Update:

- To better address homelessness, VCBH's EHR system, Avatar is being built to contain a field to collect housing status of all clients. The definition is aligned with the Housing and Urban Development (HUD) definition of homelessness which is very specific. Based upon the last Avatar report approximately 10-15% of adult clients have housing issues. This is a very helpful metric to monitor clients/families housing status to ensure appropriate case management support is offered and measuring our impact on addressing homelessness.
- Homelessness interventions include temporary and permanent support for all clients with housing needs. MHSA supports include housing loans for sober living and other community based independent living situations, assistance with monthly rent and housing deposits, Board and Care based independent living situations, assistance with monthly rent and housing deposits, Board and Care patches, temporary motel stays, and subsidy reserves for permanent supportive housing. Additionally, a high priority is assistance with housing navigation and retention services via an agency-wide effort threaded within daily activities and clinic operations.

Key Finding #4: Substance abuse as a major co-morbidity impacting mental health status*: While about 15% of survey respondents indicated they had used a drug other than alcohol or tobacco in the past 12 months, certain priority populations reported use in substantially higher proportions. For example, 41% of homeless respondents to the community survey indicated recent substance use, compared to 29% for LGBTQ+ respondents, 28% for TAY respondents, and 25% for Asian/Pacific Islander respondents.*

Key Finding #3 Update:

- Recommendations remain in place and will be a focus for the planning process in FY 21/22.
- The Substance Use Services Division will be working to conduct further research to better understand substance use subpopulations (by type of substance: e.g., cannabis, opioids, etc.) and their mental health needs.
- Focus substance use services on low income and homeless individuals.
- In July of 2021, VCBH Substance Use Services staff began direct, in-person collaboration with Public Health outreach workers, co-locating weekly with Syringe Replacement Program sites to better reach vulnerable populations with Overdose Prevention and Rescue Training, provide Naloxone Overdose (OD) Rescue kits, and regularly promote the 24/7 ACCESS Line with participants in shelter, food, and harm reduction programs, both public and private.
- During this six-month period, the number of OD Rescue kit recipients quadrupled, from 61 persons engaged with OD refill kits from January to June, to 315 persons engaged for refill between July and December. Many active users and their loved ones received information about the risks of Fentanyl in any illegal substance, and assurances about

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)

confidentiality of substance use services, yielding more calls to connect residents with substance use services treatment.

- Expansion of the Juvenile Justice Behavioral Health Memorandum of Understanding (MOU) and partnership to integrate provision of mental health and substance abuse services within the Juvenile Justice Facility Team.

3.3 PROGRAM PLANNING PROCESS AND NETWORK ADEQUACY CERTIFICATION ASSESSMENT (NACT)

Provider Information (according to NACT, July 2021)

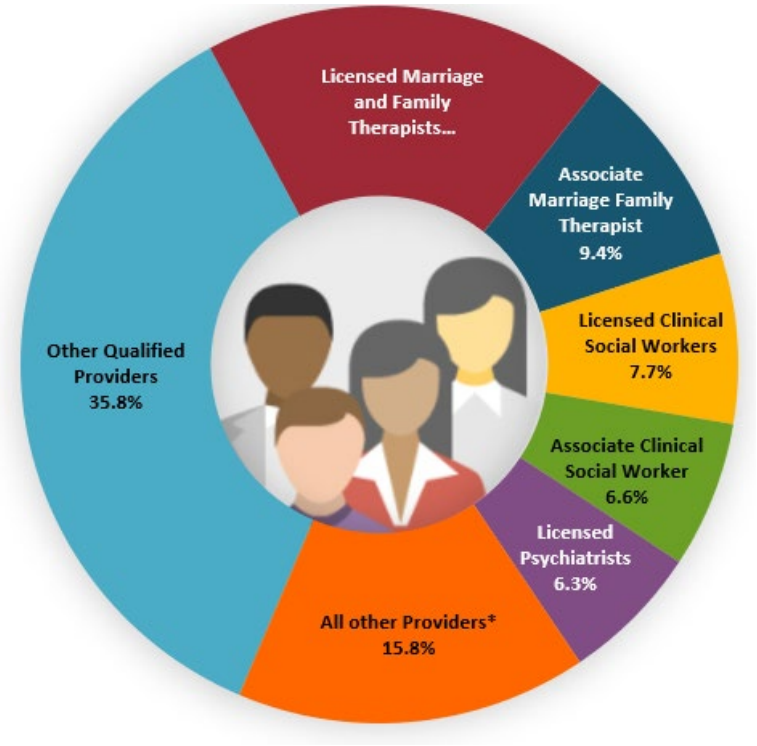
Network Adequacy assessment is submitted annually to assess the VCBH provider system. As of July 2021, services such as Mental Health Services, Case Management, Crisis Intervention, Medication Support, Intensive Care Coordination, Intensive Home-Based and Field support were provided by 651 providers.

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

Percentage of Providers that have received Cultural Competency Training
91.86%

Percentage of Providers that speak languages other than English
41.2%

Languages spoken by our providers	Number of providers that speak this language
American Sign Language (ASL)	5
Arabic	4
Armenian	3
Cantonese	1
Farsi	7
Korean	2
Mandarin	1
Other Chinese	1
Russian	3
Spanish	232
Tagalog	9



*Mental Health Rehabilitation Specialists, Registered Nurses, Licensed Psychologists, Psychiatric Technicians, Licensed Vocational Nurses, Waivered Psychologists, Nurse Practitioners, and Associate Professional Clinical Counselors

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

FISCAL YEAR 2020-2021 ANNUAL UPDATE

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

Introduction

Community Services and Supports (CSS) is the largest component of the Mental Health Services Act (MHSA). It is focused on community collaboration, cultural competence, client- and family-driven services and systems, wellness (which includes concepts of recovery and resilience), and integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component and will continue to grow in the coming years.

The County system of care under this component consists of programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with serious mental illness and serious emotional disturbance, while emphasizing a reduction in service disparities unique to the County.

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

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

City of Residence	% Of Clients Served
Oxnard	33.2%
Ventura	20.7%
Simi Valley	10.7%
Camarillo	6.7%
Thousand Oaks	6.3%
Santa Paula	5.4%
Fillmore	3.5%
Port Hueneme	2.9%
Newbury Park	2.4%
Moorpark	2.2%
Ojai	2.0%
Piru	0.5%
Somis	0.2%
Westlake Village	0.1%
Oak Park	0.1%
Oak View	0.1%
Out of County	2.9%
Unknown/No Entry	0.2%

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

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

Category	Annual Update Report Program Name	Prior Program Name in ARER	Ages*
Full Service Partnership FSP	Insights	Youth FSP	0-18
	Transitional Age Youth (TAY) Expanded Transitions	TAY FSP	16-25
	Casa Esperanza TAY Transitions Program	TAY FSP	16-25
	Assisted Outpatient Treatment (AOT) Program	Assist (Laura's Law)	18+
	VCBH Adult FSP Treatment Program	Adult FSP Program	18+
	Empowering Partners through Integrative Community Services (EPICS)	Older Adults FSP Program	60+
	VISTA	Adult FSP Program	18+
	VCBH Older Adults FSP Program	Older Adults FSP Program	60+
Outreach and Engagement O & E	Rapid Integrated Support and Engagement (RISE)	N/A, no name change	All
	RISE TAY Expansion	N/A, no name change	16-25
General Service Development GSD	**Crisis Intervention/Stabilization**		
	County-Wide Crisis Team (CT)	N/A, no name change	All
	Crisis Residential Treatment (CRT)	N/A, no name change	18-59
	Crisis Stabilization Unit (CSU)	N/A, no name change	6-17
	Individual Needs Assessment		
	Screening, Triage, Assessment and Referrals (STAR)	N/A, no name change	All
	Treatment		
	Fillmore Community Project	N/A, no name change	0-18
	Transitional Age Youth (TAY) Outpatient Treatment Program	Transitional Age Youth (TAY) Outpatient (Transitions)	18-25
	VCBH Adult Outpatient Treatment Program	Adult Treatment (Non-FSP)	18+
	Peer Support		
	Quality of Life (QoL) and Wellness and Recovery Center and Mobile Wellness**	Quality of Life (QoL) Improvement	18+
	The Client Network (CN)	N/A, no name change	All
	Family Access Support Team (FAST)	N/A, no name change	All
	Growing Works	N/A, no name change	18+
	Adult Wellness Center**	Adult Wellness Center – Turning Point	26+
	Peer Service Coord/Case Mgmt.		
	TAY Wellness Center	TAY Wellness Center - Pacific Clinics	16-25
	Access Support		
	Client Transportation Program	N/A, no name change	All
	Linguistics Competence Services	N/A, no name change	All
	Forensic Pre-Admit/Mental Health Diversion Grant Program	No Prior Name, added 2/18/21	All
Housing HOU	Housing	Adult Treatment (Non-FSP)	18+

*Programs span a wide range of ages, and every effort was made to present data according to regulations' requirements.
** Programs were combined in FY20-21.

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

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

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

Service codes include no-show service codes.

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

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

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

Rollover Client is defined as a served client whose episode admission to a FSP or non-FSP MHSA treatment program through which services were rendered during the fiscal year was prior to 7/1/2020.

New Client is defined as a served client whose first episode admission to a FSP or non-FSP MHSA treatment program through which services were rendered during the fiscal year was after 7/1/2020.

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

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

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

Age - Calculated at the date of service for each billed service.

Gender – varies by MHSA component

Preferred Language - Language selected for receiving services.

Ethnicity– varies by MHSA component

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

Sexual Preference– varies by MHSA component

City of Residence– varies by MHSA component

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

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

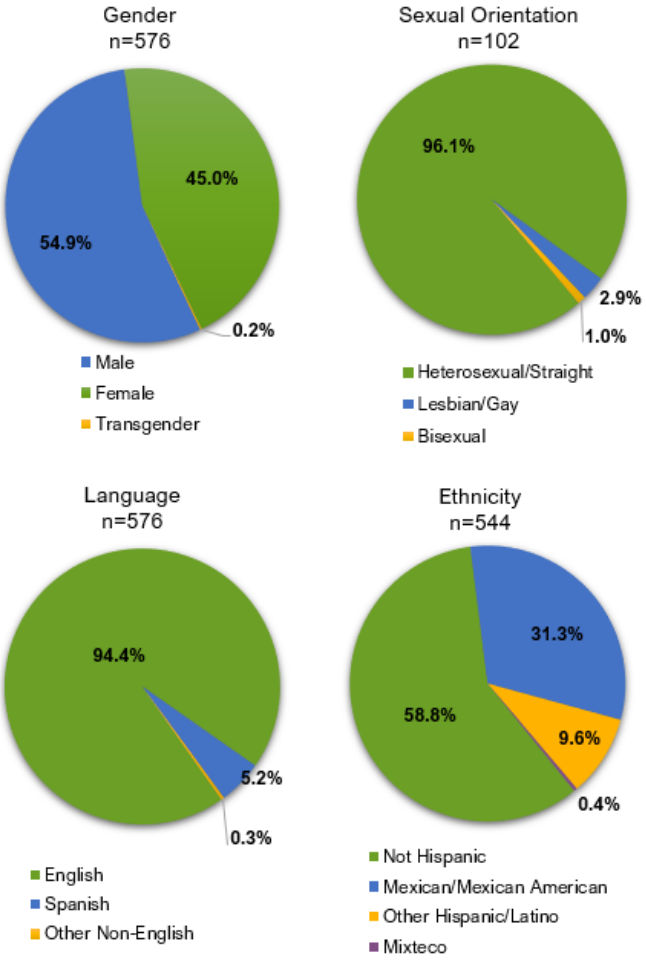
4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.1 Full-Service Partnership (FSP)

Community Services and Supports (CSS) is the largest component of the MHSA. It is focused on community collaboration, cultural competence, client- and family-driven services and systems, wellness, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component and will continue to grow in the coming years.

Age Group	Rollover Clients from FY 19-20	New Clients Admitted in FY 20-21	Total Clients Serviced in FY 20-21	%
0-15	4	1	5	0.87%
16-25	78	21	99	17.19%
26-59	244	63	307	53.30%
60+	156	9	165	28.65%
Total	482	94	576	

Demographic Breakdown of Clients Served



The County system of care under this component consists of programs, services, and strategies identified by the County through the stakeholder process to serve unserved and underserved populations with a serious mental illness and serious emotional disturbance, while emphasizing a reduction in service disparities unique to the County.

Programs funded by this component will be presented in accordance with the following regulatory categories:

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.1 Full-Service Partnership (FSP)

FSP Programs Target Goals for FY2021-22

Youth FSP Intensive Case Management (New Program Launching in FY22-23)	0
Insights	30
Transitional Age Youth (TAY) Expanded Transitions Program	25
Casa Esperanza TAY Transitions Program	10
Assisted Outpatient Treatment (AOT)	120
Empowering Partners through Integrative Community Services (EPICS)	90
Telecare VISTA	50
VCBH Adult FSP Treatment Program (Revamp in FY22-23 Adult FSP Intensive Case Management)	135
VCBH Older Adults FSP Program	100

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.1.1 FSP.01: Insights

Prior Name: Youth FSP

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	0 - 18	$200,806.81	31	$6,477.64	$94,928.50

Population Served

This program crosses the Youth (0–15) and TAY (16–25) FSP categories since it serves individuals up to age 21. Families enrolled in the Insights program are primarily families who are underserved or inappropriately served in the community. In addition, some youth served struggle with safety concerns due to community violence, housing and food instability, and lack of other basic needs.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
0-15	6	1	7	22.6%
16-25	15	9	24	77.4%
Total	21	10	31	

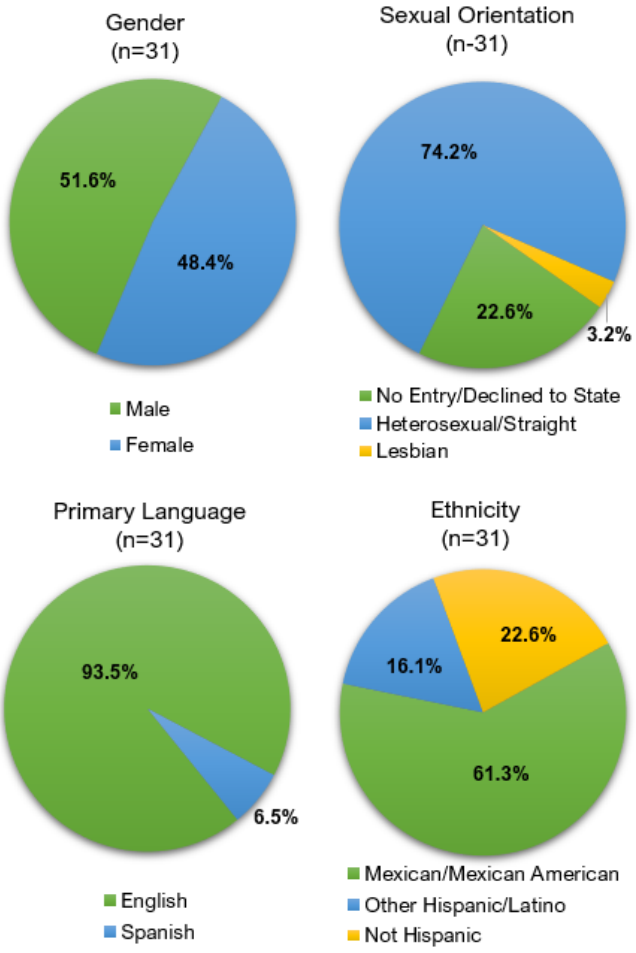
Program Description

Insights was developed to address the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders, who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. The program utilizes a multidisciplinary approach to provide intensive treatment and case management services to these youth. Through a collaborative process, coordinated services are offered to the youth and their caregivers which may include comprehensive mental health services, substance use services, peer and parent supports, and other county and community-based support resources.

Program Highlights and Successes

Clients who participated in the Insights program were from the following Ventura County cities: Oxnard=17 (55%), Ventura=5 (16%), Fillmore=2 (6%), Santa Paula=3 (10%), Simi Valley=2 (6%), Piru=1 (3%), and Port Hueneme=1 (3%). Services received by most clients included individual therapy, family therapy, case management, assessment and evaluation, collateral services, discharge planning with clients, medication support and crisis intervention. The Insights' Parent Partner program was able to support 15 (48%) of the Insights parents. The other participating parents declined parent partner support.

Demographic Breakdown of Clients Served



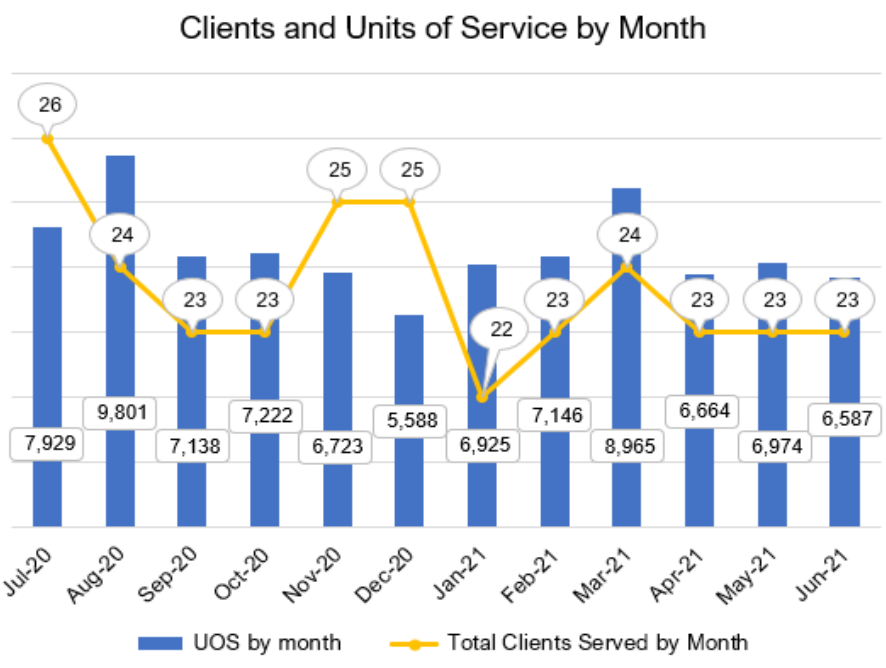
4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.1.1 FSP.01: Insights

Success story #1: Client A was a 15-year-old LGBTQ Latina who was referred to Insights by her Probation Officer. This individual had a history of chronic substance use and possession of substances, severe depression, self-harm, suicide ideation and isolation. Due to her frequent psychiatric hospitalizations and residential substance use treatment program stays, she also had failing school grades.

With the support of the Insights program, its team members, and her family, she was able to develop the tools and strength needed to reduce and address her dependency and mental health issues and develop coping skills to complete her probation. She was accepted to the Grizzly Academy at the age of 16, where she thrived and graduated with honors, and was selected as a speaker for the academy's graduation ceremonies. Additionally, she earned special awards and recognition for her efforts, and uses these achievements as an anchor to successfully integrate back into the community. She now maintains her sobriety.

Success story #2: This past year the Insights Parent Partner (PP) program has been working with an Insights parent whose daughter struggles with substance use and safety in the community due to impulsive behavior. This parent communicated with the PP program team for assistance to help his daughter accept help. The PP team has been working extensively with this individual on improving parenting and communication skills, which has enabled him to understand his daughter's rights and choices. This was accomplished through the PP team's efforts which have included role-playing exercises and group activities. The guidance he has received from the PP team has allowed him to offer support to his daughter as well as improved their relationship.



Top 10 Services	
Unbillable	34.2%
Case Mgmt/Brokerage	25.8%
Individual Therapy	19.7%
Collateral	10.3%
Medication Support	4.3%
Plan Devlopment	2.4%
Assessment	2.0%
No Show	0.7%
Crisis Intervention	0.3%
Group Therapy	0.1%

Program Challenges and Mitigations

This year, COVID-19 guidelines and restrictions continued to impact the Insights program's support with transportation, field visits, court appearances, Parent Cafes, and finding available safe spaces for youth to go to in the community. The Insights Court has both a social distancing and video telehealth structure in place to provide continued support to youth during the COVID-19 pandemic. Parent supports continue through Insights' United Parents, Parent Partner program(s). Staffing fluctuations during the COVID-19 pandemic have also continued (including changes in case managers and clinicians for Insights youth), and a change in judges toward the end of the fiscal year occurred as the Insights Judge retired. Midway through the program year during the COVID-19 pandemic, several of Insights' clients were involved in some serious and new offenses. For some youth, the staying-at-home experience was challenging, as some of them already struggle to connect to positive community supports (school, community centers) and, with current social and economic stressors many clients struggle with depression, impulsivity, difficulty managing moods and emotions, illness, family disruptions and loss, which has seemed to draw some participants further to alcohol and substance use, taking off or staying indoors with negative peers.

4.1 Community Services and Supports (CSS)

4.1.1.2 FSP.02: Transitional Age Youth (TAY) Expanded Transitions Program – FSP (TAY FSP)

Prior Name: TAY FSP

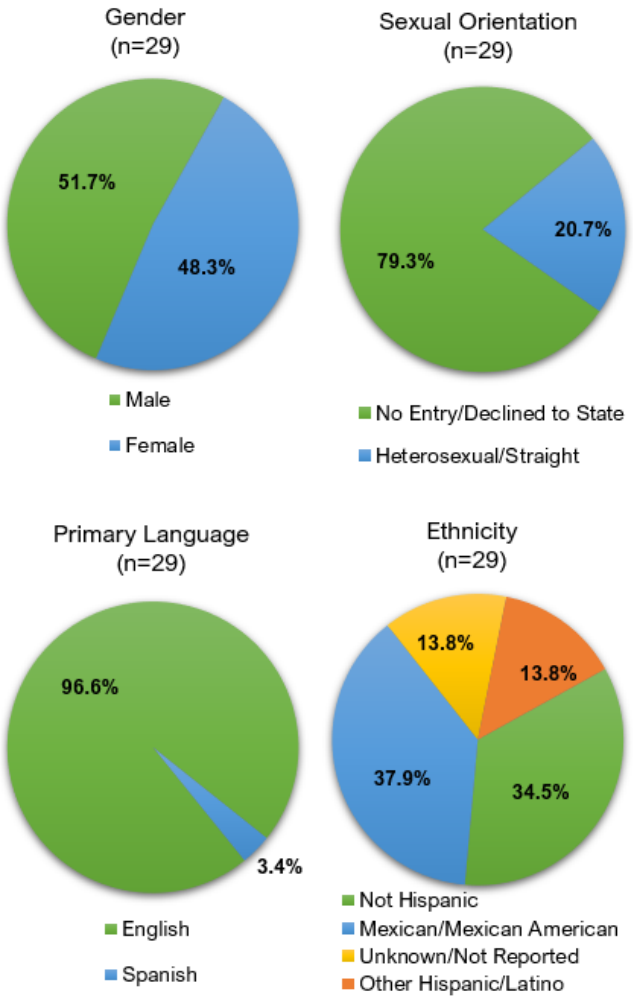
Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	16 - 25	$308,208.47	29	$10,627.88	$527,344.69

Population Served

The target population for this program is TAY Serious Persistent Mental Illness (SPMI) individuals in treatment.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16-25	28	1	29	100%

Demographic Breakdown of Clients Served



Program Description

This clinical outpatient program serves youth ages 18–25 who are diagnosed with a Serious Mental Illness or Severe Emotional Disturbance (under 21), many of whom are dually diagnosed with co-occurring substance use disorders and are at risk of homelessness, incarceration, or psychiatric hospitalization and have little to no support in their natural environments. Transitions is focused on a client-driven model with services that include psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. The Transitions Program ensures that clinicians and case managers will also provide field-based services in homes, the community, and the TAY Wellness and Recovery Center. Staff support clients in the achievement of their wellness and recovery goals.

The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas. The program's clinical services include evidence-based Practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Cognitive Behavioral Therapy to address symptoms of depression, dual diagnosis, and trauma. Cognitive Behavioral Therapy and Motivational Interviewing are two foundational treatment methods that are practiced with clients. Programming is specially designed to successfully engage and meet the unique developmental needs of TAY.

Examples include Creative Expression, Relationship Group, Life Skills, Wellness Recovery Action Plan (WRAP) Groups and Community Engagement, to name a few.

4.1 Community Services and Supports (CSS)

4.1.1.2 FSP.02: TAY Expanded Transitions Program – FSP (TAY FSP)

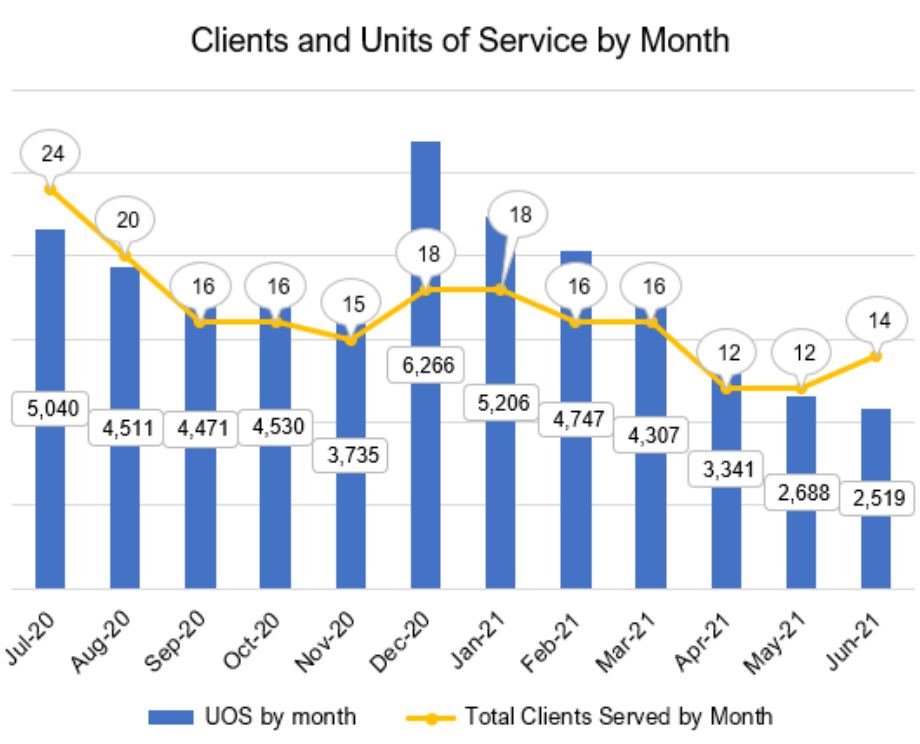
Program Highlights and Successes

The Transitions clinic continued to offer both therapeutic and rehabilitation groups during the pandemic over Zoom to follow COVID-19 mandates, while also provide these vital services to clients.

During this period, an individual in the TAY FSP moved toward recovery by not engaging in self-harm behaviors or hospitalizations for one year after previous years of multiple hospitalizations due to self-harm.

Program Challenges and Mitigations

Throughout this fiscal year there were challenges around ensuring delivery of high-quality care while adhering to mandated COVID-19 restrictions. Due to these requirements, the Transitions clinic rapidly integrated telehealth as a treatment option for clients. The clinic offered an empty treatment room in the clinic's building to serve as a telehealth room so that providers could maintain proper social distancing while also making sure that individuals with internet, privacy, or technology barriers could receive the same treatment options.



Top 10 Services	
Case Mgmt/Brokerage	27.5%
Rehabilitation	24.2%
Medication Support	18.8%
Unbillable	8.9%
Group Therapy	6.7%
Individual Therapy	5.9%
Collateral	4.8%
Plan Devlopment	1.8%
Crisis Intervention	0.6%
Assessment	0.4%

All Other Services 0.31%

4.1 Community Services and Supports (CSS)

4.1.1.3 FSP.03: Casa Esperanza TAY Transitions Program (TAY FSP)

Prior Name: TAY FSP

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	16 - 25	$551,492.98	13	$42,422.54	$518,939.37

Population Served

Adults aged 16-25 with Severe Persistent Mental Illness (SPMI).

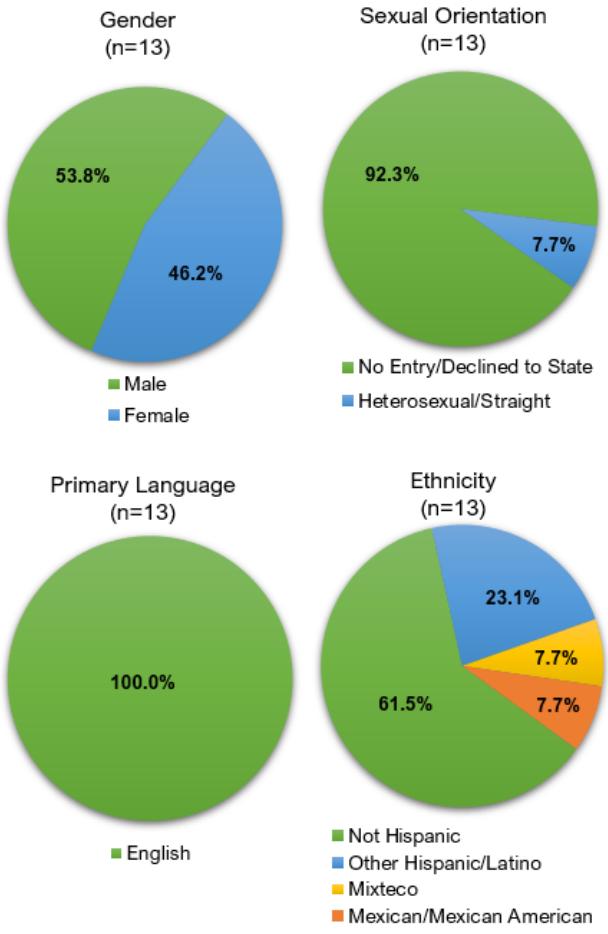
Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16-25	12	1	13	100%

Program Description

Casa Esperanza is an 18-month maximum-stay social rehabilitation program that assists clients in their transition into the community. Casa Esperanza serves adults ages 18–59 who are diagnosed with Severe and Persistent Mental Illness (SPMI). The primary focus of the program is community integration and skill development. It is a daily structured therapeutic program that encourages community involvement and, in partnership with VCBH, offers services to reach the goal of transitioning to a less restrictive and more independent level of care. The areas supported for each client are:

- Individual and Group Counseling
- Case Management
- Therapy
- Psychiatric Services

Demographic Breakdown of Clients Served



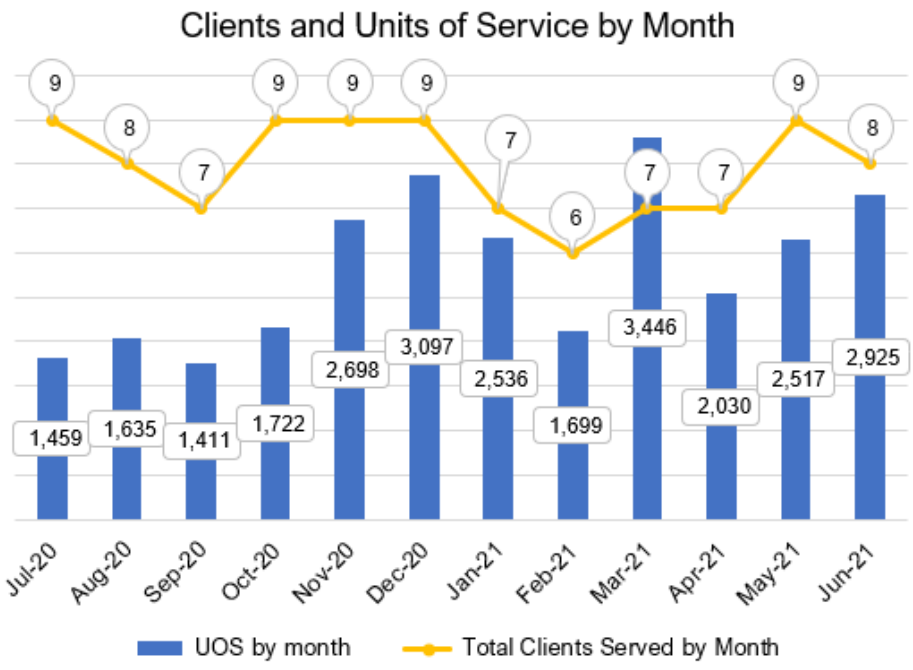
Program Highlights and Successes

To follow COVID-19-mandated safety protocols, the Casa Esperanza TAY Transitions program continued to offer both therapeutic and rehabilitation groups during the pandemic.

An individual who was experiencing barriers in creating social support systems and had been admitted many times for inpatient hospitalization was referred to Casa Esperanza. During their stay at Casa Esperanza, this individual improved their participation in their education and achieved their academic goals. They also regularly participated in social activities and avoided inpatient hospitalization throughout their stay.

Program Challenges and Mitigations

During this fiscal year there were challenges to providing high quality care during COVID-related restrictions and mandates. The Casa Esperanza program rapidly integrated telehealth as a treatment option for clients and offered an empty treatment room in the clinic to serve as a telehealth room. Clients could properly socially distance, while also making sure individuals with internet, privacy or technology barriers could receive the same treatment options.



Top 10 Services	
Rehabilitation	29.7%
Case Mgmt/Brokerage	24.9%
Medication Support	20.4%
Collateral	12.3%
Unbillable	4.0%
Plan Devlopment	3.5%
Individual Therapy	3.0%
Group Therapy	1.7%
Crisis Intervention	0.4%
No Show	0.2%

4.1 Community Services and Supports (CSS)

4.1.1.4 FSP.04: Assisted Outpatient Treatment (AOT) Program

Prior Name: ASSIST – Laura's Law

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$1,608,141.24	139	$11,569.36	$ 1,651,120.93

Population Served

Serious and Persistent Mental Illness (SPMI) individuals receiving outpatient mental health services.

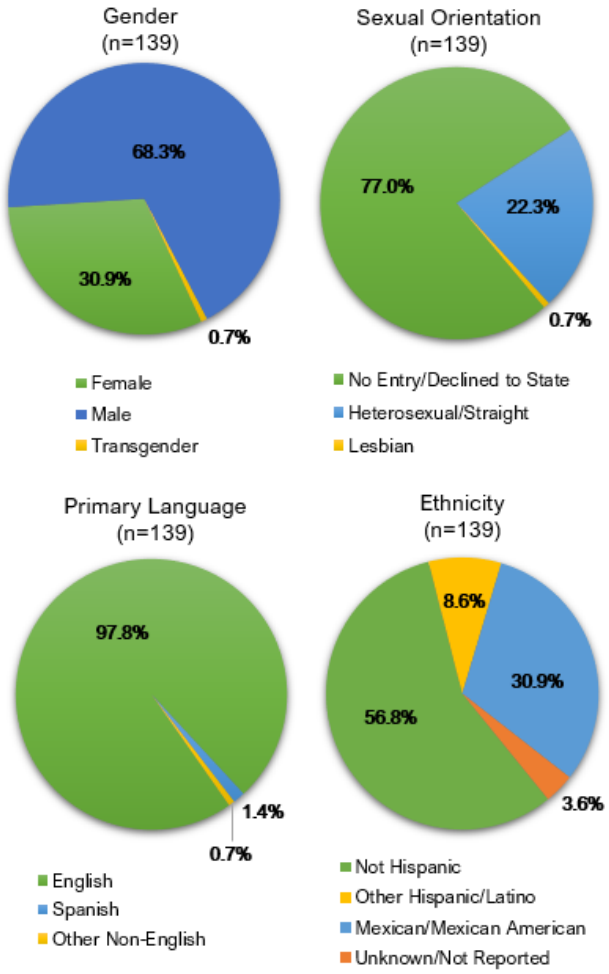
Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	4	7	11	7.9%
26 - 59	76	45	121	87.1%
60+	4	3	7	5.0%
Total	84	55	139	

Program Description

The AOT program uses a consumer-centered approach to engage untreated individuals with SPMI and helps them engage in outpatient treatment using the Assertive Community Treatment (ACT) model. ACT is an evidence-based behavioral health program for people with SMI who are at risk of or would otherwise be served in institutional settings (e.g., hospitals, jails/prisons) or experience homelessness. ACT has the strongest evidence base of any mental health practice for people with SMI. Under ACT, a community-based, mobile, multidisciplinary, and highly trained mental health team delivers services with low staff-to-consumer ratios. When followed to fidelity, ACT produces reliable results that improve psychosocial outcomes and lead to decreases in hospitalizations, incarcerations, and homelessness.

Voluntary Enrollment – Persons referred to the AOT program are first offered the opportunity to voluntarily participate in mental health services. There is no court action involved in an individual's voluntary agreement to participate in the AOT program. However, if the individual does not voluntarily accept mental health services, it is likely that a court petition will be filed, and the court will compel him/her to enroll in these services. Thus, although this enrollment process does not include court involvement, the possibility of court involvement

Demographic Breakdown of Clients Served



may be a factor in influencing the person to accept AOT services.

Court-Involved Enrollment - If the AOT program team has made a reasonable, consumer-centered effort to engage a referred individual in services and the individual refuses to accept these services, program staff may submit a declaration to the Ventura County Counsel, initiating a court process to compel program participation. County Counsel files a court petition

seeking a hearing to compel program enrollment. The court notifies the referred individual of the hearing date and assigns the individual a public defender. In court, the individual either enters a settlement agreement or contests the petition. If the individual contests the petition, the judge may issue a court order to participate.

Program Highlights and Successes

Goal 1: Increase the number of persons with SMI receiving outpatient treatment by intervening with them and their families in effective and culturally informed ways.

Goal 2: Increase the number of persons with SMI receiving effective outpatient treatment by adding a means (i.e., court order) to intervene on their behalf when they are engaged in other systems (i.e., hospital, court, jail).

Goal 3: Promote health and wellness in recovery to allow previously untreated persons to live self-directed lives while striving to reach their full potential.

Objective 1: Engage SMI consumers in the AOT program through voluntary enrollment or through court involvement. From the start of the program to June 30, 2021, AOT received 714 calls. Of these calls, 94% (n=671) were referrals and 6% were information calls (n=43). The top two referral sources who requested referrals for a consumer were licensed mental health professionals (n=412, 61%) and family members (parent, spouse, sibling, or child 18+) (n=195, 29%).

The remaining referral sources were a director of an agency providing mental health treatment to the individual or a hospital in which the individual was hospitalized (n=16, 2%), law enforcement (n=14, 2%), individuals 18+ who lived with the individual (n=4, 1%), 2% of referrals where the referral source did not meet criteria (n=12) and 3% where the referral source was unknown (n=18). Of the referral calls, 57% were referred to AOT (n=384), and of those calls 72% were enrolled into AOT (n=275). Of the 275 enrolled consumers, 25% were court involved (n=69). Of the 69 court-involved consumers, 88% were court ordered (n=61) and 12% were settlement agreements (n=8).

During FY20–21, the AOT program enrolled 55 new consumers and 84 consumers were rolled over from the previous fiscal year, which totaled to 139 consumers who were served during FY20–21. In terms of court enrollment, there were 5 new court-involved clients who were court ordered for AOT. From the start of the program to the end of June 2021, the program had enrolled 275 consumers.

Objective 2: Decrease the observed rates of hospitalizations, homelessness, and jail days by at least 50% when comparing 12 months pre- and post-referrals to AOT.

Clients' hospitalizations were examined one year prior to enrollment and looked at during FY20–21. Clients were excluded if they were enrolled for less than one month. Consumers had an average of 1.9 hospitalization episodes the year prior to enrollment and 0.72 episodes during their FY20–21 enrollment. There was a decrease in average Inpatient Psychiatric Unit (IPU) episodes of 1.23 from one year prior to during enrollment for clients in FY20–21.

For housing, 24 clients were assisted in a housing placement during FY20–21. Consumers who were housed had a total of 2,168 days placed, which averaged to 90.3 nights housed per consumer.

For incarcerations, one-year-prior consumers had an average of 2.9 bookings and 36.8 days incarcerated. During enrollment in FY20–21, clients had an average of 0.9 bookings and 12.6 days incarcerated. Incarcerations and days booked decreased for clients during their time enrolled in the AOT program when compared to the one-year period prior to enrollment rates.

Objective 3: Increase to ninety-five percent (95%) the AOT consumers' ability to be self-supporting by assisting them in securing disability benefits and/or gainful employment.

The AOT team secured benefits for 19 clients; types of benefits that were secured encompassed the following: Supplemental Security Income (SSI), Medi-Cal, Social Security Disability Insurance (SSDI), general relief, and general medical benefits, BASIS results.

VCBH's AOT program was awarded a 4 year SAMHSA grant in 2016 which helped to launch and implement our AOT program in Ventura County. After the grant requirements were successfully met, Ventura County agreed to continue to fund the AOT program through MHSA funding due to the program's outcomes and successes. Additionally, the AOT team was able to virtually complete the Assertive Community Treatment (ACT) Fidelity Review, which included family focus groups, staff focus groups and a review of the program's fidelity to the ACT model. During FY20–21, the program had 21 successful discharges and staff were successful in utilizing AOT funds to house 24 clients.

Client Success Story: Client was enrolled in AOT (Assist) over two years ago due to pervasive community calls from the public and the police department. Client had a history of jaywalking in the community and sitting in the street with no affect. Additionally, client had a long history of delusions, paranoia, severe methamphetamine use, abuse by others, and victimization. Before entering the AOT (Assist) program, client was not taking their medication, was homeless for over a decade, had estranged family connections and was actively using methamphetamines. During enrollment, client was in a psychiatric hospital three times but cooperated with AOT (Assist) treatment staff and ended up being placed at a sober living home where they thrived; client was adherent with taking medications and attending weekly co-occurring interventions. The client was motivated to get better and find their own place of residence. Client was successful in making the transition from the pre-contemplation phase to recovery phase. Toward the end of the client's treatment, they were able to follow directions, were adherent to medications, kept psychiatrist appointments, and attended numerous co-occurring interventions. Client successfully graduated from the AOT (Assist) program and was stepped down to a lower level of care within VCBH.

Challenges and Mitigations

COVID-19 posed as a challenge for filing court petitions, conducting outreach, ensuring housing placements and for data collection.

Courts were furloughed which limited our capacity with filing court orders. We were able to conduct our AOT hearings via Zoom which allowed clients to attend their hearings virtually.

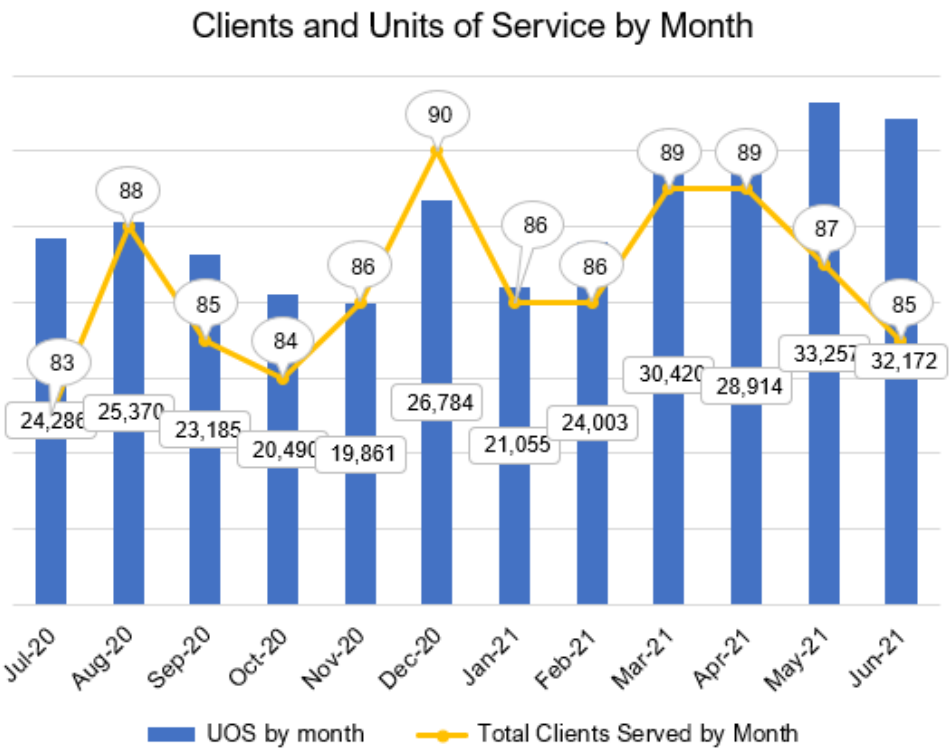
Access to IPUs were restricted and sometimes denied based on COVID outbreaks. Housing placements were limited due to COVID, with some housing more accessible than others. As most of the housing was independently owned and operated, it was at the discretion of the owners to determine if they would accept our clients.

Fortunately, the AOT program participated in Project Roomkey, which helped us to locate our clients as well as increase show rates more easily with our doctor for medication appointments. It also allowed for some of our more difficult-to-place clients to be housed in safe housing, with some of them getting long-term housing after the project was over.

For outreach, in-person contact had to be modified to follow shelter-in-place orders. At first, outreach was very limited but given that AOT (Assist) utilizes a field-based team, staff were already equipped with laptops and cell phones, which made the transition to telehealth very smooth. Staff would go to the clients in the community and help them Zoom for doctor appointments instead of phone appointments.

Our family groups were postponed complying with shelter-in-place orders, but we were able to offer client groups virtually. Additionally, we plan on offering our WRAP groups to clients on a virtual platform too.

In terms of survey administration, it was challenging during COVID-19 due to social distancing and limited to no face-to-face contact, which impacted the amount of data we were able to compare across baseline and follow-up assessment.



Top 10 Services	
Case Mgmt/Brokerage	33.5%
Unbillable	28.1%
Medication Support	17.4%
Collateral	7.8%
Assessment	5.1%
Plan Devlopment	3.7%
Crisis Intervention	2.1%
Individual Therapy	1.1%
Rehabilitation	0.9%
No Show	0.2%

All Other Services 0.12%

4.1 Community Services and Supports (CSS)

4.1.1.5 FSP.05: VCBH Adult FSP Treatment Program

Prior Name: Adult FSP Program

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$944,991.91	105	$8,999.92	$967,758.48

Population Served

VCBH's Adult Full-Service Partnership (FSP) Treatment Program serves adult clients 18+ years old with serious mental illness.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	4	0	4	3.8%
26 - 59	70	1	71	67.6%
60+	29	1	30	28.6%
Total	103	2	105	

Program Description

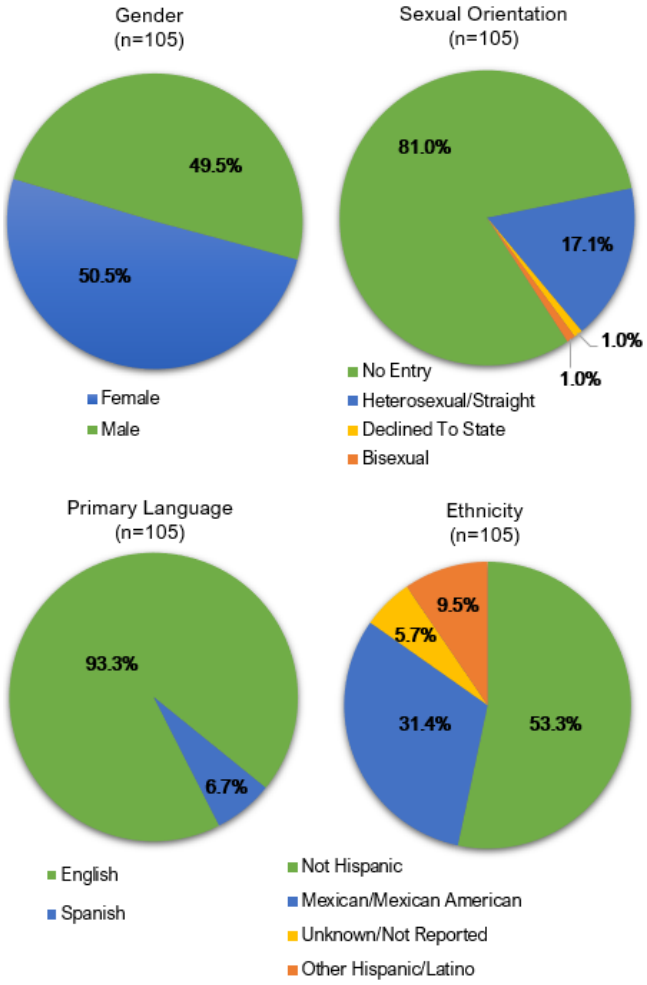
The Adult FSP Treatment Program at VCBH outpatient clinics improves the mental health delivery system for all its registered clients. This is achieved by providing more wraparound supports to those identified with higher needs to ensure mental health stability. Through developed treatment plans with clients at the program's treatment clinic, clients may be seen more often, and assisted with transportation to and from clinical, group therapy and psychiatric appointments, as well as special events throughout the county. This program focuses on clients being treated by one of the VCBH adult outpatient clinics.

The FSP track in the outpatient clinics will be an area of continued focus in the coming fiscal year. Working with Sector 8 of the Mental Health Services Act, there will be a continued focus for consistency in criteria for identifying FSP clients, specialized supports, along with establishing criteria for graduation.

Program Highlights and Successes

The clinic's FSP treatment track continues to provide clients with a significant level of support as they address issues of homelessness, incarceration, and psychiatric hospitalizations. Despite the COVID-19 pandemic and public health restrictions, the clinic staff continued to

Demographic Breakdown of Clients Served



Simi Valley & Conejo Valley Clinics

One of our Full-Service Partnership clients faced the possibility of eviction from his residence due to an increase in symptoms. By successfully engaging with our support team and receiving more frequent treatment at our clinics, this individual was able to retain stable housing.

Ventura Clinic

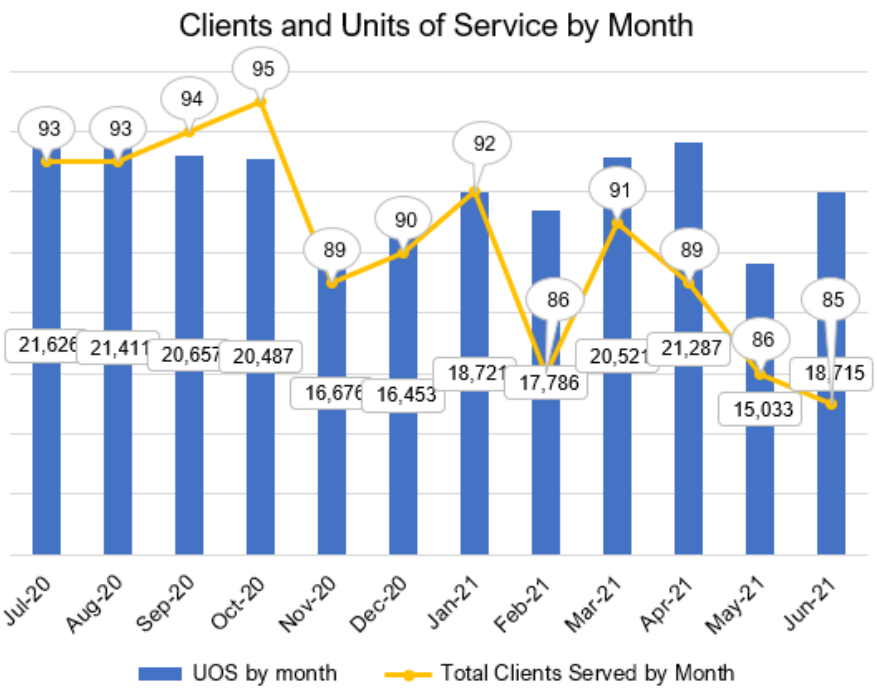
A middle-aged female client who became entangled in felony legal charges enrolled in our Full-Service Partnership treatment track. By receiving evaluation and assessment services, she was placed in a more appropriate setting (an unlocked residential facility) and has been improving ever since. This occurred during the COVID-19 pandemic, which presented additional barriers to engage the client in services. The FSP program/treatment track helped get our client to the level of care that she needed.

Oxnard & Santa Paula Clinic

A 52-year-old female client enrolled in the Santa Paula Adult Clinic Full-Service Partnership treatment track and made tremendous progress during FY20-21. The client had a long history of homelessness. She had several Crisis Team contacts and a Crisis Stabilization Unit episode that resulted in two psychiatric hospitalizations. She would eventually spend a few weeks in the Crisis Residential Treatment Program. With weekly support from her case manager, the client became compliant with treatment recommendations and participated in appointments with her psychiatrist. The client has remained out of the hospital and more recently moved into independent living. She is stable with no significant problems reported.

Program Challenges and Mitigations

During the COVID-19 pandemic, outpatient clinics had to reorganize how services were provided to clients. As only limited in-person contact was allowed, telehealth emerged as the primary avenue for access to services. This proved to be a significant challenge for Full Service Partnership clients as they did not have the infrastructure to be able to participate in telemedicine. The outpatient staff have worked diligently to address these issues, including providing transportation to psychiatric appointments so they can be held in person.



Top 10 Services	
Case Mgmt/Brokerage	40.2%
Medication Support	20.2%
Unbillable	14.3%
Individual Therapy	7.8%
Plan Devlopment	6.4%
Collateral	5.2%
Rehabilitation	2.3%
Crisis Intervention	2.0%
Group Therapy	0.7%
Assessment	0.6%

All Other Services 0.33%

4.1 Community Services and Supports (CSS)

4.1.1.6 FSP.06: Empowering Partners through Integrative Community Services (EPICS)

Prior Name: Older Adults FSP Program

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$1,184,955.53	95	$12,473.22	$1,137,717.63

Population Served

Serious and Persistent Mental Illness individuals receiving outpatient mental health services.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	3	0	3	3.2%
26 - 59	69	3	72	75.8%
60+	20	0	20	21.1%
Total	92	3	95	

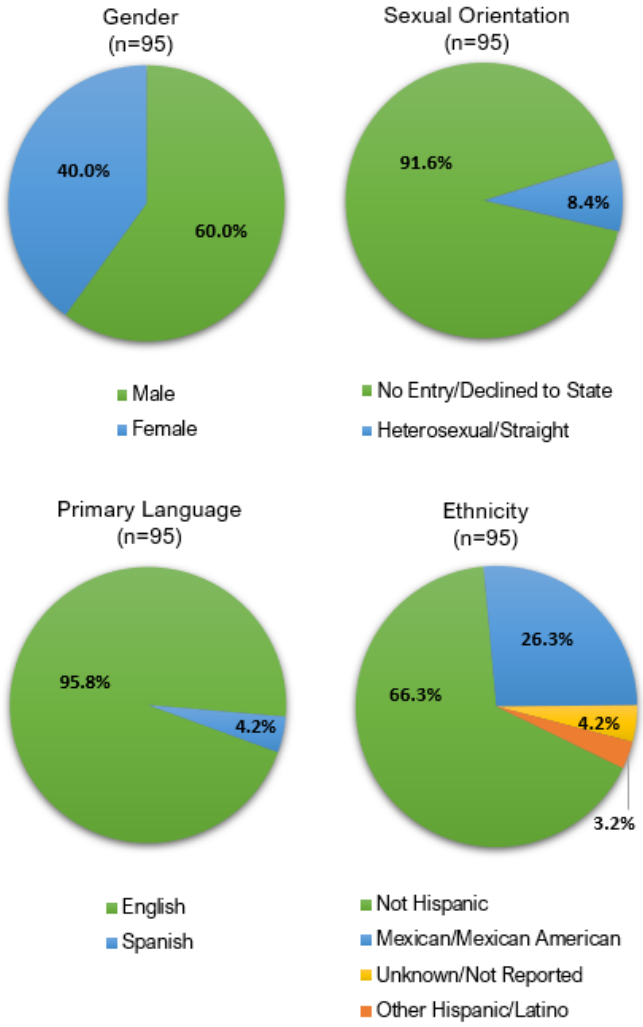
Program Description

Empowering Partners through Integrative Community Services (EPICS) provides comprehensive, intensive, "whatever it takes" services for those consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment placements). These individuals are at high risk to require those levels of care without intervention and have been historically underserved in the mental health system due to a variety of barriers that make access to traditional services challenging.

Program efforts are aimed at assisting consumers who are returning to the community after treatment in long-term locked and/or structured treatment programs, or short-term acute hospitalizations, and serve to ensure that these individuals are successful as they re-engage with community living and service systems.

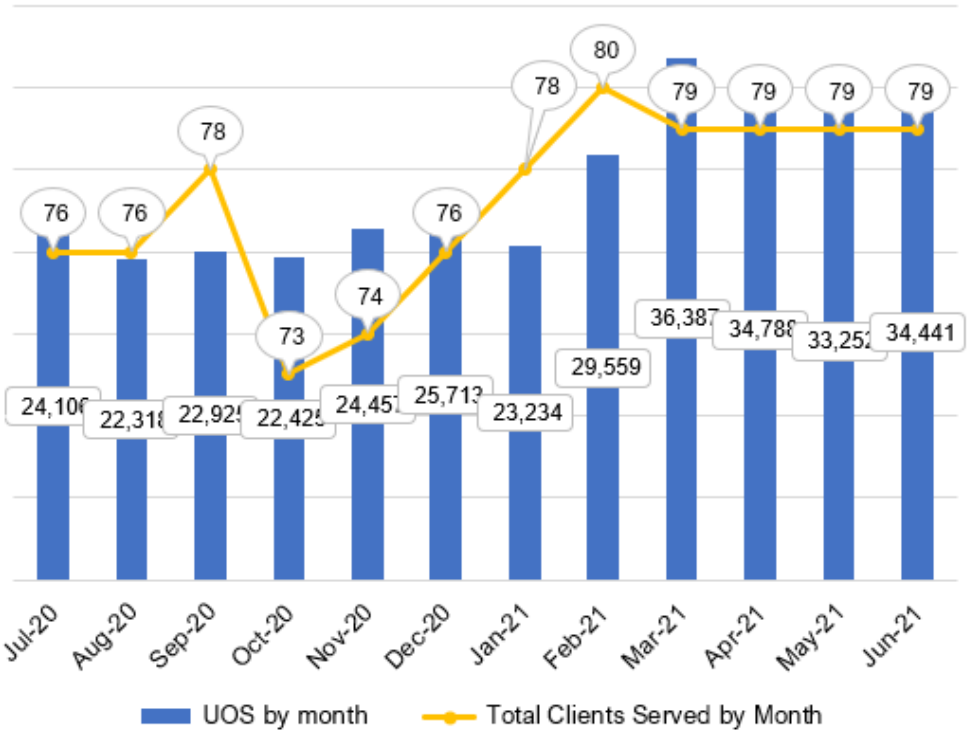
EPICS offers intensive case management services, individual and group therapy, and intensive psychiatric and medication services. All services are offered at the location most convenient for the consumer and are largely field based; the psychiatrist is also able to serve individuals at their place of residence, as needed. The entire team is trained and is structured to deliver services in alignment with an Evidence-Based Practice model: the Assertive Community Treatment model of delivering flexible, comprehensive, and team-oriented services.

Demographic Breakdown of Clients Served



Program Highlights and Successes

The EPICS program served 95 individuals during FY20-21.



Top 10 Services	
Case Mgmt/Brokerage	50.8%
Medication Support	26.4%
Individual Therapy	7.4%
Unbillable	6.9%
Plan Devlopment	3.0%
Rehabilitation	2.4%
Crisis Intervention	1.1%
Collateral	1.1%
Group Therapy	0.6%
Assessment	0.3%

All Other Services 0.06%

4.1 Community Services and Supports (CSS)

4.1.1.7 FSP.07: VISTA (Adults FSP Program)

Prior Name: Adult FSP Program

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$786,217.16	59	$13,325.71	$857,128.67

Population Served

Serious and Persistent Mental Illness individuals receiving outpatient mental health services

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	4	6	10	16.9%
26 - 59	20	24	44	74.6%
60+	4	1	5	8.5%
Total	28	31	59	

Program Description

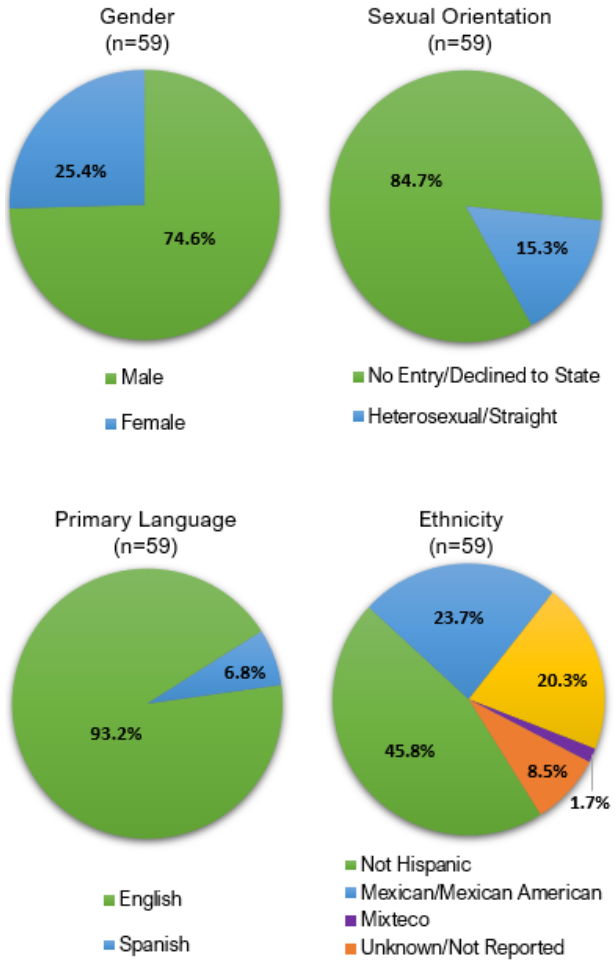
The mission of this program is to deliver excellent and effective health services that engage individuals with complex needs in recovering in their health, hopes, and dreams. Telecare is the provider for VISTA and provides program services to adults with serious mental illness in Ventura County, California.

The VISTA Adult Forensic Assertive Community Treatment (ACT) program provides services to individuals who have been identified as severely and persistently mentally ill, homeless or at risk for homelessness, and incarcerated within the past year. Upon release from jail, a Telecare VISTA team member will pick up the potential member, address immediate needs, and schedule an appointment for psychiatric assessment.

Additionally, some of the adult members participate in what is known as Mental Health Court. The VISTA team works with an individual to assist in successfully meeting their court and probation requirements. When an individual has met their legal obligation(s) they "graduate" from Mental Health Court.

Building on traditional ACT standards, this program uses a recovery-centered experience for people served based on a belief that recovery can happen.

Demographic Breakdown of Clients Served



Program services and staff strive to create an environment where a person can choose to recover. By connecting to everyone's core self and trusting it to guide the way, it is possible to awaken the desire to embark on the recovery journey.

The ACT program uses multidisciplinary teams that include psychiatrists, nurses, masters-level clinical staff, and personal service coordinators. Some staff may be consumers who are in recovery themselves.

4.1 Community Services and Supports (CSS)

4.1.1.7 FSP.07: VISTA (Adults FSP Program)

Services include, but are not limited to:
• Psychiatric assessment
• 24/7 crisis response
• Individual treatment planning
• Intensive case management services
• Psychosocial rehabilitative skill building
• Psychotropic medication education and support
• Linkage and advocacy with entitlements
• Linkage to vocational and educational services in the community
• Housing linkage and some limited funding
• Advocacy and support with Mental Health Court participants
• Support with adhering to Probation requirements

Program Highlights and Successes

VISTA continues to improve its collaboration with community providers. Due to COVID-19 and our program hiring a new clinician, we have increased our telepsychiatry appointments. Our Clinical Director has resumed referral duties, and our program has reevaluated the referral process. Our providers have been trained and we look forward to implementing Milestone of Recovery Scale (MORS). Program is planning to move locations in 2022.

Client A had endured instability in housing, employment, and interpersonal relationships. She had previously lost custody of her children and housing due to the instability of her mental health and utilizing maladaptive coping mechanisms. Through Telecare, she was able to stabilize her mental health. This improvement led to her acquiring and maintaining employment, securing stable housing of her own and resuming custody of her daughter. She continues to work on improving her mental health through ongoing psychiatry and counseling and will soon graduate from Telecare. She has met many accomplishments and is working to get custody of her sons.

Program Challenges and Mitigation

One of our challenges this year involved finding housing for a client who did not have a county number and was unable to apply for General Relief funds/benefits. We have also had an increase in our clients being incarcerated and an increase in substance use, specifically Fentanyl. To help with the additional caseloads, we are in the process of hiring an additional case manager and a psychiatrist.

4.1 Community Services and Supports (CSS)

4.1.1.8 FSP.08: VCBH Older Adult FSP Program (Older Adults FSP Program)

Prior Name: Older Adult FSP Program

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	60+	$1,998,892.15	105	$19,037.07	$1,933,571.66

Population Served

Serious and Persistent Mental Illness individuals receiving outpatient mental health services.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
60+	101	4	105	8.5%

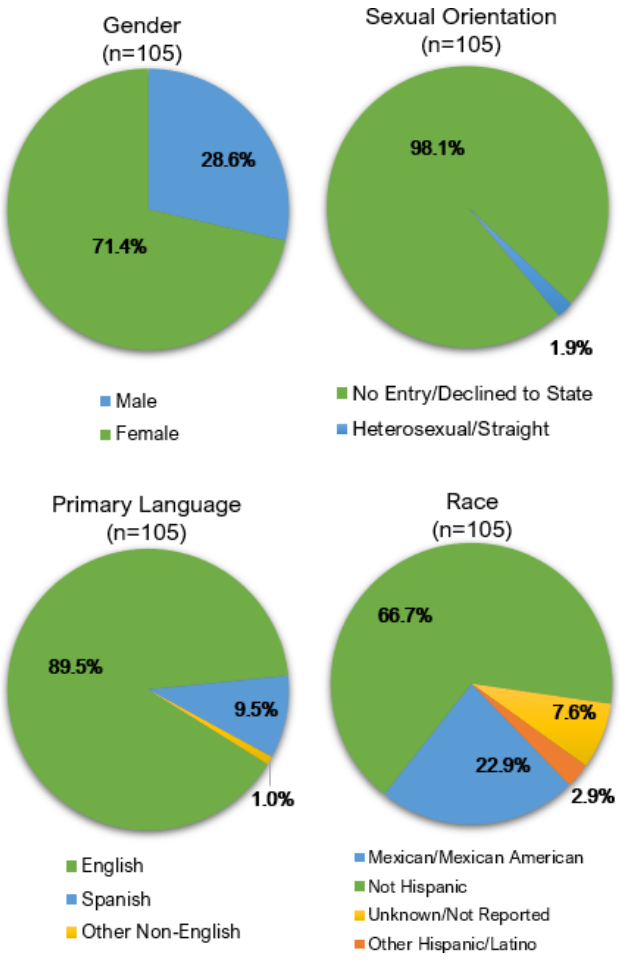
Program Description

The VCBH Older Adults FSP Program provides mental health services to unserved and underserved seriously mentally ill individuals ages 60 and over in Ventura County. As a result of serious mental illness, compounded by medical issues often facing the elderly, the Older Adults Program clients often have a reduction in personal or community functioning prior to acceptance into program.

Special priority is given to those individuals with persistent mental illness and who are homebound, homeless and/or in crisis and who require the intensive services of a Full-Service Partnership (FSP) program. This population is often unable to access more traditional outpatient services.

In addition to community-based services, the Older Adults Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers.

Demographic Breakdown of Clients Served



Our Welcoming Letter to new clients

The Ventura County Behavioral Health Older Adults Program is a Full-Service Partnership (FSP) program. That means you are an important part of the treatment team, working with us to guide you towards recovery and better mental and physical health. We provide an array of services, ranging from case management, medication support, psychiatric care, therapy, and peer counseling. Our goal is to piece together services which will benefit you the most and put you in touch with outside agencies that can assist you as well. The Older Adults Program recognizes that seniors present with unique challenges in daily living and socialization. Therefore, we have taken every effort to make sure that we provide services and support to assist you in meeting these challenges.

The Older Adults Team consists of Case Managers, Registered Nurses, Clinicians, Psychiatrists, and a Clinic Administrator. We have two offices in Ventura County, one in Ventura and one in Thousand Oaks. We are considered a mobile unit which means that most of our services are brought to you in your home. Other services will be provided at our office site.

Program Highlights and Successes

Since the beginning of the pandemic, the Older Adults FSP Program's goals have focused on client safety, maintaining their basic needed supplies and access to medications. Additionally, our staff supports management of ongoing medical conditions that impact overall physical and mental health as well as everyone's stability and sense of security.

• Very early in the pandemic, the Older Adults Program committed to assuring all clients that their mental health needs would be met. This included access to all their basic needs such as food, medication, and social connections to the outside world. Since all Older Adults Program clients have been homebound since the pandemic, we have worked with each client to establish a safe means of obtaining all these items. The goal for each client was to learn new modes of communication with our supporting staff as well as achieving increased independence.

• New phones were supplied in instances of missing or broken phones, and daily calls were made to all our seniors to engage, educate, and provide a vehicle for them to express outrage, surprise and identification of the bumps and cracks which posed as obstacles to the smooth transition to a new way of life. Since the beginning of the pandemic, all clients have been called on at least a weekly basis, and some still require that contact daily.

• One of the successes of navigating mental health services during a pandemic was that there were no instances of an Older Adults Program client contracting COVID in the year through services provided by Behavioral Health. One client contracted COVID in a Skilled Nursing Facility and was successfully treated at that facility.

• The CDC announced early in the pandemic that COVID-19 is transmitted through aerosolized droplets. As a safety precaution, the General Service Agency outfitted all seven vans with plastic barriers, thereby protecting both passengers and drivers.

• The Older Adults Program began transporting clients to doctor appointments as early as May of 2020. Despite multiple statewide COVID surges, transportation to much-needed medical appointments increased as 2020–2021 progressed.

• Additionally, there was an upgrade from three older vans with the purchase of new Honda Odyssey vans that were outfitted with protective barriers.

• Multiple Older Adults Program clients utilize electric wheelchairs as a necessary component of their ambulation. Prior to acquisition of an ADA-outfitted van, the Older Adults Program had to contract with outside providers for their transportation.

• Basic Needs Funds are an integral component of the vision and mission of MHSA services, supporting the "Whatever It Takes" philosophy through which our public mental health system is being transformed. These funds are restricted to Full-Service Partnership (FSP) clients and provide essential supports, not typically found on the menu of traditional mental health services.

• Basic-need supports not only increased during the pandemic, but our definition of what is "essential" expanded as clients were forced to stay indoors:

- Meals/food delivered to doorsteps
- Phones to help with communication
- Books as the libraries were closed
- Art and craft supplies

• Perhaps the most difficult issues during the pandemic were our inability to safely assemble, share a meal together and socially interact with each other. As the holidays approached, sadness that we would not be getting together for an event spread among our clients. Some had even stated that they were forgetting what we looked like as so many communications were just over the phone.

• Staff came together and developed gift bags that contained fun activities such as word search books (large print!) and featured a portfolio that included pictures of all staff with personal quotes from each, comic pages, resource pages and a letter to our clients. These bags were delivered to every client of Older Adults Program.

Some quotes from the opening letter of the Holiday Portfolio to our clients

"What a strange COVID19 year it has been!"

" We went from seeing each other on a regular basis to seeing our phones and listening to each other."

" We went from our doctors making house call to our doctors calling your house."

" We went from driving to medical appointments to telehealth. We did all this to keep you safe."

"We did this because we care about you. You have been amazing! You understood and stayed flexible."

" You adapted to this very difficult situation. And have done it with dignity and strength. We at Older Adults appreciate you! We miss you! We miss seeing you!"

Program Challenges and Mitigations

COVID-19 provided challenges to keeping clients safe while having their needs met. Many clients had difficulty with the governor's order to shut down California on March 19, 2020. An example of this challenge was at one of our Residential Facilities for Care of Elderly (RFCE), where staff had great difficulty keeping the clients from wandering off and increasing potential for exposure to COVID-19. In one case, our staff mitigated this challenge by developing a daily positive reward system that focused a client on achieving person goals. The client was able to avoid threatening their living situation by being rewarded with positive reinforcement items, such as new clothing.

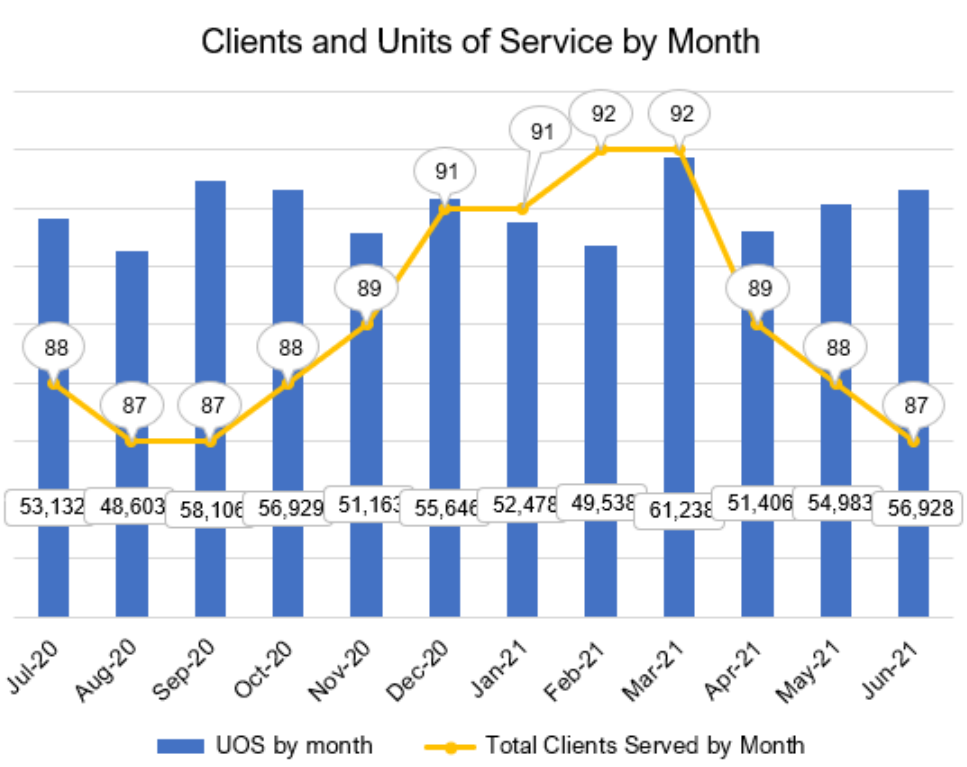
Another challenge that is very characteristic of the current pandemic is a shared exhaustion with having to make so many modifications and the ongoing worry about exposure to the virus. There is a collective weariness for both staff and clients in having to cope with the loss of so many of the strategies historically employed to maintain mood stability. Since social isolation has been exacerbated by the pandemic, a dysthymic response has become more prevalent. The Older Adults Program continues to seek out creative

ways to engage clients, instill hope and stay focused on pursing and achieving stated goals.

Other challenges that have been addressed in the past remain current:

• Social isolation is a key aspect of depression that presents challenges for clients to motivate themselves into achieving good mental health. The Older Adults FSP Program staff mitigates this challenge by tracking their daily and/or weekly contacts with clients.

• For various reasons, older adults typically do not show up for most of their clinical appointments and a well-established issue is access to treatment. Having access to psychiatry is critical in managing the side effects of and changing responses to medications, so it is important to develop and maintain a quality connection with the treating psychiatrist. Since most clients do not have access to or resources necessary for such platforms as Zoom, most contact with providers is done by telephone. This creates additional impacts, as not having visual contact diminishes quality of care. Case managers have made efforts to set up clients on Zoom so that they can have some visual contact on their psychiatry appointments. However, this scenario presented new concerns. Some clients, incapable of fully meeting their own needs, experienced minor injuries which were discovered to be more serious once physical contact was finally made.



Top 10 Services	
Case Mgmt/Brokerage	53.7%
Individual Therapy	16.2%
Medication Support	13.5%
Unbillable	11.6%
Plan Devlopment	2.7%
Collateral	1.0%
Assessment	0.9%
Crisis Intervention	0.2%
No Show	0.1%
Rehabilitation	0.1%

All Other Services 0.03%

4.1 Community Services and Supports (CSS)

4.1.2 Outreach and Engagement (O & E)

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

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

4.1 Community Services and Supports (CSS)

4.1.2.1 O & E: Rapid Integrated Support and Engagement (RISE)

Prior Name: Rapid Integrated Support and Engagement (RISE) Program

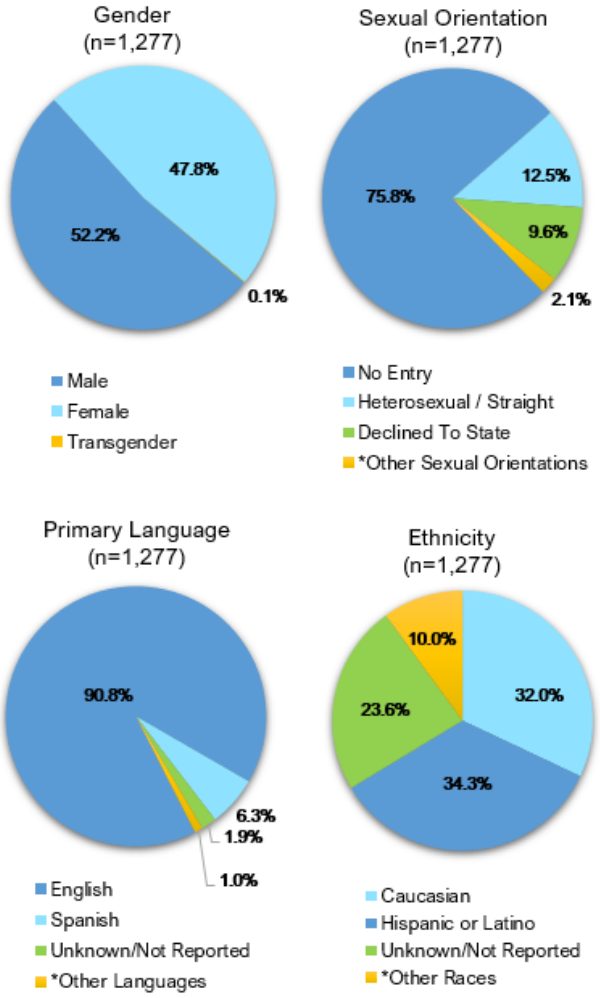
Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	All	$1,973,861.00	1,277	$1,545.70	$1,891,835.16

Population Served

The primary populations served by RISE programs include seriously mentally ill persons who have difficulty connecting to services. Reasons for this may be due to multiple barriers, including lack of insight into their illness as well as the absence of natural support systems. Target populations include homeless clients, post-psychiatric inpatient hospital clients and other unserved and underserved populations.

Age	Unduplicated Clients Served	Total Episodes
0-15	84	111
16-25	357	444
26-59	688	846
60+	148	173
Total	1,277	1, 574

Demographic Breakdown of Clients Served



Program Description

Rapid Integrated Support and Engagement (RISE) is an outreach and engagement program that reaches out to individuals who have difficulty connecting to services, fall through cracks in the system, and have traditionally been underserved within the behavioral health system of care. RISE and RISE Transitional Age Youth (TAY) Expansion provide services to all individuals within the communities of Ventura County who need to be connected to a variety of resources, which include but are not limited to mental health services. RISE services are defined as any outreach contact that is provided to an individual to help connect them to the appropriate treatment provider or community resource. The RISE TAY Expansion program works with individuals with Severe Mental Illness (SMI) who are TAY (aged 16–25), partnering with local schools, community colleges and the local state university to assist those individuals with connection to services when mental health issues are identified by teachers or other school personnel.

The goal is to intervene early with TAY to prevent them from failing out of school, provide support to connect them to services, and connect them to ongoing mental health services.

The law enforcement (LE) partnership teams work with individuals who have SMI and are frequent utilizers of emergency services. RISE case managers are paired with law enforcement officers from several departments within Ventura County. These agencies include Ventura

PD, Simi Valley PD, Oxnard PD, and the Sheriff's office covering the cities of Thousand Oaks and Camarillo. Unlike traditional co-responder models which respond to crisis calls, the RISE LE carries a caseload of individuals who are high utilizers of emergency services. The referrals for these caseloads typically come from law enforcement officers for the RISE LE partnership team to follow up on. The goal is to reach out to the individual prior to a crisis event. The RISE LE partnership team provides support and engagement to assist the individual in connecting to ongoing services with the goals of reducing calls to service providers, incarcerations, and hospitalizations, and increasing supports, stability, and engagement in services for ongoing treatment and recovery.

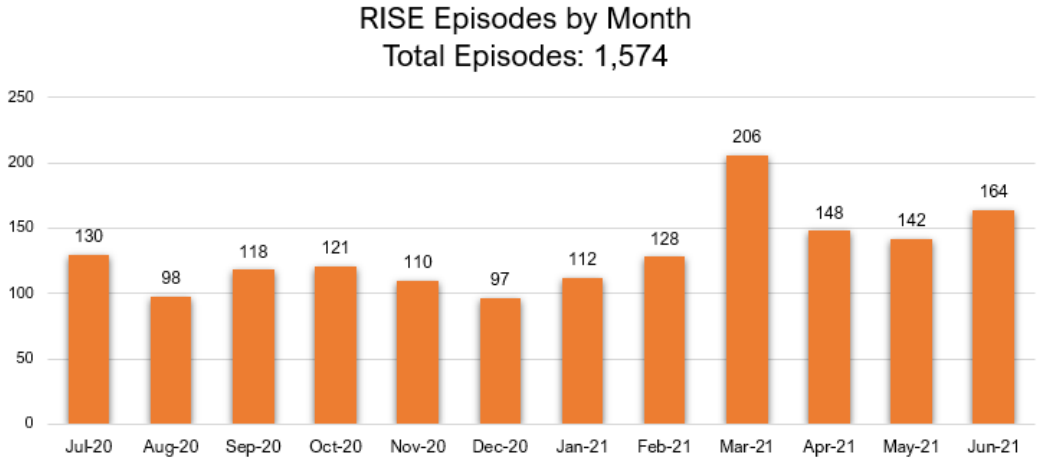
In June 2018, the Triage grant which funded the founding of the RISE program ended. The success of the program led Ventura County to make the program permanent. Funding now stems from MHSA CSS funding in the outreach and engagement category. Additionally, the effectiveness of the RISE program was the catalyst for the RISE TAY Expansion program and the law enforcement partnership teams. The success of the previous year's collaboration led law enforcement departments within Ventura County to write letters of support for expansion of the RISE LE partnership. The RISE program confirms an agreement to collaborate with VCBH to serve this targeted population and pay special attention to transitional age youth. During FY20-21, RISE provided services to 1,277 individuals. We believe the number of people served would have been higher had we not been restricted due to COVID-19.

Program Highlights and Successes

A success story that stands out for RISE during this reporting period is one of a homeless man in the city of Camarillo. This man struggled with mental health and substance use issues. He had been in and out of jail and was very suspicious of law enforcement. Jose Robles, RISE CSC and Deputy Dyer, Camarillo Sheriff's Department were able to build a trusting working relationship with this man and reconnect him with family in another state. They also assisted him in relocating to that state where he then reconnected with his parents, siblings, and children. He was able to get the help he needed, gained a job, and is now successfully housed in the new state.

Program Challenges and Mitigations

One of the biggest challenges was providing community outreach during the COVID-19 pandemic. Our LE partners were temporarily assigned to other duties, so working with them was put on hold in terms of riding along with them daily. Additionally, during the initial stages of the pandemic, all field work was on hold and staff were working remotely. All outreach was done by phone, which made it difficult to reach our most vulnerable clients in the community. Although we could not ride along with LE, because of the relationships we have built with them, we were able to make contact by phone with many of the clients as LE would see them in the community and then call the clients' case managers.



4.1 Community Services and Supports (CSS)

4.1.3 General System Development (GSD)

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

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

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

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

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

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

4.1 Community Services and Supports (CSS)

4.1.3.1 GSD.01: County Wide Crisis Team

Prior Name: County Wide Crisis Team

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	All	$3,583,107.39	2,608	$1,373.89	$3,676,666.73

Population Served

Individuals of all ages experiencing a mental health crisis and families who are in crisis; people considering suicide; or those struggling with mental illness, substance use, or both.

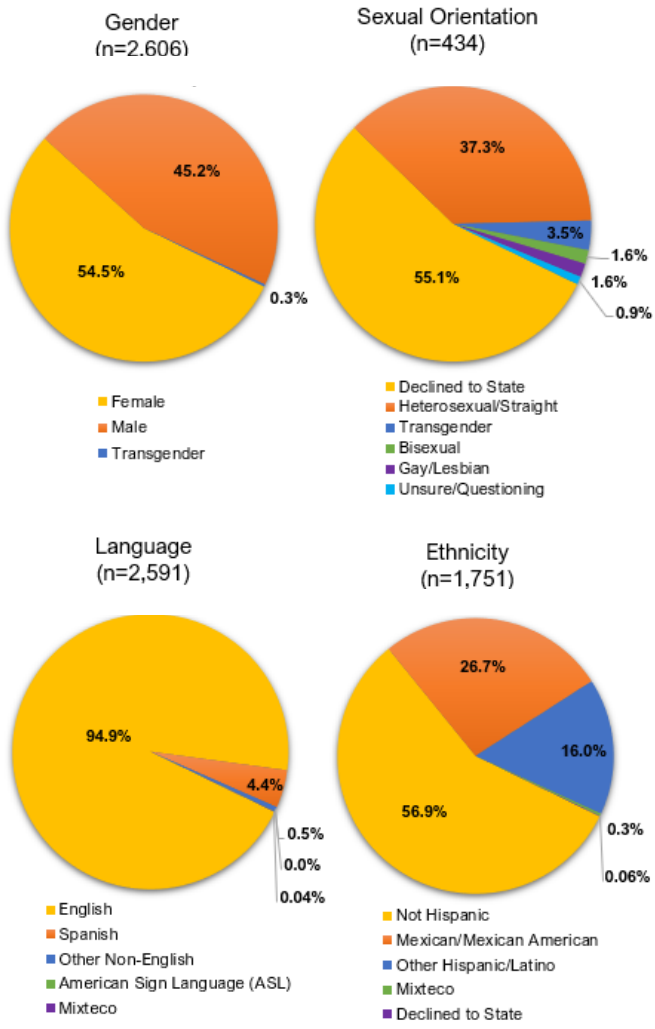
The table below presents a total of clients who were evaluated for crisis services as represented in the unique client count and/or received intervention by the Crisis Team, indicated by the number of episodes resulting in telehealth or field visits.

Age Group	Unique Client count	Client Episodes	Episodes Resulting in Telehealth/Field Visits	
0 – 15	361	566	277	48.9%
16 -25	762	1,121	720	64.2%
26 – 59	1,176	1,730	1,056	61.0%
60+	309	433	279	64.4%
Total	2,608	3,850	2,332	

Program Description

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

Demographic Breakdown of Unique Clients



in conjunction with community partners and treatment providers to ensure appropriate service delivery.

Program Highlights and Successes

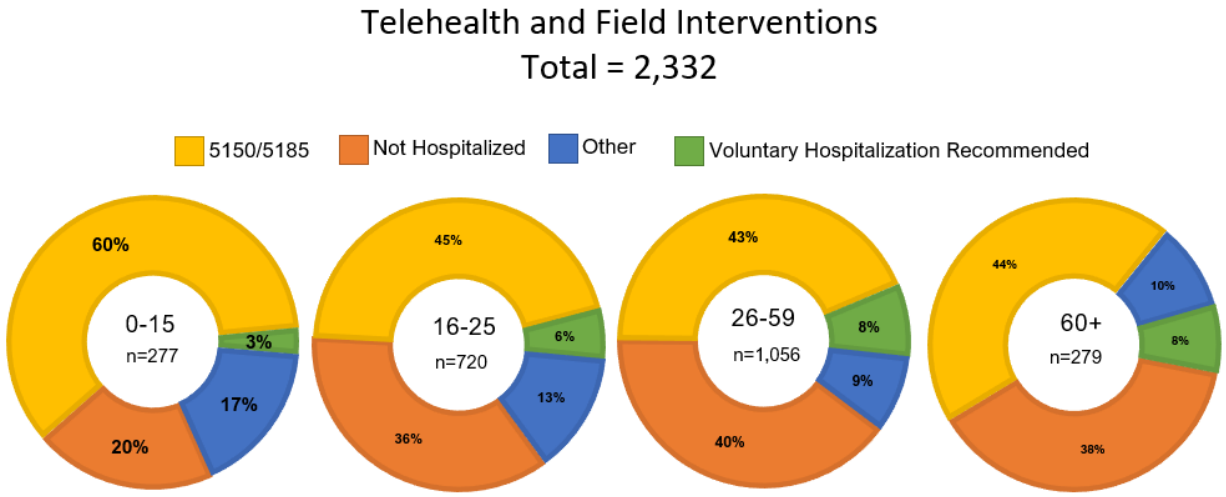
With the COVID-19 pandemic still present, we continue to assess individuals in medical hospitals via telehealth assessments. This continues to allow for increased safety and has had the benefit of reducing CT's overall response time for all clients. Since the start of the

pandemic, CT has remained in the community and has continued to provide face-to-face field assessments where needed, with no disruption in service delivery.

Program Challenges and Mitigations

At times, CT experienced a shortage of staff due to vacancies and staff leave of absences but calls for services did not decrease. Due to COVID, increased screenings were necessary to ensure everyone's safety. The CT continued to strategize how to best support the needs of the community during the pandemic to ensure there was no disruption of services. While other counties and states struggled to maintain consistent mental health crisis services (some even shuttered their mobile crisis programs), Ventura County's Crisis Team has maintained its 24/7 access line, crisis line, and mobile operations.

Crisis Line calls that resulted in a telehealth or field visit primarily entered a 5150/5185 hold, as demonstrated in the data below, broken down by age groups.



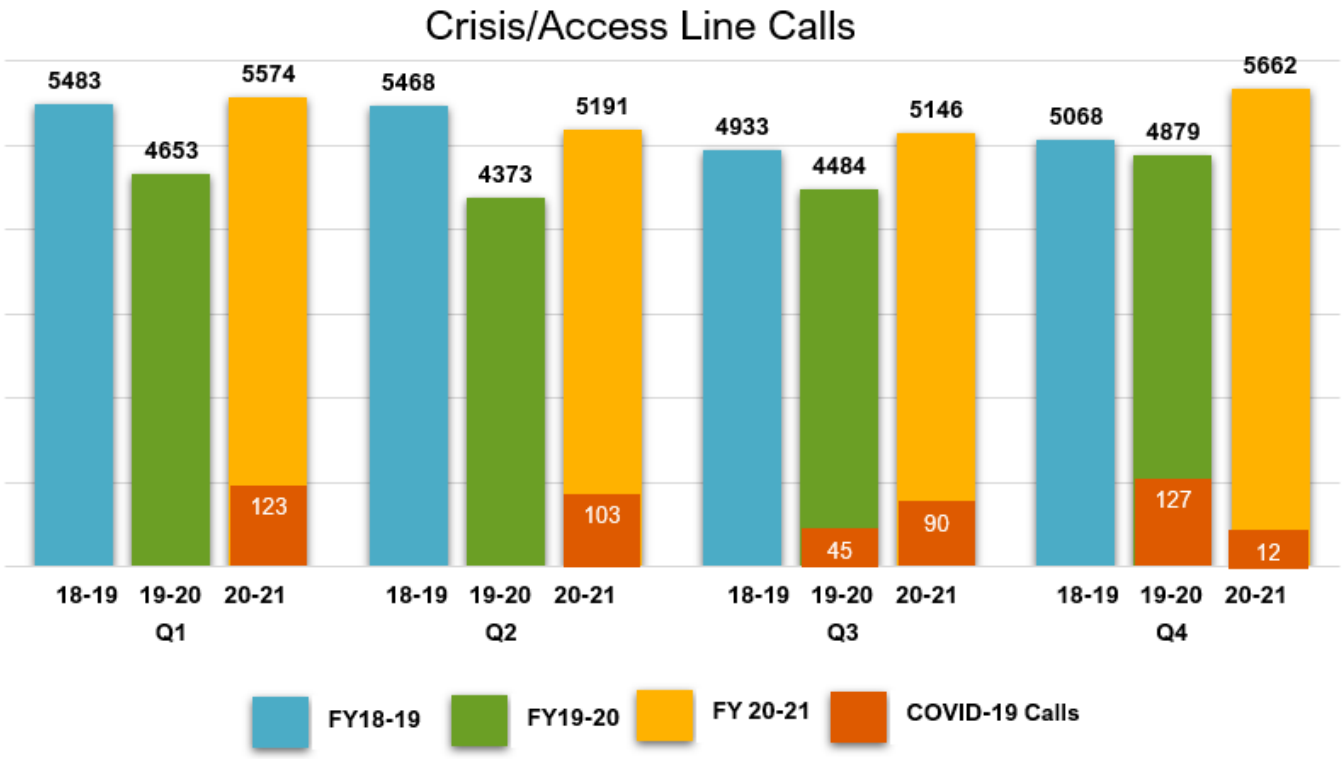
The Crisis Team's 24-hour Access Line responded to a total of 21,573 calls originating in Ventura County, including non-English speaking callers.

Crisis Line Calls in FY20-21				
Age Group	Clinical	Information	Request for Service	Total
0 - 15	1,423	772	249	2,444
16 - 25	2,467	1,229	218	3,914
26 - 59	6,078	4,630	749	11,457
60+	1,155	550	35	1,740
Unknown	237	1,725	56	2,018
Total	11,360	8,906	1,307	21,573

4.1 Community Services and Supports (CSS)

4.1.3.1 GSD.01: County Wide Crisis Team

The chart below demonstrates volume of Crisis Line calls for the last three fiscal years. Tracking of COVID-19-related calls began in Q4 of FY19–20.



Changes for next year may include the following grant application for TAY Crisis Response Services:

Crisis Care Mobile Units (CCMU) Grant: VCBH applied to the Department of Health Care Services (DHCS) to expand its existing Crisis Team to establish the Transitional Age Youth Rapid Response Team (TAY-RRT). The TAY-RRT will be the County's second mobile crisis response team that will specialize in responding to crises involving TAY. The TAY-RRT will provide TAY (ages 16 - 25) with age-appropriate crisis intervention services for mental health emergencies. The team will operate Monday - Friday (8am to 6pm) and serve youth and young adults throughout Ventura County. The experienced and trained team – a Behavioral Health Clinician, Community Service Coordinator, and Peer Specialist – will assess and respond accordingly, as clinically indicated, to TAY experiencing mental health crises.

4.1 Community Services and Supports (CSS)

4.1.3.2 GSD.02: Crisis Residential Treatment (CRT)

Prior Name: Crisis Residential Treatment (CRT)

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18-59	$1,992,417.52	184	$10,828.36	$2,678,205.98

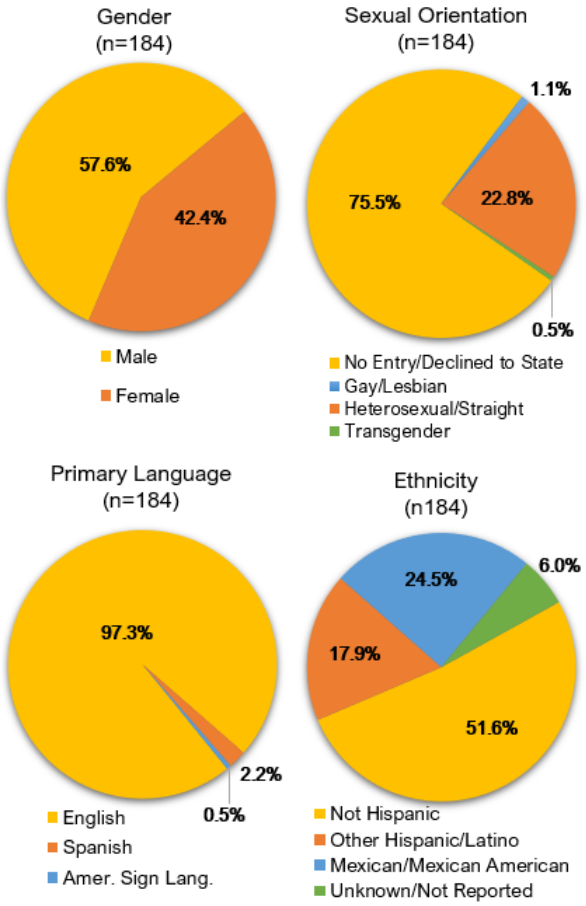
Population Served

To be eligible for services Ventura Crisis Residential Treatment (CRT) services, an individual must meet the following criteria:

- Experiencing a mental health crisis
- Over 18 years of age
- Active VCBH client, or willing to be referred
- Experiencing difficulties with psychiatric symptoms or behavioral crises
- May also have co-occurring substance use disorders
- Abstain from drug or alcohol use
- Be a willing and active participant in a wellness and recovery plan

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	11	29	40	21.7%
26 - 59	72	69	141	76.6%
60+	0	3	3	1.6%
Total	83	101	184	

Demographic Breakdown of Clients Served



Program Description

Located in Ventura, California, Ventura Crisis Residential Treatment (CRT) is a program for individuals experiencing an acute behavioral health crisis. Located in a premier, state-of-the-art facility, the Ventura CRT is designed to deliver superior programming, client care, and safety for both clients and staff. A maximum of 15 individuals are served at any given time, staying an average of 7–10 days as they participate in a highly structured stabilization program. Clients work with a team of specialists who help them through the behavioral or emotional tenets associated with their crisis and give them the tools necessary to help them work through future challenges and reintegrate back into the community. The CRT specializes in the following:

- Depression
- Anxiety & Panic Disorder
- Bipolar Disorder
- Schizophrenia
- Borderline Personality Disorder
- Obsessive Compulsive Disorder
- Dual Diagnosed Substance Use and Psychiatric Disorders

4.1 Community Services and Supports (CSS)

4.1.3.2 GSD.02: Crisis Residential Treatment (CRT)

The CRT offers the following:

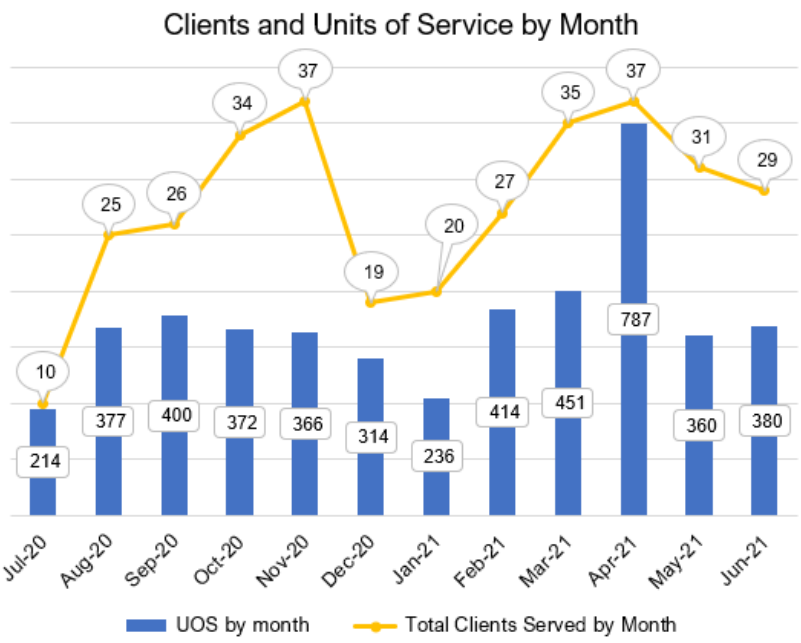
- Short-term intensive mental health treatment (length of stay is flexible and based on medical necessity).
- Three meals per day, including working with any dietary restrictions.
- An expert treatment team that consists of Licensed Clinicians, Registered Nurses, Licensed Vocational Nurses, Mental Health Rehabilitation Workers, Peer Support Specialists, and a Nurse Practitioner.
- Evidence-based treatment practices, including Cognitive Behavioral Therapy, Seeking Safety, WRAP, Mindfulness-Based Therapy, and Motivational Interviewing.
- Comprehensive assessment, psychiatric evaluation, individual, group, and family therapy, and psychoeducation.
- Care that focuses on stabilizing individuals, reducing their psychiatric symptoms and related conditions (lack of sleep, dietary changes, etc.) and transitioning them into the most appropriate level of care upon discharge.
- An increased understanding of the role of medication, including its therapeutic benefits, side effects, and self-management.
- Relapse prevention and coping skills training.
- Exercise and recreational activities.

Program Highlights and Successes

CRT, despite the COVID-19 pandemic, continues to improve its ability to take on difficult clients from the jail, Vista Del Mar (VDM), and Hillmont Psychiatric Center (HPC). This is done through a strict regimen of following COVID-19 protocols, ensuring client safety and, on occasions when there has been a positive test result, quickly curtailing the facility to ensure no widespread virus outbreaks. The staff continue to work with Public Health, VCBH, and HPC, to effectively communicate, test and re-test all, and re-open doors.

Program Challenges and Mitigations

This program, like most programs, experienced challenges around maintaining full occupancy which was directly related to the COVID-19 pandemic. However, each time the program was required to close its doors due to a positive test result, it has been up to the task of following protocol, improving practices, and re-opening in record time.



Services	
Adult Crisis Res.	90.7%
Unbillable	9.3%

4.1 Community Services and Supports (CSS)

4.1.3.3 GSD.03: Crisis Stabilization Unit (CSU)

Prior Name: Crisis Stabilization Unit (CSU)

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	6-17	$3,589,897.73	338	$10,621.00	$3,644,821.13

Population Served

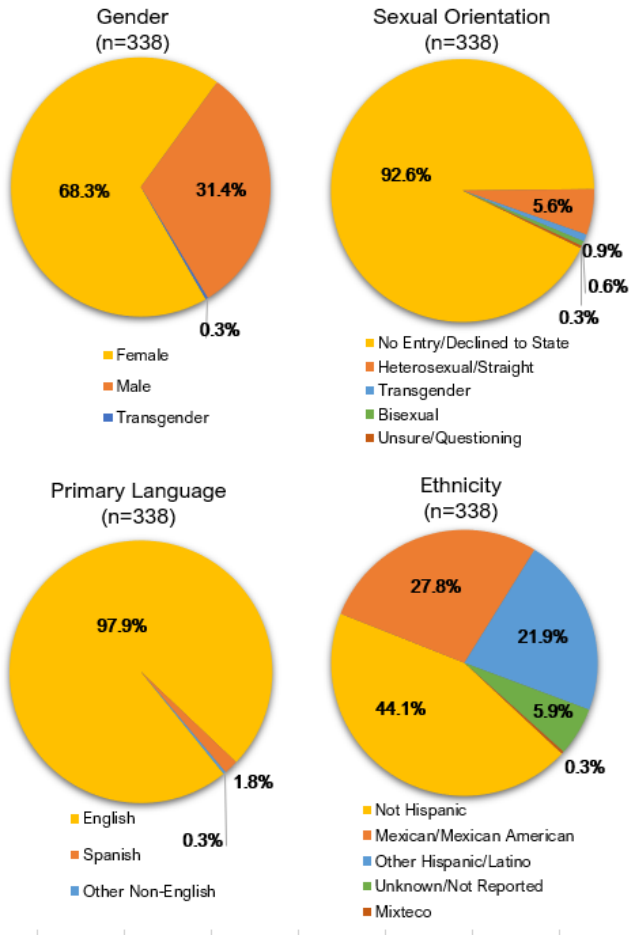
Individuals experiencing a mental health crisis of individuals ages 6-17.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
0 - 15	68	158	226	66.9%
16 - 25	33	79	112	33.1%
Total	101	237	338	

Program Description

The Crisis Stabilization Unit (CSU), operated by Seneca, serves Ventura County resident youth ages 6 to 17 who are experiencing a mental health crisis. Youth who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level of care up to inpatient hospitalization. Should inpatient hospitalization be required, the CSU facilitates this transfer process. Youth who do not meet criteria are stabilized at the CSU and discharged following a psychiatrist assessment, safety planning process and aftercare meeting with the youth and their caregiver. The CSU is staffed with a master's level clinician and Registered Nurse 24 hours a day, 7 days per week. Mental Health Counselors are also onsite providing stabilization services around the clock and a psychiatrist is available 24 hours a day, 7 days per week.

Demographic Breakdown of Clients Served



Program Highlights and Successes

FY20–21 continued to bring unique collaborative opportunities with community, families, and all service providers. Since the start of the COVID-19 pandemic in March 2020 to the present, provision of services has been provided without interruption despite numerous challenges.

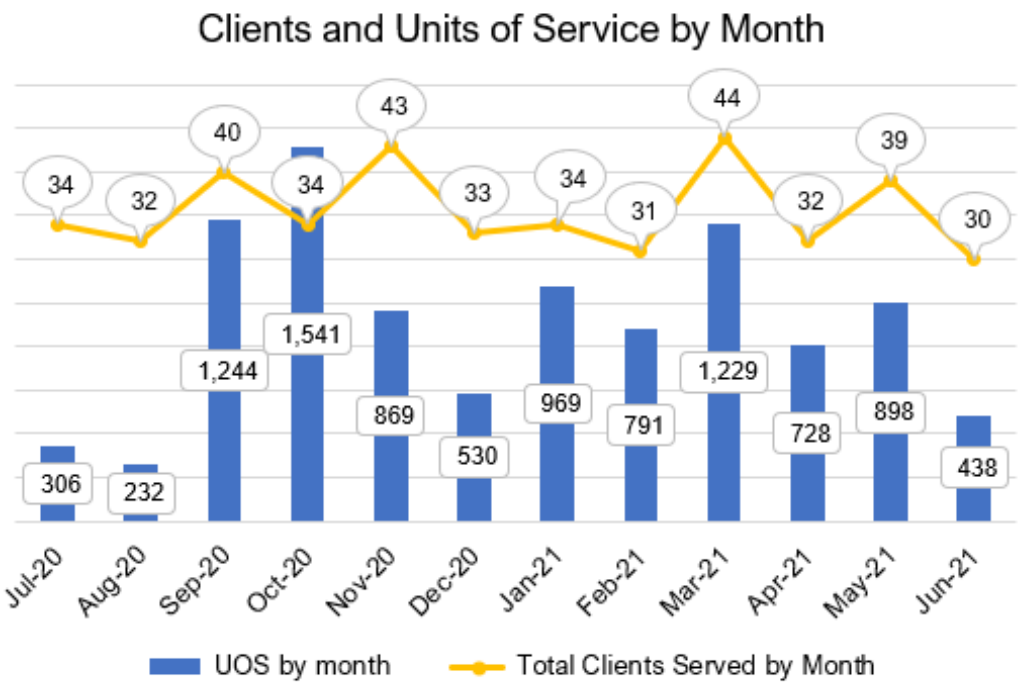
Service delivery and clients served required no substantial changes for CSU. Diversion rates remained like other years, considering the complicating factors of COVID's impact on mental health which was significant for CSU clients.

Program Challenges and Mitigations

In fiscal year 2020–2021, the CSU continued to experience the challenge of a lack of Southern California inpatient beds for youth. Staff sustained previous efforts to advocate on behalf of children in crisis. However, the primary challenge this year continued to be the COVID-19 pandemic. Increased strain on all first responder systems have trickled into CSU operations including ambulance wait times, Inpatient Psychiatric Unit (IPU) availability, and emergency department procedures. The program has attempted to mitigate this by being flexible with program processes where possible, and continued communication with partners to ensure that procedures are understood, and they are working with each other as much as possible.

The pandemic has also brought about a new level of caution regarding employee wellness. Following guidance from the Centers for Disease Control concerning symptom profiles, risk level and quarantine recommendations, teams have experienced many staff shortages. This is due to various levels of exposure to COVID-19, in addition to normal attrition rates. This has placed an added burden on staff, resulting in many of our CSU personnel working overtime. Continued efforts to recruit and train new staff are ongoing, however some key positions have been more difficult to recruit (i.e., nurses).

The following chart demonstrates the volume of Units of Service and Clients served each month in FY20-21.



Services	
Crisis Stabilization	66.5%
Unbillable	33.5%

4.1 Community Services and Supports (CSS)

4.1.3.4 GSD.04: Screening, Triage, Assessment and Referrals (STAR)

Prior Name: Screening, Triage, Assessment and Referrals (STAR)

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
Continuing	All	$3,399,490.00	2,572	$1,321.73	$3,070,123.49

Population Served

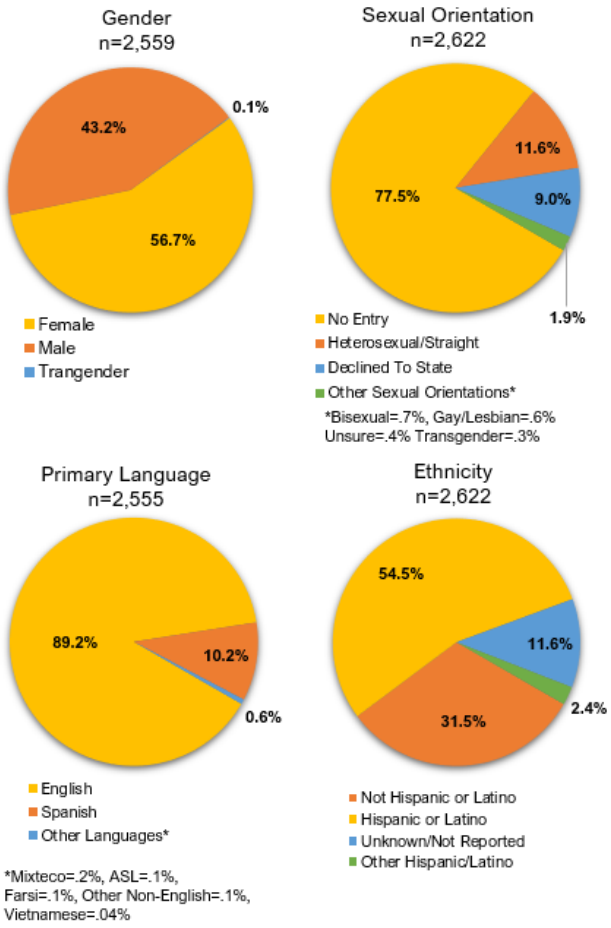
Serves clients of all ages who have the potential for entering the County's behavioral healthcare system.

Age	Requests for Service (RFS)	RFS approved for assessment	Clients referred to Services	
0 - 15	1,343	1,173	898	76.6%
16 - 25	933	789	587	74.4%
26 - 59	1,727	1,410	980	69.5%
60+	215	156	107	68.6%
Total	4,218	3,528	2,572	72.9%

Program Description

The STAR program provides screening, triage, assessment and/or linkage to appropriate mental health services and supports in an efficient, high-quality, culturally sensitive manner countywide. In cases where individuals do not qualify for these services, they are referred to appropriate levels of care to fit their needs. STAR also has psychiatric providers who can offer expedited psychiatric evaluations for clients who are accepted for specialty mental health services. Psychiatric providers are also available for consultations to primary-care providers in the community upon request. The STAR program's focus is on clients who are Medi-Cal and Medicare beneficiaries, as well as individuals who do not have current health insurance coverage.

Demographic Breakdown of Clients Served



Program Highlights

We have observed a steady increase in referrals from the community, however the program is still not at the point of the previous fiscal year. This was likely related to the impacts of COVID-19. We have also seen an increase in assessments provided during the first half of this fiscal year (with new assessment numbers reducing towards the end of the fiscal year), which was likely connected to staff vacancy increases while referrals were increasing as well. We have been able to adapt rapidly to challenges due to the COVID-19 pandemic, including being able to provide telehealth and phone assessments and provide services rapidly.

4.1 Community Services and Supports (CSS)

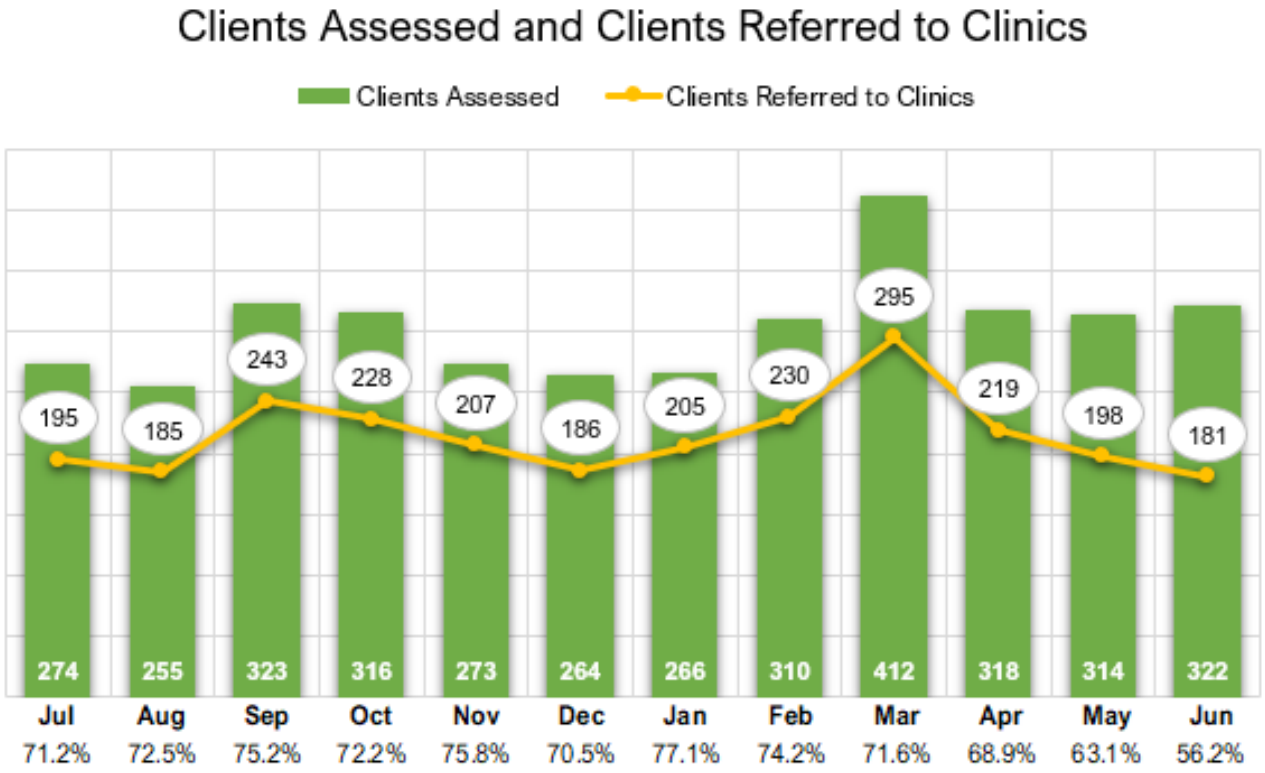
4.1.3.4 GSD.04: Screening, Triage, Assessment and Referrals (STAR)

Program Challenges and Mitigations

Towards the end of this fiscal year, STAR experienced staff shortages while referrals to the program have not been reduced, and further increases in referrals are expected. We are currently implementing a more rapid-assessment process that will better utilize the clinical staff we have, while also increasing the number of clients served and improving timeliness of the services delivered.

Future program description changes

Due to increased demand for services from the community, along with changing orders from the State of California regarding mental health services, the STAR program is in the process of making significant operational changes. One includes making the screening and assessment process easier and more streamlined to lead to shorter timelines, less repetitive reporting by clients regarding their symptoms and experiences and, hopefully, faster access to treatment. Another change is to also integrate STAR assessors with the treatment clinics for more efficient communication and service dates. A future program goal is to improve the ease and speed of communication and collaboration with community providers for clients who may be accessing care and for those who are being referred out to the community. We also plan on hiring more staff to fill vacancies.



4.1 Community Services and Supports (CSS)

4.1.3.5 GSD.05: Fillmore Community Project

Prior Name: Fillmore Community Project

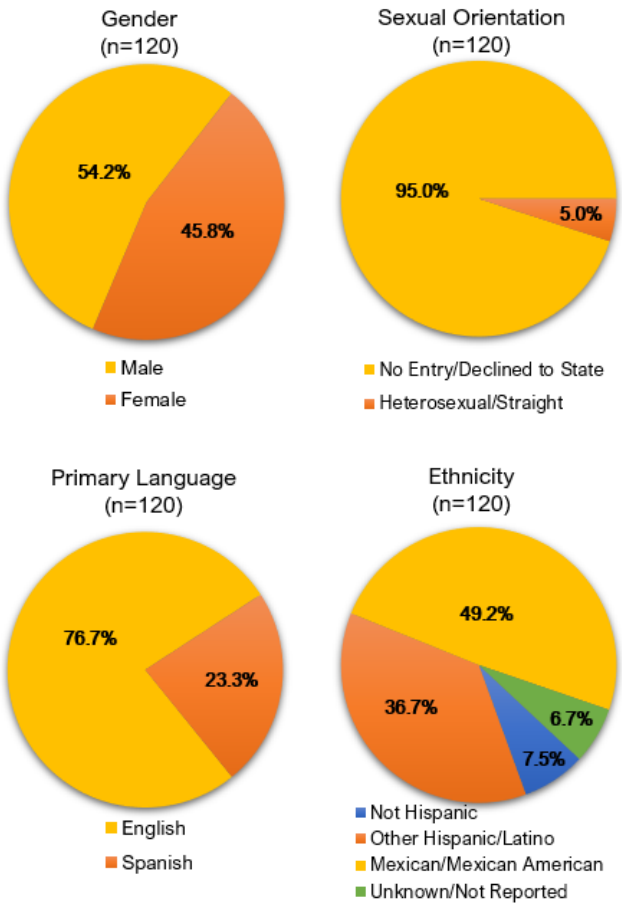
Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	0-18	$461,740.04	120	$3,847.83	$618,938.47

Population Served

The Fillmore Community Project primarily targets Severely Emotionally Disturbed (SED) youth (0–18 years of age) in the historically underserved communities of Fillmore and Piru. These communities include a significant number of migrant workers and Spanish-speaking individuals.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
0 - 15	73	22	95	79.2%
16 - 25	19	6	25	20.8%
Total	92	28	120	

Demographic Breakdown of Clients Served



Program Description

The Fillmore Community Project continues to provide a variety of mental health treatment services including support, case management, and psychiatric services. Staff are fully bilingual, and community-based, culturally competent, client- and family-driven services are designed to overcome historical stigma and access barriers to services in targeted program communities.

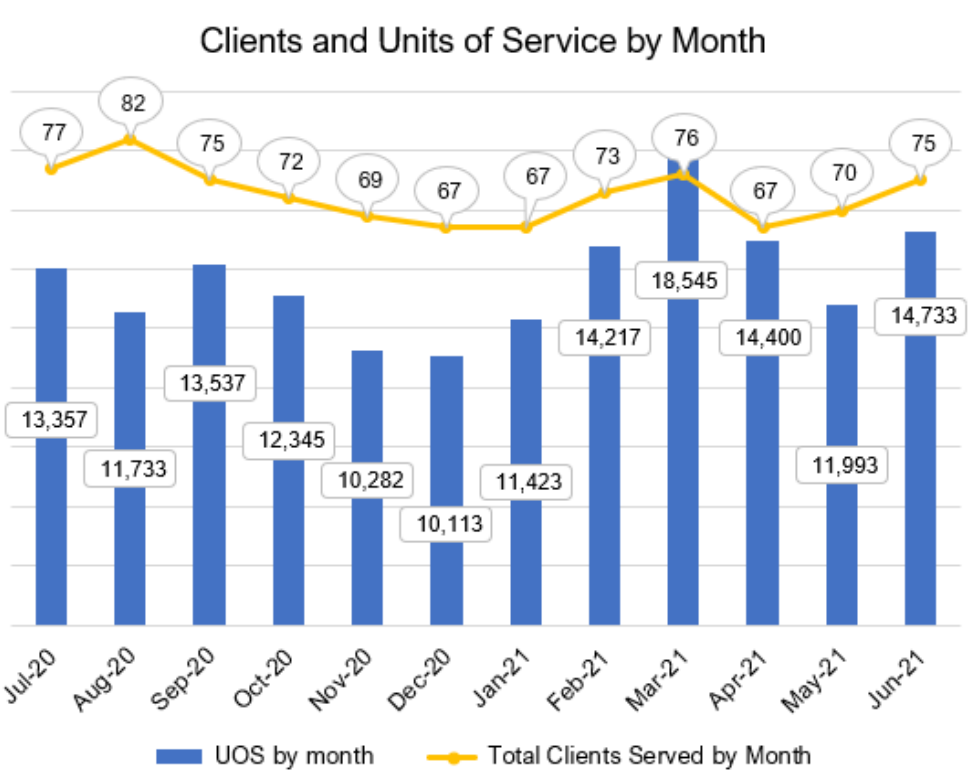
Program Highlights and Successes

The most significant highlight during this fiscal year has been the team's ability to shift from almost exclusive telehealth services back to almost exclusive face-to-face services despite the ongoing pandemic and various surges in local infections rates. The team seamlessly provided Fillmore Community Project Zoom, phone, and in-person team services to their clients and were able to re-engage them in transitioning to clinic-based services.

Several clients have expressed gratitude for the program team continuing to be available during the pandemic and for assisting in a range of supports—whether therapy, advocacy with schools to address distance learning issues, collaboration with community providers to meet other family needs or being a reliable presence in their lives during an exceptionally challenging time. Families have been grateful for the Fillmore Community Project's flexibility in how services were offered to meet changing needs and health concerns of families.

Program Challenges and Mitigations

The COVID-19 pandemic continued to significantly affect the provision of services as well as the utilization of services. At the beginning of the pandemic, a clinician retired from the team leaving a vacancy (that was eventually filled) and during this period telehealth services were the main service delivery method. These all impacted clients' abilities to form strong therapeutic alliances with their new therapist. Other areas that affected the overall number of clients receiving services at Fillmore Community Project's clinic in this last year included: families relocating out of the area due to the financial impacts of the pandemic; some children and families reported less stressors due to not being physically present at school and in other environments that previously presented challenges; families declining services because of "Zoom burnout" and other stressors that were more pressing for the families to deal with; and continued issues with access to technology to facilitate phone/Zoom services. To decrease the impact of some of these challenges, the clinicians increased their case management roles to link families to critical resources to meet basic needs so that they could better and more consistently engage in services.



Services	
Individual Therapy	30.7%
Collateral	22.4%
Assessment	11.1%
Unbillable	9.7%
Plan Devlopment	8.6%
Case Mgmt/Brokerage	8.0%
Medication Support	7.6%
Group Therapy	1.0%
No Show	0.6%
Crisis Intervention	0.1%

All Other Services 0.03%

4.1 Community Services and Supports (CSS)

4.1.3.6 GSD.06: Transitional Age Youth Outpatient Treatment Program – Non-FSP

Prior Name: Transitional Age Youth (TAY) Outpatient (Transitions)

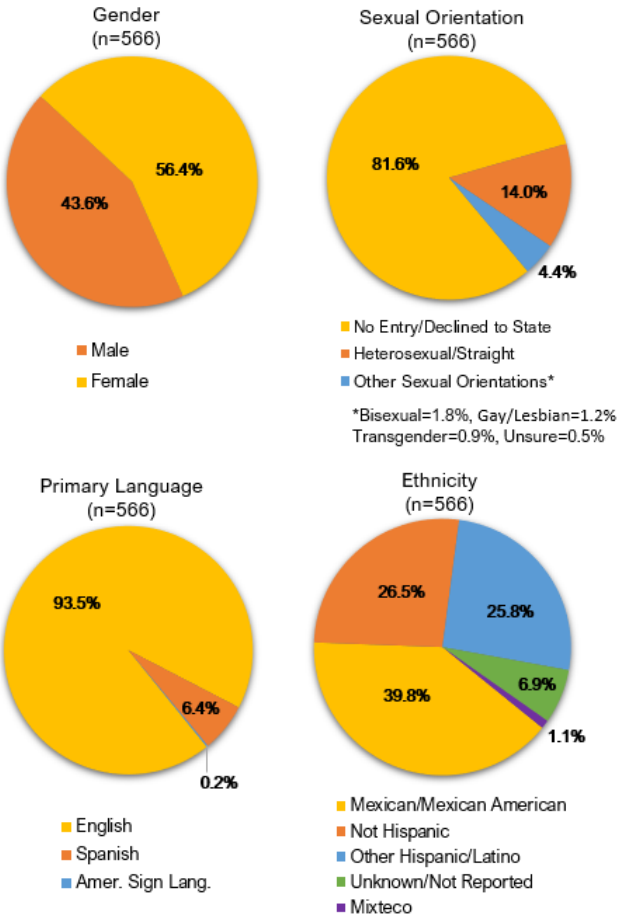
Status	Age Group	FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
Continuing	18-25	$1,520,200.27	566	$2,685.87	$1,614,913.44

Program Description

This clinical outpatient program serves youth ages 18–25 who are diagnosed with a Serious Mental Illness or Severe Emotional Disturbance (under 21), many of whom are dually diagnosed with co-occurring substance use disorders and are at risk of homelessness, incarceration, or psychiatric hospitalization and with little to no support in their natural environments. The TAY Outpatient Treatment Program is focused on a client-driven model with services that include psychiatric treatment, individual therapy, intensive case management services, group treatment, and rehabilitation services. This TAY Program ensures that clinicians and case managers will also provide field-based services in homes, the community, and the TAY Wellness and Recovery Center. Staff support clients in the achievement of their wellness and recovery goals. The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally unserved and underserved TAY in these areas. The program's clinical services include evidence-based practices (EBPs) such as Integrated Dual Diagnosis Treatment, Seeking Safety and Cognitive Behavioral Therapy to address symptoms of depression, dual diagnosis, and trauma. Cognitive Behavioral Therapy and Motivational Interviewing are two foundational treatment methods that are used with clients. Programming is specially designed to successfully engage and meet the unique developmental needs of the TAY. Examples include Creative Expression, Relationship Group, Life Skills, Wellness Recovery Action Plan (WRAP) Groups and Community Engagement, to name a few.

Age	Rollover from FY19-20	New FY20-21	Total Clients FY20-21	%
16 - 25	348	217	565	99.8%
26-59	1	1	1	0.2%
Total	349	218	566	

Demographic Breakdown of Clients Served



Program Highlights and Successes

The TAY Outpatient Treatment Program clinic continued to offer both therapeutic and rehabilitation groups during the pandemic over Zoom to follow COVID-19 mandates, while also provide these vital services to clients.

4.1 Community Services and Supports (CSS)

4.1.3.6 GSD.06: Transitional Age Youth Outpatient Treatment Program – Non-FSP

Program Description

The TAY Outpatient Treatment Program received a new individual to the clinic who was experiencing an eating disorder but was not connected to a primary care doctor. The individual expressed fear to their clinician and case manager about calling to make an appointment. However, with the support of their case manager, the client was able to call a primary care doctor's office, advocate for a more urgent appointment, and open to their new doctor with the support of their case manager sitting with them through the appointment.

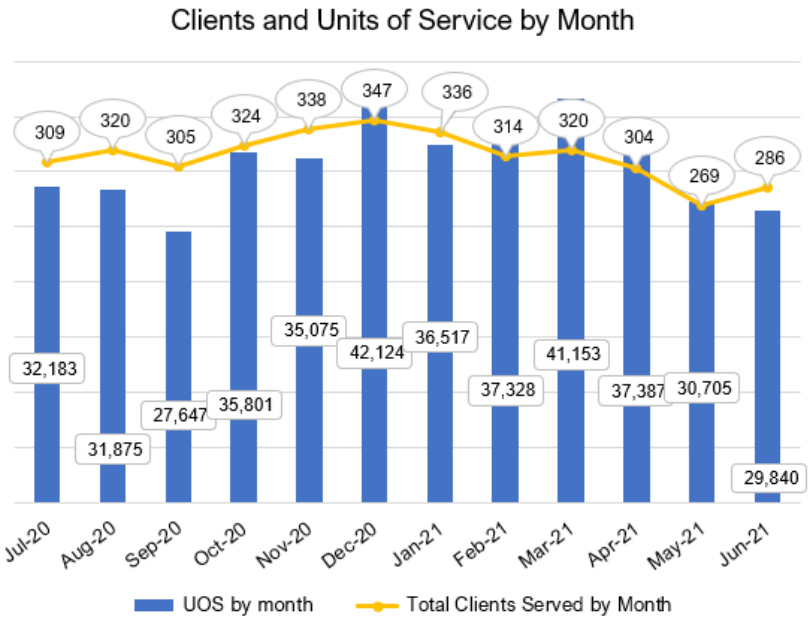
Program Highlights and Successes

During this fiscal year there were challenges around ensuring delivery of high-quality care during COVID-19 restrictions and mandates. The TAY Program clinic rapidly integrated telehealth as a treatment option for clients and offered an empty treatment room in the clinic to serve as a telehealth room to maintain social distancing, while also making sure that individuals with internet, privacy, or technology barriers could receive the same treatment options.

Program Changes for FY21-22

Changes for next year may include the following grant application for TAY Crisis Response Services.

Crisis Care Mobile Units (CCMU) Grant: VCBH applied to the Department of Health Care Services (DHCS) to expand its existing Crisis Team to establish the Transitional Age Youth Rapid Response Team (TAY-RRT). The TAY-RRT will be the County's second mobile crisis response team that will specialize in responding to crises involving TAY. The TAY-RRT will provide TAY (ages 16 - 25) with age-appropriate crisis intervention services for mental health emergencies. The team will operate Monday - Friday (8am to 6pm) and serve youth and young adults throughout Ventura County. The experienced and trained team – a Behavioral Health Clinician, Community Service Coordinator, and Peer Specialist – will assess and respond accordingly, as clinically indicated, to TAY experiencing mental health crises.



Top 10 Services	
Individual Therapy	28.5%
Medication Support	19.5%
Case Mgmt/Brokerage	17.5%
Rehabilitation	10.5%
Unbillable	6.8%
Plan Devlopment	6.6%
Collateral	3.6%
Group Therapy	2.7%
Assessment	1.9%
Crisis Intervention	1.3%

All Other Services 0.94%

4.1 Community Services and Supports (CSS)

4.1.3.7 GSD.07: VCBH Adult Outpatient Treatment Program

Prior Name: Adult Treatment (Non-FSP)

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$20,605,809.30	5,608	$3,674.36	$22,152,124.80

Program Description

Adult Outpatient Treatment program services are provided at outpatient clinics in North Oxnard, South Oxnard, and Santa Paula. To serve clients' needs, services are provided in the clinic, community, homes, and/or within residential placements. Clients are assessed on level of acuity, program engagement required, and specific needs.

Services may include individual and group therapy, case management, medication support and peer support. Clients are transferred between recovery tracks as their needs change, with a focus on actively working towards wellness and recovery. More than 70% of clients served at the adult outpatient clinics are receiving services at this level.

VCBH has implemented several evidence-based practices to increase the provision of group services to clients.

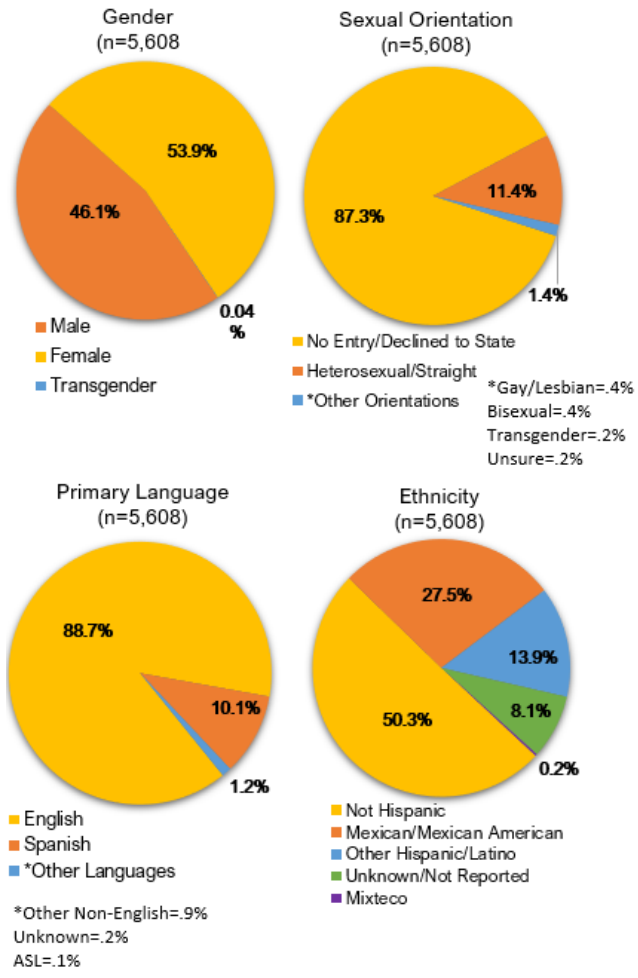
Programs include:

- "Seeking Safety"
- Life Enhancement Training (LET)
- Social skills for clients with psychosis (CORE)
- Cognitive Behavioral Therapy (CBT) for anxiety, depression, and co-occurring disorders

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16-25	267	123	390	7.0%
26-59	3,251	1,035	4,286	76.4%
60+	819	113	932	16.6%
Total	4,337	1,271	5,608	

Due to the COVID-19 pandemic and public health restrictions, groups and individual face-to-face sessions were scaled back. Currently, a total of 15 groups are

Demographic Breakdown of Clients Served



available every week at three outpatient clinics, providing services to an average of 150 clients per week.

VCBH trains all clinicians in CBT as the individual treatment modality of choice. Each clinic is staffed with a multidisciplinary team that provides a wide array of services designed to treat severe symptoms of mental illness and assist individuals and their families in living

successfully within the community. Clients can receive psychiatric assessment, medication services, psychological testing, individual and group therapy, crisis intervention, rehabilitation services, and case management services. In addition, the outpatient programs assist individuals in obtaining employment, accessing medical care, treatment for addictions, socialization programs, and safe and secure housing as available.

Program Highlights

Simi Valley and Conejo Valley Clinics

Our clinics continued to provide services to the clients we serve despite the challenges of COVID-19 pandemic. Telehealth was provided as well as ongoing in-person support to ensure clients' wellbeing and emotional health.

An individual who has been a client of the Simi Valley Adult clinic for many years demonstrated difficulties in engaging in services and following through with treatment recommendations. The client struggled with housing and continuously ended up moving in and out of the inpatient unit for stabilization. The Simi Valley treatment team continued to work with the client and the family members who would bring the client to the clinic to be assessed and continued to provide encouragement to follow treatment recommendations. Although refusing services, the client was willing to come in and talk to staff. The treatment team was able to work with the client and refer the client to a social rehabilitation program that could provide more intense support, to allow for stability and prepare the client to return to a more independent living situation.

Ventura Clinic

The Ventura Adult clinic continued to provide services to the clients we serve despite the challenges of the COVID-19 pandemic. Telehealth was provided as well as ongoing in-person support to ensure clients' wellbeing and emotional health.

The Ventura Adult Services clinic has become fully engaged in supporting clients through a new court program called Mental Health Diversion (MHD). One specific case involved VCBH staff providing case management, therapy, and medication management to a client on MHD who remained compliant with his treatment plan and was able to graduate from the program. This resulted in all legal charges being dropped, fines and fees deleted, and formal probation terminated.

Oxnard and Santa Paula Clinics

Despite the challenges of the COVID-19 pandemic and limited face-to-face contact per public health guidelines, the Santa Paula and North and South Oxnard Adult clinics continued to increase in-person contact with clients. Clients are now being seen in person for not just medication management appointments/injections but individual psychotherapy and group sessions. Case management support is being provided to help clients with transportation to and from important medical appointments in the community. Telehealth continues to be offered to clients who struggle with transportation.

The South Oxnard Adult clinic has a client who spent 20+ years cycling between homelessness, addiction, sobriety, and incarceration. As a VCBH client, he was co-enrolled with the Growing Works program working volunteered hours at a functioning nursery. The client has been able to move through the three program phases and is now in one of the paid positions. The client noted that he is now clean and wants to treat himself with respect.

Program Challenges and Mitigation

Simi Valley and Conejo Valley Clinics

Our clinics continue to evolve as outpatient clinics, with a growing number of individuals needing services. Services are expanding to ensure that the individuals are seen as whole persons and staff are working

collaboratively with others who clients identify as their support system to ensure quality care.

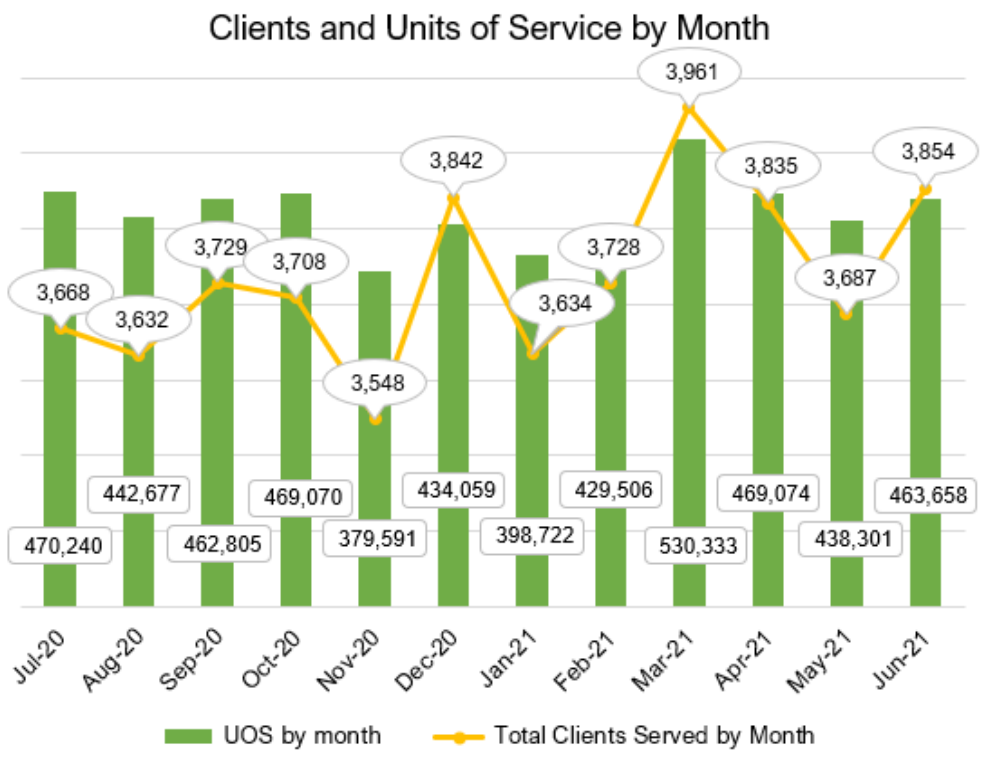
Ventura Clinic

We will continue to evolve as outpatient service clinic to serve the growing number of individuals needing services. Expanding services to ensure that individuals are seen as whole persons, collaborating with others to identify clients, ensure quality care and provide robust support for those seeking services.

Oxnard and Santa Paula Clinics

As the community slowly comes out of the COVID-19 pandemic, the outpatient clinics have been moving forward with increased in-person contacts.

Telemedicine continues to be the primary form of contact with clients. This will be a major area for improvement as clinicians are scheduling face-to-face sessions. Some clients have expressed concerns about being seen in the clinic during the pandemic.



Top 10 Services	
Medication Support	27.4%
Case Mgmt/Brokerage	22.5%
Individual Therapy	20.2%
Plan Devlopment	10.2%
Unbillable	9.5%
Group Therapy	2.8%
Collateral	2.7%
Rehabilitation	1.8%
Assessment	1.5%
Crisis Intervention	0.9%

All Other Services 0.43%

4.1 Community Services and Supports (CSS)

General Services Development – Peer Support

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

4.1 Community Services and Supports (CSS)

4.1.3.8 GSD.08: Quality of Life (QoL) Improvement and Adult Wellness Center

Prior Name: Quality of Life (QoL) Improvement

Status	Age Group		FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
Continuing	18+	Quality of Life (QoL) Improvement:	$ 63,573.25	This program only existed from Jul-Oct 2020. After that it was combined with Wellness Center.		
		Quality of Life (QoL) Improvement and Wellness Center:	$640,760.85	235	$2,726.64	$992,801.91

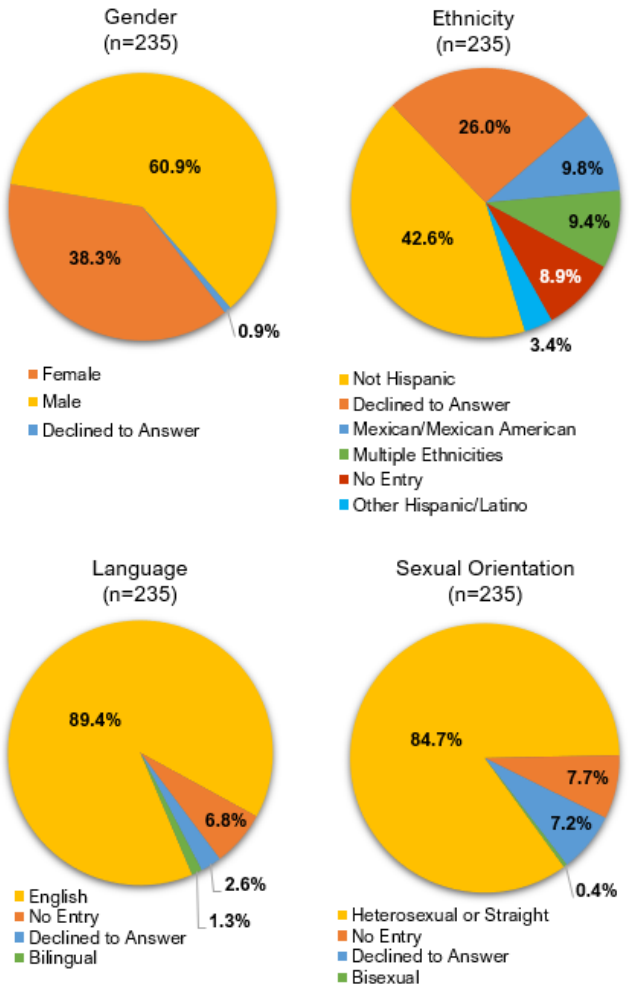
Program Description

The QoL program stemmed from an innovation project that proved to be successful. The program was established to provide residents living in board and care facilities with meaningful non-clinical activities to enhance and enrich their lives. Board and care facilities are often described as depressing and lonely and can further isolate the residents within these facilities. Through the implementation of a Peer Model service delivery approach, the staff can connect with and relate to the residents within these facilities in an effective manner. QoL program staff work to engage all residents in the board and care sites through extensive one-on-one interactions to build relationships and enhance their sense of connectedness, and to also help them manage their symptoms, to the greatest extent possible. QoL program staff provide varied and tailored activities that are best suited to the residents within each facility.

Quality of Life provides peer support services in five board and care facilities and two independent living facilities. All sites provide housing for individuals with serious mental health challenges.

Age	Rollover from FY19-20	New FY20-21	Total Clients FY20-21	%
16 - 25	9		9	3.8%
26 - 59	116	1	117	49.8%
60+	66	5	71	30.2%
Total	229	6	235	

Demographic Breakdown of Clients Served



Program Highlights and Successes

Member RL at Sunrise has been attending the program for three years. She shares that she loves the groups and when she is home, she feels the need to attend the groups, so that she does not go into isolation and stay in her room the entire time.

Member GB has acquired housing through HUD, and he appears to be doing well with his mental health.

Member LP was previously homeless and is going to a day program with QoL three days a week. She has been working on getting the right medication and her goal is

to apply for Section 8 housing so she can live on her own.

Member WC, while checking in with QoL, mentioned that he is more sociable over the phone in general than he was in the past in his personal life.

Program Challenges and Mitigations

COVID-19 proved to be very challenging and continues to be problematic for the QoL program board and care facilities. Much like nursing homes, these sites serve extremely vulnerable populations, many of whom are at highest risk for severe cases of COVID-19. As a result, staff asked the QoL staff to reach out to members through the phone or internet as opposed to in-person services. This approach continues to impact enrollment and services.

4.1 Community Services and Supports (CSS)

4.1.3.9 GSD.09: The Client Network (CN)

Prior Name: The Client Network

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
Continuing	All	$45,319.89	N/A	-	$73,667.00

Program Description

The Client Network (CN) is a peer-run advocacy organization with a client-centered approach to mental health recovery. The Client Network promotes hope, respect, personal empowerment, and self-determination. It advocates for clients to become full partners in their unique treatment and recovery journeys. The Client Network promotes measures that counteract stigma and discrimination against mental health consumers by increasing representation, involvement, and empowerment at all levels of the mental health system. Members participate in stakeholder groups, workshops, mental health conferences, and Behavioral Health Advisory Board subcommittees and general meetings. The Client Network actively contributes to shaping mental health policy and programming at the County and state levels. Client advocates collaborate with the Ventura County Behavioral Health Department and the Behavioral Health Advisory Board during the strategic planning process, where client voices have traditionally not been heard. The Client Network provides individual client support, resources, and referrals, and collaborates with community partners**.** The program went through a transition in FY20–21 when redesignated as a part of the Community Program Planning Process (CPPP).

Program Challenges and Mitigations

COVID-19 halted all in-person CN general meetings. However, members were able to participate in the stakeholder process, e.g., VCBH, BHAB, QMAC workgroups, via Zoom. The lack of in-person Client Network general meetings significantly impacted members' opportunities for socialization. Budget modifications were adjusted to purchase an online meeting platform subscription as well as additional equipment. Additionally, The Client Network also experienced a turnover in volunteer staff.

Program Changes in FY20-21

Due to volunteer staff turnover, the Peer Advocacy trainings did not materialize.

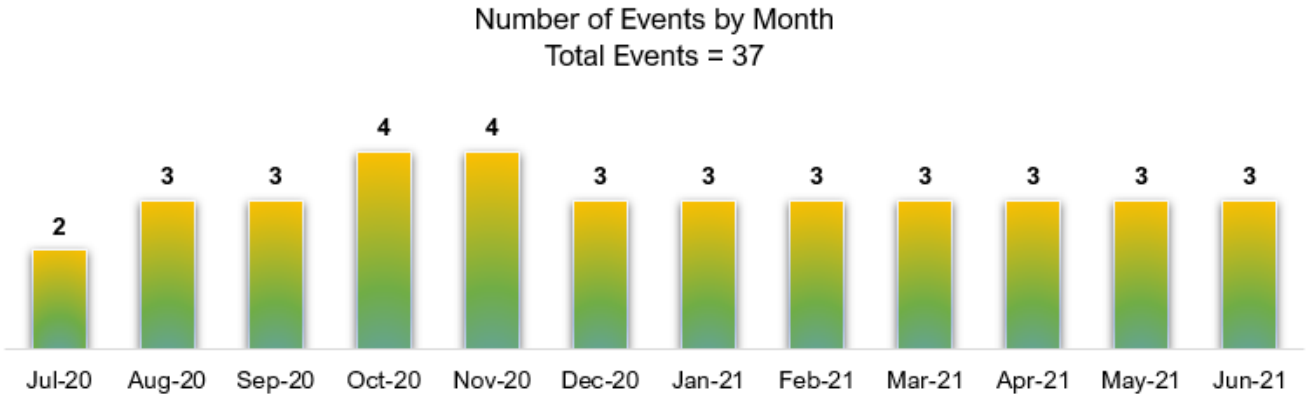
Bus Passes, gift cards and grocery cards:	Bus passes	100
	Gas gift cards	8
	Groceries gift cards	10

	Date	Self-Identifies	Race	Age	Veteran	Zip code
1:1 Support Services provided	3/31	He, Him, His	African American	64	Yes	93041
	4/13	He, Him, His	African American	64	Yes	93041
	4/27	He, Him, His	African American	64	Yes	93041
	6/23	She, Her, Hers	Caucasian	56	No	93061
	6/30	She, Her, Hers	Caucasian	56	No	93061

4.1 Community Services and Supports (CSS)

4.1.3.9 GSD.09: The Client Network (CN)

	Name of meetings Peers attended during the year. (Many multiple times)
List of all the meetings the Peers attended for the year:	Behavioral Health Advisory Board - Adult Committee Meetings
	Behavioral Health Advisory Board - Adult Service Committee
	Behavioral Health Advisory Board - Executive Committee
	Behavioral Health Advisory Board - General Meetings
	Behavioral Health Advisory Board - Performance Measures Workshop
	Behavioral Health Advisory Board - AD-HOC Housing Committee
	Behavioral Health Advisory Board - LPS Workshop
	Ventura Social Services Task force (Ventura City)
	Mental Health America Annual Conference Day
	Ventura County Behavioral Health Committee Meetings
	Ventura County Behavioral Health Providers Meetings
	California Association of Mental Health Peer-Run Organizations - Pro Peer Workforce Committee
	Center for Nonprofit Leadership - CLU
	Mental Health Services Oversight & Accountability PEI (Prevention and Early Intervention) So. Region
	Access CalVoices Garriers to Re-entry
	Access Southern Region Monthly



4.1 Community Services and Supports (CSS)

4.1.3.10 GSD.10: Family Access and Support Team (FAST)

Prior Name: Family Access and Support Team (FAST)

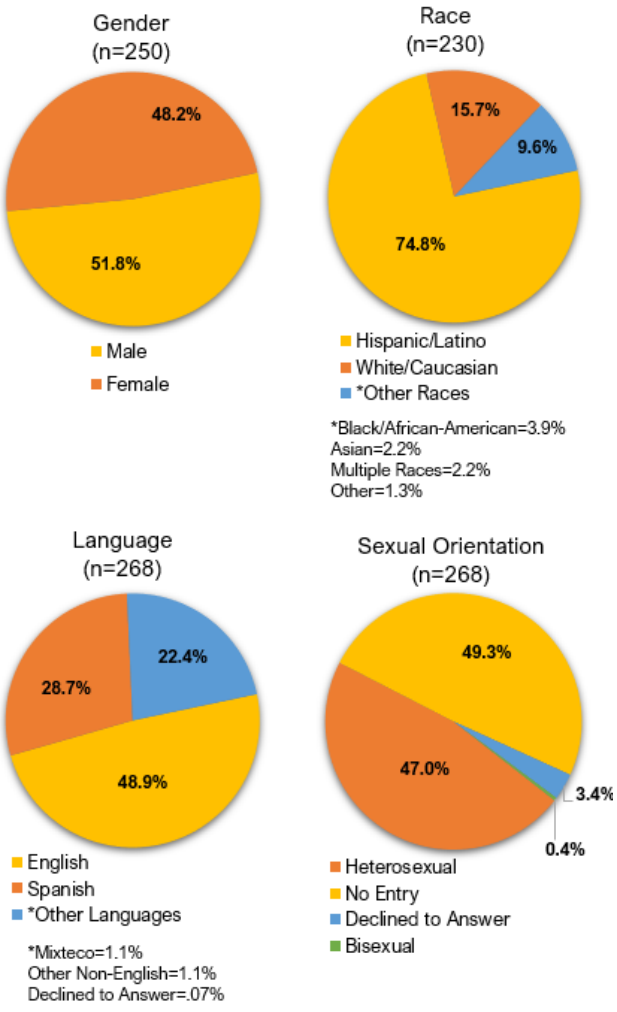
Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$886,945.77	268	$3,309.50	$ 946,859.62

Program Description

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

Age	Rollover from FY19-20	New FY20-21	Total Clients FY20-21	%
16 - 25	104	101	205	76.5%
26 - 59	22	23	45	16.8%
No Age Given	1	17	18	6.7%
Total	127	141	268	

Demographic Breakdown of Clients Served



Program Highlights and Successes

The demographic breakdown sections show information for those who were served and elected to fill out the demographic questionnaire. Participants could check more than one box, decline to answer, or skip questions (so not all totals add up to 100 percent).

Program Challenges and Mitigations

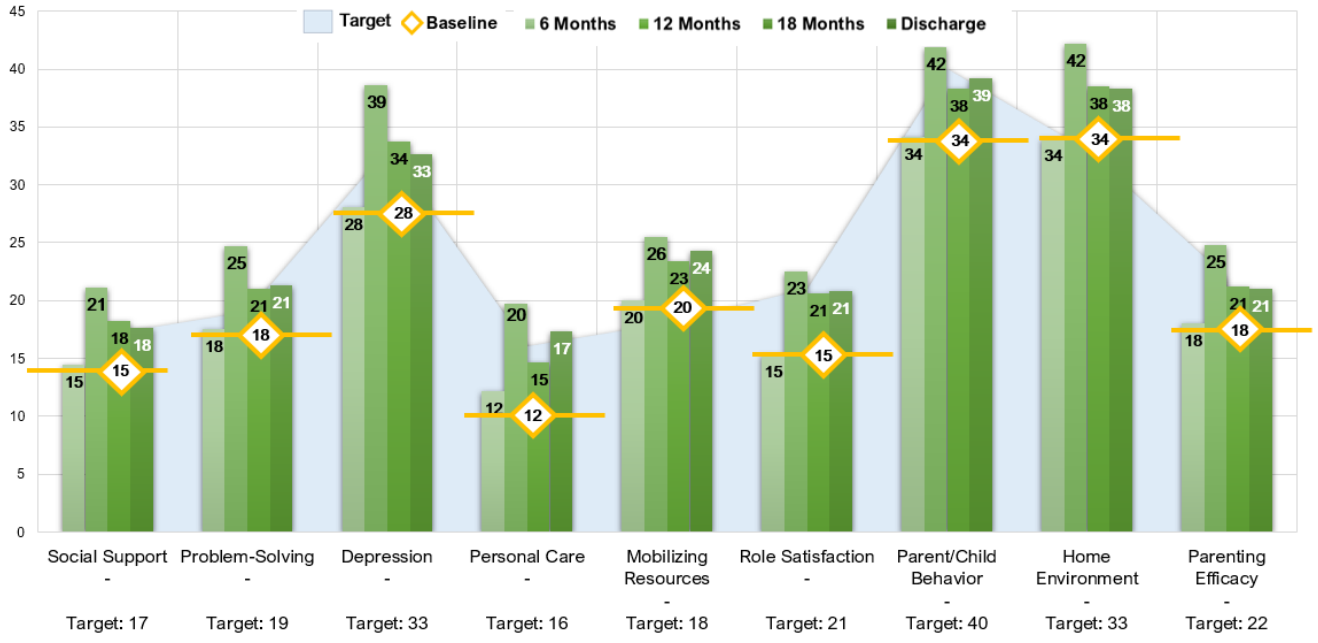
COVID-19 has caused disruption in care for youth and their parents. Many families do not have reliable access to the internet or a private space to receive services, causing further interruption in care. The program staff have begun to service families through a hybrid model where they are meeting with some families in person, while other families have chosen to keep their meetings virtual. The program staff are continuing to be flexible and creative in their outreach to support and engage families any way possible throughout the pandemic.

With CalAIM launching the FAST program is working on becoming a Medi-Cal peer services provider.

Healthy Families Parenting Inventory (HFPI)

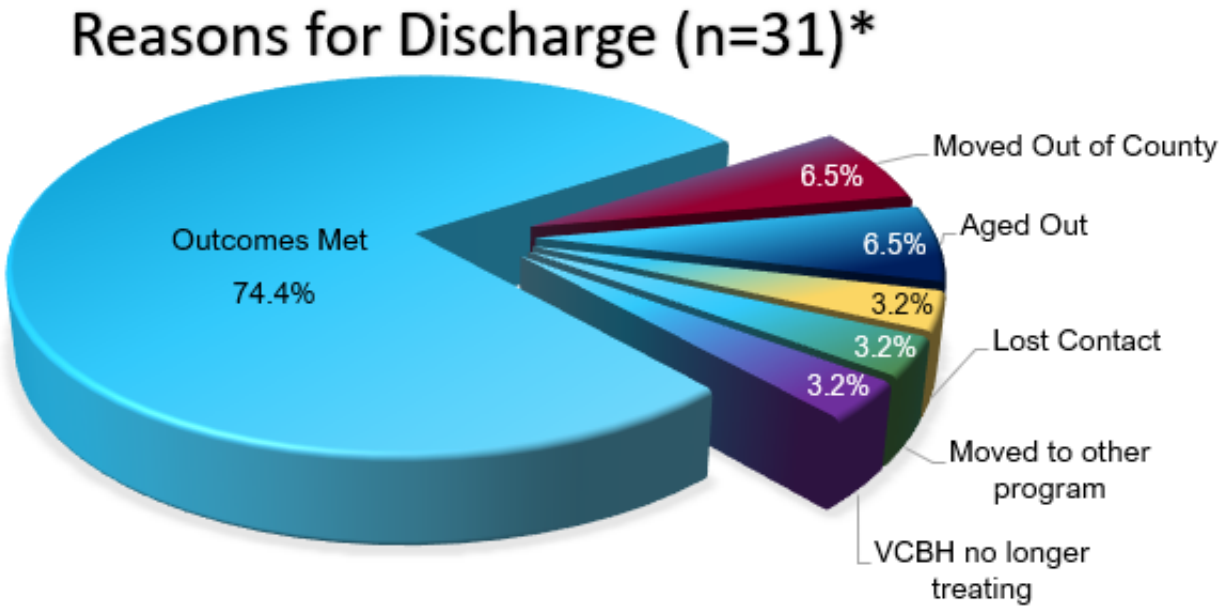
- The Healthy Families Parenting Inventory (HFPI) is designed to learn more about you as a parent and how you respond to different aspects of parenthood
- We are interested in the kinds of changes you may have noticed in yourself since becoming a parent
- This information is used to help design a plan to better serve you during your involvement with United Parents
- *There are no right or wrong answers*
- Questions are ordered in categories or subscales that help your Parent Partner identify areas of strengths and areas of concern
- Each category has a baseline number (see above). If the sum number of your responses in that category is above that baseline number, that indicates an area of strength
- If the sum number falls below the baseline number, that indicates an area of concern that may require a more focused intervention
- The FAST program is a short term intervention; however, we realize that changes do take time
- When looking over your results, it is important to note that you may not see big changes right away
- This inventory is only a snapshot of your family dynamic, and it is normal to see both upward and downward shifts

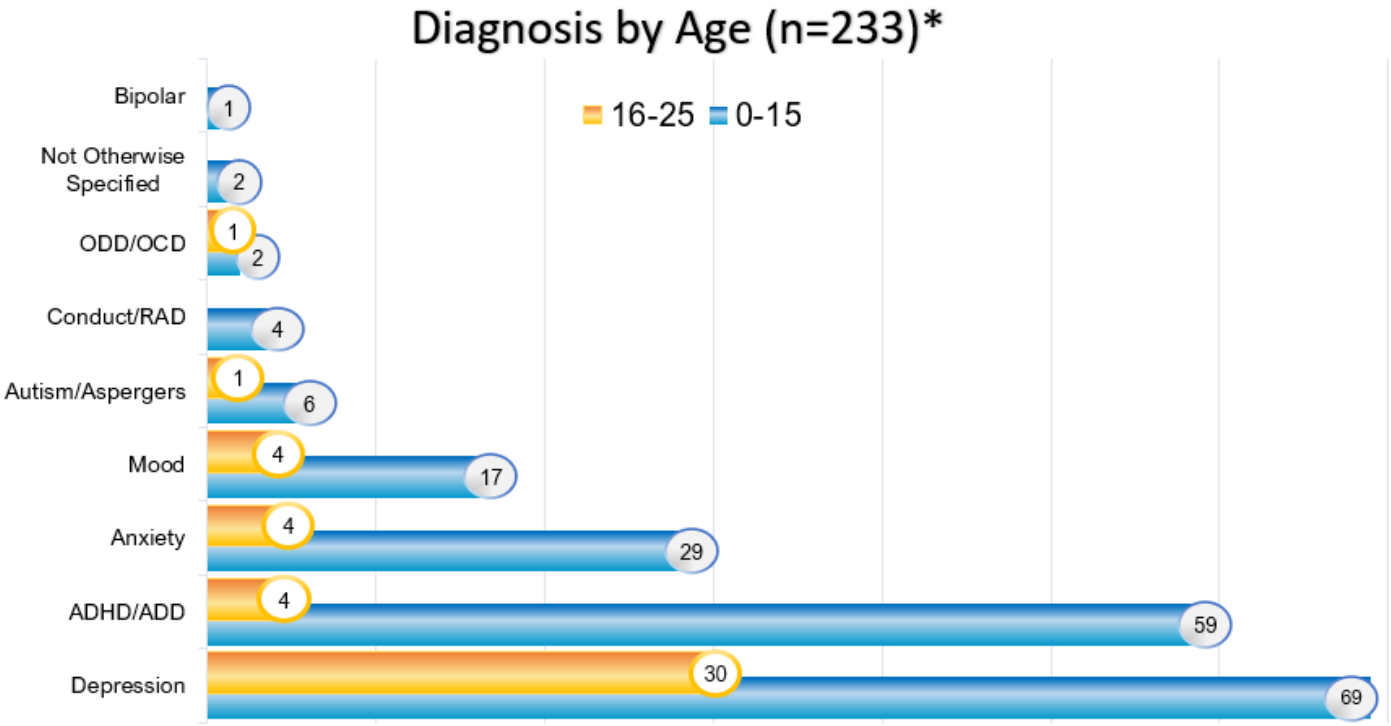
HFPI Baseline and Responses from Active Clients in FY20-21



4.1 Community Services and Supports (CSS)

4.1.3.10 GSD.10: Family Access and Support Team (FAST)





4.1 Community Services and Supports (CSS)

4.1.3.11 GSD.11: Growing Works

Prior Name: Growing Works

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$292,406.00	24	$12,183.58	$301,803.54

Program Description

Growing Works is a non-profit wholesale plant nursery that houses a vocational training program run by Turning Point Foundation. The program assists people with mental health challenges on a path to wellness with horticultural therapy, employment at the nursery, and job placement outside the nursery. Growing Works employees are referred to the program by the VCBH and work in a supervised setting that rewards responsibility and initiative and strengthens social skills.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	3		3	12.5%
26 - 59	21		21	87.5%
Total	24		24	

Program Highlights and Successes

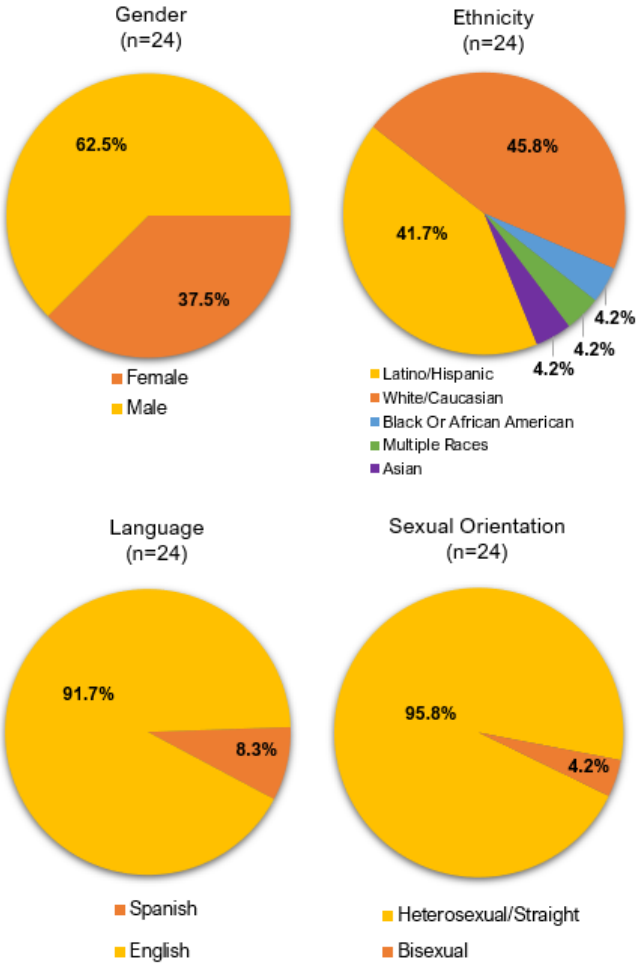
Two supported employees have moved on to employment with other Turning Point Foundation programs in the last seven months. This represents phenomenal work achievements for both.

Employee MT was hired in March of 2021. He cites Growing Works as “giving him hope” and “coming to work keeps me from having symptoms.” He is a significant member of our order preparation and inventory teams.

Supported Employee KF has started classes at Oxnard College because of working at Growing Works and wanting to expand her horticultural knowledge.

Member B started volunteering at Growing Works in December of 2021. He has proven excellent in every task he has been given. He has expressed an interest in becoming a supported employee when he completes the requirements, and a position opens.

Demographic Breakdown of Clients Served



As of October of 2021, two supported employees do all the counting, plant identification and notation of the monthly inventory. This is a huge personal and program achievement—prior to our training of these two employees, professional nursery staff did all the inventory work. Both supported employees take great pride in the contributions they make to Growing Works. Both also experienced some of the most serious forms of homelessness prior to starting their recovery: collectively, they were homeless for over 45 years.

Challenges and Mitigations

Growing Works is proud to have obeyed all County and State COVID-19 guidelines and has had a zero COVID-19 transmission rate (two staff contracted COVID-19 elsewhere and quarantined appropriately).

Per State guidelines, all employees and volunteers are completely vaccinated and boosted. As a provision of supported employment, one staff member has worked with program participants in getting their vaccinations and boosters and staff have transported participants as necessary to get the vaccinations.

4.1 Community Services and Supports (CSS)

4.1.3.12 GSD.12: Adult Wellness Center

Prior Name: Adult Wellness Center – Turning Point

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$287,889.43	452	$636.92	$992,801.91

Population Served

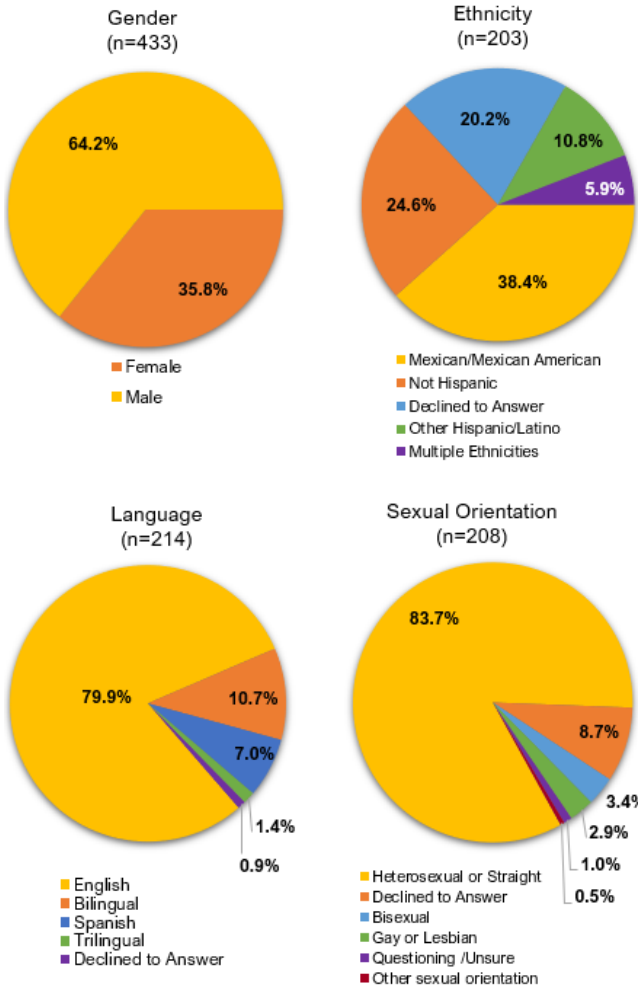
The Adult Wellness Center serves adults recovering from mental illness and/or substance use who are at risk of homelessness, incarceration, or increasing severity of mental health issues throughout Ventura County.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21	%
16 - 25	23		23	10.7%
26 - 59	156	1	157	73.4%
60+	29	1	30	14.0%
Declined to Answer	4		4	1.9%
No Entry			238	
Total	212	2	452	

Program Description

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

Demographic Breakdown of Clients Served



The Adult Wellness Center and Mobile Wellness Services collect unduplicated demographic data from the individuals they serve. Data in this section represents information from 600 individuals to date in FY21–22 who completed a demographic form.

4.1 Community Services and Supports (CSS)

4.1.3.12 GSD.12: Adult Wellness Center

Program Highlights and Successes

In October 2020, the Adult Wellness Center followed all COVID-19 recommendations and opened its doors to members. Services included recovery groups and socialization activities, and coffee and Danish are served in the morning plus a hot lunch is offered daily. Members reported they were happy they had somewhere to come to be with other people.

Challenges and Mitigation

COVID-19 continues to impact the Wellness Center operations and hours. This is especially challenging for people who are in recovery and homeless or at risk of homelessness. COVID-19 impacted the attendance in services provided in the evening and, therefore, the evening hours have been closed.

However, the monolingual Spanish services that were being offered during those hours are now rolled into the daytime program and continue to reach the monolingual Spanish-speaking community.

COVID-19 created staffing challenges as many employees feared coming into work. By combining Wellness Center with Mobile Wellness Services (formerly QoL), the Center has been able to increase groups and maintain a healthy staffing level to provide the services rendered.

FY21-22 Program Impacts

When VCBH adult clinics deem it appropriate, Mobile Wellness Services will be facilitating WRAP once a week at five clinics.

4.1 Community Services and Supports (CSS)

4.1.3.13 GSD.13: TAY Wellness Center

Prior Name: TAY Wellness Center – Pacific Clinics

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	16-25	$501,526.32	75	$6,687.01	$592,949.52

Program Description

TAY Wellness Center serves transitional aged youth (TAY) ages 16–25 recovering from mental illness and/or substance use. The Center empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe, and understanding environment. Bilingual staff with lived experience engage TAY in designing achievement plans and Wellness and Recovery Action Plans (WRAP), and aid with employment services, health navigation, and linkages to community resources.

Age	Rollover from FY19-20	New FY20-21	Total Clients Served FY20-21
16 - 25	21	54	75

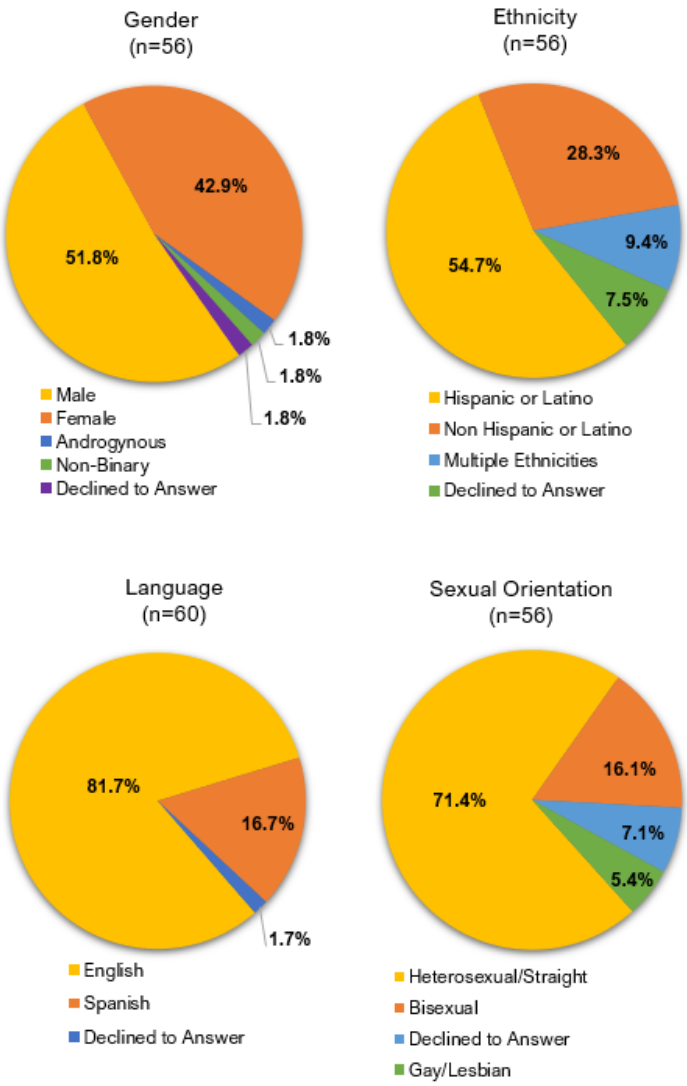
Program Highlights and Successes

The Homeless Management Informational System (HMIS) for the TAY Wellness Center the program has been able to get an individual to complete a Vulnerability Index and the Service Prioritization Decision Assistance Tool for Transitional Aged Youth. This will improve their chances in accessing permanent supportive housing. One member received safe housing placement after being in a toxic relationship and dangerous situation. She has settled well in her new city and has been proactive about getting her identification documents and beginning the job search. She has also openly reached out to TAY Wellness Center staff about receiving mental health services in Ventura County. During the pandemic, the program was able to support and provide transportation for another member to enter Tarzana Treatment Center and the individual was able to graduate their drug and alcohol treatment program.

Program Challenges and Mitigations

COVID-19 caused the program to shut its doors for two weeks in March of 2020 to pivot its services to accommodate the community and follow County/CDC guidelines. During these two weeks, the program transitioned as much as possible to online and over-the-phone support. However, many of the youth are transient in their housing situations and difficult to reach, so in-person services resumed by appointment only. The Center provided members who had appointments with access to showers while charging their phones, as well as other necessities such as food

Demographic Breakdown of Clients Served



and PPE. Beginning in June, the Center was able to distribute care packages to members which included hygiene items and food. The pandemic and staffing shortages have continued to impact the Center hours being limited to Monday through Friday throughout the remainder of the year.

Program Impacts in FY21-22

COVID-19 continues to impact the hours of operation and staffing of the Wellness Center.

4.1 Community Services and Supports (CSS)

4.1.3.14 GSD.14: Client Transportation Program

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
Continuing	18+	$927.99		-	$ -

Population Served

Individual adults in treatment.

Program Description

The CSS Client Transportation Program allows the County to improve the mental health delivery system for all clients and their families by providing transportation for clients to and from psychiatric and group therapy appointments at VCBH Adult Outpatient clinics and special events throughout the County.

In FY 20–21, due to COVID-19, most appointments and groups that utilize this service were moved to telehealth services. As a result, only one in-person group was held that needed transportation support in May, thus no data is displayed for the program.

Program Highlights and Successes

None.

Program Challenges and Mitigations

COVID-19 postponed the program for the fiscal year.

Program Impacts in FY20-21

None: anticipating an end to COVID-related closures in the future, the program will be continued despite low usage in the last two years.

4.1 Community Services and Supports (CSS)

4.1.3.15 GSD.15: Linguistics Competence Services

Status	Age Group	FY20-21 Cost	Total Clients Served	Cost per Client	FY21-22 Allocation
Continuing	All	-	525	-	$160,745.69

Population Served

Individuals in treatment.

Program Description

One of the MHSA principles includes linguistically appropriate services and is also an element of the General System Development component. There are several providers that VCBH employs to ensure that all clients have access to services in their required or preferred language.

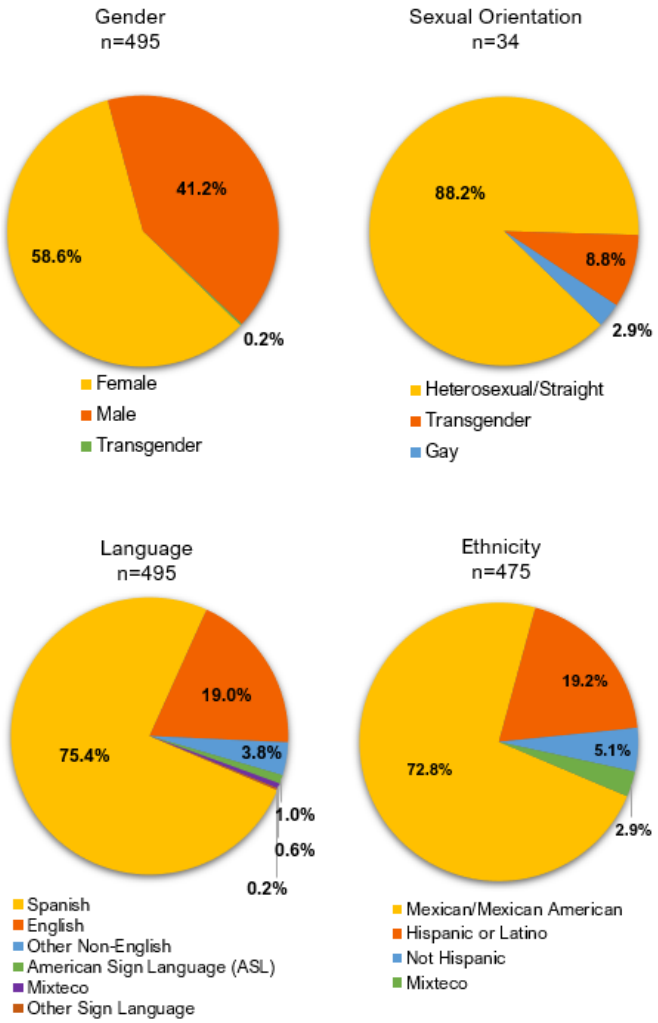
The County ensures that no individual or family suffers due to language or cultural barriers to care by providing culturally sensitive translation services. Breakdowns of specific translation and interpretation services are provided below.

Program Highlights and Successes

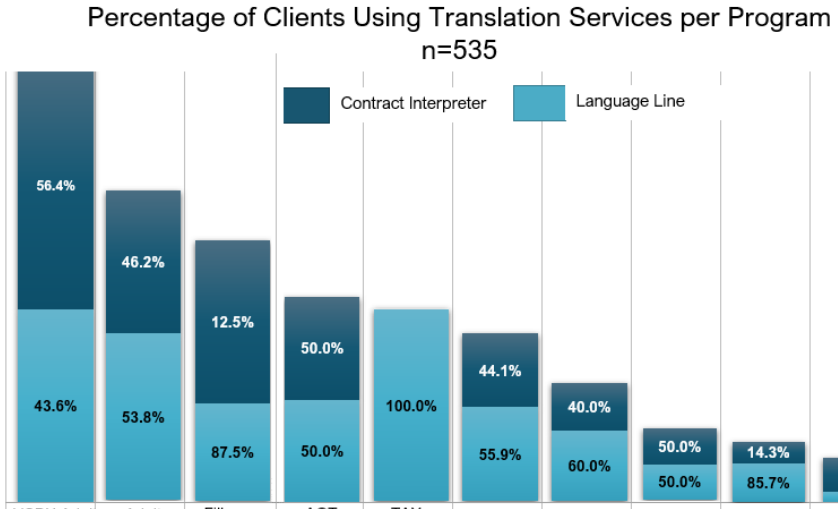
The following table demonstrates the number of unduplicated clients in each age group of MHSA programs who received translation services.

MHSA Clients that received Translation Services in FY20-21	
Age	**Unduplicated client count**
0-15	15
16-25	48
26-59	368
60+	94
Total	525

Demographic Breakdown of Clients Served



There were 535 (3.7%) instances when MHSA clients utilized translation services. The chart below demonstrates the number and percentage of clients who used translation services in each program. Client count is duplicated due to client mobility between different programs.



	VCBH Adult Treatment System Non-FSP	Adult FSP	Fillmore Community Project	AOT	TAY FSP	TAY Outpatient (Non-FSP)	Crisis Resident. Treatment (CRT)	Crisis Stabilization Unit (CSU)	RISE	STAR	Crisis Team (CT)	TOTAL
Total Clients	5,610	105	120	139	29	566	184	338	1,277	4,218	1,840	14,426
Clients Using Translation Services	475	5	5	5	1	16	4	2	5	14	3	535
% of Clients Using Translation Services	8.5%	4.8%	4.2%	3.6%	3.4%	2.8%	2.2%	0.6%	0.4%	0.3%	0.2%	3.7%

4.1 Community Services and Supports (CSS)

4.1.3.12 GSD.16: Forensic Pre-Admit/Mental Health Diversion Grant Program

No Prior Name

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client	FY21-22 Allocation
New		$0	1	N/A*	$ 223,057.88

*Enrollment did not begin until Quarter 4

Population Served

Justice-involved Seriously Mentally Ill individuals on pretrial status.

Program Description

Ventura County has benefited from years of close collaboration between the VCBH Department, Superior Court, District Attorney's Office, Public Defender's Office, Probation Agency, Sheriff's Office, and Ventura County Office of the Chief Executive. The continuous operation of the county's Mental Health Court program is one of the best indications of the strength of the Ventura County Mental Health Diversion Collaborative (VCMHDC). Mental Health Court was begun with grant funding which has long since ceased and yet the program has continued for more than 17 years. Mental Health Court is emblematic of Ventura County's commitment to addressing the needs of justice-involved persons with mental health issues. In that same spirit and prompted by the recent changes to Penal Code 1001.36, the VCMHDC began meeting in January 2019 to consider the development of a possible mental health diversion program despite the lack of available funding opportunities at that time. Interagency concerns and considerations were discussed and addressed and the first participants in Ventura County's Mental Health Diversion program were promptly introduced to treatment in the community as an alternative to being in jail.

The VCMHDC is proposing an Intensive Diversion Program (IDP) that leverages county assets and resources around a model that has proven reliability in realizing positive outcomes. The funding will allow for the addition of two dedicated VCBH staff to increase the intensity of mental health treatment/services for those at risk of requiring competency restoration at the Department of State Hospitals (DSH) level. The intended population who will be provided pre-trial felony diversion services is 18 unduplicated clients over three years who meet DSH Program criteria. Evidence-based decision making will be used to reduce recidivism and maintain clients in community settings using the principles of matching interventions to risk levels, addressing need by targeting factors that most significantly influence criminal behavior, and responsivity to individuals (risk-need-responsivity) with research-based intervention models. Program components are centered around identified factors shown by studies to be statistically predictive for pretrial diversion success or failure, including collaboration, training, release and diversion options, informed decision making, quick connections to appropriate behavioral health care and support services, community supervision and treatment at the pretrial stage, and performance measurements and evaluation. IDP plan uses Assertive Community Treatment (ACT) as its evidence-based mental health treatment program, a model that VCBH has experience implementing.

Program Highlight and Successes

The program was launched late in the fiscal year in accordance with the grant funding timeline and enrolled one client before June of 2021.

Program Challenges and Mitigations

None.

FY21-22 Program Impacts

None: the program is actively enrolling and serving identified clients.

[1] Carter, Madeline M., and Richard J. Sankowvitz. Dosage Probation: Rethinking the Structure of Probation Sentences. Silver Spring, MD: Center for Effective Public Policy, 2014.

[2] Fader-Towe, Hallie and Fred C. Osher. Improving Responses to People with Mental Illnesses at the Pretrial Stage: Essential Elements. New York: Council of State Governments Justice Center, 2015.

4.1 Community Services and Supports (CSS)

4.1.4 Housing

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

4.1 Community Services and Supports (CSS)

4.1.4.1 H.1: Housing

Prior Name: Adult Treatment (Non-FSP)

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	All	$ 670,298	298	N/A*

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

Population Served

Seriously Mentally Ill (SMI) TAY, Adults and Older Adults and their families receiving mental health treatment services who are either homeless or at risk of homelessness.

Program Description

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

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

FSP clients have access through their VCBH case managers to housing "loans" that provide assistance to pay rent at sober living homes and other community-based living situations. Once it is determined that client is eligible for FSP housing assistance, the VCBH Case Manager will work with the client and the treatment team to establish specific housing goals with benchmarks as part of the unique FSP treatment plan. With this type of assistance, the client is responsible for finding the non-licensed community based living.

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

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

4.1 Community Services and Supports (CSS)

4.1.4.1 H.1: Housing

MHSA Housing Type	Facility Name	Potential Units
ARF - Board and Care (B & C)	Brown's Board and Care	9
	Cottonwood Residential	24
	Thompson Place (formerly La Siesta)	26
	Saundra's Board & Care	6
	Sunrise Manor	60
ARF - Residential Care for the Elderly (RCFE)	Oak Place (formerly Hickory House)	34
	Elm's Residential	54
	Total Potential Units	213

MHSA Housing Type	Facility Name	Potential Units
Permanent Supported Housing	Hillcrest Villa Apartments	15
	Paseo De Luz	24
	Paseo Del Rio/Santa Clara	16
	MC3	5
	La Rahada – Simi Valley	8
	Peppertree – Simi Valley	11
	D Street Apartments – Oxnard	7
	Total Potential Permanent Supported Housing Units	85

Total Potential Housing Units	**299**

FY 21-22 Changes in Housing Grant Application

VCBH received $140,000 to serve 100 TAY and their families not eligible for FSP over the course of 5 years in the following 3 service categories:

According to the National Coalition for the Homeless, causes of homelessness among youth fall into three inter-related categories: family problems, economic problems, and residential instability. VCBH serves homeless TAY at our community-based clinics throughout Ventura County. VCBH has identified 3 types of evidence-based activities needed to address the needs of homeless TAY and their families as follows:

1) Flexible rental subsidies and rental assistance for 1-5 TAY families per month taking time off from work to support the young adult in treatment. Many of these families rent rooms at $650 - $1000 per month. VCBH employs evidence-based Housing First model of care that notably improves health outcomes. Families will be provided with the supportive services and time they need to enable the client to engage in treatment and recover. The proposed assistance is new and, if funded, will prevent homelessness among TAY families and increase VCBH's ability to provide evidence-based treatment.

2) Supportive services for TAY that are "couch surfing" and at risk of homelessness. These services would include but not be limited to employment coaching, assistance with transportation and education costs, deposit and rental assistance. Flexibility is crucial for this category of service since VCBH will utilize evidence-based "whatever it takes" approach to assist these

clients into permanent housing. Additionally, VCBH will collaborate with other service providers (TAY Tunnel, IFS) to achieve the goals of the intervention. Permanent housing will be sought after through the County's Coordinated Entry System which incorporates low-barrier access to supportive housing. There is currently no program in Ventura County to address the needs of TAY couch surfers. VCBH has relationships with these clients and will be able to quickly connect them with community-based supports and services if funded.

3) Temporary Emergency Shelter for TAY. VCBH is requesting funding for motel accommodations for 5-10 TA clients per month at a maximum of 2 weeks each. TAY are not always welcome or appropriate at the County's homeless shelters. VCBH TAY clients assisted through this evidence based, low-barrier shelter will be provided with supportive services to obtain more permanent housing. There is currently limited funding for motel accommodation for at risk TAY.

4.2 PREVENTION AND EARLY INTERVENTION

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

On July 1, 2018, PEI regulations were considered final. This resulted in five required program categories and 3 strategies to be imbedded across all programs. Ventura County categorized all PEI programs to align with regulations' requirements and definitions. The required program types are prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment and stigma and discrimination reduction. Suicide prevention and improving timely access to services for underserved populations became optional categories. Additionally, all PEI programs are designed and implemented in accordance with strategies that help access and services for people with severe mental illness, the reduction of stigma and discrimination with respect to mental illness and improving timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally appropriate.

The following table illustrates programs by PEI categories.

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4.2 Prevention and Early Intervention

Program	PEI Program Categories						
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Suicide Prevention*	Improving Timely Access to Services for Underserved Populations*
Multi-Tiered System of Support							
One Step a La Vez							
Program to Encourage Active, Rewarding Lives for Seniors							
Project Esperanza							
Promotoras Conexión Program							
Proyecto Conexión Con Mis Compañeras							
Diversity Collective							
Tri-County GLAD							
Wellness Everyday							
COMPASS							
Community Cares							
Family & Friends							
Primary Care Program							
VCPOP							
Crisis Intervention Team							
Provider Education							
La Clave Education & Training							
In Our Own Voice							
Logrando Bienestar							
Rapid Integrated Support and Engagement							

*Optional program category according to PEI regulations.

4.2 Prevention and Early Intervention

FY 20-21 Number of Participants Served by Program and Category

Program	Number of Participants	Cost per Participant
Prevention Programs	**326,346**	**$4,210**
Multi-Tiered System of Supports, VCOE	2,305	$7
Multi-Tiered System of Supports, LEA	306,610	
One Step a La Vez	143	$384
Program to Encourage Active, Rewarding Lives for Seniors	392	$1,386
Project Esperanza	208	$252
Promotoras Conexión Program	83	$485
Proyecto Conexión Con Mis Compañeras	116	$521
Diversity Collective	112	$449
Tri-County GLAD	62	$726
Wellness Everyday	16,315	N/A
Early Intervention Programs	**1,066**	**$83,988**
Comprehensive Assessment and Stabilization Services (COMPASS)	20	$79,462
Community Cares	362	$171
Family & Friends	81	$290
Primary Care Program	446	$1,077
Ventura County Power Over Prodromal Psychosis (VCPOP)	157	$2,988
Other PEI Programs	**3,071**	**$3,953**
Crisis Intervention Team	109	$1,848
In Our Own Voice	272	$76
Logrando Bienestar	959	$1,243
Provider Education	41	$568
La Clave Education & Training	780	$31
Rapid Integrated Support and Engagement	910	$187
Total:	**330,483**	**$92,152**

4.2 Prevention and Early Intervention

FY 20-21 Number of Participants Served by City of Residence§

Geographic Area	Number of Participants Served	% of Total
Camarillo	188	5%
Fillmore	138	3%
Moorpark	50	1%
Newbury Park	63	2%
Oak Park	9	0%
Ojai	52	1%
Oxnard	**1,665**	**41%**
Piru	11	0%
Port Hueneme	95	2%
Santa Paula	534	13%
Simi Valley	187	5%
Thousand Oaks	115	3%
Ventura	801	19%
Other	220	5%
Total with available city of residence data:	**4,128**	

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

4.2 Prevention and Early Intervention

4.2.1.1 PEI.01 - Prevention

The goal of the Prevention component of Mental Health Services Act (MHSA) is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. In Ventura County, there are 10 programs primarily categorized under Prevention. These programs serve a number of special populations including Latinos, Transitional Age Youth (TAY), individuals who are Deaf and Hard of Hearing (DHH), and lesbian, gay, bisexual, transgender, queer/questioning, and others (LGBTQ+). Program services vary but include support groups, workshops, trainings, education, and presentations.

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

Prevention Programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 326,346 participants were served by Prevention programs in Fiscal Year 2020-2021.

Changes for FY 21-22:

After numerous requests and reports of high need students from the Ventura County Office of Education during the last year of the COVID pandemic, VCBH is planning to expand the K-12 Wellness Center program in FY21-22 with additional PEI money. A full report of actives will be reported in next year's annual update.

Prevention Program Descriptions

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

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

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

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

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

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

Promotoras - Proyecto Conexión Con Mis Compañeras - Mixteco Indigena Community Organizing Project (MICOP): Facilitates mental health for the Latino and Indigenous community through support groups and one-on-one support to manage stress and depression, referrals, and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

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

Tri-County GLAD: Increases knowledge and awareness of mental health concerns in the Deaf and Hard of

4.2 Prevention and Early Intervention

Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle school students.

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

326,346 individuals received core program services†

23,428 individuals referred to mental health care and/or social support services†

850,516 individuals reached through outreach events†

23,558 participants in reached through activities during COVID-19†

†Number of individuals may be duplicated.

4.2 Prevention and Early Intervention

Prevention Programs: Demographics of Participants[§]

Ethnicity*	(n=677)
Hispanic	80%
Non-Hispanic	20%
More than one ethnicity	1%
Declined to answer: 106	

Age	(n=895)
0-15	20%
16-25	10%
26-59	27%
60+	43%
Declined to answer: 2	

Primary Language*	(n=839)
English	44%
Spanish	51%
Indigenous	6%
Other	0%
Declined to answer: 64	

Sex Assigned at Birth	(n=956)
Female	74%
Male	26%
Declined to answer: 9	

Sexual Orientation	(n=743)
Bisexual	5%
Gay or Lesbian	5%
Heterosexual or Straight	84%
Queer	4%
Questioning or Unsure	1%
Another sexual orientation	1%
Declined to answer: 103	

Hispanic Ethnicities^			(n=538)
Mexican	94%	South American	1%
Central American	1%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	3%

Non-Hispanic Ethnicities^			(n=133)
African	6%	Asian Indian/South Asian	1%
Cambodian	0%	Chinese	0%
Eastern European	10%	European	46%
Filipino	5%	Japanese	2%
Korean	0%	Middle Eastern	2%
Vietnamese	0%	Another Non-Hispanic	28%

Race*	(n=896)
American Indian/Alaska Native	2%
Asian	2%
Black/African American	2%
Hispanic/Latino	53%
Native Hawaiian/Pacific Islander	0%
White	32%
Other	9%
More than one	2%
Declined to answer: 27	

Current Gender Identity	(n=908)
Female	70%
Male	25%
Genderqueer	1%
Questioning or Unsure	1%
Transgender	2%
Another gender identity	1%
Declined to answer: 64	

City of Residence					(n=1073)
Camarillo	7%	Fillmore	10%	Moorpark	1%
Newbury Park	1%	Oak Park	0%	Ojai	2%
Oxnard	25%	Piru	1%	Port Hueneme	2%
Santa Paula	30%	Simi Valley	4%	Thousand Oaks	1%
Ventura	13%	Other	3%		

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

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

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

4.2 Prevention and Early Intervention

Prevention Program Successes and Challenges

Newly enrolled participant has found that after four sessions she has improved communication with her estranged daughter. She currently enjoys utilizing her newfound problem-solving skills.

Despite limited access to the youth due to COVID-19, staff have been contacting youth via zoom, texting, phone calls, delivering food, using social media to maintain relationships with youth.

We are now offering a mental health goodie bag to each participant of our workshop as an incentive for participating in the workshop, and this seems to be working well. We have either been dropping them off at their homes or they have been coming by the office to pick up their goodie bag, and this is really helping with building rapport and trust. Each participant has been happy to be receiving a little gift for their time. And in fact, I do believe it was because of this that we did have a participant reach back out to us, a few days later from receiving her goodie bag, about finding services for domestic violence survivors.

4.2 Prevention and Early Intervention

4.2.1.2 PEI.02 – Early Intervention

The purpose of the Early Intervention component of MHSA is to intervene early in symptoms of mental illness to reduce prolonged suffering that may result from untreated mental illness. Ventura County funds 5 Early Intervention programs that provide crisis stabilization, family support, group and individual therapy, assessment and screening, educational and vocational services, and outreach and education. These Early Intervention services promote wellness, foster health, and prevent suffering that can result from untreated mental illness. Early Intervention Programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 1,066 individuals were served in Early Intervention programs in Fiscal Year 2020-2021.

Early Intervention programs, COMPASS and VCPOP, primarily provided services to individuals ages 25 and under, which is a priority population for Prevention and Early Intervention programs. Additionally, both youth and adult program participants in Primary Care Program saw decreases in their depression and anxiety symptom severity scores. Finally, participants who participated in the Community Cares seminar, indicated reductions in stigma and discrimination toward mental illness as well as increased knowledge about available mental health services.

Early Intervention Program Descriptions

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

Community Cares: A seminar in Spanish for people who have loved ones with a mental health condition. Seminars are led by trained individuals who have lived experience with supporting a family member with a mental health condition.

Family & Friends: A seminar in English and Spanish about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminars are led by individuals that have personal experience with mental health conditions.

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

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

1,066

individuals received core program services

4.2 Prevention and Early Intervention

Early Intervention Programs: Demographics of Participants

Ethnicity*	(n=384)
Hispanic	58%
Non-Hispanic	42%
More than one ethnicity	9%
Declined to answer: 31	

Age§	(n=452)
0-15	4%
16-25	45%
26-59	41%
60+	10%
Declined to answer: 14	

Primary Language*	(n=901)
English	58%
Spanish	39%
Indigenous	2%
Other	1%
Declined to answer: 5	

Sex Assigned at Birth	(n=898)
Female	73%
Male	27%
Declined to answer: 7	

Sexual Orientation*	(n=473)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	93%
Queer	1%
Questioning or Unsure	2%
Another sexual orientation	0%
Declined to answer: 39	

Hispanic Ethnicities*^§			(n=222)
Mexican	63%	South American	4%
Central American	1%	Caribbean	1%
Puerto Rican	2%	Another Hispanic	29%

Non-Hispanic Ethnicities^§			(n=162)
African	5%	Asian Indian/South Asian	1%
Cambodian	0%	Chinese	2%
Eastern European	8%	European	21%
Filipino	5%	Japanese	1%
Korean	2%	Middle Eastern	2%
Vietnamese	2%	Another Non-Hispanic	51%

Race	(n=784)
American Indian/Alaska Native	1%
Asian	3%
Black/African American	4%
Hispanic/Latino	0%
Native Hawaiian/Pacific Islander	0%
White	71%
Other	17%
More than one	4%
Declined to answer: 28	

Current Gender Identity‡	(n=431)
Female	85%
Male	15%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 7	

City of Residence					**(n=901)**
Camarillo	3%	Fillmore	1%	Moorpark	2%
Newbury Park	1%	Oak Park	1%	Ojai	1%
Oxnard	45%	Piru	0%	Port Hueneme	1%
Santa Paula	2%	Simi Valley	4%	Thousand Oaks	2%
Ventura	28%	Other	9%		

* Percentages may exceed 100% because participants could choose more than one response option.
§ Age and Ethnicity data was not reported for Primary Care Program.
‡ Current gender identity was not reported for COMPASS and VCPOP.
^ Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.
^ Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

4.2 Prevention and Early Intervention

Early Intervention Program Successes and Challenges

I was helping moderate the Family and Friends Webinar - but as a third party viewing the webinar, it was extremely helpful to people who needed support. In the beginning of the webinar, some people were hesitant to share their experiences with the group. However, by the end of the webinar, almost everyone was very open, honest, and felt that they had a safe space to communicate. I do believe it gives people a community to share their experiences, especially common experiences regarding mental health. In addition, I do feel that once the pandemic is over and in person classes can resume, the webinar should resume! It reaches out to more people who may not want to come in person.

Participating has given me a different perspective of mental health disabilities as well as reassuring me that I'm not alone in experiencing these things. It can feel very isolating when you experience a family member struggling with mental health problems and NAMI Ventura programs gave me a community and reminded me that these things occur to many more people than you might have originally thought.

4.2 Prevention and Early Intervention

4.2.1.3 PEI.03 – Other PEI Programs

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

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

A total of 3,071 individuals were served by Other PEI Programs during Fiscal Year 2020-2021. Other PEI Programs include the following program categories:

Stigma & Discrimination Reduction programs reduce negative attitudes, beliefs, and discrimination against those with mental illness or seeking mental health services and increase dignity and equality for individuals with mental illness and their families.

Suicide Prevention programs provide organized activities to prevent suicide as a consequence of mental illness.

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

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

Other PEI Program Descriptions

Crisis Intervention Team (CIT): Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and reduction in recidivism.

In Our Own Voice: A presentation given by those living with mental health conditions that reduces misconceptions and stigma about mental illness and provides an opportunity for people with mental illness to gain self-confidence, earn income, and serve as role models for their community.

Logrando Bienestar: Helps youth and young adults in the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles.

Provider Education: Provides staff development training for health care professionals who work directly with people experiencing mental illness.

La Clave Education & Training: Train potential Ventura County Behavioral Health (VCBH) staff and community collaborators to deliver an evidence-based workshop that targets the Latino community in Ventura County to identify symptoms of serious mental illness and assists them in seeking services for early treatment.

Rapid Integrated Support and Engagement: Offers field-based connection to mental health assessment and treatment as well as case management.

3,071 individuals received core program services

4.2 Prevention and Early Intervention

Other PEI Programs: Demographics of Participants[§]

Ethnicity*	(n=1,865)
Hispanic	71%
Non-Hispanic	30%
More than one ethnicity	3%
Declined to answer: 207	

Age[§]	(n=2,250)
0-15	31%
16-25	22%
26-59	42%
60+	5%
Declined to answer: 5	

Primary Language*	(n=2,390)
English	73%
Spanish	26%
Indigenous	1%
Other	2%
Declined to answer: 88	

Sex Assigned at Birth	(n=2,220)
Female	63%
Male	37%
Declined to answer: 8	

Sexual Orientation[§]	(n=534)
Bisexual	4%
Gay or Lesbian	3%
Heterosexual or straight	92%
Queer	0%
Questioning or Unsure	0%
Another sexual orientation	1%
Declined to answer: 113	

Hispanic Ethnicities^			(n=1,323)
Mexican	69%	South American	1%
Central American	1%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	29%

Non-Hispanic Ethnicities*			(n=555)
African	1%	Asian Indian/South Asian	0%
Cambodian	0%	Chinese	1%
Eastern European	2%	European	10%
Filipino	2%	Japanese	1%
Korean	1%	Middle Eastern	0%
Vietnamese	0%	Another Non-Hispanic	81%

Race*	(n=2,314)
American Indian/Alaska Native	1%
Asian	2%
Black/African American	2%
Hispanic/Latino	41%
Native Hawaiian/Pacific Islander	1%
White	33%
Other	19%
More than one	2%
Declined to answer: 132	

Current Gender Identity[§]	(n=552)
Female	66%
Male	34%
Genderqueer	0%
Questioning or Unsure	0%
Transgender	0%
Another gender identity	0%
Declined to answer: 8	

City of Residence[‡]					(n=2,154)
Camarillo	4%	Fillmore	1%	Moorpark	1%
Newbury Park	2%	Oak Park	0%	Ojai	1%
Oxnard	46%	Piru	0%	Port Hueneme	3%
Santa Paula	9%	Simi Valley	5%	Thousand Oaks	4%
Ventura	19%	Other	5%		

[*] Percentages may add to or exceed 100% because participants could choose more than one response option.

[§] Current gender identity data was not collected from RISE. Sexual orientation data was not collected from Logrando Bienestar. Age data was not reported from La Clave

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

[‡] City of residence data is not available for CIT.

4.2 Prevention and Early Intervention

Other PEI Programs Successes and Challenges

Despite the challenges Logrando Bienestar experienced during the pandemic, we were successful because we never stopped seeing and screening individuals. We were able to screen individuals over the phone, in record numbers. In the month of May we received 138 referrals, and in June we had 80 referrals as demonstrated in the data. The Logrando Bienestar team received the La Clave training and was tasked with conducting the trainings. The team embraced the task and by the end of May they had approximately trained over 380 and closed the year having trained 481 individuals who can identify symptoms of severe mental illness and refer them to VCBH-Logrando Bienestar. These trainings included, Public Health, District Attorneys, Faith Based Groups and other Community Based Organizations.

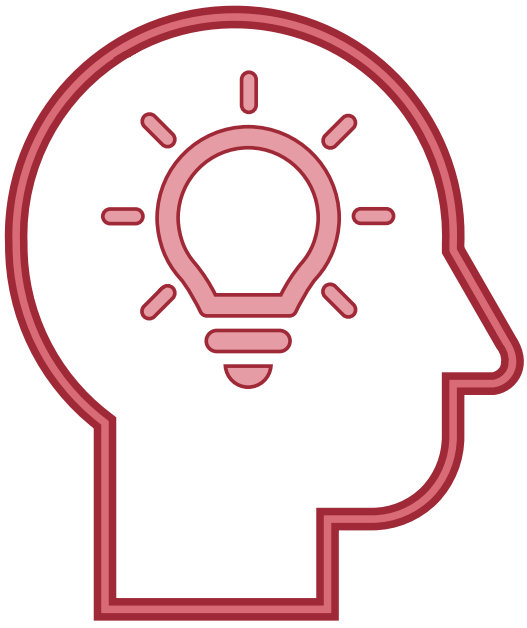
The pandemic presented other opportunities for Logrando Bienestar to explore in doing outreach utilizing social media platforms, given the restrictions. Logrando Bienestar launched an online series "Preguntale al Experto". The "Ask the Expert" series has been proven successful in that we are using social media, Facebook Live, Instagram in combination with Zoom to do outreach, provide information on food distributions, vaccination clinics and providing resources to the community and local COVID information. It worked because most individuals quarantined resorted to social media thus, giving us a captive audience at most of these events. We teamed with the various organization that represent the community we serve to provide specific topics including Health and Human Services, Westminster Clinic, Ventura County Medical Center - Dr. Andrade and Dr. Serrano, and Ventura County Behavioral Health Clinic Administrators, Sal Manzo, Licensed Clinical Social Worker, and Gabriela Aguila, LMFT to bring forth an array of services and information. In regard to the LB staff, the vacancies of the three CSC's will now be filled by three trilingual CSC's. Two will be onboarding end of July and hopefully the next will onboard in September. The Program Administrator will continue to make adjustment as COVID restrictions continue to be fluid.

4.3 INNOVATION (INN)

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

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

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



4.3 Innovation

Highlights for FY 20-21 Services

Innovation (INN) projects that were approved in fiscal years 2016-2017 through 2020-2021 are outlined below. Planned projects for 2022-2024 have been included, but are subject to change as VCBH moves through the Community Program Planning Process (CPPP).

Current Innovation Projects	Years	Purpose	Status
Healing the Soul	2017-2021	To improve mental health services provided to the indigenous Mexican population by evaluating the effectiveness and feasibility of integrating traditional healing practices and Western mental health therapy.	Concluded. Final report is attached in the appendix.
Suicide Prevention: Bartenders as Gatekeepers	2018-2021	To reduce suicide rates in middle-aged men by using targeted advertisements and training bartenders and other alcohol servers to intervene and prevent suicide attempts.	Concluded. Final report is attached in the appendix
Push Technology	2018-2021	To improve post-discharge outcomes by partnering with local 211 service providers to administer automated push texts to make real time assessments.	Concluded. Final report is attached in the appendix.
Conocimiento: Addressing ACEs through Core Competencies	2019-2023	Utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACES by increasing core competencies and building resilience.	In process. Interim report attached in the appendix.
FSP Multi County Innovation Project	2019- 2024	It is an innovative opportunity for a diverse group of counties to develop and implement new data-driven strategies to better coordinate and improve FSP service delivery, operations, data collection, and evaluation. Ventura has been identified as lead county.	Requesting additional funds in FY21/22. Interim report attached in the appendix.
FSP Data Exchange Project	2020- 2023	This project proposes to use a four-way data bridge to track FSP clients across law enforcement encounters, hospital stays, health care services, and homeless management systems.	In process. Update described below.

4.3 Innovation

Mobile Mental Health Van Project	2021-2024	To provide reliable, flexible physical and mental health care to unserved and underserved individuals in Ventura County, regardless of insurance or legal status.	Delayed slightly due to COVID supply chain issues. Update described below.
M.A.S.H. Senior Support to Reduce Homelessness	Proposed approval in 21/22	To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.	Planned for 21/22
Early Psycosis Statewide Learning Collective Project	Proposed approval in 21/22	Led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary, and a number of California counties will bring consumer-level data to clinicians, allow programs to learn from each other, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis.	Planned for 21/22
First Respondors Mentorship	Proposed approval in 22/23	To help veterans and first responders build and repair healthy relationships and habits with the support of a peer mentor. The program will focus on preventing suicide and inadequate support of mental health issue related deaths by providing guidance and leadership throughout the transition process from service to civilian life.	Planned for 22/23

4.3 Innovation

4.3.1 INN.01: Healing the Soul – Mixteco Project

Prior Name: Healing the Soul

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	18+	$229,011.34	28	N/A

Program Description

The Mixteco project, Healing the Soul, is an innovative research project that is designed to improve the quality of mental health services provided to the indigenous Mexican population of Ventura County. The project will introduce changes to existing treatment services informed by an evaluation of the effectiveness of indigenous cultural healing practices and alternative perspectives on mental well-being. The objective is to assess the feasibility of integrating findings, regarding culturally-based healing practices, from the evaluation with Cognitive-Behavioral Therapy (CBT) for symptoms of stress, anxiety, and depression.

In year four, the program focused on dissemination of findings, development of outcome tools, and training for VCBH staff members. Twenty-eight staff members were trained using findings from the Healing the Soul project, and the recommendations below are some of the comments from the trainees.

"This training was transformative in the work that I do with Mixteco families. It helped me learn skills that have better engaged my families. I strongly believe all clinicians should attend this training. It was informative, enriching, and truly life changing."

"The presenters did a great job giving historical/cultural background in how it applies to the present circumstance. They also incorporated interventions that could be used in treatment and gave good visual, hands-on experiences."

"This training was absolutely amazing. Not only was the content informative, thoughtfully discussed and helpful, the presenters were amazing! One of the best trainings that I have attended."

"This training was fascinating! All of the information and research presented was amazing. All the conversations and topics got me thinking of so many ways in which we could incorporate these modalities in other areas."

Program Developments

The program successfully concluded in June of 2021. A full report of the findings and activities can be found in the appendix of this report.

Program Changes

This program will continue in next fiscal year as a Prevention or Early Intervention (PEI) program. The target population has been expanded to focus on youth ages 18-25 and Black, Indigenous, and people of color (BIPOC) in Ventura County.

4.3 Innovation

4.3.1 INN.01: Healing the Soul – Mixteco Project

Program Activities Summary	Totals	
Activities	**Target**	**Actual**
Community Advisory Counsel	10	15
Focus Groups with Elders	20	21
Community Surveys	150	150
Variations of Mixteco	n/a	7
Total individuals treated	300	280
Total VCBH staff trained	40	28

4.3 Innovation

4.3.2 INN.02: Bartenders as Gatekeepers

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	18+	$53,022.92	18	$ 2,945.72

Program Description

The Bartenders as Gatekeepers project is a short-term, selective prevention program; it consists of targeted advertisements and gatekeeper training for bartenders and other alcohol servers, both focused on men ages 45-64. The media campaign was developed in collaboration with men who have lived experience to create an interactive website, coasters, and bathroom advertisements. The gatekeeper training, Question, Persuade, and Refer (QPR), was offered to bartenders and servers in target regions of Ventura County where suicide completions clustered at the highest rates. The objective of gatekeeper trainings was to provide bartenders and servers skills they needed to intervene and prevent suicide attempts. The evidence-based one-hour training was provided in program years one and two of the project timeline. Follow-up evaluation included surveys that took place six months post-training to determine whether bartenders and servers trained were appropriate individuals for intervening and preventing suicide.

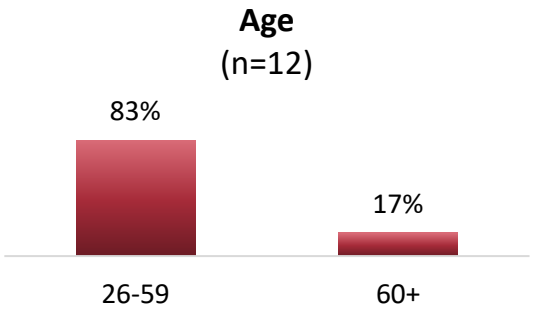
A total of 18 individuals and 7 alcohol serving establishments participated in the Bartenders as Gatekeepers Program in FY 2020-2021. The information below describes the individuals that participated in the Question, Persuade, and Refer (QPR) suicide prevention training. *Note: Demographic information is collected from participants in a follow-up survey. The information below is representative of those who completed survey.*

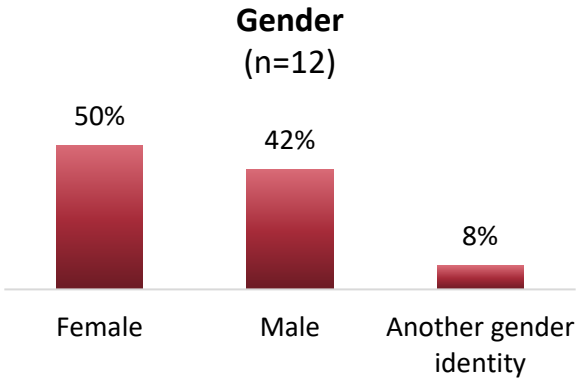
Program Developments

The project concluded in June of 2021. The full report and the project's findings can be found in Appendix B

Race (n=12)	
White	83%
More than one race	17%

Ethnicity (n=8)	
European	63%
Eastern European	25%
Mexican/Mexican American/Chicano	13%
Another Hispanic or Latino ethnicity	13%
*Note: Percentages exceed 100% of respondents	





4.3 Innovation

4.3.3 INN.03: Push Technology

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	18+	$157,111.80	5	$ 31,422.36

Program Description

The Push Technology project will focus on individuals exiting county inpatient psychiatric hospitals and crisis stabilization units. The project is designed to increase the quality of mental health services. The primary goal of the project is to improve post-discharge outcomes through the implementation of Ecological Momentary Intervention (EMI), which are mobile assessments administered in real time via automated push texts provided in partnership with local 211 service providers. The project changes a part of existing mental health practices by utilizing EMI to make periodic mini-assessments and follow-up during the first 90 days post-hospitalization to improve discharge outcomes and reduce re-hospitalization. The goal of the program is to intervene with linkage to existing support services prior to the participant decompensating to the point of needing re-hospitalization.

The project ended in June 2020. A full report on the project's findings can be found in Appendix C.

Program Developments

A total of 5 individuals enrolled in the Push Technology Program in FY 2020-2021. Note: Demographic information is collected from participants during a follow-up survey. The 5 individuals who enrolled in the Push Technology Program in FY 2020-2021 either did not complete the follow-up survey or did not respond to the demographic questions on the follow-up survey.

4.3 Innovation

4.3.4 INN.04: Conocimiento

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	18+	$185,711.92	78	$2,380

Program Description

The Conocimiento Project officially launched in January of 2020 and several youth events took place before the COVID-19 pandemic shut down the program only a couple of months later (March 2020). Staff from both sites, One Step and Ignite, continued to provide meals to youth, including offering meals to be picked up or dropped off at the youth's home. Both sites continued to hold activities with youth online throughout the pandemic until it was determined that programming could resume in person.

With planning and safety precautions in place, in-person meals between One Step and Ignite youth were able to resume outdoors during Q3 FY 20/21. Programming was able to resume at the centers when they reopened in mid-June 2021. Program staff co-facilitated youth leadership meetings with youth leaders where they planned meals, dinner agendas, and other Conocimiento events. During these leadership meetings, youth worked on developing their leadership, planning, facilitation and communication skills. Since the project launched, staff have continued to observe significant growth among program participants, including their confidence and leadership skills.

Conocimiento's guest speaker series began in Q4, FY 20/21 in which several guest speakers presented on topics such as leadership training and personal development, as well as their educational and career experiences. Conocimiento's guest speaker series plays an important role in motivating and inspiring young people to think about their careers and ambitions. Youth leaders helped plan the summer event which took place on May 28, 2021 at Universal Studios. The youth were inspried by 2 guest speakers who work in Hollywood and the music industry, and none of the youth ever had an opportunity to experience Universal Studios. With some additional funds available in the project, participants were able to plan a second summer event in which they chose to go to the California Science Center (June 2021).

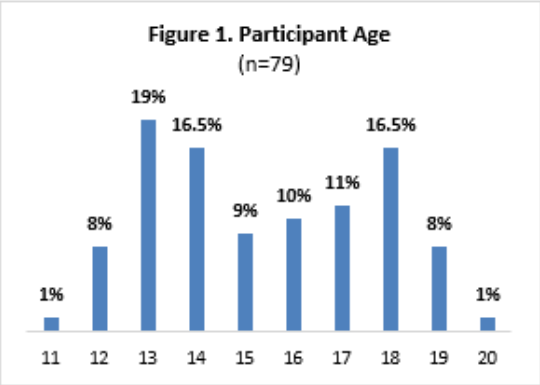
More recently, both project sites hired Parent Liaisons who have been planning events for parents including an Open House and parent resource events (Q2, FY 21/22) wherein parents will be able to learn about accessing resources in the community. Parents who enroll in the program will receive support services, including system navigation, parent support meetings, skills development and access to emergency resources. The Parent Liaisons also will be implementing a Parent Needs Assessment in FY 21/22. The youth follow-up assessment will be implemented in Q2 FY 21/22 as the sites are now more stable and youth have been able to attend events and programming more consistently.

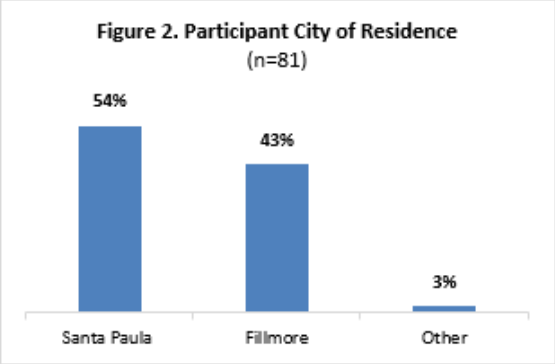
Program Developments

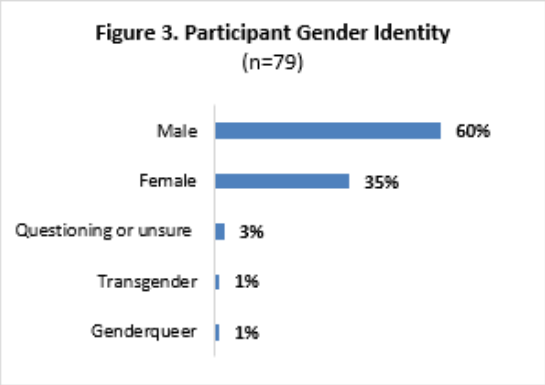
During FY 20/21, there was a total of 93 program participants in the Conocimiento program. The following information regarding program participants was obtained from youth who enrolled or completed the Conocimiento Intake Assessment (n=81).

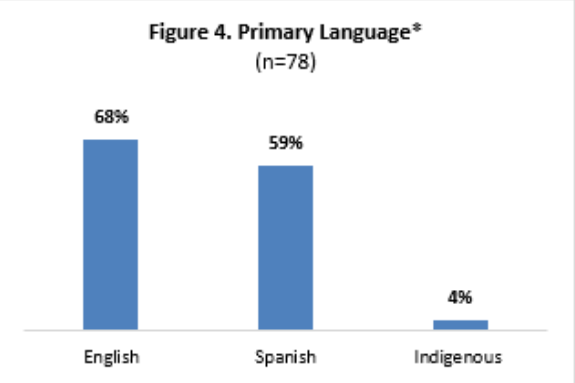
4.3 Innovation

4.3.4 INN.04: Conocimiento









Note: Percentages exceed 100% as youth were able to select more than one response option.

Table 1. Participant Racial Identity

Race* (n=79)	
Hispanic or Latino	91%
White	13%
American Indian or Alaska Native	6%
More than one Race	5%
Asian	3%
Native Hawaiian or Pacific Islander	1%
**Note: Percentages exceed 100% as respondents were able to select more than one response option.*	

Table 2. Participant Ethnic Identity

Ethnicity* (n=75)	
Hispanic or Latino	59%
Mexican/Mexican American/Chicano	51%
Non-Hispanic or Non-Latino	8%
More than one ethnicity	5%
Asian Indian/South Asian	3%
Chinese	3%
Another ethnicity	3%
Caribbean	1%
Central American	1%
African	1%
**Note: Percentages exceed 100% as respondents were able to select more than one response option.*	

4.3 Innovation

4.3.4 INN.04: Conocimiento

Figure 5. Participant Self-reported Disability Status
(n=78)

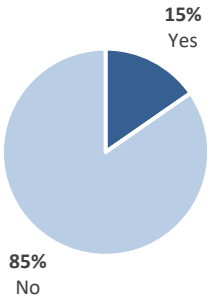
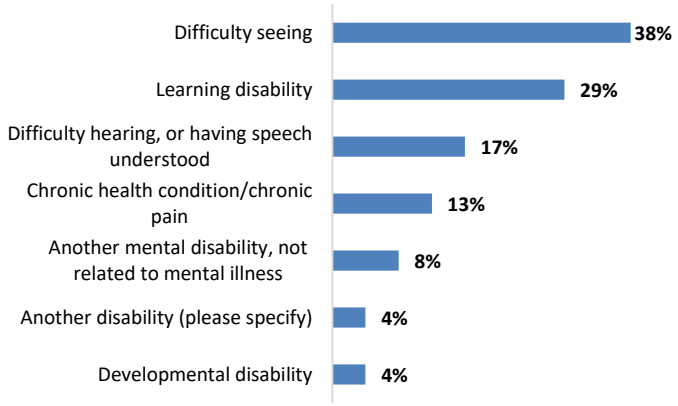


Figure 6. Self-reported Disabilties
(n=27)



**Note: Percentages exceed 100% as respondents*

4.3 Innovation

4.3.5 INN.05: Multi-County Full Service Partnership (FSP) Project

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	All	$4,835.18	N/A	N/A

Program Description

Counties throughout the state and FSP providers identified two barriers to improving and delivering on the "whatever it takes" goal of FSP. The first barrier is a *lack of information* about which components of FSP programs deliver the greatest impact, so counties have expressed a desire to see metrics that

- Reflect a more complete picture of how FSP clients are faring on an ongoing basis.
- Are closely aligned with clients' needs and goals.
- Allow for a comparison across programs, providers, and geographies.

These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and continuous improvement. The second barrier is *inconsistent FSP implementation*. FSP's "whatever it takes" spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state.

This project responds to the challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to improve coordination of FSP service delivery, operations, data collection, and evaluation. Through participation in this multi-county project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance.

Program Developments

The Multi-County FSP Innovation Project aims to shift the way counties design, implement, and evaluate FSPs to a more outcomes-oriented approach by:

1. Developing a shared understanding and more consistent interpretation of FSP's core components across counties, creating a common FSP framework.
2. Increasing the clarity and consistency of enrollment criteria, referral, and transition processes through developing and disseminating readily understandable tools and guidelines across stakeholders.
3. Improving how counties define, collect, and apply priority outcomes across FSP programs.
4. Developing a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools.
5. Developing new and/or strengthen existing processes that leverage data to foster learning, accountability, and meaningful performance feedback in order to drive continuous improvement in program operations and outcomes.

A full summary report of the project's progress can be found in Appendix E. In order to meet the above goals VCBH applied for an extension with the MHSOAC for additional dollars in Fiscal Years 22-23.

4.3 Innovation

4.3.6 INN.06: Full Service Partnership (FSP) Information Exchange

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	All	$1,456.59	N/A	N/A

Program Description

The County is working across agencies to develop a web of shared data streams, so VCBH can serve and report on FSP clients across law enforcement encounters, hospital stays, health care services, and homeless services systems in order to improve the quality of mental health services. This would allow our care managers to know if one of the 500 to 1700 FSP partners have been incarcerated, hospitalized, or if they are eligible or in need of homeless services. The project will aid in collecting the data needed to reduce recidivism and is considered a complement to the proposed Innovations Incubator Multi-County FSP project.

Program Purpose and Goals:

1. Report valid FSP program data by gathering directly from partner agency's systems.

2. Share important physical and mental health information with relevant audiences across systems.

3. Improve services through closer care coordination across systems.

Program Developments

Completed MOUs:

- Ventura County Health Care Agency
- Ventura County Continuum of Care
- Ventura County Sheriff's Office

In the past year, VCBH purchased Care Manager and worked for ten months to build the system to meet the Full-Service Partnership program goals and proposal plan. In the next year, the system is scheduled to go live, and integration is set to begin for the criminal justice data integration.

4.3 Innovation

4.3.7 INN.07: Mobile Mental Health

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	All	$697,412.20	N/A	N/A

Program Developments

The Mobile Mental Health program provides reliable, flexible physical and mental health services to unserved and underserved individuals in Ventura County, regardless of insurance or legal status. The direct and accessible approach to health care can positively affect stigma, emergency room use, and client engagement. The program is designed to deliver quality, quick, and consistent walk-in mobile mental health therapy to residents who have recently been in crisis, live in underserved areas, or identify as being part of underserved communities. The vehicle order was placed in FY 21/22, but due to COVID supply chain issues it is not scheduled to arrive until May 2021; the van will still need to be built out at that point. Despite these delays the Mobile Mental Health program is still set to launch on time (Winter 2022) as of this report.

Activities	Date/Time Period
Project idea developed through CPP process	Fall of 2020 and Winter of 2021
Project approved by the Board of Supervisors	May 11, 2021
Project approved by the MHSOAC	May 27, 2021
The project launch goal	January 1, 2023

4.4 WORKFORCE EDUCATION AND TRAINING (WET)

The purpose of the Workforce Education & Training (WET) component is to develop a diverse workforce supporting the broad continuum of other Mental Health Services Act (MHSA) components. Specifically, WET addresses the fundamental concepts of creating and continuously supporting a workforce that is culturally competent, provides client- and family-driven mental health services, and adheres to wellness, recovery, and resilience values.

In addition, clients and family/caregivers can be trained on skills needed to promote wellness and other positive mental health outcomes in order to help others. As a MHSA component, the system of care relies on the ability to work collaboratively in order to deliver client- and family-driven services, provide outreach to unserved and underserved populations, provide services that are linguistically- and culturally-competent and relevant, and include the viewpoints and expertise of clients, along with their families/caregivers.

4.4 Workforce Education and Training

4.4.1 WET.01: Workforce Education and Training

Status	Age Group	FY20-21 Cost	Total Served	Cost per Client
Continuing	18+	$66,354	19	$192,500

Population Served

Graduate and undergraduate students

Program Description

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

The financial incentive programs have mitigated the financial burden students experience by providing financial assistance to students pursing advance degrees. This program has encouraged employers to hire students, especially those who are fluent in Spanish and are bicultural, in hard-to-fill positions.

Program Highlights and Successes

19 students, including 10 who are bilingual, were hired in Clinical and Paraprofessional (MHA Internships/BHW Practicum) positions in FY 20/21

All students received educational stipends

53% of students were fluent in Spanish

New Integrated opportunity stipends

To date, three of the FY 2020-2021 MSW Intern Students have been hired by VCBH in the Behavioral Health Clinician classification – all three are bilingual (with fluency in Spanish). Further, one BHW Practicum Student (bilingual with fluency in Spanish) was hired by Health Care Agency as an Alcohol and Drug Treatment Specialist I counselor.

Program Highlights and Successes

Following collaborative planning with Ventura County Community College District and Oxnard Community College, VCBH added a new Practicum Learning experience focused on integrating mental health and substance use treatment and creating a career pathway into the mental health field as a Mental Health Associate (MHA) or the substance use treatment services field as an Alcohol and Drug Treatment Specialist, as well as being better prepared to provide integrated services.

Overall, VCBH partnered with six universities and one community college to provide clinical placements for 19 students (2 MFT Trainees, 9 MSW Interns, and 2 Doctoral Practicum students, and 6 Behavioral Health Workers), with approximately 53% fluent in Spanish (the County's threshold language), as well as stipends to those students.

Program Challenges and Mitigation

None

FY 21/22 Program Impacts

	Targeted number of students	Total Students
Bilingual MFT/MSW	5-8	33-46
Non-bilingual MFT/MSW	9-11	
Doctoral	5	
Undergraduate BHW	9-12	
Undergraduate MHA	5-10	

VCBH has continued the BHW program, which started in FY 2020-2021.

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

PROGRAM AND EXPENDITURE PLAN

- Full Service Partnership (FSP) Services, in conjunction with two FSP focused Innovation projects, has been undergoing a program re-organization, which will culminate in the launch of two new, additional FSP programs in FY2022-23.

- The Peer Support & Case Management Services provision will be expanded though a Mental Health Block grant.

- A new Crisis Stabilization Unit (CSU) will also be opened and funded with the Mental Health Block Grant.

- The Rapid Integrated Support & Engagement (RISE) Transitional Age Youth (TAY) Expansion grant will be supported by CSS funding when the grant concludes in 2022.

- A new TAY Youth Rapid Response Team will be established with receipt of grant funding.

- The Afterhours Urgent Mental Health Care will be expanded.

- New Permanent Supported Housing units added, and additional units will be created dependent on No Place Like Home and TAY Housing HHAP-2 grants.

Prevention and Early Intervention (PEI)

- Additional school districts will be added to the K-12 Wellness Center Expansion 5 program in FY 2021-22.

- To keep up with the increased client admission rate, Ventura County Power Over Prodromal Psychosis (VCPOP), formerly name Early Detection & Intervention for the Prevention of Psychosis will be expanding staffing.

- The Crisis Intervention Team (CIT) that use law enforcement personnel will be re-vamping its services to assess for a higher level of training and expanded partnerships. This program change is delayed from FY2019-20 and will now be implemented in FT2022-23.

- To focus on suicide prevention in Ventura County, a Suicide Prevention Coordinator has been added to staff.

5.1 FY 2020-21 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

Innovation (INN)

- Additional extension dollars have been requested in FY2021-22 for the FSP Multi-County project to complete project goals and expand to youth and family FSP services in FY2022-23.

- To expand Youth & Family FSP services in FY2022-23, additional extension funding has been requested in FY2021-22 for the FSP Multi-County project.

- If approved, the M.A.S.H. Homelessness Prevention for Seniors project will impact FY2022-23.
- Through a Multi-County initiative, a new Electronic Health Record is being researched and pursued.

- In FY2022-23, VCBH will apply to join the Early Detection Intervention and Prevention Multi-County Project.

- Mentoring programs for First Responders will be planned in FY2022-23.

Workforce Education and Training (WET)

WET funding is now reported in the CSS section of this document

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

5.1 FY 2020-21 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

County: Ventura Date: April 2022

		MHSA Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A.	**Estimated FY 2021/22 Funding**						
1.	Estimated Unspent Funds from Prior Fiscal Years	52,265,000	15,797,000	8,709,000			
2.	Estimated New FY2021/22 Funding	42,560,000	10,640,000	2,800,000			
3.	Transfer in FY2021/22	(395,280)			395,280		
4.	Access Local Prudent Reserve in FY2021/22						
5.	Estimated Available Funding for FY2021/22	94,429,720	26,437,000	11,509,000	395,280		
B.	**Estimated FY2021/22 MHSA Expenditures**	36,906,822	9,829,693	2,228,177	395,280		
C.						**Estimated FY2022/23 Funding**	
1.	Estimated Unspent Funds from Prior Fiscal Years	57,522,898	16,607,307	9,280,823			
2.	Estimated New FY2022/23 Funding	43,320,000	10,830,000	2,850,000			
3.	Transfer in FY2022/23	(220,983)			220,983		
4.	Access Local Prudent Reserve in FY2022/23						
5.	Estimated Available Funding for FY2022/23	100,621,915	27,437,307	12,130,823	220,983		
D.	**Estimated FY2022/23 Expenditures**	46,992,662	13,436,521	4,200,201	220,983		
I.	**Estimated FY2024/25 Unspent Fund Balance**	53,629,252	14,000,786	7,930,622			

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

5.1 FY 2020-21 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

County: Ventura Date: April 2022

H.	Estimated Local Prudent Reserve Balance	
1.	Estimated Local Prudent Reserve Balance on June 30, 2021	8,491,905
2.	Contributions to the Local Prudent Reserve in FY 2021/22	
3.	Distributions from the Local Prudent Reserve in FY 2021/22	
4.	Estimated Local Prudent Reserve Balance on June 30, 2022	8,491,905
5.	Contributions to the Local Prudent Reserve in FY 2022/23	
6.	Distributions from the Local Prudent Reserve in FY 2022/23	
7.	Contributions to the Local Prudent Reserve in FY 2022/23	8,491,905

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

5.2 FY 2021-22 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

The following sections address highlights to FY2020-21 through FY2022-23. Unchanged programming is not addressed in the section below; however, it is included in the funding worksheets.

Community Services & Supports (CSS)

- The programs that fall under the Full Service Partnership (FSP) category will undergo adjustments to fulfill required CSS spending of greater than fifty percent. This may impact other CSS programs.

- The Rapid Integrated Support & Engagement (RISE) TAY Expansion Program will be absorbed by MHSA due to grant conclusion during this 3-year period pending funding availability.

- The introduction of the Office of Statewide Health Planning and Development (OSHPD) Education & Training Matching Program will require expenditures of CSS funds for participation.

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adults FSP Program	686,087	337,253	348,834			
Vista (Telecare)	857,129	541,083	296,554			19,492
Assist (Laura's Law)	1,172,552	857,470	300,675			14,408
MHS EPICS ADULTS INTENSIVE	811,405	477,632	333,055			718
TAY						
TAY FSP	800,611	624,944	171,844			3,823
Transitional Age Youth (TAY) Outpatient (Transitions)	527,345	229,930	276,798			20,617
MHS EPICS ADULTS INTENSIVE	7,851	4,621	3,223			7
Assist (Laura's Law)	221,374	161,887	56,766			2,720
Child						
Youth FSP	94,929	39,273	49,651			6,004
Older Adult						
Older Adults FSP Program	1,933,572	1,305,755	627,817			
MHS EPICS ADULTS INTENSIVE	277,185	163,164	113,775			245
Assist (Laura's Law)	34,774	25,429	8,917			427
Non-FSP Programs						
The Client Network (CN)	73,667	72,865				802
CSS-SD-RISE TAY	919,987	907,755				12,231
County-Wide Crisis Team (CT)	3,676,667	3,032,231	644,436			
Screening, Triage, Assessment and Referral (STAR)	3,218,792	2,231,495	987,296			

VENTURA COUNTY BEHAVIORAL HEALTH
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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs, cont.						
Crisis Stabilization Unit (CSU)	3,644,821	2,743,763	846,026			55,032
Rapid Integrated Support and Engagement (RISE)	971,848	365,246	342,448			264,154
Quality of Life (QOL)Improvement	0					
Crisis Residential Treatment (CRT)	2,678,206	1,353,586	1,250,617			74,003
Fillmore Community Project	618,938	282,528	311,519			24,892
Older Adult Treatment (Non-FSP)	41,276	24,297	16,943			37
Family Access Support Team (FAST)	946,860	743,508				203,352
Adult Treatment (Non-FSP)	22,164,202	11,253,534	10,876,172			34,496
Transitional Age Youth (TAY) Outpatient (Transitions)	1,614,913	704,125	847,652			63,136
TAY Wellness Center: Pacific Clinics	592,950	592,950				
Assist (Laura's Law)	222,422	162,654	57,035			2,733
Growing Works	301,804	301,804				
Wellness and Recovery Center and Mobile Wellness - Turning Point	992,802	992,802				

VENTURA COUNTY BEHAVIORAL HEALTH
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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs, cont.						
Thompson Place - Turning Point	176,175	176,175				
OAK Place - Turning Point	279,229	279,229				
Adult Wellness Center - Turning Point	0					
DSH Diversion Grant	223,058					223,058
CSS Administration	7,974,413	5,917,834	1,384,966			671,613
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	58,757,841	36,906,822	20,153,019			1,698,000
FSP Programs as Percent of Total	20.1%					

VENTURA COUNTY BEHAVIORAL HEALTH
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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adults FSP Program	705,252	360,049	278,428			66,775
Vista (Telecare)	653,782	388,219	253,244			12,320
Assist (Laura's Law)	1,340,516	831,970	483,518			25,028
MHS EPICS ADULTS INTENSIVE	1,133,962	692,625	435,850			5,488
MHSFSP-A-MHSA Full Service Partnership	2,008,557	1,289,888	718,670			
MHS CONSUMER AND FAMILY PARTNERSHIP	20,773	20,773				
TAY						
TAY FSP	819,331	370,440	412,231			36,659
Transitional Age Youth (TAY) Outpatient (Transitions)	382,128	195,808	171,085			15,235
MHS EPICS ADULTS INTENSIVE	26,168	15,983	10,058			127
Assist (Laura's Law)	156,432	97,087	56,425			2,921
MHS CONSUMER AND FAMILY PARTNERSHIP	7,301	7,301				
Child						
Youth FSP	115,277	78,348	36,891			38
MHSFSP-Y-MHSA Full Service Partnership	20,000	11,835	8,165			
MHS CONSUMER AND FAMILY PARTNERSHIP	1,077	1,077				

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs cont.						
Older Adults						
Older Adults FSP Program	2,358,800	1,503,190	791,771			63,838
Vista (Telecare)	79,439	47,171	30,771			1,497
MHS CONSUMER AND FAMILY PARTNERSHIP	16,158	16,158				
MHS EPICS ADULTS INTENSIVE	367,003	224,166	141,061			1,776
Assist (Laura's Law)	37,208	23,093	13,421			695
Non-FSP Programs						
The Client Network (CN) & Consumer Family partnership	382,238	382,238				
CSS-SD-RISE TAY	1,151,085	1,125,201				25,884
County-Wide Crisis Team (CT)	4,080,934	3,363,261	664,507			53,166
Screening, Triage, Assessment and Referral (STAR)	4,164,589	2,879,298	1,210,757			74,534
Crisis Stabilization Unit (CSU)	3,847,718	3,191,856	523,047			132,814
MHS MOBILE CRISIS OUTREACH FOR TAY	289,654	163,177	126,477			
Adult CSU	1,960,074	1,010,074	950,000			
Rapid Integrated Support and Engagement (RISE)	1,240,752	696,224	435,955			108,573
Fillmore Community Project	793,270	498,530	294,057			683
Older Adult Treatment (Non-FSP)	0					

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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Non-FSP Programs cont.						
Adult Treatment (Non-FSP)	26,459,720	13,990,917	10,051,584			2,417,219
Transitional Age Youth (TAY) Outpatient (Transitions)	2,098,321	1,075,211	939,455			83,655
TAY Wellness Center: Pacific Clinics	613,214	608,143				5,071
Assist (Laura's Law)	181,599	112,707	65,502			3,391
Growing Works	335,944	209,230	124,431			2,283
Wellness and Recovery Center and Mobile Wellness - Turning Point	1,025,972	1,025,972				
Thompson Place - Turning Point	251,123	251,123				
TURNING POINT OAK PLACE	332,529	332,529				
Grant for Homeless Prevention and Supportive Services	40,159	9,048				31,111
DSH Diversion Grant	334,702	67,418				267,284
MHS ENHANCED MANAGED CARE	1,625,762	714,384	247,858			663,520
MHSUCC-MHSUCC	2,708,323	1,715,497	937,865			54,961
MHSCRR-MHSCRRSAA	221,013		38,156			182,857
Adult Treatment (Non-FSP)	26,459,720	13,990,917	10,051,584			2,417,219

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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.1 Community Services and Supports (CSS) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CSS Administration	9,265,917	5,184,369	3,932,999			148,549
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	78,464,851	46,992,662	26,709,084			4,763,105
FSP Programs as Percent of Total	21.8%					

5.2.2 Prevention and Early Intervention (PEI) Component Worksheet

This section is written based on correspondence from the Mental Health Services Oversight & Accountability Commission (Commission) dated January 27, 2020, instructing Counties regarding priorities set forth in Senate Bill 1004 (SB1004) and impacting Welfare and Institutions Code Section 5840.7. According to SB1004, the Commission was to amplify on the priorities in SB1004 by January 2020 and submit to Counties for implementation, thus the letter cited above. The letter reads that the Commission has not yet established priorities at the time. The letter was written so there are no additional priorities to those specifically called out in WIC 5840.7(a) to be included in this Three-Year Program and Expenditure Plan. However, Counties are instructed to meet the requirements of WIC 5840.7(d)(1) by showing in the PEI component section how these priorities are going to be addressed during the planning period. These priorities cited in WIC 5840.7(a)(1) through (8) are as follows:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- Culturally competent and linguistically appropriate prevention and intervention.
- Strategies targeting the mental health needs of older adults.
- Other programs the commission identifies, with stakeholder participation that are proven effective in achieving, and are reflective of, the goals stated in Section 5840 .
- All items listed are being addressed in current programming with stakeholder involvement. Details regarding PEI programming and results are in the PEI Evaluation Report, Appendix B.

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.2 Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach, Referral & Engagement (O & E)						
One Step a la Vez	55,568	55,568				
Project Esperanza	55,568	55,568				
Tri County Glad	55,924	55,924				
Wellness EveryDay	298,044	298,044				
Logrando Bienestar	1,446,872	1,243,362	194,992			8,518
MHS Latino Outreach-Non MHMAA	19,186	19,186				
Primary Care Program						
Primary Care Integration - Clinicas	301,290	301,290				
Promotoras Programs						
Promotoras - MICOP	260,619	260,619				
Promotoras Y Promotores (Santa Paula)	40,413	40,413				
K-12						
K-12 Prevention	2,035,995	2,035,995				
Wellness Centers Expansion	2,000,000	2,000,000				
LGBTQ						
Diversity Collective	50,622	50,622				
PEI Programs - Early Intervention						
Primary Care Integration - VCBH	458,875	13,795				445,079
EDIPP	318,271	0	50,721			267,551
Old Adults - VCAAA	656,708	656,708				
PEI RISE Outreach	195,070	195,070				
COMPASS	1,638,818	1,030,975	547,284			60,559
PEI Programs - Early Intervention						
Crisis Intervention Team (CIT) Training	206,064	206,064				

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.2 Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
MHSSA Grant	1,334,877					1,334,877
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	85,877	85,877				
EVALCORP	75,774	75,774				
PEI Administration	1,891,669	1,148,839	429,076			313,753
Total PEI Program Estimated Expenditures	13,482,103	9,829,693	1,222,073			2,430,337

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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.2 Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Outreach, Referral & Engagement (O & E)						
One Step a la Vez	59,834	59,834				
Project Esperanza	81,651	81,651				
Tri County Glad	57,780	57,780				
Wellness EveryDay	295,911	295,911				
Logrando Bienestar	2,229,157	1,724,965	460,337			43,854
MHS Latino Outreach-Non MHMAA	76,509	76,509				
Primary Care Program						
Primary Care Integration - Clinicas	341,290	341,290				
Promotoras Programs						
Promotoras - MICOP	260,803	260,803				
Promotoras Y Promotores (Santa Paula)	49,352	49,352				
K-12						
K-12 Prevention	2,082,062	2,082,062				
Wellness Centers Expansion	2,000,000	2,000,000				
LGBTQ						
Diversity Collective	54,777	54,777				
PEI Programs - Early Intervention						
Primary Care Integration - VCBH	405,369	74,858				330,511
EDIPP	3,780,180	1,811,832	1,155,450			812,898
Old Adults - VCAAA	769,793	769,793				
PEI RISE Outreach	199,680	199,680				
National Alliance on Mental Illness (NAMI)	125,000	125,000				
COMPASS	1,735,990	1,323,848	302,240			109,902

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.2 Prevention and Early Intervention (PEI) Component Worksheet

County: Ventura Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Crisis Intervention Team (CIT)						
Crisis Intervention Team (CIT) Training	206,636	206,636				
MHSSA Grant	1,638,824	164,670				1,474,153
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,437	81,437				
EVALCORP	75,232	75,232				
PEI Administration	2,953,831	1,518,602	1,402,609			32,620
Total PEI Program Estimated Expenditures	19,561,096	13,436,521	3,320,637			2,803,938

- The Healing the Soul program ends in FY2020-21.
- The Youth program Conocimiento, which began in FY2019-20, and will end in FY2022-23.
- The Suicide Prevention - Bartenders as Gatekeepers program, established in FY2018-19, will be ending in FY2020-21.
- The Push Technology program which was established in FY2018-19, will end in FY2021-22.
- The Full Service Partnership (FSP) Multi-County Project will continue running through FY2023-24.
- The FSP Data Information Exchange which began in FY2019-20, will continue running through FY2022-23.
- If approved, the Mobile Mental Health program will begin in FY2022-23 and end in FY2024-25.

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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.3 Innovations (INN) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Conocimiento: Addressing ACEs through Core Competencies	226,583	226,583				
Conocimiento: Addressing ACEs through Core Competencies-ADMIN	17,356	14,703	2,044			609
Conocimiento: Addressing ACEs through Core Competencies-EVALUATION	5,335	4,420	705			210
MHS INN FSP Data Exchange Program	835,610	835,610				
MHS INN FSP Data Exchange Program-ADMIN	64,008	54,224	7,538			2,246
MHS INN FSP Data Exchange Program-EVALUATION	19,673	16,299	2,600			774
MHS Multi County FSP INN Plan (Third Sector)	673,749	673,749				
MHS Multi County FSP INN Plan (Third Sector)-ADMIN	51,610	43,721	6,078			1,811
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION	15,238	13,142	2,096			
Therapeutic Crisis Response-Mobile Mental Health Van	175,000	175,000				

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.3 Innovations (INN) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs, cont.						
Therapeutic Crisis Response-Mobile Mental Health Van	175,000	175,000				
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	13,405	11,356	1,579			470
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	4,120	3,413	544			162
INN Administration	180,509	155,956	18,917			5,636
Total INN Program Estimated Expenditures	2,282,196	2,228,177	42,102			11,918

VENTURA COUNTY BEHAVIORAL HEALTH
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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.3 Innovations (INN) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs, cont.						
Conocimiento: Addressing ACEs through Core Competencies	261,017	261,017				
Conocimiento: Addressing ACEs through Core Competencies-ADMIN	10,432	6,190	4,242			
Conocimiento: Addressing ACEs through Core Competencies-EVALUATION	3,054	1,660	1,393			
MHS INN FSP Data Exchange Program	263,663	263,663				
MHS INN FSP Data Exchange Program-ADMIN	10,538	6,253	4,285			
MHS INN FSP Data Exchange Program-EVALUATION	3,085	1,677	1,407			
MHS Multi County FSP INN Plan (Third Sector)	167,020	167,020				
MHS Multi County FSP INN Plan (Third Sector)-ADMIN	6,675	3,961	2,714			
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION	1,954	1,062	892			
Therapeutic Crisis Response-Mobile Mental Health Van	917,848	917,848				

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5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.3 Innovations (INN) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs, cont.						
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	36,684	21,767	14,917			
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	10,738	5,839	4,899			
MHSEHR-CALMHSA Electronic Health Record	1,869,384	1,869,384				
MHSEHR-CALMHSA Electronic Health Record-ADMIN	74,715	44,334	30,381			
MHSEHR-CALMHSA Electronic Health Record-EVALUATION	21,870	11,892	9,979			
MHS Suicide Prevention Gatekeepers	2,060	2,060				
MHS Suicide Prevention Gatekeepers-ADMIN	82	49	33			
MHS Suicide Prevention Gatekeepers-EVALUATION	24	13	11			
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	164,589	164,589				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	6,578	3,903	2,675			

5.2 FY 2020-21 THROUGH 2022-23 PROGRAM EXPENDITURE PLANS

5.2.3 Innovations (INN) Component Worksheet

County: Ventura

Date: April 2022

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs, cont.						
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	1,926	1,047	879			
First Responders Mentorship Program	200,000	200,000				
First Responders Mentorship Program-ADMIN	7,994	4,743	3,250			
First Responders Mentorship Program-EVALUATION	1,926	1,047	879			
INN Administration	270,006	239,182	30,824			
Total INN Program Estimated Expenditures	4,313,861	4,200,201	113,660			

5.2.4 Workforce, Education and Training (WET) Component Worksheet

There are no changes to WET, but through Southern California Regional Partnership (SCRP), there will be new programs.

County: Ventura | Date: April 2022

	Fiscal Year 2021-22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	152,214	152,214				
Southern Counties Regional Partnership (SCRP) MOA	227,857	227,857				
MIP Integrated Care & Outreach Site	92,884	8,594				84,290
MIP MH Outpatient Specialty Care	72,764	6,615				66,149
WET Administration						
Total WET Program Estimated Expenditures	545,719	395,280				150,439

	Fiscal Year 2022-23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
Workforce Education & Training Stipends	149,897	149,897				
MIP Integrated Care & Outreach Site	375,859	34,469				341,390
MIP MH Outpatient Specialty Care	402,786	36,617				366,169
WET Administration						
Total WET Program Estimated Expenditures	928,542	220,983				707,559

6. Appendices

Please refer to the links in https://vcbh.org/en/about-us/mental-health-services-act for the following appendices:

- Prevention & Early Intervention Evaluation Report FY 2020-2021
- Healing the Soul Project Final Report FY 17/18 - 20/21
- Bartenders as Gatekeepers Final Evaluation Report FY 18/19 - 20/21
- Push Technology Final Evaluation Report FY 18/19 - 20/21
- Conocimiento Evaluation Update, March 2022
- Multi-County Full Service Partnership Innovation Project: Year 2 – Implementation Summary Report, January 2022