Mental Health Services Act (MHSA)

Part 1: Three Year Plan

2023-2026

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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) Three-Year Plan and Annual Update.

First, we would like to thank all VCBH staff and outsourced MHSA providers for the excellent services they provide, their continued support with respect to data collection, ensuring clients voices are heard, and their efforts to bringing this report to fruition. We especially want to thank our diverse stakeholders, individuals, and groups for 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

1. COUNTY CERTIFICATIONS

1.2 Director's Message

The purpose of this Mental Health Services Act (MHSA) report is two-fold: (1) provide an overview to Ventura County's stakeholders, partners, clients, and community members on the direction of mental health services in Ventura County for 2023-2026; and (2) report on the activities, services, and programs funded through MHSA for Fiscal Year 2021-2022. Of note, we not only find ourselves emerging from the dramatic impacts of the COVID-19 pandemic, but also working hard to implement the historic Medi-Cal reforms that have been introduced statewide under the CalAIM initiative. Through it all Ventura County Behavioral Health (VCBH) remains committed to our mission to promote wellness through a whole-person care approach that endeavors to be both empowering and culturally sensitive. As the payor of last resort, MHSA funding is a critical resource that aims to ensure essential treatment, services and prevention efforts happen for the betterment of our community. None of this work could be done without the commitment and dedication of our community partners, stakeholders, and contracted providers. It is with all this in mind that I ask readers to consider VCBH's MHSA report.

Scott Gilman, MSA
Director
Ventura County Behavioral Health

Part 1 Table of Contents

- **EXECUTIVE SUMMARY**

- **COUNTY DESCRIPTION**

- **MHSA PROGRAM COMPONENTS**

How to read this report

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

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

What is the MHSA 3-year Program and Expenditure Plan?

It describes goals, objectives and interventions based on a needs assessment, stakeholder feedback, and the possibilities and limits defined in State regulations. Every three years, Ventura County is required to develop a new Program and Expenditure Plan for the MHSA funding. The 3-year plan outlines and updates the programs and services to be funded by MHSA and allows for a new 3-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The current 3-year plan expires in June 2023. This year's plan will cover Fiscal Years 2023/24-2025/26. A single fiscal year begins July 1st and ends the following calendar year on June 30th. This year's report is a new 3-year plan.

What is an Annual Update?

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3-year plan on an annual basis. The community planning process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA. An annual update is a standalone report that is included in Part II after the 3-year plan. The Annual Update that is included in part two of this document reports on the final year (2022-23) of the last three-year plan FY 2020-2023.

Understanding the numbers:

- Most of the data and the cost per client amounts listed in the document refer to data and amounts from Fiscal Year 2021-2022. To write the plan, the most current available and complete data and fiscal reporting (for a full 12 months) is from Fiscal Year 2021-2022.

- This document is written and adopted currently in the Fiscal Year 2022-2023 and will be articulated from that point in time.

- This plan's title is reflective of the MHSA requirements and therefore will be named Ventura County's MHSA Three Year Plan for 2023-2026 and Annual Update for FY 2022-2023.

- Funding for the MHSA is based on income tax and cannot be forecasted with complete certainty therefore all plans are subject to change and items that are outlined for funding in the 3-year plan will be updated in Annual Update Reports each subsequent year.

2.2 BACKGROUND

2.2.1 Overview

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

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

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

MHSA Guiding Principles

Cultural Competence in services to reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access

Community Collaborations to develop a shared vision for services.

Client, Consumer and Family Involvement in all aspects of the mental health system, including planning, policy development, service delivery and evaluation.

Integrated Service Delivery to reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.

Wellness and Recovery focus by allowing clients and consumers to participate in defining their own goals, so they can live fulfilling and productive lives.

2.2 BACKGROUND

2.2.2 Community Program Planning (CPP) Summary

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

2.2.3 Programs Summary

The tables below reflect a summary of 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. Any changes from the three-year plan, delays due to the COVID-19 pandemic, or other alterations are noted. Specific fiscal allocations per program are listed in Section 5 under the Three-Year Expenditure Plan. Newly proposed programs, services, or needs resulting from the Three-year planning process are listed separately in this report but will be integrated in subsequent annual updates.

2.2 BACKGROUND
2.2.3 Programs Summary

Full Service Partnership (FSP)

Program	Changes	FY23-24	FY24-25	FY25-26
Youth FSP Program	New in FY22-23	✓	✓	✓
Insights Youth FSP		✓	✓	✓
Transitional Age Youth (TAY) Expanded Transitions (TAY FSP)		✓	✓	✓
Casa Esperanza TAY Transitions Program (TAY FSP)		✓	✓	✓
Assisted Outpatient Treatment (AOT) Program		✓	✓	✓
Adult Clinic Based FSP (new site to open)	Delayed due to hiring shortages	✓	✓	✓
Empowering Partners through Integrative Community Services (EPICS)		✓	✓	✓
VISTA		✓	✓	✓
VCBH Older Adults FPS Program		✓	✓	✓

Outreach and Engagement (O & E)

Program	Changes	FY23-24	FY24-25	FY25-26
Rapid Integrated Support and Engagement (RISE)		✓	✓	✓
RISE TAY Expansion		✓	✓	✓

General System Development (GSD)

Program	Changes	FY23-24	FY24-25	FY25-26
County-Wide Crisis Team (CT)		✓	✓	✓
Crisis Residential Treatment (CRT)		✓	✓	✓
Crisis Stabilization Unit (CSU)		✓	✓	✓
Screening, Triage, Assessment, and Referral (STAR)		✓	✓	✓
Fillmore Community Project		✓	✓	✓
Transitional Age Youth (TAY) Outpatient Treatment Program		✓	✓	✓
VCBH Adult Outpatient Treatment Program		✓	✓	✓
The Client Network		✓	✓	✓
Family Access Support Team (FAST)		✓	✓	✓
Growing Works		✓	✓	✓
MCOT TAY	Grant Ending			
Mobile Response Team (MRT) for youth and families	Grant Starting	✓	✓	✓
Forensic Pre-Admit		✓	✓	✓
Mental Health Diversion Grant Program		✓		
Adult Wellness Center and Mobile Wellness		✓	✓	✓
TAY Wellness Center		✓	✓	✓
Client Transportation		✓	✓	✓
Language Services		✓	✓	✓

Housing (Hou)

Program	Changes	FY23-24	FY24-25	FY25-26
Board and Care /RCFE (Residential Care for the Elderly)		✓	✓	✓
Board and Care		✓	✓	✓
TAY D Street Housing		✓	✓	✓
Permanent Supported Housing (no ongoing cost unless COSAR is out)		✓	✓	✓
Board and Care /RCFE (Residential Care for the Elderly)		✓	✓	✓
Board and Care		✓	✓	✓

Prevention and Early Intervention (PEI)

Program	Changes	FY23-24	FY24-25	FY25-26
Multi-Tiered System of Supports, VCOE		✓	✓	✓
Multi-Tiered System of Supports, LEA		✓	✓	✓
One Step a La Vez		✓	✓	✓
Program to Encourage Active, Rewarding Lives for Seniors		✓	✓	✓
Project Esperanza		✓	✓	✓
Proyecto Conexión Con Mis Compañeras	To be rollup as an extension of Logrando Bienestar			
Diversity Collective		✓	✓	✓
Tri-County GLAD		✓	✓	✓
Wellness Everyday Website	Moving to GSD	✓	✓	✓
COMPASS		✓	✓	✓
Ventura County Power Over Prodromal Psychosis (VCPOP)		✓	✓	✓
Crisis Intervention Team		✓	✓	✓
Logrando Bienestar		✓	✓	✓
Rapid Integrated Support and Engagement		✓	✓	✓
Wellness Centers - Continued Expansion	Additional Centers	✓	✓	✓
MHSSA Grant		✓	✓	
Eating Disorders	Continued without MHSA money			
MHS La Clave	Integrated into other PEI programs			
Healing the Community		✓	✓	✓

Innovations (INN)

Program	Changes	FY23-24	FY24-25	FY25-26
Conocimiento OSALV	Moving to PEI			
Conocimiento Ignite	Moving to PEI			
Multi-County Full-Service Partnership (FSP) Project	Ending 2024	✓		
Full-Service Partnership (FSP) Information Exchange	Ending 2024			
Mobile Mental Health	On Hold	✓	✓	✓
Learning Collaborative Healthcare Network Early Psychosis Project	Planned	✓	✓	✓

Workforce Education and Training (WET)

Program	Changes	FY23-24	FY24-25	FY25-26
Workforce Education and Training	Expanding	✓	✓	✓

Capital Facilities and Technological Needs (CTFN)

Program	Changes	FY23-24	FY24-25	FY25-26
California Facilities and Technological Needs	Expanding	✓	✓	✓

3-Year Plan Additions

Program	FY23-24	FY24-25	FY25-26	Categories
Mini Grant Pilot Programs	x	**x**		PEI
VCOE Wellness Centers Continued Expansion	x	x		PEI
Mental Health First Aid - In Spanish	x	x	x	PEI
Suicide Prevention Efforts and Events	x			PEI
Be Nice - Suicide Prevention Program	x			PEI
One-time incentives for Providers - transitioning to Cal AIM	x			CSS
BCHIP Y&F Services Building (Round 4) Braided Funding	x			CSS
Board and Care Acquisition	x	x		CFTN/IT
Permanent Supportive Housing Units	x	x		CFTN/IT
Transitional Housing buildings		x	X	CFTN/IT
COSARs (to maintain permanent supportive units)	x	x		CSS
B&C rate adjustments	x	x	x	CSS
Clinic site expansion Y&F Division	x			CSS
Clinic site expansion Adult Division	x			CSS
Rehab Center (BCHIP round 5) Braided funding	x	x		CFTN/IT
East County Crisis Stabilization Unit (CSU)	x	x		CFTN/IT
Psychiatric Health Facility	x	x		CFTN/IT
Rehab Center	x	x		CSS
East County Crisis Stabilization Unit (CSU)		x	x	CSS
Psychiatric Health Facility (PHF)		x	x	CSS
Rehab Center		x	x	
Continued Staff Training	x	x	x	WET
Outreach and Education Improvement		x		PEI
Improve Access and Information about Services		x		CSS
Peer Respite		x	x	CSS
Addition of Staff (Treatment, Housing team, and Peers through the system)	x	x		CSS
Mobile Response Team (MRT)	x	x	x	CSS

The following block grant funding, a result of COVID-19 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 throughout the report.

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

Community Mental Health Services Block Grant (MHBG)

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

The supplemental funding for CRRSAA and ARPA will be used by VCBH to support Crisis Stabilization Units (CSU) care coordination, develop an evidence-based Peer Support Program, and increase telehealth access to behavioral health treatment throughout the adult outpatient clinic system. Specifically, the CSU funding will be used by VCBH to 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. Currently three of the six allocated positions have been hired.

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.

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 20,000 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

2.2 BACKGROUND

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 2021, the estimated population of Ventura County was 839,734. Hispanic or Latinos comprised 44.1% of the population and non-Hispanic/Latino comprised 55.9%. Approximately 22.2% of the population was under 18 years of age while 16.7% of County residents were 65 or older. Ventura County was

also comprised of 21.1% foreign-born persons and 36,784 veterans.

The median household income was $94,150, however, 8.9% of the people in the County were 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.

Ventura County Census[1] Population	N=839,784

Requested Age Breakouts [2]	
0-15 yrs.	NA
16-25 yrs.	NA
26-59 yrs.	NA
60+ and older	23.4%
Census Age Breakout Available [2]	
0-14 yrs.	18.1%
15-24 yrs.	12.9%
25-59 yrs.	45.3%
60 and older	23.4%
Veteran Status	
Veteran (among 18+)	5.5%
Active Duty	NA
Civilian	NA

Race [3]	
White (all)	83.6%
Black/African American	2.4%
Asian	8.0%
Native Hawaiian/Pacific Islander	0.3%
American Indian/Alaskan Native	1.9%
Other Race	0.4%
More than one race	3.8%
Ethnicity [3]	
Hispanic	44.1%
Non-Hispanic	55.9%
Gender	
Female	50.9%
Male	49.1%
Other gender identity [4]	.5%
Language Spoken [5]	
English (only)	61.6%
Spanish (any)	28.8%
Other	9.6%
Language thresholds are English and Spanish.	

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

[1]From the 2021 US Census Bureau American Community Survey 1-year estimates unless otherwise specified.
[2]Requested age breakouts did not entirely match CPP or Census age breakouts.
[3] Race and ethnicity here were requested to be separate. Indicated results reflect responses to ethnicity question.
[4]Gender: The source reports 0.5% of individuals aged 18+ in the state of California identify as transgender. The local estimates are using Ventura's age data from the Census.
Source: https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/
[5]Language Spoken: Only available languages are reported.

VENTURA COUNTY PLANNING PROCESS

3.1 COMMUNITY PROGRAM PLANNING (CPP)

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

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 Mental Health Oversight and Accountability Commission (MHSOAC), 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 updates and 3-year plans. 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.

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

3.1 COMMUNITY PROGRAM PLANNING (CPP)

	CPPP Participants (N=2,979)	Census[1] (N=839,784)	Difference
Requested Age Breakouts [2]			
0-15 yrs.	4.6%	NA	NA
16-25 yrs.	10.0%	NA	NA
26-59 yrs.	58.0%	NA	NA
60 and older	27.0%	23.4%	-10.3
Census Age Breakouts [2]			
0-14 yrs.	NA	18.1%	NA
15-24 yrs.	NA	12.9%	NA
25-59 yrs.	NA	45.3%	NA
60 and older	NA	23.4%	NA
Race/Ethnicity	N=2,269, N=2,566 [3]	N=839,784	
American Indian or Alaskan Native	6.0%	1.9%	4.1%
Asian	7.0%	8.0%	-1.0%
Black or African American	3.0%	2.4%	0.6%
Hispanic or Latinx	63% [3]	44.1%	18.9%
Native Hawaiian or Pacific Islander	2.0%	0.3%	1.7%
White (alone)	35.0%	43.6%	-8.6%
White (not alone)	64.3%	83.6%	-19.3%
Multi-racial	1.0%	3.8%	-2.8%
Another Race/Ethnicity	14.0%	0.4%	13.6%
Gender	N=2,852	N=839,784	
Female	77.0%	50.9%	26.1%
Male	21.0%	49.1%	-28.1%
Other gender identity	2.0%	.5% [4]	-1.5%
Veteran Status	N=2,786		
Veteran (among 18+)	4%	5.5%	-1.5%
Active Duty	NA	NA	NA
Civilian	NA	NA	NA
Have a Disability	N=2,735		
	13.0%	11.8%	1.2%
LGBTQ+	N=2,419		
	15.0%	5.3% [5]	14.7%
Language Spoken at home	N=2,818		
English	65.9%	61.6%	4.3%
Spanish	27.0%	28.8%	-1.8%
Another Language	7.1%	9.6%	-2.5%

[1]From the 2021 US Census Bureau American Community Survey 1-year estimates unless otherwise specified.

[2]Requested CPP age breakouts did not match Census age breakouts

[3] Race and ethnicity were separate questions in the CHNA Survey. Indicated results reflect responses to ethnicity question.
   Census values were reported for Hispanic/Latino are of any race, while other categories are "[category] AND non-Hispanic/Latino"

[4]Gender: The source below reports 0.5% of individuals aged 18+ in the state of California identify as transgender
   The local estimates are using Ventura's age data from the Census.
   Source: https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/

[5]Sexual Orientation: The American Community Survey only reports two genders (male and female) and does not ask about sexual
   orientation. The Gallup Daily tracking survey reports 5.3% of California's population (from 2015-2017) answer yes to
   "Do you, personally, identify as lesbian, gay, bisexual, or transgender?"
   o Source: https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density

3.1 COMMUNITY PROGRAM PLANNING (CPP)
3.1.1 Stakeholder Involvement

The Mental Health Services Act (MHSA) requires public involvement in the stakeholder process because it's 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, and health agencies. While there are shared requirements for CPP, the process allows Ventura County to tailor its programming to align with its specific needs and adhere to State priorities and regulatory requirements.

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

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

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

The BHAB is made up of stakeholders appointed by the Board of Supervisors and functions in an advisory capacity to VCBH Director and the Board of Supervisors. It plays a significant role in facilitating public discussion of the Mental Health Services Act (MHSA) plans and updates, provides feedback prior to the required 30-day posting then conducts the public hearing. The BHAB, as the local mental health board, has authority to vote on recommendations for the plan and updates submitted to the Board of Supervisors for final approval.

The table below lists the current membership and their respective geographic representation, along with term dates.
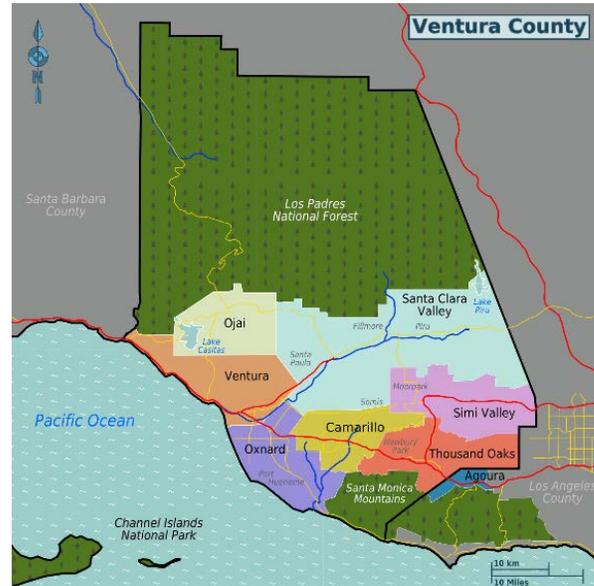
Ventura County Behavioral Health Advisory Board
Supervisor, Matt LaVere
Membership Roster 2021-2022

District 1	District 2	District 3
Claudia Armann 03/11/21 – 03/10/24	Carol J. "C.J" Keavney 01/08/22 – 01/07/25	Nancy Borchard 01/26/21 – 01/26/24
Kevin Clerici 10/07/21 – 10/06/24	Patricia Mowlavi 03/15/20 – 03/15/23	Gane Brooking 01/13/22 - 01/12/25
Genevieve Flores-Haro 04/27/21 – 04/26/24	Elizabeth R. Stone 03/01/22 – 02/28/25	Janis Gardner 04/24/21 – 04/24/24
Cheryl Heitmann 05/11/21 – 05/10/24	Diane McKay 09/17/22 - 09/16/25	Naomi (Nomi) Marrufo 09/13/22 - 12/01/23

District 4	District 5	Law Enforcement Representative
Jennifer Morrison 02/09/21 – 02/09/24	Soledad Barragán 09/15/20 – 09/15/23	
Christopher Tejeda 04/13/21 – 09/17/21	Michael Rodriguez 01/25/23 - 01/24/26	
	Marlen Torres 01/11/20 – 01/24/23	Cmdr. James Fryhoff 09/10/19 – 09/10/22
	Liz Warren 04/27/22 - 03/22/24	

3.1.3 BHAB Subcommittees

In order to address the 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 Adult, Transitional-Aged Youth (TAY) and Child/Youth. Other priority subcommittees that are non-age specific are the Disparities Reduction committee and Prevention. Each group sets its own goals and generates year-end reports on accomplishments.

3.1.3.1 MHSA Community Program Planning Committees, Focus Groups and Workgroups

VCBH also conducts active outreach to ensure key stakeholders are included in the development of programs and services, so they are reflective of the needs of the population to be served. Such groups during this planning period included underserved geographic areas, houseless individuals, and clients of VCBH services.

Informing the Community about the CPPP Sessions

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

3.1 Community Program Planning (CPP)

3.1.3 BHAB Subcommittees
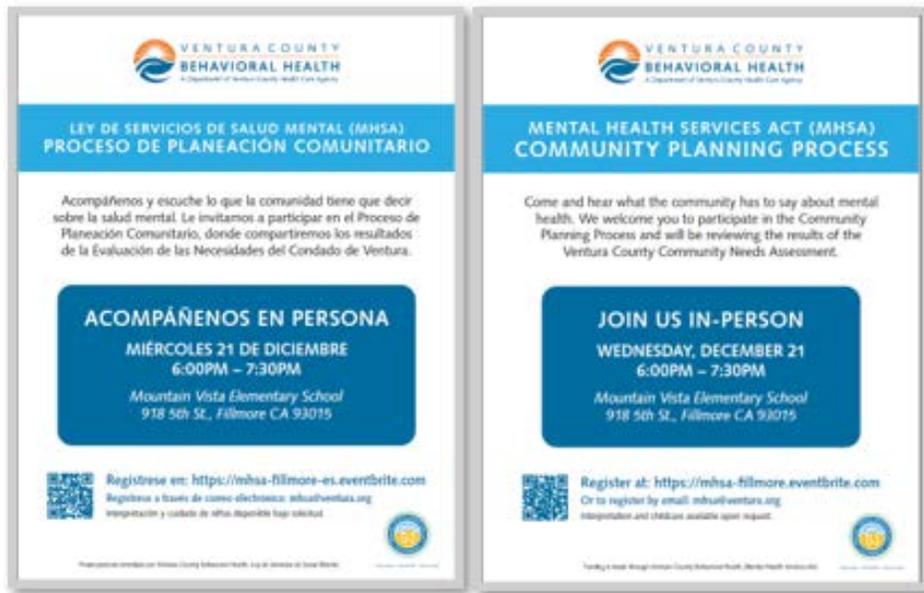
3.1.3.2 Consumer and Family Groups

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

3.1.3.3 Issue Resolution Process (RP)

Consumers may also voice their views/concerns through the issue grievance process (see Section 7 in the Appendix). At the time of this report, there have been 29 grievances filed for or regarding services that are funded by the MHSA for fiscal year FY21/22.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)
3.2.1 Community Planning Process Breakdown

The CPPP is an ongoing process that ensures a fair development for making decisions about our local mental health continuum of care and includes a wide variety of community stakeholders.

Community Planning Process for the three-year plan is longer and more involved than the regular and ongoing CPPP. Below is an overview of the process for this year's 3-year community planning process. Subsequent sections describe this process in detail.

Phase I	Phase II
Community Health Needs Assesment (CHNA) -Secondary Data -Primary Data	Focused Mental Health Anaylsis -Additional Primary Data Collection -Analysis

Phase III	Phase III	Outcome
Presentation of Findings to the community	Feedback and solutions on findings from community	Priorities for the Three-year MHSA Plan defined
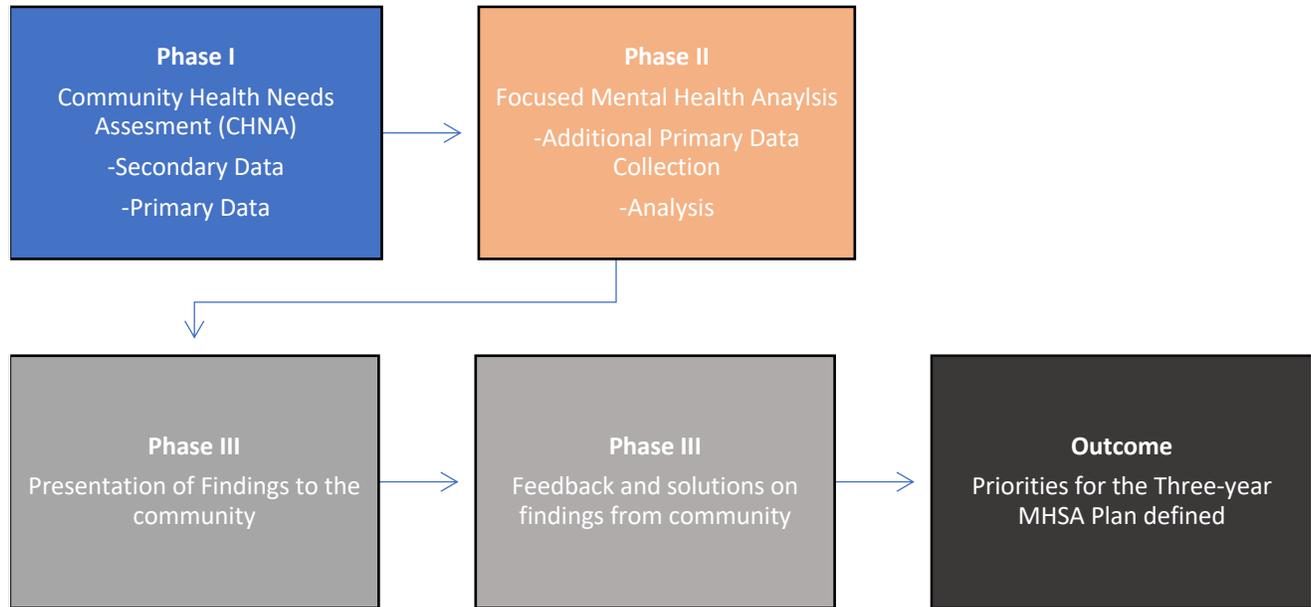
Phase I: Leveraged our broader health systems by designing and distributing a needs assessment in collaboration with Public Health, hospitals, community providers, and healthcare systems located here in the county.

Phase II: Focused on mental health needs of the community. Gathered additional data on individuals

living in or identified as underserved communities of the county according to the findings of Phase I.

Phase III: Solicited feedback and solutions on the findings from Phase I and II.

Outcome: List of priorities and strategies to meet the needs identified.

CHNA Secondary Data Collection | CHNA Survey Distribution N=3022 | 15 CHNA Focus Groups | Internal Assess-ment | MHSA Survey Outreach N=300+ surveys | +3 Specialized Mental Health Focus groups | Five Community feedback Events | Proposed Priorities Posted for Review | 30 day posting & Public Hearing | Submission Process

Phase 1: January 2022 – June 2022   Phase 2: July 2022 – October 2022   Phase 3: November - June 2023

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

3.2.1 Community Planning Process Breakdown

Community Health Needs Assessment (CHNA) Process (Phase I)

Every three years an assessment of the broader County needs is crucial to ensure a breadth of County needs is captured. For this planning period, VCBH joined forces with Ventura County Community Health Improvement Collaborative (VCCHIC).

VCCHIC is a formal, charter-bound partnership of seven health agencies that came together in June 2018 to participate in the development of a joint CHNA exercise and report. The agencies that constitute VCCHIC are given below:

- Adventist Health Simi Valley
- Camarillo Health Care District
- Clinicas Del Camino Real, Inc.
- Community Memorial Health System

- Gold Coast Health Plan
- St. John's Regional   Medical Center,
- Dignity Health
- Ventura County Health Care Agency

The mission of VCCHIC is to build partnerships to improve population health outcomes in Ventura County. These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment. This will result in a collective approach to addressing population health and benefit the communities in which we serve. The full CHNA framework and final needs assessment report can be found here.

The CHNA is conducted and published every three years or as per Internal Revenue Service (IRS), the Health Resources and Services Administration's (HRSA) Health Center Compliance Manual, Section 330 of the Public Health Service Act, and Public Health Accreditation Board (PHAB) requirements. The CHNA was designed with the goal of creating accessible ways for a wide range of community stakeholders, including community members and providers, to share their perceptions on the health needs for Ventura County residents. Additional endeavors were made to identify the most urgent mental health needs among unserved and underserved populations in the county. EVALCORP Research & Consulting collaborated on the design and analysis of targeted focus groups and additional analysis of the CHNA survey after further effort was made to target underserved areas in the County. That breakdown can be viewed here.

The CHNA was one part of the larger Community Program and Planning Process (CPPP) that took place for the three-year plan. A key element of the CHNA and the CPPP was having multiple data collection methods and formats, forums and tools used to gather information about the community and its needs. The VCCHIC commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2022 CHNA, from there VCBH and EVALCORP Research & Consulting conducted additional data collection methods formats and analysis exclusively focusing on the mental health needs of the community.

The data collection was divided into two categories: Secondary and Primary Data as follows:

1. **Secondary data** included existing, publicly available data, and involved collecting and inventorying data that was generated outside of the CHNA process (such as census data, county agency reports, state, and local surveys).

2. **Primary data** was generated specifically for this CHNA, which did not exist previously. This includes both quantitative data, such as that obtained from surveys, and qualitative data, such as that obtained from focus groups. Three separate primary data collection efforts were conducted: (1) a community survey, and (2) community focus groups (3) and a secondary effort to target the mental health needs of unserved and underserved communities which included additional focus groups and survey collection. Data from one and two were analyzed by Conduent an evaluation and research company hired by the VCCHIC. Data from number three were analyzed and reported by EVALCORP Research & Consulting and had an exclusive focus on the mental health section of the survey and the mental health needs of the community.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)
3.2.1 Community Planning Process Breakdown

**Community Health Needs Assessment (CHNA) Process (Phase I, cont'd)**

The **community survey**, which reached over 3,022 residents, was used to directly assess demographic factors, mental health indicators, and feedback on mental health services among community members.

a. Throughout the month of February 2022, VCCHIC members facilitated more than fifteen **focus groups**. Focus group participants included persons from the black community, monolingual Hispanic or Latino Spanish speakers, older adults, LGBTQIA+ persons, students, and those accessing mental health and substance use treatment services among others. In collaboration with California State Channel Islands University and Pacifica High Primary Data Collection School in Oxnard, CA, VCCHIC was also able to receive input from local high school and college students about the issues impacting them.

b. **Targeted mental health data collection (Phase II)** After the initial survey period closed a review was completed to compare county demographics with the survey responses. Given these results VCBH opted to continue data collection with a targeted focus on collecting surveys from some of the areas identified as having high health disparities primarily Santa Paula, Fillmore, Piru, and South Oxnard. Over three hundred additional surveys were collected from these areas. The final total number of surveys analyzed for this report was 3,430.

The data included demographic characteristics and while it is acknowledged that this data does not in and of itself determine mental/behavioral health outcomes, it is established that factors such as socioeconomic status, housing and health are strongly linked to mental health. Demographic characteristics were also of interest to examine whether mental health outcomes in Ventura County might differ by characteristics such as age, gender, and race/ethnicity.

Community Survey

The community surveyed the general adult public (including consumers of mental health services, as well as their caregivers or family members). The survey was available in paper copy and online, as well as in English and Spanish. Both paper and online surveys were initially collected from February 2022- May 2022 for the CHNA. A separate awareness campaign took place during this time to increase participation in the survey. The campaign included Facebook and Instagram advertising as well as printed advertisements in five local newspapers during February – March of 2022. Final total number of surveys was 3,430.
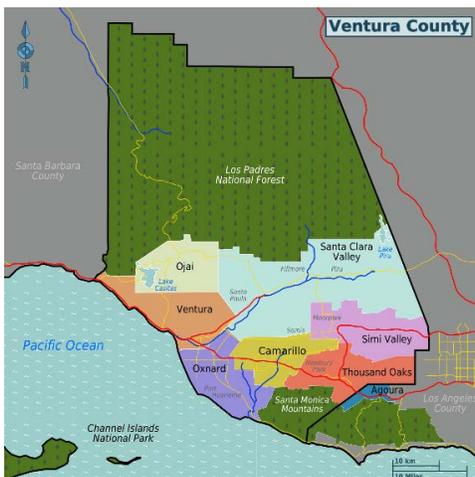
The goal of VCBH was to extend the breadth of survey deployment to maximize county-wide reach, while focusing on the depth in certain geographic areas and specific populations. Efforts to accomplish the intended breadth and depth of the survey response rates included making both online and paper surveys readily accessible to varying audiences.

Upon the survey closure timeline for the CHNA a review was conducted of the demographic responses and compared with the demographics in the county. After an internal discussion the decision was made to extend the timeline to increase the number of surveys received from underserved and underserved communities and populations. A focus on South Oxnard, the Santa Clara Valley, and lower income individuals were targeted especially through local food pantry distribution sites in the areas. As a result, 3,322 surveys were collected in total. EvalCorp developed a summary analysis of the mental health focused survey questions and indicated the total number of responses included in surveys which were collected after the CHNA deadline. That PowerPoint can be found in section 7 of the appendix.

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

3.2.1 Community Planning Process Breakdown

Focused Mental Health Data Collection and Analysis (Phase II)

As mentioned, a targeted mental health data collection took place after the initial CHNA survey period closed and a review was completed to compare county demographics with the survey responses. VCBH opted to continue data collection with a targeted focus on collecting additional data from some of the areas identified as having high health disparities primarily Santa Paula, Fillmore, Piru, and South Oxnard. Over three hundred additional surveys were collected from these areas and three additional specialized **community focus groups**, reaching over 30 participants, were facilitated to seek input from underserved, unserved and priority populations in the County.

Community Focus Groups (Phases I & II)

Focus groups were conducted with specific priority groups identified by the CHNA's advisors and community stakeholders. This approach was selected in recognition that quantitative data on certain priority groups may be difficult to obtain due to (1) the lack of existing data, (2) the small size of the priority populations being considered, and (3) the barriers certain priority groups might face in filling out a survey (due to language, location, access to the internet, or other factors).

The three additional specialized focus groups that took please in Phase II were recruited from areas prioritized in the final CHNA findings.

15 Initial, CHNA Focus Groups	3 Additional, Specialized Focus Groups
• February-March 2022 • VCCHIC, CA State Channel Islands University, Pacifica High School • Diverse recruitment methods	• Under-represented in initial CHNA focus groups • Individuals receiving mental health services, unhoused, under-represented regions

The three specialized mental health focus groups included individuals living in Santa Paula and South Oxnard, Groups were facilitated in English and Spanish, and included individuals receiving mental health services, unhoused individuals, and individuals living in these regions.

Key results of the specialized mental health focus groups are presented in the key findings section of the Focus Group PowerPoint document included in Appendix 7.3.

Community Feedback

Findings from the CHNA (Phase I) and the additional Mental Health focused data collection (Phase II) was presented to the community though Community Input Sessions and Response Surveys. Community members could watch videos of the findings on the website in either English or Spanish or attend a zoom session or in person event. Response surveys were distributed at all the events and posted to the website to maximize the number of ways for community members to weigh in on the solutions process. This table shows the breakdown of participants:

Feedback Type	Dates	Locations	Total
In person events	Dec 21, 2022 Nov 29, 2022 Nov 30, 2022	Fillmore Oxnard Santa Paula	48
Zoom Events	Nov 29, 2022 Nov 30, 2022	Online	63
Response Surveys	Nov 15, 2022 - Jan 30, 2023	All in person events and online	141
Total			**252**

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)
3.2.2 Advertisement and Awareness for the Community Stakeholder Input for CPPPP Process

To oversee and provide input to the CHNA, the VCCHIC held monthly **Advisory Group** meetings comprised of the seven health agencies that first came together in June of 2018. The mission of VCCHIC is to build partnerships to improve population health outcomes in Ventura County. These partnerships are necessary to accomplish the shared vision of working collaboratively to develop strategies based upon the identified health priorities from the community health needs assessment.

The MHSA regulations include the Community Program Planning process, which requires engagement from consumers, caregivers, and family members. To this end, five community input sessions were held over three dates, at which community members, leaders, and any interested parties were invited to provide feedback on various elements of the CHNA, including cultural and linguistic competency. Attendance at the community input sessions ranged from 3 to 30 people representing various stakeholders and regions within the county.

The input sessions took place as follows:

Below is a sample of the public flyers posted for the events, advertised on social media, newsprint, and online.

November 29, 2022
Discussed the results of the CHNA and held discussion of how to solve the findings. In 2 seperate sessions one in person and one zoom

November 30, 2022
Discussed the results of the CHNA and held discussion of how to solve the findings. In 2 seperate sessions one in person and one zoom

December 21, 2022
Discussed the results of the CHNA and held discussion of how to solve the findings in person only.

In addition, the finalized list of priorities reported at all BHAB meetings and subcommittee meetings in February and March as well as posted to the VCBH website from February 23, 2023 – March 20, 2023.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)
3.2.3 Key Findings and Recommendations

Key Findings

Key findings from the mental health component of Phase I and Phase II are briefly outlined below. Full reports on the CHNA findings and the coalition's implementation plan can be found at www.healthmattersinVC.org. Video presentations explaining the findings of the specialized focus groups and the summary of the combined (N=3,430) survey findings primarily reporting on mental health questions of the CHNA survey can be found on www.VCBH.org.
A few of the most poignant findings from the survey are reflected below.

- Mental health was a top source of stress across all respondents, but especially among younger individuals and those with a lower income.

- Individuals who identified as Native Hawaiian/Pacific Islander, Asian, Black, or African American and Multi-racial were more likely to report at least moderate levels of stress about their mental health.

- COVID-19 exacerbated concerns regarding personal and children's mental health.

- Suicidal thoughts were more common among younger respondents and those who did not identify as cis-gendered men or women.

- More than half of all survey respondents, as well as those who had suicidal thoughts, received the MH care that they needed.

Mental Health Needs identified in the specialized focus groups:

- **Depression**: Participants mentioned depression in every focus group and described loss, loneliness, and rumination as the drivers of this symptom.

- **Anxiety:** Also mentioned in all focus groups and included work, loss, and providing for a family as causes. Participants often mentioned poor sleep and panic attacks as the effects of these feelings.

- **Trauma**: Although participants didn't use this word, they frequently described experiences such as abuse, abandonment, and leaving their home county and driving their mental health needs.

- **Generational trauma**: Participants recognized that issues are passed down to future generations but were unsure why this happens or how to prevent this outcome.

Recommendations and Results

Survey Recommendations:
- Help individuals experiencing mental health stress identify factors in their life that are contributing to the stress and provide co-occurring, integrated services.

- Outreach to individuals for mental health services should target individuals who identify as Hispanic/Latino or non-CIS gendered individuals between the ages of 25 and 44.

- Almost 1 out of 5 respondents who reported having suicidal thoughts also indicated that they attempted suicide. Training potential responders should acknowledge this high risk of dying that people are in when having suicidal ideation.

Recommendations from the Specialized Focus Groups:
- **Connection to Care**
  - It is difficult to separate a conversation about mental health from the cultural stigma that has infused even healthy language around mental health.

  - Although participants' mental health concerns are driven by traumatic experiences, they were more comfortable using terms such as depression and anxiety.

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)
3.2.3 Key Findings and Recommendations

o There is a high level of need for cultivating trust within the community to address the barriers that prevent successful connection to MH services.

o At every access point to MH services, as well as connections to new services, allow space and time for connections to be made so individuals trust that they are cared about, that services are affordable, and that they are given accurate information.

- **Affordability**

  o Eligibility and the often-changing insurance coverage discouraged participants from engaging in services.

- **Awareness**

  o Rethink how conversations about mental health are held with the community. Bring individuals into conversations about mental health services with terminology that is not already stigmatized.

  o Educate the community about the mental health risks associated with unmet basic needs and trauma exposure.

3.2.4 Prioritization of Community Solutions

Following the needs assessment results and, stakeholder engagement and feedback sessions, VCBH began its internal program assessment process by comparing existing services to existing and forecasted community needs, gaps, and sustainment of regulatory requirements. The results are five categories listed here in alphabetical order which the department plans to leverage existing operations and utilize local MHSA funding to implement. MHSA funding is not a guaranteed amount. As such, updates on this list will be dependent on allocation amounts and will be communicated through subsequent Annual Updates and Program Review Summary tables (located in section 2 of this report).

Priorities for the 2023-2026 Three-Year MHSA plan

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

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

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

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

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

3.2 UPDATE ON THE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT (CMHNA)
3.2.4 Prioritization of Community Solutions

Three Year Planning results by Component

The priorities listed above will act as a guide for the department for the next three years as funding is available. Below are the program changes that are in process, planned, or that have taken place in the last year.

Capital Facilities and Technology (CFTN)

Both housing and clinical service sites, especially in East County, have been a crucial need in the last two three-year planning periods. For the first time in a several years VCBH will be allocating monies to its Capital Facilities component. Proposed projects and collaborations are listed in the Program Summary table of this report.

Community Services and Supports (CSS)

The number of clients has increased since the pandemic started. The department's vacancy rate has also increased since the pandemic began. These competing trends mean the department is working multiple angles to expand staff and services. Some programs have also outgrown their current offices and are in need of additional sites to accommodate their growth and better meet the needs of specific age groups.

- 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 completion of the project in June 2024.

- The Peer Support & Case Management Services provision will continue to be expanded.

- A new East County Crisis Stabilization Unit (CSU) is planned. Several challenges including the acquisition of a specific site have delayed the project.

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

- The TAY Youth Rapid Response Team (MCOT) will be supported with MHSA funding.

- A rehab facility and a psychiatric health facility are in the early stages of planning and will be funded with a variety of funding streams.

- The loss of board and care facilities in the county has been steady. The department is working to sustain, bolster, and potentially purchase board and care that are at risk of closing.

- One-time incentives for medical providers will be offered in exchange for meeting milestones as the providers transition to CalAIM requirements.

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

- Mobile Response Team (MRT): a community-based crisis response service for enrolled VCBH Youth and Family Division clients.

- Access is an area that that department is working to define further. The referral process can be confusing especially as community members have to sort through insurance and eligibility requirements. The department is hoping to develop materials clarifying the process.

Prevention and Early Intervention (PEI)

- Many of the PEI programs will continue and be expanded in response to the youth Mental Health crisis being documented. The two newest programs being proposed for continuation are the youth teen centers that have been a part of Conocimiento: Addressing ACES though Core Competencies Innovation Project.

- To develop more non-clinical providers/options mini grants will be distributed to new providers though a notice of available funding. In response to consistent requests from the community and considering the youth mental health crisis additional school districts will be

added to the K-12 Wellness Center Expansion program.

- To keep up with the increased client admission rate, Ventura County Power Over Prodromal Psychosis (VCPOP), formerly named Early Detection & Intervention for the Prevention of Psychosis, will continue to hire staff to maintain fidelity ratios.

- To focus on suicide prevention in Ventura County, a Suicide Prevention Coordinator has been added to the department. As a result, additional events, conferences, and a completed Suicide Prevention Plan for the County is anticipated.
  - o Suicide Prevention Council
  - o Annual Suicide Prevention Conference
  - o Empower Up – Event for youth

Innovation (INN)

VCBH has INN projects planned though 2025. Depending on funding allocations another community planning process may be needed to solicit new INN ideas. If needed, this process would be planned for 2024.

- The M.A.S.H. Homelessness Prevention for Seniors project will begin FY22-23.

-

- Through a Multi-County initiative, a new Electronic Health Record has been approved by MHSOAC.

- In FY23-24, VCBH will apply to join the Early Detection Intervention and Prevention Multi-County Project.

- Mentoring programs for First Responders provider declined to pursue the INN approval process and is not moving forward with INN dollars.

- The Mobile Metal Health Van has been delayed two full years due to the Covid-19 pandemic. The van has been pending during this time and most recently is set to be completed in 2023. Depending on the delivery date the project is set to begin during FY23/24 but may still be pushed out further.

- Crisis Now, a multi county INN project is being considered.

Workforce Enhancement and Training (WET)

Through Southern California Regional Partnership (SCRP), there will continue to be internship opportunities, loan forgiveness opportunities, and additional training. Additionally, money will be allocated for supporting new and existing Peers to become trained and certified.

Provider Information (according to NACT, August 2022)

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

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

The department is in the process of compiling the metrics of the Network Adequacy information for clinical need.

Percentage of Providers that have received Cultural Competency Training
82.4%
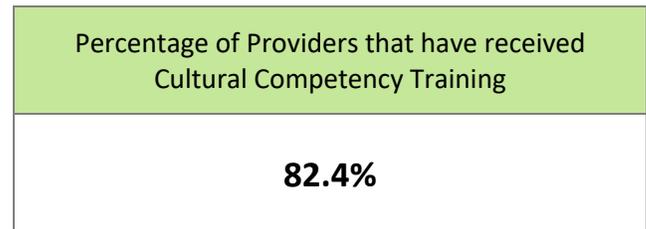
Threshold Language: Spanish	
% of Spanish speakers in Ventura County	28.8%
% of Spanish services offered by Ventura County providers	40.5%
% of providers who speak languages other than English	45.7%

Languages other than English spoken by Ventura County providers	% of providers that speak this language*
American Sign Language (ASL)	0.5%
Arabic	0.7%
Armenian	0.5%
Cantonese	0.2%
Farsi	1.0%
Korean	0.3%
Mandarin	0.2%
Other Chinese	0.2%
Russian	0.5%
Spanish	40.5%
Tagalog	1.4%

*Some providers speak more than one language other than English

Licensed Marriage and Family Therapists 13.0%
Associate Marriage Family Therapist 9.9%
Associate Clinical Social Worker 8.6%
Licensed Clinical Social Workers 6.1%
Licensed Psychiatrists 5.9%
*All Other Providers 17.1%
Other Qualified Providers 39.5%

*Registered Nurses, Mental Health Rehab. Specialists, Menta Rehabilitation Specialists, Psychiatric Technicians, Licensed P Waivered Psychologist, Licensed Vocational Nurses, Nurse Pra Associate Professional Clinical Counselor, Licensed Physicians Professional Clinical Counselor.

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2023-24

County: Ventura   Date: April 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	254,790		254,790			
VCBH Adult Outpatient Treatment Program-Adult FSP	1,174,352	507,935	537,629			128,787
VISTA	787,290	99,671	629,016			58,603
Assisted Outpatient Treatment (AOT) Program	983,885	673,907	281,364			28,614
Empowering Partners through Integrative Community Services (EPICS)	1,162,687	710,497	443,378			8,811
Transitional Age Youth (TAY) Outpatient Treatment Program-Adult	4,810	2,423	2,279			107
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	58,530	30,487	22,331			5,712
VISTA	93,701	11,863	74,864			6,975
Transitional Age Youth (TAY) Outpatient Treatment Program	458,662	231,105	217,333			10,223
Assisted Outpatient Treatment (AOT) Program	164,538	112,699	47,053			4,785
Empowering Partners through Integrative Community Services (EPICS)	12,884	7,873	4,913			98

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2023-24

County: Ventura

Date: April 2023

	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						
Casa Esperanza TAY Transitions Program (TAY FSP)	991,499	383,961	558,575			48,964
Rapid Integrated Support and Engagement (RISE)	2,934	2,311	357			266
Child						
Insights (Youth FSP)	118,067	61,789	56,211			67
Youth FSP Program	550,208	397,301	152,906			
Older Adults						
VCBH Adult Outpatient Treatment Program-Older Adult	277,283	134,710	113,707			28,867
VISTA	3,053	386	2,439			227
Older Adults FSP Program	2,204,804	1,440,926	748,801			15,077
Empowering Partners through Integrative Community Services (EPICS)	360,583	220,346	137,504			2,733
Assisted Outpatient Treatment (AOT) Program	68,953	47,229	19,719			2,005
VCBH Adult Outpatient Treatment Program-Older Adult	277,283	134,710	113,707			28,867
Non-FSP Programs						
The Client Network (CN)	118,982	118,982				
County-Wide Crisis Team (CT)	2,711,790	2,230,017	425,849			55,924
Screening, Triage, Assessment and Referral (STAR)	3,750,537	2,781,025	860,697			108,815
Crisis Stabilization Unit (CSU)	4,171,867	3,526,097	616,718			29,053

County: Ventura   Date: April 2023

	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.						
Additional Peer Support Specialists	554,016	481,753	72,263			
Wellness EveryDay		310,403				
Forensic Pre-Admit/Mental Health Diversion Grant Program	393,231		4,088			389,143
CSS Administration	8,246,232	4,610,043	3,600,023			36,166
Total CSS Program Estimated Expenditures	71,606,430	41,964,330	25,324,525			4,627,978
FSP Programs as Percent of Total	23.2%					

Fiscal Year 2024-25

County: Ventura   Date: April 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	292,434	30,000	262,434	0	0	0
VCBH Adult Outpatient Treatment Program- Adult FSP	1,209,583	523,173	553,758	0	0	132,651
VISTA	810,909	102,661	647,887	0	0	60,361
Assisted Outpatient Treatment (AOT) Program	1,013,401	694,124	289,805	0	0	29,472
Empowering Partners through Integrative Community Services (EPICS)	1,197,567	731,812	456,680	0	0	9,076
Transitional Age Youth (TAY) Outpatient Treatment Program- Adult	4,954	2,496	2,347	0	0	110
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	60,286	31,401	23,001	0	0	5,883
VISTA	96,513	12,218	77,110	0	0	7,184
Transitional Age Youth (TAY) Outpatient Treatment Program	472,422	238,039	223,853	0	0	10,530
Assisted Outpatient Treatment (AOT) Program	169,474	116,080	48,465	0	0	4,929
Empowering Partners through Integrative Community Services (EPICS)	13,271	8,109	5,061	0	0	101

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN
3.4.1 Community Services and Supports (CSS)
Fiscal Year 2024-25

County: Ventura   Date: April 2023

	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.						
Casa Esperanza TAY Transitions Program (TAY FSP)	1,021,244	395,479	575,332	0	0	50,433
Rapid Integrated Support and Engagement (RISE)	3,022	2,380	368	0	0	274
Child						
Insights (Youth FSP)	121,609	63,643	57,898	0	0	69
Youth FSP Program	566,714	409,220	157,493	0	0	0
Older Adults						
VCBH Adult Outpatient Treatment Program-Older Adult	285,602	138,751	117,118	0	0	29,733
VISTA	3,144	398	2,512	0	0	234
Older Adults FSP Program	2,270,948	1,484,154	771,265	0	0	15,530
Empowering Partners through Integrative Community Services (EPICS)	371,400	226,956	141,629	0	0	2,815
Assisted Outpatient Treatment (AOT) Program	71,022	48,646	20,310	0	0	2,065
Non-FSP Programs						
The Client Network (CN)	122,551	122,551	0	0	0	0
County-Wide Crisis Team (CT)	2,793,144	2,296,918	438,624	0	0	57,602
Screening, Triage, Assessment and Referral (STAR)	3,863,053	2,864,456	886,518	0	0	112,079
Crisis Stabilization Unit (CSU)	4,297,023	3,631,880	635,219	0	0	29,924

County: Ventura   Date: April 2023

	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.						
Rapid Integrated Support and Engagement (RISE)	2,211,041	1,741,444	268,994	0	0	200,603
Crisis Residential Treatment (CRT)	4,307,548	1,765,360	2,360,785	0	0	181,404
Fillmore Community Project	747,149	366,485	373,140	0	0	7,523
Family Access Support Team (FAST)	1,096,470	878,300	33,901	0	0	184,269
VCBH Adult Outpatient Treatment Program-None FSP	25,814,200	11,938,895	11,212,719	0	0	2,662,586
Transitional Age Youth (TAY) Outpatient (Transitions)	2,094,436	1,055,321	992,432	0	0	46,683
TAY Wellness Center: Pacific Clinics	646,529	646,529	0	0	0	0
Assisted Outpatient Treatment (AOT) Program	158,823	108,785	45,419	0	0	4,619
Growing Works	508,252	394,114	107,750	0	0	6,388
Wellness and Recovery Center and Mobile Wellness - Turning Point	1,080,793	1,080,793	0	0	0	0
Housing	1,679,471	1,668,058	0	0	0	11,413
Crisis Care Mobile Units (CCMU) Grant	220,053	0	0	0	0	220,053
Peer Support Program ARPA	301,785	59,632	0	0	0	242,153
Ventura Avenue clinic Y&F	508,526	292,731	215,795	0	0	0
Ventura Avenue clinic Adult	764,184	487,000	277,185	0	0	0

County: Ventura   Date: April 2023

	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.						
East County CSU	3,463,882	2,880,320	583,562			
PHF Psychiatric Health Facility	7,470,084	4,345,894	3,124,190			
Additional Peer Support Specialists	992,410	843,549	148,862			
Forensic Pre-Admit/Mental Health Diversion Grant Program	405,028	0	4,210	0	0	400,818
CSS Administration	8,493,619	4,748,344	3,708,024			37,251
Total CSS Program Estimated Expenditures	84,095,574	49,477,103	29,851,654			4,766,817
FSP Programs as Percent of Total	20.3%					

3.4.1 Community Services and Supports (CSS)

Fiscal Year 2025-26

County: Ventura   Date: April 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	301,207	30,900	270,307	0	0	0
VCBH Adult Outpatient Treatment Program-Adult FSP	1,245,870	538,869	570,371	0	0	136,631
VISTA	835,236	105,741	667,324	0	0	62,172
Assisted Outpatient Treatment (AOT) Program	1,043,803	714,948	298,499	0	0	30,356
Empowering Partners through Integrative Community Services (EPICS)	1,233,494	753,766	470,380	0	0	9,348
Transitional Age Youth (TAY) Outpatient Treatment Program-Adult	5,103	2,571	2,418	0	0	114
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	62,094	32,344	23,691	0	0	6,060
VISTA	99,408	12,585	79,423	0	0	7,400
Transitional Age Youth (TAY) Outpatient Treatment Program	486,594	245,180	230,569	0	0	10,846
Assisted Outpatient Treatment (AOT) Program	174,558	119,563	49,919	0	0	5,077
Empowering Partners through Integrative Community Services (EPICS)	13,669	8,353	5,212	0	0	104

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN
3.4.1 Community Services and Supports (CSS)
Fiscal Year 2025-26

County: Ventura — Date: April 2023

	A Estimated Total Mental Health Expenditures	B Estimated CSS Funding	C Estimated Medi-Cal FFP	D Estimated 1991 Realignment	E Estimated Behavioral Health Subaccount	F Estimated Other Funding
FSP Programs cont.						
Casa Esperanza TAY Transitions Program (TAY FSP)	1,051,882	407,344	592,592	0	0	51,946
Rapid Integrated Support and Engagement (RISE)	3,113	2,452	379	0	0	282
Child						
Insights (Youth FSP)	125,258	65,552	59,635	0	0	71
Youth FSP Program	583,715	421,497	162,218	0	0	0
Older Adults						
VCBH Adult Outpatient Treatment Program-Older Adult	294,170	142,914	120,631	0	0	30,625
VISTA	3,239	410	2,587	0	0	241
Older Adults FSP Program	2,339,076	1,528,678	794,403	0	0	15,996
Empowering Partners through Integrative Community Services (EPICS)	382,542	233,765	145,878	0	0	2,899
Assisted Outpatient Treatment (AOT) Program	73,152	50,105	20,920	0	0	2,127
Non-FSP Programs						
The Client Network (CN)	126,227	126,227	0	0	0	0
County-Wide Crisis Team (CT)	2,876,938	2,365,826	451,783	0	0	59,330
Screening, Triage, Assessment and Referral (STAR)	3,978,945	2,950,390	913,114	0	0	115,441
Crisis Stabilization Unit (CSU)	4,425,934	3,740,836	654,276	0	0	30,822

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN
3.4.1 Community Services and Supports (CSS)
Fiscal Year 2025-26

County: Ventura | Date: April 2023

	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.						
Rapid Integrated Support and Engagement (RISE)	2,277,372	1,793,687	277,064	0	0	206,621
Crisis Residential Treatment (CRT)	4,436,775	1,818,320	2,431,608	0	0	186,846
Fillmore Community Project	769,563	377,480	384,334	0	0	7,748
Family Access Support Team (FAST)	1,129,364	904,649	34,918	0	0	189,797
VCBH Adult Outpatient Treatment Program-None FSP	26,588,626	12,297,061	11,549,101	0	0	2,742,464
Transitional Age Youth (TAY) Outpatient (Transitions)	2,157,269	1,086,981	1,022,205	0	0	48,083
TAY Wellness Center: Pacific Clinics	665,925	665,925	0	0	0	0
Assisted Outpatient Treatment (AOT) Program	163,588	112,049	46,782	0	0	4,758
Growing Works	523,500	405,938	110,982	0	0	6,580
Wellness and Recovery Center and Mobile Wellness - Turning Point	1,113,217	1,113,217	0	0	0	0
Housing	1,729,855	1,718,099	0	0	0	11,755
Crisis Care Mobile Units (CCMU) Grant	226,655	0	0	0	0	226,655
Peer Support Program ARPA	310,839	61,421	0	0	0	249,418
Ventura Avenue clinic Y&F	517,308	301,513	215,795	0	0	0
Ventura Avenue clinic Adult	778,794	501,610	277,185	0	0	0

County: Ventura   Date: April 2023

	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.						
East County CSU	3,550,292	2,966,730	583,562	0	0	0
PHF Psychiatric Health Facility	7,600,461	4,476,271	3,124,190	0	0	0
Additional Peer Support Specialists	1,022,183	868,855	153,327			
Forensic Pre-Admit/Mental Health Diversion Grant Program	417,179	0	4,337	0	0	412,842
CSS Administration	8,748,428	4,890,795	3,819,264			38,368
Total CSS Program Estimated Expenditures	86,492,419	50,961,416	30,621,181			4,909,822
FSP Programs as Percent of Total	20.3%					

3.4.2 Prevention and Early Intervention

Fiscal Year 2023-24

County: Ventura   Date: April 2023

	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 & Prevention (O&E) Programs						
One Step a la Vez	181,518	181,518				
Project Esperanza	85,650	85,650				
Tri County Glad	60,267	60,267				
Catalyst Church	210,558	210,558				
Wellness EveryDay	85,179	85,179				
Healing the Community- (MICOP)	452,687	452,687				
MHSSA Grant- Wellness Center K-12	1,454,095	0				1,454,095
Old Adults - VCAAA	771,415	771,415				
Logrando Bienestar	1,582,166	1,097,083	441,397			43,686
Primary Care Integration - Clinicas	358,490	358,490				
Promotoras Y Promotores (Santa Paula)	250,000	250,000				
Multi-Tiered System of Supports, VCOE	2,034,952	2,034,952				
Wellness Centers Expansion K-12	2,000,600	2,000,600				
Mini Grants	200,000	200,000				
Diversity Collective	52,680	52,680				
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	519,935	72,656				447,279
Ventura County Power Over Prodromal Psychosis (VCPOP)	2,159,710	1,132,513	619,750			407,447
PEI RISE Outreach	90,747	90,747				
COMPASS	2,051,843	1,712,822	338,952			69
Crisis Intervention Team (CIT) Training	206,434	206,434				

County: Ventura   Date: April 2023

	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
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,357	81,357				
EVALCORP	140,875	140,875				
PEI Administration	3,234,214	1,893,414	1,330,203			10,597
Total PEI Program Estimated Expenditures	18,265,372	13,171,897	2,730,302			2,363,173

Fiscal Year 2024-25

County: Ventura   Date: April 2023

	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 & Prevention (O&E) Programs						
One Step a la Vez	186,963	186,963	0	0	0	0
Project Esperanza	88,220	88,220	0	0	0	0
Tri County Glad	62,075	62,075	0	0	0	0
Catalyst Church	216,875	216,875	0	0	0	0
Wellness EveryDay	87,734	87,734	0	0	0	0
Healing the Community- (MICOP)	466,268	466,268	0	0	0	0
MHSSA Grant- Wellness Center K-12	1,497,718	0	0	0	0	1,497,718
Old Adults - VCAAA	794,557	794,557	0	0	0	0
Logrando Bienestar	1,629,631	1,129,996	454,639	0	0	44,996
Primary Care Integration - Clinicas	369,245	369,245	0	0	0	0
Promotoras Y Promotores (Santa Paula)	257,500	257,500	0	0	0	0
Multi-Tiered System of Supports, VCOE	2,096,000	2,096,000	0	0	0	0
Wellness Centers Expansion K-12	2,060,618	2,060,618	0	0	0	0
Mini Grants	54,260	54,260	0	0	0	0
Diversity Collective	186,963	186,963	0	0	0	0
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	535,533	74,836	0	0	0	460,697
Ventura County Power Over Prodromal Psychosis (VCPOP)	2,224,501	1,166,488	638,343	0	0	419,670
PEI RISE Outreach	93,469	93,469	0	0	0	0
COMPASS	2,113,398	1,764,207	349,121	0	0	71
Crisis Intervention Team (CIT) Training	206,434	206,434	0	0	0	0

County: Ventura   Date: April 2023

	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
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,357	81,357				
EVALCORP	140,875	140,875				
PEI Administration	3,234,214	1,893,414	1,330,203	0	0	10,597
Total PEI Program Estimated Expenditures	18,497,446	13,291,391	2,772,305			2,433,750

Fiscal Year 2025-26

County: Ventura   Date: April 2023

	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 & Prevention (O&E) Programs						
One Step a la Vez	192,572	192,572	0	0	0	0
Project Esperanza	90,866	90,866	0	0	0	0
Tri County Glad	63,937	63,937	0	0	0	0
Catalyst Church	223,381	223,381	0	0	0	0
Wellness EveryDay	90,366	90,366	0	0	0	0
Healing the Community-(MICOP)	480,256	480,256	0	0	0	0
MHSSA Grant- Wellness Center K-12	1,542,650	0	0	0	0	1,542,650
Old Adults - VCAAA	794,557	794,557	0	0	0	0
Logrando Bienestar	1,678,520	1,163,896	468,278	0	0	46,346
Primary Care Integration - Clinicas	380,322	380,322	0	0	0	0
Promotoras Y Promotores (Santa Paula)	265,225	265,225	0	0	0	0
Multi-Tiered System of Supports, VCOE	2,158,880	2,158,880	0	0	0	0
Wellness Centers Expansion K-12	2,122,437	2,122,437	0	0	0	0
Mini Grants	55,888	55,888	0	0	0	0
Diversity Collective	192,572	192,572	0	0	0	0
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	551,599	77,081	0	0	0	474,518
Ventura County Power Over Prodromal Psychosis (VCPOP)	2,272,086	1,201,483	638,343	0	0	432,260
PEI RISE Outreach	96,273	96,273	0	0	0	0
COMPASS	2,176,800	1,817,133	359,594	0	0	73
Crisis Intervention Team (CIT) Training	206,434	206,434	0	0	0	0

Fiscal Year 2025-26

County: Ventura   Date: April 2023

	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
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,357	81,357	0	0	0	0
EVALCORP	140,875	140,875	0	0	0	0
PEI Administration	3,331,240	1,950,216	1,370,109	0	0	10,915
Total PEI Program Estimated Expenditures	18,996,523	13,653,436	2,836,324			2,506,762

3.4.3 Innovations

Fiscal Year 2023-24

County: Ventura   Date: April 2023

	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
Innovations Programs						
Multi-County Full Service Partnership (FSP) Project	50,624	50,624				
Multi-County Full Service Partnership (FSP) Project-ADMIN	4,916	4,916	0			
Multi-County Full Service Partnership (FSP) Project-EVALUATION	927	927	0			
Therapeutic Crisis Response-Mobile Mental Health Van	1,230,526	1,130,526	100,000			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	119,490	119,490				
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	22,526	22,526	0			
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	192,141	192,141				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	18,658	18,658				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	3,517	3,517	0			

Fiscal Year 2024-25

County: Ventura   Date: April 2023

	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
Innovations Programs cont.						
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	242,764	242,764				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	23,574	23,574	0			
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	4,444	4,444	0			
LCHN	250,000	250,000				
LCHN-ADMIN		24,276				
LCHN-EVALUATION		4,576				
INN Administration - MHS921 and MHS928	241,107	200,619	40,488			
Total INN Program Estimated Expenditures	2,405,213	2,293,578	140,488	0	0	

County: Ventura   Date: April 2023

	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
Innovations Programs						
Therapeutic Crisis Response-Mobile Mental Health Van	1,099,022	999,022	100,000			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN	111,339	111,339	0			0
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION	36,847	21,397	15,450			0
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	192,012	192,012				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	19,452	19,452	0			
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	3,738	3,738	0			
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT	150,000	150,000				
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN	15,196	15,196	0			
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION	2,920	2,920	0			

County: Ventura   Date: April 2023

	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
Innovations Programs cont.						
LCHN	500,000	500,000				
LCHN-ADMIN	50,654	50,654				
LCHN-EVALUATION	9,734	9,734				
INN Administration - MHS921 and MHS928	71,724	56,724	15,000			
Total INN Program Estimated Expenditures	2,262,639	2,132,189	130,450	0	0	0

Fiscal Year 2025-26

County: Ventura   Date: April 2023

	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
Innovations Programs cont.						
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention	209,490	209,490				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-ADMIN	59,804	59,804				
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION	11,716	11,716	0			
LCHN	500,000	500,000				
LCHN-ADMIN	142,737	142,737				
LCHN-EVALUATION	27,963	27,963				
INN Administration - MHS921 and MHS928	73,876	58,426	15,450			
Total INN Program Estimated Expenditures	1,025,585	1,010,135	15,450	0	0	0

3.4 FY2023-2024 TO FY2025-2026 MENTAL HEALTH SERVICES ACT THREE YEAR PLAN

3.4.4 Workforce, Education and Training (WET)

Fiscal Year 2023-24

County: Ventura   Date: April 2023

	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
Workforce, Education and Training (WET)						
Workforce Education & Training Stipends	150,700	150,700				
MIP Integrated Care & Outreach Site	157,474					
MIP MH Outpatient Specialty Care	149,927					
WET Administration						
Total WET Program Estimated Expenditures	458,101	150,700				

Fiscal Year 2024-25

County: Ventura   Date: April 2023

	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
Workforce, Education and Training (WET)						
Workforce Education & Training Stipends	158,235	158,235				
WET Administration						
Total WET Program Estimated Expenditures	158,235	158,235				

Fiscal Year 2025-26

County: Ventura   Date: April 2023

	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
Workforce, Education and Training (WET)						
Workforce Education & Training Stipends	166,147	166,147				
WET Administration						
Total WET Program Estimated Expenditures	166,147	166,147				

3.4.5 Capital Facilities and Technological Needs (CTFN)

Fiscal Year 2023-24

County: Ventura   Date: April 2023
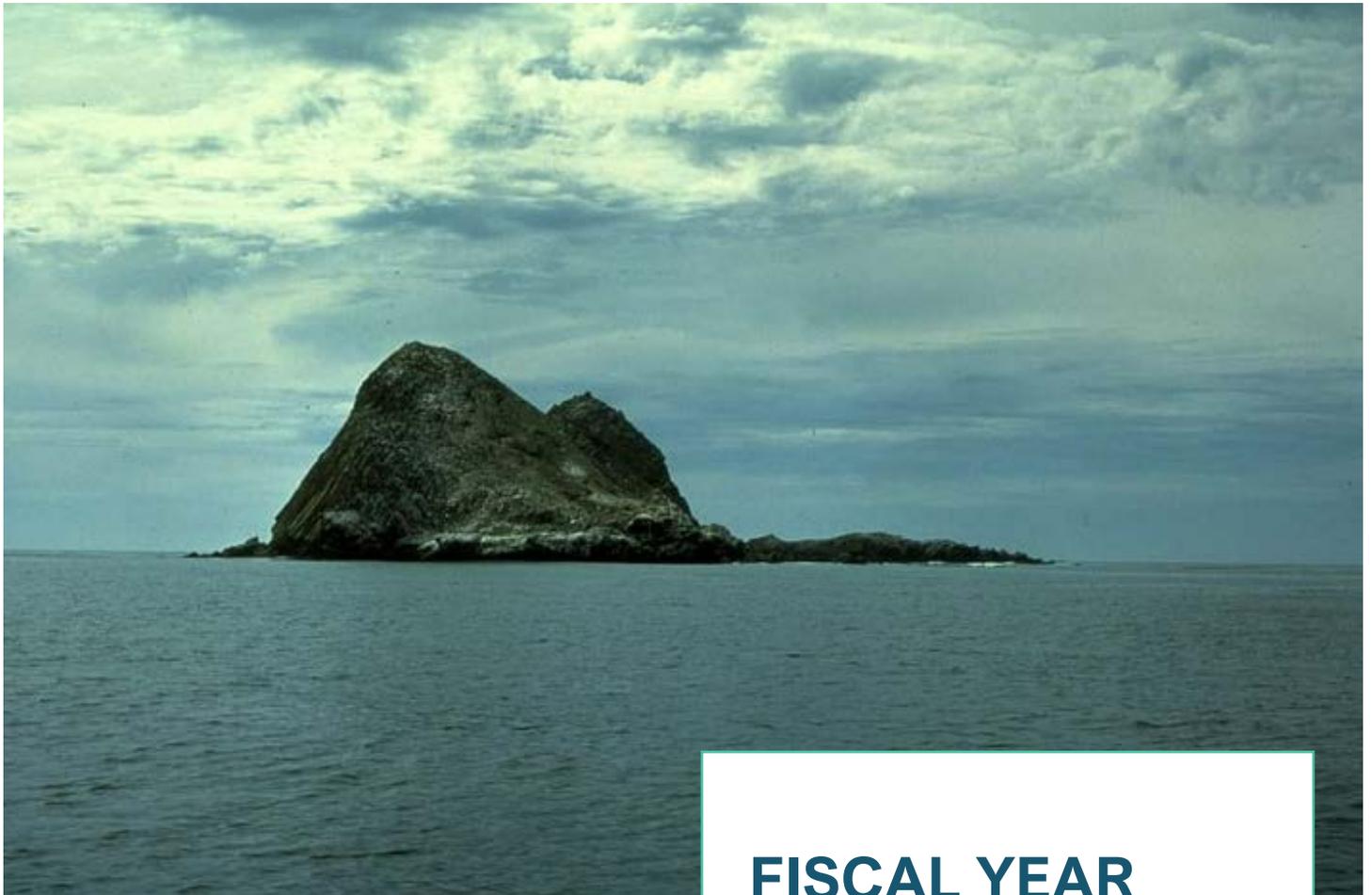
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CTFN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Capital Facilities and Technological Needs (CTFN)						
BHCIP Round 4 Y&F Wellness Center	601,525	601,525				
Board & Care Facility Acquisition	3,000,000	3,000,000				
PHF Psychiatric Health Facility	10,000,000	10,000,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	13,601,525	13,601,525				

Fiscal Year 2024-25

County: Ventura   Date: April 2023

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CTFN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Capital Facilities and Technological Needs (CTFN)						
CFTN Administration						
Total CFTN Program Estimated Expenditures	0	0				

Section 2: Annual Update

Part 2 Table of Contents

FISCAL YEAR 2022-2023 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

Program Client Demographics

FY21-22 Total Individual Served	19,557

Age Group	n = (19,415)
0-15 yrs.	3,924
16-25 yrs.	3,887
26-59 yrs.	9,495
60 & older	2,109
Race	**n = (17,579)**
White	9,066
African American or Black	622
Asian	331
Native Hawaiian or Other Pacific Islander	31
Alaska Native or Native American	149
Other	7,288
More Than One Race	73
Declined to Answer	19
Sexual Orientation	**n = (4,349)**
Lesbian or Gay	92
Heterosexual	2,086
Queer, pansexual, and/or questioning	7
Bisexual	130
Other	155
Declined to Answer	1,879

Gender Identity	n = (20,083)
Female	9,616
Male	10,083
Transgender	109
Transgender woman	240
Transgender man	0
Genderqueer	2
Other	11
Declined to Answer	22

Language Spoken	n = (17,312)
English	14,744
Spanish	2,376
Vietnamese	14
Cantonese	5
Mandarin	2
Tagalog	13
Cambodian	1
Hmong	0
Russian	2
Farsi	11
Arabic	7
Other	137
Ethnicity	**n = (15,240)**
Hispanic	9,306
Non-Hispanic	5,896
More Than One Ethnicity	38
Veteran	**n = (626)**
Yes	26
No	551
Declined to Answer	49
Disability - Communication	**n = (67)**
Hearing or Having Speech Understood	46
Communication	0
Seeing	12
Other (specify)	9
None	0
Disability - Mental (not SMI)	**n = (128)**
Physical/Mobility	46
Chronic Health Condition	79
Other (specify)	3
Declined to Answer	0

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS Programs Table

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

Category		Annual Update Report Program Name	Prior Program Name in ARER	Ages *
Full-Service Partnership	FSP	Youth and Family (Y&F) FSP	Youth FSP	0-21
		Insights	Youth FSP	0-18
		Transitional Age Youth (TAY) Outpatient Treatment Program	TAY FSP	16-25
		Casa Esperanza TAY Transitions Program (TAY FSP)	TAY FSP	16-25
		Assisted Outpatient Treatment (AOT) Program – (Laura's Law)	Assist (Laura's Law)	18+
		VCBH Adult FSP Treatment Program	Adult FSP Program	18+
		Empowering Partners through Integrative Community Services (EPICS)	Older Adults FSP Program	60+
		VISTA	Adult FSP Program	18+
		VCBH Older Adults FSP Program	Older Adults FSP Program	60+
Outreach 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 Care Mobile Units (CCMU) Grant		
		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		
		The Client Network	N/A, no name change	All
		Family Access Support Team (FAST)	N/A, no name change	All
		Growing Works	N/A, no name change	18+
		Adult Wellness and Recovery Center and Mobile Wellness	Adult Wellness Center – Turning Point	26+
		TAY Wellness Center	TAY Wellness Center - Pacific Clinics	16-25
		MHBG-Peer Support (CRSSA/ARPA)	N/A, no name change	All
		Access Support		
		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+

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
Data Notes and Definitions – Mental Health Treatment (FSP and Non-FSP)

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

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

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

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 7/1/2021.

New Client is defined as a served client whose first episode admission to a FSP or non-FSP MHSA treatment program through which services were rendered during the fiscal year was 7/1/2021 and after.

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

Program Total may not manually add up to the unduplicated client total because clients may have been served under more than one program within the same

fiscal year and were/are counted under each program in which services were rendered.

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

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

Gender varies by MHSA component.

Preferred Language is the language selected for receiving services.

Ethnicity varies by MHSA component.

Gender Identity varies by MHSA component.

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

Sexual Preference varies by MHSA component.

Disability was not collected for this program at this time.

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

City of Residence varies by MHSA component.

Service Units Categories are based on VCBH-defined groupings for billing. The "Medication Support – MC Billable" category was 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.

*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.

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.

Program Clients Demographics

Age Group	(n=600)
0-15 yrs.	0
16-25 yrs.	81
26-59 yrs.	353
60 & older	166

Race	(n=596)
White	293
African American or Black	19
Asian	11
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	7
Other	265
More Than One Race	1
Declined to Answer	0

Sexual Orientation	(n=212)
Lesbian or Gay	1
Heterosexual	88
Bisexual	3
Queer, pansexual, and/or questioning	0
Other	1
Declined to Answer	119

Gender Identity	(n=600)
Female	264
Male	335
Transgender	1
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=594)
English	554
Spanish	39
Vietnamese	1
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0

Ethnicity	(n=569)
Hispanic	251
Non-Hispanic	318
More Than One Ethnicity	0

Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C

Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C

Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

FSP Programs Target Goals for FY22-23

Youth FSP Intensive Case Management (New Program Launching in FY22-23)	25
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

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.

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=9 (45%), Ventura=5 (25%), Fillmore=1 (5%), Santa Paula=1 (5%), Simi Valley=1 (5%), Piru=0 (0%), and Port Hueneme=3 (15%). 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. Their Parent Partners, through United Parents, provided services to the families of 13 Insights participants.

Success Story #1: Client A was a 17-year-old Commercial Sexual Exploitation of Children (CSEC) Latina who had a serious drug problem and underlying mental health issues. She was in the program for over two years as she continually engaged in substance use, ran away from home, failed to participate in treatment & therapy, and failed to comply with the program expectations. For these reasons, she was frequently served commitments at the Juvenile Facility. There were times where she was nearly removed from the program; however, she became consistent with treatment, therapy, probation, and stopped using drugs. She also started attending college prior to graduating from the Insights program.

Success Story #2: Client B was a 17-year-old Latina with charges of battery and vandalism. She had was heavily involved in substance use and physical altercations at school which led to several suspensions. Through the Insights program she developed assertive communication skills and was able to improve her social network. Along with these improvements she started to make better decisions that included getting a job where she remains employed.

Program Challenges and Mitigations

Our biggest challenge has been with staffing. The challenge has been systemwide and has impacted the referrals to the Insights Program. The team is presently working on providing training to the outpatient programs and the Juvenile Justice clinicians about the Insights Program and the referral process so that the numbers start to grow.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.1.1 FSP.01: Insights

Program Clients Demographics

FY21-22 Total Program Cost	$ 124,619.40
Total Individuals Served	20
Cost Per Individual:	$ 6,230.97
Age Group	**(n=20)**
0-15 yrs.	0
16-25 yrs.	20
26-59 yrs.	0
60 & older	0
Race	**(n=20)**
White	11
African American or Black	0
Asian	0
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	1
Other	8
More Than One Race	0
Declined to Answer	0
Sexual Orientation	**(n=20)**
Lesbian or Gay	0
Heterosexual	13
Queer, pansexual, and/or questioning	0
Bisexual	0
Other	0
Declined to Answer	7
Gender Identity	**(n=20)**
Female	10
Male	10
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=19)
English	18
Spanish	1
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=20)**
Hispanic	14
Non-Hispanic	6
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

Population Served

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

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 the Oxnard, Ventura, Camarillo, and Thousand Oaks region 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. Some weekly groups offer building skills in stress management, social skills, art, and community resources.

Future Program Description Changes

As there is a growing need for services for the transitional age youth, TAY plans to expand the options for group services in the 22/23 fiscal year which will include parenting skills groups, monolingual Spanish speaking skill building group, seeking safety, and cognitive behavioral therapy group.

Program Highlights

The TAY Outpatient Treatment Program expanded both therapeutic and rehabilitation groups as hybrid options (i.e., both in-person and telehealth services) as restrictions due to the pandemic continued. Those groups included skill building for stress management, lyrical soul (Music coping strategies), an art rehabilitation group and a dialectical behavior therapy group. TAY staff continued collaboration and nurturing relationships with outside agencies and contracted providers including the TAY Tunnel wellness center in Oxnard. TAY clients benefited from having an HMIS (Homeless Management Information Systems) trained staff on site in order to help clients navigate the complicated housing process. The TAY clinic was awarded the HHAP (Homeless Housing Assistance and Prevention) grant that focuses on homeless prevention, rapid re-housing, and emergency shelter funds for the homeless or at-risk of homeless clients.

Success Story: Mary (name has been changed to protect confidentiality) struggled with agoraphobia, panic, and anxiety since the age of 15, following a traumatic incident that occurred, impacting her confidence and sense of safety and her overall ability to attend school or work. With the support of weekly telehealth therapy, grounding and exposure work, Mary was eventually able to have her therapist come to her home to practice leaving her home. With consistent coping strategies, medication management, interventions and motivation, Mary has successfully returned to school and begun looking for a job.

Program Challenges and Mitigations

During this fiscal year there were continued challenges around ensuring delivery of high-quality care during COVID-19 restrictions and mandates. The TAY Program clinic continued to integrate telehealth as a treatment option for clients for both individual services, case management and group treatment.

Program Client Demographics

FY21-22 Total Program Cost	$ 340,986.40		Language Spoken	(n=24)
Total Individuals Served	24		English	20
Cost Per Individual:	$ 14,207.77		Spanish	4
Age Group	**(n=24)**		Vietnamese	0
0-15 yrs.	0		Cantonese	0
16-25 yrs.	23		Mandarin	0
26-59 yrs.	1		Tagalog	0
60 & older	0		Cambodian	0
Race	**(n=24)**		Hmong	0
White	8		Russian	0
African American or Black	2		Farsi	0
Asian	0		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	0
Alaska Native or Native American	0		**Ethnicity**	**(n=24)**
Other	14		Hispanic	17
More Than One Race	0		Non-Hispanic	7
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=18)**		**Veteran**	
Lesbian or Gay	0		Yes	N/C
Heterosexual	7		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	1		**Disability - Communication**	
Other	0		Hearing or Having Speech Understood	N/C
Declined to Answer	10		Communication	N/C
Gender Identity	**(n=24)**		Seeing	N/C
Female	11		Other (specify)	N/C
Male	13		None	N/C
Transgender	0		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0			

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

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 region 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. Some weekly groups offer building skills in stress management, social skills, art, and community resources.

Future Program Description Changes

As there is a growing need for services for the transitional age youth, TAY plans to expand the options for group services in the 22/23 fiscal year which will include parenting skills groups, monolingual Spanish speaking skill building group, seeking safety, and cognitive behavioral therapy group.

Program Highlights and Successes

The TAY Outpatient Treatment Program expanded both therapeutic and rehabilitation groups as hybrid options (i.e., both in-person and telehealth services) as restrictions due to the pandemic continued. Those groups included skill building for stress management, lyrical soul (Music coping strategies), an art rehabilitation group and a dialectical behavior therapy group. TAY staff continued collaboration and nurturing relationships with outside agencies and contracted providers including the TAY Tunnel wellness center in Oxnard. TAY clients benefited from having Homeless Management Information Systems (HMIS) trained staff on site to help clients navigate the complicated housing process. The TAY clinic was awarded the Homeless Housing Assistance and Prevention (HHAP) grant that focuses on homeless prevention, rapid re-housing, and emergency shelter funds for homeless or at-risk homeless clients.

Success Story: Joanne (name has been changed to protect confidentiality) struggled with disordered eating patterns since the age of 9. Joanne had difficulty with body dysmorphia and positive self-image and was a victim of severe neglect and sexual assault. Along with weekly therapy sessions with her clinician, a case manager supported Joanne with biweekly appointments to her primary care physician's office where she was closely monitored at a medical level. The case manager supported Joanne with structuring her day, reminding her of anxiety management techniques learned in therapy, and linked collaboration with the primary physician and VCBH psychiatrist. Joanne would attend weekly groups in the clinic that focused on stress management and relationship enhancement and over time, was able to return to healthy eating patterns and moved out of the County with family.

Program Challenges and Mitigations

During this fiscal year there were continued challenges around ensuring delivery of high-quality care during COVID-19 restrictions and mandates. The TAY FSP Program clinic continued to integrate telehealth as a treatment option for clients for individual services, case management and group treatment.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.1.3 FSP.03: Casa Esperanza TAY Transitions Program (TAY FSP)

Program Client Demographics

FY21-22 Total Program Cost	$ 818,015.10
Total Individuals Served	19
Cost Per Individual:	$ 43,053.43

Age Group	(n=19)
0-15 yrs.	0
16-25 yrs.	19
26-59 yrs.	0
60 & older	0

Race	(n=19)
White	5
African American or Black	2
Asian	0
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	0
Other	12
More Than One Race	0
Declined to Answer	0

Sexual Orientation	(n=11)
Lesbian or Gay	0
Heterosexual	3
Queer, pansexual, and/or questioning	0
Bisexual	1
Other	0
Declined to Answer	7

Gender Identity	(n=19)
Female	10
Male	9
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=19)
English	17
Spanish	2
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0

Ethnicity	(n=16)
Hispanic	9
Non-Hispanic	7
More Than One Ethnicity	0

Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C

Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C

Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C
N/C=Not Collected for this program at this time	

Population Served

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

Program Description

The AOT program uses a consumer-centered approach to engage untreated individuals with SMI 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 – people 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 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

Objective 1: To engage SMI consumers in the AOT program through either voluntary enrollment or through court required involvement.

From July 1, 2021, to June 30, 2022, AOT received 28 referral calls. Of individuals who called to initiate a referral, the majority were a licensed mental health provider (41%) and parents (41%). The following of those who initiated a referral included, siblings (11%), law enforcement (4%), and other mental health professionals.

During FY21-22, the Assist program enrolled 21 new clients and 90 clients were rolled over from the previous fiscal years, this totaled 111 clients who were served during FY21-22. In terms of court involvement, there were 5 court involved clients (5%) served during FY21-22. Of the courts involved, 4 were court ordered and 1 was a settlement agreement. Objective 2: Decrease the observed rates of hospitalizations, homelessness, and jail days by at least 50% when comparing 12 months pre- and post-referral to AOT. Clients' hospitalizations were examined 1-year prior to enrollment and looked at during FY21-22. Clients were excluded if they were enrolled for less than one month. Consumers had an average of 1.6 hospitalizations the year prior to enrollment and .63 hospitalizations during their FY21-22 enrollment. There was a decrease in average IPU episodes of 1.0 from 1-year prior to during enrollment for clients in FY20-21. Additionally, prior to enrollment 64% had an IPU admission compared to during the FY of 26%. For housing, 9 clients were assisted in a housing placement during FY21-22. Consumers who were housed had a total of 509 days placed, which averaged 56.6 nights housed per consumer. For incarcerations, 1-year prior consumers had an average of 3.4 bookings and 44.7 days incarcerated. During enrollment in FY21-22, clients had an average of 0.7 bookings and 11.3 days incarcerated. 11.3 days incarcerated.

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 Assist team supported connection/application to benefits for 33 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.

The AOT program served 111 clients during FY21-22, and there were many strives, personal gains and successes. Detailed below are three clients who showed success during their participation with AOT.

Success Story #1: Client 1 was referred to the program in 2020 after family called multiple times for help due to them being homeless and decompensated on the streets. The client had tremendous trauma due to domestic violence which eventually resulted in losing custody of their children. The client was refusing help and refusing treatment, even after being psychiatrically hospitalized multiple times. The client was court- ordered to participate in services and appeared in front of a judge. This persuaded the client to agree to participate in the services. The client had many ups and downs throughout treatment, but with persistent team engagement, the client began to participate in treatment. Extensive case management was utilized, which included home visits, transporting the client to psychiatric appointments, connecting to the Department of Rehabilitation, and helping with other resources. After a year in treatment, with multiple crisis interventions, hospitalizations and crisis unit admits, these involvements decreased to none for the next 12 months. The client is currently doing well in another lower-level program.

Success Story #2: Client 2 was referred to treatment by the parents, due to multiple psychiatric hospitalizations and violent behavior. The client refused to engage in treatment or any providers outreaching to introduce treatment. The client was then court ordered. Because the client did not appear in court, encouraging participation continued to be a challenge. The treatment team fully engaged the client, attempting to build rapport by weekly home visits for more than a year. The client began to engage with the team, however the client continued to refuse medication. After more hospitalizations and even an arrest, the client finally began to gain insight into the mental illness and take prescribed medication. The client became goal directed and decided to study and sit for the real estate exam. Though the client did not pass, this did not discourage them from continuing to be goal directed. The client began working 2 jobs and regularly going out with friends. The client was even able to visit their partner in Texas with no problems. A year earlier, none of these accomplishments could have, in any way, occurred.

Success Story #3: Client 3 was referred to program by their parents and the RISE team. At the time the Assist team became involved, the client was in bed 24/7, staring at the ceiling, refusing to eat, drink or even relieve themselves. Other treatment providers attempted to have the client involuntarily hospitalized for grave disability, but without success, because of the inability to get them out of the bed. Law enforcement protocol would not force them out of bed. The Assist treatment team went to the home at least 2 times weekly to encourage treatment. The Team built a rapport with client and their parents, who became comfortable and was relieved help had appeared. For a significant amount of time the treatment team, which included a psychiatrist, a nurse, a therapist, and a case manager, went to the client's home to encourage treatment. Little by little, the client agreed to something small but significant. First it was a low dose of psychiatric medication. When the client began to feel a difference, they agreed to an increased dose. Slowly the client began to get out of bed and engage with the family, which was atypical, because before the client would only get out of bed when no one was in the home. The client then began to eat and drink better, eventually participating in more and more daily activities. To date, the client is eating, socializing, grooming, and even driving. The client attends all psychiatric appointments, taking their medication and is now on the path to graduating to a lower level of care.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.1.4 FSP.04: Assisted Outpatient Treatment (AOT) Program

Program Clients Demographics

FY21-22 Total Program Cost	$ 1,482,514.63		Language Spoken	(n=109)
Total Individuals Served	111		English	107
Cost Per Individual:	$ 13,355.99		Spanish	2
Age Group	**(n=111)**		Vietnamese	0
0-15 yrs.	0		Cantonese	0
16-25 yrs.	12		Mandarin	0
26-59 yrs.	93		Tagalog	0
60 & older	6		Cambodian	0
Race	**(n=109)**		Hmong	0
White	43		Russian	0
African American or Black	2		Farsi	0
Asian	1		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	0
Alaska Native or Native American	0		**Ethnicity**	**(n=105)**
Other	63		Hispanic	50
More Than One Race	0		Non-Hispanic	55
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=53)**		**Veteran**	
Lesbian or Gay	1		Yes	N/C
Heterosexual	20		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	0		**Disability - Communication**	
Other	0		Hearing or Having Speech Understood	N/C
Declined to Answer	32		Communication	N/C
Gender Identity	**(n=111)**		Seeing	N/C
Female	30		Other (specify)	N/C
Male	80		None	N/C
Transgender	1		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0		N/C=Not Collected for this program at this time	

Population Served

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

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 support 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

Simi Valley & Conejo Valley Clinics

The clinic's FSP programs continue 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, clinic staff continued to deliver services in-person as much as possible as we recognize that our very vulnerable clients need a more hands-on approach. *Success Story:* One of our FSP clients who had previously been in and out of the psychiatric hospital, and had spent a few years at the

state hospital, has steadily improved over the course of the last year. With the support of the clinic, his case manager, nursing staff and the psychiatrist, he has been able to maintain his stability, remain living independent in the community and is able to work on managing his higher-level needs like obtaining a cell phone and managing his own bills.

Ventura Clinic

A middle-aged female client who became entangled in felony legal charges enrolled in the 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. The FSP program/treatment track helped get the client to the level of care that she needed.

Oxnard & Santa Paula Clinic

A North Oxnard FSP client with thoughts to harm herself had several Crisis Stabilization Unit visits during 2021. She was not working due to her depression, was able to participate in individual therapy/groups and attended her medication management appointments. With treatment compliance, she was able to stabilize and obtained a job. Her social functioning improved, and she was able to eventually cope/function without medications. Terminated services due to meeting progress towards goals. Client was open from 07/2021 to 08/23/2022 at NOX.

Program Challenges and Mitigations

Simi Valley & Conejo Valley Clinics

Our clinics learned many lessons during the COVID-19 pandemic including how isolating it felt to many of our clients and how access to basic needs and human contact has such a positive effect on their lives. Working with Third Sector, we were able to identify areas of growth and opportunity in the way VCBH services are delivered to our FSP clients and began to educate staff on available resources (including housing support, funds for basic needs and transportation) to help best support our most vulnerable clients.

Program Clients Demographics

FY21-22 Total Program Cost	$ 1,383,165.12
Total Individuals Served	192
Cost Per Individual:	$ 7,203.99
Age Group	**(n=192)**
0-15 yrs.	0
16-25 yrs.	6
26-59 yrs.	146
60 & older	40
Race	**(n=192)**
White	102
African American or Black	5
Asian	4
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	3
Other	78
More Than One Race	0
Declined to Answer	0
Sexual Orientation	**(n=67)**
Lesbian or Gay	0
Heterosexual	28
Queer, pansexual, and/or questioning	0
Bisexual	1
Other	0
Declined to Answer	38
Gender Identity	**(n=192)**
Female	86
Male	106
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=190)
English	177
Spanish	12
Vietnamese	1
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=183)**
Hispanic	82
Non-Hispanic	101
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.1.6 FSP.06: Empowering Partners through Integrative Community Services (EPICS)

Population Served

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

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 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.

Program Highlights and Successes

Success Story #1: Client 1's progress is steady and promising. Upon meeting the client, she was more dependent on me as her case manager to adhere to medical navigations feeling she was unable to schedule her own doctors' appointments, seek alternate methods of public transportation and utilizing community resources. Jessica now will schedule her own doctors' appointments, obtain public transportation, and learn to troubleshoot challenges on her own. They are open minded and proactive with their education, obtaining part time employment, volunteering, and eating healthier.

Success Story #2: Client 2's more recent insight on being able to verbalize her needs with her relationship with her partner has improved. The client has a history of abandonment issues and correlates everyone in her life including case managers to leave at any moment and not being able to depend on anyone. As of lately, she has been implementing and acknowledging her needs and things she feels she deserves from her life and relationships. She has communicated lately of being open to seeking community resources and obtaining a driver's license.

Program Clients Demographics

FY21-22 Total Program Cost	$ 1,390,166.61		Language Spoken	(n=93)
Total Individuals Served	93		English	88
Cost Per Individual:	$ 14,948.03		Spanish	5
Age Group	**(n=93)**		Vietnamese	0
0-15 yrs.	0		Cantonese	0
16-25 yrs.	2		Mandarin	0
26-59 yrs.	69		Tagalog	0
60 & older	22		Cambodian	0
Race	**(n=93)**		Hmong	0
White	50		Russian	0
African American or Black	4		Farsi	0
Asian	4		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	0
Alaska Native or Native American	1		**Ethnicity**	**(n=90)**
Other	34		Hispanic	29
More Than One Race	0		Non-Hispanic	61
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=27)**		**Veteran**	
Lesbian or Gay	0		Yes	N/C
Heterosexual	10		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	1		**Disability - Communication**	
Other	0		Hearing or Having Speech Understood	N/C
Declined to Answer	16		Communication	N/C
Gender Identity	**(n=93)**		Seeing	N/C
Female	40		Other (specify)	N/C
Male	53		None	N/C
Transgender	0		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0		N/C=Not Collected for this program at this time	

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.1.7 FSP.07: VISTA (Adults FSP Program)

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

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

Program Challenges and Mitigation

1. This year a challenge has been transitioning to the new standards of CalAIM. Although they are excited and are welcoming the changes, it is still a change, and it has meant retraining and relearning a new way of providing services. These changes include documentation, changes in how reports are done, how services are entered, workflows, and a shift in mentality. They attend all Q & A sessions and training

meeting their court and probation requirements. When an individual has met their legal obligation(s) they "graduate" from the 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. 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.

Future Program Description Changes

1. The program was granted permission to add a Family Peer Recovery Coach to the FSP Team. This means an increase in rehabilitation sessions for the members in both group and individual sessions. 2. The program is adapted to all CalAIM standards.

opportunities given by the county and the internal agency in order to make the transition smoother. 2. Acuity of clients appears to be increasing, and in order to mitigate this they have strengthened their relationship with the community partners in an attempt to provide a smoother service to the client in the community.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.1.7 FSP.07: VISTA (Adults FSP Program)

Program Clients Demographics

FY21-22 Total Program Cost	$ 718,370.68
Total Individuals Served	57
Cost Per Individual:	$ 12,602.99
Age Group	**(n=57)**
0-15 yrs.	0
16-25 yrs.	8
26-59 yrs.	48
60 & older	1
Race	**(n=57)**
White	20
African American or Black	2
Asian	0
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	1
Other	34
More Than One Race	0
Declined to Answer	0
Sexual Orientation	**(n=24)**
Lesbian or Gay	0
Heterosexual	7
Queer, pansexual, and/or questioning	0
Bisexual	0
Other	1
Declined to Answer	16
Gender Identity	**(n=57)**
Female	11
Male	46
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=56)
English	50
Spanish	6
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=55)**
Hispanic	32
Non-Hispanic	23
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

Population Served

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

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.

Future Program Description Changes

Future Program Changes: Now that the program is emerging out of the pandemic, the Older Adult Program is not looking to return to what they had but what is possible moving forward. Here are some of the ideas, plans, and hopes to which they are looking forward:

- The program is looking to increase the scope and depth of the Basic Needs Program. Until now, they have been able through the Basic Needs Program to supply many needs related to food security, safety, housing needs, mobility supplies, pet supplies and other items of necessity. To obtain services for their clients they must go through a charitable foundation which has always been generous and accommodating. It is their hope and plan to obtain a financial tool able to pay for services for clients such as deep cleaning, pedicures for toenails that have become painfully long, and even hair treatment, for example. They have a client in her 70s who has always taken great pride in her long and well-kept hair. Recently, because of complex depression, her hair has become matted, dirty, and unable to comb out. They would like a means to get her hair professionally untangled and cleaned up which would do wonders for her self-image and result in her self-confidence.

- The Older Adult program continues to explore ways to increase transportation options. In their Conejo site, they have arranged for a county car that can be used to transport clients in addition to the 2 vehicles on site. They are looking for ways to set up Uber rides that can be safely vetted and often more dependable than public transportation options. Ventura has a somewhat fragmented transportation system as different cities utilize different companies for transportation needs. They have a client who is quite ambulatory and wants to go to the senior center several times a week. There are no fixed bus routes she can use and the Medi-Cal transport is for medical appointments only. Her social isolation is detrimental to her mental health, but transportation continues to be a significant obstacle.

- They are looking to improve technology capabilities for clients that can utilize newer technologies. Often, they are limited by clients' ability to access reliable Wi-Fi. Clients often do not have a way to pay for Wi-Fi services and therefore are denied opportunities to utilize newer technologies.

- Social isolation is a challenge even in the RCFEs (Residential Care Facilities for Elderly). Plans are underway to collaborate with other programs to increase the variety of groups in the RCFEs. In a Board & Care environment, chronic TV watching can increase loneliness and isolation even amid other residents. Groups encourage residents to interact with each other and develop more meaningful relationships.

- Plans are underway to add Peers to the Older Adult Program. Peers can be essential in connecting with other seniors, particularly in group modality.

Program Highlights and Successes

This past year has brought the Older Adult Program the opportunity and excitement in bringing the seniors back together for in-person interactions which they have done in several ways:

- Their vents are back. Over the years, Older Adults has helped with multiple events celebrating holidays and seasons. Typically, there has been a Spring festival gathering, Thanksgiving in the autumn and, of course, the main event is the Winter Holidays. This year, they held their holiday party and had over 30 participants. They were fed, entertained by a lively MC, engaged in group singing, gave testimonials, engaged in creative exercises and visual arts and most of all, a kinship with each other and with staff.

- As a group creative project, they obtained original artwork from clients and created 2023 wall calendars, a copy is attached. Many of the images were created in an art group. This calendar is a daily reminder that the clients are part of a group of people who care for them and about them- it is also useful for appointments.

- There are many other celebrations and acknowledgements that have returned and been expanded upon including a Valentine Group, regular birthday celebrations for which they provide the cake or pie of their choice, a tea party and even an age appropriate Tai Chi class.

Success Stories: So many of the Older Adult clients have success in many areas of life that often are small victories that mean a great deal to those whose lives and relationships have been ravaged by lifetime of mental illness. Here is a recent win:

S.A. is an 80 year old woman who was recently released from a psychiatric hospital. She experiences fixed delusions of being persecuted and threatened by demons & witches. Her illness will not allow her to take medications and experience relief. The team includes a psychiatrist that makes house calls, 2 therapists and 4 case managers who worked with her with a slow caring approach and gained some amount of trust with her. She had spent many years homeless, living in her car; and when finally housed, her paranoid delusions would not allow her to use the bathroom facilities. For various related code violations, she was evicted from her apartment. Staff were able to coax her into a visit to an RCFE, who accepted her. Her history includes a period when she was a member of a religious community and identifies as a devout catholic. They were able to arrange to provide her with religious artifacts and holy water which she doused on the walls. We've planned for a priest to come and bless the room and begin giving her weekly communion. Her delusions about her housing have dissipated and she is finally agreeing to long overdue medical care.

Program Challenges and Mitigations

There are many things on their wish list for mental health services for the elderly in this county, but this will focus on one:

A critical need that has to be addressed by this county is the lack of geriatric treatment facilities.

There is no facility to send an elderly (over 60) client to a psychiatric crisis in Ventura. The hospital ER must transport to LA to find an LPS designated facility. This is unfortunate in so many ways:

- A senior who is gravely disabled cannot be LPS Conserved in Ventura- not an option. They get sent to LA and LA does not want to begin conservatorship in that county as they do not know the client and the court system is in LA. Ventura Residents should be seen in Ventura courts. This has serious impacts on the ability to treat gravely disabled seniors who are not getting the treatment they need because they happen to live in the wrong county. Ventura County has some of the best mental health treatment in the country and yet the seniors, who are coming up on 30% of the population, have a huge deficit in treatment options.

- They recently tried to utilize the services of Jackson House, which they were told takes some seniors if they are ambulatory enough but were told they will not take someone who has MediCare and Medi-Cal, which eliminates the vast majority their BH seniors. How are they filling the large gap in services for

mentally ill seniors needing higher level of service than can be provided by outpatient treatment?

- There are so many reasons why there needs to be geriatric inpatient psychiatric services in Ventura – not the least of which is that it would make it so

much more possible for family and treatment team to work closely with inpatient staff in the admission and discharge process.

Program Clients Demographics

FY21-22 Total Program Cost	$ 2,297,585.48
Total Individuals Served	100
Cost Per Individual:	$ 22,975.85
Age Group	**(n=100)**
0-15 yrs.	0
16-25 yrs.	0
26-59 yrs.	0
60 & older	100
Race	**(n=98)**
White	61
African American or Black	4
Asian	2
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	1
Other	29
More Than One Race	1
Declined to Answer	0
Sexual Orientation	**(n=2)**
Lesbian or Gay	0
Heterosexual	2
Queer, pansexual, and/or questioning	0
Bisexual	0
Other	0
Declined to Answer	0
Gender Identity	**(n=100)**
Female	72
Male	28
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

| Language Spoken	(n=96)
English	87
Spanish	9
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=91)**
Hispanic	25
Non-Hispanic	66
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.2 Outreach and Engagement (O & E)

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

The Outreach and Engagement (O & E) category under CSS is fulfilled by the Rapid Integrated Support and Engagement (RISE) program that assigns various staff to support different areas and programs. In addition to the RISE program, there are general outreach efforts executed 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.
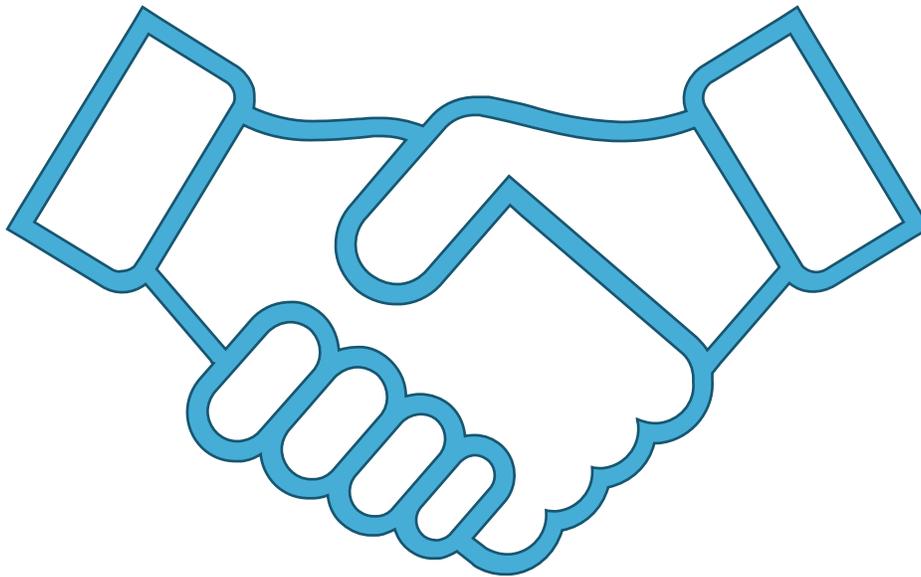
Population Served

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	109	150
16-25	334	470
26-59	746	935
60+	236	291
Total	1,425	1,846

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. They believe the number of people served would have been higher had they not been restricted due to COVID-19.

Program Highlights and Successes

Success Story: A success story that stands out for RISE during this reporting period is one of a homeless individual in the city of Camarillo. This individual struggled with mental health and substance use issues. Having been in and out of jail, the client was very

suspicious of law enforcement. This client, RISE CSC and a Deputy from Camarillo Sheriff's Department were able to build a trusting working relationship and reconnect this individual with family in another state. They also assisted with relocation to that state where there was reunion with parents, siblings, and children. This client was able to get the help needed, gain 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. The 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 fieldwork was on hold and staff were working remotely. All outreach was done by phone, which made it difficult to reach the most vulnerable clients in the community. Although they could not get to ride along with LE, because of the relationships they have built with them, they 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)
4.1.2.1 O&E.01: Rapid Integrated Support and Engagement (RISE)

Program Client Demographics

FY21-22 Total Program Cost	$ 1,817,794.87
Total Individuals Served	1425
Cost Per Individual:	$ 1,275.65
Age Group	**(n=1,425)**
0-15 yrs.	109
16-25 yrs.	334
26-59 yrs.	746
60 & older	236
Race	**(n=1,379)**
White	564
African American or Black	52
Asian	20
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	8
Other	735
More Than One Race	0
Declined to Answer	0
Sexual Orientation	**(n=337)**
Lesbian or Gay	8
Heterosexual	166
Queer, pansexual, and/or questioning	1
Bisexual	9
Other	7
Declined to Answer	146
Gender Identity	**(n=1,423)**
Female	703
Male	714
Transgender	6
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=1,398)
English	1287
Spanish	101
Vietnamese	1
Cantonese	0
Mandarin	0
Tagalog	1
Cambodian	0
Hmong	0
Russian	0
Farsi	2
Arabic	1
Other	5
Ethnicity	**(n=895)**
Hispanic	427
Non-Hispanic	468
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.2.2 O&E02: Rapid Integrated Support and Engagement TAY Expansion

Population Served

Transitional Aged Youth who are seriously mentally ill and have trouble connecting to services.

Program Description

RISE TAY Expansion focus was to have dedicated team members to provide multiple services including extensive countywide outreach to individuals TAY aged (16-25) and at risk of a mental health crisis, currently experiencing, or at high risk of re-experiencing a mental health crisis. With the goal of successfully linking individuals to the appropriate level of mental health care by providing robust transitional case management and clinical services in a filed setting.

Data for this program is included in RISE (O&E.01).

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.2.3 O&E.03: Logrando Bienestar

Population Served

Youth 0-17, families and adults

Program Description

- PEI program funded by MHSA
- Logrando Bienestar is listed in two different sections of this report. Clients that are screened in to care and assessed that part of the program is reported here.
- Field and office based depending on needs of the client
- Education & outreach on wellbeing and mental health
- Provide resources to the community
- Support primarily Spanish-speaking and Indigenous-speaking communities navigating and accessing services
- Logrando Bienestar remains engaged until individual/family is connected to services
- Referrals can be received by anyone in the community

Future Program Changes

In the next fiscal year, the Logrando Bienestar program anticipates increasing the number of Community Service Coordinators (CSCs), bringing the total up to 12. The program also anticipates expanding the program by having a Behavioral Health Clinician (BHC) as well.

Program Highlights and Successes

From data collected between July 2022 to December 2022, there were the following highlights: There was a total count of 564 of Logrando Bienestar clients. A total of count of 487 referrals were received by Logrando Bienestar from various community partners. A total of 570 Access Services were provided transportation to bring clients in for services. A total of 166 clients were referred to a VCBH Program. A total of 325 clients were referred to community resources. A total count of 426 clients identified as Hispanic/Latino were served by Logrando Bienestar. A total of 228 referrals came from a County school. A total of 316 Outreach Activities were provided county-wide, including outreach, training, and workshops.

I have learned, as part of the work they do, that every individual who is self-referred or referred by someone else for assistance has very specific individual needs and at the same time, he or she is dealing with variety of individual challenges or barriers. Our objective is to clearly understand their individual and special needs and understand what challenges or barriers they are going through. Once they understand, then the objective is to meet their needs within an acceptable timeline and immediately provide resources so that they overcome their specific challenges or barriers at the time.

Success Story: A teen and mother initially were very shy and spoke softly. As I kept engaging her, she expressed anxiety, fatigue and crying spells. She was living with her mother in a rented section of a home in a back alley. Her mother also had a newborn, and I could see the mother caring for other toddlers who were running around. I encouraged the client to talk about her needs, assuring her I would try to help get some resources.

She had had very little support. I met her at her home to complete the initial screening and there I saw she had no bed, and she and her baby slept on the floor. At that time, she had a blanket on the floor and her baby was sleeping on the blanket and she sat next to her baby while I talked to her. I offered to get some clothes and possibly a bed for her baby.

I was able to get her new baby clothes, a portable crib, food, and some clothes for her. I picked up the items and dropped them off at her home and she was thrilled to receive them.

As time went on and I kept following up with her, she became more outspoken. She was linked to STAR and assigned to a clinic.

Program Challenges and Mitigations

Opportunities for improvement in the Logrando Bienestar program include increasing the program's presence in the community through more outreach efforts. This has been handled by increasing the number of CSCs in the program as well as expanding the current library of workshops available and providing additional training to staff in different relevant topics such as Targeted School Violence Training.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.2.3 O&E.03: Logrando Bienestar

Program Clients Demographics

FY21-22 Total Program Cost	$ 1,161,806.82		Language Spoken	(n=1,649)
Total Individuals Served	1661		English	834
Cost Per Individual:	$ 699.46		Spanish	770
Age Group	**(n=1,661)**		Vietnamese	0
0-15 yrs.	1126		Cantonese	0
16-25 yrs.	214		Mandarin	0
26-59 yrs.	302		Tagalog	0
60 & older	19		Cambodian	0
Race	**(n=1,661)**		Hmong	0
White	1616		Russian	0
African American or Black	9		Farsi	0
Asian	14		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	45
Alaska Native or Native American	18		**Ethnicity**	**(n=1,661)**
Other	4		Hispanic	1531
More Than One Race	0		Non-Hispanic	130
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=43)**		**Veteran**	
Lesbian or Gay	0		Yes	N/C
Heterosexual	18		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	0		**Disability - Communication**	
Other	0		Hearing or Having Speech Understood	N/C
Declined to Answer	25		Communication	N/C
Gender Identity	**(n=1,661)**		Seeing	N/C
Female	982		Other (specify)	N/C
Male	678		None	N/C
Transgender	1		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0		N/C=Not Collected for this program at this time	

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
- 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

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	475	655	357	54.5%
16 - 25	678	928	559	60.2%
26 - 59	1,076	1,551	926	59.7%
60+	303	401	240	59.9%
Total	2,532	3,535	2,082	

Program Description

Crisis Team (CT) provides field and phone crisis intervention services to individuals of all ages experiencing a mental health crisis. Serving all of Ventura County. They manage calls coming into the 24/7 toll-free VCBH Access and Crisis 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 also provides post-crisis follow-up and coordinates extensively with other programs, such as Screening, Triage, Assessment and Referral (STAR) and Rapid Integrated Support and Engagement (RISE), to engage and facilitate linkage to VCBH services and to other indicated resources or services. Additionally, the CT advocates intensively and mediates on clients' behalf in conjunction with community partners and treatment providers to ensure appropriate service delivery.

The table that follows presents a total of individuals 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.

Program Highlights and Successes

Although they continue to experience staffing shortage, they continue to remain open 24/7 - serving the county in dealing with mental health crisis. The Crisis team worked with a family that had recently moved to Ventura County, had a youth in crisis and was not aware of what resources there were available to them. The Crisis team worked with the family to coordinate efforts to ensure appropriate and timely linkage to services. Family was appreciated to the care and follow up provided by crisis team and the immediate linkage to treatment.

Program Challenges and Mitigations

CT continues to experience a shortage of staff due to vacancies. They are actively recruiting to seek new candidates to fill vacancies. They continue to look at ways to streamline efforts to reduce any disruption in providing crisis services. The Access Team was created to take on all requests for services - during business hours to relieve the crisis team and allow them to answer crisis calls.

Program Clients Demographics

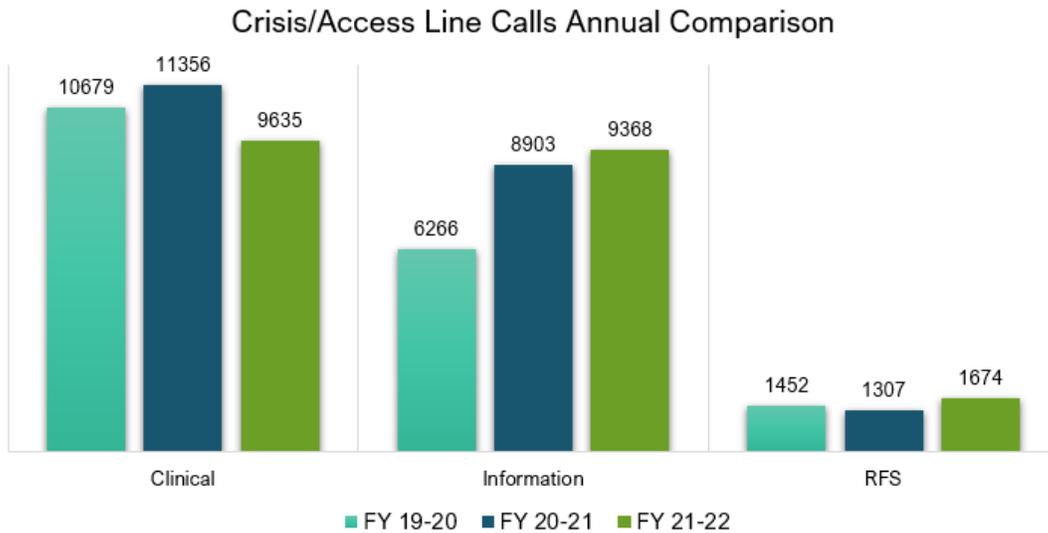| FY21-22 Total Program Cost	$ 2,964,585.28		Language Spoken	(n=1,007)
Total Individuals Served	2532		English	955
Cost Per Individual:	$ 1,170.85		Spanish	44
Age Group	**(n=2,532)**		Vietnamese	0
0-15 yrs.	475		Cantonese	0
16-25 yrs.	678		Mandarin	0
26-59 yrs.	1076		Tagalog	2
60 & older	303		Cambodian	0
Race	**(n=929)**		Hmong	0
White	374		Russian	0
African American or Black	39		Farsi	0
Asian	25		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	6
Alaska Native or Native American	8		**Ethnicity**	**(n=805)**
Other	483		Hispanic	445
More Than One Race	0		Non-Hispanic	360
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=215)**		**Veteran**	
Lesbian or Gay	5		Yes	N/C
Heterosexual	85		No	N/C
Queer, pansexual, and/or questioning	3		Declined to Answer	N/C
Bisexual	5		**Disability - Communication**	
Other	8		Hearing or Having Speech Understood	N/C
Declined to Answer	109		Communication	N/C
Gender Identity	**(n=1,015)**		Seeing	N/C
Female	551		Other (specify)	N/C
Male	464		None	N/C
Transgender	0		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0		N/C=Not Collected for this program at this time	

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.1 GSD.01: County-Wide Crisis Team

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 FY21-22			
Age Group	Clinical	Information	Request for Service	Total
0 - 15	1,458	818	328	2,604
16 - 25	1,547	980	263	2,790
26 - 59	5,712	5,168	882	11,762
60+	685	461	65	1,211
Unknown	233	1,941	136	2,310
Total	9,635	9,368	1,674	20,677

The chart below demonstrates volume of Crisis Line calls for the last three fiscal years.

Crisis/Access Line Calls Annual Comparison

Clinical: FY 19-20 = 10679, FY 20-21 = 11356, FY 21-22 = 9635
Information: FY 19-20 = 6266, FY 20-21 = 8903, FY 21-22 = 9368
RFS: FY 19-20 = 1452, FY 20-21 = 1307, FY 21-22 = 1674

■ FY 19-20 ■ FY 20-21 ■ FY 21-22

FY21-22 Total Program Cost	$2,964,585.28

Program Description

The Mobile Crisis Outreach for TAY (MCOT) team is comprised of 1 bilingual clinician, 1 bilingual Community Service Coordinator (CSC) and 1 Peer Specialist. The team currently operates Monday-Friday, 8am to 5pm, and provides crisis responses throughout Ventura County for 16–25-year-olds. Referrals to MCOT happen through the Access Hotline when community members or agencies call during business hours about an individual within the target age group. Once identified, the Access Hotline transfers calls to the MCOT team for dispatch or support. The MCOT team has a focus on including support systems in the crisis planning, and linkage to outpatient services. Individuals who have been assessed by the MCOT team may remain open to them for engagement and support through the process of being linked.

Program Highlights and Successes

When it launched any challenges from FY 2021-2022. The team did not launch until this fiscal year (2022-2023) on 2/02/2023. There have been some challenges around creating a consistent internal referral process from the Access Hotline to MCOT and differentiating these targeted crisis services from the main Crisis Team without creating a confusing message for the community. Hiring the three staff was the primary challenge in the first year. Some of the other challenges include: we wrote into the grant that we would purchase a texting software and there have been significant delays since the grant was finalized due to a lack of policies or procedures around texting communication, we were unable to purchase a new van due to fleet shortages, and all the modifications we made in Avatar to try to capture grant reporting data will likely not be continued in SmartCare.

Program Challenges and Mitigations

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

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
- 18 and Over
- 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

Program Description

Ventura CRT is a voluntary 15-be open Crisis Residential Treatment facility. They serve adult persons with mental illness who are experiencing a psychiatric crisis which significantly impacts their daily functioning. Being a residential treatment facility, they operate and have the capacity to admit 7 days week, 365 days per year. The average length of stay is approximately 2 weeks.

Ventura CRT embraces the social rehabilitation model of treatment for behavioral health disorders, the goal at Ventura CRT is to provide short-term stabilization to persons served, in order to avoid psychiatric hospitalization, and provide further stabilization after hospitalization before the next step in the person's recovery and enrollment in mental health services.

The program provides persons served with a home-like residential facility with the basic accommodations. This community living environment offers persons served a sense of place, safety, and community where they can learn, and practice needed independent living skills while learning new coping skills to work on their integration and rehabilitation issues within the safety of the program.

The program's services provided by the Treatment Team consist of a psychiatrist or Nurse Practitioner, a Program Director, Clinician, and Mental Health Rehabilitation Workers. Treatment Team members are trained in the areas of crisis intervention, general counseling skills, milieu therapy and persons served centered social rehabilitation services.

Client progress is assessed daily by the Treatment Team. A discharge can be planned, or occur, at any time during the persons served stay. The planned length of stay in the program shall be in accordance with the client's assessed needs, but not to exceed thirty (30) days, unless circumstances require a longer length of stay to ensure successful completion of the treatment and appropriate referral.

Program Highlights and Successes

Client #1 successfully graduated VCRT. This was his first time in a residential treatment facility. He has since graduated from a structured 18-month program, entered his new placement and has been accepted into a nursing program. His goal is to graduate with an RN.

Client #2 also graduated from VCRT last year into a structured 18-month program. She continues to do well in that program and has been taking classes at the Channel Islands, progressing towards her goal of becoming a Medical Biller.

Client #3 struggled in structured placements prior to VCRT. In those previous placements, she did not engage in the program and refused to leave her room. During her stay at VCRT, she improved in her social skills, developed some friendships, and freely engaged in the program. Presently, she is in a structured 18-month program and by all reports, continues to do well in her goals, program, and social skills.

Program Challenges and Mitigations

Admissions. This has multiple factors: 1. Sometimes their primary referral sources are limited due to the impact of COVID-19. 2. Limits on licensing prohibit them from admitting and treating certain types of justice involved persons. Staffing: Being a small facility, you don't have the economy of scale within your staffing patterns. This is most noted in licensing nursing. Since COVID-19, salaries have escalated, placing an added pressure on mental health. VCRT has taken an active approach in monitoring labor markets and trends such that they are able to provide an attractive environment for potential applicants. Additionally, licensed therapists' pay has increased significantly. As with nursing positions, they are monitoring the labor market

and using input from other mental health facilities in the company regarding strategies in employment.

Within the program, they continue to focus on reasons why clients leave placement early (being open and voluntary, clients can leave at any time). There are a variety of reasons for this pattern. VCRT administration and Regional Director look to their weekly client council meetings as potential interventions designed to keep people in placement, further their treatment such that a "safe hand-off" to a mental health program or facility can occur.

Program Clients Demographics

FY21-22 Total Program Cost	$ 2,872,527.56
Total Individuals Served	213
Cost Per Individual:	$ 13,486.04
Age Group	**(n=213)**
0-15 yrs.	0
16-25 yrs.	48
26-59 yrs.	161
60 & older	4
Race	**(n=212)**
White	71
African American or Black	11
Asian	3
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	1
Other	126
More Than One Race	0
Declined to Answer	0
Sexual Orientation	**(n=138)**
Lesbian or Gay	1
Heterosexual	38
Queer, pansexual, and/or questioning	0
Bisexual	1
Other	2
Declined to Answer	96
Gender Identity	**(n=213)**
Female	90
Male	123
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=212)
English	200
Spanish	10
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	2
Ethnicity	**(n=196)**
Hispanic	91
Non-Hispanic	105
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.3.4 GSD.04: Crisis Stabilization Unit (CSU)

Population Served

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

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's assessment, a safety planning process and aftercare meeting with the youth and their caregivers. The CSU is staffed with a master's level clinician, registered nurse, mental health counselors providing stabilization services around the clock, in addition to a psychiatrist available 24 hours a day, 7 days per week.

Program Highlights and Successes

FY21-22 continued to bring unique collaborative opportunities with Public Health, hospitals, communities, 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. CSU noted a 15% decline in the number of clients served. in FY21-22 and attributed this decline to reported higher acuity levels for youth which required

immediate intervention and did not meet criteria for CSU. Diversion rates remained like other years, considering the complicated factors of COVID-19's impact on mental health which was significant for CSU clients.

Program Challenges and Mitigations

In FY21-22, 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 COVID-19. 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 partnering agencies to ensure that procedures are understood.

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 the 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).

Program Clients Demographics

FY21-22 Total Program Cost	$ 3,723,176.47
Total Individuals Served	287
Cost Per Individual:	$ 12,972.741
Age Group	**(n=287)**
0-15 yrs.	180
16-25 yrs.	107
26-59 yrs.	0
60 & older	0
Race	**(n=287)**
White	115
African American or Black	6
Asian	14
Native Hawaiian or Other Pacific Islander	1
Alaska Native or Native American	1
Other	147
More Than One Race	3
Declined to Answer	0
Sexual Orientation	**(n=29)**
Lesbian or Gay	0
Heterosexual	6
Queer, pansexual, and/or questioning	0
Bisexual	2
Other	7
Declined to Answer	14
Gender Identity	**(n=287)**
Female	207
Male	79
Transgender	1
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=287)
English	280
Spanish	7
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=262)**
Hispanic	170
Non-Hispanic	92
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.5 GSD.05: Screening, Triage, Assessment and Referrals (STAR)

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	1,702	1,315	1,092	64%
16 - 25	1,268	1,010	760	60%
26 - 59	1,951	1,465	1,003	51%
60+	275	183	139	51%
Total	5,196	3,973	2,335	58%

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 specialty mental health services, they are referred to appropriate levels of care to fit their needs.

The program continues to deal with staffing shortage. As they continue to actively recruit, they are reviewing internal processes to ensure that they are streamlining

Future Program Changes

FY21-22 continued to bring unique collaborative opportunities with Public Health, hospitals, communities, 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. CSU noted a 15% decline in the number of clients served.

Program Highlights

They have observed a steady increase of requests for services, their goal has been to reduce unneeded touchpoints and obtain only the essential information needed to determine the appropriate delivery system of care - and link individuals to treatment providers.

Highlights have been the great work being seen by the Access team that at the point of initial contact the team is linking individuals/families to the needed support – more efficiently and ensuring the appropriate resources are provided to them.

Program Challenges and Mitigations

what can be streamlined to reduce redundancy and gaps in linkage to services.

Program Clients Demographics

FY21-22 Total Program Cost	$ 2,948,957.34		Language Spoken	(n=5,122)
Total Individuals Served	5196		English	4375
Cost Per Individual:	$ 567.54		Spanish	700
Age Group	**(n=5,196)**		Vietnamese	3
0-15 yrs.	1702		Cantonese	1
16-25 yrs.	1268		Mandarin	2
26-59 yrs.	1951		Tagalog	3
60 & older	275		Cambodian	0
Race	**(n=5,132)**		Hmong	0
White	2296		Russian	0
African American or Black	153		Farsi	1
Asian	85		Arabic	0
Native Hawaiian or Other Pacific Islander	19		Other	37
Alaska Native or Native American	41		**Ethnicity**	**(n=4,185)**
Other	2538		Hispanic	2926
More Than One Race	0		Non-Hispanic	1259
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=971)**		**Veteran**	
Lesbian or Gay	24		Yes	N/C
Heterosexual	467		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	40		**Disability - Communication**	
Other	35		Hearing or Having Speech Understood	N/C
Declined to Answer	405		Communication	N/C
Gender Identity	**(n=5,193)**		Seeing	N/C
Female	2921		Other (specify)	N/C
Male	2265		None	N/C
Transgender	7		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0		N/C=Not Collected for this program at this time	

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.

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, community-based, culturally competent, client- and family-driven services that are designed to overcome historical stigma and access barriers to services in targeted program communities.

Program Highlights and Successes

They have been increasing the hours of services by their psychiatric provider from 10 hours per 2 weeks, to 10 hours weekly. This will increase the availability of psychiatric services to their clients, as well as availability for more clinical consultations with the treatment team. The plan for next fiscal year is to re-establish relationships with other community providers to help youth and their families access more resources (whether lower level of care mental health services, food or housing resources, support groups, etc.) that will support those they serve in their recovery and healing journeys. They recognize that improving mental health is not solely done with mental health services, but rather in collaboration with medical services, as well as helping families meet basic needs (food, shelter, etc.), parent/caregiver mental health services, education. Additionally, they are expecting continued surge of requests for services from the community and are attempting to implement changes in operations to expand repertoire of services (including group treatment, orientation groups, etc.)

Program Challenges and Mitigations

During FY21-22, they have seen a 37% increase in the number of clients served (increasing from 120 to 164). They continue to provide services to clients that reside in the Fillmore and Piru areas, and who would otherwise experience transportation barriers accessing services in the other clinics. Services include individual, family and group therapy, case management, medication management services. Almost all the staff (all other than the psychiatrist) are bilingual, which has been tremendous support to the Spanish-speaking community for better quality care.

Success Story: Client 1 is a 16-year-old Latina living in Piru with her mother, brought to the Fillmore clinic in late 2020 due to struggles with depression including thoughts of suicide that began at the time of the COVID-19 pandemic. As she was required to stay at home in 2020, the client developed these symptoms that lead to her not sleeping much, not eating much, being isolated from friends and family, failing all of her classes, and requiring an Individual Educational Plan. She and family engaged in both individual and family treatment, she learned and used new coping strategies, communication skills. She improved motivation to participate in school and extracurricular activities, and at the time of discharge in December 2021, she was regularly practicing softball, kickboxing, volleyball, and regularly spending quality time with her mother. She also received 4 As and 2 Bs at the end of that semester and has been described as helpful and a joy to have in class. Her depression subsided and she developed friendships and was able to express her anger in a healthier and safer way.

Program Clients Demographics

FY21-22 Total Program Cost	$ 604,909.13
Total Individuals Served	164
Cost Per Individual:	$ 3,688.47
Age Group	**(n=164)**
0-15 yrs.	122
16-25 yrs.	42
26-59 yrs.	0
60 & older	0
Race	**(n=163)**
White	64
African American or Black	1
Asian	0
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	1
Other	97
More Than One Race	0
Declined to Answer	0
Sexual Orientation	**(n=16)**
Lesbian or Gay	0
Heterosexual	11
Queer, pansexual, and/or questioning	0
Bisexual	0
Other	0
Declined to Answer	5
Gender Identity	**(n=164)**
Female	88
Male	76
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=147)
English	128
Spanish	19
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=150)**
Hispanic	137
Non-Hispanic	13
More Than One Ethnicity	0
Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C
Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C
Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.7 GSD.07: Transitional Age Youth Outpatient Treatment Program – Non-FSP

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 the Oxnard, Ventura, Camarillo, and Thousand Oaks region 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. Some weekly groups offer building skills in stress management, social skills, art, and community resources.

Future Program Description Changes

As there is a growing need for services for the transitional age youth, TAY plans to expand the options for group services in FY21-22 which will include parenting skills groups, monolingual Spanish speaking skill building group, seeking safety, and cognitive behavioral therapy group.

Program Highlights and Successes

The TAY Outpatient Treatment Program expanded both therapeutic and rehabilitation groups as hybrid options (i.e., both in-person and telehealth services) as restrictions due to the pandemic continued. Those groups included skill building for stress management, lyrical soul (Music coping strategies), an art rehabilitation group and a dialectical behavior therapy group. TAY staff continued collaboration and nurturing relationships with outside agencies and contracted providers including the TAY Tunnel wellness center in Oxnard. TAY clients benefited from having an HMIS (Homeless Management Information Systems) trained staff on site to help the clients navigate the complicated housing process. The TAY clinic was awarded the HHAP (Homeless Housing Assistance and Prevention) grant that focuses on homeless prevention, rapid re-housing, and emergency shelter funds for the homeless or at-risk of homeless clients.

Mary (name has been changed to protect confidentiality) struggled with agoraphobia, panic, and anxiety since the age of 15, following a traumatic incident that occurred, impacting her confidence and sense of safety and her overall ability to attend school or work. With the support of weekly telehealth therapy, grounding and exposure work, Mary was eventually able to have her therapist come to her home to practice leaving her home. With consistent coping strategies, medication management, interventions and motivation, Mary has successfully returned to school and begun looking for a job.

Program Changes for FY21-22

During this fiscal year there were continued challenges around ensuring delivery of high-quality care during COVID-19 restrictions and mandates. The TAY Program clinic continued to integrate telehealth as a treatment option for clients for both individual services, case management and group treatment.

Program Clients Demographics

FY21-22 Total Program Cost	$ 1,327,107.11		Language Spoken	(n=392)
Total Individuals Served	412		English	368
Cost Per Individual:	$ 3,221.13		Spanish	21
Age Group	**(n=412)**		Vietnamese	0
0-15 yrs.	0		Cantonese	1
16-25 yrs.	412		Mandarin	0
26-59 yrs.	0		Tagalog	0
60 & older	0		Cambodian	0
Race	**(n=411)**		Hmong	0
White	152		Russian	0
African American or Black	24		Farsi	0
Asian	7		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	2
Alaska Native or Native American	2		**Ethnicity**	**(n=381)**
Other	225		Hispanic	294
More Than One Race	1		Non-Hispanic	87
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=132)**		**Veteran**	
Lesbian or Gay	5		Yes	N/C
Heterosexual	57		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	7		**Disability - Communication**	
Other	9		Hearing or Having Speech Understood	N/C
Declined to Answer	54		Communication	N/C
Gender Identity	**(n=412)**		Seeing	N/C
Female	236		Other (specify)	N/C
Male	173		None	N/C
Transgender	3		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0		N/C=Not Collected for this program at this time	

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 toward 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

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 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 learned many lessons during the COVID-19 pandemic that are now incorporated into the everyday delivery of services including making telehealth a permanent option for clients. In person services are recommended and delivered whenever possible but clients appreciate the flexibility when it meets their needs.

Some clients continue to struggle to find their way back to the clinics and one particular individual who had trouble leaving his house, had stopped taking his medications and was minimally engaged. Case managers were able to visit him frequently at his home to build trust and understanding for what he was experiencing and eventually the client agreed to see the doctor via telehealth. The case manager went to the client's home and helped him utilize telehealth from his home to connect with the doctor at the clinic. The client agreed to meet with the doctor regularly this way and after some trust was gained, the client was able to come into the clinic for their appointments.

Ventura Clinic

The Ventura Adult Clinic is a full-service behavioral health outpatient facility that serves approximately 1000 clients. The campus is centrally located in the City of Ventura on Telegraph Road and houses our staff of case managers, social workers, marriage and family therapists, nurses, psychiatrists, office assistants, and administrators. In addition to medication management, the clinic offers a robust selection of groups, classes, individual and group therapy, case management, and many other vital services.

Oxnard and Santa Paula Clinics

Due to the COVID-19 pandemic and public health restrictions, groups and individual face-to-face sessions were scaled back. Currently, a total of 13 groups are available every week at three outpatient clinics, providing services to an average of 130 clients per week. Despite the challenges of the COVID-19 pandemic and limited face-to-face contact per public health guidelines, the Santa Paula, North and South Oxnard Adult clinics have increased in-person contact with clients. Clients are now asked to be seen in person for not just medication management appointments/injections but individual psychotherapy and group sessions. Every client is seen in-person at least on a quarterly basis. 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 Clinic has a 51-year-old criminal justice involved client with serious mental health challenges and co-occurring substance use issues who was struggling to maintain stability in the community. This man has spent most of his adolescence and adulthood in various locked facilities. The client's treatment team partnered with a sentencing specialist attorney, forensics, and community-based organizations to get client into a more structured mental health program. Client is now stabilized on a psychotropic medication regimen that works for him and he is actively participating in his mental health recovery.

Program Challenges and Mitigation

Simi Valley and Conejo Valley Clinics

With a growing number of individuals needing services, our clinics have continued to grow, and caseloads have increased. Our teams work collaboratively to prioritize high risk cases, identify support systems and how best to incorporate them in treatment, utilize groups and our CBOs to supplement care to ensure that our clients are receiving the highest level support possible.

Ventura Clinic

The Ventura Adult clinic continued to provide services to the clients we serve despite the challenges of the COVID-19 pandemic. As the impacts of the pandemic have started to lessen, the Ventura Adult Clinic is once again hosting in-person groups, and staff have skillfully transitioned clients back to in-person engagement as the primary type of client contact. While there continue to be some barriers to care due to the Covid-19 pandemic, clinic staff continue to rise to the needs of the clients by finding creative ways to mitigate these obstacles.

Currently the Ventura Adult Clinic has embraced a fully embedded forensics team who offer a full array of forensic services to our clients. For example, Ventura Adult Clinic staff collaborated with the Forensics Team to support a difficult client after spending nearly a year to be placed at Casa De Esperanza. This client has missed several opportunities for community placement due to her mental health symptoms and was even arrested on felony charges stemming from this behavior. She was denied release and was facing prison time. Staff from both teams were able to work over the course of several months to present an agreeable plan to the court and ultimately place this client in the appropriate care setting. She now has a chance at life again. The teams continue to support her and many other clients in efforts to afford them the opportunity to attain a better quality of life.

Oxnard and Santa Paula Clinics

As the COVID-19 pandemic has run its course and clinic operations have normalized, we have found that a significant percentage of our clients have become acclimated to the convenience associated with telehealth. As a result, we have experienced a higher-than-average rate of clients failing to show up for their scheduled appointments with clinic providers. To mitigate this challenge, we have begun re-educating new clients around the importance of coming to the clinic in person for psychiatric appointments and individual and group therapy meetings. The staff remind clients that specialty mental health requires at least quarterly in-person contact to help manage all our client needs. Client have responded well to this message and try to make face-to-face appointments.

Program Demographics

FY21-22 Total Program Cost	$ 20,335,972.11
Total Individuals Served	5731
Cost Per Individual:	$ 3,548.42

Age Group	(n=5,731)
0-15 yrs.	0
16-25 yrs.	455
26-59 yrs.	4284
60 & older	992

Race	(n=5,712)
White	3008
African American or Black	215
Asian	138
Native Hawaiian or Other Pacific Islander	7
Alaska Native or Native American	51
Other	2284
More Than One Race	9
Declined to Answer	0

Sexual Orientation	(n=1,412)
Lesbian or Gay	38
Heterosexual	648
Queer, pansexual, and/or questioning	0
Bisexual	33
Other	24
Declined to Answer	669

Gender Identity	(n=5,730)
Female	3120
Male	2608
Transgender	2
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=5,530)
English	4945
Spanish	524
Vietnamese	9
Cantonese	3
Mandarin	0
Tagalog	7
Cambodian	1
Hmong	0
Russian	2
Farsi	8
Arabic	6
Other	25

Ethnicity	(n=5,236)
Hispanic	2471
Non-Hispanic	2765
More Than One Ethnicity	0

Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C

Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C
None	N/C

Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C

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

The following section reports on programs within General System Development (GSD) that utilize peers to provide services to clients.
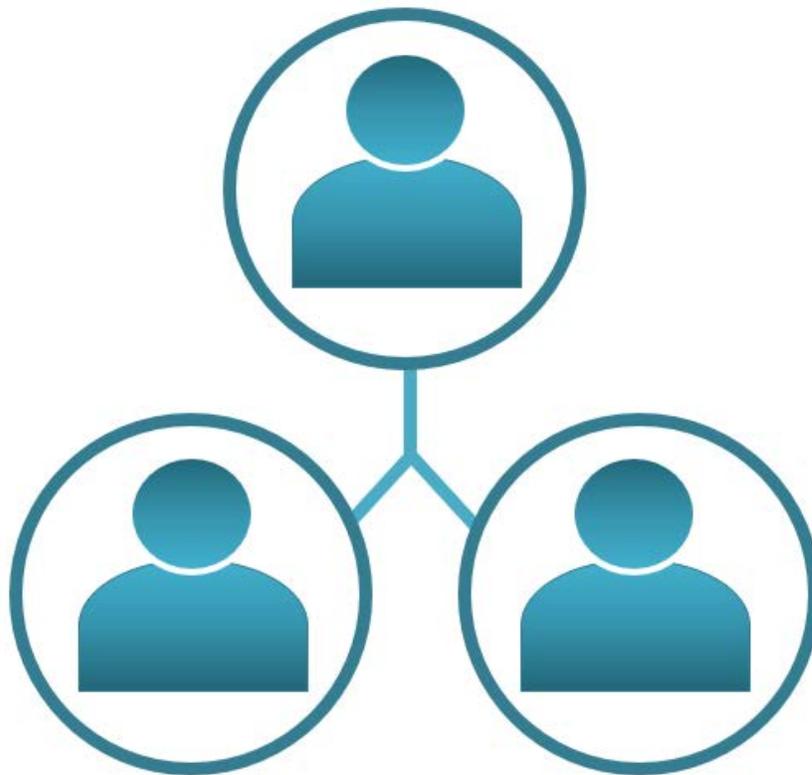
4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.9 GSD.09: The Client Network

Program Description

The Client Network is a peer-run advocacy organization with a client-centered approach to mental health recovery. The Client Network promotes hope, respect, personal empowerment, and self-determination. It advocates for clients to become full partners in their unique treatment and recovery journeys. Certified Peer Support Specialists provide one on one peer support, resources, and referrals. In addition, The Client Network collaborates with community partners**.** 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 sit on the Behavioral Health Advisory Board and its subcommittees. Participate in stakeholder groups, workshops, and mental health conferences. As a part of the Mental Health Services Act (MHSA) Community Program Planning (CPP) the Client Network actively contributes to shaping mental health policy and programming through the robust stakeholder process at the County and departmental levels. Client Network Advocates collaborate with the Ventura County Behavioral Health Department and the Behavioral Health Advisory Board during the 3-year strategic planning process, EQRO, and QMAC where client voices have traditionally not been heard.

Program Highlights and Successes

There were three Client Network Holiday celebrations held, providing holiday treats, gift cards and a pizza lunch. Veterans received a duffle bag containing a towel, a blanket, four pairs of socks and a hooded sweatshirt. Shelter residents received socks as well. Bus Passes were also provided. In addition, Peer Support was available as part of the holiday socialization. The "Client Network Fiesta" was held in honor of Mental Health Awareness Month. A catered lunch was provided, as well as games, music, a drawing, gift cards, bus passes and a snack bag.

Program Challenges and Mitigations

COVID-19 halted all in person Client Network General Meetings. However, members were able to participate in the stakeholder process, e.g., VCBH, BHAB, QMAC and workgroups via Zoom. The lack of in-person Client Network General Meetings significantly impacted on their members' opportunity for socialization.

Program Demographics

FY21-22 Total Program Cost	$ 54,475.73
Total Individuals Served	47
Cost Per Individual:	$ 1,159.06
Age Group	**(n=47)**
26-59 yrs.	47
Gender	**(n=47)**
Female	13
Male	34
Ethnicity	**(n=47)**
Hispanic	10
Non-Hispanic	37
Client Age Information	
Average client age:	33
Number of VCBH Clients:	None
Client City/Zip	
Camarillo - 93012	41
Oxnard - 93030	7
Oxnard - 93031	4
Oxnard - 93036	1
Ventura - 93001	3
Total	56
Client Assistance	
Bus Passes:	1,840
Gas Cards:	83
Food Assistance Cards:	240

Program Changes in FY21-22

Due to ongoing COVID-19 protocols, The Client Network provided outreach for clients in the community by taking events to their various adult residential facilities. The Client network produced three holiday celebrations serving a combined total of 235 clients. In addition, for Mental Health Awareness Month, The Client Network produced a Cinco de Mayo celebration for 70 clients. At all four events clients were provided with a lunch, gift bags of essential items, bus passes, and treats.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.9 GSD.09: The Client Network

Name of meetings Peers attended during the year. (Many multiple times)

Example of the meetings the Peers attended for the year:	Behavioral Health Advisory Board - 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 – Prevention Committee Meeting
	Board of Supervisors Meeting
	Substance Abuse and Mental Health Services Meetings
	Housing Issues Forum
	Diversity Training LGBTQ+
	National Alliance on Mental Health Town Meetings
	Ventura County Behavioral Health Providers Meetings
	California Association of Mental Health Peer-Run Organizations - Pro Peer Workforce Committee
	VCBH Peer Workgroup
	Mental Health Services Oversight & Accountability Commission
	CalVoices Peer Support Learning Exchange
	Access Southern Region Monthly

Peer Support Events:	Date	Event	Number of Residents
	December 2021	Client Network Holiday Celebrations at Thompson Place	26
	May 2022	Client Network Fiesta	70

Program Description

The Family Access and Support Team (FAST) Program is designed to provide services to severely emotionally disturbed (SED) children, youth and their families served by the Ventura County Behavioral Health (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.

Community Client Referrals

Program	Referrals
RISE	90
Seneca	78
Juvenile Facility	1

Program Highlights and Successes

The FAST Program conducted "refresher presentations" for all of the clinics in July, August, and September 2022. The Program immediately saw an increase in the number of referrals from August through December 2022 and has a waiting list for services. The Program has also been working closely with VCBH to begin billing Medi-Cal. For Medi-Cal, they are starting out with two Parent Partners to spearhead before bringing on additional Parent Partners. As of January 2023, the two Parent Partners have begun to officially bill Medi-Cal.

All of the Parent Partners are working toward their Peer Certifications. The FAST Program has two Parent Partners who have already taken and passed the exam.

The FAST Program has also been able to re-establish the parent support groups in-person. They held a Spanish group in November 2022 in partnership with Turning Point Wellness Center and it was well attended. The agency came together with the help of the Respite program and were able to provide childcare for the group as well as dinner for the families who attended. Most of the attendees live in a high need/underserved area in South Oxnard and were appreciative of this support and asked for more frequent gatherings. This group continues to grow, and the Program is working on returning the English group back to in-person. Since conducting the group in-person, they have received numerous requests from other cities within Ventura County to host a support group at their locations. The Program also saw a need for a Father's Support Group and will be hosting a group in Spanish starting in February 2023 at the Turning Point Wellness Center. This group will also continue monthly in Spanish and English as needed and will be provided with childcare and meals as well. In assessing the community need, they determined it would be beneficial to create a new position that would be primarily focused on facilitating and leading the community outreach component of the support groups. The Program created a new Parent Support Group Facilitator position and is actively recruiting.

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 continue 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 continue to be flexible and cretative in their outreach to support and engage families any way possible throughout the pandemic. The FAST Program, like many other services agencies, has also had hiring challenges in the last year although active planning is taking place to mitigate the ongoing challenge.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
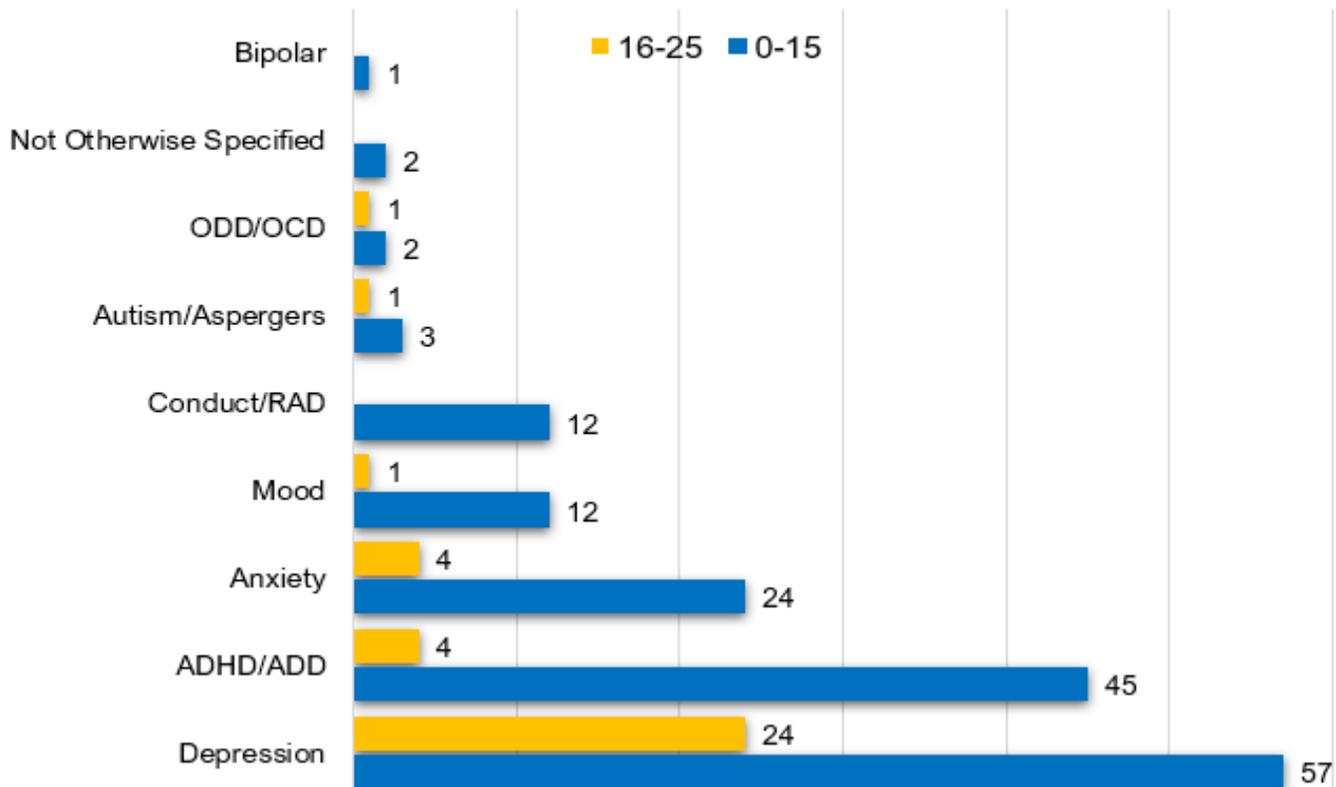4.1.3.10 GSD.10: Family Access and Support Team (FAST)

Program Demographics

FY21-22 Total Program Cost	$ 789,873.93
Total Individuals Served	205
Cost Per Individual:	$ 3,853.04
Age Group	**(n=200)**
0-15 yrs.	163
16-25 yrs.	37
26-59 yrs.	0
60 & older	0
Race	**(n=106)**
White	95
African American or Black	2
Asian	2
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	0
Other	0
More Than One Race	6
Declined to Answer	1
Sexual Orientation	**(n=107)**
Lesbian or Gay	0
Heterosexual	96
Queer, pansexual, and/or questioning	0
Bisexual	1
Other	0
Declined to Answer	10
Gender Identity	**(n=200)**
Female	98
Male	102
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=107)
English	63
Spanish	42
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	2
Ethnicity	**(n=157)**
Hispanic	129
Non-Hispanic	27
More Than One Ethnicity	1
Veteran	**(n=107)**
Yes	2
No	105
Declined to Answer	0
Disability - Communication	**(n=5)**
Hearing or Having Speech Understood	1
Communication	0
Seeing	3
Other (specify)	1
Learning Disability	
Disability - Mental (not SMI)	**(n=9)**
Physical/Mobility	2
Chronic Health Condition	7
Other (specify)	0
Declined to Answer	0
None	201

Diagnosis by Age (n=193)

Legend: ■ 16-25 ■ 0-15

- Bipolar: 0-15 = 1
- Not Otherwise Specified: 0-15 = 2
- ODD/OCD: 16-25 = 1, 0-15 = 2
- Autism/Aspergers: 16-25 = 1, 0-15 = 3
- Conduct/RAD: 0-15 = 12
- Mood: 16-25 = 1, 0-15 = 12
- Anxiety: 16-25 = 4, 0-15 = 24
- ADHD/ADD: 16-25 = 4, 0-15 = 45
- Depression: 16-25 = 24, 0-15 = 57

FY23-26 Program Plan

- The FAST Program plans to have all Parent Partners certified and will be actively billing Medi-Cal.
- "Refresher presentations" for all the clinics will be conducted on an ongoing basis to ensure all new clinicians are aware of United Parents and how their services can support their clients.
- The Program will have parent support groups established in at least five locations (Ventura, Oxnard, Santa Paula/Fillmore, Camarillo, and Moorpark/Simi Valley) to meet the demand of the community.
- The program staff will continue to establish and work collaboratively with partner organizations throughout the county to best serve and support the families.
- The FAST Program will continue to listen to and lift up the voice of the parents and their youth regarding mental health services and support in the County.

Program Description

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

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

Growing Works provides a purposely safe, stigma-free environment where everyone shares in victories. They are proud of their individualized approach and ability to develop their members' skills and strengths.

Program Highlights and Successes

Success Story: PA was living in one of the Casas de Esperanza when he started volunteering. He was very quiet, always very polite, respectful, and simply got to work. After six weeks of volunteering at Growing Works he told us that his previous employer was giving him a chance to try employment again. The next time they heard from him, via email, he had been rehired.

Success Story: AT came to Growing Works from the Casas de Esperanza. He was cooperating with the terms of his probation as agreed with the Mental Health Court and VCBH. AT had committed a very violent crime and had persistent substance abuse and anger issues. He was also an excellent worker. One day they observed that he seemed unusually angry and frustrated. A Growing Works manager inquired as to what was bothering him. AT had previously understood that his probation would be 12 months, but then had recently heard that it was 12-18 months. This was deeply frustrating to him as he was trying to complete the terms of his probation and move to another county to care for his father who was not in good health. AT and the manager wrote a letter to the judge, advocating for AT and recounting his adherence to all the

requirements of his probation. The manager also wrote a letter.

The letters didn't change anything with AT's probation or the courts. They did, however, change AT – he had mastered the skill of self-advocacy, he managed his anger and frustration effectively and pushed up against circumstances then accepted it when they didn't change.

AT has now completed all the terms of his probation and lives close to his father.

Success Story: Growing Works recently hired CA as a Supported Employee. He wrote the following a month or so ago: "I personally find Growing Works to be a peaceful sanctuary where there is no stigma or judgment and an environment of support which is conducive for success, the building of confidence, and feeling better about yourself. I get a feeling of happiness when I'm at Growing Works and I haven't felt anything remotely like happiness in over 5 years."

Despite COVID-19 disruptions, the average daily attendance is ten. Seven of the eight Supported Employment positions are filled, and they anticipate filling the eighth by the end of February 2023. In January 2023, Growing Works promoted a Supported Employee to a full-time job as a Nursery Assistant.

Challenges and Mitigations

Growing Works has always welcomed Members from the Casas de Esperanza, though until recently only about half were eligible to Growing Works for reimbursement for services provided. Through the advocating efforts of one of their members at the BHAB meeting, they will soon welcome the first Supported Employee from the Casas and will be able to chart on her and others. Growing Works is still adhering to all the COVID-19 guidelines for medical facilities, including taking temperatures, asking about symptoms, and wearing masks indoors daily. Growing Works continues to sporadically have Members and Supported Employees come down with COVID-19, apparently from external sources, as the cases happen one at a time. They test whenever someone tests positive. Growing Works was not able to accept Members for the first eighteen

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.11 GSD.11: Growing Works

months of COVID-19. They were also not able to provide transportation, WRAP or Jobs Skills classes for about two years due to prohibitions on gathering and putting people into vans in close proximity. There also has been substantial turnover within the VCBH clinics, so awareness and knowledge of Growing Works has lapsed. These factors greatly interrupted the pipeline of new Members. They are working with the clinics to increase awareness and new Members. The Members, Supported Employees and staff are feeling the effects of inflation individually and corporately. They have heard reports of rent increases, inflated gas prices, utilities, and food costs. Nursery supply costs have also increased significantly – some over 200% in the last two years.

Program Demographics

FY21-22 Total Program Cost	$ 309,078.73
Total Individuals Served	43
Cost Per Individual:	$ 7,187.88
Age Group	**(n=34)**
0-15 yrs.	0
16-25 yrs.	2
26-59 yrs.	31
60 & older	1
Race	**(n=37)**
White	31
African American or Black	2
Asian	0
Native Hawaiian or Other Pacific Islander	0
Alaska Native or Native American	0
Other	3
More Than One Race	1
Declined to Answer	0
Sexual Orientation	**(n=36)**
Lesbian or Gay	1
Heterosexual	30
Queer, pansexual, and/or questioning	0
Bisexual	0
Other	0
Declined to Answer	5
Gender Identity	**(n=35)**
Female	10
Male	25
Transgender	0
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=37)
English	35
Spanish	2
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	0
Ethnicity	**(n=19)**
Hispanic	10
Non-Hispanic	7
More Than One Ethnicity	2
Veteran	**(n=37)**
Yes	2
No	33
Declined to Answer	2
Disability - Communication	**(n=43)**
Hearing or Having Speech Understood	2
Communication	0
Seeing	3
Other (specify)	1
Learning Disability	
Disability - Mental (not SMI)	
Physical/Mobility	1
Chronic Health Condition	1
Other (specify)	0
Declined to Answer	0
None	37

Population Served

The Adult Wellness Center and Mobile Wellness Services serve 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.

Program Description

The program combined in 2021 to offer a Wellness Center and Mobile Wellness Services in various programs throughout the community which service vulnerable populations. 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 six WRAP groups per week off-site in the community for underserved populations including Board and Care, transitional and homeless services, and Veteran Services.

The Adult Wellness Center and Mobile Wellness Services collect unduplicated demographic data from the individuals they serve. Data in this section represents information from 592 individuals, 401 at The Wellness Center and 191 through Mobile Wellness Services.

Program Highlights and Successes

In 2021, while most clinics and services were providing remote services, the Wellness Center remained open daily to serve difficult to reach, marginalized and underserved populations in the community, while still

following all COVID-19 safety protocols. As soon as vaccinations became available for Mental Health workers, The Wellness Center worked diligently to get all staff vaccinated and support any members who expressed interest in vaccination as well as providing vaccination education and support.

Success Story: One member said that he has had a great experience. He stated that he called the STAR program and has an appointment.

One member shared that he just celebrated four years of being clean and sober. His living situation makes it so easy for him to continue to live a clean and sober lifestyle.

One member says he had been using WRAP to work on his relationship with his son. They have reconnected. He also worked hard to get his veteran's benefits in place.

Challenges and Mitigations

COVID-19 had a huge impact on the Wellness Center operations and hours. These challenges led to The Wellness Center finding new and creative approaches to implementing services, such as offering monolingual Spanish services during daytime hours. As of 2023, most of the services and programs have been restored.

FY22-23 Program Impacts

In 2022 the Wellness Center embarked on several new initiatives. Starting in 2022, the administration oversaw the process of assisting all Peers within Turning Point Foundation to get state certified as Medi-Cal Peer Support Specialists. To date, four peers have successfully completed the process, while many others continue the process of completing training and exams to get them to the point of certification. The Programa Latino Indigena (PLI) program was restarted, after having folded during the pandemic. This program targets Indigenous, Spanish-speaking members of the community who are not presently enrolled in services. The group is led by bilingual staff members and starts out monthly. The first meeting had a large turnout and occurred in mid-January 2023. Additionally, The Wellness Center hosted a community resource fair in fall 2022 at their site which was attended by a dozen Mental Health and Wellness Programs within the

Oxnard community. The fair saw over 100 individuals in the community attend and helped lead to the creation of the PLI program based on the results of the community needs assessment that.

3-Year Plan

- **Develop an employee career ladder plan for Peer Support Specialists.**

- Turning Point views itself as one of the leading programs in the utilization of peer support specialists in Ventura County. They feel it would benefit their program and the overall Peer Support community of Ventura County to develop a step-by-step plan which outlines the career ladder that a Peer would undergo in order to achieve advancement in their time at The Wellness Center. This ladder would include the completion of a Wellness Recovery Action Plan, completion of Turning Point's internal Peer Employment Training, WRAP facilitation training, and finally enrollment into the Certification training to become a Medi-Cal Peer Support Specialist.

- **Increase availability/frequency of services provided to marginalized populations that are representative of the community, including the Spanish speaking population, Veterans, and the elderly.**

  This will be evident through the Mobile Wellness sites participated in and provide WRAP services to, in addition to the services that they provide at The Wellness Center such as the Programa Latino Indigena

- **Increase collaboration w/ peer support services.**

  As other Peer Support programs begin growing in Ventura County, along with the implementation of

Medi-Cal Certified Peer Support Specialists, The Wellness Center sees that increased collaboration with other Peer Support Programs as being a vital component of its mission moving forward. Collaborating with programs such as United Parents, The Client Network, Pacific Clinic's TAY Tunnel, the newly founded Nates's Place, and the peer services offered through Ventura County Behavioral Health (VCBH) will become an integral part of the program.

- **Strengthen stakeholder process.**

  The Wellness Center intends to continue its efforts in outreach protocols through any means possible in order to increase engagement in the community and provide services to as many populations as possible. They intend to do this through ongoing resource fairs at the center and other sites, making outreach efforts to social service programs throughout the county and conducting community needs assessments.

- **Develop continuing education training in compliance with Medi-Cal.**

  In order to allow the Certified Peer Support Specialists to maintain their certification, they plan to develop approved material that will qualify as Continuing Education for Peer Support Specialists.

Stories

- One member shared that he just celebrated four years of being clean and sober. His living situation makes it so easy to for him to continue to live a clean and sober life.

- One member says that he had been using WRAP to work on his relationship with his son with whom he has reconnected. He also worked hard to get his Veteran's benefits in place.

Program Demographics

FY21-22 Total Program Cost	$ 1,053,000.63		Language Spoken	(n=370)
Total Individuals Served	539		English	295
Cost Per Individual:	$ 1,953.62		Spanish	66
Age Group	**(n=370)**		Vietnamese	0
0-15 yrs.	0		Cantonese	0
16-25 yrs.	34		Mandarin	0
26-59 yrs.	278		Tagalog	0
60 & older	58		Cambodian	0
Race	**(n=382)**		Hmong	0
White	218		Russian	0
African American or Black	28		Farsi	0
Asian	6		Arabic	0
Native Hawaiian or Other Pacific Islander	3		Other	9
Alaska Native or Native American	9		**Ethnicity**	**(n=290)**
Other	82		Hispanic	200
More Than One Race	36		Non-Hispanic	63
Declined to Answer	0		More Than One Ethnicity	27
Sexual Orientation	**(n=363)**		**Veteran**	**(n=381)**
Lesbian or Gay	0		Yes	21
Heterosexual	308		No	336
Queer, pansexual, and/or questioning	2		Declined to Answer	24
Bisexual	9		**Disability - Communication**	**(n=539)**
Other	3		Hearing or Having Speech Understood	41
Declined to Answer	41		Communication	0
Gender Identity	**(n=485)**		Seeing	0
Female	160		Other (specify)	1
Male	325		Learning Disability	
Transgender	0		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	43
Transgender man	0		Chronic Health Condition	67
Genderqueer	0		Other (specify)	0
Other	0		Declined to Answer	0
Declined to Answer	0		None	497

Program Description

The TAY Wellness Center serves transitional aged youth (TAY) ages 18–25 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 welcoming environment. Bilingual staff with lived experience provide peer driven activities such as the development of achievement plans, Wellness and Recovery Action Plans (WRAP), employment services, creative expression, advocacy, housing linkage, health navigation, Self-Management and Recovery Training (SMART) and linkage to mental health and other community resources critical to their recovery and independence.

Center Utilization

Center utilization varied from 46-145 visits per month, with an average of 107 per month and a total of 1287 for the fiscal year.

Program Highlights and Successes

Through the Homeless Management Informational System (HMIS) the TAY Wellness Center has been able to have individuals complete a Vulnerability Index and the Service Prioritization Decision Assistance Tool. The assessment will improve the chances for the youth in accessing permanent supportive housing. During the pandemic, the program was able to support and provide transportation to a member to enter Tarzana Treatment Center and complete the drug and alcohol treatment program. All staff in the program are also certified Question, Persuade, and Refer (QPR) providers and able deploy Narcan while connecting clients to emergency response teams. Outreach and engagement to the local community are provided through in-services and peer to peer engagement to help the community be informed of the services at TAY Wellness Center.

Program Challenges and Mitigations

Due to many of the youth being transient in their housing situations and often have limited ways to be contacted, especially during lockdowns, a doorbell camera was installed for those seeking services to make an appointment and leave a message along with the program having an outreach cell phone. During the pandemic addressing the youth's basic needs was critical to their recovery, the program was able to provide the youth access to shower, kitchen, laundry, mail pick up, ability to charge their phones, as well as bus fares and PPEs. The pandemic and staffing shortages have continued to impact the Center hours being limited to Monday through Friday throughout the remainder of the year.

3-Year Plan and Program Goals and Anticipated Changes in FY 2023-2026

TAY Wellness Center will continue to assess program efficiency every other week and monthly to meet the needs of the community, while ensuring that the Center meets its contract expectations. As the need for peer driven substance abuse services for TAY grows in the County, the Center will expand its SMART Recovery groups to multiple times per week to educate the youth in enhancing and maintaining motivation to abstain; skills to cope with urges; manage thoughts, feelings, and behaviors; and learn to balance momentary and enduring satisfactions which can lead to relapse. The TAY Wellness Center will also continue to advocate for housing services for TAY and specifically the LGBTQ+ community where the youth can access safe and inclusive emergency housing/shelter in the County.

As part of the Continuous Quality Improvement (CQI), the TAY Wellness Center staff will also be trained in administering the Milestones of Recovery Scale (MORS). In 2023-2024, the MORS will be initiated every three months with the Center members. Currently, 40% of the staff have passed and received their Medical Peer Certification while the other 60% are waiting for their testing dates or approval from CalMHSA. As the needs of the community change during the ongoing pandemic, the TAY Wellness Center may find additional space which could accommodate more youth to access the Center and its services.

Program Demographics

FY21-22 Total Program Cost	$ 500,130.09
Total Individuals Served	109
Cost Per Individual:	$ 4,588.35

Age Group	(n=103)
0-15 yrs.	0
16-25 yrs.	103
26-59 yrs.	0
60 & older	0

Race	(n=102)
White	12
African American or Black	5
Asian	1
Native Hawaiian or Other Pacific Islander	1
Alaska Native or Native American	1
Other	48
More Than One Race	16
Declined to Answer	18

Sexual Orientation	(n=44)
Lesbian or Gay	0
Heterosexual	0
Queer, pansexual, and/or questioning	0
Bisexual	15
Other	0
Declined to Answer	29

Gender Identity	(n=109)
Female	44
Male	26
Transgender	4
Transgender woman	0
Transgender man	0
Genderqueer	2
Other	11
Declined to Answer	22

Language Spoken	(n=81)
English	63
Spanish	17
Vietnamese	0
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	0
Arabic	0
Other	1

Ethnicity	(n=72)
Hispanic	56
Non-Hispanic	8
More Than One Ethnicity	8

Veteran	(n=101)
Yes	1
No	77
Declined to Answer	23

Disability - Communication	(n=14)
Hearing or Having Speech Understood	2
Communication	0
Seeing	6
Other (specify)	6
Bipolar Disorder, Chronic Weakness, Epilepsy, Heart Problem, Hallucinations, Psychosis, Seizures	

Disability - Mental (not SMI)	(n=7)
Physical/Mobility	4
Chronic Health Condition	3
Other (specify)	0
Declined to Answer	0
None	95

4.1.3.14 GSD.14: Client Transportation Program

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

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.

Program Demographics

FY21-22 Total Program Cost	$ 1,327,107.11
Total Individuals Served	930
Cost Per Individual:	$ 1,427.00

Age Group	(n=887)
0-15 yrs.	504
16-25 yrs.	157
26-59 yrs.	200
60 & older	26

Race	(n=870)
White	286
African American or Black	6
Asian	6
Native Hawaiian or Other Pacific Islander	1
Alaska Native or Native American	6
Other	565
More Than One Race	0
Declined to Answer	0

Sexual Orientation	(n=121)
Lesbian or Gay	0
Heterosexual	57
Queer, pansexual, and/or questioning	3
Bisexual	2
Other	3
Declined to Answer	56

Gender Identity	(n=882)
Female	529
Male	352
Transgender	1
Transgender woman	0
Transgender man	0
Genderqueer	0
Other	0
Declined to Answer	0

Language Spoken	(n=873)
English	460
Spanish	387
Vietnamese	1
Cantonese	0
Mandarin	0
Tagalog	0
Cambodian	0
Hmong	0
Russian	0
Farsi	2
Arabic	0
Other	23

Ethnicity	(n=781)
Hispanic	729
Non-Hispanic	52
More Than One Ethnicity	0

Veteran	
Yes	N/C
No	N/C
Declined to Answer	N/C

Disability - Communication	
Hearing or Having Speech Understood	N/C
Communication	N/C
Seeing	N/C
Other (specify)	N/C

Disability - Mental (not SMI)	
Physical/Mobility	N/C
Chronic Health Condition	N/C
Other (specify)	N/C
Declined to Answer	N/C
None	N/C

N/C = Not Collected at this time

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 started with grant funding which has long since ceased and yet the program has continued for more than 19 years. Mental Health Court is emblematic of Ventura County's commitment to addressing the needs of justice-involved persons with mental health issues. In that same spirit and prompted by the recent changes to Penal Code 1001.36, the VCMHDC began meeting in January 2019 to consider the development of a possible mental health diversion program despite the lack of available funding opportunities at that time. Interagency concerns and considerations were discussed and addressed and the first participants in Ventura County's Mental Health Diversion program were promptly introduced to treatment in the community as an alternative to being in jail.

The VCMHDC has since successfully launched an Intensive Diversion Program (IDP) that leverages county assets and resources around a model that has proven reliability in realizing positive outcomes. The funding allowed for the addition of two dedicated VCBH staff to increase the intensity of mental health treatment/services for those at risk of requiring competency restoration at the Department of State Hospitals (DSH) level. The intended population who will be provided pre-trial felony diversion services is 22 unduplicated clients over five years who meet DSH Program criteria. Evidence-based decision making is being used to reduce recidivism and maintain clients in community settings using the principles of matching interventions to risk levels, addressing need by targeting factors that most significantly influence criminal

behavior, and responsivity to individuals (risk-need-responsivity) with research-based intervention models. Program components are centered around identified factors shown by studies to be statistically predictive for pretrial diversion success or failure, including collaboration, training, release and diversion options, informed decision making, quick connections to appropriate behavioral health care and support services, community supervision and treatment at the pretrial stage, and performance measurements and evaluation. IDP plan uses Assertive Community Treatment (ACT) as its evidence-based mental health treatment program, a model that VCBH has experience implementing.

Program Highlight and Successes

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

Program Challenges and Mitigations

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

FY23-26 Program Impacts

The DSH grant-funded diversion program is continuing past the 22 target clients to a narrower range. Once the 22 grant-funded diversion clients have been served, DSH has agreed to continue to fund the Intensive Diversion Program for clients placed directly from the DSH waitlist. Additionally, VCBH Adults Division is exploring grant funding opportunities to establish a residential placement facility focused on this group of clients.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.3.16 GSD.16: Forensic Pre-Admit/Mental Health Diversion Grant Program

Program Demographics

FY21-22 Total Program Cost	$ 200,046.59		Language Spoken	(n=46)
Total Individuals Served	53		English	45
Cost Per Individual:	$ 3,774.46		Spanish	0
Age Group	**(n=53)**		Vietnamese	0
0-15 yrs.	0		Cantonese	0
16-25 yrs.	3		Mandarin	0
26-59 yrs.	42		Tagalog	0
60 & older	8		Cambodian	0
Race	**(n=53)**		Hmong	0
White	26		Russian	0
African American or Black	4		Farsi	0
Asian	1		Arabic	0
Native Hawaiian or Other Pacific Islander	0		Other	1
Alaska Native or Native American	0		**Ethnicity**	**(n=46)**
Other	22		Hispanic	20
More Than One Race	0		Non-Hispanic	26
Declined to Answer	0		More Than One Ethnicity	0
Sexual Orientation	**(n=22)**		**Veteran**	
Lesbian or Gay	0		Yes	N/C
Heterosexual	4		No	N/C
Queer, pansexual, and/or questioning	0		Declined to Answer	N/C
Bisexual	0		**Disability - Communication**	
Other	1		Hearing or Having Speech Understood	N/C
Declined to Answer	17		Communication	N/C
Gender Identity	**(n=53)**		Seeing	N/C
Female	16		Other (specify)	N/C
Male	37		None	N/C
Transgender	0		**Disability - Mental (not SMI)**	
Transgender woman	0		Physical/Mobility	N/C
Transgender man	0		Chronic Health Condition	N/C
Genderqueer	0		Other (specify)	N/C
Other	0		Declined to Answer	N/C
Declined to Answer	0			

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

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.4 Housing (HOU)

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.

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 supportive housing funds that provide temporary rental assistance at sober living homes and other community-based living situations. Once it is determined that the client is eligible for housing assistance, the VCBH Case Manager will work with the client and the treatment team to establish specific housing goals with benchmarks as part of the unique FSP treatment plan. With this type of assistance, the client is responsible for finding the non-licensed community based living as VCBH does not place clients into non-licensed facilities.

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

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

FY21-22 Total Program Cost	$ 961,823.84
Total Individuals Served	298
Cost Per Individual:	$ N/A*

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

MHSA Housing Type	Facility Name	Potential Units
ARF - Board and Care (B & C) Ages 18-59	Brown's Board and Care	10
	Cottonwood	24
	Thompson Place	26
	Saundra's Board & Care	6
	Sunrise Manor	60
ARF - Residential Care for the Elderly (RCFE) Age 59+	Oak Place	34
	The Elm	54
Total Potential Beds		21

MHSA Housing Type	Facility Name	Potential Units
Permanent Supported Housing	Hillcrest Villa Apartments	15
	Paseo De Luz	24
	Paseo Del Rio/Santa Clara	15
	MC3	6
	La Rahada – Simi Valley	8
	Peppertree – Simi Valley	11
	D Street Apartments – Oxnard	7
Total Potential Permanent Supported Housing Units		85

FY22-23 Changes in Housing

In 2021 VCBH received $140,000 to serve 100 TAY and their families not eligible for FSP over the course of 5 years. VCBH has been assisting TAY clients with emergency shelter, supportive services, basic needs, rents, and deposits.

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

Updates and plans for FY23-26

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

VCBH has identified the need to increase the number of ARF beds available for low-income clients and has begun to work with Turning Point Foundation to identify expansion of ARF opportunities countywide.

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

Ventura County categorized all PEI-funded programs to align with regulations' requirements and definitions. The required program types are prevention, early intervention, outreach for increasing recognition of early signs of mental illness, access and linkage to treatment and stigma and discrimination reduction. Suicide prevention and improving timely access to services for underserved populations are optional categories. Additionally, all PEI-funded programs are designed and implemented in accordance with strategies that help access and services for people with severe mental illness, the reduction of stigma and discrimination with respect to mental illness and improving timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally appropriate. A full evaluation report can be found in section 7 of the Appendix.

The following table illustrates programs by PEI categories.

CATEGORIES OF VCBH PEI PROGRAMS							
	PEI Program Categories						
Program	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 (VCOE and LEA)	■						
One Step a La Vez	■						
Program to Encourage Active, Rewarding Lives for Seniors	■						
Project Esperanza	■						
Promotoras Conexión Program	■						
Mixteco Indigena Community Organization Project (MICOP)	■						
Diversity Collective	■						
Tri-County GLAD	■						
Wellness Everyday	■						
COMPASS		■					
Primary Care Program (Clinicas)		■					
VCPOP		■					
Crisis Intervention Team (CIT)			■				
La CLAve Education and Training			■				
Logrando Bienestar					■		
Rapid Integrated Support & Engagement (RISE)					■		

[*]Optional program category according to PEI regulations.

FY21-22 Cost per Participant by Program

Program	Cost per Participant
Multi-Tiered System of Supports (VCOE and LEA)	$10
One Step a La Vez	$260
Program to Encourage Active, Rewarding Lives for Seniors	$2,071
Project Esperanza	$257
Promotors Conexión Program (PyPF)	$293
Healing the Community (MICOP)	$1,542
Diversity Collective	$1,290
Tri-County GLAD	$2,021
Wellness Everyday	N/A*
Comprehensive Assessment and Stabilization Services (COMPASS)	$145,856
Primary Care Program (Clinicas)	$1,671
Ventura County Power Over Prodromal Psychosis (VCPOP)	$3,086
Crisis Intervention Team	$2,332
Logrando Bienestar	$811
La Clave Education & Training	$991
Rapid Integrated Support and Engagement	$163

FY21-22 Number of Participants Served by City of Residence[§]

Geographic Area	Number of Participants Served	% of Total
Camarillo	140	4%
Fillmore	257	6%
Moorpark	86	2%
Newbury Park	28	1%
Oak Park	2	<1%
Ojai	33	1%
Oxnard	1,804	46%
Piru	25	1%
Port Hueneme	96	2%
Santa Paula	617	16%
Simi Valley	208	5%
Thousand Oaks	144	4%
Ventura	415	10%
Other	99	3%
Total with available city of residence data:	**3,954**	

[§]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.

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 181,923 participants were served by Prevention programs in FY21-22.

Changes:

After numerous and ongoing requests and reports of high need students from the Ventura County Office of Education, VCBH is planning to continue to expand the K-12 Wellness Center program in FY22-23 and 23-24 with additional PEI money. A full report of activities 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.

Healing the Community - 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.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.5.1 PEI.01 - Prevention

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

Wellness Everyday: Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website. Program moving to CSS next year.

185,063 individuals received core program services[†]

94,331 individuals referred to mental health care and/or social support services[†]

112,055 individuals reached through outreach events[†]

[†]Number of individuals may be duplicated.

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=1,073)
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.

Prevention Program Successes and Challenges

A 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.

They are now offering a mental health goodie bag to each participant of the workshop as an incentive for participating in the workshop, and this seems to be working well. They 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 was happy to be receiving a little gift for their time. And in fact, they do believe it was because of this that they did have a participant reach back out to us, a few days after receiving her goodie bag, about finding services for domestic violence survivors.

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 ongoing assessment, individual and family therapy, intensive case management, psychiatric evaluation and care, medication support, and linkage to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community. During FY 20-21 to FY 21-22 when the COVID-19 pandemic peaked, referrals and census decreased at both COMPASS and CSU. The pandemic impacted referrals due to the restriction of safe in-person services. There were also several youths during this timeframe due to acuity, necessitated a higher level of care due to concerns for physical safety

and elopement as this is not a locked facility. Additionally, some youth presented with clinical circumstances combined with impacted step-down resources, necessitating a number of stays over 30 day , thereby further impacting overall census.

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

Early Intervention Programs: Demographics of Participants

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

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%

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	

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	

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	

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.

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.

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.

La CLAve Education and 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

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.

Other PEI Programs Successes and Challenges

Despite the challenges Logrando Bienestar experienced during the pandemic, they were successful because they never stopped seeing and screening individuals. They were able to screen individuals over the phone in record numbers. In the month of May they received 138 referrals, and in June they had 80 referrals as demonstrated in the data. The Logrando Bienestar team received the La Clave training and was tasked with conducting the training. 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 training courses 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 they 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-19 information. It worked because most individuals quarantined resorted to social media thus, giving us a captive audience at most of these events. They teamed with the various organization that represent the community they 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 Logrando Bienestar staff, the vacancies of the three CSC's will now be filled by three trilingual CSC's. Two will be onboarding at the end of July and hopefully the next will be onboard in September. The Program Administrator will continue to adjust as COVID-19 restrictions continue to be fluid.

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

- Increase access to mental health services to underserved groups, including permanent supportive housing.

- Increase the quality of mental health services, including measurable outcomes.

- Promote interagency and community collaboration related to mental health services, support, or outcomes.

- Increase access to mental health services, including permanent supportive housing.

Innovation 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.
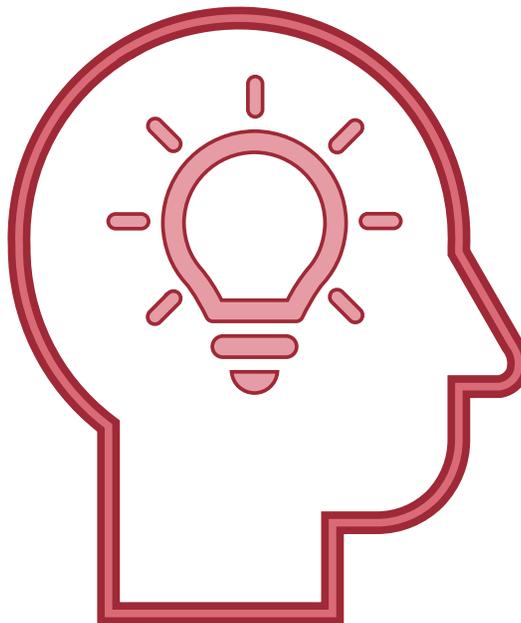
4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.6 Innovation (inn) (INN)

Highlights for FY21-22 Services

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

Current Innovation Projects	Years	Purpose	Status
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.	In process. Update below.
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. Interim report attached in the appendix.
M.A.S.H. Senior Support to Reduce Homelessness	2022-2027	To provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions.	Approved.
Planned Projects			
Mobile Mental Health Van Project	2021-2024	To provide reliable, flexible physical and mental health care to unserved and underserved individuals in Ventura County, regardless of insurance or legal status.	Delayed due to COVID-19 supply chain issues. Update described below.
Semi-Statewide Enterprise Health Record (EHR) Innovation	2023-2027	California counties have joined together to envision an enterprise solution where the EHR goes far beyond its original purpose as a claiming system to a tool that helps counties manage the diverse needs of their population. The counties participating in the Semi-Statewide EHR have reimagined what is possible from the typical EHR system	Planned for 22/23
Early Psyhcosis Statewide Learning Collective Project	Proposed approval in 23/24	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 23/24

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)

4.1.6.1 INN.01: Conocimiento

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, FY20-21. 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, FY20-21 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 inspired by 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).
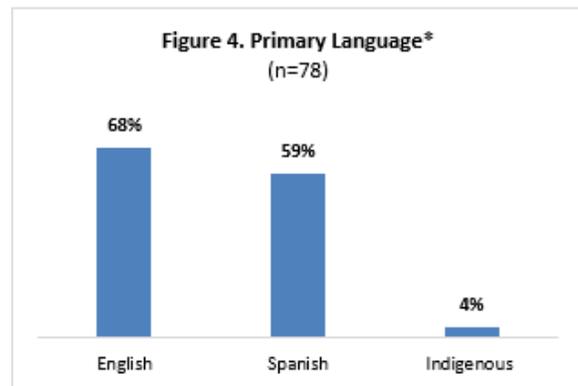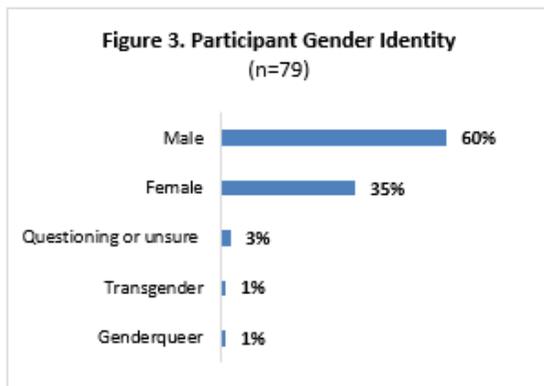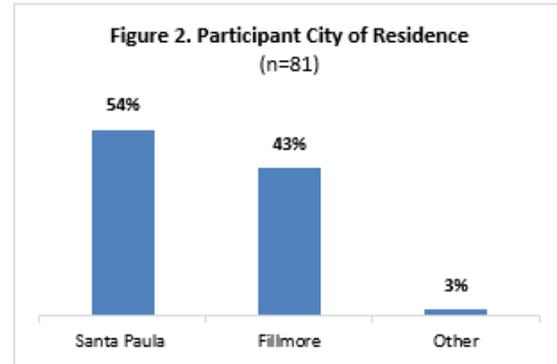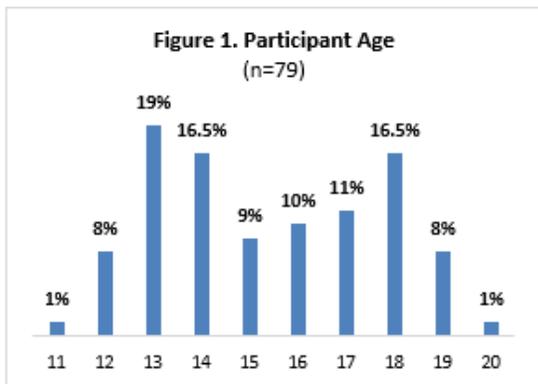
More recently, both project sites hired Parent Liaisons who have been planning events for parents including an Open House and parent resource events (Q2, FY21-22) wherein parents will be able to learn about accessing resources in the community. Parents who enroll in the program will receive support services, 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 FY21-22. The youth follow-up assessment will be implemented in Q2, FY21-22 as both the sites are now more stable and youth have been able to attend events and programming more consistently.

Program Developments

During FY20-21, 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).

Figure 1. Participant Age (n=79)

Figure 2. Participant City of Residence (n=81)

Figure 3. Participant Gender Identity (n=79)

Figure 4. Primary Language* (n=78)

*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.

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

15% Yes

85% No
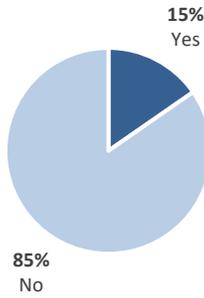
Figure 6. Self-reported Disabilties
(n=27)
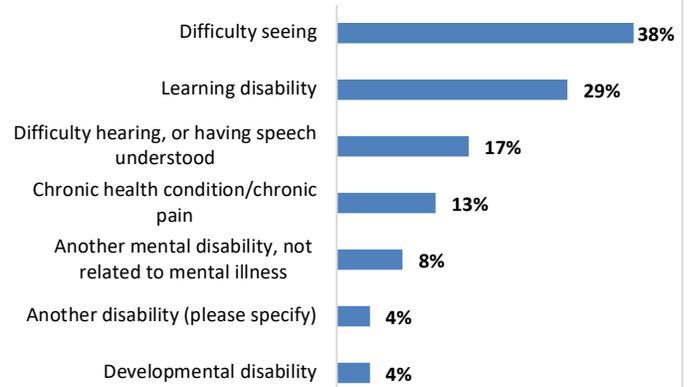
Disability	Percentage
Difficulty seeing	38%
Learning disability	29%
Difficulty hearing, or having speech understood	17%
Chronic health condition/chronic pain	13%
Another mental disability, not related to mental illness	8%
Another disability (please specify)	4%
Developmental disability	4%

Note: Percentages exceed 100% as respondents

Program Description

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

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

Program Developments

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

VCBH continues to work on the system improvements identified in the extension plan. The nationwide workforce shortage has delayed program implementation for several months. Other aspects of the program continue to move forward.

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 the care managers to know if one of the 600 to 700 FSP partners has been incarcerated, hospitalized, or if they are eligible or in need of homeless services. The project will aid in collecting the data needed to reduce recidivism and is considered a complement to the proposed Innovations Incubator Multi-County FSP project.

Program Purpose and Goals:

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

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

3. Improve services through closer care coordination across systems.

Program Developments

The system went live in 2022 with two of the five data streams completed. In the next year, the system is scheduled to be completed on time. Integration is set to conclude with the criminal justice data stream. An interim summary report is included as an appendix in section 7 of this report.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.6.4 INN.04: Mobile Mental Health

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 FY21-22, but due to COVID-19 supply chain issues it is not scheduled to arrive until June 2023; the van will still need to be built out at that point.

There have not been any expenditures to date.

Activities	Date/Time Period
Project idea developed through CPP process	Fall of 2020 and Winter of 2021
Project approved by the Board of Supervisors	May 11, 2021
Project approved by the MHSOAC	May 27, 2021
The project launch goal	January 1, 2024

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.6.5 INN.05: Managing Assets for Security and Health (M.A.S.H.) Senior Supports for Housing Stability

The projects' goal is to provide creative case management, therapeutic, and material support to enrolled seniors at risk of losing their housing due to fiscal, cognitive, or physical restrictions. By assigning and monitoring volunteers to work with homebound seniors, the clients will build a trusting relationship with the organization and be more likely to engage in a housing resource plan to include essential services and concrete resources as needed. The participants will be able to explore multiple solutions to their housing situation over time, increasing the chances for success in a new placement. By matching trained specialty peer volunteers with homebound seniors who can help identify and work with those seniors who are in jeopardy of losing their current housing.

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 10, 2022
Project approved by the MHSOAC	May 26, 2022
The project launch goal	September 1, 2023

Ventura County's highest priorities are client care and addressing the needs of the community. VCBH plans to meet these priorities by joining CalMHSA in creating a new Semi-Statewide Enterprise Health Record, using Streamline Healthcare's SmartCare platform, to do both. The new EHR will be more person and provider centered, services can be enhanced by decreasing the amount of time (estimated 30%) providers are required to document. The project will include a robust process

of input from participant counties to ensure the system will allow VCBH stakeholder feedback to be incorporated and for staff to have additional time to provide enhanced services to the community. This multi-county collaborative will capitalize on the strength, knowledge, and experiences of over twenty (20+) counties in formulating a new EHR. The new EHR will meet the new CalAIM standards and will quickly adapt to the ever-changing State requirements. Additionally, it will allow staff to collect and report on meaningful outcomes and provide tools for direct service staff that enhance rather than hinder care to the clients they serve.

Activities	Date/Time Period
Project idea developed though CPP process	Fall of 2022
Project approved by the Board of Supervisors	November 1, 2022
Project approved by the MHSOAC	Planned
The project launch goal	Planned

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.7 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 in skills needed to promote wellness and other positive mental health outcomes to help others. As an MHSA component, the system of care relies on the ability to work collaboratively 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.

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 pursuing advanced 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

To date, two of the FY21-22 MSW Intern and 3 MFT Trainee students have been hired by VCBH in the Behavioral Health Clinician classification – both MSWs

are bilingual (with fluency in Spanish). 1 MSW intern and 1 MHA Intern were hired as a Mental Health Associate. 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

> 32 students, including 11 who are bilingual, were hired in Clinical and 3 Paraprofessional (MHA Internships/BHW Practicum) positions in FY21-22

> All students received educational stipends.

> 34.4% of students were Bilingual.

FY21-22 Program Impacts

Program	Stipends	Bilingual
Doctoral Practicum	5	0
MSW	8	5
MFT	8	0
MHA	5	3
BH Workers	6	3
Total	32	11
Bilingual	34.4%	

Program Projections

FY22-23

Program	Stipends	Bilingual
Doctoral Practicum	2	0
MSW	2	0
MFT	2	1
MHA	2	0
BH Workers	4 (2 Non-MIP for 1 semester)	1
NEW Community Services Coordinator Interns	2	1
Total	14	3
Bilingual	21.4%	

VCBH is honored to be an awardee of The Mentored Internship Program grant or 2 VCBH sites - a component of the California Department of Health Care Services (DHCS) Behavioral Health Workforce Development (BHWD) efforts. The "MIP's overarching goal is to enhance the professional development of diverse talent to help meet California's urgent need for BH workforce in the near-term, ... expand California's future BH workforce, ... and develop ongoing partnerships ... between BH organizations and local educational institutions." or 2 VCBH sites.

The 2022-2023 Academic Year is focused on improving the Internship Program structure to establish standardized clinical experiences and strengthen a mentorship supervision model through the MIP grant process. VCBH will be working closely with Advocates for Human Potential, Inc (AHP), the grant Administrative Entity on behalf of DHCS, and our endorsing educational partners to create structures which will support future capacity. The Conejo site focuses on supporting 4 graduate level students and 2 undergraduate level students, as well as 1 graduate student who extended her learning from the 21-22 academic year. The Williams location focused on Integrated care, hosting 2 Doctoral Practicum students, 2 Behavioral Health Workers and 2 of new Internship category for undergraduate students, focused on access and outreach.

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

FY23-24

Increase MSW students and BHW to address shortage area. MIP stipend funds may be extended into a second year. Southern California Regional Partnership funds to fund stipends for the additional students not participating in the MIP.

Program	Stipends	Bilingual
Doctoral Practicum	3	1
MSW	12	6
MFT	5	2
MHA	6	3
CSC	2	1
BH Workers	3	1
Total	31	14
Bilingual	45.2%	

FY24-25

Increase Doctoral students and BHW to address shortage areas. Southern California Regional Partnership funds to support stipends

FY25-26

Reassess shortage needs and stipend funding resources.

Program	Stipends	Bilingual
Doctoral Practicum	4	2
MSW	12	6
MFT	5	2
MHA	6	3
CSC	2	1
BH Workers	5	1
Total	34	15
Bilingual	44.1%	

Program	Stipends	Bilingual
Doctoral Practicum	3	1
MSW	12	6
MFT	5	2
MHA	6	3
CSC	2	1
BH Workers	3	1
Total	31	14
Bilingual	45.2%	

Population Served

VCBH Employees

Program Description

A second Southern Counties Regional Partnership (SCRP) was funded in 2021. The Partnership represents 10 different counties committed to expanding Southern California's public behavioral health workforce. This fund has approximately 11 million dollars and 4 million in "matching" funds from all SCRP counties by 2024, making available 15 million to spend in approximately five years. Funding supports funding toward 1) Retention Strategies 2) Loan Repayment Program 3) Stipend Program 4) Pipeline Programs. FY 20-21 efforts are on developing programming which began roll out in FY 21-22.

Region Budget

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

VCBH's Total Budget is as follows:

	MHSA	33% match	$3,000,000	Grant Award by	Total allocation	Max 25%	Program Funds	Loan Repayment	Approx # of awards	Stipends	approx # of Stipends	Retention	Pipeline	Pipeline subdivision	Pipeline subdivision
	Allocation %	per OSHPD	from Grant	MHSA %	Per County	Admin Fee	Per County	approx 50%	$7500 average	Stipends	$6,000 each	Retention	TOTAL	misc	Peer Stipends
Ventura	5.99%	$227,857	$300,000	$511,214	$1,039,071	($259,679)	$779,392	$390,213	52	$192,000	32	$154,107	$43,072	$30,572	$12,500

Program Highlights and Successes

2021-2022 Retention Strategies

Retention approaches focus on staff training in evidence-based practices (EBPs) and in staff wellness programs. When staff are well trained in current interventions, they will be able to perform their job duties more adequately and will have more job satisfaction. This includes training in such topics as Trauma Informed Care, Cognitive Behavioral Therapy, Seeking Safety, Motivational Interviewing, and other EBP's. In addition to this professional development training, staff are also provided with staff wellness programs focused on reducing job stress and a reduction of job burnout. These include training and programs in self-care, trauma informed care, and vicarious trauma strategies. In addition to the individual regional training, the retention strategy will also include an annual conference for 150 attendees each year that addresses strategies for staff wellness and enhanced professional skills for engaging and treating challenging populations. This type of conference was funded through the original Southern Regions partnership WET funding and has been a highly successful program.

4.1 COMMUNITY SERVICES AND SUPPORTS (CSS)
4.1.7.1 WET.01: Workforce Education and Training

Trainings:

Training Name	Date	Attendees (Total)
Applied Motivational Interviewing	11/16/2021	16
Co-Occurring Disorders	12/14/2021	18
Effective Suicide and Crisis Intervention using Telehealth	1/11/2022	20
Suicide Prevention & Intervention	1/24/2022	22
Talking About Race and Racism with Clients: Challenges, Benefits & Strategies Fostering Meaningful Dialogue	2/7/2022	1
Suicide Prevention & Intervention	2/14/2022	2
Overcoming Compassion Fatigue	3/7/2022	1
Critical Clinical Conversations about Race, Racial Identity and Racism	4/4/2022	0
Suicide Prevention & Intervention	4/18/2022	5
Overview of DBT	4/25/2022	24
Telehealth with Traumatized Children and Adolescents	5/20/2022	7
Suicide Prevention & Intervention in Youth	6/13/2022	13
Introduction to a Framework for Confronting Racism	6/16/2022	10

Mental Health First Aid: Instructor Training

- Trained 8 VCBH Staff in the Adult Module and 9 VCBH Staff in the Youth Module

Conference (November 9-10, 2021) Person-Centered Engagement Strategies (16 VCBH staff attended, representing all 5 Divisions)

Conference (September 15-16, 2022): Transforming Together: Culturally and Linguistically Responsive Care (13 VCBH staff attended, representing all 5 Divisions)

Additional Conference for Ethnic Services Managers (March 29-31) – attended by VCBH Health Equity/Ethnic Services and Cultural/Linguistic Manager

2021-2022 Loan Forgiveness

The loan repayment program aims to provide financial assistance to employees in high need and hard-to-fill positions, as designated by each County. Applicants apply for the program through the HCAi centralized application and are scored by CalMHSA on an objective approach following the model of the MHLAP. The information is reviewed by each individual county to confirm eligibility. Eligibility for the program is based on

individuals that are regular, full-time employees, with an emphasis on selecting applicants who enhance and the diversity within the public behavioral health system of care (PBHS). Recipients are required to complete a work obligation of 1 year and to complete an annual follow-up survey for up to three years regarding employment status and satisfaction within the PBHS. In FY 21-22, $7,500 awards went to 26 VCBH employees in clinical and non-clinical positions.

2021-2022 Stipends

MIP Funding was available to support student stipends in 2021-2022; thus, SCRP stipend funds were not accessed.

2021-2022 Pipeline (Population served: Peer Specialists and Students of local high schools, community colleges, undergraduate programs)

Pipeline funds were used to create PDFs of informational posters and pamphlets including highlighting behavioral health occupational pathways, including career maps with related certificate and educational careers information and jobs/positions related to Level of education.

Further, funds were set aside to award 25 peer stipends at $500 each.

Program Challenges and Mitigation

None

Program Projections

2022-2023

Retention Strategies

1 conference (20 staff).

Minimum 10 SCRP funded training courses (minimum 100 staff).

Seeking Safety Consultation Calls (minimum 10 staff).

Re-allocating funds to address Clinical Supervisor shortage.

Loan Forgiveness

The current plan allows 13 stipends @ $7500 each. The contract is being re-written to allow each county flexibility on determining # of grants and amounts within county's SCRP grant Loan Forgiveness budget.

Stipends

MIP Funding may be available to support student stipends in 2021-2022; thus, SCRP stipend funds will be accessed to support non-MIP graduate level students.

Pipeline

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

Funds continue to be available to award 25 peer stipends at $500 each.

Plan to re-allocate some funds from retention to fund undergraduate level student stipends.

2023-2024

Retention Strategies

1 conference (15 staff)

Minimum 10 SCRP funded trainings (minimum 100 staff)

Develop programming to address Clinical Supervisor shortage and support licensing preparation for unlicensed clinicians.

Loan Forgiveness

The current plan allows 13 stipends @ $7500 each. Contract is being re-written to allow each county flexibility on determining # of grants and amounts within

Stipends

MIP Funding may be available to support student stipends in 2023-2024; thus, SCRP stipend funds will be accessed to support non-MIP graduate level students.

Pipeline

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

Utilize unused funds to award peer stipends at $500 each (remaining of 25 total).

Utilize re-allocated funds (from retention) to fund undergraduate level student stipends.

2024-2025

Retention Strategies

1 conference (15 staff)

Minimum 10 SCRP funded trainings (minimum 100 staff)

Utilize programming to address Clinical Supervisor shortage and support licensing preparation for unlicensed clinicians.

Loan Forgiveness

All funding will be used by FY 24-25. Additional awards will be granted should there be any unused funds due to previous awardees not utilizing their award, including breach of contract.

Stipends

SCRP stipend funds will be accessed to support graduate level students.

Pipeline

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

Utilize unused funds to award peer stipends at $500 each (remaining of 25 total).

Utilize re-allocated funds (from retention) to fund undergraduate level student stipends.

2025-2026 Loan Forgiveness

Retention Strategies

1 conference (15 staff)

Minimum 10 SCRP funded trainings (minimum 100 staff)

Utilize programming to address Clinical Supervisor shortage and support licensing preparation for unlicensed clinicians.

Loan Forgiveness

All funding will be used by FY 25-26. Additional awards will be granted should there be any unused funds due to previous awardees not utilizing their award, including breach of contract.

Stipends

SCRP stipend funds will be accessed to support graduate level students.

Pipeline

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

Utilize unused funds to award peer stipends at $500 each (remaining of 25 total).

Utilize re-allocated funds (from retention) to fund undergraduate level student stipends.

PROGRAM AND EXPENDITURE PLAN

5.1 FY 2022-23 MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FUNDING SUMMARY

5.1.1 Community Services & Support (CSS)

County: Ventura   Date: April 2023

	MHSA Funding					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Adult						
Adult Clinic Based FSP	57,325	57,325				
VCBH Adult Outpatient Treatment Program-Adult FSP	1,113,995	565,136	446,522			102,337
VISTA	785,101	466,196	304,110			14,794
Assisted Outpatient Treatment (AOT) Program	1,123,089	697,027	405,094			20,969
Empowering Partners through Integrative Community Services (EPICS)	1,056,722	645,446	406,162			5,114
Transitional Age Youth (TAY) Outpatient Treatment Program-Adult	4,482	2,297	2,007			179
TAY						
VCBH Adult Outpatient Treatment Program- Tay FSP	52,747	27,853	21,081			3,812
VISTA	93,441	55,486	36,195			1,761
Transitional Age Youth (TAY) Outpatient Treatment Program	427,414	219,013	191,361			17,040
Assisted Outpatient Treatment (AOT) Program	187,817	116,566	67,745			3,507
Empowering Partners through Integrative Community Services (EPICS)	11,710	7,152	4,501			57
Casa Esperanza TAY Transitions Program (TAY FSP)	637,248	265,047	340,658			31,544
Rapid Integrated Support and Engagement (RISE)	1,550	870	545			136
Child						
Insights (Youth FSP)	115,277	78,348	36,891			38
Youth FSP Program	120,623	120,623				

County: Ventura   Date: April 2023

| | MHSA Funding | | | | | |
| | 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						
VCBH Adult Outpatient Treatment Program- Older Adult	261,014	136,644	101,148			23,221
VISTA	3,044	1,808	1,179			57
Older Adults FSP Program	1,828,243	1,202,878	600,095			25,269
Empowering Partners through Integrative Community Services (EPICS)	327,720	200,171	125,962			1,586
Assisted Outpatient Treatment (AOT) Program	78,709	48,849	28,390			1,470
Non-FSP Programs						
The Client Network (CN)	337,413	337,413				
County-Wide Crisis Team (CT)	3,604,019	2,970,216	586,850			46,953
Screening, Triage, Assessment and Referral (STAR)	3,721,342	2,572,847	1,081,893			66,601
Crisis Stabilization Unit (CSU)	3,847,718	3,191,856	523,047			132,814
Rapid Integrated Support and Engagement (RISE)	1,134,141	636,401	398,496			99,244
Rise Expansion	1,034,578	1,011,313				23,264
Crisis Residential Treatment (CRT)	3,701,503	1,615,614	1,990,135			95,754
Fillmore Community Project	736,326	462,743	272,948			634
Family Access Support Team (FAST)	1,097,106	589,072	329,132			178,902

5.1.1 Community Services & Supports (CSS)

County: Ventura   Date: April 2023

| | MHSA Funding | | | | | |
| | 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.						
VCBH Adult Outpatient Treatment Program- None FSP	23,427,080	12,118,971	9,113,094			2,195,015
Transitional Age Youth (TAY) Outpatient (Transitions)	1,894,901	970,975	848,380			75,545
TAY Wellness Center: Pacific Clinics	613,214	613,214				
Assisted Outpatient Treatment (AOT) Program	176,014	109,240	63,488			3,286
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				
Housing	1,214,699	1,178,675				36,024
Crisis Care Mobile Units (CCMU) Grant	258,844	145,820				113,024
Peer Support Program ARPA	0					
Forensic Pre-Admit/Mental Health Diversion Grant Program	323,860		0			323,860
CSS Administration	9,038,195	4,818,711	3,897,979			321,506
Total CSS Program Estimated Expenditures	65,810,141	39,493,024	22,349,517			3,967,600
FSP Programs as Percent of Total	21.0%					

1715.1.2 Prevention and Early Intervention (PEI)

County: Ventura   Date: April 2023

	MHSA Funding					
	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
Outreach, Referral & Engagement & Prevention (O&E) Programs						
One Step a la Vez	59,834	59,834				
Project Esperanza	81,651	81,651				
Tri County Glad	57,780	57,780				
Catalyst Church	260,803	260,803				
Wellness EveryDay	895,151	895,151				
Healing the Community- (MICOP)	0					
MHSSA Grant- Wellness Center K-12	1,532,836	110,491				1,422,345
Old Adults - VCAAA	652,007	652,007				
Logrando Bienestar	1,973,389	1,527,047	407,519			38,822
Primary Care Integration - Clinicas	341,290	341,290				
Promotoras Y Promotores (Santa Paula)	250,000	250,000				
Multi-Tiered System of Supports, VCOE	2,082,062	2,082,062				
Mini Grants	100,000	100,000				
Wellness Centers Expansion K-12	2,000,000	2,000,000				
Diversity Collective	54,777	54,777				

County: Ventura　　　　　　　　　　　　　　　　　　　　　　　　　Date: April 2023

| | MHSA Funding | | | | | |
| | A | B | C | D | E | F |
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs – Early Intervention						
Primary Care Integration - VCBH	405,369	74,858				330,511
Ventura County Power Over Prodromal Psychosis (VCPOP)	2,684,981	1,531,458	808,451			345,071
PEI RISE Outreach	173,997	173,997				
COMPASS	1,735,990	1,323,848	302,240			109,902
Crisis Intervention Team (CIT) Training	206,636	206,636				
CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY	81,437	81,437				
EVALCORP	75,232	75,232				
PEI Administration	2,036,973	1,409,022	556,796			71,155
Total PEI Program Estimated Expenditures	17,742,192	13,349,379	2,075,007			2,317,806

County: Ventura   Date: April 2023

| | MHSA Funding | | | | | |
| | 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
INN Programs						
Conocimiento: Addressing ACEs through Core Competencies		261,017	261,017			
Conocimiento: Addressing ACEs through Core Competencies-ADMIN		14,309	14,309			
Conocimiento: Addressing ACEs through Core Competencies-EVALUATION		2,686	2,686			
MHS INN FSP Data Exchange Program		261,485	261,485			
MHS INN FSP Data Exchange Program-ADMIN		14,334	14,334			
MHS INN FSP Data Exchange Program-EVALUATION		2,691	2,691			
MHS Multi County FSP INN Plan (Third Sector)		88,557	88,557			
MHS Multi County FSP INN Plan (Third Sector)-ADMIN		4,855	4,855			
MHS Multi County FSP INN Plan (Third Sector)-EVALUATION		911	911			

County: Ventura   Date: April 2023

| | MHSA Funding | | | | | |
| | 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
INN Programs, Cont.						
Therapeutic Crisis Response-Mobile Mental Health Van		175,000	175,000			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN		9,593	9,593			
Therapeutic Crisis Response-Mobile Mental Health Van-EVALUATION		1,801	1,801			
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		9,023	9,023			
CAREGIVERS Homeless Prevention-M.A.S.H Senior for Homeless Prevention-EVALUATION		1,694	1,694			
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT		2,379,816	2,379,816			
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) ADMIN		130,459	130,459			
MHS E.H.R. MULTI-COUNTY INNOVATION (INN) PROJECT-EVALUATION		24,492	24,492			

County: Ventura   Date: April 2023

| | MHSA Funding | | | | | |
| | 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
INN Programs, Cont.						
Therapeutic Crisis Response-Mobile Mental Health Van		175,000	175,000			
Therapeutic Crisis Response-Mobile Mental Health Van-ADMIN		9,593	9,593			

5.1.4 Workforce Education and Training (WET)

County: Ventura   Date: April 2023

| | MHSA Funding | | | | | |
| | 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
WET Programs						
Workforce Education & Training Stipends		149,897	149,897			
MIP Integrated Care & Outreach Site		162,809				162,809
MIP MH Outpatient Specialty Care		162,769				162,769
WET Administration						
Total WET Program Estimated Expenditures		475,476	149,897			325,579