

# **FY 2012-2017 Strategic Plan**

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**Ventura County Behavioral Health Department**



**MHSA Prevention and Early Intervention (PEI) Program**

Ventura County Behavioral Health Department  
PEI Strategic Plan Framework FY 2012-2017

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### INTRODUCTION

Ventura's first County-wide Strategic Plan 2011-16, adopted by the Board of Supervisors on September 13, 2012, provides a solid foundation for all county agencies to construct and maintain collaborative strategic plans that "create a way forward." The County's Plan aptly captures a common mission, "to provide superior public service and support so that all residents have the opportunity to improve their quality of life while enjoying the benefits of a safe, healthy, and vibrant community."

The Ventura County Behavioral Health Department (VCBH) has a strong history of strategic planning and community-level collaboration that guide its Behavioral Health system. VCBH has gained notoriety for its achievements in effective alcohol and drug prevention efforts such as the Ventura County Limits and Partners in Prevention Projects. VCBH has broadened its prevention focus to include mental health (MH) prevention and early intervention, drawing upon state funding priorities, emerging research, and on successes with Alcohol and Drug Prevention Programs.

Today, the Ventura County Behavioral Health Department has a comprehensive Strategic Plan for FY 2012-2017 that clearly prioritizes MH prevention, along with alcohol and drug prevention. The Strategic Plan Framework presented here for the Prevention and Early Intervention (PEI) Program stems from the strategic planning processes and results that VCBH has used successfully in the past. It is important to note that these strategic approaches and their corresponding successes are due in large part to the leadership and support that VCBH enjoys from the Ventura County Board of Supervisors, the County Chief Executive Office and the county's Health Care Agency.

Ventura County PEI activities are focused around three strategic initiatives aligned with the VCBH Strategic Plan's Initiative to Promote Wellness (Goals 1, 2, and 3). Additionally, Ventura County PEI funded programs align with the Statewide Mental Health Services Act (MHSA) PEI initiatives:

1. Stigma and Discrimination Reduction
2. Suicide Prevention
3. School-based/Parenting

In keeping with the intention of the Mental Health Services Act and VCBH policy and practice, Ventura County's PEI Program is informed by the growing body of evidence about the effectiveness of MH prevention and utilizes evidenced-based programming.

## BACKGROUND

“... An increasing number of mental, emotional, and behavioral problems in young people are in fact preventable. The proverbial ounce of prevention will indeed be worth a pound of cure....” --National Research Council and Institute of Medicine Report, 2009

Historically, the primary focus of mental health research has been on developing and understanding effective treatments for mental disorders, but in the mid 1990's, the body of research on prevention began to expand rapidly. A seminal report was issued by the Institute of Medicine in 1994, entitled *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, which provided the basis for understanding prevention science. By the turn of this century, federal agencies had begun to prioritize prevention efforts: SAMSHA created a national registry of Effective Prevention Programs in 1997 (now the National Registry of Evidence Based Programs and Practices, or NREPP); NIMH released its “Priorities for Prevention Research” in 1998; the Safe and Drug Free Schools Act of 1999 brought prevention efforts to the forefront within the U.S. Departments of Education, Health and Human Services, and Juvenile Justice; and the Surgeon General issued a report on mental health that included a focus on prevention.

In response to continued focus at national, state, and local levels, the evidence on effective prevention programs has begun to accumulate, and many have been tracked since 1998 via the Promising Practices Network (currently administered by the RAND Corporation). In light of the rapidly expanding body of research in prevention since the 1994 Institute of Medicine report, four federal agencies -- the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) -- requested a study from the National Academies to produce a comprehensive, “state of the art” review of research and established program practices to date. A national Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults was formed, and extensive expertise and resources were engaged to produce this landmark publication, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* (National Academic Press, 2009). Key findings from this recent national review include the following:

- Mental, emotional, and behavioral (MEB) disorders affect between 14 and 20 percent of young people nationally in any given year, impeding normal development and resulting in substantial societal costs.

- More than half of adults with MEB disorders report that onset occurred during childhood or adolescence.
- The greatest prevention opportunities are among young people.
- Multiyear effects occur for multiple preventive interventions aimed at reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- Incidence of depression among adolescents and pregnant women can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by one-quarter to one-third.
- Promising findings exist regarding potential indicated preventive interventions targeting schizophrenia.
- Improving family functioning and positive parenting serves as a mediator of positive outcomes and can moderate poverty-related risk.
- There is emerging evidence that school-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions that target families dealing with such adversities as parental depression and divorce demonstrate efficacy in reducing risk for depression among children and increasing effective parenting.
- Certain preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.

In November of 2004, the state of California passed Proposition 63, the Mental Health Services Act (MHSA), to increase funding and resources to support mental health programs across the state. A portion of the funds were earmarked for Prevention and Early Intervention (PEI) efforts. The intention of the state's PEI Initiative is to move the mental health system to a "help-first rather than a fail-first" strategy, identifying individuals at risk of or indicating early signs of mental illness or emotional disturbance, and linking them to treatment and other resources. Counties were invited to develop a PEI plan with community stakeholder input and apply for these funds. In keeping with State requirements, VCBH took a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan and received funding through MHSA.

MHSA called for the development of the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC's role is to oversee the implementation of the MHSA, develop strategies to overcome stigma, and advise the Governor and the Legislature on mental health policy. Specifically, MHSOAC oversees the PEI Programs throughout the state, providing training and technical assistance for county mental health planning. Until the passage of Assembly Bill 100 in March 2011, the

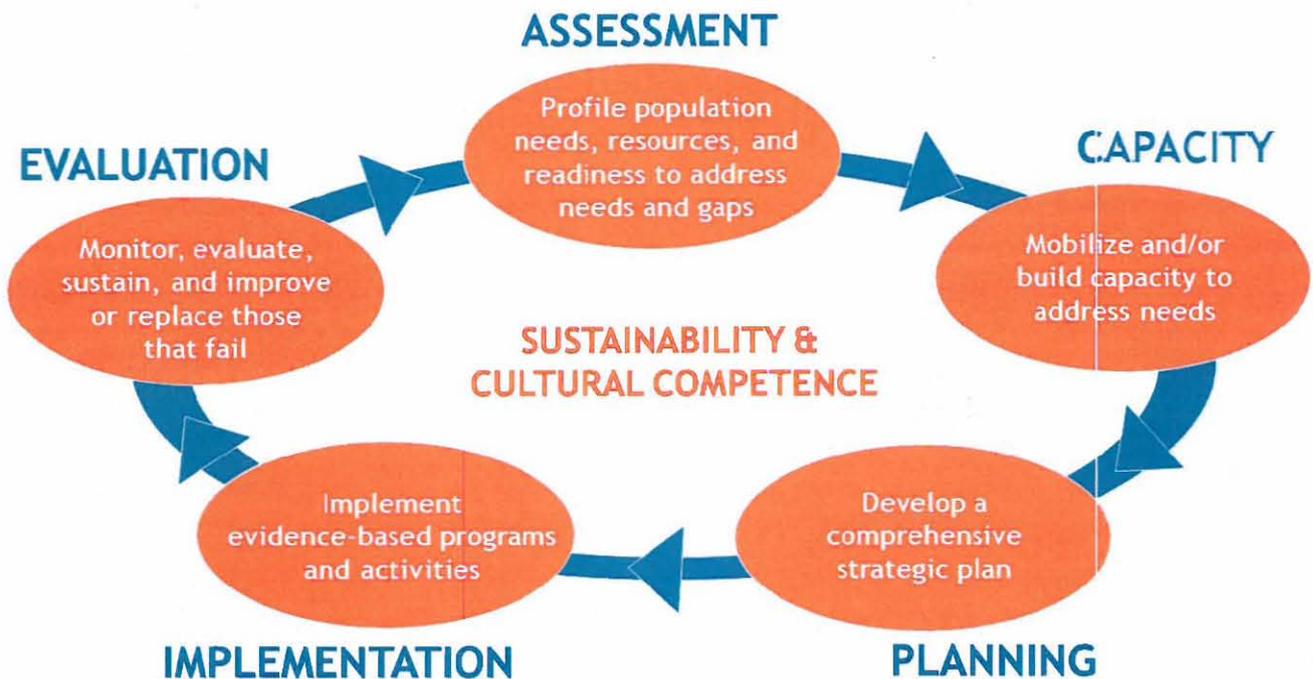
Commission (MHSOAC) approved county plans as well. Although it no longer approves county plans, the Commission still receives all county three-year plans, annual updates and annual Review and Expenditure Reports.

In addition to county and local projects, MHSA funds prevention efforts statewide. In May of 2008, the MHSOAC approved three Statewide PEI Initiatives (Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health) and determined they would be most effectively implemented through a single administrative entity. Although initially administered through the California Department of Mental Health, the Initiatives came to be overseen in 2009 by CalMHSA, a Joint Powers Authority, which includes county governments as members.

## STRATEGIC PLANNING FRAMEWORK OVERVIEW

The development of Ventura County's PEI Strategic Plan follows the Strategic Prevention Framework (SPF) recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) and used by VCBH's Alcohol and Drug Prevention Services for its strategic planning process (Figure 1 below).

**Figure 1. Strategic Prevention Framework**



**SPF Step 1 – Assessment:** During the assessment phase, the problems and issues to address are defined and data are collected to understand the population's needs and resources. In keeping with the SPF model, the PEI Program relies on information gathered through regularly conducted needs analyses and other applied research initiatives (e.g., analyses of existing data, key informant interviews, surveys, focus groups, and comprehensive evaluations of initiatives) to establish and guide prevention priorities. Assessment efforts are guided by input from stakeholders and grantees, and led by agency staff.

**SPF Step 2 – Capacity Building:** To build capacity, human, organizational, and financial resources must be mobilized to reach project goals. Training and education are also critical to building capacity. The PEI Program's capacity to address needs is based largely on a

Collective Impact model, which represents a long-term, community development approach to solving persistent social problems, centered on cross-sector coordination and collective evaluation processes.

**SPF Step 3 – Strategic Planning:** Planning refers to the development of a comprehensive plan including goals, objectives, and strategies needed to meet the needs of the community. The county has a commitment to coordinated and thoughtful planning of services as evidenced by the countywide and Behavioral Health Department strategic plans. The strategic plan for PEI activities is aligned with those efforts. Extensive research and collaboration goes into determining the prevention programs and strategies to be implemented throughout the County. In addition, the PEI Stakeholder Workgroup and the Stakeholder Subcommittee meet regularly and contribute significantly to decision making.

**SPF Step 4 – Implementation:** During the implementation phase, prevention strategies and related activities are carried out. In addition, any barriers to implementation are identified and overcome. Implementation involves community programs and the use of evidenced-based policies and practices. The implementation of PEI evidence-based programs and strategies is monitored via regular reports by contractors and meetings among VCBH staff.

**SPF Step 5 – Evaluation:** Ongoing evaluation is a critical component of the Strategic Prevention Framework, as it allows organizations to identify what they have done well and what needs improvement. Evaluation of PEI funded programs will involve two-tiers of measurement: program-specific and universal. Using two tiers of measurement allows for the documentation of “what’s working” as well as the identification of any gaps at both the program-level and collectively (i.e., across programs and Initiatives).

**Sustainability and Cultural Competence:** Throughout implementation of the Strategic Prevention Framework, sustainability and cultural competence must consistently be addressed. Sustainability refers to “the process through which a prevention system becomes a norm and is integrated into ongoing operations,” according to SAMSHA. Prevention values and processes must be firmly established, partnerships must be strengthened and nurtured, and financial and other resources for prevention must be secured over the long term for strategic efforts to be sustainable. Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

## SPF STEP 1 – ASSESSMENT OF NEEDS AND RESOURCES

### READINESS: DEPARTMENT, COUNTY AND STATE STRATEGIC PLANS

Step One of the Strategic Prevention Framework is to profile population needs, resources, and readiness to address identified problems and gaps in service delivery. With respect to readiness, VCBH has a strong history of strategic planning and community-level collaboration that guide its Behavioral Health system. Today, the Ventura County Behavioral Health Department has a comprehensive Strategic Plan for FY 2012-2017 that clearly prioritizes mental health (MH) and Prevention and Early Intervention (PEI), along with alcohol and drug prevention. It is important to note that VCBH's strategic approach and corresponding successes are due in large part to the leadership and support that the Behavioral Health Department enjoys from the Ventura County Board of Supervisors, the County Chief Executive Office and the county's Health Care Agency. As outlined in this section, the VCBH PEI program operates within a context of state, county and departmental strategic plans, and under the umbrella of VCBH.

#### *VCBH's Departmental Mission, Guiding Principles, and FY 2012-2017 Strategic Plan*

The PEI program shares the **Mission** of the Behavioral Health Department:

*Through collaboration with consumers, family members, public agencies, private providers and communities, ensure access to the highest quality mental health and alcohol and drug prevention, early intervention and treatment services, as an integrated component of the Ventura County Health Care System.*

Further, the PEI program operates with **guiding principles** which are as follows:

- Services and supports, throughout a coordinated continuum of care, are wellness and recovery oriented, consumer-led, family-focused, culturally responsive, and data driven.
- Communication at all levels is collaborative, inclusive and transparent.
- Mutual respect, appreciation for effort, self-reflection, and personal responsibility are actively encouraged.
- All available resources, including social and community supports, are used efficiently and strategically to achieve optimal outcomes.
- Innovation, courage, competency and flexibility are essential as we strive for excellence in the changing landscape of healthcare reform.

In its **Strategic Plan for FY 2012-2017**, the Behavioral Health Department recently set forth three major strategic initiatives:

- Promote Community Wellness
- Provide Access to the Highest Quality Behavioral Health Services
- Ensure Organizational Excellence & Accountability

The PEI Program's priorities, activities and projects are encompassed under Goals 1, 2 & 3 of VCBH's Strategic Initiative to Promote Community Wellness:

- Goal 1: Improved public perception of individuals with behavioral health disorders and greater understanding of behavioral health issues and their integral role in whole health
- Goal 2: Suicide Prevention
- Goal 3: Improved parenting, to support the psychological, physical and social wellbeing of children

### ***County of Ventura Strategic Plan 2011-16***

VCBH and the PEI Program are fortunate to exist in a county where all county agencies operate under a common County-wide Strategic Plan (2011-2016). Thanks to excellent leadership and vision by the Ventura County Board of Supervisors, the County Executive Office, and the Service Excellence Council (SEC), the decision was made in July 2010 to develop the first County-wide Strategic Plan.

Adopted by the Board of Supervisors on September 13, 2012, the stated purposes of the County-wide Strategic Plan (2011-2016) are to:

- Provide a foundation upon which agencies and departments can base their individual strategic, business and operating plans.
- Serve as a guidepost for agencies and departments to use when formulating recommendations for the Board of Supervisors.
- Serve as a guidepost for the Board when considering agency and department recommendations and approving the annual County capital and operating budget.
- Identify which specific County programs and services contribute to the attainment of desired outcomes.
- Provide the Board with objectives and measures to gauge our progress in attaining desired outcomes.

Ventura County's Strategic Plan includes the following five focus areas:

- Focus Area 1: Good Government, Financial Stability
- Focus Area 2: County Workforce

- Focus Area 3: Environment, Land Use & Infrastructure
- Focus Area 4: Community Well-Being
- Focus Area 5: Public Safety

VCBH's PEI Activities are aligned with the following objectives of Ventura County's Strategic Plan Focus Area 4, Community Well-being:

- **Strategic Goal 2: Promote an increasingly healthy and well-informed community**  
Objective 1: Launch campaigns to improve public awareness of chronic disease management, help reduce the stigma of mental illness, and educate Ventura County residents in suicide and trauma prevention.
- **Strategic Goal 3: Provide the community access to an increasing range of public and private healthcare services in their home community**  
Objective 1: Add 2 to 3 co-location sites (Physical and Behavioral Health Sites).
- **Strategic Goal 6: Promote and provide for the preservation of healthy and safe communities so that all children may grow and thrive**  
Objective 1: Initiate a campaign to promote awareness of available programs and services for healthy communities.

### ***Statewide MHSA PEI Initiatives***

In May of 2008, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved three **Statewide MHSA PEI Initiatives**:

- Stigma and Discrimination Reduction
- Suicide Prevention
- Student Mental Health

These Priority Areas for California were developed into a Statewide PEI Implementation Workplan (first adopted by MHSOAC in February 2011) following an extensive statewide stakeholder input process conducted over a three-year period. The three MHSA PEI Initiatives provide the framework for implementation and evaluation of State-funded MH prevention efforts for the foreseeable future.

## ***Ventura County PEI Initiatives***

The Ventura County PEI Strategic Plan Framework has been developed around the following three focal areas, which align with VCBH Departmental, County, and State Strategic Initiatives outlined above:

1. Stigma and Discrimination Reduction Initiative
2. Suicide Prevention Initiative
3. School-based/Parenting Initiative

Additional information, goals and objectives for each of these PEI Strategic Initiatives are provided in SPF Step 3 Planning.

## **VENTURA COUNTY OVERVIEW AND INITIATIVE DATA**

To inform the development of the Strategic Plan, a comprehensive data review and series of analyses were conducted. Selected demographic information and data indicators related to each of the three initiatives were compiled using the most recently available data (see Ventura County PEI 2013 Data Indicator Report).

According to 2010 census data, Ventura County is home to 823,318 residents who live in 10 cities and geographically large unincorporated areas. The population in Ventura County has grown 9.3 percent during the last decade, slightly less than the 10 percent population increase statewide.<sup>1</sup> With 446.7 persons per square mile, Ventura County's population density is almost double the statewide figure.<sup>2</sup> The estimated average household size is 3.03 people, compared to the statewide average of 2.91.<sup>3</sup>

As in California, the trend toward ethnic diversity continues in Ventura County, particularly among Latino populations. Slightly higher than the statewide average, 40 percent of all Ventura County residents are of Hispanic or Latino origin, 49 percent are White not Hispanic, 7 percent are Asian, 2 percent are Black or African American, fewer than 1 percent are American Indian or Alaska Natives, fewer than 1 percent are Native Hawaiian and Other Pacific Islander, and 2 percent are two or more races.<sup>1</sup>

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<sup>1</sup>U.S. Census Bureau, 2010 Census of Population, Public Law 94-171 Redistricting Data File. Updated every 10 years. <http://factfinder2.census.gov>.

<sup>2</sup> U.S. Census Bureau, data file from Geography Division based on the TIGER/Geographic Identification Code Scheme (TIGER/GICS) computer file. Land area updated every 10 years. <http://www.census.gov/geo/www/tiger/index.html> or <http://factfinder2.census.gov>.

<sup>3</sup>2007-2011, U. S. Census Bureau, American Community Survey, 5-Year Estimates. Updated every year. <http://factfinder2.census.gov>

In addition to growing ethnic diversity, Ventura County has a significant immigrant population. One of every five (22%) residents in Ventura County is foreign born.<sup>4</sup> Among Ventura County residents at least 5 years old, more than one-third (37%) speak a language other than English at home.<sup>5</sup> About 29 percent of County residents speak Spanish at home, 10 percent speak Asian languages, and 5 percent speak other Indo-European languages.<sup>5</sup> Of those who speak a language other than English at home, nearly half (46%) report that they do not speak English “very well.”<sup>5</sup>

## **COUNTY RESOURCES**

The Ventura County Behavioral Health Department has several resources upon which to draw in implementing this Strategic Plan. Programs comprising the plan draw funding from the state by virtue of Proposition 63, the Mental Health Services Act. Although the amount of funding each fiscal year varies, the commitment of the state to earmark these funds for prevention and early intervention efforts is a critical resource. In addition, key resources available to advance this strategic plan include qualified VCBH staff, committed community stakeholders, experienced providers, and community collaboratives.

### ***VCBH Staff***

The BH Manager for Mental Health Prevention & Early Intervention (PEI) is responsible for the development and implementation of PEI initiatives by facilitating stakeholder involvement and catalyzing coordinated prevention efforts. The PEI BH Manager has a crucial role in coordinating the collective efforts of contract providers and the Behavioral Health Department to ensure programs are progressing toward their goals and community level change. Mental health universal and selective prevention efforts fall under the direction of the BH PEI Manager. Close coordination between the PEI and ADP BH Managers takes place on prevention efforts of mutual concern. Early intervention efforts of a more clinical nature (Primary Care Integration Project and VIPS) are managed by other BH Managers. Together, VCBH staff brings a wealth of experience and commitment to prevention and early intervention efforts throughout the county.

### ***Stakeholders***

The MHSA stipulated that all counties implement a stakeholder-driven process in the development of the VCBH PEI plan. The Ventura County PEI Workgroup is currently comprised of stakeholders who come from a wide variety of community organizations and county agencies, and represent service providers as well as consumers and family

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<sup>4</sup> U.S. Census Bureau, 2011 American Community Survey

<sup>5</sup> U.S. Census Bureau, 2007-2011 American Community Survey

members. Additionally, a PEI Workgroup Subcommittee was formed to support and inform collective planning efforts. Key stakeholder involvement consists of regular meetings facilitated by the PEI Manager with both PEI Workgroup and the PEI Subcommittee. Meetings keep stakeholders apprised of program activities and provide opportunities for them to weigh in on decisions, offer feedback, and participate as collaborators in countywide planning efforts. Both the larger body and smaller Subcommittee serve as valuable resources, offering input regarding the feasibility and desirability of PEI efforts, helping prioritize funding, and providing input regarding the goals and objectives of the Strategic Plan. In addition, the PEI Workgroup and Subcommittee facilitate data collection activities critical to the evaluation of the Plan’s impact.

***Providers***

VCBH maintains effective partnerships and information-sharing relationships with many local service providers as well as other county agencies (shown in Table 1 below). Described in more detail in the Implementation section, these organizations are at the front line of delivering evidenced-based interventions to forward the County’s three PEI initiatives.

**Table 1. PEI Program Providers**

<b>Agency/Provider</b>
City Impact
Clinicas del Camino Real
Conejo Valley Unified School District
First 5
IDEA Engineering
Interface Children and Family Services
One Step A La Vez
Our Lady of Guadalupe Parish, Project Esperanza
St. Paul Baptist Church, Family Life Center
Telecare, Inc.
Tri-Counties GLAD
Ventura County Office of Education

***Coalitions***

Ventura County’s PEI Plan includes the development of coalitions, which are intended to expand the reach of prevention efforts to harder to reach communities across the County. Coalitions can be a cost-effective and efficient way of broadening the reach of prevention services as they draw together organizations with existing ties in the community. Two coalitions currently receive PEI funding. Kids and Families Together is building a county-wide coalition of Kinship Care coalitions to optimize the well-being of kinship families (i.e.,

families in which a child is being cared for by a non-parent relation, such as a grand parent). The Community Coalition for Stronger Families brings together six member organizations in order to promote wellness; decrease stigma associated with seeking help for mental health concerns; improve parenting; and increase mental health literacy, knowledge of domestic violence issues, cultural awareness, and outreach and engagement for services provided by the county and collaborative member organizations.

### COLLECTIVE IMPACT MODEL

VCBH’s capacity to address community needs in the areas of stigma reduction, suicide prevention, and child and youth mental health centers on the PEI Program’s adoption of the Collective Impact model and philosophy. Published in 2011 in the “Stanford Social Innovation Review,” authors/researchers John Kania and Mark Kramer assert that only cross-sector coordination and collective evaluation processes have been shown to have significant, long-term effects on challenging social problems. Isolated efforts by single organizations are generally ineffective at effecting change, as are collaborative efforts that do not require many players to change their behavior in the process of working toward a common goal (Kania & Kramer, “Collective Impact.” Stanford Social Innovation Review, Winter, 2011).

The authors describe a process they term “Collective Impact,” which they define as “the commitment of a group of important actors from different sectors to a common agenda for solving specific social problems.” Collective Impact represents a long-term, community development approach to solving persistent social problems, centered on cross-sector coordination and collective evaluation processes.

#### ***Key Components of the Collective Impact Model***

1. **Common agenda:** All participants have a shared vision for change, including a common understanding of the problem, and a shared commitment to the primary goals and activities of the collective impact initiative.
2. **Shared measurement system:** There is agreement on the ways that success will be measured and reported, including measuring results consistently on a short list of indicators at the community level and across all participating organizations. This serves to align different programmatic efforts, facilitate learning among partners, and hold the collective accountable.
3. **Mutually Reinforcing Activities:** Participants are diverse, and undertake activities in their areas of competence that are coordinated with the actions of others, and support collective goals.
4. **Continuous Communication:** Frequent, regular meetings among leadership of participating groups, and development of a common vocabulary (e.g., around the central problem, indicators, activities) help the collective group build trust over time. A communication goal includes a consistent pattern of decision-making by the group based on objective evidence to advance progress on the important common cause.

5. **Backbone Support Organizations:** Creation and coordination of a Collective Impact takes staff time, and involves particular skills (e.g., adaptive leadership, conflict mediation), as well as some degree of independence.

VCBH serves as the backbone of the County's focus on MH Prevention and Early Intervention, facilitating a shared commitment to common goals across a vast array of diverse stakeholders. Based on this Collective Impact Model, Ventura County's PEI Program has adopted the following Guiding Principles:

- Understanding that solutions to social problems stem from the interaction of many partners/organizations within a larger system.
- Large scale impact depends on increasing cross-sector alignment and learning among many partners/organizations.
- Partners/organizations actively coordinate their actions and share lessons learned.
- Progress depends on working toward the same goal and measuring the same things.

VCBH has embraced the Collective Impact Model as a way of effecting long-term change on mental health as well as alcohol and other drug problems in the community. Carrying out the approach will require sufficient staff time and continued funding to foster on-going partnership and collaboration with funded agencies.

## FUNDED PROJECTS

In Fiscal Year 2012-13, the PEI Program included 11 programs to collaborate and carry out the work of MH prevention and early intervention across Ventura County (see Table 2). The PEI Program includes three types of interventions.<sup>6</sup> *Universal preventive measures* are delivered to the general public and all members of specific eligible groups (e.g., all County residents, school children). *Selective preventive measures* are delivered to members of subgroups at a higher than average risk for developing a condition/disorder (e.g., immigrant groups, children in poverty). *Early intervention services* target individuals who, upon examination, possess an increased risk for developing a condition/disorder or exhibit early symptoms of a mental illness (e.g., children exhibiting behavior problems, young adults experiencing psychotic symptoms). Although long-term funding is available to support these projects, funding decisions are made from year to year, and vary with funds available.

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<sup>6</sup> Adapted from Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

**Table 2. FY 2012-13 VCBH Funded PEI Projects by IOM Category and Agency /Provider**

<b>Projects</b>	<b>IOM Category<sup>7</sup></b>	<b>Agency/Provider</b>
Mental Health First Aid	Universal	VCBH & Partner Agencies
Wellness Everyday Media Campaigns	Universal	IDEA Engineering
Olweus Bullying Prevention Program	Universal	Ventura County Office of Education
CHAMPS Positive Behavioral Intervention and Supports (PBIS)	Universal	Ventura County Department of Education
Community Coalitions	Selective Universal/Selective	Kids and Families Together (lead)
		Community Coalition for Stronger Families <ul style="list-style-type: none"> <li>• City Impact (lead)</li> <li>• El Concilio Family Services</li> <li>• Mixteco/Indigena Community Organizing Project (MICOP)</li> <li>• The Coalition for Family Harmony</li> <li>• United Parents</li> <li>• Word of Life Church</li> <li>• Oxnard City Corps</li> </ul>
Outreach and Engagement Projects	Universal/Selective	St. Paul Baptist Church, Family Life Center
		One Step A La Vez
		Our Lady of Guadalupe Parish, Project Esperanza
Special Project for Deaf and Hard of Hearing (DHH)	Universal/Selective	Tri-County GLAD
Triple-P Parenting (levels 1, 2, and 3) (levels 2 and 3) (levels 4 and 5)	Universal Selective Selective Selective/Early Intervention	VCBH & Community Partners via Oxnard Alliance for Community Strength
		First 5 <sup>8</sup>
		City Impact
		Interface Children and Family Services
BreakThrough	Selective/Early Intervention	ADP and Conejo Valley Unified School District <sup>9</sup>
Primary Care Project IMPACT model	Early Intervention	VCBH, Ambulatory Care Clinics and Clinicas del Camino Real
Ventura Early Intervention and Prevention Services (VIPS)	Selective/Early Intervention	Telecare, Inc.

<sup>7</sup> IOM category refers to prevention types adapted from the landmark report by the Institutes of Medicine: Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

<sup>8</sup> VCBH receives funds from First 5 to expand services to younger children (offering all levels of Triple P to this age group).

<sup>9</sup> Breakthrough is funded by VCBH, Alcohol and Drug Programs (ADP), Prevention Services.

## **TRAINING AND EDUCATION ACTIVITIES**

Capacity building among contractors has been a major focus of the PEI Program. Recipients of PEI funds have participated in trainings on effective collaboration, budget development, invoicing, report writing, grants development, logic model development, and the use of evidence-based practices. Additional topics for capacity building are identified by the PEI Manager and via the PEI Workgroup and Subcommittee stakeholders.

Ongoing training and development of community partners as well as PEI staff are important activities for the PEI Program to achieve its strategic goals and effectively meet the array of MH prevention needs that exist in Ventura County. Skill-building and training opportunities will be pursued which further expand the County's ability to execute strategies that reduce the stigma associated with serious mental illness and accessing services, prevent suicide, and help schools and parents meet the mental health needs of children. As healthcare reform and integration continues, VCBH's capacity will need to be enhanced to and routinely updated to identify potential MH issues early and intervene appropriately in order to minimize the impact of mental, emotional, and behavioral disorders.

## **PREVENTION BUDGET**

Ventura County's PEI budget is comprised of approximately \$6.1 Million annually. Each year, the stakeholders meet to make decisions about how PEI funds are to be allocated, and provide budget recommendations to the Community Leadership Committee (CLC). A series of stakeholder meetings of both the Community Support Services (CSS) and Prevention & Early Intervention (PEI) Workgroups took place in FY 2012-2013, which concluded with a final presentation to the Community Leadership Committee (CLC) on budget recommendations for FY 2013-2014.

The PEI Workgroup meetings took place in a series of 13 presentations to evaluate 6 programs as follows:

- January 8, 2013- VIPS, City Impact, and Mental Health First Aid
- January 17, 2013- Clinicas, Primary Care Project, Kid and Families Together Kinship Coalition, and Triple P (City Impact and Interface)
- January 29, 2013- Tri-Counties GLAD and Wellness Everyday Panel
- February 11, 2013- Olweus Bullying Prevention, CHAMPS, St. Paul's Baptist Church, Project Esperanza, and One Step a la Vez
- February 26, 2013- Recommendations to CLC
- April 29, 2013- Revised Recommendations to the CLC

At the conclusion of these meetings, the PEI Workgroup recommended a balanced approach so that universal and selective prevention activities continue to be provided to the community as well as early intervention.

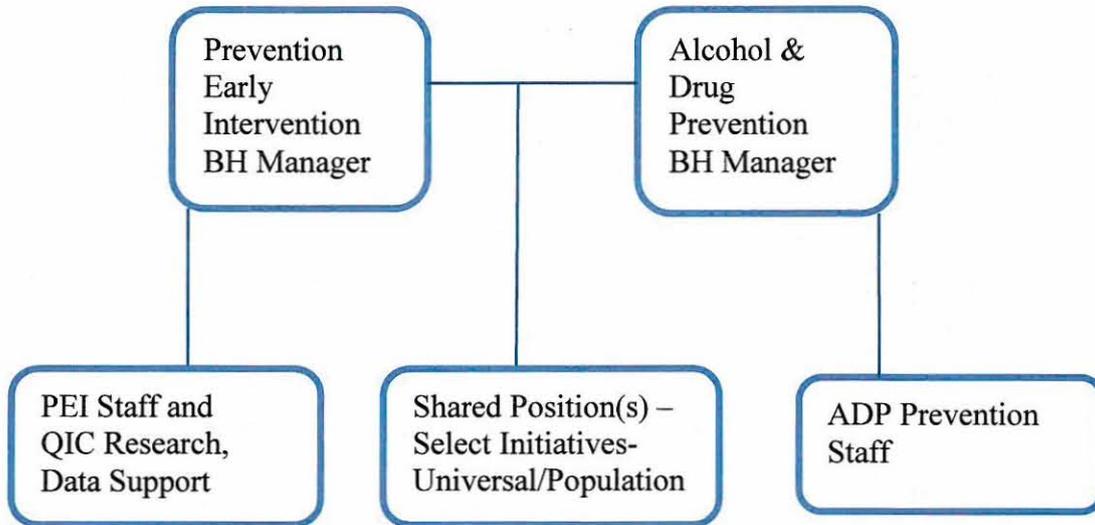
## **CAPACITY BUILDING**

To meet the new and changing needs of our community, staff development and training will be needed. Key competencies to be developed under this plan include:

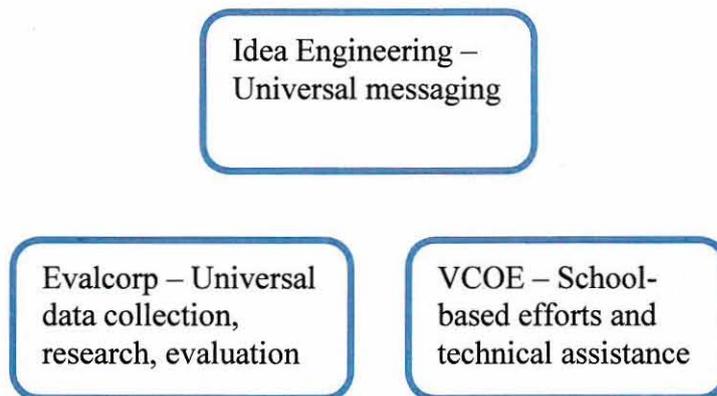
- Community Readiness Assessment skills, which can be applied to new and changing goals;
- Group Facilitation Skills, for encouraging research-based and data driven work by coalitions; and
- Project and Contracts Management Skills, including the ongoing tracking of prevention efforts.

In order to create seamless prevention efforts which are shared between ADP and PEI, certain shared resources may be further developed, including support staff for select initiatives, and common contractors for Media Support, Planning and Evaluation, and Technical Assistance.

## Staffing



## Contract Providers

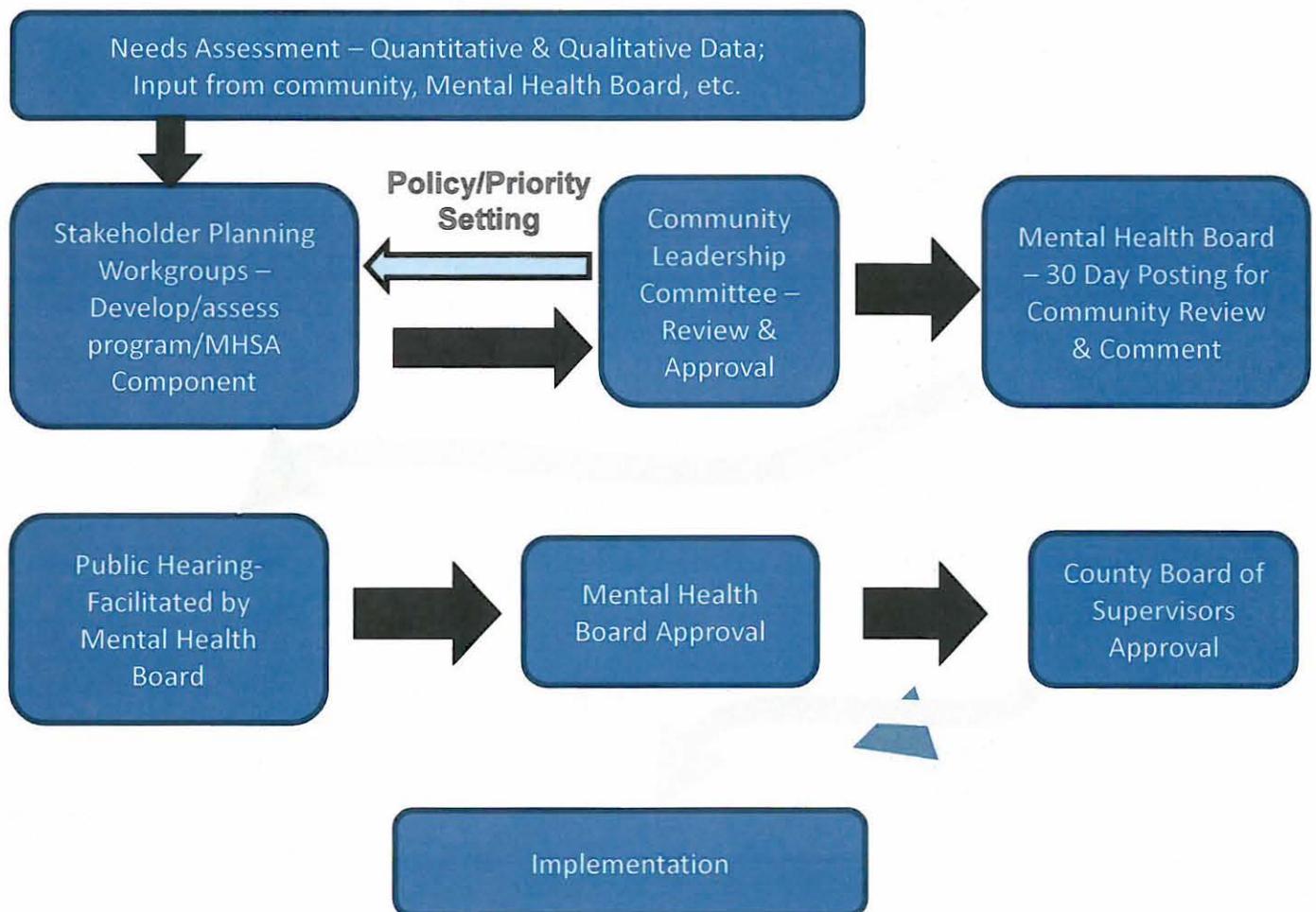


## SPF STEP 3 – STRATEGIC PLANNING

In keeping with the Strategic Prevention Framework, prevention programs and strategies in the County are grounded in significant multi-level collaboration and research. The long-term, community development approach inherent in the Collective Impact Model guides our thinking and strategic deployment of resources to address persistent challenges associated with preventing serious mental illness and promoting positive mental health outcomes. PEI stakeholder involvement is critical to decision-making and to VCBH's capacity to achieve its strategic goals.

**Figure 2. MHSA Planning and Approval Process**

### MHSA Planning & Approval Process



As depicted in Figure 2 on the previous page, the Stakeholder Planning Group (comprised of the PEI Workgroup and PEI Workgroup Subcommittee) is engaged in development and assessment of MHSA programs. As part of the planning process, funded projects have presented activities and progress toward outcomes to the Stakeholder Planning Group in early 2013, which will make recommendations for program improvement and strategic prioritization. The collective effort and thought of the PEI Workgroup is shared with the Community Leadership Committee (CLC). In addition to their involvement in the MHSA planning process, the PEI Workgroup and Subcommittee are involved in the development of this Strategic Plan. Specifically, the Subcommittee has reviewed drafts of the plan and has played a critical role in shaping the problem statements, goals and objectives for each of the initiatives. The Subcommittee reports back to the PEI Workgroup regularly. In the future, stakeholders will work with VCBH in setting targets for the goals and objectives outlined in this plan.

## VENTURA COUNTY PEI INITIATIVES 2012-2017

The Ventura County Behavioral Health Prevention and Early Intervention (PEI) Program has established the following three strategic initiatives:

1. Stigma and Discrimination Reduction Initiative
2. Suicide Prevention Initiative
3. School-based/Parenting Initiative

These Initiatives separately and collectively align with the statewide MHSA priority initiatives (i.e., Stigma Reduction, Suicide Prevention, and Student Mental Health); the Countywide Strategic Plan's focus on community wellness; and the VCBH Departmental strategic initiatives to promote community wellness, provide access to the highest quality behavioral health services, and ensure organizational excellence and accountability.

## GOALS AND OBJECTIVES

The goals and objectives set for each Initiative stem from a comprehensive needs assessment and analysis of local programmatic, demographic, and other trend data, as well as ongoing input from members of a designated PEI Strategic Planning Subcommittee.

The following outlines key data related to each Initiative, along with Initiative-specific goals and objectives.

### INITIATIVE 1: Stigma and Discrimination Reduction

**Problem Statement:** Stigma and discrimination against people of all ages with mental illness and their families are common and lead to a number of personal, social and economic losses. Discrimination contributes to social isolation and makes it difficult for people with mental health problems to obtain work, housing, and/or meaningful social relationships. Discrimination may contribute to an increased risk of victimization and

interactions with law enforcement. Stigma associated with mental illness is often a primary obstacle to help seeking.

### Data Highlights

- One-third of Californians believe that people are not caring or sympathetic to people with mental illness.<sup>10</sup>
- Although early treatment is often most effective, fewer than 30% of people with mental health challenges seek treatment – stigma and fear of discrimination likely contributes to this problem.<sup>11</sup>
- An estimated 16% of adults (99,000) in the County believed they needed help for mental health or alcohol and drug use in 2009. Over one-third of those did not receive help.<sup>12</sup>
- Media portrayals of mental illness tend to focus on dangerousness and violence, despite the U.S. Surgeon General’s emphasis on the fact that there is little risk of harm from casual contact with people with mental health challenges.<sup>13</sup>
- Adults with mental illness are at much higher risk of being victims of crime, which may reflect stigmatized beliefs.<sup>14</sup>
- 1 in 3 mental health consumers report being turned down for a job when their diagnoses became known to a potential employer.<sup>15</sup>
- Joblessness among mental health consumers increases the likelihood of becoming homeless.<sup>16</sup>
- Landlords are less likely to rent to individuals who reveal that they have received inpatient mental health treatment.<sup>17</sup>
- About half of those in prison and almost two-thirds of those in jail in the U.S. are estimated to have a mood or psychotic disorder.<sup>18</sup>
- Over 8,500 adult and 6,000 youth and family clients were served by VCBH in FY 2011-2012.<sup>19</sup>

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<sup>10</sup> Centers for Disease Control and Prevention. (2009). *Behavioral risk factor surveillance system survey data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<sup>11</sup> United States Department of Health and Human Services. (1999). *Mental Health: A report of the Surgeon General*. Rockville, Maryland.

<sup>12</sup> Estimated by the 2009 California Health Interview Survey.

<sup>13</sup> Corrigan, P. W., Watson, A. C., et al. (2005). Newspaper stories as measures of structural stigma. *Psychiatric Services*, 56, 551-6.

<sup>14</sup> Robertson, M., Harris, N., et al. (2007). *Rural homelessness*. 2007 National Symposium on Homeless Research. Retrieved January 21, 2009 from website: <http://aspe.hhs.gov/hsp/homelessness/symposium07/robertson/index.htm>

<sup>15</sup> Wahl, O. F. (1999). Mental health consumers’ experiences of stigma. *Schizophrenia Bulletin*, 25, 567-478; Wahl, O. F. (1999). *Telling is risky business*. Piscataway, New Jersey: Rutgers University Press.

<sup>16</sup> Little Hoover Commission. (2000). *Being there: Making a commitment to mental health*. Sacramento, California.

<sup>17</sup> Page, S. (1995). Effects of the mental illness label in 1993: Acceptance and rejection in the community. *Journal of Health and Social Policy*, 7, 61-68.

<sup>18</sup> U.S. Department of Justice (2006). *Special Report: Mental Health problems of Prison and Jail Inmates*.

<sup>19</sup> Data from Ventura County Behavioral Health.

**Goal:** Reduce stigma of mental illness and discrimination against people with mental illness.

**Objectives by 2017:**

1. Increase awareness and knowledge regarding mental illness among law enforcement, providers, educators, and residents countywide
2. Increase sensitivity among law enforcement, providers, educators, and residents countywide
3. Increase early help-seeking among people with mental illness

## INITIATIVE 2: Suicide Prevention

**Problem Statement:** The emotional and economic impacts of suicide and suicide attempts are significant. Every year, there are nearly 1,000 emergency visits and hospital admissions in the County as a result of suicide attempts and related self-injury. Every year, nearly 100 County residents lose their lives to suicide, each one leaving behind devastated family members and friends in mourning.

**Data Highlights**

- Each year there are between 80 and 100 suicide deaths in the County, about 10 deaths for every 100,000 County residents.<sup>20</sup>
- It is estimated that each suicide impacts at least 6 other people, creating emotional distress and possibly increasing their risk for suicide.<sup>21</sup>
- Since 2007, the suicide rate in Ventura County has typically been slightly higher than the State and lower than the U.S. as a whole. In 2011, the suicide rate was 11.7 per 100,000 in the County compared with 12.3 per 100,000 in the U.S.
- Those over 85 have the highest suicide rate (32.9 per 100,000).
- The second highest rate is among those 45-65 (18.8 per 100,000).
- White males in the County evidence the highest suicide rate (26.8 per 100,000) which is more than double the rate for the County, and over three times the rate for White females (8.1 per 100,000).
- In 2011, there were more than 250 hospitalizations and 700 emergency room visits due to self-inflicted/suicide injuries in the County.
- Estimated average medical cost per suicide in California is \$4,781.<sup>22</sup> Estimated medical costs in the County for the 81 suicides in 2012: over \$375,000.

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<sup>20</sup> County suicide data source is CDPH Vital Statistics Death Statistical Master Files; State and U.S. rates produced by the CDC using data from the NCHS Vital Statistics System for numbers of deaths and Bureau of Census for population estimates.

<sup>21</sup> McIntosh, J. (2006). *U.S.A. Suicide: 2003 Official Final Data*. Retrieved from the American Association of Suicidology Web site: <http://www.suicidology.org/associations/1045/files/2003data.pdf>

<sup>22</sup> All cost estimates based on suicide data from 1999 to 2003 as calculated by Corso, P. S., Mercy, J. A., Simon, T. R., Finkelstein, E. A., & Miller, T. R. (2007). Medical costs and productivity losses due to interpersonal and self-directed violence in the United States. *American Journal of Preventative Medicine*, 32(6), 474-482.

- Estimated average productivity loss for each individual who committed suicide is more than 1.2 million. Estimated lost lifetime productivity for the 81 County suicides evidenced in 2012: almost \$1 billion.
- Estimated cost per hospitalization is more than \$12,000 and work-loss per case over \$14,000. Estimated cost of 262 hospitalizations in 2011 in the County: Over \$3 million in medical expenses, and over \$3.6 million in lost productivity.
- It is estimated that 95% of those who commit suicide had a diagnosable mental illness or substance abuse disorder.<sup>23</sup>
- The three strongest risk factors for suicide are: prior suicide attempts; mental health disorders; and substance misuse, abuse, and dependence.<sup>24</sup>

**Goal:** Reduce suicide rate.

**Objectives by 2017:**

1. More residents are equipped to intervene to prevent suicide
2. Improve identification of suicidal ideation among individuals receiving services
3. Reduce suicide attempts and associated behavior

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<sup>23</sup> National Institute of Mental Health. (2003). *In Harm's Way: Suicide in America*. NIH Publication No. 03-4594. Printed in January 2001; revised April 2003.

<sup>24</sup> Acosta, J., Ramchand, R., Jaycox, L., Becker, A., Eberhart, N. (2012), *Technical Report: Interventions to Prevent Suicide*, Santa Monica: RAND Corporation.

## INITIATIVE 3: School-based/Parenting

**Problem Statement:** The absence of strong and knowledgeable families negatively impacts child and adolescent mental and emotional well-being within the family and at school. Mental health problems among children and adolescents often significantly interfere with their education and their family and peer relationships. Other problems experienced by children and adolescents – including child abuse, bullying, alcohol/drug use, and other risky behaviors – can lead to or result from mental health problems. Mental health problems can adversely affect overall well-being, prevent attainment of important developmental milestones and, further, have a long-lasting negative impact on academic achievement, employment, and adjustment in adulthood.

### Data Highlights

- Approximately 25% of children have a diagnosable mental illness each year.<sup>25</sup>
- 40% of adolescents meet lifetime criteria for multiple disorders.<sup>26</sup>
- 27% of 7<sup>th</sup> graders, 30% of 9<sup>th</sup> graders, and 33% of 11<sup>th</sup> graders in the County are estimated to have symptoms of depression.<sup>27</sup>
- Over one-third of County 11<sup>th</sup> graders are estimated to have used alcohol or other drugs in the past month.<sup>28</sup>
- Nearly one-quarter of County 11<sup>th</sup> graders engaged in binge drinking in the past month.<sup>29</sup>
- Approximately 42% of County 7<sup>th</sup> graders are estimated to be bullied each year.<sup>30</sup>
- In FY 2011-2012, 473 County children were removed from their homes due to child abuse.<sup>31</sup>

**Goal:** Improve the mental and emotional well-being of children and adolescents.

### Objectives by 2017:

1. Increase student access to mental health and AOD prevention and intervention services
2. Improve school related outcomes (e.g., improved student engagement)
3. Improve family functioning
4. Reduce child abuse
5. Decrease bullying

<sup>25</sup> Merikangas, K.R., Nakamura, E. F., Kessler, R. C., Epidemiology of mental disorders in children and adolescents. *Dialogues in Clinical Neuroscience*. 2009 Mar; 11(1), 7-20.

<sup>26</sup> Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., and Swendsen, J., Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication—Adolescent 33 Supplement (NCS-A), *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 49, No. 10, 2010b,980–989.

<sup>27</sup> Estimate by the California Healthy Kids Survey 2008-10, 2009-11.

<sup>28</sup> Estimate by the California Healthy Kids Survey 2008-10, 2009-11.

<sup>29</sup> Estimate by the California Healthy Kids Survey 2008-10, 2009-11.

<sup>30</sup> Estimate by the California Healthy Kids Survey 2008-10, 2009-11.

<sup>31</sup> Data from Ventura County Human Services Agency.

## **STRATEGIES, PROJECTS AND TARGET POPULATIONS 2012-2017**

This strategic plan features a host of projects, many of which aim to achieve goals of more than one initiative. For example, Mental Health First Aid (MHFA) training is intended to reduce stigma associated with mental health problems as well as provide immediate aid and links to services for those experiencing suicidal thoughts and behaviors.

Figure 3 on the following page depicts PEI projects funded during the 2012-2013 fiscal year according to their primary intended outcomes, and demonstrates overlap among programs by Initiative. Projects in red font are collaborative efforts (i.e., ADP and PEI).

Figure 3. 2012-13 VC PEI Projects by Initiative

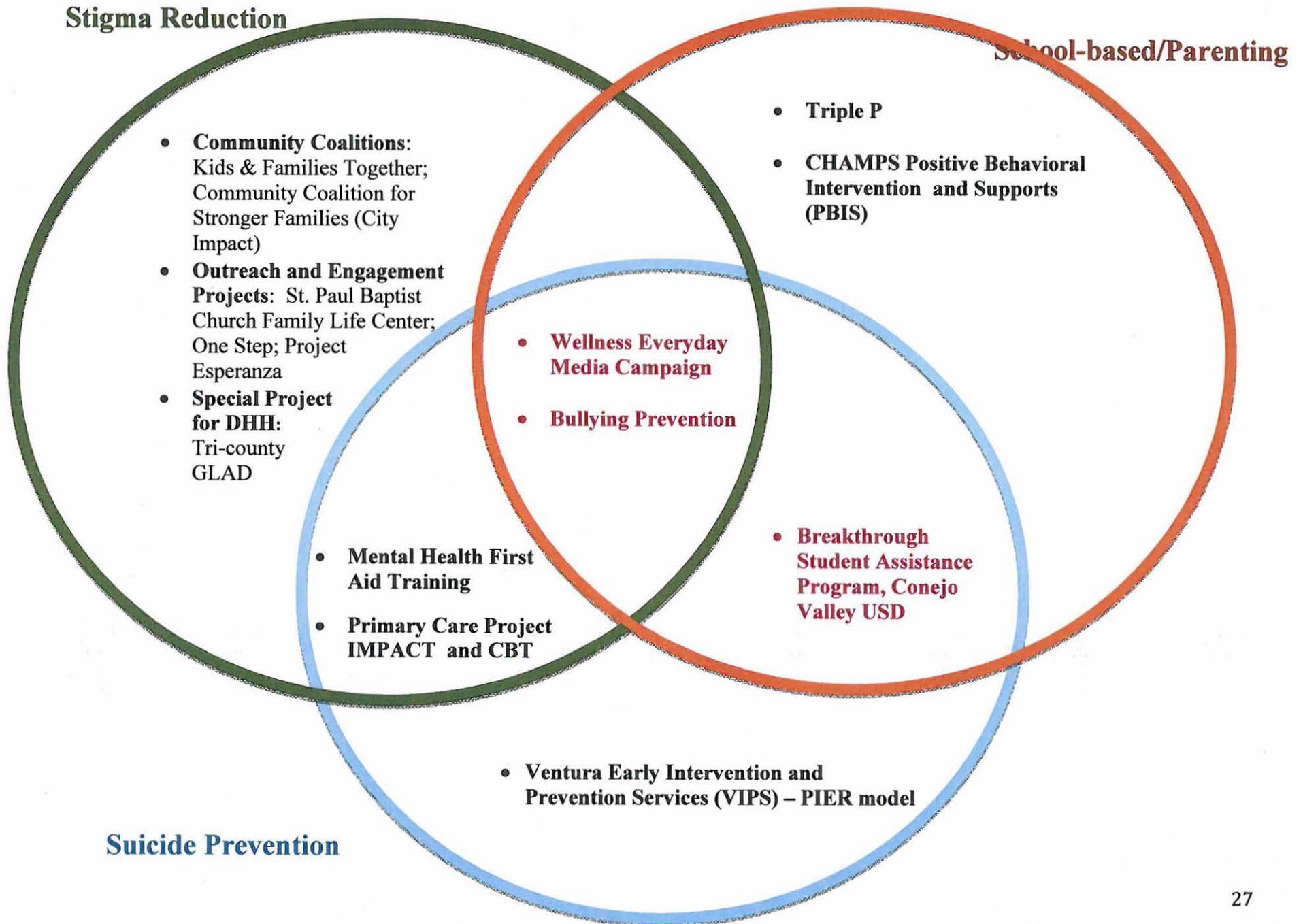


Table 3 below details PEI funded projects for FY 2012-2013, and indicates which of the three Initiative areas that each project would be expected to impact over time. Highlighted projects illustrate linkages to Alcohol and Drug Program (ADP) prevention efforts. Project goals are listed and help define project level outcomes detailed in SPF Step 5, Evaluation. Taken together, the projects target many different areas of the county and populations that have been identified as having greater need for prevention and mental health services. Specifically, there are projects currently funded that target:

- children and youth at risk of school failure
- children and youth at risk of or experiencing juvenile justice involvement
- underserved cultural and ethnic populations (including deaf and hard of hearing, Latino, and Mixteco individuals)
- trauma-exposed individuals
- individuals experiencing the onset of serious psychiatric illness
- children, youth and parents in stressed families

**Table 3. PEI Projects Description, Goals, and Target Population by Initiative**

Stigma Reduction	Suicide Prevention	School-based/ Parenting	Project	Description	Project Goals	Target Population
✓	✓	✓	<b>Wellness Everyday (with ADP)</b>	Universal Prevention Campaign: <ul style="list-style-type: none"> <li>• Media-based: online, print, various media (radio, billboards, TV)</li> <li>• Person-to-person distribution: fairs, clinics, coalitions</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of MH and AOD issues</li> <li>• Decrease stigma of MH issues</li> <li>• Increase use of services</li> <li>• Promote Wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Countywide</li> <li>• All age groups</li> <li>• Individuals with SMI</li> <li>• Spanish speakers</li> </ul>
✓	✓	✓	<b>Olweus and other bullying prevention efforts (with ADP)</b>	<ul style="list-style-type: none"> <li>• School-based universal anti-bullying service staff training and intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce and prevent bullying problems among school children</li> <li>• Improve peer relations at school</li> </ul>	<ul style="list-style-type: none"> <li>• School aged youth especially               <ul style="list-style-type: none"> <li>• Children and youth at-risk of school failure</li> <li>• Children and youth at-risk of juvenile justice involvement</li> <li>• Underserved populations</li> </ul> </li> </ul>
✓	✓		<b>Mental Health First Aid</b>	<ul style="list-style-type: none"> <li>• Train the Trainer program 5-Step Certification process for non-mental health professionals</li> <li>• Certified Trainers implement trainings of First Responders (clergy, business owners, nonprofit staff)</li> <li>• Trainees have skills, resources and knowledge to provide assistance, and to connect persons in-crisis to peer, social, and professional care.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise MH and AOD literacy in general public</li> <li>• Decrease stigma of MH and AOD in community</li> <li>• Educate residents in suicide and trauma prevention</li> <li>• Increase early self-seeking behavior</li> <li>• Make referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Countywide</li> <li>• Adults trained in MH First Aid (e.g., schools personnel, faith-based organizations, PEI funded coalition members, county staff)</li> <li>• Trauma-exposed individuals of all ages</li> <li>• Individuals experiencing onset of serious psychiatric illness</li> <li>• Underserved Cultural and Ethnic Populations</li> </ul>
✓			<b>Community Coalitions</b>	<u>Kids and Families Together</u> <ul style="list-style-type: none"> <li>• Create 1 countywide and area/regional Coalitions in 4 of 5 service areas</li> <li>• Conduct service and</li> </ul>	<ul style="list-style-type: none"> <li>• To optimize the physical, social, and emotional wellbeing of families involved with Kinship Care by improving kinship family</li> </ul>	<ul style="list-style-type: none"> <li>• County wide and County areas: 1, 2, 3, 5</li> <li>• 0 to 25 year olds in who are living in kinship care arrangements</li> </ul>

Stigma Reduction	Suicide Prevention	School-based/ Parenting	Project	Description	Project Goals	Target Population
			<b>Community Coalitions</b>	<ul style="list-style-type: none"> <li>supports needs assessment</li> <li>Expand its Family Mentor Project by implementing the Kinship Navigator Program</li> </ul>	<ul style="list-style-type: none"> <li>identification, support, understanding and acceptance as well as enhancing collaboration between community resources.</li> </ul>	<ul style="list-style-type: none"> <li>Children and youth at-risk for school failure, juvenile justice involvement, or are trauma-exposed or in stressed families</li> <li>Underserved cultural populations</li> </ul>
				<ul style="list-style-type: none"> <li><u>Community Coalition for Stronger Families</u></li> <li>Create coordinated system of services among Coalition Members (CMs)</li> <li>Create multi-media outreach products on mental wellness, PEI services and access</li> <li>Develop and deliver mental wellness orientations for educators, law enforcement, faith-and community-based organizations, and the Mixteco community</li> <li>Provide cultural awareness trainings for CM service providers</li> <li>Provide youth and parent training to parents and families</li> </ul>	<ul style="list-style-type: none"> <li>Develop regionally-specific MH outreach efforts for populations most in need</li> <li>Reduce stigma that prevents individuals and families from receiving services</li> <li>Increase access to services among under-served populations</li> <li>Increase cross-referrals</li> <li>Build effective community-driven coalition</li> </ul>	<ul style="list-style-type: none"> <li>VC Service Area 3: Oxnard, Port Hueneme, El Rio</li> <li>All ages</li> <li>Children and youth at-risk for school failure, juvenile justice involvement, or are trauma-exposed or in stressed families</li> <li>Underserved populations with a focus on Mixteco and Latino communities</li> </ul>
✓			<b>Special Project DHH</b>	<ul style="list-style-type: none"> <li>Develop and distribute educational information on mental wellness tailored to deaf and hard of hearing (DHH) population</li> <li>Monthly education workshops on mental health topics impacting DHH community</li> <li>Monthly video logs and chat sessions</li> </ul>	<ul style="list-style-type: none"> <li>Educate DHH community about MH issues and services available</li> <li>Reduce stigma that prevents DHH individuals and families from receiving services</li> <li>Increase access to services</li> </ul>	<ul style="list-style-type: none"> <li>County wide</li> <li>All ages</li> <li>Underserved populations: Deaf and hard of hearing population and families across county.</li> </ul>
✓			<b>Outreach and Engagement Projects</b>	<ul style="list-style-type: none"> <li>Engage community in service activities (e.g., food drives)</li> <li>Triple P level 2 seminars and provide referrals for level 3</li> <li>Youth support groups</li> <li>Social marketing</li> <li>Community outreach and referral</li> </ul>	<ul style="list-style-type: none"> <li>Increase help-seeking</li> <li>Increase community connectedness</li> <li>Improve parenting</li> </ul>	<ul style="list-style-type: none"> <li>Oxnard Plain</li> <li>African American youth up to age 18</li> <li>Youth with or at-risk for a serious emotional disturbance</li> <li>Children, Youth, and Parents in Stressed Families</li> </ul>
✓				<ul style="list-style-type: none"> <li>Connecting individuals to clinics, food pantries and other community services</li> <li>After-school activities for at-risk youth</li> <li>Field trips</li> <li>Service activities</li> <li>Assistance with transfer from juvenile hall</li> </ul>	<ul style="list-style-type: none"> <li>Increase use of community services</li> <li>Increase community connectedness</li> </ul>	<ul style="list-style-type: none"> <li>Fillmore and Piru areas</li> <li>13-19 year olds</li> <li>Youth at-risk of or experiencing juvenile justice involvement</li> </ul>
✓				<ul style="list-style-type: none"> <li>Community outreach and referral</li> <li>Promotion of family protective and resilience factors</li> </ul>	<ul style="list-style-type: none"> <li>Increase use of community services</li> <li>Increase community connectedness</li> <li>Improve parenting</li> </ul>	<ul style="list-style-type: none"> <li>Santa Paula</li> <li>Youth up to age 20</li> <li>Underserved families (Latino)</li> <li>Children, youth, and parents in stressed families</li> </ul>

Stigma Reduction	Suicide Prevention	School-based/ Parenting	Project	Description	Project Goals	Target Population
				<ul style="list-style-type: none"> <li>Variety of activities to support families, e.g.,               <ul style="list-style-type: none"> <li>parenting classes</li> <li>fitness classes</li> </ul> </li> </ul>		
		✓	<b>Triple-P (levels 4 and 5)</b>	<ul style="list-style-type: none"> <li>Evidence-based multi-parenting support model to support families of children with emerging behavioral challenges.</li> <li>Service provided in homes and multiple community settings</li> <li>Many community partners collaborate and refer, including schools and NFLs</li> </ul>	<ul style="list-style-type: none"> <li>Improve child behavior</li> <li>Reduce parental stress</li> <li>Improve family functioning</li> <li>Prevent entry to other systems and services</li> </ul>	<ul style="list-style-type: none"> <li>Ventura, Saticoy, Oxnard and Port Hueneme</li> <li>0-12 year olds</li> <li>Children and youth at-risk for school failure, juvenile justice involvement</li> <li>Children, youth and parents in stressed families</li> <li>Underserved populations</li> </ul>
		✓				<ul style="list-style-type: none"> <li>Offered in collaboration with Rio, Santa Paula, Fillmore, and Simi Valley School Districts (ages 5-12),</li> <li>Moorpark, Simi, El Rio, Santa Clara Valley (serving families with children ages 0 to 18)</li> <li>Pleasant Valley, Conejo Valley (serving families with children ages 0 to 5)</li> </ul>
		✓	<b>Triple-P (levels 2 and 3, First 5 only)</b>	<ul style="list-style-type: none"> <li>Evidence-based multi-parenting support model to support families of children with emerging behavioral challenges</li> <li>Professional training in schools and First 5 NFL sites</li> </ul>	<ul style="list-style-type: none"> <li>Improve child behavior</li> <li>Reduce parental stress</li> <li>Improve family functioning</li> </ul>	<ul style="list-style-type: none"> <li>VC Service Areas</li> <li>0-5 age groups</li> <li>Parents</li> <li>Children and youth at-risk of school failure or juvenile justice involvement</li> <li>Children, youth and parents in stressed families</li> <li>Underserved populations</li> </ul>
		✓	<b>Triple-P (levels 1, 2, and 3, School - age)</b>	<ul style="list-style-type: none"> <li>Positive Parenting Campaign</li> <li>VCBH trains a variety of providers to offer levels 1, 2, and 3.</li> </ul>	<ul style="list-style-type: none"> <li>Positive parenting practices normalized</li> <li>Increase access to parenting supports</li> <li>Increase knowledge of effective parenting practices</li> <li>Improve family functioning</li> </ul>	<ul style="list-style-type: none"> <li>VC Service Areas</li> <li>- 18 age groups</li> <li>Parents</li> <li>Children and youth at-risk of school failure or juvenile justice involvement</li> <li>Underserved populations</li> </ul>
		✓	<b>CHAMPS Positive Behavioral Intervention and Supports (PBIS)</b>	<ul style="list-style-type: none"> <li>CHAMPS PBIS is schoolwide and classroom-level behavior management program for elementary, middle and high schools.</li> <li>Training offered county-wide, though not all districts or schools participate</li> </ul>	<ul style="list-style-type: none"> <li>Positive approach to classroom management</li> <li>Gather district and school leaders into a collaborative network for a PBIS system.</li> </ul>	<ul style="list-style-type: none"> <li>All schools in county</li> <li>5-18 age groups</li> <li>Children and youth at-risk of school failure or juvenile justice involvement</li> <li>Teachers</li> <li>Students</li> </ul>
	✓	✓	<b>Break-Through (with ADP)</b>	<ul style="list-style-type: none"> <li>Pilot student assistance program delivered to students by referral:               <ul style="list-style-type: none"> <li>Family Conferences using the Brief Risk Reduction Interview and Intervention Model (BRRIM)</li> <li>School Counseling</li> <li>Insight Alcohol and/or Other Drug Prevention Group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Prevention and intervention for AOD use</li> <li>Reduce risk of suicide</li> <li>Ease students' and their family's to access appropriate services in the school, district, and community</li> </ul>	<ul style="list-style-type: none"> <li>Conejo Valley Unified School District students</li> <li>5-18 age groups</li> <li>Children and youth at-risk for school failure, juvenile justice involvement, or in stressed families</li> <li>Underserved Populations</li> </ul>

Stigma Reduction	Suicide Prevention	School-based/ Parenting	Project	Description	Project Goals	Target Population
✓	✓		<b>Primary Care Project - IMPACT model</b>	<ul style="list-style-type: none"> <li>• Early intervention treatment for depression in Primary Care Settings (Ambulatory Care Clinics; Clinicas de Camino Real)</li> <li>• Cross-trained, coordinated service teams</li> <li>• IMPACT, an evidence based collaborative care treatment model</li> <li>• Cognitive Behavioral Therapy (CBT)</li> </ul>	<ul style="list-style-type: none"> <li>• Treat depression symptoms of those who might not seek treatment in mental health care settings</li> <li>• Increase inter-agency collaboration</li> <li>• Decline in depressive symptoms</li> <li>• Improve functioning</li> <li>• Reduce suicide attempts</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals served at VC HCA Ambulatory Care Clinics in 8 locations; Clinicas de Camino Real across the county</li> <li>• Individuals 12 years and older</li> <li>• Individuals experiencing onset of serious psychiatric illness</li> </ul>
	✓		<b>Ventura Early Intervention and Prevention Services (VIPS)</b>	<ul style="list-style-type: none"> <li>• Assess and treat those who show early warning signs of psychosis for up to 2 years</li> <li>• Establish referral channels via outreach efforts</li> <li>• Multi Family Groups</li> <li>• Individual counseling</li> <li>• Occupational therapy</li> <li>• Educ/vocational services</li> <li>• Medication management</li> <li>• Family psycho-education</li> </ul>	<ul style="list-style-type: none"> <li>• Delay or prevent the onset of an acute psychotic disorder</li> <li>• Development of coping skills, reduce stress, and increase performance in all areas of life <ul style="list-style-type: none"> <li>• School attendance &amp; graduation</li> <li>• Decreased hospitalizations &amp; incarcerations</li> <li>• Decreased suicide attempts &amp; suicide</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• West County</li> <li>• 16-25 year olds</li> <li>• Individuals experiencing onset of serious psychiatric illness</li> </ul>

## SPF STEP 4 – IMPLEMENTATION

As discussed, the Ventura County Behavioral Health Department has three PEI Strategic Initiatives (Stigma and Discrimination Reduction, Suicide Prevention, and School-based/Parenting) which are designed as overarching, multi-year strategies. In order to achieve corresponding goals and objectives laid out in SPF Step 3, and given the size and diversity of Ventura County, VCBH's Implementation Plan consists primarily of funded projects and programs strategically positioned across the county and/or located in geographic areas serving high-risk populations. Funded projects are evidence-based, and their goals and intended outcomes are aligned with PEI Initiatives' goals and objectives.

The first year (FY 2012-2013) of the five-year strategic plan for PEI is focused on identifying and documenting appropriate outcomes for prevention and early intervention projects over five years. These are depicted in the Implementation Plan tables below. In Year 2 (FY 2013-2014), specific targets for intermediate and long term outcomes linked to the Goals and Objectives will be established by the PEI Manager in collaboration with the PEI Stakeholder Workgroup and Subcommittee. Ventura County's PEI Program will be monitored continually and closely at the program/project level as well as via universal-level indicators, as described in more detail in SPF Step 5, Evaluation.

## PEI IMPLEMENTATION PLAN

### INITIATIVE 1: Stigma and Discrimination Reduction

**Goal:** Reduce stigma of mental illness and discrimination against people with mental illness.

**Objectives by 2017:**

1. Increase awareness and knowledge regarding mental illness among law enforcement, providers, educators, and residents countywide
2. Increase sensitivity among law enforcement, providers, educators, and residents countywide
3. Increase early help-seeking among people with mental illness

Objectives	Agencies Responsible	Activities	STIGMA REDUCTION OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
<b>1. &amp; 2. Increase awareness &amp; knowledge regarding mental illness Issues and increase sensitivity (among law enforcement, providers, educators, and residents)</b>	VCBH (MHFA) and Funded Providers: <ul style="list-style-type: none"> <li>• IDEA (Wellness Everyday)</li> <li>• VCOE (6 Olweus Districts)</li> <li>• Kids and Families Together</li> <li>• City Impact</li> <li>• Tri-County GLAD</li> <li>• St. Paul Family Life</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct media campaigns</li> <li>• Collaborate via coalitions</li> <li>• Conduct trainings</li> <li>• Implement evidence-based programs</li> <li>• Ensure outreach to high risk populations</li> </ul>	<ul style="list-style-type: none"> <li>• Media campaigns implemented across multiple platforms</li> <li>• Collaboration activities occurring</li> <li>• Trainings conducted across county with targeted groups (law enforcement, clergy, etc)</li> <li>• Evidence-based programs implemented with fidelity</li> <li>• Community based programs reach out to target groups</li> </ul>	<ul style="list-style-type: none"> <li>• Media campaigns saturate intended audience and widely used as resources</li> <li>• Data sharing and collaboration increased</li> <li>• Trainings reach more people serving highest-risk groups</li> <li>• Evidence-based programs effectively produce intended outcomes</li> <li>• Community based programs effectively engage target groups</li> </ul>	<b>Measurable increase in knowledge of MH issues, signs, symptoms (knowledge)</b> <ul style="list-style-type: none"> <li>• <b>Project-level outcome measures</b></li> <li>• <b>Universal Indicators:</b> <ul style="list-style-type: none"> <li>○ <b>Survey of knowledge re: MH issues</b></li> <li>○ <b>Survey re: attitudes toward people with mental illness</b></li> </ul> </li> </ul>

Objectives	Agencies Responsible	Activities	STIGMA REDUCTION OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
<b>3. Increase early help seeking among people with mental illness</b>	Center <ul style="list-style-type: none"> <li>One Step A La Vez</li> <li>Project Esperanza</li> <li>Clinicas del Camino Real</li> </ul>	<ul style="list-style-type: none"> <li>Encourage help-seeking, with a focus on high-risk communities</li> <li>Make referrals</li> </ul>	<ul style="list-style-type: none"> <li>Community and school based programs are implemented with high risk communities</li> <li>Appropriate referrals to informal networks and formal MH services increase</li> </ul>	<ul style="list-style-type: none"> <li>Community and school based programs provide appropriate referrals and services to those most in need</li> <li>Use of informal support networks and formal MH services increase</li> </ul>	<b>Measurable increase in preventive and MH services provided to those in need (behavior)</b> <ul style="list-style-type: none"> <li>Project-level</li> <li>Universal Indicators: <ul style="list-style-type: none"> <li># people served in VC facilities</li> <li>Self-report of need for services (CHIS)</li> <li>Self-report of services obtained (CHIS)</li> </ul> </li> </ul>

## INITIATIVE 2: Suicide Prevention

**Goal:** Reduce suicide rate.

**Objectives by 2017:**

1. More residents are equipped to intervene to prevent suicide
2. Improve identification of suicidal ideation among individuals receiving services
3. Reduce suicide attempts and associated behavior

Objectives	Agencies Responsible	Activities	SUICIDE PREVENTION OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
<b>1. More residents are equipped to intervene to prevent</b>	VCBH (MHFA, Primary Care Project) and Funded Providers:	<ul style="list-style-type: none"> <li>Conduct MH-related trainings</li> </ul>	<ul style="list-style-type: none"> <li>Trainings conducted in community, schools, via coalitions and partners across county</li> </ul>	<ul style="list-style-type: none"> <li>Trainings reach more people close to highest-risk groups</li> </ul>	<b>Measurable increase in the number of county residents who are trained and able to intervene with people experiencing psychological</b>

Objectives	Agencies Responsible	Activities	SUICIDE PREVENTION OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
suicide	<ul style="list-style-type: none"> <li>• IDEA (Wellness Everyday)</li> <li>• VCOE (6 Olweus Districts; Conejo Valley USD)</li> <li>• Telecare (VIPS)</li> <li>• Clinicas del Camino Real</li> </ul>	<ul style="list-style-type: none"> <li>• Implement evidence-based training and intervention programs</li> <li>• Ensure outreach to high risk populations</li> <li>• Conduct media campaigns re: trainings, MH issues and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs implemented with fidelity</li> <li>• Community based programs serving high risk groups participate in training</li> <li>• Media campaigns implemented across multiple platforms</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs produce intended outcomes, gaining credibility and increasing participation</li> <li>• Members of community based programs use training and engage others</li> <li>• Media campaigns saturate intended audience, and are widely used as resources</li> </ul>	<p><b>crises (knowledge, attitudes, behavior)</b></p> <ul style="list-style-type: none"> <li>• <b>Project-level</b></li> <li>• <b>Universal Indicators:</b> <ul style="list-style-type: none"> <li>○ # of people receiving MHFA training</li> <li>○ Survey of knowledge about how to intervene</li> <li>○ # residents intervening</li> </ul> </li> </ul>
2. Improve identification of suicidal ideation among individuals receiving services		<ul style="list-style-type: none"> <li>• Implement evidence-based trainings and interventions for identifying highest-risk or identified populations</li> <li>• Conduct trainings to improve</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs identify and recruit high risk people effectively and are implemented with fidelity</li> <li>• Trainees effectively identify people with</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs effectively produce intended outcomes; tracking of and changes in suicidal ideation are evident</li> <li>• Use of suicide prevention services</li> </ul>	<p><b>Measurable decrease in suicidal ideation among high risk groups (behavior)</b></p> <ul style="list-style-type: none"> <li>• <b>Project-level</b></li> <li>• <b>Universal Indicators:</b> <ul style="list-style-type: none"> <li>○ # of people identified with ideation</li> <li>○ # of people receiving services for ideation</li> </ul> </li> </ul>

Objectives	Agencies Responsible	Activities	SUICIDE PREVENTION OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
		identification of people with ideation  <ul style="list-style-type: none"> <li>• Conduct media campaign re: MH issues and resources</li> <li>• Intervene early with identified children, youth, and adults</li> </ul>	ideation  <ul style="list-style-type: none"> <li>• Media campaigns target high-risk groups with relevant info &amp; are implemented across multiple platforms</li> <li>• Screening and referral processes in place in multiple settings across county</li> </ul>	increases  <ul style="list-style-type: none"> <li>• Media resources are used to get access services</li> <li>• Timely enrollment and retention in evidence-based treatment</li> </ul>	
<b>3. Reduce suicide attempts and associated behaviors</b>		<ul style="list-style-type: none"> <li>• Implement evidence-based trainings and interventions</li> <li>• Conduct MH-related trainings</li> <li>• Conduct media campaign re: MH issues and resources</li> <li>• Intervene early with identified children, youth, and adults</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs recruit effectively and are implemented with fidelity</li> <li>• Trainees effectively intervene with people in crises</li> <li>• Media campaigns target high-risk groups with relevant info &amp; are implemented across multiple platforms</li> <li>• Screening and referral processes in place in multiple settings across county</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs effectively produce intended outcomes; changes in knowledge, attitudes and behavior are visible</li> <li>• Use of MH services increases</li> <li>• Media resources are used to get access services</li> <li>• Timely enrollment and retention in evidence-based treatment</li> </ul>	<b>Measurable decrease in suicide rate and attempted suicide rate (behavior)</b> <ul style="list-style-type: none"> <li>• <b>Project-level</b></li> <li>• <b>Universal Indicators:</b> <ul style="list-style-type: none"> <li>○ # of suicide attempts</li> <li>○ # emergency room and hospital admissions for self-inflicted injury and/or identified suicide attempts</li> </ul> </li> </ul>

## INITIATIVE 3: School-based/Parenting

**Goal:** Improve the mental and emotional well-being of children and adolescents.

**Objectives by 2017:**

1. Increase student access to mental health and AOD prevention and intervention services
2. Improve school related outcomes (e.g., improved student engagement)
3. Improve family functioning
4. Reduce child abuse
5. Decrease bullying

Objectives	Agencies Responsible	Activities	SCHOOL-BASED/PARENTING OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
<b>1. Increase students' access to MH and AOD prevention and intervention services</b>	VCBH (Triple-P, Wellness Everyday) and Funded Providers: • IDEA (Wellness Everyday) • VCOE (PBIS; 6 Olweus Districts; Conejo Valley USD Breakthrough Prog.) • City Impact • Interface Children &	• Implement evidence-based interventions in schools and community  • Conduct media campaign re: MH issues and resources	• Evidence-based programs recruit effectively and are implemented with fidelity  • Media campaigns target students with relevant MH prevention and services info	• Knowledge of and attitudes about preventive and MH services improves • Community and school based programs provide appropriate referrals and services to those most in need • Students use media for information about MH issues and services	<b>Measurable increase in preventive and MH services provided to those in need (behavior)</b> • <b>Project-level</b> • <b>Universal Indicators:</b> ○ <b>School staff report on adequacy of services and school climate (CSCS)</b> ○ <b>Self-report of services obtained (CHIS)</b>
		• Implement evidence-based positive behavior interventions in schools and community • Conduct media	• Evidence-based programs are implemented with fidelity  • Media campaigns	• Positive behaviors increase • Decrease in disruptive behaviors  • Media campaigns are	<b>Measurable improvements in indicators of school engagement and other school-related outcomes (attitudes, behavior)</b> • <b>Project-level</b> • <b>Universal Indicators:</b> ○ <b>Self report on degree of</b>

Objectives	Agencies Responsible	Activities	SCHOOL-BASED/PARENTING OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
	Family Services • First 5	campaign re: positive behaviors and resiliency	promote wellness and education	widely used by students as resources	<b>meaningful participation and school connectedness (CHKS)</b> ○ Truancy rates ○ High school dropout and suspension/expulsion rates
<b>3. Improve family functioning</b>		<ul style="list-style-type: none"> <li>Implement evidence-based interventions in schools and community for children, parents and families</li> <li>Ensure outreach to high-risk children, youth and families</li> </ul>	<ul style="list-style-type: none"> <li>Implement evidence-based interventions with fidelity in schools and community</li> <li>Services and programs effectively reach target families</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based programs effectively produce intended outcomes; changes in knowledge, attitudes, and family functioning</li> <li>School and community based programs effectively engage target groups</li> </ul>	<b>Measurable improvements in indicators of family functioning (behavior)</b> • <b>Project-level</b> • <b>Universal Indicators:</b> ○ Self report on degree of home connectedness (CHKS Grade 5) ○ Survey on family functioning
<b>4. Reduce child abuse</b>		<ul style="list-style-type: none"> <li>Implement evidence-based parenting interventions in schools and community</li> <li>Identify and intervene with high-risk children, youth and families</li> </ul>	<ul style="list-style-type: none"> <li>Implement evidence-based parenting interventions in schools and community</li> <li>MH referral processes in place in multiple settings across county</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based programs effectively produce intended outcomes; changes in knowledge, attitudes and behavior are visible</li> <li>Timely enrollment and retention in evidence-based programs</li> </ul>	<b>Measurable decrease in indicators of child abuse (behavior)</b> • <b>Project-level</b> • <b>Universal Indicators:</b> ○ # child abuse referrals ○ # removed from home ○ # in foster care ○ Child abuse recidivism
<b>5. Decrease bullying (behavior)</b>		<ul style="list-style-type: none"> <li>Implement evidence-based bullying programs</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based bullying programs are implemented with</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based programs effectively produce intended</li> </ul>	<b>Measurable decrease in incidents of bullying (behavior)</b> • <b>Project-level</b>

Objectives	Agencies Responsible	Activities	SCHOOL-BASED/PARENTING OUTCOMES		
			Short Term FY 12-13	Intermediate FY 14-15	Long Term FY 16-17
		in schools and community  <ul style="list-style-type: none"> <li>• Conduct media campaign re: bullying</li> <li>• Identify and intervene with high-risk children, youth and families</li> </ul>	fidelity  <ul style="list-style-type: none"> <li>• Media campaigns target high-risk groups with relevant info &amp; are implemented across multiple platforms</li> <li>• Screening and referral processes in place in multiple settings across county</li> </ul>	outcomes; changes in knowledge, attitudes and behavior are visible  <ul style="list-style-type: none"> <li>• Media resources are widely used; changes in attitudes re: bullying behavior</li> <li>• Timely enrollment and retention in evidence-based programs</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Universal Indicators:</b> <ul style="list-style-type: none"> <li>○ <b>Self-report of verbal, physical and cyber bullying (CHKS)</b></li> </ul> </li> </ul>

## SPF STEP 5 – EVALUATION

The Ventura County Behavioral Health Department has a long history of data-driven prevention planning and implementation. Programs and activities funded by PEI funds have the responsibility to measure impact and report regularly the PEI Manager and other VCBH staff regarding status of intended project/program specific outcomes. As outlined below, measurement, data gathering strategies and reporting mechanisms will be tailored to the unique services and activities of each funded project for Fiscal Years 2012-2017.

### PROJECT/CONTRACT MONITORING

All contracts overseen by the PEI Manager require quarterly progress reports. Contracts managed by other VCBH staff require monthly reports. Specifically, after receiving funding each contractor is required to report progress toward goals and objectives on a quarterly basis through a comprehensive reporting process. Additionally, justification must be provided to substantiate that prevention efforts are on-track, are being carried out on time according to pre-determined timelines each fiscal year, and are in compliance with the contract requirements stipulated by VCBH.

Starting in FY 2013-2014, a comprehensive Monthly Progress Report shall be turned in by every funded provider/contractor. The PEI Manager will closely monitor and compile these reports, along with the volumes of substantiating documents justifying statements made in the Monthly Progress Reports. Examples of the types of information that contracted providers are to turn in, on a monthly basis, include: copies of brochures they have developed, reports written, data summaries, results of needs assessments or environmental scans, evaluation outcomes, service delivery reports, etc. The Monthly Progress Reports also contain information regarding where each contractor is relative to their contracted deliverables and what is planned for the coming month. At the end of every fiscal year, each contractor documents the extent to which deliverables have been achieved and provides evidence of having achieved their contracted deliverables. Included in the report is an assessment of the extent to which the program or project has served its intended target population. In addition, contractors that participated in capacity building training offered by PEI (e.g., budget development and grant writing) will report on outcomes relevant to that training (e.g., budgeting improvements and grants written and earned).

In addition to the monthly qualitative reports, the PEI Manager shall monitor progress and outcomes achieved through in-person contract compliance meetings held individually on a pre-determined basis. During these meetings, staff from funded programs/projects must articulate what has been accomplished to date, as well as anticipated activities for the

coming months. These meetings also are an opportunity for PEI staff to provide any needed technical assistance and/or determine training needs among its funded providers.

On a quarterly basis, funded providers shall come together for PEI Quarterly Provider Meetings at the PEI County Office in Oxnard. These meetings are useful not only for evaluative and monitoring purposes, but also for sharing challenges, lessons learned, and emerging local trends in specific geographic regions and/or in the field of mental health prevention and early intervention.

Each provider shall be responsible for evaluating and communicating evidence of outcomes having been achieved to the PEI Program Manager. This expectation shall be built into the contracts of all of the providers beginning in FY 2013-2014. Each funded provider shall also report on progress made, activities, and services delivered in alignment with SAMHSA’s six community-level strategies; specifically information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental strategies.

**PROPOSED EVALUATION FRAMEWORK**

Evaluation of PEI funded programs involves two-tiers of measurement: universal and project-specific. Using two tiers of measurement allows for the identification of what is working in the programs and the identification of gaps at the collective and project-specific level. As shown in Table 4, each tier provides a different set of information. Taken together, all data collected are used to strengthen projects and Initiatives.

**Table 4. Information Provided by Universal and Project Specific Indicators**

UNIVERSAL	PROJECT-SPECIFIC
Collective Effects	Individual Project Effects
Overall Long-term Impact	Short-term/Intermediate Outcomes
Across Populations	Target Populations
Measure-Outcome Not Always Directly Linked	Direct Measure-Outcome Link
Helps Identify Gaps Across Projects/Services	Helps Identify Gaps Within Projects/Services

## Universal Indicators

Because needs vary geographically across the county, some county-level universal data indicators are broken down by service area in addition to be tracked countywide. The county is comprised of five service areas which include the cities shown in Table 5.

**Table 5. Cities in Each County Area**

County Area	City
1	Fillmore
	Piru
	Santa Paula
2	Ojai
	Ventura
3	Camarillo
	Oxnard
	Port Hueneme
4	Thousand Oaks
	Westlake Village
5	Moorpark
	Simi Valley

As outlined in Table 6, the population, ethnicity, median age, primary language, degree of homelessness and economic characteristics of the county and its areas are the backdrop against which the PEI initiatives operate. Thus, they are tracked as part of the strategic planning process. When data are considered available by area this means that data may be broken down by area, by school districts within each area, or by cities in each area.

**Table 6. Ventura County Demographic Characteristics**

Background Data: Ventura County Demographic Characteristics			
#	Demographic characteristic	Available by Area	Source(s) <sup>32</sup>
1.	Ventura County population size, median age, family size, ethnicity, and veteran status	✓	US Census
2.	Primary language spoken at home, median household income, % families in poverty	No	American Community Survey
3.	Homeless Count	✓	VC Homeless Count
4.	Unemployment Rate	✓	CA Employment Development Dept.
5.	Migrant student population	✓	Ventura County Office of Education, (VCOE)

The tables below list the Universal indicators relating to each of the goals and objectives of the Ventura County PEI Initiatives (Stigma Reduction in Table 7, Suicide Prevention in Table 8, and School-based/Parenting in Table 9). Tracking changes in the selected indicators over time can help demonstrate the long-term, collective impact that funded projects have on the goals and objectives of each initiative, so that programing, resource allocation and other management decisions can be adjusted and employed most strategically across the county. As shown in the following tables, many data sources are available by Ventura County geographic service area (such as by school districts in each area).

<sup>32</sup> Description of all data sources can be found in the Appendix.

**Table 7. Universal Indicators of Stigma and Discrimination Reduction**

PEI Initiative: Stigma and Discrimination Reduction				
#	Goal/Objective	Universal Indicator	Available by Area	Source(s)
1.	<u>Goal:</u> Reduce stigma and discrimination	Collaborate with state RAND evaluation or conduct RDD phone survey	TBD	County Survey <sup>33</sup>
2.	<u>Objective 1:</u> Increase awareness & knowledge of mental illness	Collaborate with state RAND evaluation or conduct RDD phone survey	TBD	County Survey
3.		% reporting improved understanding of Mental Health	No	Wellness Everyday online user survey
4.		% reporting improved understanding of Serious Mental Disorders	No	Wellness Everyday online user survey
5.	<u>Objective 2:</u> Increase sensitivity	Collaborate with state RAND evaluation or conduct RDD phone survey	TBD	County Survey
6.	<u>Objective 3:</u> Increase help seeking among people with mental illness	% adults needed help for mental health problems or AOD use in past year	No	CHIS
7.		% adults sought help for self-reported AOD in past year of those who needed it	No	CHIS
8.		% adults who got treatment for each AOD, mental health problems or both in past year	No	CHIS
9.		# consumers served in VCBH Adult Division	✓	VCBH
10.		# consumers served in VCBH Youth and Family Division	✓	VCBH
11.		% child clients with various SMI in VC facilities	✓	VCBH
12.		% adult clients with various SMI VC in facilities	✓	VCBH

<sup>33</sup> See note about the County Survey in the Appendix.

**Table 8. Universal Indicators of Suicide Prevention**

PEI Initiative: Suicide Prevention				
#	Goal/Objective	Universal Indicator	Available by Area	Source(s)
1.	<u>Goal:</u> Reduce suicide rate	Suicide rate or # of suicides	✓	VC Medical Examiner
2.	<u>Objective 1:</u> More residents equipped to intervene	Collaborate with state RAND evaluation, or conduct RDD phone survey	TBD	County Survey
3.	<u>Objective 2:</u> Improve identification of suicidal ideation	# individuals receiving county services with suicidal ideation	TBD	Provider Survey or Tracking Tools
4.	<u>Objective 3:</u> Reduce suicide attempts and behavior	# attempted suicides Sheriff Dept. responded to	✓	VC Sheriff's Dept.
5.		# emergency room admissions for self-inflicted injury/suicide	No	CA Dept Public Health
6.		# hospital admissions self-inflicted injury/suicide	No	CA Dept Public Health

**Table 9. Universal Indicators of School-based/Parenting**

PEI Initiative: School based/Parenting				
#	Goal/Objective	Universal Indicator	Available by Area	Source(s)
1.	<u>Goal:</u> Improve mental and emotional well-being of children and adolescents	% of students feeling sad or hopeless in past 12 months	✓	CHKS Secondary Table A7.2
2.		% students using AOD in past 30 days	✓	CHKS Secondary Table A4.3 "Any of the above AOD"
3.		% binge drinking in past 30 days	✓	CHKS Secondary Table A4.7
4.		% of teens likely to have serious psychological distress in past month	No	CHIS
5.		% of students scoring high on Community Connectedness	No	CHKS Secondary Table A3.1
6.	<u>Objective 1:</u> Increase student access to services	% staff indicate school fosters youth development, resilience, or asset promotion a lot	✓	CSCS VCOE <sup>34</sup>
7.		% teens receiving psychological/emotional counseling in	No	CHIS

<sup>34</sup> Can be collected from schools that complete CSCS and/or VCOE school climate surveys.

PEI Initiative: School based/Parenting				
#	Goal/Objective	Universal Indicator	Available by Area	Source(s)
		past year		
8.	<b>Objective 2:</b> Improve school-related outcomes	% of students scoring high on School Connectedness Scale	✓	CHKS Elementary Table 7.1 Secondary Table A3.1
9.		% high level of meaningful participation in school	✓	CHKS Elementary Table 7.1 Secondary Table A3.1
10.		High school dropout rate	✓	CA Department of Education
11.		Truancy rate	✓	CA Department of Education
12.		Expulsion rate	✓	CA Department of Education
13.	<b>Objective 3:</b> Improve family functioning <sup>35</sup>	% of students scoring high on Home Environment	✓	CHKS Elementary Table A7.1
14.	<b>Objective 4:</b> Reduce child abuse	# children removed from home	✓	VC Human Services Agency
15.		# children in foster care	✓	VC Human Services Agency
16.		# child abuse referrals	✓	VC Human Services Agency
17.		# child abuse recidivism	✓	VC Human Services Agency <sup>36</sup>
18.	<b>Objective 5:</b> Decrease bullying	% students reporting being harassed or bullied in past 12 months	✓	CHKS Secondary Table 6.7 "Any Harassment"
19.		% bullied for gender, ethnicity, religion, sexual orientation, or disability in past 12 months	✓	CHKS Secondary Table 6.7 "Any of above 5 hate-crime reasons"
20.		% had mean rumors spread about them at school	✓	CHKS Elementary Table 5.2

<sup>35</sup> The evaluation plan suggests a number of project specific indicators of this objective. However, at the universal level, only one has been identified.

<sup>36</sup>Measurement tool/reporting mechanism to be developed in consultation with VC Human Services Agency.

PEI Initiative: School based/Parenting				
#	Goal/Objective	Universal Indicator	Available by Area	Source(s)
				Secondary Table 6.1
21.		% had rumors spread about them on the internet	✓	CHKS Elementary Table 5.4 Secondary Table A6.11
22.		% physical harassment at school (been pushed or hit)	✓	CHKS Elementary Table 5.2 Secondary Table 6.2

### Project Specific Indicators

Each project implemented as part of the PEI program must identify project-specific goals or objectives, and measure their progress toward them. Ultimately, each project gathers and reports data indicators on two components of their activities: processes and outcomes. Processes refer to the intervention activities that are delivered (e.g., program curriculum, website hits, meetings) and outcomes refer to the capacities the interventions are intended to change in the short and long term. Outcomes may include changes in attitudes (e.g., stigmatized beliefs about mental illness), knowledge (e.g., knowledge about types of mental illness and their symptoms) and/or behavior (e.g., seeking mental health services). One advantage of measuring intervention processes as well as outcomes is that, in the event that a project fails to make significant progress towards its intended knowledge, attitudinal, and/or behavioral outcomes, process data may be used to understand why.

Table 10 illustrates the data collection process planned for the PEI projects funded during the upcoming fiscal years. As with the description of these projects in Table 3, highlighted rows indicate projects that link with efforts implementing through Alcohol and Drug Programs (ADP).

For contracted organizations, the measures indicated in Table 10 will be collected and compiled by the lead agency and reported back to the PEI Manager in the monthly and annual reports described above as part of contract accountability.

**Table 10. Data Collection of Specific Indicators for Projects Funded in FY 2012-13**

SR	SP	SB/P	Project	Agency	Project Indicator	Measures
✓	✓	✓	<b>Wellness Everyday Media Campaign</b>	IDEA	<ul style="list-style-type: none"> <li>• Process: website and other media campaigns and print materials developed and used as intended</li> <li>• Culturally and linguistically appropriate</li> <li>• Positive, non-stigmatizing messaging</li> <li>• Increase awareness of MH and AOD issues (knowledge)</li> <li>• Decrease stigma of MH issues (attitudes)</li> <li>• Willingness to seek help (attitudes)</li> <li>• Increase use of services (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include website hits and statistics, media exposures, print materials distribution</li> <li>• IDEA Engineering user survey re: origin source of website users</li> <li>• <b>Wellness Everyday website survey (Q.1)</b> will break out each different source of possible referrals to site.</li> <li>• IDEA Engineering <b>user survey</b> re: attitudes and knowledge designed and being implemented</li> <li>• MH and ADP service providers shall collect data at intake on consumers' informational and referral sources, including the Wellness Everyday campaign.</li> </ul>
✓	✓	✓	<b>Olweus and other bullying prevention efforts</b>	VCOE	<ul style="list-style-type: none"> <li>• Process: schools and staff members trained with fidelity, and school-wide program implemented with fidelity</li> <li>• Decrease in student reports of victimization</li> <li>• Decrease in student reports of bullying</li> <li>• Decrease incidence of office referrals for bullying</li> <li>• Decrease incidence of vandalism, fighting, and theft</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include schools and numbers trained</li> <li>• Process data include indicators of implementation fidelity via site visits</li> <li>• <b>Olweus Bullying Questionnaire</b> administered to students prior to program and annually thereafter</li> <li>• Student reports of victimization</li> <li>• Student reports of bullying</li> <li>• Schools track incidents of office referrals for bullying</li> <li>• Schools track incidents of vandalism, fighting, and theft</li> </ul>
✓	✓		<b>Mental Health First Aid</b>	VCBH	<ul style="list-style-type: none"> <li>• Process: trainers and other "MH First Aid Responders" trained with fidelity</li> <li>• Increase MH &amp; AOD literacy (knowledge)</li> <li>• Decrease stigma of MH and AOD in community (attitudes)</li> <li>• Educate residents in suicide and trauma prevention</li> <li>• Increase number of referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include numbers of trainers and other "MH First Aid Responders" trained, and satisfaction with training</li> <li>• <b>Course Evaluation</b> survey implemented at end of training includes knowledge and attitudinal outcomes</li> <li>• MH and ADP service providers will collect data at intake on consumers'</li> </ul>

SR	SP	SB/P	Project	Agency	Project Indicator	Measures
					<ul style="list-style-type: none"> <li>for appropriate services (behavior)</li> <li>• Increase use of services (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>informational and referral sources, including referrals from MHFA First Aid Responders.</li> </ul>
✓			Community Coalition	Kids and Families Together (lead)	<ul style="list-style-type: none"> <li>• Process: meetings and trainings held, materials distributed and used</li> <li>• Increase awareness of kinship arrangement in community agencies (knowledge)</li> <li>• Increase knowledge about community resources (knowledge) among kinship families</li> <li>• Decrease stigma of utilization of MH services as evidenced by increased use of services (behavior)</li> <li>• Improve family functioning (behavior)</li> <li>• Increase number of caregivers who are mentors (behavior)</li> <li>• Increase number of mentees (behavior)</li> <li>• Improved collaboration across member organizations (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include number and frequency of coalition meetings, numbers trained, families in Family Mentor Project</li> <li>• <b>Workshop and Training Questionnaire</b></li> <li>• <b>Community Awareness Survey</b></li> <li>• <b>Kinship Family Survey</b> re: attitudes and services sought</li> <li>• Feasibility using a tool to assess of family/parental functioning will be examined.</li> <li>• Number of caregiver mentors will be tracked by coalition members</li> <li>• Number of mentees tracked will be tracked by coalition members</li> <li>• An annual assessment of collaboration levels and effects of collaboration among coalition members (e.g., policy changes, enhanced referral capability, qualitative and/or quantitative improvements in services) via focus groups and/or surveys shall be conducted.</li> </ul>
✓				City Impact (lead)	<ul style="list-style-type: none"> <li>• Process: meetings and trainings held, materials distributed and used</li> <li>• Increase knowledge of Coalition Members (CMs) about MH PEI and services available</li> <li>• Increase capacity and coordination of CMs to serve</li> </ul>	<ul style="list-style-type: none"> <li>• Process data (including number of coalition meetings, numbers trained, training content, website hits, materials distributed) are being documented via quarterly reports and surveys</li> <li>• Post-only <b>usefulness survey</b></li> <li>• Pre-Post <b>knowledge of how to engage youth</b></li> <li>• Pre-post <b>cultural awareness training instrument</b></li> </ul>

SR	SP	SB/P	Project	Agency	Project Indicator	Measures
					<p>Area 3 population and engage youth(behavior)</p> <ul style="list-style-type: none"> <li>• Increase capacity of CM service providers (educators, law, etc.) to assess culturally relevant MH issues, and refer appropriately (knowledge, behavior)</li> <li>• Increase mental health literacy (knowledge) among community leaders (churches, community-based organizers) to assess culturally relevant MH issues, and refer appropriately</li> <li>• Reduce stigma to accessing MH PEI services among families with DV, mental illness, juvenile justice involvement, including faith and Mixteco communities</li> <li>• Improve collaboration across member organizations (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-Post <b>mental health literacy survey</b></li> <li>• Pre-Post <b>surveys of attitudes toward mental illness</b> for parents and youth experiencing DV, mental illness, juvenile justice involvement, as well as for those in the faith and Mixteco communities</li> <li>• An annual assessment of collaboration levels and effects of collaboration among coalition members (e.g., policy changes, enhanced referral capability, qualitative and/or quantitative improvements in services) via focus groups and/or surveys shall be conducted.</li> </ul>
✓			<b>Special Project for Deaf and Hard of Hearing (DHH)</b>	<b>Tri-Counties GLAD</b>	<ul style="list-style-type: none"> <li>• Process: meetings and trainings held, materials distributed and used</li> <li>• Increase awareness of MH and AOD issues (knowledge)</li> <li>• Decrease stigma of MH issues (attitudes)</li> <li>• Willingness to seek help (attitudes)</li> <li>• Increase use of services (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include meetings attended, workshop attendance, materials distributed</li> <li>• Tools developed by CIMH/QI will be adapted to assess changes in intended knowledge, attitudes, and behaviors of members.</li> </ul>
✓			<b>Outreach and Engagement Projects</b>	<b>St. Paul Baptist Church Family Life Center</b>	<ul style="list-style-type: none"> <li>• Process: meetings and presentations held, referrals made, participation in youth support group</li> <li>• Increase help-seeking (attitudes, behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include activities offered, participation in activities, materials distributed, referrals made</li> <li>• A tool to measure common knowledge, attitude, and behavioral outcomes across</li> </ul>

SR	SP	SB/P	Project	Agency	Project Indicator	Measures
					<ul style="list-style-type: none"> <li>• Increase community connectedness (attitudes)</li> <li>• Improve parenting (knowledge, behavior)</li> <li>• Increase use of MH services (behavior)</li> </ul>	the Outreach and Engagement Projects will be implemented.
✓			<b>Outreach and Engagement Projects</b>	<b>One Step Alavez</b>	<ul style="list-style-type: none"> <li>• Process: participation in activities, referrals made</li> <li>• Increase community connectedness (attitudes)</li> <li>• Increase use of community services (behavior)</li> <li>• Increase use of MH services (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include activities offered, participation in activities, materials distributed, referrals made</li> <li>• A tool to measure common knowledge, attitude, and behavioral outcomes across the Outreach and Engagement Projects will be implemented.</li> </ul>
✓			<b>Outreach and Engagement Projects</b>	<b>Our Lady of Guadalupe Project Esperanza</b>	<ul style="list-style-type: none"> <li>• Process: participation in activities, referrals made</li> <li>• Increase community connectedness (attitudes)</li> <li>• Increase use of community services (behavior)</li> <li>• Increased use of MH services (behavior)</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include activities offered, participation in activities, materials distributed, referrals made</li> <li>• A tool to measure common knowledge, attitude, and behavioral outcomes across the Outreach and Engagement Projects will be implemented.</li> </ul>
		✓	<b>Triple-P (levels 4 and 5)</b>	<b>City Impact</b>  <b>Interface Children and Family Services</b>	<ul style="list-style-type: none"> <li>• Process: parents participate in training delivered with fidelity, participants are high-risk</li> <li>• Increase knowledge of effective parenting practice</li> <li>• Increase parental satisfaction</li> <li>• Reduce parental stress</li> <li>• Improve child-parent bonding</li> <li>• Improve family functioning</li> <li>• Improve child functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include numbers served, attendance, participant demographics</li> <li>• Feasibility of using a tool to assess of parental functioning will be examined.</li> <li>• <b>Eyberg Child Behavior Inventory:</b> Intensity and Problem Scales also used for child assessment</li> <li>• <b>Ohio Scales</b> and other Triple P pre-post tools capture parental and child outcomes</li> </ul>
					Same as above	Same as above

SR	SP	SB/P	Project	Agency	Project Indicator	Measures
		✓	<b>Triple-P (levels 2 and 3)</b>	First 5 VCBH is receiving funds to serve families with children 5 and younger	<ul style="list-style-type: none"> <li>• Process: parents participate in training delivered with fidelity, participants are high-risk</li> <li>• Increase knowledge of effective parenting practice</li> <li>• Increase parental satisfaction</li> <li>• Reduce parental stress</li> <li>• Improve child-parent bonding</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include numbers served, tip sheets frequently used, attendance, participant demographics</li> <li>• Feasibility of using a tool to assess of parental functioning will be examined.</li> </ul>
		✓	<b>Triple-P<sup>37</sup> (levels 1, 2, and 3)</b>	VCBH	<ul style="list-style-type: none"> <li>• Process: community campaign visible, training of leaders delivered with fidelity, participants are high-risk</li> <li>• Normalize parenting practices in community</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include media messages developed and shared, # attended trainings</li> <li>• A <b>survey</b> of those trained has been developed to get information on barriers to program implementation</li> <li>• Level 1 assessment via <b>Wellness Everyday survey</b></li> </ul>
		✓	<b>Positive Behavioral Intervention and Supports (PBIS) and CHAMPS</b>	VCOE	<ul style="list-style-type: none"> <li>• Process: schools and staff members trained; program implemented with fidelity school-wide and in classrooms</li> <li>• Decrease office referrals for behavior</li> <li>• Decrease suspensions</li> <li>• Decrease expulsions</li> <li>• Reduce teacher stress</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include # of schools and staff trained, # classes implementing CHAMPS</li> <li>• VCOE collects office referrals, suspensions and expulsion data by school</li> <li>• Administrator and teacher survey re: confidence (stress proxy)</li> </ul>
	✓	✓	<b>Breakthrough Program (ADP)</b>	ADP and Conejo USD	<ul style="list-style-type: none"> <li>• Process: schools and staff members trained; program implemented with fidelity</li> <li>• Prevent Alcohol and Other Drug use</li> <li>• Decrease suspensions</li> <li>• Decrease expulsions</li> <li>• Increase access to appropriate mental health and AOD services</li> <li>• Reduce risk of suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Process data include data about # of training and program participants</li> <li>• Conejo USD tracks data on suspension, reasons for suspension and expulsions, and participation in family conference, AOD, MH, and other school-based services</li> <li>• Data are collected on suicide risk factors</li> </ul>

<sup>37</sup> VCBH is training those in other agencies to offer the program, not funding implementation of the program directly

SR	SP	SB/P	Project	Agency	Project Indicator	Measures
✓	✓		<b>Primary Care Project - IMPACT model</b>	<b>VCBH</b>	<ul style="list-style-type: none"> <li>• Process: numbers screened, referred, enrolled</li> <li>• Interagency collaboration</li> <li>• Decline in depressive symptoms</li> <li>• Improvements in functioning</li> <li>• Decline in other symptoms (mood swings, anxiety)</li> <li>• Reduced suicide attempts</li> </ul>	<ul style="list-style-type: none"> <li>• Process data on numbers screen, referred and enrolled is tracked via <b>PCP Log</b></li> <li>• <b>PHQ-9</b> measure measures depression symptoms and functional impairment; administered and entered at primary care site every 2 weeks</li> <li>• VCOS short form captures changes in other symptoms; reported quarterly</li> <li>• <b>Question #9 of the PHQ-9</b> shall be reported separately by primary care sites to track suicidal ideation</li> </ul>
	✓		<b>Ventura Early Intervention and Prevention Services (VIPS)</b>	<b>Telecare, Inc.</b>	<ul style="list-style-type: none"> <li>• Process: numbers referred, screened, enrolled; outreach activities and materials distributed</li> <li>• Not converted to psychosis</li> <li>• Improve educational/vocational performance</li> <li>• Improve general functioning</li> <li>• Decrease suicide attempts</li> <li>• Reduce inpatient treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Process data maintained regularly and available via VCBH survey monkey site</li> <li>• Ventura County Outcome System (VCOS) contains <b>OHIO Scale</b> results from Intake and annual assessment (OHIO includes problem severity, functioning, hopefulness and satisfaction) by Telecare, Inc.</li> <li>• <b>Global Assessment Functioning (GAF)</b></li> <li>• <b>Structured Interview Prodromal Symptoms (SIPS)</b> and a short version, <b>SOPS</b>, administered regularly</li> </ul>

## APPENDIX

### Data Sources for Universal Indicators

The following Ventura county agencies will provide data:

- VCBH
- VC Human Services Agency
- VC Medical Examiner
- VC Office of Education
- VC Probation Agency
- VC Sheriff's Department

**American Community Survey (ACS):** The ACS is conducted by the US Census Bureau. It is a more in-depth population and housing survey conducted annually with a smaller percentage of the U.S. population than the Census. The ACS produces population estimates based on the Census Bureau Population Estimates Program. ACS survey data can be obtained at the county level and for some of the cities within the county.

**California Healthy Kids Survey (CHKS):** CHKS is a data collection tool designed to gather comprehensive youth risk behavior and resilience data conducted by WestEd (a nonprofit research agency) for the California Department of Education. CA school districts are required by the CA Dept. of Education to administer the survey biennially. The survey is completed by students in grades 5, 7, 9, and 11 (some items vary by grade).

**California School Climate Survey (CSCS):** The CSCS is administered by WestEd in all CA school districts and is completed by school teachers and staff. CSCS assesses student learning and staff working conditions, including barriers to learning such as substance abuse, violence and victimization and poor mental health of students. The survey is administered biannually and data is available for those schools and districts that implement it.

**California Health Interview Survey (CHIS):** CHIS is a state health survey conducted by the UCLA Center for Health Care Policy Research. It is a random-dial telephone survey conducted continually to gather information on a wide range of health topics. It provides county-level information for Ventura County.

**CA Department of Education:** The CA Department of Education gathers information from all CA school districts annually and makes it publicly available on their website. Data is available by district.

**CA Department of Public Health:** This department's Safe and Active Communities Branch provides an online tool to prepare reports of data compiled by the California Office of Statewide Health Planning and Development, Inpatient Discharge Data. Discharge data is gathered from for all non-Federal hospitals in Ventura County and reported in countywide figures. Specifically, it includes non-fatal self-inflicted/suicide injury data. An emergency

room visit is considered any visit (of which the patient survived the injury) in which patient was admitted to an emergency room in Ventura County, then treated and released or transferred to another facility. A hospital admission is any admission to a hospital for a self-inflicted/suicide injury that was not fatal.

**County Survey:** Data collection measures to be developed. There are two possible avenues that could be pursued. One option is for Ventura County to work with the Rand Corporation, which is developing a pre- post statewide population survey as part of the evaluation of statewide CalMHSA Stigma and Discrimination Reduction and Suicide Prevention initiatives. Collaboration with the Rand statewide survey could assure adequate sampling of Ventura County areas. Another option is to develop a county-wide random digit dial population survey based on existing validated measures.

**Homeless Count:** The Ventura County Homeless Count was conducted by Urban Initiatives, in 2007, 2009, 2010, 2011, 2012. It assesses the number of homeless individuals in cities in Ventura County counted on a single day. Data is available for most cities and the county as a whole.

**Wellness Everyday online user survey:** This pop up survey will be launched on the Wellness Everyday Website.

**US Census:** The decennial census of the US population is conducted by the US Census Bureau. US Census data are available by city and county level.



A Department of Ventura County Health Care Agency

# Mental Health Services Act

## Summary of CSS and PEI Planning Process

### Community Leadership Committee

March 25, 2013



## Stakeholder Planning Workgroups

Systematic review of all programs funded through:

- Community Services and Supports - 8 meetings
- Prevention and Early Intervention - 6 meetings

Examination of:

- Original purpose/goals of program
- Is program meeting those goals?
- Focus on outcome data
- Feedback sought from stakeholders on each program

Recommendations for FY2013/14 MHSA Plan

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## CSS Program Presentations - Summary

### 19 Presentations

- Activities as part of 15 CSS programs

### Themes:

- Programs generally meeting intended goals
- Need to improve outreach to Latino (particularly Spanish speaking) community
- Need more resources in adult system
- Expand TAY services in Santa Clara Valley
- Role of peer programs
- Increase number of peer staff who are VCBH consumers
- Importance of wellness and recovery focus
- Opportunity to improve data collection and reporting in some areas

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## Community Services and Supports Planning Workgroup - 2/28/13

- Move Crisis Residential Treatment program to PEI
- Maintain remaining CSS programs
- VCBH to provide proposal to enhance system of care serving those with SPMI and SED
- Examine role of peer programs
- Review/assessment of all programs to identify areas of potential cost savings and increased revenue

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## PEI Program Presentations - Summary

### 13 Presentations

- Activities as part of 5 PEI programs

### Themes:

- Programs generally meeting intended goals
- Opportunity to improve data collection and reporting in some areas
- Important to support outreach and engagement activities to underserved cultural populations
- Expand VIPS countywide
- Explore opportunities for MediCal billing (e.g. Triple P, except 0-5 y.o.)
- Link universal prevention campaign to statewide efforts

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## Prevention and Early Intervention Planning Workgroup - 2/26/13

- Focus on tertiary prevention for those with SPMI and SED
- Approval of:
  - Existing PEI programming
  - Addition of program providing tertiary prevention (TBD) that is currently funded by CSS (Crisis Residential Treatment proposed by VCBH)
- Review/assessment of all PEI programs to identify areas of potential cost savings and increased revenue
- Address sustainability of time limited programs

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