APPENDIX III

Focus Groups

FINDINGS FROM THE

AREA 1 FOCUS GROUPS
Santa Clara Valley
(Fillmore, Piru, Santa Paula)

CONDUCTED AS PART OF THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN DEVELOPMENT PROCESS
IN VENTURA COUNTY

April 2009

Prepared for:
The Ventura County Behavioral Health Department

Prepared by:
EVALCORP Research & Consulting, Inc.

ACKNOWLEDGEMENTS

Special thanks and acknowledgement go to the Ventura County Behavioral Health Department (VCBH) PEI staff, the VCBH PEI Planning Committee, and to those participating in the Area 1 Focus Groups. We greatly appreciate the assistance we received from the VCBH PEI staff in coordinating and scheduling the focus groups. We also extend special thanks to all of the focus group participants for sharing with us their time and perspectives. The wealth of information provided during each of the focus group discussions was invaluable to the formation of this report.

TABLE OF CONTENTS

I. Introduction

The Ventura County Behavioral Health Department (VCBH) is taking a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan. This effort is funded through the Mental Health Services Act (MHSA), an act providing funds for services and supports to help people feel socially and emotionally stable.

The MHSA has defined mental health *prevention* as reducing risk factors and building protective factors in order to keep mental health issues from occurring. Mental health *early intervention* refers to short, low-intensity services to improve mental health problems and avoid the need for more extensive treatment.

The approach to developing the PEI plan is multi-faceted and utilizes key individual interviews, focus groups, and community forums to assess the mental health needs, priority populations, and needed services across five geographic areas of Ventura County. VCBH contracted with Evalcorp Research & Consulting, Inc. to spearhead the PEI data collection process. The data gathered by Evalcorp will be analyzed and synthesized to inform Ventura County's Prevention and Early Intervention Plan.

This report presents findings from the Area Focus Groups conducted in Area 1, representing the Santa Clara Valley, including Fillmore, Piru, and Santa Paula. The intent of these focus groups was to collect data on the mental health needs and services in the communities served by the participants.

II. Methodology

Participants

During the second phase of the PEI Planning Process, 11 focus groups were conducted across five geographic areas of Ventura County; including two focus groups each in Areas 1, 2, 4, and 5, and three focus groups in Area 3.

In collaboration with the PEI Planning Committee and Area Workgroups, VCBH staff identified potential focus group participants based on geographic representation and the following MHSA categories: age groups, community sectors, priority populations, and key prevention and early intervention community mental health needs represented. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention.

Procedures

The purpose of the area focus groups was to conduct in-depth discussions with community leaders, gatekeepers, and other stakeholders across five geographic Areas of Ventura County. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention. Potential focus group participants were identified by VCBH, with guidance from the PEI Planning Committee and Area Workgroups. VCBH Community Service Coordinators invited potential participants to take part in the focus groups and made logistical arrangements for each focus group. Once the participants arrived at the focus group, they were provided the following documentation: a PEI Informational Brochure; Focus Group Participant Profile; Focus Group Participant Consent Form; and handouts detailing the Mental Health Services Act continuum, prevention and early intervention definitions, community sector representation, mental health needs, priority populations, and age groups.

The first Area 1 focus group was conducted in English at the Limoneira Pavilion with seven participants. The second group was conducted in Spanish at St. Sebastian Church with seven participants, for a total of 13 focus group participants across Area 1. Each focus group took about two hours to complete. During the focus group, participants were asked about mental health needs, priority age groups, priority populations, and existing and needed prevention and early intervention services in Area 1. Participants' responses to the questions were documented on poster paper throughout the focus group, and were displayed for participant verification. A copy of the Focus Group Guide is included in Appendix A.

Information from each focus group was themed so that the data could be analyzed in aggregate form and presented in summary format.

III. Demographics of Focus Group Participants

Of the 13 focus group participants, nine stated they were female, three stated they were male, and one chose not to identify gender. When asked to note ethnicity, the majority (9) marked Hispanic/Latino, with nine who marked Mexican as a subset of Hispanic/Latino, one who marked Mixteco as a subset, and one who marked Zapoteco as a subset. Three respondents noted Caucasian as their ethnicity. Of the participants who chose to identify age, ten were adults in the age range between 26 and 59, with one who was 60+. Most of the participants spoke Spanish (11) and two-thirds spoke English (9).

IV. Community Sector Representation (Q1)

When Area 1 focus group participants were asked which community sectors they represented, 12 of 12 participants indicated Underserved Communities, followed by nine participants who indicated Education and Community Family Resource Centers, and eight participants who represented Social Services and Individuals with Serious Mental Illness and/or their Families (see **Table 1**). Six or fewer participants represented the remaining sectors. All sectors were represented by participants. It should be noted that a participant joined one focus group late, thus only 12 participants responded to the first two questions.

Table 1: Community Sector Representation
(Number of Participants Responding to Question 1 = 12)

Community Sector	Number of Participants*	Percent of Participants
Underserved Communities	12	100%
Education	9	75%
Community Family Resource Centers	9	75%
Social Services	8	67%
Mental Health Service Providers	8	67%
Individuals with Serious Mental Illness and/or their Families	6	50%
Law Enforcement	6	50%
Health	4	33%
Employment	4	33%
Media	3	25%

* Totals exceed number of participants as some participants selected more than one community sector.

V. Community Mental Health Needs and Impacts

Mental Health Needs (Q2)

Each focus group participant identified the top mental health needs in their community based on five MHSA-defined categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk.

Of these five needs, the majority of focus group participants considered At-risk children, youth and young adult populations (11 of 12), Psycho-social impact of trauma (10 of 12), and Disparities in access to mental health services (9 of 12) as the three most predominant mental health needs in Area 1 (see **Table 2**). Four or fewer participants prioritized the remaining mental health needs.

Table 2: PEI Mental Health Needs
(Number of Participants Responding to Question 2 = 12)

PEI Mental Health Needs	Number of Participants*	Percent of Participants
At-risk children, youth, and young adult populations	11	92%
Psycho-social impact of trauma	10	83%
Disparities in access to mental health services	9	75%
Suicide risk	4	33%
Stigma and discrimination	2	17%

* Totals exceed number of participants as some participants selected more than one mental health need.

Impact of the Mental Health Needs on the Community (Q3)

When asked what they see happening in their community because of these mental health needs, participants identified the following problems which are listed in order from the most mentioned to the least mentioned and/or emphasized by participants. Responses provided by both focus groups are designated by **.

- Increased mental health issues and self-medication/drug use due to stigma, lack of information on existing services, access issues, lack of transportation, and lack of culturally and linguistically sensitive programs**
- Increased domestic violence and fear of leaving husbands due to lack of domestic violence shelters, language barriers when accessing services, and lack of culturally and linguistically sensitive personnel** - *"Victims are afraid of the police; therefore they remain in the cycle of violence."*
- Increased levels of problem behaviors and lower test scores among students due to school budget reductions and increased numbers of children being left alone at home**
- Lack of prevention programs and early screening/assessments resulting in escalation of mental health issues and problematic behaviors in children (i.e., aggressive behaviors)**
- Increased school drop-outs and decreased motivation due to family problems** - "S*tudents are not identified as having a mental health need and services are not provided."*
- As the poverty level increases, there is an increase in mental health issues, violence, and justice involvement due to a lack of access to services and lack of providers that are culturally and linguistically competent**

- Increased suicide risk due to the current economy - "*Families are stressed out due to the current economic situation; violence increases, and they become trapped in the cycle of violence."*
- Lack of cultural understanding often leads to misdiagnosis of children and adults
- Lack of parenting programs, leading to a variety of issues among children and families
- Children being raised without adequate supervision, often resulting in a lack of life or coping skills among youth as they grow up
- Increased homelessness, particularly in adults 18 years old and older
- Increased gang involvement due to youth not feeling accepted and protected at home
- Due to the current economy, the increased number of multiple families living in one home is contributing to increased violence and behavioral problems, increased teen pregnancy (young girls dating older men who live within the home), increased child exposure to sexual intimacy of parents (children sleeping in the same room as parents), and increased child sexual abuse
- Increased rates of teen pregnancy and teen dating violence

VI. Priority Populations (Q4)

The California Department of Mental Health (CDMH) has identified the following six priority populations for prevention and early intervention services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at-risk for school failure; and, 6) Children and youth at-risk of or experiencing juvenile justice involvement.

Focus group participants were asked to select the priority populations most in need of prevention and early intervention services within Area 1. As shown in **Table 3**, of the six priority populations, 12 of 13 participants prioritized Children and youth in stressed families, followed by 10 participants who selected Children/youth at-risk of or experiencing juvenile justice involvement, and nine who chose Children at-risk for school failure and Underserved cultural populations. Three or fewer participants selected the remaining priority populations.

Table 3: PEI Priority Populations
(Number of Participants Responding to Question 4 = 13)

PEI Priority Populations	Number of Participants*	Percent of Participants
Children/youth in stressed families	12	92%
Children/youth at-risk of or experiencing juvenile justice involvement	10	77%
Children at-risk of school failure	9	69%
Underserved cultural populations	9	69%
Trauma-exposed individuals	3	23%
Individuals experiencing the onset of serious psychiatric illness	1	8%

* Totals exceed number of participants as some participants selected more than one priority population.

VII. Age Groups (Q5)

The Ventura County Behavioral Health Department has defined five age groups for prevention and early intervention services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. From this list, participants were asked to select which age groups were most in need of prevention and early intervention services in Area 1. As shown in **Table 4,** 12 and 11 participants respectively selected Transition-age Youth, 18 to 25, and Children, 6 to 17, as the top two age groups that would most benefit from prevention and early intervention services. Eight or fewer participants selected the remaining age groups.

Table 4: PEI Age Groups
(Number of Participants Responding to Question 5 = 13)

PEI Age Groups	Number of Participants*	Percent of Participants
Children, 0-5	8	62%
Children, 6-17	11	85%
Transition-age Youth, 18-25	12	92%
Adults, 26-59	5	38%
Older Adults, 60+	4	31%

* Totals exceed number of participants as some participants selected more than one age group.

VIII. Priority Prevention and Early Intervention Services/Resources (Q8)

Focus group participants were asked to list and then prioritize needed prevention and early intervention services, resources and/or strategies. **Table 5** highlights the top three needed prevention and early interventions services/resources prioritized by each focus group.

Table 5: Priority PEI Services/Resources
(Number of Participants Responding to Question 8 = 13)

	Focus Group 1 (N=7)	Focus Group 2 (N=6)
Priority 1	Tie: More parenting programs (n=7) Onsite school programs and funding (n=7)	Tie: Comprehensive family center (n=6) Specific school-based services and resources for children and youth (n=6) Outreach, education, and awareness services (n=6)
Priority 2	Literacy services for children 0-5 years (n=6)	N/A
Priority 3	Media campaign and outreach education (n=3)	N/A

* Totals exceed number of participants as some participants selected more than one needed service.
Note: N = number of participants in focus group, n = number of votes for priority services/resources. Also, Priority 2 and 3 are blank for Focus Group 2 as only three services were deemed top priorities.

IX. Needed Prevention and Early Intervention Services/Resources (Q7)

Both focus groups identified a number of **needed prevention and early intervention services**, resources, and/or strategies for Area 1 as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest prioritization and number of mentions by focus group participants. Responses provided by both focus groups are designated by **.

School-based Services and Resources**

- Onsite counseling, specifically for 4th and 5th graders who are at higher risk**
- Teen centers, including after-school recreational programs for teens**
- Expansion of Lesson I programs at all schools
- Alcohol and substance use/abuse programs
- Mental health school-based services
- Funding for expansion of effective school programs
- Bilingual/bicultural trained personnel in schools to meet with parents and follow-up on referrals for students with behavioral issues
- Onsite school programs need additional funding, flexible hours, and transportation for students to and from services/programs

Outreach, Education, and Awareness Services and Resources**

- Outreach about existing services via community based organizations, word of mouth, and door to door communications**
- Education, brochures, and directory/resource book on existing services**
- Media campaign on mental health illness
- Education/trainings for family members to increase awareness of mental health symptoms
- Access to legal aid services and education on victims legal rights (i.e., Violence Against Women Act)

Parenting Programs

- Support groups for parents and grandparents
- Culturally and linguistically sensitive parent engagement strategies
- Mandatory parenting meetings with flexible hours and days, including provision of incentives such as groceries
- In-home counseling and parenting classes
- Centers offering parenting services need to provide a welcoming atmosphere with flexible service hours

Comprehensive Family Center

- Family crisis center, serving all ages
- Increased hours of service provision with evening and weekend hours
- Free transportation assistance such as taxi vouchers and vans
- Trained personnel for follow-ups on referrals to ensure that services were obtained
- Respectful personnel
- Free child care
- Housing referrals and adequate food and clothing banks
- Increased number of non-traditional service offerings (i.e., curanderos)

- Increased number of parenting classes
- Linguistically and culturally sensitive personnel and services

Literacy Services

- Expansion of prevention services for children ages 0-5 years and their families
- Case management

Mental Health Services and Support

- Long term mental health support and medication for parents
- Transportation support to access needed services

Multi-Disciplinary Team

- Meetings among service providers from different sectors (i.e., social services, education, law enforcement, health, mental health providers, community leaders, etc.) to develop comprehensive treatment plans for children and families

X. Existing Prevention and Early Intervention Services/Resources (Q6)

The following is a listing of all the **existing prevention and early intervention services** and resources in Area 1 identified by the participants across the two focus groups. Responses provided by both focus groups are designated by **.

- 211 Helpline, providing resource information
- Adolescent family life program
- After-school programs through Aspires Bridges (Proposition 49)
- Big Brothers, Big Sisters in Santa Paula and Fillmore
- Boys and Girls Club in Santa Clara Valley and Santa Paula**
- Cal Safe, offering prevention services for mothers and their children
- City Impact, providing classes for adolescents/high school students addressing positive choice, self-esteem, and anger management
- Clinicas del Camino Real, providing counseling services on sliding scale fees and conflict mediation for 4th and 5th graders
- DARE, offering prevention AOD programs and dating violence education throughout the school district
- Early Head Start, with countywide programs for children 0-5 years
- El Concilio, providing teen pregnancy and dating violence prevention classes at high schools
- First 5, providing in-home services for migrant families
- Interface, providing counseling services, domestic violence support groups, and anger management classes for teens**
- Lesson I, teaching “self responsibilities” for students, administration, and teachers
- Local Education Agency, providing mental health services in schools for children 0-5 years and their families
- One-Step teen center in Fillmore**
- Onsite mental health counselors and parenting classes in some middle and high schools
- Parenting classes and programs free in Isbell School and Barbara Webster Elementary for families with children enrolled in one of these schools

    - Parenting classes, leadership development, Parent Project in Spanish, family advocates, loving solutions, AOD programs, and case managers for domestic violence victims
- PDAP of Ventura County, providing conflict mediation for 4th and 5th graders and substance abuse services in Santa Paula and Fillmore
- Santa Paula Family Resource Center
- School Resource Officers (SROs)
    - Sexual education, "My body belongs to me" program
- Special education services based on Individualized Education Plan (IEP), with limited services
    - Substance abuse services in Santa Paula and Fillmore
- United Parents, provides advocacy for children with special needs
- Ventura County Public Health, providing self-esteem workshops for girls
- Violence prevention group at Isbell School
- Youth groups at churches, teaching about choices and behaviors

XI. Additional Needs or Populations to be Addressed (Q9)

At the end of the focus groups, participants were asked to identify any additional PEI related needs or populations that were not addressed during the discussion but are important to consider in the development of the PEI plan. The responses given are listed below.

- Address the following service needs and related populations:
    - Cultural centers for the senior population providing a place where they can interact with support groups**
    - Incentive programs for bilingual/bicultural individuals as an effort to increase their involvement and interest in the mental health field
    - Culturally sensitive sexual education for law enforcement personnel
    - Support groups for fathers
    - Increased multi-agency collaboration to assist in developing comprehensive treatment plans for children and their families
    - Increased LGBT services (i.e., HIV/AID education, support groups, and counseling) with culturally and linguistically sensitive personnel who are sensitive to their needs
    - Group centers where people can share their opinions, such as 'una voz' – one voice
    - Parent education on gang associated characteristics such as dress attire
    - Case management services for at-risk children
    - Education regarding the impact of sexual abuse as a way of increasing awareness and support for victims from family members
    - Education and classes that empower young girls/females to say "no"
    - Services for children with special needs - *"Increase funding for more early intervention services…services need to be available at all elementary schools, targeting children with special needs."*

XII. Summary

The focus group participants across Area 1 were very diverse and represented all ten community sectors. They fully engaged in the discussions and were very knowledgeable about the mental health needs in their communities, identifying a rich list of existing as well as needed prevention and early intervention services.

At-risk children, youth and young adult populations and Psycho-social impact of trauma were among the top two priority mental health needs in Area 1. Likewise, participants were very concerned about the prevention and early intervention needs of school-age children (6-17 years) and young adults (18-25 years), and underscored the need for culturally and linguistically sensitive services and personnel. As one participant stated *"Mental illness should not be strictly defined by an agency or by diagnostic criteria…they need to take into consideration the cultural context and the individual's reality when treating symptoms."*

One of the key strategies for improving access that emerged from both focus group discussions was increasing school-based services and resources such as onsite counseling and after school recreational programs. Another key strategy mentioned by both groups included outreach, education, and awareness services and resources to help inform the community about existing services. The top needed prevention and early intervention services cited by participants reflected services that would increase service access for young and school-age children, as well as their parents and families.

APPENDIX A

AREA-BASED FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
Introduction	Introduction and overview of MHSA, PEI, focus group purpose, and ground rules (See detailed Intro Script)
Sector Representation	1. **Which community sector do you represent or will you be talking about in today's discussion?** Please refer to handout listing the community sectors. [*Facilitator goes around the table and scribe notes the community sector(s) represented*.]
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. *[Facilitator refers to handout*]. **2. What needs are most important to the group of people you represent or work with here in Area X?** **3. What do you see happening in your community [in Area X] because of these needs? (what problems are occurring?)**
Identify Priority Populations	MHSA has identified six <u>priority populations</u> that represent the prevention and early intervention needs of communities in California. Before we ask you to identify the priority populations most in need of PEI services in [*Area X*], we would like to review the definition of each priority population. Please take a look at your priority population handout. [*Facilitator reviews the priority population definitions with the group.*] Are there any questions about these definitions? **4. Which priority populations in [*Area X*] are most in need of prevention and early intervention services?** [*Facilitator goes around the table and scribe notes the priority populations.*]
Identify Age Groups	Next, we would like to use the same method to identify the <u>age groups</u> most in need of prevention and early intervention services in [*Area X*]. **5. Which PEI age groups are most in need of prevention and early intervention services in [*Area X*]?** Please refer to the age group categories listed in the handout. [*Facilitator goes around the table and scribe notes the age groups selected.*]

Issues	Focus Group Questions
Prevention and Early Intervention Services	**6. What prevention and/or early intervention services, resources, and/or strategies are <u>currently available</u> in [*Area X*]?**
	7. What prevention and/or early intervention services, resources, and/or strategies are <u>needed</u> in [*Area X*]? When responding to this question, think about the types of services and resources that would be most effective at addressing the mental health needs, priority populations, and age groups in [*Area X*]. [*Facilitator also probes for information on locations for services.*]
	8. Among the services you have listed, what are the top five PEI services, resources, and/or strategies that will best address the prevention and early intervention needs in [*Area X*]?
Final Comments	**9. Are there any additional needs and/or populations that were not discussed today, but that you would like the Ventura County Behavioral Health Department to consider in the development of the Ventura County PEI plan?**

FINDINGS FROM THE

AREA 2 FOCUS GROUPS
Ojai, Ventura

CONDUCTED AS PART OF THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN DEVELOPMENT PROCESS
IN VENTURA COUNTY

April 2009

Prepared for:
The Ventura County Behavioral Health Department

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XIII. Introduction

The Ventura County Behavioral Health Department (VCBH) is taking a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan. This effort is funded through the Mental Health Services Act (MHSA), an act providing funds for services and supports to help people feel socially and emotionally stable.

The MHSA has defined mental health *prevention* as reducing risk factors and building protective factors in order to keep mental health issues from occurring. Mental health *early intervention* refers to short, low-intensity services to improve mental health problems and avoid the need for more extensive treatment.

The approach to developing the PEI plan is multi-faceted and utilizes key individual interviews, focus groups, and community forums to assess the mental health needs, priority populations, and needed services across five geographic areas of Ventura County. VCBH contracted with Evalcorp Research & Consulting, Inc. to spearhead the PEI data collection process. The data gathered by Evalcorp will be analyzed and synthesized to inform Ventura County's Prevention and Early Intervention Plan.

This report presents findings from the Area Focus Groups that were conducted in Area 2, representing Ojai and Ventura. The intent of these focus groups was to collect data on the mental health needs and services in the communities served or represented by the participants.

XIV. Methodology

Participants

During the second phase of the PEI Planning Process, 11 focus groups were conducted across five geographic areas of Ventura County; including two focus groups each in Areas 1, 2, 4, and 5, and three focus groups in Area 3.

In collaboration with the PEI Planning Committee and Area Workgroups, VCBH staff identified potential focus group participants based on geographic representation and the following MHSA categories: age groups, community sectors, priority populations, and key prevention and early intervention community mental health needs represented. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention.

Procedures

The purpose of the area focus groups was to conduct in-depth discussions with community leaders, gatekeepers, and other stakeholders across five geographic Areas of Ventura County. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention. Potential focus group participants were identified by VCBH, with guidance from the PEI Planning Committee and Area Workgroups. VCBH Community Service Coordinators invited potential participants to take part in the focus groups and made logistical arrangements for each focus group. Once the participants arrived at the focus group, they were provided the following documentation: a PEI Informational Brochure; Focus Group Participant Profile; Focus Group Participant Consent Form; and handouts detailing the Mental Health Services Act continuum, prevention and early intervention definitions, community sector representation, mental health needs, priority populations, and age groups.

The two Area 2 focus groups were conducted in English at the Red Cross Training Room in Ventura and the Oak View Community Center in Oak View. Both focus groups had 8 participants, for a total of 16 participants. Each focus group took about two hours to complete. During the focus group, participants were asked about mental health needs, priority age groups, priority populations, and existing and needed prevention and early intervention services in Area 2. Participants' responses to the questions were documented on poster paper throughout the focus group, and were displayed for participant verification. A copy of the Focus Group Guide is included in Appendix A.

Information from each focus group was themed so that the data could be analyzed in aggregate form and presented in summary format.

XV. Demographics of Focus Group Participants

Of the 16 focus group participants, 11 were female and five were male. When asked to note ethnicity, the majority (13) marked Caucasian, four marked Asian/Pacific Islander, three marked Latino/Hispanic with one who identified with Mexican as a subset of that category, two who marked African-American, and two who marked American Indian. Most of the participants were adults in the age range between 26 and 59 (14), with two who were 60+. Almost all of the participants spoke English (14), seven spoke Spanish, and one each who spoke Dutch and Japanese.

XVI. Community Sector Representation (Q1)

When Area 2 focus group participants were asked which community sectors they represented, 10 of the 16 participants indicated Underserved Communities, followed by eight participants who indicated Individuals with Serious Mental Illness and/or their Families and Social Services, and seven participants who represented Health (see **Table 1**). Six or fewer participants represented the remaining sectors. All sectors were represented by participants.

Table 1: Community Sector Representation
(Number of Participants Responding to Question 1 = 16)

Community Sector	Number of Participants*	Percent of Participants
Underserved Communities	10	63%
Individuals with Serious Mental Illness and/or their Families	8	50%
Social Services	8	50%
Health	7	44%
Community Family Resource Centers	6	38%
Mental Health Service Providers	5	31%
Education	5	31%
Employment	3	19%
Law Enforcement	2	13%
Media	2	13%

* Totals exceed number of participants as some participants selected more than one community sector.

XVII. Community Mental Health Needs and Impacts

Mental Health Needs (Q2)

Each focus group participant identified the top mental health needs in their community based on five MHSA-defined categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk.

Of these five needs, the majority of focus group participants considered At-risk children, youth, and young adult populations (11 of 16), Psycho-social impact of trauma (7 of 16), and Disparities in access to mental health services (7 of 16) as the three most predominant mental health needs in Area 2 (see **Table 2**). Four or fewer participants prioritized the remaining mental health needs.

Table 2: PEI Mental Health Needs
(Number of Participants Responding to Question 2 = 16)

PEI Mental Health Needs	Number of Participants*	Percent of Participants
At-risk children, youth, and young adult populations	11	69%
Psycho-social impact of trauma	7	44%
Disparities in access to mental health services	7	44%
Suicide risk	4	25%
Stigma and discrimination	3	19%

* Totals exceed number of participants as some participants selected more than one mental health need.

Impact of the Mental Health Needs on the Community (Q3)

When asked what they see happening in their community because of these mental health needs, participants identified the following problems which are listed in order from the most mentioned to the least mentioned and/or emphasized by participants. Responses provided by both focus groups are designated by **.

- Increased alcoholism and drug use by adults and youth, often resulting from self-medication for mental health issues** – "*Data show that we have fifth graders drinking and seventh graders using*."
    - Self medication is often due to stigma and discrimination
- Mentally ill homeless population has grown as a result of unaddressed mental health needs into a significant community issue** – *"There was a 65% increase in direct services for homeless last quarter, with approximately 250 homeless per month."*
    - More out-of-home or homeless youth
    - Increased needy/impoverished community members and demand for services to prevent homelessness
    - More dual-diagnosis, particularly in the homeless population
- Increased drop-outs and truancy, as well as decreased success in school and learning with students moving from school to school**
- More at-risk children in schools, with one local school having 100% of students qualifying for free meals and 70% of students learning English
- Breakdown of family systems having a "*ripple effect*" on the community

- More acting out and risky behaviors as a result of untreated mental health needs
- More juvenile crimes involving murder, gang involvement, and drive-by shootings contributing to a norm of violence
- Escalation of problems and mental illnesses in students and adults because issues are not identified early enough and not addressed until a state of crisis
- Decreased access to services in lower socioeconomic communities
- Increased diagnosis of ADHD with *"one-third of clients classified with behavioral issues"*
- Increased child abuse and neglect
- Multiple families living in a single household
- Lack of parenting skills
- Increased trauma and loss due to death, incarcerations, homelessness, and uncertainty
- Increased domestic violence and undiagnosed depression in children
- Increased health costs related to more health issues/illnesses, including increased obesity and diabetes in youth, increased cancers in women, and decreased breast feeding of infants
- Infant trauma, leading to decreased attachments and increased child abuse by parents
- More suicides

XVIII. Priority Populations (Q4)

The California Department of Mental Health (CDMH) has identified the following six priority populations for prevention and early intervention services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at-risk for school failure; and, 6) Children and youth at-risk of or experiencing juvenile justice involvement.

Focus group participants were asked to select the priority populations most in need of prevention and early intervention services within Area 2. As shown in **Table 3**, of the six priority populations, nine of 16 participants prioritized Children at-risk for school failure, followed by eight participants who selected Underserved cultural populations, and seven who selected Children and youth in stressed families and/or Individuals experiencing the onset of serious psychiatric illness. Five or fewer participants selected the remaining priority populations.

Table 3: PEI Priority Populations
(Number of Participants Responding to Question 4 = 16)

PEI Priority Populations	Number of Participants*	Percent of Participants
Children at-risk of school failure	9	56%
Underserved cultural populations	8	50%
Children/youth in stressed families	7	44%
Individuals experiencing the onset of serious psychiatric illness	7	44%
Trauma-exposed individuals	5	31%
Children/youth at-risk of or experiencing juvenile justice involvement	3	19%

* Totals exceed number of participants as some participants selected more than one priority population.

XIX. Age Groups (Q5)

The Ventura County Behavioral Health Department has defined five age groups for prevention and early intervention services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. From this list, participants were asked to select which age groups were most in need of prevention and early intervention services in Area 2. As shown in **Table 4,** 12 participants selected Children, 6 to 17, and eight participants selected Transition-age Youth, 18 to 25, and Adults, 26-59, as the top three age groups that would most benefit from prevention and early intervention services. Seven or fewer participants selected the remaining age groups.

Table 4: PEI Age Groups
(Number of Participants Responding to Question 5 = 16)

PEI Age Groups	Number of Participants*	Percent of Participants
Children, 0-5	7	44%
Children, 6-17	12	75%
Transition-age Youth, 18-25	8	50%
Adults, 26-59	8	50%
Older Adults, 60+	2	13%

* Totals exceed number of participants as some participants selected more than one age group.

XX. Priority Prevention and Early Intervention Services/Resources (Q8)

Focus group participants were asked to list and then prioritize needed prevention and early intervention services, resources and/or strategies. **Table 5** highlights the top three needed prevention and early interventions services/resources prioritized by each focus group.

Table 5: Priority PEI Services/Resources
(Number of Participants Responding to Question 8 = 16)

	Focus Group 1 (N=8)	Focus Group 2 (N=8)
Priority 1	Tie: School-based services, including onsite mental health professionals, to identify and address needs of students and reach families (n=6) Outreach, education, and training for personnel in hospitals, schools, primary care centers, faith-based organizations, and community-based organizations (n=6)	School-based services for early identification of mental health issues and referrals, including collaborations with providers, social services, law enforcement, and community organizations (n=8)
Priority 2	Tie: Outreach and education services for older adults and their families to increase identification of and referrals for mental health issues and access to services, including Alzheimer's and dementia (n=3) Support services for homeless or those in need at times of crisis, including eviction prevention services and emergency shelters with mental health services (n=3)	Collaboration with health and/or social services (i.e., Public Health, Manitoba Nurturing Center) for outreach, education and early identification of mental health issues (n=6)
Priority 3	PEI services that increase access such as bringing services to where community members are at, in-home services, providing transportation to and from services, and/or increasing staff in non-profits to identify mental health issues (n=2)	Service provision and outreach in churches, schools, and community organizations in community members' "comfort zone" to increase access (n=5)

* Totals exceed number of participants as some participants selected more than one needed service.
Note: N = number of participants in focus group, n = number of votes for priority services/resources.

XXI. Needed Prevention and Early Intervention Services/Resources (Q7)

Both focus groups identified a number of **needed prevention and early intervention services**, resources, and/or strategies for Area 2 as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest prioritization and number of mentions by focus group participants. Responses provided by both focus groups are designated by **.

<u>School-based Services</u>**

- PEI services onsite in schools as entry point to reach families and deliver services to students**
    - Collaborations and communications with providers, social services, law enforcement, and community organizations such as Big Brother/Big Sisters (for

example, implementing a truancy program that connects with law enforcement and providers)**
    - Mental health professionals in schools to identify long term issues and provide counseling for youth ages 10-17, thereby addressing issues as they arise
    - Provision of multiple levels of needs assessment/identification through school personnel and activities such as art therapy
    - Public Health developmental check-ups and screenings in schools
    - Selective PEI services for students most in need with a dedicated staff at 15% level
    - Education and training of teachers and school personnel on cultural sensitivity and how to identify and handle mental health issues among students
    - PEI services that focus on emotional vs. academic issues
    - Crisis in Training program used in the school district
    - Assessment and referrals for developmental disabilities
    - Increased community awareness via PTA and Orientation programs

<u>Services and Resources that Increase Access</u>**

- Service provision and outreach in community members' *"comfort zone"* to address the lack of access (i.e., in churches, schools, community organizations, in-home services)**
    - Provision of transportation**
    - Bilingual services and staff
    - Education on mental health to overcome cultural stigma and fear
    - Increased staff in non-profit organizations for identification of mental health issues

<u>Outreach, Education, and Awareness Services and Resources</u>**

- Outreach and education in the community to increase awareness of mental health issues**
- Training and education of personnel in hospitals, schools, primary care centers, faith-based organizations, and community-based organizations to increase awareness and identification of mental health issues and services for referrals
    - Training of volunteers and paraprofessionals to provide peer support
    - Increased staff in non-profits for increased identification of mental health issues
    - NAMI speakers at *"normal"* locations and organizations such as community clubs, PTAs, and faith-based organizations
- Outreach to all new parents such as the Welcome Every Baby program that visits homes with new infants at regular intervals
- Education and outreach regarding mental health issues at alcohol and drug detox centers
- PEI services to increase awareness and early identification of the onset of serious mental illness, including information to families to help them understand and cope with the process
    - Provide information on residential programs, community organizations, and resources
    - NAMI peer presentations at college assemblies, high schools, and community meetings

<u>Collaborations, Partnerships, and Teams</u>**

- More collaboration among agencies and systems such as Child Protective Services, Public Health, VCBH and schools in order to increase identification, reporting, and referrals**
- PEI services in collaboration with health and/or social services (i.e., Public Health, Manitoba Nurturing Center) for outreach and early identification of mental health issues

- Parent education, outreach and drop-in groups, particularly focused on nurturance
- Parent Child Interactive Therapy (PCIT)
- Education and training for medical and social service staff to identify needs and make referrals

Specific Services

- Support services for homeless or those in need at times of crisis, may include multiple families living in a single dwelling or families on the brink of home foreclosure
  - Emergency shelters which provide mental health services to prevent and/or deal with post traumatic stress disorder
  - Eviction prevention services
- Provision of art therapy (including drama, music, dance, etc.) for all ages in school and community locations to decrease stigma
  - Partner with middle and high schools to provide art therapy to youth
  - Reach adults by displaying art created by mentally ill individuals in community locations to decrease stigma associated with mental illness
- PEI services for older adults to increase identification of and referrals for mental health issues, including Alzheimer's and dementia
  - Outreach and education for older adults and their families on self-determination and how to identify mental health issues and access services
- Assessments and referrals for developmental disabilities in the community

XXII. Existing Prevention and Early Intervention Services/Resources (Q6)

The following is a listing of all the **existing prevention and early intervention services** in Area 2 identified by the participants across the two focus groups. Responses provided by both focus groups are designated by **.

- 211 hotline, providing referrals**
- Autistic support group in Ojai, including support for Asperger's Syndrome
- Boys and Girls Club
  - For children ages 6-18
  - Parenting classes
- Catholic Charities
  - OASIS program for older adults
  - Partnership with Lutheran Social Services to provide food, clothing, and transitional housing for homeless
- Children's Intensive Response Team (CIRT)
- Crisis in Training (CIT) program for law enforcement
- Domestic Violence Court, providing advocacy for victims and referrals to public health
- Faith-based organizations, providing outreach and referrals
- Help of Ojai, offering social services
  - Meals on Wheels
  - Outreach for older adults, identification and early intervention for mental health issues
- Housing Authority intervention programs
- Interface**
- Intern Bereavement Program, providing outreach in school settings
- Livingston Memorial bereavement groups and education
- Manitoba Nurturing Center, offering services on a sliding scale fee

  - Education and supports for parenting and attachment
  - Pregnancy and pre-natal services
- Many Mansions, providing housing for disabled individuals in Thousand Oaks and Camarillo
- National Alliance on Mental Illness (NAMI)
  - Family to Family, 12 week symposiums in English and Spanish
- Neighborhoods for Learning (NFL)
  - Child services team
  - Developmental screenings
  - Family resource centers
  - Health services
- Ojai Family Shelter Program, providing identification of mental health issues and referrals
- Ojai Recreational Center
- Ojai Valley Youth Foundation
- Path Point, providing work training program for adults with mental health issues
- Project Understanding, providing day services for homeless/needy community members, eviction protection, transitional housing, and tutoring for elementary school youth
- Regional Center
- School-based services**
  - Counselors in some elementary schools and every middle school and high school; limited access to social workers in schools
  - Monthly health clinics with pediatricians for identification of health issues
  - Partnerships with VCBH for services; some bilingual services available
  - School nurses and health technicians at all school sites, although most schools do not have health services
  - School psychologists for developmental check-ups, screening, and identification of students with learning needs**
  - Substance abuse prevention curriculum with limited use
- Sheriff's Department for 5150 holds
- Turning Point, providing drop-in and rehabilitation services**
- Ventura Coalition for Ending Violence, offering education and shelter for abused
- Ventura County Behavioral Health (VCBH)**
  - Crisis team
  - IDDT for dual diagnosis in Oxnard and Ventura
  - Older adult services
  - Transition-age youth services
  - Ventura Options, providing parent calls for screening/access to services
  - WRAP Wellness Recovery peer program
- Wellness and Recovery program, providing a drop-in center for adults**
- Women's Infants Children (WIC) program
- YMCA

XXIII. Additional Needs or Populations to be Addressed (Q9)

At the end of the focus groups, participants were asked to identify any additional PEI related needs or populations that were not addressed during the discussion but are important to consider in the development of the PEI plan. The responses given are listed below.

- Address the following populations:
  - Older adults and baby boomers with medical and mental health needs**

    - Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations, including education and outreach services to overcome stigma and fear
    - Youth with special disabilities, such as reading or learning
- Address the following service needs:
    - More bilingual and bicultural providers to combat cultural stigmas and increase access
    - Peer support specialists to provide outreach and increase identification of mental health needs in the community

XXIV. Summary

The focus group participants across Area 2 were very diverse and represented all ten community sectors. They fully engaged in the discussions and were very knowledgeable about the mental health needs in their communities, identifying a rich list of existing as well as needed prevention and early intervention services.

At-risk children, youth and young adult populations, Psycho-social impact of trauma, and Disparities in access to mental health services were among the top three priority mental health needs in Area 2. Correspondingly, participants were very concerned about the prevention and early intervention needs of school-age children (6-17 years), and emphasized the need for school-based services to reach families and deliver services to students.

One of the key strategies that emerged from both focus group discussions was increasing services and resources that improve access. Both groups discussed increasing service provision and outreach in community members' "comfort zones" (i.e., in churches, schools, community organizations, and providing in-home services), and mentioned specific services and resources related to PEI services for school age children, parents, older adults, homeless or those in need at times of crisis, individuals with developmental disabilities, and LGBTQ populations.

APPENDIX A

AREA-BASED FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
Introduction	Introduction and overview of MHSA, PEI, focus group purpose, and ground rules (See detailed Intro Script)
Sector Representation	4. **Which community sector do you represent or will you be talking about in today's discussion?** Please refer to handout listing the community sectors. [*Facilitator goes around the table and scribe notes the community sector(s) represented*.]
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. *[Facilitator refers to handout*]. **5. What needs are most important to the group of people you represent or work with here in Area X?** **6. What do you see happening in your community [in Area X] because of these needs? (what problems are occurring?)**
Identify Priority Populations	MHSA has identified six <u>priority populations</u> that represent the prevention and early intervention needs of communities in California. Before we ask you to identify the priority populations most in need of PEI services in [*Area X*], we would like to review the definition of each priority population. Please take a look at your priority population handout. [*Facilitator reviews the priority population definitions with the group.*] Are there any questions about these definitions? **10. Which priority populations in [*Area X*] are most in need of prevention and early intervention services?** [*Facilitator goes around the table and scribe notes the priority populations.*]
Identify Age Groups	Next, we would like to use the same method to identify the <u>age groups</u> most in need of prevention and early intervention services in [*Area X*]. **11. Which PEI age groups are most in need of prevention and early intervention services in [*Area X*]?** Please refer to the age group categories listed in the handout. [*Facilitator goes around the table and scribe notes the age groups selected.*]

Issues	Focus Group Questions
Prevention and Early Intervention Services	**12. What prevention and/or early intervention services, resources, and/or strategies are <u>currently available</u> in [*Area X*]?**
	13. What prevention and/or early intervention services, resources, and/or strategies are <u>needed</u> in [*Area X*]? When responding to this question, think about the types of services and resources that would be most effective at addressing the mental health needs, priority populations, and age groups in [*Area X*]. [*Facilitator also probes for information on locations for services.*]
	14. Among the services you have listed, what are the top five PEI services, resources, and/or strategies that will best address the prevention and early intervention needs in [*Area X*]?
Final Comments	**15. Are there any additional needs and/or populations that were not discussed today, but that you would like the Ventura County Behavioral Health Department to consider in the development of the Ventura County PEI plan?**

FINDINGS FROM THE

AREA 3 FOCUS GROUPS
Camarillo, Oxnard, Port Hueneme

CONDUCTED AS PART OF THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN DEVELOPMENT
PROCESS
IN VENTURA COUNTY

April 2009

Prepared for:
The Ventura County Behavioral Health Department

Prepared by:
EVALCORP Research & Consulting, Inc.

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Special thanks and acknowledgement go to the Ventura County Behavioral Health Department (VCBH) PEI staff, the VCBH PEI Planning Committee, and to each of those participating in the Area 3 Focus Groups. We greatly appreciate the assistance we received from the VCBH PEI staff in coordinating and scheduling the focus groups. We also extend special thanks to all of the focus group participants for sharing with us their time and perspectives. The wealth of information provided during each of the focus group discussions was invaluable to the formation of this report.

TABLE OF CONTENTS

XXV. Introduction

The Ventura County Behavioral Health Department (VCBH) is taking a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan. This effort is funded through the Mental Health Services Act (MHSA), an act providing funds for services and supports to help people feel socially and emotionally stable.

The MHSA has defined mental health *prevention* as reducing risk factors and building protective factors in order to keep mental health issues from occurring. Mental health *early intervention* refers to short, low-intensity services to improve mental health problems and avoid the need for more extensive treatment.

The approach to developing the PEI plan is multi-faceted and utilizes key individual interviews, focus groups, and community forums to assess the mental health needs, priority populations, and needed services across five geographic areas of Ventura County. VCBH contracted with Evalcorp Research & Consulting, Inc. to spearhead the PEI data collection process. The data gathered by Evalcorp will be analyzed and synthesized to inform Ventura County's Prevention and Early Intervention Plan.

This report presents findings from the Area Focus Groups that were conducted in Area 3, covering Camarillo, Oxnard, and Port Hueneme. The intent of these focus groups was to collect data on the mental health needs and services in the communities served or represented by the participants.

XXVI. Methodology

Participants

During the second phase of the PEI Planning Process, 11 focus groups were conducted across five geographic areas of Ventura County; including two focus groups each in Areas 1, 2, 4, and 5, and three focus groups in Area 3.

In collaboration with the PEI Planning Committee and Area Workgroups, VCBH staff identified potential focus group participants based on geographic representation and the following MHSA categories: age groups, community sectors, priority populations, and key prevention and early intervention community mental health needs represented. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention.

Procedures

The purpose of the area focus groups was to conduct in-depth discussions with community leaders, gatekeepers, and other stakeholders across five geographic Areas of Ventura County. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention. Potential focus group participants were identified by VCBH, with guidance from the PEI Planning Committee and Area Workgroups. VCBH Community Service Coordinators invited potential participants to take part in the focus groups and made logistical arrangements for each focus group. Once the participants arrived at the focus group, they were provided the following documentation:

a PEI Informational Brochure; Focus Group Participant Profile; Focus Group Participant Consent Form; and handouts detailing the Mental Health Services Act continuum, prevention and early intervention definitions, community sector representation, mental health needs, priority populations, and age groups.

The three Area 3 focus groups were conducted at the Camarillo Health Care District in Camarillo, the Public Health Office in Oxnard, and El Concilio in Oxnard. The focus group at El Concilio was conducted in Spanish with 9 participants and the other two groups were conducted in English with 10 participants each, for a total of 29 participants across Area 3. The groups each took about two hours to complete. During the focus group, participants were asked about mental health needs, priority age groups, priority populations, and existing and needed prevention and early intervention services in Area 3. Participants' responses to the questions were documented on poster paper throughout the focus group, and were displayed for participant verification. A copy of the Focus Group Guide is included in Appendix A.

Information from each focus group was themed so that the data could be analyzed in aggregate form and presented in summary format.

XXVII. Demographics of Focus Group Participants

Of the 29 participants, 15 were female and 14 were male. When asked to note ethnicity, more than half marked Hispanic/Latino (15), with 11 who marked Mexican and one who marked Mixteco as a subset of Hispanic/Latino. Additionally, 12 marked that they were Caucasian, and there was one mark each for African-American and American Indian. Most of the participants (23) were adults in the age range between 26 and 59, three were 60+, and two were transition-age youth between the ages of 18 and 25. Nearly all participants spoke English (27), almost three-quarters spoke Spanish (21), and one each spoke American Sign Language and Italian.

XXVIII. Community Sector Representation (Q1)

When Area 3 focus group participants were asked which community sectors they represented, 26 of 28 participants indicated Underserved Communities, followed by 20 participants who indicated Education, and 16 participants who represented Social Services (see **Table 1**). All sectors were represented by participants, with 12 or fewer participants indicating the remaining sectors. It should be noted that a participant was late to one focus group and was unable to respond to the first two questions.

Table 1: Community Sector Representation

(Number of Participants Responding to Question 1 = 28)

Community Sector	Number of Participants*	Percent of Participants
Underserved Communities	26	93%
Education	20	71%
Social Services	16	57%
Individuals with Serious Mental Illness and/or their Families	12	43%
Mental Health Service Providers	12	43%
Health	9	32%

Community Family Resource Centers	8	29%
Law Enforcement	8	29%
Employment	2	7%
Media	1	4%

* Totals exceed number of participants as some participants selected more than one community sector.

XXIX. Community Mental Health Needs and Impacts

Mental Health Needs (Q2)

Each focus group participant identified the top mental health needs in their community based on five MHSA-defined categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk.

Of these five needs, the majority of focus group participants considered At-risk children, youth and young adult populations (23 of 28), and Disparities in access to mental health services (21 of 28) as the top two predominant mental health needs in Area 3 (see **Table 2**). Fifteen or fewer participants prioritized the remaining mental health needs.

Table 2: PEI Mental Health Needs
(Number of Participants Responding to Question 2 = 28)

PEI Mental Health Needs	Number of Participants*	Percent of Participants
At-risk children, youth, and young adult populations	23	82%
Disparities in access to mental health services	21	75%
Stigma and discrimination	15	54%
Psycho-social impact of trauma	14	50%
Suicide risk	10	36%

* Totals exceed number of participants as some participants selected more than one mental health need.

Impact of the Mental Health Needs on the Community (Q3)

When asked what they see happening in their community because of these mental health needs, participants identified the following problems which are listed in order from the most mentioned to the least mentioned and/or emphasized by participants. Responses provided by three focus groups are designated by *** and responses provided by two focus groups are designated by **.

- Increased severity of symptoms, disruption of family life, and more emotionally disturbed youth due to parental lack of knowledge about mental health issues and services, lack of early identification, and stigma*** - *"Parents can't parent; as a result we have more kids emotionally disabled."*
- Increased homelessness due to service access issues, such as lack of awareness of services and ineligibility of foster youth eighteen years old or older for additional services*** - *"Homeless do not know how to access services, increasing their mental health issues."*
- Increased domestic violence, sexual abuse, and family dysfunction due to lack of knowledge about existing services, lack of early intervention services, and fear of police***

- Increased criminal activity and gang involvement among youth, particularly for children who are left alone at home*** - *"Parents are overworked and aren't guiding or supervising their children."*
- Increased self-medication and drug and alcohol use among children as early as 6th grade*** - "*Students are drinking alcohol as a way to numb feelings…they are bringing alcohol into school campus."*
- Lack of early screening and early intervention programs in schools, resulting in escalation of mental health issues and problematic behaviors; students are being kicked out of schools and labeled as bad kids** - *"Mental health issues aren't being identified early or properly…symptoms are viewed as bad behaviors."*
- Huge gap between mental health needs and services available, particularly among the deaf and hard of hearing population and the Spanish speaking community** - *"Services are limited and or difficult to access…impacting families and communities."*
- Increased mental health issues, depression, and anxiety due to access issues such as rigid HIPPA laws hindering access and/or the lack of bilingual service providers, particularly for Hispanic and Mixteco populations**
- Parents not following through on referrals and needed services for their children and families due to transportation issues, inflexible program schedules, limited referral process, and the lack of communication among service providers**
- Decreased academic progress and motivation, and increased school failure due in part to family problems (i.e., a family member suffering from depression)**
- Increased number of suicides and psychotic breaks among youth due to lack of parenting education on mental health illness, access to medication, and stigma**
- More teen pregnancies and lack of attachment between teen parents and their children
- Increased trauma due to divorce and/or separated families
- Increased number of "cutters" among youth as early as 5th grade
- More underage mothers with adult partners - *"Due to the economy, multiple families are living together under the same roof; many of them are strangers who end up impregnating underage girls."*
- Increased violence and recidivism among the incarcerated population due to stigma and discrimination regarding mental health - *"People in jail are embarrassed to access mental health services and their issues are never addressed."*
- Increased physical abuse and individual isolation among the mentally ill, primarily due to the lack of education about mental health among family members
- Negative impact on families' economic status due to the mental health issues of families' breadwinners

One participant summarized, *"All problems mentioned above are exacerbated due to access issues, language barriers, lack of appropriate treatment modalities, and limited early intervention strategies; impacting families, schools, and neighborhoods."*

XXX. Priority Populations (Q4)

The California Department of Mental Health (CDMH) has identified the following six priority populations for prevention and early intervention services: 1) Underserved cultural

populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at-risk for school failure; and, 6) Children and youth at-risk of or experiencing juvenile justice involvement.

Focus group participants were asked to select the priority populations most in need of prevention and early intervention services within Area 3. As shown in **Table 3**, of the six priority populations, 23 of 29 participants prioritized Children and youth in stressed families, followed by 19 participants who selected Children at-risk of school failure. Thirteen or fewer participants selected the remaining priority populations. In two of the three focus groups, participants emphasized that all priority populations were important and inter-related.

Table 3: PEI Priority Populations
(Number of Participants Responding to Question 4 = 29)

PEI Priority Populations	Number of Participants*	Percent of Participants
Children/youth in stressed families	23	79%
Children at-risk of school failure	19	66%
Children/youth at-risk of or experiencing juvenile justice involvement	13	45%
Underserved cultural populations	13	45%
Trauma-exposed individuals	10	34%
Individuals experiencing the onset of serious psychiatric illness	8	28%

* Totals exceed number of participants as some participants selected more than one priority population.

XXXI. Age Groups (Q5)

The Ventura County Behavioral Health Department has defined five age groups for prevention and early intervention services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. From this list, participants were asked to select which age groups were most in need of prevention and early intervention services in Area 3. As shown in **Table 4,** all 29 participants selected Transition-age Youth, 18 to 25, and Children, 6 to 17, as the top two age groups that would most benefit from prevention and early intervention services. Eight or fewer participants selected the remaining age groups.

Table 4: PEI Age Groups
(Number of Participants Responding to Question 5 = 29)

PEI Age Groups	Number of Participants*	Percent of Participants
Children, 0-5	8	28%
Children, 6-17	29	100%
Transition-age Youth, 18-25	29	100%
Adults, 26-59	19	66%
Older Adults, 60+	4	14%

* Totals exceed number of participants as some participants selected

more than one age group.

XXXII. Priority Prevention and Early Intervention Services/Resources (Q8)

Focus group participants were asked to list and then prioritize needed prevention and early intervention services, resources and/or strategies. **Table 5** highlights the top three needed prevention and early interventions services/resources prioritized by each focus group.

Table 5: Priority PEI Services/Resources
(Number of Participants Responding to Question 8 = 29)

	Focus Group 1 (N=10)	Focus Group 2 (N=10)	Focus Group 3 (N=9)
Priority 1	Multi-model approach, including collaboration with providers to monitor families and provide wrap around and step down services from acute to less care (n=9)	Training and education for service providers on cultural sensitivity and stigma reduction, and training and education for parents and various personnel on mental health (n=9)	Tie: Mental health clinics that provide accessible, culturally and linguistically competent services and personnel (n=7) Family services, including parenting education and support groups (n=7)
Priority 2	PEI services to reduce access barriers, including culturally and linguistically sensitive service provision without eligibility criteria and parental consent (n=7)	Culturally sensitive outreach and education about mental health issues and services provided in multiple languages on mediums such as radio, newspapers, catalogs and directories of services (n=8)	Increased culturally and linguistically competent licensed personnel, using incentive programs (n=6)
Priority 3	Tie: Services for non-Medi-Cal population accessible at first sign of mental illness (n=5) Services for transition-age youth, 18-15 (n=5)	Tie: School based services, including individual and family counseling; more nurses, counselors, and psychologists; after-school programs, and more services for farm workers (n=7) Culturally and linguistically sensitive services that increase access, particularly for undocumented and farm workers (n=7)	Multi-disciplinary teams and collaboration among law enforcement, school counselors/psychologists, and mental health professionals (n=3)

* Totals exceed number of participants as some participants selected more than one needed service. Note: N = number of participants in focus group, n = number of votes for priority services/resources.

XXXIII. Needed Prevention and Early Intervention Services/Resources (Q7)

All three focus groups identified a number of **needed prevention and early intervention services**, resources, and/or strategies for Area 3 as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest prioritization

and number of mentions by focus group participants. Responses provided by three focus groups are designated by *** and responses provided by two focus groups are designated by **.

Services and Resources that Increase Access***

- Culturally and linguistically competent services and personnel
- Services that reduce access barriers by allowing access without meeting eligibility criteria or requiring parental consent
    - Services for the non-Medi-Cal population, undocumented, and farm workers to be accessible at the first signs of mental illness
- Mental health clinics with accessible services and welcoming staff
- Partnerships with community-based organizations as a way to decrease stigma
- Mobile clinic that offers mental health services and/or provision of transportation to and from services (i.e. taxi vouchers, agency vans, etc.)
- Free transportation assistance for access to services

Outreach, Education and Awareness***

- Radio, newspaper, and television campaigns about mental health and available services**
- Messaging to be culturally and linguistically sensitive
    - Outreach in different languages
- Visual presentations, catalogs, and/or directories to identify available services
- Improved 211 information line services to reflect available services
    - Training for staff answering the phones in assessment, screening, and awareness of existing local services

Multi-model Approach to Continuum of Care Services**

- Multi-model approach among all service providers to monitor families, provide wrap around services for families, and step down services from acute to less care
- Transitional services for individuals released from hospitals, connecting them to needed services and follow up
- In-home services provided as needed

Parent Education and Training**

- Funding for effective parenting programs such as Parent and Children Interactive Therapy
- Educational classes for parents on topics such as parenting skills, positive discipline, domestic violence, gang awareness, and trauma
- Parent support groups for issues such as divorce, conflict with children, and impact of current economy
- Domestic violence prevention classes for parents and youth - *"There has been an increase in dating violence among youth."*
- Teen parenting programs

Collaboration among Professionals/Multi-Disciplinary Teams**

- Collaboration between law enforcement and mental health professionals, working together with families who have a family member with mental illness and/or experiencing law enforcement involvement – "*Law enforcement officers and*

negotiators need more training on how to deal with individuals with mental health illness. It would assist in dealing with a hostage situation when the person involved suffers from a mental illness."

- Developing multi-disciplinary teams which include law enforcement and school counselors/psychologists as a way to increase academic performance and decrease aggressive behaviors in students (onsite teams in schools or districts)

Service Provider Education and Training

- Training for all service providers on cultural sensitivity and stigma reduction
- Training and education on mental health to parents, teachers, doctors, school counselors, and psychologists

Culturally and Linguistically Competent Services and Providers

- Develop incentive programs for bilingual/bicultural individuals to become licensed professionals as an effort to increase their involvement in the mental health field
- Bilingual/bicultural administrative personnel in decision making positions

School-based Services

- Individual and family counseling
- More nurses, counselors, and psychologists onsite in schools
- After-school programs
- More school-based services and resources for farm workers

Specific Services

- Anger management classes, particularly for youth**
- Expansion of Big Brother, Big Sister programs and male mentors**
- Drug and alcohol prevention services for youth and families
- Services for traumatized families and youth to stop the cycle of abuse
- Services for transition-age youth, especially foster youth 18 years or older
- Mental health services and stigma reduction education for the incarcerated population
- Life skills education for older adults on issues such as fraud

XXXIV. Existing Prevention and Early Intervention Services/Resources (Q6)

The following is a listing of all the **existing prevention and early intervention services** in Area 3 identified by the participants across the three focus groups. Responses provided by two focus groups are designated by **.

- 211 helpline
- ACE Program, providing medical insurance for children and adults, and monetary aid for medication
- Adult help daycare program, for older adult population
- After school programs
- Aspira, a foster family program providing wrap around services
- Boys and Girls Club

- California Lutheran University MFT training community clinic in Oxnard, providing counseling services
- Casa de Esperanza, providing shelters for individuals recovering from mental illness or drug use, and intensive treatment
- Casa Pacifica, a community-based service
    - Parent Child Interactive Therapy (PCIT), a 25 week program available to Medi-Cal recipients
- Children's Intensive Response Team (CIRT), providing suicide prevention
- City Impact, offering classes for adolescents
- Clinicas del Camino Real**
    - Mental health services, Medi-Cal required
    - Free counseling and student assessment services in schools
- Coalition Against Sexual and Domestic Violence
- Coalition to End Domestic Violence
- Community colleges providing trainings, education, and referrals for faculty and students
- Court Appointed Specialized Advocates (CASA), for foster youth
- Crisis Intervention Team (CIT), a law enforcement response program
- Crisis Team, for adults
- DIS counseling in schools
- El Centrito, providing a bilingual/bicultural family and youth educational program
- El Concilio, providing youth services, social services, and referrals, primarily for the under-served and low-to-moderate income Ventura County Latino families**
- Employment Assistance programs
- Faith-based organizations
- Family counseling services provided by MFT interns in middle school
- First 5, services for children ages 0-5 and their families**
- Grief counseling
- Health Care Service Plan, an employment assistance program which includes mental health services
- Healthy Start, using the psychosocial model to engage families and provide early intervention and continuum of care services
- Hospitals
- In-home family counseling services
- Interface, offering counseling on sliding scale fees, and life skills workshops for middle school students**
- Law enforcement
    - Youth Officer Program, a diversion program with free parenting classes, referrals, one to one assessments with child and family, and network with probation
    - Schools refer families to the Youth Officer
- Livingston Memorial, offering grief support groups at schools and community centers
- Miracle House, providing prevention services, substance abuse services, crisis intervention, parenting classes, play therapy, adult counseling, and transition homes for clients
- Mixteco Indigena Community Organizing Project, providing services and support for the Mixteco community
- Mexican Consulate, offering services for immigrant families
- National Alliance on Mental Illness (NAMI)**

    - Family to Family Program, providing a family education program on mental illness**
    - Court education program (5 weeks)
    - Individual and family counseling and support groups to reduce stigma and support families and consumers through their recovery
- Neighborhoods For Learning (NFL) programs in Ventura County through First 5
- One Step a La Vez, a project named and run by children and youth
- Oxnard City Corps, providing activities for children and youth
- Planned Parenthood
- Police Activity League (PAL), offering a mentoring and after-school program**
- Rainbow Alliance, providing counseling for the LGBT population
- RICA, providing recognition of symptoms, and development of recovery action plans
- Rio School District
    - Anti-Defamation League Program, using a life skills curriculum in elementary and middle schools
- Santa Barbara Mental Health Clinic
- School Resource Officers (SROs), helping to identify problems
- School services with onsite school counselors and psychologists
- Therapeutic Behavioral Services (TBS), providing in-home behavior modification training and therapy for children and their families**
- Tri-County Regional Center, providing services for children with developmental delays, support for families who have children with special needs, and respite care
- Ventura County Behavioral Health Department Services**
    - Counseling services in elementary and high school
    - Drop-in center with groups for women and men
    - Transitions Program for transition-age youth
    - TAY Tunnel drop-in center
    - Adult and Children's Clinic
    - Senior programs
    - Community Clients Clinic, for those with Medi-Cal, Healthy Families, AB36, or no insurance
    - Prevention and early intervention services
- Ventura County Human Services-Health Care Agency, addressing domestic violence and substance abuse, and providing in-home visits by social workers
- Wellness and Recovery Center in Ventura
    - Adult drop-in center (similar to TAY Tunnel)
    - Support groups
- United Parents, providing support groups and parenting classes
- Wellness and Recovery for Adults
- Wrap around programs

XXXV. Additional Needs or Populations to be Addressed (Q9)

At the end of the focus groups, participants were asked to identify any additional PEI related needs or populations that were not addressed during the discussion but are important to consider in the development of the PEI plan. The responses given are listed below. Responses provided by two focus groups are designated by **.

- Address the following service needs:
    - Domestic violence and dating violence prevention and education**

  - Housing for the mentally ill, homeless, and transition-age youth**
  - Safe School programs
  - Mentoring services for ages 6-21
  - Parenting education
  - Transitional programs for youth (18 years old)
  - Funding to identify issues early on with young children
  - Substance abuse services
  - Suicide prevention and education
  - Media campaign to reduce mental illness and stigma
  - Co-custody parenting classes
  - Economic support for struggling families
  - Legal support and housing for families who are renting and are mistreated by their landlords
  - Mental health services to address depression, stress, and suicide due to the current economy
  - Jobs created for parents based on personnel strengths/skills
  - Provision of mental health services in detention facilities and jails
  - More affordable housing
  - More trainings for service providers who work in the communities
  - More trainings for law enforcement personnel/negotiators on how to work with people with mental health needs
  - Educational trainings for consumers to *"make them useful and integrate them into the community"*
- Address the following populations:
  - Foster youth**
  - Mixteco and Zapoteco populations, addressing their unique issues and needs
  - Human Trafficking population
  - Teen pregnancy among Latinas
  - Lesbian, gay, bi-sexual and transgender community (LGBT)
  - Returning veterans of war
  - Military families, providing support services that include mental health services
  - Foster youth
  - Single men who are parents
  - Victims of domestic violence
  - Children, especially boys, of incarcerated fathers, providing preventive services

XXXVI. Summary

The focus group participants across Area 3 were very engaged and knowledgeable about the mental health service needs of their community. They discussed the multiple issues youth and families are facing due to limited services and access problems. As one participant stated, *"We are seeing more traumatized youth and families, and symptoms are worsening… the available programs and services are limited and require Medi-Cal."*

For the top mental health needs in Area 3, participants prioritized At-risk children, youth, and young adult populations and Disparities in access to mental health services. They emphasized

the need to service marginalized communities and the need for culturally and linguistically competent services and personnel.

Other top priorities for participants were Children, 6-17, and Transition-age youth, 18-25; especially Children/youth in stressed families and Children at-risk for school failure. Participants expressed concerns about the increase in drug and alcohol consumption among youth and underscored the need for parenting classes in the community.

The predominant PEI services and strategies recommended by participants included increasing access to services, more culturally and linguistically competent services and personnel, training and education for providers on cultural sensitivity and for various personnel and the public on mental health issues and services, and for collaboration among service providers through a multi-model approach in order to maximize services and provide comprehensive treatment to youth and their families.

APPENDIX A

AREA-BASED FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
Introduction	Introduction and overview of MHSA, PEI, focus group purpose, and ground rules (See detailed Intro Script)
Sector Representation	7. **Which community sector do you represent or will you be talking about in today's discussion?** Please refer to handout listing the community sectors. [*Facilitator goes around the table and scribe notes the community sector(s) represented*.]
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. *[Facilitator refers to handout*]. **8. What needs are most important to the group of people you represent or work with here in Area X?** **9. What do you see happening in your community [in Area X] because of these needs? (what problems are occurring?)**
Identify Priority Populations	MHSA has identified six <u>priority populations</u> that represent the prevention and early intervention needs of communities in California. Before we ask you to identify the priority populations most in need of PEI services in [*Area X*], we would like to review the definition of each priority population. Please take a look at your priority population handout. [*Facilitator reviews the priority population definitions with the group*.] Are there any questions about these definitions? **16. Which priority populations in [*Area X*] are most in need of prevention and early intervention services?** [*Facilitator goes around the table and scribe notes the priority populations*.]
Identify Age Groups	Next, we would like to use the same method to identify the <u>age groups</u> most in need of prevention and early intervention services in [*Area X*].

Issues	Focus Group Questions
	17. Which PEI age groups are most in need of prevention and early intervention services in [*Area X*]? Please refer to the age group categories listed in the handout. [*Facilitator goes around the table and scribe notes the age groups selected.*]
Prevention and Early Intervention Services	**18. What prevention and/or early intervention services, resources, and/or strategies are <u>currently available</u> in [*Area X*]?**
	19. What prevention and/or early intervention services, resources, and/or strategies are <u>needed</u> in [*Area X*]? When responding to this question, think about the types of services and resources that would be most effective at addressing the mental health needs, priority populations, and age groups in [*Area X*]. [*Facilitator also probes for information on locations for services.*]
	20. Among the services you have listed, what are the top five PEI services, resources, and/or strategies that will best address the prevention and early intervention needs in [*Area X*]?
Final Comments	**21. Are there any additional needs and/or populations that were not discussed today, but that you would like the Ventura County Behavioral Health Department to consider in the development of the Ventura County PEI plan?**

FINDINGS FROM THE

AREA 4 FOCUS GROUPS
Thousand Oaks, Newbury Park, Westlake Village

CONDUCTED AS PART OF THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN DEVELOPMENT PROCESS
IN VENTURA COUNTY

April 2009

Prepared for:
The Ventura County Behavioral Health Department

Prepared by:
EVALCORP Research & Consulting, Inc.

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TABLE OF CONTENTS

XXXVII. Introduction

The Ventura County Behavioral Health Department (VCBH) is taking a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan. This effort is funded through the Mental Health Services Act (MHSA), an act providing funds for services and supports to help people feel socially and emotionally stable.

The MHSA has defined mental health *prevention* as reducing risk factors and building protective factors in order to keep mental health issues from occurring. Mental health *early intervention* refers to short, low-intensity services to improve mental health problems and avoid the need for more extensive treatment.

The approach to developing the PEI plan is multi-faceted and utilizes key individual interviews, focus groups, and community forums to assess the mental health needs, priority populations, and needed services across five geographic areas of Ventura County. VCBH contracted with Evalcorp Research & Consulting, Inc. to spearhead the PEI data collection process. The data gathered by Evalcorp will be analyzed and synthesized to inform Ventura County's Prevention and Early Intervention Plan.

This report presents findings from the Area Focus Groups that were conducted in Area 4, covering Thousand Oaks, Newbury Park, and Westlake Village. The intent of these focus groups was to collect data on the mental health needs and services in the communities represented by the participants.

XXXVIII. Methodology

Participants

During the second phase of the PEI Planning Process, 11 focus groups were conducted across five geographic areas of Ventura County; including two focus groups each in Areas 1, 2, 4, and 5, and three focus groups in Area 3.

In collaboration with the PEI Planning Committee and Area Workgroups, VCBH staff identified potential focus group participants based on geographic representation and the following MHSA categories: age groups, community sectors, priority populations, and key prevention and early intervention community mental health needs represented. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention.

Procedures

The purpose of the area focus groups was to conduct in-depth discussions with community leaders, gatekeepers, and other stakeholders across five geographic Areas of Ventura County. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention. Potential focus group participants were identified by VCBH, with guidance from the PEI Planning Committee and Area Workgroups. VCBH Community Service Coordinators invited potential participants to take part in the focus groups and made logistical arrangements for each focus group. Once the participants arrived at the focus group, they were provided the following documentation: a PEI Informational Brochure; Focus Group Participant Profile; Focus Group Participant Consent Form; and handouts detailing the Mental Health Services Act continuum, prevention and early intervention definitions, community sector representation, mental health needs, priority populations, and age groups.

The two Area 4 focus groups were conducted in English at the VCBH Training Room in Thousand Oaks. The first focus group had seven participants and the second group had ten, for a total of 17 participants. Each focus group took about two hours to complete. During the focus group, participants were asked about mental health needs, priority age groups, priority populations, and existing and needed prevention and early intervention services in Area 4. Participants' responses to the questions were documented on poster paper throughout the focus group, and were displayed for participant verification. A copy of the Focus Group Guide is included in Appendix A.

Information from each focus group was themed so that the data could be analyzed in aggregate form and presented in summary format.

XXXIX. Demographics of Focus Group Participants

Of the 17 focus group participants, 15 were female and two were male. When asked to note ethnicity, the majority (12) marked Caucasian, four marked Hispanic/Latino with one identifying as Mexican as a subset of Hispanic/Latino, one marked African-American and one marked Other (Argentinian). Of the participants who chose to identify age, the majority (14) was adults in the age range between 26 and 59, and one was 60+. Participants were asked to mark languages spoken, and were given the opportunity to mark all that apply. There were 14 participants who marked English and 3 who marked Spanish. In addition, there was one response each for Portugese, Dutch, and sign language other than ASL.

XL. Community Sector Representation (Q1)

When Area 4 focus group participants were asked which community sectors they represented, nine of 17 participants indicated Social Services, followed by eight participants who indicated Education and Underserved Communities, and seven participants who represented Individuals with Serious Mental Illness and/or their Families (see **Table 1**). Four or fewer participants represented the remaining sectors. With the exception of Media, all sectors were represented by participants.

Table 1: Community Sector Representation
(Number of Participants Responding to Question 1 = 17)

Community Sector	Number of Participants*	Percent of Participants
Social Services	9	53%
Education	8	47%
Underserved Communities	8	47%
Individuals with Serious Mental Illness and/or their Families	7	41%
Employment	4	24%
Health	3	18%
Mental Health Service Providers	2	12%
Law Enforcement	1	6%
Community Family Resource Centers	1	6%
Media	0	0%

* Totals exceed number of participants as some participants selected more than one community sector.

XLI. Community Mental Health Needs and Impacts

Mental Health Needs (Q2)

Each focus group participant identified the top mental health needs in their community based on five MHSA-defined categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk.

Of these five needs, the majority of focus group participants considered At-risk children, youth and young adult populations (14 of 17) and Disparities in access to mental health services (11 of 17) as the two most predominant mental health needs in Area 4 (see **Table 2**). Six or fewer participants prioritized the remaining mental health needs. One focus group emphasized that Stigma and discrimination is a key contributor to Disparities in access to mental health services due to ignorance, fear, and denial of mental health issues.

Table 2: PEI Mental Health Needs
(Number of Participants Responding to Question 2 = 17)

PEI Mental Health Needs	Number of Participants*	Percent of Participants
At-risk children, youth, and young adult populations	14	82%
Disparities in access to mental health services	11	65%
Psycho-social impact of trauma	6	35%
Stigma and discrimination	4	24%
Suicide risk	4	24%

* Totals exceed number of participants as some participants selected more than one mental health need.

Impact of the Mental Health Needs on the Community (Q3)

When asked what they see happening in their community because of these mental health needs, participants identified the following problems which are listed in order from the most mentioned to the least mentioned and/or emphasized by participants. Responses provided by both focus groups are designated by **.

- Decreased school performance leads to substance abuse, gang involvement and other delinquent behaviors requiring law enforcement involvement** - "*It's a domino effect."*
- Increased risky behaviors among youth, including drug and alcohol use** - *"There is not enough for kids to do."*
- Increased number of youth with clinical depression, eating disorders, teen pregnancies, and suicide attempts**
- Increased gang involvement, crime, and vandalism**
- More self-medication, leading to increased drug and alcohol abuse and addictions**
- Increased homelessness and breakdown of families as people are not able to maintain their homes**
- Parents are ill equipped to address their children's behavior; poor parenting skills**
- Mental health issues remain unaddressed in children because parents are resistant to follow through with referrals and access services due to fear, stigma, and discrimination** - *"People are paralyzed when they are referred to mental health services."*

- Lack of knowledge and awareness of mental health issues and services; messaging is not clear**
- Services are provided at times of crisis rather than earlier, contributing to increased hospitalizations and law enforcement involvement**
- Exacerbated mental health needs due to an overall lack of services (including hospital beds), eligibility requirements, and lack of a family approach to service provision**
- Lack of health insurance, particularly for 18-25 year olds and undocumented individuals
- Lack of bilingual service providers and/or crisis team members
- Foster children who return home, are adopted or are emancipated can no longer access needed mental health services
- Lack of knowledge about free or reduced cost crisis intervention teams and other services
- Increased apathy among health providers
- Increased requests for free and reduced services

XLII. Priority Populations (Q4)

The California Department of Mental Health (CDMH) has identified the following six priority populations for prevention and early intervention services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at-risk for school failure; and, 6) Children and youth at-risk of or experiencing juvenile justice involvement.

Focus group participants were asked to select the priority populations most in need of prevention and early intervention services within Area 4. As shown in **Table 3**, of the six priority populations, 14 of 17 participants prioritized Children and youth in stressed families, followed by 10 participants who selected Children at-risk for school failure and Underserved cultural populations. Seven or fewer participants selected the remaining priority populations.

Table 3: PEI Priority Populations
(Number of Participants Responding to Question 4 = 17)

PEI Priority Populations	Number of Participants*	Percent of Participants
Children/youth in stressed families	14	82%
Children at-risk of school failure	10	71%
Underserved cultural populations	10	71%
Individuals experiencing the onset of serious psychiatric illness	7	50%
Trauma-exposed individuals	6	35%
Children/youth at-risk of or experiencing juvenile justice involvement	1	6%

* Totals exceed number of participants as some participants selected more than one priority population.

XLIII. Age Groups (Q5)

The Ventura County Behavioral Health Department has defined five age groups for prevention and early intervention services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. From this list, participants were asked to select which age groups were most in need of prevention and early intervention services in Area 4. As shown in **Table 4,** 13 and 12 participants respectively selected Children, 6 to 17, and Transition-age Youth, 18 to 25, as the top two age groups that would most benefit from prevention and early intervention services. Seven or fewer participants selected the remaining age groups.

Table 4: PEI Age Groups
(Number of Participants Responding to Question 5 = 17)

PEI Age Groups	Number of Participants*	Percent of Participants
Children, 0-5	4	24%
Children, 6-17	13	76%
Transition-age Youth, 18-25	12	71%
Adults, 26-59	7	41%
Older Adults, 60+	2	12%

* Totals exceed number of participants as some participants selected more than one age group.

XLIV. Priority Prevention and Early Intervention Services/Resources (Q8)

Focus group participants were asked to list and then prioritize needed prevention and early intervention services, resources and/or strategies. **Table 5** highlights the top three needed prevention and early interventions services/resources prioritized by each focus group.

Table 5: Priority PEI Services/Resources
(Number of Participants Responding to Question 8 = 17)

	Focus Group 1 (N=7)	Focus Group 2 (N=10)
Priority 1	Outreach, education, and awareness services and resources (n=4)	Services to increase access by expanding eligibility criteria, providing transportation, and employing culturally and linguistically competent staff; including services for the undocumented (n=10)
Priority 2	Tie: School-based services for disabled and at-risk youth (n=2) After-school programs to prevent youth from engaging in risky behaviors (n=2)	Education for families and parents (n=7)
Priority 3	Tie: Services for high functioning children and youth with disabilities (e.g., autism) using therapeutic models that are not restricted to insight therapy (n=1) Hospital beds for children under 13 years old and the elderly; more hospital beds for youth and adults (n=1) Early intervention services that identify adults and TAY who show signs of dual diagnosis (n=1) Education and awareness training for physicians (n=1) Bilingual providers (n=1) Resource referral services (n=1)	Tie: Raise awareness to increase parental and teacher identification of mental health issues and alcohol and drug use, using positive messaging to market mental health (n=4) More patient advocates and system navigators to reduce stigma and victimization (n=4)

* Totals exceed number of participants as some participants selected more than one needed service.
Note: N = number of participants in focus group, n = number of votes for priority services/resources.

XLV. Needed Prevention and Early Intervention Services/Resources (Q7)

Both focus groups identified a number of **needed prevention and early intervention services**, resources, and/or strategies for Area 4 as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest prioritization and number of mentions by focus group participants. Responses provided by both focus groups are designated by **.

Outreach, Education, and Awareness Services and Resources**

- Increased awareness of mental health issues, such as how to identify mental health issues and alcohol and drug use (for parents and teachers)**
- New marketing of mental health, using more positive, culturally sensitive messaging**
- Education for families and parents**
    - In-home parent education, providing hands-on life skills training, resources and supports to help parents become successful, including TBS for young ADHD children not yet in crisis**
    - Expansion of Parent Project services
    - Disguised marketing to engage parents in programs that teach families to be less reliant on services, become more self-reliant, and take responsibility
    - Education for families on how to document children to avoid putting youth at-risk once they turn 18 (if youth are not citizens by the time they turn 18, they lose access to education funding, employment opportunities, etc.)
    - Parent and neighborhood community supports, such as co-op babysitting services, would also reduce stigma
- Outreach and awareness about existing services to hard-to-reach populations
- Raise awareness and provide education in communities where the living conditions are challenging and members are unable to see alternatives; organize communities to change the social conditions in the community

Services and Resources that Increase Access**

- Provision of services with expanded eligibility criteria, transportation, and culturally and linguistically competent staff to address access barriers, including bilingual providers and services for undocumented individuals**
- Centrally located and accessible resource and referral service that collects and distributes information on affordable and available resources and provides referrals to mental health, health, and social service providers, among others**
- Increased direct access to mental health services rather than going through the Chapter 26.5 AB3632 process for accessing services for disabled and/or emotionally disturbed students in conjunction with their Individualized Education Programs**
- More onsite and easily accessible services, such as in-home and faith-based services
- Services such as counseling and housing for individuals 18 or older who are uninsured

School-based Services**

- Onsite services that support at-risk youth and youth with disabilities, particularly those who lack parental support at home
- After-school programs that prevent youth from getting involved in risky behaviors; providing positive spaces in which elementary school students gain skills and knowledge that will help them avoid becoming involved in risky/negative behaviors
- Onsite mental health service provider or therapist at schools a couple of days a week, particularly on high school campuses
- Crisis intervention services in schools to deal with suicide, cutting, and depression

Collaboration, Partnerships, Teams**

- Increased collaboration between VCBH and faith-based organizations, mental health providers, and other service organizations

- Collaboration among schools, law enforcement, parents, and community organizations to address and prevent children from joining gangs and using drugs and alcohol

System Navigators and Advocates

- More patient advocates and system navigators to reduce stigma and victimization

Identification, Assessment, and Evaluation

- Early intervention services that identify adults and TAY who show signs of dual diagnosis, and address issues before they become long-term, chronic, and more difficult to manage

Service Provider Education and Training

- Education and awareness training for physicians

Continuity of Care

- Continuity of care and follow through for parents and whole family as children transition back into the home, or return home after specific mental health issues have been addressed
    - Training individuals to serve as intermediaries between social workers and families
    - Engaging older adults as intermediaries by using such programs as OASIS and RSVP to find eligible individuals to serve in this role

Specific Strategies and Approaches to Service Delivery

- Whole family interventions, using a team approach to intervene early before issues worsen, particularly for middle school and high school students, and those transitioning from elementary school to middle school , middle school to high school, high school to college, or out of foster care

Housing Supports

- Housing for eighteen year olds or older
- Prevention eviction services that help people pay their bills, *"so they don't lose their housing."*

XLVI. Existing Prevention and Early Intervention Services/Resources (Q6)

The following is a listing of all the **existing prevention and early intervention services** in Area 4 identified by the participants across the two focus groups. Responses provided by both focus groups are designated by **.

- 211 Helpline, using Bluebook Directory of Services to identify services**
- Action Student Group
- Action Parent Support Group, addressing drug and alcohol abuse, also providing referrals and services across the county and at some school sites
- Adult Protective Services
- Big Brothers, Big Sisters
- Boys and Girls Club
    - Street Smarts Program
- California Lutheran University Clinics Internship Counseling Program, offering low fees and serving all ethnic groups
- CALWORKS
    - Anger management

  - Counseling
  - Mental Health Specialists at all job and career centers
  - Parent education
  - Support groups
  - Youth counseling
- Casa Pacificas
  - Parent-Child Interactive Therapy (PCIT)
  - Crisis intervention emergency services that are free
- Child Development Services, utilizing an Hispanic focus
- Children's Home Society
- Children's Intensive Response Team (CIRT)**
- Child Protective Services**
- Clinicas del Camino Real**
  - Health Educator, conducting mental health assessments which are used by health care providers to determine mental health needs of patients
  - Parent education classes
  - Partnerships with Oxnard schools, providing mental health services
  - Referrals
- Coalition to End Domestic Violence
- Conejo Valley Hospice, offering grief support groups
- Conejo Valley Parks and Recreations, Outreach Worker (not a traditional mental health approach)
- Conejo Valley Unified School District
  - Bilingual Resource Committee
  - Jewish Family Services
  - Parks and Recreation representatives on campuses
  - Referrals
  - School counselors
  - School psychologist
  - Study teams
  - VCBH Liaison associated with school campuses
  - School Attendance Review Board
- Crisis Intervention Training (CIT), including follow-up and referral
- El Concilio Ventura, helping undocumented families in general, and specifically helping keep undocumented families together
- Faith-based organizations and churches
- First 5 Neighborhoods for Learning
- Informal networks and partnerships among school counselors, mental health providers, law enforcement, and other community agencies
- Interface
  - Cool Homes, providing housing, shelter, and a place for youth to go when parents kick them out
  - 211 Blue Book Directory of Services
- Kids and Families Together
- Law Enforcement Services, providing chaplains in crisis
- Lutheran Social Services, offering showers, laundry facilities, a drop-in center, and family counseling

- Many Mansions
    - Case Management Services, providing wrap around services involving the whole family, whole family assessments, and referrals for children and families to needed services
    - Community Resource Center with a counselor serving as a system navigator, helping consumers identify needed services, contacting referrals and making appointments, and following-through on referrals
- OASIS, Catholic Charities, providing older adult services and intervention systems, volunteers to help seniors
- Peer-to-peer identification for Older Adults (through RICA)
- Primary care clinics and their facilities
- REINS of Hope
- Retired Senior Volunteer Program (RSVP)
- Sheriff's Department**
    - Parent Project, training parents to identify signs of risky behaviors and mental health issues; one version is court mandated
    - School Resource Officers on high school campuses, conducting assessments
- Simi Valley Free Clinic, providing counseling
- Teen Center, providing outreach workers who connect with youth**
- Tri-counties services
- United Parents, providing crisis teams and respite care**
- VCBH (limited access to some of these services)**
    - Services through Individualized Education Plan (IEP), including family support (foster youth unable to access)
    - In-placement and going home services
    - Comfort Programs for those who may be at-risk of placement, working with families
    - Transition Program, limited to Medi-Cal, offering psychiatry and children's groups
    - Conejo Hospice
    - Contracts with other service providers
    - Crisis intervention
    - Referrals
- Ventura Together, a new group that is trying to consolidate services in one exhaustive directory
- Westminster Clinic, a roving clinic that provides health and mental health services at different faith-based locations throughout Ventura County
- Women's Resources
- WRAP
- YMCA
    - A variety of recreational and health fitness services
    - Assessment and evaluation services

XLVII. Additional Needs or Populations to be Addressed (Q9)

At the end of the focus groups, participants were asked to identify any additional PEI related needs or populations that were not addressed during the discussion but are important to consider in the development of the PEI plan. The responses given are listed below.

- Address the following populations:

- Homeless
- Undocumented individuals
- Substance abusers
- Older adults
- Newly unemployed who have been impacted by the current economic crisis and do not qualify for services
- Programs for boys

XLVIII. Summary

The focus group participants across Area 4 were very diverse and representative of all community sectors with the exception of Media. They fully engaged in the discussions and were very knowledgeable about the mental health needs in their communities, identifying a rich list of existing as well as needed prevention and early intervention services.

At-risk children, youth and young adult populations and Disparities in access to mental health services were among the top two priority mental health needs in Area 4. Correspondingly, participants were very concerned about the prevention and early intervention needs of school-age children and youth and how to provide services on school sites that would give students the skills and tools to avoid risky behaviors. Participants emphasized that the lack of access to mental health services resulted in the exacerbated mental health needs that currently exist in Area 4.

One of the key strategies for improving access that emerged from both focus group discussions was outreach, education, and public awareness, particularly for parents. The needed prevention and early intervention services cited by participants reflected services that would increase service access for uninsured and underserved ethnic minorities, children, transition-age youth, and the developmental disabilities community; promote outreach and education; and encourage school-based efforts, among others.

APPENDIX A

AREA-BASED FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
Introduction	Introduction and overview of MHSA, PEI, focus group purpose, and ground rules (See detailed Intro Script)
Sector Representation	10. **Which community sector do you represent or will you be talking about in today's discussion?** Please refer to handout listing the community sectors. [*Facilitator goes around the table and scribe notes the community sector(s) represented*.]
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. *[Facilitator refers to handout*]. **11. What needs are most important to the group of people you represent or work with here in Area X?** **12. What do you see happening in your community [in Area X] because of these needs? (what problems are occurring?)**
Identify Priority Populations	MHSA has identified six <u>priority populations</u> that represent the prevention and early intervention needs of communities in California. Before we ask you to identify the priority populations most in need of PEI services in [*Area X*], we would like to review the definition of each priority population. Please take a look at your priority population handout. [*Facilitator reviews the priority population definitions with the group.*] Are there any questions about these definitions? **22. Which priority populations in [*Area X*] are most in need of prevention and early intervention services?** [*Facilitator goes around the table and scribe notes the priority populations.*]
Identify Age Groups	Next, we would like to use the same method to identify the <u>age groups</u> most in need of prevention and early intervention services in [*Area X*]. **23. Which PEI age groups are most in need of prevention and early intervention services in [*Area X*]?** Please refer to the age group categories listed in the handout. [*Facilitator goes around the table and scribe notes the age groups selected.*]

Issues	Focus Group Questions
Prevention and Early Intervention Services	**24. What prevention and/or early intervention services, resources, and/or strategies are <u>currently available</u> in [*Area X*]?**
	25. What prevention and/or early intervention services, resources, and/or strategies are <u>needed</u> in [*Area X*]? When responding to this question, think about the types of services and resources that would be most effective at addressing the mental health needs, priority populations, and age groups in [*Area X*]. [*Facilitator also probes for information on locations for services.*]
	26. Among the services you have listed, what are the top five PEI services, resources, and/or strategies that will best address the prevention and early intervention needs in [*Area X*]?
Final Comments	**27. Are there any additional needs and/or populations that were not discussed today, but that you would like the Ventura County Behavioral Health Department to consider in the development of the Ventura County PEI plan?**

FINDINGS FROM THE

AREA 5 FOCUS GROUPS
Moorpark, Simi Valley

CONDUCTED AS PART OF THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN DEVELOPMENT PROCESS
IN VENTURA COUNTY

April 2009

Prepared for:
The Ventura County Behavioral Health Department

Prepared by:
EVALCORP Research & Consulting, Inc.

ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

XLIX. Introduction

The Ventura County Behavioral Health Department (VCBH) is taking a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan. This effort is funded through the Mental Health Services Act (MHSA), an act providing funds for services and supports to help people feel socially and emotionally stable.

The MHSA has defined mental health *prevention* as reducing risk factors and building protective factors in order to keep mental health issues from occurring. Mental health *early intervention* refers to short, low-intensity services to improve mental health problems and avoid the need for more extensive treatment.

The approach to developing the PEI plan is multi-faceted and utilizes key individual interviews, focus groups, and community forums to assess the mental health needs, priority populations, and needed services across five geographic areas of Ventura County. VCBH contracted with Evalcorp Research & Consulting, Inc. to spearhead the PEI data collection process. The data gathered by Evalcorp will be analyzed and synthesized to inform Ventura County's Prevention and Early Intervention Plan.

This report presents findings from the Area Focus Groups that were conducted in Area 5, representing Moorpark and Simi Valley. The intent of these focus groups was to collect data on the mental health needs and services in the communities served or represented by the participants.

L. Methodology

Participants

During the second phase of the PEI Planning Process, 11 focus groups were conducted across five geographic areas of Ventura County; including two focus groups each in Areas 1, 2, 4, and 5, and three focus groups in Area 3.

In collaboration with the PEI Planning Committee and Area Workgroups, VCBH staff identified potential focus group participants based on geographic representation and the following MHSA categories: age groups, community sectors, priority populations, and key prevention and early intervention community mental health needs represented. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention.

Procedures

The purpose of the area focus groups was to conduct in-depth discussions with community leaders, gatekeepers, and other stakeholders across five geographic Areas of Ventura County. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention. Potential focus group participants were identified by VCBH, with guidance from the PEI Planning Committee and Area Workgroups. VCBH Community Service Coordinators invited potential participants to take part in the focus groups and made logistical arrangements for each focus group. Once the participants arrived at the focus group, they were provided the following documentation: a PEI Informational Brochure; Focus Group Participant Profile; Focus Group Participant Consent Form; and handouts detailing the Mental Health Services Act continuum, prevention and early intervention definitions, community sector representation, mental health needs, priority populations, and age groups.

The two Area 5 focus groups were conducted in English at Community High School in Moorpark, California. The first focus group had ten participants and the second had nine participants, for a total of 19 participants. The focus groups each took about two hours to complete. During the focus group, participants were asked about mental health needs, priority age groups, priority populations, and existing and needed prevention and early intervention services in Area 5. Participants' responses to the questions were documented on poster paper throughout the focus group, and were displayed for participant verification. A copy of the Focus Group Guide is included in Appendix A.

Information from each focus group was themed so that the data could be analyzed in aggregate form and presented in summary format.

LI. Demographics of Focus Group Participants

Of the 19 focus group participants, 14 were female and five were male. When asked to note ethnicity, the majority (12) marked Caucasian, two marked Mexican, two marked African-American, and there was one mark each under American Indian, Asian/Pacific Islander, and Latino/Hispanic. All of the participants were adults in the age range between 26 and 59. Most of the participants (16) spoke English, three spoke Spanish, one spoke French, and one spoke Hebrew.

LII. Community Sector Representation (Q1)

When Area 5 focus group participants were asked which community sectors they represented, nine of the 19 participants indicated Underserved Communities and Mental Health Service Providers, followed by eight participants who indicated Social Services, and six participants who represented Individuals with Serious Mental Illness and/or their Families and Education (see **Table 1**). Five or fewer participants represented the remaining sectors. All of the community sectors were represented by participants.

Table 1: Community Sector Representation
(Number of Participants Responding to Question 1 = 19)

Community Sector	Number of Participants*	Percent of Participants
Underserved Communities	9	47%
Mental Health Service Providers	9	47%
Social Services	8	42%
Individuals with Serious Mental Illness and/or their Families	6	32%
Education	6	32%
Community Family Resource Centers	5	26%
Health	4	21%
Law Enforcement	2	11%
Employment	1	5%
Media	1	5%

* Totals exceed number of participants as some participants selected more than one community sector.

LIII. Community Mental Health Needs and Impacts

Mental Health Needs (Q2)

Each focus group participant identified the top mental health needs in their community based on five MHSA-defined categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk.

Of these five needs, the majority of focus group participants considered At-risk children, youth, and young adult populations (16 of 19) and Psycho-social impact of trauma (15 of 19) as the two most predominant mental health needs in Area 5 (see **Table 2**). Eight or fewer participants prioritized the remaining mental health needs.

Table 2: PEI Mental Health Needs
(Number of Participants Responding to Question 2 = 19)

PEI Mental Health Needs	Number of Participants*	Percent of Participants
At-risk children, youth, and young adult populations	16	84%
Psycho-social impact of trauma	15	79%
Suicide risk	8	42%
Disparities in access to mental health services	6	32%
Stigma and discrimination	5	16%

* Totals exceed number of participants as some participants selected more than one mental health need.

Impact of the Mental Health Needs on the Community (Q3)

When asked what they see happening in their community because of these mental health needs, participants identified the following problems which are listed in order from the most mentioned to the least mentioned and/or emphasized by participants. Responses provided by both focus groups are designated by **.

- More youth are acting out, resulting in increased school failure, truancies, expulsions from school, and drop-outs at earlier ages**
- Increased probation and criminal justice involvement in youth as young as 10-12 years old, particularly for drug usage**
- Lack of finances, resulting in a reduction of medication availability and access to services**
- Access issues for youth due to lack of parental knowledge about mental health issues and cultural stigma associated with mental health, causing parental denial or refusal to access services and medications needed for their children **
- Homeless rate that has *"more than doubled"* in the past year**
- More divorces and a breakdown of the family structure with more dysfunctional families and *"parents out of the picture"* which can lead to increased youth drug usage
- Parents are unable to deal with behaviors of 0-5 year old population; unaddressed needs in early childhood lead to later issues
- Increased alcohol and drug addictions, with increased use of narcotics at younger ages
- More at-risk youth overall, with exacerbated needs among youth
- Youth are committing self injury (cutting)

- More behavioral issues and suspensions among middle school students, many of whom lack a family support system
- Generational cycles of individuals with lack of familiar support, school failure and drug usage
- Increased child abuse when mental health needs are not addressed
- Lack of validation for teens in the community, leading to drug usage – *"Anything good that happens to teens in the teen center gets stripped away when they leave."*
- Increased domestic violence, resulting in a need for domestic violence support services
- Increased pregnancies, sexually transmitted diseases, and *"children having children"*
- Decreased access to services by youth and adults due to fear of immigration issues
- Increased anxiety, depression, and inability to cope among college students
- Maternal depression
- Lack of support groups for mental health issues, domestic violence, and health issues
- More emotionally disturbed youth, including more behavioral problems in early childhood such as delayed speech and potty training, and increased fears and acting out behaviors
- Increased needs for veteran services, information, and access to services
- Increased unemployment, economic issues, and lack of available jobs
- Increased co-occurring disorders, with bi-polar and schizophrenic individuals self-medicating
- Intergenerational cultural stressors

LIV. Priority Populations (Q4)

The California Department of Mental Health (CDMH) has identified the following six priority populations for prevention and early intervention services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at-risk for school failure; and, 6) Children and youth at-risk of or experiencing juvenile justice involvement.

Focus group participants were asked to select the priority populations most in need of prevention and early intervention services within Area 5. As shown in **Table 3**, of the six priority populations, 14 of 19 participants prioritized Children and youth in stressed families, followed by 11 participants who selected Children at-risk for school failure, and eight participants who selected Underserved cultural populations, Trauma-exposed individuals, and Children and youth at-risk of or experiencing juvenile justice involvement.

Table 3: PEI Priority Populations
(Number of Participants Responding to Question 4 = 19)

PEI Priority Populations	Number of Participants*	Percent of Participants
Children/youth in stressed families	14	74%
Children at-risk of school failure	11	58%
Underserved cultural populations	8	42%
Trauma-exposed individuals	8	42%
Children/youth at-risk of or experiencing juvenile justice involvement	8	42%
Individuals experiencing the onset of serious psychiatric illness	4	21%

* Totals exceed number of participants as some participants selected more than one priority population.

LV. Age Groups (Q5)

The Ventura County Behavioral Health Department has defined five age groups for prevention and early intervention services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. From this list, participants were asked to select which age groups were most in need of prevention and early intervention services in Area 5. As shown in **Table 4**, 13 participants selected Children, 6 to 17, as the top age group that would most benefit from prevention and early intervention services. Six or fewer participants selected the remaining age groups.

Table 4: PEI Age Groups
(Number of Participants Responding to Question 5 = 19)

PEI Age Groups	Number of Participants*	Percent of Participants
Children, 0-5	4	21%
Children, 6-17	13	68%
Transition-age Youth, 18-25	5	26%
Adults, 26-59	6	32%
Older Adults, 60+	1	5%

* Totals exceed number of participants as some participants selected more than one age group.

LVI. Priority Prevention and Early Intervention Services/Resources (Q8)

Focus group participants were asked to list and then prioritize needed prevention and early intervention services, resources and/or strategies. **Table 5** highlights the top three needed prevention and early interventions services/resources prioritized by each focus group.

Table 5: Priority PEI Services/Resources
(Number of Participants Responding to Question 8 = 19)

	Focus Group 1 (N=10)	Focus Group 2 (N=9)
Priority 1	More services in Moorpark to serve the entire community, including all socio-economic levels (n=7)	More services to increase access and address cultural stigmas (i.e., bilingual mental health professionals, provision of services in non-threatening environments) (n=9)
Priority 2	Tie: Outreach, education, and awareness services and resources to increase awareness of existing services and mental health signs, symptoms, and issues (n=5) Communication and collaboration among agencies (n=5)	School-based services from kindergarten to college to reach students and families (n=8)
Priority 3	Socialization center and transition services to develop social skills, particularly for individuals with developmental disabilities and mental illnesses (n=2)	Communication and collaboration among agencies (n=5)

* Totals exceed number of participants as some participants selected more than one needed service.
Note: N = number of participants in focus group, n = number of votes for priority services/resources.

LVII. Needed Prevention and Early Intervention Services/Resources (Q7)

Both focus groups identified a number of **needed prevention and early intervention services**, resources, and/or strategies for Area 5 as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest prioritization and number of mentions by focus group participants. Responses provided by both focus groups are designated by **.

<u>Services and Resources that Increase Access</u>**

- More PEI services that serve the entire community, including all socio-economic levels**
  - Provision of transportation to and from services**
  - One-stop center providing access to a variety of needed PEI services
  - Bilingual mental health professionals and a cadre of translators in multiple languages (only one part-time bilingual staff for all of Simi Valley/Moorpark area)
  - Free clinic with mental health services and education
  - Address cultural issues and stigmas limiting access to services
  - Recreational programs for youth
  - Socialization skills development for youth with developmental disabilities
  - Education for community, agencies, and organizations regarding available services
  - Provision of services in non-threatening, non-stigmatizing environments such as community centers, libraries, and churches
  - Services brought to community members via a “mental health mobile,” including homeless individuals

School-based Services**

- Positive activities for youth after school
- More PEI services onsite in schools from kindergarten through college to reach students and their families
    - Counseling, alcohol and drug education and services, and health services
    - Education and counseling regarding sexually transmitted diseases, reproductive health, and Hepatitis C
    - Education and training for teachers and school personnel
    - Second Step program to teach tolerance

Outreach, Education, and Awareness Services and Resources**

- Education for community and families to increase awareness of existing services and agencies using a "here to help" message to over-come fear and stigma**
    - Provision of education via schools, colleges, community coalitions and programs
    - Revised mental health terminology to focus on helping individuals be successful
- Increased community awareness of signs and symptoms of mental health issues and the 211 resource telephone line for service referrals
- Education for the community on role of police officers and on immigration policies to reduce fears associated with being deported and increase access to services
- Annual educational newsletter for agencies and community organizations, including updated resources, charities, and a mapping of those service**s**

Communication and Collaboration among Agencies**

- Expanded communication among agencies such as First 5, law enforcement, VCBH, community-based organizations, and faith-based organizations to provide PEI services at multiple sites in the community **
- Collaborations to address mental health needs of foster youth while they are in the system and when they turn 18 and are out of the system
- Case worker to follow-up with clients and coordinate services with clients and families
- Conduct multidisciplinary team meetings for clients/patients
- Increased communication with families

Family Services/Center**

- PEI services that are inclusive of all family members in order to strengthen families and build skills, especially for teens and teen parents**
- One-Stop Shop scheduled to be built next year in Moorpark
    - Family resource centers in non-threatening, comfortable environments would reduce transportation issues and stigmas, and "normalize" accessing services

Socialization Center and Transition Services

- Social skills development, particularly for individuals with developmental disabilities and mental illnesses
- PEI services and social support systems for individuals in treatment
- Case managers to communicate protocols with families and bridge transition at time of release from Hillmont in-patient services
- Step down center to transition Hillmont patients

Services with Law Enforcement

- Outreach efforts using pamphlets in English and Spanish to overcome fear of law enforcement and increase access to law enforcement services
- School Resource Officers

Specific Services and Resources

- Crisis teams and services
- Year-round services and supports for the homeless, including over-night shelters and increased awareness and involvement of community members and volunteers
- Comprehensive PEI approach for 0-5 age group to address the increased need for services
- Financial and legal services that counsel and follow through with individuals at time of need
- PEI services for individuals with developmental disabilities and their families, including the growing population of children with autism and Asperger's
    - Social skills training for those with developmental disabilities
    - More staff needed to address the gap between Tri-County and Behavioral Health
    - Provision of a Behaviorist at school, home, and in the community to help address issues as they arise
    - Parent support groups
    - Education on tolerance in schools and to parents

LVIII. Existing Prevention and Early Intervention Services/Resources (Q6)

The following is a listing of all the **existing prevention and early intervention services** in Area 5 identified by the participants across the two focus groups. Responses provided by both focus groups are designated by **.

- Action Student and Parent Support Group, serving teens and adults
    - Counseling, case management, and in- and out-patient mental health services
    - Education and parenting support groups; mandated participation at some schools
- Boys and Girls Club**
    - Staff collaboration with schools and parents to serve youth with behavioral problems
    - Serving younger children in Simi Valley
- California Lutheran University, providing counseling services
- Children's Intensive Response Team (CIRT)
- Church youth groups
- Clinicas del Camino Real
- Community High School
    - Academic, family, and personal counseling and referrals
    - Parent meetings
- Conejo Clinic
- Crisis Intervention Training (CIT), providing assessments and referrals by police and sheriff officers
- Crisis Pregnancy Center (CPC)
    - Crisis counseling
    - Pregnancy and STD testing and family planning
    - Sexual health education in schools and churches
- Faith-based organizations, churches, and synagogues providing referrals

- First 5 partnerships with Ventura County Behavioral Health and Public Health
    - Educators helping identify mental health and developmental issues for children ages 0-5 and their families
    - Free counseling
- Food Share
- Free Clinic in Simi Valley, providing medical, dental, legal, psychotherapy, and play-therapy services
- Interface**
    - Neighborhoods For Learning
    - Batterers Intervention
    - Probation work with kids in homes and schools
    - Youth Crisis Team going to schools to work with parents
- Middle school counseling services
    - Triage and referral services
    - Community liaison for Spanish speaking populations
    - Prevention education in classes
    - Second Step
    - Parent Project
    - Project Alert
- Moorpark College
    - Student Services/Health Services including mental health services
    - Counseling, short-term treatment, and case management
    - Health assessments of risky behaviors and alcohol and drug usage
    - Prevention training for college personnel
    - Behavioral intervention team
    - Veterans services
- Moorpark Family Resource Center
    - First 5 Behavioral Health family counseling
    - Clinicas, providing parent support groups in Spanish
- National Alliance for Mental Illness (NAMI), offering classes in Thousand Oaks and Simi Valley
- Pause 4 Kids, providing countywide education/advocacy for developmental disabilities in children; using volunteers
- Samaritan Center
    - Provision of immediate needs for homeless (i.e., food, shelter, gas)
    - Individual counseling, social services, and case management
- Sarah's House, maternity home
- School Attendance Review Board (SARB)
- School Resource Officers, *"Two are currently on the chopping block"* due to budget cuts
- Senior center
- Simi Valley Free Clinic
- Teen dating violence prevention program in high school
- Ventura County Behavioral Health
    - Children and family services, including individual, group, and family therapies
    - Case management
    - Medication management
    - Referrals to community partners for intensive, in-home services

- Ventura County Mental Health
- YMCA

LIX. Additional Needs or Populations to be Addressed (Q9)

At the end of the focus groups, participants were asked to identify any additional PEI related needs or populations that were not addressed during the discussion but are important to consider in the development of the PEI plan. The responses given are listed below.

- Address the following service needs:
  - Increased cultural competency amongst mental health staff
  - Provision of services in native languages, specifically Mixteco
  - Step down and follow-up PEI services are needed for transitioning mental health clients from in-patient environments to home in order to prevent future issues
- Address the following populations:
  - Veterans
  - Foster youth, including those who turn 18 and are released from the system

LX. Summary

The focus group participants across Area 5 were very diverse and represented all ten community sectors. They fully engaged in the discussions and were very knowledgeable about the mental health needs in their communities, identifying a rich list of existing as well as needed prevention and early intervention services.

At-risk children, youth, and young adult populations and psycho-social impact of trauma were among the top two priority mental health needs in Area 5. Likewise, participants were very concerned about the prevention and early intervention needs of school-age children (6-17 years), and emphasized the need for services for children and youth in stressed families and those at-risk for school failure.

One of the key strategies that emerged from both focus group discussions was increasing services and resources to improve access. Both groups discussed the provision of transportation to and from services to increase access to PEI services that serve the entire community, including all socio-economic levels. In fact, one group was especially passionate about the need for services in Moorpark. These participants shared that although many services were available in Simi Valley, they felt their clients would not have the transportation or inclination to access these services due to the distance. Other key strategies discussed by both groups include increasing school-based services; outreach, education, and awareness of services and resources; communication and collaboration among agencies; and family services.

APPENDIX A

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Sector Representation	13. **Which community sector do you represent or will you be talking about in today's discussion?** Please refer to handout listing the community sectors. [*Facilitator goes around the table and scribe notes the community sector(s) represented*.]
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Identify Priority Populations	MHSA has identified six <u>priority populations</u> that represent the prevention and early intervention needs of communities in California. Before we ask you to identify the priority populations most in need of PEI services in [*Area X*], we would like to review the definition of each priority population. Please take a look at your priority population handout. [*Facilitator reviews the priority population definitions with the group.*] Are there any questions about these definitions? **28. Which priority populations in [*Area X*] are most in need of prevention and early intervention services?** [*Facilitator goes around the table and scribe notes the priority populations.*]
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Issues	Focus Group Questions
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Final Comments	**33. Are there any additional needs and/or populations that were not discussed today, but that you would like the Ventura County Behavioral Health Department to consider in the development of the Ventura County PEI plan?**

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COUNTYWIDE FOCUS GROUPS

CONDUCTED AS PART OF THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN DEVELOPMENT
PROCESS
IN VENTURA COUNTY

April 2009

Prepared for:
The Ventura County Behavioral Health Department

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The Ventura County Behavioral Health Department (VCBH) is taking a comprehensive community-based approach to the development of the County's Prevention and Early Intervention (PEI) Plan. This effort is funded through the Mental Health Services Act (MHSA), an act providing funds for services and supports to help people feel socially and emotionally stable.

The MHSA has defined mental health *prevention* as reducing risk factors and building protective factors in order to keep mental health issues from occurring. Mental health *early intervention* refers to short, low-intensity services to improve mental health problems and avoid the need for more extensive treatment.

The approach to developing the PEI plan is multi-faceted and utilizes data trends and indicators, key individual interviews, focus groups, and community forums to assess the mental health needs, priority populations, and needed services across five geographic areas of Ventura County. VCBH contracted with Evalcorp Research & Consulting, Inc. to spearhead the PEI data collection process. The data gathered by Evalcorp will be analyzed and synthesized to inform Ventura County's Prevention and Early Intervention Plan.

This report presents findings from 13 Countywide Focus Groups, reflecting key populations and/or stakeholders across the Ventura County. The intent of these focus groups was to collect data on the mental health needs and services in the communities served or represented by the participants.

Methodology

Participants

During the second phase of the PEI Planning Process, focus groups were conducted with individuals representing the following 13 distinct populations across Ventura County: African Americans, Ambulatory Care professionals, Consumers, Deaf and hard of hearing, Developmental disabilities, Pre-K and elementary school students, High school and college students, Faith-based community members, Immigrants and farm workers, Juvenile probation, Older adults, Transitional-age youth, and Veterans.

In collaboration with the PEI Planning Committee and Area Workgroups, VCBH staff identified potential focus group participants based on geographic representation and the following MHSA categories: age groups, community sectors, priority populations, and key prevention and early intervention community mental health needs represented.

Procedures

The purpose of the Countywide focus groups was to conduct in-depth discussions with different community leaders, gatekeepers, and other stakeholders representing the 13 Ventura County populations mentioned above. Focus group participants were selected because they were knowledgeable about their constituency and had insight into community mental health needs and strategies for prevention and early intervention.

Potential focus group participants were identified by VCBH, with guidance from the PEI Planning Committee and Area Workgroups. VCBH Community Service Coordinators invited potential

participants to take part in the focus groups and made logistical arrangements for each focus group. Once the participants arrived at the focus group, they were provided the following documentation: a PEI Informational Brochure; Focus Group Participant Profile; Focus Group Participant Consent Form; and handouts detailing the Mental Health Services Act continuum, prevention and early intervention definitions, community sector representation, mental health needs, priority populations, and age groups.

The 13 Countywide focus groups were conducted at the Camarillo Courtyard Marriott and other locations across Ventura County. The focus groups each took about two hours to complete. During the focus group, participants were asked about mental health needs, priority age groups, priority populations, and existing and needed prevention and early intervention services among the Countywide population specific to each group. Participants' responses to the questions were documented on poster paper throughout the focus group, and were displayed for participant verification. A copy of the Focus Group Guide is included in Appendix A.

Information from each focus group was themed so that the data could be analyzed in aggregate form and presented in summary format.

Demographics of Focus Group Participants and the Communities Served

Demographics of Participants

Prior to the start of each of the 13 Countywide focus groups, the participants were asked to complete a demographic profile and provide demographic information about themselves, such as gender, age, ethnicity, languages spoken and the community sector they represent. Out of a total of 118 participants, 70 percent were female and 30 percent were male. Just under two-thirds of participants were between the ages of 26 and 59 (64%), and the remaining participants represented both transition-age youth between 18 and 25 (12%) and older adults who were 60 plus years old (18%).

Participants were ethnically diverse. The majority of participants were either Caucasian (56%) or Hispanic (33%), with the Hispanic population broken down as follows: 19 percent Mexican, two percent Mixteco, and one percent Zapoteco. In addition, eight percent were African-American, five percent American Indian, and one percent Asian/Pacific Islander. Languages spoken reflect the ethnic make-up of the participants; 91 percent indicated that they spoke English, 38 percent indicated Spanish, 11 percent indicated American Sign Language or Other Sign Language, 2 percent spoke German, and 1 percent spoke either Filipino, Tagalog, Italian, Mixteco, or Russian.

When asked to indicate the community sector(s) they represent, about one quarter of the 118 participants indicated that they represent education (26%) or social services (25%). Slightly less than one-fifth represent mental health service providers (19%), and less than one-fifth represent community family resource centers (14%), individuals with serious mental illness and/or their families (12%), health (10%), law enforcement (10%), employment (3%), and/or Other (1%).

Demographics of Communities Served

In addition to demographic information about the participants themselves, demographic information about the communities that participants served was also collected. Specifically,

information was collected on the geographic area of Ventura County served, the cultural populations served, the priority populations represented, and the age-groups represented.

With respect to geographic representation, **Table 1** shows that out of 118 participants, between 9 and 38 percent of the participants represent all five geographic areas and/or Countywide.

Table 1: Geographic Area of Ventura County Served
(Number of Participants Responding is 118)

Geographic Area	Number of Participants *	Percent of Participants
Service Area 1 (Fillmore, Piru, Santa Paula)	16	14%
Service Area 2 (Ojai, Ventura)	21	18%
Service Area 3 (Camarillo, Oxnard, Port Hueneme)	39	33%
Service Area 4 (Thousand Oaks, Newbury Park, Westlake Village)	11	9%
Service Area 5 (Moorpark, Simi Valley)	15	13%
Countywide	45	38%

*Totals exceed number of participants as some participants selected more than one geographic area.

Table 2 presents how participants are distributed in terms of the cultural populations they serve. The statistics show that between 13 and 71 percent of the Countywide focus group participants serve a wide range of underserved and unserved cultural populations. Latino and Hispanic populations are the most highly served at 71 percent followed by African-Americans, the Homeless, and the Deaf, Hard of Hearing and/or Blind who are served by between 40 and 47 percent of participants. Refugees arose as the cultural population least served Countywide.

Table 2: Underserved/Unserved Cultural Populations
(Number of Participants Responding is 118)

Cultural Populations	Number of Participants*	Percent of Participants
Latino/Hispanic	84	71%
Mixteco	31	26%
Zapoteco	20	17%
Mexican	48	41%
African-American	55	47%
Homeless	51	43%
Deaf, Hard of Hearing and/or Blind	47	40%
Migrant Farm Workers	46	39%
LGBT/Questioning Individuals	42	36%
Co-occurring Disorders	43	36%
Asian/Pacific Islander	35	30%
Veterans	33	28%
American Indian	31	26%
Eastern European/Middle Eastern	28	24%
Refugees	15	13%

Other: Central Latin American, Developmentally Disabled, England/Norway, and Mental Issues	4	3%

*Totals exceed number of participants as some participants selected more than one cultural population.

The California Department of Mental Health (CDMH) has identified six priority populations for prevention and early intervention services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at risk for school failure; and, 6) Children and youth at-risk of or experiencing juvenile justice involvement. Participants were asked to indicate which of these populations whose behavioral health may be at-risk are currently being served or represented by them. Responses are displayed in **Table 3**.

From a Countywide perspective, responses reveal that just over one-third (34%) or more of the focus group participants represent and/or serve all of the MHSA defined priority populations.

Table 3: PEI Priority Populations Represented
(Number of Participants Responding is 118)

Priority Population	Number of Participants*	Percent of Participants
Children/Youth in Stressed Families	67	57%
Underserved Cultural Populations	54	46%
Children at Risk for School Failure	50	42%
Trauma-Exposed Individuals	41	35%
Individuals Experiencing Onset of Serious Psychiatric Illness	40	34%
Children/Youth at Risk of or Experiencing the Juvenile Justice System	40	34%

*Totals exceed number of participants as some participants selected more than one priority population.

The Ventura County Behavioral Health Department has defined five age groups for prevention and early intervention services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. From this list, participants were asked to select the age groups they represented and the resulting distribution is presented in **Table 4**. As with the MHSA priority populations, all age groups are represented Countywide by close to 30 percent or more of the focus group participants.

Table 4: PEI Age Groups Represented
(Number of Participants Responding is 118)

Age Groups	Number of Participants*	Percent of Participants
Prenatal to Pre-K (0-5)	32	27%
Children (6-17)	67	57%
Transition-age Youth (TAY) (18-25)	64	54%
Adults (26-59)	56	47%
Older Adults (60+)	51	43%
Other	4	3%
Ambulatory clinics serve all	1	
All you come my way (dual diagnosis)	1	
Co-occurring discharge from jail	1	
Isolated and homebound	1	

*Totals exceed number of participants as some participants selected more than one age-group.

Community Mental Health Needs and Impacts

Mental Health Needs (Q2)

Each focus group participant identified the top mental health needs in his or her community based on five MHSA-defined categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk.

Of these five needs, Disparities in access to mental health services (70%) and At-risk children, youth, and young adult populations (69%) emerged as the top two mental health needs Countywide (see **Table 5**). Other needs were selected by between 46 and 51 percent of the participants.

When viewed by individual focus group, each of the 13 focus groups identified either Disparities in access to mental health services or At-risk children, youth, and young adult populations or both among their top two mental health needs. See **Appendix B, Table 5.1** for a data table outlining the selections made by each Countywide focus group.

Table 5: PEI Mental Health Needs
(Number of Participants Responding is 118)

Mental Health Need	Number of Participants *	Percent of Participants
Disparities in access to mental health Services	83	70%
At-risk children, youth, and young adult Populations	81	69%
Stigma and discrimination	60	51%
Psycho-social impact of trauma	55	47%
Suicide risk	54	46%

*Totals exceed number of participants as some participants selected more than one mental health need.

Impact of Mental Health Needs on the Community (Q3)

When asked what they see happening in their community because of these mental health needs, focus group participants identified a wide range of problems and issues that when reviewed collectively across focus groups reveal the common impacts presented in **Table 6**.

As revealed in **Table 6**, the five most highly mentioned impacts were: 1) the negative social, emotional, and behavioral outcomes that result from unmet needs; 2) the increase in the number of struggling and dysfunctional families; 3) the rise in the number of children and families who experience isolation, depression, and are at-risk of suicide; 4) the lack of services as well as the kinds of issues that discourage people from accessing services in the first place; and, 5) evidence of an increase in exacerbated mental health issues as needs are not being addressed in a timely manner. The comments from which these five community impacts were derived reveal a complex web of issues that are interrelated and affect one another.

The types of negative social, emotional, and behavioral outcomes participants discussed included school failure, gang involvement, inability to express emotions, pregnancies at earlier ages, criminal activity, lack of coping skills, running away from home, and youth acting out as early as elementary school. A number of these outcomes also were considered effects of broken and dysfunctional families, increased financial stress, and the substandard conditions under which families subsist. Focus group participants discussed the increasing number of unsupervised or neglected youth due to the incarceration of parents, deportation, and/or parents with mental health issues. They also mentioned that more and more children are left unsupervised or neglected because parents have to work longer hours, yet do not have the resources to pay for child care.

In the face of these challenges, participants are seeing more instances of depression and isolation among youth and young adults, often leading to suicidal ideation. Participants also pointed out that those experiencing these symptoms are not accessing services due to limited availability of services, lack of awareness and knowledge of existing services, the stigma

associated with accessing mental health services, and inability to qualify for services. As a consequence, symptoms left untreated become exacerbated and/or lead to other problems. "*Problems often worsen when they could have been addressed early on*."

In addition, participants also indicated that lack of early screening in schools as well as parents' denial and/or lack of ability to distinguish between a behavioral issue and mental health issue is contributing to an increase in the number of young children whose behavioral health needs are going unmet. "*If not addressed in elementary school, problems worsen and take more time and money to treat*," said one participant.

Table 6: Ways in which Mental Health Needs Impact the Community

Community Impact	Number of Mentions
Negative social, emotional, and behavioral outcomes	21
Struggling and/or dysfunctional families	19
Isolation, depression, and/or suicide	17
Limited access and other access issues	16
Exacerbated mental health issues	12
Stigma and/or discrimination	10
Substance abuse	10
Involvement in the justice system	9
Limited staff and/or quality of staff	8
Lack of continuity of care	7
Homelessness and homeless issues	7
Community and/or domestic violence, and or child abuse	6
Limited support from families and/or lack of parenting skills	6
Negative health outcomes	5
Lack of mental health awareness	5
Exploitation and/or abuse	2
Cultural and/or generational conflicts	1
Geriatric issues	1
Other	5

Priority Populations (Q4)

In addition to learning about the mental health needs and impacts of Ventura County communities, the Countywide focus groups were also designed to learn about the priority populations most in need of prevention and/or early intervention services. To identify those priority populations, focus group participants were asked to select from the same list of MHSA identified priority populations discussed in Section II: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at risk for school failure; and, 6) Children and youth at risk of or experiencing juvenile justice involvement. However, instead of asking participants to indicate the priority populations they represent, the goal of the focus group discussion was to identify the priority populations *most in need* of prevention and early intervention services in their communities.

Participants' responses are presented in **Table 7**, which shows that Children and youth in stressed families and Underserved cultural populations were identified as the top two priority populations Countywide.

When viewed by individual focus group, the results are similar. Children and youth in stressed families or Underserved cultural populations represented either the highest priority or the second highest priority, or both, with one exception. The Veterans focus group identified Trauma-exposed individuals and Individuals experiencing the onset of serious psychiatric illness as their two top priority populations. **Appendix B, Table 7.1** presents the data for each Countywide focus group.

Table 7: PEI Priority Populations
(Number of Participants Responding is 118)

PEI Priority Population	Number of Participants *	Percent of Participants
Children and youth in stressed families	83	70%
Underserved cultural populations	76	64%
Children at-risk for school failure	60	51%
Trauma-exposed individuals	50	42%
Individuals experiencing the onset of serious psychiatric illness	37	31%
Children and youth at-risk of or experiencing juvenile justice involvement	31	26%

*Totals exceed number of participants as some participants selected more than one priority population.

Age Groups (Q5)

A process similar to the one used to identify the priority populations was used in every focus group to identify the age groups most in need of PEI services Countywide. As discussed in Section II, the Ventura County Behavioral Health Department defined five age groups for PEI services: 1) Children, 0-5; 2) Children, 6-17; 3) Transition-age Youth, 18-25; 4) Adults, 26-59; and, 5) Older Adults, 60+. To identify those age groups most in need of services, focus group participants were asked to select from the same list above. However, instead of asking participants to indicate the age groups they represent (as they did for the profile described in Section II), they were asked to select the age group *most in need* of prevention and early intervention services in their communities.

Countywide, over 70 percent of participants selected Children, 6 to 17 years old and Transition-age youth between the ages of 18 and 25 as the two key age groups in need of prevention and early intervention services (see **Table 8**). All other age groups were selected by less than 50 percent of the participants.

Also, each individual Countywide focus group identified at least one of the two top age groups, if not both, as a priority for prevention and early intervention mental health services. A table presenting the data by focus group is found in **Appendix B, Table 8.1**.

Table 8: PEI Age Groups
(Number of Participants Responding is 118)

Age Group	Number of Participants *	Percent of Participants
Children, 0 to 5	43	36%
Children, 6 to 17	93	79%
Transition-age Youth, 18-25	88	75%
Adults, 26-59	58	49%
Older Adults, 60+	37	31%

*Totals exceed number of participants as some participants selected more than one age group.

Priority Prevention and Early Intervention Services/Resources (Q8)

Countywide focus group participants were asked to list and then prioritize needed prevention and early intervention services, resources, and/or strategies. **Table 9** highlights the top three needed prevention and early intervention services or resources identified by each Countywide focus group.

Table 9: Priority PEI Services/Resources
(Number of Groups Responding = 13)

Group Population (N=# of Participants)	Priority 1 (n=# votes received)	Priority 2 (n=# votes received)	Priority 3 (n=# votes received)
African American (N=7)	Education on the effects of racism and white supremacy, with specific attention to the relationship between racism and mental health issues, increased unemployment, incarcerations, and court involvement, among African Americans (n=7)	Outreach, education, and awareness of existing services through collaborations with churches and community organizations (n=6)	Non-stigmatizing services provided in accessible locations and the ability to address community needs (n=4)
Ambulatory Care (N=7)	Workforce development of trained 0 to 5 specialists, psychiatrists, addiction specialists, and pain specialists; competitive pay for trained staff (n=7)	Increased awareness of mental health resources by better marketing 211 services and also creating a clearinghouse for resources and services that is updated regularly (n=7)	Increased collaboration between primary care and behavioral health providers by placing mental health professionals in primary clinics and by implementing electronic health records that would allow patients to be better tracked across primary care and behavioral health services (n=7)
Consumers (N=8)	Outreach, education, and awareness of existing services and how to access them, with a focus on services for at-risk children, youth, and young adults, and children and youth in stressed families (n=7)	Education and training provided to landlords and law enforcement, as well as future mental health providers, on using a recovery model—not a mental health model—to relate to individuals with mental health issues (n=6)	A continuous system of care with a good tracking system to see individuals through to wellness (n=2)
Deaf and Hard of Hearing (N=10)	Recruit and hire mental health providers, psychiatrists, therapists, counselors who are deaf and hard of hearing themselves, or who know American Sign Language and understand the deaf and hard of hearing culture (n=10)	Services that provide support for children, youth, and their families who are deaf and hard of hearing (n=8)	Outreach and education (n=7) • To raise awareness and dispel myths about the deaf and hard of hearing • To acknowledge this population as an underserved population, and to acknowledge their mental health needs • To train health care and mental health care providers on how to communicate with the deaf and hard of hearing
Developmental Disabilities	Training for parents in the following areas (n=11):	Train service providers (e.g., primary care physicians, pediatricians, social workers,	Establish a network of collaborative care in Ventura County (n=11) by:

Table 9: Priority PEI Services/Resources
(Number of Groups Responding = 13)

Group Population (N=# of Participants)	Priority 1 (n=# votes received)	Priority 2 (n=# votes received)	Priority 3 (n=# votes received)
(N=11)	• How to access and navigate services • Internet safety • Life skills • Nutrition	teachers, etc.) on the following (n=11): • Developmental disabilities cross-training; Early identification of developmental disabilities and other mental health conditions/illnesses • Effective early intervention strategies/modalities (e.g., "Dialectic Behavioral Therapy") • Existing services and referral processes for the developmentally disabled (children, youth and adults) • How to provide effective services to children with developmental disabilities from Pre-K to 12th grade • Reporting fetal alcohol syndrome/disorder • Understanding that co-occurring can also mean mental health and developmental disabilities (as opposed to the way in which many people define "co-occurring" as persons with mental health and substance abuse issues) • Universal screenings	• Providing Countywide information on existing trainings and programs • Engaging parents to access needed services • Linking individuals who have a developmental disability and/or other mental health problem with specialists who have particular knowledge/expertise to address complex needs
Education (Pre-K & Elementary) (N=11)	More school-based services and resources to increase access (n=11)	Outreach and awareness services particularly among agencies and schools (n=11)	Coordination of services and case management to increase access and follow through (n=6)
Education (9th-College) (N=9)	More school-based services and resources to increase access (n=9)	Universal mental health screenings, education, and training programs (n=8)	Selective early intervention services of longer duration on school sites (n=5)
Faith	Outreach, education, and awareness (n=7):	Communication and training between	A resource center for young children (not a

Table 9: Priority PEI Services/Resources
(Number of Groups Responding = 13)

Group Population (N=# of Participants)	Priority 1 (n=# votes received)	Priority 2 (n=# votes received)	Priority 3 (n=# votes received)
Community (N=9)	• Terminology that is sensitive to cultural differences, yet does not take political correctness to an extreme • A public relations campaign that is designed to destigmatize mental health services and to reduce fear and denial • Easy access to information from available services (211 services , Resource Directory, or common database of mental health services) • Information and education on drug awareness via billboards, TV, and other media	mental health providers and the clergy; clergy need training on how to identify mental health issues, when and where to refer individuals in need, and easy access to information on available services (211 services , Resource Directory, or common database of mental health services) (n=7)	babysitting center); a place that is inviting to parents and makes them feel comfortable (n=6)
Immigrants/ Farm Workers (N=8)	Free or low cost parenting classes on various topics (e.g., developmental stages) for diverse groups and needs provided in non-stigmatizing locations such as churches, schools, and clinics (n=6)	Parent education and/or classes on mental health offered at schools and provided by trained professionals (e.g., psychologists) (n=4)	Educational workshops available at local churches and greater collaboration between the church and mental health organizations (n=4)
Juvenile Probation (N=9)	Residential and transitional housing programs for 17½ plus age youth to reduce homelessness among this population, including programs that attend to those who are addicted to alcohol and other drugs (n=5)	Advocacy and system navigation services with case workers who connect families to needed services, support youth who are coming out of placement or custody (and their families) to transition and reintegrate into society, and help youth obtain medical insurance (n=5)	Transportation services such as taxi vouchers, bus tokens and passes, and transports to and from services (n=5)
Older Adults (N=9)	Strategies and services that increase access: services for non-MediCal older adult consumers, services for those with dual diagnosis, more psychologists and psychiatrists who take on low-income older adults, and sufficient Medicare	Case management and location-based services such as Alcoholics Anonymous sessions for older adults in the home or at residential facilities, as well as in-home services for those with mild depression (n=6)	Geriatric service facilities such as skilled nursing facilities—especially for those with dementia—and geriatric psychiatric units in Ventura County that conduct assessments early on (so that consumers do not have to travel to LA County to be assessed and

Table 9: Priority PEI Services/Resources
(Number of Groups Responding = 13)

Group Population (N=# of Participants)	Priority 1 (n=# votes received)	Priority 2 (n=# votes received)	Priority 3 (n=# votes received)
	reimbursement for provider services (n=7)		evaluated) (n=5)
TAY (N=12)	Increased awareness, education, and outreach on mental health issues among TAY (n=12)	Services aimed at increasing access (n=10)	School-based services and supports (n=9)
Veterans (N=8)	Public outreach and educational media campaign about veterans' services (n=8)	Collaborations and partnerships with and among service providers (n=8)	Expanded transportation to and from veterans services within Ventura County as well as between Ventura County and West Los Angeles and Sepulveda clinics (n=8)

Needed Prevention and Early Intervention Services/Resources (Q7)

The three priority prevention and early intervention resources cited in the previous section (Section VII) were selected from a larger list of needed services and resources that each group had identified in response to one of the focus group questions. The complete list of needed prevention and early intervention services and resources generated by each group were further organized thematically by type of strategy or resource. **Table 10** depicts the types of services and resources and their distribution across all 13 Countywide focus groups.

The data in **Table 10** indicate that outreach, education, and awareness of mental health were considered a needed prevention and early intervention service by 12 of 13 focus groups. In addition, services that would increase access, improve collaboration, coordination, and communication among service providers and agencies were also considered important, as were services to recruit, train, and educate service providers – both mentioned by a majority of the 13 groups (between 7 and 9). Representative examples of the specific services identified for each type of service are listed below the table.

Table 10: Types of Needed PEI Services and Resources

Type of Needed Services and Resources	Number of Groups N=13
Outreach, education, and awareness services	12
Services and resources that increase access	9
Collaboration, coordination, and communication among service providers and agencies	8
Workforce development: service provider education, training, and recruitment	7
School-based services	5
Location-based services	4
Early assessment and screenings	3
Homeless and transitional housing services	3
Parent education and supports	3
Counseling, support groups, mentoring, companions, warm lines	2
Specific Services	2
Advocacy and system navigation services	1
Case management services	1
Expansions of effective services	1
Geriatric service facilities	1
Social networking opportunities	1
Transportation services	1
Geriatric service facilities	1

Outreach, Education, and Awareness Services

- A clearinghouse for resources on behavioral health services that is updated regularly
- Expanded outreach and awareness of existing services to all, in many locations
- Outreach and education to raise awareness and dispel myths about the deaf and hard of hearing population and their culture
- Education for providers, physicians, health care personnel, and school personnel to increase awareness of existing services, resources and programs
- Information and education about drug awareness via billboards, TV, and other media

- Terminology that is sensitive to cultural differences, yet does not take political correctness to an extreme
- A public relations campaign that is designed to destigmatize mental health service to reduce fear and denial
- Outreach to underserved communities
- Educate caregivers and family members about services available for older adults and for caregiver burnout
- Educate TAY, their families, and school leaders about mental health and mental illnesses to reduce stigma and increase access to services
- Create a 211 helpline for veteran services (such as "V11") that has information on available services as well as their eligibility requirements and criteria
- Create a web site that has an overview of services provided in Ventura County (including a flow chart that shows which agency provides which services and who is eligible for certain services)

Services and Resources that Increase Access

- Provision of services in a non-stigmatizing manner in accessible locations such as churches, community organizations, recreation centers, and Boys and Girls Clubs
- A continuous system of care with a good tracking system to see individuals through to wellness
- Disability benefits advocacy specialists and advisors
- Mental health providers, psychiatrists, therapists, counselors who are deaf and hard of hearing themselves, or who know American Sign Language and understand the deaf and hard of hearing culture
- Increased hours of service provision
- Translators in Spanish and Mixteco, and service providers who are linguistically and culturally competent
- Affordable, low cost, or no cost services and/or insurance for the uninsured
- Minimal eligibility criteria to access services
- More psychologists/psychiatrists who will see low-income older adults
- Services that support TAY until services are no longer needed
- Services linked to potential employment and self-development opportunities

Collaboration, Coordination, and Communication among Service Providers and Agencies

- Mental health professionals in primary care clinics
- Coordination of referrals across health and mental health agencies
- Liaison who conducts the intake and then properly channels veterans and other consumers to the appropriate service providers
- Partnerships with community services and organizations that will take on education, networking, and outreach
- Implementation of electronic health records that would allow patients to be better tracked across primary and behavioral health services
- Countywide information on existing programs and trainings
- Linking individuals with developmental disabilities and/or mental health issues with specialists with particular knowledge and expertise to address complex needs

Workforce Development: Service Provider Education, Training, and Recruitment

- Educate and train service providers (probation officers, law enforcement, physicians, mental health professionals, clergy, landlords, etc.) public agencies, and schools (teachers, school counselors) about mental health issues, crisis intervention, stigma and discrimination, and available services
- Offer certificate programs at 2 and 4 year colleges that train future mental health service providers in the recovery model, not the medical model
- Train service providers in effective early intervention strategies, such as Dialectic Behavioral Therapy)
- Train professionals in early identification of developmental disabilities and other mental health conditions and illnesses
- Recruitment and retention of highly trained psychiatrists, addiction specialists, and pain specialists at hospitals and primary care facilities

School-based Services

- Provision of mental health services, on-site counseling services, and health services at all levels of education
- Training for school personnel regarding mental health issues, identification, and services
- Utilization of culturally sensitive, evidence-based programs, services, and curricula to address diverse learning styles in schools
- Parent supports and education

Location-based Services

- Better placement of services, "*where people are at*"
- Mobile units that provide counseling services and can be deployed in high crisis areas
- One stop shopping centers and/or family centers

Early Assessment and Screenings

- In-office drug screenings and referrals at health and mental health clinics
- Universal mental health screenings for all youth
- Provision of assessments in social services, churches, and schools

Homeless and Transitional Housing Services

- House sharing for those on social security and older adults
- Innovative places/shelters for the homeless to stay that provide prevention services
- Residential programs for youth 17 or older

Parent Education and Supports

- Training for parents on how to access services and navigate the system, Internet safety, life skills, and nutrition
- Parent coffee hour or workshops targeting parents' needs, a time during which parents can discuss topics with mental health professionals and other parents
- Utilization of the First 5 model to educate and support families

Counseling, Support Groups, Mentoring, Companions, and Warm Lines

- Mentoring for youth

- Support groups for Lesbian, Gay, Bisexual, transgender, and Questioning (LGBTQ) community

Specific Services

- Services that provide support for youth who are isolated
- Services for single mothers and teen parents

Advocacy and System Navigation Services

- Medical insurance and/or assistance obtaining insurance for families
- Services for youth coming out of custody or placement

Case Management Services

- Use Promatoras for case management of older adults within various communities

Expansion of Effective Services

- Expand Solutions Court and Recovery Classroom Court

Geriatric Service Facilities

- Geriatric psychiatric units in Ventura county that conduct assessments so that consumers do not have to travel to LA County to be assessed and evaluated

Social Networking Opportunities

- Community games, such as programs and activities that build community and include providers and consumers together
- Recreation programs-nature walks, bicycle workshops, programs that promote physical activity

Transportation Services

- Taxi vouchers, bus tokens/passes, transportation to and from services

Other

- Adopt-a-pet service to help with mental health issues
- Incentives such as free education for students who maintain satisfactory grades
- Follow through on new services currently being implemented

Existing Prevention and Early Intervention Services/Resources (Q6)

The following table is an alphabetical listing of all the existing prevention and early intervention services identified by participants across the Countywide focus groups. Existing services are listed along with the focus group or groups that identified the service.

Table 11: Existing PEI Services and/or Resources

Existing PEI Services/Resources	Focus Group Population
211 Services	Consumers
4 R's Plus Program, screenings for pregnant women	Ambulatory Care
Achievement Via Individual Differences (AVID)	Education, 9th through College
ACTION, parent-run substance abuse groups for parents and youth	Education, 9th through College
Adult Protective Services, referrals by nurses and social workers	Older Adults
Alcohol and drug outpatient services for older teens and young adults	Juvenile Probation
Alcoholics Anonymous (AA), lacks specific support for the deaf and hard of hearing community	Deaf and Hard of Hearing
Alzheimer's Association, provides caregiver education	Older Adults
Anger management services: • Coalition for Prevention of Family Violence, classes • Continuation High School, groups run by counseling service • Crisis Line	 Juvenile Probation Education, 9th through College Education, Pre-K & Elementary
Apple-a-day Café, congregational meals and socializing events	Older Adults
Big Brothers/Big Sisters	Education, 9th through College
Boys and Girls Club, offers tutoring, field trips	Transition-age Youth
Café On A, provides education and leadership for adolescents	Immigrants/Farm Workers
California Lutheran University, counseling services with sliding scale fees	Education, Pre-K & Elementary Education, 9th through College
Camarillo Police Department: • Counseling • Peer Presentations, formerly incarcerated youth speak to probationary and at-risk youth about their lives and experiences	Faith Community
Candelaria Indian Center, a cultural community resource center	Consumers
Casa de Esperanza, residential services for TAY-ages 18-25	Juvenile Probation
Catholic Social Services	Consumers Education, Pre-K & Elementary
Child Abuse Program, public health nurses visit: 1) families pre and post-birth; 2) families where domestic violence has been reported; and, 3) families of youth in the juvenile justice system	Ambulatory Care
Child Protective Services	Education, Pre-K & Elementary
Children's Intensive Response Team (CIRT)	Education, Pre-K & Elementary Education, 9th through College Juvenile Probation
City Impact, counseling with sliding scale fees	Education, Pre-K & Elementary Education, 9th through College
Clergy Counsel: • Counseling and intervention in schools	Faith Community

Table 11: Existing PEI Services and/or Resources

Existing PEI Services/Resources	Focus Group Population
• Direct communication with gang members (Fillmore, Oxnard, Camarillo) • Countywide presence and support in communities	
Client Network of Ventura County	Consumers
Clinicas del Camino Real • Sliding scale fees • Counseling services- individual, family, and couple, and prenatal classes provided in English, Spanish, and Mixteco • Medical and psychiatric services for adults	Education, 9th through College Juvenile Probation
Coalition on Household Violence in Oxnard	Education, Pre-K & Elementary
Coalition for Prevention of Family Violence, anger management classes	Immigrants/Farm Workers
Coming Home Project, provides places to which veterans coming home from active duty can retreat and readjust	Veterans
Comprehensive Multi-Family Treatment (CMFRT), available through Human Services Agency (HSA)	Education, 9th through College Juvenile Probation
Court appointed advocates for foster youth	Education, 9th through College
Crisis Intervention Training (CIT)	Consumers
Crisis Teams	African Americans
Culture, art, and music classes for children	Immigrants/Farm Workers
Day Health Care Programs	Older Adults
Depression Screenings	Older Adults
Diversion classes, domestic violence and anger management classes	Juvenile Probation
Domestic Violence Shelters	Education, 9th through College
Family Resource Centers, non-clinical parent support groups	Developmental Disabilities
Fillmore Mentor Program, offers tutoring, field trips and uses an inter-generational approach to support the social and emotional well-being of TAY	Transition-age Youth
First 5, service for children 0 to 5 and their families • Family Resource Centers	Education, Pre-K & Elementary Education, 9th through College Immigrants/Farm Workers
Fleet Family Services, counseling for families, life-skills training for returning veterans, and family employment and job-skills training	Veterans
Food Share	Consumers
Foster and Kinship Care Education (FKCE), training for caregivers	Education, 9th through College
Free Clinic in Simi Valley, training for mental health personnel	Education, 9th through College
Gang Violence Prevention, in-home counseling and referrals	Juvenile Probation
GLAD, provide referrals to mental health services	Deaf and Hard of Hearing
Grupos de Fe (Faith Groups), services for personal growth provided by Guadalupe Catholic Church	Immigrants/Farm Workers
Health, offers limited access	Education, 9th through College
Healthy Families, offers a medical health plan for families	Immigrants/Farm Workers
Healthy Returns, offers limited access	Education, 9th through College Juvenile Probation
Hillmont Hospital, provides social workers dedicated to TAY	Transition-age Youth
Homeless services, such as meals, housing, etc.	Faith Community
Horizon Hills	Developmental Disabilities

Table 11: Existing PEI Services and/or Resources

Existing PEI Services/Resources	Focus Group Population
Hotlines	African Americans
Human Concerns, located in Oxnard and offers an array of services	Transition-age Youth
Independent Living Program, targeted toward foster care or emancipated TAY	Education, 9th through College
Interface: • Counseling on a sliding fee scale • Family supports • Helpline for youth in crisis, experiencing domestic violence, or need temporary housing • Parent education on child abuse • Support groups for domestic violence and shelters • Cool Homes, temporary shelter for youth • Blue Book, lists service providers in Ventura County	Juvenile Probation Education, 9th through College Education, Pre-K & Elementary Faith Community Immigrants/Farm Workers Ambulatory Care
Jewish Family Services: • Limited access services for SELPA participants • Peer Counseling Program • Counseling with sliding scale fees	Education, Pre-K & Elementary Education, 9th through College Older Adults
Juvenile Drug Youth Court, provides alcohol and other drug counseling	Juvenile Probation
Kids and Families Together in Ventura, offers counseling and foster, adoptive, and kinship support	Education, Pre-K & Elementary
LET	Consumers
Lighthouse Shelter	Education, 9th through College
Lutheran Social Services	Consumers
Many Mansions Housing, provides housing for VCBH clients	Consumers
March of Dimes	Education, Pre-K & Elementary
Marital counseling conducted by the churches throughout Ventura County	Faith Community
Meals on Wheels, staff refer and distribute informational materials	Older Adults
Medication for Success	Consumers
Mental Health Clinics with 24-hour services	African Americans
Military One Source, six free counseling sessions for all military, including guard or reserve members and those with no insurance	Veterans
Miracle House, offers alcohol and other drugs services, as well as individual and group counseling	Juvenile Probation
National Alliance on Mental Illness (NAMI), offers a variety of services including the Family to Family Program	Consumers Developmental Disabilities Older Adults
New Beginnings in Newbury Park, offers sliding scale fees	Education, Pre-K & Elementary
New Directions, in-patient drug and alcohol counseling	Veterans
Newbury Park "One Stop Shop"	Developmental Disabilities
One Step at a Time, mental health counseling services; funded by Proposition 63	Juvenile Probation
One-Step Center, provides tutoring and homework support, nutrition, and support the development of basic TAY life skills	Transition-age Youth
Oxnard Family Circle: • Adult day health services	Veterans

Table 11: Existing PEI Services and/or Resources

Existing PEI Services/Resources	Focus Group Population
• In-home visits for veterans, including outpatient rehabilitation	
Pacific Clinics Wellness Center, counseling services and medication	Juvenile Probation Consumers
Parent Education for Student Achievement	Education, Pre-K & Elementary
Parent Project, run by law enforcement	Education, Pre-K & Elementary Education, 9th through College
Parenting education	Education, 9th through College
PathPoint, provides comprehensive training and support services for individuals with disabilities or disadvantages	Consumers
Peer-to-peer groups at high schools	Education, 9th through College
Person-Youth Center • Links families to services and collaborates across agencies • Crisis Intervention for Youth • Teen Challenge, a faith-based program	Faith Community
Phoenix Schools	Consumers
Pre-intervention services for children with special education needs (referrals to services)	Education, 9th through College Juvenile Probation
Presbyterian Church in Thousand Oaks	Education, Pre-K & Elementary
Prescriptions for Kids	Ambulatory Care
Primary Intervention Program (PIP)	Education, 9th through College
Primary Care Physicians, receive referrals from the faith-based community, agencies, and other sources	Faith Community
Proposition 36, interpreters are provided for those who have been arrested for substance abuse and are required to go to treatment	Deaf and Hard of Hearing
Public Action to Deliver Shelter (PADS), serves the needs of homeless men and women and their families, as well as those who are at-risk of becoming homeless	Consumers
Public Health Nurse Hotline	Education, Pre-K & Elementary
RAIN Shelter	Education, 9th through College
Rainbow Alliance	Consumers
Recovery Classroom Court, co-occurring and school based services	Education, 9th through College Juvenile Probation
Recovery Innovations of California (RICA) • Wellness Recovery Action Plan (WRAP) • Wellness Empowerment in Life and Living (WELL)	Consumers
Referrals to Older Adult Groups for face-to-face meetings with social workers	Older Adults
Regional Centers, mental health services and respite care for families	Deaf and Hard of Hearing
Repeat Offender Prevention Program (R OPP), individual and family counseling; youth advocates	Juvenile Probation
Safeguard the Children (Guadalupe Church), provides preventive classes for domestic violence and child abuse	Immigrants/Farm Workers
Salvation Army	Consumers Education, 9th through College
Santa Paula Family Resource Center, parenting classes, substance abuse	Juvenile Probation

Table 11: Existing PEI Services and/or Resources

Existing PEI Services/Resources	Focus Group Population
counseling and pro-social activities	
School counselors, psychologists, and nurses accessible to all students • Train to work with special education students; include teachers in the training	Education, 9th through College African Americans
School Resource Officers	Education, Pre-K & Elementary
Self-help groups • Alcoholics Anonymous (AA) • Narcotics Anonymous (NA) • Celebrate Recovery (faith-based programs)	African Americans Faith Community
Senior Concerns and Retired Seniors Volunteer Program (RSVP), new collaborative effort to make reassurance calls to home-bound individuals	Older Adults
Services United in Santa Paula, individual and group counseling services; residential substance abuse program	Juvenile Probation
Social Services Task Force of Ventura County	Consumers
Soldiers Project, provides clinicians who counsel veterans and/or their families free of charge	Veterans
Solutions Court, intensive mental health support; in-home counseling services in collaboration with law enforcement (limited access)	Education, 9th through College Juvenile Probation
Special Education Local Plan Area (SELPA) • Identification and assessment services • Mental health services primarily for special education students • Early Starts Program	African Americans Education, 9th through College Education, Pre-K & Elementary
Substance Abuse Counseling Programs across county	Education, 9th through College Juvenile Probation
Suicide Prevention Programs	African Americans
TAY Tunnel, utilizes *a "peer-to-peer"* counseling, peer-to-peer outreach to reach underserved individuals, and services for homeless youth age 18 to 25	Transition-age Youth
The Arc, a community-based organization of and for people with intellectual and developmental disabilities; offer substance abuse counseling, after school programs and support for families	Developmental Disabilities
Therapeutic Behavioral Services (TBS), behavior modification training	Education, 9th through College Juvenile Probation
Tobacco reduction program at high school	Education, 9th through College
Transitional-age Youth Program	Consumers
Tri-Counties Regional Center, services for the developmentally delayed	Juvenile Probation
Turning Point Foundation, mental health services, housing and adult day care	Consumers Education, Pre-K & Elementary
United Farm Workers, offers medical, dental, vision and labor rights services	Education, Pre-K & Elementary
United Parents, respite program for parents of children with emotional or behavioral problems	Transition-age Youth
United Way's 211 Helpline	Faith Community
Ventura College Mental Health Service Center	Consumers
Ventura Community College Caregiver Class Series, focused on symptom identification and what to expect of older adults and how to provide	Older Adults

Table 11: Existing PEI Services and/or Resources

Existing PEI Services/Resources	Focus Group Population
support	
Ventura County In-home Visits, works with veterans who are filing claims	Veterans
Ventura County Autism Society, parent support, and local information and referrals	Developmental Disabilities
Ventura County Behavioral Health (VCBH) services: • Full range of mental health services • Maternal health programs • Transitions Program • Intervention Program • Community Clients Clinic, for those with Medi-cal, Healthy Families, AB36, or no insurance • Services in Simi Valley • TAY Tunnel, a drop-in center in Oxnard • Forensic programs for adolescents • Mental health services in juvenile facilities • Older Adult program • Conejo Options • Psychologists at high schools	Faith Community African Americans Transition-age Youth Deaf and Hard of Hearing Developmental Disabilities Education, 9th through College Immigrants/Farm Workers Older Adults Juvenile Probation
Ventura County Probation Department, crisis intervention for youth	Faith Community
Veteran's Center, psychological counseling (including bereavement services) for veterans and their families, Employment Development Department employment services, and collaborations with jails for alternative program placement upon release	Veterans
Veteran's Community Clinic, offers primary care, counseling, psychologists and classes on anger and stress management	Veterans
Ventura Wellness Center, services individuals 18 or older	Transitional-age Youth
Vista del Mar Hospital in Ventura	Education, Pre-K & Elementary
Westminster Free Clinic	Education, Pre-K & Elementary
Women's shelters • Lighthouse • Rescue Mission (for parents only)	Faith Community
Workforce Education Training (WET)	Consumers
Wrap-around services for youth as an alternative to residential placement	Education, 9th through College
Youth Authority Programs • Youth at-risk • Talk straight	Faith Community

Additional Needs and/or Populations (Q9)

At the end of the focus group, participants were asked to identify any additional PEI related needs or populations that were not addressed during the discussion but are important to consider in the development of the PEI plan. The responses given are listed below by the population representing each countywide focus group.

Service Needs to Address

African Americans

- Dialogue about racism and white supremacy is needed first
- PEI services are needed to address issues before they are compounded and lead to incarceration

Consumers

- Increase the number of services in the Eastern part of the Ventura County; in comparison to the rest of Ventura County, the East County is in dire need of mental health services
- Increase the number of VCBH Phoenix Schools, which provide mental health services to children with severe emotional disorders

Developmental disabilities

- Transportation for people to access services
- Service personnel to treat the child as an individual not as a "diagnosis"
- More focus groups to engage more community members

Education, High school and college students

- Service provision in native language, including Spanish, Middle-Eastern, Vietnamese and other Asian languages

Education, Pre-K and elementary school students

- Education for school personnel on evidence-based programs, promising practices, and current research on mental illnesses/issues
- Social-emotional skill development for students with Asperger's Syndrome
- Education on Asperger's Syndrome for criminal justice personnel (i.e., law enforcement, judges, etc.) to help them differentiate Asperger's from oppositional behavior

Faith-based community

- The impact on families of the vicarious trauma occurring in communities as a result of community violence, poverty, and other community issues
- Current economic conditions are impacting the behavioral health of communities in various ways; for example, an increase in car repossessions prevents individuals from getting to work, which in turn, affects them financially. As the stress increases so will the number and types of behavioral health issues

Juvenile probation

- Multi-generation services for co-occurring disorders
- Expand on effective strategies, rather than duplicating services
- Outreach and educate for personnel and families on existing services

Populations to Address

African Americans

- Transition-age youth dealing with educational needs and alcohol and drug issues who often end up incarcerated
- Adults and older adults

Consumers

- Underserved cultural populations; these populations will experience an increasing need for mental health services as the effects of a poor economy begin to take effect and also as the needs of returning war veterans begins to appear

Deaf and hard of hearing

- At-risk children, youth, and young adult populations; participants reflected on the need to prevent the children and youth from the impact of the stigma, discrimination, and misunderstanding the adult population experienced and still experiences due to their inability to hear

Developmental disabilities

- People who do not speak English
- Engage and provide needed services to Ventura County's migrant workers

Education, High school and college students

- Isolated families whose native language is not English
- Deaf and hard of hearing youth (who often end up gang-involved due to limited communication with their families and the community)
- Military families

Education, Pre-K and elementary school students

- Migrant students and their families who change homes and schools often

Faith-based community

- Individuals with developmental disabilities, specifically those with co-occurring mental health issues
- Baby boomers entering retirement are experiencing behavioral health issues as a result of the current economic recession

Immigrants and farm workers

- LGBT population

Transitional-age youth

- GLBTQ
- Older Adults
- TAY with children

Other Recommendations

Consumers

- Encourage greater collaboration among service agencies
- Encourage park rangers to attend meetings concerning the homeless as a means of addressing the mental health needs of those who are residing between city and state park boundaries
- Offer scholarships to consumers who are over 18 to participate in workshops, continuing education classes, parks and recreation programs (e.g., kayaking, nature walks, hiking, etc.).

Deaf and hard of hearing

- Listen, pay attention to, and acknowledge the mental health needs of the deaf and hard of hearing
- Do not ask the deaf and hard of hearing to communicate in writing; writing is often challenging for the deaf and hard of hearing and their grammar and spelling are often used to judge their competencies and abilities unfavorably

Developmental disabilities

- Build relationships with all providers and link the developmental disabilities communities' needs with existing resources. As one participant stated, *"It takes a village to raise a child"*

Education, High school and college students

- Educate students about cultural issues, barriers, and stigma in order to overcome them

Education, Pre-K and elementary school students

- Apply the CDC Model of coordinating services for the whole person, including the provision of mental health services along with school and primary care services
- Evaluate PEI strategies (i.e., pilot and monitor efforts in one area to track effectiveness prior to expanding into all areas)

Faith-based community

- Consider faith-based organizations as a sector unto themselves; they should not be considered part of the social services sector

Juvenile probation

- Involve experts in the PEI service planning process from the beginning through program implementation
- Leverage existing services and expert providers, and apply what has worked elsewhere, *"Involve the right people in the PEI service planning process"*

Transitional-age youth

- Increase awareness of how various cultures, such as the Latino community, understand mental health issues and needs and how they can access services
- Increase awareness on how, for some, spirituality is integrated in their mental health treatments and how mental health services could be connected to spirituality; one participant stressed the need for whatever type of spirituality that is incorporated into mental health services/programs be respectful of individuals' personal beliefs – saying that not everyone believes the same thing when it comes to spirituality
- Decrease stigma on those traumatic issues, such as molestation and rape, that impact one's mental health, and educate people that those traumatic issues can exacerbate or create mental illnesses
- Increase communication between social workers and TAY, especially TAY removed from their homes
- Understand the challenge of youth in transition; *"Youth are treated as kids until they are 18 and then they are suddenly treated as an adult"* and "*In most programs, there is no transition … programs should have a transition built in so that you are better prepared to go from 18 to adulthood"*
- Support the education of parents of TAY—perhaps offer concurrent parent and TAY support groups

Veterans

- Identify best practices for veteran services integration and mobilization

SUMMARY

The 13 Countywide focus groups were diverse in their participants as well as in the communities and populations the participants represented. Across focus groups, participants were ethnically diverse and likewise represented a range of underserved and unserved cultural populations. They were active participants in the focus group process and provided compelling information about the mental health issues and needed services in their communities.

The synthesis of the data collected across the 13 Countywide focus groups indicates that Children and youth in stressed families and Underserved cultural populations are the priority populations most in need of PEI services as are Children, 6 to 17, and Transitional-age youth between 18 and 25 years old. Interestingly, when these results were compared to the top priority populations and age groups selected by each focus group, there was significant agreement. In all but one case, at least one of the top priorities was reflected in the selections made by individual focus groups.

Priority prevention and early intervention mental health services identified by participants emphasized the need for outreach and education on available services and how to access them. At the same time participants underscored the importance of simultaneously educating and training a variety of service providers – including law enforcement, probation officers, teachers, school counselors, landlords, mental health professionals, primary care physicians, clergy, and others – regarding how to identify potential signs of mental health issues; and how to interface with individuals with mental health issues. The priority needs also advocated for greater collaboration and coordination of service efforts as a means of increasing access and better meeting the prevention and early intervention needs of children and their families.

While participants cited a rich list of prevention and early intervention services in Ventura County, it is important to note that many of those services also had qualifiers attached that are not reflected in **Table 11**. In most cases, either the services had very limited eligibility criteria, were difficult to access, or did not match the needs of those seeking services.

APPENDIX A

COUNTYWIDE FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
Introduction	Introduction and overview of MHSA, PEI, focus group purpose, and ground rules (See detailed Intro Script)
Area Representation	16. **Which region or area in Ventura County do you represent or will you be talking about in today's discussion?** Please refer to the handout outlining the five geographic areas of Ventura County. [*Facilitator goes around the table, and scribe notes the Service Area(s) selected.*]
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. *[Facilitator refers to handout*]. **17. What needs are most important to the group of people you represent [*that is, among Countywide Group X*]?** **18. What do you see happening in your community because of these needs? (what problems are occurring?)**
Identify Priority Populations	MHSA has identified six priority populations that represent the prevention and early intervention needs of communities in California. Before we ask you to identify the priority populations most in need of PEI services among [*Countywide Group X*], we would like to review the definition of each priority population. Please take a look at your priority population handout. [*Facilitator reviews the priority population definitions with the group.*] Are there any questions about these definitions? **4. Which priority populations among [*Countywide Group X*] are most in need of prevention and early intervention services?** [*Facilitator goes around the table and scribe notes the priority populations.*]
Identify Age Groups	Next, we would like to use the same method to identify the age groups most in need of prevention and early intervention services among [*Countywide Group X*].

Issues	Focus Group Questions
	5. Which PEI age groups are most in need of prevention and early intervention services among [*Countywide Group X]*? Please refer to the age group categories listed in the handout. [*Facilitator goes around the table and scribe notes the age groups selected.*]
Prevention and Early Intervention Services	**6. What prevention and/or early intervention services, resources, and/or strategies are <u>currently available</u> among [*Countywide Group X*]?**
	7. What prevention and/or early intervention services, resources, and/or strategies are <u>needed</u> among [*Countywide Group X*]? When responding to this question, think about the types of services and resources that would be most effective at addressing the mental health needs, priority populations, and age groups among [*Countywide Group X*]. [*Facilitator also probes for information on locations for services.*]
	8. Among the services you have listed, what are the top three PEI services, resources, and/or strategies that will best address the prevention and early intervention needs among [*Countywide Group X*]? [*Facilitator goes around the room and asks participants to identify their top three.*]
Final Comments	**9. Are there any additional needs and/or populations that were not discussed today, but that you would like the Ventura County Behavioral Health Department to consider in the development of Ventura County PEI plan?**

APPENDIX B

Table 5.1. PEI Mental Health Needs by Focus Group (N=118)

Mental Health Needs	Number of Participants	Percent of Participants	African American (n=7)	Ambulatory Care (n=7)	Consumers (n=8)	Deaf and Hard of Hearing (n=10)	Developmental Disabilities (n=11)	Education (Pre-K & Elem.) (n=11)	Education (9th-College) (n=9)	Faith Community (n=9)	Immigrant/Farm Workers (n=9)	Juvenile Probation (n=9)	Older Adults (n=9)	Transition-age Youth (n=12)	Veterans (n=8)
Disparities in Access to Mental Health Services	83	70%	2	7	6	7	8	10	2	8	7	7	8	7	7
At-risk Children, Youth, and Young Adult Populations	81	69%	3	2	3	7	9	11	9	9	7	9	0	11	1
Stigma and Discrimination	60	51%	4	2	3	5	10	2	1	4	4	6	8	6	5
Psycho-social Impact of Trauma	50	42%	2	5	4	1	4	1	6	4	4	5	8	4	7
Suicide Risk	54	46%	2	5	1	6	2	0	5	5	2	6	8	8	4

*Totals exceed number of participants as some participants selected more than one mental health need.

Table 7.1. PEI Priority Populations by Focus Group (N=118)

Priority Populations	Number of Participants	Percent of Participants	African American (n=7)	Ambulatory Care (n=7)	Consumers (n=8)	Deaf and Hard of Hearing (n=10)	Developmental Disabilities (n=11)	Education (Pre-K & Elem.) (n=11)	Education (9th-College) (n=9)	Faith Community (n=9)	Immigrant/Farm Workers (n=8)	Juvenile Probation (n=8)	Older Adults (n=9)	Transition-age Youth (n=12)	Veterans (n=8)
Children and Youth in Stressed Families	83	70%	2	6	5	7	7	10	9	8	7	9	0	10	3
Underserved Cultural Populations	76	64%	2	6	5	9	4	10	3	7	7	4	8	6	5
Children at-risk for School Failure	60	51%	4	0	1	5	5	8	9	8	7	6	0	6	1
Trauma-exposed Individuals	50	42%	2	0	3	2	8	2	1	0	2	8	8	6	8
Individuals Experiencing the Onset of Serious Psychiatric Illness	37	31%	1	7	0	0	7	0	1	1	0	2	8	3	7
Children and Youth at-risk of or Experiencing Juvenile Justice Involvement	31	26%	1	2	1	1	2	4	3	3	1	8	0	5	0

*Totals exceed number of participants as some participants selected more than one priority population.

Table 8.1. PEI Age Groups by Focus Group (N=118)

APPENDIX A: Focus Group Guide

Age Groups	Number of Participants	Percent of Participants	African American (n=7)	Ambulatory Care (n=7)	Consumers (n=8)	Deaf and Hard of Hearing (n=10)	Developmental Disabilities (n=11)	Education (Pre-K & Elem.) (n=11)	Education (9th-College) (n=9)	Faith Community (n=9)	Immigrant/Farm Workers (n=8)	Juvenile Probation (n=9)	Older Adults (n=9)	Transition-age Youth (n=12)	Veterans (n=8)
Children, 6 to 17	93	79%	6	5	5	9	10	11	8	9	8	9	0	12	1
Transition-age Youth, 18-25	88	75%	3	5	4	10	10	2	1	9	8	9	7	12	8
Adults, 26-59	58	49%	2	6	3	8	5	5	0	6	5	0	8	2	8
Children, 0 to 5	43	36%	4	4	0	9	6	8	0	1	2	0	0	8	1
Older Adults, 60+	37	31%	4	1	5	8	0	2	0	2	0	0	8	1	6

*Totals exceed number of participants as some participants selected more than one age group.