VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

February 26, 2018

NEXT MEETING:

Monday, March 26, 2018
1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration
1911 Williams Drive, Lake Tahoe Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

BHAB Members Present
Jerry Harris, Chair
Claudia Armann
Nancy Borchard, Secretary
Gane Brooking, Member at Large
Monique Garcia
Janis Gardner, Member Emeritus
Claudia Grimaldo
Mary Haffner
Patricia Mowlavi
Cmdr. Ron Nelson
Denise Nielsen
Supervisor Linda Parks
Irene Pinkard
Marlen Torres
Kay Wilson-Bolton, 2nd Vice Chair

BHAB Members Absent
Karyn Bates
Ratan Bhavnani, 1st Vice Chair
Larry Hicks

VCBH Managers and Staff Present
Elaine Crandall, VCBH Director
Lisa Acosta, MD, Medical Director
Greg Bergan, MHSA
Hilary Carson, MHSA
Anita Catapusan, ADP
Tina Coates, Patients' Right/Client Advocate
Leisa Donovan, Fiscal Manager
Narci Egan, HCA/VCBH Fiscal Manager
Anna Flores, ADP
Patricia Gonzalez, MHSA
Maria Hernandez, Ethnic Services Manager
Dan Hicks, Prevention Manager
Sevet Johnson, Adult Division Sr. Manager
Janet Kaplan, ADP Prevention
Pete Pringle, Youth & Family Division Chief
Kiran Sahota, MHSA Manager
Naveen Sangwan, Administration
John Schipper, Adult Division Chief
Maryza Seal, Contracts Manager
Deborah Thurber, M.D.,
Elaina Titus-Sterling, MHSA
David Tovar, ADP Prevention
Terri Yanez, Administrative Division Chief
Shanna Zanolini, Quality Assurance
Edith Pham, BHAB Assistant

Others Present
Sonna Gray
Mary Ginoza
Cece Casey
Erick Sternad, Interface
Heather Davidson, First 5 Ventura
Jason Meek, Turning Point Foundation
Kalie Matisek, Turning Point Foundation
Kate Mills
Sandy Rose
Sara Bavar, NAMI Ventura
Scott Walker, Crisis Intervention Team
Robbie Hidalgo, Simi At the Garden
Gina Johnson, Chief Deputy, Probation

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	**Call to Order** Chair Harris called the meeting to order at 1:05 p.m. Elaine Crandall lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	**Approval of the Agenda** Mr. Harris asked the Board to review and approve today's agenda. Janis Gardner moved to approve, Denise Nielsen seconded. The motion passed unanimously.	The agenda was approved as written. **M/S/C**	
III.	**Approval of the Minutes** Mr. Harris asked the Board to review and approve the minutes of the January 22, 2018 meeting. Mary Haffner moved to approve, Kay Wilson-Bolton seconded. The motion passed unanimously.	The minutes were approved as written. **M/S/C**	
IV.	**Welcome and Introductions** Mr. Harris welcomed everyone, especially the newest member on the board, Shery Valley. He asked BHAB members to introduce themselves.		
V.	**Public Comments** A. Jason Meek, Executive Director of the Turning Point Foundation, noted that the previous week a fire broke out at River Haven, a community for homeless people that is managed by the Turning Point Foundation. Three domes were destroyed, one was heavily damaged, and sadly, one person died. B. Robbie Hidalgo of the Simi Valley Community Garden noted that the organization opened a free farmers market. Everyone is welcome to receive the produce. Information can be found at https://www.simiatthegarden.org/free-farmers-market		
VI.	**Recognitions** A. Mr. Harris presented Patrick Zarate with a Certificate of Commendation. He "was an employee of Ventura County for 38 years, starting with Mental Health. In 1991 he transferred to the newly-formed Alcohol and Drug Programs. [...] Patrick is a leading proponent of community-based alcohol and drug prevention initiatives. [...] Patrick's work has been recognized by the US Department of Justice, [...] Mothers Against Drunk Driving, and by numerous local communities." Ms. Gardner thanked Mr. Zarate for all the programs he implemented. Dan Hicks shared some of the contrasts between Ventura County and other counties as related to prevention. He presented Mr. Zarate with the Pilar of Prevention award. Mr. Harris asked all who work in prevention to stand up while he thanked them for the work they do on a daily basis. Mr. Zarate thanked the BHAB for the recognition. He noted that he appreciates the board's interest in and its focus on issues pertaining to people with substance use disorders. He recognized his managers and staff. B. Ms. Gardner presented Elaine Crandall with a Certificate of Commendation. "[...] In January 2015 Elaine became the Director of the Ventura County Behavioral Health Department. She developed and built strong, transparent relationships with the community [...] Elaine lead the implementation and opening of the Horizon View Mental Health Rehabilitation Center, the Children's Crisis Stabilization Unit [...] She was instrumental in ensuring the successful implementation of Ventura County's Assisted Outpatient Treatment Program (Laura's Law) [...] In 2017 she received the NAMI California Outstanding Mental Health Director Award." Mr. Harris thanked Ms. Crandall for her openness and including the BHAB in the Department's decision making process. Ms. Gardner thanked Ms. Crandall for her transparency and honesty. Ms. Crandall thanked the BHAB and Patrick Zarate for their work. Sonna Gray, on behalf of family members, the clients and the community, thanked Mr. Zarate and Ms. Crandall for all their work.		

VII.	**Chair Report** A. Mr. Harris introduced the VCBH Interim Director, Pete Pringle, and assured him of the full support of the board. B. Mr. Harris asked. Dr. John Schipper to give a brief report on the Santa Paula POD launch. This service provides showers and health, mental health and social services to the homeless in Santa Paula. It is a collaboration between several agencies, including the Spirit of Santa Paula, which was started by BHAB member Kay Wilson-Bolton. C. Ms. Gardner, Chair Emeritus, provided information on the following events: 1. First Reality Party for Parents, in Spanish, on January 27 in Oxnard. 2. Drug Impairment training for school personnel on February 1, 2 and 9. 3. LGBT Aging Services Network meeting on February 21. 4. Caregiver Resiliency: Reducing Stress and Building Resilience for Parents and Provider on February 23, 24 in La Verne. 5. 24th Annual Carpe Diem conference on March 2nd at the Ventura County Office of Education (VCOE). 6. Spring Transition Fair on March 10 at VCOE. 7. The Intersection of Attachment Theory and Developmental Neurobiology on 3/26. 8. NAMI Golf Tournament and Fundraiser on April 6 in Oxnard. 9. Tequio Scholarship Fundraiser on April 6. 10. Indigenous Knowledge Conference on April 20 at Oxnard College. 11. 21st Annual Latino Mental Health Conference on May 10 in San Gabriel. 12. Night in Oaxaca on August 10 at the Olivas Adobe in Ventura.		
VIII.	**Board Members Comments and Announcements** Cmdr. Ron Nelson noted that he attended a local community meeting with researchers from New York University. They are working on a project, Raising the Barn, that brings together staff who work at the intersection of criminal justice and mental illness. The meeting was attended by families, NAMI, and professionals from VCBH, the Public Defender's Office, the District Attorney's Office, and law enforcement. Also, the Sheriff's Office has a new collaboration with UCLA researchers regarding a new grant proposal; this proposal would engage through text messages the mentally ill as they are released from jail.		
IX.	**Presentation: Mental Health Services Act (MHSA) – Kiran Sahota, Manager** A. Needs Assessment Ms. Sahota noted that VCBH is due for a thorough needs assessment. For this task, VCBH has retained Harder & Co., which also helps other California counties with similar projects. The assessment process will take about six month to complete and will require input from the BHAB and the community. B. Suicide Prevention of Adult Males; Push Technology – Open 30-day Public Comment Period Hilary Carson provided information on two proposed MHSA Innovation projects: 1. Suicide prevention of adult males project: through a short-term selective prevention program, increase access to mental health services and supports for middle age men in Ventura County. 2. Push technology project: to improve post-discharge outcomes through the use of automated push technology. Mary Haffner moved to open a 30-day public comment period to end on March 26. Patricia Mowlavi seconded. The motion passed unanimously. C. Request for Special BHAB Meeting to End 30-day Public Comment Period Ms. Sahota explained the need for a BHAB meeting that will end the public comment period and will allow for a discussion of all public comments received during the 30-day period. After a brief discussion, Cmdr. Nelson moved to reschedule the regular BHAB General Meeting from March 19 to March 26 at 1:00 p.m. and to close the public comment period at that time. Denise Nielsen seconded. Mr. Harris verified by a show of hands that there will be a quorum on that day. The motion passed unanimously.	Open 30-day public comment period **M/S/C** Move next General Meeting to March 26 and close public comment period at that time. **M/S/C**	

X.	**Director's Report – Elaine Crandall** A. VCBH continues to move ahead with managed care planning. B. The External Quality Review Organization (EQRO) will come in early April. It will hold several meetings over three days. BHAB members will be invited to the opening and closing sessions. C. The Conejo Adult and Youth & Family clinics are piloting an access program. D. The recruitment for a new VCBH Director is open, ten candidates so far have applied. E. Managers are looking at level of acuity as a way to determine the right amount of treatment that the clients receive for the right amount of time. F. Dr. John Schipper is looking at opening an adult crisis stabilization unit, which will need advocacy to implement. G. The Continuum of Care Reform is moving along. VCBH is tracking AB1299, which addresses the billing of services to foster children. H. A new manager has been hired as the new Alcohol and Drug Program Chief to replace Mr. Zarate. She will have oversight of the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS). I. Michael White, Oxnard Clinic Administrator, is the new Safety Officer. He stepped up during the Thomas Fire. Ms. Crandall is proud of the response to this disaster by VCBH managers and staff. J. Ms. Crandall thanked the three BHAB Chairs with whom she worked: David Holmboe, who passed away unexpectedly, Janis Gardner, who provided unwavering support, and Jerry Harris, who shared his deep understanding of people in operations. Additionally, Ms. Crandall thanked Supervisor Zaragoza, who rallied for the under-served Latino population, and Supervisor Parks, who is a strong advocate for the mentally ill and is implementing the Growing Works nursery. Ms. Crandall expressed her confidence that good things will continue to happen.		
XI.	**Secretary's Report – Nancy Borchard** A. The board has welcomed two new members: Margaret Cortese and Sheri Valley. B. The board has two openings. C. One of the requirements is for board members to serve on a committee. Attendance to the committees is now being tracked and will be shared with all members.		
XII.	**BHAB Committee Reports** A. Adult Services Committee – Gane Brooking, Nancy Borchard, Co-Chairs The committee heard a presentation on the Empowering Partners through Integrative Community Services (EPICS) Program, which provides intensive services to high utilizers. B. Prevention Committee – Janis Gardner, Chair The committee heard a presentation on human trafficking in the county. The committee continues to monitor cannabis regulations and other substance abuse. C. Transitional Age Youth (TAY) Committee – Cmdr. Ron Nelson, Chair The committee met at the America's Job Center and learned about the state and local resources available at that facility. The committee also discussed its membership. D. Youth & Family Committee – Denise Nielsen, Chair The committee heard a presentation from Alcohol and Drug Programs. The committee is concerned about the lack of local youth beds to address substance abuse and the reduction of local youth crisis beds following the temporary closure of Vista del Mar Hospital due to the Thomas Fire.		
XIII.	**New Business** A. Report on California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) Southern Region Meeting and Mental Health Board Training on 1/19, 20 Gane Brooking reported that the first day focused mostly on the positive changes in clients that competitive employment can bring about. Clinicians who help their clients prepare for and obtain the type of work that they want can see the difference. Ms. Crandall noted that VCBH and the Department of Rehabilitation are working on this.		

	Edith Pham noted that the second day included a long discussion on cultural humility, which requires board members and county staff to be open to what others determine is their heritage and culture. B. Welfare and Institutions Code 5270 Presentation by Dr. Joseph Vlaskovits at the April meeting Mr. Harris noted that a presentation has been scheduled for April. Dr. Vlaskovits will discuss the WIC 5270, which provides an additional 30 days of involuntary psychiatric hold over that of a 5150 hold. C. Re-defining "Gravely Disabled" – Mary Haffner Referring to an article titled "LA County leaders press forward to amend state law to help 'gravely disabled' homeless," Ms. Haffner noted that the Los Angeles County Board of Supervisors recently decided to pursue amending a state code to expand the definition of gravely disabled. The proposed definition would be expanded to include "medical treatment where the lack or failure of such treatment results in substantial physical harm or death." A discussion took place regarding the position that the BHAB may take on this issue. Marlen Torres noted that the legislation, AB2156, was introduced in February. Ms. Haffner and Mr. Harris support requesting that this issue be brought to the attention of the Board of Supervisors (BOS). Board members felt more information was needed before a decision could be made. Mr. Harris requested that a fact sheet be developed on this issue by a few board members led by Ms. Haffner. No action was taken. This discussion will continue at the next General meeting.	Mr. Harris requested that a fact sheet be developed on this issue	M. Haffner
XI.	**Old Business** A. BHAB 2016-17 Annual Report Update Copies of the final 2016-17 Annual Report were distributed. B. BHAB Annual Report Overview and Operational Activity Update Presentation to the Board of Supervisors on February 13 Mr. Harris noted that the Board of Supervisors was very receptive to the presentation. He thanked all BHAB members for their good work. C. BHAB Brochure Updated brochures have been printed with a revision date of February 2018. The printing of the insert has been put on hold due to uncertainties in VCBH leadership. D. 2018 Site Visits The Adult Committee is proposing visits to Horizon View, Anka, and the Crisis Residential Treatment facility. The Youth & Family Committee is proposing visits to Interface, Aspiranet, and Kids & Families Together. The TAY and Prevention Committees will provide their lists at the next meeting. E. Future Presentations Tabled. Recommendations should be brought to the attention of the Executive Committee. F. Future Recognitions Tabled. Recommendations should be brought to the attention of the Executive Committee		
XII.	**Contracts** Mr. Harris noted that the lone contract on the agenda has already gone before the Board of Supervisors. The BHAB is voting on whether to retroactively recommend that it be sent to the BOS recommending approval. A. Board of Supervisors Agenda – February 13, 2018 – Approved	The Board retro-actively recommended sending the contract	

	1. Alcohol and Drug Programs (ADP) – Driving Under the Influence (DUI) Program Service Rates and Fees Ms. Brooking moved to retroactively approve sending the contract to the BOS as submitted. Nancy Borchard seconded. The motion passed unanimously. See attached Executive Summary for details.	to the BOS recommending approval as submitted. **M/S/C**	
XIV.	**Adjourn** The meeting adjourned at 3:10 p.m. in memory of the high school students and staff who lost their life or were injured in the Parkland, Florida, shooting on February 14.		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2017-18	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	9/13/16 – 3/10/18	Claudia Armann	X	X	X	X	X		X	X				
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X										
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X	X	X			X					
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X		X	X			X				
District 3	1/12/16 – 1/12/19	Gane Brooking	X		X	X	X		X	X				
District 5	1/11/18 – 1/10/21	Margaret Cortese							X	X				
District 5	10/17/17 – 9/23/20	Monique Garcia	X						X	X				
District 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X		X	X				
District 1	4/7/15 – 4/7/18	Mary Haffner	X	X	X	X	X			X				
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X				
District 3	12/2/17 – 12/1/20	Larry Hicks	X			X	X		X					
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X				X		X	X				
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X	X	X	X			X				
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X	X		X		X	X				
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X	X	X	X	X		X	X				
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard		X	X	X				X				
District 5	1/10/17 – 1/10/20	Marlen Torres	X				X			X				
District 4	2/6/18 – 2/6/21	Sheri Valley												
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X	X	X	X		X	x				

District 1		vacant												
District 2		vacant												

Present = X

District 1 Supervisor Bennett
District 2 Supervisor Parks
District 3 Supervisor Long
District 4 Supervisor Foy
District 5 Supervisor Zaragoza

Santa Paula POD Launch Event

VCHCA's Santa Paula POD Launch. In collaboration with the Health Care for the Homeless program, the Las Islas Mobile Medical Clinic, Spirit of Santa Paula and El Buen Pastor Church.

Providing showers and health, mental health, and social services to the homeless in Santa Paula is an important step in restoring dignity and creating a healthy society for all.

When
Friday, February 23, 2018 from 9:00 AM to 10:00 AM PST

Where
El Buen Pastor Church
1029 Santa Paula Street
Santa Paula, CA 93060

Wed.
Feb. 21st
2018

LGBT Aging Services Network

LGBTQ
An Introduction to Understanding

The **LGBT Aging Coalition of Ventura** invites you to attend the quarterly LGBT Aging Services Network meeting! Come to hear a powerful presentation by Denny Chan, staff attorney at Justice in Aging.

This special presentation provides an overview of some of the most pressing legal and long-term care issues facing LGBT older adults as well as some best practices for reaching and serving this population.

Pleasant Valley Senior Center

1605 E. Burnley St. Room #1
Camarillo, CA

Wednesday,

Feb. 21st, 2018

2:00pm to 4:00pm

Refreshments will be served

Free and open to the public

PLEASE JOIN US

RSVP

RSVP by calling Senior Concerns (805) 497-0189

Or email: mshapiro@seniorconcerns.org

Presented By:

Senior Concerns
Serving Seniors & Their Family Caregivers

COMPASS
VENTURA COUNTY

Sponsored By:

Assisted Living Connections

ACCESS TLC HEALTH CARE

CAREGIVER RESILIENCY:

Reducing Stress & Building Resilience for Parents & Providers

FREE Training for:

Providers - February 23
9:00 - 3:00 pm

Parents - February 24
9:00 - 2:30 pm

Training by:
UCLA Division of Population Behavioral Health,
Nathanson Family Resilience Center,
Patrick Gardner, President
Young Minds Advocacy &
Laura Stillmunkes, Executive Director
Capital Adoptive Families Alliance

Location:
Haynes Family of Programs
233 W. Baseline, Box 400
La Verne, CA 91750

- Continental Breakfast
- Lunch
- Training Certificate
- Giveaways
- Child Care

Registration: www.cacaregivers.org/training

For more information: Jenn 530-312-0480, jrexroad@cacaregivers.org

Parents & Caregivers for Wellness is a collaborative project to strengthen the voice of parents & caregivers, and improve services and supports for families.

Children's Law Center of California
Excellence in Advocacy

CMHACY

HAYNES
FAMILY OF PROGRAMS

EAST BAY CHILDREN'S LAW OFFICES

UCLA
Nathanson Family Resilience Center
Strong Families. Healthy Lives.

CAC
CALIFORNIA ALLIANCE of CAREGIVERS

YOUNG MINDS ADVOCACY

PARENTS & CAREGIVERS FOR WELLNESS

UCLA Division of Population Behavioral Health

A PROJECT OF THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

CAFA
CAPITAL ADOPTIVE FAMILIES ALLIANCE

United Parents

RESILIENCIA DEL CUIDADOR:

Reduciendo el estrés y creando resiliencia para los padres de familia y proveedores

Capacitación GRATIS para:

Proveedores- 23 de febrero
9:00 – 3:00 pm

Padres- 24 de febrero
9:00 – 2:30 pm

Domicilio:

Haynes Family of Programs

233 W. Baseline, Box 400

La Verne, CA 91750

Capacitación por:

UCLA Division of Population Behavioral Health,

Nathanson Family Resilience Center,

Patrick Gardner, Presidente

Young Minds Advocacy &

Laura Stillmunkes, Directora Ejecutiva

Capital Adoptive Families Alliance

- **Desayuno continental**
- **Almuerzo**
- **Certificado de capacitación**
- **Premios**
- **Cuidado de niños**
- **Traducción al español**

Inscripción: www.cacaregivers.org/training/

Para más información: Jenn 530-312-0480, jrexroad@cacaregivers.org

Parents & Caregivers for Wellness es un proyecto colaborativo para fortalecer la voz de los padres y cuidadores, y mejorar los servicios y apoyos para las familias.

Children's Law Center of California
Excellence in Advocacy

HAYNES
FAMILY OF PROGRAMS

UCLA
Nathanson Family Resilience Center
Strong Families, Healthy Lives

CAC
CALIFORNIA ALLIANCE of CAREGIVERS

UCLA Division of Population Behavioral Health

PARENTS & CAREGIVERS FOR WELLNESS

CMHACY

EAST BAY CHILDREN'S LAW OFFICES

YOUNG MINDS ADVOCACY

CAFA
CAPITAL ADOPTIVE FAMILIES ALLIANCE

United Parents

A PROJECT OF THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

24th Annual Carpe Diem Registration
March 2, 2018
Register Online at: http://vcoe.k12oms.org/1630-145179
Deadline: February 12, 2018 ($10 late fee thereafter)

If you are an employee of a district within VC SELPA and are interesting in attending this conference, please complete the following information and submit directly to your district office for authorization and registration. All others please register online as indicated above.

Name _____ e-mail _____

School/District _____

Please mark your first and second workshop choices with a "1" and "2".
Every effort will be made to accommodate your first choice.

Session I: A ☐ B ☐ C-☐ **Session II: D ☐ E ☐ F ☐**

☐ Spanish Translation Requested or ☐ Sign Language

☐ $75 Professionals ☐ $25 Parents/College Students (Student I.D. required at door)
☐ ☐ Scholarship (Parents/Caregivers call for scholarship opportunities)
☐ $10 Late Fee (after 2/12/18 Deadline)

How to Register:

Online: http://vcoe.k12oms.org/1630-145179

You'll receive an email confirmation if we receive your registration by February 12, 2018 and your email is complete. You are responsible for assuring that payment is received at the SELPA office prior to the event or you will be responsible for making the payment at the door. No refunds. No purchase orders for less than $100.

Late registrations (received after February 12, 2018) must include a $10 late fee. Seating, lunch, and materials may not be guaranteed for late registrations. Cash or check only.

Parents/Caregivers for assistance with registration, or questions about scholarships, please call 805-437-1560.

Spanish translation (via headset) or sign language interpretation provided for selected sessions if requested at least 2 weeks in advance.

Continuing Education Units

This course meets the qualifications for 5.5 hours of continuing education credit for licensed **MFTs, LCSWs, LEPs and LPCCs** as required by the California Board of Behavioral Sciences (Casa Pacifica Centers for Children and Families; Provider 2522).

This course meets the qualification for 5.5 hours of continuing education credit for Certified Addictions Treatment Counselors as required by the California Association for Alcohol and Drug Educators (CAADE Provider CP10914C1113).

Casa Pacifica is approved by the American Psychological Association to sponsor continuing education for psychologists. Casa Pacifica Centers for Children and Families maintains responsibility for this program and its content.

TO REGISTER FOR CEUs: CEU registration will be conducted at the event and is separate from event check-in. After check-in please proceed to CEU registration where you will pay the $10 CEU fee, provide your license number and sign in. In addition, you must sign-out upon completion of conference or you will not receive a CEU certificate.

The 24th Annual

Norman & Ellen Linder

carpe diem conference

for parents and professionals who care about children with emotional challenges

Friday March 2, 2018

Ventura County Office of Education Conference Center
5100 Adolfo Road, Camarillo, CA 93012

Sponsored by Ventura County Special Education Local Plan Area, United Parents, Rainbow Connection Family Resource Center, Ventura County Behavioral Health, Casa Pacifica, Ventura County Office of Education, Vista del Mar Hospital, Aspiranet, Pacific Clinics

Como Registrarse:

Vía internet: http://vcoe.k12oms.org/1630-145179
o Envié su registración por correo con cheque a:

Ventura County SELPA
Conference Registrations
5100 Adolfo Rd.
Camarillo, CA 93012

¿Preguntas? 805-437-1560 o Brush@vcoe.org

Recibirá una confirmación por correo electrónico si recibimos su registro antes del 12 de febrero de 2018, y su correo electrónico está completo. Usted es responsable de asegurar que el pago se reciba en la oficina de SELPA antes del evento o usted será responsable de hacer el pago en la puerta. No hay reembolsos.

Los registros tardíos (recibidos después del 12 de febrero de 2018) deben incluir un cargo por retraso de $10. Los asientos, el almuerzo y los materiales no pueden ser garantizados para registros tardíos. Efectivo o cheque solamente.

Padres / cuidadores para ayuda con el registro, o preguntas sobre becas, por favor llame al 805-437-1560.

Se proporcionará traducción al español (a través de auriculares) o interpretación de lenguaje de señas para las sesiones seleccionadas, si se solicita con al menos 2 semanas de anticipación.

Unidades de Educación Continua

Este curso cumple con los requisitos para 5.5 horas de crédito de educación continua para la licencia MFTs, LCSWs, LEPs y LPCCs como es requerido por la Junta de California de Ciencias del Comportamiento (Centros de Casa Pacifica para Niños y Familias; Proveedor 2522).

Este curso cumple el requisito para 5.5 horas de crédito de educación continua para Consejeros Certificados para Tratamiento de las Adicciones como es requerido por la Asociación de California para Educadores de Alcohol y Drogas (CP10914C1113 Proveedor CAADE).

Casa Pacifica está aprobado por la Asociación Psicológica Americana para patrocinar la educación continua para psicólogos. Centros de Casa Pacifica para Niños y Familias mantiene la responsabilidad de este programa y su contenido.

PARA REGISTRARSE PARA CEUs: registro para CEUs se llevará a cabo en el evento y es independiente del evento de registro. Después de registrarse proceder a la inscripción de CEU, donde tendrá que pagar la tarifa de $10, proporcione su número de licencia y ***firme su asistencia****. Adicionalmente,* ***debe firmar al término*** *de la conferencia o no recibirá un certificado CEU.*

La 24ª Conferencia

Norman & Ellen Linder

carpe diem conference

for parents and professionals who care about children with emotional challenges

Viernes, 2 de Marzo, 2018

Oficina del Condado de Ventura Centro de Conferencias Educativo
5100 Adolfo Road , Camarillo, CA 93012

Patrocinado por la Area del Plan Local de Educación Especial del Condado de Ventura, Padres Unidos, Centro de Recursos Familiar de Rainbow Connection, El Condado de Ventura de Salud de Comportamiento, Casa Pacifica, Condado de Oficina Educativa, Hospital Aurora Vista del Mar, Aspiranet, Clínicas Pacífico

24th Anual Carpe Diem Registro
2 de marzo, 2018
Registró por internet: http://vcoe.k12oms.org/1630-145179
o envié esta forma por correo con su pago a:
VC SELPA 5100 Adolfo Rd., Camarillo, CA 93012
Fecha de Plazo: 12 de febrero, 2018 ($10 cobro tardío)

Nombre _____ Teléfono _____

Título _____ correo electrónico _____

Domicilio/Cuidad _____

Favor de marcar su primera y segunda opción de taller con un "1" y "2"
Se hará todo lo posible para acomodar su primera opción.

Sesión I: A ☐ B ☐ C ☐ **Sesión II: D ☐ E ☐ F ☐**

☐ Solicito Intérprete al Español o ☐ Lenguaje de Señas

☐ **$75 Profesionistas** ☐ **$25 Padres/Estudiantes (Se requiere I.D. de estudiante en la puerta)**
☐ **Beca (Padres/Cuidadores llamen para oportunidades de becas)**
☐ **$10 Cobro Tardío (después de 2/12/18 fecha límite)**

What's next? After high school?

The *Ventura County Transition Project*
and the *Ventura County SELPA*
are pleased to present the 2017-2018

Spring Transition Fair

For 15-22 year-old diploma and certificate bound special education students and their families!
Meet directly with the representatives from adult service agencies in Ventura County.

Plan Ahead !

It's never too early to learn about resources for students with disabilities after high school. Help your high school student prepare for the quality adult life they envision. There are multiple options to investigate for your child's path toward adult life. Learn about the transition to adult life process and support agencies available.

Saturday, March 10, 2018

Open House

9:00AM – 12:00PM

Ventura County Office of Education
Conference and Educational Services Center
5100 Adolfo Rd., Camarillo CA 93012
Cost is Free! Student attendance is encouraged!

- **Visit agency booths (Open House) 9:00am – 12:00pm**
- **Overview of the transition process (Adults) 9:30am or 10:30am**
- **Transition Activity (Students) 9:30am or 10:30am**
- **"Hear My Story": A young adult's journey into adult life (Students/Adults) 9:30am**

Meet representatives from the following agencies:
Department of Rehabilitation
Regional Center
Community Colleges
Behavioral Health
Public Health and many more!

Sign Language Interpretation is available but must be reserved 2 weeks in advance. Call 805.437.1560
For more information on Transition go to www.vcselpa.org /Transition to Adult Life

¿Que sigue? ¿Después de la secundaria?

El Proyecto de Transición del Condado de Ventura
Y SELPA del Condado de Ventura
Se complace en presentar el 2017-2018

Feria de Transición de Primavera

¡ Para estudiantes de educación especial 15-22 años de edad destinados a recibir un diploma o certificado y sus familias! Reúnase directamente con los representantes de las agencias de servicios para adultos en el Condado de Ventura.

Plan Ahead !

(¡Planee con anticipación!)

Nunca es demasiado pronto para aprender acerca de los recursos para los estudiantes con discapacidades después de la escuela secundaria. Ayude a su estudiante de preparatoria a prepararse para la calidad de la vida adulta que imaginan. Obtenga más información acerca de la transición a la vida adulta y a las agencias de apoyo disponibles.

Sábado 10 de marzo de 2018

Casa Abierta

9:00AM – 12:00PM

Oficina de Educación del Condado de Ventura

Centro de Conferencias y Servicios Educativos
5100 Adolfo Rd., Camarillo CA 93012
¡El costo es gratis! La asistencia del estudiante se anima!

- **Visite los puestos de agencias (Casa Abierta) 9:00am – 12:00pm**
- **Descripción general del proceso de transición (adultos) 9:30 a.m. o 10:30 a.m.**
- **Actividad de transición (estudiantes) 9:30 a.m. o 10:30 a.m.**
- **"Escucha mi historia": el viaje de un adulto joven hacia la vida adulta (Estudiantes / Adultos) 9:30 a.m.**

Precaución. . .
Vida Adulta
Adelante

Conozca a representantes de las siguientes agencias:

Departamento de Rehabilitación
Centro Regional
Colegios Comunitarios
Salud del comportamiento
Salud Pública y muchos más!

La interpretación de lenguaje de señas está disponible, pero debe reservarse con 2 semanas de antelación.
Llame al 805.437.1560 Para obtener más información sobre Transición,
visite www.vcselpa.org / Transición a la vida adulta

partnership for Safe Families & Communities of Ventura County

Kids & Families Together

THE INTERSECTION OF ATTACHMENT THEORY AND DEVELOPMENTAL NEUROBIOLOGY:

COLLABORATING WITH EACH OTHER AND WITH CAREGIVERS TO UNDERSTAND THE BEHAVIOR OF YOUNG CHILDREN

MONDAY, MARCH 26, 2018

OXNARD PERFORMING ARTS AND CONVENTION CENTER

9:00am – 4:00pm

This event will bring together professionals across the county to learn about current research in developmental neurobiology, prenatal and perinatal psychology, psychoneuroimmunology, and trauma theory. Presenters will foster discussion on a new way of understanding the behavior of both young children and adults and it's implications. Professionals will look at how they currently engage and support caregivers and identify the importance of acknowledging personal biases, how they share information and what corrections can be made to practices to help families flourish. Small group discussion will include a review of case studies to form the basis for exploration of children's behavior across the spectrum of ages.

Presented By:

Michael Trout graduated from Alma College (B.A., cum laude, honors in Philosophy) and Central Michigan University (M.A., Psychology), and did his specialized training in infant psychiatry at the Child Development Project, University of Michigan Department of Psychiatry, under Prof. Selma Fraiberg.

Karen Doyle Buckwalter, LCSW, is Director of Program Strategy at Chaddock, a multi-service agency providing a range of residential, educational, and community-based services for youth, birth through age 21, and their families. She is a Theraplay® trainer and supervisor and consults with individuals and organizations desiring to shift to attachment-based trauma-informed ways of working with children.

OBJECTIVES

1. Participants will be able to describe one functional result of adequate attachment between infant and primary caregiver, and one developmental result of adequate attachment between infant and primary caregiver.
2. Participants will be able to describe a time when they have wondered, followed, or held in their own work with a caregiver.
3. Participants will be able to describe one neurological or somatic reaction to stress in an infant or toddler, and describe the evolutionary function of such reaction.
4. Participants will be able to write a description--hypothetical or from their own life or work--of problematic behavior in a young child, along with an explanation of why, all things considered in the life of that child, the behavior makes sense.

Conference Fees (lunch included):

Registration for Non-Members $85

Registration for Members $65

Registration for Students $50

Best Deal:
Individual Membership and Conference $110

Interested in Sharing Your Resources at the Event?
Click Here for Resource Table Options:
https://cedca.wufoo.com/forms/conference-exhibitor-registration/

Continuing Education Units (CEUs) for MFTs/LCSWs as required by the California Board of Behavioral Sciences. CEUs provided by Kids & Families Together - Provider #64094. Apply at the training for a fee of $25.

Registration Deadline:
March 9, 2018

Registrations will be accepted after the deadline, but will be treated as "walk-ins." You will receive a confirmation letter along with a map prior to the summit. For information, questions, or concerns, please contact Sonia Sandoval-Edinger at (805) 285-2440 or psfc.conference@gmail.com

REGISTER ONLINE AT:

https://cedca.wufoo.com/forms/partnership-conference/

NAMI Golf Tournament Entry Form

Please complete both sides of this form

FOR "TEE TO GREEN" SPONSORSHIP SPECIAL

Platinum Sponsor: $2,500 includes 2 foursomes

Gold Sponsor: $1,000 includes 4 players

Silver Sponsor: $500 includes 2 players

Bronzer Sponsor: $200: Entry + Tee Sign

*extra signage and recognition at awards with each of these sponsors *

Visit: www.namiventura.org

INDIVIDUAL GOLF ENTRY

Green Fee and Golf Cart • Lunch @ Clubhouse

Tee Prize Package

• Entry for all Golf Contest Club

_____players @ $125 ea.

TEE SPONSOR SIGN $100

Call David Deutsch (805) 890-6738

David@namiventura.org

Tee Sponsor Sign Text _____

_____

_____

Extra Lunch Tickets

And awards 1:30 pm—3:30 pm

_____ Tickets @ $35.00 ea.

Total Amount Enclosed _____

☐ Call to pay by phone (805) 641-2426 Visa/ Mastercard

☐ Credit Card Visa / MasterCard (Circle One)

☐ Check: Please make checks payable to NAMI Ventura County

Name on Card _____

Credit Card Number _____

Exp. Date_____

NAMI Ventura County
National Alliance on Mental Illness

Telephone: (805) 641-2426
Fax: (805) 275-2188
Email: info@namiventura.org
Website: www.namiventura.org
Mailing Address:
NAMI Ventura County
P.O. Box 1613
Camarillo, CA 93011-1613

NAMI

Ventura County

GOLF TOURNAMENT

Victoria Lakes Course

April 6, 2018

RIVER RIDGE

2401 West Vineyard Avenue

Oxnard, CA 93036

NAMI

National Alliance on Mental Illness

The largest grassroots mental health organization in the United States

Our mission is to provide emotional support, education and resources for families affected by mental illness. Through community collaboration and education, we advocate for a life of quality and dignity one without discrimination for all people affected by this illness

Tournament Prizes for:

Hole in one
Closest to the Pin
Longest Drive
Putting Contest
Great Raffle Prizes and Live Auction Items

Tee Sponsorship Opportunity

Tee Sponsorships Available
Call David Deutsch
(805)890-6738
david@namiventura.org

Proceeds from the tournament will be used to continue helping those in our community whose lives have been made so difficult by serious mental illness. We never charge for our classes, and your participation will help ensure our high-quality programming can continue.

For more info visit our website:
namiventura.org

River Ridge Golf Club

2401 Vineyard Avenue Oxnard, CA

April 6, 2018

Agenda

7:00-7:30am……..Check-In

8:15am……..…….Shotgun Start

1:30-3:30pm.....Lunch, Awards &Raffle

Individual Golf Entry includes:

Green Fees and Golf Cart

Entry for all Golf Contests

5 Raffle Tickets

Lunch at the River Ridge Golf Club

Format: Texas Scramble

With Texas Scramble each team member tees off at each hole. The captain selects the best tee shot, then each member places his/her ball within 1 club length from this point and plays out the hole with his/her own ball. The selected drive is counted as the first shot of each of the team members for that particular hole. The use of another golfer's tee shot DOES NOT apply on par 3 holes. On these holes each member of the team must play their own ball for the entire hole. A minimum of 3 drives is required from each player. The method of scoring in Texas Scramble is based on the popular Single Stableford format

Entry Form

Please complete both sides

Golfer 1

Name_____

Company_____

Address_____

City/State/Zip_____

Business Phone _____

Handicap or Best Score: _____ If you don't have one, enter your best 18-hole score from the last three years. If you haven't played in the last three years, enter the best 18-hole score you've ever made. If you don't make an entry, we'll assign a zero handicap. Maximum handicap is 24.

Golfer 2

Name_____

Company_____

Address_____

City/State/Zip_____

Business Phone _____

Handicap or Best Score: _____

Golfer 3

Name_____

Company_____

Address_____

City/State/Zip_____

Business Phone _____

Handicap or Best Score: _____

Golfer 4

Name_____

Company_____

Address_____

City/State/Zip_____

Business Phone _____

Handicap or Best Score: _____

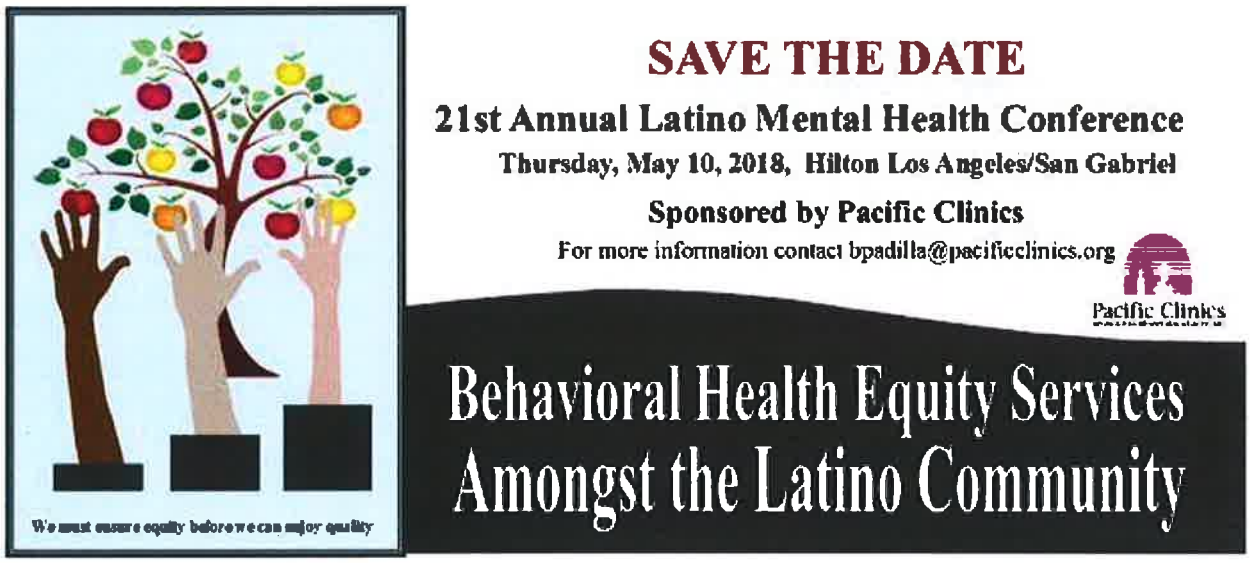
SAVE THE DATE

Pacific Clinics proudly presents its 21st Annual Latino Conference, Schedule for Thursday, May 10, 2018.

About the conference:

"Behavioral Health Equity Services Amongst the Latino Community"

The focus of this year's conference will be on mental health disparities and health care quality amongst the Latino Community to ensure equity of services in Los Angeles County, California and the United States. The conference will discuss cultural and linguistic competent services and community health literacy, it is also expected that participants who attend this event will gain valuable information on various topics such as: (1) Neuro-linguistic programming (2) Diabetes within the Latino Community (3) "Ventanillas de Salud" programs, (4) Behavioral Health Resources in the LGBTQ community and cultural factors to consider to engage and retain this population for services, and (5) how the Latino community may be impacted by the legalization of recreational marijuana in the state of California.



More info on registration to come for LACDMH and DCFS employees

Early bird regular registration of $85, now open, ends January 28, 2018 (Includes Continental Breakfast, Lunch, Parking and CEs for Licensed Staff), Visa/MC accepted.
To register click on link: http://www.cvent.com/d/ctq4dt/4W

THANK YOU AND HOPE TO SEE YOU THERE!

Best Regards,
Blanca Padilla Stevens
Pacific Clinics
Assistant to Dr. Luis Garcia, VP Quality Care,
Cultural Diversity and Outcomes
EBP TRAINING MANAGER
9829 Carmenita Road, Suite H
Whittier, CA 90605-3262
(562) 907-7429 Fax (562) 696-8640

SAVE THE DATE

Tequio Scholarship Fundraiser
April 6th ; 2018
6:00PM-8:00PM
RSVP at www.mixteco.org

Help support the next generation of indigenous academic excellence!!

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

February 26th, 2018

VENTURA COUNTY INNOVATIONS:

Suicide Prevention – Bartenders as Gatekeepers and Push Technology Projects

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

Two Innovations Projects

- Innovations-INN projects are novel, creative and/or ingenious mental health practices/ approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals. An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service.
- Community Program Planning Process
- MHSA Planning Committee
  - Suicide Prevention- Bartenders as Gatekeepers
  - Push Technology Project

Suicide Prevention – Bartenders as Gatekeepers

Program Goal: To reduced suicide rates in middle age men though a short-term selective prevention program that consists of targeted advertisements and mental health gatekeeper training for bartenders and alcohol servers focused on this population.

Time Limited: 3 Years

Primary Purpose: To increase access to mental health services and supports for middle age men in Ventura County.

VENTURA COUNTY BEHAVIORAL HEALTH

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Middle Age Men and Suicide: Current Issues

- Suicide disproportionately affects men in the middle years and older. Although they represent 19 percent of the population of the United States, they account for 40 percent of the suicides in this country.
- Suicide risk is often higher with negative life events, such as financial, employment, legal, and family problems.
- Reaching men can be a challenge. Warning signs may be missed, or misinterpreted.
- More than one-third of suicide victims used alcohol just prior to death.

Suicide Rates in Ventura County

	2014		2015		2016		2017	
Age	Count	%	Count	%	Count	%	Count	%
0-24	5	5%	9	9%	9	1%	13	14%
25-44	24	25%	16	16%	20	25%	17	18%
45-64	43	46%	47	48%	25	31%	38	40%
65+	21	22%	25	25%	26	32%	25	26%
Total	93		97		81*		93	

* One Unknown Age

VENTURA COUNTY BEHAVIORAL HEALTH

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Middle Age Men and Suicide: Proposal

Testing the Theory

- Targeted Media Campaign
- Interactive website
- Feature story of local celebrity with lived experience
- Meeting men where they're comfortable
- Suicide prevention training for bartenders and alcohol servers
- Follow up surveys to measure effect

VENTURA COUNTY BEHAVIORAL HEALTH

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Evaluation: Questions and Measurable Outcomes

Research Question	Indicator	Measures (considered)
1. Will a targeted outreach campaign increase the traffic on the local suicide prevention site?	Increased website traffic-suicide prevention	Website analytics
2. Will a targeted outreach campaign increase the number calls to the local crisis line for men ages 45-64?	Increase in use of crisis hotline	Local Suicide Prevention Hotline total calls by age group
3. Does a suicide prevention training increase the knowledge, skills and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?	Improved assessment scores on pre vs. post test on perceived knowledge and self-efficacy	Question Persuade Refer pre and post curriculum survey
4. Are alcohol servers an appropriate population to target in suicide prevention training?	Number of times participants identified and intervened six months post training.	Survey to evaluate any change in behavior post training modeled off previous findings of QPR research
5. Long-term: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?	Lower rates of completed suicides among men ages 45-60	Annual Medical Examiners Statistics

Budget

BUDGET TOTALS	FY 18-19	FY 19-20	FY 20-21	Totals
Personnel				
Direct Costs	$117,557	$46,163	46,163	$209,883
Indirect Costs	$17,634	$6,925	6,925	$31,484
Non-recurring costs				
Other Expenditures				
TOTAL INNOVATION BUDGET	$135,191	$53,088	$53,088	$241,367
Evaluation	$41,450	$41,450	$41,450	$124,350

VENTURA COUNTY BEHAVIORAL HEALTH

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Questions?

VENTURA COUNTY BEHAVIORAL HEALTH

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Push Technology Project

Program Idea: The County seeks to explore whether technology can aid in reducing the need for psychiatric hospital beds by offering mobile bridge support post-discharge to reduce rates of re-hospitalization.

Program Goal: To improve post-discharge outcomes through the employment of mobile ecological momentary interventions (EMI) through automated push technology provided in partnership our local 211 services provider.

Primary Purpose: The project is designed to increase the quality of mental health services in Ventura County

VENTURA COUNTY BEHAVIORAL HEALTH

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Lessening the Burden: Current Issues

- in 1955, the nation was served by roughly 337 state beds per 100,000 persons, by 2016, there were fewer than 12

- A lack of available hospital beds leads to higher occupancy rates, shorter inpatient rates of stay and prolonged emergency department waiting times
- Effects of the Thomas Fire
- Increase risk of suicide post discharge

VENTURA COUNTY BEHAVIORAL HEALTH

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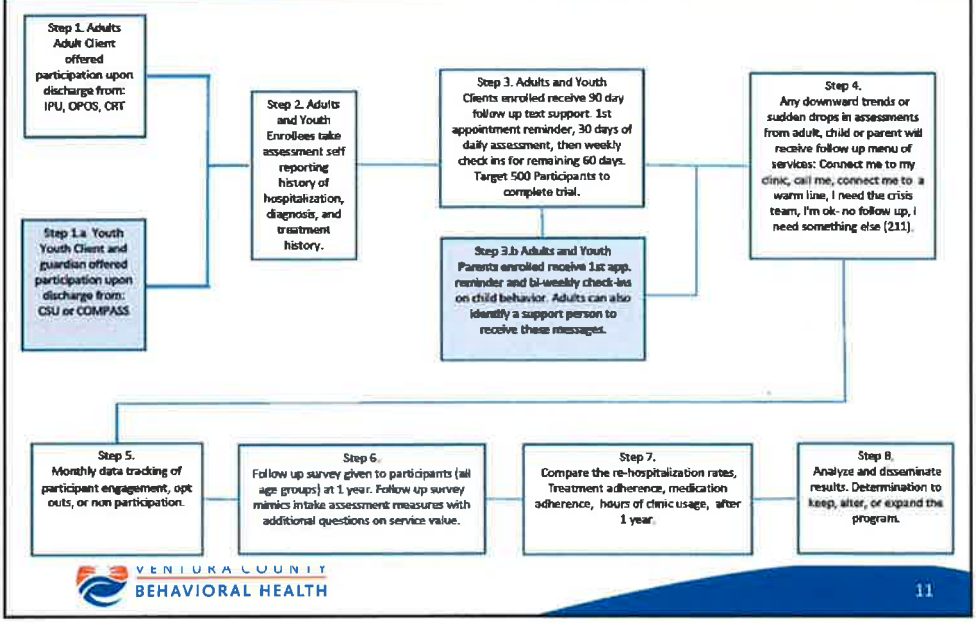
Lessening the Burden: Proposal



Evaluation: Questions and Measurable Outcomes

Research Question	Indicator	Measures (considered)
1. Are clients satisfied with EMI technology and do they find it valuable in their mental health recovery?	Participant engagement rates and positive response to survey	Text survey designed by Evalcorp measuring satisfaction and value
2. Do participants make it to their follow up appointment more frequently with text support?	First appointment attendance rate increases	Comparison group utilizing electronic health records (EHR) (pending IRB) or benchmark
3. Does using mobile EMI increase treatment adherence?	Higher services utilization rates and medication compliance.	Services tracked in the EHR records and compared with participants and individuals in comparison group (pending IRB approval) or benchmark
4. Does using mobile EMI reduce the rate of re-hospitalizations?	Lower recidivism rates one year post	Recidivism rates tracked by EHR records and self-report surveys with participants and comparison group or with participant's previous EHR history.

Budget

BUDGET TOTALS	FY 2019	FY 2020	FY 2021	Totals
Personnel				
Direct Costs	**$108,234**	$110,430	$124,636	$343,300
Indirect Costs	**$30,535**	$31,274	$33,824	$95,633
Non-recurring costs				
Other Expenditures				
TOTAL INNOVATION BUDGET	$138,769	$141,704	$158,461	$438,933

Evaluation	**$25,333**	**$25,162**	**$36,932**	**$87,427**

VENTURA COUNTY BEHAVIORAL HEALTH

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Questions?

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805-981-2262
kiran.sahota@ventura.org

Hilary Carson
805-981-8496
hilary.carson@ventura.org

VENTURA COUNTY BEHAVIORAL HEALTH

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

County: Ventura **Date Submitted** 2/26/2018

Project Name: Suicide Prevention Project

I. Project Overview

1) PRIMARY PROBLEM

- *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.*
- *Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.*

High profile suicides such as Linkin Park's Chester Bennington and Soundgarden's Chris Cornell have highlighted the issue, as well as the rising rates, of suicide in middle age men. Men ages 45-64 experience the highest rates of suicide in America (HHS, 2016), with a 43 percent increase in suicide deaths from 1997 to 2014 (CDC, 2014). Causes have not been substantiated but include a range of topics from high rates of divorce, job loss during the Great Recession and self-harming coping mechanisms such as substance abuse and isolation. Substance misuse significantly increases the risk of suicide, with 22 percent of deaths by suicide in the United States involving alcohol intoxication (CDC, 2014). A diagnosis of alcohol misuse or dependence is associated with a suicide risk that is 10 times greater than the suicide risk in the general population, and acute alcohol intoxication is present in approximately 30-40 percent of suicide attempts (Cherpitel, Borges, and Wilcox, 2004).

Local rates of suicide for middle-aged men have echoed national trends, which is why the County has expressed concern about suicide rates for many years. In fact, the Ventura County Suicide Prevention Council has led a variety of efforts to curb suicide completions locally. In the County, an average of 41 percent of all completed suicides in 2014-2017 were men ages 45-64. These men also compose some of the lowest rates of calls to the local crisis line support, making up only 22 percent of annual calls. One of the challenges in preventing suicide in middle-aged men is reaching them through traditional methods like medical facilities or behavioral health clinics. Some counties have worked with their local chapters of the National Rifle Association to provide suicide prevention pamphlets at local gun shops and ranges. Ventura County plans to modify this approach by increasing community collaboration through targeted advertising in alcohol establishments and training alcohol servers to intervene with patrons who exhibit signs of being at risk for suicide.

2) WHAT HAS BEEN DONE ELSEWHERE TO ADDRESS YOUR PRIMARY PROBLEM?

A literature review was performed in the fall of 2017 that searched keywords and phrases that include: suicide prevention men, suicide prevention media campaigns, bartenders, bartenders as gatekeepers and bartenders training. A large body of research was found on suicide prevention campaigns and campaigns targeting men. Very little research was found on training bartenders as gatekeepers in crisis intervention or mental health.

Targeted outreach campaigns on suicide prevention have been well documented for a variety of populations from teens to middle-aged males. Specific focus on suicide rates of middle age men is causing concern even in the United Kingdom where similar rises are drawing attention. Much of the target campaigns for men focus on the increasing risk factors that come with age. These include intimate relationship issues (i.e. divorce or custody battles), job or income loss, masked signs of depression such as social isolation or physical problems, and access to firearms – an especially lethal means.

In California, the "Know the Signs" campaign hosted a webinar on middle-aged men that encouraged counties to focus on this group through campaigns, workplace supports and reaching out to gun shops and ranges to provide education strategies. San Diego County launched "It's Up to Us Campaign" back in 2010 with one part of the broad campaign focused on men. Santa Clara County took this one step further by launching a study on how relevant suicide prevention campaign materials were in reaching men and reducing stigma. Much of the conclusion highlighted how difficult this population is to reach effectively. Ventura County will utilize the findings from these campaign efforts, and from local men with lived experience and their family members, to develop the proposed targeted outreach campaign. The proposed innovative component of training bartenders as mental health service gatekeeps was more difficult to research.

In the 1970s, there was an effort to expand mental health interventions to include occupations that interact with individuals who have an opportunity to facilitate initial opening up and exchange of sensitive personal information. Examples include training clergy, hairdressers, bartenders and police. The training of both clergy and police has become a widely accepted and routine part of these occupational training programs. Much of the effort for training hairdressers and bartenders though widely spoken and written about during that timeframe was mostly speculation about the prospect rather than trials, training and experimentations on effectiveness. One article listed a specific study that took place in 1974 in Maine, as well as two other articles that were said to have reviewed the practice, but found no results after several searches online and in peer-reviewed journal databases.

Follow up literature is largely absent of any evaluation or effects this effort had on the field outside of the two previously mentioned occupations where this type of training became a mainstay. What was available were three subsequent publications that all concluded training bartenders in mental health gatekeeper functions such as providing referrals and limited crisis intervention would be well suited (Bissonette 1977, Bernard, Roach, and Resnick 1981; Anderson, Maile, & Fisher 2010) and could have an effect on lowering suicide rates among middle-aged men. Bissonette finds "the bartender role offers more opportunities than drawbacks concerning use in a gatekeeper role" (99). Two additional studies specifically proposed college campus bars and bars that serve veterans as places that should be tested (Bernard, Roach, and Resnick 1981; Anderson, Maile, & Fisher 2010). The

consensus for training bartenders as gatekeepers and the lack of trial research both support the innovation proposal to train bartenders and alcohol servers in suicide prevention intervention.

3) THE PROPOSED PROJECT

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

- *Provide a brief narrative overview description of the proposed project.*
- *The project will make a change to an existing practice in the field of mental health.*
- *Briefly explain how you have determined that your selected approach is appropriate.*

The proposed project is a short-term selective prevention program that consists of targeted advertisements for men ages 45-64 and mental health gatekeeper training for bartenders and alcohol servers focused on the same population.

The media campaign will be a combination of print and visual media, including an interactive website, social media ads, coasters, pens and bathroom advertisements. A core group consisting of men with lived experience and bar owners in the targeted age group will work on the campaign design and message with the graphic design team. A local celebrity with lived experience has agreed to be the face of the campaign and share his story as part of the interactive website. The messaging will build on the literature that has already taken place reaching this demographic. Materials will promote messages of hope and help direct recipients to access local websites and helplines. The campaign materials will be distributed in liquor stores, bars, bartending schools and restaurants that serve alcohol in geographic areas with the highest rates of completed suicides. Recruitment for suicide prevention intervention training will take place in these same institutions and locations.

The outreach campaign will focus on local chambers of commerce, restaurant associations and responsible beverage sales and service training providers. The goal of this outreach is to advertise the initiative and send servers of alcohol for suicide prevention training. Media and law enforcement public information officers will be invited to participate in a training on reporting completed suicides and suicide statistics without inciting contagion.

The gatekeeper training Question, Persuade, and Refer (QPR), recommended by Cal MHSA's campaign "Know the Signs," will be offered to bars in the three target areas (Ventura, Simi Valley, and Conejo Valley) where suicide completions have been clustered at the highest rates. The one hour training will be provided during program years one and two of the of the innovation project timeline. QPR focuses on identifying risk factors, encouraging intervention and referring to services. Follow up evaluation will include surveys that take place six months post training to determine whether bartenders and servers are an appropriate target for intervening and preventing suicide in middle-aged men.

4) INNOVATIVE COMPONENT

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The project makes a change to an existing mental health model for training non-mental health occupations as mental health gatekeepers. The literature review and search of counties' MHSA programs have been unable to find any published work in the past 40 years that train bartenders as mental health gatekeepers. A small body of research suggests that bartenders would be a suitable group to train in this role.

5) LEARNING GOALS / PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

- *What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*
- *How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?*

Research Questions/Learning Goals:

- Will a targeted outreach campaign increase the traffic on the local suicide prevention site?
- Will a targeted outreach campaign increase the number calls to the local crisis line for men ages 45-64?
- Does a suicide prevention training increase the knowledge, skills and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?
- Are alcohol servers an appropriate population to target in suicide prevention training?
- Long-term learning goal: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?

Some learning goals are aimed at evaluating the outreach campaign, while others target testing the training of bartenders as mental health gatekeepers. This split allows the County to decipher which strategies to maintain after innovation funding concludes whether it's successful. The long-term learning goal will study the loose correlation between the innovative efforts to curb the rates of suicide among men ages 45-64 and will be compared to the previous five years.

***6)* EVALUATION OR LEARNING PLAN**

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between

alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

- *Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?*

  Outreach Campaign

  A core group of men with lived experience will develop the campaign materials with our graphic design contractor. They will provide feedback on the proposed messaging, imagery and website development. Pilot testing and focus groups will be completed by the contractor, Idea Engineering.

  QPR training

  Bartenders will be recruited through several mechanisms: mandatory "Responsible Beverage Serving" training, chamber of commerce meetings and targeted establishments near areas with high rates of completion. After discussing the idea with local bar owners, the project will pay for two hours of staff time, where the owner will run through regular quarterly agenda items in the first hour and QPR training in the second hour. Surveys will be administered to all QPR participants, with follow-up surveys taking place six months post-training and incentivized with gift cards.

- *What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and effective dissemination. Please provide examples.*

  A mixed method design will be used to evaluate learning goals. Focus groups will develop and test campaign materials. Data analytics will track County websites, suicide hotline use and Facebook traffic to indicate effects of targeted outreach. Pre- and post- evaluation surveys provided by the evidence-based QPR training will inform the effect of the training on participants' knowledge, skills and abilities. An online survey will take place six months after QPR training to assess any behavioral changes as a result of the training.

- *What is the method for collecting data (e.g., interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?*

  Measures:

  1. *Will a targeted outreach campaign increase the traffic on the local suicide prevention site?*
     - Monitor increased website traffic to the suicide prevention website maintained by the County.
     - Track increased traffic after specific social media blasts or related events such as a celebrity completed suicide or other relevant happenings that cause a spike in website use though website analytics.
  2. *Will a targeted outreach campaign increase the number of calls from men ages 45-64 to the local crisis line?*

- Monitor the percentage of calls by age to the local suicide prevention center hotline and compare pre and post innovation project start.
- Monitor the number of clients served by the local crisis team and compare ages of clients in years pre and post innovation project start.

3. *Does a suicide prevention training increase the knowledge, skills and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?*
   - Administer a pre- and post-training survey to bartender participants who complete the QPR training to assess change in knowledge and perceived self-efficacy regarding intervening with patrons who exhibit signs of being at risk for suicide.
4. *Are alcohol servers an appropriate population to train in suicide prevention training??*
   - Administer a follow-up survey to be completed by phone, online or in person evaluating the frequency of intervention, the perception of relevance to their work and any subsequent changes in self-efficacy from post survey to the six-month post.
5. *Long-term learning goal: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?*
   - Monitor completed suicide rates from the Medical Examiner's Report for men ages 45-64 over the next three years and compare rates from the previous five years.

- *How is the method administered (e.g., during an encounter, for an intervention group and a comparison group for the same individuals pre-and post-intervention)?*

This study is a mixed methods research design that involves qualitative (focus groups) and quantitative (administered surveys) approaches conducted in two components. The first component will conduct 2 -5 focus groups on the outreach campaign message and images. The second component will evaluate the effectiveness and usefulness of the QPR training for bartenders and servers through pre and post-tests, as well as a six-month follow up survey. The second component will also monitor campaign effects though data analytics, social media, and any increased uses of local crisis services.

Participation and Recruitment

To be eligible for the Focus Group Participation, the participants will:

- Identify as a man
- Have lived experience with suicide
- Be ages 45-64

To be eligible for the QPR training pre-post and the follow-up survey, participants must:

- Be employed at an establishment that serves alcohol
- Be employed in a position that has ongoing interaction with clients consuming alcohol, such as a bartender or server

Data Collection Procedures

Focus groups with community stakeholders (N = 15)

A community-based research method approach will be followed to engage community stakeholders in obtaining feedback about the messaging and imagery for suicide prevention media campaign for men ages 45-64. Focus groups will follow methodology recommended by Kreuger (2008), including the use of focus group facilitators of the same racial/ethnic background as group members, holding the session in an environment that promotes discussion, providing refreshments, audio-taping the session and following a prescribed set of questions. Focus groups will include 7-10 participants each and will last approximately 90 minutes.

Survey participation with Bartenders and Servers (N = 150)
A brief survey consisting of existing measures informed by the QPR literature will gather background information (demographic factors) and knowledge outcomes (e.g., perceived knowledge, self-efficacy and perceived relevance to work).

Measures

Question	Indicator	Measure/Sources Being Considered
1.	Increased website traffic-suicide prevention	Website analytics
2.	Increase in use of crisis hotline	Local Suicide Prevention Hotline total calls by age group
3.	Improved assessment scores on pre vs. post test on perceived knowledge and self-efficacy	Question Persuade Refer pre and post curriculum survey
4.	Number of times participants identified and intervened six months post training.	Survey to be developed by Evalcorp to evaluate the change in behavior post training modeled off previous findings of QPR research
5.	Measure of relevance to work	Survey to be developed by Evalcorp modeled on previous findings of QPR research
6.	Lower rates of completed suicides among men ages 45-60	Annual Medical Examiners Statistics

- *What is the preliminary plan for how the data will be entered and analyzed?*

Data Analyses

Quality control procedures and data inspection. To ensure data quality, the team will take active steps to ensure data completeness and frequent review of all data forms. Measures taken to

maximize participant retention will also contribute to data completeness. Data will be inspected and subjected to quality control procedures. All data collection and quality control procedures will be included in project report for dissemination.

Qualitative data analysis. Data from the focus group will be qualitatively analyzed. Organization and analysis of audio-recorded focus groups will be conducted using Microsoft Word. Audio-recordings will be transcribed verbatim. Relevant themes will be reported in study reports as important considerations in the development of the media outreach campaign.

Quantitative data analysis. Quantitative data will be aggregated, analyzed, and synthesized according to the methods outlines for each measurement tool. Analyses will include descriptive statistics and integration of findings from the pre, post and follow up surveys. Descriptive analyses will be conducted to describe participants' background characteristics, including means and proportions and measures of variability. Analyses will be examined overall by gender, age and occupation data. Statistics will be calculated for each time of assessment.

7) CONTRACTING

Idea Engineering is an existing County contractor with various departments and has experience creating public service announcements, prevention and awareness campaign materials. They also created the County MHSA website. The County will provide project management, data analysis, technical support, regulation compliance and evaluation throughout the project.

II. Additional Information for Regulatory Requirements

1) Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

The Community Program Planning Process

The County modified its approach to the Community Planning Process this past year. Community Forums were held in three different geographic regions of the County, all with translation services available. Community members were trained on MHSA rules and regulations, Guiding Principles, and Innovation criteria. Community members were then asked to submit ideas for needed program and any innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or going online. In addition to community forums, this training was provided for several groups and committees to invite their participation. A full list of community needs, as well as 52 innovative concepts, were compiled.

The MHSA Planning Committee

The MHSA Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults and Adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

Suicide Prevention Council

The Ventura County Suicide Prevention Council has met monthly for past three years. This group has provided a variety of new services, advocated for prevention strategies and hosted an annual conference. Members include a partnership with the Ventura County Office of Education (VCOE), law enforcement, higher education, hospitals, community based organizations, the LGBTQ+ community, private therapist, Didi Hirsch, American Foundation for Suicide Prevention and many other parties. The Council has worked on and supported this innovative project to reach middle-aged men at risk for the past year throughout the community planning process. This group reviewed and contributed to this suicide prevention project development at the March 3rd, 2017 and the January 5th, 2018 meeting. The Council includes participants across the county who are survivors, family members, local business owners, crisis line services workers, school district employees, law enforcement, BHAB members and mental health providers.

2) Primary Purpose

Select **one** of the following as the primary purpose of your project. (I.e., the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports or outcomes
- ✓ Increase access to mental health services

3) MHSA Innovative Project Category

- *Which MHSA Innovation definition best applies to your new INN Project (select one)?*
  - Introduces a new mental health practice or approach.
- ✓ Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
  - Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

4) Population (if applicable)

- *If your project includes direct services to mental health consumers, family members or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?*

The project is designed to prevent individuals at risk of serious mental illness who are male and aged 45-64 from hurting themselves, but the only immediate services are to the trainees of QPR and are not direct services consumers or family members. The project has a target to train 12 bars or 50 bartenders and servers in Ventura County.

5) MHSA General Standards

- *Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.*

Community Collaboration: The project has partnered with the Department of Alcohol and Drug Prevention, Law Enforcement, the community, and local businesses to create this project. It's designed to educate community members who are not a part of the mental health services field.

Cultural Competency: The target group is notoriously difficult to involve. Numerous focus groups, and literature reviews have been completed on how best to engage middle age men. In an attempt to be culturally competent to this group, the focus groups will build on existing literature and be piloted. The primary focus of engaging bartenders at local restaurants, breweries and bars is to utilize individuals who already have an established relationship with their patrons in this age group.

Client-Driven & Family-Driven: Finding men in this age group who have lived experience and are willing to speak up is difficult. In the planning process for this project, the County has identified some of these clients and family members who have contributed to the project design and will continue to provide insights on the outreach campaign as it is designed and tested. Men who are referred will decide whether or not to participate in services.

Wellness, Recovery, and Resilience-Focused: The campaign and the approach in the QPR training are designed to protect the recipient from any shame or indignation. The interactions and the messaging should be one that promotes wellness and avoids any loss of dignity for the recipient.

Integrated Service Experience for Clients and Families: Partnerships have been established and information has been shared with the Medical Examiner's office, the local crisis hotline, crisis services, law enforcement and alcohol and drug prevention services.

6) Continuity of Care for Individuals with Serious Mental Illness

- *Will individuals with serious mental illness receive services from the proposed project? Potentially, the project assumes that bartenders may have interaction with men at risk of serious mental illness*

and be referred to services. If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Existing crisis services will continue, as they are not subject to any additional funding through this proposal. QPR training will be added to the prevention and early intervention training contract if the program proves to be a success. The advertisement will also continue through an ongoing element of the responsible beverage service training that will be mandated for all servers beginning in 2019.

7) **INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.**
   - *Explain how you plan to ensure that the Project evaluation is **culturally competent**.*
     Note: This is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We, therefore, advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

     Individuals with lived experience from the target age group will be an ongoing part of the project and evaluation process as mentioned in the Evaluation Plan.

8) **Deciding Whether and How to Continue the Project Without INN Funds**
   - *Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?*

     If the evaluation demonstrates success through an increased use of crisis services through the QPR training, the County is prepared to offer the training on a permeant basis and continue to advertise its availability through the mandatory Responsible Beverage Service training and on the County website.

9) **Communication and Dissemination Plan**
   - *Describe how you plan to communicate results, newly demonstrated successful practices and lessons learned from your INN Project. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

     Annual updates will report on the project's learning goals, and a final report will be submitted to the State at the close of the project. Part of the contractor's responsibility is to create a presentation that includes video footage of the project's process and results at the end of the three years.

   - *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

     Suicide prevention, bartenders as gatekeepers, middle-aged men, prevention.

10) Timeline

- *Specify the total timeframe (duration) of the INN Project: __3__ Years __0__ Months*
- *Specify the expected start date and end date of your INN Project:*
  __7/1/18___ Start Date __6/30/21___ End Date
  Note: Please allow processing time for approval following official submission of the INN Project Description.
- *Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for evaluation, stakeholder involvement, and lessons learned.*

Time	
Year 1, Month 1-6	Contractor develops ideas for the outreach campaign. Hold focus groups to message and test ideas. Pilot materials in the community. Have County staff go through "Train the Trainer" for the Question Persuade Refer curriculum.
Year 1, Months 7-12	Attend chamber of commerce meetings in target geographic regions. Set up training with local bar/restaurant owners. Begin trainings for bartenders and servers at establishments in target areas. Begin outreach campaign with print, visual and promotion ads/items.
Year 2	Gather and analyze year 1 data. Continue to train bartenders and servers as needed until target number is reached. Begin follow-up surveys. Initiate spot trainings for bars with turnover.
Year 3 Months 1-5	Gather and analyze year 2 data. Continue to train bartenders and servers as needed until target number is reached. Conclude training.
Year 3 Months 6-12	Conclude follow-up surveys. Analyze all data from the five evaluation questions in the final report.

11) INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

- BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

EXPEDITURES

OPERATING COSTS

Direct Costs

Services and Supplies: Trainings, spot training for turnover, training materials, training for the trainers, and incentives.

Total Direct Costs = $20,240

Indirect Costs

VCBH Administrative Allocation: (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc.

Total Indirect Costs = $31,484

CONSULTING COSTS /CONTRACTS

Information Technology and Design: (IDEA Engineering) – Targeted campaign design, piloting, focus groups; website design, maintenance, and tracking; video production and direction; campaign supplies coasters, pens, posters; social media outreach purchase for 3 year duration.

Total Information Technology= $151,043

Evaluation: (Evalcorp) –Analytics of website traffic and social media campaign, tracking and analytics of QPR pre post and follow up surveys.

Total Evaluation= $25,000

Talent-Talent fee for unlimited use of celebrity level spokesperson in images and video in Ventura County.

Total Talent = $10,000

Individual Trainers: Trainers to be trained and certified in QPR; provide 72 hours of QPR training to bartenders and servers. $50 x hr 72 hours

Total Trainers = $3,600

Total CONSUTING COSTS/CONTRACTS = $189,643

GRAND TOTAL - $232,741

I. New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
1.	Salaries						

2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
OPERATING COSTs		**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
5.	Direct Costs	**13,714**	**3,263**	**3,263**			**20,240**
6.	Indirect Costs	**17,634**	**6,925**	**6,925**			**31,484**
7.	Total Operating Costs	**31,348**	**10,188**	**10,188**			**51,724**

NON-RECURRING COSTS (equipment, technology)		**FY xxxx**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
11.	Direct Costs	**103,843**	**42,900**	**42,900**			**189,643**
12.	Indirect Costs						
13.	Total Consultant Costs	**103,843**	**42,900**	**42,900**			**189,643**

OTHER EXPENDITURES (please explain in budget narrative)	**FY xxxx**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**FY xxxx**	**Total**
14.						
15.						
16. Total Other expenditures						

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

BUDGET TOTALS						
Personnel (line 1)						
Direct Costs (add lines 2, 5 and 11 from above)	**117,557**	**46,163**	**46,163**			**209,883**
Indirect Costs (add lines 3, 6 and 12 from above)	**17,634**	**6,925**	**6,925**			**31,484**
Non-recurring costs (line 10)						
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET	**135,191**	**53,088**	**53,088**			**241,367**

- For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

II. ***Expenditures By Funding Source and FISCAL YEAR (FY)***							
Administration:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	FY 2019	FY 2020	FY 2021	FY xxxx	FY xxxx	Total
1.	Innovative MHSA Funds	**17,259**	**6,550**	**6,550**			**30,358**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Sub-Account						
5.	Other funding*						
6.	**Total Proposed Administration**	**17,259**	**6,550**	**6,550**			**30,358**
Evaluation:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN**	**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**

	Project by FY & the following funding sources:						
1.	Innovative MHSA Funds (contracted)	**5,000**	**10,000**	**10,000**			**25,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**5,000**	**10,000**	**10,000**			**25,000**
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	FY 2019	FY 2020	FY 2021	FY xxxx	FY xxxx	Total
1.	Innovative MHSA Funds	**132,315**	**50,213**	**50,213**			**232,741**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**132,315**	**50,213**	**50,213**			**232,741**
*If "Other funding" is included, please explain.							

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

County: Ventura **Date Submitted** 2/26/2018

Project Name: Push Technology Project

I. Project Overview

1) PRIMARY PROBLEM

- *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.*
- *Describe what led to the development of the idea for your INN project and the reasons you have prioritized this project over alternative challenges identified in your county.*

A simple Google search for psychiatric bed shortage reveals pages of news articles nationwide decrying the need for additional psychiatric hospital beds. The number of psychiatric beds in the United States has been decreasing dramatically over the past few decades. The Treatment Advocacy Center recently published estimates of state hospital bed needs, noting in 1955 (before deinstitutionalization), the nation was served by roughly 337 state beds per 100,000 persons, and by 2016, there were fewer than 12 beds per 100,000 persons (Swartz 2016). Since 1998, there has been a 35% reduction in available beds per 100,000 people (Bastiampillai, Sharfstein, Allison, 2016). Ventura County has experienced similar declines in the number of available beds – a problem exasperated by the recent Thomas Fire that burned one of only two psychiatric facilities in the County. The affected hospital treated adults and was the only facility in the County licensed to treat youth. The result has been a recent spike in youth hospitalizations out-of-county, often as far away from family as Bakersfield or the San Francisco Bay area.

Research has demonstrated a lack of available hospital beds leads to higher occupancy rates, shorter inpatient rates of stay and prolonged emergency department waiting times (Bastiampillai, Sharfstein, Allison, 2016). This causes the most vulnerable patients in crisis to wait for hours or days, crowding hospital hallways while they wait for a bed to become available, only to then be released back in to the community at faster rates than in the past.

Individuals with a current or recent inpatient psychiatric hospitalization are also at an elevated risk for suicide. A significant clustering of suicides has been found soon after discharge from psychiatric care – the most critical period being the first 28 days (Goldacre, Seagroatt, Hawthorne, 1993). Reinforcing the need for additional beds but also supports to be instituted during the critical period between discharge and treatment.

The most obvious solution to this issue is to increase the number of available beds. However, the lengthy licensing processes, high cost and lack of available space restrict this possibility. A workgroup has been formed in Ventura County to advocate for additional bed space, but this simple solution may never be enough. A simulation to study the reduction in psychiatric hospital admission delays in North Carolina by increasing available beds was employed in 2015. The results

emphasized the scale of the problem as "the substantial capacity shortfalls in the current system. For example, opening an additional 24-bed unit was projected to decrease average (ER) wait time by only six percent. Capacity would need to be increased by 165 percent (356 beds) to reduce average wait time below 24 hours" (La, Lich, Wells, Ellis, Swartz, Zhu, Morrissey 2014). No County can accommodate that 165 percent growth in any sort of reasonable time frame.

There are plenty of reasons to explore new and innovative complimenting treatments to reduce the need for these beds in any way possible, though. The County seeks to explore whether technology can aid in this goal by offering mobile bridge support post-discharge to reduce rates of re-hospitalization.

2) WHAT HAS BEEN DONE ELSEWHERE TO ADDRESS YOUR PRIMARY PROBLEM?

A Literature Review was performed during the winter of 2017/2018 searching push technology, ecological momentary interventions, re-hospitalization reduction, discharge support and rates of psychiatric re-hospitalization. Searches of MHSA-funded County behavioral health departments were also reviewed for existing programs using technology to support reducing re-hospitalization rates. There were not enough examples in literature to support an evidence-based model that had consistent positive findings on reducing re-hospitalization, and even fewer that used technology as a bridge support. Utilizing technology platforms to support mental health is a new and emerging business with new applications and websites consistently being developed. However, research on these efforts is lacking. Research is still developing on many of these adjunct treatment approaches and supports. Kern and Los Angeles County are embarking on the use of technology supports to increase accesses to mental health services but do not target seriously and persistently mentally ill individuals exiting hospitalization.

Behavioral Intervention Technologies (BMI) are a good way to test ecological momentary interventions (EMIs). EMIs are repeated treatments provided to people during their everyday lives in real time and in their natural settings. According to research done by Mohr and his colleagues, older studies have tried this – beginning with pen and paper then moving to personal digital assistants popular in the late '90s – while more recent studies have used cell phones and smartphones. Trials have found some positive effects on treating anxiety, eating disorders, bipolar and schizophrenia with mobile EMIs, though the literature is limited and of variable quality (Mohr, Burns, Schuller, Clarke, and Klinkman 2013). None of the research found made any definitive conclusions regarding the efficacy of BMIs and EMIs. No studies were found utilizing EMIs to reduce re-hospitalization rates. Literature found focusing on lowering rates of re-hospitalization interventions also varied widely.

Common themes that emerged for reducing re-hospitalization across the literature focused on bridge supports that offered integrated service delivery between inpatient and outpatient treatment staff, phone calls for appointment reminders and higher number of hours spent in treatment post hospitalization as being effective (Dixon, Goldberg, Iannone, Lucksted, Brown, Kreyenbuhl, Lijuan Fand, Potts 2015; Beebe 2001). The primary positive factor found in the review of existing research was family support during and after hospitalization. Family support is routinely identified as a determining factor in a patient's success after discharge across age groups, from children to adults (Blader, 2004; Dixon, Goldberg, Iannone, Lucksted, Brown, Kreyenbuhl, Lijuan Fand, Potts 2015;

Compton, Rudisch, Craw, Thompson, Owens, 2006). The Push Technology Innovation attempts to utilize these findings in the design of the proposed project.

3) THE PROPOSED PROJECT

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

- *Provide a brief narrative overview description of the proposed project.*
- *Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).*
- *Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.*

The proposed project will focus on individuals exiting county inpatient psychiatric hospitals and residential crisis stabilization units. The project is designed to increase the quality of mental health services. The primary goal of the project is to improve post-discharge outcomes through the employment of mobile EMI through automated push technology provided in partnership with the local 211 services provider. The project makes a change to an existing mental health practice by utilizing EMI to reduce re-hospitalization through repeated mini-assessments and appropriate follow-up during the first 90 days post hospitalization. According to repeated research, this is the time period when individuals are at the highest risk for re-hospitalization or attempted suicide (James, Charlemagne, Gilman, Alemi, Smith, Tharayil, Freeman 2010; Goldacre, Seagroatt, and Hawthorn 1993).

Youth and adults will be invited to enroll in the trial upon discharge and participants will receive a daily text assessment measuring mood for the first 30 days after discharge, then weekly for the remaining 60 days. Any downward trend in the assessments or sudden dip will automate a follow-up text offering one of the following options:

- Connect the patient to their clinic
- Connect the patient to a warm line
- Have the operator call them
- Provide a resources referral

- Connect to the crisis team
- No action

In addition, enrollees may identify a support person (i.e., a friend, parent, sibling, spouse, etc.) to participate in the program. These support participants will receive weekly assessments asking for their perception as to how they feel the person is doing. Similarly, these individuals will receive follow-up texts after downward trends or sharp declines with the same menu of services.

Appointment reminders are another important intervention recommended by the literature review. Therefore, both the participants and their support people will receive a first appointment reminder text in addition to the 90 days of EMI. The project attempts to utilize the most consistent recommendations from the literature to build a best practice into the innovative program design. The goal of the program is to intervene with the already available support services prior to the participant decompensating to the point of needing re-hospitalization.

4) INNOVATIVE COMPONENT

Describe the key elements or approach(es) that will be new, changed or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The Push Technology Innovation project uses mobile behavioral intervention technology to adapt EMI and connect vulnerable participants to ongoing services during the first 90 days post discharge from an inpatient psychiatric hospital or crisis stabilization unit. By offering this intervention during this critical time, the project anticipates participants will utilize services at a higher rate, thus reducing re-hospitalization.

5) LEARNING GOALS / PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

- Are clients satisfied with EMI technology and do they find it valuable in their mental health recovery?
- Do participants make it to their follow up appointment more frequently with text support?
- Does using mobile EMI increase treatment adherence?
- Does using mobile EMI reduce the rate of re-hospitalizations?

6) EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

- *Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?*

  Target Participants will include Adults and youth being discharged from psychiatric hospitalization or crisis stabilization units. Local psychiatric hospitals and crisis stabilization services only receive patients ages 6-59. Potential participants will be offered to enroll in the program when they meet with the discharge planner from either facility. At that time, they can choose to sign a consent form if they wish to participate.

  Support Participants will be identified by target participants. Youth must choose a parent or guardian. Adults may identify anyone they believe is or has been a positive support in their wellness and recovery. Participants who are not on-site to sign consent forms will be able to give their consent through the text messaging capacity.

- *What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.*

  Participant demographics, the number of responses to EMI, and overall engagement with push technology services as well as a self-report survey on hospitalization treatment and satisfaction with services. A qualitative design method will be used to evaluate the learning goals, using the above data, and patient electronic health records. Self-report survey data and the electronic health record (EHR) will be evaluated to establish treatment history and past hospitalizations for comparison post-intervention. Treatment history will be defined as participants who have received treatment from VCBH or other confirmed provider and have progress notes that support that they are engaged and taking any prescribed medications. Text pre and post surveys will measure self-report of treatment adherence, the value of service, and any hospitalizations that happen out of the county or out of network. EHR will be compared against the self-report survey to ensure the most complete data set. Out-of-network or out-of-county hospitalizations are not automatically reported. EMI assessments will measure mood and any requests for needed services (clinical or otherwise) in the first 90 days after discharge to establish levels of engagement. EMI data will be measured separately by participant and support person responses.

- *What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?*

  - *Are clients satisfied with EMI technology and do they find it valuable in their mental health recovery?*

    Follow up post survey completed through text response will indicate whether participants were satisfied with the services and found the service valuable.

  - *Do participants make it to their follow-up appointment more frequently with text support?*

EHR records will identify which patients are leaving the hospital, or crisis stabilization services attended their appointments post discharge. The rate of attendance will be compared with EHRs of participants and individuals who chose not to participate in the study with IRB approval. Otherwise a benchmark indicator will be set from a review of existing research and used for comparison purposes.

- *Does using mobile EMI increase treatment adherence?*

  Services utilization and medication compliance will be tracked in the EHR records and compared with participants and individuals discharged during the same period who chose not to participate in the study, pending IRB approval.

- *Does using mobile EMI reduce the rate of re-hospitalizations?*

  Recidivism rates will be compared through EHR records and self-report surveys with participants and individuals who chose not to participate in the study or with participant's previous EHR history, one-year post initial hospitalization.

- *How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post-intervention)?*

This is a quantitative method research design utilizing self-assessment surveys and EHR records to assess the intervention's impact. EMI daily and weekly assessment surveys will measure mood over a 90-day period and any additional requests for services or connections to services from the participant and the support person's perspectives through their personal cell phones. A one-year follow-up self –report will take place through a text survey designed to measure any additional hospitalizations, as well as satisfaction and value of the intervention service.

Data Collection Procedures

- **Behavioral Intervention Technology utilizing EMI for target participants (N=1,000)**
  The intervention will involve using a personal cell phone to deliver daily and weekly assessments of participants' moods/feelings for the first 90 days post discharge from a hospital or crisis stabilization facility. At one year, the participants will get a follow-up survey measuring any hospitalizations, as well as their satisfaction and value of the service. These surveys, in addition to their EHR, will be utilized to measure whether the program had a positive effect on first appointment attendance, treatment adherence, and re-hospitalization rates.

- **Behavioral Intervention Technology utilizing EMI assessments for support person of target participants (N=1,000)**
  The intervention will involve using a support person's personal cell phone to deliver weekly assessments of target participants' behaviors from the point of view of the support person for the first 90 days post discharge from a hospital or crisis stabilization facility. At one year, the support person will receive a follow-up survey measuring any hospitalizations of the target participant, as well as their frequency of contact, satisfaction, and value of the service.

These surveys, in addition to the target participants' self-report surveys and EHR, will be utilized to measure whether the program had a positive effect on first appointment attendance, treatment adherence, and re-hospitalization rates.

- *What is the preliminary plan for how the data will be entered and analyzed?*

  Data will be reviewed to establish any effect the intervention had on participation, value, satisfcation, treatment adherance, and recidivision rates. Data will be compared by age demographic of the participants and comparison groups using t-tests and chi-square analyses. Comparison of continuous measures, scores and Likert scales will be conducted by age and clinical characteristics.

  Because of potential differences in the level of engagement of the support person, and to account more directly for the degree of adherence to the model, additional analyses will be performed repeating all the analyses above, including only individuals who had a support person identified in the study. This group will be separated into two groups (Parent and Other) and compared by the age of the enrolled participant. The groups will be compared by t-tests. Additional analysis will look at the support individuals by the degree of participation during the 90-day periods and be compared by repeated the above analysis.

7) CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality, as well as regulatory compliance in these contracted relationships?

Interface is a proven contractor with the County, successfully fulfilling multiple contracts to serve children and family and provide 211 services. They will be responsible for sending monthly data reports to the County for implementation and monitoring purposes. The County will provide project management, data analysis, technical support, regulation compliance and evaluation throughout the project.

II. ADDITIONAL INFORMATION FOR REGULATORY REQUIREMENTS

1) COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

- **The Community Program Planning Process**

  The County modified its approach to the Community Planning Process this past year, with community forums conducted in three different geographic regions of the County, and translation services available in all three. Community members were trained on MHSA rules and regulations,

guiding principles and Innovation criteria. Community members were then asked to submit ideas for needed program and any innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or going online. In addition to community forums, this training was presented to several groups and committees to invite their participation. Through these events, a full list of community needs was compiled with 52 innovative concepts.

- **The MHSA Planning Committee**
  The MHSA Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review that highlighted which programs seemed to be new concepts after a preliminary search. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who represented the following populations: consumers, youth, transitional age youth, law enforcement, older adults, and adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

- **Interface Focus Groups**
  The contractor conducted focus groups for youth and adults to determine the willingness and interest in a text-based communication line. Based on these results, they launched 211 text capability. Since going live, they have received an average of 167 requests for information a month.

2) PRIMARY PURPOSE

*Select **one** of the following as the primary purpose of your project. (I.e., the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).*

Increasing the quality of mental health services, including measurable outcomes, is the primary purpose for the project.

3) MHSA INNOVATIVE PROJECT CATEGORY

Which MHSA Innovation definition best applies to your new INN Project (select one):

Making a change to an existing mental health practice that has not yet been demonstrated to be effective – including, but not limited to, adaptation for a new setting, population or community – is the definition that best applies to the project.

4) POPULATION (IF APPLICABLE)

If your project includes direct services to mental health consumers, family members or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number? Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The project estimates 500 individuals at risk of serious mental illness or serious emotional disturbance will be served annually, with 1,000-1,500 over the three-year period. Eligibility criteria consist of discharge from hospitalization or crisis stabilization services (serving ages 6-59) during the project's active enrollment period.

5) MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

- **Community Collaboration**
  The project partners with local service agencies through the 211 service. All participants can be connected to housing, employment, food, education and any needed services through the regular 211 service built into the model.

- **Cultural Competency**
  The text SMS service of 211 can be provided in multiple languages. The current top needs locally, outside of English, include Spanish, Mandarin, Arabic, Farsi, Russian and Vietnamese. According to the Pew Research Center, 95% of Americans own a cell phone. Pew also found that sending notifications via text to consenting survey panel members improves response time and boosts the share of respondents completing the survey on a mobile device (2015). The County is utilizing the cultural norm of texting to communicate on a cell phone to employ this project.

- **Client-Driven**
  Participants will decide whether to participate, which support person they prefer and determine when and what intervention to take advantage of if and when they start to experience declining moods or thoughts of harm.

- **Family-Driven**
  The family will be included in the project to help support participants in their wellness and recovery efforts after hospitalization.

- **Wellness, Recovery, and Resilience-Focused**
  The project target goal is to lower rates of recidivism to psychiatric hospitalization through the utilization of EMI real-time, real-world assessment and connect participants to the supports they

need. The idea is to support participants in their wellness and recovery through a non-intrusive client-driven model.

- **Integrated Service Experience for Clients and Families**
  Agencies partnering on this project include Behavioral Health, the Healthcare Agency, local contractor Seneca children's services and Interface 211 service, provider.

6) CONTINUITY OF CARE FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

The project is designed to enhance the use of current services, not add additional services. There will be no loss of services if the project is unsuccessful.

7) DECIDING WHETHER AND HOW TO CONTINUE THE PROJECT WITHOUT INN FUNDS

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

At the end of year three, if the project produces positive results and is deemed a success, the County will include the project in the continued budget for the following year. If the project is unsuccessful in any of the four learning goals, the project will be discontinued.

8) COMMUNICATION AND DISSEMINATION PLAN

- *Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.*

  Annual updates will report on the process of the project's learning goals, with a final report submitted to the State at the project's conclusion. Ongoing presentation updates will be provided to the BHAB annually.

- *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

  Keywords for searching will include: "push technology," "text message support," "crisis care," "re-hospitalization prevention" and "ecological momentary interventions."

9) TIMELINE

- *Specify the total timeframe (duration) of the INN Project:* __3__ Years __0__ Months
- *Specify the expected start date and end date of your INN Project*:
  7/1/2018 - Start Date, 6/30/2021 - End Date

- *Note: Please allow processing time for approval following official submission of the INN Project Description.*

- *Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for startup and evaluation:*

Time	
Year 1 Month 1-6	– Contractor hires needed program staff – Contractor works with its staff to create text messaging surveys, assessments, timing sequences and follow up procedures – Training for enrolling participants takes place for hospitalization and crisis stabilization staff – IRB approval finalized – Project presented at the VCBH clinic town halls to ensure awareness
Year 1 Months 7-12	– Enrollment of participants begins – Program proceeds to enrollment target of 300-500 participants – Enrollment targets are broken down into a range due to the fluctuation in hospitalization rates
Year 2	– Year 1 data gathered and organized – Follow up surveys begin – Past 5 years of data collected for all enrolled participants (as possible) – Program proceeds to enroll 500-1000 participants
Year 3 Months 1-5	– Year 2 data gathered and organized – Program proceeds to enroll 0-250 participants as need to complete enrollment targets then enrollment concludes
Year 3 Months 6-12	– Follow up surveys conclude – All data from the evaluation questions are analyzed for the final report

10) INN Project Budget and Source of Expenditures

The next three sections identify how the MHSA funds are being utilized:

- *BUDGET NARRATIVE*
  (Specifics about how money is being spent for the development of this project)
- *BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*
  (Identification of expenses of the project by funding category and fiscal year)
- *BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)*

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III. BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

OPERATING COSTS

Indirect Costs

VCBH Administrative Allocation (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc.

Total Indirect Costs: $57,252

CONSULTANT COSTS/CONTRACTS

Direct Costs

Push Technology Services: (Interface)-

Personnel

Contact Specialist: Trained on VCBH Push Technology Project process, procedures, and goals of the program. Connects participants to services menu, provides follow up support, and connection to any additional non clinical needs that participants request.

Time to Project: 36 months; 100% FTE Annual Salary $34,320 Project Salary= $106,080

Supervisor: Develop VCBH Push Technology Project process, procedures, that support the goals of the program. Provides supervision to contact specialist. Responsible for sending monthly data reports and quarterly narrative reports.

Time to Project 36 months; 50% FTE Annual Salary $47,116 Project Salary= $72,815

Benefits: (22.50%) Total= $40,251

Total Personnel = $219,147

Operating Expense: Occupancy, Telephone, Texting, Network Management, Supplies, Equipment

Operating Expense Total = $36,725

Indirect Costs: (15%) Overhead cost allocation of contractor.

Total Indirect Cost = $38,381

Total Push Technology Services: $294,253

Evaluation: (Evalcorp)-Creation of formal evaluation plan, matching participants, control group data records, analysis of data findings, two annual reports and one final summation report of project outcomes.

Total Evaluation Cost = $87,427

TOTAL CONSULTANT/CONTRACTORS =$381,681

GRAND TOTAL: $438,933

I. New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
OPERATING COSTs		**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
5.	Direct Costs						
6.	Indirect Costs	**18,100**	**18,483**	**20,669**			**57,252**
7.	Total Operating Costs						

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NON-RECURRING COSTS (equipment, technology)		FY xxxx	FY xxxx	FY xxxx	FY xxxx	FY xxxx	Total
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
11.	Direct Costs	**108,234**	**110,430**	**124,636**			**343,300**
12.	Indirect Costs	**12,435**	**12,791**	**13,155**			**38,381**
13.	Total Consultant Costs	**120,669**	**123,221**	**137,791**			**381,681**

OTHER EXPENDITURES (please explain in budget narrative)		FY xxxx	FY xxxx	FY xxxx	FY xxxx	FY xxxx	Total
14.							
15.							
16.	Total Other expenditures						

BUDGET TOTALS	FY 2019	FY 2020	FY 2021	FY xxxx	FY xxxx	Total
Personnel (line 1)						
Direct Costs (add lines 2, 5 and 11 from above)	**108,234**	110,430	124,636			343,300
Indirect Costs (add lines 3, 6 and 12 from above)	**30,535**	31,274	33,824			95,633
Non-recurring costs (line 10)						
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET	**138,769**	141,704	158,461			438,933

- For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

II.	***Expenditures By Funding Source and FISCAL YEAR (FY)***						
Administration:							
A.	**Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	**18,100**	**18,483**	**20,669**			**57,252**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Sub-Account						
5.	Other funding*						
6.	**Total Proposed Administration**						
Evaluation:							
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	**25,333**	**25,162**	**36,932**			**87,427**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Sub-Account						
5.	Other funding*						

6.	**Total Proposed Evaluation**	**25,333**	**25,162**	**36,932**			**87,427**
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2019**	**FY 2020**	**FY 2021**	**FY xxxx**	**FY xxxx**	**Total**
1.	Innovative MHSA Funds	**138,169**	**141,703**	**158,461**			**438,933**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Sub-Account						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**138,169**	**141,703**	**158,461**			**438,933**
*If "Other funding" is included, please explain.							

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VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Elaine Crandall
Director

Brian S. Taylor, MD
Medical Director

Lisa Acosta, MD
Medical Director

MEMORANDUM

DATE: February 20, 2018

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

Executive Summary

Ventura County Behavioral Health (VCBH) requested Board of Supervisors approval for the following:

Board Agenda – February 13, 2018 - Approved

1. Alcohol and Drug Programs (ADP) – Driving Under the Influence (DUI) Program Service Rates and Fees.

The Ventura County DUI program operates under the parameters set forth in California Health and Safety Code, Sections 11836 through 11838.11. This program is implemented via regulations adopted by the California Department of Health Care Services (DHCS) (California Code of Regulations Title 9, Sections 9795 through 9886). Individuals convicted of DUI are required to enroll, participate, and complete a state certified DUI program. In 2015, there were 3,175 DUI cases on the Ventura County Superior Court calendar. Services are offered in the cities of Oxnard, Ventura, Simi Valley, Fillmore and Thousand Oaks.

As with all DUI programs in California, there is no local, state or federal funding allocated to these programs. The program is self-sustaining and all revenue generated is from participant fees. Additionally, the program is required to pay the state for each participant enrolled. California Code of Regulations Title 9, Section 9878 provides that DUI programs "shall charge only the program fee or any additional fee that has *been approved by the DHCS…*" Further, DUI programs *"shall not increase program fees … unless a request has been … submitted to and approved by the Department."* Moreover, *"the DUI program shall set participant fees at a level sufficient to cover the cost of program services, including each participant's share of personnel and operating expenses incurred by the DUI program in providing program services."*

After a review of operational costs and revenue, it was determined that a program rates and ancillary fees increase is required to cover operational program costs. Ventura County DUI program rates and ancillary fees have not been increased since 2009. On November 8, 2017, the Ventura County DUI program submitted a request to DHCS to increase the program rates and ancillary fees (and establish one new fee). On January 23,

2018, the Ventura County DUI program received notice that the request was approved. The proposed fees below are consistent with all rules and regulatory requirements under California Code of Regulations Title 9, Sections 9795 through 9886.

Program Rate Table

Program	Current Rates	*Proposed Rates*	Overall Rate Increase	% of Increase	Estimated # of Clients	Annual Increase
FCP 12 Hour	$270	$301	$31	11	5	$155
FCP 3 Month	$843	$943	$100	12	421	$42,100
FCP 6 Month	$1,400	$1,565	$165	12	7	$1,155
FCP 9 Month	$1,851	$2,071	$220	12	334	$73,480
FCP 12 Month	$2,407	$2,691	$284	12	3	$852
FCP 18 Month	$2,581	$2,886	$305	12	924	$169,092
Total Estimated Annual Increase						**$286,834**

NOTE: FC = First Conviction and MC = Multiple Convictions. The number of months in the program is determined by the court based on the severity of the offense.

Ancillary Fee Table

Special charges in FCP and MCP (per occurrence)

Ancillary	Current Fees	*Proposed Fees*	Overall Fee Increase	% of Increase	Estimated # of Clients	Annual Increase
Missed Activity Fee	$20	$30	$10	50	8,480	$84,800
Late Payment Fee	$10	$25	$15	150	3,848	$57,732
Testing for Under the Influence	$27	$30	$3	11	30	$91
Replacement Fee for Notice of Completion (DL 101)	$12	$20	$8	67	63	$504
Leave of Absence Fee	$40	$45	$5	13	58	$294
Reschedule Fee	$20	$30	$10	50	6,944	$69,440
Reinstatement Fee	$44	$75	$31	70	721	$22,351
Transfer-Out Fee for active enrolled clients	$62	$75	$13	21	42	$548
Transfer In - Active	N/A	$75	$75	N/A	20	$1,500
NSF Returned Check Charge	$30	$40	$10	33	17	$172
Total Estimated Annual Increase						**$237,432**