

BEHAVIORAL HEALTH ADVISORY BOARD
ADULT SERVICES COMMITTEE
MINUTES ■ Thursday, September 7, 2017

<p>Present Nancy Borchard, Co-Chair Jerry Harris, BHAB Chair Ratan Bhavnani, BHAB Rachel McDuffee, Aegis Treatment Centers Mark Stadler, CIT David Deutsch, NAMI Cici Romero, Pacific Clinics Cheryl Malinowski, Telecare Kalie Matisek, Turning Point Foundation Mark Schumacher, Turning Point Foundation Dana Secor, Turning Point Foundation Denise Noguera, VCAA</p>	<p>VCBH Managers/Staff Present John Schipper, Adult Division Manager Hilary Carson, MHSA Pam Roach, Transformational Liaison Anna Flores, ADP Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Thursday, October 5, 2017, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health 1911 Williams Drive, second floor, Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Co-Chair Nancy Borchard called the meeting to order at 10:10 a.m.		
II.	Approval of the Agenda Ms. Borchard asked the Committee to review and approve today's agenda. Ratan Bhavnani moved to approve, Kalie Matisek seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Borchard asked the committee to review and approve the minutes of the July 6, 2017 meeting. John Schipper moved to approve, Pam Roach seconded. The motion passed unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Borchard welcomed everyone and asked for introductions.		
V.	Public Comments None.		
VI.	Chair Announcements The Board of Supervisors is scheduled to hear an update on homelessness during its September 26 meeting. Ms. Borchard encouraged all to attend. Ms. Borchard introduced Jerry Harris, who is the Chair of the Behavioral Health Advisory Board. Mr. Harris thanked the committee for its hard work. He would like to increase the communication between all committees and the board, and also between the committees when they work on similar topics.		
VII.	Presentation: No Place Like Home and MHSA Updates – Hilary Carson AB 1618, No Place Like Home, provides funding for the chronically homeless, people at risk for chronic homelessness and the homeless suffering from a serious mental illness. The goals of the program are to ensure coordinated entry (prioritize access to services), selection practices (prioritize available units) and align resources (mental health, physical health, substance use services, independent living skills). In Ventura County, the Continuum of Care (CoC) functions under the County Executive Office to tackle the housing and homelessness. The CoC has several subcommittees, including one which assesses individuals who are homeless and are in the HMIS data system for placement in available housing.	Information	

Ventura County is receiving \$150,000 for technical assistance funding and \$2 million in non-competitive funding. It expects to apply for competitive funding in winter 2018. Project plans must be in place before applying

The funding is for people who have a diagnosis of a serious mental illness, although they do not have to be receiving or enroll in services at the time they apply. The rent cannot exceed 30% of a renter's income. Certain services must be available on site, but renters are not required to participate.

Ventura County's CoC is currently using an assessment and coordinated entry point through the HMIS database to determine eligibility for existing placements. This practice will continue once NPLH units are available. People being discharged from Hillmont Psychiatric Center, the Crisis Residential Treatment, the jail and other placements who were previously homeless or who are at risk of becoming homeless will be eligible for the program.

The CoC plans to ask the Board of Supervisors to declare a housing crisis in Ventura County; other counties that have done so have been able to make substantial changes to their homeless population. Everyone is welcome to attend the next CoC meeting on September 13.

The County will need to have an active collaboration with many agencies prior to the application deadline to ensure the un-funded supportive services requirements of the NPLH funding.

Mental Health Services Act (MHSA) funding will lose \$2 million. NPLH guidelines ask that counties study the consequences of this loss, which will be offset by NPLH.

Regarding suicide prevention:

- A. The Suicide Prevention Council will hold the second Preventing Suicide/Help & Hope conference on September 20th at Oxnard College. Transitional age youth and their families, especially Hispanics, are encouraged to attend. Several workshops will be conducted in Spanish and translators will be available
- B. The Suicide Prevention Committee meets on the first Friday of the month from 10:00 to 11:30 a.m. at VCBH Administration, second floor. All are encouraged to participate.
- C. Data from the coroner's office indicate that seven older adults between the ages of 71 to 100 have completed suicide in the past six months alone. The Suicide Prevention Committee would like to bring it to the attention of the BHAB Adult Committee and invite partnership to consider ways to help this vulnerable population.

VIII. BHAB Adult Services Committee Annual Report for 2016-17

The committee reviewed the Draft 7 of the Annual Report.

- A. John Schipper requested to have # 3 of the Objectives 2017-18 read "... Hillmont Psychiatric Center..." rather than "Hillmont Inpatient Unit." The committee agreed.
- B. Mark Schumacher requested to add Crisis Residential Treatment to that objective. The committee agreed to add an objective which reads "Advocate for the Crisis Residential Treatment (CRT) to be used as a crisis prevention and step-down from Hillmont Psychiatric Center or other intensive service."

Ratan Bhavnani moved to approve the report as amended; Kalie Matisek seconded. The motion passed unanimously.

Jerry Harris suggested that the achievements can be a few sentences that highlight the cooperation with VCBH and the committee's advocacy and impact it has. Ms. Borchard agreed to include this in next year's report.

Approve Annual Report as amended.
M/S/C

IX. Members and Participants Comments

- A. Cheryl Malinowski noted that Larry Berent recently retired. Also, there are

	<p>currently five openings in the various Casas. There is no longer a casa that is reserved for TAY only; instead, TAY residents are housed in the various casas.</p> <p>B. Cici Romero distributed a flyer on Pacific Clinics' TAY Tunnel 10 years open house on September 20.</p> <p>C. Mark Schumacher noted that starting October 1st Quality of Life will provide services to River Haven. This will be the sixth location where such services are provided. Mr. Schumacher noted that a recent Ventura County Star article reported on a situation where the Ventura Police and Crisis Intervention Team handled a potential suicide-by-cop incident, which had a positive outcome.</p> <p>D. David Deutsch noted that at the NAMI general meeting that will be held on September 12, Supervisor Parks will give a presentation on a proposal to bring a nursery on Lewis Road grounds; this will provide part-time work for people with a mental illness. Mr. Deutsch distributed a flyer regarding the NAMI Ventura County's 1st Evening at the Theater fundraising gala on October 21st. Mr. Deutsch noted that during its conference held August 25 and 26, NAMI California recognized Elaine Crandall as Outstanding Mental Health Director and Ratan Bhavnani for his many years of service on the NAMI California board, from which he is retiring. Mr. Deutsch complimented Rachel McDuffee for her presentation at the Opioid Solutions Summit on August 29.</p> <p>E. Gane Brooking referred to the comments made by Sam Quinonez, a presenter at the opioid summit of August 29, who stated that people are emotionally unsatisfied. Ms. Brooking asked all for ideas on how to reduce loneliness.</p>		
X.	<p>Update: Behavioral Health Adult Division – Dr. John Schipper</p> <p>A. The State is meeting this day with the Rapid Integrated Support and Engagement (RISE) Team and stakeholders. VCBH will present data regarding the impact that RISE has had on incarceration and hospitalization rates.</p> <p>B. Changes in the organizational structure of VCBH include the creation of three senior behavioral health manager positions. These positions have been filled by promoting Sevet Johnson (Adult Division), Dina Olivas (Youth & Family Division), and Kiran Sahota (MHSA). Dr. Johnson will focus on the operation of the clinics, although Dr. Schipper will retain direct oversight of STAR and Adult Residential Services (ARS).</p> <p>C. The Assist program is preparing a report for Substance Abuse & Mental Health Services Administration (SAMHSA). VCBH will most likely fall slightly short of the goal of serving 40 clients in the first year.</p>		
XI.	<p>Update: Behavioral Health Substance Use Disorders – Anna Flores</p> <p>A. The opioid conference was well attended and well received.</p> <p>B. The Department of Health Care Services visited the West Ventura Alcohol and Drug Program clinic at 24 E. Main Street in Ventura. The exit interview went well and did not raise any concerns related to client services. The time to service at that clinic is under seven days, and the completion rate is higher than the national average.</p> <p>C. People can go to a clinic and request a naloxone kit. Minors need to have an adult request it.</p>		
XII.	<p>Adjourn The meeting adjourned at 11:55 a.m.</p>		



September 7, 2017

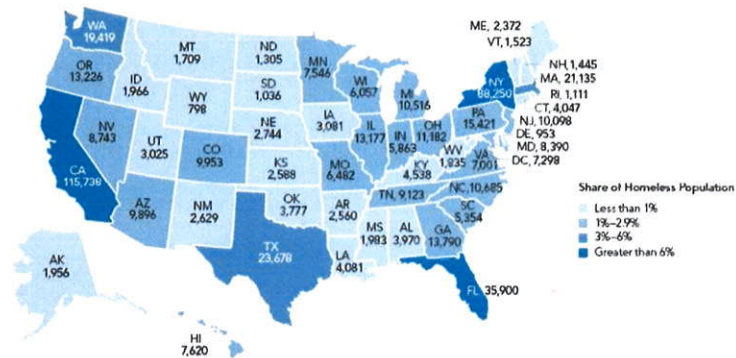
NO PLACE LIKE HOME (NPLH)

AB 1618

California Department of Housing and Community Development
Presentation Slides -Edited for brevity and local update added by
Hilary Carson

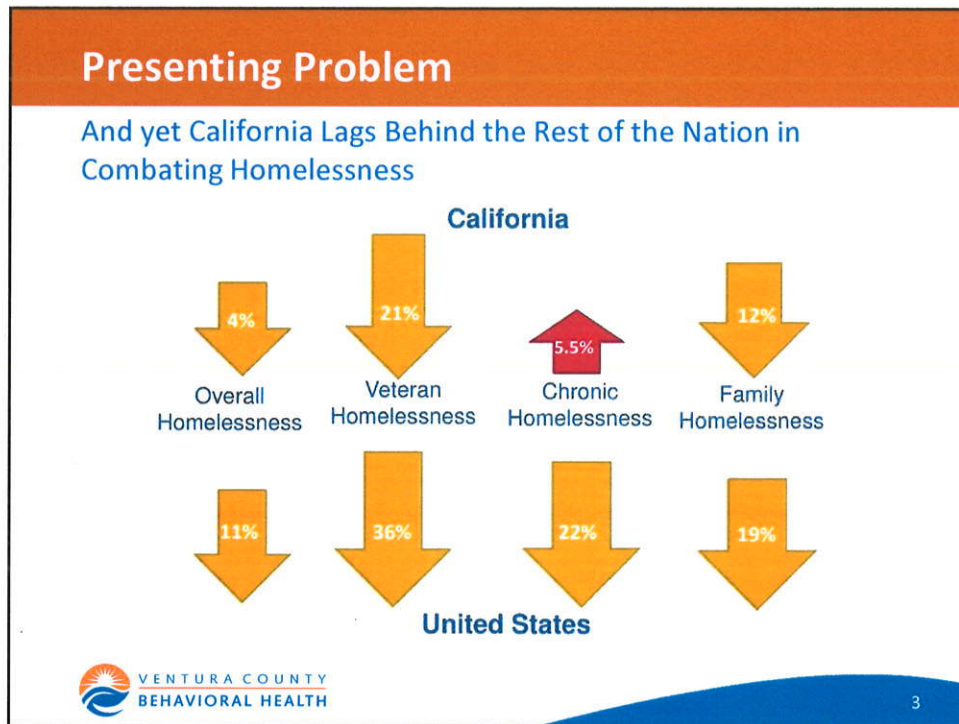
Presenting Problem

California has the Highest Percentage of People Experiencing Homelessness in the Nation

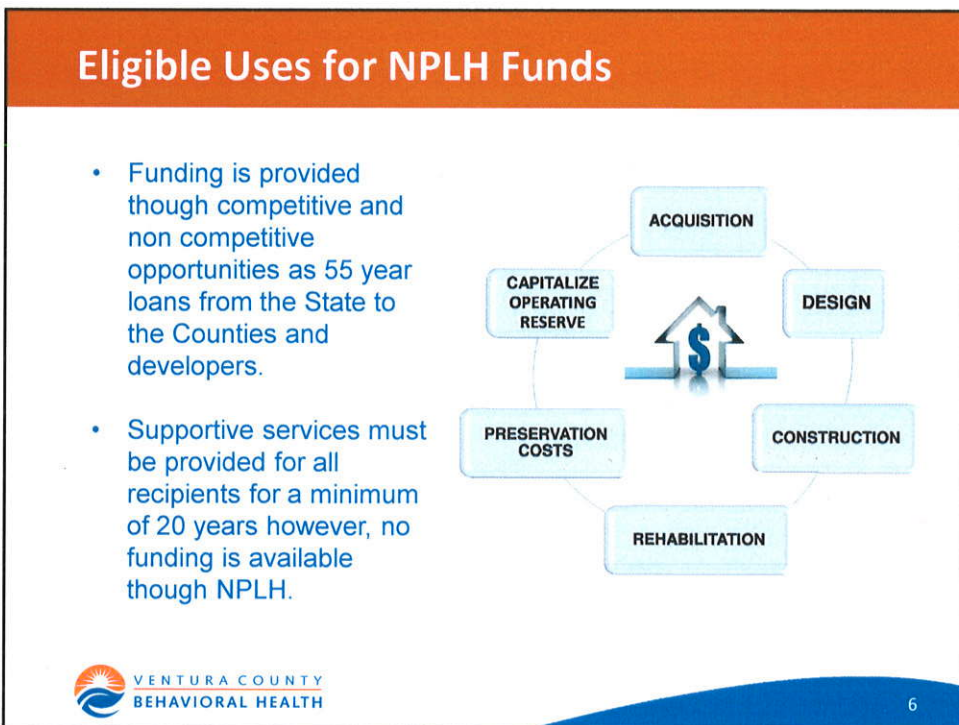
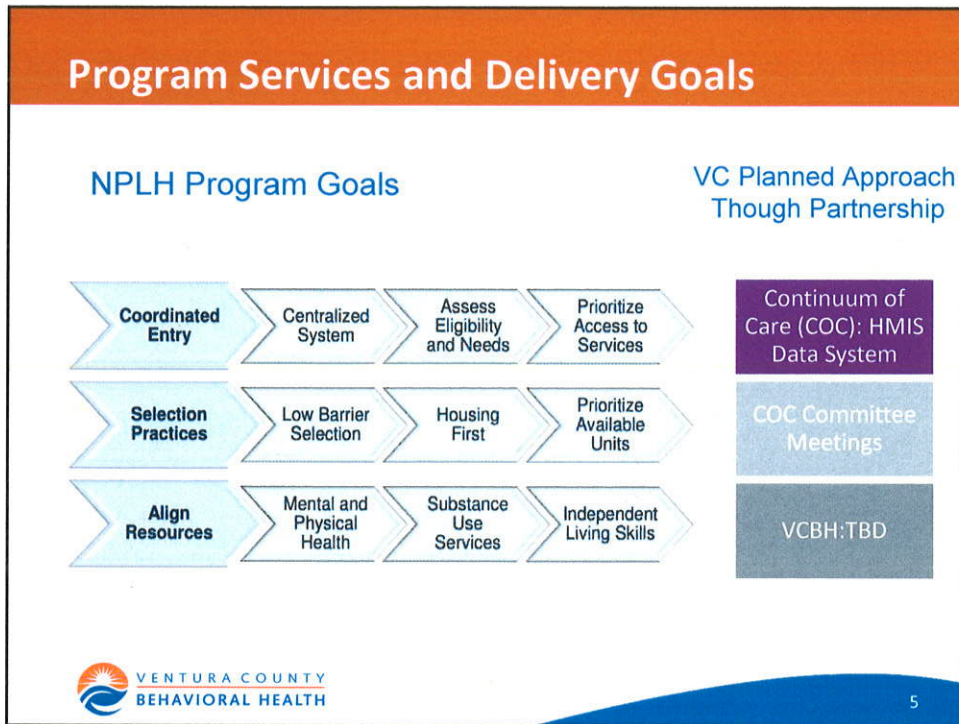


Source: 2015 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S.






- ## NPLH Program Goals
- To Provide the Following Elements for the Chronically Homeless, At-risk of Chronic Homelessness, and Homeless with a Serious Mental Illness:
- Permanent Supportive Housing
 - Housing First
 - Flexible, Voluntary, and Individualized Services
 - Innovation in Program Services and Delivery
 - Continuity of Care
 - Housing Projects in Proximity to Community Services
- VENTURA COUNTY
BEHAVIORAL HEALTH
4




Stages of Available Funding 2-5 Year Process


<p>1. Technical Assistance Funding \$150,000 Approval for application granted by the Board of Supervisors July 25th</p>	<p>Eligible Uses: Activities that would promote EBS delivery, hiring, partnering, or planning for competitive application.</p>	<p>Planned Use: Hire a contract employee to work on NPLH project goals and applications.</p>
<p>2. Non Compete Funding \$2 Million</p>	<p>Eligible Uses: Funds to finance construction, rehabilitation, or preservation of housing with capitalization of operating reserves.</p>	<p>Planned Use: Shared Housing</p>
<p>3. Competitive 1.8 Billion</p>	<p>Eligible Uses: Funds to finance construction, rehabilitation, or preservation of housing with capitalization of operating reserves.</p>	<p>Planned Use: TBD</p>


7

Ventura County Current Program Goals

1. Set up for Competitive Application Package
2. Prepare to Build Shared Housing with non-competitive Funding.
 - a) Defined as: 1-4 Unit structure providing supportive housing shared by 2 or more households in a separate bedroom in each unit, at least one member is NPLH eligible. Single family homes, condos, dup/tri/four-plexes all qualify if they have a minimum of two bedrooms per unit.




8

Questions on NPLH?

Additional MHSA Updates

Current VCBH MHSA Objectives

Suicide Prevention Counsel: Conference and Request



Supportive Services Plan and Requirements

Services Required to be Made Available

- On-site case management
- Mental health services
- Substance use services
- Physical health care services
- Benefits counseling and advocacy
 - Life skills
- On-site peer support and advocacy
 - Transportation plan
- Recreational and social activities
 - Housing retention services
- Linkages to community resources
- Recreational and social activities

Services that may be made available

- Educational services
- Employment services
- Tenant advocacy programs
- Community-based services, partnerships and programs



Supportive Services Plan and Requirements

The county must submit a supportive service plan addressing the following:

- Description of NPLH Target Population to be served
- Tenant outreach plan, tenant engagement and retention strategies
- Detailed description of each services to be offered, service provider, frequency of service provided and location of services.
- Supportive service line item budget
- Reasonable Accommodation policy and procedure



Supportive Services Plan and Requirements

Written Agreements:

- Copies of signed agreement between county, contracted service providers, project owner and project manager on roles and responsibilities consistent with the Supportive Services Plan.
- Copy of tenant selection plan and property management plan.

The Department may request updated documents prior to award of funds or loan closing.

**BEHAVIORAL HEALTH ADVISORY BOARD
ADULT COMMITTEE**

2016-2017 Annual Report

Submitted by Nancy Borchard and Karyn Bates, Co-Chairs

Adult Committee members and participants:

Members:

Nancy Borchard	Co-Chair; BHAB Member	Ratan Bhavnani	BHAB Member
Karyn Bates	Co-Chair; BHAB Member	Larry Hicks	BHAB Member
Gane Brooking	BHAB Member	Sidney White	BHAB Member

Participants:

Rachel McDuffee	Aegis Treatment Centers	Dana Secor	Turning Point Foundation
Mark Stadler	CIT	Mark Schumacher	Turning Point Foundation
Liz Warren	Client Network	Kalie Matisek	Turning Point Foundation
Eileen Tracy	Family Engagement in Re-Entry	Denise Noguera	VCAAA
David Deutsch	NAMI	Brenda Tungui	VCAAA
Jennifer Goble	Pacific Clinics	Deborah Schreiber	VSSTF
Laura Pancake	Pacific Clinics	Dr. John Schipper	VCBH
Letty Ortiz	Pacific Clinics	Sevet Johnson	VCBH
Cici Romero	Pacific Clinics	Anna Flores	VCBH
Liz Stone	Peer Support Advocate	Pam Roach	VCBH
Larry Berent	Telecare	Edith Pham	VCBH
Shana Burns	Telecare		

MISSION

The BHAB Adult Services Committee advocates for continuum-of-care in the development and expansion of mental health and addiction services that support the stabilization and recovery of adult and older adult clients.

The Committee's monthly meetings serve to advise members of events, trainings, MHSA (Mental Health Services Act) stakeholder meetings and decisions, individual providers'/contractors' updates and current department activities regarding Adult VCBH services, trainings, staffing, housing, and the status of our inpatient and jail populations.

We educate ourselves in order to better advocate as individuals for our target population in the larger community.

OBJECTIVES 2016-17

1. Help develop Board & Care facilities with special emphasis on co-occurring disorder care.
2. Evaluate the system-wide integration of treatment for Mental Health and Alcohol and Drug Abuse utilizing evidence-based practices, latest research, and how providers are trained using these tools.
3. Monitor and advise regarding discharge transitions system-wide from Inpatient Unit through supportive community treatment.

4. Encourage client and family involvement throughout the treatment process.
5. Review gaps in services especially how/why adult clients are sent out-of-county for services.
6. Review/visit sober living homes - develop criteria for good care especially for adult clients with co-occurring disorders.
7. Support and promote options for affordable housing for individuals with mental health and/or addiction challenges.

INTRODUCTION

The BHAB Adult Services Committee meets on the first Thursday of the month from 10:00 a.m. to 12:00 p.m. in the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to individuals who receive mental health and/or substance use services through Ventura County Behavioral Health (VCBH), to service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the adult and older adult population. The Adult Services Committee reviews the needs, programs and services for this population and reports on these matters to the BHAB.

ACHIEVEMENTS

1. The Committee Co-Chairs met with Ventura County Medical Center Hillmont Inpatient Psychiatric Unit (IPU) and Ventura County Behavioral Health (VCBH) staff to discuss the Outpatient Psychiatric Observation Service (OPOS), which has been carved out of the IPU floor space rather than being located adjacent to it. This 23-hour bed unit needs to be a stand-alone building, but the California Department of Public Health licensing is allowing it to be where it is for now. Adjustments were made by staff working round-the-clock so the OPOS would not be lost. A great many IPU admissions have been avoided thanks to the OPOS program.
2. Clients discharged from the IPU were given a warm-hand-off by the Peer "Links" Program, which increased the number of "first appointments" at the VCBH outpatient clinics. Unfortunately, the Peer Employment Services were cut from the budget. It is difficult to track individuals discharged from the OPOS, the IPU, the Crisis Residential Treatment Center (CRT) and the jails without a Peer Links Programs.
3. One of our BHAB Adult Services Committee participants, Pam Roach, is the VCBH Transformational Liaison to the community. She provides the committee with updates regarding her orientations to new VCBH adult clients and their families. The Client Network distributes packets to clients at the IPU, CRT and residential facilities. Both programs list resources and activities to encourage participation.
4. The Mental Health Rehabilitation Center (MHRC) at the Camarillo Airport, which opened in December 2016, has allowed many Ventura County clients to return home from out-of-county placements.
5. The Sober Living Network creates standards for care and inspects all their homes. The committee is hoping they will establish meetings/trainings in Ventura County; currently, they are located in Los Angeles County.
6. Several BHAB Adult Services Committee members are advocating for more affordable and supportive housing; they have been attending a variety of meetings at the city, county and state level to become informed and make a difference. Creative solutions to limited property availability include zoning changes and higher density building, redesigning empty business spaces, and the use of "tiny homes" and/or cargo shipping crates. This group of housing advocates will become members of a newly-formed BHAB Housing Workgroup with many other stakeholders at the table.

7. Advocates continued to support programs that treat and support incarcerated mentally ill individuals in the Ventura County jails with the intent to promote wellness and reduce recidivism.

2016-17 PRESENTATIONS

July 2016

Presenter: Heather Johnson, VCBH Jail Liaison.

Topic: Mental Health services in the jail

September 2016

Presenters: Maria Christine Cavucci, California Forensic Medical Group, and Cecil Argue, Sheriff's Office, Inmate Services

Topic: Moral Reconciliation Therapy (MRT)

October 2016

Presenter: Jennifer Goble, Pacific Clinics

Topic: Ventura Peer Services

November 2016

Presenter: Father Jon Hedges

Topic: Homeless Outreach and Housing in Isla Vista/Santa Barbara County

January 2017

Presenter: Dan Schimmel, Andrea Sallee, Lilia Simakova, Anka Behavioral Health

Topic: Ventura Crisis Residential Treatment (CRT) and Hillmont House

February 2017

Presenter: Peter Schreiner, VCBH Older Adult Clinic Administrator

Topic: VCBH Older Adult Program

March 2017

Presenter: Jennifer Goble, Pacific Clinics

Topic: Peer Recovery Services

April 2017

Presenter: Luis Tovar, VCBH Ethnic Services Manager

Topic: Update from the Culture, Equity Advisory Committee

May 2017

Presenter: Dan Powell

Topic: Outpatient Psychiatric Observation Service (OPOS) and Hillmont Psychiatric Center (HPC)

CHALLENGES

1. Lack of affordable housing options and the high cost of housing in Ventura county.
2. Lack of funds for transitional housing.
3. Severe lack of housing options for those with no or little income.
4. The high cost of the Inpatient Unit placements for those who have both mental and developmental challenges.

5. Loss of MHSa Prevention Programs, especially Peer Employment, due to budget cuts.
6. Inadequate licensing allowances from the State, causing restrictions to the Outpatient Psychiatric Observation Service (OPOS).
7. Gaps in services which cause clients to be placed out of county are: (A) Lack of affordable housing; (B) Lack of secure supportive housing for individuals who are not currently capable of standing trial; (C) Lack of integrated mental and physical health facilities; (D) Lack of geriatric psychiatric units.

OPPORTUNITIES

1. Work closely with VCBH to develop the county's application for a Housing Grant related to No Place Like Home funded by a state-wide MHSa bond.
2. Encourage the procurement of properties for supportive housing, including permanent 24/7 contracted care through any and all sources of funding for housing.
3. Pay close attention to the intentions of MHSa Innovation Programs in Ventura County, ensuring all programs serve the Seriously Mentally Ill in their recovery process.
4. Monitor MHSa funding used for direct services for Adults such as RISE, STAR, EPICS, making sure that these high-cost programs perform as envisioned, utilizing data to judge success.

RECOMMENDATIONS

1. Increase community involvement in strategic planning regarding access to all Behavioral Health services from highest to lowest need.
2. Advocate for services that prevent major psychotic episodes to help eliminate the "fail-first" approach to treatment.

OBJECTIVES 2017-18

1. Continue to develop the integration of mental health and substance use services.
2. Increase community awareness regarding resources and access to services provided by VCBH.
3. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Inpatient Unit and the OPOS in cooperation with local hospitals and law enforcement.
4. Advocate for the establishment of a geriatric psychiatric unit.
5. Participate in all efforts to establish affordable and supportive housing for individuals with behavioral health challenges.