

BEHAVIORAL HEALTH ADVISORY BOARD
ADULT SERVICES COMMITTEE
MINUTES ■ Thursday, November 7, 2019

<p>Members Present Nancy Borchard, BHAB, Committee Co-Chair Gane Brooking, BHAB, Committee Co-Chair Jerry Harris, BHAB Ratan Bhavnani, BHAB Stuart Fiedler, Client Network Barbara Keller, Housing Authority City of San Buenaventura Elizabeth R. Stone, MHSOAC-CFLC Dana Secor, Turning Point Foundation</p> <p>Others Present Roberta Griego, NAMI Ventura County Shirley Brandon, NAMI Ventura County Gabriela Alejos, UCLA/VA Veteran Family Wellness Center Sarah Schaub, UCLA/VA Veteran Family Wellness Center Sharon Stone, Camarillo Health Care District Griselda Gaytan, Human Services Agency/Adult Protective Services Manuel Minjares, Supervisor Kelly Long's Office Sandra I. Aldana, PhD, MPH, State Council on Developmental Disabilities</p>	<p>Ventura County Behavioral Health (VCBH) Staff Present Dr. Thomas Taylor, Adult Residential Services Manager Kiran Sahota, Mental Health Services Act (MHSA) Manager Clara Barron, MHSA Programs Operational Manager Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Thursday, December 5, 2019, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health (VCBH) 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 Gane Brooking called the meeting to order at 10:05 a.m.		
II.	Approval of the Agenda Ms. Brooking asked the committee to review and approve today's agenda. Ratan Bhavnani moved to approve, Barbara Keller seconded. Elizabeth R. Stone requested to move the approval of the minutes to after the presentation as she wanted to make comments about the minutes without delaying the presentation. Mr. Bhavnani agreed to amend his motion. The motion carried unanimously as amended.	The agenda was approved as amended. M/S/C	
IV.	Welcome and Introductions Ms. Brooking welcomed everyone and asked for introductions.		
V.	Public Comments None.		
VI.	Chair Announcements Ms. Borchard reminded all that everyone is welcome to attend the committee meetings. To be appointed as members, individuals need to attend three meetings and commit to attend regularly.		
VII.	Presentation: UCLA/VA Veteran Family Wellness Center – Gabriela Alejos and Sarah Schaub, Resilience Trainers Ms. Alejos and Ms. Schaub provided information on the Veteran Family Wellness Center in West Los Angeles. It provides relationship- and resilience-based services, free of charge, to veterans and to family members. See attached for details.		
III.	Approval of the Minutes Ms. Borchard asked the committee to review and approve the minutes of the October 3, 2019 meeting. Mr. Bhavnani moved to approve, Jerry Harris seconded. Elizabeth R. Stone noted that she remains concerned about the way the objectives were created and who authored the Annual Report. Ms. Borchard noted that the committee worked on it. Ms. Stone requested that the minutes reflect more accurately her comments. Mr. Bhavnani moved a substitute motion to table the approval of the October minutes until the December 2019 meeting; Mr. Harris seconded. The motion carried unanimously. Ms. Borchard asked Ms. Stone to bring the proposed wording of her October comments in writing at the December meeting, and Ms. Stone agreed.	Table approval of the October meeting minutes until the December meeting M/S/C	
VIII.	Members and Participants Comments Mr. Bhavnani referred to an article in the Los Angeles Times and noted that Board & Care facilities are being shut down, and only seven are currently operating in Ventura County. Dr. Taylor noted that		

<p>changes in various organizations' regulations make it harder for the smaller facilities to operate; there are private investors eager to get involved in Ventura County. Mr. Bhavnani noted that the county does a good job of working with developers to bring housing projects.</p> <p>Mr. Bhavnani introduced Dr. Caldera, whom he met at a NAMI meeting. He invited her to share some important information.</p> <p>Dr. Sandra Caldera noted that she was appointed to the State Council on Developmental Disabilities (SCDD), which is tasked with identifying and ensuring the availability of appropriate services for individuals with intellectual and developmental disabilities. Concerns about services for individuals with both developmental disabilities and mental illness or dual diagnosis are being raised throughout the state. Locally, the organization is trying to partner with behavioral health services to set up collaborations to provide services in the community. Dr. Caldera noted that the SCDD is developing a five-year state plan; community feedback is accepted at scdd.ca.gov.</p> <p>Stuart Fiedler mentioned taxation code 19280, which holds convicted criminals financially liable.</p> <p>Mr. Harris noted that the California Joint Legislative Audit Committee is reviewing the Lanterman, Petris, Short (LPS) regulations for potential updates. Regarding the Institutions for Mental Diseases (IMD) Exclusion Waiver, the BHAB sent a letter to the Board of Supervisors asking for their support on the waiver. Mr. Harris noted that several state Attorneys General support the IMD Waiver and have asked that the exclusion be eliminated.</p> <p>Elizabeth R. Stone briefly referred to several events and articles. Anyone interested in the details was invited to speak with her after the meeting.</p> <p>Roberta Griego made a public comment and announced that the NAMI Holiday Party will take place on December 10. Volunteers are needed. Up to 350-400 consumers are expected.</p>		
<p>IX. Ventura County Behavioral Health (VCBH) Updates</p> <p>A. Adult Division – Dr. Thomas Taylor for Dr. John Schipper Dr. Taylor noted that the division is working on clients' placements.</p> <p>B. Substance Use Disorders – Anna Flores, Manager Ms. Flores was not in attendance and did not send a representative.</p> <p>C. Mental Health Services Act (MHSA) Three Year Plan Update – Kiran Sahota, MHSA Manager Ms. Sahota distributed and reviewed two documents:</p> <ol style="list-style-type: none"> 1. The MHSA Program Planning Summary FY 20/21 through 22/23 & Update to FY 19/20; 2. The MHSA Three-Year Program and Expenditure Plan FY 20/21 through FY 22/23 Program Work Plan. <p>She noted that the current focus of MHSA at the state level is on individuals with a mental illness who are incarcerated or homeless and on students in grades K-12. Full Service Partnership (FSP) programs need to address the four age categories (children and youth, Transitional Age Youth, adults, and older adults). VCBH will need to increase spending on FSP programs and review outcome data to identify programs that may need to be sunset.</p> <p>In answer to questions, Ms. Sahota provided information on possible services to the underserved population, e.g. early psychosis and the Latino population, No Place Like Home (NPLH) housing in Fillmore, Ventura and Camarillo, and mobile urgent care.</p> <p>Mr. Harris noted that with new changes to the responsibilities of behavioral health boards, when a board makes a recommendation that is not accepted by the mental health department, that department must provide an explanation to the Board of Supervisors.</p> <p>Ms. Sahota noted that VCBH contractors are being asked to fill out the Program Work Plan, which will help ensure that regulations are being followed. After the holidays, the MHSA team will go public with the Public Plan. Feedback will be welcome but will need to be in writing.</p>		
<p>X. Item for Next Meeting Agenda Not discussed.</p>		
<p>XI. Adjourn The meeting adjourned at 12:13 p.m.</p>		

JUNTA ASESORA DE SALUD DEL COMPORTAMIENTO
COMITÉ DE SERVICIOS PARA ADULTOS
MINUTOS ▪ Jueves 7 de noviembre de 2019

<p><u>Miembros presentes</u> Nancy Borchard, BHAB, copresidenta del comité Gane Brooking, BHAB, copresidente del comité Jerry Harris, BHAB Ratan Bhavnani, BHAB Stuart Fiedler, red de clientes Barbara Keller, Autoridad de Vivienda Ciudad de San Buenaventura Elizabeth R. Stone, MHSOAC-CFLC Dana Secor, Fundación Turning Point</p> <p><u>Otros presentes</u> Roberta Griego, Condado de NAMI Ventura Shirley Brandon, Condado de NAMI Ventura Gabriela Alejos, Centro de Bienestar Familiar Veterano de UCLA / VA Sarah Schaub, Centro de Bienestar Familiar Veterano de UCLA / VA Sharon Stone, Distrito de Salud de Camarillo Griselda Gaytan, Agencia de Servicios Humanos / Servicios de Protección para Adultos Manuel Minjares, Supervisor Kelly Long's Office Sandra I. Aldana, PhD, MPH, Consejo Estatal de Discapacidades del Desarrollo</p>	<p><u>Presente del personal de Ventura County Behavioral Health (VCBH)</u> Dr. Thomas Taylor, Gerente de Servicios Residenciales para Adultos Kiran Sahota, Gerente de la Ley de Servicios de Salud Mental (MHSA) Clara Barron, Gerente Operacional de Programas MHSA Edith Pham, Asistente BHAB</p> <p>PRÓXIMA REUNIÓN: Cerrado jueves, 5 de diciembre de, 2019, 10:00 a.m. - 12:00 pm</p> <p>Salud conductual del condado de Ventura (VCBH) 1911 Williams Drive, segundo piso, Oxnard</p>
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Nota: El comité aún no ha aprobado estas actas. Puede haber adiciones / eliminaciones o correcciones antes de que las actas se acepten en forma final.

	DISCUSIÓN / CONCLUSIONES	RECOMENDAR - ACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar El Copresidente Gane Brooking dio por terminada la reunión a las 10:05 a.m.		
II	Aprobación de la agenda La Sra. Brooking le pidió al comité que revisara y aprobara la agenda de hoy. Ratan Bhavnani hizo la moción para aprobar, Barbara Keller la secundó. Elizabeth R. Stone solicitó trasladar la aprobación de las actas a después de la presentación, ya que quería hacer comentarios sobre las actas sin demorar la presentación. El Sr. Bhavnani acordó enmendar su moción. La moción fue aprobada por unanimidad en su forma enmendada.	El orden del día fue aprobado en su forma enmendada. M / S / C	
IV.	Bienvenida y Presentaciones La Sra. Brooking dio la bienvenida a todos y pidió presentaciones.		
V.	Comentarios públicos Ninguna.		
VI.	Anuncios de la presidencia La Sra. Borchard recordó a todos que todos pueden asistir a las reuniones del comité. Para ser nombrados como miembros, las personas deben asistir a tres reuniones y comprometerse a asistir regularmente.		
VII.	Presentación : Centro de Bienestar Familiar Veterano de UCLA / VA - Gabriela Alejos y Sarah Schaub, Entrenadores de Resiliencia La Sra. Alejos y la Sra. Schaub proporcionaron información sobre el Veteran Family Wellness Center en West Los Angeles. Proporciona servicios basados en relaciones y resiliencia, sin cargo, para veteranos y miembros de la familia. Ver adjunto para más detalles.		
III.	Aprobación del acta La Sra. Borchard le pidió al comité que revisara y aprobara las actas de la reunión del 3 de octubre de 2019. El Sr. Bhavnani se movió para aprobar, Jerry Harris lo secundó. Elizabeth R. Stone notó que permanece preocupado acerca de la forma en que se crearon los objetivos y autor del informe anual. La Sra. Borchard señaló que el comité trabajó en ello. La Sra. Stone solicitó que las actas reflejen con mayor precisión sus comentarios. Bhavnani presentó una moción sustitutiva para presentar la aprobación del acta de octubre hasta la reunión de diciembre de 2019; El Sr. Harris lo secundó. La moción fue aprobada por unanimidad. La Sra Borchard pidió a la Sra Piedra a traer el pro redacción planteada de sus comentarios octubre por escrito en la reunión de diciembre, y la Sra Piedra de acuerdo.	Aprobación de la mesa de las actas de la reunión de octubre hasta la reunión de diciembre M / S / C	
VIII	Comentarios de miembros y participantes		

	<p>El Sr. Bhavnani se refirió a un artículo en el Los Angeles Times y señaló que las instalaciones de Board & Care están cerrando, y solo siete están operando actualmente en el condado de Ventura. El Dr. Taylor señaló que</p>		
	<p>los cambios en las regulaciones de varias organizaciones dificultan el funcionamiento de las instalaciones más pequeñas; Hay inversores privados ansiosos por participar en Ventura County . El Sr. Bhavnani señaló que el condado hace un trabajo bueno de trabajar con desarrolladores de vivienda para llevar proyectos.</p> <p>El Sr. Bhavnani presentó al Dr. Caldera, a quien conoció en una reunión de NAMI. La invitó a compartir información importante.</p> <p>La Dra. Sandra Caldera señaló que fue nombrada miembro del Consejo Estatal de Discapacidades del Desarrollo (SCDD) , que tiene la tarea de identificar y garantizar la disponibilidad de servicios adecuados para las personas con discapacidades intelectuales y del desarrollo . Las preocupaciones acerca de los servicios para las personas con ambas discapacidades del desarrollo y enfermedad mental o patología dual se están planteando en todo el estado. A nivel local, la organización está tratando de asociarse con los servicios de salud del comportamiento para establecer colaboraciones para proporcionar servicios en la comunidad. El Dr. Caldera señaló que el SCDD está desarrollando un plan estatal de cinco años ; Se aceptan comentarios de la comunidad en scdd.ca.gov.</p> <p>Stuart Fiedler mencionó el código tributario 19280, que responsabiliza financieramente a los condenados.</p> <p>El Sr. Harris señaló que el Comité Conjunto de Auditoría Legislativa Conjunta de California está revisando las regulaciones de Lanterman, Petris, Short (LPS) para posibles actualizaciones . Con respecto a la Exención de Exclusión de Instituciones para Enfermedades Mentales (IMD) , el BHAB envió una carta a la Junta de Supervisores solicitando su apoyo en la exención. El Sr. Harris señaló que varios fiscales generales estatales apoyan la exención IMD y han pedido que se elimine la exclusión .</p> <p>Elizabeth R. Stone se refirió brevemente a varios eventos y artículos . Cualquier persona interesada en los detalles fue invitada a hablar con ella después de la reunión.</p> <p>Roberta Griego hizo un comentario público y anunció que la fiesta navideña de NAMI tendrá lugar el 10 de diciembre. Se necesitan voluntarios. Se esperan hasta 350-400 consumidores.</p>		
<p>IX.</p>	<p>Actualizaciones de Ventura County Behavioral Health (VCBH)</p> <p>A. División de adultos - Dr. Thomas Taylor para el Dr. John Schipper El Dr. Taylor señaló que la división está trabajando en las ubicaciones de los clientes.</p> <p>B. Trastornos por uso de sustancias - Anna Flores, Gerente La Sra. Flores no asistió y no envió un representante.</p> <p>C. Actualización del plan de tres años de la Ley de servicios de salud mental (MHSA) - Kiran Sahota, Gerente de MHSA La Sra. Sahota distribuyó y revisó dos documentos:</p> <ol style="list-style-type: none"> 1. El Resumen de Planificación del Programa MHSA del año fiscal 20/21 al 22/23 y actualización al año fiscal 19/20; 2. El programa trienal de MHSA y el plan de gastos del año fiscal 20/21 al plan de trabajo del programa del año fiscal 22/23. <p>Señaló que el enfoque actual de MHSA a nivel estatal está en las personas con una enfermedad mental que están encarceladas o sin hogar y en los estudiantes en los grados K-12. Servi completa Asociación CE (FSP) del programa s necesidad de abordar las cuatro categorías de edad (niños y jóvenes, transitorias Edad jóvenes, adultos y adultos mayores). VCBH necesitará aumentar el gasto en programas FSP y revisar los datos de resultados para identificar programas que pueden necesitar ser cancelados .</p> <p>En respuesta a las preguntas, la Sra. Sahota brindó información sobre posibles servicios a la población desatendida, por ejemplo, psicosis temprana y la población latina, viviendas No Place Like Home (NPLH) en Fillmore , Ventura y Camarillo , y atención móvil urgente.</p> <p>El Sr. Harris señaló que con los nuevos cambios en las responsabilidades de las juntas de salud del comportamiento, cuando una junta hace una recomendación que no es aceptada por el</p>		

	<p>departamento de salud mental, ese departamento debe proporcionar una explicación a la Junta de Supervisores.</p> <p>La Sra. Sahota señaló que se solicita a los contratistas de VCBH que completen el Plan de trabajo del programa, que ayudará a garantizar que se sigan las reglamentaciones. Después de las vacaciones, el equipo de MHSA hará público el Plan Público. Los comentarios serán bienvenidos pero deberán ser por escrito.</p>		
X.	<p>Artículo para la agenda de la próxima reunión</p> <p>No discutido</p>		
XI	<p>Aplazar</p> <p>Se levanta la sesión a las 12:13 p.m.</p>		

Actas del Comité de Servicios para Adultos de BHAB del 7 de noviembre de 2019 ■

UCLA/VA Veteran Family Wellness Center (VFWC)

Gabriela Alejos, ASW

Resilience Trainer

Sarah Schaub, APCC

Resilience Trainer

VFWC UCLA/VA
Veteran Family Wellness Center



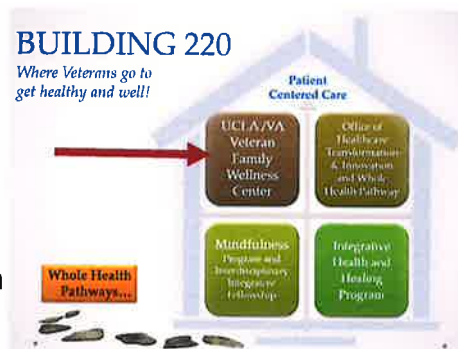
Overview

1. Introduction of Building 220
2. Overview of Services at VFWC
3. Q&A

VFWC UCLA/VA
Veteran Family Wellness Center

WLA VA Building 220

- **UCLA/VA Veteran Family Wellness Center**
- VA-Specific Programming:
 - Yoga
 - Tai Chi
 - Mindfulness-Based Stress Reduction
 - Acupuncture
 - Healthy teaching kitchen
 - Drum Circle
 - Healing Touch



VFWC UCLA/VA
Veteran Family Wellness Center

VFWC Services

- Emphasis on supporting relationships through a strength and skills based approach
- Resilience-Based Wellness Services available for:
 - Individuals
 - Couples
 - Parents
 - Families
- These services include:
 - Consultations
 - Psycho-education, guidance, linkage to resources
 - FOCUS (Families OverComing Under Stress)
 - 6-8 Sessions model

VFWC UCLA/VA
Veteran Family Wellness Center

VFWC Services

- **TEAM: Transition, Education And Mentoring (TEAM)**
 - Reintegration – Family, Career, Identity, Values, Mission & Purpose
 - Navigating housing & mental health services
- Skill Building Groups
 - Parenting-specific
 - General relationships
 - Career-specific
- Educational Workshops and Presentations
- Family-Centered Community Events

VFWC UCLA/VA
Veteran Family Wellness Center

Who We Serve

- Veterans regardless of discharge status or service connection
- Family Members and loved ones of Veterans and/or Service Members*

*Available at Military Installations across the country for Active Duty

VFWC UCLA/VA
Veteran Family Wellness Center

Access to Services

- Available in-person at the West Los Angeles VA
- Don't want to deal with traffic?
 - Telewellness available in the state of CA



VFWC UCLA/VA
Veteran Family Wellness Center

Operations and Referrals

Walk-In Hours: M-F 8:30 a.m. – 4:30 p.m. (or by appointment)

West Los Angeles VA

11301 Wilshire Boulevard, Building
220, Ste. 316, Los Angeles, CA

Phone: (310) 478-3711 x 42793

Email: info@vfwc.ucla.edu



VFWC UCLA/VA
Veteran Family Wellness Center

Questions?



VFWC UCLA/VA
Veteran Family Wellness Center

Thank you!

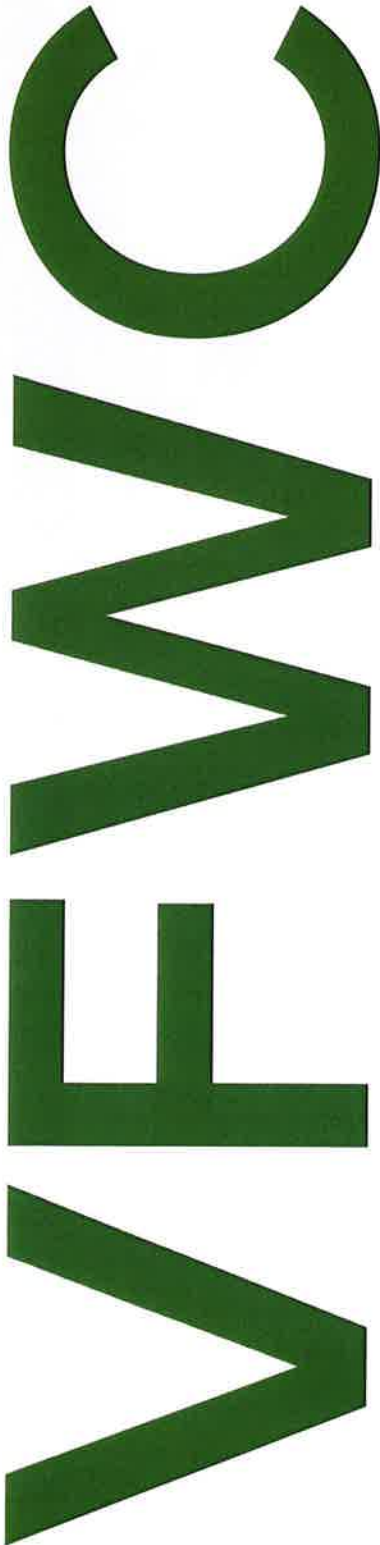


Contact us:

Galejos@mednet.ucla.edu
Sschaub@mednet.ucla.edu

VFWC UCLA/VA
Veteran Family Wellness Center

UCLA/VA Veteran Family Wellness Center



The **Veteran Family Wellness Center (VFWC)** offers access to UCLA services including virtual in-home resources and in-person support at the VA West Los Angeles Medical Center for Veterans and their families.

The VFWC provides:

- Individual, couple, and family consultations
- Family and relationship-based wellness and resilience services
- TeleWellness services (delivered online)
- Skill building and parenting groups
- Workshops and family events
- Resources and referrals
- Specialized services for women Veterans, combat Veterans, parents, caregivers, and grief & loss

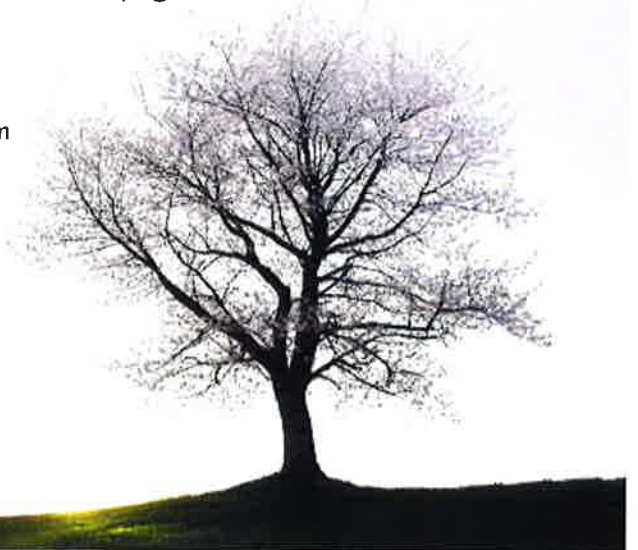
Services are offered regardless of military discharge status, free and confidential! Whether you have served or supported someone who has, we look forward to helping you achieve your overall wellness and relationship goals.

Location:

VA Greater Los Angeles Healthcare System
West Los Angeles Medical Center
11301 Wilshire Boulevard
Building 220, 3rd Floor Room 316
Los Angeles, CA 90073

Hours:

8:30 AM – 4:30 PM
Evening appointments available
by request. Walk-ins welcome!



VA



U.S. Department
of Veterans Affairs

For more information, contact our Family Services Coordinator
310.478.3711, ext 42793 | info@vfwc.ucla.edu | vfwc.ucla.edu

UCLA/VA VFWC

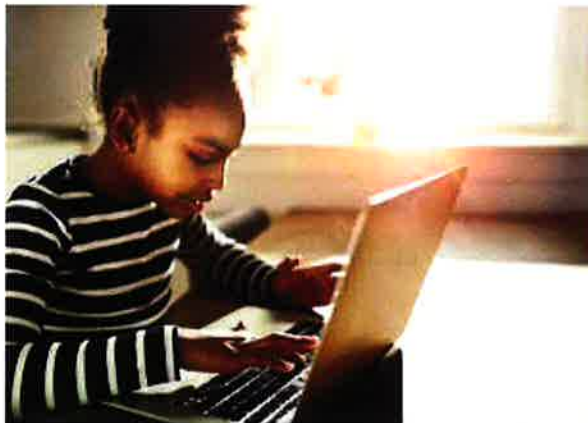
UCLA/VA Veteran Family Wellness Center

TeleWellness

The Veteran Family Wellness Center is pleased to offer many of its services through the TeleWellness option. TeleWellness allows individuals, couples and families to access consultation, family sessions and support from the comfort of their home. Access to a computer and reliable internet connection is required. Participants will engage with a resilience trainer through a secure video-conferencing application.

During TeleWellness Sessions, families and couples learn to:

- Identify individual and family strengths and challenges
- Improve family communication
- Practice skills to manage transitions
- Discover additional support services in the local community
- Set and achieve their goals



VA



U.S. Department
of Veterans Affairs

To set up an appointment or to learn more about the program,
please contact: info@vfwc.ucla.edu

Los Angeles Times

These homes keep L.A.'s most vulnerable from becoming homeless. Now they're closing

By Doug Smith, November 7, 2019

The news came in September: Long Beach Residential, a 49-bed home for adults who are mentally ill, was being sold. The residents of the converted apartment building, some of whom had lived there for decades, would have 60 days to move.

It's a scenario that is becoming increasingly common across California, brought on by a combination of an inadequate state funding system and California's red hot real estate market.

The problem is particularly acute in Los Angeles County, where board-and-care homes are disappearing even as hundreds of millions of dollars are being spent to house homeless people. An April survey estimated that 39 such facilities had closed in the previous three years — eliminating 949 beds out of an estimated 6,100.



Long Beach Residential is a 49-bed home for adults who are mentally ill. Board-and-care homes like it are struggling to stay open, as the state pays them only about half the rate that operators of homeless shelters receive.

The board-and-care crisis is “what keeps me awake at night,” said Jonathan Sherin, director of the Los Angeles County Department of Mental Health. “We haven’t paid attention to it for years. We’ve lost thousands of units.”

The homes — which provide 24-hour staffing, serve three meals a day and administer medication — are for adults with debilitating mental illness who are unable to care for themselves. Most residents are poor as well and, therefore, at high risk of homelessness.

Reimbursement for the services board-and-care homes provide, which is based on state budget allotments and Social Security levels, is currently about \$35 a day per resident.

That rate has fallen so far behind inflation that operators say it is barely enough to cover food and pay their staffs. Some are struggling to maintain aging buildings that are worth more as real estate than as a business.

Earlier this year, the owner of a 70-bed facility in Claremont put her board-and-care up for sale for \$4.3 million. Two years ago, a couple shut down a 100-bed home, demolished it and replaced it with market rate apartments because, they said, they couldn’t afford to keep it open. And apartments are easier to manage.

“You don’t have to come every day,” one of the owners said. “You don’t have to be on the phone 24 hours. You don’t have people harassing you.”

The couple still own a second board-and-care home that they’ve operated for 35 years. They’re hoping for an increase in the reimbursement rate that will allow them to continue, but say they can’t wait much longer.

“If I’m not going to get more money, I’m going to close,” the owner said.

‘A lot of people’ will die

The Times contacted the owners of several board-and-care homes who said they were considering, or were in the process of, closing. Few would speak on the record, citing concerns about alarming their patients and staff or incurring unwanted attention from regulators.

Most were long-term owners who had first-name relationships with their residents, some knowing each other for decades. The owners said they were barely breaking even, and foresaw going into the red when the minimum wage goes up in the city of Los Angeles next July. They are not free to raise their prices, which are set by the state.

If residents are not fortunate enough to find a vacancy at another board-and-care, there is no assurance they will remain housed. Some may be taken back by frazzled families. Others may wind up in unlicensed homes. An unknown number land on the streets, in jail or in mental hospitals.

“I know what it’s like when people die,” said Barbara Wilson, a consultant who lost her own son to mental illness and homelessness. “We’re on the verge of having a lot of people die because of the lack of care.”

In a 2018 report titled “A Call to Action,” Wilson linked the board-and-care closures in L.A. County directly to the homelessness crisis. The homes, the report said, fill a housing niche for a population with disabilities that make them unable to live independently — even in apartments with on-site services.

Caroline Kelly, a former member of the Los Angeles County Mental Health Commission who also had a role in writing the report, said this is especially true for adults with severe mental illness discharged from psychiatric hospitals.

“You have actually made progress and done well, you can’t afford to move anywhere else,” she said. “You live on Social Security income and you don’t qualify for housing because of the rules of who is eligible.”

The report identified eight homes in the county as being at risk of closing. Two of those since have shut down.

Other homes have been converted into lucrative businesses. When the Los Angeles Centers for Alcohol and Drug Abuse bought the 47-bed Eden Manor in South Gate, it scrapped plans to maintain it as a board-and-care and shifted to its core business of treating addiction.

“We couldn’t afford to keep that program open,” said Chris Borden, the agency’s director of operations.

Residents of the home in Long Beach got a reprieve last month when the building’s buyer failed to get financing for the \$3.1-million sale. The owners pulled the facility off the market to stop the eviction process. But 12 residents had already moved, leaving a bigger hole in the budget.

But even more consequential than the loss of beds, said Sherin of the county Department of Mental Health, is the loss of the properties.

“It could take years and years, decades to re-site projects for people who are perennially excluded from our community,” he said.

‘It was a godsend’

Board-and-care homes licensed to serve people who are mentally ill were written into state law in the 1970s as a community alternative to the state mental hospitals that were being closed at the time. The Social Security-based funding led to a mission-driven, low-profit business model.

Advocates say there were never enough of the facilities to serve the population. But there is no official count of board-and-care beds because they are included in a licensing category with homes for people who are developmentally disabled — facilities that are more numerous and better funded by the state.

Adding to the confusion, an unknown number of low-income people with mental illness live in homes for the elderly that are licensed under a different category.

At the request of Los Angeles County, the California Community Care Licensing Division conducted a survey to estimate the number of beds currently available for mentally ill adults. It found that there are about 154 homes in the county still open, with a total capacity of 5,129 beds. The 39 closures over three years represented a 16% decline.

Those facilities range from single-family homes with as few as six beds to apartment buildings with hundreds. Residents commonly share bedrooms and are prompted to take their prescribed medication, though they cannot be forced. Residents are free to come and go as they please.

Some serve families with resources or insurance and charge monthly rates as high as \$10,000.

Most beds, it's not known exactly how many, serve those who can't pay. For them, the reimbursement rate is \$1,058 per month — or about \$35 per day — per bed. It's made up of the resident's Social Security disability payment and a state supplement for out-of-home care set by the annual budget process in Sacramento.

Last year, the Social Security rate went up by about \$20. The state supplement, which was reduced during the Great Recession, hasn't been raised since 2017.

Advocacy groups — including the California Behavioral Health Planning Council and the Steinberg Institute, a nonprofit formed by Sacramento mayor and state homelessness task force co-chair Darrell Steinberg — lobbied unsuccessfully this spring for an \$18-million boost to bring the reimbursement rate to at least \$2,000 per month.

The effort was hampered by a lack of solid data, both on the population being served and on the number of beds in need of the subsidy, said Adriana Ruelas, legislative affairs director for the Steinberg Institute.

Anecdotal evidence since collected by the California State Assn. of Counties and several other agencies suggests that about 40,000 people are eligible to live in board-and-care homes. The advocacy groups plan to try again next year.

Separately, a bill authored by Assemblyman Richard Bloom (D-Santa Monica) would have required the California Department of Social Services to collect data on homes that accept mentally ill adults. The bill was held this year, but likely will be brought back before the state Legislature.

Responding to a mandate by the L.A. County Board of Supervisors, Sherin has recommended additional strategies to address the funding problems. Among them, he said in an Oct. 23 report, would be to treat board-and-care homes as long-term housing so residents could qualify for state rental subsidy programs, such as Section 8, that currently exclude licensed facilities.

“For many people, particularly those with serious persistent mental illness, it's collaborative housing that is long-term,” Sherin told The Times.

Most low-income board-and-care residents are alone in life, having lost all family connections, owners told The Times. But for parents struggling to provide the best life for their grown sons or daughters who are mentally ill, a board-and-care home can feel like salvation.

Lidia Miranda said she knew she could no longer handle her son when he injured himself in a suicide attempt and came home from the hospital in a wheelchair. She turned to Wilson, who recommended getting him into Blake Home, a six-bed board-and-care in Sylmar.

The owner, Catherine Blake, has run the home since the 1980s and is now in her 90s. She's turned the operation over to her son, Sam — in addition to his work as a contractor — who cooks meals, does laundry and maintains the property.

“It was a godsend,” Miranda said. “It was a difficult transition because he was angry with us. He feels like we kicked him out.”

But in less than a year, she said, her son was able to move to a sober living home and eventually into an apartment with on-site services.

The Times reached out to several parents, most of whom asked to remain anonymous, keenly aware of the societal stigma of mental illness.

“Nobody wants to talk about it,” said Wilson, admitting that she hid her son's mental illness from her own mother. “There's huge shame. It's like, what did I do wrong as a parent.”

Sam Blake said he is going to keep the board-and-care home open for residents as long as his mother is alive. But at 71, he doesn't see a long future in the business.

“My niece who helps us out, and my son, they don't want no part of it,” he said.

Counties left on the hook

Until help comes from the state in the form of higher reimbursements, the burden of a disintegrating board-and-care system will continue to fall primarily on counties, which have a legal responsibility in California to care for residents who are mentally ill.

In September, San Francisco Mayor London Breed and the Board of Supervisors put forward a plan to increase a local subsidy to \$35, nearly double the state rate, and adopt an 18-month hold on board-and-care closures while the county explores ways to purchase homes before they close. Breed last month announced a homelessness plan to pump \$200 million into mental health services and drug treatment.

Los Angeles County has responded to the crisis with a handful of initiatives, including providing an additional \$750 per month — called a “patch” subsidy — for board-and-care residents who are receiving county services and determined to be high need.

According to Sherin’s report, the subsidies are now going to 1,000 people.

Some board-and-care owners contacted by The Times said the extra money keeps them out of the red, but not by much.

The county’s Department of Health Services also has used board-and-care homes to house about 1,000 formerly homeless people through its Housing for Health program, paying rates that vary based on each person’s needs. And the agency has taken over operation of four homes that closed, saving them even though it was unable to prevent the eviction of those who lived there.

“They were already empty and/or in the process of being sold,” said Cheri Todoroff, director of the Housing for Health program. “We’re really sensitive that we don’t want to displace people.”

Advocates for comprehensive board-and-care reform worry that the county programs give owners an incentive to select only those residents who have been identified to receive additional subsidies, making it more difficult for others to access the services they need.

“Everybody now is discovering board-and-care homes,” Wilson said. “That’s the ticket. It’s a lot cheaper. But that leaves our people out. I have to scratch my head to figure out who has a bed, who that is still in business and will take my client.”

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

The following tables below outline programming plan by component for FY 19/20 (update) and FY 2020-21 through FY 2022-23 (planning).

Community Services and Support (CSS)

Category	Program Name	Update Description	FY Impact
Full Service Partnership (FSP)	Child/Youth FSP	New Child/Youth FSP to fill service gap	19/20, 20/21, 21/22, 22/23
FSP	INSIGHTS Program	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Transition-Aged Youth (TAY) Transitions	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Assisted Outpatient Treatment (Laura's Law)	Upon grant conclusion, MHSA to fill funding gap	19/20, 20/21, 21/22, 22/23
FSP	VISTA	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	In-House Adult	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Older Adult	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP Support – Peer & Case Management	Peer Support & Case Management Services	New contract to fulfill FSP client support requirements	19/20, 20/21, 21/22, 22/23
General System Development (GSD)	EvalCorp Research & Consulting	Expand to evaluate non-clinical General Systems Development	19/20, 20/21, 21/22, 22/23
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) (Original Program)	No programmatic change	19/20, 20/21, 21/22, 22/23
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) TAY Expansion	Upon grant conclusion, MHSA to fill funding gap	19/20, 20/21, 21/22, 22/23
O&E	County-Wide In-House Outreach	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	County-Wide Crisis Team (CT)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	Crisis Stabilization Unit	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	Crisis Residential Treatment (CRT), 24-hr	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Individual Needs Assessment	Screening, Triage, Assessment, Referral (STAR)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Treatment	In-House Specialty Mental Health Services (All age groups)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	TAY Wellness Center	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Adult Wellness Center	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Client Network (CN)	No programmatic change	19/20, 20/21, 21/22, 22/23

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

Category	Program Name	Update Description	FY Impact
GSD-Peer Support	Quality of Life (QoL)	End of 19/20, evaluate for continuation or consolidation	19/20, 20/21, 21/22, 22/23
GSD-Peer Service Coordination/Case Management	Transformational Liaison (TL)	Terminated effective 19/20	19/20
GSD-Staff Development & Retention	OSHA Education & Training Matching Program	Expend CSS funds to participate in program- WET	19/20, 20/21, 21/22, 22/23
GSD-Peer Service Coordination/Case Management	Family Access Support Team (FAST)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Transportation	In-House Client Transportation Support	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Language Services	Interpreting Services	No programmatic change	19/20, 20/21, 21/22, 22/23
Community Program Planning (CPP)	CPP Resourcing -up to 5% of CSS funding	No programmatic change, regulations requirement	19/20, 20/21, 21/22, 22/23
Housing-Board & Care (B&C)	Two Residential Care for the Elderly (RCFE)	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing-B&C	Five B&C Facilities	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing -TAY Transitional Housing Assistance	Telecare Casas B, C, D	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Hillcrest Villa, Paseo De Luz, Paseo Del Rio, Paseo Santa Clara, Hillcrest Villa, La Rahada, Peppertree	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Expansion of Beds – No Place Like Home	Based on approved NPLH housing projects	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Case Management	Proposed 2020/21	19/20, 20/21, 21/22, 22/23

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

Prevention & Early Intervention (PEI)

Category	Program Name	Update Description	FY Impact
Prevention	One Step A La Vez	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Project Esperanza	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Tri-County GLAD	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Promotores y Promotoras Foundation	Review for new RFP to fill gaps in services	19/20, 20/21, 21/22, 22/23
Prevention	Conexión Con Mis Compañeras	Review for new RFP to fill gaps in services	19/20, 20/21, 21/22, 22/23
Prevention	Wellness Everyday Outreach & Media	No programmatic changes	
Prevention	Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools	New program in 19/20 to address gaps, SB1004	19/20, 20/21, 21/22, 22/23
Prevention	Older Adult Intervention – Ventura County Area Agency on Aging (VCAAAA)	New program implemented in 19/20 to address gaps	19/20, 20/21, 21/22, 22/23
Prevention, Outreach to Recognize Signs of Mental Illness	Rainbow Umbrella Youth Support Groups and Recognize, Intervene, Support, Empower (RISE)	No programmatic change	19/20, 20/21, 21/22, 22/23
Early Intervention	Comprehensive Assessment and Stabilization Services (COMPASS)	Moved from CSS to PEI 18/19	19/20, 20/21, 21/22, 22/23
Early Intervention	Primary Care Integration Program	No programmatic change	19/20, 20/21, 21/22, 22/23
Early Intervention	Early Detection & Intervention for the Prevention of Psychosis (EDIPP)	Moved in-house during FY 19/20	19/20, 20/21, 21/22, 22/23
Early Intervention – Family Support	National Alliance on Mental Illness – Family Education Program	Expanded in 19/20 to provide staff development	19/20, 20/21, 21/22, 22/23
Early Intervention – Outreach Support	La Clave Education & Training	Established in 19/20	19/20, 20/21, 21/22, 22/23
Outreach to Recognize Signs of Mental Illness	Crisis Intervention Team (CIT)-Law Enforcement	Review for additional First Responder training	19/20, 20/21, 21/22, 22/23
Outreach to Recognize Signs of Mental Illness	School-Based Programs: (Positive Behavior Interventions & Supports (PBIS), Restorative Justice (RJ))	Absorbed under MTSS contract effective 19/20	19/20, 20/21, 21/22, 22/23
Stigma & Discrimination Reduction	In Our Own Voice	Established in 19/20	19/20, 20/21, 21/22, 22/23
Access & Linkage to Treatment	Logrando Bienestar Expansion	Established in 19/20 to address Latinx service gap	19/20, 20/21, 21/22, 22/23
Suicide Prevention	SafeTALK	Absorbed under MTSS contract effective 19/20	19/20, 20/21, 21/22, 22/23
Suicide Prevention	American Foundation for Suicide Prevention Program Suite	New program effective 19/20	19/20, 20/21, 21/22, 22/23

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

Innovation (INN) Allocated Funds

Category	Program Name	Update Description	FY Impact
INN	Healing the Soul	Established in 17/18, ends in 20/21 with disposition pending outcome results	19/20, 20/21
INN	Children's Accelerated Access to Treatment and Services (CAATS)	Established in 17/18, ending 19/20 and sustainment TBD	19/20
INN	Youth Program (Conocimiento)	Begins 19/20, may be absorbed by PEI pending results 20/23	19/20, 20/21, 21/22, 22/23
INN	Suicide Prevention - Bartenders as Gatekeepers	Established in 18/19, ending 20/21	19/20, 20/21, 21/22, 22/23
INN	Push Technology	Established 18/19, ending 20/21	19/20, 20/21
INN	FSP Multi-County Project	Participation and leading project	19/20, 20/21, 21/22, 22/23
INN	Mobile Urgent Care	To be established 20/21 with proposal to run through 24/25	20/21, 21/22, 22/23

If you have any comment or questions, please submit them in writing via mhsa@ventura.org

Program Work Plan

1. MHSA Component:
- Community Services and Support (CSS)
 - Innovation (INN)
 - Capital Facilities/Technological Needs (CF/TN)
 - Prevention & Early Intervention (PEI)
 - Workforce Education & Training (WET)

2. Program implementation year(s), check all that apply:
- Prior to FY 19/20
 - During FY 19/20
 - During FY 20/21
 - During FY 21/22
 - During FY 22/23

3. Program Title: _____

4. Provider Name: _____

5. Goal: _____

6. Budget by Funding Type and Fiscal Year (FY20/21, 21/22, 22/23):

Funding Source	FY 20/21	FY 21/22	FY 22/23
MHSA			
FFP			
Realignment			
Other (Grants, etc)			
Total			

7. Age Group(s) Served (Years):
- 0-15
 - 16-25
 - 26-59
 - 60+

8. Target Priority Population:

9. Target Geographic Area (if applicable):

10. Number Served Goals:

- a. Total target # of clients or individuals to be served by Fiscal Year (FY20/21, 21/22, 22/23) and Age Category:

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

Program Work Plan

- b. If program is FSP, please amplify #10a above by adding the following by Fiscal Year and Age group:

i. # to be Served by Ethnicity: Specify Latinx, API, etc.

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

ii. # to be Served in Linguistic Group: Specify Spanish, English, ASL, etc.

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

iii. Target # of Unserved:

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

iv. Target # Underserved:

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

Program Work Plan

11. Staffing Details:

Staff by type and # of Full-Time Equivalents (FTEs) of each?

12. Program Purpose, Statement of Need or Gap it is filling:

13. Program Objectives (Outcomes):

14. Program Description:

**BEHAVIORAL HEALTH ADVISORY BOARD
ADULT SERVICES COMMITTEE
2018-19 Annual Report**

Submitted by Nancy Borchard and Gane Brooking, Co-Chairs

Committee members

Nancy Borchard, BHAB, Committee Co-Chair
Gane Brooking, BHAB, Committee Co-Chair
Jerry Harris, BHAB Chair Emeritus
Ratan Bhavnani, BHAB
Sheri Valley, BHAB
David Deutsch, Client Network
Scott Walker, Crisis Intervention Team
Barbara Keller, Housing Authority City of Ventura

Elizabeth R. Stone, MHSOAC
Bob Wickham, NAMI
Ascencion "Cici" Romero, TAY Tunnel
Cindy Doult, Telecare
Kalie Matisek, Turning Point Foundation
Dana Secor, Turning Point Foundation
Mark Schumacher, Turning Point Foundation
Gray Wilking, Area Agency on Aging

Participants

Ventura County Behavioral Health
Ventura County Probation Agency

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 provide a forum for discussion of current department activities regarding Adult Services as well as an opportunity for collaboration with community-based providers and stakeholders. We seek to ensure integrated services for clients seeking mental health and substance abuse services. By educating ourselves and the community, the stigma associated with mental health and substance abuse will be reduced.

2018-19 OBJECTIVES OF THE BHAB ADULT SERVICES COMMITTEE

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for the Crisis Residential Treatment (CRT) to be used as both a crisis prevention to avoid hospitalization and as a step-down from Hillmont Psychiatric Center or other intensive service.
3. Advocate for increased services to the older adult population.
4. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder 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 (VCBH) Administration building in Oxnard. Attendance, participation and membership 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 opening of the Crisis Stabilization Unit (CSU), for which the committee had advocated.
2. Dialogued with local community hospital regarding the opening of a private CSU.
3. Advocated for the development of a Request for Proposal (RFP) for services for the older adult population.
4. Recommendation was made to Mental Health Services Act (MHSA) staff to follow up on a Request for Proposal (RFP) for older adults.
5. Advocated for increased housing for clients.
6. Expanded the representation of stakeholders on this committee.
7. Identified high priority needs and followed up by gathering information.

2018-19 PRESENTATIONS

September 2018: VCBH Office of Health Equity and Cultural Diversity, presented by Maria Hernandez.

October 2018: Coalition for Family Harmony, presented by Sandy Gomez and Cynthia Gonzalez.

February 2019: Crisis Stabilization Unit and Dignity Health, presented by Dr. Robert Streeter, St. John Regional Medical Center.

March 2019: Ventura County Area Agency on Aging, presented by Victoria Jump.

April 2019: Ventura County Crisis Stabilization Unit Update, presented by Dan Powell and Sheri Block.

June 2019: Housing Update, presented by Susan White Wood.

CHALLENGES

1. There is an insufficient number of psychiatric inpatient beds to address Ventura County's needs.
2. Lack of affordable housing options and the high cost of housing in Ventura county.
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. Underutilization of peers in a broader manner within Ventura County's Behavioral Health System of Care added to a limited number of peer programs providing peer support.
6. Gaps in access to certain services that cause clients to be placed out of county. These include: (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 older adult inpatient psychiatric beds; (E) lack of adult inpatient psychiatric hospital beds.
7. Lack of treatment facilities for those with substance use disorders as well as funding to support this type of treatment.

OPPORTUNITIES

1. Become more involved in advocating for housing, particularly for those with mental health and substance use disorders.
2. Begin the process to address the needs of the projected surge in the older adult population.
3. Monitor MHSA programs in Ventura County to ensure that they address the needs of individuals with Serious and Persistent Mental Illness (SPMI).
4. Determine how peer support is functioning within the Ventura County System of Care; is it increasing; are individuals with lived experience being utilized to their full potential; advocate for the expansion of peer support services in the East County.

RECOMMENDATIONS

1. Continue to closely monitor how MHSA funds are used and how they address the identified needs of the County's SPMI population.
2. Focus on how crisis situations are being handled within the County.
3. Continue efforts to streamline the process reducing the time from referral/scheduling an appointment to receipt of service.
4. Determine whether the Screening, Triage, Assessment and Referral (STAR) method is the most efficient and best approach to quickly access services.
5. Ensure that Peer Support services are used to run Wellness, Recovery and Action Plan (WRAP) classes and to best help assist clinicians and staff.

2019-20 OBJECTIVES OF THE BHAB ADULT SERVICES COMMITTEE

1. Advocate for the expansion of the Crisis Stabilization Unit (CSU) at the Hillmont Psychiatric Hospital to the maximum approved number of chairs (12) including the capability of conducting medical clearance examinations on-site.
2. Advocate for the reactivation of the 12 inpatient beds at the Hillmont Psychiatric Hospital currently not in use.
3. Advocate for the Crisis Residential Treatment (CRT) facility to be used for both a crisis prevention unit to avoid hospitalizations and as a step-down from Hillmont Psychiatric Hospital or other intensive service.
4. Advocate for the development of a CSU supported by one of the community hospitals in Ventura County.
5. Advocate for access to increased inpatient, community-based and in-home services to the older adult population.
6. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges that includes additional VCBH staff to provide supportive services associated with No Place Like Home and other potential supportive housing developments.