

**BEHAVIORAL HEALTH ADVISORY BOARD**  
**General Meeting**  
Monday, April 18, 2016, 1:00 – 3:30 p.m.  
Ventura County Behavioral Health  
1911 Williams Drive, Training Room • Oxnard, CA 93036

**AGENDA**

- I. Call to Order
- II. Approval of the Agenda – **Action**
- III. Approval of the March 21, 2016 Minutes – **Action**
- IV. Welcome and Introductions
- V. Chair Announcements (5 minutes)
- VI. Public Comments (3 minutes per speaker)
- VII. Board Members Comments and Announcements (3 minutes per speaker)
- VIII. Director’s Report
- IX. Contracts – **Action**
  - A. BOS Agenda – April 19, 2016
    1. Resolution Proclaiming May is Mental Health Month, Time Certain 11:00 a.m.
  - B. BOS Agenda – May 3, 2016
    1. MHSA Annual Update
  - C. BOS Agenda – May 10, 2016
    1. Sylmar and Telecare Amendments
- X. Presentation: Prescription Drug Abuse and Heroin – Patrick Zarate, Alcohol and Drug Program Manager (20 min.)
- XI. BHAB Adult Services Committee Update (5 minutes)
- XII. New Business
  - A. Nominating Committee for the June Officers Election
  - B. Laura’s Law Implementation Workgroup
  - C. BHAB Objectives Workgroup
  - D. MHSA Annual Plan Update FY 2015-16 – Elaine Crandall - **Action**
- XIII. Old Business
  - A. Annual Report Update
  - B. BHAB Brochures
  - C. Site visits
- XIV. Adjourn

**Next Meeting: Monday, May 16, 2016**

Reminder: The June Executive Meeting will be on June 6<sup>th</sup>, and the General Meeting will be on June 13<sup>th</sup>

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact: Behavioral Health Administration, at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

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## MEMORANDUM

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DATE: April 12, 2016  
TO: Behavioral Health Advisory Board  
FROM: Contracts Administration  
SUBJECT: Board of Supervisors Agenda

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### Executive Summary

Ventura County Behavioral Health (VCBH) will be requesting Board of Supervisors approval for the following:

Board Agenda – April 19, 2016

**Resolution Proclaiming May as Mental Health Month, Time Certain 11 a.m.**

Board Agenda – May 3, 2016

#### 1. MHSA Annual Update

Proposition 63, the Mental Health Services Act (MHSA), was passed by California voters in November 2004. Effective January 2005, the MHSA imposes a one (1) percent income tax on personal income in excess of \$1,000,000 to provide funding to counties for the development of comprehensive community-based mental health services and supports that will reduce the adverse impact from untreated serious mental illness in adults and severe emotional disturbance in children and youth. The Mental Health Services Oversight and Accountability Commission (MHSOAC) requires that counties develop plans that detail how MHSA funding will be utilized within the County. The MHSA Updates are developed locally with stakeholder input and reviewed by the local Behavioral Health Advisory Board, approved by the Board of Supervisors, and then submitted to the MHSOAC. For FY 2015-16 the State is requiring Counties to provide an Annual Update. No State approval is required for this Update. MHSA funding is distributed on a regular basis by the State, and is not tied to the submittal and local approval of the MHSA Updates.

The Fiscal Year (FY) 2015-16 MHSA Annual Update describes the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities/Technology (CFTN), and Innovation components of the VCBH MHSA Plan. Per the requirements of the MSOAC for the FY 2015-16 MHSA Annual Update, VCBH was required to forecast projected total expenses and revenues from all sources. The use of Proposition 63 MHSA funds occurs after all other funding sources are applied, as MHSA funds are the funding of last resort for the programs.

For FY 2015-16, VCBH expects to commit \$54,794,888 in total expenses for the provision of MHSA services. The department forecasts billing and recoupment of \$20,032,771 of those costs through Short-Doyle Medi-Cal (SD/MC) Federal Financial Partnership (FFP), the Behavioral Health Subaccount, grants, insurance and client fees. The remaining \$34,762,118 in expenses, having no other available funding source, will be funded by FY 2015-16 State MHSA available program funding. Of those funds, \$30,480,953 are expected as new FY 2015-16 funds and the remainder would be drawn down from unspent funds from prior years.

The Community Leadership Committee (CLC) reviewed the FY 2015-16 MHSA Annual Update on March 7, 2016 and was posted for a 30 day public comment and review commencing March 10, 2016 through April 10, 2016. A hearing for public comment on the FY 2015-16 MHSA Annual Update took place at the CLC meeting April 11, 2016, and was unanimously approved for submission to the Behavioral Health Advisory Board (BHAB). On April 18, 2016, the FY 2015-16 MHSA Annual Update will be presented to the BHAB before sending to the Board of Supervisors.

## **2. City Impact and Interface Amendments**

Both City Impact and Interface provide Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) Medi-Cal Specialty Mental Health Services to children and their families. Services provided include individual therapy, case management, and crisis intervention. Beginning July 2015, VCBH implemented a new screening process for clients referred to both City Impact and Interface. This process was established to ensure that referred clients are receiving the appropriate level of care and meet medical necessity. This screening is to be conducted by a licensed or licensed eligible clinician. In addition, as VCBH has continued to outreach to the community, most specifically in the Oxnard region, there is an increased demand for clinical service expansion. To meet the demands of the new process and to address the increased demand for services, additional staffing is required. City Impact will add 2 full time equivalents (FTEs) and Interface will add 1 FTE to their existing programs, with staff being assigned to the Oxnard Region. Amendments to the agreements are needed to add funding for the additional costs relating to the increase in staffing.

The proposed second amendment with City Impact will increase the contract maximum from \$624,093 to \$691,737 (an increase of \$67,644), and the proposed second amendment with Interface will increase the contract maximum from \$1,397,219 to \$1,417,110 (an increase of \$19,891). The provisional unit of service rates in both Agreements are also being modified, but do not exceed the Ventura Maximum Allowance. These contracts are funded by SD/MC FFP, and EPSDT Realignment funds, effective May 3, 2016 through June 30, 2016.

## Board Agenda – May 10, 2016

### **Sylmar and Telecare Amendments**

*Sylmar Health & Rehabilitation Center, Inc. (SHRC)* is an Institute for Mental Disease (IMD) that is designed to facilitate recovery in a restricted environment. SHRC is VCBH's primary contract provider for legal competence restoration services as well as the treatment of other individuals that are transferred from acute/State hospital settings. The proposed fourth amendment to the contract will increase the maximum contract amount from \$1,650,000 to \$1,990,643 (an increase of \$340,643), effective July 1, 2015 through June 30, 2016, and is needed to increase the contract to provide sufficient funding to cover the provision of services through the end of the fiscal year. The SHRC contract is funded with Tobacco Settlement and Realignment funds. There are no rate changes or other substantive changes.

*Telecare Corporation* provides educational support, supportive employment, case management, individual treatment, and psychiatric treatment services to Transitional Aged Youth (TAY) through the EDIPP Program. The EDIPP Program utilizes a "whatever it takes" approach in working with clients and family members. At the core of the program services are multi-family groups for clients and their families which are designed to decrease stressors and increase coping skills. Clients that complete the regular two year EDIPP Program receive an additional 12 months of psychiatric services, groups, and counseling through the EDIPP Continuing Care Program. The EDIPP Program currently serves the following communities: Camarillo, Fillmore, Moorpark, Newbury Park, Ojai, Oxnard, Piru, Port Hueneme, Santa Paula, Simi Valley, Somis, Thousand Oaks, and Ventura. A minimum of 55 unduplicated TAY are served in the program.

The proposed ninth amendment to the contract with Telecare Corporation: (1) revises the scope of work, (2) increases the outreach and engagement budget from \$257,667 to \$423,666 (an increase of \$165,999), and (3) revises the rates for mental health treatment services, effective July 1, 2015 through June 30, 2016. The scope of work is being revised to implement a pilot First Break Track which will expand the traditional EDIPP program model to serve TAY who have been experiencing psychotic symptoms for up to eighteen months. The current program only allows for treatment of TAY who have been experiencing prodromal or psychotic symptoms for no more than 30 days. For the pilot First Break Track, Telecare Corporation will utilize the same EDIPP model that is being used for the existing program track. All data points collected for the PIER fidelity model of the EDIPP program (existing program track) will also be collected for the pilot First Break Track. Data will be tracked separately to determine the efficacy of both program tracks. The increase in the outreach and engagement budget is needed in order to fund additional outreach efforts related to the east county program expansion and pilot First Break Track. Referrals from the east county have been low and additional outreach strategies are being implemented in order to increase referrals. Additional countywide outreach is also needed in order to educate the community about the pilot First Break Track and the criteria for inclusion. There will be no increase to the existing maximum contract amount of \$1,446,397, as the proposed increase is being funded with savings within the agreement as a result of the reduced units of service that have been provided in the east county due to the reduced level of referrals. This contract is funded with MHSA, Substance Abuse and Mental Health Services Administration (SAMHSA), and SD/MC FFP funding.