

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

February 22, 2016

NEXT MEETING:

Monday, March 21, 2016

1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration
1911 Williams Drive, Training 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.

February 22, 2016 - BHAB General Meeting Attendance Roster

BHAB Members Present

Janis Gardner, Chair
 Karyn Bates
 René Beauchesne
 Nancy Borchard
 Gane Brooking
 Monique Garcia
 Mary Haffner
 Jerry Harris, Secretary
 Larry Hicks
 Cmdr. Ron Nelson
 Denise Nielsen
 Irene Pinkard
 Carol Thomas, 1st Vice Chair
 Sidney White
 Kay Wilson-Bolton
 Sandra Wolfe
 Sup. John Zaragoza

Member Absent

McKian Nielsen

VCBH Managers/Staff Present

Elaine Crandall, Director
 Dan Hicks, ADP Manager
 Salvador Manzo, Health, Equity & Training Manager
 Sandra Nelles, Contracts Manager
 Edith Pham, BHAB Assistant
 Kiran Sahota, MHSA Manager
 Deborah Thurber, MD, Youth & Family Medical Director
 Celia Woods, MD, Medical Director
 Patrick Zarate, Alcohol & Drug Programs Manager

NEXT MEETING:

Monday, March 21, 2016, 1:00 – 3:30 pm

Ventura County Behavioral Health
 1911 Williams Drive, Training Room, Oxnard

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 Chair Gardner called the meeting to order at 1:04 p.m.		
II.	Approval of the Agenda Ms. Gardner asked the Committee to review and approve today's agenda.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the committee to review and approve the minutes of the January 25, 2016 meeting. a. Larry Hicks noted that Irene Pinkard's name is misspelled in section III. b. Jerry Harris noted that section VII should read that he was elected 2 nd Vice Chair and Nancy Borchard was elected Secretary but there was no motion for this.	The minutes were approved as amended. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked the Board members for self-introductions.		
V.	Recognition Award Ms. Gardner presented a Certificate of Commendation to Elaine Augustine for her outstanding service as VCBH Chief Operations Officer.		
VI.	Chair Announcements a. Ms. Gardner apologized for placing reports from Patrick Zarate and Director Crandall at the end of the agenda. BHAB members have requested that BHAB business be conducted before anything else. b. Article II of the Bylaws lists the areas that are under the purview of the BHAB. Members are encouraged to familiarize themselves with this. c. During the Alcohol and Drug Programs Update, the BHAB will spend a few minutes in the parking lot to view the DUI crash car trailer. d. The BHAB recommendation and VCBH PowerPoint presentation on Laura's Law are scheduled for presentation to the Board of Supervisors (BOS) on March 8 at 1:30 at the Government Center.	Information	

	<ul style="list-style-type: none"> e. The BHAB Bylaws are on the BOS agenda on 2/23 around 8:30 a.m. as a consent item. Also on the agenda is the Mental Health Rehabilitation Center (MHRC). f. At the March General meeting Public Health will give a presentation on an initiative it is bringing forth to the BOS on smoking, including e-cigarette usage. g. According to the Centers for Disease Control and Prevention (CDC), heroin use has increased among most demographic groups nationwide and in the county. See handout for details. 		
VII	<p>Board Members Comments and Announcements</p> <ul style="list-style-type: none"> a. Jerry Harris requested that the names of VCBH staff in attendance be included in the minutes. b. Carol Thomas reminded BHAB members that on 4/18 at noon she will provide a training on the Brown Act and parliamentary procedures. Ms. Gardner strongly encouraged all members to attend. c. Denise Nielsen stated she heard that Children's Intensive Response Team (CIRT) will no longer be run by Casa Pacifica but will be incorporated into VCBH Crisis Team. She voiced her concern and requested information on how it will be run. d. Karyn Bates would like to get a BHAB brochure that she could hand out in her outreach work. e. Jerry Harris requested that the BOS provide guidelines on how boards and commissions should communicate with it. Supervisor Zaragoza explained that committees' recommendations go through the agency director, who conveys them to the BOS. This is how all agencies and departments work. f. Supervisor Zaragoza asked whom he should forward information about a call he received from a constituent regarding drug abuse. Patrick Zarate asked that it be sent to him. He will share a list of contract providers and clinics. 	Information	
VIII.	<p>Public Comments</p> <ul style="list-style-type: none"> a. Jean Singer Bair spoke in support of opening an autism crisis center in conjunction with the David Holmboe Center. She asked for support for the community, parents and children and adults with autism. b. Lucrecia Campos-Juarez urged the BHAB to resume meetings of the equity workgroup, which focuses on the underserved. She also noted that the BHAB members should reflect the diversity of the community. Ms. Gardner explained that members are appointed by the BHAB. 		
IX.	<p>BHAB General Meeting Time</p> <p>Ms. Gardner noted that more time is often needed to get through the agenda, and the BHAB Executive members are reluctant to cut any items. She requested that the regular meeting duration be lengthened by 30 minutes, although her goal will be to end the meetings at 3:00 as much as possible.</p> <p>Jerry Harris noted that if the Board adopts the change, all members will need to plan to attend until 3:30.</p> <p>Kay Wilson-Bolton noted that members who work will be able to better plan their day.</p> <p>Supervisor Zaragoza noted that he might not be able to stay to the end every time due to other commitments.</p>	The General meetings are now scheduled from 1:00 to 3:30 p.m. M/S/C	
X.	<p>New Business</p> <ul style="list-style-type: none"> a. BHAB training announcement Ms. Gardner reminded the BHAB members that Carol Thomas will provide a training on April 18 at noon, just prior to the BHAB General Meeting; see item VII.b. above. Members are free to bring their own lunch. b. Equity Workgroup Ms. Gardner stated that the Equity Workgroup, comprised of stakeholders of various background, including from the Latino community, had been meeting and was making progress. A situation occurred whereby several leaders in the Latino community were asked to no longer attend the meetings. The workgroup Chair, Dr. Daniel Jordan, resigned and further meetings were postponed. A discussion took place regarding whether to resume these meetings. 		

<p>X.</p>	<p>Nancy Borchard recommended that the Equity Workgroup that used to meet under the auspices of VCBH, rather than the BHAB, resume. That workgroup dealt with various underserved groups, such as older adults, rather than focusing on ethnic minorities.</p> <p>Irene Pinkard stated that every underserved group needs to be addressed. She would like to know in which direction the Equity Workgroup was going.</p> <p>Supervisor Zaragoza stated that he received emails from LULAC and Dr. Jordan. It seems the outreach was not what they felt it should be. Supervisor Zaragoza would like to see the workgroup resume meeting, but in a conciliatory way.</p> <p>Kay Wilson-Bolton stated that she met with the remainder of the workgroup. The group feels strongly that disparity needs to be addressed.</p> <p>Jerry Harris would like to see the workgroup resume under BHAB.</p> <p>Ms. Crandall stated that VCBH is hiring four outreach workers at a cost of close to half a million dollars.</p> <p>The BHAB Executive Committee will discuss this further at its next meeting on 3/14.</p> <p>c. Site Visits The BHAB is tasked with doing site visits of contract providers. The BHAB Executive Committee is working on this.</p>		
<p>XI.</p>	<p>Old Business</p> <p>a. Laura's Law Update As mentioned earlier, Laura's Law will be presented to the BOS on March 8. Ms. Crandall clarified that Laura's Law is currently scheduled to sunset in 2017. However, AB59, if it passes, will extend the law until 2022.</p> <p>b. BHAB Objectives FY 2016-17 Ms. Gardner requested that each BHAB members submit three objectives in the next two weeks. Email them to the Chair or to BHAB assistant Edith Pham. Sidney White requested that the previous year's objectives be sent out as a guide.</p> <p>c. Committees/Annual Reports Jerry Harris is leading the effort to prepare the Annual Report to the BOS. He reviewed a draft format and requested that all members write a short biography highlighting their reasons for serving on the BHAB.</p> <p>d. Recognition Award for March Ms. Gardner proposed to recognize Pam Fisher, Adult Division Manager, who left VCBH earlier this month to work for the County of Santa Barbara Behavioral Health.</p>	<p>Send objectives to BHAB Chair or Assistant</p>	<p>All members</p>
<p>XII.</p>	<p>Contracts</p> <p>Ms. Crandall reviewed the contracts that will be presented to the BOS:</p> <p>a. February 23, 2016 1. BHAB Revised Bylaws</p> <p>b. March 8, 2016 1. ADP Prevention Services – Idea Engineering, Inc. Amendment 2. Laura's Law</p> <p>c. March 15, 2016 1. ADP Standard Agreement Amendment 2. Maxim and Meditech Amendment 3. Crisis Stabilization Unit and Short-Term Crisis Residential Designation 4. Naming of the CSU Facility: David Holmboe Center 5. Seneca Family of Agencies Agreement</p>	<p>The BHAB voted to approve the contracts as presented. M/S/C</p>	

<p>XIII.</p>	<p>Alcohol and Drug Programs Update Patrick Zarate explained that to illustrate the effect of drunk driving, VCBH has partnered with law enforcement agencies to create a local version of the Mothers Against Drunk Driving (MADD) crash car trailer.</p> <p>The meeting moved to the parking lot, where the DUI crash car trailer was on display. Members of law enforcement gave a short presentation and answered questions. The trailer is displayed at various events and also driven around town. It has been in use since 2012, and about 200,000 people countywide have viewed it.</p>		
<p>XIV.</p>	<p>Director's Report Ms. Crandall provided an update of VCBH programs. Please see "Director's Report" handout.</p>		
<p>XI.</p>	<p>Adjourn The meeting adjourned at 3:31.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance 2015-2016

District	TERMS	Member	July	Aug	Sept	Oct	Nov	DARK DEC	Jan	Feb	Mar	Apr	May	Jun
District 1 Sup. Bennett	10/6/15 to 10/6/18	Karyn Bates	X	X	X		X		X	X				
		VACANT												
	3/10/15-3/10/18	Sidney L. White, AICP	X	X	X	X	X		X	X				
	4/7/15-4/7/18	Mary Haffner	X	X	X		X		X	X				
District 2 Sup. Parks	2/23/16-2/23/19	Ratan Bhavnani												
	9/17/13-9/17/16	Janis Gardner	X	X	X	X	X		X	X				
	1/5/15-1/7/19	Carol Thomas	X	X	X		X		X	X				
		VACANT												
District 3 Sup. Long	1/27/15-1/26/18	Nancy Borchard			X	X	X		X	X				
	1/12/16-1/12/19	Gane Brooking							X	X				
	4/14/15-4/14/18	Kay Wilson-Bolton	X	X	X	X	X		X	X				
	12/2/14-12/1/17	Larry Hicks	X		X	X	X		X	X				
District 4 Sup. Foy	9/17/13-9/17/16	Jerry Harris	X	X	X	X			X	X				
	10/13/15-10/13/18	Cmdr. Ron Nelson	X			X	X		X	X				
	9/17/15-9/17/18	Denise Nielsen			X	X	X		X	X				
	9/17/14-9/17/17	McKian Nielsen	X				X		X					
District 5 Sup. Zaragoza	9/17/13-1/10/17	René Beauchesne, LCSW	X	X	X	X			X	X				
	9/24/14-9/23/17	Monique Garcia			X				X	X				
	9/17/13-1/10/17	Irene Pinkard, Dr.		X	X		X		X	X				
	1/11/15-1/10/18	Sandra Wolfe	X	X	X	X	X		X	X				
Gov. Body	1/1/15-12/31/18	John Zaragoza, <i>Supervisor</i>	X		X		X		X	X				

Present = X

Director's Report

NEWS/Local Updates

1. Continuum of Care Reform.

- a. Last month's report had details re: to the local impacts of CCR. To date, additional mapping has occurred and the system of care will continue to be developed.

2. Whole Person Care

- a. Multi-department meetings are occurring to prepare the agency to position themselves for WPC.

3. Children's Crisis Stabilization Unit/Children's Crisis Continuum of Care

- a. The department has run into another facility delay that will move the board letter from the Scheduled March 8 to an anticipated March 15 date.
- b. Currently Childrens Crisis response is with Casa Pacifica (CIRT)
 - i. \$1.3M Contract, @14 staff (10.5 direct)
 - ii. 3867 Crisis Calls 2015 – 21.8% percent increase from 2014
 - iii. 1276 Crisis Responses 2015 – 5.9% percent increase from 2014
 - iv. CIRT Psych holds in 2015 = 644 (12.4% increase from 2014)
 - v. Total children's holds in VC, including Private ins. Co's and Medi-Cal = 1,001
 - vi. 575 children were hospitalized in 2015 (226 from CIRT)
 - vii. Recidivism was approx. 30%
 - viii. 176 (30%) received aftercare (15 days)
 - ix. Casa expects to bill \$1,700,000 for this FY– 30.7% increase
- b. Casa provided a proposal to provide a full spectrum scope of Children's Crisis Continuum of Care including Warm lines or texting, MHFA in schools (already in place), Use of 211, Crisis call, crisis response, parent mentors, peer partners, in home stabilization, transfer to 23 –hr stabilization, 30-day aftercare, ER clearance, 30-day after care from ER and Psychiatric hospital. Total cost - \$2.13M (less vehicles, computers, software, equipments etc)
- b. Plan to take CIRT in house
 - i. Currently have 25 Adult Crisis staff (5 are grant funded and recently added, not including manager and CA)
 - ii. Will add 5 more staff (1 grant funded), and 1 Clinic Administrator (@\$1M – includes benefits and related facility expenses)

- iii. Several staff (approximately 20) already have specialty with Children
 - iv. All staff will cross-train staff in both Children and Adults
 - v. With the ability to leverage efficiencies through existing resources, such as direct staff, overhead, supervision, we can also perform the in-home stabilization and follow up services.
 - vi. Scope will not include warm lines/text, aftercare will be 15-day, in keeping with data indicators
 - vii. Benefits in addition to cost include:
 - 1. Single crisis line for the county
 - 2. Case notes directly to Avatar provide Psychiatrists and clinicians immediate access to information
 - 3. Ability to leverage existing partner for parent support
 - 4. Ability to have direct access to the conditions and information that contribute to high hold rate, to hospitalizations, with the goal of reducing both
 - viii. Casa Pacifica has done incredible work in the community with crisis support. The change is in no way reflective of the dissatisfaction of the service provided, but rather to develop the infrastructure of a cost effective, single crisis support system that will inform the interrelationships of the newly developed childrens crisis continuum of care. We are working closely with Casa Pacifica to ensure a smooth transition.
- c. Intention is to launch and study the new Crisis Continuum of Care. Since the County has not had a CSU, or short term crisis residential, and in-home stabilization has not been a focus, an evaluation of the benefits of the three initiatives, and the conditions that contribute to outcomes will be studied for future decision making.

4. Staff Accomplishments (sampling!)

- a. Youth and Family
 - i. Developing the Children's Crisis Continuum of Care
 - ii. Growth of Intensive Services and Emotional Supports in Schools – in partnership with SELPA – to Santa Paula, Fillmore, Ojai and South Oxnard. Increasing underserved and Spanish speaking services.
 - iii. School based group therapy being expanded to include ART, Seeking Safety, and CBT groups
 - iv. South Oxnard hosted a “fun day” in the park where 22 SED clients participated
 - v. North and South Oxnard host events where clients, families, and clinician have time to engage beyond therapeutic services
 - vi. East County growing

- vii. No shows for therapy appointments brought down from baseline of 18% to 10.8% and sustained (Ventura and Santa Clara Valley)
 - viii. Implemented Restorative Justice Principles and practices in individual, family, and group treatment in the Juvenile facilities
 - ix. Partnered with Probation and VCMC in transitioning on line meds ordering resulting in about \$500K savings to Probation
- b. Adults
- i. Reduced UR disallowances to average 51 min per charts from baseline of 174 minutes per chart
 - ii. Added urine drug testing, saliva testing, and lab draws on site (Lab draws North Oxnard)
 - iii. Added Telepsychiatry
 - iv. Reduced uninsured from 22% to 4%
 - v. Launched Safe prescribing Initiative reducing # of patients on Alprazolam from 3.5% to less than 1%, and Benzodiazepines from 32% to 9%
 - vi. Reduced county paid perscriptions from \$377,164 to \$92,707
 - vii. Increased client coordination between VCBH and Primary Care Dr.s
 - viii. Expanded EDIPP into Santa Clara Valley
 - ix. Awarded contracts MHRC
 - x. Returned 13 clients to county from out of county
 - xi. Increased group therapies in clinics
 - xii. 28 individuals placed in housing, 24 committed for this year
- c. ADP/DUI
- i. Oversaw the development of SBIRT at HCA primary care site
 - ii. Introduced ASAM placement criteria
 - iii. Launched a variety of marijuana prevention tools such as How High Ventura County to school resource officers
 - iv. Developed policy briefings for Marijuana
 - v. Launched Stakeholder Forums for DMC-ODS
 - vi. Saturday services from 8-2 at Thousand Oaks.
- d. MHSA
- i. Expanded Our Lady of Guadalupe contract and launched Promotores Contract to enhance outreach and early intervention for the Latino population
 - ii. 543 trained in MHFA in FY 14-15
 - iii. Triple-P trained 644 groups, 168 individuals, and 240 others (data not completed)
 - iv. CIT Academy Jan 25-29
 - v. LGBT Forum held in Nov 2015 (Pride Project). As a result, LifeWorks trained 25 schools on Jan 12 and we are working on a contract with

Rainbow Umbrella to work with the school Gay/Straight Aliiances to expand to High Schools and Middle Schools.

5. MHRC

- a. Going to the Board tomorrow

6. ACT

- a. RFI was conducted and responses received from four organizations

7. EQRO

- a. Scheduled to be here March 14, 15, 16, 2016

MEMORANDUM

DATE: February 16, 2016
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Agenda

Executive Summary

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

Board Agenda – February 23, 2016

Behavioral Health Advisory Board Revised Bylaws

The Behavioral Health Advisory Board (BHAB) exists under the authority of the California Welfare and Institutions Code section 5604. The responsibilities of the BHAB include, but are not limited to, reviewing and evaluating treatment services in the community, including numerous behavioral health needs (i.e. housing, facilities, health and safety), advocating for individuals in the community living with mental illness and/or substance use disorders, recognizing gaps in services, reviewing contract provider performances, treatment and/or prevention services, and evaluating the impact of funding streams.

The BHAB consists of at least fifteen and no more than twenty-one members. Each member of the Ventura County Board of Supervisor may appoint three mental health representatives and one substance use disorder representative to the BHAB. Supervisors are encouraged to appoint individuals who have some experience and knowledge of the behavioral health system. BHAB membership should reflect the ethnic diversity of the client population of Ventura County.

The BHAB shall consist of fifty percent or more consumers or parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services. The term of each member shall be for

three years, with appointments staggered over a three-year period. Appointed members must commit to regular attendance at meetings and participation on one committee. One member of the BHAB shall be a member of the County's Board of Supervisors.

The proposed bylaws have been revised to update the membership and officer responsibility requirements, and make other changes. Specifically, language has been included regarding unexcused absences, joining committees, and the completion of ethics training. The bylaws were approved by the required two-thirds vote of the membership of the BHAB at its January 25, 2016 meeting, pending approval by the Board of Supervisors.

Board Agenda – March 8, 2016

1. ADP Prevention Services - Idea Engineering, Inc. Amendment

Idea Engineering, Inc. provides VCBH with communications materials and graphic design services, social host education efforts, program publications, a custom and localized image library to support various programs (Prescription Drug Abuse Prevention Campaign, Marijuana Prevention Program, and Prevention of Impaired and Drugged Driving Campaign), as well as internet communication and viral messaging services to youth and young adults in support of key prevention initiatives. The proposed sixth amendment to the agreement will be used to expand the policy and education needs of marijuana prevention, including new publications, media messaging on the harmful effects associated with marijuana use, and countywide community planning efforts. The sixth amendment to the agreement for substance use disorder prevention services with Idea Engineering, Inc., will increase the maximum agreement amount from \$269,500 to \$285,000 (an increase of \$15,500). This contract is funded by Substance Abuse Prevention and Treatment (SAPT) Block Grant and Office of Traffic Safety Grant funds.

2. Laura's Law

In July 2014, the Behavioral Health Advisory Board (BHAB) created a workgroup to review Assembly Bill (AB) 1421 (a.k.a. Laura's Law). Members of the workgroup consisted of community members, family members, a patients' rights advocate, stakeholders, Ventura County Behavioral Health (VCBH) staff, a representative from the Hillmont Psychiatric Center, National Association of Mental Illness (NAMI) members, BHAB members, a representative from Turning Point Foundation, and staff persons from other County agencies, including the Public Defender's office and law enforcement. The receive and file report includes: (1) the BHAB's summary of Laura's Law, (2) a brief description of the presentations and studies presented to the BHAB workgroup, and (3) a list of comments that is inclusive of support and concerns. The report also includes BHAB's voting results during their July 27, 2015 meeting. The voting results indicate support for the implementation of Laura's Law and evaluation of outcome measures at eighteen (18) months to ensure that the program is achieving expectations.

In 2002, the California State Assembly passed the Assisted Outpatient Treatment (AOT) Demonstration Project Act. Laura's Law provides court-ordered intensive outpatient services for individuals with severe mental illness who refuse voluntary treatment yet are also at risk of or are becoming a risk to themselves or others, or are becoming gravely disabled. Under the law, if a client is petitioned and subsequently decides not to participate

in treatment, there is no enforcement action available. Laura's Law will sunset on January 1, 2017. There is currently an assembly bill, AB 59, which proposes to extend the law indefinitely if it is passed by the Legislature. If the law is made indefinite, counties that adopt the law will not be able to withdraw unless the Legislature lets the law expire or otherwise provides a mechanism for ending the law within a county. Counties would also be required to adhere to any future amendments to the law.

On May 27, 2015, a BHAB workgroup voted to recommend implementing Laura's Law to evaluate outcome measures and conduct a full assessment of the program in 18 months. On November 15, 2015, VCBH presented the BHAB's recommendation to the Mental Health Services Act (MHSA) Community Leadership Committee with an annual cost estimate of approximately \$600,000. The MHSA Community Leadership Committee approved allocating \$900,000 in MHSA funds to cover the 18 month implementation measurement period. The MHSA Community Leadership Committee approved the implementation of the Laura's Law program with the understanding that no FY 2016-17 MHSA mental health programs would be reduced as a result of this recommendation and as required under the law.

VCBH intends to contract with a vendor which has demonstrated experience and ability to provide intensive AOT services. It is anticipated that these services will be provided to approximately 20 additional individuals by a specially trained Assertive Community Treatment (ACT) team. The ACT team will: (1) screen requests, (2) conduct extensive outreach and engagement, and (3) develop petitions and manage court processes to connect enrollees with the appropriate level of services. Successful implementation of this program will involve inter-agency collaboration, and will also include specific training and education to mental health providers, law enforcement, hospital administrators and other individuals involved in making treatment and involuntary commitment decisions. The required training program must be developed in consultation with client, family advocacy organizations and other stakeholders. The training program must be designed to provide information regarding: (1) legal requirements for detaining a person, (2) methods for ensuring that decisions direct individuals toward the most effective treatment, and (3) emphasis on each patient's right to provide informed consent to assistance (AB 1421, Section 5349.1).

VCBH is requesting the Board of Supervisors approval to implement a program in compliance with Laura's Law. If approved, VCBH will return to the Board of Supervisors at a later date to receive approval of an agreement for these services. VCBH anticipates that the cost to implement Laura's Law will be approximately \$600,000 in FY 2016-17 and these costs will be fully covered by a combination of Short-Doyle/Medi-Cal (SD/MC) Federal Financial Partnership (FFP), MHSA, and County General funds.

Board Agenda – March 15, 2016

1. ADP Standard Agreement Amendment

The State Department of Health Care Services (DHCS) multi-year Standard Agreement is the established mechanism that allows the County to receive Federal and State allocated funds for Substance Use Disorder (SUD) services provided by community-based providers and County staff. The County uses these funds to

support a wide variety of services, such as individual and group treatment, day treatment, parenting skills training for adults and adolescents, short and long-term residential recovery, early intervention, prevention, and education programs, including County-operated and sub-contracted programs, modalities, and services. For the Drug Medi-Cal (DM/C) funding component, community-based organizations that are certified by the State DHCS as DM/C providers contract with the County which acts as a pass-through entity for related federal and state funding. Periodically, the Agreement is amended to account for unexpended state funds reallocated from prior years, and/or to increase/decrease DM/C allocations determined by an updated projection of units of service provided throughout the year.

Under realignment, the Fiscal Year (FY) 2011-12 state budget and accompanying law (Chapter 40, Statutes of 2011 [Assembly Bill (AB) 118] and Chapter 13, Statutes of 2011, First Extraordinary Session [ABX1 16]) moved funding for SUD programs from the State to local governments to meet local community needs and priorities. The County of Ventura now receives funding for its SUD services through two allocation methods--the State DHCS Agreement (SAPT Block Grant and D/MC) and realignment funding (instead of direct allocation).

The purpose of this amendment is to modify the terms and conditions as outlined in the original contract, effective July 1, 2016. Certain changes were made to the agreement, including text additions which are displayed in bold and underlined, and text deletions which are displayed as strike-through text. The following sections were amended: Scope of Work, Program Specifications, Budget Detail and Payment Provisions, Additional Provisions, and Social Security Administration (SSA) Agreement. All other terms and conditions remain the same. There is no additional fiscal impact as the three-year (FY 2014-15 through FY 2016-17) total maximum amount of \$28,014,088 does not change.

2. Maxim and Meditech Amendments

Meditech and Maxim provide certified and/or licensed temporary staff to help fill vacant positions due to the difficulty in finding qualified and appropriately certified and/or licensed staff. These contractors are also used to help backfill existing positions due to unexpected leaves of absence. VCBH is taking appropriate steps to expedite its recruitments for qualified and appropriately certified and/or licensed staff, however, until staff can be hired, VCBH is in need of temporary staff from Meditech and Maxim. VCBH uses a variety of temporary staff from Meditech and Maxim, including Registered Nurses (RN), Licensed Vocational Nurses (LVN), Mental Health Associates (MHA), and Licensed Marriage and Family Therapists (LMFT). The proposed amendments are needed in order to fund VCBH's temporary staffing needs. There are salary savings to offset these increases. The proposed sixth amendment for medical personnel recruiting services with Meditech will increase the maximum contract amount from \$892,152 to \$1,195,756 (an increase of \$303,604), and the proposed fifth amendment with Maxim will increase the maximum contract amount from \$543,780 to \$896,469 (an increase of \$352,689), for the service period of July 1, 2015 through June 30, 2016.

3. Crisis Stabilization Unit and Short-Term Crisis Residential Designation

VCBH is requesting Board of Supervisors approval to designate the Crisis Stabilization Unit (CSU), located at 2130 N. Ventura Road, Oxnard, CA 93036, as the Receiving Center for children and adolescents who are placed on a 5585 civil commitment hold. This designation will provide the ability for the CSU to function in two significant ways. The first process within the CSU is the function as the Ventura County Welfare and Institutions Code (WIC) 5151 Receiving Center for medically stable children and adolescents (ages 5-17 years) assessed as a danger to self, a danger to others or gravely disabled due to a mental disorder on a WIC 5585.50 civil commitment hold, or those in the community experiencing a crisis who are potentially dangerous due to an urgent psychiatric condition. Prior to the referral of a medically stable Ventura County child or adolescent assessed as a danger to self, a danger to others or gravely disabled due to a mental disorder to a Lanterman-Petris-Short Act (LPS) facility for involuntary evaluation and treatment, the Receiving Center will conduct a multidisciplinary assessment including an assessment of family (caregiver) and environmental factors (WIC 5585.52), provide crisis intervention (SB364), and crisis stabilization services for each client. The standardized, procedure-based multidisciplinary bio-psychosocial assessment, risk assessment, crisis intervention and attempts at stabilization takes place before the team makes the decision to accept the validity of WIC 5585.50 holds initiated in the County of Ventura by law enforcement and professionals in the community. Properly implemented, the Receiving Center is both a best practice and a paradigm shift. Only the clients that continue to be imminently dangerous after the CSU's multidisciplinary team has provided opportunities for the client to respond to crisis intervention and repeated attempts at crisis stabilization, are transferred involuntarily to an LPS facility for further treatment and evaluation. Even after the hold is accepted, attempts at stabilization continue until the client is formally transferred to an LPS facility.

The second process is the CSU functions as a crisis stabilization specialty mental health program for children and adolescents who do not meet the criteria for civil commitment and can be safely discharged in less than 24 hours to lower levels of care in the community. Typically, children, youth and caregivers voluntarily commit to this phase of treatment. The Team continues to assess each client prior to discharge on their ability to demonstrate safe behavior and participate in additional crisis stabilization services while on the CSU. Specifically, prior to discharge, the safety, treatment and service issues and concerns relevant to the crisis are addressed. This is a two-pronged approach - one by the client who is helped by staff to develop a safety plan and secondly support is provided to the caregiver who is helped by staff to develop an aftercare plan. This aftercare plan will involve a CSU Critical Care Manager who can advocate for and link clients and caregivers who face barriers to accessing needed treatment and services in the community.

During FY 2014-2015, 582 "Medi-Cal only" minors were hospitalized, and 30% of those youth were readmitted within the year. Although data related to private insurance is not available, it is estimated that these minors had the same readmission rate. With the implementation of the CSU, we hope to capture this data in the future. Through the designation of a receiving center to assess, provide stabilization supports and determine the need for hospitalization as a component of a crisis continuum it is anticipated that the rate of hospitalizations will be dramatically reduced – by as much as 50% as other counties with like programs are reporting. Additionally, by designating a 'coordinated front door' to determine the level and intensity of the crisis intervention warranted,

hospitalization will be centrally tracked, ensuring appropriate and coordinated aftercare for the minor and their families, thus reducing significantly the 30% recidivism we currently experience.

4. Naming of the CSU Facility: David Holmboe Center

It is hereby requested that the Board of Supervisors designate the newly purchased County facility located at 2130 N. Ventura Road, Oxnard, California, as the **DAVID HOLMBOE CENTER**. Purchased to house the Children's Crisis Stabilization Unit and the Children's Short Term Crisis Residential Program, it is befitting that the facility be named in memory of David Holmboe, whose tireless dedication and work to better the lives of our children faced with mental health and drug and alcohol challenges, continues to be realized. This nomination is put forth today by Supervisor Linda Parks and the Behavioral Health Department, with support from the Behavioral Health Advisory Board and Children's Sub-Committee.

In recognition of David Holmboe's service to the residents of Ventura County as a member of the Mental Health Board and the Behavioral Health Advisory Board from September 2005 to September 2013, Mr. Holmboe shared his learned experience as a family member with the board to enhance member's understanding of mental illness and family needs. Mr. Holmboe also shared his extensive expertise as an educator working with schools and the community to help people understand what the mental illness experience is like and what resources are available to assist in the treatment and the care of families and individuals. Mr. Holmboe was a leader and champion of fiscal responsibility on the Mental Health Budget Committee and worked tirelessly with the County Executive Office and Fiscal Departments to ensure the necessary programs were funded adequately. He was instrumental in the development of the Mental Health Services Act programs, working closely with community, healthcare, consumers and family to establish services and supports to enhance the quality of life for individuals with mental illness in our community. Mr. Holmboe provided leadership to his community by serving as the Board Chair, First Vice-Chair, Second Vice-Chair and Chair of the Transitional Aged Youth (TAY) sub-committee over the years. Through the guidance, commitment, passion and collaboration David brought to his work, the MHSA Programs and mental health services across Ventura County have greatly benefitted by Mr. Holmboe's dedication.

5. Seneca Family of Agencies Agreement

On August 11, 2015, the Board of Supervisors approved the Public Works Agency request to purchase real property located at 2130 North Ventura Road, in Oxnard for the Children's Crisis Stabilization Unit (CSU) and Children's Short Term Acute Residential Treatment Program (START). VCBH staff will also occupy some of the office space for other children's mental health programs.

The CSU will be the front-end of the continuum of care providing each youth with a multi-disciplinary risk assessment, interventions to promote stabilization, family involvement and safety planning to access the least restrictive and most appropriate level of care. The CSU provides mental health interventions necessary to divert minors from hospitalization and to safely discharge the minor to community services. The CSU is an outpatient, '23 hour bed' facility, providing the opportunity to stabilize the minor, facilitate family participation, develop

safety planning, and coordinate in-home follow-up support to ensure the family is appropriately linked to community mental health services.

The START program is designed to provide voluntary residential treatment for minors that are not able to be stabilized within the '23 hour' model, but do not meet the criteria required under WIC Section 5585 for psychiatric hospitalization. These youth will typically receive a length of stay of 3 to 5 days, with a maximum stay of 30 days. During this intensive program, youth will receive in-depth mental health assessment, psychiatric assessment and medication monitoring, if indicated, individual, group and family therapy. The focus of this program is to stabilize the minor to assure safety, develop safety planning with the family, introduce therapeutic and psychiatric interventions and establish linkages to aftercare treatment, reducing the likelihood of recurring crisis situations and potential psychiatric hospitalization.

By adding both the CSU and START to our continuum of children's crisis services, Ventura County will realize a consistent quality of crisis care options. VCBH proposes to oversee the operations of this dual program in an 8 bed, in-county voluntary 24-hour facility. Seneca Family of Agencies (Seneca) will provide the program services for both the CSU as well as the START program.

VCBH selected Seneca to provide both program services due to their direct and successful experience in operating crisis stabilization outpatient services. Currently there are only a handful of counties providing a continuum of crisis stabilization services. For over 30 years Seneca's mission has been to help children and families succeed during their most difficult times. Seneca has developed a comprehensive array of services, designed to address the complex needs of youth with serious emotional issues, and include their family in the process. Seneca is at the forefront of crisis stabilization service provision through their unique experience in running the Crisis Stabilization Unit for Alameda County, along with Partial Hospitalization Programs in Alameda and Contra Costa Counties. Combined with their Mobile Response Team in Contra Costa County, and their collaborative partnership with Alameda County and another community based organizations providing short term acute residential treatment services, Seneca understands and has developed a continuum of crisis stabilization services and supports unique across the State. The agency has been certified as a Medi-Cal and/or Early Periodic Screening, Diagnosis and Treatment (EPSDT) service provider since 1992. Historically, Seneca's programs have been accredited by the California Alliance of Child and Family, but in 2010 the agency achieved Joint Commission Behavioral Health Care Accreditation in order to reinforce its mission to provide the highest quality and most effective services possible for children, youth, and families who struggle with the most profound and complex needs.

Although the programs are scheduled to commence July 2016, over the next few months, Seneca will begin using the start-up funds to recruit and train staff, and prepare the facility for operations. The proposed agreements for the CSU and START programs with Seneca, will be in the contract maximum amount of \$3,956,771 for the CSU and \$2,084,223 for START, for the term beginning March 8, 2016 through June 30, 2017. These agreements are fully funded with SD/MC FFP, MHSA, and EPSDT Funds. Note: The above amounts for each program are still pending final approval, however they will not exceed the combined total.