Ventura County Behavioral Health Advisory Board

General Meeting

MINUTES

May 16, 2016

NEXT MEETING:

Monday, June 13, 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.

May 16, 2016 - BHAB General Meeting Attendance Roster

BHAB Members Present	VCBH Managers/Staff Present
Janis Gardner, Chair	Elaine Crandall, Director
Karyn Bates	Dan Hicks, Prevention Manager
Ratan Bhavnani	Sandra Nelles, Contracts Division Manager
Nancy Borchard, Secretary	Susan Kelly, Y&F Division Manager
Gane Brooking	Kiran Sahota, MHSA Manager
Mary Haffner	Celia Woods, M.D., VCBH Medical Director
Jerry Harris, 2nd Vice Chair	Deborah Thurber, M.D., VCBH Y&F Medical Director
Larry Hicks, Member-At-Large	Sevet Johnson
Patricia Mowlavi	Gloria Vega
Cmdr. Ron Nelson	Edith Pham, BHAB Assistant
Denise Nielsen	
McKian Nielsen	
Carol Thomas, 1st Vice Chair	
Sidney White	
Kay Wilson-Bolton	
Supervisor John Zaragoza	
	NEXT MEETING:
BHAB Members Absent	**Monday, June 13, 2016, 1:00 – 3:30 pm**
René Beauchesne	
Sandra Wolfe	Ventura County Behavioral Health
Irene Pinkard	1911 Williams Drive, Training Room, Oxnard

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	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTIONS	RESPONSIBLE
I.	**Call to Order** Chair Gardner called the meeting to order at 1:02 p.m.		
II.	**Approval of the Agenda** Ms. Gardner asked the Board to review and approve today's agenda. The Chair recommended a change to the agenda to add Alcohol and Drug Report-Update Patrick Zarate, after the Director's Report.	The agenda was approved as amended by Chair. **M/S/C**	
III.	**Approval of the Minutes** Ms. Gardner asked the Board to review and approve the minutes of the March 21st meeting.	The minutes were approved as written. **M/S/C**	
IV.	**Welcome and Introductions** Ms. Gardner welcomed everyone and asked for introductions.		
V.	**Chair Announcements** A. The Chair, Janis Gardner stated that BHAB is having small meetings to keep in good standing with the Bylaws. B. Announcement was made that May is Mental Health Month. C. Announced several BHAB members attended the annual Mixteco Conference which was extremely rewarding and informative. D. The NAMI Walk was a great success.	Information	
VI.	**Public Comments** A. David Deutsch thanked everyone for their support at the NAMI Walk. They are closer to their goal because of this support. B. Bilal Hassoun spoke about his experience with a clinician, who he feels betrayed him. He feels there was a lack of advocacy on the part of VCBH.		

VII.	**Board Members Comments and Announcements** A. Nancy Borchard shared that David Deutsch came to her church and presented. People who attended the meeting typically do not attend informative meetings. She feels it is a good way for BHAB members to get the word out. B. Cmdr. Ron Nelson mentioned through their medical provider, California Forensic Medical Program (CFMP), a couple of new programs have been initiated at the Jail. A cognitive behavioral treatment program which is evidenced based and an in-custody reentry linkage service which provides psychiatric services targeted to inmates at the jail. Their medical provider, CFMP has also offered to come before the BHAB if the board is interested. C. Jerry Harris discussed the importance of proper disposal of opioid drugs, suggesting that parents discuss this in their homes, but also suggesting if the Pharmacists/prescribers could discuss disposal methods in their consultations. This could save lives. Dan Hicks representing ADP, responded that a mailing has just been send out to prescribers in the county and Mr. Hicks thought the suggestion that prescribers discuss this in their consultations with patients is a viable suggestion. Mr. Hicks stated a few years ago, ADP/DUI had a disposal bag program but it turned out not to be feasible. Dan Hicks will bring this topic up at their department meeting on Wednesday. Supervisor Zaragoza also stated he will bring it up to the Board of Supervisors. D. Jerry Harris stated he has been in contact with Moorpark Police Department regarding their concerns that some people who are not 5150 ('able) but need help, and Police Department has been unable to get help from the Crisis Team. Director Crandall will speak to Jerry regarding this.	Elaine Crandall to discuss with Jerry Harris	
VIII.	**Director's Report** Ms. Crandall provided updates on: 1. Phoenix School hosted Carpe Diem event; 2. A canine program is about to start at the jail, where shelter dogs will be trained by inmates, for adoption. 3. CIRT began taking evening calls from 7pm to 7am; clinicians were pleased with the results; in June, weekend calls will be added and July 1, the transition will be complete. 4. CSU – Seneca has been meeting with contractors and is on track to open in August; VCBH has received a $877,000 grant – these are SB82 funds. 5. Waiver 2020 and integrated care – primary care clinics are looking to staff their clinics with MH clinicians and substance abuse clinicians. 6. Whole Person Care will provide early intervention to high utilizers so they do not end up in jail or on probation. 7. Pacific Clinics was awarded a contract resulting from Peer RFP. 8. Oxnard High School has requested VCBH to have a clinician on campus. 9. MHRC (Mental Health Rehabilitation Center) is on track to open in August. 10. Laura's Law RFI is in the works. 11. Continuum of Care Reform (CCR) regarding Barry Zimmerman, Director of HCA, presentation to the Board of Supervisors; 12. An annual evaluation of Proposition 63 (MHSA) has been completed by the Steinberg Institute. See attached Director's Report for details.	Attach Director's Report	Gloria Vega
IX	**Alcohol and Drug Report Update – Patrick Zarate** Dan Hicks represented the department. He reiterated that at a department meeting Wednesday he will discuss the proper disposal of opioid drugs and the possibility of prescribers/pharmacists discussing disposal methods during their patient consultations.		

X.	**Contracts** Ms. Crandall submitted the following contracts to be voted on by the Board of Supervisors (BOS): A. BOS Agenda – May 3, 2016 (BOS Approved) 1. City Impact and Interface Amendments B. BOS Agenda – June 7, 2016 1. Sunrise Manor LLC and La Siesta Guest Home LLC Amendment 2. Maxim Healthcare Services, Inc. Amendment	The Board approved sending the contracts listed on the agenda to the BOS as submitted. **M/S/C**	
XI.	**BHAB Youth and Family Committee Update** Denise Nielsen, Chair, provided an update on the work of the Y&F Services Committee. 1. The Committee spends a lot of time getting updates on changes. A recent major endeavor has been the realization of the Children's Crisis Stabilization Unit. Drs. Woods and Thurber, Susan Kelly and the Board of Supervisors have been extremely helpful. 2. The Committee is pleased that Eric Elhardt has been hired by VCBH Crisis Team; 3. CCR is another change that impacts the service delivery to children. 4. The Committee is reaching out to BHAB Members and anyone else, to support on this committee. BHAB Y&F meet the second Wednesday of each month at 10am-Noon.	Information	
XII.	**New Business** A. BHAB Objectives for FY16-17 A meeting was held on April 12 to present a list of proposed objectives for BHAB. This list was developed using feedback from BHAB Members. B. Nominating Committee Larry Hicks and the nominating committee recommended keeping the current officers; no nominations from the floor were made. C. BHAB Summer Schedule After a brief discussion, the motion was made to continue BHAB General Meetings throughout the summer, rather than going dark.	**M/S/Amended** - add #2, "All age groups". **M/S/C** **M/S/C**	
XIII.	**Old Business** A. BHAB Brochures These have arrived and were distributed by Larry Hicks. B. Annual Report Jerry Harris stated 3-6 pages per committee is acceptable. He stated this is the opportunity for committees to share their work. C. Laura's Law Implementation Workgroup The next Laura's Law Meeting is May 17. The first meeting was April 1 with a small group that developed a timeline. Implementation in other counties was considered with the previous meeting focusing on legal issues. The May 17 meeting will focus on hospitalization. Chair, Mary Haffner is reaching out to stakeholders for their concerns. Ratan Bhavnani stated that Santa Barbara passed Laura's Law last week and is now asking for Ventura County's input.	Information	

	D. Site Visits Mr. Harris thanked Cmdr. Ron Nelson for facilitating a site visit for BHAB Members at the Main Jail, where the bulk of mental health inmates are housed. .		
XIV.	**Presentation (Action)** Public Health Presentation regarding Tobacco Initiative Director Rigoberto Vargas and Selfa Saucedo, Health Education Managers presented on the Wellness Initiative for Healthy and Tobacco-Free Living. The major focus of Public Health is the protection and promotion of health. 40% of men and 34% of women with mental health issues smoke. Public Health is recommending that Ventura County update an existing ordinance to include e-cigarettes and prohibit tobacco use indoors and outdoors. At least 136 California psychiatric hospitals have adopted 100% smoke-free policies. Public Health provide training and education to staff and the public in English and Spanish. These are geared to smokers who has a mental illness. A motion was made to recommend this initiative to be adopted by the Board of Supervisors. There was one objection (Ratan Bhavnani); motion was accepted.	**M/S/C**	
XV.	**Adjourn** The meeting adjourned at 3:28 pm.		

Behavioral Health Advisory Board GENERAL Meeting Attendance

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

Present = X

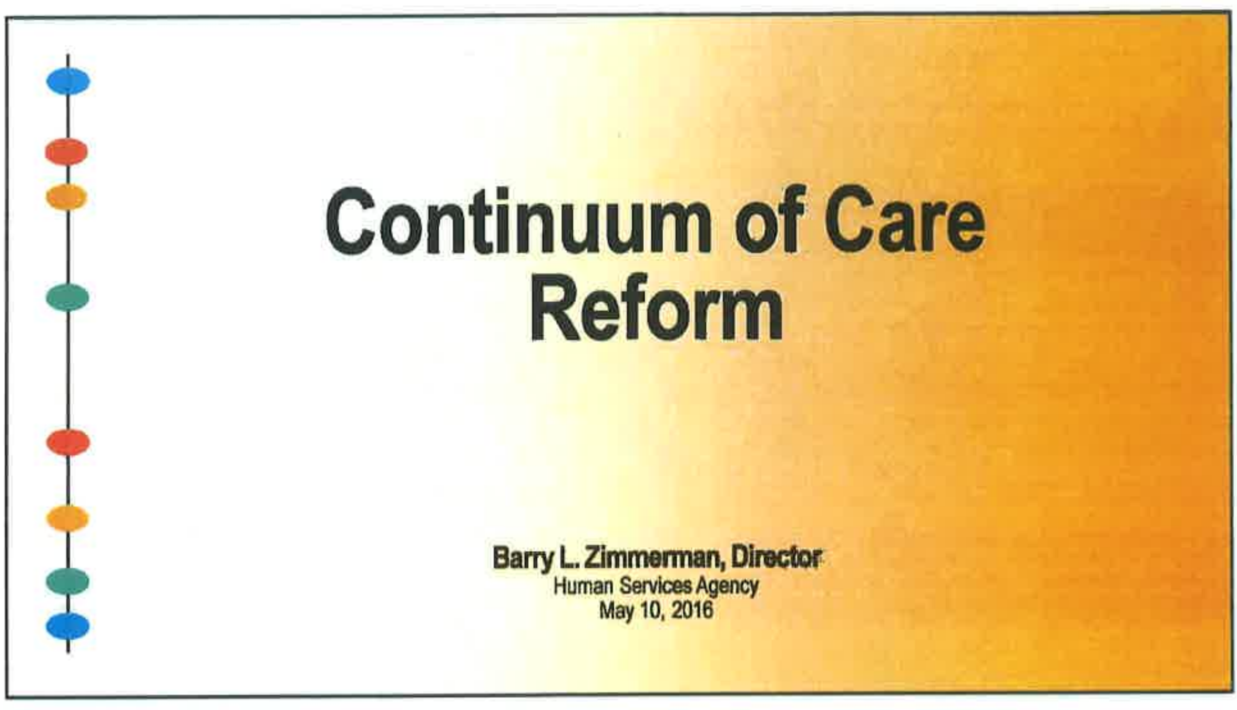
District 1 Supervisor Bennett
District 2 Supervisor Parks
District 3 Supervisor Long
District 4 Supervisor Foy
District 5 Supervisor Zaragoza

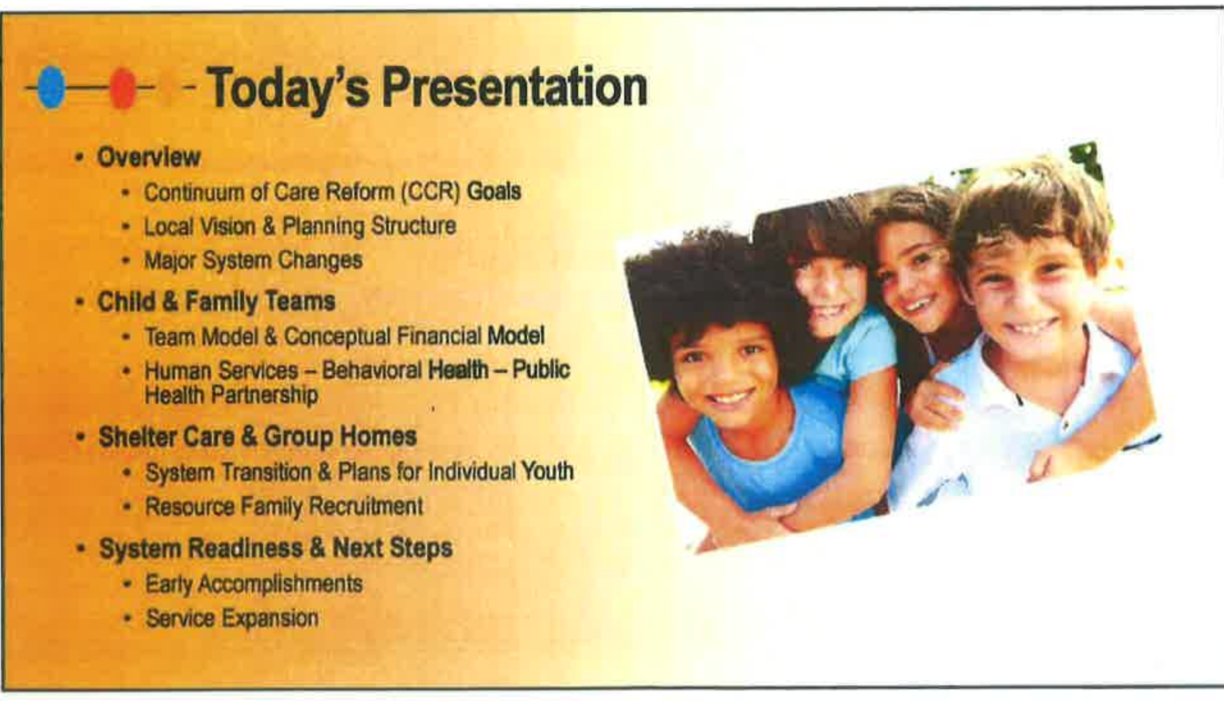
Director's Report

PLEASE SEE THE ATTACHED ITEMS:

1. **CONTINUUM OF CARE REFORM**
   POWERPOINT PRESENTATION TO BOARD OF SUPERVISORS (BARRY ZIMMERMAN)
   MAY 10, 2016

2. **STEINBERG INSTITUTE**
   INFORMATION REGARDING ANNUAL EVALUATION OF PROPOSITION 63 (MENTAL HEALTH SERVICES ACT)


Continuum of Care
Reform
Barry L. Zimmerman, Director
Human Services Agency
May 10, 2016


Today's Presentation
• Overview
• Continuum of Care Reform (CCR) Goals
• Local Vision & Planning Structure
• Major System Changes
• Child & Family Teams
• Team Model & Conceptual Financial Model
• Human Services – Behavioral Health – Public Health Partnership
• Shelter Care & Group Homes
• System Transition & Plans for Individual Youth
• Resource Family Recruitment
• System Readiness & Next Steps
• Early Accomplishments
• Service Expansion

Overview ~ CCR Goals

Statewide reform envisions a continuum of services aimed at positive outcomes for children and families

- **Core practice model** creates explicit expectations for collaborating with families to ensure that each family's voice and choice are heard
- Service and placement decisions are based on a **comprehensive, trauma-informed assessment** that prioritizes the needs of the child
- Service delivery is coordinated through a **teaming approach that includes the family**

Overview ~ CCR Goals

- **Home-based family care** is provided by relatives, family friends, and foster families; congregate care is reserved for short-term interventions only
- **Unified resource family approval process** replaces multiple processes for licensing foster homes and approving relatives, family friends, guardians, and adoptive families
- **Mental health treatment services *must* be made available** to foster children early and regardless of placement setting

Overview ~ Local Vision & Planning Structure

- Established a CCR governance structure to: facilitate intra-agency policy setting, decision making, and collaboration; and ensure effectiveness and efficiency in transforming cross-cutting systems and services
- Agreed upon a vision that families should receive comprehensive support aimed at strengthening key domains beyond the traditional areas of focus in a child welfare services plan

Executive Committee

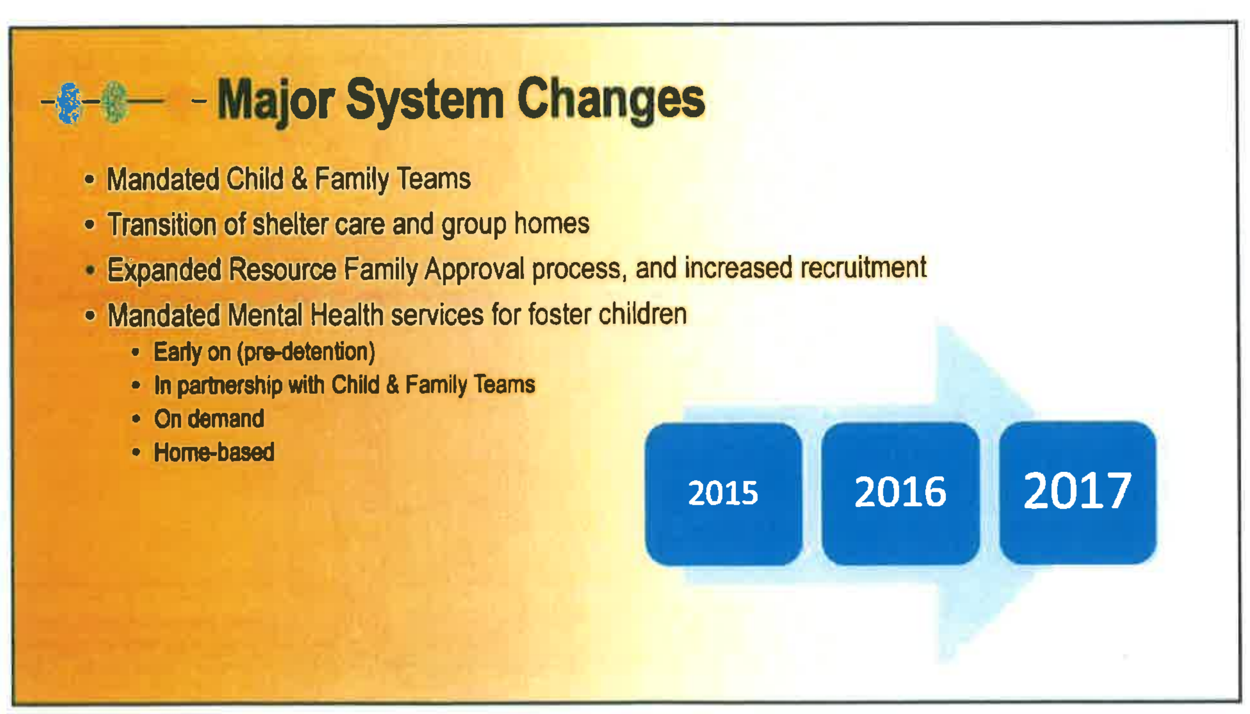
Behavioral Health, Public Health, Probation,

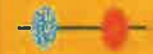
Steering Committee

Technology

Guiding Principles
1. Systems Perspective
2. Integration of Services
3. Integration of Structures
4. Integration of Funding
5. Shared Outcomes
6. Holistic Outcomes

Collective Impact





- Child & Family Teams ~ Characteristics

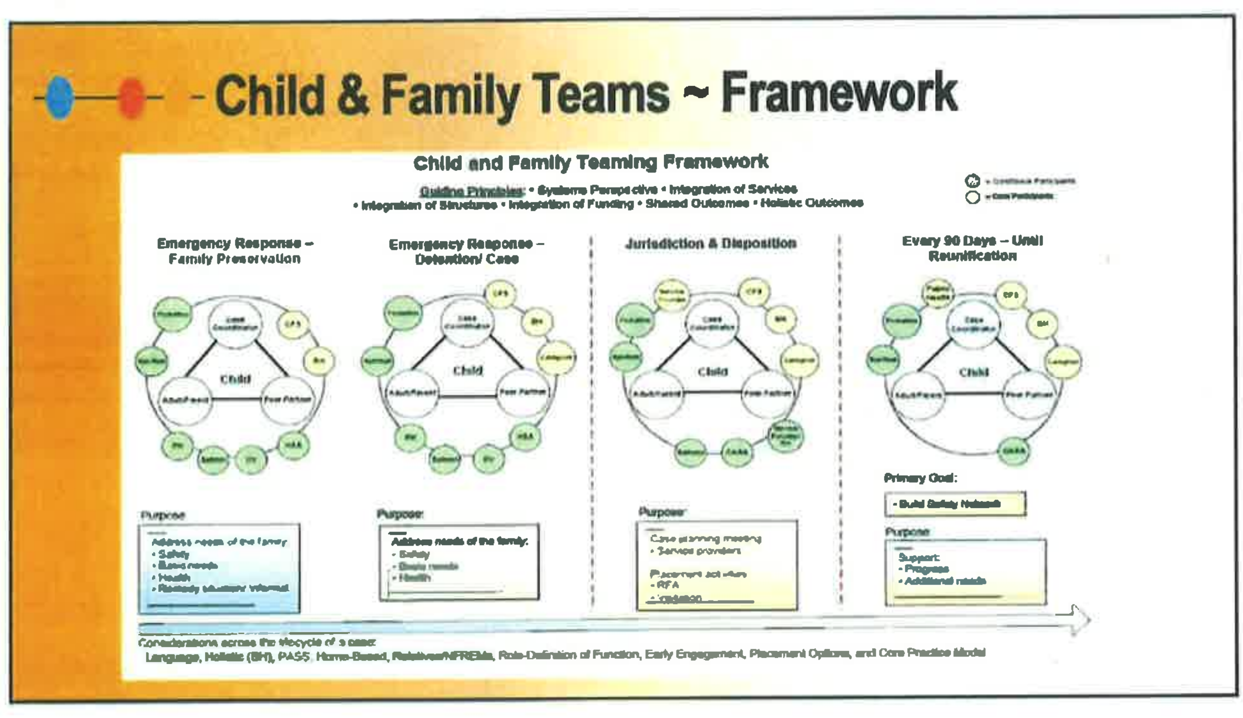
Characteristics of Child & Family Team Meetings include:

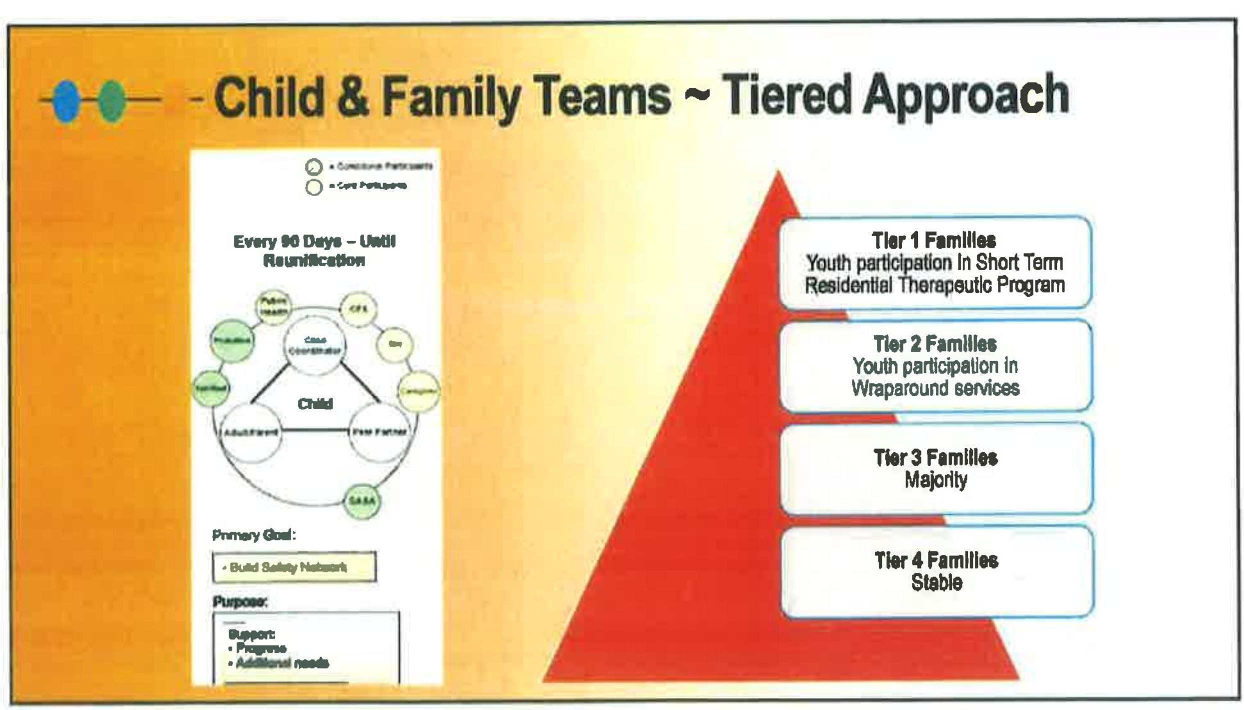
- Clear but open-ended purpose
- Opportunity for the family to be involved in decision-making and planning
- Options for the family to consider and decisions for the family to make
- Family's involvement in the development of specific safety or permanency plans and in the development of services and supports
- Development of or revision to an action plan that reflects the outcome of the meeting

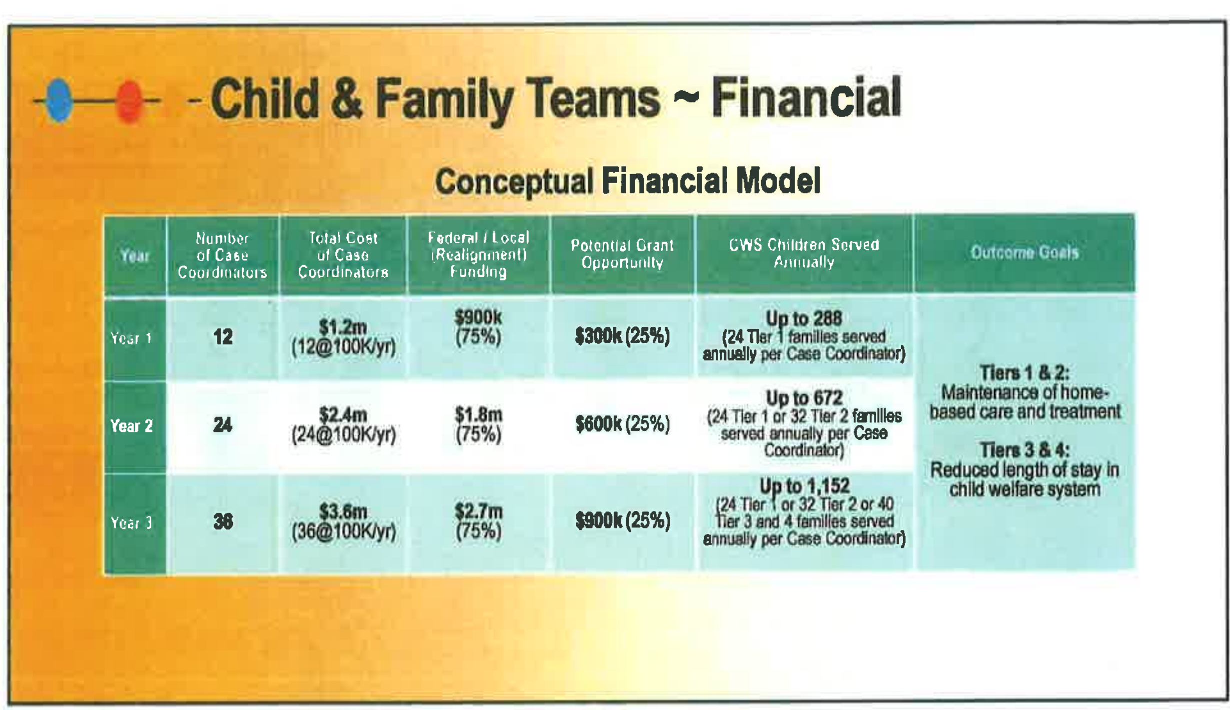
- Child & Family Teams ~ Case Coordinator

Case Coordinator function within Child & Family Team will:

- Provide continuity in services over life of case with respect to child welfare, mental health, and more
- Broker additional services for the family beyond what is needed to support reunification, in the interest of helping the family progress in key domains (health, education, employment) that correlate with stability
- Facilitate team meetings, monitor participation, prioritize and pace interventions, and maintain the action plan
- Provide general case management
- Serve as resource for crisis intervention


Child & Family Teams ~ Framework
Child and Family Teaming Framework
Emergency Response – Family Preservation
Emergency Response – Detention/ Case
Jurisdiction & Disposition
Every 90 Days – Until Reunification
Child
Primary Goal:
Purpose

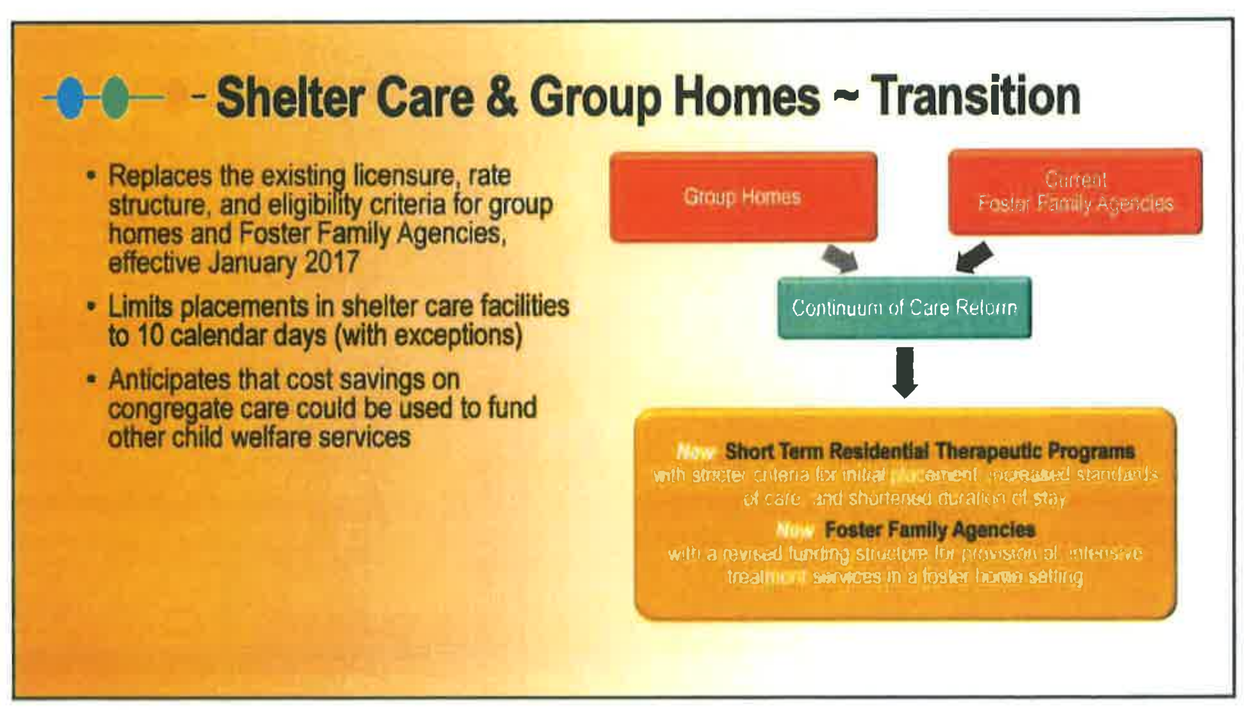

Child & Family Teams ~ Tiered Approach
Every 90 Days – Until Reunification
Child
Primary Goal:
Build Safety Network
Purpose:
Support:
• Progress
• Additional needs
Tier 1 Families
Youth participation In Short Term Residential Therapeutic Program
Tier 2 Families
Youth participation in Wraparound services
Tier 3 Families
Majority
Tier 4 Families
Stable

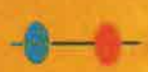


Child & Family Teams ~ Financial

Conceptual Financial Model

Year	Number of Case Coordinators	Total Cost of Case Coordinators	Federal / Local (Realignment) Funding	Potential Grant Opportunity	CWS Children Served Annually	Outcome Goals
Year 1	12	$1.2m (12@100K/yr)	$900k (75%)	$300k (25%)	Up to 288 (24 Tier 1 families served annually per Case Coordinator)	Tiers 1 & 2: Maintenance of home-based care and treatment Tiers 3 & 4: Reduced length of stay in child welfare system
Year 2	24	$2.4m (24@100K/yr)	$1.8m (75%)	$600k (25%)	Up to 672 (24 Tier 1 or 32 Tier 2 families served annually per Case Coordinator)	
Year 3	36	$3.6m (36@100K/yr)	$2.7m (75%)	$900k (25%)	Up to 1,152 (24 Tier 1 or 32 Tier 2 or 40 Tier 3 and 4 families served annually per Case Coordinator)	





- Shelter Care & Group Homes ~ Transition

Group Homes Utilized Regularly by Child Welfare	City
Agape Group Homes	Oxnard
Casa de Esperanza	Thousand Oaks
Casa Pacifica	Camarillo
Children's Learning Center	Oxnard
For the Future, Inc.	Simi Valley
Guiding our Youth	Simi Valley
Kids to Kids	Ventura
New Way GH	Oxnard
Pro Youth Centers	Camarillo
Trinity House	Oxnard

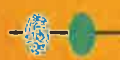
- Discussions currently underway regarding plans for becoming certified as Short Term Residential Therapeutic Programs

- Shelter Care & Group Homes ~ Transition

- 70 Ventura County youth in foster care reside in group homes or longer-term shelter care
  - 54% male, 46% female
  - Majority ages 15-19
  - Median length of stay is 6.6 months
- Case plans for family reunification or securing an adoptive placement or guardianship are currently underway for 1 in 7 of these youth
- Similar plans for more of these youth will be further developed in the coming months; relatives and others who may be able to offer permanent connections have already been identified for nearly all of the youth

- Shelter Care & Group Homes ~ Transition

- Alternatively, some youth may be able to transition into placements with foster families who receive training and support; targeted recruitment is underway for foster families who can care for:
  - Adolescents and teenagers
  - Youth with special needs
  - Sibling sets
  - Oxnard and Ventura youth
- Other youth will choose to participate in Extended Foster Care, which provides resources for housing, education, health care, and other supports up to age 21



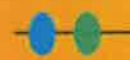
- System Readiness ~ Accomplishments

- Participated as a County team in the "Breaking Barriers" Symposium to discuss ways to overcome historical challenges to innovative partnership, and develop plans for joint staff training about new roles
- Developed a framework for cross-agency teaming to serve children and families
- Developed a Family Preservation model that uses Child & Family Team meetings to develop and monitor plans for keeping children safe with their families instead of entering care
- Implemented Resource Family Approval, which provides a streamlined, user-friendly process for licensing foster parents and approving relative, adoptive, and guardian caregivers
  - Board approved Bridge payments to relative caregivers to help ensure that financial concerns do not prevent relatives from participating prior to official approval

System Readiness ~ Accomplishments

	March 2015	March 2016	Trend
Number of Open Cases	1,217	1,211	Positive
Number of Children In Foster Care	873	853	Positive
Percentage of Children Placed in Group Homes or Shelter Care	9.4%	7.8%	Positive
Percentage of Children Placed with Relatives or Extended Family Members	36.5%	47.4%	Positive
Percentage of Children Placed with Some or All Siblings	67.3%	69.8%	Positive

System Readiness ~ Service Expansion



- Using Lean Six Sigma tools to define expansion of Family Finding efforts to engage relatives and non-related extended family members in supporting youth and families at every stage of the child welfare case
- Plans underway to expand Peer Partner Education, Respite Support, and home-based "shelter" care
- Continuing to promote staff culture shift by integrating Core Practice Model and Safety Organized Practice components throughout all child welfare systems

System Readiness ~ Next Steps

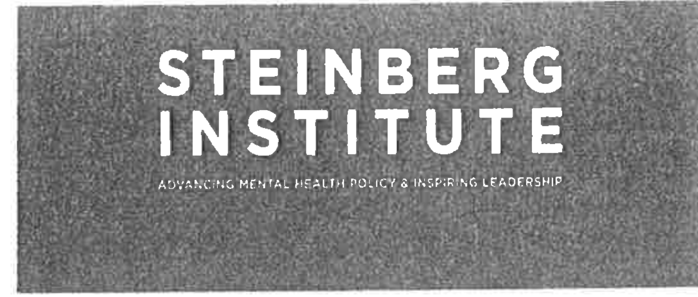
- Continue to explore funding strategies
- Continue to discuss CCR impacts with service providers and staff
- Further develop and implement CCR service design models, contracting plans, and joint training plans for providers and staff
- Develop child-specific plans to transition children currently residing in congregate care to family settings whenever possible
- Communicate with stakeholders
- Track and reports progress toward meeting January 2017 implementation milestone

We'll know we're successful when . . .

Foster children are cared for in family settings whenever possible; reunify with their parents as soon as it is safe to do so; and experience long-term stability, safety and well-being.

Continuum of Care Reform

Barry L. Zimmerman, Director
Human Services Agency
May 10, 2016



FOR IMMEDIATE RELEASE
Thursday, May 5, 2016

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Maggie Merritt (916) 761-3448
maggie@steinberginstitute.org

California's Mental Health Services Act Changes Lives, Saves Money

One-of-a-Kind Evaluation Highlights Current Data on MHSA Program Outcomes and Cost Savings

SACRAMENTO, CA – May 5, 2016. The Steinberg Institute, a non-profit mental health public policy organization, released their annual evaluation of Proposition 63 (Mental Health Services Act) funded programs. Utilizing the most recent data, this report clearly illustrates the dramatic effects that comprehensive mental health services have on the most vulnerable citizens of California.

"It's clear. When people, who live with a mental illness, receive the care they need there is a significant improvement in their quality of life. Homelessness, emergency room use, arrests, imprisonment and recidivism, out of home placement of children, and other difficult life situations all decrease exponentially." Stated Maggie Merritt, Executive Director of the Steinberg Institute.

Produced in partnership with the County Behavioral Health Directors Association (CBHDA), this report shows that individuals who participated in MHSA funded programs in 2013 to 2014 – experienced the following life changing results:

- Homelessness went down 52% for adults after 1 year of services and 68% after 2 years of services.
- Mental health emergencies decreased by 89% among children and 90% for older adults.
- Reduced psychiatric hospitalization by 57% for youth and 51% for older adults.
- Dramatic decline in arrests from 86% for youth to 91% for older adults.
- Incarcerations decreased by 49% for youth, 58% for adults, and 75% for older adults.

In terms of cost savings research shows:

- The annual prison cost per inmate is approximately $51,000. The annual community housing and outpatient treatment costs for people with mental illness is $20,412. If 500 offenders who live with a mental illness were sentenced to more appropriate residential treatment, there would be a cost savings of well over $15.2 million annually.
- Public services for a chronically homeless individual can range from $60,000 to close to $100,000 annually. When housed, these costs are cut in half and some reports show reductions in cost of more than 70%. With 30,000 chronically homeless people in CA we would have a cost savings of billions of dollars annually.

- UCLA conducted a cost analysis utilizing data from 2009-10, that found statewide Full Service Partnership (FSP) programs - or "whatever it takes" programs - had an annual cost offset of $87,479,568 in California due to reductions in high-cost public services such as arrests, emergency rooms visits, and long-term psychiatric care. Given the trends illustrating the increased numbers of people served over the past 11 years (see addendum) we know these costs savings have increased exponentially.

"This new data makes it clear – investing in mental health services saves lives and money," said Steinberg. "California is faced with the serious issues of homelessness, the need for expanded crisis care services, and the rising number of incarcerated individuals living with a mental illness who do not receive the care they need. This report tells the story about what happens when people do get that care. Mental illness does not have to be a life sentence of hopelessness."

"Across the spectrum of age and culture, and from early interventions with youth, to helping people who have experienced hospitalizations and homelessness, MHSA services are producing positive results and making a real difference in Californian's lives." said Kirsten Barlow, Executive Director of the CBHDA.

"At the county level we are seeing the real-life impact these services have, story after story of improved outcomes for those with the most severe and challenging needs," said Michael Kennedy, the Behavioral Health Director for Sonoma County. "These are lives changed forever because the right resources were provided in a robust way, but there is much more to do to meet the need that exists in our communities."

The full report is available at www.steinberginstitute.org and www.cbhda.org.

The Steinberg Institute thanks Mercy Housing for making the 7th & H Apartments available for this press conference and for the wonderful work they do in providing permanent supportive housing to those who need it.

The Steinberg Institute was founded in 2015 by Senate President pro Tem (ret) Darrell Steinberg (co-author of Proposition 63) to advance sound public policy and inspire leadership on the issues of mental health.

The County Behavioral Health Directors Association of California (CBHDA) is an advocacy organization representing the mental health directors of all 58 counties and two cities (Berkeley and Tri-City).

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ADVANCING MENTAL HEALTH POLICY & INSPIRING LEADERSHIP

STEINBERG INSTITUTE

May 5, 2016 – SACRAMENTO, CALIFORNIA

In an effort to demonstrate the statewide impact of programs funded by the Mental Health Services Act (MHSA), which was created in 2004 by Proposition 63, the Steinberg Institute and County Behavioral Health Directors Association have taken an important step forward to collect and report on clinical outcomes of MHSA funded programs in California.

This report captures the impact that Full Service Partnership (FSP) programs have had in 41 counties in California. These FSP programs are delivered by a team of mental health staff who provide "whatever- it-takes" intensive services to individuals who live with a serious mental illness. These services are designed for individuals with recent histories of intensive service utilization or homelessness to reduce hospitalizations, jail time, homelessness and out-of-home placements for children. Participation in FSP programs also positively impacts academic and employment outcomes for clients served.

Of note, after 2 years in an FSP program during 2013-2014, adult clients experienced a 68% reduction in homelessness and an 87% reduction in arrest rates.

In addition to services for individuals with intensive needs, the MHSA also funds a broad continuum of prevention and early intervention (PEI) care and innovative programs. Twenty percent of each County's annual MHSA allocation funds prevention and early intervention activities, which are designed to provide services to people before their condition becomes acute. These programs are provided in places where behavioral health services are not traditionally received, such as schools, community centers, and in the field.

Our findings show:

- Successful early intervention of psychosis and other serious mental illness, including reductions in psychotic symptoms and increases in quality of life such as employment.
- Reduced trauma symptoms in school aged children and among Latinos.
- Increased resiliency or protective factors in middle school students at risk of failing in school due to emotional problems.
- Reduced psychiatric emergencies and admissions to psychiatric hospitals among adolescents.
- Improved physical health and mental health: a decrease in substance use, emergency service use and homelessness among a chronically homeless, highly vulnerable population of individuals with serious mental illness and one or more medical conditions.

Whether it be Full Service Partnership services for individuals with serious and persistent mental health conditions or individuals demonstrating risk factors or early onset symptoms, counties are intervening by using approaches that are culturally relevant and that not only reduce mental health symptoms but that also help individuals of different ages and backgrounds to become more resilient to the effects of trauma, mood disorders or psychosis.

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Treating trauma and depression early in its course helps to reduce the likelihood of more severe mental illness, substance use and, in many cases, physical health problems from developing. Similarly, reducing the duration of untreated psychosis can significantly impact the quality of one's life. For those whose condition has led to homelessness, psychiatric hospitalizations or incarcerations, breaking those institutional cycles not only helps individuals recover, but greatly improves the quality of life of individuals within communities across California.

We will continue to tell the story of people who live with mental illness and will not stop our work until all people receive the care they need, when they need it and for as long as they need it. Californians are entitled to data that shows how our sisters, brothers and friends are being served and that these funds are improving the quality of life for everyone.

Darrell Steinberg
Founder, Steinberg Institute

Kirsten Barlow
Executive Director, County Behavioral Health Directors Association of California

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FULL SERVICE PARTNERSHIPS (FSP)

MENTAL HEALTH SERVICES ACT (MHSA)

FSP services improve the quality of life of clients served and are effective at breaking cycles of institutionalization. FSP partners, regardless of age, reduce their use of psychiatric hospitals, are arrested less often, spend less time homeless and have fewer emergency events after they enroll in services.

CLIENTS SERVED FY 2013/14

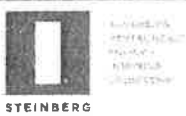
(at least 1 year in the Program for Children, 2 years for other clients)

INSTITUTIONAL SERVICE REDUCTION RESULTS IN FSP COSTS OFFSET

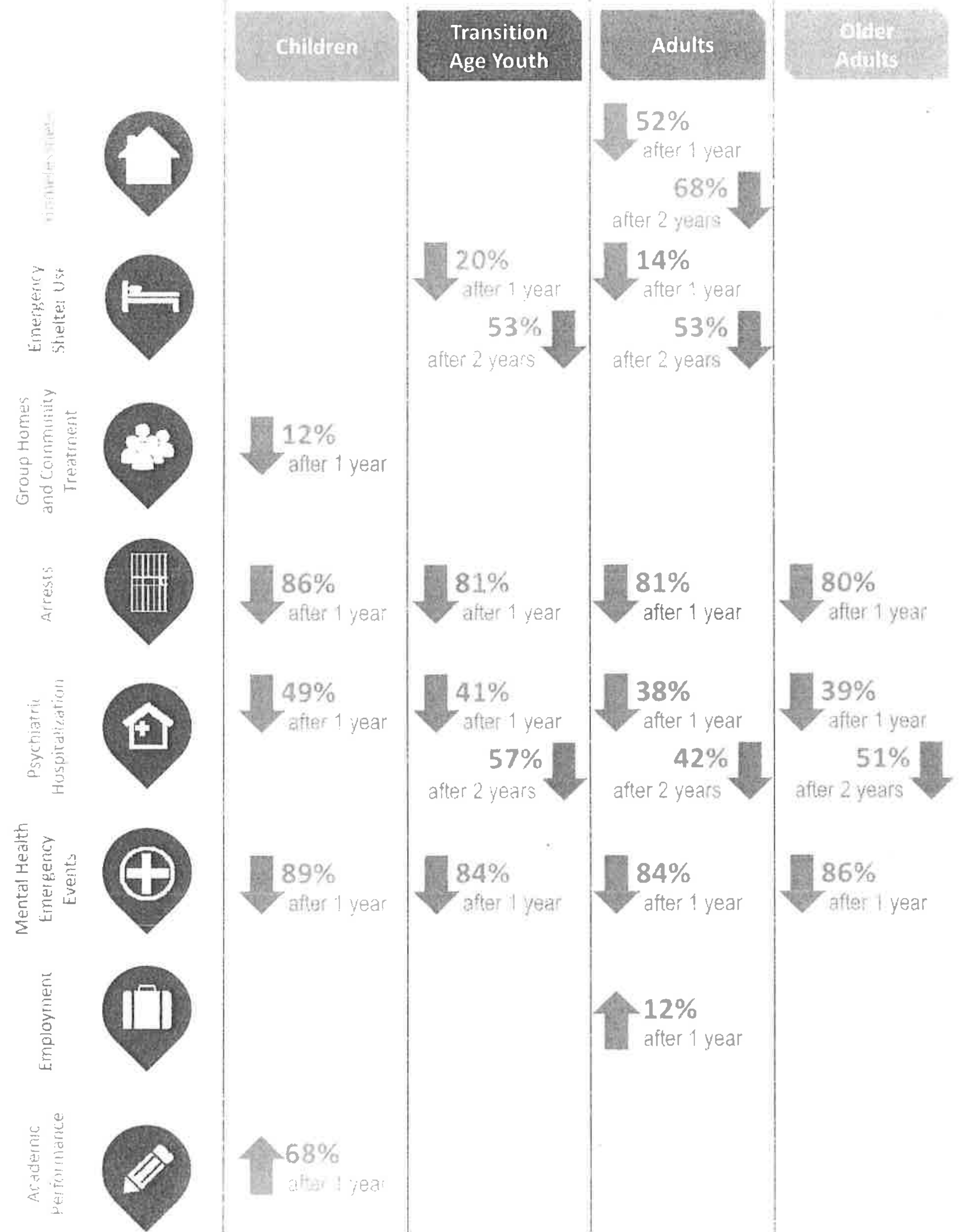
Through a contract with the Mental Health Services Oversight and Accountability Commission, the University of California, Los Angeles conducted a cost analysis of FSP programs across the State, comparing per-client program expenditures with costs offset due to reduced use of psychiatric inpatient facilities, juvenile and adult justice facilities, emergency department use, skilled nursing facilities and long term psychiatric care.

109%
of costs offset

$87,479,568
calculated costs offset



CHANGES TO NUMBER OF CLIENTS AFTER ENTERING FSP PROGRAM



PREVENTION, EARLY INTERVENTION AND INNOVATION MAKING A DIFFERENCE ACROSS THE STATE

The Mental Health Services Act funding provides a broad continuum of prevention, early intervention and innovations, to effectively support Californians who live with mental illness. Twenty percent of the MHSA is allocated to support prevention and early intervention activities which are designed to move California to a "help first" system. Programs are provided in places where behavioral health services are not traditionally provided, such as schools, community centers, and in the field. Multiple negative outcomes are being dramatically reduced for all age groups as highlighted below.

SAN DIEGO COUNTY: EARLY PSYCHOSIS PROGRAM – "KICKSTART"

San Diego County's Early Psychosis program, "Kickstart," provides prevention and early intervention services to children, adolescents and transition-age youth (TAY) who are identified as being at-risk for the development of psychosis.

Kickstart educates community leaders who have contact with children and youth on early detection of behaviors and symptoms that are risk factors for the development of psychosis. The early intervention component provides screening for youth who are identified as being at-risk for the development of psychosis. Youth with positive screens receive in-depth assessments, support services and mental health treatment interventions.

3,000 community members received training

580 youth screened

320 youth screened positive, receiving full assessment and mental health services

84% had decreases in positive symptoms such as unusual thoughts and perceptual abnormalities

71% had decreases in negative symptoms, such as social withdrawal and diminished emotional responsiveness

62% had increases in hopefulness; 40% of children and youth had decreased functional impairment

64% of those ages 18 and older experienced a positive change in employment status

MARIN COUNTY: LATINO COMMUNITY CONNECTION RESULTS IN DECREASED TRAUMA AND INCREASED COPING SKILLS

Promotores, trusted members of the Latino community, are trained and supported to provide mental health and substance use outreach, engagement, support, and referrals. Utilizing support groups and individual sessions, Latino community members experiencing emotional problems are taught skills to increase their ability to positively cope with trauma symptoms. Lastly, ongoing radio and TV shows targeting the Latino community address a wide range of issues that affect mental health.

1,320 received support from Promotores

170 participated in support groups or one-on-one sessions

100% who attended for 3+ mo. experienced a reduction in trauma symptoms

95% reported an improvement in well-being

90% reported that services received were very helpful in addressing their problems

LOS ANGELES COUNTY: INTEGRATED MOBILE HEALTH TEAMS

This intensive service model of care uses an integrated single team of mental health, physical health, and substance abuse providers to conduct mobile outreach, assessment, and housing services to chronically homeless, highly vulnerable individuals with mental health, medical, and substance use conditions. Physical health services were provided through an important partnership with a local Federally Qualified Health Center. The integrated care model utilizes a "Housing First" approach where individuals are offered permanent supported housing at the beginning of services.

600 clients received services

65% showed significant improvement in their overall health after 6 months (75% after 12 months)

32.5% had a significant reduction in alcohol consumption; 28.2% of clients had a significant reduction in drug use

significant decrease in use of emergency services 6 and 12 months after enrollment in service.

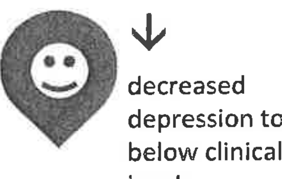
$302,697 average cost avoided in psychiatric inpatient and psychiatric emergency department use

RIVERSIDE COUNTY: TRAUMA INTERVENTION

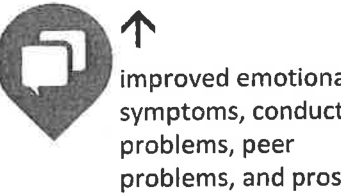
Riverside County funds a program that is designed to address the symptoms youth develop from various traumatic events. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) aims to reduce Post Traumatic Stress Disorder (PTSD) symptoms while enhancing coping skills, increasing resiliency and raising peer/parent support in youth ages 10 to 15 years old. Eligible youth enrolled in the program receive ten group sessions and one to three individual sessions in the school setting.

Typically 70% of youth graduate from the program each year. CBITS providers have consistently reached an underserved population of Hispanic youth in Riverside County, with more than half of participating students identifying as Hispanic.

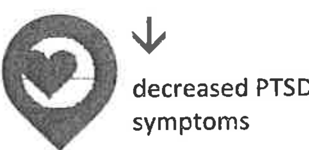
826 youth served



↓ decreased depression to below clinical levels



↑ improved emotional symptoms, conduct problems, peer problems, and prosocial behaviors



↓ decreased PTSD symptoms

SONOMA COUNTY: PREVENTING THE ONSET OF MENTAL ILLNESS

Sonoma County's Crisis, Assessment, Prevention, and Education (CAPE) Team is a prevention and early intervention strategy specifically designed to intervene with youth ages 16 to 25, who are at risk of or are experiencing first onset of serious psychiatric illness and its multiple issues and risk factors: substance use, trauma, depression, anxiety, self-harm, and suicide risk. The CAPE Team aims to prevent the occurrence and severity of mental health problems.

CAPE includes:

- Suicide prevention trainings to both students and school personnel
- Presentation on mental health topics for school personnel.
- Crisis call response from local high schools, including assessment and referral.

SONOMA COUNTY: PEERS COALITION PROJECT

At Santa Rosa Junior College this project mobilizes the student voice to effectively raise awareness, reduce stigma, and increase access to behavioral health services. A student team of interns work with Santa Rosa College's staff in addressing priority needs of students through outreach activities and wide-spread community collaboration. Interns serve in a variety of roles including representation on the County Mental Health Board, leading small group peer discussions, teaching suicide prevention training, and educating students on campus about recognizing and responding to students in distress.

SAN LUIS OBISPO COUNTY: MIDDLE SCHOOL INTERVENTIONS

Launched in 2009, this program uses evidence-based models to reduce risk and improve protective factors for middle school youth and families. Services are provided on campus and are an integrated collaboration between schools, County staff, and community based organizations. All clients are at-risk middle school students in six different school sites, based on poor attendance, academic failure, disciplinary referrals, or if the student exhibits other signs of behavioral health issues. Each program contains three key team members: a Student Support Counselor, a Family Advocate, and a Youth Development Specialist.

The Student Support Counselor provides individual and group counseling to the students as well as identification and referrals for more intensive behavioral health services when appropriate. The Family Advocate coordinates extended case management services to at-risk families and youth. The Youth Development specialist provides evidenced based youth development opportunities on campus, a key in building resiliency, which reduces the risk of mental health issues. This team provides information outreach to the schools and parents regarding behavioral and emotional health issues, including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.

4,728 students received services

48% reduction in juvenile felony arrests (from 226 to 117)

307 to 4 drop in referrals of juveniles to County Probation for status offenses

261 families linked to housing (117 were homeless, 144 were at imminent risk)

↑ improvement in students' attendance and academic performance

HUMBOLDT COUNTY: PEER SUPPORT FOR ADOLESCENTS

Humboldt County's Transition Age Youth (TAY) peer support program launched in earnest in July 2012, incorporating the vital voice of youth who have lived experience with mental illness in the foster care system. The TAY peer support staff used a progressive engagement approach which allowed youth to take part in activities and services that meet them where they are in their own recovery process.

77 clients served between 2012 and 2014

48% reduction in the number of admissions to psychiatric crisis

72% reduction in the number of youth with an admission to a psychiatric hospital

reduced internalized stigma for clients; de-stigmatizing effect for co-workers and community members

THE EVALUATION PROCESS

The Full Service Partnership outcome data referenced in this report are collected by providers of FSP services. Upon each client's entry into an FSP program, the provider team gathers information on the client's living arrangements, employment/education status, utilization of emergency mental health and substance use services as well as other data for the year prior to the client entering the program. When a client's status changes in any of these areas, that information is entered into a data collection and reporting system.

State regulations for MHSA Community Services and supports dictate the data that must be collected and reported for each FSP client served and data submitted meets verification criteria.

The Steinberg Institute and CBHDA will update this data on an annual basis for county MHSA programs and will continue to expand and improve the data collection processes in California.

For more information on the Steinberg Institute www.steinberginstitute.org

A Department of Ventura County Health Care Agency

Elaine Crandall
Director

Celia Woods, MD
Medical Director

Deborah Thurber, MD
Medical Director

MEMORANDUM

DATE: May 10, 2016

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

Executive Summary

The following May 3, 2016, Board of Supervisors Agenda item was on the April 18, 2016 Behavioral Health Advisory Board (BHAB) Executive Summary, however BHAB was not able to review this item as it was not on the BHAB Agenda. Therefore, Ventura County Behavioral Health (VCBH) is re-submitting it now.

Board Agenda – May 3, 2016 (BOS Approved)

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 Short Doyle Medi-Cal (SD/MC) Federal Financial Partnership (FFP), and Early Periodic Screening, Diagnostic and Treatment (EPSDT) Realignment funds, effective May 3, 2016 through June 30, 2016.

VCBH will be requesting Board of Supervisors approval for the following:

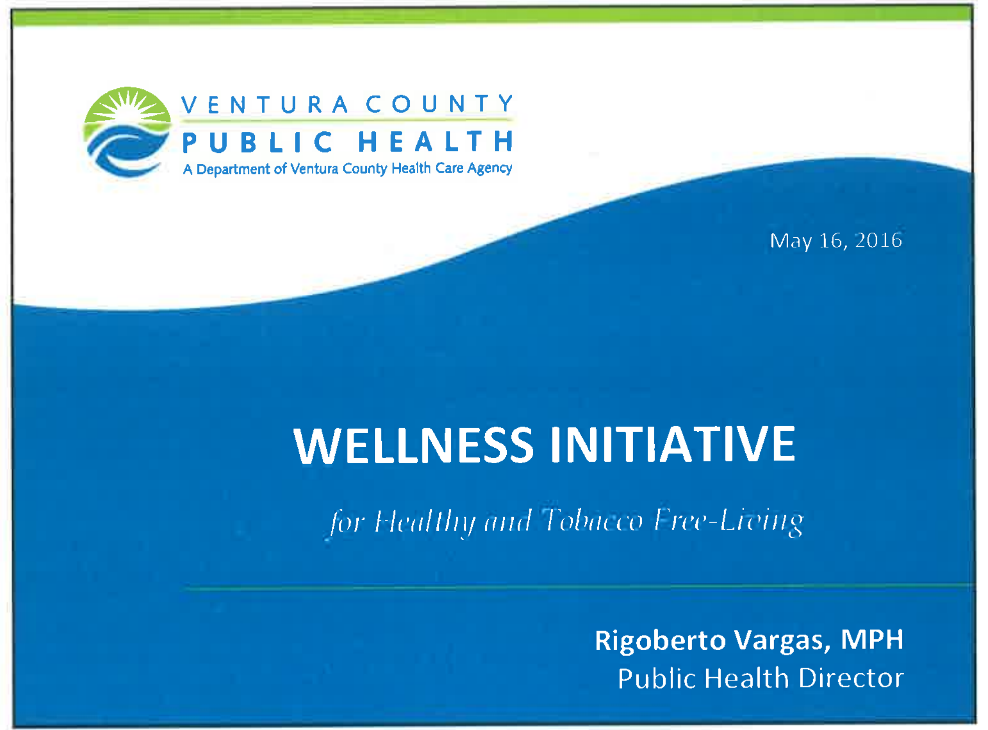
Board Agenda – June 7, 2016

Various Amendments

Sunrise Manor LLC and La Siesta Guest Home LLC provide augmented board and care services for adults with serious and persistent mental illnesses which have resulted in functional impairments so significant as to require 24-hour care and supervision to promote safety and recovery. The acuity level of these individuals is high in that they require daily assistance in one or more areas of life functioning including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based support programs, and assistance with socialization and community reintegration. To provide augmented board and care services, VCBH currently provides Sunrise Manor LLC $150 per client/month and La Siesta Guest Home LLC $340 per client/month. This funding is in addition to the Social Security income (SSI) that these facilities receive from the client to provide basic board and care services.

The proposed amendments with Sunrise Manor and La Siesta Guest Home LLC will increase the maximum contract amounts to ensure sufficient funding is available for services rendered through fiscal year end. The Sunrise Manor LLC contract is increasing from $100,000 to $105,000 (an increase of $5,000) and the La Siesta Guest Home LLC contract is increasing from $113,016 to $117,000 (an increase of $3,984), for the term of July 1, 2015 through June 30, 2016. The La Siesta Guest Home LLC contract is a multi-year agreement that covers the service period of July 1, 2015 through June 30, 2018. There is no change to the maximum contract amounts set by the board previously for FY 2016-17 and 2017-18. These contracts are funded with Mental Health Services Act (MHSA), Realignment, and Tobacco Settlement funding.

Maxim Healthcare Services, Inc. d/b/a/ Maxim Staffing Solutions (Maxim) provides 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. This contractor is 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 Maxim. VCBH uses a variety of temporary staff from Maxim, including Registered Nurses (RN), Licensed Social Workers (LCSW), and Licensed Marriage and Family Therapists (LMFT). The proposed amendment with Maxim will amend the agreement to add new rates for Staff Psychologist and Senior Staff Psychologist temporary staff. The Staff Psychologist rate will be $75.25 per hour and the Senior Staff Psychologist rate will be $81.25 per hour at the existing contract amount of $963,780, effective July 1, 2015 through June 30, 2016. These rates are the same as those included in our Meditech agreement---VCBH's other temporary medical personnel staff contract provider.



Today's Presentation

- Health, Wellness, & Well-being defined
- Demographic and Health Profile of VC
- Physical and Mental Health Connection
- AMI and Tobacco Use
- Wellness Initiative: tobacco ordinance update
- Tobacco-Free Campus campaign resources

2

Our Mission and Vision

Mission: To support environments that protect and promote the health and well-being of everyone in Ventura County.

Vision: To be the healthiest county in the nation.

We are the first Public Health department in California to earn national accreditation.

3

Health Promotion and Disease Prevention

Healthy Living programs include:

- Chronic Disease Prevention
- Nutrition Education and Obesity Prevention
- Women Infant and Children (WIC)
- Oral Health
- Healy Eating & Active Living (HEAL) Zone
- Tobacco Education and Cessation Programs

4

Focus Areas to Improve Health

National Prevention Plan – priority areas include:

- Healthy Eating & Active Living
- Clinical Preventive Services
- Social and Emotional Wellness
- Healthy and Safe Environment
- Tobacco-Free Living

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Physical and Mental Health Connection

- Mental health is key to overall health and well-being and should be treated with the same urgency as physical health
- People with chronic physical conditions are at risk of developing poor mental health
- Poor mental health is associated with obesity, diabetes, and heart disease, and drug use - including alcohol and tobacco use

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Tobacco Addiction

What we know about nicotine:

- Mood-altering effects and addictive nature put people with mental illness at higher risk for tobacco addiction and disease.
- People with mental illness are more likely to have stressful living conditions, be low income, and lack access to health insurance, and health care.
- People with mental illness and other vulnerable groups of people have targeted more aggressive by the tobacco industries.

CDC Vital Sign 2013

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Tobacco and AMI: the Big Picture

1 in 3

More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.

3 in 10

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.

1 in 5

Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.*

VENTURA COUNTY
PUBLIC HEALTH

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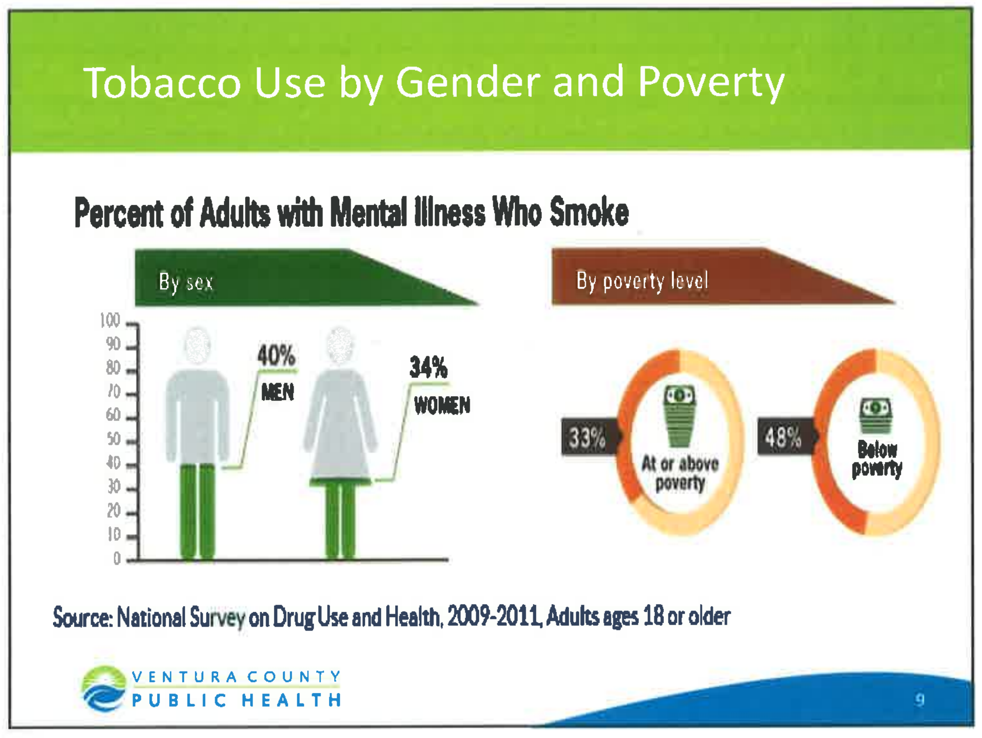

What makes a difference?

NO SMOKING
NO VAPING

100% smoke-free policies

- Many have passed comprehensive tobacco ordinances that protect the health of all

Mental Health Professionals:

- Should make quitting tobacco as part of the overall plan to improve health.
- Should monitor and adjust the medication of their mental illness patients who wants to quit smoking.

Mental Health Facilities:

- Should be completely tobacco-free to protect the health of staff and patients on both a short- and long-term basis
- Have education plan and cessation resources to help clients quit

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Interventions for Tobacco Free Living

1. Education and Prevention
   1. Health Education
   2. The unknown effects of the long term use of E-Products are a major concern for Health advocates
2. Cessation Services Programs
   1. Help Individuals quit smoking using
   2. FDA approved cessation aids
3. Smoke Free Environments
   1. Worksite Laws
   2. Institutional Laws
   3. Counties, Cities

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Supporters of Smoke Free Environments

WHO

"Only 100% smoke-free environments adequately protect from dangers of second-hand smoke"

CDC

"Implementation of tobacco-free campus policies in mental health facilities and full integration of tobacco dependence treatment into mental health care can contribute to decreasing smoking"

NAMI

"NAMI encourages smoke free environments and we call upon health care providers to help put In place cessation programs."

Our local NAMI recently passed a resolution in support of our wellness initiative that recommends 100% smoke-free campuses

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County Tobacco Ordinance

Recommendation: update existing ordinance to include e-cigarettes and prohibit tobacco use indoors and outdoors

• Would allow compliance with local city ordinances such as Ventura, Camarillo, TO and Moorpark

•Would include strong education campaign and cessation programs

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100% Smoke Free Hospitals and Psychiatric Facilities

In the US

- At least 3,844 local and/or state hospitals, healthcare systems, and clinics have adopted a 100% smoke free campus/grounds.
- At least 136 CA **psychiatric hospitals** have adopted 100% smoke-free policies
- 7 Psychiatric Health Facilities, including Santa Barbara
- 7 Municipal Laws: Berkeley County, Brooke County, Fayette County, Grant County, Greenbrier County, Hancock County, Marshall County

In Ventura County

- Aurora Vista Del Mar
- Community Memorial Hospital Systems (hospitals & clinics)
- Simi Valley Hospital
- Dignity Health (SJRMC & PVH)

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Smoke-free campus Educational Campaign

Communication, Education and Resources are key:
Provide Training and Education to Staff and Public

- Educational classes and outreach to staff and clients
- Tobacco Cessation program
- Nicotine Replacement Products
- Educational materials
- Signage to announce policy change

Call it Quits Program: 805-201-STOP (7867)

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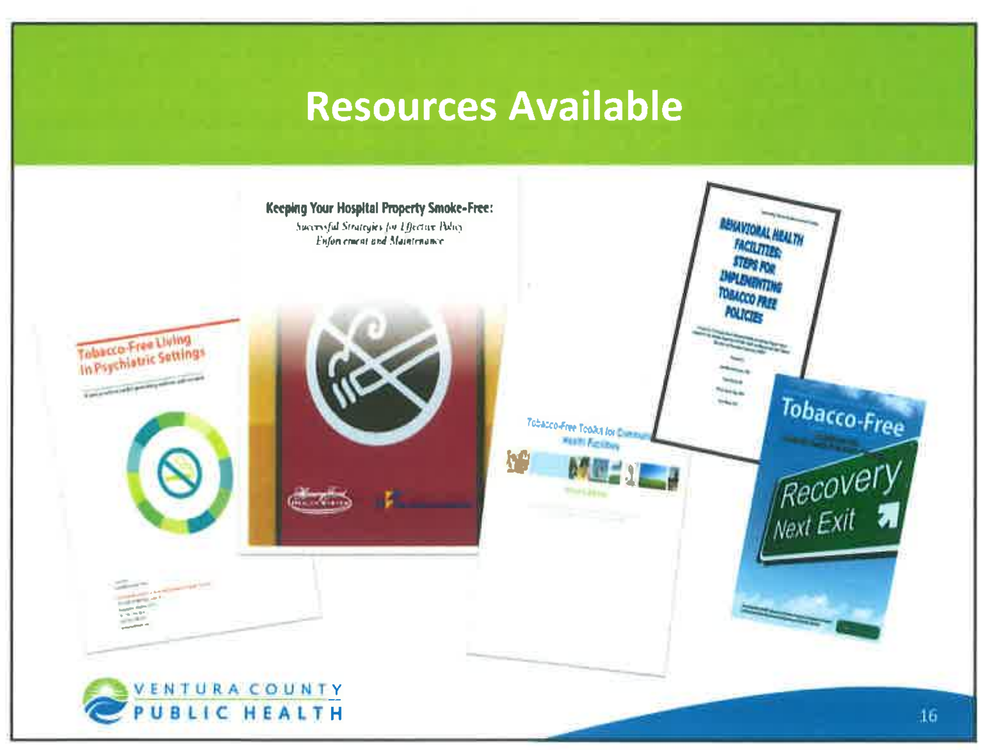
Resources Available



Summary and Questions

VCPH seeks support for this Wellness initiative and welcomes input on educational campaign/cessation program tailored for BH clients

Questions and Suggestions?

Contact us at 981-5101, or
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Selfa.Saucedo@ventura.org

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