Ventura County Behavioral Health Advisory Board

General Meeting

Minutes

January 23, 2017

NEXT MEETING:

Monday, February 27, 2017
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.

BHAB Members Present
Janis Gardner, Chair
Supervisor Linda Parks
Claudia Armann
Karyn Bates
Ratan Bhavnani
Nancy Borchard, Secretary
Gane Brooking
Monique Garcia
Mary Haffner
Jerry Harris, 2nd Vice Chair
Larry Hicks
Patricia Mowlavi
Cmdr. Ron Nelson
Denise Nielsen
McKian Nielsen
Irene Pinkard
Marlen Torres
Sidney White
Kay Wilson-Bolton
Sandra Wolfe

VCBH Managers/Staff Present
Elaine Crandall, Director
Clara Barron, MHSA
Hilary Carson, MHSA
Leisa Donovan, Fiscal Manager
Dan Hicks, Prevention Manager
Sevet Johnson, Sonejo/Simi Adult and Transitions Manager
Jason Jones, Fiscal
Aurelia Musni
Sandra Nelles, Contracts BH Manager
Kiran Sahota, MHSA Manager
Brian Taylor, M.D., Medical Director
Terri Yanez, Special Projects Manager
Patrick Zarate, COO and Alcohol & Drug Programs Manager
Edith Pham, BHAB Assistant

BHAB Members Absent
None

Others Present
Cece Casey
Sonna Gray
Laurie Jackson
Tamara Lemalu
Natalie Gabrie
Rachel McDuffy
David Deutsch
Marika Collins
Kalie Matisek
Jennifer Goble
Jim Gilmer

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	**Call to Order** Chair Gardner called the meeting to order at 1:10.		
II.	**Approval of the Agenda** Ms. Gardner asked the Board to review and approve today's agenda. Director Elaine Crandall requested to remove item XII.C, Autism Services in the State, as she is not ready to provide a report. This item will be put on a future agenda.	The agenda was approved as amended. **M/S/C**	
III.	**Approval of the Minutes** Ms. Gardner asked the Board to review and approve the minutes of the November 21, 2016 meeting.	The minutes were approved as written. **M/S/C**	
IV.	**Welcome and Introductions** Ms. Gardner welcomed everyone and asked for introductions. A. Ms. Gardner welcomed back Supervisor Linda Parks, who served on this Board for several years. She thanked Supervisor John Zaragoza for his service. B. Ms. Gardner also welcomed Marlen Torres as the newest member of the Board.		
V.	**Chair Announcements** A. Ms. Gardner thanked all Board members for taking the time to attend the Brown Act training immediately preceding this meeting. B. The long-time BHAB TAY Chair, McKian Nielsen, has stepped down in order to focus on his studies. Cmd. Ron Nelson is the new TAY Committee Chair. Ms. Gardner thanked them both for their service. C. Carol Thomas has resigned from the BHAB and has joined the NAMI Board. She was the 1st Vice Chair. An interim 1st Vice Chair will be appointed in the next few weeks for the remainder of the term; the Board will need to ratify the change. Anyone interested should contact Ms. Gardner. Supervisor Parks noted she was sorry to see Ms. Thomas resign and encouraged consumers to run for office. D. The Member-At-Large position, formerly held by Larry Hicks, is now vacant. It is a six-month position for newer members to learn more about the work of the BHAB. Anyone interested should contact Ms. Gardner. E. The 2017 Homeless Count will be held tomorrow. Kay Wilson Bolton will lead the count in Santa Paula. The count is a requirement for every community that receives federal funding from HUD (the Department of Housing and Urban Development). F. The Horizon View Mental Health Rehabilitation Center (MHRC) ribbon-cutting ceremony was held on November 17. Clients have moved in. G. The Children's Crisis Stabilization Unit (CSU) has opened. The Children's Short-term Crisis Residential Unit is pending licensing. Both programs are housed at the David Holmboe Center in Oxnard, and the ribbon-cutting ceremony will take place on January 26.		
VI.	**Public Comments** A. Cece Casey spoke in favor of having permanent supportive housing for the SPMI (Severely and Persistently Mentally Ill) in the county, as Las Posadas used to be. B. David Deutsch noted that the NAMI Holiday Party on December 13th was a success. It was attended by over 500 people. He thanked VCBH for its support and transportation and all who volunteered. C. Jim Gilmer spoke about the racial incident that ttook place recently at Buena High School. He urged the BHAB to look at mental health for children from kindergarten through 12th grade. He also noted that several suicide attempts and completions have occurred recently in minority communities.		
VII.	**Board Members Comments and Announcements (3 min. per speaker)** A. Larry Hicks introduced his friend, The Most Reverend Doctor Anthony Macfonse, Archbishop of Lagos, Nigeria, who is visiting for a week.		

	B. Nancy Borchard thanked NAMI and VCBH staff for hosting and volunteering at the NAMI holiday program. C. Patricia Mowlavi announced that she is coordinating a site visit to the TAY Tunnel. Anyone interested should email her or Edith Pham. D. Cmdr. Ron Nelson stated that the previous week he and a group from Ventura County, including Director Crandall, attended the California Stepping Up Initiative. This was a two-day conference on reducing the number of people with mentally illnesses in jail. He noted that various Ventura County agencies have great cooperation. E. Karyn Bates stated that she attended a meeting of the California Association of Local Behavioral Health Boards and Commissions. The group prepared a strategic plan.	Site visit to TAY Tunnel	
VIII.	**Director's Report – Elaine Crandall** Ms. Crandall welcomed Supervisor Parks to the BHAB and thanked Supervisor Zaragoza for his two-year service on the BHAB. She also thanked the entire VCBH staff for their hard work over the past year. She noted that on February 7 the CEO's Office (Chief Executive Officer) will do a presentation to the Board of Supervisors (BOS) called Above and Beyond to highlight the work of some departments. VCBH was selected to present two success stories: one about a severely mentally ill and homeless client who now lives in a Board & Care facility, and one about a clients whose benefits the state had erroneously denied but who ended up receiving over $100,000 in back benefits. Ms. Crandall shared some state and local news: State News: 1. CBHDA (California Behavioral Health Directors Association) updates: survey and Mental Health Provider contract amendments. 2. State DHCS (Department of Health Care Services), which is preparing a Request for Proposal (RFP) for a grant to address the opioid crisis. 3. Defending Health Care in 2017: potential impact of the repeal of the Affordable Care Act. 4. January State Budget: concerns include elimination of Children's Crisis Services, AB1299 Presumptive Transfer, IHSS (In-Home Supportive Services) changes. 5. Emergency Room visits for alcohol intoxication are going up. 6. Stepping Up conference dealing with reducing the number of people with mental illness in jail. Local News: 1. Dr. Brian Taylor is the new Medical Director for the Adult Systems of Care. 2. VCBH received a statewide honor for safe prescribing. 3. Multi-Agency Marijuana Task Force. 4. PRIME: integration of Medi-Cal primary and mental health systems. 5. No Place Like Home. 6. Horizon View Mental Health Rehabilitation Center (MHRC): currently full. 7. David Holmboe Children's Crisis Stabilization Unit (CSU), which has served 37 children since opening on 12/8/16. The Compass Program (Short-Term Residential) is delayed. 8. Children's Crisis information 9. Assist (Laura's Law), which will start receiving applications on 1/30/17. 10. CCR – Children's Continuum of Care Reform, which launched 1/1/17. 11. Community Leadership Committee and redesigned stakeholder process. 12. EQRO (External Quality Review Organization) visit in February. 13. Medi-Cal Tri-Annual Review in March. 14. A&R (Assessment & Referral), whose licensure was called into question by the state.	Information	
IX.	**Chief Operations Officer's Update – Patrick Zarate** A. The ribbon-cutting ceremony for the David Holmboe Center will be on 1/26. Parking is tight, and carpooling is encouraged.	Information	

	B. Mr. Zarate commended the work of Drs. Woods and Taylor for their work on the leading-edge safe prescribing project in light of the nationwide opioid crisis. C. The Sheriff stations county-wide have collected 33,000 lbs. of unused/unwanted medication since the inception of the collection program a few years ago. D. A recent article in the Ventura County Star highlighted the follow-up by law enforcement and VCBH on a homicide in Oxnard; five VCBH staff helped family and neighbors cope with their loss. E. Following the passage of Prop 64 that legalizes the recreational use of marijuana in California, a multi-agency task force has been meeting in closed sessions. Its goal is to develop a county-wide approach for current and potential impacts on the availability of marijuana.		
X.	**Presentation: Prevention – Kiran Sahota, MHSA Manager, and Dan Hicks, ADP Prevention Manager** Dan Hicks discussed some similarities and differences between the substance use and mental health sides of prevention and early intervention, explained the continuum of care for Alcohol & Drug Programs ADP). Within ADP, a minimum of 20% of federal block grant must be used for primary prevention. Kiran Sahota noted that per state regulations MHSA prevention is not geared exclusively toward the SPMI (Severely and Persistently Mentally Ill). PEI (Prevention and Early Intervention) funding is to prevent mental illness from becoming severe and disabling. Activities are to reduce reduction of negative outcomes for members of groups or populations whose risk of developing a serious mental illness is greater than average. See attached for details. Following questions, Ms. Sahota noted that relapse prevention needs to be included in the strategic planning. VIPS (Ventura Early Intervention Prevention Services) is an effective county-wide early intervention program. Relapse prevention needs to rely on a full continuum of care. Mental Halth First Aid helps participants recognize the early signs of mental illness. VCBH is active in the statewide Each Mind Matters and Know the Signs programs. Ms. Sahota encouraged participation in the Suicide Prevention Council, which meets on the first Friday of the month at 10:00 at VCBH. Dan Hicks distributed a handout on the Power of Substance Abuse Prevention. He encouraged everyone to check the website of the NREPP, National Registry of Evidence-Based Programs and Practices.	Information	
XI.	**New Business** A. Future Recognition Awards Ms. Gardner noted that in February the BHAB will recognize Supervisor Zaragoza and the CIT (Crisis Intervention Team) Officer of the Year. In March it will recognize Carol Thomas and Dan Hicks. B. The new Data Notebook for the state Karyn Bates will work on drafting the Data Notebook in collaboration with Kiran Sahota. Larry Hicks, Gane Brooking and Sandra Wolfe volunteered to help. C. Laura's Law/Assist Program The BHAB Executive Team had discussed the possibility of continuing the Laura's Law workgroup to monitor the implementation of Assist. Ratan Bhavnani and Mary Haffner, Co-Chairs, agreed.	Continue Laura's Law workgroup	R. Bhavnani, M. Haffner
XI.	**Old Business** A. BHAB Annual Report Ms. Gardner thanked Jerry Harris for his work preparing the draft 2015-2016 Annual Report to be sent to the Board of Supervisors. She asked for feedback. No changes were made to the draft. Mr. Harris thanked everyone for their contributions to the BHAB.	Draft Annual Report was accepted as presented. **M/S/C**	

	B. VCBH Participation in Homelessness Advocacy Groups Ms. Gardner noted that VCBH is distributing a list of community meetings on homelessness and a list of Continuum of Care groups on homelessness, including meeting frequency and whether they are open to the public. This had been requested by BHAB members.		
XII.	**Contracts** Ms. Crandall noted that the contracts listed under A. and B. below have already been approved by the Board of Supervisors (BOS). She submitted the following contracts, to be voted on by the BOS: A. BOS Agenda – December 13, 2016 (BOS Approved) 1. VCBH and Gold Coast Health Plan MOU 2. Maxim Amendment 3. Continuum of Care Reform Positions B. BOS Agenda – January 10, 2017 (BOS Approved) 1. ADP – Khepera House Amendment 2. ADP – Reality Improv Connection, Inc. and Rae Hanstad Consulting Amendments C. BOS Agenda – January 24, 2017 1. ADP – Tarzana Treatment Centers, Inc. Amendment 2. Primary Care Integration Positions Amendment 3. Nurse Practitioner Grant Amendment D. BOS Agenda – February 7, 2017 1. Sylmar Health & Rehabilitation Center, Inc. Amendment E. BOS Agenda – February 14, 2017 initially, but pushed back to 2/28 1. Aspiranet Amendment 2. Interface Amendment See attached Executive Summary for details.	The Board approved sending the contracts to the BOS as submitted. **M/S/C**	
XIV.	**Adjourn** The meeting adjourned at 3:15.		

Behavioral Health Advisory Board GENERAL Meeting Attendance

	Terms	Members	July	Aug	Sept	Oct	Nov	Dec DARK	Jan	Feb	Mar	Apr	May	June
District 1	9/13/16 – 3/10/18	Claudia Arman				X	X		X					
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X	X		X		X					
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X		X	X		X					
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X	X	X	X		X					
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X	X	X	X		X					
District 5	9/24/14 – 9/23/17	Monique Garcia	X			X			X					
District 2	4/7/15 – 4/7/18	Janis Gardner	X	X	X	X	X		X					
District 1	4/7/15 – 4/7/18	Mary Haffner		X	X	X	X		X					
District 4	9/17/13 – 9/17/16	Jerry Harris	X	X	X	X	X		X					
District 3	12/2/14 – 12/1/17	Larry Hicks	X	X	X		X		X					
District 2	3/15/16 – 3/17/17	Patricia Mowlavi	X	X	X	X	X		X					
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks							X					
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X		X	X		X					
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X		X			X					
District 4	9/17/14 – 9/17/17	McKian Nielsen	X	X					X					
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard	X	X		X			X					
District 5	1/10/17 – 1/10/20	Marlen Torres							X					
District 1	3/10/15 – 3/10/18	Sidney White, AICP			X	X	X		X					
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X	X	X	X		X					
District 5	1/11/15 – 1/10/18	Sandra Wolfe	X	X	X	X			X					

District 2		vacant												

Present = X

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

SUMMARY OF PROPOSED ORDINANCE
REPEALING AND REENACTING CHAPTER 7 OF DIVISION 6
OF THE VENTURA COUNTY ORDINANCE CODE

The following is a summary of the Ventura County Comprehensive Smoke-Free Ordinance ("Ordinance") to be considered by the Ventura County Board of Supervisors on January 10, 2017 at ___ a.m. in the Board Hearing Room in the Hall of Administration, County Government Center, 800 South Victoria Avenue, Ventura, California. The proposed Ordinance would repeal and reenact Chapter 7 of Division 6 of the Ventura County Ordinance Code (sections 6700 through 6717), regulating smoking in unincorporated areas of Ventura County and in buildings and other areas under the legal control of the County of Ventura.

Section 6700 declares the title of the Ordinance to be the "Ventura County Comprehensive Smoke-Free Ordinance."

Section 6701 states the Board of Supervisors' commitment to improving the health and well-being of Ventura County residents by providing a smoke-free environment in places where individuals might be exposed to secondhand smoke.

Section 6702 makes certain findings concerning the harmful effects of tobacco and marijuana smoking and the use of electronic smoking devices.

Section 6703 defines various terms used in the Ordinance. "Public Place" is defined as any place open to the general public, when being used for a public event such as a farmer's market, parade, or festival. "Recreational Area" is defined as any area owned, controlled, or used by the County of Ventura and open to the general public for recreational purposes, including parks, sports fields, hiking trails, amusement parks, and beaches, but not including golf courses. "Smoke" is defined as gases, particles, or vapors released into the air as a result of combustion, electrical ignition, or vaporization, including tobacco smoke, marijuana smoke, and vapors generated by electronic smoking devices. "Tobacco product" is defined to include any product containing tobacco, marijuana or nicotine.

Section 6704 provides that the Ordinance applies in the unincorporated areas of Ventura County and in all buildings and other areas under the legal control of the County of Ventura.

Section 6705 provides that the County of Ventura shall enforce state laws which generally prohibit smoking in the enclosed areas of places of employment. Smoking is also prohibited in other enclosed areas not subject to state anti-smoking laws, including the enclosed areas of businesses with a common or shared air space with an enclosed area in which smoking is prohibited, and enclosed areas of public places.

Section 6706 prohibits smoking in the unenclosed areas of dining establishments, entryways, public places, recreational areas, service areas, and places of employment, except in designated smoking areas.

Section 6707 prohibits smoking and the use of tobacco products in all vehicles, buildings and other areas owned or under the legal control of the County of Ventura, except for smoking areas designated by the Ventura County Executive Officer or Public Health Department Director.

Section 6708 prohibits smoking in unenclosed areas within 25 feet in any direction of an enclosed or unenclosed area in which smoking is prohibited. A private property or business owner may authorize smoking in a designated smoking area.

Section 6709 prohibits persons who own, manage, operate, or otherwise control an area where smoking is prohibited from knowingly or intentionally permitting smoking in the area.

Section 6710 provides other requirements and prohibitions, including a prohibition on the disposal of smoking or tobacco waste in areas in which smoking is prohibited, except in a waste receptacle or ash can.

Section 6711 requires the posting of "No Smoking" signs in and at entrances to areas where smoking is prohibited.

Section 6712 provides that the Ordinance shall not be interpreted to permit smoking where it is otherwise restricted by other applicable laws.

Section 6713 provides that each incident of smoking in violation of the Ordinance is an infraction, subject to warning for the first violation, $50 fine for a second violation within one year, $100 fine for a third violation within one year, and $200 fine for a fourth or subsequent violation within one year.

Sections 6714, 6715, 6716, and 6717 are general provisions concerning the legal interpretation and operation of the Ordinance, and the establishment of smoking education programs by the Ventura County Public Health Department.

If adopted, the Ordinance will take effect 30 days following its passage and will become operative and in full force 180 days following its effective date.

Prepared by:____________________
John Polich
Assistant County Counsel

Director's Report

STATE NEWS

1. **CBHDA (California Behavioral Health Directors Association) Updates**
   a. Jan. 20 Webinar – State Behavioral Health Parity Assessment will require a survey of all counties; and 2) MHP contract amendments

2. **State DHCS (Department of Health Care Services)** will be preparing California's application for the SAMHSA (Substance Abuse Mental Health Services Administration) RFP for nearly $1B to address the opioid crisis. Based on a formula for allocating grants, CA is eligible to receive almost $45 M in Grant funding for FFY2017 (Highest of any state)

3. **Defending Health Care in 2017** – Potential Impact of ACA Repeal on California. Families USA, one of the nation's strongest voices for health care consumers, has issued a brief summary of what California stands to lose if the new Administration and Congress move to repeal the Affordable Care Act without an adequate replacement plan. The bottom line, according to their analysis: (1) 4.9 million Californians stand to lose health coverage; (2) ACA repeal will end California's Medicaid expansion and cause ripple effects across the state's economy; (3) Californians with private health insurance will be stripped of vital protections against discrimination; (4) millions of Californians will lose guaranteed coverage of free preventive services; (5) insurance companies will no longer be required to put premiums toward care rather than profits; (6) thousands of seniors and people with disabilities will lose comprehensive drug coverage. Please see attached.

4. January State Budget – Concerns in the January budget include:

   a. Elimination of Children's Crisis Services. The 2017-18 budget proposed to eliminate the $17M of general fund support of this item.
   b. AB 1299 Presumptive Transfer – proposed delay of regulation for out-of-county foster care presumptive transfer of specialy mental health. This delay will put a number of counties at significant additional financial risk related to realignment funding
   c. IHSS Changes – proposes ending the county IHSS maintenance-of-effort and reestablishing the 35% county share of nonfederal cost for IHSS that existed prior to the implementation of the CCI. In 2017-18, this would result in approximiately $625 million in new INSS county costs statewide and at

least $4.4B over the next six years. Since 1991 realignment is structured to provide caseload driven programs like IHSS fir the first call on growth funds, mental health would like to receive little or NO 1991 relalignment growth if the Governor's budget is adopted.

5. **Emergency Room visits for alcohol intoxication are going up.** According to a new study from the George Washington University's Center for Healthcare Innovation and Policy Research, ER visits for alcohol intoxication in the U.S. have increased by more than 50% over the past decade. Moreover, ER visits tied to alcohol are taking up an increasing portion of hospital resources, and are requiring longer hospital stays. These visits place a strain on the U.S. emergency care system and represent a public health problem. The researchers state that there is a need for more attention to efforts to identify and reduce problem drinking. One tool they recommend to reduce problem drinking is the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool, now used mostly in primary care offices rather than in emergency rooms. Efforts to improve the effectiveness of SBIRT should focus, they argue, on best approaches for using the tool in the ER, which will likely result in cost-effective interventions. The BHD has engaged in SBIRT training for **all ambulatory care settings.**

6. **STEPPING UP**
    a. Members from the Sheriff, Probation, District Attorney, Public Defender, and Behavioral Health attended the Stepping Up conference January 18 and 19, 2017 in Sacramento. It was attended by 53 of the 58 counties.
    b. Based on the persistent problem of the number of people with mental illness in jail, a brief was presented at the Stepping Up Conference that suggests four reasons why efforts, to date, have not had the impact counties wish to see:
        i. Insufficient date to identify the target population and inform efforts to develop a system-wide response.
        ii. Program design and implementation is not evidence based.
        iii. Initiative is small in scale
        iv. Impact of the initiative is not tracked (# of people with MI booked, reducing length of time people remain in jail, increasing connections to treatment, reducing recidivism).
    c. Ventura County will take a multi-disciplinary approach to attend to this issue. Each of the departments will be meeting internally to collect data and current-state systems. Then, we will meet collectively to see how we can redesign the system.

d. This initiative is part of a greater effort to look at our Adult Crisis Continuum of Care.

LOCAL NEWS

1. **WELCOME Dr. Brian Taylor** – Medical Director – Adult Systems of Care

2. Ventura County Behavioral Health Department receives statewide honor for safe prescribing. The prestigious **Quality Leaders Award** for "Data Driven Organization" from the California Association of Public Hospitals and Health Systems (CAPH). BHD incorporated best practices for medical decision making by 1) requirement for doctors to use CURES (CA's prescription drug monitoring program), 2) creating medication treatment agreements between doctors and patients, and 3) giving physicians a "prescriber report card" so they can see how their prescribing compares with other health professionals.

3. **Multi Agency Marijuana Task Force.** With the passage of Prop 64, the Health Care Agency (chaired by BH COO Patrick Zarate and Public Health Director Rigo Vargas) has led a county system-wide taskforce to address four major areas:

   a. Data Collection/Impact
   b. Health Care Response
   c. Community Messaging
   d. Human Resources

4. **PRIME** – The Behavioral Health Department will be presenting a board letter to increase mental health services at primary clinics by adding 7 positions. This will be funded by the Whole Person Care Initiative. PRIME is part of the MediCal 2020 Waiver intended to increase health outcomes by integrating MediCal primary and mental health systems. It will have the potential of drawing down federal funds.

   <u>PRIME 1:1 Integration of Behavioral Health and Primary</u>

   PRIME Metrics applicable to PCI Clinicians

   1.1: Depression Remission at 12 months

   1.1: Screening for Clinical Depression and Follow-Up

2.4: Screening for Clinical Depression and Follow-Up for Foster Youth (Aged 13-17)

PRIME Core Components

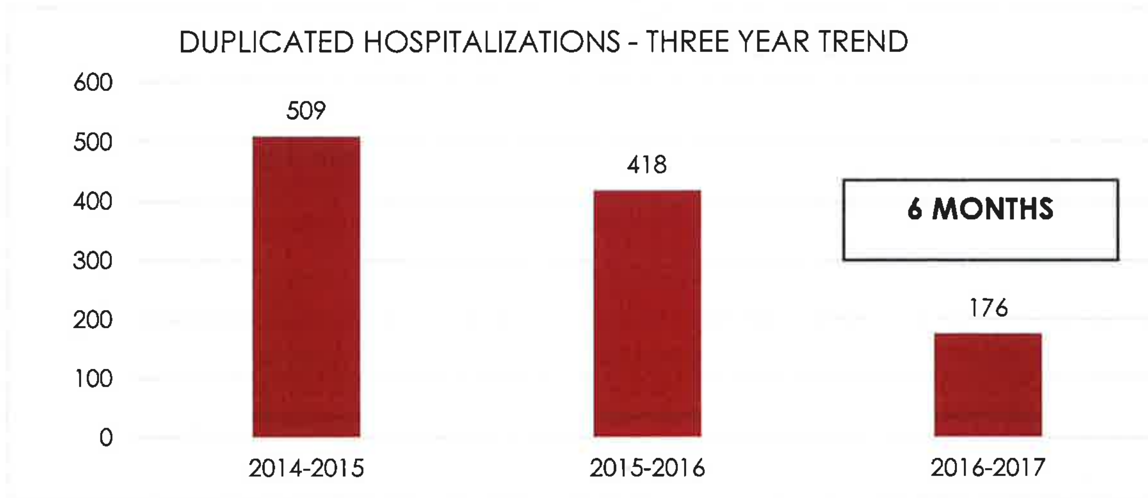
1. Implement a physical-behavioral health integration Program
2. PCMH and BH provider Collaboration
3. Ensurance systems are in place to support patient linkage to appropriate specialty mental and SUD services

Prime metrics are Pay for performance as of FY 17-18. This year, the systems must be in place to ensure improvement. The two 1.1 metrics are worth $1.3M/year and the 2.4 metric is worth at least $1.1M/yr.

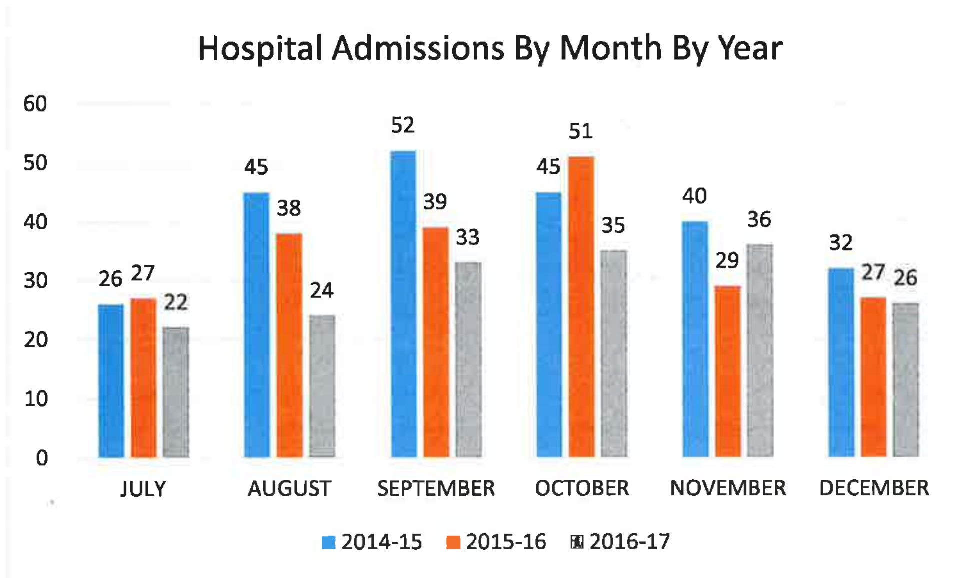
5. **No Place Like Home** (please see attached)

6. **Horizon View Mental Health Rehabilitation Center (MHRC) –** Ribbon Cutting was November 17, 2016. Move in dates were 12/28/16, 1/4/16 and 1/13/16 – currently full (14 from Sylmar and 2 from Hillmont). Thanks to VC Sheriff for their support. We will be going to the Board with a change in contracting method that will result in a $1M+ reduction in their contract and to increase start-up costs. Due to the delay from the original start date of 1/13, we have incurred additional days at Sylmar (from original budget), and the increase in start-up costs for TeleCare. Note that the original move in date of 1/13 would have been feasible, but was delayed due to an error in the glass for the doors. Total cost overrun is still being calculated.

7. **Dave Holmboe Children's Crisis Stabilization Unit** (CSU) – The CSU began to accept children on December 8, 2016.
    a. 37 admits to date, 35 discharged, 2 on the floor
    b. Diverted from hospital – 23 discharged back to community (65.7%)
    c. Hospitalized – 12 (34%)
    d. Census is low. This is in keeping with a lower crisis calls in the Dec/Jan timeframe. It is expected that calls will pick up February – July. Overall hospitalization rates are dropping (a good thing). The department is tracking three metrics to consider overall efficacy of the CSU/Crisis Continuum of Care: Holds written, utilization, and hospitalization.
    e. As a result of the data coming in, we have asked Seneca to continue to delay the start of the Compass Program (Short Term Residential).



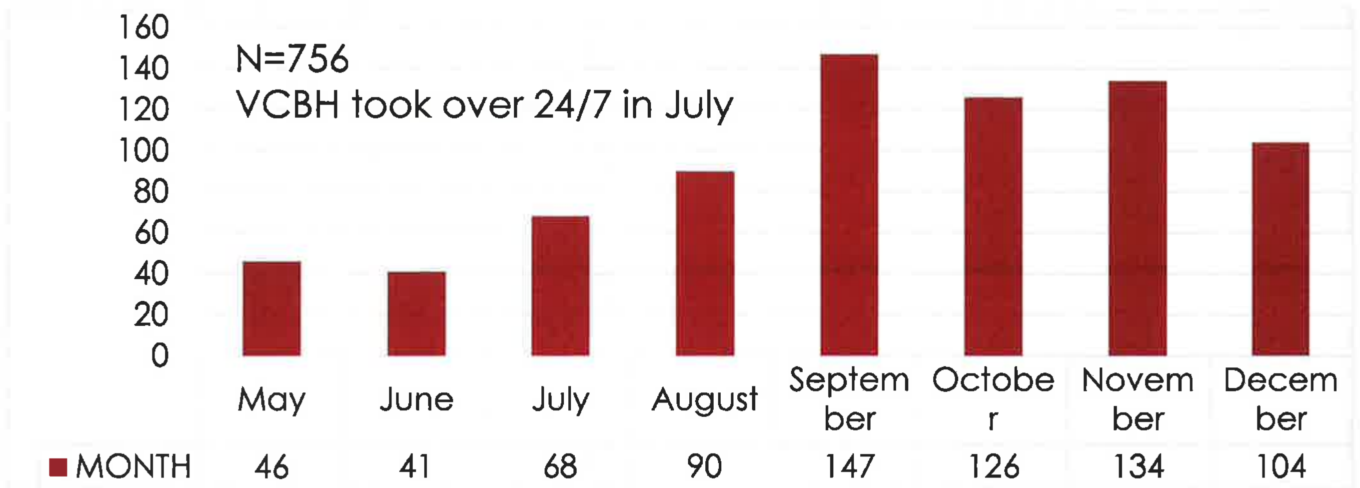
NOTES: Source: Managed Care Report (BH) per notification from placing hospital
Predominantly Medi-Cal/Medi-Care. Private insurance placements are unknown



NOTES: Source: Managed Care Report (BH) per notification from placing hospital
Predominantly Medi-Cal/Medi-Care. Private insurance placements are unknown

f. The CHFFA (California Health Facilities Financing Administration) is being approached to support the cost overruns for the facility of over $1.5M. Other start-up costs related to the delay are still being calculated.

8. Children's Crisis Information

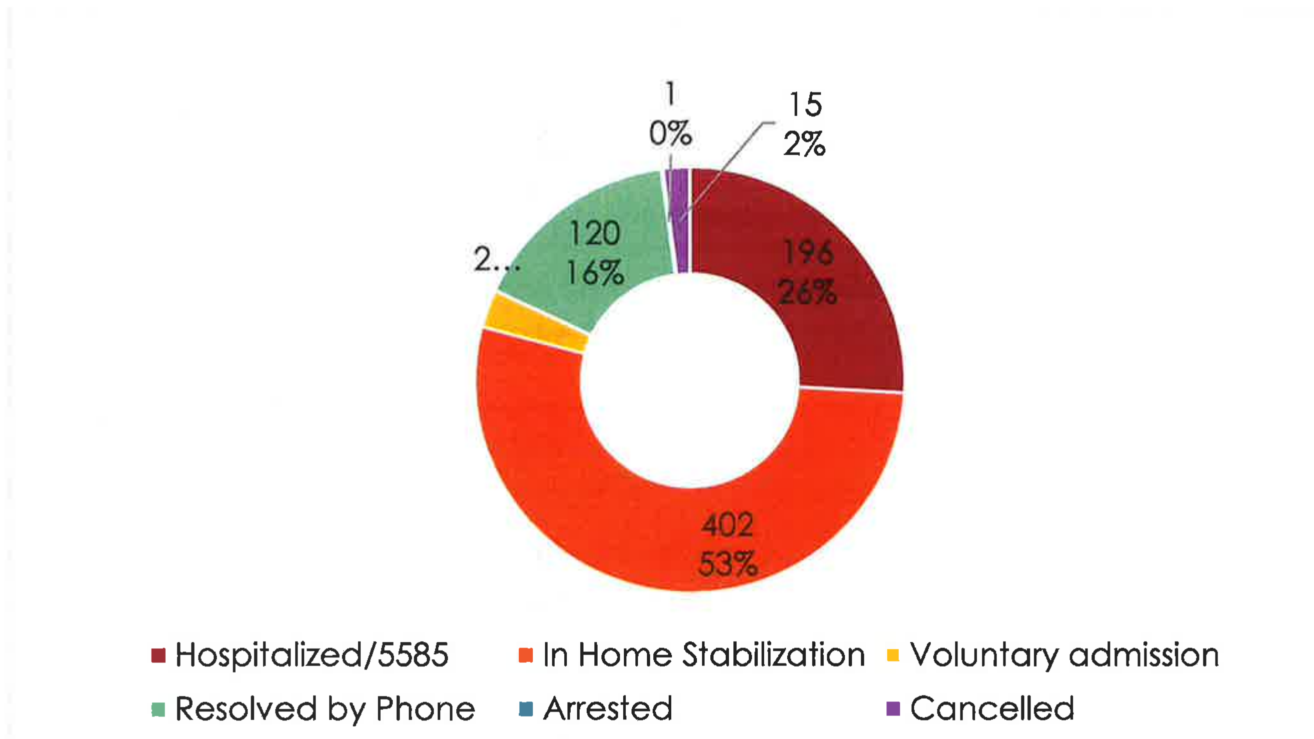


43% Not Enrolled Clients

83% Harm to Self as reason for call

84% Field Response

78% Under 1 Hr.



96.43% - Follow up services provided

9. **Assist** – The Laura's Law workgroup has completed its implementation planning, Telecare has been contracted, community meetings are on-going, and the program is set to start receiving applications on January 30, 2017.

10. **CCR** – Children's Continuum of Care Reform. Program officially launched Jan1, 2017. 7 positions were approved by the board of supervisors to implement the program. The Human Services Agency and Behavioral Health Department are continuously working to ensure effective and efficient implementation.

11. **Community Leadership Committee**: 2 robust meetings were held with the CLC on its future configuration. The CLC has asked that I forward a board letter for their review and input that would dissolve the current CLC with a redesigned and more robust community stakeholder process and a smaller more agile planning and evaluation process. We reviewed a system and system timeline with them that was appealing both to the assembled CLC members and one member of the public who spoke on the topic.

    The redesign proposed was said to be more in keeping with the original intent of MHSA and pending the CLC input, a board letter and redesign will be forthcoming.

12. **EQRO** Feb 22- 24, 2017

13. **Medi-Cal Tri-Annual Review** March 27-30

14. **A&R** – The licensure of our Assessment & Referral outpatient unit was called into question by California Department of Public Health. As of January 11, the Health Care Agency was notified that the A&R Unit was to stop operations by January 18. Teams from VCMC and BH immediately began to consider alternative plans. Notifications were provided to local law enforcement, hospitals, to our CEO and Board of Supervisors. Thanks to some advocacy, the head of the Sacramento office of California Department of Public Health contacted Kim Milstein (VCMC CEO) directly and asked that we not close any services. They have called a meeting for Tuesday morning (January 24, 207), and they have committed to working with the Health Care Agency directly to determine the best way to amend our license to allow for outpatient services to continue within the Hillmont building. They have also indicated that they will extend timelines so that we can work together, and not diminish services through the process.

CDPH made it very clear that they consider our hospital and its services necessary for the community, and reiterated their commitment to working with us better in future.

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

Defending Health Care in 2017: What's at Stake for California

With a new president and Congress, the health care gains made throughout the last six years face their greatest threat yet. Congress has voted more than 60 times to roll back the historic progress that has been made to expand health coverage to millions of people in this country and to improve coverage for those who already had it. These proposed changes will put the health—and lives—of countless Californians at risk. Here's what California stands to lose if the new president and Congress move forward to upend our health care system:

Millions of Californians stand to lose health coverage

4.9 million Californians stand to lose their health coverage.[1]

California stands to lose **$160 billion** in federal funding for Medicaid, CHIP, and financial assistance for marketplace coverage.[2]

Approximately **1.2 million** Californians who currently get financial assistance to help pay for their health coverage will lose this help and will no longer have affordable coverage options. In 2016, Californians receiving financial assistance saw their monthly premiums reduced on average **$309** thanks to this help.[3]

The now-historically low rate of uninsured people will spike, with the number of uninsured in California increasing **146 percent** by 2019.[4] This will reverse the immense progress that has been made to expand coverage. Between 2013 and 2015:

- The number of uninsured in California declined **50 percent.**[5]
- Working Californians: The uninsured rate among working Californians saw a **45 percent** decline.[6]

Repeal will end California's Medicaid expansion and cause ripple effects across the state economy

3.5 million people stand to lose health coverage, most of whom are working.[7] The Medicaid expansion has extended health coverage to lower-income Californians who hold down jobs that are the backbone of the state's economy—from fast food workers to home care attendants to construction workers to cashiers. Repeal will leave these hard working Californians out in the cold.

California will lose billions in federal Medicaid funding. Over the course of a year and a half alone, Medicaid expansion brought **$21.3 billion** in federal dollars into the state economy.[8] The impact of that lost federal Medicaid funding will have a ripple effect throughout the state economy, affecting hospitals, other health care providers, and businesses.

Millions of dollars in state budget relief lost. By providing health coverage to more state residents, the Medicaid expansion has meant that the state has been able to reduce its health care spending on programs like state-funded programs for the uninsured. **That's $1.6 billion in state budget relief in 2015.**[9] These funds can be reinvested in other state priorities like infrastructure and education. Repeal will put these costs squarely back on the state.

Californians with private health insurance will be stripped of vital protections against discrimination

Approximately **16.1 million** Californians with pre-existing conditions like asthma, diabetes, and cancer could once again be denied affordable, comprehensive coverage that actually covers their health care needs.[10]

Californians will once again face a world where insurance plans routinely cap the most they will pay for someone's health care in a year and in their lifetime, effectively cutting off coverage for the sickest individuals when they most need it.

- Roughly **12.1 million** Californians (including **3.3 million** children) saw lifetime limits on coverage disappear thanks to the Affordable Care Act's (ACA) ban on these practices.[11]

Millions of Californians will lose guaranteed coverage of free preventive services, like recommended cancer screenings and vaccines

Approximately **15.9 million** Californians with private health coverage (including **3.4 million** children) and **5.6 million** California seniors on Medicare will lose guaranteed access to free preventive care, like blood pressure screenings, immunizations, and cancer screenings.[12,13]

Insurance companies will no longer be required to put Californians' premiums toward care, not profits

Insurers will no longer be held accountable for using people's premium dollars on care and quality improvement or paying back the difference.

- Californians have received around **$212.7 million** in refunds from plans that overcharged for premiums since the ACA took effect.[14]

Thousands of seniors and people with disabilities will lose comprehensive drug coverage

The Medicare donut hole will re-open. This will leave California's seniors and people with disabilities with a gap in prescription drug coverage and forced to pay thousands of dollars more in drug costs.

- Seniors and people with disabilities in California have saved **approximately $1.7 billion** on drug costs thanks to the ACA's closing the Medicare donut hole.[15]
- In 2015 alone, approximately **419,000** seniors and people with disabilities in California saved on average **$1,044** on drug costs.[16]

Sources available online.

Defending Health Care in 2017:

What's at Stake for California

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS
FAMILIESUSA.ORG

4.9M LOSE

4.9 million Californians would lose health coverage

16.1M DENIED

16.1 million Californians with pre-existing conditions could be denied life-saving coverage

$160B LOST

$160 billion in federal funds to the state could be lost

No Place Like Home Public Comment Meeting in LA, January 13, 2017.

- "County" means entire county, any entity can apply
  - Would like to see a counties strategic plan
  - Must be included in program specifications
  - Expects county to come together and figure out who will apply
- We can receive $150,000 in Technical Assistance-
- We must apply starting February 2017 if we want the funding
  - This is a grant we do not have to repay the TA
- Utilizing HUD definitions for Homeless
  - Uses a Point in Time Count (70%) and
  - Extremely Low Income (ELI) Renter Cost Burden (30%)
  - Came up with per county allocation
- Ventura County's, non-competitive Allocation
  - $2,234,156
- 1.8 Billion will be Competitive in stages
- Department of Housing and Community Development will be the underwriters
- Counties can do solely or with a contractor
- Unit = entire house or individual apartments. A board and care with 5 bedrooms is considered 1 unit.
  - Minimum of 5 units
  - Common ownership, financing and property management
  - Each tenant signs a lease
  - Permanent foundation and meets code requirements
- Housing stable for 55 years
- Housing is permanent
  - NOT transitional services offered
- Program services offered for 20 years
- SPMI to qualify
  - Does not have to be currently receiving services
  - A clinician can diagnosis on the street and the individual can qualify
  - Client does not have to enter services being offered
- Service Plan expectations
  - On-site case management
  - Mental health and substance use services
  - Physical health care services
  - Life skill
  - Benefits counseling
  - On-sit peer support
  - Transportation plan
  - Housing retention services
  - Recreational and social activities
  - May offer educational and job services

- County must submit a supportive series plan addressing the following:
  - NPLH Target Population to be served
  - Tenant outreach plan, engagement and retention strategies
  - Detailed services to be offered
  - Supportive service line item budget
  - Reasonable accommodation policy and procedure
  - Eviction prevention practices
  - Community policy with property manager
  - Narrative of culturally and linguistically competent
  - Physical design
- Outcome measures to be collected

VENTURA COUNTY SHERIFF
NEWS STORY

GEOFF DEAN, SHERIFF

www.VCSD.org

Nature of Incident: Pharmaceutical Collections for the year 2016

Report Number:

Location: All Sheriff's Sub-Stations

Date & Time: 01/17/2017 - 0900

Unit(s) Responsible: Ventura County Sheriff's Office

(S)uspects, (V)ictims, (P)arty, (D)ecedent	City of Residence	Age

Narrative:

The non-medical use of prescription drugs ranks second only to marijuana as the most common form of drug abuse in America. Prescription and over-the counter medications can be just as dangerous as illegal drugs. Additionally, the majority of teenagers abusing prescription drugs get them from family, friends and the home medicine cabinet. You can't predict the effect a drug can have on you. Everybody's brain and body chemistry are different. If you would like more information on drugs and teenage drug abuse please click on the following link: http://teens.drugabuse.gov/drug-facts/prescription-drugs

The Ventura County Sheriff's Office is very pleased to announce that we have collected 5,604.01 pounds of unused / expired medication for the year 2016 through our pharmaceutical drop-off bins.

A breakdown of the 2016 collection totals is as follows: Ojai PD – 305 pounds, Fillmore PD – 89 pounds, Camarillo PD – 2,547.81 pounds, Moorpark PD – 570.1 pounds, West County Headquarters Patrol Station – 470.1 pounds and Thousand Oaks PD , 1,622 pounds. The Ventura County Sheriff's Office would like to thank the citizens of Ventura County for their outstanding effort to make our communities safer.

If you want to drop off unused / expired medications at any Sheriff's Substation, we have Pharmaceutical drop-off bins in all of our lobbies. The lobbies are open Monday-Friday from 8:00AM - 5:00PM.

Prepared by: Sergeant John M. Franchi

News Release Date: 01/17/2017

Media Follow-Up Contact: Sergeant John M. Franchi / 805-388-5135

Approved by: Captain Cory Rubright

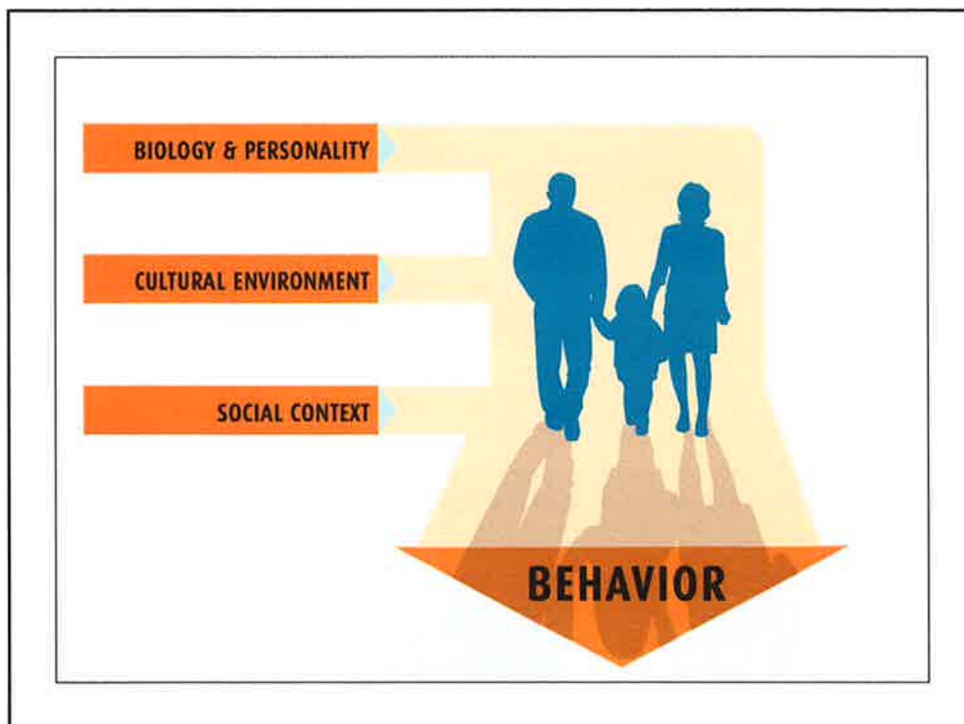
Ventura County Crime Stoppers will pay up to $1,000 reward for information, which leads to the arrest and criminal complaint against the person(s) responsible for this crime. The caller may remain anonymous. The call is not recorded. Call Crime Stoppers at 800-222-TIPS (8477).

###

PREVENTION:
Critical to the Continuum of Care

Dan Hicks and Kiran Sahota

January 2017 • Ventura County Behavioral Health Advisory Board



Some Fundamentals

Key Similarities

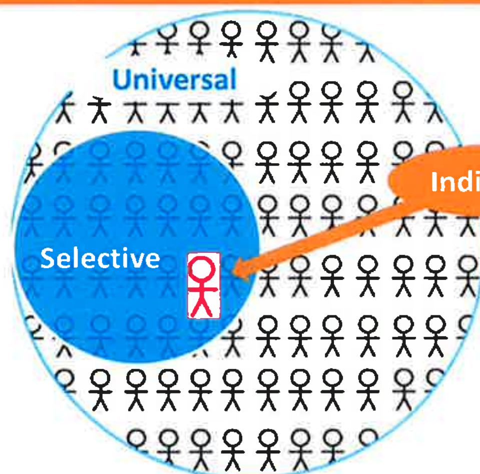
- Common objectives – "Prevent and delay onset of Mental Health Disorder (MHD) / Substance Use Disorder (SUD)"
- Common continuum – Institutes of Medicine (IOM) "Universal, Selective and Indicated"
- Increasingly focused on pro-active, "upstream"
- Rely on Substance Abuse Mental Health Services Administration (SAMHSA) approved Strategic Prevention Framework

Important Differences

- Mental Health Services Act (MHSA) Prop 63 funds Prevention Early Intervention (PEI) efforts, while Federal Block Grant funds support Alcohol and Drug Programs (ADP) Prevention Efforts
- PEI uses mental health promotion as well as disease prevention
- ADP funding draws definitive line at activities leading to Diagnosis

3

IOM Categories – Expressed in Risk



Indicated

Subset that is engaging in problem behaviors

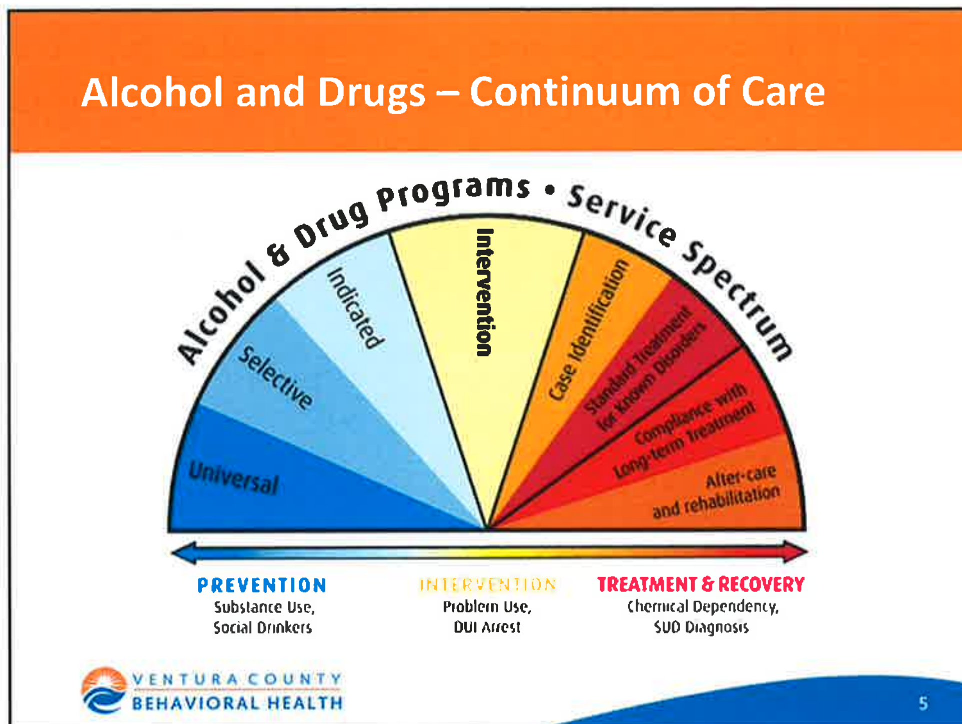
Selective

Subset of entire population that shows risk

Universal

Entire population

4



Important Concepts – "Primary Prevention"

Protective

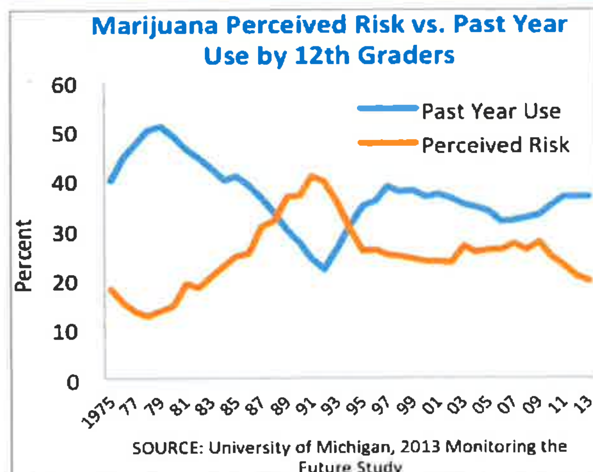
The objective of Primary Prevention is to protect the individual prior to signs or symptoms of problems. Includes those activities, programs and practices that operate on a fundamentally non-personal basis to alter the set of opportunities, risks and expectations surrounding individuals.

For example:

- Advertising, marketing and promotion
- Ease of access and perceptions of harm

VENTURA COUNTY
BEHAVIORAL HEALTH

A Strong Inverse Relationship: Perceived Risk and Teen Marijuana Use



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Concepts – "Environmental Factors"

Proactive Process – Shape Environment

Prevention is a proactive process intended to promote and protect health and reduce or eliminate the need for remedial treatment of the physical, social, and emotional problems associated with the consumption; it's consequences and costs.

- Individuals where they live and work
- Larger community factors, social norms
- Formal and informal policies

VENTURA COUNTY BEHAVIORAL HEALTH

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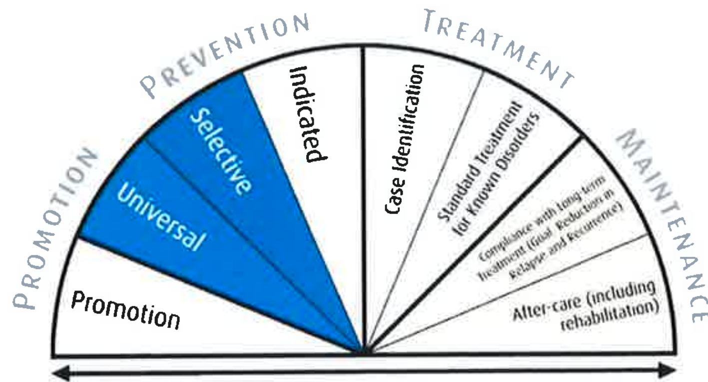
Mental Health – Continuum of Care



IOM MENTAL HEALTH INTERVENTION SPECTRUM

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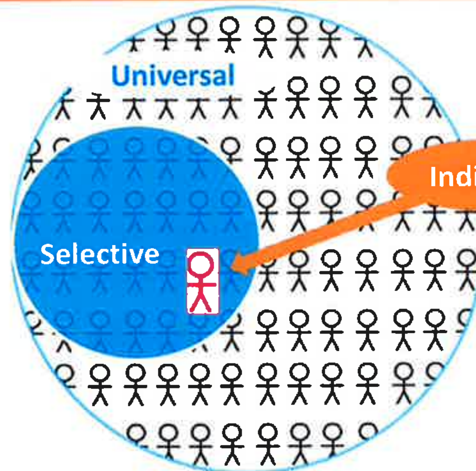
IOM Categories – Expressed in Risk



Indicated

Subset that is engaging in problem behaviors

Selective

Subset of entire population that shows risk

Universal

Entire population

VENTURA COUNTY BEHAVIORAL HEALTH

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General Requirements for MHSA PEI Services (3706)

- The County shall serve all ages in one or more Programs of the PEI Component.
- At least 51 percent of the PEI Fund shall be used to serve individuals who are 25 years old or younger.
- Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting the requirements.

PEI Funded Programs Welfare and Institutions Code (WIC) 5840

The State Department of Health Care Services, in coordination with counties, SHALL establish Programs designed to **prevent mental illness from becoming severe and disabling**. The program shall emphasize improving timely access to services for the underserved populations. The programs SHALL include the following components:

- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Stigma and Discrimination Reduction
- Access and Linkage to Treatment
- Suicide Prevention
- Improve Timely Access to Mental Health Services

Risk Factors Contributing to the Onset of Mental Illness

Risk Factors Include:

- Serious chronic medical conditions
- Adverse childhood experiences
- Experience of severe trauma
- Ongoing stress
- Exposure to drugs or toxins including in the womb
- Poverty
- Family conflict or domestic violence
- Experiences of racism and social inequality
- Previous suicide attempt
- Having a family member with a mental illness

VENTURA COUNTY BEHAVIORAL HEALTH

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Prevention Program (3720)

"Prevention Program" means a set of related activities to **reduce risk factors for developing a potentially serious mental illness and to build protective factors**. The goal of the Program is to bring about mental health including **reduction of the applicable negative outcomes** listed in the WIC 5840 (d) as a result of untreated mental illness **for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average** and, as applicable, their parents, caregivers, and other family members.

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Negative Outcomes

The Program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- Suicide
- Incarcerations
- School failure or dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

VENTURA COUNTY BEHAVIORAL HEALTH

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Early Intervention

"Early Intervention Program" means treatment and other services and interventions, including relapse prevention, **to address and promote recovery and related functional outcomes for mental illness early in its emergence**, including applicable negative outcomes listed in WIC 5840 (d) that may result from untreated mental illness.

Early Intervention Programs may NOT exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious metal illness or emotional disturbance with psychotic features, in which case Early Intervention services shall not exceed four years.

VENTURA COUNTY BEHAVIORAL HEALTH

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PROGRAMS	PROGRAM TYPES BY PEI REGULATIONS						
	Prevention	Early Intervention	Improve Timely Access To Service for Underserved Populations	Outreach for Increasing Recognition of Early Signs of MI	Access and Linkage To Services for People with a Severe MI	Stigma Reduction/ Discrimination Reduction	Suicide Prevention
Early Detection and Intervention for the Prevention of Psychosis (EDIPP): Telecare Corporation		x		x	x	x	
Positive Parenting Program (Triple P): City Impact, Inc.; Interface Children & Family Services	x	x	x	x	x	x	
Primary Care Program: Clinicas del Camino Real, Inc.		x			x	x	
Positive Behavior Intervention & Supports (PBIS): Ventura County Office of Education	x					x	
Restorative Justice (RJ): Ventura County Office of Education	x					x	
SafeTALK: Ventura County Office of Education	x			x		x	x
Crisis Intervention Team (CIT): Ventura County Law Enforcement & VCBH Collaborative	x			x	x	x	x
Mental Health First Aid (MHFA): Individual Contractors	x			x		x	x
TAY Wellness Center, Pacific Clinics	x		x	x	x	x	
Adult Wellness Center, Turning Point Foundation	x		x	x	x	x	
One Step a La Vez	x		x			x	
Our Lady of Guadalupe Project Esperanza	x		x			x	
St Paul Baptist	x		x			x	
Tri-County GLAD	x		x	x	x	x	
LGBTQ	x		x			x	
Promotoras MICOP	x		x		x	x	
Promotores y Promotoras Foundation	x		x		x	x	

PEI Dollars for Seriously Persistently Mentally Ill (SPMI)

Early Intervention Program:

"…including relapse prevention, to address and promote recovery and related functional outcomes for mental illness early in its emergence."

Prevention Program:

"…may include relapse prevention for individuals in recovery from a serious mental illness."

Examples of Programs provided in Ventura County:

- Adult and TAY Wellness Centers
- VIPS – Early Psychosis

VENTURA COUNTY BEHAVIORAL HEALTH

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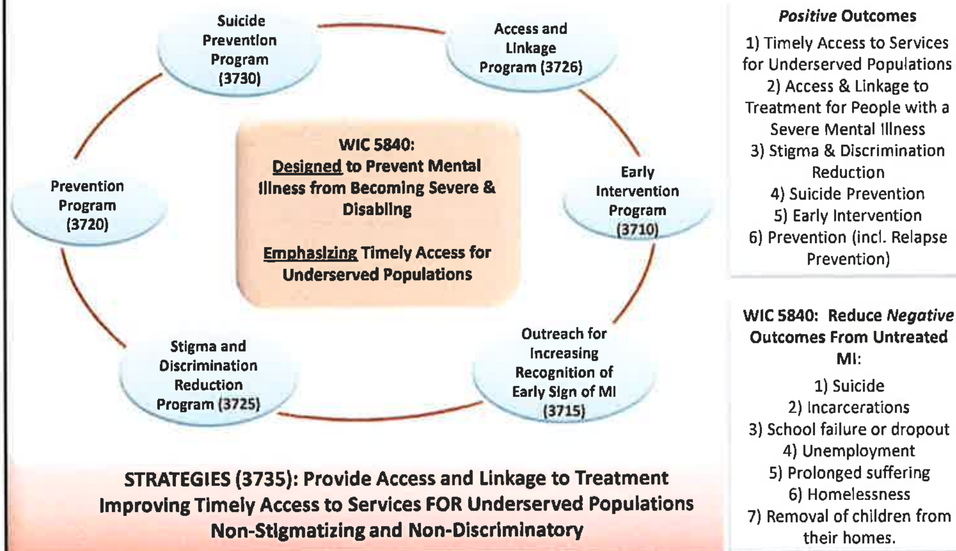

Robust Stakeholder Process

- **Community Planning Process**
- **Local Planning Process**

VENTURA COUNTY BEHAVIORAL HEALTH

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Data Reporting Components

- Regulatory Prescribed Reporting
  - Demographics
  - Data Specific by Program Type
  - Challenges, Successes, Lessons Learned, Relevant Examples
- Regulatory Evaluation Requirements
- Contractual Requirements (Exhibit A)
- Reducing Negative Outcomes per WIC 5840
- Supporting Pre- and Post-Tests (Surveys), Training Evaluations, Referral & Follow-Up Forms
- Report back to Behavioral Health Advisory Board

VENTURA COUNTY BEHAVIORAL HEALTH

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Why Prevention?

In 2014…

- 9.8 million United State adults aged 18 and older had a serious mental illness
- 15.7 million adults aged 18 or older had a major depressive episode during the past year
- 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use
- 11.8 million adults self-reported needing mental health treatment or counseling in the past year

By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

VENTURA COUNTY BEHAVIORAL HEALTH

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Financial Costs of Mental Illness

The **$201 billion** we spend on mental illness does not include the **$193 billion** in earnings the National Alliance on Mental Illness (NAMI) predicts we lose each year due to serious mental illness.

VENTURA COUNTY
BEHAVIORAL HEALTH

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Financial Benefits of Prevention Programs

SAMHSA reported:

- Cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10.
- **This means a $1 investment yields $2 to $10 savings in health costs, criminal and juvenile justice costs and educational loss.**

VENTURA COUNTY
BEHAVIORAL HEALTH

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The Power of Substance Abuse Prevention: Why Invest in Prevention

There is no disputing the devastating effect that substance abuse can have on personal and family life. In addition to the human toll, there are other social costs related to addiction. Consider how addiction contributes to common social problems like family violence, crime and homelessness. The municipal and community resources used to address issues aggravated and intensified by substance abuse are many. The growing impact is seen in the budgets of public health departments, policing agencies, schools, healthcare providers and community-based organizations. Assessing the magnitude and breadth of costs associated with addiction expands our collective understanding of how to comprehensively address social ills. And, it provides a powerful and compelling reason to invest in substance abuse prevention.

Given today's economic conditions, it is critical to measure the worth of programs, services and policies that stand to reduce the costly effects of substance abuse. The purpose of this document is to provide an overview of the cost-effective and valuable role that substance abuse prevention plays in mitigating the harmful, and costly consequences of substance abuse.

The High Cost of Substance Abuse on Public Resources

A recent report by the National Center of Addiction and Substance Abuse (CASA) at Columbia University quantifies the fiscal costs that governments take on as a result of substance abuse. In their study, CASA reports that governments are spending nearly 16% of their budgets addressing the negative consequences of substance abuse and addiction. Nearly all of the money (95.6%) is used to respond to what is referred to as the "burden of substance abuse and addiction."

Described in terms relevant to individuals, the per capita cost for Californians is $545 annually. This represents costs that are spread across the social fabric including, hospitals, the juvenile justice system, schools and health care. Schools, for example, are spending an estimated $5.9 billion (2005) responding to youth substance abuse issues.[i]

> **16%**
>
> A large national study of government expenditures reports that **16% of government budgets** are used to address the negative consequences of substance abuse and addiction.
>
> (source: National Center of Addiction and Substance Abuse at Columbia University)

The Cost of Investing in Prevention Pales in Comparison to Paying for Consequences

Currently, for every federal and state dollar spent on managing the consequences of substance abuse and addiction, 1.9 cents is spent on preventing and treating the problem--**with less than one-fourth of *that* going to prevention.**[ii] In terms of dollars, for every $1 dollar spent on prevention and treatment directly, the government is spending almost $60 in public programs that respond to the consequences of substance abuse. The following chart from research by the National Center on Addiction and Substance Abuse (2005) shows the nearly $230 Million that the federal government expends on the consequences of substance abuse and addiction as opposed to preventing and treating the problem. Healthcare is

> *"If the negative consequences of substance abuse and addiction were its own budget category, it would rank second behind elementary and secondary education. States spend more on substance abuse and addiction than they spend on Medicaid, higher education, transportation or justice."*

a noticily high percentage as those expenditures account for Medicare and Medicaid (Medi-Cal in CA) that are largely passed down to states.

THE COST-BENEFITS OF INVESTING IN SUBSTANCE ABUSE PREVENTION PROGRAMS

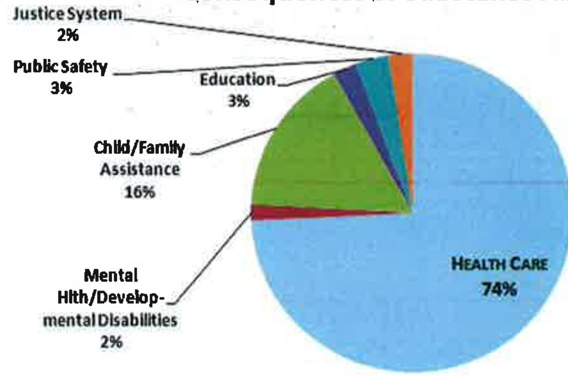
When resources are limited, it it critical to invest them wisely. For California, the current economy is in distress, and investing in cost-effective approaches is a necessity. Over the past decade, there have been considerable advances in the number and quality of studies examining the cost savings and cost-benefits of substance abuse prevention approaches. Several cost-benefit studies have yielded similar findings. **Multiple studies indicate that every dollar spent on prevention results in an average of $10 in long-term savings.**[iii] Depending on the study and the approach examined, cost-savings have ranged from $2 to $20 dollars for every dollar spent on prevention.

Not all prevention approaches have a good return on investment, but the majority of well implemented, evidence-based prevention approaches yield a cost-benefit savings to society. Cost indicators, data elements, and type of prevention strategy vary by study; however, findings consistently demonstrate a 2 to 1 cost-benefit ratio.

SUBSTANCE ABUSE PREVENTION PROGRAMS, A WELL ESTABLISHED BODY OF RESEARCH

Research on the effectiveness of prevention programs, practices and policies has advanced significantly over the past two decades and is now well established. In the early 80's, prevention research focused on the general question of whether or not substance abuse prevention works. During the 80's and 90's, numerous federally funded applied research studies, independently funded studies, and several meta-analytic studies firmly documented that prevention works. Since

Spending by Federal Programs on Consequences of Substance Abuse



that point, attention has turned to identifying more specific types of prevention strategies, and also the development of guiding prevention principles. Over the last decade, SAMHSA's National Registry of Evidence-based Programs and Practices has compiled a library of over 100 interventions that have been proven-effective based on high standards of scientific rigor.

The Importance of Selecting the Right Strategy
Prevention research has added a greater understanding of what contributes to abuse, what happens as a consequence, as well as the frequency, to whom, and under what conditions abuse occurs. This has helped to better define prevention interventions, and the settings and conditions under which they are optimaley offered.

The Center for Substance Abuse and Prevention (CSAP) emphasizes the importance of taking into account the relevance and appropriateness of prevention approaches to address the needs identified for the individual and target community. Selecting the most relevant and appropriate strategy is a critical component in determining the effectiveness of the prevention approach.

PREVENTION, A PLACE TO BEGIN ON THE CONTINUUM

Substance abuse prevention does not work in isolation, but rather functions along side a continuum of efforts that included treatment and recovery

support. Substance abuse disorders do not develop overnight and services and interventions are necessarily different based on how much, when and under what circumstances and duration one abuses substances. The reality is that prevention may be effective and appropriate for the vast majority of people, but some will need treatment and recovery services. In this way, prevention services, which have greater access to more individuals, can create an important bridge for those in need of more intensive treatment and rehabilitation services. Through the use of prevention strategies, such as screening and brief intervention, prevention providers can identify those individuals who need a referral for treatment assessment. Furthermore, providers can facilitate a referral for an assessment by knowing which organizations and individuals do assessment, when, how much it will cost, and by offering help in making the initial call as well as following up with the individual referred.

$10

Multiple studies indicate that every dollar spent on substance abuse prevention results in an average of **$10 in long-term savings.**

SUMMARY

- Governments are spending approximately 16% of their fiscal resources on addressing the negative consequences of substance abuse and addiction.
- For every federal and state dollar spent on managing the consequences of substance abuse and addiction, 1.9 cents is spent on preventing and treating the problem--**with less than one-fourth of *that* going to prevention.**
- Investing in prevention is a cost-effective way to maximize limited resources. Prevention represents a long-term investment rather than an on-going expenditure.
- While not all prevention approaches maximize the cost return, on average every $1 spent on prevention represents a $10 long-term cost savings.
- The research on the effectiveness of prevention has been firmly established over the past two decades. Investing in evidence-based prevention practices further ensures the return on investment.
- Selecting the right prevention approach that fits with the needs of individuals and their community, and matches the resources and capacity of those involved, is a critical component in ensuring effectiveness.
- Investing in comprehensive, multi-strategy, long-term prevention approaches yields a greater return on the investment.

[I] Center on Addiction and Substance Abuse (2005)

[II] Center of Addiction and Substance Abuse (May, 2009)

[III] Aos, S., P. Phipps, R. Barnoski, and A. Lieb. (2001). T*he comparative costs and benefits of programs to reduce crime*. Olympia: Washington State Institute for Public Policy.

Preventing Adolescent Health-Risk Behaviors by Strengthening Protection During Childhood.

J. David Hawkins, PhD; Richard F. Catalano, PhD; Rick Kosterman, PhD; Robert Abbott, PhD; Karl G. Hill, PhD. Arch Pediatr Adolesc Med. 1999;153:226-234.

Pentz, M.A.; Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention. In: Bukoski, W.J.; and Evans, R.I., eds. Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy. NIDA Research Monograph No. 176. Washington, DC: U.S. Government Printing Office, pp. 111–129, 1998.

Spoth, R.L.; Redmond, D.; Trudeau, L.; and Shin, C. Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. Psychology of Addictive Behaviors 16(2):129–134, 2002.

The Community Prevention Initiative (CPI) is administered by the Center for Applied Research Solutions (CARS) and funded and directed by the California Department of Alcohol and Drug Programs (ADP).

Center for Applied Research Solutions (CARS)
923 College Avenue, Santa Rosa CA 95404
Phone: 707-568-3800

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Community Meetings on Homelessness

in Ventura County

1/10/17

Group	Description	Open to the public	Meeting Schedule and Location
City of Ventura Homelessness Committee	City Council and city staff meeting	Yes	2nd Thursday of the month, 4:00 p.m. City Hall, 501 Poli St, Ventura
Community Intervention Court	Superior Court program to address vagrancy issues	No	City of Ventura code violations; arrangements made with the Public Defender's Office
Oxnard Commission on Homelessness	Citizen advisory group that provides recommendations to the CoC and the Oxnard City Council	Yes	1st Monday of the month, 3:00 p.m. Oxnard City Council Chambers, 305 W. Third St, Oxnard
Pathway to Home	Coordinated entry meeting with homeless service providers, housing providers and county staff for housing placements	No	Every Monday, 10:30 a.m., VCCF, 4001 Mission Oaks Blvd, Camarillo
Santa Paula Project HOPE	Santa Paula Chamber of Commerce members, homeless service providers and stakeholders discuss local concerns on the efforts to address homelessness (no website)	Yes	3rd Thursday of the month, 12:30 p.m. 530 West Main St, Santa Paula
Simi Valley Task Force on Homelessness	Citizen advisory group that provides recommendations to the CoC	Yes	City Hall Community Room, 2929 Tapo Canyon Rd, Simi Valley
Ventura Council of Governments (VCOG)	City Council members from all ten cities plus County staff address regional issues and planning efforts	Yes	2nd Thursday of the month, 5:00 p.m., City of Camarillo Council Chambers, 601 Carmen Drive, Camarillo
Ventura Social Services Task Force	Citizen advisory group provides recommendations to the Ventura City Council	Yes	1st Wednesday of the month, 3:15 p.m., Catholic Charities, 303 N. Ventura Ave, Suite A, Ventura

Continuum of Care (CoC) Groups on Homelessness attended by VCBH staff

as of 11/21/16

Group	Lead Agency	Open to the public	Frequency	Location	Participants
Ventura County Continuum of Care (CoC) Alliance	CEO's Office (Tara Carruth)	Yes	Quarterly. Last mtg: 10/20/16. Next: 1/19/17, 10:00	Ventura County Community Foundation, 4001 Mission Oak Blvd, Camarillo	VCBH (Rebecca McCloud, Joan Aska), HSA, Community Action, Turning Point, Salvation Army, Housing Authority Buena Ventura, Samaritan Center, Lutheran Social Services, BOS reps, others
CoC Pathways to Home Case Conference	CEO's Office (Tara Carruth), HSA (Rebecca Evans)	No	Weekly, Monday 10:30-noon	Ventura County Community Foundation in Camarillo	VCBH, Salvation Army, Turning Point, Samaritan Center (Simi Valley), Lutheran Social Services, HSA, Many Mansions, Project Understanding, Saint Vincent de Paul Society, Community Action of Ventura County, Salvation Army of Ventura
CoC Housing and Services Committee	CEO's Office (Tara Carruth), Clyde Reynolds	Yes	3rd Thursday when CoC Quarterly is not taking place	Ventura County Community Foundation in Camarillo	Participants break into 3 groups: Housing, Income, Services. VCBH, Salvation Army, Turning Point, Samaritan Center (Simi Valley), Lutheran Social Services, HSA, Many Mansions, Project Understanding, Saint Vincent de Paul Society, Community Action of Ventura County, Salvation Army of Ventura, One Stop, Ventura City Task force on homelessness, some faith-based reps
CoC Youth Collaborative (applied for a HUD Youth Homelessness Demonstration Project up to $1 million)	CEO's Office (Tara Carruth)	Yes	1st Tuesday, 1:30 to 3:00 p.m.	Interface, 4001 Mission Oaks Blvd, Camarillo	VCBH (Sevet Johnson), Youth Advocate, Pacific Clinics, Probation, Public Health, CSUCI, VCOE, Interface, CoC, Turning Point, Casa Pacifica, Children and Family Services, City of Ventura (and hopefully Salvation Army and Kingdom Center)
CoC Board Meeting	CEO's Office (Tara Carruth)	Yes	2nd Wednesday, 1:00 to 2:30 p.m.	Ventura County Community Foundation in Camarillo	Recommend VCBH representative to join the CoC Board. All committees report recommendations to this Board and make CoC funding decisions, as well as review performance measure outcomes of funded providers.

VCBH occasionally is invited to attend other meetings, such as:

- On 3/2/16: Meeting with Ventura Social Services (VSSTF) to address homelessness. This was a one-time meeting per their invitation to give a presentation. This was encouraged by Supervisor Bennett's office.

- On 4/18/16: Meeting with the City of Ventura for a Workshop on Community Homelessness. This was a one-time meeting per their invitation.

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Elaine Crandall
Director

Brian Taylor, MD
Medical Director

Deborah Thurber, MD
Medical Director

MEMORANDUM

DATE: January 20, 2017

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

Executive Summary

Since additional time was needed for negotiations, and fiscal and budgetary review, Ventura County Behavioral Health (VCBH) was not able to submit the following December 13, 2016 Board Letters to the BHAB for review prior to the Board of Supervisors (BOS) approval. Also, with the BHAB being dark in December, the January 10, 2017 Board Letters were not able to be presented before BOS approval. Therefore, we are submitting them now.

Board Agenda – December 13, 2016 (BOS Approved)

1. VCBH and Gold Coast Health Plan MOU

On October 7, 2014, the Board of Supervisors approved a Memorandum of Understanding (MOU) between VCBH and the Gold Coast Health Plan (GCHP) regarding the provision of mental health services, as the implementation of the Affordable Care Act (ACA) in January 2014 increased the Medi-Cal expansion population and the number of individuals eligible for mental health services greatly increased.

The Amended and Restated MOU further defines the roles and responsibilities of VCBH and GCHP with respect to providing specialty mental health services and outpatient mental health services under the MOU, and adds substance use disorder services (including the process for screening, referring, and coordinating services) to the scope of the agreement. Under the existing MOU, VCBH provides or arranges for specialty mental health services for eligible individuals, and GCHP provides or arranges for outpatient mental health services for eligible individuals as specified in the GCHP Medi-Cal Managed Care contract with the California Department of Health Care Services (DHCS). Outpatient mental health services covered by GCHP are for individuals with mild to moderate impairment of mental, emotional or behavioral functioning resulting from a mental health disorder. Specialty mental health services provided by VCBH are for individuals with a serious and persistent mental illness. The DHCS has established the criteria for eligibility and the provision of services under both the specialty mental health and outpatient mental health service programs.

On August 13, 2015, the DHCS received approval from the Centers for Medicare & Medicaid Services (CMS) to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Implementation Plan. The DMC-ODS Waiver Implementation Plan is a pilot program to test a new paradigm for the organized delivery of health care services for Medi-Cal eligible individuals with a substance use disorder. This pilot program is expected to demonstrate how organized substance use disorder care increases the success of beneficiaries while decreasing other health care system costs. Key elements of the DMC-ODS Waiver Implementation Plan include a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services, controls to improve care and make efficient use of resources, evidence-based practices, and integration and coordination of other systems of care. The DHCS requires that counties who choose to opt into the pilot program submit an implementation plan and a signed copy of the MOU between the county and the managed care plan to jointly provide services.

GCHP's primary care physicians will conduct a brief substance use disorder screening and refer members to VCBH's Alcohol and Drug Programs (ADP) for further substance use disorder assessment and treatment as indicated. In all substance use disorder cases, the VCBH-ADP Care Coordination Team will determine the level of care based on ASAM placement criteria and in compliance with the standard terms and conditions of the DMC-ODS Waiver Implementation Plan.

2. Maxim Amendment

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, Mental Health Associates, and Licensed Marriage and Family Therapists. The proposed eighth amendment with Maxim will amend the agreement to increase the maximum contract amount from $473,273 to $823,273 (an increase of $350,000) in order to fund VCBH's temporary staffing needs through fiscal year end. This increase will be offset with a decrease of $350,000 to the Meditech contract (VCBH's other temporary staffing services contractor). The Meditech contract is being reduced as VCBH has not had the level of need from this contractor that it had anticipated at the beginning of the fiscal year.

VCBH recommends approval of and authorization for the Purchasing Agent or designee to sign the Eighth Amendment for medical personnel recruiting services with Maxim, increasing the maximum contract amount from $473,273 to $823,273 (an increase of $350,000), effective July 1, 2016 through June 30, 2017.

3. Continuum of Care Reform Positions

For the past several years, California's child welfare and mental health systems have experienced systemic, incremental changes. In 2011, the Katie A. Settlement Agreement led the State of California to take a series of actions intended to transform the way child welfare and mental health agencies provide entitlement specialty mental health services to children, youth, and families in the child welfare system. The "Pathways to Well Being" Initiative (Pathways Initiative), a result of the Katie A. Settlement Agreement, called for the provision of a comprehensive array of services, delivered in a coordinated manner, based in home or community settings, and tailored to meet the needs of individual children and families. In 2014, the Board of Supervisors authorized

additional positions and services in both VCBH and the Human Services Agency (HSA), Children and Family Services Division (CFS) that allowed for a collaborative service expansion to meet the requirements of the Pathways Initiative. As a result, over 500 foster youth and their families have received beneficial mental health services on an annual basis.

In October 2015, Assembly Bill No. 403 (2015-2016 Reg. Sess.) (a.k.a., "Continuum of Care Reform" (CCR)) was signed into law with an effective date of January 1, 2017. CCR is intended to build on the successes of the Pathways Initiative and further ensure that all youth in foster care receive services that meet their mental health needs regardless of their placement setting. AB 403 recognizes that achieving this goal requires a higher degree of collaboration and coordination between child welfare agencies and county mental health plans, as well as expanded availability of mental health services delivered in home and community-based settings.

Key requirements of CCR include:

- A universal assessment process for all foster youth and families that will identify needed mental health services.
- A Child and Family Team convened by child welfare and probation agencies, with participation from county mental health partners and clinicians to identify needs and service plans for all youth in foster care.
- Short-term Residential Therapeutic Centers (STRTCs) must replace long term congregate care facilities and must provide intensive mental health services.
- Foster Family Agencies (FFAs) must have the capacity to deliver an array of "core services," including in-home mental health services for family care placements to ensure children receive services they need regardless of their placement setting.
- STRTCs and FFAs must be certified by the county mental health plan or have a relationship with a certified provider to directly deliver or arrange for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) specialty mental health services that youth need, as authorized by the county mental health plan.

Under the Pathways Initiative, VCBH is currently providing ongoing services to approximately 500 foster children and completing approximately 30 assessments per month. Under the new CCR requirements, VCBH will be providing ongoing services to approximately 1,200 foster children (an increase of 700) with an additional 35 assessments per month. Mental health services will also be provided to approximately 60 additional adults per year and substance abuse services to potentially 70% of parents/caregivers.

With service mandates expanding and implicating multiple service provider systems, VCBH has been working with HSA, the Ventura County Probation Agency and Ventura County Public Health to prepare for the January 2017 implementation. VCBH clinical staff currently serving this population have a caseload of 18 clients per staff person. To effectively address needs in the field and interagency collaboration, the ideal caseload for each staff person is 15. To prepare clinically for the January implementation mandate, VCBH is requesting 4.0 new

regular and 3.0 reclassified positions. VCBH has also identified 1.0 existing position that will be assigned to this effort.

Board Agenda – January 10, 2017 (BOS Approved)

1. ADP – Khepera House Amendment

Khepera House provides residential substance use disorder treatment, sober living, and social model detoxification (detox), services for men. Khepera House's satisfactory discharge rate is 59%, which exceeds the Substance Abuse and Mental Health Services Administration (SAMHSA) national outcome rate of 33%. The residential program serves approximately 102 clients (9194 bed days) depending on length of stay, the sober living program serves approximately 75 clients (1563 bed days) depending on length of stay, and the detox program serves approximately 208 clients (1,456 bed days) with a maximum length of stay of seven days.

VCBH presented the first amendment to the Khepera House agreement to the Board of Supervisors on June 16, 2015. Since then, VCBH administratively amended the agreement to extend the term of the agreement for one year. The proposed third amendment is being increased from $772,964 to $942,964 (an increase of $170,000) to serve an additional 31 clients (2833 bed days) in order to meet the increased need for residential services for men, effective July 1, 2016 through June 30, 2017. This agreement is funded by Substance Abuse Prevention and Treatment (SAPT) Discretionary, Drug Court Realignment (Adult Drug Court), County General Fund, and AB 109 Public Safety Realignment Act funds.

2. ADP – Reality Improv Connection, Inc. and Rae Hanstad Consulting Amendments

Reality Improv Connection, Inc.'s (Reality Improv) Straight Up! program provides youth and young adult engagement strategies to address binge drinking, drug abuse, and related risks. The Straight Up! program uses school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text messaging) to alter the expectations and community norms that support and condone alcohol abuse, prescription drug misuse, and marijuana misuse among young people.

Over the past 18 months (July 2015 – December 2016) Reality Improv has conducted over 400 interactive classroom workshops with over 12,000 middle, high school and college students in Ventura County, exploring local alcohol, marijuana and other drug issues, including examining social norms and consequences. Reality Improv staff and trained volunteers have worked with 34 schools in 8 school districts, and partnered with over 25 other agencies in alcohol and other drug prevention efforts engaging over 600 youth and young adults (ages 12-25) in projects designed to reach their peers, parents and community. The projects have included 5 "Reality Parties for Parents" and 10 other parent presentations reaching more than 1,500 parents. Through website messaging, e-newsletters and blog posts, Reality Improv has worked with youth and young adults to write over 60 articles addressing alcohol and other drug issues, with more than 2,000 social media posts supporting healthy drug-free lifestyles.

VCBH presented the first amendment to the Reality Improv agreement to the Board of supervisors on June 16, 2015. Since then, VCBH administratively amended the agreement to extend the term of the agreement for one year and to reduce the contract not-to-exceed amount to $140,000. The proposed fourth amendment represents an adjustment to the budget line items to meet staffing changes within the current not-to-exceed amount of $140,000, effective July 1, 2016 through June 30, 2017. Reality Improv experienced staff changes and needs to decrease the budget line item for media and communications staff from 260 hours to 39.5 hours, and increase

the technical support and training staff from 700 hours to 1006.25 hours. This contract is fully funded by SAPT Block Grant funds.

Rae Hanstad Consulting (Rae Hanstad) provides research, data and policy analysis, media consultation services, report writing, and tracking of trends on local, state, and national drug prevention services, including marijuana, prescription (Rx) drug, substance abuse, and Office of Traffic Safety (OTS) impaired driving prevention policy. For the OTS impaired driving prevention grant, Rae Hanstad provides updated legislative summaries of California and out-of-state efforts to define and regulate drug-impaired driving, including current penalties. Rae Hanstad also attends weekly planning and execution meetings, provides technical support and assistance for a drugged driving summit, and attends associated local area stakeholder meetings.

The original agreement and first and second amendments were executed through the General Services Agency Procurement Services Division as the contract amount was under $100,000. On October 6, 2015, the Board of Supervisors authorized the Purchasing Agent to sign the third amendment raising the contract amount to $103,510. The fourth and fifth amendments were executed through the General Services Agency Procurement Services Division as the contract amount was reduced to less than $100,000. With new provisions in California law, including the voter approved Adult Use of Marijuana Act, as well as implications of medical cannabis tracking for local prevention policies, the proposed sixth amendment to the agreement increasing the maximum agreement amount from $97,950 to $114,375 (an increase of $16,425), effective July 1, 2016 through June 30, 2017, with Rae Hanstad is needed to track new indicators, analyze trends in drug availability, and report on outcomes and implications for prevention services with a focus on public health and safety. The insurance provisions are also being modified as Rae Hanstad is considered a low risk contractor. This contract is funded by SAPT Block Grant and Office of Traffic Safety Grant funds.

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

<u>**Board Agenda – January 24, 2017**</u>

1. ADP –Tarzana Treatment Centers, Inc. Amendment

Tarzana Treatment Centers, Inc. (Tarzana) provides residential substance use disorder and residential detoxification services to approximately 71 clients (614 bed days) depending on the length of stay. Tarzana's satisfactory completion rate is 89%, which exceeds the Substance Abuse and Mental Health Services Administration (SAMHSA) national outcome detoxification rates of 46%-53%. Tarzana's rate for clients completing detoxification and entering follow up treatment afterwards is 63%, which also exceeds other studies citing post-detoxification treatment rates of 41% to 47%. VCBH presented the first amendment to the Tarzana agreement to the Board of Supervisors on June 16, 2015. Since then, VCBH administratively amended the agreement to extend the term of the agreement for one year. The proposed third amendment is being increased from $210,000 to $235,000 (an increase of $25,000) to serve an additional 16 clients (70 bed days) in order to meet the increased need for residential detoxification services, effective from July 1, 2016 through June 30, 2017. This agreement is funded with County General Fund, SAPT Discretionary, and AB 109 Public Safety Realignment Act funds.

2. Primary Care Integration Positions Amendment

In 2010, VCBH in conjunction with the Health Care Agency's (HCA) Ambulatory Care Department implemented a Primary Care Integration (PCI) program under the Mental Health Services Act (MHSA) Prevention and Early Intervention component to address the mental health needs of adults and children referred by their primary care provider (PCP). The PCI program provides a short term, evidence-based approach to depression and anxiety care at ambulatory care clinics throughout Ventura County. Services are provided to adults and adolescents through coordinated referral between primary care physicians, mental health clinicians, and consulting psychiatrists (when needed). Utilizing a team approach to support the client, these professionals work together to support the health and well-being of the client within the primary care setting. For coordination of PCI services, VCBH entered into a memorandum of understanding with the HCA Ambulatory Care Department. The HCA Ambulatory Care Department reimburses VCBH for the cost of the 8.5 staff currently providing PCI services at various ambulatory care clinics.

PCI services consist of the utilization of several evidence-based practices that have favorable application in a primary care setting. They include adult cognitive behavioral therapy, depression treatment quality improvement for teens and young adults, problem solving treatment for primary care, and an IMPACT (Improving Mood – Providing Access to Collaborative Treatment) like model approach that focuses on behavioral activation, depression monitoring and case management utilizing the Patient Health Questionnaire (PHQ-9).

In FY 2015-16, a total of 1,268 youth and adult patient referrals were made to the PCI program. After clinicians screened and assessed the patients for eligibility, a total of 483 patients were enrolled for services. During that same time frame, of the 407 adults enrolled, 80% identified their ethnicity as Latino and of the 76 youth enrolled, 89% identified their ethnicity as Latino.

Earlier this year, the State Department of Health Care Services (DHCS) released a new Medi-Cal 2020 Waiver Section 1115 that is designed to achieve a healthier California by 2020 by aligning the Medi-Cal delivery system around improving health outcomes for members. The Medi-Cal 2020 waiver section includes the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) initiative. This initiative focuses on increased access to coordinated primary care and includes annual federal funding. Through the PRIME initiative, and in coordination with the HCA Ambulatory Care Department, PCI services will be expanded and integrated into other participating ambulatory care clinics for the coordination of health and behavioral health. Further driving the need for PCI service expansion is the increase in prenatal care services being provided at several ambulatory care clinics. These clients are at risk of presenting with post-partum depression. In addition, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) clients at the Santa Paula West clinic are almost three times more likely than others to experience major depression or generalized anxiety disorder. These clients are also creating an increased need for PCI services.

VCBH clinical staff currently assigned to providing services to PCI patients have a caseload of 19 patients per staff person. To effectively address the needs of the patient, the ideal caseload for each staff person should be 15. The Department of Managed Health Care Timely Access To Care requirements for a non-urgent mental health appointment (non-physician) is 10 business days (2 weeks). The current average wait time in our county to see a PCI clinician is 4 to 8 weeks. In addition, PCI physicians are using a new screening tool that will assist

in identifying the need for a referral. This tool is being used to assist in meeting the expansion of whole person care requirements and it is anticipated that referrals will increase by a minimum of 50%.

To effectively expand the integration of services to other participating ambulatory care clinics and improve timely access to care, VCBH recommends approval of and authorization for the Human Resources Director to establish 7.0 new regular positions in the VCBH MHSA Budget, effective January 29, 2017. These positions will be funded by the VCMC Enterprise Fund and there is no net increase in County costs as a result of this recommendation. The HCA Ambulatory Care department has agreed to reimburse VCBH for salaries and benefits, operational, and administrative costs.

3. Nurse Practitioner Grant Amendment

The Office of Statewide Health Planning and Development (OSHPD) manages the Workforce, Education, and Training (WET) Program which is one of the components of the Mental Health Services Act (MHSA). The WET Program is driven by the WET five-year plan (2014-2019) and is designed to promote the expansion of the capacity of postsecondary education to meet the needs of identified mental health occupational shortages. Under the WET five-year plan, an occupational shortage of Psychiatric Mental Health Nurse Practitioners (PMHNP) was identified. To address this occupational shortage, OSHPD awarded Education Capacity Psychiatric Mental Health Nurse Practitioner grants to various agencies, including VCBH, to fund the supervision of PMHNP in the public mental health system.

VCBH received a $729,980.90 Education Capacity Psychiatric Mental Health Nurse Practitioner grant from OSHPD for the term of January 26, 2015 through June 30, 2017. VCBH is using these grant funds to provide preceptorships to PMHNP students. Through the VCBH preceptorship program, the PMHNP students gain experience in: (1) providing integrated primary and behavioral health services, (2) the full spectrum of nursing competencies (assessment, diagnosis, outcomes identification, individualized planning, and coordination of care), (3) working on multi-disciplinary teams, (4) working with public mental health system clients, and (5) delivering public mental health services that are consistent with the vision of the MHSA and which promote wellness, recovery, and resilience. The majority of the grant funding is used to pay for the costs associated with the supervision of the PMHNP students by VCBH contracted psychiatrists. The remaining grant funds are used for the administration costs that are associated with this grant program.

As part of the grant monitoring process, VCBH determined that the costs associated with operating the Educational Capacity Psychiatric Mental Health Nurse Practitioner grant program were exceeding the funding provided through the grant, thereby creating a cost to the County. The cost to the County under the OSHPD grant program increased as a result of the increase in VCBH's contract psychiatrist rates. At the time of the submittal of the grant application, VCBH contracted with its psychiatrists through individual contracts at various rates. Shortly after the award of the grant, the psychiatrists formed a medical group (Sterling Care Psychiatric Group, Inc. ("Sterling")) that now contracts with VCBH to provide psychiatric services. Under the terms of Sterling's contract with VCBH, the overall rates for the psychiatrists' services increased. As a result, the grant was not fully reimbursing the cost of the supervision of the PMHNP students by Sterling psychiatrists. To ensure that VCBH fully captures its costs under the OSHPD grant program and meets the supervision hours specified in the grant, VCBH requested a rate increase and grant extension from OSHPD. This request was granted. The proposed First Amendment to the OSPHD grant agreement: (1) increases the supervision rate from

$187.36 to $211.67 (an increase of $24.31), (2) decreases the total number of required supervision hours from 3,872 to 3,555.50 (a decrease of 316.50), and (3) extends the grant term an additional six months through December 31, 2017.

Board Agenda – February 7, 2017

Sylmar Health & Rehabilitation Center, Inc. Amendment
VCBH is required to fund the treatment services for all Murphy conservatees and all misdemeanor defendants who are found not fit to stand trial and are court-ordered into treatment. VCBH has no control over the number of court-ordered placements who VCBH is then required to treat. The cost associated with each court-ordered placement varies depending on the type of criminal charge (misdemeanor placements or Murphy conservatees) and the associated length of time that they are in placement. If a Murphy conservatee is never restored to competence, VCBH is left to fund his or her treatment costs indefinitely.

VCBH has incurred significant costs associated with the treatment of these court-ordered placements. From FY 2007-08 through FY 2015-16 (nine years), VCBH spent a total of $3,947,525 to treat these individuals. The annual cost of treatment varied from $194,832 to $778,465. For FY 2016-17, the projected total cost of treatment is $722,503. The annual treatment cost increased significantly in FY 2013-14 due to the increase in the number of court-ordered placements and the higher cost of treatment. VCBH projects that for the ten year period spanning FY 2007-08 through FY 2016-17, the department will have incurred $4,670,028 in court-ordered placement treatment costs.

Prior to FY 2013-14, VCBH managed the cost of treatment for court-ordered placements within the existing departmental budget. In FY 2013-14 and FY 2015-16 VCBH received general fund dollars to support the court-ordered placements. VCBH received general fund support of $400,000 in FY 2013-14 and $260,000 in FY 2015-16. With the continued increase in the annual cost of treatment and number of placements, VCBH is requesting a general fund contribution for these costs in FY 2016-17. Provision of general fund support would assist VCBH in offsetting the cost of court-ordered placements at Sylmar Health & Rehabilitation Center, Inc. (SHRC) and free up funding in the VCBH budget to fund the placement of existing/high-cost VCBH clients in acute and long-term psychiatric facilities.

SHRC is an Institution for Mental Disease (IMD) that facilitates recovery in a restricted environment. SHRC is VCBH's primary contract provider for legal competence restoration services for court-ordered clients as well as the treatment of other individuals who are transferred from acute and California state hospital settings. The proposed sixth amendment to the contract is needed to increase the contract amount from $1,049,433 to $1,627,266 (an increase of $577,833) to provide sufficient funding to cover the provision of services through the end of the fiscal year. VCBH experienced additional costs due to the delay in the opening of the Horizon View Mental Health Rehabilitation Center (MHRC) and inability to transfer clients to the MHRC from SHRC. The SHRC contract is funded with Tobacco Settlement and Realignment funds. There are no rate changes or other substantive changes to the contract under the sixth amendment.

Board Agenda – February 14, 2017

1. Aspiranet Amendment

Aspiranet provides Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal specialty mental health care services, Therapeutic Behavioral Services (TBS) and Intensive Home-Based Services (IHBS) through two separate agreements with VCBH. Services are targeted for children younger than 21 years of age that are EPSDT Medi-Cal beneficiaries and meet the criteria for medical necessity as defined in Title 9 Sections 1830.205 and 1830.210. Services may include assessment, individual, group and family therapy, crisis intervention, medication management and case management.

In October 2015, Assembly Bill No. 403 (2015-2016 Reg. Sess.) (a.k.a., "Continuum of Care Reform" (CCR)) was signed into law with an effective date of January 1, 2017. CCR is intended to build on the successes of the Pathways Initiative and further ensure that all youth in foster care receive services that meet their mental health needs regardless of their placement setting. AB 403 recognizes that achieving this goal requires a higher degree of collaboration and coordination between child welfare agencies and county mental health plans, as well as expanded availability of mental health services delivered in home and community-based settings.

With service mandates expanding and implicating multiple service provider systems, VCBH has been working with the Human Service Agency (HAS), the Ventura County Probation Agency and Ventura County Public Health to prepare for the January 2017 implementation. Under the new CCR requirements, VCBH will be providing ongoing services to approximately 1,200 foster children (an increase of 700). The expansion of behavioral health services to foster children and families includes adjunct services such as TBS and IHBS services to promote permanency.

In July 2016, VCBH extended the term of the EPSDT Specialty Mental Health Care and TBS and IHBS with Aspiranet for a six month term, beginning July 1, 2016 through December 31, 2016, to allow sufficient time to determine and plan for the implications the CCR mandate will have on our service providers. In December, the term of the agreements were extended for an additional month beginning January 1, 2017 through January 31, 2017, to allow sufficient time to prepare for the Board of Supervisors approval and to ensure that there are no interruptions in service.

To meet the mandates of CCR, Aspiranet will expand their client capacity in the EPSDT agreement by 15 slots and in the EPSDT TBS and IHBS agreement by 20 slots, for the service period beginning January 1, 2017 through June 30, 2017. The proposed Sixth Amendment for EPSDT specialty mental health care services with Aspiranet, will extend the term of the agreement beginning February 1, 2017 through June 30, 2017 and increase the maximum contract amount from $732,133 to $1,047,078, for the service period beginning July 1, 2016 through June 30, 2017. This amount reflects an overall increase of $314,945 from prior fiscal year 2015-16. The proposed Fifth Amendment for EPSDT specialty mental health care services, TBS and IHBS with Aspiranet, will extend the term of the agreement beginning February 1, 2017 through June 30, 2017 and increase the maximum contract amount from $1,476,677 to $1,763,461, for the service period beginning July 1, 2016 through June 30, 2017. This amount reflects an overall increase of $286,784 from prior fiscal year 2015-16. The agreements are funded with Short Doyle/FFP and EPSDT/Realignment funds.

2. Interface Amendment

Interface provides EPSDT Medi-Cal Specialty Mental Health Care services to children younger than 21 years of age that are EPSDT Medi-Cal beneficiaries and meet the criteria for medical necessity as defined in Title 9 Sections 1830.205 and 1830.210. Services may include assessment, individual, group and family therapy, crisis intervention, medication management and case management.

In July 2016, VCBH extended the term of the Interface agreement for six months, beginning July 1, 2016 through December 31, 2016, to allow sufficient time for review of program changes and costs related to the transition of specialty mental health care services from Interface's other agreement with VCBH for Triple P Prevention and Early Intervention services (PEI). This change was made so that the Triple P PEI program can focus on providing group services to maintain the fidelity of the Triple P model. The Triple P PEI maximum contract amount was reduced to reflect this change. In December 2016, the EPSDT agreement was extended again for an additional one month period beginning January 1, 2017 to January 31, 2017, to allow sufficient time to prepare for the Board of Supervisors approval and to ensure that there are no interruptions in service.

The proposed Fifth Amendment will extend the term of the Interface agreement from February 1, 2017 through June 30, 2017 and increase the maximum contract amount to $1,610,000 for the service period beginning July 1, 2016 through June 30, 2017. This amount reflects an overall increase of $192,890 from prior fiscal year's maximum contract amount of $1,417,110.