

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

July 18, 2016

**NEXT MEETING:**

**Monday, August 15, 2016**

**1:00 p.m. – 3:30 p.m.**

Ventura County Behavioral Health Administration  
1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

**BHAB Members Present**

Janis Gardner, Chair  
Karyn Bates  
Ratan Bhavnani  
Nancy Borchard, Secretary  
Gane Brooking  
Monique Garcia  
Jerry Harris, 2<sup>nd</sup> Vice Chair  
Larry Hicks, Member-At-Large  
Patricia Mowlavi  
Cmdr. Ron Nelson  
Denise Nielsen  
McKian Nielsen  
Irene Pinkard  
Carol Thomas, 1<sup>st</sup> Vice Chair  
Kay Wilson-Bolton  
Sandra Wolfe  
Supervisor John Zaragoza

**BHAB Members Absent**

Mary Haffner  
Sidney White

**Others Present**

Dan Powell, VCMC Inpatient Unit  
Cecil Argue, VCSO Inmate Program  
Jerry Weaver  
Cece Casey  
Marika Collins, Casa Pacifica  
Kimberly Bennett, Casa Pacifica  
Darriane Martin, CPEHN  
Alberto Miramontes, VCSO  
Barbara Weir  
Sonna Gray  
Maria Cavucci  
Bilal Hassoun  
Mark Stadler, VCSO  
Lucrecia Campos Juarez, Clinicas Del Camino Real  
Jennifer Gomez, Pacific Clinics

**VCBH Managers/Staff Present**

Patrick Zarate, COO, Alcohol & Drug Programs Manager  
Maria Hernandez, Policy and Procedure Manager  
Sandra Nelles, Contracts BH Manager  
Kiran Sahota, MHSA Manager  
John Schipper, Adult Division Manager  
Deborah Thurber, M.D., Youth & Family Medical Director  
Celia Woods, M.D., VCBH Medical Director  
Heather Johnson, Pre-Trial Detention Facility  
Leisa Donovan, Fiscal Manager  
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
<b>I.</b>	<b>Call to Order</b> Chair Gardner called the meeting to order at 1:00 p.m.		
<b>II.</b>	<b>Approval of the Agenda</b> Ms. Gardner asked the Board to review and approve today’s agenda.	The agenda was approved as written. <b>M/S/C</b>	
<b>III.</b>	<b>Approval of the Minutes</b> Ms. Gardner asked the Board to review and approve the minutes of the June 13, 2016 meeting.	The minutes were approved as written. <b>M/S/C</b>	
<b>IV.</b>	<b>Welcome and Introductions</b> Ms. Gardner welcomed everyone and asked for introductions.		
<b>V.</b>	<b>Recognition Award: René Beauchesne</b> Ms. Gardner presented René Beauchesne with a Certificate of Commendation, which reads in part: “René has dedicated his entire adult life to advocating for and improving the well-being of individuals facing mental health issues. From 1971 until 2000, he worked as a Licensed Clinical Social Worker at VCBH [...] Upon retiring, René volunteered for five years first on the Alcohol and Drug Advisory Board, then the Behavioral Health Advisory Board and the BHAB Youth & Family Committee. [...] René’s passion and caring attitude have positively impacted countless children, youth and adults.” Denise Nielsen thanked Mr. Beauchesne for his caring and hard work. On behalf of the Board of Supervisors, Supervisor Zaragoza thanked Mr. Beauchesne for his volunteerism.		
<b>VI.</b>	<b>Chair Announcements</b> A. Ms. Gardner called for a moment of silence for all the victims of violence these past few weeks. B. Members who have not yet completed their ethics training should do so and provide the BHAB Assistant with a signed copy of their certificate of completion. Members are reminded to complete at least two hours. C. Members will start receiving agendas and minutes of the four BHAB Committees (Adult, TAY, Youth & Family, Prevention), with the expectation that this will increase members participation in those committees. D. The Preventing Suicide Conference will take place on September 16 <sup>th</sup> in the morning at Cal State Channel Islands. Details will be released soon. E. The Out of Darkness Walk will take place on September 17 <sup>th</sup> at Constitution Park in Camarillo. Registration is at 7:45 a.m., the walk starts at 9:00 a.m. F. The “What Future Do You Want to See – Marijuana Conference” will take place on September 28 <sup>th</sup> at the Oxnard Marriott River Ridge Hotel.		
<b>VII.</b>	<b>Public Comments</b> A. Scott Miller spoke in support of micronutrients to help treat mental illness. B. Darriane Martin of the California Pan-Ethnic Health Network spoke in support of community engagement for the Drug Medi-Cal Waiver/Expansion. C. Jerry Weaver spoke on the MHSA reorganization plan.		

<b>VIII.</b>	<b>Board Members Comments</b> <p>A. Karyn Bates distributed copies of articles that appeared recently in The Star: one called “Ventura rethinks rules on aid for homeless”, one called “Bill aims to restrict opiate doctor shopping”. She also distributed information on Showers of Blessing, a program in Santa Barbara that provides a way for homeless people to have access to showers.</p> <p>B. Ratan Bhavnani announced that the NAMI California Statewide Conference will take place on August 26<sup>th</sup> and 27<sup>th</sup> in San Francisco. He invited members to attend.</p> <p>C. Patricia Mowlavi is coordinating site visits to Telecare Casas in Camarillo and to the VCBH Adult and Youth &amp; Family Clinics in Thousand Oaks. She asked members interested in participating to email her.</p> <p>D. Carol Thomas has received 12 calls from members of the LGBT community who are distraught about the recent shootings in Orlando. She advocated for the creation of a support group for the adult LGBT community.</p> <p>E. Cmd. Nelson stated that the families of inmates have a new, additional way to contact the medical or mental health staff at the jails. Go to <a href="http://www.vcsd.org">www.vcsd.org</a>, click on the Inmate Information tab, then Inmate Information in the drop-down menu, then click on “To notify medical personnel of Inmate Medical and/or Mental Conditions”.</p> <p>F. Jerry Harris commented on the article on doctor shopping that Ms. Bates distributed. He noted that about six years ago the Alcohol and Drug Advisory Board recommended the use of CURES (Controlled substance Utilization Review and Evaluation System). Patrick Zarate noted that the system is voluntary in California.</p>	<p>Send email to P. Mowlavi if interested in 3 site visits</p>	<p>Interested Members</p>
<b>IX.</b>	<b>Presentation: MRT Program for Mentally Ill Inmates</b> <p>Nicoleta Weeks of the California Forensic Medical Group (CFMG) and Cecil Argue of the Sheriff’s Office gave information on the Moral Reconation Therapy (MRT). It is designed to change the antisocial thinking of inmates with substance abuse. The MRT group meets for 16 weeks.</p> <p>About two years ago MRT was introduced in the general custody population. It is going to be offered to the mentally ill population.</p> <p>Patrick Zarate thanked the Sheriff’s Office for being progressive and implementing the MRT program.</p>		
<b>X.</b>	<b>New Business</b> <p>A. Amend the BHAB Objectives for 2016-17  A community member brought to Ms. Bates’ attention that the BHAB Objectives that were approved on May 16<sup>th</sup> did not address the cultural needs of the community. Ms. Gardner proposed adding a sixth goal, with wording submitted by Jerry Harris: “Advocate to have the Behavioral Health Department achieve the cultural diversity and competency needs of the community to the fullest extent possible. “</p> <p>B. Schedule Date for Board Training by Carol Thomas  After a brief discussion, it was agreed that the 30-minute training will take place during an upcoming BHAB meeting.</p>	<p>Add a sixth Objective. <b>M/S/C</b></p>	
<b>XI.</b>	<b>Old Business</b> <p>A. Laura’s Law/AOT Update – Ratan Bhavnani  Several workgroup planning meetings have taken place. On June 15<sup>th</sup> VCBH submitted an application for a federal grant. Until the outcome is known, sometime in September, the AOT cannot be implemented. It is expected that the program will kick off in January 2017. In the meantime, limited planning meetings are taking place.</p>		

	<p>B. Site Visit Report: Pre-Trial Detention Facility – Jerry Harris, lead  The members who conducted the visit feel that the staff was professional, knowledgeable about mental illness and substance abuse and tried their best to meet the needs of inmates.  Members commented on how impressed they were about the caring they saw, how the inmates are kept in a safe environment, and how things have improved, including communication between the staff and the VCBH clinics.  Cmdr. Nelson thanked the BHAB members for their feedback. He noted that the Sheriff’s Office instills in its staff that the jails house family, friends and community members. He explained that the Pre-Trial Detention Center, the “main jail,” is mostly for detainees who are going through the court system prior to being sentenced. The Todd Road Jail is where inmates serve their time after being sentenced.</p> <p>C. Future Recognition Awards  Ms. Gardner proposed to give awards to some staff at the Pre-Trial Detention facility in August, Dr. Woods and Anita Catapusan in September, and Susan Kelly in October.</p>		
<p><b>XII.</b></p>	<p><b>Director’s Report and Financial Report</b>  In Elaine Crandall’s absence, Patrick Zarate shared information.</p> <p>A. Mr. Zarate brought postcards announcing revised content of the WellnessEveryDay.org website.</p> <p>B. Dr. Getson’s white paper on the effects of marijuana on the teen brain is in the printing phase. It will be distributed once available.</p> <p>C. VCBH has finalized its Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS) proposal. The Feds have authorized California to reorganize its substance use disorder treatment system under Medi-Cal. Each county has the option to buy into this proposal and expand the list of services that Medi-Cal will pay for, e.g. detoxification and residential treatment. It is in keeping with best practices. Stakeholder meetings in Ventura county were held, then VCBH put a together a plan that was sent to the Department of Health Care Services. VCBH now has a provisional approval. It should take about 60 days for CMS (Centers for Medicare &amp; Medicaid Services) and HHS (Health and Human Services) to review the VCBH plan.</p>		
<p><b>XIII.</b></p>	<p><b>Alcohol and Drug Programs Update – Patrick Zarate</b>  See XII. above.</p>		
<p><b>XIV.</b></p>	<p><b>Contracts – Patrick Zarate</b>  In Ms. Crandall’s absence, Patrick Zarate submitted the following contracts and amendments, to be voted on by the Board of Supervisors (BOS):</p> <p>A. BOS Agenda – June 21, 2016 (BOS Approved)  1. DHCS Performance Agreement  2. CHFFA Grant</p> <p>B. BOS Agenda – July 19, 2016  1. Casa Pacifica Amendment</p> <p>C. BOS Agenda – July 26, 2016  1. ADP – FY 16-17 Alternative Action Programs Amendment  2. Sterling Psychiatric Group, Inc. Amendment  3. Telecare Corporation Agreements  4. CPT and Hickory House Amendments</p> <p>D. BOS Agenda – August 2, 2016</p>	<p>BHAB members approved sending the contracts and amendments to the BOS as submitted.  <b>M/S/C</b></p>	

	<p>1. <b>DUI MOU RAND Amendment</b></p> <p>See attached Executive Summary for details.</p> <p>Ratan Bhavnani asked about the Inpatient Unit (IPU)'s plans to build a Psychiatric Emergency Services (PES). Dan Powell explained that Licensing did not grant a waiver that would have covered the renovation period, and also changes were considered for the architectural plans.</p> <p>Ms. Gardner stated that Director Crandall has reported that, due to required building changes, the opening of the children's Crisis Stabilization Unit (CSU) is now anticipated to be around late September or early October.</p>		
<b>XV.</b>	<p><b>Tutorial for Filling Out the Site Visit Report form – Edith Pham</b></p> <p>A brief tutorial was provided on how to fill out the Site Visit Report, which has been updated to remove glitches. Maria Hernandez, VCBH Policy &amp; Procedure Manager, noted that problems still exist when using the form with Apple products; Adobe is aware of this universal problem and is working on solutions.</p> <p>Ms. Gardner noted that some Site Visit Reports may contain proprietary or confidential information that should be brought to the attention of the site operator or the VCBH staff.</p>		
<b>XII.</b>	<p><b>Adjourn</b></p> <p>The meeting adjourned at 3:00 p.m.</p>		

# Behavioral Health Advisory Board GENERAL Meeting Attendance

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

District 1		vacant												
District 5		vacant												

Present = X

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

## MEMORANDUM

---

DATE: July 12, 2016

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

---

### Executive Summary

Since the Behavioral Health Advisory Board (BHAB) met a week early in June, Ventura County Behavioral Health (VCBH) was unable to submit the following June 21, 2016, Board Letters to BHAB for review before the Board of Supervisors approval. Therefore, we are submitting them now.

### Board Agenda – June 21, 2016 (BOS Approved)

#### 1. DHCS Performance Agreement

The California Department of Health Care Services (DHCS) administers the Mental Health Services Act (MHSA), Projects for Assistance in Transition from Homelessness (PATH), community Mental Health Block Grant (MHBG) programs and oversees VCBH's provision of community mental health services that are provided with realignment funds. VCBH is required to meet certain conditions and requirements to receive funding for these programs and community mental health services. The DHCS Performance Agreement specifies the conditions and requirements that VCBH must meet in order to receive the MHSA, PATH, and MHBG funding. The DHCS Performance Agreement requires that VCBH comply with: (1) MHSA, PATH, and MHBG expenditure and program requirements, (2) data and information submission requirements, (3) creating an MHSA issue resolution process for handling client disputes related to the provision of mental health services, (4) revenue and expenditure reporting requirements, (5) MHSA funding distribution and usage requirements, (6) MHSA three-year program and expenditure plan and annual update plan requirements, (7) MHSA planning and stakeholder involvement requirements, (8) VCBH's PATH and MHBG request for application program responses, (9) audit and record requirements, (10) dispute resolution process requirements, (11) various requirements associated with conducting business with the State of California, (12) information confidentiality and security requirements, (13) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act) and (14) the Social Security Administration and DHCS Information Exchange Agreement requirements. There is no additional fiscal impact

related to the proposed DHCS Performance Agreement as this agreement only states terms and conditions that must be followed to receive the funding.

**2. CHFFA Grant**

On July 29, 2014, the Board of Supervisors accepted the California Health Facilities Financing Authority (CHFFA) grant in the amount of \$1,381,977.54. A majority of the grant funding (\$1,134,777) was allocated to the Ventura County Medical Center to remodel a portion of the Inpatient Unit (IPU) to house a Psychiatric Emergency Services (PES)/Crisis Stabilization Unit (CSU). The Health Care Agency (HCA) was able to renovate and equip the assessment and referral unit of the IPU at a much lower cost than initially projected. This change provided 10 crisis stabilization beds in the facility by reconfiguring the existing space and patient flow to allow for this different and more interactive model of care. The CSU is currently undergoing certification by the Ventura County Behavioral Health (VCBH) Department. The change in the use of the grant funds resulted in a savings of \$877,000 in grant funding. As a result of the savings, the HCA approached CHFFA about utilizing the remaining grant funds to assist in establishing the youth-based CSU. On April 28, 2016, CHFFA approved the Third Amendment to the Grant Application that adds the Ventura County youth-based CSU project to the Grant Exhibit A, allowing VCBH to use the funds to make facility improvements at the CSU. This facility will be located at 2130 N. Ventura Road, Oxnard, California, 93036.



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

**Board Agenda – July 19, 2016**

**Casa Pacifica Amendment**

VCBH contracts with Casa Pacifica for services across a variety of programs; many of these programs are included under one agreement. In the case of VCBH’s FY2014-15 agreement with Casa Pacifica for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, several programs fell within a single contract. Those programs include Residential, Shelter, Non Public School (NPS), Therapeutic Behavioral Services (TBS), and Parent Child Interactive Therapy (PCIT). The FY 2014-15 contract states that although the programs are included under one agreement, “payments are limited to the lesser of program actual cost or program maximum cost, and it is mutually understood that allowable costs are not transferrable between programs.” Several amendments were made to the agreement but none revised this payment term. Despite clear language in the contract that program costs would not be settled across programs, Casa Pacifica contends that it was of the understanding that Residential, Shelter and NPS program costs could be shared between programs. Casa Pacifica contends that as a result of its understanding about payment terms, it exceeded the maximum program cost in the Shelter program as detailed in the table below.

Casa Pacifica Programs within the Residential/Campus Services Agreement	FY 2014-15 Program Maximum	FY 2014-15 Total Actual Reported Cost By Program	FY 2014-15 Variance Under/(Over)
Residential	\$1,364,346	\$1,078,697	\$285,649
Shelter	\$1,366,388	\$1,791,384	(\$424,996)
NPS	\$337,506	\$187,236	\$150,270
TBS	\$2,214,000	\$2,140,899	\$73,101
PCIT	\$700,000	\$564,514	\$135,486
Total	\$5,982,240	\$5,762,730	\$219,510

As indicated in the table above, the Shelter program cost exceeded the contract maximum by \$424,996, while the program maximum for the Residential and NPS were underutilized. When analyzing the cost overrun, it was determined that census in the Shelter program had declined, but units of service provided had increased. Upon review of the services, Casa Pacifica provided data that indicated the youth served in the Shelter program had a higher acuity level than clients served in other programs under the agreement; youth clients in the Shelter program had higher incidents of assaults, drug related incidents, run-a-way events and activities prompting calls to law enforcement. Another contributor to the increase in services to the Shelter program clients was the addition of follow-up services provided to youth at discharge.

The proposed third amendment will modify the payment terms to conform to Casa Pacifica's understanding of the contract in order to resolve the existing dispute between the parties as to the payment terms and avoid litigation over the issue. VCBH maintains its position that the terms of the contract are clear but proposes that the Board of Supervisors resolve the dispute by amending the contract for the purposes outlined above. The third amendment will revise the contract to allow for combined cost settlement of the Residential, Shelter and NPS programs rather than capping program costs at the amounts originally set forth in the contract. This will result in a payment to Casa Pacifica in the amount of \$424,996 for its Shelter program costs, but the payment will not cause the FY 2014-15 contract maximum to be exceeded because Casa Pacifica's expenses in the Residential and NPS programs were less than the respective program maximum amounts set forth in the contract by \$435,919. All programs under this agreement are funded with Short-Doyle/Medi-Cal Federal Financial Participation, EPSDT/Realignment and County funds. Casa Pacifica has confirmed in writing that all future cost settlements under any agreement between VCBH and Casa Pacifica for EPSDT services will be settled by individual program unless expressly stated to the contrary in the agreement.

**Board Agenda – July 26, 2016**

**1. ADP – FY 16-17 Alternative Action Programs Amendment**

Dennis M. Giroux & Associates, Inc. (doing business as Alternative Action Programs) provides outpatient substance use disorder treatment services to approximately 206 AB 109 clients at various locations in Ventura County, including Oxnard, Ventura, and the jail. Alternative Action Programs uses the following evidence-

based practices: Matrix, Seeking Safety, and Moral Reconciliation Therapy (MRT). For FY 2014-15 the successful completion rate for the outpatient program was 70%, and 73% (Matrix) and 53% (MRT) for the jail. Both the outpatient and jail completion rates exceed the Substance Abuse and Mental Health Services Administration (SAMHSA) national outcome rate of 33%. The proposed fifth amendment updates contract provisions concerning program authority, federal salary cap, provider audits, charitable choice, Americans with disabilities, and access and use of county technology. The proposed 21% rate increase increases the non-Drug Medi-Cal rates slightly above the Drug Medi-Cal rates. The increase is needed to address increases in the provider's rent, minimum wage, and insurance costs and the addition of a new medical director. The amendment is for the existing amount of \$270,000, effective July 1, 2016 through June 30, 2017. This agreement is funded by AB109 Public Safety Realignment Act funds, and Drug Medi-Cal.

## **2. Sterling Psychiatric Group, Inc. Amendment**

**Sterling Psychiatric Group, Inc. (Sterling)** provides psychiatric physician services at various program/clinic sites throughout the behavioral health system. The proposed First Amendment to the contract will update the existing mandatory training schedule that is included in the contract to add the following training requirements: (1) 5150 Certification, (2) Managing Assaultive Behavior, (3) CPR, (4) Environment of Care and Safety Refresher, (5) Lactation Accommodation Policy, (6) Employee Access to Personal Medical Records, and (7) VCBH Policies and Procedures. Sterling is already completing a majority of the above-referenced trainings, however, they are not specified in the existing contract as a mandatory training requirement. VCBH is amending the contract to formally add these trainings to the contract's mandatory training schedule. In addition, VCBH is deleting the HITECH Training requirement from the contract as this training is no longer a Health Care Agency requirement. The proposed revision to the contract will ensure Sterling's compliance with all applicable trainings, policies, and procedures. Per the existing contract, Sterling is required to achieve a 90% compliance for all required trainings or a reduction in their compensation will occur. There is no fiscal impact related to the proposed recommendation.

## **3. Telecare Corporation Agreements**

**Telecare Corporation** operates and manages two mental health residential treatment facilities, Casa C – House of Transitions and Casa E – Stonehenge (casas), through two separate agreements. Telecare Corporation also manages two additional casas (Casa B – Brighter Tomorrows and Casa D - Starship) through two other separate agreements, however, those agreements are not being presented to the Board of Supervisors at this time. These casas are located at the Casa de Esperanza facility in Camarillo. Casa C is a long term social rehabilitation facility that has 15 beds. Casa E is an adult residential facility that also has 15 beds. Services are delivered in a home-like nurturing environment to facilitate consumers' growth and recovery. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. Structured day and evening services are also provided to assist consumers' in acquiring living skills, accessing community resources, and accessing educational/vocational resources. Mental health services are provided by VCBH. The proposed FY 2016-17 contracts with Telecare Corporation include an increase of \$9,437 over the prior year for the Casa C – House of Transitions maximum contract amount, and an increase of \$9,917 over the prior year for the Casa E – Stonehenge maximum contract amount, due to a minor increase in personnel costs. While the Casa C and E contract maximums are increasing by \$19,354, it is important to note that the Casa B and D contract maximums are

decreasing by \$19,351. Thus, the overall net increase is \$3. The rates are provisional and subject to cost settlement. These contracts will be funded with County Funds, MHSA, and SD/MC FFP funding. The proposed contract for Casa C will be in the amount of \$760,511, and for Casa E will be in the amount of \$662,993, effective July 1, 2016 through June 30, 2017.

**Telecare Corporation** provides ACT program services to XP2/XP3 adult consumers who have been released from local jails. These individuals receive community based support to ensure independent living and wellness. ACT services include: mental health treatment, psychiatric care and management, medication education to understand and manage chronic conditions, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, and social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. Through the proposed contract, 30 clients can be served at any one time. The proposed contract for XP2/XP3 ACT program services will be in the amount of \$840,588, effective July 1, 2016 through June 30, 2017.

**Telecare Corporation** provides ACT services to AB 109 parolee consumers that have significant mental health and/or alcohol and drug issues that require treatment in order to live safely and productively in the community and reduce recidivism. ACT services include: mental health treatment, psychiatric care and management, medication education to understand and manage chronic conditions, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, and social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. The proposed FY 2016-17 contract for AB 109 services includes an increase in the maximum contract amount from the prior fiscal year from \$635,543 to \$752,750 (an increase of \$117,207) to fund salary and services and supplies increases. The increase in the contract will be fully funded through an increase in SD/MC FFP funds (Note: The county resources (AB 109 funds) in this contract are being reduced by \$49,373). The rates are provisional and subject to cost settlement. This contract will be funded with AB 109 and SD/MC FFP funding.

#### **4. CPT and Hickory House Amendments**

**California Psychiatric Transitions (CPT)** provides mental health treatment services for VCBH. Through the proposed eighth amendment, CPT will continue to provide locked restoration of competence services (diversion services) and other mental health services in their locked Destructive Behavioral Health Unit (DBU) and Mental Health Rehabilitation Center (MHRC). Property damage reimbursement language is being added to the contract to allow CPT to be reimbursed for any property damage caused by VCBH clients under a combined annual amount of \$3,000 (CPT's deductible is \$3,000 and they will apply their insurance for any property damage above \$3,000). The DBU rate is increasing from \$700 to \$850 per day (an increase of \$150 per day) and the 1:1 supervision rate (applied only if needed) is increasing from \$30 to \$40 per hour (an increase of \$10 per hour). The daily rate for MHRC services and diversion mental health services will remain unchanged at \$350 per day for MHRC services and \$525 per day for diversion mental health services. The Main/DBU/Diversion Program Admissions Agreement Part I is being added to the agreement and reflects the rates for services set forth in Exhibit B of the contract as well as pharmacy/laboratory expenses for VCBH clients. The proposed eighth amendment with CPT, will be in the existing amount of \$385,000, effective July 1, 2016 through June 30, 2017. This contract is funded with Tobacco Settlement and Realignment funds.

**Pacific West Homes (doing business as Hickory House)** provides augmented board and care services for mentally ill adults who require 24-hour care and supervision to live successfully in the community. To provide augmented board and care services, VCBH provides Hickory House \$445 per client per month. This funding is in addition to the Social Security Income (SSI) that this facility receives from the client to provide basic board and care services (note: in those instances where the client does not have SSI benefits, VCBH provides temporary funding to cover basic board and care services until the client is benefited). In FY 2015-16, Hickory House provided a higher level of service than anticipated which resulted in the contractor exceeding its maximum contract amount. The proposed Fifth Amendment to the contract with Hickory House is needed to increase the maximum contract amount from \$183,924 to \$188,221 (an increase of \$4,297 for a one-time payment for FY 2015-16 services). There are no rate modifications or other substantive changes to the contract. This contract is funded with MHSA and Tobacco Settlement funding.

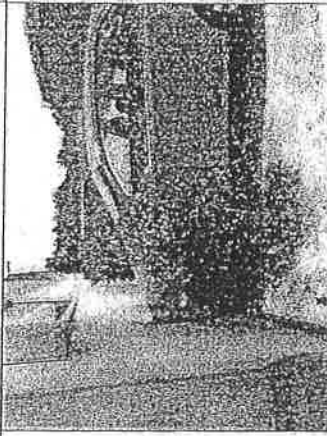
### Board Agenda – August 2, 2016

#### **DUI MOU RAND Amendment**

On June 21, 2016, the Board of Supervisors approved the Memorandum of Understanding (MOU) with RAND Corporation (RAND) to partner with Ventura County Driving Under the Influence (DUI) programs to conduct a research project. The proposed first amendment to the MOU will revise and add language to further clarify the compensation and method of payment section. Specifically, including language that the MOU will not exceed \$20,000 through June 30, 2018, and the \$500 for each of the three sites will be used to cover rental and other incidental expenses.

# Local

Wednesday, July 13, 2016



**■ CHECK CRASHING**  
A car crashes into the side of a Simi Valley building with a check-cashing business inside, sending at least three people to the hospital. **3B**

## Ventura rethinks rules on aid for homeless

■ City to seek feedback, help from neighbors

By **Arlene Martinez**  
amarlitez@vstar.com  
805-437-0262

In a victory for advocates of the homeless, the Ventura City Council took the first step toward allowing an emergency shelter with wrap-around services within city limits.

The council, in a 7-0

vote Monday night, also agreed to continue to work closely with the county on a coordinated system of entry and care for homeless people and to push on developing a housing program for veterans on property the city owns off Telephone Road.

The crowd at the council meeting erupted into applause.

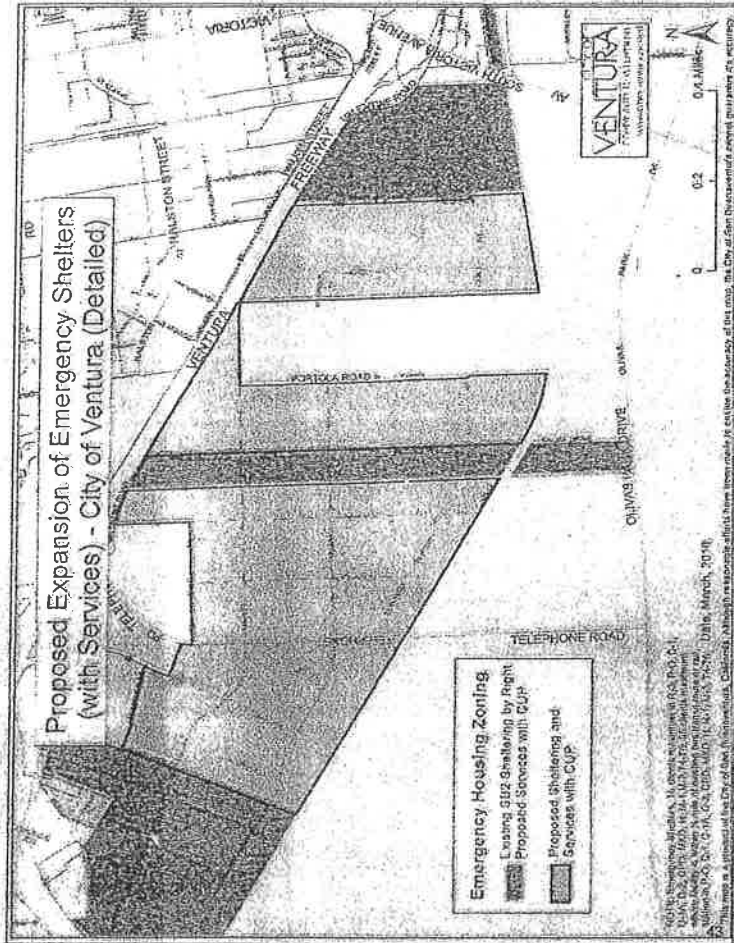
"You can believe in miracles," said Ben Unseth, executive director of the nonprofit Project Understanding, which works with the

homeless population. "It's astonishing."

The vote didn't finalize any program or zone change — that won't happen until next year at the soonest. Over the next several months, city staff members will reach out to the business community, police and other stakeholders as the city develops the zoning addition, Ventura Community Development Director Jeff Lambert said.

The Ventura Planning Commission will vet the

See **HOMELESS, 2B**



The green and yellow areas show where an overnight shelter with daytime services would be allowed with a permit. The green area shows where shelters are currently permitted by right, and areas in yellow show where shelters are currently allowed with a permit.

## HOMELESS

from 1B

proposal before it returns to the council, tentatively in March, he said.

Most of the people who spoke during the nearly four-hour discussion urged the council to support staff recommendations. Those included directing staff members to prepare a proposed zoning change for shelters and services to exist together, provided the operator meets a list of yet-undetermined conditions and guidelines.

But a handful of people urged the council to either delay or reject the proposal.

Approving the recommendations "requires you to admit that there are not adequate services available in your city," said Paul White, who with his wife, Valerie White, started QOL-Ventura, a group that advocates stronger enforcement of vagrancy laws. QOL stands for "quality of life."

The services are there, and anyone who truly wants help can get it, White said.

Resident Claudia Armann said the proposed boundaries of the zoning change were too narrow. She called it "Exhibit A" of the city not actually being serious about allowing such a facility.

"The map needs to be broadened," she said. The recommendations followed an April

homeless workshop attended by more than 250 people. Participants, as well as police, identified emergency sheltering as a key gap in service. Other shortcomings included lack of affordable and other housing.

Under state mandates, the city needs to have policies and programs in place to ensure housing of all levels and for all incomes is built.

In a city where the vacancy rate is 1.7 percent and rents rose 9 percent in the past year, the city clearly needs to be doing more to implement that plan, Lambert said.

Council member Mike Tracy said the details of what the sheltering facility could include are crucial to its success. He said other cities and the county must be involved in the effort so the burden of serving the area's homeless population wouldn't fall on Ventura. "We need a regional approach," he said.

Ventura County  
Call **211**  
Help Starts Here

**Get Connected.  
Get Answers.**

Dial 2-1-1 for non-emergency help with:

- child care
- getting a meal
- elder abuse
- getting shelter
- employment services
- social services
- substance abuse

**IF**  
LIVE UNITED  
**FIRST5**  
FOR VENTURA COUNTY  
COMMUNITY DEVELOPMENT  
2012-2015  
VENTURA COUNTY  
COMMUNITY DEVELOPMENT

## Showers of Blessing

### Annual Report for 2015 – with June 2016 Update

Showers of Blessing (SHOB), created by HEAL (Health, Empowerment and Love) a project of the non-profit Interfaith Initiative of Santa Barbara began operation November 17, 2014 and operated at two weekly locations (St. Michael's University Church and St Mark's University Parish in Isla Vista) and one monthly location (Goleta Valley Community Center tied to HEAL's Meet and Greet with the houseless) through November 2015 at which time SHOB added weekly showers at St. Athanasius Orthodox Church in Santa Barbara (bordering Goleta) and discontinued their operation at the Goleta Community Center – resulting in showers being provided Monday, Wednesday and Friday. April 7, 2016 we added Alameda Park / Our Lady of Sorrows in downtown Santa Barbara. HEAL was co-founded by Rev. Dr. Doug Miller and his wife Sandie. Doug serves as General Manager of Showers of Blessing.

SHOB provides not only a hot shower, but also provides new or nearly new clothes, washies and returns client clothes the next week and gives out hygiene products. Sandie Miller purchases the clothes (cost \$3,000 in 2015) each week and also washes the clothes that our clients ask to have washed each week. In January 2016 we had our first volunteer cut hair – which was well received and we hope to expand.

During 2015, SHOB provided 1598 showers to 60 different houseless people, 85% of which were men and 15% women. Total income was \$63,000 and total expenses \$28,000. As of June 15, 2016, Showers of Blessing has provided 2740 total showers (since Nov 17, 2014) and are now averaging 85 showers a week at our four locations. We have served over 150 individual clients. Our 2016 Operating Budget is \$60,000. During the nine months that we will be at our new location in Santa Barbara, we expect to provide 1,100 showers there – making our total for all locations to be 3,700 showers in 2016.

The cost of the Shower Trailer and first year insurance was \$35,000 and was paid by the Lutheran Church from funds from the sale of their portion of the University Religious Center in Isla Vista. By the end of 2015, the Lutheran Church, led by Rev. Ron Cox of Christ Lutheran Church (who also serves as Chairman of Showers of Blessing), donated an additional \$20,000 to go into a Maintenance Reserve fund to provide repairs or replacement of the truck (which was donated) and shower. B'nai B'rith Congregation and one of its anonymous congregants (who also donates sweat socks with each shower) donated \$24,000 based on a program with SHOB visiting the Temple at one of their Friday night services at which time Rabbi Suzy Stone delivered a sermon on supporting the homeless and this project and Linda McDaid, Operations Manager and a formerly homeless woman shared her story. Cantor Childs, a member of the Interfaith Initiative Board also played a major role in the dramatic support that came from CBB.

Showers of Blessing not only makes a major difference in the lives of its clients through providing showers, clothes, clothes washing and hygiene products but it provides a path to the ultimate goal of helping the houseless in our community find jobs and be able to afford moving into housing. One of the ways that we are doing this is that four of our clients became volunteers performing the various operations of the shower and by mid-year their performance and our finances allowed us to start paying stipends for their work and by year end, those stipends were increased. Two of those individuals became married, and with the help of C3H we were able to locate and purchase an RV and get them into the Safe Parking Program – providing them a level of housing before El Nino fully hits.

**2016 Plans** – SHOB has targeted doing 2,600 showers at its base three locations – a 60% increase from 2015 (we are on track to do that). April 7, 2016, on Thursdays we added showers at Our Lady of Sorrows Catholic Church, across the street from Alameda Park where dinners have been provided to the houseless for years. We are in the process (well along as of this update) of building a Consortium of eight or so Churches around Alameda Park. A Consortium Manager – Ken Ralph began in March 2016. SHOB is providing the truck and trailer, the Operations Manager and Assistant Manager, soap/cleaning products, gas, propane and socks. The annual cost of this part of the SHOB operation will be \$12,000 a year and our program of Showers of Blessing Going to Houses of Worship has raised most of that already (as of June 16, 2016) Showers of Blessing is managed by a thirteen member Steering Committee (including three formerly houseless individuals), there are two part time staff members, and additional adult and student volunteers operating the shower. At our base three locations in Isla Vista/Goleta there are four houseless persons that are paid stipends to help operate the Shower.

Marty Jenkins, Business Manager Showers of Blessing – updated June 2016.

CALIFORNIA

# Bill aims to restrict opiate doctor shopping

Across the state

SACRAMENTO

## Brown OKs \$2B for homeless housing

California Gov. Jerry Brown has approved spending \$2 billion to build permanent housing for homeless people with mental illnesses.

The measure allows the state to sell bonds for homeless shelters and repay the debt with money from a 2004 voter-approved tax on millionaires. It requires counties to provide supportive services for people housed with state aid.

Legislative analysts expect the measure to fund at least 14,000 units.

## Tobacco tax backers give \$9M for ads

California's lobbying group for the hospital industry is giving a \$9 million boost for an initiative campaign to raise tobacco taxes.

The California Hospital Association's donation is the largest so far for the Save Lives California committee. It says the money will help the campaign sell its message against heavy-spending tobacco companies that op-

## Consulting of database would be required

By **Darcy Costello**  
Associated Press

**SACRAMENTO** — As a defensive strong safety on his high school football team, Aaron Rubin was no stranger to injury treatment. He'd apply ice, take ibuprofen and — unbeknown to his parents — self-medicate with prescription drugs.

Over time, as treatment turned to addiction, Rubin graduated from painkillers like Vicodin and Percocet to the highly addictive opioid OxyContin. In pursuit of pills, he would doctor shop, getting prescriptions from multiple physicians, his mother said.

A bill by Democratic Sen. Ricardo Lara, of Bell Gardens, attempts to address the opioid crisis by cracking down on this practice. It would mandate providers consult an existing database of patient prescription histories before

recommending addictive drugs. More than 20 states have similar laws.

Advocates for prescription drug legislation have unsuccessfully pushed for California to require such database checks in the past. But they're hoping recent national attention to the issue will persuade legislators to support reforms. The crisis is so undeniable that people no longer can "stick their head in the sand," said Carmen Balber, executive director of Consumer Watchdog.

Between 1999 and 2014, more than 165,000 people died nationwide from prescription opioid overdoses, according to the U.S. Centers for Disease Control and Prevention. High-profile deaths — like that of musician Prince, who accidentally overdosed on the painkiller fentanyl in April — have increased the spotlight on the issue.

"These drugs ultimately are a weapon if not used properly, stored safely and taken properly," said Rubin's mother, Sherrie Rubin, of Escondido, who founded the Hope2gether

Foundation for prescription drug education and awareness.

Despite stints in rehab, her son overdosed in 2005 at age 23 after combining painkillers with a muscle relaxant. He is quadriplegic and unable to speak.

The state maintained records of narcotic prescription histories for years in an early, paper version. The database, known as CURES, moved online in 2009 and was upgraded this year.

CURES offers patient histories at a glance, but doctors vastly underutilize it, advocates say.

Lara's bill would require doctors to check the database when initially prescribing drugs like OxyContin, Vicodin, Percocet and a host of other narcotic painkillers, as well as steroids, sleep aides and psychiatric medications. They would then have to check it every four months for as long as the drug regimen is continued.

Advocates say the law would help prescribers identify at-risk patients and reduce the overall

number of opioids in the market. Plus, with patient histories in hand, they could prevent dangerous drug combinations, Balber said.

CURES data from 2010 to 2013, made public by the California Health Care Foundation, suggests more than one in 1,000 residents were doctor shoppers who had obtained pills from at least six prescribers or pharmacies.

The measure, SB482, passed the Senate and is waiting to be heard by an Assembly committee.

Its main opponent is the California Medical Association, a lobbying group for doctors, which finds flaw with the idea of legislating medicine, said Janus Norman, vice president of government relations and political operations.

The organization is concerned about patient privacy, Norman said, and the database's ability to handle the full number of California prescribers and pharmacists, which he estimates is around 200,000.

Providers can include physicians, nurse

practitioners, physician assistants and other licensed professionals who have a controlled substance registration certificate from the Drug Enforcement Administration. There were about 122,500 approved CURES users as of mid-June, said Rachele Huennekens, a spokeswoman for the attorney general's office.

Without mandatory checking, the database is ineffective, said Bob Pack, an advocate whose children were killed in 2003 by a driver who ran off the road while abusing prescription narcotics.

"It just kills me to see all of those children who have died after we created the CURES database, knowing that if it were used, some of those children would be alive today," he said.

Proponents recognize the bill won't halt the spread of illegal drugs but say it's part of the solution.

In New York, doctor shopping fell by 75 percent the year after the state enacted a law that mandated checks by pharmacists and providers, according to a March CDC report.

## Moral Reconciliation Therapy

Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning. Participants meet in groups once or twice weekly and can complete all steps of the MRT program in a minimum of 3 to 6 months.

### Descriptive Information

<b>Areas of Interest</b>	Mental health treatment Substance abuse treatment Co-occurring disorders
<b>Outcomes</b>	<b>Review Date: May 2008</b> 1: Recidivism 2: Personality functioning
<b>Outcome Categories</b>	Crime/delinquency Social functioning
<b>Ages</b>	13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	Black or African American White Race/ethnicity unspecified Non-U.S. population
<b>Settings</b>	Correctional
<b>Geographic Locations</b>	No geographic locations were identified by the developer.
<b>Implementation History</b>	MRT has been implemented in a variety of treatment settings in more than 45 States and in Australia, Bermuda, and Canada. Several States have systemwide implementations of MRT. It is estimated that more than 1 million individuals have participated in the intervention.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
<b>Adaptations</b>	While MRT was first designed as a criminal justice-based drug treatment method, a host of other treatment adaptations have been made, including more individualized programs that deal with parenting, spiritual growth, anger management, juvenile offenders, sexual and domestic violence, and treatment and job readiness. Different workbooks based on the fundamental MRT concepts exist for each of these areas.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the developer.

# BHAB Objectives 2016-2017

Revised and Approved  
at the General Meeting on 5/16/16

Additional Goal Approved  
at the General Meeting on 7/18/16

1. Advocate for increased supported housing, and partner with cities to open a year-round homeless shelter with wrap-around services for the SPMI population.
2. Advocate for integrated programs and residential settings for those in all age groups with both mental health and addiction challenges.
3. Advocate for local alternatives to Patton State Hospital for inmates within the Justice system in order to expedite their treatment to help them regain trial competency and return them to court for adjudication.
4. BHAB members shall conduct at least six site visits in the fiscal year, including reviewing each relevant contract, per Site Visit Protocol.
5. Explore resources available for the geriatric population with mental illness and physical issues.
6. Advocate to have the Behavioral Health Department achieve the cultural diversity and competency needs of the community to the fullest extent possible.