

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

June 19, 2017

NEXT MEETING:

Monday, July 17, 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
Karyn Bates, 2nd Vice Chair
Ratan Bhavnani
Gane Brooking, Member at Large
Monique Garcia
Jerry Harris, 1st Vice Chair
Larry Hicks
Patricia Mowlavi
Cmdr. Ron Nelson
Irene Pinkard
Sidney White
Kay Wilson-Bolton
Sandra Wolfe

BHAB Members Absent

Claudia Armann
Nancy Borchard, Secretary
Mary Haffner
Denise Nielsen
McKian Nielsen
Supervisor Linda Parks
Marlen Torres

Others Present

Marika Collins, Casa Pacifica
Dan Powell, VCMC Inpatient Unit
Mark Schumacher, Turning Point Foundation
Kirk Cofield
Catalina Arenas
Rachel McDuffee, Aegis
Letty Ortiz, Pacific Clinics
Sara Bavar, NAMI
Jennifer Goble, Pacific Clinics

VCBH Managers/Staff Present

Clara Barron, MHSA
Greg Bergan, MHSA Program Administrator
Maria Hernandez, Policy & Procedure Manager
Dan Hicks, ADP Prevention Manager
Sevet Johnson, TAY Manager
Jason Jones, Fiscal
Esperanza Ortega, MHSA
Kiran Sahota, MHSA Manager
John Schipper, Adult Division Chief
Maryza Seal, Contracts Manager
Brian Taylor, M.D., VCBH Medical Director
Elaina Titus-Sterling, MHSA Assistant
Patrick Zarate, COO and Alcohol & Drug Programs Manager
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:00		
II.	Approval of the Agenda Ms. Gardner asked the Board to review and approve today's agenda. Larry Hicks moved to approve, Monique Garcia seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the May 15, 2017 meeting. Larry Hicks moved to approve, Ratan Bhavnani seconded. The motion passed unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked BHAB members to introduce themselves.		
V.	Recognition Award Ms. Gardner presented a Certificate of Commendation to Maria Hernandez, VCBH Policies & Procedures and Mandatory Training Manager. Ms. Hernandez "has worked for Ventura County Behavioral Health since 2000 [...]." She has "assisted clients in obtaining employment and applying for various benefits [...] and as a Transformational Liaison. [...] Since 2013 [...] she has worked on over 200 policies. Her meticulous work has played a key role in the positive outcome of the 2017 External Quality Review. [...]" Ms. Hernandez thanked the Board for the award and VCBH staff and managers for making her job easier. Patrick Zarate thanked Ms. Hernandez for her work. Karyn Bates thanked Ms. Hernandez for helping her and the Client Network when Ms. Hernandez worked as transformational liaison.		
VI.	Chair Announcements A. Ms. Gardner thanked all BHAB Members, individually and collectively, for the time and effort they have put in over the past two years. She listed some of the BHAB accomplishments in improving the lives of the mentally ill and substance users in the county, such as the planning of Laura's Law, guiding VCBH in moving toward managed care, the opening of the Mental Health Rehabilitation Center and the Children's Crisis Stabilization Unit, completing two Data Notebooks for the state, and conducting six site visits, as well as other programs and accomplishments too numerous to mention. B. Ms. Gardner also thanked Director Crandall for her support and welcomed back Supervisor Parks.		
VII.	Public Comments None.		
VIII.	Board Members Comments and Announcements A. Ms. Bates distributed: 1. A copy of a letter written by Jerry Harris that was published in the Moorpark Acorn on June 2; it is titled New healthcare act is a "scam"; a shortened version was published in The Star on June 17; 2. The summer 2017 California Association of Local Behavioral Health Boards and Commissions (CALBHBC) newsletter; Ms. Bates noted that she is serving as treasurer; 3. A handout titled Mental Health Crisis Triage Grant; it provides information about the Mental Health Crisis Triage Grant and a related information-gathering meeting on June 29 th . B. Jerry Harris thanked all those who contributed clothes or shoes to today's clothes drive for clients at the Inpatient Unit.		

	<p>Mr. Harris thanked Ms. Gardner for her work, noting that she became the Chair at a difficult time as Chair David Holmboe passed away unexpectedly.</p> <p>C. Cmdr. Nelson commended Ms. Gardner for her work and leadership as Chair of the BHAB. Cmdr. Nelson recently attended an open house at the Simi Valley Aegis Treatment Centers clinic and was impressed with the services it offers. Cmdr. Nelson spoke about the new program at the Todd Road Jail called RUFF Road, or Rehabilitation Utilizing Furry Friends. This program pairs shelter dogs with inmates, who train and socialize the dogs prior to adoption. The first dog graduation will take place on June 21st. The program has already had a beneficial effect on inmates.</p> <p>D. Gane Brooking thanked Ms. Gardner for her work in the last several years.</p>		
<p>IX.</p>	<p>Presentation: Inpatient Unit (IPU) – Dan Powell, Supervisor, Mental Health Services Mr. Powell gave an overview of Outpatient Psychiatric Observation Service (OPOS). He also reviewed OPOS and IPU statistics covering the period from July 2015 through May 2017.</p> <ul style="list-style-type: none"> • In January 2017, due to California Department of Public Health (CDPH) licensing, the IPU closed its Assessment & Referral Service (A&R) and opened the Outpatient Psychiatric Observation Service (OPOS). Clients who do not meet criteria for admission to IPU are given referrals. OPOS has 12 beds. Staff ratio is one nurse per four patients. • All patients receive a Medical Screening Exam (MSE) prior to arriving in OPOS and receive a psychiatric evaluation within 23 hours 59 minutes of arrival. • In May 2017 60% of OPOS patients were on involuntary holds. • The IPU has a 30-bed capacity. Many activities are available, such as individual therapy, chemical dependency groups, occupational therapy, and case management. A licensed cosmetologist is available once a week for haircuts. • The IPU is consistently full. Most patients are discharged two to seven days after admission. Re-admission into the IPU are mostly between one and 30 days after discharge. <p>In answer to Ms. Brooking question, Mr. Powell explained that patients can be sent out of county when the IPU does not have a bed available.</p> <p>Mr. Harris noted that a few years ago IPU’s priority was stabilization. He thanked Mr. Powell and the IPU staff and administrators for making significant improvements to the treatment program.</p> <p>In answer to Ratan Bhavnani’s question, Mr. Powell noted that the average length of stay would not differ much if it excluded patients who are waiting on their conservatorship.</p> <p>Ms. Gardner thanked Mr. Powell for his presentation and data spreadsheet.</p> <p>See attached PowerPoint presentation and handout for details.</p>	<p>Information</p>	
<p>X.</p>	<p>Director’s Report – Elaine Crandall In Director Crandall’s absence, COO Patrick Zarate gave a report on her behalf.</p> <p>State Updates</p> <ol style="list-style-type: none"> 1. The repeal plans for the Affordable Care Act (ACA) are gaining momentum in the US Senate. If passed, the repeal would end the Medicaid expansion and slash a trillion dollars from state budgets. 2. California Single Payer Measure, SB 562, moves to the Assembly. If passed, it would cover all 40 million California residents. 3. California may be the first state to extend Medicaid to undocumented young adults up to age 26; currently, coverage extends only to age 19. 	<p>Information</p>	

<p>4. AB 395 passed the Assembly and advances to the Senate. This measure makes several changes to the Health and Safety Code.</p> <p>5. Upcoming changes to Prop. 63, the Mental Health Services Act (MHSA), following a meeting of the Senate Select Committee on Mental Health to discuss ways to improve MHSA.</p> <p>6. The budget includes passing the In Home Supported Services (IHSS) trailer bill.</p> <p>7. AB 114/SB 98, which contains the MHSA reversion provision, has the support of County Behavioral Health Directors Association of California (CBHDA).</p> <p>Local Updates</p> <p>1. Tectonic shifts in the next few years: shifts to Managed Care, Whole Person Care, Service Integration, and shift in federal leadership.</p> <p>2. Revisions and additions to the State Mental Health Plan (MHP) include about 100 action items, some of deliverable as early as July 1. Implementation will require at least 6 full time staff. Local system of care, outcomes, partnerships and programs will need to be reconsidered.</p> <p>3. VCBH will participate in the Payment Reform Readiness Learning Community.</p> <p>4. AB 1299 has passed. It ensures that foster children who are placed outside of their county of original jurisdiction can access mental health services. Host counties will assume the responsibility for the provision of and payments for mental health services.</p> <p>5. The External Quality Review Organization (EQRO) Final Report is posted on VCBH website at http://www.vchca.org/vcbh-quality-improvement</p> <p>6. The Children’s Accelerated Access to Treatment and Support (CAATS) Innovations project, approved by BHAB on April 17, was approved by the Mental Health Services Oversight and Accountability Commission (MHSAOAC) on May 25.</p> <p>Terri Yanez, Administrative Division Chief, provided a budget report for Fiscal Year (FY) 2016-17 Year-end Projections:</p> <p>Revenue is running below projections due in part to the delay in opening the Mental Health Rehabilitation Center (MHRC) and the children’s Crisis Stabilization Unit (CSU).</p> <p>It is projected that in Fiscal Year 2019-20 VCBH will have fully expended its Mental Health Services Act-Community Support Services (MHSA-CSS) unspent funds, and in FY 2020-21 prudent reserves will be depleted. In FY 2017-18 VCBH made some reductions. It will continue to evaluate all programs and services, internal and contracted, to ensure they meet strategic goals and are effective and efficient.</p> <p>See attached Director’s Report and BHAB Budget Report FY 17 Year-end Projections.</p>		
<p>XI. Chief Operations Officer’s Update – Patrick Zarate</p> <p>Mr. Zarate thanked Ms. Gardner for her courage in leading during a difficult time.</p> <p>The California State Association of Counties (CSAC) has asked all county leaders to send ideas for recognizing special projects. Director Crandall is submitting two projects: the overdose education and prevention project (naloxone), and alprazolam (Xanax) and safe prescribing (Drs. Woods and Taylor).</p> <p>Mr. Zarate distributed copies of a memorandum from Public Health Director Rigoberto Vargas and a flyer regarding the Ventura County Comprehensive Smoke-Free Ordinance. Smoking and the use of tobacco products, including electronic smoking devices, vaping pens and marijuana, is prohibited in all indoor and outdoor areas of County buildings, grounds and facilities. Smoking cessation classes and nicotine replacement products will be available to clients.</p> <p>People who leave incarceration are 12 to 13 times more likely to die of drug overdose. VCBH is partnering with the Sheriff’s Office on a pilot project at the jail. Inmates who fall under AB 109, the state’s realignment legislation, will be able to have their opioid</p>	<p>Information</p>	

	<p>addiction treated with Vivitrol, an injectable. Cmdr. Nelson noted that this new treatment shows promise.</p> <p>Since opening in December 2016, the Crisis Stabilization Unit (CSU) has admitted 201 children and youth. Of those, 126 were diverted from hospitalization back to their home, for a diversion rate of 63%. About half of the referrals come from the Crisis Team and half from emergency rooms and law enforcement. The CSU averages two admissions per day.</p> <p>Since opening in April, Comprehensive Assessment and Stabilization Services (COMPASS) has had one admission.</p> <p>The Assist program (Laura’s Law) has received 71 calls, 50% of them from family members or friends, and 43% from mental health providers. Sixty four percent of the calls have resulted in meeting face to face with VCBH staff for a screening. Disposition: 32 were referred to Telecare, 10 are being assessed by RISE, while 24 did not meet criteria. Two petitions have been filed with the court.</p> <p>Horizon View Mental Health Rehabilitation Center (MHRC) has admitted 20 unduplicated clients since opening in December. The current census is 15. Occupancy rate is 95%. Three clients have been discharged to a lower level of care, and one was discharged back to Sylmar. There have been three incidents of seclusion.</p>		
<p>XII.</p>	<p>New Business</p> <p>A. Election of Officers for July 2017-June 2018 – Nominating Committee Chair Larry Hicks proposed the following slate of officers:</p> <ol style="list-style-type: none"> 1. Chair: Jerry Harris 2. 1st Vice Chair: Karyn Bates 3. 2nd Vice Chair: Ratan Bhavnani 4. Secretary: Nancy Borchard 5. Member (Chair) Emeritus: Janis Gardner <p>Mr. Hicks asked for nominations from the floor. Hearing none, he asked for a vote. Several members requested to vote at once for all offices. Monique Garcia moved to accept the slate of officers as presented, Gane Brooking seconded. The Board voted unanimously to accept.</p> <p>B. Site visit report: TAY Tunnel – Patricia Mowlavi Patricia Mowlavi organized a site visit to the TAY Tunnel on April 28. The review team included Jerry Harris, Nancy Borchard, Ratan Bhavnani, Cmdr. Ron Nelson and Ms. Mowlavi. The team was impressed with the success of the peer counselors, who understand the needs of clients and serve as mentors and program administrators. Staff and Jennifer Goble are all passionate. The team would like to see the services extended to the East County.</p>	<p>Officers elected for 2017-18</p>	
<p>XIII.</p>	<p>Old Business</p> <p>A. BHAB Objectives 2017-18 Workgroup Update – Cmdr. Ron Nelson Cmdr. Nelson distributed an updated draft of 11 Objectives. It reflects the work of the Objectives Workgroup, other Members input, and discussion with Director Crandall regarding the state mandates. Cmdr. Nelson suggested that the BHAB look at the overarching level of services being provided across the board rather than specific age groups. He proposed shortening the list to #s 1, 2, 4, 6, 8, 10 and 11 as these are long-term objectives. The Board reviewed each objective on the list. Ms. Gardner would like to keep the secondary objectives on the list, and Mr. Harris proposed leaving them under an Ongoing Efforts heading. Cmdr. Nelson moved to adopt the above list of objectives for 2017-18, Mr. Hicks seconded. The motion carried unanimously.</p>	<p>The Board adopted the Objectives for 2017-18 M/S/C</p>	

<p>XIV.</p>	<p>Contracts</p> <p>Mr. Zarate advised the BHAB that the Executive Summary is missing a set of contracts in a letter that is not reflected in the agenda; it will be reflected in the next agenda. This letter includes agreements with Aspiranet, California Psychiatric Transitions, Telecare Early Detection and Intervention for the Prevention of Psychosis (EDIPP), United Parents respite services, and K&M Enterprises for grant development and writing. He noted that the information will be included in the July Executive Summary, although the agreements will go to the Board of Supervisors on June 20th.</p> <p>Mr. Zarate submitted the following contracts, to be voted on by the Board of Supervisors (BOS):</p> <p>A. Board of Supervisors Agenda – June 20, 2017</p> <ol style="list-style-type: none"> 1. Alcohol and Drug Program (ADP): Fiscal Year 2017-18 Aegis Treatment Centers, Healthright 360, Khepera House, Tarzana Treatment Centers, and Western Pacific Med-Corp Contracts 2. Fiscal Year 2017-18 Evalcorp Pathways to Wellbeing Contract 3. Fiscal Year 2017-18 Turning Point Foundation Adult Wellness and Recovery Center Services (AWRC), Turning Point Foundation Quality of Life Improvement (QLI)/Rapid Integrated Support and Engagement (RISE) Peer Program Services, and Pacific Clinics Transitional Age Youth (TAY) Wellness and Recovery Center (WRC) Contracts 4. Fiscal Year 2016-17 Seneca Family of Agencies (Seneca) Crisis Stabilization Unit (CSU) and Comprehensive Assessment and Stabilization (COMPASS) Contract Amendments 5. Casa Pacifica Centers for Children and Families (Casa Pacifica) Residential/Campus Treatment, Transitional Youth Services/Non Minor Dependents (TYS/NMD), and Transitional Youth Services (TYS) Contracts 6. Fiscal Year 2016-17 and Fiscal Year 2017-18 Telecare Assisted Outpatient Treatment (AOT) Contract Amendment <p>See attached Executive Summary for details.</p> <p>Mr. Bhavnani moved to approve sending the contracts to the BOS, and Mr. Harris seconded. The motion passed unanimously.</p>	<p>The Board approved sending the contracts to the BOS as submitted. M/S/C</p>	
<p>XV.</p>	<p>Adjourn</p> <p>The meeting adjourned at 2:50.</p>		

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

District 2		vacant												
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Present = X

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

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DEADLINES
EDITORIAL:

Friday at 11:30 a.m.

RETAIL ADVERTISING:
Monday at 12 noon

REAL ESTATE ADVERTISING:
Friday at 12 noon

CLASSIFIED DISPLAY:
Monday at 3 p.m.

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Tuesday at 4 p.m.



VERIFIED

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LETTERS TO THE EDITOR

New healthcare act is a 'scam'

The American people are known for their compassion and caring for the fate of others. When our people are in need or tragedy strikes, we come together to aid and support those in need and the less fortunate.

Contrary to this, however, the House of Representatives have created the American Health Care Act that will have a devastating effect on the most vulnerable populations in our communities.

The Affordable Care Act, although not perfect, was a positive step toward improving healthcare access for tens of millions of Americans.

The problems with the act that need to be improved could have been fixed by bipartisan cooperative action on the part of the House.

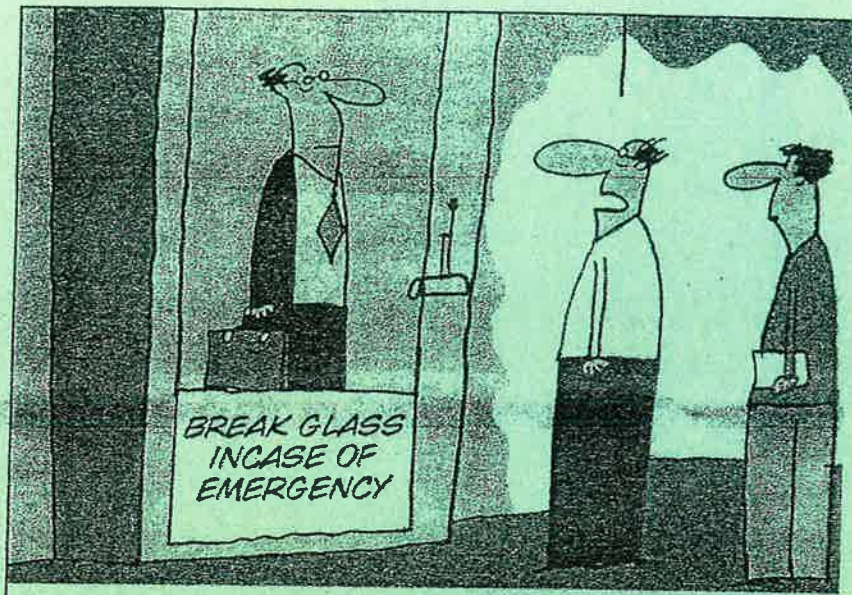
But instead, led by Donald Trump and House Speaker Paul Ryan, the Republicans decided to repeal and replace it for no other reason than to show their disdain and dislike of President Obama.

Speaker Ryan claims that the AHCA achieves the dual mission of lowering premiums and reducing the deficit. This mission does not include anything about the healthcare needs of the American people or concerns about quality, comprehensive care. Has he no compassion for people in vulnerable populations?

These are serious problems with the AHCA including removal of protections for people with pre-existing conditions, increased costs to the elderly, reductions in covered benefits, reduced services to women, increased premiums, the elimination of expanded Medicaid, the elimination of mental health and substance use disorder services, and the fact that 23 million people will lose their coverage.

Even with the ACA there are an estimated 28 million people currently without health insurance.

Representative Paul Labrador of Idaho was reported as saying, "Nobody dies because they don't have access to healthcare." Give me a break. How uninformed can anyone be? This is exactly why people with preventable condi-



"It's an employee who works late no breaks and never asks for a raise him, but I'm afraid he'll take 1

tions die. Go to any emergency room or public hospital and you will find out otherwise.

Representative Steve Knight is running radio spots touting the benefits of the AHCA, alleging that services will be better under this plan.

If the Republicans truly believe it is a better plan, they should trade their government-sponsored health coverage for AHCA coverage and see how they and their families like it.

Wake up, America. Can't you recognize a scam when you see one? This is the wealthiest and most technologically advanced nation in the world and, as such, we can certainly afford to provide the most vulnerable in this country with comprehensive, integrated, whole-person preventive care.

Doing so would be much cheaper in the long run than episodic care, people delaying care until their conditions worsen and increased utilization of emergency rooms as primary care providers.

We are only as healthy as the most vulnerable in our communities and when fewer people have access to healthcare, the health status of our communities is lowered.

Now that we are becoming

aware of the shortfalls of the AHCA, it's time to apply the saying, "when you see something, say something." Speak out, America.
Jerry Harris
Moorpark

Supports state single-payer plan

As a registered nurse and retired public health manager, I'm writing to voice my support for Senate Bill 562 (Healthy California). I'm concerned that the national discourse about healthcare coverage over the Affordable Health Care versus the American Health Care Act is devolving into chaos, removing health coverage from 23 million individuals over 10 years, and pricing it out of reach from most.

Eliminating the package of essential benefits that assure preventive healthcare assures more expensive care at a more expensive facility—or a death penalty. Requiring those with pre-existing conditions to purchase insurance from high-risk pools even if partly subsidized by the government will quickly become unaffordable.

Who among us does not presently have or know of someone with a pre-existing condition?

Probably I have one of: supported universal particular

U.S. is five times countries; miums an (including Australia) comes. We diseased th why the di

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The insurance is Senate Bill most deve already is payer heal

Thank Stern for thinking a for Califor blymemb will supp Diane De Newbury

Moorpark ACORN
June 2, 2017



California Association of Local Behavioral Health Boards and Commissions

SUMMER 2017 Newsletter

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CALBHBC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.



CALBHBC NEWSLETTER

*Mental illness is a medical condition.
Nobody should be homeless or incarcerated
because of a medical condition.*

It is difficult to think about, but we know that the housing issue has even affected our own board and commission members. Local board/commission members throughout California have identified **housing** as a critical need for adults (including seniors) with severe mental illness. Addressing this need requires local solutions for supportive housing and regional solutions to provide appropriately staffed and maintained Residential Care Facilities (RCFs). Tapping into State and Federal resources along with collaboration between Mental/Behavioral Health Divisions, Local Leadership, and Housing entities (public and private) are key. Check our [website](#) for links to programs to help communities address this need.

Do you have a story about your own supportive housing/RCF needs, or those of a family member? We want to hear from you. At our Annual and Regional Meetings, we encourage participation in "Listening Sessions". The stories we hear will become part of the statewide conversation to address the critical need for supportive housing/facilities (among other issues.)

Board/commission members are encouraged to visit our [website](#) for access to reports, resources and news regarding the housing issue and more!



Check our [website](#) & facebook for news, resources and more! "Like" us!

Upcoming Meetings/Trainings

Annual Meeting / Southern Region

June 15, 16, 17, Irvine

Superior Region

September, 2017 (TBD)

Central Region

October 20-21, 2017, Sacramento

Southern Region

January 19-20, 2018, San Diego

Bay Area Region

April 20-21, 2018, Oakland

MHB Training to be offered at all Saturday sessions along with a topic of interest.

[Check our website for updates.](#)

NEXT DATA NOTEBOOK

We have taken a sneak-peek at the upcoming Data Notebook, and the topic will be: **Behavioral Health in Older Adults**. Over the next few months, boards and commissions may wish to line up speakers, schedule site visits, and create ad hoc committees to understand and research issues affecting the behavioral health of older adults (such as housing/residential care facilities, care coordination, grief/loss support, in-home support services, outreach, and transportation.)

Want to know results of previous Data Notebooks? Check our [website](#) for links.

The Data Notebook helps us address our board/commission's duty to review and comment on local outcome data to the CA Mental Health Planning Council.

Share your LOCAL resources, news & reports with CALBHBC. [Contact us!](#)

Resources (link to website)[Brown Act \(Open Meeting](#)[Rules\) Summary Points & FAQ's](#)[Reports \(Local & Statewide\)](#)[Templates/Sample Docs \(Bylaws, Annual Reports, New Member Interview Questions, Site Visit Forms\)](#)[Training \(Online Links, Materials, Dates\)](#)[Websites for Local Boards/Commissions](#)**News & Issues** (link to website)[Board & Commission News](#)[Children's Issues](#)[Co-Occurring with Mental Illness](#)

- [Dementia](#)
- [Developmental Disabilities](#)
- [Substance Use Disorder](#)
- [Traumatic Brain Injury \(TBI\)](#)

[Cultural Issues](#)[Employment](#)[Homeless/Housing](#)[Jails/Prisons](#)[Law Enforcement](#)[Legislation](#)[LGBTQ](#)[Peer Supports](#)[Seniors](#)[Substance Use Disorder](#)[Suicide](#)[Youth Issues \(ages 16-25\)](#)[Veterans](#)[Whole Person Care](#)**Duties of Boards & Commissions**

From California Welfare & Institution Code [5604.2\(a\)](#)
The local mental health board shall do all of the following:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to [Section 5650](#).
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

**Share your LOCAL resources,
news & reports with CALBHBC. [Contact us!](#)**



California Association of Local Behavioral Health Boards and Commissions

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 [RESOURCES \(/RESOURCES.HTML\)](#)
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 [ASSOCIATION DOCS \(/ASSOCIATION-DOCS.HTML\)](#)
[CONTACT US \(/CONTACT-US.HTML\)](#)
 [RELATED LINKS \(/RELATED-LINKS.HTML\)](#)

News/Issues

1. [Board & Commission News \(/board--commission-news.html\)](#)
2. [Children's Issues \(/childrens-issues.html\)](#)
3. [Co-Occurring with Mental Illness \(/co-occurring.html\)](#)
 1. [Dementia \(/dementia.html\)](#)
 2. [Developmental Disabilities \(/developmental-disabilities.html\)](#)
 3. [Substance Use Disorder \(/substance-use-disorder.html\)](#)
 4. [Traumatic Brain Injury \(TBI\) \(/traumatic-brain-injury-tbi.html\)](#)
4. [Cultural Issues \(/cultural-issues.html\)](#)
5. [Employment \(/employment.html\)](#)
6. [Homeless/Housing \(/co-occurring.html\)](#)
7. [Jails/Prisons \(/jails--prisons.html\)](#)
8. [Law Enforcement \(/law-enforcement.html\)](#)

Board & Commission News

Mental Health Consumers can work for County AND serve on Boards/Commissions - 2016

There is an important change affecting all CA Mental & Behavioral Health Boards and Commissions. This change affects the criteria for members of Mental/Behavioral Health Board Consumers (adults with mental illness) who work for County Mental Health (or contractors) can now be appointed to boards (WIC Code 5604 (3) (d) (1) and (2).

\$2 Billion for "No Place Like Home" Initiative - 2016: A major new California Initiative, "No Place Like Home", directs \$2 Billion state-wide for housing chronically homeless adults with mental illness. This changes W&I Code regarding the Mental Health Services Act (MHSA), dire \$2 Billion state-wide for housing chronically homeless adults with mental illness.

9. [Legislation \(/legislation.html\)](#)
10. [LGBTQ \(/lgbtq.html\)](#)
11. [Navigator Programs \(/navigator-programs.html\)](#)
12. [Peer Supports \(/peer-supports.html\)](#)
13. [Seniors \(/seniors.html\)](#)
14. [Substance Use Disorder \(/substance-use-disorder-sud.html\)](#)
15. [Suicide \(/suicide.html\)](#)
16. [Youth Issues \(ages 16-25\) \(/youth-issues-ages-16-25.html\)](#)
17. [Veterans \(/veterans.html\)](#)
18. [Whole Person Care \(/whole-person-care.html\)](#)

CALBHBC Summer 2017 Newsletter & Crisis Triage Grant Meeting

From: "CALBHBC - California Association of Local Behavioral Health Boards and Commissions Newsletter Editor" <groups@thecomstocks.org>

SB 82 Mental Health Triage Information Gathering Meeting

The Mental Health Services Oversight and Accountability Commission (MHSOAC) will be holding an Information Gathering Meeting to discuss specific components of the SB 82 Mental Health Crisis Triage Grant on June 29th from 2pm – 5pm at the Berkeley City Hall building.

County Behavioral Health Directors, Local Behavioral Health Board Members, Subject Matter Experts, and Stakeholders will discuss possible components of the Request for Application (RFA) in preparation for the release of the next RFA in 2017. Three components will be addressed:

- Evaluation
- Crisis Services for Children and Youth
- Funding Apportionment

The meeting will be held at:
Berkeley City Hall
2180 Milvia Street
Berkeley, CA 94704
Sequoia and Redwood Room, 6th floor
2pm – 5pm

Please note: space is limited to no more than 50 people. A teleconference number will be provided with listen in only capabilities for those who cannot make it to the meeting in person. The MHSOAC is preparing a brief that will help inform the meeting. For a copy of the brief or if you have any questions, please email Kristal.Antonicelli@mhsopac.ca.gov.

Mental Health Crisis Triage Grant

In many communities around California, adults and children with mental illness are gaining access to much-needed Crisis Mental Health Services through funding provided by the first round of Mental Health Crisis Triage Grants. The facilities and mobile crisis units provided by this grant funding are intended to alleviate the stresses that have been experienced by Hospital Emergency Departments, and County Jails. Crisis Triage services are intended to provide the proper treatment and referrals for adults and children experiencing a mental health crisis.

The MHSOAC is readying itself for the Second Round of Crisis Triage Grants, and has asked to hear from Local Behavioral Health Board Members (among others) on June 29th from 2 – 5pm at the Berkeley City Hall, or dial in to listen to the meeting. See below for more information. If you cannot attend, but wish to make a comment, MHSOAC contact information is found below.

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Triage services allow crisis personnel to reach out to people during crisis before their situations become more desperate, linking them to appropriate services. The Mental Health Wellness Act of 2013, SB 82, provided \$32 million in grants to hire up to 600 triage personnel statewide. Those mental health workers provide crisis support services at shelters, jails, hospitals and clinics, including mobile crisis support teams. The availability of crisis intervention services can divert people from incarceration and lessen the use of hospital emergency rooms and psychiatric beds.



CHUCK KIRMAN/THE STAR

Denise De'Garmo-Ritchie, co-founder of Pivot, Promoting Change Through the Animal-Human Bond, visits with inmate Whitney Byrd and Chance, an Alaskan husky mix, at the Todd Road Jail.

Prisoners discover salvation in dogs

9 inmates at Todd Road Jail picked for RUFF

JOHN SCHEIBE
JOHN.SCHEIBE@VCSTAR.COM, 305-437-0270

It took a stay in Ventura County jail for Whitney Byrd to get the chance to do something she's wanted to do since she was a kid: work with dogs. "It's been awesome," Byrd said as she stood in a fenced-in yard at the Todd Road Jail with Chance, a 1-year-old husky-shepherd mix by her side.

Chance is one of five dogs transferred from the county-run Camarillo animal shelter to the Todd Road Jail in February by the nonprofit Pivot Animal Rescue & Educational Outreach. The organization got its start in 2015 when one of its founders, Denise De'Garmo-Ritchie, was working at a Santa Paula animal shelter. While there, a dog reached out with his paw to a

See RUFF, Page 2A

2A Monday, May 22, 2017 The Star

RUFF

Continued from Page 1A

shy girl, giving her the confidence to read a story to him with more confidence.

De'Garmo-Ritchie told the 8-year-old girl she was doing a great job reading to Bo.

"She looked up at me and said, 'That's because I know Bo won't get mad at me,'" De'Garmo-Ritchie recalled. De'Garmo-Ritchie shared the story with a friend, Kathy Quijada. The two soon decided to start Pivot to save unwanted dogs by pairing them with at-risk people.

By caring for and training the dogs, these people, some of them jail inmates, also learn important skills, including patience, compassion and responsibility, Quijada said. And the dogs, who would otherwise be sitting in a kennel at the animal shelter, get a chance to be adopted into a new home after graduating from the program where they learn obedience and other skills.

As Pivot stated in an online video, "One prisoner becomes the salvation of the other."

Working with Chance "has been a blessing for me," Byrd said.

"He's helped me grow as a person," in part by showing her unconditional loyalty and love, she said.

Byrd is one of nine inmates at the Todd Road Jail selected to participate in the dog-training program, which goes by the acronym RUFF Road or Rehabilitation Utilizing Furry Friends.

Organizers hope that once the dogs graduate from the 16-week obedience training program, families will be willing to adopt them, giving them what organizers call "a forever home." Graduation from the program is scheduled for around June 20.

Byrd and other inmates are not only training the dogs but also helping to decide what homes the dogs will go to after graduation.

When asked how she will feel about saying goodbye to Chance, Byrd said, "It will be almost impossible to see him go. It will be very sad."

As with other Todd Road inmates in the program, Byrd said Chance and other dogs are like children.

"They learn to trust you and bond with



CHUCK KIRMAN/THE STAR

Inmates Stephen Rodriguez sits with Buddy as Curtis Godfrey, from left, Ernesto Guevara and Alex Carrera participate in the Pivot program at the Todd Road Jail. The program helps inmates and dogs.

you," she said.

Inmate Jennifer Kwiatkowski, 35, said being in the program "has given me a purpose to wake up in the morning."

"It gives you integrity and teaches you to respect not only yourself but other inmates and deputies," she said.

Kwiatkowski, Byrd and others also say the dogs have a big calming effect on inmates and jail staff.

Ron Nelson, commander of the Todd Road Jail, agreed, saying he's researched similar dog/inmate programs at other jails and heard much the same thing.

"They really do have a beneficial effect," Nelson said.

As with other programs pairing dogs with inmates, officials in Ventura County hope this one will give inmates the chance to live a crime-free life once they're released.

"The inmate gains patience, confidence, self-pride, communication and job skills,"

sheriff's officials said earlier this year in announcing the RUFF Road program.

Those skills include working as a pet groomer or numerous other jobs, Quijada said.

Quijada's nonprofit has also taken dogs to Juvenile Hall where they've been paired with inmates there.

None of the money used to pay the program comes from public, tax-payer funds, De'Garmo-Ritchie said.


"We depend entirely on donations," she said of the program, which she said has the potential to do a lot of good.

To illustrate her point, De'Garmo-Ritchie referred to Pivot's website where it states: "The unconditional love of an animal is the most powerful weapon which you can use to change the world."

To learn more or to donate to Pivot, visit www.pivotareo.org.

VENTURA COUNTY MEDICAL CENTER PSYCHIATRIC CENTER

IPU & OPOS Report



Behavioral Health Advisory Board
June 19th 2017
Presented by
Dan Powell, M.A., MFT, BCBA



Presentation Outline

- Overview of Outpatient Psychiatric Observation Service (OPOS)
- Review of Current OPOS Stats
- Review of Current IPU Stats
- Questions



Outpatient Psychiatric Observation Service Mission/Focus

- ▶ Jan 25th 2017 CDPH required the opening of the OPOS.
- ▶ Evaluation process revolves around whether a patient meets medical criteria for acute hospitalization.
- ▶ Medication management
- ▶ Referrals are given if patients are not admitted
- ▶ RISE Team available in the OPOS



OPOS Environment

- ▶ 12 Bed capacity
- ▶ Access to restrooms and showers
- ▶ Washer and Dryer
- ▶ Access to a spacious and bright Community Room (with TV, books, magazines) with murals on the walls.
- ▶ Access to snacks as needed.



Staffing in the OPOS

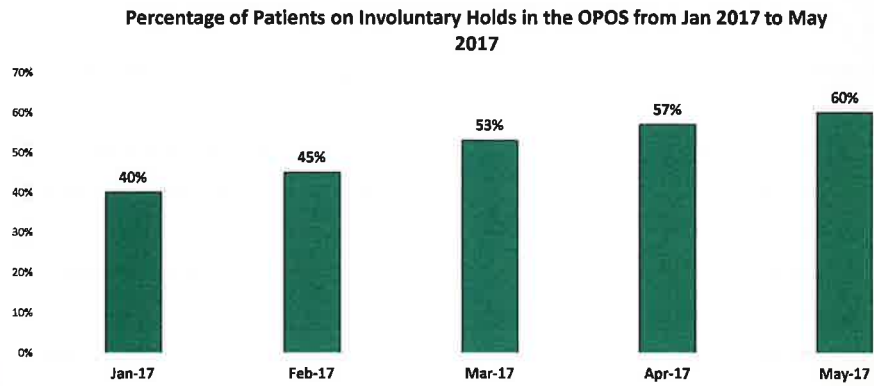
- 16 hours of MD, Daily in the OPOS
- 2 RNs x 24 hours
- 1 Psych Tech
- 1 Security Officer
- 1 Staff Member from RISE Team
- 1:4 Nursing staff ratios



OPOS Cont.

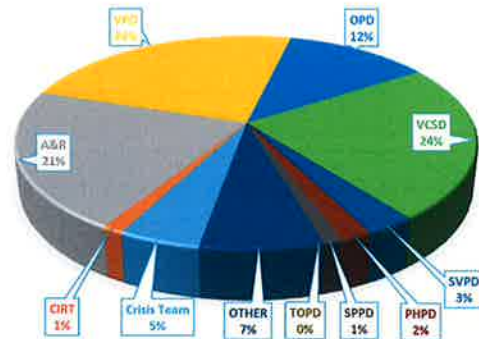
- All patients receive a Medical Screening Exam (MSE) Prior to arriving in OPOS
- Patients can speak directly with MD, RN and Social Worker about their status, meds, disposition, etc....
- Patients receive a psychiatric evaluation within 23 hrs 59 min of arrival.

Percentage of Patients on Involuntary Holds in the OPOS from Jan 17 to May 17



Percentage of Holds Written by Agency During 2016

5150 HOLDS WRITTEN BY AGENCY DURING 2016 N=2028





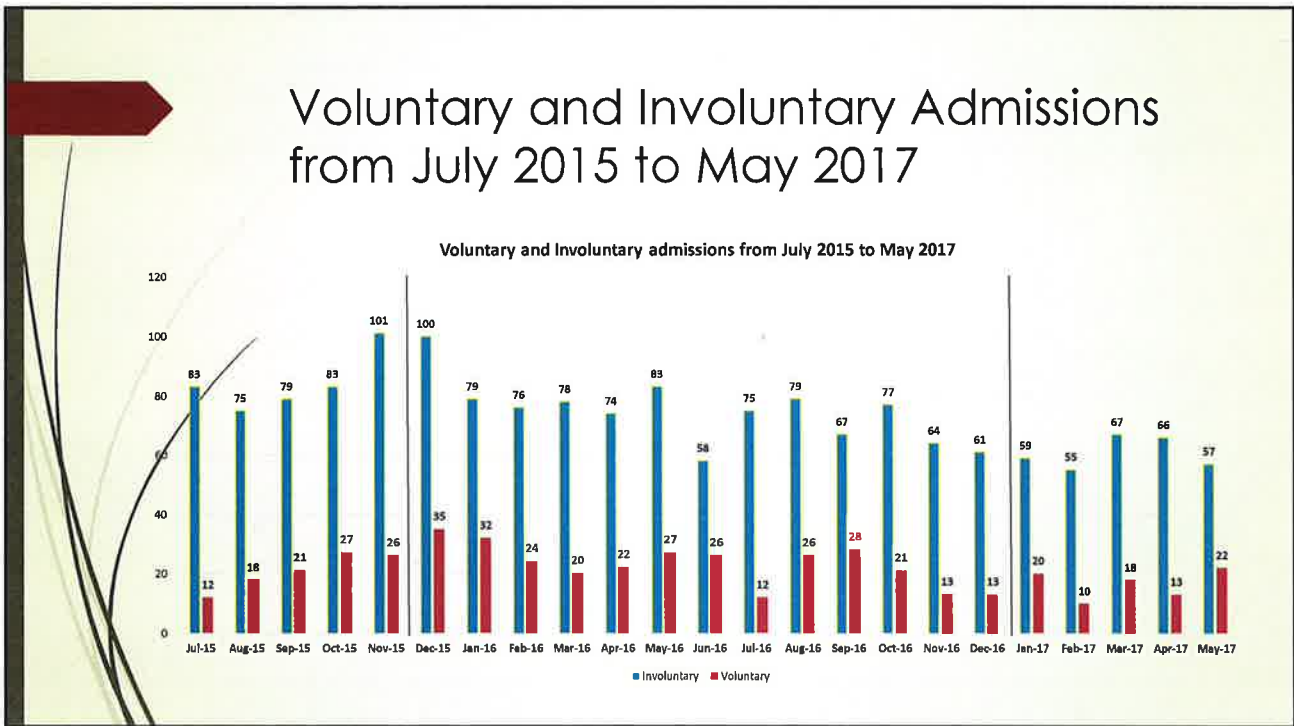
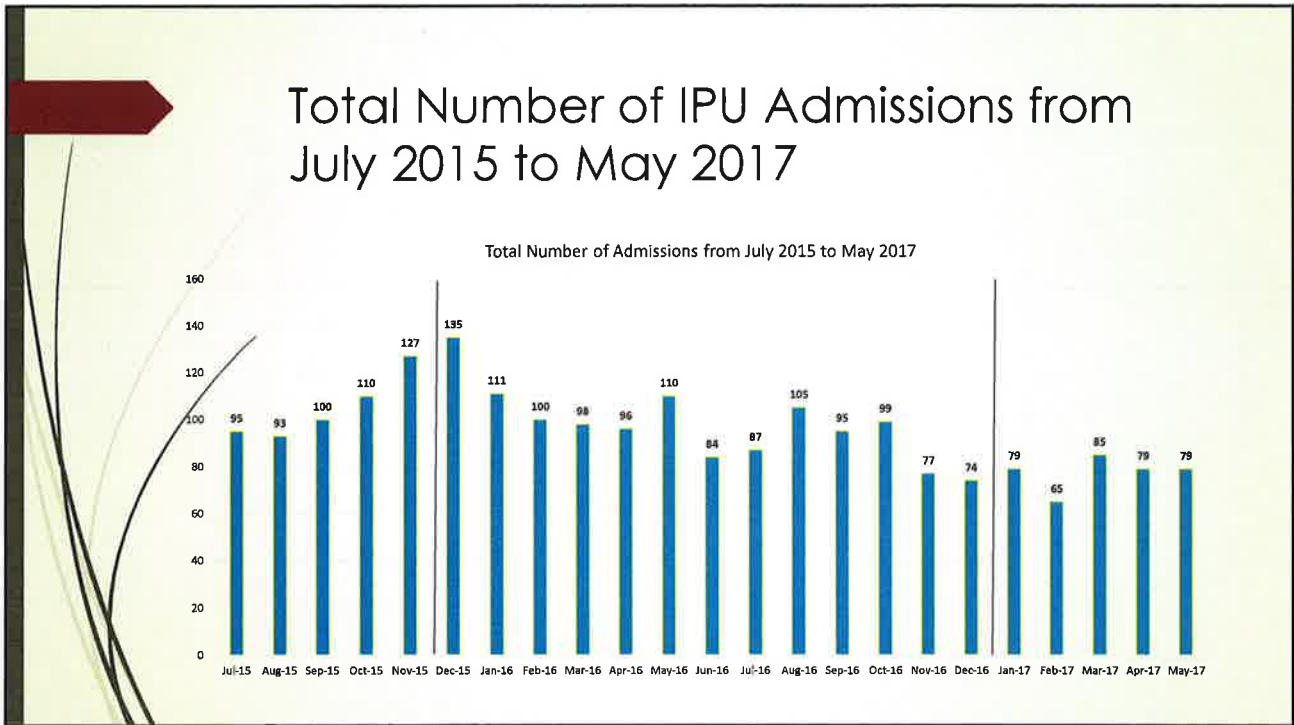
Inpatient Psychiatric Unit (IPU) Activities

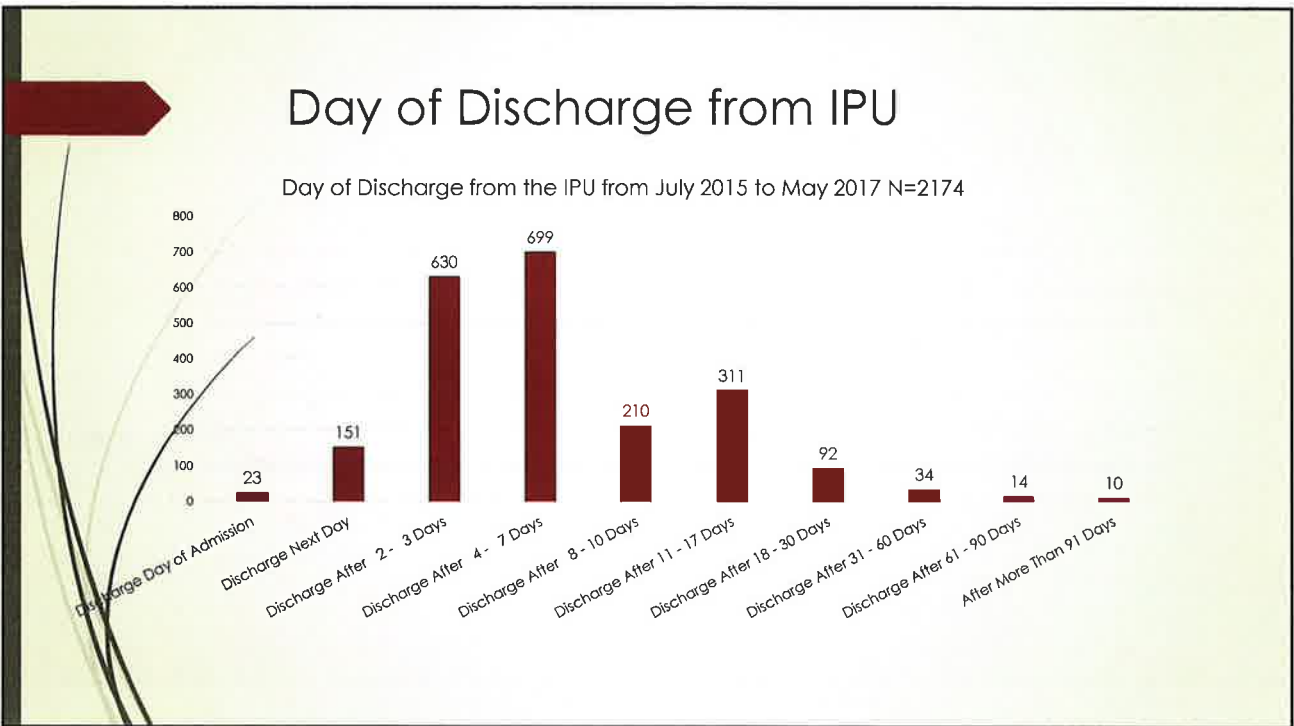
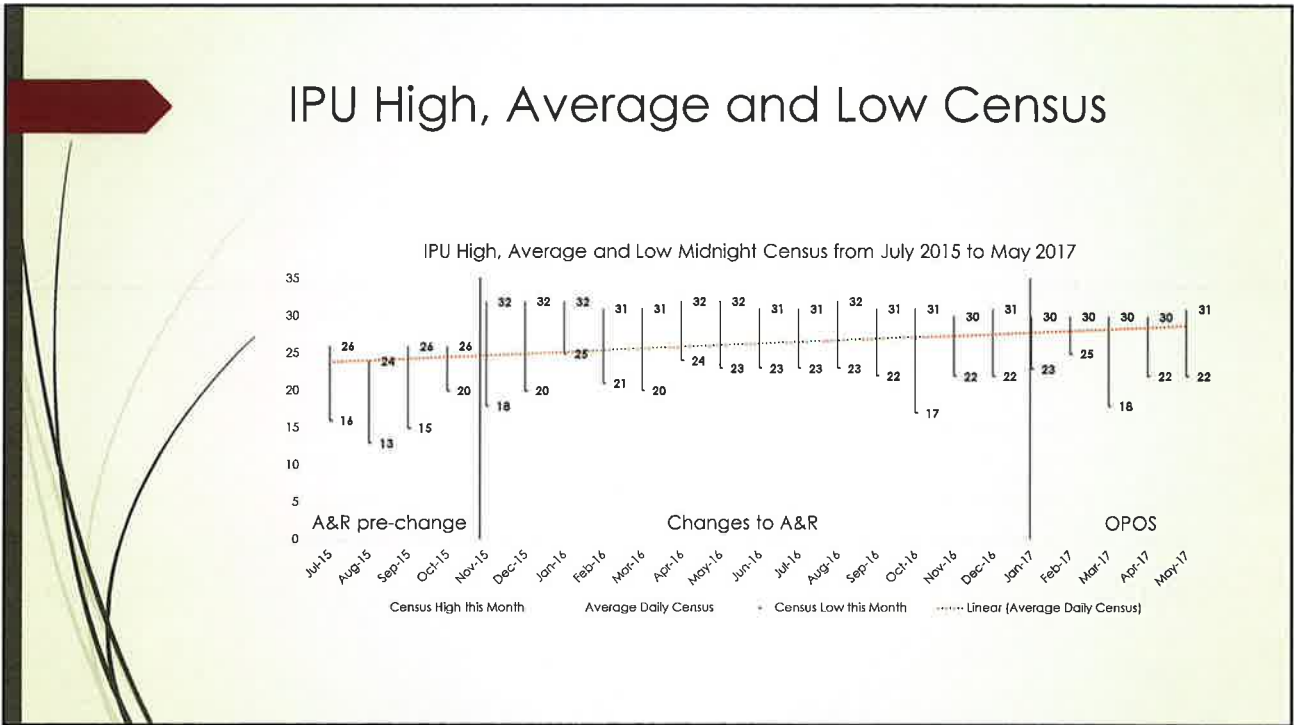
- Visiting with friends and family
- Chemical Dependency Group with CD Counselor
- Individual Therapy
- Psychiatry
- Nursing Care
- Nursing Groups
- Occupational Therapy
- Case Management
- Haircuts by a Licensed Cosmetologist 1X per week



IPU Environment

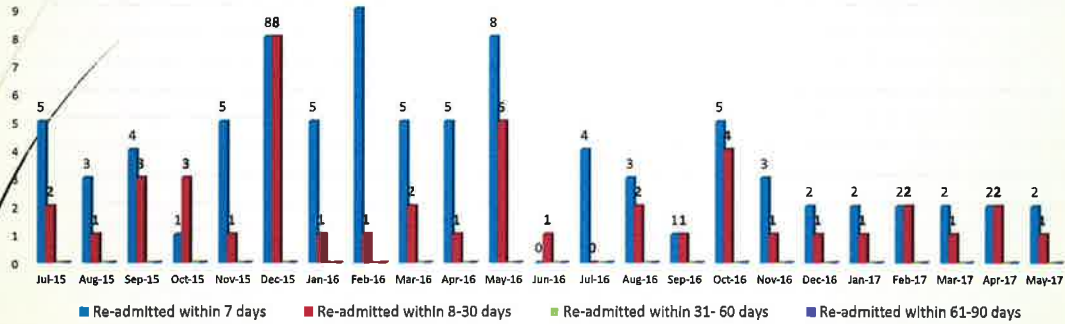
- 30 bed capacity
- Access to restrooms and showers
- Access to a Washer and Dryer
- Access to a spacious and bright Community Room (with TV, books, magazines).
- Patio Breaks for outdoor activities
- 24/7 Access to snacks as needed.





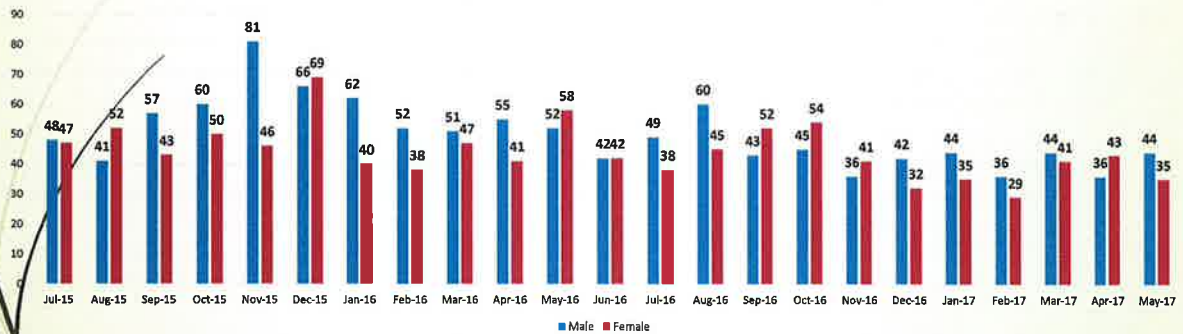
Re-admissions into the IPU During July 2015 to May 2017

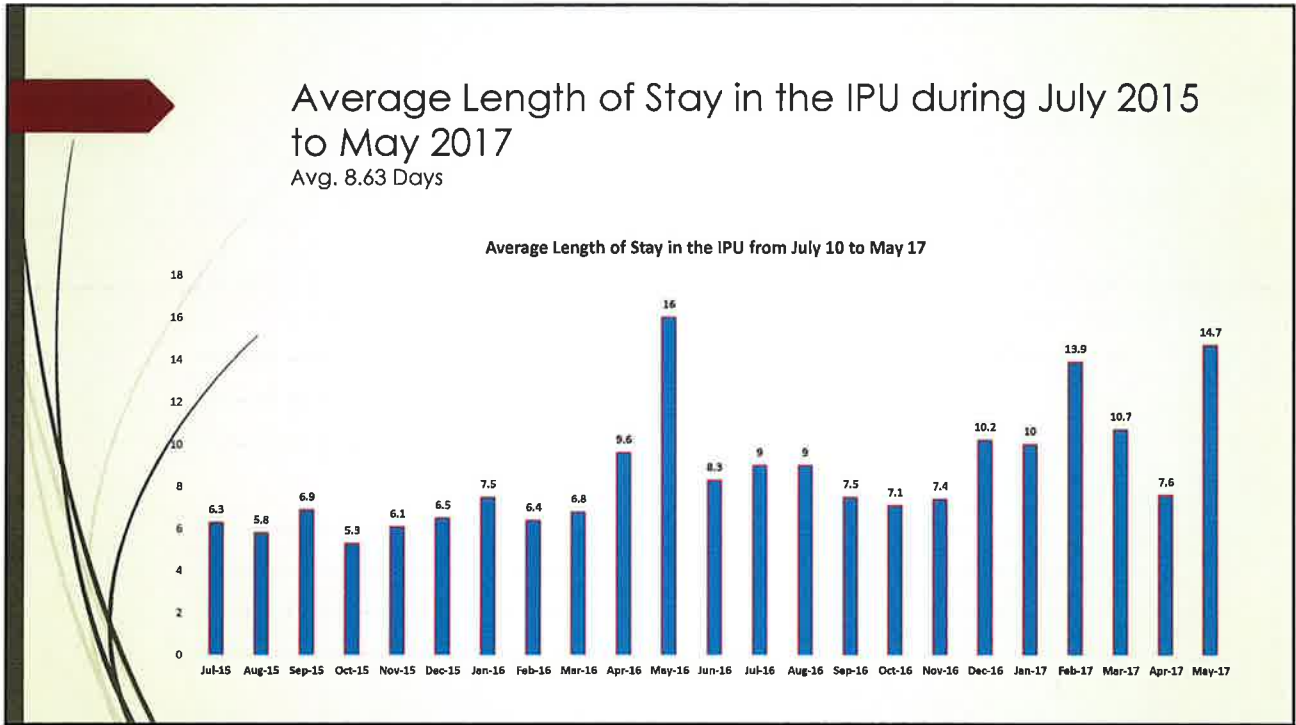
Re-admission into the IPU from July 2015 to May 2017



IPU Admissions by Gender

IPU Admissions by Gender from July 2015 to May 2017





Questions?

Thank you!

Email: daniel.powell@ventura.org

Total Number of Admissions	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Involuntary Admissions	83	76	79	83	101	100	79	76	78	74	83	58	75	79	67	77	64	61	59	55	67	66	57
Voluntary admissions	12	18	21	27	26	35	32	24	20	22	27	26	12	26	28	21	13	13	20	10	16	13	22
Average Length of Stay	6.3	5.8	6.9	5.3	6.1	6.5	7.5	6.4	6.8	9.6	16	8.3	9	9	7.5	7.1	7.4	10.2	10	13.9	10.7	7.6	14.7

Discharge Day of Admission	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Discharge Next Day	2	3	1	2	1	4	1	0	1	2	1	0	0	1	1	1	0	0	0	1	1	0	0
Discharge After 2 - 3 Days	9	4	8	8	8	10	11	4	10	14	5	5	3	10	7	7	6	6	2	2	5	5	2
Discharge After 4 - 7 Days	39	40	35	46	54	49	23	31	28	25	30	21	26	31	24	28	13	23	17	6	14	20	7
Discharge After 8 - 10 Days	29	20	32	32	40	47	41	41	27	25	38	27	21	22	31	34	33	16	26	21	36	24	35
Discharge After 11 - 17 Days	7	11	5	13	7	10	9	10	10	6	9	10	5	16	12	8	8	8	12	12	12	10	3
Discharge After 18 - 30 Days	3	3	3	2	3	3	6	5	7	6	3	3	3	5	2	5	4	2	5	3	10	1	3
Discharge After 31 - 60 Days	1	1	2	1	1	2	2	0	0	0	0	4	3	4	0	0	0	2	3	0	0	2	3
Discharge After 61 - 90 Days	1	0	0	0	1	1	0	0	0	2	3	0	0	1	1	1	0	1	1	0	2	0	0
After More Than 91 Days	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	2	1	0	2

Average Daily Census	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Average Length of Stay	6.3	5.8	6.9	5.3	6.1	6.5	7.5	6.4	6.8	9.6	16	8.3	9	9	7.5	7.1	7.4	10.2	10.0	13.9	10.7	7.6	14.7
Census High this Month	26	24	26	26	32	32	32	31	31	32	32	31	31	32	31	31	30	31	30	30	30	30	31
Census Low this Month	16	13	15	20	18	20	25	21	20	24	23	23	23	23	22	17	22	22	23	25	18	22	22

Re-admitted within 7 days	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Re-admitted within 8-30 days	5	3	4	1	5	8	5	9	5	1	8	0	4	3	1	5	3	2	2	2	2	2	2
Re-admitted within 31-60 days	2	1	3	3	1	8	1	1	2	5	5	1	0	2	1	4	1	1	1	2	1	2	1
Re-admitted within 61-90 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Male	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Male	48	41	57	60	91	86	62	52	51	55	52	42	49	60	43	45	36	42	44	36	44	36	44
Female	47	52	43	50	46	69	40	38	47	41	58	42	38	45	52	54	41	32	35	29	41	43	35

Director's Report

State Updates

1. Senate close to agreement on **ACA Repeal Bill** - After weeks of languishing, catastrophic ACA repeal plans are gaining momentum in the US Senate. Senate Majority Leader Mitch McConnell indicated last week that the Senate is close to agreement on an ACA repeal bill that will end the Medicaid expansion and slash a trillion dollars from state budgets. The Senate will be pushing for a vote sometime this summer. The structure of the House bill is anticipated to remain the same, including ending the Medicaid expansion and imposing per capita caps on state Medicaid programs, though the Senate may make changes to these components to ensure support of moderate members. The Senate bill may include a longer period of time for phasing out the Medicaid expansion and periodically resetting the baseline for the Medicaid spending caps. If these changes were made to the bill, the projected impacts on federal spending and increased number of uninsured individuals is unknown. However, according to the Center on Budget and Policy Priorities, a delay in phasing out the higher match rate for the expansion population will have the same ultimate impact as under the House repeal bill. CBHDA continues to partner with CSAC and county affiliates to oppose ACA repeal efforts. The affiliates sent a joint letter to the Senate on Friday, June 9 expressing serious concerns with the proposed repeal.
2. **California Single Payer Measure Moves to the Assembly** - The California Senate passed single payer legislation by a key deadline recently. SB 562 (Lara - Los Angeles) would cover all 40 million California residents and would eliminate out-of-pocket costs for everyone. The Senate Appropriations Committee indicates the price tag for this proposal is \$400 billion, about which half is currently covered by federal, state and local funding. According to the Public Policy Institute of California, residents strongly support single payer by close to 70 percent. However, when taxes are introduced, which would be required to fund single payer, support drops to around 40%. SB 562 was amended to include financing mechanisms at a future date. The measure now moves to the Assembly Health Committee. The Governor has expressed skepticism about the financing of this legislation, therefore if it reaches the Governor it will not necessarily be enacted.
3. **California May Be First State to Extend Medi-Cal to Undocumented Young Adults** - The Assembly and Senate budget committees both approved using recently

enacted tobacco tax revenue to support extending Medi-Cal to undocumented young adults up to age 26. Under current law, this coverage only extends to age 19. The budget committees adopted different spending amounts (\$54 million and \$86 million), which means the Assembly and Senate need to come to agreement before the budget moves to the Governor. Due to disagreement about how to spend the tobacco tax money on Medi-Cal, this issue is not final in the budget process. We note this spending commitment is a significant expression of California politics at a time when federal health reform funding is so precarious. In addition, we note this coverage to undocumented individuals is particularly important due to the mental health stress caused by immigration status in light of federal politics.

4. **CBHDA Co-Sponsored Bill, AB 395, Passes the Assembly and Advances to the Senate** - This measure makes several changes to the Health and Safety Code to expand the treatment options available to providers treating substance use disorders, and eases administrative burdens on counties and providers. Specifically, the bill (1) adds medication-assisted treatment with approved medications to the types of services that office-based treatment programs may offer; (2) strikes the 20-person patient limit applied to office-based treatment programs; and (3) conforms state regulations for timelines to submit Drug Medi-Cal claims for reimbursement with other Medi-Cal fee-for-service claim submission timelines. AB 395 passed the Assembly on Consent, with unanimous, bi-partisan support, and now advances to the Senate.
5. **Upcoming Changes to Prop. 63** - On May 23, 2017, the Senate Select Committee on Mental Health held a hearing to discuss the Mental Health Services Act: Opportunities and Challenges. The hearing was well attended by advocates and the public, however only two Senators, Jim Beall and William Monning, attended. Three board members, Los Angeles, Mono and Santa Clara Counties, presented along with Dr. Tom Insel, representatives from DHCS and others. The meeting was narrowly focused on ways to improve the Act and to discuss future innovations and reversion.
6. Passed in the budget, includes passing the IHSS trailer bill that includes redirection of 1991 Realignment Mental Health VLF growth and freezing IMD rates.
7. **AB 114/SB 98 (Health Trailer Bills)** that contain the MHSA reversion provisions we support will not be voted on until Monday. CBHDA is calling for the Legislature's full support by encouraging your local Assembly Members and Senators to pass

this budget language so critical to counties. These bills require 2/3 vote of the Legislature to pass, so AYE votes by both Democrats and Republicans are critical.


If passed by the Legislature, these companion budget trailer bills will enact the following critical policies:

- No claw back of MHPA county funds for reversion prior to 2017-18 (totaling over \$100 million statewide);
- Extend the MHPA reversion period to 5 years for small counties with populations under 200,000; and
- Restart the reversion clock for innovative programs upon approval of a county Innovation plan by the MHPAOC.

Local Updates

1. Tectonic Shifts – Any organization would consider major changes to the foundation of their business high risk. All Behavior Health Departments are facing the following in the next few years:
 - a. Shift to Managed Care (which includes payment reform)
 - b. Shift to Whole Person Care (or complex care)
 - c. Shift to Service Integration
 - d. Shift in Federal Leadership
2. Revisions and additions to the **State Mental Health Plan (MHP)** have been provided in a side by side analysis for review.
 - a) 85 pages of change analysis include: 82 section amendments with multiple components, 16 new sections, about 100 action items (with multiple components)
 - b) Some timeline deliverables as early as July 1
 - c) Examples of major changes:
 - i. Requirement to have mechanisms to comprehensively assess each Medicaid enrolled as identified as having special health care needs, develop treatment or service plans, care monitoring, and access to appropriate specialists.
 - ii. Develop a Quality Assessment and Performance Improvement (QAPI) Program. Provide annual reporting to the Department (State) using standard measures identified by the department (TBD)
 - iii. New Grievance and Appeals requirements
 - iv. Information requirements (including font size)
 - v. Tracking encounters
 - vi. Data requirements

- d) The State estimates that an additional 6 FTE's will be required to implement the changes, that \$ have been set aside to support the effort, but no dollars will be available in advance.
 - i. The department is studying its vacancy list and considering ways to support the infrastructure required to transition
 - e) Locally, need to be prepared to re-consider our local system of care, outcomes, partnerships, and programs
 - i. Current State mapping
 - i. Currently preparing to map the entire department using Lean tools with the support of the CEO's office
 - ii. Maps will be populated with data and shared with the community and staff for input
 - ii. Communicate internally and externally
 - i. MHP Plan Changes are being organized by topic and timeline for implementation
 - ii. The Managed Care Workgroup will be where the State details, strategies, and activities will be more available
 - iii. The department is further developing its measurement system that will be uniform (as appropriate) across all services (both internal and contracted)
3. The department will participate in the **Payment Reform Readiness Learning Community** to learn and create detailed understanding about payment reform offered through The National Council for Behavioral Health and the California Council of Community Behavioral Health Agencies (CCCBHA)
 4. **AB1299** – Passed and effective on July 1, 2017 – ensures that foster children who are placed outside of their county of original jurisdiction are able to access mental health services. The host county will assume the responsibility for the authorization and provision of mental health services and payments for services upon the presumptive transfer.
 5. **EQRO Final Report** is on our webpage:
<http://www.vchca.org/vcbh-quality-improvement>
 6. The **Children's Accelerated Access to Treatment and Support (CAATS)** Innovations project previously approved by the Behavioral Health Advisory Board was approved by the MHOAC on May 25, 2017. Congratulations to all!



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency


BHAB BUDGET REPORT

FY17 Year-end Projections

Elaine Crandall, Director
Behavioral Health Department
June 19, 2017

ENTIRE DEPARTMENT FYE 2017

\$ in thousands




Revenue sources (blue):

- MHSA
- SD or Drug Medical
- Realignment/State
- Aid
- Grants/Other
- Interfund
- General Fund-IPU
- and ADP

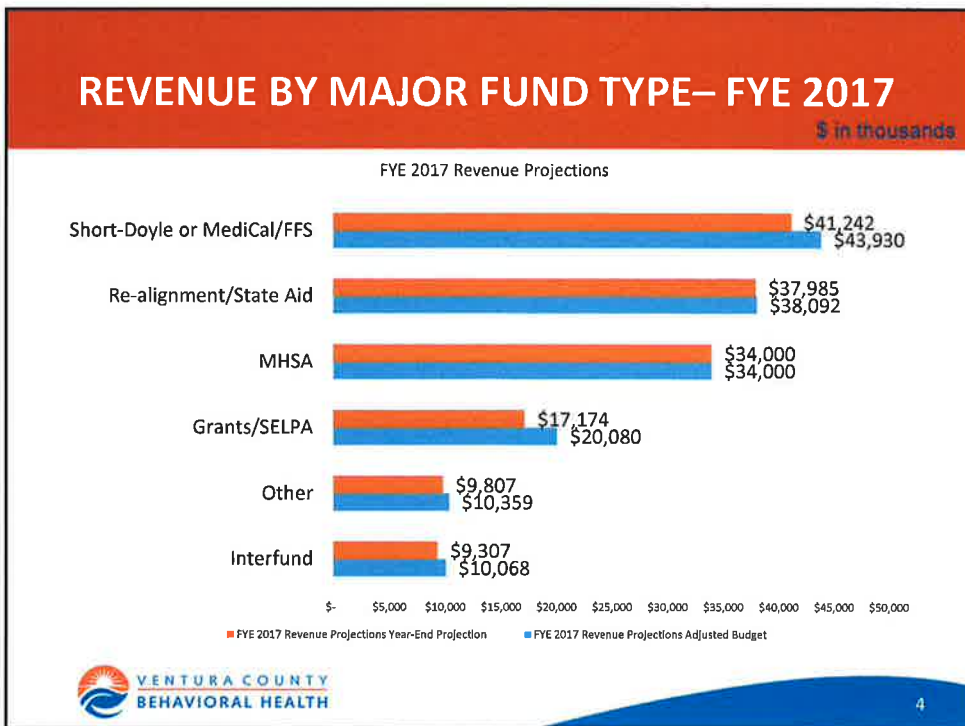
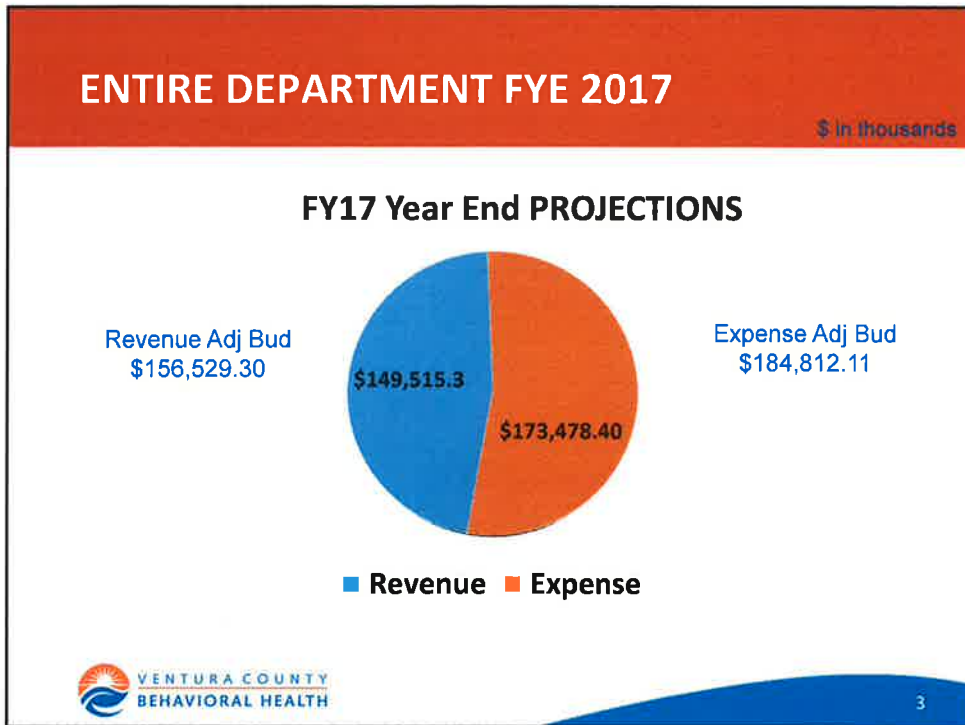
Expense categories (orange):

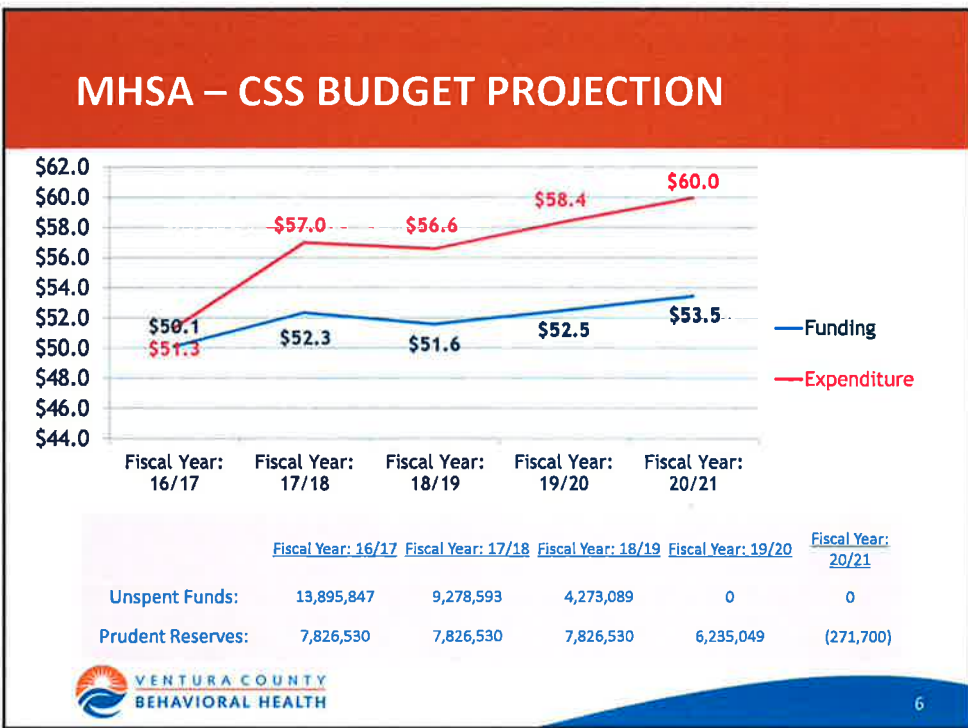
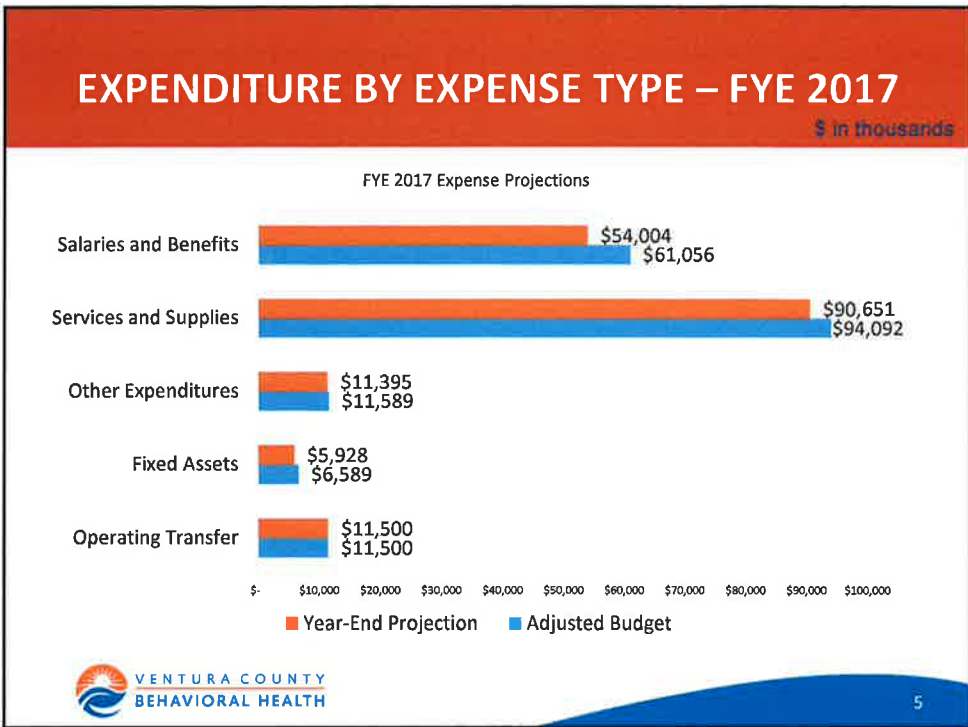
- Salaries/Benefits
- Other Prof&Spec Svcs
- Prof Medical Svcs
- Bldg Leases
- Housing/Other Supports
- Other Svcs/Supplies
- Interfund Exch
- Other Charges/MHRC
- Contributions to IPU

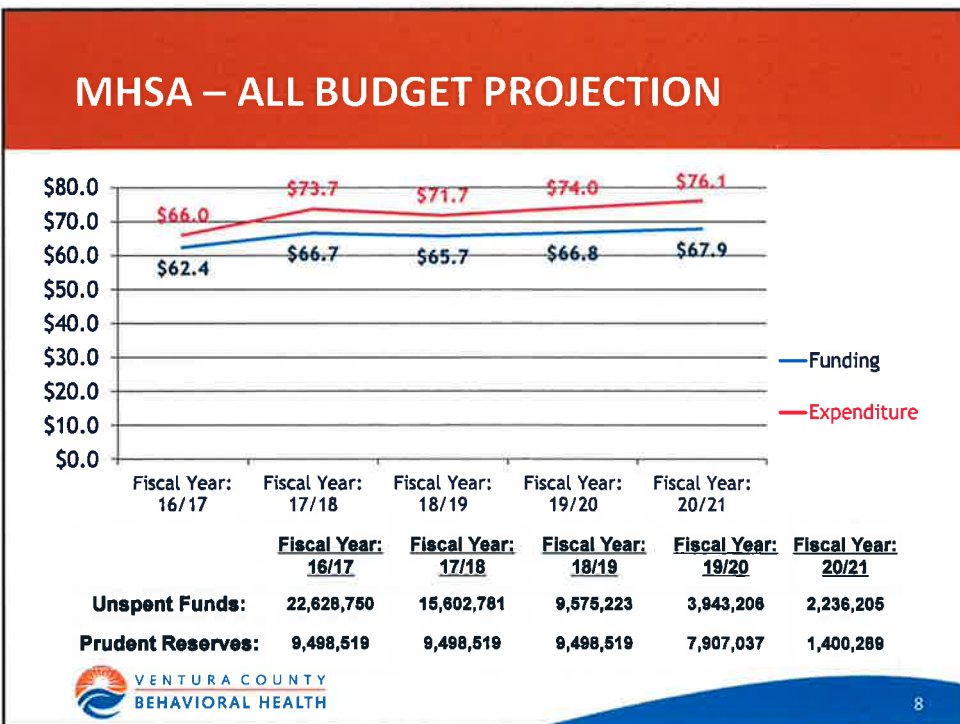
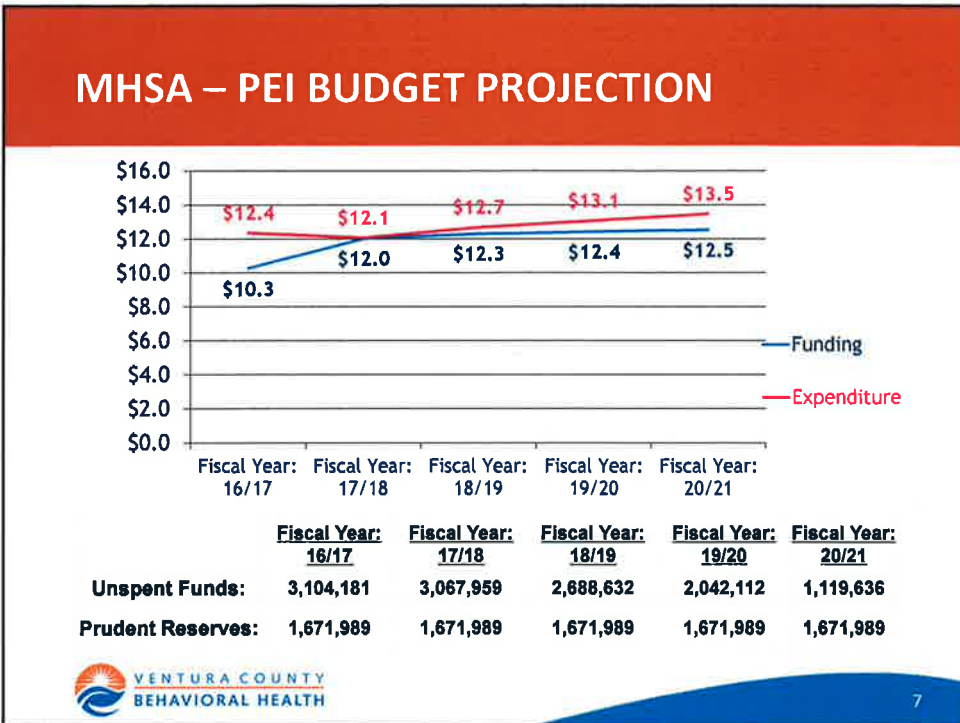
Legend: ■ Revenue ■ Expense



2







FY 17-18 Budget Considerations

Positives

1. 5% reduction for MCE's will have State Support
2. State support for administration towards Managed Care System
3. State support for Children's Continuum of Care
4. Freeze on mandatory 3.5% rate increase for IMDs

Negatives

1. No Claiming process, actual \$'s may be years away.
2. No cash out front, not claiming process, \$ may be years away
3. No cash out front, not claiming process, \$ may be years away
4. Loss of 1991 Realignment growth

1. Based on reimbursement system, we still have a cash problem
2. Continue to evaluate all programs to ensure they meet strategic goals, are effective, and efficient

QUESTIONS?

FOR A HEALTHIER COMMUNITY

**Effective August 10, 2017,
SMOKING WILL BE PROHIBITED
ON THIS PROPERTY**



This includes the use of all forms of tobacco, electronic smoking devices and marijuana, and will be prohibited in all buildings, parking lots and grounds of this property starting August 10, 2017.

*Per Ventura County Comprehensive Smoke-Free Ordinance #4502
For more information on this ordinance, please call (805) 201-7867*

Want to Quit?

TOBACCO EDUCATION & PREVENTION PROGRAM

call it quits

805-201-STOP (7867)

callitquits@ventura.org

MEMORANDUM

DATE: May 31, 2017

TO: County Employees

FROM: Rigoberto Vargas, PH Director and Robert Levin, M.D., PH Officer *RV* *RL*

SUBJECT: Ventura County Smoke-Free Ordinance

As you may know, on January 10, 2017, our County Board of Supervisors adopted the Ventura County Comprehensive Smoke-Free Ordinance. Implementation of the ordinance will begin on August 10, 2017. This ordinance covers the unincorporated areas of Ventura County, as well as all County campuses.

Smoking and the use of tobacco products, including the use of electronic smoking devices, vaping pens, and marijuana is prohibited in all indoor and outdoor areas of our County buildings, grounds and facilities. The only exception will be one designated smoking area at the Government Center to enable prospective jurors that smoke to remain within the vicinity of the jury services room.

We appreciate your efforts to comply with this ordinance and for supporting a smoke-free environment for all. Smoking is the single greatest cause of preventable death and disease in our country. Smoke-free workplaces provide employees and clients with a healthy work environment, which protects health and decreases the risk of developing smoking related illnesses.

Resources are available to assist those who want to quit smoking. We offer free tobacco cessation classes to County employees and to the public. We can also facilitate access to FDA approved tobacco use cessation aids.

If you have any questions regarding the ordinance, or if you would like information about the tobacco cessation resources, call us at 805-201-7867, or visit our Tobacco Education program webpage at <http://www.vchca.org/ventura-county-public-health-tobacco-programs>.

We thank you for your support of, and compliance with, this ordinance.

New program gives inmates chance to kick drug, alcohol addictions

Marjorie Hernandez , Marjorie.Hernandez@vstar.com, 805-437-0263 | 05:45 PM PT Date: 10/20/17



(Photo: Hayes Hickman/NEWS SENTINEL)

A select group of Ventura County inmates soon will have a drug addiction treatment option that experts say cuts the body's physical dependence on opioids and alcohol.

Vivitrol, also known as naltrexone, will be available for adult inmates in the county starting this month in a pilot program overseen by Ventura County Behavioral Health.

The monthly Vivitrol injection works by blocking opioid receptors in the brain and does not activate the brain's pleasure response, unlike other drug treatments such as methadone and buprenorphine.

Since Vivitrol is not a controlled substance, it also does not have a "street value" and does not substitute one drug for another to treat addiction, said Patrick Zarate, chief operations officer for Ventura County Behavioral Health.

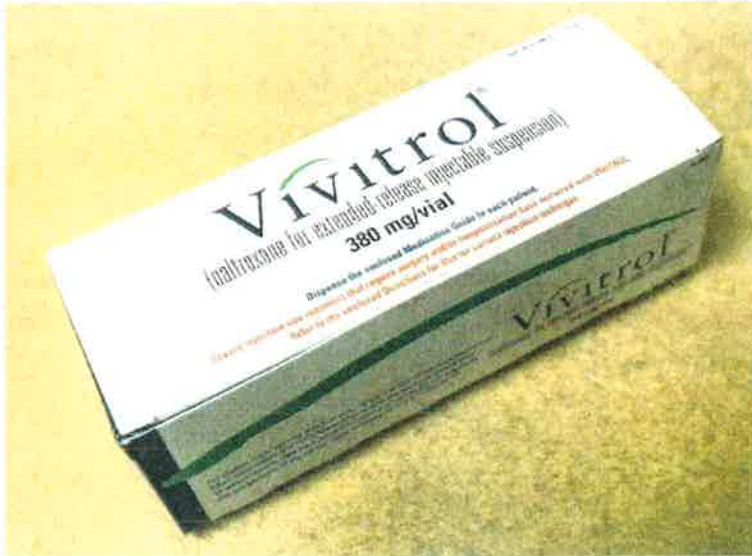
The program will be available for inmates who fall under Assembly Bill 109, the state's realignment legislation, which includes non-violent, low-level felony offenders. So far only one former inmate, known as "Patient Zero" to officials familiar with the program, started the Vivitrol treatments about seven months ago.

That former inmate has continued his shots through an outpatient narcotics treatment center, Aegis, which is licensed to administer Vivitrol, Zarate said.

Before Vivitrol, inmates had only methadone and buprenorphine as a way to help kick their drug and alcohol addictions.

The intramuscular Vivitrol shot costs \$1,200 per month, compared to the monthly costs of methadone and buprenorphine, which are \$2,050 and \$699 respectively.

"The science shows that it's pretty clear that there is a right population for each of the three drug treatments, and if that person has access to it, that person is more likely to succeed in their recovery exponentially," Zarate said. "All three of these drugs have value, but when you look at Vivitrol and if you look at it in relation to a coordinated system that involves criminal justice, this also makes sense."



Vivitrol, also known as naltrexone, will be available for adult inmates in the county starting this month in a pilot program overseen by Ventura County Behavioral Health. (Photo: MICHAEL CLEVINGER/COURIER JOURNAL)

The pilot program will be paid through funds from county behavioral health, which will work with the county Sheriff's Office and county Probation Agency to identify inmates who could qualify.

Methadone, which is taken orally in a liquid form, and buprenorphine, which is taken as an oral tablet or a film dissolved under the tongue, have to be taken daily, whereas one Vivitrol shot lasts up to a month.

The monthly costs for each treatment also include doctor visits and counseling, which are key, said county Behavioral Health manager Kathy Mulford.

In order to be considered for Vivitrol, inmates first must go through a comprehensive health assessment conducted by physicians inside the jail. Participants also must be sober from opiates at least seven to 10 days before starting treatments, Mulford said.

Outside of the higher monthly price tag, there are some drawbacks from the extended use of Vivitrol, according to medical experts. Because it is an opioid antagonist, there is a risk of accidental overdose if an individual were to relapse.

Patients who have been treated with Vivitrol may have reduced tolerance to opioids and may be unaware of the risks if they relapse.

That is why, Mulford said, patients who use Vivitrol need ongoing counseling and proper education about the risks and changes their body will undergo since the treatment will dull the euphoric effect patients previously felt while on opioids or alcohol.

Zarate, however, said because Vivitrol blocks the pleasure receptors of the brain, patients oftentimes lose the craving for opioids altogether, therefore preventing overdose fatalities 12 times more than other forms of drug treatment.

While Vivitrol treatments will be limited to non-violent felony offenders in jail, the pool of prospective patients becomes even smaller because of other factors. Individuals who have liver issues, pregnant women and those who have other sensitivities to the medication would not be able to use Vivitrol.

Cmdr. Ron Nelson, of the Ventura County Sheriff's Office, said about 15 percent of the 1,650 adult inmates at the county's two jails are classified as realignment, non-violent felons. Only a fraction of those inmates would qualify for the Vivitrol program.

Zarate said other than "Patient Zero," two other inmates have been identified as viable candidates for the Vivitrol program, which will start this month. The goal is to find at least 15 inmates who could participate in the pilot program, Zarate said.

Across the state

So far, only a handful of counties in the state are using Vivitrol to treat opioid and alcohol addictions among its prison population, including Orange, Los Angeles and Butte counties.

Planning for Orange County Health Care Agency's Vivitrol program began in late 2012, but the first injection was administered May 1, 2014, said health information specialist Tricia Lindquist.

Since 2014, a total of 224 individuals who fall under the realignment category have participated so far in the Orange County Health Care Agency's program, but the agency was able to track only 93 of those participants.

Some of the realignment participants left Orange County's program because they were no longer eligible for the service after Proposition 47 was passed by voters in November 2014. Under Proposition 47, nonviolent and nonserious crimes were reduced to misdemeanors.

"Some clients might move to a more formal probation status for various reasons, which would also make them ineligible to receive Vivitrol through AB 109 programs," said Jessica Good, public information manager for the Orange County Health Care Agency.

Other clients transitioned into a program covered by Medi-Cal and continued their monthly shots through a Medi-Cal funded physician, Lindquist said.

According to 2015-16 data on those 93 individuals participating in the Orange County program, 25 received the shots while in custody, while the rest were administered in an outpatient setting.

Over the years, only 11 individuals have relapsed and tested positive for methamphetamine, Lindquist said.

The longest active participant in the Orange County program has received 12 injections to date and continues to test negative for drugs, Lindquist said.

While Vivitrol is the most expensive of the three forms of treatment at \$1,200 per dose, Nelson said providing the option for inmates who qualify for the program could help many who struggle with their addictions and relapse.

Nelson said the long-term rewards of the jail Vivitrol program could be exponential.

"Almost everyone in here has suffered from some kind of addiction problem ranging from alcohol, marijuana, meth or other opiates," Nelson said. "Since Vivitrol is not an opiate at all, it blocks the receptor sites so they no longer have that craving for the opiate.

"We have people who continue to struggle with these addictions, and while they are sober and clean when they are in here, they go back to their old ways when they get out of here," he said. "It's a very tough cycle to break, but at least with (Vivitrol), it's essentially reprogramming the brain so they no longer have those cravings."

County sheriff's officials, medical staff in the jails and officials from the county probation agency work closely with Aegis, a contract health facility that takes over the Vivitrol treatments once the individual is released from jail. A probation officer will keep in touch with the individual and serve as a liaison between law enforcement and Aegis.

Aegis, which has offices in Santa Paula, Ventura and Oxnard, currently sees about 1,100 patients who are being treated with Vivitrol, methadone and buprenorphine, said spokeswoman Rachel McDuffee. Aegis also plans to expand its Vivitrol program to its Simi Valley location once the company receives approval from the state.

"What's nice is we are now going to be able to offer different types of medication, and therefore if one type doesn't work for someone, there are two others we can try to treat the client," McDuffee said. "Another important aspect in this is counseling, which goes hand-in-hand. These medications are not going to work without the counseling, and that's why all patients are mandated to go to counseling."

Mulford said Ventura County's "Patient Zero," who is in his 60s, is a "true success story." The man, who has been addicted to heroin since his 30s, has tried methadone treatment but relapsed and suffered multiple overdoses.

After about seven months on the Vivitrol treatment, however, Mulford said Patient Zero is no longer craving drugs and is also in a residential treatment program.

"It's an amazing transformation," Mulford said. "The first time I met him he was withdrawn and quiet. There were times where he was just 'white knuckling it' through his other treatments, but when I saw him under Vivitrol, he couldn't wait to tell me every month just how great he was feeling.

"He now has his driver's license and has a job. He is amazed that his craving for drugs is absolutely gone," Mulford said.

Behavioral Health Advisory Board Site Visit Report

Date: Apr 28, 2017

Facility / Program: Pacific Clinics/ TAY Wellness Center

Location: Oxnard

Contact Person: Vannessa Cortez

Phone #: (805) 240-2538

E-mail: vcortez@pacificclinics.org

BHAB Review Team:

Jerry Harris, Nancy Borchard, Patricia Mowlavi, Ratan Bhavnani, Ron Nelson

FACILITY / PROGRAM DEMOGRAPHICS

1. Age Group Served: (Check all that apply)

Children (0 - 12) Adolescents (13 - 17) TAY (18 - 25) Adults (18 - 61) Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: _____ Monthly Avg. 200* and / or Daily Avg. 6-8*

3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

Pacific Clinics TAY Wellness Center, TAY Tunnel, offers at least four hours of learning experience daily with a variety of classes, Wellness Recovery Action Plan (WRAP), peer driven services, linkage to mental health services and/or any community service as needed.

4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

Center employees include, an Employment Specialist, to support employment readiness activities, gaining employment and maintaining employment. A Health Navigator to assist TAY in accessing physical health care resources. Peer Partners support activities through a "for them, with them, by them", approach. For example a TAY that needs to be linked to transportation resources, the center can provide a bus token, staff can support them on accessing the bus and route and then practice with them on how to learn the system. Center does participate in community events (resource fairs, community meetings and educational functions).

5. Number of on-site staff having direct client contact:

Six full time equivalents (eight staff). Daily, there is an Employment Specialist, Peer Partner, Recovery Specialist, Program Manager and staff to support housing resource needs.

Currently, there is a full time and part time Recovery Specialist who provides outreach and engagement in the community; one part time Peer Health Navigator who links member to a primary care doctor, medical insurance and facilitates a healthy living habit class; one full time Employment Specialist for employment services; one full time Housing Specialist who links to housing resources; one full time Program Manager who oversees daily functions and supervision of the staff; one part time Program Director. There are four part time Peer Partners. All direct care staff have identified with lived experience.

6. What kind of training does your organization provide the staff, and how often?

Pacific Clinics offers trainings year round, through the Pacific Clinics Training Institute. Staff attend community workshops and conferences. Staff have weekly supervision with their individual supervisor, group supervision monthly with a Licensed Clinical Social Worker. Additional on going trainings as needed, CPR First Aid, Mental Health First Aid, Safe Talk, Triple P, Mandated Reporter, Provider Education NAMI, Motivational Interviewing, Cultural Responsive trainings, at least two a year. The Vice President is a Licensed Clinical Social Worker who provides a monthly one hour group supervision with the staff. Laura Pancake does not provide direct services to the members.

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

Please see #5 above.

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

Yes, currently all staff have self identified with lived experience. Staff are here daily to assist the TAY . Staff encourage all TAY to gain support from their supporters whether it be parents, caregivers or friends, staff impress the importance of their engagement on their wellness journey. All individuals are encouraged to let their "supporters" know they can hold a team meeting to build a plan to best support their wellness journey. For example, if the TAY have multiple community based agencies, family and friends supporting them in their next steps, Center staff can facilitate building a plan.

9. Describe Groups - education/support?

Please see attached center calendar

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

Please see attached emergency exit floor plan

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

*** Clients served: Monthly, there are 200 duplicate individuals served (inclusive of Community Partners, Visitors, Members and Guests). On a daily basis, there are 6-8 unduplicated individuals.**

Upon initial arrival, clients are welcomed by staff, given guidelines/rules and tour of the facility. Peer partner staff help to connect and engage with clients. Clients attend classes such as WRAP, Positive Interaction, Job Readiness, Plan your Day, Life Skills, Nutrition and Physical Health. As needed, clients are connected to housing support, insurance enrollment assistance, mental health services as well as other community services. A Health Navigator is available to assist with accessing physical health care. Assistance is provided for SSI if there is a mental health disability; although as the client is able, work is encouraged and emphasized to facilitate recovery. Some basic needs are also met in having a shower on-site, clothing and mail service available for address. TAY staff also outreach to meet clients at home, clinic or mutually agreed location. Outreach is also made to schools, police departments and jails.

Weekly in TAY Council, members are able to plan and create social events, for example: NFL Draft Day, Monday Night Football, Thanksgiving dinner, Halloween event, watching Dodger's opening day game, movie day and BBQ at the park.

Clients may progress to different level staff positions which include: PEER partners - with lived experience, Recovery Specialist - outreach into community, Mental Health Recovery Partner, Team Lead and Center Manager.

Also available is a Step Up Process to assist with housing. This provides a hotel voucher (dedicated hotel) for 8 weeks with client commitment to be at TAY Tunnel during working hours 9:00 - 5:30 completing Wellness Recovery Action Plan (WRAP), referral to VCBH and volunteering at TAY - Helping Hands (which develops soft skills such as greetings and phone etiquette).

TAY staff helps to acquaint clients with Adult Wellness Centers as they near transition age limit to familiarize and ease transition as clients age out.

Staff identified program needs ?

Possible expansion of age ranges from 16 - 28 years. (Other Pacific Clinic locations offer services to 16 year olds in other counties.)

Difficult to meet needs in east Ventura County with one location. Transportation for clients is an obstacle. Collaboration with organizations throughout the county have been attempted (i.e. Lutheran Services for east county) but have not gained traction.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Well managed site with professional, caring and dedicated staff. Success stories evidenced in peer staff progression. Well organized and functioning especially considering the sites physical limitations. Clients appear to be comfortable and engaged.

Board Member Recommendations for Program Needs?

Ability to provide services to the entire county is a challenge. TAY staff is commended for collaboration attempts and outreach to support other areas of the county.

May 2017

T.A.Y Tunnel
 (Transitional Age Youth)
 Hours: Mon.-Fri. 9-5:30 Sat 10-3



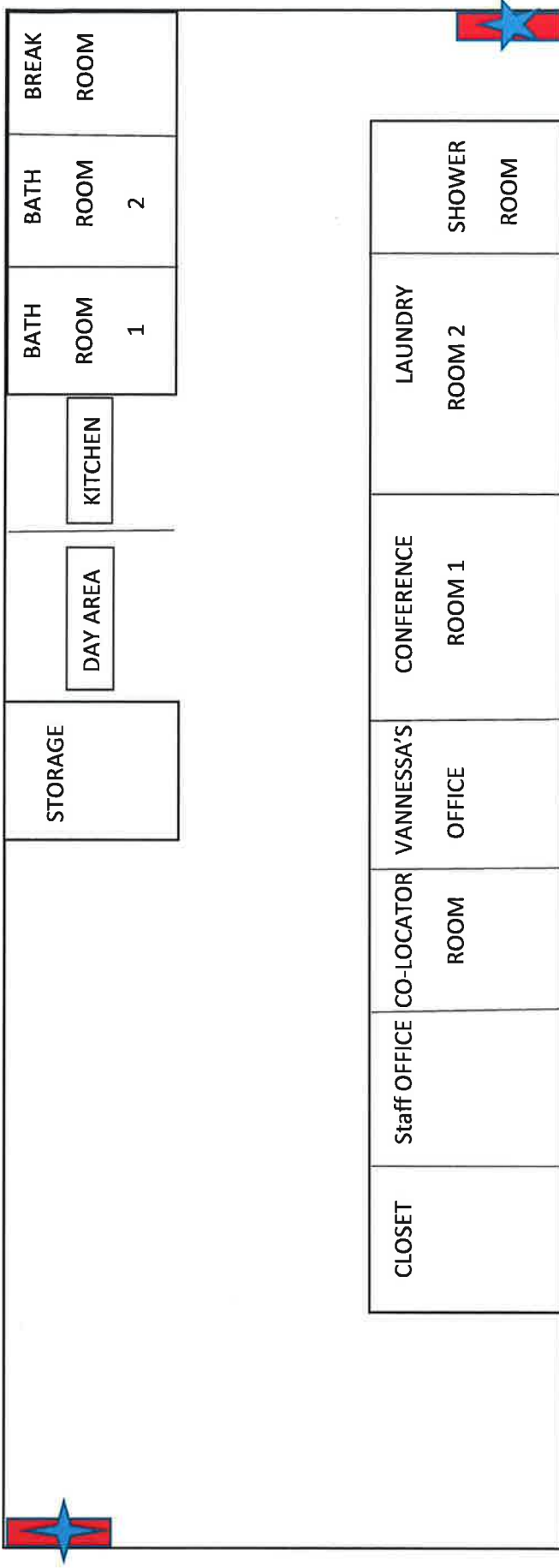
141 W. Fifth St. Ste. D
 805-240-2538

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 1-2 Youth WRAP 2-3 Positive Interaction *center closing at 4:00pm	2 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 12-1 Youth WRAP 2-3 TAY Council 4-5 TAY Spectrum	3 9-10 Plan your Day 10-11 Life Skills 11-12 Creative Expression 1-2 Job Readiness 2-3 Productive Hour 3-430 TAY WRAP (5)	4 9-10 Plan your Day 10-11 Nutritional Health 11-12 WRAP 1-2 Current Events 3-4 Physical Wellness 4-5 Positive Interactions	5 9-10 Plan your Day 1030-11 Food Pantry 11-1230 TAY WRAP (1) <u>1-4 Dept. Of Rehab</u> 2-3 Youth WRAP 3-4 Creative Expression 4-5 Positive Interactions	6 <u>Center Closed</u> <u>NAMI Walk</u> Team: TAYking Over
8 9-10 Plan your Day 10-11 Creative Expression 11-12 WRAP for Addiction 1-2 Job Readiness 2-3 Youth WRAP 3-4 Positive Interaction *center closing at 5:00pm	9 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 12-1 Youth WRAP 2-3 TAY Council 4-5 TAY Spectrum	10 9-10 Plan your Day 10-11 Life Skills 11-12 Creative Expression 1-2 Job Readiness 2-3 Productive Hour 3-430 TAY WRAP (6)	11 9-10 Plan your Day 10-11 Nutritional Health 11-12 WRAP 1-2 Current Events 3-4 Physical Wellness 4-5 Positive Interactions	12 9-10 Plan your Day 1030-11 Food Pantry 11-1230 TAY WRAP (2) 2-3 Youth WRAP <u>Closing at 3:00 Staff Meeting</u>	13 <u>Open 10-3</u> 10-11 Productive Hour 12-1 Creative Expression 12-1 Nutritional Health 1-2 Youth WRAP 2-2:45 Productive Hours
15 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 1-2 Youth WRAP 2-3 Positive Interaction *center closing at 4:00pm	16 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 12-1 Youth WRAP 2-3 TAY Council 4-5 TAY Spectrum	17 9-10 Plan your Day 10-11 Life Skills 11-12 Creative Expression 1-2 Job Readiness 2-3 Productive Hour 3-430 TAY WRAP (7)	18 9-10 Plan your Day 10-11 Nutritional Health 11-12 WRAP 1-2 Current Events 3-4 Physical Wellness 4-5 Positive Interactions *center closing at 5:00	19 9-10 Plan your Day 1030-11 Food Pantry 11-1230 TAY WRAP (3) 2-3 Youth WRAP 3-4 Creative Expression 4-5 Positive Interactions *center closing at 5:00pm	20 <u>Open 10-3</u> 10-11 Productive Hour 12-1 Creative Expression 12-1 Nutritional Health 1-2 Youth WRAP 2-2:45 Productive Hours
22 9-10 Plan your Day 10-11 Creative Expression 11-12 WRAP for Addiction 1-2 Job Readiness 2-3 Youth WRAP 3-4 Positive Interaction *center closing at 5:00pm	23 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 12-1 Youth WRAP 2-3 TAY Council 4-5 TAY Spectrum	24 9-10 Plan your Day 10-11 Life Skills 11-12 Creative Expression 1-2 Job Readiness 2-3 Productive Hour 3-430 TAY WRAP (8)	25 9-10 Plan your Day 10-11 Nutritional Health 11-12 WRAP 1-2 Current Events 3-4 Physical Wellness 4-5 Positive Interactions	26 9-10 Plan your Day 1030-11 Food Pantry 11-1230 TAY WRAP (4) 2-3 Youth WRAP 3-4 Creative Expression 4-5 Positive Interactions	27 <u>Open 10-3</u> 10-11 Productive Hour 12-1 Creative Expression 12-1 Nutritional Health 1-2 Youth WRAP 2-2:45 Productive Hours
29 <u>Center Closed</u> <u>Memorial Day</u> 	30 9-10 Plan your Day 10-11 Creative Expression 11-12 Job Readiness 12-1 Youth WRAP 2-3 TAY Council 4-5 TAY Spectrum	31 9-10 Plan your Day 10-11 Life Skills 11-12 Creative Expression 1-2 Job Readiness 2-3 Productive Hour 3-430 TAY WRAP (1)		<u>**Please note schedule may change. Center does have days it closes early. We appreciate your flexibility. Please feel free to call ahead.</u>	

Mission Statement

The TAY Tunnel empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment. By creating stepping stones to independent living, we can all light the path to a happier and healthier lives.

PACIFIC CLINICS TAY TUNNEL FLOOR PLAN



 Emergency Exit 1

 Emergency Exit 2

In case of an emergency please exit to the nearest emergency exit located at each ends of the center. Safe meeting place is the Oxnard Library.

BHAB Objectives

2017-18

- ①. As funding and resources diminish, stay focused on caring for the Severely Mentally Ill through the delivery of integrated services utilizing County and community partners.
- ②. Support efforts to streamline access to mental health and substance abuse services.
 - 3. Advocate for increased supported housing, and partner with cities to open year-round housing with integrated services for the SMI population.
- ④. Advocate for school based services for children at risk of mental illness.
 - 5. Advocate for integrated programs and residential settings for those in all age groups with mental health, suicidal ideation, and addiction challenges.
- ⑥. Support local efforts to divert those with severe mental illness from the criminal justice system.
 - 7. Advocate for additional local treatment facilities 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.
- ⑧. Conduct at least six site visits in the fiscal year, including reviewing each relevant contract, per Site Visit Protocol.
 - 9. Advocate for the older adult population with mental illness and physical issues.
- ⑩. Explore ways to better meet the needs of adults in crisis by supporting cooperation between Ventura County Behavioral Health, hospitals and the Crisis Residential Treatment (CRT).
- ⑪. Advocate for Ventura County Behavioral Health to provide services to meet the culturally diverse needs of the community.

MEMORANDUM

DATE: June 14, 2017

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

Executive Summary

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

Board Agenda – June 20, 2017

1. Alcohol and Drug Program (ADP) – FY 2017-18 Aegis Treatment Centers, Healthright 360, Khepera House, Tarzana Treatment Centers, and Western Pacific Med-Corp Contracts

Aegis provides outpatient narcotic treatment program services for adults. With the implementation of the Affordable Care Act (ACA), utilization of narcotic treatment program services has increased as more clients have become eligible for Drug Medi-Cal (D/MC) services, including new and previously uninsured clients. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,250 clients. In FY 2015-16 Aegis served 788 D/MC clients. The proposed contract reflects: (1) various contract language changes and (2) a decrease of \$15,000 from the prior year contract to align to the agreed upon budget amount for FY 2017-18 services. This contract is funded with D/MC and realignment funds.

VCBH is proposing approval for the VCBH Director to sign the contract with Aegis, in the amount of \$5,166,000, effective July 1, 2017 through June 30, 2018.

Healthright 360 provides residential substance use disorder treatment and social model detox services for women and their children. In FY 2015-16, the residential treatment program served 150 clients (7,636 bed days) depending on length of stay. Healthright 360's social model detox program served 112 clients (642 bed days) with a maximum length of stay of seven days. The proposed contract reflects: (1) various contract language changes, (2) a decrease of \$20,000 from the prior fiscal year contract to better align to the service needs of the program and (3) a 10% increase in the rates due to increased staffing, information technology/electronic health record infrastructure, and facility maintenance costs. This contract is funded by drug court realignment (adults

and dependency drug court), Substance Abuse Prevention and Treatment (SAPT) discretionary, Assembly Bill (AB) 109 Public Safety Realignment Act, County general fund, and CalWorks revenue.

VCBH is proposing approval for the VCBH Director to sign the contract with Healthright 360, in the amount of \$1,043,627, effective July 1, 2017 through June 30, 2018.

Khepera House provides residential substance use disorder treatment, sober living, and social model detoxification (detox) services for men. In FY 2015-16, the residential program served 175 clients (9,174 bed days) depending on length of stay. The sober living program served 107 clients (1,904 bed days) depending on length of stay. The detox program served 357 clients (1,438 bed days) with a maximum length of stay of seven days. The proposed contract reflects various contract language changes and an increase of \$332,027 over the prior year agreement to fund: (1) a \$57,027 increase in AB 109 Public Safety Realignment Act residential, social model detox, and sober living services and (2) a new program with a focus on patients in need of opioid treatment including medication assisted treatment (MAT) at a total cost of \$275,000. The increase in the AB 109 Public Safety Realignment Act services will be funded with savings realized from a reduction in services with another contract provider. There is no change in the rates for the existing services. The new opioid MAT program will include residential substance use disorder treatment, sober living, and social model detox services. This new program will be funded with SAPT and realignment funds. The anticipated bed capacity is between four and six beds. The opioid MAT rates are as follows: \$103 per bed day for social model residential detox, \$81.21 per bed day for residential treatment, and \$20.70 for sober living services. This contract is funded by SAPT discretionary, drug court realignment (adult drug court) residential revenue, County general fund, realignment, and AB 109 Public Safety Realignment Act funds.

VCBH is proposing approval for the VCBH Director to sign the contract with Khepera House, in the amount of \$1,274,991, effective July 1, 2017 through June 30, 2018.

Tarzana provides residential and residential detoxification services for adults and youth. In FY 2015-16, Tarzana served 71 clients and provided 165 residential bed days and 449 residential detoxification bed days. The proposed contract reflects various contract language changes. There is no change to the maximum contract amount or contract rates from the prior fiscal year contract. This contract is funded with County general fund, SAPT Discretionary, and AB 109 Public Safety Realignment Act funds.

VCBH is proposing approval for the VCBH Director to sign the contract with Tarzana, in the amount of \$235,000, effective July 1, 2017 through June 30, 2018.

Western Pacific provides outpatient narcotic treatment program services for adults. With the implementation of the ACA, utilization of narcotic treatment program services has increased as more clients have become eligible for D/MC services, including new and previously uninsured clients. Western Pacific's clinic is located in Ventura and has a licensed capacity of 450 clients. For FY 2015-16 Western Pacific served 548 D/MC clients. The proposed contract reflects: (1) various contract language changes and (2) an increase of \$80,000 over the prior year contract in order to serve the increased utilization resulting from the ACA. This expansion is fully funded with D/MC revenue. This contract is funded with D/MC FFP and realignment funds.

VCBH is proposing approval for the VCBH Director to sign the contract with Western Pacific, in the amount of \$2,000,000, effective July 1, 2017 through June 30, 2018.

2. FY 2017-18 Evalcorp Pathways to Wellbeing Contract

Evalcorp will continue to assist VCBH in meeting the reporting requirement of the Katie A. Settlement Agreement by designing, developing, and implementing a shared data and outcome system for continued data collection, review, and reporting of mental health services within the County's foster care system. Under the proposed contract for performance management and evaluation services, Evalcorp will continue to: (1) gather, analyze, and report on outcome measures for clients in the County's foster care system and (2) produce reports and presentations that will be used to report on VCBH's mental health measures and outcomes, inform stakeholders, and submit mandatory information to the State of California. There is no change in the maximum contract amount from the prior fiscal year contract. This contract is funded with Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP) and realignment funds.

VCBH is proposing approval for the VCBH Director to sign the contract with Evalcorp, in the amount of \$77,550, effective July 1, 2017 through June 30, 2018.

3. FY 2017-18 Turning Point Foundation Adult Wellness and Recovery Center Services (AWRC), Turning Point Foundation Quality of Life Improvement (QLI) /Rapid Integrated Support and Engagement (RISE) Peer Program Services, and Pacific Clinics Transitional Age Youth (TAY) Wellness and Recovery Center (WRC) Contracts

Turning Point Foundation operates two AWRC's, one in Oxnard and one in Ventura, which focus on outreach and engagement of individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. The AWRC's use group and 1-on-1 interaction to engage clients in programs and serve as portals to other mental health, medical, dental, housing, and employment services. As of April 2017, the AWRC's have served 350 members and every member either completed or has been introduced to a wellness recovery action plan (WRAP). There is no change in the maximum contract amount from the prior year contract. This contract is funded with Mental Health Services Act (MHSA) funds.

VCBH is proposing approval for the VCBH Director to sign the contract with Turning Point Foundation, in the amount of \$484,731, effective July 1, 2017 through June 30, 2018.

Turning Point Foundation's QLI program focuses on individuals with serious and persistent mental illness living in board and care/supported housing facilities. The goal of the program is to promote wellness through non-clinical groups and activities and increase the community integration of the residents. Peer staff with lived mental health experience provide group and community activities and one-on-one interactions to help residents learn independent living skills and coping tools to promote recovery. The program is operating at three board and care sites (Elms Manor, Sunrise Manor and Cottonwood), two supported housing facilities (Villa Calleguas and Castillo del Sol), and has served 183 individuals. These QLI services will be funded with MHSA funds. The proposed contract also includes funding for four peer positions who will work with the VCBH RISE team. These positions were a part of another VCBH contract that ends on June 30, 2017. The peers will accompany the RISE

staff on community mental illness calls to assist in improving communication with the individual in need and facilitating acceptance of RISE team services. The RISE peer positions will be funded by the Triage Grant. The maximum contract amount will increase by \$203,789 from the prior fiscal year contract due to the addition of the four RISE peer positions.

VCBH is proposing approval for the VCBH Director to sign the agreement with Turning Point Foundation, in the amount of \$536,592, effective July 1, 2017 through June 30, 2018.

Pacific Clinics manages a TAY WRC that focuses on assisting youth ages 19 to 25 in developing linkages and accessing resources. The WRC assists these youth in achieving the goals of their individualized WRAP. The WRC involves the youth in planning and operating the WRC through an advisory board, leadership team, and peer mentorship/employment program. The WRC also makes referrals to VCBH for youth who are experiencing symptoms of severe and persistent mental illness. As of April 2017, the WRC has 135 members who have completed a WRAP. There is no change in the maximum contract amount from the prior fiscal year contract. This contract is funded with MHSA funds.

VCBH is proposing approval for the VCBH Director to sign the agreement with Pacific Clinics, in the amount of \$590,800, effective July 1, 2017 through June 30, 2018.

4. FY 2016-17 Seneca Family of Agencies (Seneca) Crisis Stabilization Unit (CSU) and Comprehensive Assessment and Stabilization (COMPASS) Contract Amendments

Seneca operates the children's CSU and Short Term Acute Residential Treatment (START) (a.k.a., COMPASS) programs through two separate contracts. The CSU provides mental health interventions necessary to divert minors from hospitalization and to safely discharge them to community services. The CSU is certified as a Crisis Stabilization Unit that can provide crisis stabilization services that last less than 24 hours. The START/COMPASS program is licensed as a six bed Short-Term Residential Therapeutic Program (STRTP). The program is designed to provide voluntary residential treatment for minors who are not able to be stabilized in less than 24 hours but who do not meet criteria required under Welfare and Institutions Code section 5585 for psychiatric hospitalization. These two programs were initially scheduled to open in August of 2016 but were delayed. The CSU opened in December 2016 and the COMPASS program opened in March 2017. As a result of the delay, Seneca's operating budgets and the revenue that VCBH anticipated receiving were impacted. The proposed amendments to the FY 2016-17 contracts are needed to reduce the budgets in order to properly align expenses and revenue. The amendment to the COMPASS agreement also revises the program name from START to COMPASS.

VCBH is proposing approval for the VCBH Director to sign the amendments with Seneca to adjust the operating budget and reduce the: (1) CSU contract maximum from \$3,937,992 to \$3,396,721 (a \$541,271 decrease), effective March 22, 2016 through June 30, 2017 and (2) COMPASS contract maximum from \$2,103,002 to \$1,509,888 (a \$593,114 decrease), effective March 22, 2016 through June 30, 2017.

5. Casa Pacifica Centers for Children and Families (Casa Pacifica) Residential/Campus Treatment, Transitional Youth Services/Non Minor Dependents (TYS/NMD), and Transitional Youth Services (TYS) Contracts

Casa Pacifica provides specialty mental health services to children who are early and periodic screening, diagnostic and treatment (EPSDT) Medi-Cal beneficiaries within the contracted programs listed below:

The Residential/Campus Treatment contract consists of the following programs: (1) Residential Treatment Center (RTC), (2) Shelter, (3) Non Public School (NPS), (4) Therapeutic Behavioral Services (TBS), (5) In Home Behavioral Services (IHBS), and (6) Parent Child Interactive Therapy (PCIT). The RTC and Shelter programs provide mental health services to youth who are either Ventura County EPSDT Medi-Cal beneficiaries or out-of-county foster youth. The NPS program is a private school certified by the California Department of Education to provide services to special education students using local public district funds. TBS is a county-wide program providing one-to-one planned cognitive behavioral intervention for youth at home, school, or within other community settings. IHBS services provide intensive in home one-to-one planned cognitive behavioral interventions for Katie A. Subclass members. PCIT is an evidence-based intervention for families that is designed to decrease child behavioral problems, improve parenting skills, and enhance the parent-child relationship. The common goal of these programs is to transition the child to a lower level of care and prevent further progression of mental health symptomology, deterioration, and functioning. There is no change in the maximum contract amount from the prior fiscal year contract. This contract is funded with SD/MC FFP and 2011 Realignment/EPSDT funds.

TYS/NMD contract is targeted toward serving youth between the ages of 18 to 21 who have elected to remain in the foster care system under AB 12 as NMD. Through this contract, youth are provided intensive mental health services and related supports to address the behavioral and psychological challenges that prevent NMD's from attaining stability in occupational, relational, and other areas of functioning. There is no change in the maximum contract amount from the prior fiscal year contract. This contract is funded with SD/MC FFP and 2011 Realignment/EPSDT funds.

The TYS contract serves youth between the ages of 18 to 25 that reside in Ventura County and who have either elected not to participate in extended foster care under AB 12 or who do not qualify for AB 12 services. Youth receive mental health services through the TYS program if they have a mental health diagnoses that meets medical necessity criteria. The goal of the program services is to achieve: (1) improved mental health, (2) a reduction in symptoms, and (3) a reduction in functional impairments. There is no change in the maximum contract amount from the prior fiscal year contract. This contract is funded with SD/MC FFP and 2011 Realignment/EPSDT funds.

VCBH is proposing approval for the VCBH Director to sign the contracts with Casa Pacifica for: (1) Residential/Campus Treatment services, in the amount of \$5,163,498, effective July 1, 2017 through June 30, 2018, (2) TYS/NMD services, in the amount of \$468,462, effective July 1, 2017 through June 30, 2018, (3) TYS services, in the amount of \$86,000, effective July 1, 2017 through June 30, 2018.

6. FY 2016-17 and FY 2017-18 Telecare Assisted Outpatient Treatment (AOT) Contract Amendment

Telecare provides AOT services through an assertive community treatment (ACT) model to clients who meet the AOT requirements defined under Laura's Law. Telecare's Assist Program serves individuals who have a serious mental illness and are most at risk for psychiatric hospitalization, homelessness, or incarceration. Due to mental health and/or alcohol and drug issues, clients qualifying for the Assist Program require treatment in order to live safely and productively in the community and to reduce recidivism. To date, Telecare has enrolled three clients in Assist Program services and is providing outreach to another 18 individuals. The goal is to serve 60 unduplicated clients over the course of the service period commencing July 1, 2017 through June 30, 2018. The proposed amendment reflects: (1) a revision of various line items in the FY 2016-17 start-up budget to better align the budget to actual program needs (there is no change to the overall budget amount of \$80,000) and (2) various contract language changes for FY 2017-18, and (3) clarification of the cost settlement procedures. There is no change to the existing contract maximum of \$1,188,032. This contract is funded by MHSA, SD/MC FFP, and Substance Abuse and Mental Health Services Administration (SAMHSA) grant funds.

VCBH is proposing approval for the VCBH Director to sign the amendment with Telecare, in the existing amount of \$1,188,032, effective November 1, 2016 through June 30, 2018.