

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

March 20, 2017

NEXT MEETING:

Monday, April 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
Claudia Armann
Karyn Bates
Ratan Bhavnani
Nancy Borchard, Secretary
Gane Brooking
Jerry Harris, 2nd Vice Chair
Larry Hicks
Cmdr. Ron Nelson
Denise Nielsen
Supervisor Linda Parks
Kay Wilson-Bolton
Sandra Wolfe

BHAB Members Absent

Monique Garcia
Mary Haffner
Patricia Mowlavi
McKian Nielsen
Irene Pinkard
Marlen Torres
Sidney White

Others Present

Carol Thomas
Erik Sternad, Interface
Rae Hanstad
Cynthia Torres, New Dawn Counseling
Crystal Eastbarn
Cece Casey
Richard Casey
Sonna Gray
Verinoca Urzua, City Impact
L. Ruffino, Interface
Natale Gabriele, Aegis Treatment Centers
David Deutsch, NAMI
Letty Ortiz, Pacific Clinics
Shana Burns
Rachel McDuffee, Aegis Treatment Centers
Laurie Jackson
Catalina Arenas
Sally Harrison
Jason Meek, Turning Point Foundation
Michael Redard, Casa Pacifica
Petra Puls, First 5 Ventura
Julie Taylor
Ken Taylor
Rabbi Aryeh Lang, Saving Lives Camarillo
Krysten Klein Brand

VCBH Managers/Staff Present

Clara Barron, MHSA
Greg Bergan, MHSA
Anita Catapusan, ADP
Jessica Davis, DUI
Leisa Donovan, Fiscal Manager
Anna Flores, ADP
Dan Hicks, Prevention Manager
Janet Kaplan, ADP Prevention Services
Kathy Mulford, DUI
Maryza Seal, Contracts BH Manager
Kiran Sahota, MHSA Manager
John Schipper, Adult Division Chief
Joann St. Louis, DUI
Brian Taylor, M.D., VCBH Medical Director
Deborah Thurber, M.D., Youth & Family Medical Director
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 p.m.		
II.	Approval of the Agenda Ms. Gardner asked the Board to review and approve today's agenda.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the February 27, 2017 meeting.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked for introductions.		
V.	Recognition Awards Ms. Gardner presented recognition awards to: A. Carol Thomas, who "... has worked tirelessly to help reduce the stigma associated with mental illness and LGBTQ. She used her lived experience to become an effective member of the Mental Health Board starting in February 2012 and of the Behavioral Health Advisory Board starting in September 2013 through December 2016. [...] She used her skills as a teacher to provide training to the BHAB. Her affable manner, positive attitude and infectious smile helped generate goodwill and consensus for the causes for which she advocates." Supervisor Parks presented Ms. Thomas with a certificate of appreciation on behalf of the Board of Supervisors for her compassion and dedication. Supervisor Parks, Nancy Borchard, David Deutsch, Ratan Bhavnani, Karyn Bates, Sonna Gray and Jerry Harris thanked Ms. Thomas for her work on various committees and for her knowledge and training. Ms. Thomas thanked Supervisor Parks for appointing her several years prior. B. Dan Hicks, manager of Prevention Services, Alcohol & Drug Programs, whose "career has focused on prevention through policy [...] He has helped to secure more than \$2.4 million in grant funds to enhance prevention efforts [...] and more than \$1 million to reduce DUI. [...] Dan has been pivotal to the development of the Ventura County Prescription Drug and Heroin Workgroup and is a key leader in our marijuana prevention policy work. [...]" Elizabeth Taylor, Rae Hanstad, Patrick Zarate, Capt. James Fryhoff (Ojai Police Chief), Jerry Harris, Kim O'Neil, David Deutsch, Rabbi Aryeh Lang, and Karyn Bates thanked Mr. Hicks for his leadership, vision, and expertise. Mr. Hicks thanked everyone and noted the strong relationship between VCBH staff and various community partners.		
VI.	Chair Announcements Patrick Zarate and his team have had in place for a number of years an Rx prescription drug and heroin workgroup where they have been working with county staff and stakeholders on the opioid and prescription drug epidemic in Ventura County. Their work also includes working on the heroin issues. Ms. Gardner distributed the Rx Workgroup Goals and Progress as of January 2017; see attached.	Information	
VII.	Public Comments A. Natale Gabriele invited all to an open house at the Aegis Treatment Centers' clinic in Santa Paula on April 5 th . B. Erik Sternad spoke in favor of continued funding for Triple P/Positive Parenting Program, an Evidence-Based Program that is shown to have statistically significant outcomes and positively impacts about 16,000 children annually.		

	<p>C. Cynthia Torres spoke in favor of continued funding for Triple P/Positive Parenting Program as it has a positive impact in the community and helps prevent child abuse.</p> <p>D. Petra Puls spoke in favor of continued funding for Triple P/Positive Parenting Program, which supports parents through positive interactions starting in the first years of a child's life.</p> <p>E. David Deutsch invited all to the NAMI Walk on May 6 at 10:30 at the Ventura Promenade.</p> <p>F. Ken and Julie Taylor related their frustration at receiving different information from the RISE Team during their recent presentation at a NAMI meeting and when calling RISE about their homeless mentally ill son.</p> <p>G. A person likened the VCBH system to a bad joke. He stated that the system is dysfunctional, and his voice and freedom of treatment have been taken away.</p>		
VIII.	<p>Board Members Comments and Announcements</p> <p>A. Karyn Bates distributed copies of the Spring 2017 California Association of Local Behavioral Health Boards and Commissions' newsletter.</p> <p>B. Gane Brooking stated that on March 16 she attended the Continuum of Care meeting, which focuses on homelessness. She joined its housing workgroup.</p> <p>C. Ratan Bhavnani announced that NAMI California will hold its conference on August 25 and 26 in Newport Beach. The day before, there will be a statewide multi-cultural forum.</p>		
IX.	<p>Presentation: Assist (Laura's Law) – Dr. John Schipper, Adult Division Chief</p> <p>The intended clients of the Assist Program/Assisted Outpatient Treatment (AOT) are the seriously mentally ill who resist mental health services and treatment, those who fail to meet criteria for "grave disability", and those who are chronically homeless. Assist does not provide for involuntary medication or institutionalization.</p> <p>Assist includes staff from RISE (Rapid Integrated Support and Engagement), who screen all referrals for eligibility and petition the Superior Court when appropriate, and staff from Telecare, who provide outreach, engagement and intensive treatment and services.</p> <p>Assist is projected to serve 240 clients in the first four years. Since its implementation on 1/30/17, it has received 32 referrals; six of them have been referred to Telecare and ten are in the process of being screened.</p> <p>See attached presentation for details.</p>	Information	
X.	<p>Chief Operations Officer's Update – Patrick Zarate</p> <p>A. Mr. Zarate noted that Dr. Schipper has received a SAMHSA (Substance Abuse & Mental Health Services Administration) grant to run the Assist program. This grant comes with its own requirements.</p> <p>B. The External Quality Review Organization (EQRO) conducted its yearly review of VCBH. The focus is on quality of care, timeliness and access to services. The requirements are specific to Medi-Cal. EQRO will send its report in about two months.</p> <p>C. VCBH is monitoring the potential impact of the current health care proposals. In California 91% of the population has health care coverage. About 14 million Californians depend on Medi-Cal for access to health care.</p> <p>D. Mr. Zarate distributed a handout on a Screening, Brief Intervention, and Referral to Treatment (SBIRT) training, which will take place on April 11. Registration is required. At least 35 medical providers are expected to attend. Evidence shows that brief</p>	Information	

	<p>interventions in relation to substance use disorders can have a profound effect: for every dollar expanded, \$3 to \$4 are saved.</p> <p>E. Mr. Zarate distributed a handout titled AHCA Impact Analysis: Coverage Decline Estimates. The Congressional Budget Office estimates that under the proposed American Health Care Act (AHCA), 14 million more Americans would be uninsured in 2018.</p>		
<p>XI.</p>	<p>Director’s Report – Patrick Zarate on behalf of Elaine Crandall</p> <p>In her first year as VCBH Director, Ms. Crandall observed that the reporting structure for the department’s budget was not set up for transparency, and that MHSA expenses were higher than revenue and were sustained by drawing down unspent funds and transfer realignment funds.</p> <p>Since then, VCBH has created listings of MHSA contracts for review that included basic outputs and costs, developed a measurement system in MHSA that meets state requirements and provides clear insight into performance, and trained all contractors. VCBH is working with all contracts (not just MHSA) to be outcome-based. It has pushed the budget toward five major initiatives in order to meet the needs of difficult-to-serve population (Laura’s Law), foster children (Continuum of Care Reform), in-county locked placement (Horizon View), children in crisis (children’s crisis continuum of care), and the Latino population (Logrando Bienestar).</p> <p>While VCBH operates on a cost recovery model, true recovery of costs does not happen for several years.</p> <p>During Ms. Crandall’s second year, some changes that impact the budget include: No Place Like Home (and a reduction of up to \$2.3 million), the end of MHSA Workforce Education and Training and capital/facility funds, the implementation of the Continuum of Care Reform (CCR), which is an unfunded mandate, elimination of funds for In-Home Support Services, and the fiscal impact of the Affordable Care Act reform/pepeal.</p> <p>There have been unexpected costs. These were related to high utilizers and the delay in the openings of Horizon View and of the Children’s Crisis Stabilization Unit.</p> <p>VCBH needs to adjust MHSA and MHL budgets by \$1.6 million each. Two workgroups are already meeting regarding MHSA restructure.</p> <p>Ms. Crandall is proposing to get MHSA programs to stand alone in Fiscal Year 2017-18 and to adjust Mental Health programs. Input from BHAB members will be needed. This is an opportunity to redefine what VCBH does in the community.</p>	<p>Information</p>	
<p>XII.</p>	<p>New Business</p> <p>A. Form a Budget Strategies and Repositioning of Service Workgroup Ms. Gardner explained that the BHAB is being asked to review VCBH’s mental health services and programs in order to give some guidance and input on budget reductions. She stated that she has appointed Nancy Borchard to chair a Budget Strategies and Repositioning of Service workgroup. It will include a few VCBH managers, who will provide needed data. The workgroup will need to meet two or three times within the next three weeks. Gane Brooking, Jerry Harris, Ratan Bhavnani and Larry Hicks volunteered to serve on that workgroup. Mr. Harris voiced his concern regarding the state of the health care in the country and how the uninsured may delay accessing services.</p> <p>B. Data Notebook Update – Karyn Bates Some BHAB members, VCBH staff and providers met on March 13th to discuss the data that VCBH has provided to address the Data Notebook questions. The group</p>	<p>Form workgroup, to be chaired by N. Borchard</p>	

	<p>will meet again and send a final draft of the Notebook for review and vote at the April 17th BHAB General Meeting.</p> <p>Ms. Borchard would like to get input from the public and clients. Ms. Bates stated that the state is not asking for this or for outcomes. The state is only asking about services that are provided.</p>		
XIII.	<p>Old Business</p> <p>A. BHAB Bylaws Amendment – New Position on Executive Committee: Member Emeritus Ms. Gardner stated that at its March 13th the BHAB Executive Committee approved the amendment to move forward to the BHAB General Meeting. A motion was made to approve this amendment to move forward. The motion passed unanimously.</p> <p>B. BHAB Objectives Workgroup – Cmdr. Nelson The workgroup will meet for the first time during the first week of April. Karyn Bates, Gane Brooking, Larry Hicks and Nancy Borchard have volunteered to participate on this workgroup.</p> <p>C. BHAB Annual Report Ms. Gardner noted that she was made aware that the BHAB Annual Report should be put on an upcoming Board of Supervisors (BOS) meeting agenda as a Receive and File item rather than given to the Supervisors. This will create a delay. However, the report will then become searchable online under the BOS website.</p>	<p>Move amendment forward. M/S/C</p>	
XII.	<p>Contracts</p> <p>Mr. Zarate submitted the following contracts, to be voted on by the Board of Supervisors (BOS):</p> <p>A. BOS Agenda – March 21, 2017 1. Dissolution of the Mental Health Services Act (MHSA) Community Leadership Committee (CLC)</p> <p>B. BOS Agenda - April 11, 2017 1. ADP – Ventura County Office of Education (VCOE) 2. K&M Enterprises 3. MHSA Housing Load Program Fund Release Authorization for Existing Unencumbered Funds</p> <p>See attached Executive Summary for details.</p>	<p>The Board unanimously approved sending the contracts to the BOS as submitted. M/S/C</p>	
XIV.	<p>Adjourn</p> <p>The meeting adjourned at 3:05.</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			
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X	X		X		X	X	X			
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	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			
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X	X	X	X		X	X	X			
District 5	9/24/14 – 9/23/17	Monique Garcia	X			X			X					
District 2	4/7/15 – 4/7/18	Janis Gardner	X	X	X	X	X		X	X	X			
District 1	4/7/15 – 4/7/18	Mary Haffner		X	X	X	X		X	X				
District 4	9/17/13 – 9/17/16	Jerry Harris	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			
District 2	3/15/16 – 3/17/17	Patricia Mowlavi	X	X	X	X	X		X					
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks							X	X	X			
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X		X	X		X	X	X			
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X		X			X	X	X			
District 4	9/17/14 – 9/17/17	McKian Nielsen	X	X					X	X				
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard	X	X		X			X	X				
District 5	1/10/17 – 1/10/20	Marlen Torres							X	X				
District 1	3/10/15 – 3/10/18	Sidney White, AICP			X	X	X		X	X				
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X	X	X	X		X		X			
District 5	1/11/15 – 1/10/18	Sandra Wolfe	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

Rx Workgroup Goals and Progress

January 2017

Since setting formal goals in early 2014, the Workgroup has made significant strides in five target areas and established key objectives to help achieve our overarching primary goal:
“Decrease fatal opioid overdoses by 50% in Ventura County, compared to 2013 baseline”

TARGET: PROFESSIONAL DEVELOPMENT

1. *By 12/31/2016, 100% of Ventura County physicians will be utilizing CURES*

- Working with local hospitals, the Workgroup facilitated the CURES registration of 227 MDs, 2015-16
- CURES registration increased from approximately 18%, to more than 40% of MDs in County (TBC w DOJ)

NEED: The adopted SB 482 requires CURES utilization, but does not yet have an enforcement mechanism. Our objective is to encourage, then somehow ensure compliance with USE of the system, with local visibility on aggregate use within our jurisdiction.

TARGET: ENFORCEMENT AND SECURITY

2. *By 12/31/2016, VCISO will safely dispose of at least 4,000 additional pounds of unused Rx drugs*

- Achieved: current cumulative total of pills only (not packaging) destroyed is 33,326 lbs.
- This total includes drugs deposited by an estimated 18% of adults in Ventura County, with the combined efforts of law enforcement, VCBH, Drug Enforcement Agency take-back events, and local drop off bins.

NEED: Expand the number and convenience of disposal bins, possibly with pharmacies, fire departments.

TARGET: EDUCATION AND AWARENESS

3. *By 12/31/2016, Overdose Prevention and Rescue Kit distribution will expand by 100% from initial 150 persons*

- Achieved: Education and kit issuance to 398 persons, yielding over 72 overdose reversals to date.
- This total includes drugs deposited by an estimated 18% of adults in Ventura County, with the combined efforts of law enforcement, VCBH, Drug Enforcement Agency take-back events, and local drop off bins.

TARGET: SAFE SCHOOLS

4. *By 12/31/2017, students in pilot school locations will report a 25% reduction of last 30-day opioid drug use*

- Focus groups and graphic novels, along with supporting video content, ready for launch March 2017
- Based on formative evaluation from Rio Mesa and Westlake HS efforts, refinements to be made.

TARGET: PREVENTION POLICY AND RESEARCH

5. *By 12/31/2017, analyze and report CURES data to inform all Targets, and seek grant funding for Workgroup*

- Working with Public Health and Department of Justice to determine local CURES trends

NEED: Enhanced collaboration with Public Health to analyze and report local data provided by State DOJ



California Association of Local Behavioral Health Boards and Commissions

SPRING 2017 Newsletter

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www.calbhbc.weebly.com

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

*"Be the change you want to see in the world."
Mahatma Gandhi*

Thank you to all the advisory board members. As we increase our support and trainings, we know that you are the heart of our organization. Duties of local boards and commissions are many, and CALBHBC is glad to offer opportunities for greater communication and collaboration as we strengthen our organization.

Check out the resources shared from other boards on our [website!](#) Local board/commission members are encouraged to make our website the "go-to" place for [resources](#), [news](#), [reports](#) and more. We encourage you to share your local reports, resources and news with us—[contact us!](#)

News & Reports

(See website for more!)

STATE: The 2015 CA Mental Health Planning Council Data Notebook responses are compiled [on-line!](#) Top responses regarding urgent Mental Health needs include:

1. All levels of psychiatric residential and skilled nursing facilities.
2. MH Urgent Care
3. Crisis Stabilization Unit Services (23-Hour)
4. Supportive Housing of any type.

FEDERAL: [The 21st Century Cures Act](#), a bipartisan effort for public health and medical research, directs \$6 Billion to address mental health challenges in the criminal justice system and toward other behavioral health and physical health priorities. *(Continued on [website.](#))*

Upcoming Meetings/Trainings

Superior Region Training

Meeting & Elections in Redding, CA

April 7, 5:00—Introductions & Dinner
April 8, 8:30-4:30—Training & Elections
(April 6 Arrival for Current Leadership)

Annual Meeting / Southern Region Mtg.

June 16-17, Irvine—Training & Elections
(June 15 Arrival for Current Leadership)

Contact CALBHBC Secretary
[Mae Sherman](#) for details & to register.



Important Reminders

By-Laws

Have you updated your local board or commission's by-laws based on the recent change affecting the criteria for members?

As a reminder: consumers (adults with mental illness) who work for County Mental Health (or contractors) can now be appointed to boards [WIC 5604 \(B\)\(d\)\(2\).](#)

[\(Link\)](#)

Ethics Training

Members of boards and commissions should take Ethics Training every two years either locally or [on-line!](#) It is recommended & required in order to receive reimbursement for expenses (such as travel).



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

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

CALBHBC NEWSLETTER



Resources (link to website)[Brown Act \(Open Meeting Rules\) Summary Points & FAQ's](#)[Reports \(Local & Statewide\)](#)[Templates/Sample Docs \(Bylaws, Annual Reports, New Member Interview Questions, Site Visit Forms\)](#)[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](#)[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

FALL 2016 Newsletter

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

"It takes as much energy to wish as it does to plan." Eleanor Roosevelt

Many items to report as we begin our 2016-2017 year!

First and foremost, we must get the word out about an important change affecting all CA Mental & Behavioral Health Boards and Commissions. This change affects the criteria for members of Mental/Behavioral Health Boards. Consumers (adults with mental illness) who work for County Mental Health (or contractors) can now be appointed to boards **WIC Code 5604.2.**

WIC CHANGE:

MH CONSUMERS CAN BE On Mental or Behavioral Health Boards even if they work for County Mental Health (or a contractor).

Notable changes within CALBHBC include the approval of a Strategic Plan [link](#) and Legislative Advocacy toward including CALBHBC in the CA Welfare & Institutions Code (W&I) (Fact Sheet [link](#))

We also note a major new California Initiative, **"No Place Like Home"** changes W&I Code regarding the Mental Health Services Act (MHSA), directing \$2 Billion state-wide for housing chronically homeless adults with mental illness.

On a closing note, are you working on your Board or Commission's Annual Report? Presentation of your report is a great chance to address your Board of Supervisors or governing body about mental/behavioral health needs and accomplishments. Wondering what to write? - List accomplishments as they relate to board duties **WIC Code 5604.2.** Example Annual Reports are posted on our [facebook](#) page—share your Annual Report with us!



[CALBHBC Annual Report - PDF Link.](#)

Important Dates

Quarterly Meeting:

October 20-22 - CALBHBC Meeting, Lake Natoma Inn, Folsom, CA.

Regional Meetings/Elections:

Aug. 28, 4:30pm—Los Angeles (Board Mtg)

Oct. 20-22—Central (Natoma Inn, Folsom)

April 6-8—Superior (Redding, CA)

June, 2017—Southern

TBD—Bay Area

Monthly Call ([GoToMeeting](#)) on next page.



CALBHBC's facebook page has news, updates, ideas from local boards and more! **"Like"** us!

2015-2016 Officers

President: [Cary Martin \(San Joaquin\)](#)
1st VP: [Leslie Wilson \(Lake\)](#)
2nd VP: [Julie Crouch \(Riverside\)](#)
Treasurer: [Beryl Nielsen \(Napa\)](#)
Secretary: [Mae Sherman \(Lassen\)](#)
Past President: [Larry Gasco \(Los Angeles\)](#)

Regional Coordinators

Central Region: [Janet O'Meara \(Placer\)](#)
Superior Region: [Leslie Wilson \(Lake\)](#)
Bay Area: [Carole Marasovic \(Berkeley\)](#)
Los Angeles Co.: [Herman DeBose \(L.A.\)](#)
Southern: [May Farr \(San Bernardino\)](#)

Committees include:

Bylaws, Communications, Ethics, Executive, Finance, Legislative, Policies & Procedures, Recognition, Training

Newsletter Editor: [Theresa Comstock](#)



CALBHBC NEWSLETTER

GoToMeeting.com Schedule:**Etiquette:**

Mute yourself if you aren't speaking.
 Keep the discussion on topic.
 No side bar discussions.
 No monopolizing the conversation.

Schedule:

1st Tuesday of each month 6:30pm-7:30 pm

P&P - Dial [+1 \(646\) 749-3122](tel:+16467493122)

Access Code: 524-601-821

1st Thursday of each month 11-12pm

Legislative - Dial [+1 \(224\) 501-3312](tel:+12245013312)

Access Code: 408-299-045

2nd Tuesday of each month 6:30pm-8:30pm

Exec. Comm - Dial [+1 \(872\) 240-3212](tel:+18722403212)

Access Code: 541-516-517

2nd Thursday of each month 6:30pm-7:30pm

Comm Chairs - Dial [+1 \(646\) 749-3122](tel:+16467493122)

Access Code: 377-138-341

3rd Thursday of each month 6:30pm-7:30pm

Communications - Dial [+1 \(312\) 757-3121](tel:+13127573121)

Access Code: 590-534-117

4th Wednesday of each month 6:30pm-7:30pm

Reg. Coord - Dial [+1 \(224\) 501-3412](tel:+12245013412)

Access Code: 506-593-005

Will meet as needed and scheduled by the chair

Bylaws Dial [+1 \(571\) 317-3122](tel:+15713173122)

Access Code: 798-769-957

Will meet as needed and scheduled by Larry Gasco

Ad Hoc Dial [+1 \(408\) 650-3123](tel:+14086503123)

Access Code: 487-893-749

CALBHBC Mission

The purpose of the Association is to assist local Behavioral/Mental Health Boards in carrying out their mandated functions; to advocate at the state level as a united voice for local concerns; to promote the betterment and furtherance of California's mental health environment; and to promote improvement of the quality, quantity and cultural competency of mental health services deliverable to the people of California. The CALBHBC:

Collaborates with the California Mental Health Services Division (MHSD), the California Mental Health Planning Council (CMHPC), the California Behavioral Health Directors Association (CMHDA), and all other concerned agencies and organizations regarding mental health issues.

Collaborates with the California Mental Health Services Division, California Mental Health Planning Council, California Behavioral Health Directors Association and the California Institute for Behavioral Health Solutions in planning and providing training for the local MHBs.

Provides information and assistance to local MHBs in carrying out their mandated functions, including ethnic concerns, children's, transitional age youth's, adults', and older adults issues.


Provides information and assistance to local MHBs and other constituencies, to discuss problems, and ethnic and demographic concerns, exchange information, and improve coordination of efforts and activities.

Advocates on behalf of the mental health consumers of the State of California and of the unserved, underserved, and inappropriately served, for culturally competent treatment and services, intervention training, education, and self-help resources, following the recovery model, and for the prevention of mental illness.

Pursues all funding sources available to the Association, including grants, individual and corporate gifts, bequests, and fund-raisers.

Encourages and facilitates local Mental Health Boards and Commissions to organize and act regionally, to hold regular regional meetings, to handle business relevant to the Region, to provide training to Member boards, and to address mental health issues in order to fulfill their mandate.

The California Association of Local Behavioral Health Boards and Commissions (CALBHBC) is a statewide organization that supports the work of local mental health boards. The Association was established in 1993 as a 501(c)(3) (Tax ID # 33-0581682) to assist local behavioral/mental health boards and commissions to carry out their mandated functions and to advocate at the state level as a unified voice for local mental health boards and commissions' concerns. The Association seeks to improve the quality and cultural competency of mental health services deliverable to the people of California.



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


March 20, 2017

Ventura County's **Assist** Program

Assisted Outpatient Treatment
Dr. John Schipper

Assist's Intended Clients

- Persons suffering from serious mental illness (while evidencing significant impairment) who resist mental health services and treatment.
- Those who fail to meet criteria for "grave disability" and as such do not qualify for involuntary treatment under the Lanterman, Petris, Short (LPS) Act.
- Those sheltered by family and others, chronically homeless, and/or the high utilizers of the acute/emergency services.



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AOT Referral Sources

1. Parents
2. Spouses
3. Siblings
4. Children who are 18 years or older
5. Adults residing with the individual
6. The director of agency/facility providing residential mental health services
7. The director of a hospital in which the individual is hospitalized
8. A licensed, outpatient, mental health treatment provider treating the individual
9. A peace officer, parole officer, or probation officer assigned to supervise the individual




AOT Eligibility Criteria as Defined by W&IC 5346

1. 18 years of age or older
2. Suffering from a mental illness
3. Unlikely to survive safely in the community without supervision
4. Non-compliant treatment history where at least **one** of the following is true:
 - (A) Two psychiatric hospitalizations within the last 36 months; OR received mental health services in a correctional facility
 - (B) One incident of violent behavior within the last 48 months
5. Voluntary treatment and services offered and declined
6. The person's condition is substantially deteriorating
7. Participation in the AOT program would be the least restrictive environment
8. AOT treatment would prevent a relapse or deterioration as defined in W&IC 5150
9. The person will likely benefit from AOT

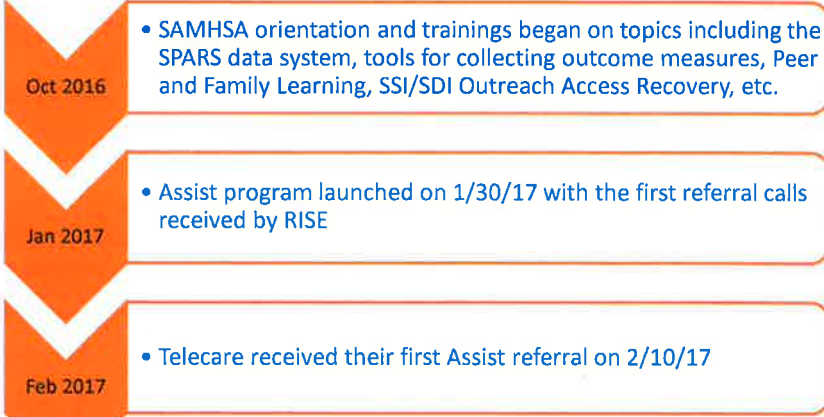


Assist's "Hybrid" Team


<h3>VCBH</h3> <ul style="list-style-type: none">• Screens as part of Rapid Integrated Support & Engagement (RISE) team.• Refers to Telecare when criteria are met.• Conducts investigations and petitions the Superior Court when voluntary treatment and services are refused.	<h3>Telecare</h3> <ul style="list-style-type: none">• Provides outreach and engagement to all VCBH referrals.• Assesses with regard to the criteria.• Provides intensive treatment and services using Assertive Community Treatment (ACT).
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Ventura County's Assist Timeline




- Oct 2016** • SAMHSA orientation and trainings began on topics including the SPARS data system, tools for collecting outcome measures, Peer and Family Learning, SSI/SDI Outreach Access Recovery, etc.
- Jan 2017** • Assist program launched on 1/30/17 with the first referral calls received by RISE
- Feb 2017** • Telecare received their first Assist referral on 2/10/17

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Ventura County's Assist Timeline

- Apr 2017
 - SAMHSA site visit scheduled for 4/20/17
- May 2017
 - SAMHSA's AOT grantee conference in Alexandria, Virginia 5/23/17 thru 5/26/17
- August 2017
 - Panel discussion participant at the California Crisis Intervention Training Association (CACITA) Conference


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Number of Clients to be Served

Projected number of Assist clients (as per SAMSHA grant agreement):

- 40 (by 9/30/17)
- 70 in each of the two subsequent federal fiscal years
- 60 in the fourth year

For a minimum, four-year total of 240.

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Early Data on Referrals

36 calls through 3/16/17

32 referrals

4 information only

Source of calls

67% family, friends, etc.

22% mental health providers

11% other



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Early Data on Referrals

Of the 32 referrals, 16 (50%) resulted in VCBH face-to-face screenings

Disposition of referrals

6 referred to Telecare

10 in process of being determined

16 did not meet criteria (i.e., already enrolled in treatment, no hospitalizations, etc.)



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Efforts to Develop Referrals

External (i.e., calls into RISE)

- 1) Community at large (e.g., newspaper, radio, NAMI, etc.)
- 2) Hillmont Psychiatric Center and other hospitals
- 3) Probation and law enforcement
- 4) Jail and court

Internal (i.e., derived from known treatment history)

- 1) Failed VCBH clinic enrollments
- 2) Failed RISE referrals (i.e., current and past)
- 3) Failed STAR referrals



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How to Make an AOT Referral?

Contact VCBH's RISE program and ask for an "Assist screening":

- Regular business hours: (805) 981-4233
- OR
- Afterhours and weekends: (866) 998-2243

Please make referrals without regard for either eligibility criteria or referral source.



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Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training

Sponsored By: California Department of Health Care Services (DHCS), California Institute for Behavioral Health Solutions (CIBHS), Pacific Southwest Addiction Technology Transfer Center, and
UCLA Integrated Substance Abuse Programs

Hosted by: Ventura County Behavioral Health -- Alcohol & Drug Programs

Description and Learning Objectives

Screening, brief intervention, and referral to treatment are effective in a variety of settings. Its effectiveness has been proven particularly effective in hospital emergency departments and trauma centers with individuals with alcohol-related injuries. SBIRT has also been shown to be effective in primary care settings, where it is incorporated into other routine medical assessments such as measuring blood pressure. This training focuses on screening procedures to identify risk; key motivational interviewing concepts and principles that are tied to effective use of the FLO (Feedback; Listen and Understand; Options Explored) brief intervention; and referral to treatment for patients with more serious substance use-related problems. At the conclusion of this activity, participants should be able to: (1) Describe the background and rationale for conducting SBIRT in a variety of health settings; (2) Explain how to utilize screening procedures to identify patients engaged in at-risk substance use behaviors; and (3) Demonstrate a three-step motivational interviewing-based brief intervention strategy to motivate patients to change their at-risk behavior and/or seek treatment.

General Training Information

Pre-registration is required. Please complete the registration form on the following page.

Training check-in will begin at 8:30 and the training is scheduled to commence at 9:00 a.m. and conclude at 1:15 p.m.

Please contact Dana Byerly at 805-981-2114 or dana.byerly@ventura.org if you have special needs (e.g., ADA access, American Sign Language interpretation, etc.).

Date & Location

Tuesday, April 11, 2017

9:00 – 1:15 pm

Ventura County Behavioral Health Training
Room

1911 Williams Drive, Oxnard, CA 93036

Continuing Education

The training course meets the qualifications for the provision of four (4.0) continuing education credits/contact hours (CEs/CEHs).

UCLA Integrated Substance Abuse Programs (ISAP) is approved by the American Psychological Association to sponsor continuing education for psychologists. UCLA ISAP maintains responsibility for this program and its content.

UCLA ISAP is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs, and/or LEPs (Provider #64812). UCLA ISAP maintains responsibility for this program/course and its content. UCLA ISAP is also an approved provider of continuing education for RADTs I/II, CADCs-CASs, CADCs I/II, CADCs-CSs, and LAADCs (CCAPP, #2N-00-445-1117), CATCs (ACCBC/CAADE, #CP 20 872 C 0819), and CAODCs (CADTP, #151). Provider approved by the California Board of Registered Nursing, Provider #15455, for 4.0 contact hours.

CE credit will be awarded at the conclusion of the training. Partial credit will not be available for those participants who arrive late or leave early.

Did You Know?

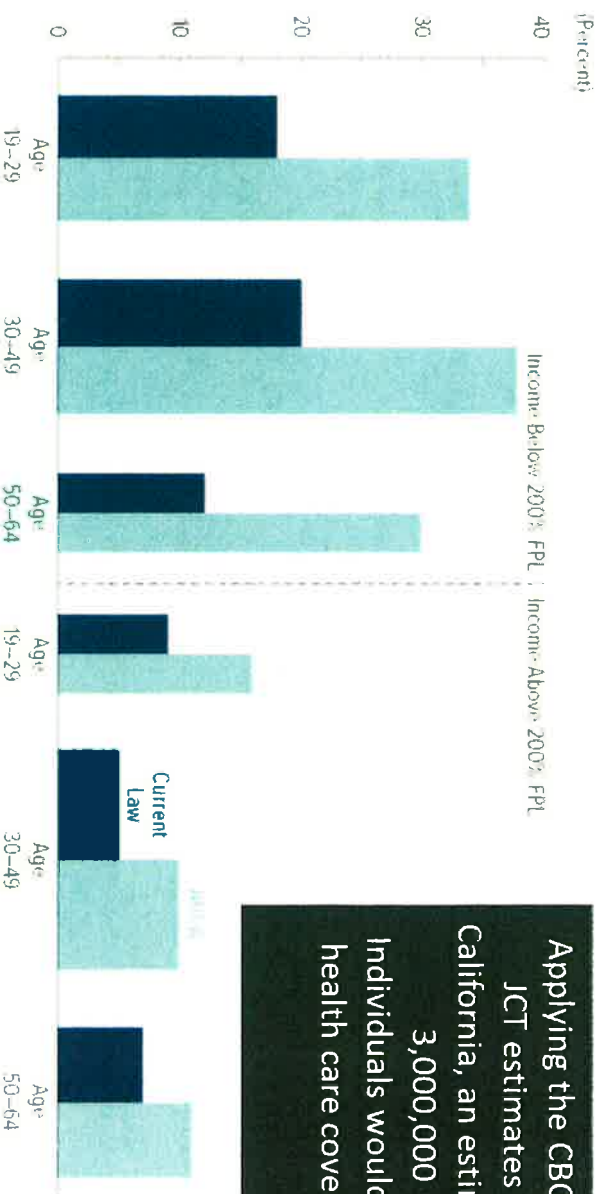
Beginning January 1, 2014, MCPs are responsible to cover and pay for an expanded alcohol screening for members 18 years of age and older who answer "yes" to the alcohol question in the SHA or at any time the PCP identifies a potential alcohol misuse problem. Also, MCPs shall cover and pay for brief intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder. Any member identified with possible alcohol use disorders should be referred to the alcohol and drug program in the county where the member resides for evaluation and treatment.



AHCA Impact Analysis: Coverage Decline Estimates

The Congressional Budget Office (CBO) and the staff of the Joint Committee on Taxation (JCT) estimated the number of people that would be uninsured under the current provisions of the AHCA.

Share of Nonelderly Adults Without Health Insurance Coverage Under Current Law and Under the AHCA, by Age and Income Level, 2026



Applying the CBO and JCT estimates to California, an estimated 3,000,000 individuals would lose health care coverage.

- In 2018, 14 million more Americans would be uninsured.
- In 2020, that number would increase to 21 million more uninsured.
- In 2026, 24 million more would be uninsured, bringing the US total to 52 million.

VENTURA COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD
BYLAWS

Proposed Amendment: Member Emeritus

ARTICLE V

A. Officers, Member-At-Large and Member Emeritus

- 1) The officers of the BHAB shall be Chairperson, 1st Vice-Chairperson, 2nd Vice-Chairperson and Secretary.
- 2) The officer and the Member Emeritus positions shall be voted upon at the June BHAB meeting. Elected officers and the Member Emeritus will serve for a term of one year or until their successors have been duly elected.
- 3) No individual shall serve more than two consecutive years in any of the officer positions unless there are no other members elected to fill the position.
- 4) One member shall serve as the Member-At-Large. The Member-At-Large will learn the process of BHAB leadership while attending Executive Committee and regular meetings. The Member-At-Large will be appointed by the Chairperson with the confirmation of the BHAB. The Member-At-Large must be a member of the BHAB. The Member-At-Large will serve on a six-month rotating basis.
- 5) The immediate past Chairperson of the BHAB may continue to serve on the Executive Committee as a Member Emeritus, if elected. The position of Member Emeritus is intended to ensure continuity on the Executive Committee by assisting during the transition of the newly-elected Chairperson and provide for the sharing of experience and knowledge with the Executive Committee.
 - a) The Member Emeritus must be a current member in good standing of the BHAB. If the immediate past Chairperson's three-year term on the BHAB expires upon completion of his/her year as Chairperson, s/he will need to be reappointed to a new three-year term as a member of the BHAB before s/he can assume the role of Member Emeritus.

B. Qualifications of Officers

- 1) Must have been a member of the BHAB for at least one year, or if a member for less than a year, must be elected by a two-thirds vote of the BHAB.
- 2) Must possess good leadership qualities.
- 3) Must be able to devote sufficient time to carry on the duties of their elected positions.

C. Election of Officers

- 1) During the April meeting, the Chairperson shall appoint, and the BHAB shall confirm, a Nominating Committee of not less than three (3) members.
- 2) At the May meeting, the Nominating Committee shall present a slate of candidates. Nominations from the floor also may be accepted.
- 3) During the June meeting, the election shall be conducted by the Chair of the Nominating Committee in accordance with the Brown Act.
- 4) The Officers elected at the June meeting will take their respective offices on July 1st.
- 5) Notwithstanding the normal election process detailed in paragraphs C.1. through C.4. above, when circumstances warrant it, an election may be held at any time during the year. Circumstances which would warrant a special election include, but are not limited to: one or more of the officers wishing to resign as an officer; or the membership of one or more of the officers has terminated.

D. Duties

- 1) Duties of the Chairperson shall include:
 - a) Administer operation of the BHAB and preside at all meetings.
 - b) Call special meetings as necessary.
 - c) Appoint committee and workgroup chairs from the ranks of the BHAD membership.
 - d) Establish meeting agendas.
 - e) Maintain consultation with the Director.
 - f) Produce and forward reports, including an annual report, to the County's Board of Supervisors.
 - g) Represent the BHAB and perform other duties ordinarily performed by a Chairperson.

- 2) Duties of the 1st Vice-Chairperson shall include:
 - a) Exercise all the responsibilities of the Chairperson in the absence of the Chairperson.
 - b) Meet all responsibilities delegated by the Chairperson and mutually agreed upon.
- 3) Duties of the 2nd Vice-Chairperson shall include:
 - a) Fulfill the responsibilities of the Chairperson or the 1st Vice-Chairperson due to absence as needed.
- 4) Duties of the Secretary shall include:
 - a) Perform the usual duties pertaining to secretaries.
 - b) Maintain a record of attendance of members, including unexcused absences and BHAB resignations, and promptly report this information to the Executive Committee.
 - c) Monitor and maintain a list of the members' dates of appointment and terms of expiration.
 - d) At the direction of the Executive Committee, draft letters to BHAB members who are in non-compliance of the attendance standard.

ARTICLE VI

COMMITTEES

The Chairperson appoints the chair of each committee. A committee chair, and any member of a committee, must be a BHAB member. It is at the committee chair's discretion to determine (1) how many members shall be on the committee and (2) which BHAB members will be on the committee. All committees shall comply with the requirements of the Brown Act. Voting must be in public and notice of a committee meeting shall be given in accordance with the Brown Act. Members of the committee shall have one vote. A quorum shall be as defined under Article IV(A)(6).

A. Executive Committee

- 1) The Executive Committee shall be comprised of the Chairperson, 1st and 2nd Vice-Chairpersons, Secretary, Member-At-Large, and Member Emeritus.

- a) Each member is entitled to one vote.
- b) Quorum for the Executive Committee shall be 50% of the members currently in office.

2) Duties of the Executive Committee

- a) Carry out any responsibilities delegated by the BHAB.
- b) Act in emergencies in any way it deems necessary when there is not time for the entire BHAB to act. Any such action taken will be consistent with the Brown Act.
- c) Comply with the requirements of the Brown Act.
- d) Assist the Chairperson in creating the BHAB regular meeting agenda.

B. Nominating Committee

- 1) The Chairperson shall appoint and the BHAB shall confirm a Nominating Committee of not less than three (3) members.
- 2) The Nominating Committee shall select a slate of officers for the coming year, secure the verbal consent of those selected, present the slate of officers, and conduct the elections.
- 3) Comply with the requirements of the Brown Act.

MEMORANDUM

DATE: March 16, 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 – March 21, 2017

1. Dissolution of the Mental Health Services Act (MHSA) Community Leadership Committee (CLC)

With the roll out of the MHSA in 2005, the Mental Health Board (MHB) was established and served as the approval committee to send mental health plans to the Ventura County Board of Supervisors. In 2008, at the request of the VCBH Director, the Board of Supervisors approved the creation of the CLC. The CLC is an advisory committee that was created to review developing programs and make recommendations to the MHB. In 2013, the MHB and Alcohol and Drug Advisory Board were combined to form the Behavioral Health Advisory Board (BHAB). Since that time, additional subcommittees, forums, and groups have been created utilizing members and organizations from the community to look at specific components of the MHSA. These subcommittees gather information on mental health services being provided in the community and advise the CLC on community projects. The CLC then uses this information to advise the BHAB. Because MHSA funding has been fully allocated, the creation of new programs has slowed significantly. As a result, the CLC review process has become redundant and inefficient. Some issues encountered include: (1) difficulty in coordinating recommendations because the CLC meets quarterly and the BHAB meets monthly, (2) duplicative membership as the CLC and the BHAB currently share several members (25% of the CLC's members represent service providers to the County), and (3) sporadic attendance at CLC meetings which prevents timely review and reporting to the BHAB.

The CLC has met on several occasions to discuss the usefulness and purpose of the committee. Based on these meetings, the CLC determined that: (1) the committee has outlived its purpose, (2) reorganization of the review

process is needed, (3) increased marketing is needed, (4) other population groups need to be reached, and (5) the committee is a redundant committee to the work of the BHAB.

At the January 20, 2017 CLC meeting, a presentation of a new community program planning process and local planning process was presented to the committee by VCBH. The new process proposed the use of small, specific, and one-time workgroups, forums, and community organizations to create ideas and recommendations. This new process is designed to encourage a higher level of participation from the community and facilitate the presentation/communication of ideas directly to the BHAB for their review and approval. The CLC members and community members in attendance at the meeting unanimously voiced their preference for the new planning process.

VCBH is proposing that the Board of Supervisor dissolve the CLC, effective March 21, 2017.

Board Agenda – April 11, 2017

1. ADP - Ventura County Office of Education (VCOE)

VCOE implements policies and training to support student assistance programs county-wide and the Friday Night Live programs which have chapters in various secondary school districts in Ventura County. The goal of these programs is to reduce underage drinking, drug use, and associated problems. The Friday Night Live and Club Live programs of VCOE serve more than 250 youth annually with high school chapters in Ventura, Thousand Oaks, and Simi Valley. In addition, approximately 80 Oxnard and Santa Paula middle school students participate annually. Students benefit from youth leadership activities which contribute to awareness of prescription drug risks associated with heroin uptake. The opioid and heroin crisis continues to be a big concern nationally and for our community, however, there are encouraging signs of progress. For example, the California Healthy Kids Survey (CHKS) for fiscal year 2015-16 shows that lifetime heroin use among Ventura County students decreased from 2006-2016. Specifically, usage for 11th graders decreased from 5% to 3% and usage for 9th graders decreased from 6% to 3%. Critical to reversing the opioid crisis is increasing the perception of harm of heroin and prescription drug abuse, reducing experimental behaviors among students, and decreasing the percentage of high school students who report prescription drug abuse and heroin use, as measured by the CHKS.

The proposed amendment represents a \$6,000 increase to the contract which will be used to expand prevention services. Expanded services will include ongoing community and family outreach on opioid misuse and diversion and materials for a school-designed educational campaign for parents, students, and staff. The materials for the educational campaign will discuss the risks of prescription drug abuse and will target school assemblies, staff meetings, and parent meetings. The educational campaign materials will also equip faculty, staff, and coaches with informational materials for use at selected events. This agreement is funded with Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

The proposed sixth amendment for alcohol and drug program prevention services with VCOE increases the contract amount from \$174,000 to \$180,000 (an increase of \$6,000), effective from July 1, 2016 through June 30, 2017.

2. K&M Enterprises

K&M Enterprises provides grant development and writing services. K&M Enterprises has been instrumental in assisting VCBH in acquiring various grants over the past several years. Most recently, it assisted VCBH in obtaining a \$4,000,000 Substance Abuse and Mental Health Services (SAMHSA) Assisted Outpatient Treatment (AOT) grant, a \$7,573,671 triage personnel grant, and a \$729,980 mental health nurse practitioner supervision grant. VCBH is in need of K&M Enterprises' services in order to apply for additional grant funding that is available through various state and federal agencies. The proposed amendment increases the maximum contract amount from \$12,000 to \$43,500 (an increase of \$31,500) to ensure sufficient funding through the fiscal year end. This contract will be funded with realignment funds.

The proposed Third Amendment for grant development and writing services with K&M Enterprises increases the contract amount from \$12,000 to \$43,500 (an increase of \$31,500), effective July 1, 2016 through June 30, 2017.

3. MHSA Housing Loan Program Fund Release Authorization for Existing Unencumbered Funds

The MHSA Housing Program was developed in 2008 under the MHSA and offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing to serve persons with serious mental illness and their families who are homeless or at risk of homelessness. MHSA Housing Program funds are allocated for the development, acquisition, construction, and/or rehabilitation of permanent supportive housing. Using a one-time MHSA appropriation of \$400 million shared by 51 participating mental health agencies (MHA), the MHA's assigned their funds to the California Department of Mental Health (DMH). The DMH assigned the funds to the California Housing Finance Agency (CalHFA) who was then responsible for administering the funds on behalf of the MHA's.

The Department of Health Care Services (DHCS) and CalHFA jointly administered the MHSA Housing Program through an interagency agreement that expired on May 31, 2016. After May 31, 2016, no further MHSA loans or capitalized operating subsidy reserves were eligible to be approved by the CalHFA under the MHSA Housing Program. Because the MHSA Housing Program has expired, the CalHFA must release any remaining MHSA funds back to the originating county. Ventura County has a total of \$1,284.50 in estimated unencumbered funds that will be returned. Once these funds are returned to the county, they must be used to provide housing assistance to the target populations identified in Welfare and Institutions Code section 5600.3. Housing assistance is defined as: rental assistance, security deposits, utility payments, or other move-in costs for the Housing Program's target population. In fiscal year 2008-09, the Board of Supervisors approved \$8,206,400 of MHSA funding to be directed to the CalHFA for housing projects in Ventura County. VCBH has, with Board of Supervisors and CalHFA approval, completed multiple housing projects in Ventura County that have benefited the mentally ill homeless population. Some examples of completed housing projects include: La Rahada (8 units for adults), Paseo de Luz (25 units for adults), Hillcrest Project (15 units for adults), D Street Apartments Project (7 units for Transitional Age Youth), and Peppertree Apartments (11 units for adults).

VCBH is proposing that the MHSA Housing Loan Program Release Authorization for Existing Unencumbered Funds form be completed and submitted to CALHFA.