

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

May 15, 2017

NEXT MEETING:

Monday, June 19, 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
Ratan Bhavnani
Nancy Borchard, Secretary
Gane Brooking, Member at Large
Monique Garcia
Mary Haffner
Jerry Harris, 1st Vice Chair
Larry Hicks
Patricia Mowlavi
Denise Nielsen
McKian Nielsen
Supervisor Linda Parks
Sidney White
Sandra Wolfe

BHAB Members Absent

Karyn Bates, 2nd Vice Chair
Cmdr. Ron Nelson
Irene Pinkard
Marlen Torres
Kay Wilson-Bolton

Others Present

William Hammel
Mark Schumacher, Turning Point
Rachel McDuffee, Aegis Treatment Centers
Katrina Engel
Cece Casey
Liz Warren, The Client Network
David Melilli
Jennifer Goble, Pacific Clinics
Laura Pancake, Pacific Clinics
Ezequiel Sanchez, Pacific Clinics
Anthony Marron, Pacific Clinics
Cici Romero, Pacific Clinics
Doug Sept, EPICS/Pacific Clinics
Jessica Lara
Candace M.
Inga McManus
Javier Bautista
Lucrecia Campos-Juarez, Clinicas
Dayzee Chavez, Pacific Clinics
Lefty Ortiz
Isabelle Barrault
David Deutsch, NAMI
Sara Bavar, NAMI

VCBH Managers/Staff Present

Elaine Crandall, Director
Clara Barron, MHSA
Greg Bergan, MHSA
Toney Broskey, Safety
Hilary Carson, MHSA
Jennifer Dougherty, Youth & Family Division East County Manager
Narci Egan, Fiscal
Cheryl Fox, Youth & Family Division Ventura/Juvenile Justice Manager
Dan Hicks, Prevention Manager
Sevet Johnson, Transitions Manager
Rebecca McCloud, Adult Division Forensic/ARS/EPICS Manager
Dina Olivas, Youth & Family Division CWS/CalWORKs Manager
Pete Pringle, Youth & Family Division Chief
Angela Riddle, Youth & Family Division Oxnard/Santa Clara Valley Mgr.
Pam Roach, Transformational Liaison
Julie Roberts, Youth & Family Primary Care Intervention Administrator
Kiran Sahota, MHSA Manager
John Schipper, Adult Division Chief
Brian Taylor, M.D., VCBH Medical Director
Deborah Thurber, M.D., Youth & Family Medical Director
Celia Woods, M.D., VCBH Medical Director
Patrick Zarate, COO and Alcohol & Drug Programs Manager
Gloria Vega, Management Assistant

Sally Harrison, County Executive Office
Kay Engstrom
Adelita Contreras
Martha Gutierrez
Debbie Garcia
Rosie Reyna
Michael Redard, Casa Pacifica
Marika Collins, Casa Pacifica
Cynthia Torres, New Dawn
Gina Johnson, Probation
Mark Stadler, CIT
Janet M
Mark Ross

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:05 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 April 17, 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 Award Ms. Gardner presented a Certificate of Commendation to Ezequiel Sanchez, who "[...] has made great contributions to the Client Network and has reach out to many people [...]" Ezequiel has also been an active volunteer with NAMI Ventura County [...]. He has presented the client's perspective at many Spanish language NAMI classes and has given hope to dozens of families living with mental illness. At the TAY Tunnel, Ezequiel has [...]" inspired many to continue their own recovery journey. [...]" Ratan Bhavnani thanked Mr. Sanchez for helping many people and being a NAMI teacher. Jennifer Gomez of the TAY Tunnel noted that Mr. Sanchez is a true model of recovery and wellness. David Deutsch noted how valuable Mr. Sanchez has been as a NAMI volunteer. Ms. Gardner noted that the BHAB will recognize Maria Hernandez at its June General Meeting. She is the VCBH Policies and Procedures and Mandatory Training Manager.		
VI.	Chair Announcements A. Per BHAB Bylaws (Article VI), "A committee chair and any member of a committee must be a BHAB member." Thus, the numerous stakeholders who attend the meetings of the BHAB committees cannot be listed as committee members. Also, Article III.C.4 states "Appointed members must commit to regular attendance at meetings and participation on one committee." B. BHAB members are asked to review the committee minutes that BHAB Assistant Edith Pham sends out monthly. This is a great way to get updates on the committees' work. C. The Board of Supervisors (BOS) has proclaimed "May is Mental Health Month." There is a display about it in the lobby of the Government Center. D. The BOS has proclaimed "Every Day Is Take Back Day" for the safe and secure disposal of prescription drugs. E. The NAMI Walk took place on May 6 th . It was well attended. F. Patricia Mowlavi led a few BHAB members on a site visit of the TAY Tunnel. This contractor provides services to Transitional Age Youth. A report will be presented at an upcoming General Meeting. G. In April, several members of the VCBH Alcohol and Drug Program (ADP), along with Ms. Gardner, attended the National Rx Prescription Drug and Heroin conference in Atlanta. H. The Data Notebook, which this year outlines the services provided to children, teens and Transitional Age Youth, has been sent to the state. Ms. Gardner thanked Karyn Bates for her leadership on this project. I. The BHAB Annual Report for 2015-16 was presented to the Board of Supervisors on May 9 th . Ms. Gardner thanked Jerry Harris for his work on this document. J. On May 9 th the Board of Supervisors approved the proposed BHAB Bylaws change. As of July 1 st Ms. Gardner will have the title of Chair Emeritus. As such, she will be a voting member of the Executive Board and will assist as needed the new Chair during the transition period.	Information	

	<p>K. There are 64 marijuana/cannabis bills coming before the state legislature. State Senator Henry Stern put forth a bill, SB794, asking for single serving edible marijuana to be labeled appropriately and sold in tamperproof child-resistant packaging.</p>		
<p>VII. Public Comments</p>	<p>Ms. Gardner noted that, due to the large number of requests to address the Board, each public comment will be limited to one minute.</p> <p>A. David Deutsch thanked all who attended the NAMI Walk on May 6th. He introduced Sara Bavar, a USC MSW intern with NAMI.</p> <p>B. Several speakers spoke against the termination of VCBH contract with Pacific Clinics Peer Program:</p> <ol style="list-style-type: none"> 1. Laura Pancake, Pacific Clinics' Vice Present of Wellness and Recovery, gave data disputing what was written in a recent Ventura County Star article. 2. Jessica Lara spoke about the work that Pacific Clinics does to decrease re-hospitalizations and reincarcerations. 3. Isabelle Barrault, a recovery coach, emphasized the crucial role of recovery coaches as clients go through the assessment process. 4. William Hammel noted that the services he receives at Pacific Clinics and VCBH are helping him pursue his higher education. 5. Jennifer Goble noted that the peer program helps consumers access services, and peer services in VCBH specialty mental health programs is valuable. 6. Letty Ortiz spoke on behalf of Christian Perez, giving data on Wellness, Recovery and Action Plan (WRAP) classes, a cornerstone of recovery. 7. Mark Ross, a peer recovery coach, asked all to consider the negative results faced without the hands-on support needed for people in recovery. 8. Adelita Contreras gave a testimonial on the help she has received from peer support specialists for the last several years. 9. Doug Sept noted that peer support services are not redundant, and they are irreplaceable. 10. Martha Gutierrez related how peer support specialists have helped her in her dark hours and save lives. 11. Javi Bautista advocated for keeping peer support specialists, who help change the community. 		
<p>VIII. Board Members Comments and Announcements</p>	<p>A. Denise Nielsen, Chair of the BHAB Youth & Family Committee, noted that at its last meeting, held on May 10, the committee reviewed the draft of the 2017-18 BHAB Objectives. Participants were surprised to see that no objectives address the specific needs of children. She requested that the document be amended as follows:</p> <ol style="list-style-type: none"> 1. Objective 1 read: "As funding and resources diminish, stay focused on caring for the SPMI and SED." 2. Revise Objective 9 to read: "Explore ways to better meet the needs of adults, youth and their families in crisis by supporting cooperation between Ventura County Behavioral Health, hospitals, the Crisis Residential Treatment (CRT), Children's Crisis Stabilization Unit (CSU) and Comprehensive Assessment and Stabilization Services (Compass)." 3. Add one objective: "Advocate for the provision of mental health services for youth, including prevention and early intervention in schools and homes, and continued implementation of the Continuum of Care Reform (CCR)." <p>Ms. Gardner noted that next month's General Meeting will include a discussion of the BHAB Objectives.</p> <p>B. Ms. Nielsen invited all BHAB members with an interest in children to attend and participate in the Youth and Family Committee meetings on the second Wednesday of the month, from 10:00 to noon.</p> <p>C. Ratan Bhavnani noted that NAMI California will hold its yearly conference in August in Newport Beach. It will include several workshops for consumers and families.</p>		

	<p>Of note is that out of the 58 counties in California, the organization has chosen Elaine Crandall to receive the Outstanding Behavioral Health Director Award for 2017. Congratulations to Director Crandall! This reflects the mood she has brought to VCBH despite fiscal challenges, and she is very good at working with the BHAB and stakeholders.</p>		
<p>IX.</p>	<p>Presentation: Youth & Family Division and Children’s Crisis Stabilization Unit (CSU) – Pete Pringle, Youth & Family Division Chief Pete Pringle introduced his team of managers.</p> <p>The VCBH Youth & Family Division services youth ages 0-21 who:</p> <ul style="list-style-type: none"> - have Medi-Cal and meet “medical necessity” criteria for specialty mental health services, - are served through contracts/collaboration with other agencies (schools, Human Services Agency, Juvenile Justice Facilities, Primary Care medical clinics), - are served through VCBH Crisis Services - are served through outreach and engagement/preventative programs. <p>The Division’s staff serve approximately 6,700 youth annually. 49% are age 13 and over, 52% are male, 59% are Hispanic/Latino, and 70% use English as their preferred language.</p> <p>Services provided include assessment and referral, individual and group therapy, family work, case management, medication administration and monitoring, crisis intervention, and specialty services. VCBH provides 61% and contractors 39% of the services. VCBH provides services at its seven outpatient clinics, over 100 schools, the Juvenile Facilities, Primary Care medical clinics, mobile crisis team, and field-based as needed.</p> <p>In December 2016 VCBH opened a youth Crisis Stabilization Unit (CSU), a four-bed diversion program. Children and youth on a psychiatric hold can come to the CSU first where they are re-evaluated. They are admitted if staff feel that they can stabilize the youth in less than 24 hours and return them to the community. Families are involved.</p> <p>Youth who are not stabilized in less than 24 hours, but who do not need to be hospitalized can be admitted to the Short-term Crisis Residential Program: Comprehensive Assessment and Stabilization Services (Compass), which is collocated with the CSU. They can stay for up to 30 days as they receive support before returning to the community. Currently this is a two-bed unit.</p> <p>Referrals can be made to Screening, Triage, Assessment and Referral (STAR). School districts understand how to refer.</p> <p>In response to a question regarding WRAP, Dina Olivas explained that programming for Dependency/Foster Children and Youth includes individuals with lived experience. Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS) and Wraparound have peers. Peers, youth and parents participated in the Pathways to Wellbeing and the Continuum of Care Reform (CCR) planning process and serve on the committees of the Joint Governance in Ventura County. Jennifer Dougherty noted that parent partners work in the clinics.</p> <p>In response to a question from Mary Haffner, Mr. Pringle explained that VCBH’s largest presence in the schools is through the Special Education programs. Clinicians provide services on site.</p> <p>Sidney White asked about the handling of crisis calls. Mr. Pringle explained that to receive services at the CSU or Compass, children and youth do not need to be enrolled with VCBH.</p> <p>See attached PowerPoint presentation for details.</p>		

<p>X. Director's Report – Elaine Crandall</p> <p>State Updates</p> <p>At the April General Meeting, Director Crandall provided information on the movement from a fee-for-service to a Medicaid managed care. On May 10 the state Department of Health Care Services (DHCS) provided a presentation on this change, with a historical perspective. Director Crandall will continue to provide information, and she encouraged BHAB members to participate in a new Medicaid Managed Care workgroup.</p> <p>The Governor's Budget includes changes to the In-Home Support Services (IHSS) that will negatively affect the Mental Health Subaccounts.</p> <p>Director Crandall shared information on the Implementation of the Covered Outpatient Drug Final Rule, Performance Outcomes system, a Federal Cures Act Opioid Targeted Response grant, plans to develop a security fence at Metropolitan State Hospital and the consequent increase in the number of beds, and a funding increase to add beds to jail-based competency treatment programs.</p> <p>Local Updates</p> <ol style="list-style-type: none"> 1. The Joint Commission reviewed the Oxnard Clinic and praised the teamwork, passion and successes. 2. Ms. Crandall reviewed the process that was used to address budgetary challenges and demands. Two committees reviewed and prioritized future MHA funding. The recommendations from the BHAB Evaluation Committee were forwarded to VCBH, which has implemented all recommended actions. <ol style="list-style-type: none"> 1) Solutions Court: \$450,000 cut and redesign. 2) EDIPP (Early Detection and Intervention for the Prevention of Psychosis): reduce the program funding by \$250,000. 3) Triple P (Positive Parenting Program): cut the MHA portion of this program's funding. 4) Peers in VCBH clinics: reduce by \$980,000. Ten Full Time Equivalent (FTE) positions will be cut; they are currently filled by 18 full- and part-time peers. Peer services will continue in eight other programs, including the provision of WRAPs. Peers are invited to apply for current County Mental Health Associate (MHA) positions; County Human Resources is considering the possibility of job sharing. <p>VCBH and BHAB will continue to review all contracts, develop recommendations, and organize community meetings to gather input on the recommendations. A process will be developed to analyze systems of care for adults, youth and family, and substance use to maximize integration, effectiveness and efficiency and to meet the priorities.</p> <p>Director Crandall noted that these decisions were not easy to make, as a reduction in programs causes a reduction in services, which impact people's lives. VCBH and the BHAB are trying to mitigate the impact as they are faced with an unavoidable budget situation and the demand for services to the community.</p> <ol style="list-style-type: none"> 3. The Opioid Policy Summit on May 5th was well received. 4. The Community Health Assessment has been published by the County Public Health Department. Looking at the social determinants of health is important when shaping the redirection of VCBH's scarce resources. The assessment can be viewed at http://www.healthmattersinvc.org/content/sites/ventura/PH_CHA_Booklet_DIGITAL_4_2017-05-12_2.pdf <p>Jerry Harris noted that cutting services is unconscionable but services cannot be provided if they are not funded. Several BHAB members participated in the workgroups and reviewed comprehensive data. The difficult review process was more extensive than</p>	<p>Information</p>	
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<p>what is mentioned in the newspaper. Mr. Harris feels that VCBH has done a good job in trying to come up with solutions that match revenues and expenditures.</p> <p>Mr. Bhavnani agreed. The workgroups took a hard look at the programs. He asked Director Crandall about Workforce Education and Training (WET). Director Crandall explained that VCBH would no longer be able to fund the stipend for interns, but the VCBH coordinator was able to obtain a grant. Cost containment, cost curtailing, and revenue enhancement are strategies that VCBH is pursuing.</p> <p>Claudia Armann asked about Pacific Clinics, whose programs seem to be compelling to the clients. Laura Pancake noted that this is a non-profit organization, and that many of the services provided by recovery coaches are non-billable as they occur prior to intake.</p> <p>Supervisor Parks empathized with providers and those receiving services. She noted that decisions on reductions are difficult for staff and those who made the recommendations.</p>		
<p>XI. Chief Operations Officer's Update – Patrick Zarate In Patrick Zarate's absence, Dan Hicks, Alcohol & Drug Programs, Prevention Services Manager, gave the following report:</p> <ol style="list-style-type: none"> 1. Adult and Children's Mental Health revenue enhancement The COO and the two Mental Health Division Chiefs are working on a plan to make positive changes across the system. This plan is based on the efforts of a Youth & Family clinic in East County that resulted in a 90% reduction in disallowances. 2. Driving Under the Influence (DUI) revenue enhancement Due to a significant decrease in DUI enrollments this past year, the COO has approached the court about re-establishing a presence in the Hall of Justice to enroll clients as they exit the DUI courtroom. This effort begins today, May 15. It is expected to increase enrollments/revenue and improve client outcomes. 3. Dave Holmboe Center (Crisis Stabilization Unit) update Since opening on December 4, 2016, the Center has admitted 152 children and youth. Of these, 58 were on a legal hold, and 97 were on Medi-Cal. The overall success is good, with a hospital diversion rate of 62%. 4. Internships As MHSA funding for interns has sunset, VCBH has secured a grant for \$112,000 to keep this program. This will pay the stipends for ten Mental Health Associate interns for 2017-18 and fund an outreach program to support the mental health career field. 5. Integration with Primary Care <ol style="list-style-type: none"> a. Screening, Brief Intervention and Referral to Treatment (SBIRT): VCBH hosted a training for more than 130 medical providers in primary care settings. The SBIRT enables them to screen for substance use disorders (SUD). b. Whole Person Care (WPC): this four-year initiative will provide comprehensive and coordinated services to the most vulnerable County Medi-Cal beneficiaries, those who are homeless, and/or have a serious mental illness, substance use disorder or medical issues. 6. On May 5th Gold Coast Health Plan, which administers Medi-Cal to more than 200,000 county residents, held an opioid policy summit that was attended by 200 people. Efforts are being made to raise the awareness among patients and doctors of the risks of prescription drugs and heroin abuse. 7. Jail Vivitrol Project: VCBH collaborates with the Sheriff Department to reduce the death rate of inmates within two weeks of their release. Nationally, untreated inmates are 12 times more likely to overdose in the first two weeks of their release. Locally, a program will start June 1st to provide Vivitrol in order to reduce cravings. 		

	<p>Mr. Harris thanks Mr. Hicks and VCBH staff for focusing on integration of services and treating individuals as a whole. This approach saves lives and increases longevity.</p> <p>Gane Brooking thanked Gold Coast for its excellent opioid summit.</p> <p>Supervisor Parks found it shocking that many come out of custody addicted, having used drugs while in custody.</p>		
<p>XII.</p>	<p>New Business</p> <p>A. Proposed Slate of Officers for 2017-18 – Nominating Committee Larry Hicks stated that Gane Brooking, Sandra Wolfe and he spoke with several BHAB members. As a result, the proposed slate of officers for 2017-18 is:</p> <ol style="list-style-type: none"> 1. Jerry Harris for Chair 2. Karyn Bates for 1st Vice Chair 3. Ratan Bhavnani for 2nd Vice Chair 4. Nancy Borchard for Secretary <p>He asked all to consider this list and possibly other names for nominations from the floor at the June General Meeting, when the election will take place.</p> <p>B. Establish a Medicaid Managed Care Workgroup for BHAB Members This workgroup will meet in the training room at 11:00 a.m. on the third Monday of the month, replacing the previous BHAB VCBH Operations workgroup. All BHAB members are encouraged to attend. They will receive information and data on Managed Care and will provide input on the impact of the transition to a managed care system. Ms. Gardner will chair the workgroup.</p> <p>C. BHAB Bylaws Revision The Board of Supervisors has approved the Bylaws revision and the creation of a Member Emeritus position.</p> <p>D. BHAB Annual Report The Board of Supervisors has received the BHAB Annual Report for 2015-16. Ms. Gardner thanked Mr. Harris for his hard work on this important document.</p> <p>E. Upcoming – “Save the Date for Survivor of Suicide Attempts Support Group Facilitator Training on June 26 and 27 Trainees will be prepared to develop, facilitate, assess and manage risks associated with a workgroup for survivors of suicide attempts. Anyone interested in attending this training should enroll at https://bookey.com/didihirschtraining Gane Brooking noted that Didi Hirsch, which is providing this training, has found that traditional suicide support groups do not work well for survivors of suicide attempts.</p> <p>F. Inpatient Unit (IPU) Feedback requested from BHAB members for the June 19 General Meeting Dan Powell will present. BHAB members are asked to provide their questions or concerns. Please submit to Gloria Vega and Edith Pham as soon as possible so that Mr. Powell may address these during his presentation.</p>	<p>Provide questions or concerns re IPU to G. Vega/E. Pham</p>	<p>All BHAB Members</p>
<p>XIII.</p>	<p>Old Business</p> <p>A. Data Notebook Update The Data Notebook has been submitted to the state. Ms. Gardner thanked all who worked on this project: Karyn Bates, who took the lead; several BHAB members and providers who participated in a meeting; VCBH staff who provided data. Mr. Harris reiterated that the Data Notebook contains important data that could be included in the Annual Report.</p> <p>B. NAMI Walk Update</p>		

	<p>Mr. Bhavnani noted that 1,300 people participated. The kickoff to the walk was Director Crandall's rendition of the National Anthem. Mr. Bhavnani's team walked in memory of former Public Defender and former NAMI Board member Joshua Newstat.</p> <p>Supervisor Parks noted that new participants join her team every year. This walk increases the awareness of mental illness and the resources available.</p> <p>Director Crandall highlighted the participation of the colleges, especially Moorpark College.</p>		
<p>XIV.</p>	<p>Contracts</p> <p>Ms. Crandall noted that this is the time of year for renewal of contracts. She submitted the following contracts, to be voted on by the Board of Supervisors (BOS):</p> <p>A. BOS Agenda – May 16, 2017</p> <ol style="list-style-type: none"> 1. La Siesta, Hickory House, Sunrise Manor, and California Psychiatric Transitions contract amendments <p>B. BOS Agenda - May 23, 2017</p> <ol style="list-style-type: none"> 1. Children's Accelerated Access to Treatment and Services (CAATS) MHA Innovations Project Proposal <p>C. BOS Agenda – June 6, 2017</p> <ol style="list-style-type: none"> 1. Aegis Treatment Centers, LLC Contract Amendment <p>D. BOS Agenda – June 13, 2017</p> <ol style="list-style-type: none"> 1. ADP FY 2017-18 Prevention Contract: Evalcorp, Idea Engineering, J.A.M.S. Productions, Project Safer Educational Foundation, Reality Improv Connection, Ventura County Office of Education 2. FY 2017-18 Mental Health Related Contracts: The Elms Manor, Sunrise Manor, Crestwood Behavioral Health, Sylmar Health & Rehabilitation Center, Maxim Healthcare Services, and Meditech Health Services 3. Mixteco/Indigena Community Organizing Project Contract <p>See attached Executive Summary for details.</p> <p>The motion to send the contract to the Board of Supervisors as submitted passed with one abstention from Supervisor Parks.</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 3:30.</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			
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	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	
District 5	9/24/14 – 9/23/17	Monique Garcia	X			X			X			X	X	
District 2	4/7/15 – 4/7/18	Janis Gardner	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	
District 3	12/2/14 – 12/1/17	Larry Hicks	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	
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		
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				
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	
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	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	

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



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

May 15, 2017

YOUTH AND FAMILY DIVISION SERVICES

OVERVIEW

Who We Serve

Youth (0-21) and their families who fall into one or more of the following :

- **Largest group is our Medi-Cal recipients who are assessed and meet “medical necessity” criteria for specialty mental health services per CCR Title 9 Regulations**
 - DSM mental health diagnosis
 - Significant functional impairment or a probability of impairment developing
 - Cannot be addressed with physical medicine
- **Youth we serve through contracts / collaborations with other agencies**
 - Contracted services with school districts
 - IEP related mental health services
 - Collaborations with Humans Services Agency for Foster youth
 - All foster youth are screened for need



VENTURA COUNTY
BEHAVIORAL HEALTH

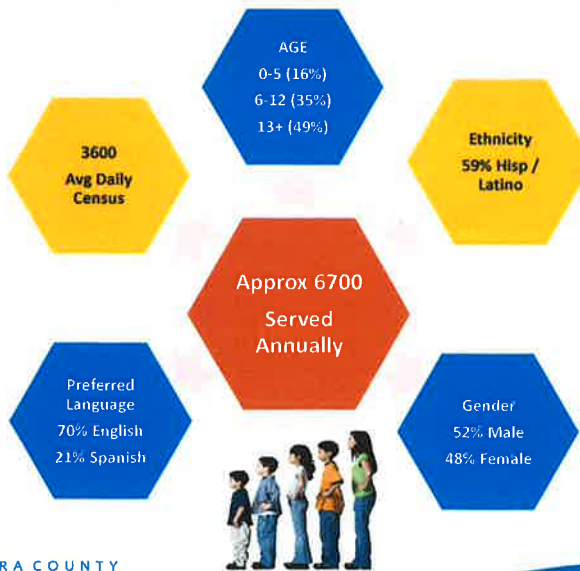
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Who We Serve

- **Contracted services with our Juvenile Justice Facilities**
 - All incarcerated youth are assessed for eligibility
- **Contracted services with Primary Care Medical Clinics**
 - Referred for depression / anxiety
- **Youth and families served through our Crisis Services**
- **Youth and families served through outreach and engagement / preventative programs**



Client Demographics

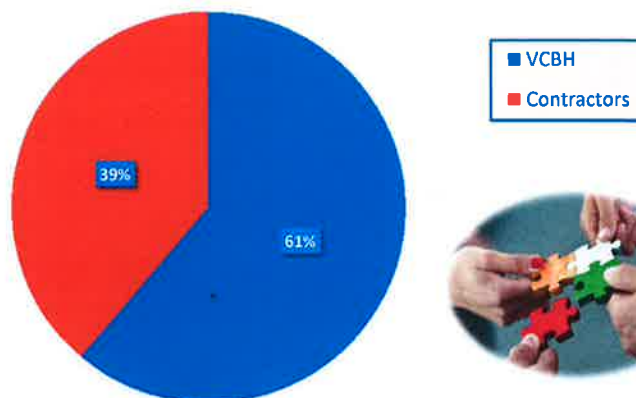


Types of Services

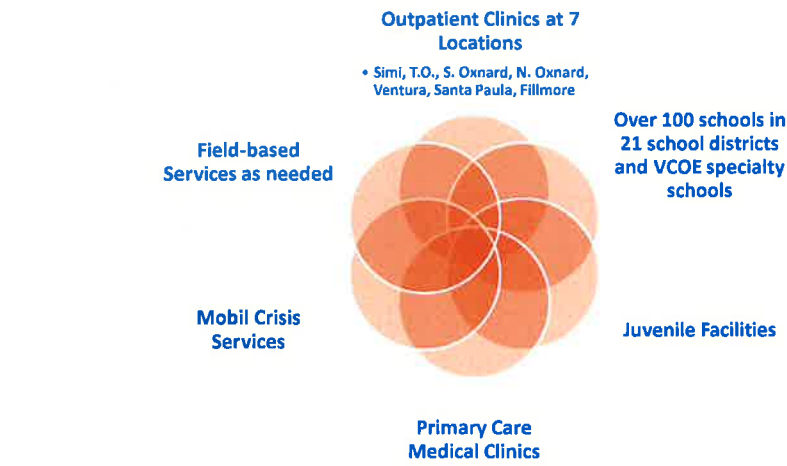
- Assessment and Referral
- Individual and Group Therapy
- Family and Collateral Work
- Case Management Services
- Medication Administration and Monitoring
- Crisis Intervention Service
- Specialty Services



Service Providers

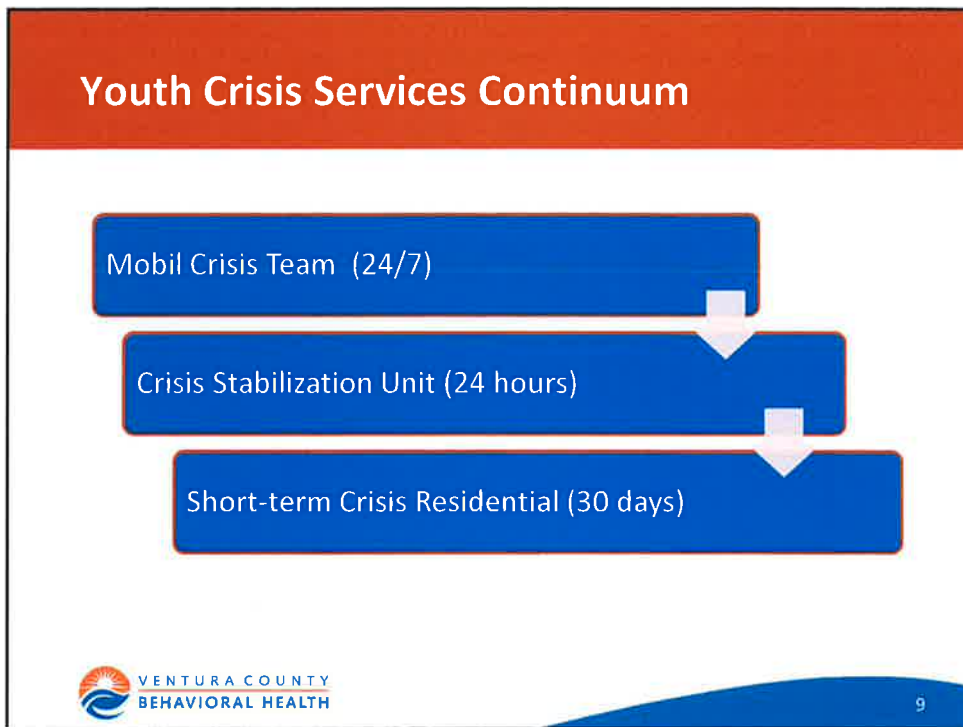


Services Provided by BH




Service Regions






Outreach and Engagement

Services Provided by Outreach and Engagement Programs:



- Logrando Bienestar
- MICOP
- Promotoras y Promotores
- RISE



11

WEBSITES

Ventura County Behavioral Health:
www.vchca.org/agency-divisions/behavioral-health

Wellness Everyday:
www.wellnesseveryday.org



12

Director's Report

State Updates

1. On May 10, the Department of Health Care Services provided a presentation by Harbage Consulting that provided a historical perspective of the Public Mental Health and Substance Use Disorder System in California. The purpose was to provide the background for future considerations.

What this means to us (repeat from April Report):

- a. Our roles through this change period
 - i. Understand that the change is already underway
 - ii. Think forward and be ready to let go and reshape
 - iii. Community
 - i. Attend and participate in meetings (thanks to the groups who have been evaluating contract services)
 - ii. Provide input
 - iv. BHAB, Board of Supervisors, and Leadership
 - i. Stay informed
 - ii. Provide leadership and guidance
 - v. Department
 - i. Develop education materials
 - ii. Implement administrative changes
 - iii. Provide data for analysis
 - iv. Communicate internally and externally
 - v. Develop strategy and manage implementation
-
2. Governor's Budget May Revise: Health and Human Services
 - a. The Governor's Budget reflected the findings that the Coordinated Care Initiative of 2012 is no longer cost-effective and will end in 2017-18. This resulted in removing In-Home Support Services from the Medi-Cal benefits from the Managed Care Capitation rates. The net fiscal costs to counties was estimated at \$592.2M. The State intends to offset these costs by an infusion of general fund, and redirection of the Vehicle License Fee growth for three years from the Mental Health Subaccounts. In years four and five, 50% will be redirected.

- b. Under the current law, counties are obligated to provide a 3.5% annual rate increase to Institutions for Mental Disease. In recognition of the reduced amount of growth funding going to the Mental Health Subaccount, the May revise proposes that in any year the MH subaccounts does not receive its full growth allocation—this rate increase requirement will be suspended.
- c. 1991 State-Local Realignment Health Account redirection will be to offset with county IHSS program costs and CalWORKs programs.
- d. Implementation of the Covered Outpatient Drug Final Rule – proposes statutory changes to outpatient drug reimbursement to be consistent with the requirements of the federal Covered Outpatient Drug Rule.
- e. Performance Outcomes system - \$6.2 M General fund for the implementation of functional assessment tools for populations receiving specialty mental health services through the county mental health plans. Tools will gather data from clinician's and caregiver's perspective and used to track outcomes for Medi-Cal MH services for children up to age 21.
- f. Federal Cures Act Opioid Targeted Response Grant - \$44.7 M in fed funding to reflect the award of the grant. This grant will allow for increased medication-assisted treatment for individuals suffering with substance use disorders.
- g. Metropolitan State Hospital - \$31.2 M will be directed to develop a security fence at enabling the department to increase the number of beds by over 200 in 2018-19.
- h. The Dept of State Hospitals continues to experience a significant increase in the Incompetent to Stand Trial admissions from the local courts. Despite the 188 authorized jail-based competency restoration beds, referrals continue to outpace capacity, with the pending placement list at approx. 550 individuals in early May 2017. \$3.1M of General Fund is to establish additional jail-based competency treatment programs for up to 24 beds.

Local Updates

1. Joint Commission Reviewed the Oxnard Clinic and at the exit, reported no findings. The reviewers had high praise for teamwork, physical environment, longevity of staff, passion, and successes.

2. In keeping with the need to meet the budgetary challenges and demands that exist, including:
 - Aligning MHSAs budget expenses to revenue
 - Expected reduction in realignment funds
 - Expected expiration in MHSAs funds (NPLH, 2 components)
 - State mandate to implement CCR
 - Priorities by BHAB and State
 - Uncertainty at the Federal Level

For MHSAs, two committees were developed to both review and plan for future MHSAs funding. Full data analysis was provided to the evaluation committee. The committee met 4 times and went through a series of exercises reviewing the programs, categorizing them first on financial information, then prioritizing using a voting tool.

Then the prioritized programs were reviewed for redundancies, mandate, leveraged funds, target population, and performance. Evaluators filled out a worksheet.

The following recommendations for program cuts were forwarded by the Evaluation Committee. The department has considered and implemented all recommended actions.

MHSAs Contracts: Recommendation from Evaluation Committee

- 1) Solutions Court. \$450k Cut and Redesign. Provider is Interface. It is designed to serve 30 and it is currently serving 9 - prior years were 19 and 18 respectively. Teams are in place that are bringing the 9 clients into appropriate services (which are available) and redesigning the program with the Probation, Public Defender, District Attorney offices and Courts.
- 2) EDIPP - Early Detection and Intervention for the Prevention of Psychosis. Reduce the program by \$250k. Provider is Telecare. The program has low enrollment and the reduction will align the budget with demand. To clarify, we will retain the program.
- 3) Triple P - \$1.8M parenting program. Cut MHSAs portion - \$1.3M. Providers are Interface and New Dawn. First 5 is a funder and are optimistic about continuing Triple P in the community, at \$500K. Triple P has been in place for 10 years with a total investment of just over \$10M.
- 4) Peers in BH clinics. \$1.1 M. Reduce by \$980k. Provider is Pacific Clinics. Peer services will continue in eight other programs, including provision of WRAPs. Peers are invited to apply for current County MHA positions, where we have indicated

that *experience as a consumer in the public mental health system* as a desirable characteristic for the Mental Health Associate classification.

Additional Peer Services already funded by the department:

- TAY- Wellness
- Adult Wellness
- Client Network
- NAMI
- Family Access (Parent Partners)
- RISE
- QLI-Quality of Life
- Social Rehabilitation

Next steps:

- a) Continue to review all contracts.
 - b) Work with planning committee to develop recommendations, along with BHAB and State priorities.
 - c) Develop community meetings to provide inputs on topical areas as identified by the planning committee.
 - d) Develop the process to analyze systems of care for adults, youth and family, and substance use to maximize integration, effectiveness, and efficiency and to meet identified priorities, including but not limited to: housing, school-based services, services to children in foster care and the criminal justice system, serving the underserved populations, integrated services, focus on the most vulnerable, and suicide prevention.
3. Opioid Policy Summit – May 5, 2017.
 4. Community Health Assessment published by the Public Health Department.

VENTURA
COUNTY

Health
Matters
in
Ventura
County

Community Health ASSESSMENT 2017



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

MEMORANDUM

DATE: May 12, 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 – May 16, 2017

1. La Siesta, Hickory House, Sunrise Manor, and California Psychiatric Transitions Contract Amendments

La Siesta, Hickory House, and Sunrise Manor provide augmented board and care services for adults with serious and persistent mental illnesses which have resulted in significant functional impairments so as to require 24-hour care and supervision to promote safety and recovery. The acuity level of these individuals is high in that they require daily assistance in one or more areas of life functioning including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based support programs, and socialization and community reintegration. To provide augmented board and care services, VCBH currently pays La Siesta \$340 per client/month, Hickory House \$445 per client/month, and Sunrise Manor \$195 per client/month. VCBH funding is in addition to the Social Security income that these facilities receive from clients to provide basic board and care services. The proposed amendments with La Siesta and Hickory House increase the maximum contract amounts for fiscal year (FY) 2016-17 and FY 2017-18 to ensure sufficient funding for clients placed at these facilities through each fiscal year end. The proposed amendment with Sunrise Manor increases the maximum contract amount for FY 2016-17 to ensure sufficient funding for clients placed at this facility through the end of this fiscal year. These contracts are funded with Mental Health Services Act (MHSA), Realignment, and Tobacco Settlement funds.

The proposed amendments for augmented board and care services increase the: (1) La Siesta maximum contract amount for the service period of July 1, 2016 through June 30, 2017 from \$137,826 to \$158,274 (an increase of \$20,448), (2) La Siesta maximum contract amount for the service period of July 1, 2017 through June 30, 2018

from \$150,629 to \$154,799 (an increase of \$4,170), (3) Hickory House maximum contract amount for the service period of July 1, 2017 through June 30, 2018 from \$188,221 to \$203,475 (an increase of \$15,254), (4) Hickory House maximum contract amount for the service period of July 1, 2017 through June 30, 2018 from \$203,296 to \$206,856 (an increase of \$3,560), and (5) Sunrise Manor maximum contract amount for the service period of July 1, 2016 through June 30, 2017 from \$121,683 to \$144,235 (an increase of \$22,552).

California Psychiatric Transitions (CPT) provides locked restoration of competence services (diversion services) and other mental health services for VCBH in its locked Destructive Behavioral Health Unit (DBU) and Mental Health Rehabilitation Center (MHRC). The proposed amendment adds a bed hold rate to the contract of \$350 per day. The bed hold rate is being added in order to remit payment for: (1) a bed hold for a VCBH client who was placed at CPT in April 2017 and (2) future bed holds for clients who temporarily leave the facility for medical, acute psychiatric, or other justifiable reasons, but for whom a return to the facility is planned. No increase to the contract is needed to fund the bed hold services for the client placed at CPT in April 2017. VCBH currently has three clients placed at this facility. This contract is funded with Tobacco Settlement and Realignment funds.

The proposed amendment for mental health services with CPT adds a new rate for "bed holds," for the service period of July 1, 2016 through June 30, 2017.

Board Agenda – May 23, 2017

1. Children's Accelerated Access to Treatment and Services (CAATS) MHSAs Innovations Project Proposal

The MHSAs impose a one percent income tax on personal income in excess of \$1,000,000 to provide funding to counties for the development of comprehensive community-based mental health services and supports to reduce the adverse impact from untreated serious mental illness in adults and severe emotional disturbance in minors. The MHSAs include an "Innovations" category of funding. Innovations projects are novel, creative, and/or ingenious mental health practices and approaches that contribute to learning. These projects are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and/or inappropriately served individuals. Under the MHSAs Innovations category, counties are expected to develop innovative projects and use the information learned from such projects to improve the behavioral health care system.

VCBH has designed a three-year Innovations project called CAATS which will focus on increasing the quality of services to all youth entering the child welfare system. This project will provide a comprehensive intake process that includes coordinated interagency linkage to services, medication support, and clinical intervention for all youth entering the child welfare system. The proposed project changes the existing practice of referring only youth exhibiting moderate to severe symptoms into mental health services. The CAATS project will add: (1) four clinicians and one licensed vocational nurse to ensure that all minors entering the child welfare system receive expedited access to treatment and (2) corresponding services to support youth prescribed psychotropic medication. The project is time-limited and if the quality of services improves according to the Child and

Adolescent Needs and Strengths-Trauma Comprehensive tool, VCBH's Youth and Family Division will absorb the additional staff costs to keep the new services in place.

VCBH is proposing approval for the VCBH Director to sign and submit the CAATS project proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC), designating the expenditure of \$2,670,777 in MHSA Innovations funding previously received by the County for a period of three (3) years.

Board Agenda – June 6, 2017

1. Alcohol and Drug Program (ADP) – Aegis Treatment Centers, LLC Contract Amendment

As part of the Affordable Care Act (ACA), effective January 1, 2014, all Medi-Cal benefits, including Drug Medi-Cal (D/MC) services, were expanded to a population previously ineligible for these services. Accordingly, narcotic treatment program providers in Ventura County and state-wide have seen increased utilization resulting from the implementation of the ACA and the Medi-Cal expansion population. VCBH is obligated to reimburse these providers as the 1994 Sobky v. Smoley injunction ruled that drug treatment is an entitlement under Medicaid guidelines. Failure to provide funding for Medi-Cal eligible clients violates the federal Medicaid Act and the Sobky v. Smoley injunction further prohibits limiting the availability of methadone maintenance services due to budgetary constraints.

Aegis Treatment Centers, LLC (Aegis) provides outpatient narcotic treatment program services for adults. With the implementation of the ACA in January 2014, utilization of narcotic treatment program services has increased as more clients have become eligible for Medi-Cal 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. For Fiscal Year (FY) 2016-17 Aegis served 1,102 D/MC clients. Since July 1, 2016, Aegis has served 757 D/MC clients and anticipates serving 839 D/MC clients by the end of this fiscal year. The proposed amendment with Aegis is needed to ensure that sufficient funding is available for services rendered through fiscal year end. This agreement is funded with D/MC Service and Administrative Revenues and Realignment.

VCBH is proposing approval for the VCBH Director to sign the amendment for substance use disorder narcotic treatment program services with Aegis, increasing the maximum contract amount from \$4,758,339 to \$5,151,000 (an increase of \$392,661), for the service period of July 1, 2016 through June 30, 2017.

Board Agenda – June 13, 2017

1. ADP – FY 2017-18 Prevention Contracts: Evalcorp, Inc., Idea Engineering, Inc., J.A.M.S. Productions, LLC, Project Safer Educational Foundation, Reality Improv Connection, Inc., Ventura County Office of Education

The ADP prevention providers described below provide a variety of services in support of VCBH's multi-year Strategic Prevention Plan. The plan contains various alcohol and drug prevention activities that are designed to change community norms, behaviors, attitudes, and policies related to alcohol and drug use. The prevention contracts are fully funded by Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

Evalcorp, Inc. provides ADP prevention research, evaluation, data management for the Place of Last Drink survey for driving under the influence (DUI) arrestees, and policy and program impact evaluation related to the Social Host Ordinance, drug-involved impaired driving behaviors, and county-wide Alcohol/Drug Community Health Survey. The proposed contract for FY 2017-18 represents a decrease of \$6,642 from the prior year agreement in an effort to work within the ADP Prevention Division's FY 2017-18 budget and desired scope of services.

VCBH is proposing approval for the VCBH Director to sign the agreement for research, evaluation, and data management services with Evalcorp, Inc., in the amount of \$145,000, for the service period of July 1, 2017 through June 30, 2018.

Idea Engineering, Inc. provides communication materials, graphic design services, a custom and localized image library in support of various program publications (i.e., Prescription Drug Abuse and Heroin Prevention initiative and Impaired Driving Prevention), social host services, community education efforts, and internet-based digital messaging services to youth and young adults. The proposed agreement will support the department's prevention education efforts which include developing new publications and media messaging on the harmful effects associated with marijuana use among youth. The proposed FY 2017-18 contract represents a decrease of \$89,900 over the prior year agreement due to the changes in the Office of Traffic Safety grant funding that was previously included in this contract.

VCBH is proposing approval for the VCBH Director to sign the agreement for communication and graphic design service with Idea Engineering, Inc., in the amount of \$162,000, for the service period of July 1, 2017 through June 30, 2018.

J.A.M.S. Productions, LLC provides marijuana prevention efforts that target middle and high school youth, parents, coaches, teachers, and institutions. Prevention strategies include youth engagement activities, speaking events, and e-media messaging. The contractor is also responsible for ensuring awareness of the "How High Ventura County" initiative which is designed to educate parents about the harm marijuana causes the teenage brain. The proposed contract represents a decrease of \$23,303 over the prior year agreement in an effort to work within the ADP Prevention Division's FY 2017-18 budget and desired scope of services.

VCBH is proposing approval for the VCBH Director to sign the agreement for marijuana prevention efforts with J.A.M.S. Productions, LLC, in the amount of \$138,000, for the service period of July 1, 2017 through June 30, 2018.

Project SAFER Educational Foundation provides responsible beverage sales (RBS) training and professional consultation services to alcohol sales establishments and training, media campaign coordination, and promotional activities for retailer-involved driving under the influence (DUI) prevention events. This contractor also provides regulatory/enforcement agency coordination and Overdose Prevention Project education, training, and overdose rescue kits management. There is no change to the proposed maximum contract amount from last fiscal year.

VCBH is proposing approval for the VCBH Director to sign the agreement for consultation services with Project SAFER Educational Foundation, in the amount of \$170,000, for the service period July 1, 2017 through June 30, 2018.

Reality Improv Connection, Inc. provides Straight Up program services which include youth and young adult engagement strategies to address binge drinking, drug abuse, and related risks. The Straight Up program uses school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text messaging) to alter the expectations and community norms that support and condone alcohol abuse, prescription drug misuse, and marijuana use among young people. The proposed contract represents a decrease of \$10,000 over the prior year agreement in an effort to work within the ADP Prevention Division's FY 2017-18 budget and desired scope of services.

VCBH is proposing approval for the VCBH Director to sign the agreement for Straight Up program services with Reality Improv Connection, Inc., in the amount of \$140,000, for the service period of July 1, 2017 through June 30, 2018.

Ventura County Office of Education implements policies and training to support student assistance programs county-wide and Friday Night Live programs (chapters exist in various secondary school districts in Ventura County). The goal of these programs is to reduce underage drinking, drug use, and associated problems. The proposed contract represents an increase of \$14,000 due to enhancements made to the Friday Night Live program staffing and the extension of the opioid safety education efforts.

VCBH is proposing approval for the VCBH Director to sign the agreement for student assistance and Friday Night Live program services with Ventura County Office of Education, in the amount of \$195,000, for the service period of July 1, 2017 through June 30, 2018.

2. FY 2017-18 Mental Health Related Contracts: Elms Manor Corporation, Sunrise Manor, Crestwood Behavioral Health, Inc., Sylmar Health & Rehabilitation Center, Inc., Maxim Healthcare Services, Inc., and Meditech Health Services, Inc.

Elms Manor Corporation (Elms) and Sunrise Manor provide augmented board and care services for adults with serious and persistent mental illnesses which have resulted in significant functional impairments so as to require 24-hour care and supervision to promote safety and recovery. The acuity level of these individuals is high in that they require daily assistance in one or more areas of life functioning including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based support programs, and socialization and community reintegration. To provide augmented board and care services, VCBH currently pays Elms \$357.50 per client/month and Sunrise Manor \$195 per client/month. On a quarterly basis, these facilities also receive an additional \$25 per client that is based on their performance on the VCBH consumer comfort review tool which is designed to evaluate various client care and facility maintenance factors. Sunrise Manor also receives up to \$25 per client/month to fund client activities. This VCBH funding is in addition to the Social Security income that these facilities receive from clients to provide basic board and care services. The proposed contract with Elms represents a decrease of \$33,546 from the prior fiscal year contract. The proposed contract with Sunrise

Manor represents an increase of \$11,527 from the prior fiscal year contract. The proposed contracts can serve approximately 35 to 40 individuals each. There is no change to the rates or other substantive changes within these contracts. These contracts are funded with MHSA, Realignment, and Tobacco Settlement funds.

VCBH is proposing approval for the VCBH Director to sign the agreements for augmented board and care services with: (1) Elms, in the amount of \$188,000, for the service period of July 1, 2017 through June 30, 2018 and (2) Sunrise Manor, in the amount of \$133,210 (an increase of \$11,527, for the service period of July 1, 2017 through June 30, 2018).

Crestwood Behavioral Health, Inc. (Crestwood) provides mental health rehabilitation center (MHRC) services to seriously mentally ill clients who require a higher level of care due to the severity of their illness. Clients placed at Crestwood receive the following services: (1) medication management, (2) training and support with skills related to activities of daily living, (3) daily rehabilitation groups, (4) individual psychotherapy, and (5) various other non-clinical services that are designed to support recovery. The proposed contract reflects: (1) an increase of \$23,421 from the prior year agreement, (2) an increase of 3.5% in the client rate which is due to a State law that provides a cost of living adjustment to MHRC facilities, and (3) the addition of new contract language related to the National Voter Registration Act and Certification of Claims for Payment for Services Rendered form. The cost per client day has increased from \$256 to \$265 per day (an increase of \$9 per day). This contract also contains a bed hold rate of \$265 per day. The proposed contract maximum will support approximately two clients. This agreement is funded by Realignment and Tobacco Settlement funds.

VCBH is proposing approval for the VCBH Director to sign the agreement for MHRC services with Crestwood, in the amount of \$193,421, for the service period of July 1, 2017 through June 30, 2018.

Sylmar Health & Rehabilitation Center (SHRC) is an Institution for Mental Disease (IMD) facility that facilitates recovery in a restricted environment. SHRC is VCBH's primary contractor for legal competence restoration services for alleged misdemeanants. SHRC also provides residential treatment for Murphy conservatees (unrestored defendants that are charged with a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person, and for whom a conservatorship was pursued under Welfare and Institutions Code section 5008(h)(1)(B)). The proposed contract reflects: (1) a decrease of \$527,266 over the prior year agreement as VCBH transferred a number of clients from this facility to the Horizon View MHRC in December of FY 2016-17 and no longer needs the same level of beds at this facility, (2) an increase of 3.5% in the client rates which is due to a State law that provides a cost of living adjustment to IMD facilities, and (3) the addition of new contract language related to the National Voter Registration Act and Certification of Claims for Payment for Services Rendered form. The rate for services at SHRC varies depending on the type of client served. For example, the daily rate for a court ordered client is \$274.49 and for all other clients it ranges from \$215.31 to \$299.49. This contract also contains a bed hold rate of \$176.92 per day. The proposed contract maximum will support approximately 12 clients. The SHRC contract is funded with Tobacco Settlement and Realignment funds.

VCBH is proposing approval for the VCBH Director to sign the Agreement for IMD facility services with SHRC, in the amount of \$1,100,000, for the service period of July 1, 2017 through June 30, 2018.

Maxim Healthcare Services, Inc. (Maxim) and Meditech Health Services, Inc. (Meditech) provide certified and/or licensed temporary staff to help fill vacant positions due to the difficulty in finding qualified and appropriately certified and/or licensed staff. These contractors are also used to help backfill existing positions due to unexpected leaves of absence and to ensure timely start-up of new grant funded programs. VCBH's vacancy rate ranges between 9% and 14%. VCBH is taking appropriate steps to expedite its recruitments for qualified and appropriately certified and/or licensed staff, however, until staff can be hired, VCBH is in need of temporary staff from Maxim and Meditech. VCBH uses a variety of temporary staff from Maxim and Meditech, including Registered Nurses, Mental Health Associates, and Licensed Marriage and Family Therapists.

The proposed contracts with Maxim and Meditech reflect: (1) a \$575,000 decrease in Maxim's maximum contract amount from the prior year agreement, (2) a \$175,000 increase in Meditech's maximum contract amount from the prior year agreement, (3) the addition of a new rate in the Maxim contract of \$28.50 per hour for a Community Services Worker/Child Care Services Aide position, and (4) the addition of new contract language related to the Debarment and Suspension Certification and mileage reimbursement procedures. These contracts are funded with County Resources, Drug Medi-Cal, MHSA, Realignment, SAPT, and SD/MC FFP.

VCBH is proposing approval for the VCBH Director to sign the agreements for medical personnel recruiting services with: (1) Maxim, in the amount of \$473,273, for the service period of July 1, 2017 through June 30, 2018 and (2) Meditech, in the amount of \$904,841, for the service period of July 1, 2017 through June 30, 2018.

3. Mixteco/Indigena Community Organizing Project Contract

VCBH has developed a project addressing the "Innovation" component of its MHSA plan which focuses on increasing the quality of services to the Mixteco population, primarily in the Oxnard Plains area. This project will evaluate traditional indigenous healing practices as a mental health intervention. If successful, the Mixteco/Indigena Community Organizing Project (MICOP) will partner with the indigenous Mexican community and VCBH clinicians to assess whether these traditions can be integrated with the Cognitive Behavioral Therapy (CBT) that is used in VCBH clinics. The project has received unanimous approval from the state MHSOAC and local Institutional Review Board. If the research provides a positive result and the parties agree the practices can be integrated with the CBT approach, an educational training will be offered for mental health providers. The training will educate clinicians on the indigenous Mexican perspectives of mental health, disseminate the evaluation results, and communicate how to utilize the indigenous practices within mental health service delivery. This project is funded by MHSA Innovation funding.

The proposed project with MICOP, Healing the Soul, is planned to take place over a three-year period. A fourth year may be requested in order to achieve all contract goals and deliverables. The proposed budget for the project over the course of four years is \$809,556. The program will be reviewed and renewed each year based on program outcomes and budget considerations. If it is determined that the final project goal cannot be attained based on VCBH's review of the contracted services, the project will be terminated. Progress on contract goals will be assessed quarterly and will be required to align with the activities, outputs, and outcomes of the following core deliverables:

1. Convene an Advisory Board - A ten member board will assemble monthly to give guidance on all project activities.

2. Hold Focus Groups - Two focus groups will take place in year 1 to gather qualitative data on mental health status and healing strategies of indigenous Mexicans to inform survey questions.
3. Complete Structured Surveys - 150 indigenous Mexican community members will complete surveys that result in the capturing of quantitative data on the most commonly held perspectives on healing strategies of indigenous Mexicans. This information will be used to inform which interventions will be evaluated.
4. Evaluate Indigenous Intervention - 300 indigenous Mexican community members will take pre and post tests and complete 10-20 hours of traditional indigenous intervention(s). Pre and post tests will consist of qualitative assessments of stress, anxiety, and depression symptoms for baseline and improvement post-intervention.
5. Develop Mental Health Providers Training - In partnership with VCBH, training will take place that covers the project results, CBT and indigenous integrated strategies, and instructions for the Cultural Learning Card use. The Cultural Learning Card is a quick reference card for the client and clinician to determine cultural compatibility and help improve communication.
6. Finalize Project Evaluation in partnership with VCBH – A final report will be developed that summarizes the project and evaluation process and results.

VCBH is proposing approval for the VCBH Director to sign the agreement with MICOP for the Healing Soul Innovation mental health project, in the amount of \$174,320, for the service period of July 1, 2017 through June 30, 2018.