

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, November 21, 2016, 1:00 – 3:30 p.m.
Ventura County Behavioral Health
1911 Williams Drive, Training Room • Oxnard, CA 93036

AGENDA

- I. Call to Order
- II. Approval of the Agenda – **ACTION**
- III. Approval of the October 17, 2016 Minutes – **ACTION**
- IV. Welcome and Introductions
- V. Chair Announcements (5 min.)
- VI. Public Comments (3 min. per speaker)
- VII. Board Members Comments and Announcements (3 min. per speaker)
- VIII. Presentation: Rapid Integrated Support and Engagement (RISE) – Felicia Skaggs (20 min.)
- IX. Director’s Report – Elaine Crandall (20 min.)
- X. Chief Operations Officer’s Update – Patrick Zarate (10 min.)
- XI. New Business
 - A. January and February meeting dates.
 - B. Autism Services Discussion
 - C. Housing Update – Discussion – Karyn Bates (5 min.)
 - D. Reschedule the Board training
 - E. Co-Chair for the BHAB Transitional Age Youth (TAY) Committee
- XII. Old Business
 - A. AOT/Laura’s Law – Ratan Bhavnani, Mary Haffner
 - B. BHAB Annual Report Update – Jerry Harris
 - C. Future Site Visits
 - D. Future Award Recognitions
- XIII. Contracts – **ACTION**
 - A. BOS Agenda – December 6, 2016
 - 1. RISE Position Conversion
 - 2. Turning Point Amendment
 - 3. MHSA Update – Innovation Mixteco Project
 - 4. Telecare Corporation – EDIPP Amendment
 - B. BOS Agenda – December 13, 2016
 - 1. ADP J.A.M.S. and Idea Engineering Amendments
 - 2. ADP HealthRIGHT 360 Amendment
 - 3. Primary Care Integration
- XIV. Adjourn

Next Meeting: Monday, January 23rd, 2017

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact: Behavioral Health Administration, at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

MEMORANDUM

DATE: November 16, 2016

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 – December 6, 2016

1. RISE Position Conversion

On March 11, 2014, the Board of Supervisors approved the establishment of 20 fixed term positions for the VCBH Rapid Integrated Support and Engagement (RISE) and Crisis Team programs. These positions are funded by the Mental Health Services Oversight and Accountability Commission (MHSOAC) Triage Grant. Of the 20 fixed term positions, 15 positions are dedicated to outreach and engagement and other related services and five (5) positions are dedicated to the VCBH Crisis Team. The RISE program staff are responsible for conducting outreach and engagement to ensure that individuals with severe mental illness (SMI) are connected to VCBH for mental health and other supportive services. These staff also provide warm hand-offs to clinics from the field and Hillmont Inpatient Unit (IPU). The Crisis Team clinical staff conduct assessments and provide crisis intervention services to clients experiencing a psychiatric emergency. The RISE staff also collaborate with various community partners (law enforcement, schools, churches, businesses, and non-profits) to identify individuals that would benefit from mental health and other supportive services. The individuals served by the RISE program are typically those individuals that do not seek out services on their own and who are the most difficult to engage in services.

The RISE program staff are organized into four regional teams that provide services countywide to the following regions: (1) Oxnard, Camarillo, and Port Hueneme, (2) Thousand Oaks, Moorpark, and Simi Valley, (3) Ventura and Ojai, and (4) Santa Paula, Fillmore, and Piru. In addition to the regional teams, RISE program staff are also co-located at the IPU and within specific VCBH clinics to ensure that clients get and remain connected to services. In FY 2015-16, the RISE program had 5,501 contacts among 1,296 individuals. Of these individuals, 445 were assessed and 389 were accepted for specialty mental health services. The Crisis team program staff are available

to provide services by phone and in the field (mobile based) thereby ensuring that client service needs can be met countywide. In FY 2015-16, the Crisis Team program staff engaged in 2,350 crisis intervention episodes which involved 2,171 unduplicated clients. Of the 2,350 crisis intervention episodes, 2,031 were resolved through field visits. The RISE and Crisis team programs are widely supported by VCBH's community partners and stakeholders because these programs have been successful in engaging SMI individuals who are typically difficult to reach and engage or in crisis.

Converting the RISE and Crisis team positions to regular positions would ensure the: (1) continuation of the RISE program efforts, (2) retention of five crisis team staff, (3) protection against any unused Triage grant funds being returned to the MHSOAC, and (4) department is able to meet the Triage grant requirements. This conversion would also support the County's efforts to reduce the impact of untreated SMI in our hospitals, IPU's, and jails. Additionally, the MHSOAC has announced that \$35 million in Triage grant funding will be made available through a second round of competitive grants. VCBH plans to submit a grant application and it is imperative that we meet our existing grant obligations and utilize the current funds in order to not be penalized during the upcoming MHSOAC grant application review process. The 20 fixed term RISE and Crisis Team program positions are set to expire in March 2017 (18 positions) and October of 2018 (two positions). To ensure continued services to the SMI population, VCBH is seeking approval to convert these positions from fixed to regular term positions, effective December 18, 2016. These positions are currently funded by the Triage grant through June 30, 2017. The MHSOAC is in the process of extending the Triage grant an additional fiscal year to allow VCBH to use grant savings to fund these positions in FY 2017-18. When the Triage grant ends, and if no additional grant funding is obtained, these positions will be funded by MHSA (as approved by the Behavioral Health Advisory Board).

2. Turning Point Amendment

Turning Point provides rehabilitation services to adults who suffer from severe and persistent mental illness via a evidence based psychiatric rehabilitation model. The model provides day treatment services that integrates peer support with licensed professional supervision as a strategy for providing self-help, rehabilitation, and recovery-oriented services. The program provides structured skill-building groups, support groups, and activities, six days per week, designed to enhance independent living skills, develop and practice coping skills and social and communication skills. Rehabilitation services are provided at the New Visions Center located in Ventura and at the Oxnard Clubhouse. All clients must be referred and authorized by VCBH prior to accessing services. To reduce transportation barriers for clients with a physical impairment or a lack of public transportation, Turning Point has implemented a ride share program that provides transportation to and from the center and clubhouse. The service is currently being offered three days per week in both locations. In FY 2015-16, Turning Point provided services to a combined total of 119 unduplicated clients, and provided approximately 400,000 units of service. In July 2016, VCBH extended the adult rehabilitation agreement with Turning Point for a six month term from July 1, 2016 through December 31, 2016, to allow sufficient time for review and negotiation of the ride share program component and costs. The proposed third amendment will extend the adult rehabilitation program with Turning Point from January 1, 2017 through June 30, 2017. The total contract maximum for the service period beginning July 1, 2016 through June 30, 2017 is \$909,374. This amount reflects an overall increase from prior fiscal year contract maximum of \$10,040. Payment for the Turning Point agreement will be made according to the provisional unit rates of service specified in the agreement. The rates will not exceed the Ventura County Maximum Allowance rates of \$2.16/minute for case management,

\$2.94/minute for mental health services, \$5.44/minute for medication support and \$4.38/minute for crisis intervention. The agreement is funded with Short Doyle/Federal Financial Partnership (SD/FFP) and County Resources.

3. MHSA Update – Innovation Mixteco Project

VCBH is requesting approval to submit the FY 2016-17 Mental Health Services Act (MHSA) Update - Innovation Mixteco Project, a four year project for the Innovation Component of MHSA, to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSA Update - Innovation Mixteco Project focuses on increasing the quality of services for the Mexican indigenous population, primarily in the Oxnard Plains area of the county. Phase I of the research project will develop a Mexican indigenous steering committee to gather information from the local Mexican indigenous community on their values, beliefs, and traditional healing practices surrounding mental health. Phase II will evaluate the acceptability, feasibility and utility of the traditional indigenous healing intervention. Phase III will test the delivery of an educational training for VCBH providers in improving knowledge of and integrating Mexican indigenous cultural factors into a mental health service delivery. The total cost of the four year project is \$838,985 (\$171,012 for FY 2016-17, \$235,523 for FY 2017-18, \$240,902 for FY 2018-19, and \$191,548 for FY 2019-2020). The FY 2016-17 MHSA Update - Innovation Mixteco Project was posted for 30 day public comment and review from Friday, August 16th, 2016 through Sunday, September 18, 2016. A public hearing was held on September 19, 2016, after which the project was approved by the Behavioral Health Advisory Board.

4. Telecare Corporation – EDIPP Amendment

Telecare provides educational support, supportive employment, case management, individual treatment, and psychiatric treatment services to Transitional Aged Youth (TAY) through the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) Program. The EDIPP Program utilizes a “whatever it takes” approach in working with clients and family members. At the core of the program services are multi-family groups for clients and their families which are designed to decrease stressors and increase coping skills. Clients that complete the regular two year EDIPP Program receive an additional 12 months of psychiatric services, groups, and counseling through the EDIPP Continuing Care Program. The EDIPP Program currently serves the following communities: Camarillo, Fillmore, Moorpark, Newbury Park, Ojai, Oxnard, Piru, Port Hueneme, Santa Paula, Simi Valley, Somis, Thousand Oaks, and Ventura. A minimum of 55 unduplicated TAY are served in the program.

The proposed eleventh amendment to the contract with Telecare increases the maximum contract amount from \$1,346,396 to \$1,369,613 (an increase of \$23,217) to provide funding for moving costs that will be incurred by Telecare to re-locate the Telecare EDIPP program offices from their existing location with the AB 109 and XP Act programs to a new location. This move will allow the Telecare Assisted Outpatient Treatment (AOT - Laura’s Law) program to be co-located with the Telecare AB 109 and XP Act programs. Co-location is needed to facilitate the operational oversight and coordination of these three programs by the Telecare administrative staff assigned to these programs. Of the \$23,217 in moving costs, \$13,960 of these costs are one-time costs and \$9,257 are on-going costs. The one-time costs include business license, fire clearance, moving company, and network/hardware costs. The on-going costs include depreciation, communication, and rent cost increases. Payment will be made according to the provisional unit rates of service and line-item budgets. This contract is

funded with Mental Health Services Act (MHSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Short Doyle/Medi-Cal (SD/MC) Federal Financial Partnership (FFP) funding.

Board Agenda – December 13, 2016

1. ADP J.A.M.S. and Idea Engineering Amendments

J.A.M.S. Productions, LLC (J.A.M.S.) provides youth marijuana prevention efforts targeting middle school and high school youth, their parents, coaches, teachers and institutions using new strategies which include youth engagement activities, speaking events and e-media messaging. In November 2014, VCBH in partnership with the Public Health Department, unveiled How High Ventura County, a new long-term initiative to educate parents about the harm marijuana causes the teenage brain. Within the first three weeks of the launch, How High Ventura County garnered millions of media impressions, including parents from over 20 states nationwide taking the HighQ quiz available in English and Spanish. VCBH has been recognized as a leader and sought-out participant statewide and nationally regarding the youth-focused marijuana health dialogue due largely to this effort. For Fiscal Year 2016-17, in-classroom presentations have yielded measureable increases in knowledge among teens, and more accurate perceptions of the harms associated with marijuana use. The proposed increase is needed to extend youth education and engagement in schools, increase work with other youth-serving organizations, and expand participation in parent nights and community events. The proposed second amendment to the agreement for alcohol and drug program (ADP) prevention services with J.A.M.S., will increase the maximum agreement amount from \$85,329 to \$161,303 (an increase of \$75,974), effective July 1, 2016 through June 30, 2017. This agreement is funded by Substance Abuse Prevention and Treatment (SAPT) Block Grant funds and the ADP Trust.

Idea Engineering, Inc. provides VCBH with communication materials and graphic design services, a custom and localized image library to support various programs (Prescription Drug Abuse and Heroin Prevention initiative, Youth Marijuana Prevention initiative, and Impaired Driving Prevention campaigns), various program publications using social host and related community education efforts, as well as internet-based viral messaging services to youth and young adults in support of the Strategic Prevention Plan. The proposed ninth amendment to the agreement will be used to better meet the education needs of marijuana prevention, including new publications, media messaging on the harmful effects associated with marijuana use among youth, and long-term countywide community prevention planning efforts. The proposed ninth amendment to the agreement for ADP prevention services with Idea Engineering, Inc., will expand the services and increase the maximum agreement amount from \$242,500 to \$349,800 (an increase of \$107,300). This contract is funded by SAPT Block Grant and Office of Traffic Safety Grant funds.

2. ADP HealthRIGHT 360 Amendment

The State provides Judicial Council of California (JCC) grant funding to local court entities to support residential and outpatient substance use disorder treatment programs. The Ventura County Superior Court receives annual JCC grant funding from the State of California through various programs, and in conjunction with VCBH, uses funding to support the alcohol and drug program services provided by HealthRIGHT 360 for participants in the Dependency Drug Court. The program offers participants an opportunity to become productive members of the community by assisting the program participants in overcoming their addiction problems and decreasing criminal activities/involvement. The recidivism rate (re-arrest rate) of mothers who complete the program is

25%, while mothers who failed to complete the program have a 44% recidivism rate. VCBH requests approval and authorization for the VCBH Director to sign the MOU with the Ventura County Superior Court in the amount of \$11,314 for JCC programs, effective July 1, 2016 through June 30, 2017

HealthRIGHT 360 provides social model detox and residential substance use disorder treatment for women and their children. The residential program funded by Dependency Drug Court serves approximately 20 clients (1799 bed days), and the residential program funded by SAPT discretionary funds serves approximately 40 clients (3600 bed days). Through individual and group counseling, clients work on addressing their substance abuse issues as well as family and vocational needs in order to become self-supporting. HealthRIGHT 360's satisfactory discharge status is over 60% which exceeds the Substance Abuse and Mental Health Services Administration (SAMHSA) national outcome rate of 33%. Mothers participating in residential treatment at Prototypes through the Ventura County Adult and Dependency Drug Courts are allowed to keep their infants with them; therefore, these mothers have all benefited from the mother/baby bonding that is critical to child rearing. Early bonding increases a mother's response and sensitivity to the child's needs, bolstering the quality of the mother-baby relationship.

The amendment is needed to meet the increased need of residential substance use disorder treatment for women. For FY 2016-17 HealthRIGHT 360 has been experiencing an increase need for pregnant IV drug using women needing treatment. Pregnant IV drug using women are part of the federal priority population for admission into treatment. The JCC funds of \$11,314 will allow approximately 1 client (125 bed days) to enter treatment, and the \$140,000 in SAPT funds will allow approximately 17 additional clients (1555 bed days) to enter treatment. The proposed fifth amendment for substance use disorder residential treatment services with HealthRIGHT 360, will increase the maximum agreement amount from \$912,313 to \$1,063,627 (a \$151,314 increase; \$11,314 in JCC funding, and \$140,000 in SAPT funding), effective July 1, 2015 through June 30, 2016. This agreement is funded by JCC, SAPT, AB109, Drug Court, and County General fund.

3. Primary Care Integration

In 2010, VCBH implemented a Primary Care Integration (PCI) program under the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component to address the mental health needs of adults and children referred by their primary care provider (PCP). The PCI program provides short term evidence-based approach to depression and anxiety care at eight ambulatory care clinics throughout Ventura County. Services are provided to adults and adolescents through coordinated referral between primary care physicians and mental health clinicians. Utilizing a team approach to support the client, the clinician, PCP and consulting psychiatrist (when indicated) work together to support the health and well-being of the individual – all within the client's primary care setting. For coordination of PCI services, VCBH entered into a Memorandum of Understanding (MOU) with Ventura County Medical Center (VCMC) Ambulatory Care Clinics. PCI services are currently being provided by 7.0 full time VCBH clinical staff at the following ambulatory care clinics: Academic Family Medicine Center, Las Islas Medical Clinic, Magnolia Family Medical Clinic, Mandalay Bay Women and Pediatric Diagnostic Center, Santa Paula Medical Clinic and Sierra Vista Family Medical Clinic.

PCI services consist of the utilization of several Evidence Based Practices that have favorable application in a primary care setting. They include adult Cognitive Behavioral Therapy, Depression Treatment Quality Improvement for teens and young adults, Problem Solving Treatment for Primary Care and an IMPACT like

approach that focuses on behavioral activation, depression monitoring and case management utilizing the Patient Health Questionnaire (PHQ-9). Since the first year of implementation (2010-2011) referrals have increased 21% (2014/15) and the number of enrolled clients has doubled from 15% to 30%. Clients that successfully completed the program during the reporting period of July 1, 2014 through June 30, 2015 showed a significant reduction in depression symptoms - 97% of youth scored in the "none/minimal or mild" depression severity range and 87% of adults scored in the "none/minimal or mild" depression severity range. Overall, 93.3% of clients with PHQ scores in the moderate-severe range at intake showed a 40% improvement in symptoms upon discharge. This indicated clients went from experiencing moderately severe symptoms to having only minimal symptoms. In FY 2015-16, a total of 506 adults were enrolled and of those 80% identified their ethnicity as Latino. During that same period, 76 youth were enrolled and of those 89% identified their ethnicity as Latino.

Earlier this year, the State Department of Health Care Services released a new Medi-Cal 2020 Waiver Section 1115 with the goal of aligning the Medi-Cal delivery system around improving health outcomes for members in order to achieve a healthier California by 2020. A programmatic element of the waiver is the Public Hospital Redesign and Incentives in Medi-Cal (PRIME), with a focus on increased access to coordinated primary care and includes the availability of annual federal funding. Through this initiative, and in coordination with VCMC Ambulatory Care, PCI services will be expanded and integrated in other ambulatory care clinics for the coordination of health and behavioral health. To expand the integration of services to other ambulatory care clinics, VCBH requests approval to establish 7.0 new regular positions in the MHSA budget unit, effective December 31, 2016. The new positions will be assigned to the following ambulatory care clinics: Cardiology / Oncology / Immunology Clinic (2), Las Islas Medical Clinic / Urgent Care Facility (1), West Ventura Medical Clinic (1), Conejo Valley Family Medical Group (1), Santa Paula Clinic – West (1), and Magnolia Family Medical Clinic (1). These positions will be funded by the VCMC Enterprise Fund and there is no net increase in County costs as a result of this recommendation. Ambulatory Care has agreed to reimburse VCBH for costs relating to salaries and benefits, operational and administrative up to a maximum of \$1,887,875 (12 months).