

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

November 21, 2016

NEXT MEETING:

Monday, January 23, 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
Mary Haffner
Jerry Harris, 2nd Vice Chair
Larry Hicks, Member-At-Large
Patricia Mowlavi
Cmdr. Ron Nelson
Sidney White
Kay Wilson-Bolton

BHAB Members Absent

Monique Garcia
Denise Nielsen
McKian Nielsen
Irene Pinkard
Carol Thomas, 1st Vice Chair
Sandra Wolfe
Supervisor John Zaragoza

Others Present

Lucrecia Campos-Juarez, Clinicas del Camino Real
Cece Casey
Tamara Lemalu, Aegis Treatment Centers
Jeanne Singer Bair
Catalina Arenas
David Deutsch, NAMI
Sally Harrison, Casa Pacifica CEO
Marissa Espinoza, Casa Pacifica
Mark Stadler, CIT
Cindy Vaughn
Letty Ortiz, Pacific Clinics
Jennifer Goble, Pacific Clinics
Kalie Matisek, Turning Point Foundation

VCBH Managers/Staff Present

Elaine Crandall, Director
Dan Hicks, Prevention Manager
Sandra Nelles, Contracts BH Manager
Pete Pringle, Youth & Family Division Manager
Kiran Sahota, MHSA Manager
John Schipper, PhD, Adult Services Division Manager
Deborah Thurber, M.D., Youth & Family Medical Director
Terri Yanez, Special Projects Manager
Patrick Zarate, COO, Alcohol & Drug Programs Manager
David Tovar, ADP
Clara Barron, MHSA
Esperanza Ortega, MHSA
Greg Bergan, MHSA
Hilary Cardon, MHSA
Leisa Donovan, Fiscal
Felicia Skaggs, RISE Clinic Administrator
Edith Pham, BHAB Assistant

	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 October 17, 2016 meeting.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked for introductions.		
V.	Chair Announcements A. On November 15 the Board of Supervisors held a Volunteer Appreciation Day. Every BHAB member was invited to attend. B. Ms. Gardner reminded everyone that the BHAB Executive and General will go dark in December. C. Just prior to the January meeting the Clerk of the Board will give the BHAB an overview of the Brown Act. All BHAB members are required to attend. D. Also at the January meeting a presentation on various aspects of Prevention will be presented by Dan Hicks, ADP Prevention Manager, and Kiran Sahota, MHSA Manager. E. ADP received an intent to award letter for up to \$414,000 to conduct juvenile justice intervention, education and treatment, in outpatient setting, in the field and in the Juvenile Hall. Congratulations to staff, including Janet Kaplan, for responding to the RFP under a tight deadline. F. Congratulations to Dr. Celia Woods and her team for winning the prestigious 2016 California Association of Public Hospitals/Safety Net Institute (CAPH/SNI) Quality Leaders Award for Data Driven Organizations for their entry, <i>Safe Alprazolam Prescribing</i> (Xanax). This award includes a \$3,000 cash prize. G. The Horizon View Mental Health Rehabilitation Center ribbon-cutting ceremony was held on November 17 th . H. Ms. Gardner thanked everyone who brought donations for the Inpatient Unit clients.	Go dark in December Training at noon on January 23, 2017	all BHAB members
VI.	Public Comments A. Cece Casey spoke about her son's experience at Las Posadas and Anne Sippi facilities. She also asked VCBH to implement evidence-based ACT models, provide permanent augmented housing, and restore effective treatment for the severely mentally ill. B. David Deutsch invited all to the NAMI Holiday Party on December 13 at 5:00 p.m. at the Oxnard Elks Lodge. About 500 clients and their families are expected. On January 10, 2017 the NAMI General Meeting will be devoted to a presentation on Assisted Outpatient Treatment/Laura's Law. C. Pattis Thompson spoke about the gap in services for people with both autism and a mental illness. She urged the county to open DD/MI (Developmental Disorder/ Mental Illness) units, which exist in other counties but not in Ventura County.		

<p>VII.</p>	<p>Board Members Comments and Announcements</p> <p>A. Mary Haffner noted that she sits on the board of the Ventura Unified School District. One of the board’s goals is to support students who may be suffering from a mental illness or autism. It is considering researching the possibility of opening a school-based health center at one of the district’s high schools. If so, Ms. Haffner noted that there would be a lot of fact-finding work.</p> <p>B. Karyn Bates distributed a training survey from the California Association of Local Behavioral Health Boards and Commissions. She asked BHAB members to fill it out and return it to her at the end of the meeting.</p> <p>C. Jerry Harris acknowledged the work of the public servants. He asked Elaine Crandall, VCBH Director, to thank all her employees for the outstanding work they do.</p>		
<p>VIII.</p>	<p>Presentation: Rapid Integrated Support and Engagement (RISE) – Felicia Skagg</p> <p>RISE staff go out in the community and do outreach to individuals who may need services and to partners and stakeholders who have identified such individuals. Staff continually attempt to engage them, doing risk assessment and safety analysis. They build rapport and link the individuals to the appropriate services.</p> <p>Four teams of engagers provide services throughout the county, including the homeless. Two rapid assessment response teams provide assessments to those who need immediate assessment and are unlikely to go to STAR. One staff focuses on youth proactive services county-wide. The PATH (Projects for Assistance in Transition from Homelessness) Homeless Outreach reaches out to the homeless population county-wide. Staff are also based at the Crisis Team and at Assessment & Referral (A&R).</p> <p>Data shows that RISE generated 5,501 contacts with 1,296 unduplicated individuals in Fiscal Year 15-16. Of those, 445 were assessed, and 389 were accepted for specialty mental health services.</p> <p>Staff use a variety of approaches, including motivational interviewing, to build trust with the homeless and their relatives.</p> <p>The phone number of the RISE team is 981-4233; ask for a RISE staff. Referral forms can be emailed to riseprogram@ventura.org.</p> <p>See attached for details.</p>	<p>Information</p>	
<p>IX.</p>	<p>Director’s Report – Elaine Crandall</p> <p>Ms. Crandall thanked the Board for providing guidance, input and advocacy. She also thanked members of the community who attend and keep the dialogue open.</p> <p>Ms. Crandall shared updates on the following:</p> <ol style="list-style-type: none"> 1. Horizon View MHRC in Camarillo. Ms. Crandall thanked those who attended the ribbon-cutting ceremony on November 17th. Clients are expected to start moving into the facility on December 13, 15 and 20th. 2. The David Holmboe Center in Oxnard. The building will house the children’s Crisis Stabilization Unit (CSU) and Short-term Crisis Residential programs. The CSU is expected to open the first week of December. A ribbon-cutting ceremony will take place in January. 3. Laura’s Law: see item XII.A below. 4. Children’s Continuum of Care Reform. VCBH will ask the Board of Supervisors to approve an additional seven positions for this state mandate. 	<p>Information</p>	

	<p>5. 2020 Waiver – PRIME (Public Hospital Redesign and Incentives in Medi-Cal). Clinicians will be based in primary healthcare clinics.</p> <p>6. DMC-ODS (Drug Medical Organized Delivery System). The state has approved VCBH’s plan. Ventura is now one of ten counties in the state with an approved plan. Implementation will be done slowly as officials watch what direction the Affordable Care Act takes under the new federal administration.</p> <p>7. No Place Like Home. This program dedicates \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness or are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). The funding will only pay for bricks and mortar.</p> <p>8. Presentation on Data Informed Decision Making. Currently, there is limited data on why programs are funded, what they cost, what they accomplish, and how they compare across the nation. Decisions need to be based on the following areas: financial, output, outcome, benchmarks, ROI, challenges, opportunities and successes.</p> <p>Clara Barron, MHSA PEI Operational Manager, described the steps that need to be taken in order to develop a performance measurement model for Prevention and Early Intervention (PEI).</p>		
<p>X.</p>	<p>Chief Operations Officer’s Update – Patrick Zarate</p> <p>A. Mr. Zarate acknowledged the work of Safety and Facility Manager Fernando Medina, Safety and Disaster Services Coordinator Toney Broskey, and VCBH Adult Services Division Chief Dr. John Schipper in getting the Horizon View Mental Health Rehabilitation Center ready for opening. The ribbon-cutting ceremony took place on November 17th.</p> <p>B. The children’s Crisis Stabilization Unit is getting ready for opening in early December. The ribbon-cutting ceremony will take place in late January.</p> <p>C. On November 17th the Surgeon General published a historic document on the problems revolving around addiction. The report states that addiction is a chronic disease of the brain that needs to be treated with the same urgency as other illnesses. The threat of relapse is always present, and people need ongoing medical care. The document puts a heavy emphasis on prevention. It shows that for every dollar expanded on drug prevention, there is a saving of \$64 in health care cost.</p> <p>D. Actor Danny Trejo, who is popular among young people and has in the past spoken at the Juvenile Facility, met with VCBH ADP Prevention staff, school officials, and others. He then spoke at two schools, reaching 1,500 students, and delivered a powerful message about staying away from drugs and alcohol, and “education is the key to anything you want to do.”</p> <p>E. Mr. Zarate noted that Prevention piloted a Student Assistance Project it designed for the Conejo School District three years ago.</p> <p>F. EvalCorp has prepared a report on the objective outcomes of the Breakthrough Project, which earned VCBH the Golden Bell Award in 2014 for statewide education.</p>	<p>Information</p>	
<p>XI.</p>	<p>New Business</p> <p>A. January and February 2017 meeting dates Due to holidays, the first two General Meetings of 2017 will take place on the 4th Monday: January 23rd and February 27th. The Executive meetings will not change.</p> <p>B. Autism Services discussion Mr. Zarate presented a Staff Report regarding “Community Member Request to Open a Facility to House and Treat Individuals with Autism and to Open a Medical Facility</p>	<p>New dates for General Meeting in January and February</p>	

for Individuals with Autism.” The report contains information about symptomology, treatment, and advocacy resources. Regulatory information is also included. See attached.

David Tovar reported that in the last ten years several pieces of state legislation (SB946, SB126 and AB796) gave parity to people with autism spectrum disorder (ASD) to gain access to different forms of treatment through the Department of Developmental Services (DDS). The funding is not applicable to Behavioral Health type of funding.

Mr. Zarate noted that VCBH currently serves about 160 clients with a diagnosis of ASD and mental illness; almost all of these clients are in the Youth & Family Division. Dr. Deborah Thurber, Youth & Family Medical Director, noted that autism is a sub-specialty for doctors. There is limited evidence-based medication treatment and behavior treatment. They are accessed through Tri-Counties Regional Center (TCRC) and Beacon. Mid- and high-level services are not available for this population. The number of hospitals that agree to admit children and adults who are having severe behavioral and emotional problems and who have autism or mental retardation is dwindling. According to the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th edition), up to 70% of people with autism also have a diagnosable mental health disorder, and up to 40% of them have two or more mental health diagnoses.

In response to questions from BHAB members, the following was noted:

1. One county that responded to Mr. Zarate’s request for information showed that it does not offer dedicated services or programs specifically for people with autism.
Ms. Crandall agreed to check with some members of the California Behavioral Health Directors Association (CBHDA) regarding the autism services they provide.
2. The co-occurring mental illnesses that people with autism may suffer from do not all fall under the purvue of specialty mental health.
3. Due to staff not being trained in autism, hospitals can choose to not admit people with autism, especially those who are very low-functioning or non-verbal. Hospitals are concerned that if they accept these patients, they will not have a step-down place to discharge them to.
4. Other states have mental health, developmental disorders and substance abuse services under one agency. Children can then be served under several divisions based on their needs.
5. VCBH is not the appropriate agency to provide medical services for people with autism. Currently, there is no clear path to services, including housing, for people with autism.

Poll some CBHDA members re autism services

E. Crandall

C. Housing Update – Karyn Bates

Ms. Bates distributed a handout which included information on:

- A. “City of Ventura Project Charter: Crisis Housing along the Continuum of Care (draft version No. 1.3)”;
- B. Tiny homes in San Jose, California;
- C. San Diego’s “Atmosphere”, a new development which includes 51 units for formerly homeless San Diegans.

See attached.

D. Reschedule the Board training

Carol Thomas will conduct a board training on March 20th, 2017 at noon for all BHAB members.

Training on 3/20/17 at noon

All board members

E. Co-Chair for the BHAB Transitional Age Youth (TAY) Committee

Carol Thomas had planned on being the Co-Chair of the TAY Committee. However, she will be unable to do so. A volunteer is needed to take on the duties. The TAY Committee meets on the fourth Thursday of the month from 10:30 to noon. The current Chair is McKian Nielsen, who is pursuing his studies.

TAY Committee Co-Chair is needed

<p>XII.</p>	<p>Old Business</p> <p>A. AOT/Laura’s Law – Mary Haffner A stakeholder meeting will take place on November 29th from 3:00 to 4:30 p.m. in the Lake Tahoe room.</p> <p>B. BHAB Annual Report Update – Jerry Harris The draft of the report should be ready for the Board to review at its January 23rd 2017 meeting.</p> <p>C. Future Site Visits Patricia Mowlavi will coordinate a visit to the Wellness Center in January. Ms. Gardner would like to do a site visit to the Breakthrough Program in Conejo and in Fillmore when it opens.</p> <p>D. Future Award Recognitions In February the Board will recognize the CIT (Crisis Intervention Team) Officer of the Year, and possibly other CIT officers. Dan Hicks of ADP Pevention will be recognized in March.</p>		
<p>XIII.</p>	<p>Contracts</p> <p>Ms. Crandall submitted the following contracts, to be voted on by the Board of Supervisors (BOS):</p> <p>A. BOS Agenda – December 6, 2016</p> <ol style="list-style-type: none"> 1. RISE position conversion, from fixed-term to regular. 2. Turning Point amendment, adding \$10,040 for transportation. 3. MHSA update – Innovation Mixteco Project, to study the efficacy of indigenous treatment modalities. 4. Telecare Corporation – EDIPP amendment, adding \$23,217 for moving costs. <p>B. BOS Agenda - December 13, 2016</p> <ol style="list-style-type: none"> 1. ADP J.A.M.S Amendment, adding \$75,974 for youth marijuana prevention, and Idea Engineering Amendment, adding \$107,300 for education needs of marijuana prevention. 2. ADP HealthRIGHT 360 amendment, adding \$151,314 for residential substance use disorder treatment for women. 3. Primary Care Integration, adding seven VCBH positions in the primary care clinics. <p>See attached Executive Summary for details.</p> <p>In regards to ADP J.A.M.S, Claudia Arman suggested ways of reaching out to the Latino community: Spanish language radio station, MICOP radio station, and also checking with Logrando Bienestar for more information.</p>	<p>The Board approved sending the contracts to the BOS as submitted. M/S/C</p>	
<p>XIV.</p>	<p>Adjourn</p> <p>The meeting adjourned at 3:15 p.m.</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							
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X	X		X							
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X		X	X							
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X	X	X	X							
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X	X	X	X							
District 5	9/24/14 – 9/23/17	Monique Garcia	X			X								
District 2	4/7/15 – 4/7/18	Janis Gardner	X	X	X	X	X							
District 1	4/7/15 – 4/7/18	Mary Haffner		X	X	X	X							
District 4	9/17/13 – 9/17/16	Jerry Harris	X	X	X	X	X							
District 3	12/2/14 – 12/1/17	Larry Hicks	X	X	X		X							
District 2	3/15/16 – 3/17/17	Patricia Mowlavi	X	X	X	X	X							
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X		X	X							
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X		X								
District 4	9/17/14 – 9/17/17	Mickian Nielsen	X	X										
District 5	9/17/13 – 1/10/17	Dr. Irene Pinkard	X	X		X								
District 2	1/5/15 – 1/7/19	Carol Thomas	X	X	X									
District 1	3/10/15 – 3/10/18	Sidney White, AICP			X	X	X							
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X	X	X	X							
District 5	1/11/15 – 1/10/18	Sandra Wolfe	X	X	X	X								
District 5	1/1/15 – 12/31/18	Supervisor John Zaragoza	X		X									

District 5		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



California Association of Local Behavioral Health Boards and Commissions

TRAINING SURVEY

1. Please check all training topics your Board/Commission would be interested in:

- Running Effective/Efficient Board meetings
- Welfare & Institutions Mental Health Board laws
- How to Conduct Site Visits
- How to Review MHSA and Other Budget documents
- Techniques and Skill Building to Influence Decision-makers
- The Brown Act
- Assisted Outpatient Treatment
- Interviewing Skills
- Disaster Mental Health Planning and Preparedness
- Report Writing
- Continuum of Care Planning
- Developing an Annual Work Plan
- Understanding Contracts/Data
- Other:

2. Do you have Board/Commission members with special expertise who would like to join our Training Committee? Yes No

If YES, what TRAINING or SUBJECT expertise and contact information:

3. Does your Board/Commission want training during its regular meeting? At an all-day retreat? At Regional Meetings? At the Association quarterly and Annual meetings?

4. When would you like to schedule training:

NAME OF PERSON COMPLETING SURVEY: _____

TELEPHONE NUMBER AND/OR E-MAIL ADDRESS: _____

COUNTY: _____



A Department of Ventura County Health Care Agency

RISE

(Rapid Integrated, Support & Engagement)

Felicia Skaggs M.S. BH Clinic Administrator III
RISE Team



RISE

(Rapid, Integrated Support & Engagement)

Developed from STAR's existing successful *Bridge Building* initiative, the primary mission of RISE is to prevent clients from "falling through the cracks" by engaging them early, frequently, and comprehensively via Bridge Building Services.

The RISE Team builds upon established relationships with law enforcement, IPU, A&R, NAMI, Client Network and other community providers to ensure services are integrated and reflect community priorities and develop new community relationships as necessary.

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RISE continued

- The team has identified core parts of bridge building services:
 - Establish contact intervals (daily, periodically, etc.), methods (phone, in person, etc.), and staff (CSC, BHC, Specialist)
 - Assess basic needs and provide required linkage (food bank, bus tokens, shelter, etc.)
 - Perform Safety Analysis
 - Develop Action Plan for linkage to VCBH
 - Provide transportation as needed
 - Coordinate warm handoff with clinics

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Overview of RISE Team




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Bridge Building Teams

- Ventura
- Oxnard
- PATH Grant (Homeless Outreach Countywide)
- Santa Clara Valley
- Thousand Oaks / Simi Valley


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Rapid Response Assessment Teams

- East (BHC, CSC)
Samaritan Center / TO One Stop
- West (BHC, CSC)
Turning Point / Ventura-Oxnard One Stop


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Behavioral Health Clinicians at A&R & IPU

Unenrolled	Enrolled
<p>Not admitted: link to required mental health services such as CRT, VCBH STAR, Beacon etc.</p>	<p>Ensure communication with regional clinic so they are aware of contact with A&R</p>
<p>Admitted: develop relationship, connect to bridge builders, assess as needed</p>	<p>Assist with facilitating transfer from VCMC ER to A&R (both enrolled and unenrolled)</p>

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Special Liaisons



Law Enforcement

Business/Medical Providers

Faith Based Community Partners

Government Partners- cps, aps, schools

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Homeless Services

- RISE / P.A.T.H Program
 - Assistance for high risk/needs clients

- One Stop Center & Community Involvement
 - Assist community/governmental agencies

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Referrals/Resources

- Primary Care Providers
- Brain Injury Center
- Hospice
- United Parents
- NAMI
- Community Counseling Providers
 - Cal Lutheran
 - Jewish Family Services
 - Ventura Counseling Center
 - Simi Free Clinic
 - Westminster Clinic (T.O)
 - Interface
 - Casa Pacifica
- Shelters
 - Coalition for Family Harmony
 - Lighthouse
 - Safe Haven
- Food banks
- Tri-County Regional Center
- PathPoint
- One Stop Centers
- Samaritan Center (Simi)
- Public Health

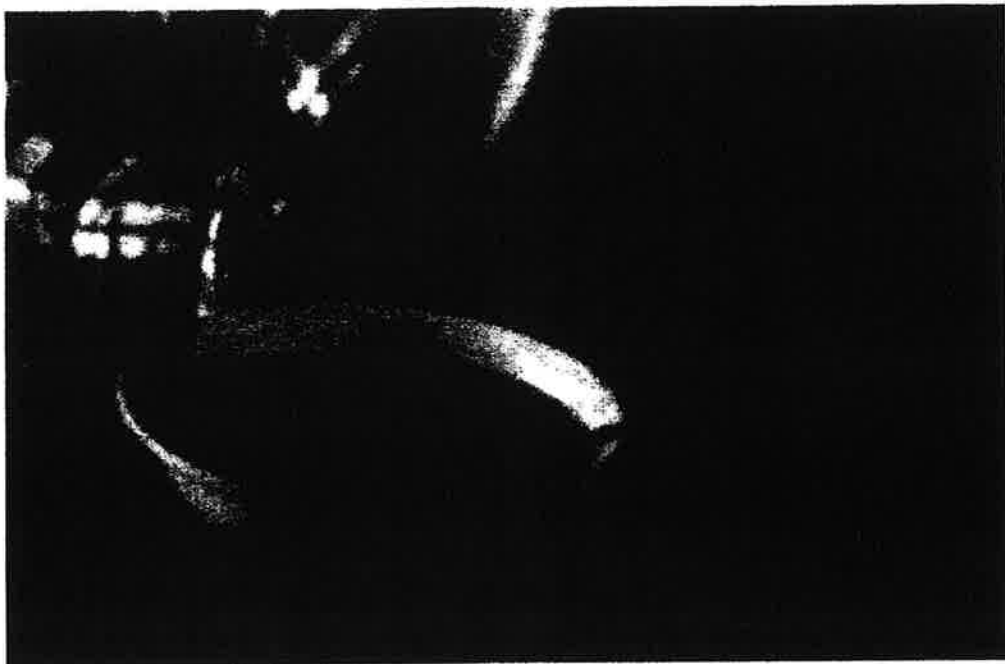


Questions?

Thank you for your time.

Please let us know if you have any questions.

CITY OF
VENTURA
COMMUNITY DEVELOPMENT
www.cityofventura.net/cd



**Project Charter:
Crisis Housing
along the
Continuum of Care**

DRAFT Version No: 1.3

**Prepared by: Peter Brown and Ryan Kintz
Version as of: October 12, 2016**

INTRODUCTION

1.1 BACKGROUND

The community of Ventura seeks to develop crisis housing along the continuum of care that supports vagrant and homeless individuals throughout the community. The City of Ventura aims to work together with various stakeholders including but not limited to the business community, the faith community, social services, non-profits, Ventura County and other Cities throughout the County.

The City currently does not provide all housing types along the continuum of care. In collaboration with the City of Oxnard, Ventura provides a temporary winter warming shelter every year. This year will be one of the last years that a winter warming shelter is available, provided a permanent Crisis Housing facility is built and available in the near future.

Crisis housing along the Continuum of Care (CHCOC) refers to the following types of housing: crisis housing, transitional housing, permanent supportive housing, and extremely affordable housing. A facility in this document is defined as a single facility or multiple facilities to provide all crisis housing types along the continuum of care.

1.2 PROJECT GOAL AND OBJECTIVES

1.2.1 PROJECT GOAL

Ventura seeks to provide all housing types along the continuum of care, including crisis housing, transitional housing, permanent supportive housing, and extremely affordable housing. In addition, it is vital that all supportive services are available and provided to individuals at the appropriate level regardless of the type of housing they are utilizing.

1.2.2 PROJECT OBJECTIVES

Each housing type along the continuum of care is an individual project piece within the overall project goal. Each housing type therefore has its own project objectives and project timeline as represented in the sections below.

1.2.2.1 Crisis Housing Objectives

Within the overall goal as stated above the following objectives have been identified:

1. Establish a strong partnership with all stakeholders involved with the shared mission of achieving the project goal (Stakeholder Group September 2016). Create stakeholder list and engage stakeholders in the project.
2. Stakeholder group will create standards for operator qualifications and facility management plan (October 2016).
3. Obtain MOU agreement with all Cities throughout the County (October 2016).
4. Engage property owners in the proposed zone change areas to ensure up-front communication and achieve property owner support (October 2016).
5. Obtain Planning Commission Approval of Zoning Updates (November 2016).
6. Develop Condition Use Permit Requirements (November 2016).
7. Achieve City Council approval of ordinance amendment (March 2017).
8. Develop funding mechanism to acquire facility and continually operate (April 2017).
9. Site potential locations of a homeless facility (April 2017).
10. Obtain Conditional Use Permit (April 2017).
11. Acquire operator and service providers that will run the facility (May – July 2017).
12. Purchase facility (August – October 2017).
13. Set up the facility with the operator and service providers and begin to operate (November – January 2017).

Robert Johnson for Business Insider

More than 4,000 people are homeless in San Jose, California. The 10th largest city in the US has long run out of beds to keep them sheltered.

A new law will make the city, located an hour's drive south of San Francisco, the first in the state to legally permit construction of tiny homes for the homeless, the San Jose Mercury News reports.

Starting in January, the city will temporarily make an exception to state building, safety, and health codes and build houses so small, they wouldn't ordinarily be approved for construction. The new residences will measure 70 square feet for individuals and 120 square feet for couples. It's still unknown how many people the program will accommodate.

Cute as they may be, tiny houses are often illegal.



A typical tiny house spans less than 500 square feet. Flickr / Tammy Strobel

Many US city and county governments (including San Jose prior to this new law) do not authorize residences under a certain square footage. Development codes have requirements related to plumbing, utilities, and building foundations that such unconventional dwellings don't meet.

That's unfortunate, because tiny homes offer a creative solution to the homelessness crisis. Tiny homes cost between \$200 and \$400 per square foot, depending on the materials used and their extravagance, according to Forbes, while the median list price in San Jose is \$515 per square foot. Earlier this year, the city became the first in the US where the average home costs over \$1 million.

A homeless camp sits by Coyote Creek in San Jose, California. Robert Johnson for Business Insider

In San Jose, where many of the city's homeless stay in camps along trails, creeks, and rivers, something had to give. The city declared a "shelter crisis" back in December for the purpose of building homes that skirt existing development codes, according to the Mercury News.

"This law really is the first of its kind," Ray Bramson, San Jose's homeless response manager, tells the Mercury News. "It will allow us to create bridge housing opportunities — a stable place people can live and stay while they're waiting to be placed in a permanent home."

San Jose isn't the first city to build tiny houses for the homeless. A number of cities, including Austin, Texas; Detroit, Michigan; and Portland, Oregon, have experimented with "tiny villages" for the homeless. Residents of these villages speaking to the media describe a sense of pride in their communities.

Dallas, Texas, embraces the national trend of giving the homeless permanent housing.

In Austin, the creator of one such village estimates it will save taxpayers up to \$3 million annually that's normally spent on medical bills and criminal justice expenses for the homeless.

San Jose plans to hold a competition where people can submit designs for the new homes. Cost effectiveness and the ability to duplicate homes easily are two major criteria, according to Bramson. The future locations of the tiny homes is still to be determined.

The law that temporarily allows their construction in San Jose will be suspended in 2022, when the city will evaluate the program's impact.

Should it prove successful, other cities in California might look to San Jose to see how it's done.

SEE ALSO: A former San Francisco mayor wants to put the city's homeless on a Navy ship

NOW WATCH: These Harvard-designed tiny homes are the future of weekend getaways

San Diego

A 205-unit, 12-story development called **Atmosphere** is expected to complete construction in February 2017, paving the way for Downtown San Diego to take the edge off its **housing supply** crisis.

Located at 1453 4th Avenue — mere blocks from the site of the California Theatre, now under redevelopment into another apartment complex called the Overture — Atmosphere provides twofold benefits to city residents:

- 154 units dedicated to San Diegans employed locally; and
- 51 units for formerly homeless San Diegans.

Atmosphere's units, ranging from studios to three-bedroom apartments, will rent for approximately \$390 – \$1200 and are reserved for residents making 30% to 60% of the San Diego **median income**. The current median income for a family of four is approximately \$63,400.

Additionally, Atmosphere will offer daily transitional services for its formerly homeless residents, including financial literacy workshops and workforce development training. These benefits are critical opportunities; San Diego ranked fourth nationally for the highest homeless population in 2015, according to the **U.S. Department of Housing and Urban Development (HUD)**'s Annual Homelessness Assessment Report (AHAR). The county's homeless population has steadily grown from twelfth-highest ranking in 2007.

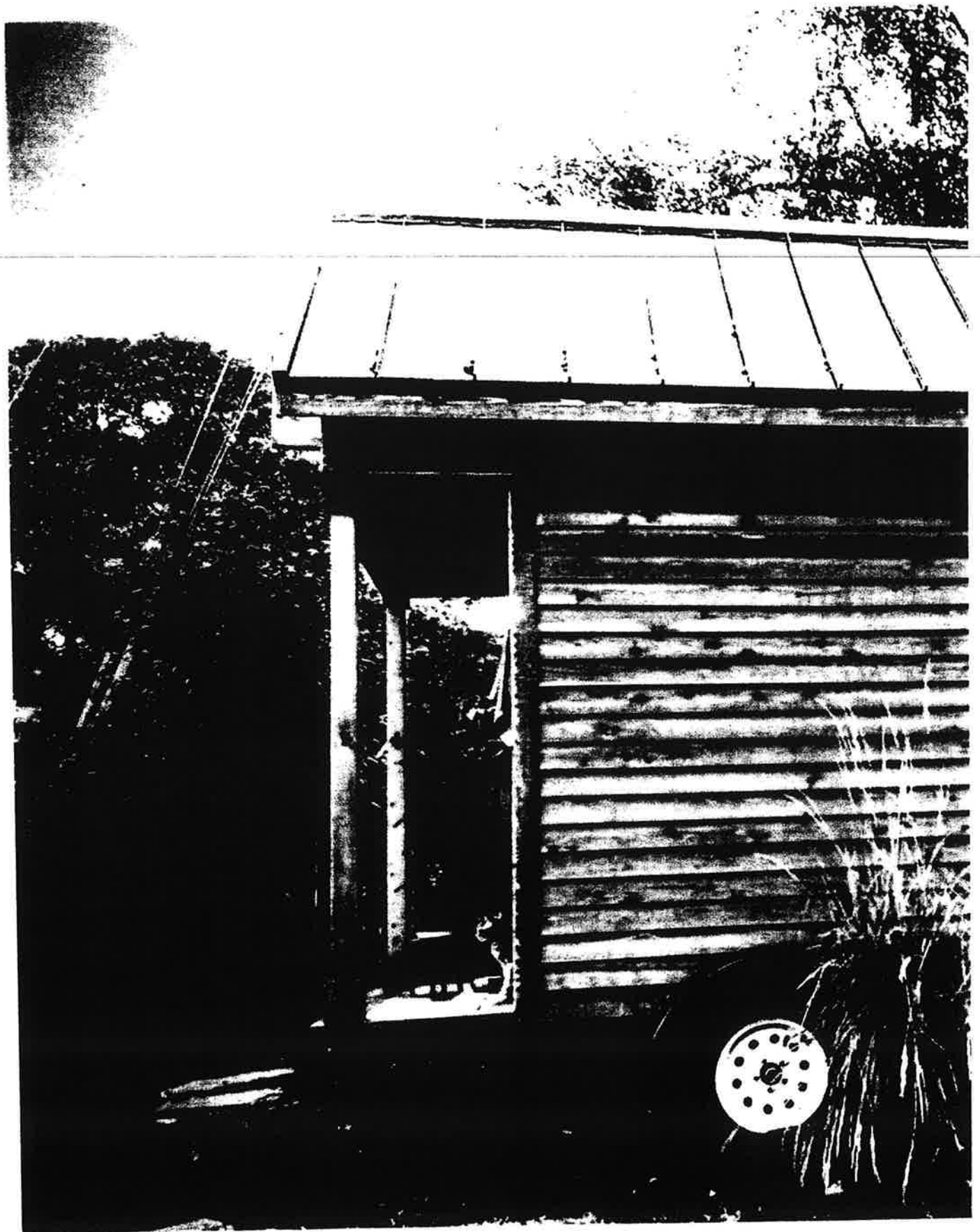
Thus, Atmosphere is a huge progressive step forward for both homeless residents and locals struggling to remain living where they work. Homelessness issues in nearby Los Angeles and Orange County have spurred activists to push for **similar supportive housing** projects, aiming for the same benefits and transitional services for their residents that Atmosphere will provide for San Diegans.

Homelessness and affordable housing in San Diego

Atmosphere's future residents have one thing in common: they have likely been pushed out of the **low-tier** housing market due to excessive home price increases in the mid- and high-tiers. When mid-tier home prices rise beyond buyers' means, typically mid-tier homebuyers turn to low-tier housing instead. When mid-tier homebuyers **trade down**, those who ordinarily would have taken up low-tier housing are left to fend for themselves in California's ferocious urban rental markets.

Come 2017, Atmosphere will be there to catch some of these residents boxed out of the market. Further, Atmosphere's workshops and support services will increase the chances of formerly homeless residents ultimately entering the housing market after a transitional layover in the complex.

Real estate agents who assist tenants seeking low-cost housing need to keep an eye out for projects like Atmosphere and other below-market copy-cat projects. The tenant interest list for Atmosphere residence is still open, and applicants will be contacted in October 2016 with further information. Although the waiting list is likely to be extensive, Atmosphere's brazen forage into the notoriously expensive San Diego rental market is a beacon for future projects seeking change to follow.



Director's Report

1. UPDATE TO HORIZON VIEW MHRC
 - a. Ribbon Cutting – Thursday, November 17, 2016
 - b. Clients to come in December 13, 15, and 20th

2. UPDATE TO DAVID HOLMBOE CENTER - CRISIS STABILIZATION UNIT/SHORT TERM CRISIS RESIDENTIAL PROGRAMS
 - a. November 29 – Final Meeting with partners to go over flow
 - b. December 1 – building is turned over to the department
 - c. First week of December – Open for business
 - d. Seneca fully staffed and training

3. UPDATE TO LAURA'S LAW – See Agenda XII.A

4. CHILDRENS CONTINUUM OF CARE REFORM UPDATE
 - a. Board Letter possibly going December 13 – not on today's agenda. Still working with the CEO's office on details.

5. 2020 WAIVER – PRIME
 - a. Adding additional 7 clinicians to Primary Care Clinics

6. DMC-ODS
 - a. Plan has been submitted and approved by the State
 - i. We are one of 10 counties with an approved plan
 - b. Will slow implementation until we can see what direction the ACA will go

7. No Place Like Home
 - a. Please see attachment

8. Presentation on Data Informed Decision Making



No Place Like Home Program

PURPOSE

To acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or at risk of chronic homelessness, and who are in need of mental health services.

BACKGROUND INFORMATION

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA).

Key features of the program include:

- Counties will be eligible applicants (either solely or with a housing development sponsor)
- Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide mental health services and help coordinate access to other community based supportive services.

POPULATION TO BE SERVED

Adults with serious mental illness, or children with severe emotional disorders and their families and persons who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality or violence and who are homeless, chronically homeless, or at risk of chronic homelessness.

At risk of chronic homelessness includes persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings, transition age youth experiencing homelessness or with significant barriers to housing stability.

FUNDS AVAILABLE

Competitive Program (\$1.8 billion for multiple funding rounds)

First Round Funding: \$263.6 million:

- \$242.6 million
- \$21 million small county set aside (8% of each competitive round)

Over-the-Counter Program (\$200 million)

Technical Assistance (\$6.2 million)

Counties will compete for funding with counties of similar size:

- Los Angeles County
- Large counties (population greater than 750,000),
- Medium counties (population between 200,000 to 750,000)
- Small counties (population less than 200,000).

PRELIMINARY TIMEFRAME

Initial Research and Stakeholder Outreach	Fall 2016
Development of Advisory Committee	Fall 2016
Framework Paper Released and Public Comment	Winter 2016
Guideline Development	Spring 2017
Guideline and NOFA Completion	Summer 2017
Validation Process	Fall 2017
NOFA Release	December 31, 2017*

*Assumes no contest during validation process

CONTACT INFORMATION

No Place Like Home Program email address: NPLH@hcd.ca.gov (mailto:NPLH@hcd.ca.gov) For additional information, please contact 916-263-2312.

[Subscribe \(/hcd-subscribe.html\)](/hcd-subscribe.html) to the Homeless Shelter & Prevention Programs email list to receive notifications of updates and developments to this program.

ADVISORY COMMITTEE

The No Place Like Home Advisory Committee is comprised of 15 members, including state agencies, and Governor and legislative appointees. The Advisory committee will assist and advise the department in the implementation of the program, review and make recommendations on program guidelines, and review the progress in distributing awards. Please refer to links below for member application process.

Committee Member	Appointing Power
Director of Housing and Community Development, Chair	
Director of Health Care Services or Designee	
Department of Health Care Services Additional Representative	
Secretary of Veterans Affairs or Designee	
Director of Social Services or Designee	
State Treasurer or Designee	
Chair of the Mental Health Services Oversight and Accountability Commission or Designee	
Chief Administrative Officer <u>or</u> Member of a County Board of Supervisors, Small County	Governor
Chief Administrative Officer <u>or</u> Member of a County Board of Supervisors, Large County	Governor
Director of a County Behavioral Health Department	Governor
Administrative Officer of a City	Governor
Resident of Supportive Housing	Governor
Representative of a Local or Regional Continuum of Care Organization that Coordinates Homelessness Funding	Governor
Representative of a Community Mental Health Organization	Senate Rules Committee
Representative of an Affordable Housing Organization	Speaker of the Assembly

Governor's Appointments: on-line application is available at https://www.gov.ca.gov/m_appointments.php (https://www.gov.ca.gov/m_appointments.php) The No Place Like Home Advisory Committee is listed on the on-line application.

Senate Rules: State Capitol, Room 3016, Sacramento, CA 95814

Speaker of the Assembly: State Capitol, Room 219, Sacramento, CA 95814

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DATA INFORMED DECISION MAKING

Program Evaluation Model

Elaine Crandall, Director
County of Ventura Behavioral Health Department
November 21, 2016

Seeing where we are going

- ❖ Year End Budget
- ❖ Year End Report
- ❖ FY 2016-17 Budget
- ❖ Strategic Plan
- ❖ Program Performance

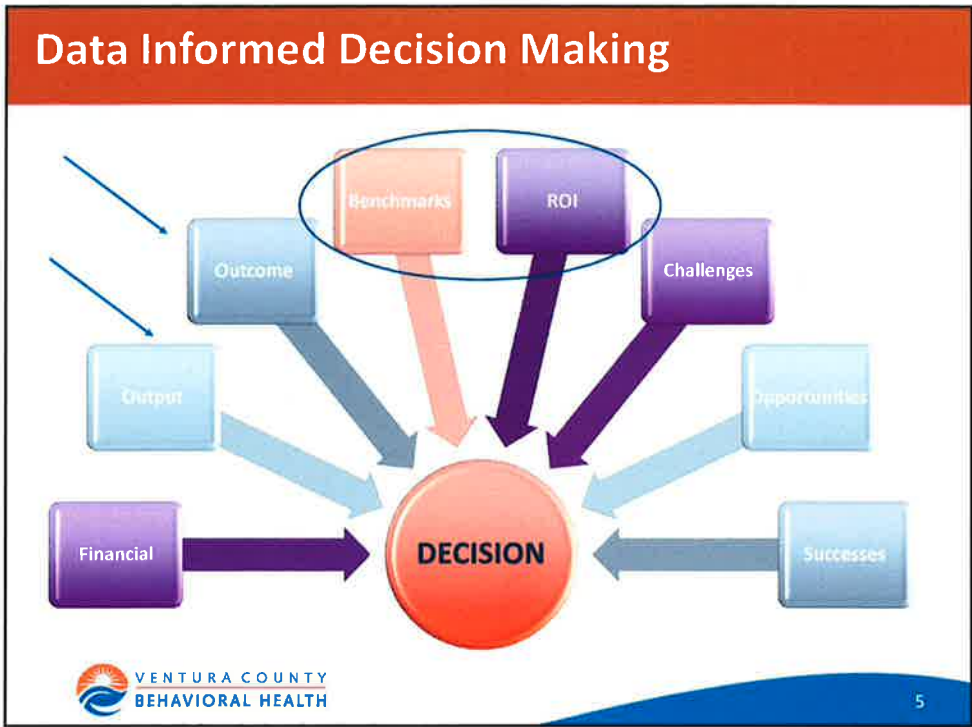


The challenge

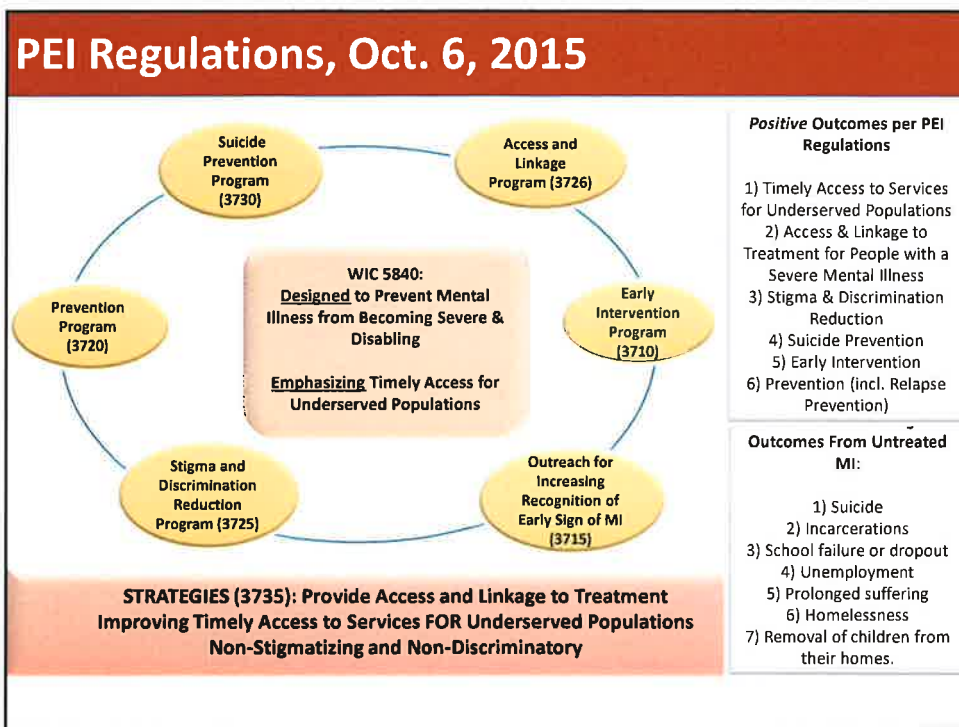
- ❖ Current planning and decisions often relies on inertia and anecdote
- ❖ Limited data and information on:
 - Why programs are funded
 - What each costs
 - Relative to the whole system
 - Cost per participant
 - What programs accomplish (outcomes vs outputs)
 - How they compare across the nation

Ahead

- ❖ No Place Like Home – MHSA reduction
- ❖ MHSA funds will likely level or reduce
- ❖ New programs starting – Watchful of outcomes and budget (Local and State allocations)
- ❖ Potential impacts to Affordable Care Act
- ❖ Agile for unmet needs




- ### Developing a performance measurement model
- ❖ **SAMPLE: Prevention and Early Intervention (PEI) Program Goals**
 - ❖ **Strategies and Outcomes**
 - ❖ **Programs**
 - ❖ **Reporting & Evaluation**
 - ❖ **Example**
 - ❖ **Summary**
- At the bottom left is the Ventura County Behavioral Health logo, and at the bottom right is the number '6'.



Seventeen (17) PEI Programs

Crisis Intervention Team (CIT): Ventura County Law Enforcement & VCBH Collaborative	Early Detection and Intervention for the Prevention of Psychosis (EDIPP): Telecare Corporation
Mental Health First Aid (MHFA): Individual Contractors	Positive Parenting Program (Triple P): City Impact, Inc.; Interface Children & Family Services
<u>TAY Wellness Center, Pacific Clinics</u>	Primary Care Program: Clinicas del Camino Real, Inc.
Adult Wellness Center, Turning Point Foundation	Positive Behavior Intervention & Supports (PBIS): Ventura County Office of Education
One Step a La Vez	Restorative Justice (RJ): Ventura County Office of Education
Our Lady of Guadalupe Project Esperanza	SafeTALK: Ventura County Office of Education
St Paul Baptist	
Tri-County GLAD	
LGBTQ	
Promotoras MICOP	
Promotoras y Promotoras Foundation	


EXAMPLE – “TAY Wellness Center”



9

Example – Regulations Component

Program Categories per Regulations	Prevention	Strategy
	Improve Timely Access to Service for Underserved Populations	Strategy
	Outreach for Increasing Recognition of Early Signs of MI	Strategy
	Access and Linkage to Services for People with a Severe MI	Strategy
Outcomes per Regulations	Stigma and Discrimination Reduction	Strategy
	Reduce School Failure or Drop-Out	Outcome
	Reduce Unemployment	Outcome
Evaluation Tool for Members	Reduce Homelessness	Outcome
	<i>Milestones of Recovery Scale (MORS) is an effective evaluation tool for tracking the process of recovery for individuals with mental illness.</i>	Outcome
Evaluation per Regulations	Prolonged Suffering for those with SMI that were referred to services	Outcome
	Changes in Attitudes, Knowledge and Behaviors wrt Stigma	Outcome

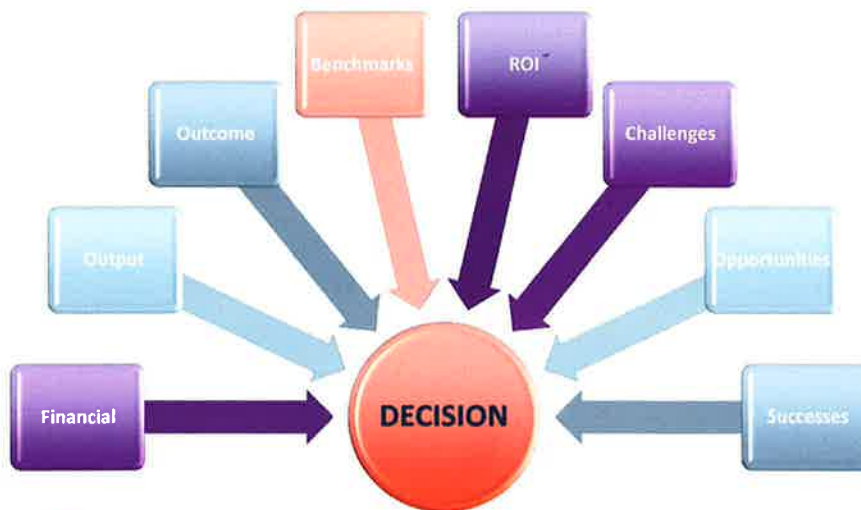


10

Example – Specific Contractual Component

	WRC Members/Contacts	Demographics
Requirements per Contract	Recruit and hire bilingual/bicultural staff/peers	Demographics
	Develop WRAPs (Wellness and Recovery Action Plans)	Output
	Referrals	Output
	Enroll min of 100 unduplicated TAY as WRC members annually	Output
	Report active and inactive members (define active/inactive)	Output
	Report number of contacts quarterly	Output
	80 unduplicated members develop WRAP	Output
	# WRAPs developed	Output
	Min 200 undup contacts annually as evidenced by monthly outreach efforts	Output
	Report number of contacts quarterly in VCOS contact log	Output
	Average daily census	Output
	Health navigation	Output
	Supportive employment	Output
	Housing support	Output
	TAY parenting support	Output
	Screen min of 100 undup individuals annually to determine if they have PCP	Output
	Refer to PCP and tracks using a reporting process	Output
	Screen a min of 100 undup individuals annually to determine if MH services are required	Output
	Refer to MH services and track using a reporting process	Output
	Screen all self-pay individuals for insurance	Output
Assist in applying for MediCal	Output	
Refer to Covered California website	Output	
# of TAY attending each event	Output	

Data Informed Decision Making



THANK YOU!

QUESTIONS?



Staff Report

Community Member Request to Open a Facility to House and Treat Individuals with Autism and to Open a Medical Facility for Individuals with Autism

Autism Defined

Autism spectrum disorder (ASD) is a developmental disorder that affects a person's ability to socialize and communicate with others. ASD can also result in restricted, repetitive patterns of behavior, interests or activities. The term "spectrum" refers to the wide range of symptoms, skills and levels of impairment or disability that people with ASD can display. Some people are mildly impaired by their symptoms, while others are severely disabled.

Prevalence

The prevalence rate for ASD is 1 in 68 children and rising. Boys are 4 times more likely than girls to develop autism.

Demographics

ASD crosses racial, ethnic and social backgrounds equally. Awareness of this disorder and improved screening methods have contributed to the increase in diagnoses in recent years.

Symptoms

Symptoms of autism start to appear during the first three years of life. Typically, developing infants are social by nature. They gaze at faces, turn toward voices, grasp a finger and even smile by 2-3 months of age. Most children who develop autism have difficulty engaging in everyday human interactions.

Not everyone will experience symptoms with the same severity, but all people with ASD will have symptoms that affect social interactions and relationships. ASD also causes difficulties with verbal and nonverbal communication and preoccupation with certain activities. Along with different interests, autistic children generally have different ways of interacting with others.

Parents are often the first to notice that their child is showing unusual behaviors. These behaviors include failing to make eye contact, not responding to his or her name or playing with toys in unusual, repetitive ways

Causes

Scientists have not discovered a single cause of autism. They believe several factors may contribute to this developmental disorder.

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- Genetics. If 1 child in a family has ASD, another sibling is more likely to develop it too.

Scans reveal that people on the autism spectrum have certain abnormalities of the brain's structure and chemical function.

- Environment. Scientists are currently researching many environmental factors that are thought to play a role in contributing to ASD. Many prenatal factors may contribute to a child's development, such as a mother's health. Other postnatal factors may affect development as well.

Despite many claims that have been highlighted by the media, strong evidence has been shown that vaccines do not cause autism.

Diagnosis

There is no medical test that can determine the possibility of developing autism. Specialists make the diagnosis after screening for social deficits, communication problems, and repetitive or restricted behavior.

Treatment Plans

Treatment plans for autism are tailored to each person's unique needs. These can consist of medications, therapy or both. Many therapists work closely with autistic children and adults, using a variety of therapies to help increase social and communication skills.

Therapy

Educational and behavioral approaches are often a main feature of the overall treatment plan for children. Most health care professionals will implement an early intensive behavioral intervention, involving the child's entire family in education and training,

Types of therapy may include:

Applied Behavioral Analysis (ABA). ABA is one of the most researched behavioral therapies for autism. It teaches children positive behavior while discouraging the negative.

Floor time. This therapy targets speech, motor or cognitive skills through its focus on emotional development through interactive play between parents and children. Overall, it aims to help children learn a number of developmental skills, including interpersonal interaction, emotional thinking and advanced communication.

Education and development. Most children with autism respond well to highly structured, specialized treatment, especially in a school setting.

Medications

There are no FDA-approved medications for the core symptoms of autism. 2 antipsychotic medicines, aripipazole and resperidone, have been approved for irritability associated with autism.

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[source: NAMI website]

Responsibility

The Regional Center shares responsibility with the school district for the child's well-being. IDEA mandates that school districts are required to provide Free Appropriate Public Education, which is specialized instruction without charge. A child is only removed from the regular education environment if the severity of his or her disability prevents satisfactory results.

After high school or at age 22, there is no entity mandated to provide educational services. Regional centers are the agencies with primary responsibility to assess and address the ongoing support needs of the qualified individual, throughout the lifetime of the individual.

Behavioral Health Department –Clients served by the Behavioral Health Department for therapeutic interventions must meet medical necessity criteria for reimbursement of specialty mental health services. (CCR Title 9 Div 1, Article 2 Provision of Services. The beneficiary must meet criteria outlined in subsections (1) – (3) below to be eligible for services: (pls see attached and summary below):

1. Must have one of the following diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV Fourth Edition (1994), published by the American Psychiatric Association:
 - a. *Relevant excerpt of list of 18: Pervasive Developmental Disorders, except Autistic Disorders*
2. Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection (b) (1) above:
 - a. Impairment in an important area of life functioning
 - b. A reasonable probability of significant deterioration in an important area of life functioning
 - c. Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate.
3. Meet each of the intervention criteria listed below:
 - a. The focus of the proposed interventions is to address the condition identified in Subsection (b) (2) above.
 - b. The expectation that the intervention will
 - i. Significantly diminish the impairment, or
 - ii. Prevent significant deterioration in an important area of life functioning, or
 - iii. Except as provided in Section 1830-210, allow the child to progress developmentally as individually appropriate.

Autism Treatment Services

When a regional center determines that a child is eligible for services and he or she requires intervention to enhance development in the cognitive, communication, social, and/or adaptive skills areas, or intervention to decrease or eliminate challenging behaviors, they most likely will refer to a private agency that provides services based on Applied Behavior Analysis (ABA) principles.

ABA is the only scientifically-proven treatment for increasing desired behaviors and reducing challenging behaviors in individuals with developmental disabilities. Vista Center for Behavior

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Analysis has been providing ABA services to individuals with autism and other developmental disabilities since January, 2001. Vista's ABA programs are designed to help children, adolescents and adults develop the skills that are necessary for the individual to be able to lead the most independent, fulfilling and productive life of which he or she is capable.

[source: Vista Center Center for Behavior Analysis]

SB 946

- Every health insurance contract that provides hospital, medical, or surgical benefits must also provide coverage for behavioral health treatment (BHT) for pervasive developmental disorder or autism. BHT includes Applied Behavioral Analysis (ABA) and other evidence-based therapies to treat autism.
- Every health insurer must maintain an adequate network that includes qualified autism service providers.
- The treatment plan must be prescribed by a licensed physician, surgeon or developed by a licensed psychologist. Start by working with your child's Primary Care Provider to learn about appropriate services.
- The treatment plan must have measurable goals over a specific timeline, reviewed every six months, and must not be used for the reimbursement of respite, day care, or educational services.
- Health care insurers may require prior authorization, copayments, or other cost-sharing for BHT.
- Visit limits may not be imposed for medically necessary speech or occupational therapy for autism.

- Even if the policy excludes or limits these types of treatment, the law entitles insureds with autism to coverage for all medically necessary behavioral, speech and occupational therapy

Advocates

State-wide Area Boards ensure that people with developmental disabilities have the services and supports they need to live independently, productively and inclusively in the communities of their choice.

Area Board 9 services the Central Coast. 200 East Santa Clara, Suite 210 Ventura CA 93001

Other local resource:

Autism Society of Ventura County

Supporting individuals with Autism and their families with resources and referrals in the Ventura County area of California. A chapter of the Autism Society of America.

<http://autismventura.org/>

[American Autism & Special Needs Advisors](#) Santa Barbara / Ventura Counties

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A team of professionals personally affected by Autism, mental illness, special needs or serious disabilities. A comprehensive financial management and special needs planning process that has uniquely wrapped advocacy, services and resource collaboration

National Resource:

Autism Speaks

A national advocacy group Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the lifespan, for the needs of individuals with autism and their families through advocacy and support; increasing understanding and acceptance of autism spectrum disorder; and advancing research into causes and better interventions for autism spectrum disorder and related conditions

<https://www.autismspeaks.org/>

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).