

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, October 17, 2016, 1:00 – 3:30 p.m.
Ventura County Behavioral Health
1911 Williams Drive, Training Room • Oxnard, CA 93036

AGENDA - REVISED

- I. Call to Order
- II. Approval of the Agenda – **ACTION**
- III. Approval of the September 19, 2016 Minutes – **ACTION**
- IV. Welcome and Introductions
- V. Recognition Award: Susan Kelly
- VI. Chair Announcements (5 min.)
- VII. Public Comments (3 min. per speaker)
- VIII. Board Members Comments and Announcements (3 min. per speaker)
- IX. Director’s Report – Elaine Crandall (20 min.)
- X. Alcohol and Drug Programs Update – Patrick Zarate (10 min.)
- XI. New Business
 - A. Site Visit Report: Conejo Adult and Youth & Family Clinics on 8/19/16 – Patricia Mowlavi
 - B. Site Visit Report: Inpatient Unit (IPU) on 9/27/16 – Jerry Harris
 - C. Homeless Concerns Workgroup
 - D. Schedule of meetings for the holiday season
- XII. Old Business
 - A. AOT/Laura’s Law Update – Mary Haffner, Ratan Bhavnani
 - B. BHAB Annual Report Update – Jerry Harris
 - C. New Site Visit Updates
- XIII. Contracts – **ACTION**
 - A. BOS Agenda – October 18, 2016
 - 1. Interface and New Dawn Agreements
 - B. BOS Agenda – October 25, 2016
 - 1. SAMHSA Grant for Assisted Outpatient Treatment
 - 2. Telecare Corporation Agreement
 - C. November 1, 2016
 - 1. Health Care Foundation for Ventura County, Inc. MOU
- XIV. Adjourn

Next Meeting: Monday, November 21, 2016

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: October 13, 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 – October 18, 2016

Interface and New Dawn Agreements

The Triple P Prevention and Early Intervention (PEI) program serves children up to 17 years of age and their families and the Triple P First 5 program specifically provides services to children 0 to 5 years of age and their families. The Triple P programs are designed to address emerging mental health issues. These programs use the Triple P evidence-based practice model. The Triple P programs give parents and caregivers simple and practical strategies to help them confidently manage their children's behavior to prevent more severe, long-term mental health issues. Services are considered "short-term" in nature and families targeted for these programs do not currently receive mental health services.

The proposed agreements with Interface (including the Fourth Amendment for First 5 services) extend the term of prior agreements for an additional one-year term (from July 1, 2016 through June 30, 2017). The combined total maximum amount of Interface's agreements for both services is \$703,696 (Triple P PEI – \$462,057 and First 5 – \$241,639). The Triple P PEI maximum amount reflects a decrease of \$149,855 from the prior fiscal year due to the realignment of specialty mental health care services to Interface's other Early and Periodic Screening, Diagnosis and Treatment (EPSDT) contract so that the Triple P PEI program can focus on providing group services to maintain the fidelity of the Triple P model.

The proposed agreements with New Dawn for Triple P PEI and First 5 program services establish contracts for the first time with New Dawn (services were formerly provided by City Impact, Inc.). Both agreements with New Dawn are for the term beginning July 1, 2016 through June 30, 2017 and the combined total maximum

amount of those agreements is \$606,986 (Triple P PEI – \$330,234 and First 5 – \$276,752). New Dawn has been providing services since mid-July through a purchase order agreement established through the Ventura County General Services Agency, Procurement Division that will expire at the end of October 2016. The purchase order was established to allow sufficient time to negotiate the terms of the agreements. The New Dawn agreements before the Board of Supervisors will supersede the existing purchase orders.

Payment for the Interface and New Dawn agreements will be made according to the provisional unit rates of service specified in the agreements. Those 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 unit of service rate for Outreach and Engagement services shall not exceed \$2.69/minute. The agreements are funded with Short Doyle/Federal Financial Partnership, Mental Health Services Act (MHSA) Prop 63 and First 5 grant funds. Additionally, the First 5 Grant requires a total combined funding match of \$126,850 which is covered by MHSA funding.

Board Agenda – October 25, 2016

1. SAMHSA Grant for Assisted Outpatient Treatment

Through the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), \$13,250,000 in grant funding was made available to support 17 Assisted Outpatient Treatment (AOT) four year pilot programs across the nation for individuals with serious mental illness (SMI). This four year pilot grant program is designed to support the implementation and evaluation of new AOT programs that will identify evidence-based practices that will reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while also improving the health and social outcomes of individuals with SMI. Through the grant program, SAMHSA seeks to support programs that are designed to work with families and courts to allow SMI individuals to obtain treatment while continuing to live in the community and their homes.

VCBH submitted a grant application that requested \$4,000,000 in grant funding for the period of September 30, 2016 to September 29, 2020. The total grant term is four years and covers FY 2016-17 to FY 2020-21. There is no matching funds requirement, however, in the grant application VCBH dedicated \$2,453,869 in Mental Health Services Act (MHSA) funding across the four year term to support the development of an AOT program. The total AOT program cost over the four year term, inclusive of grant and VCBH MHSA funding, is \$7,395,834. The grant application requests funding to: (1) serve an estimated 60 unduplicated clients annually in the AOT program (an increase of 40 unduplicated clients than what was proposed annually before the grant was obtained), (2) hire or fund a percentage of time for three VCBH Rapid Integrated Support and Engagement (RISE) Program staff to conduct AOT program screening and support services (two new staff will be hired and one existing VCBH RISE staff person will allocate .25 FTE of their time in support of the AOT program services), (3) contract with Telecare Corporation to operate and manage the AOT program services for VCBH, (4) fund attorney fees from the Ventura County Public Defender's Office and County Counsel to address any court involved cases for those individuals that have chosen not to enroll voluntarily in county services, (5) hire or fund a percentage of time for three VCBH staff to provide grant management and evaluation support services in order to properly oversee the grant funded services (two new staff will be hired and one existing staff person will allocate .15 FTE of their time in support of the AOT program services), (6) contract with a consultant to provide

evaluation services, (7) purchase vehicles and supplies needed in support of the grant funded activities, and (8) fund travel, training, and other grant supportive services.

On September 2, 2016, VCBH was notified by SAMHSA that its grant proposal for the ASSIST AOT program was approved for funding. Of the 17 grants that were awarded by SAMHSA nationwide, VCBH was the only entity in California to be awarded a grant. To provide the grant funded services, VCBH will need to hire the following four additional staff: (1) Program Administrator I (1.0 FTE), (2) Program Administrator II (1.0 FTE), (3) Mental Health Associate-Unlicensed (1.0 FTE), and (4) Mental Health Associate-Licensed (1.0 FTE). The Program Administrator I will serve as the grant coordinator and be responsible for planning, organizing, and directing all services in support of the ASSIST AOT program. This position will design operational systems, tools, and methods to monitor the performance of the ASSIST program and will ensure conformance in daily operations. The Program Administrator II will serve as the research analyst for the ASSIST AOT program services. This individual will oversee the AOT data management and reporting system by assisting with database development, data entry, designing data reports, running of routine reports, verifying data quality, and preparing data files for the evaluation consultant, cross-site evaluation team, and SAMHSA. The Mental Health Associate-Unlicensed will serve as a Parent Partner. In this role, this individual will verify that a referred individual meets Laura's Law criteria for AOT services, encourage client participation in treatment, and make appropriate referrals to the ASSIST AOT program. The Mental Health Associate-Licensed will serve as a first point of contact to verify whether a referred individual meets Laura's Law criteria for AOT services, encourage client participation in treatment, and make appropriate referrals to the ASSIST AOT program.

2. Telecare Corporation Agreement

Telecare Corporation (Telecare) will provide AOT services through an assertive community treatment (ACT) model (in what will be called the "Assist Program") to 60 unduplicated clients annually (30 clients at any one time) who meet the AOT requirements defined under Laura's Law, codified in California Welfare and Institutions Code section 5345 et seq. Telecare's Assist Program will serve individuals who have a serious mental illness and are most at risk for psychiatric hospitalization, homelessness, or incarceration. Due to mental health and/or alcohol and drug issues, clients qualifying for the Assist Program require treatment in order to live safely and productively in the community and to reduce recidivism. The Assist Program will include a strong outreach and engagement component in order to overcome the many participation barriers experienced by individuals that the Assist Program is intended to serve. Assist Program services will include: mental health treatment, physical health education and assistance, alcohol and other substance abuse education and treatment, assistance with safe and appropriate housing, life skills training, vocational training and counseling, advocacy in criminal justice and social services settings, collaboration and coordination with interagency partners and family/friends, and linkage with peer support programs/wellness and recovery centers. Assist Program services will be available 24 hours per day, 365 days per year using a recovery oriented "whatever it takes" approach.

For the service period commencing November 1, 2016 through June 30, 2017, the contract maximum is \$388,032. This amount is inclusive of \$80,000 in start-up costs and \$109,592 in outreach and engagement funding. Start-up costs include, but are not limited to: recruitment, training, salaries/benefits, and office equipment/supplies. Outreach and engagement will include a variety of activities needed in order to engage clients. During the initial contract term, Telecare will provide 27,046 units of service to VCBH referred clients. Payment will be made according to the provisional unit rates of service. The unit rate of service will exceed the Ventura County

Maximum Allowance (VCMA) rates for the first year because Telecare will not have a sufficient volume of clients to generate a cost per unit rate that is below current VCMA rates. If the provisional unit rates require modification upon cost settlement, the value of the unit rate will only decrease.

For the service period commencing July 1, 2017 through June 30, 2018, the contract maximum is \$800,000. This amount is inclusive of \$134,547 in outreach and engagement funding. During this term, Telecare will provide 198,083 units of service to VCBH referred clients. Payment will be made according to the provisional unit rates of service and will not exceed pre-established VCMA rates (\$2.94/minute for mental health services, \$2.16/minute for case management, \$4.38/minute for crisis intervention, and \$5.44/minute for medication support). This contract is funded by SAMHSA grant, MHSA, and Short Doyle Medi-Cal/ Federal Financial Partnership (SD/MC FFP) funding. The proposed contract for AOT services with Telecare, is in the amount of \$1,188,032, effective November 1, 2016 through June 30, 2018.

Board Agenda – November 1, 2016

Health Care Foundation for Ventura County, Inc. MOU

The Santa Paula Collective Impact Project represents a collaborative effort among the community, county, and city representatives to identify and address the Santa Paula Community's safety and health issues. To accomplish social change in the Santa Paula community, the Santa Paula Collective Impact Project stakeholders are using the collective impact approach/philosophy to guide their efforts. The collective impact approach is guided by the principle that no single organization, however innovative or powerful, can accomplish social change alone. Instead, large scale coordination is needed from a wide variety of backgrounds and perspectives to ensure a collective impact. The collective impact philosophy requires stakeholders to have a: (1) common agenda/shared vision, (2) shared and consistent data measurement for accountability, (3) mutually reinforcing and coordinated activities, (4) consistent and open communication, and (5) dedicated staff with specific skill sets to assist in the collective impact project coordination.

In March of 2016, the California Department of Social Services' Office of Child Abuse Prevention (CDSS-OCAP) released the Community in Unity request for application to fund the development of community-wide collective impact projects that focus on mitigating poverty, child abuse, neglect prevention, and/or substance abuse. Because eligibility for the grant funding was limited to nonprofit public benefit corporations, none of the Health Care Agency (HCA) departments participating in the Santa Paula Collective Impact Project were eligible to apply to receive grant funding to further the Santa Paula Collective Impact Project efforts. The HCA approached the Health Care Foundation for Ventura County, Inc. (HCFVC) (a foundation that exists to support the HCA goals) to determine if the foundation would be willing to apply for and manage the grant funding, if awarded. VCBH agreed to provide in-kind support for the grant, if funded. The HCFVC agreed to apply and was awarded a two-year grant in the amount of \$120,000 (\$60,000 per fiscal year) for the term of July 1, 2016 through June 30, 2018. The Santa Paula Community in Unity Grant will support the Santa Paula Collective Impact Project activities as well as the various HCA departments' efforts to meet the needs of the Santa Paula Community. Specifically, the grant is designed to fund the provision of trainings and meetings that are critical to meeting the Santa Paula Collective Impact Project goals. The grant will also fund subcontractors to coordinate the trainings/meetings, translation services, transportation/child care stipends, and other related costs/services which are needed to ensure community participation in the grant funded trainings and meetings.

The proposed Memorandum of Understanding (MOU) between the HCFVC and VCBH is needed to facilitate effective coordination and fiscal management of the Santa Paula Community in Unity grant. Through the MOU, the HCFVC will: (1) ensure that the grant activities are completed, (2) maintain accurate and complete fiscal/data records, (3) submit accurate and timely reimbursement requests to CDSS-OCAP, and (4) cooperate with VCBH in ensuring that the grant activities are effectively coordinated and managed. VCBH will be responsible for: (1) providing support in the development and fiscal management of the HCFVC sub-contractor contracts, (2) establishing protocols for and managing the use of the translation services, transportation/child-care stipends, and food expenses, (3) participating in quarterly meetings with HCFVC subcontractors to link grant funded activities to the Santa Paula Collective Impact Project, (4) providing assistance to the HCFVC with any State audits, and (5) reviewing and approving disbursement requests. This MOU will also provide a method for advanced quarterly payment of \$15,000 (\$60,000 annually) to the HCFVC for the grant services. Because the CDSS-OCAP grant operates on a cost reimbursable basis, HCFVC will require advanced quarterly payments in order to remit payment to the foundation's subcontractors within 30 days of service provision and have sufficient funding on hand to purchase and remit payment for transportation/child care stipends. This payment method is needed because the HCFVC does not have sufficient cash flow or the option of using donor funding to pay the subcontractors or for the stipends in advance of reimbursement from CDSS-OCAP. The MOU also includes provisions for timely reconciliation and payment to VCBH of the advanced payments made to the HCFVC and any unspent funds. HCFVC will be required to reimburse VCBH from the reimbursement it receives from CDSS-OCAP, minus any disallowed costs (VCBH has agreed to cover the cost for any expenses that CDSS-OCAP disallows in order to ensure HCFVC does not incur any direct costs as a result of any disallowances).