VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

October 17, 2016

NEXT MEETING:

Monday, November 21, 2016
1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration
1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

BHAB Members Present
Janis Gardner, Chair
Claudia Armann
Ratan Bhavnani
Nancy Borchard, Secretary
Gane Brooking
Monique Garcia
Mary Haffner
Jerry Harris, 2nd Vice Chair
Patricia Mowlavi
Cmdr. Ron Nelson
Denise Nielsen
Irene Pinkard
Sidney White
Kay Wilson-Bolton
Sandra Wolfe

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, Adult Division Manager
Deborah Thurber, M.D., Youth & Family Medical Director
Patrick Zarate, COO and Alcohol & Drug Programs Manager
Terri Yanez, Special Projects Manager
Aurelia Musni, Accounting Manager
Clara Barron, MHSA PEI Operational Manager
Jason Jones, Fiscal
Jennifer Dougherty, Youth & Family East County Manager
Dina Olivas, Child Welfare Subsystem Manager
Edith Pham, BHAB Assistant

BHAB Members Absent
Karyn Bates
Larry Hicks, Member-At-Large
McKian Nielsen
Carol Thomas, 1st Vice Chair
Supervisor John Zaragoza

Others Present
Jerry Weaver
Catalina Arenas
Jeanine Singer Bair
Sally Harrison
Mark Stadler, CIT
David Deutsch, NAMI
Hilary Carson
Jennifer Goble, Pacific Clinics
Martie Miles, Aspiranet
Dawn Anderson, VCOE
Kalie Matisek, Turning Point
Marika Collins, Casa Pacifica
Lori Litel, United Parents
Dan Powell, VCMC Inpatient Unit

	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 the minutes of the September 19, 2016 meeting. Mary Haffner motioned to add to XI.A. (MICOP Innovation Project Public Comments Period): "Mary Haffner advocated for the use of MHSA funds to be used primarily for persons with severe and persistent mental illness and did not believe that these funds were being used properly for this program."	The minutes were approved as amended. **M/S/C**	
IV.	**Welcome and Introductions** Ms. Gardner welcomed everyone and asked for introductions.		
V.	**Recognition Award** Ms. Gardner presented a Certificate of Commendation to Susan Kelly, who "... was responsible for the overall implementation of MHSA from its inception. She provided outstanding leadership, ensuring that a broad range of stakeholders (more than 500) were actively involved in all aspects of planning and program development. [...] Beginning in 2011, Susan Kelly was the Manager for the Youth & Family Services Division. [...] She tirelessly advocated for the creation of a much-needed local Children's Crisis Stabilization Unit and short-term Crisis Residential Unit. [...]" David Deutsch, Elaine Crandall, Gane Brooking, Denise Nielsen, Ratan Bhavnani, Jerry Harris and Mark Stadler thanked Ms. Kelly for her work, advocacy and for touching many. Ms. Kelly urged all to continue to advocate for wellness and recovery.		
VI.	**Chair Announcements** A. Ms. Gardner welcomed to the Board Ms. Claudia Armann, who was appointed by Supervisor Bennett. B. As of October 2nd the new Health Care Agency Director is Johnson Gill. C. In April Patrick Zarate became the Chief Operations Officer in addition to retaining his position as Division Manager for Alcohol and Drug Programs. D. At the September 19th General Meeting Karyn Bates had distributed comments from Elizabeth Stone regarding the MICOP Innovation Project. However, the comments were sent after the 30-day public comment period had ended. VCBH did take the comments into consideration, but they cannot be entered as public comment, it was for information only to the BHAB. E. Following the discussion that took place at the September General Meeting regarding MHSA and Prevention and Innovation, several documents were sent to the BHAB members, one of which outlined the specific areas according to MHSA regulations where MHSA Innovation monies could be spent. The documents include MHSA "Innovative Project Regulations Issued July 2015," World Health Organization's "Mental Health Action Plan 2013-2020," National Public Radio's "The Search for Well-Being; Treating the whole person in the new health care era," and London School of Economics and Political Science's "Mental health promotion and mental illness presention: the economic case." Ms. Gardner encouraged everyone to read these reports, which are posted on the BHAB General Meetings website at http://vchca.org/behavioral-health/bhab/meetings . F. The Marijuana conference, which was organized by VCBH ADP (Alcohol and Drug Programs) took place on September 28th. It was sold out. The speakers discussed	Information	

	diverse opinions and information on marijuana and its effects on youth. G. October is Anti-Bullying Month, which includes cyber-bullying. H. October 15th was National LGBT (Lesbian, Gay, Bisexual, Transgender) Youth Day.		
VII.	**Public Comments** A. Scott Miller spoke on treating alcoholism with colonic, and on smoking cessation through hypnosis. B. A person spoke on the services he has received from Turning Point and VCBH. C. Jeanine Singer Bair urged VCBH to open a comprehensive center for people with autism.		
VIII.	**Board Members Comments and Announcements (3 min. per speaker)** A. Kay Wilson Bolton asked what BHAB members should do about comments from members of the public who are hostile and how to help them. Ms. Wilson Bolton also requested that the BHAB look into treatment for autism; Mary Haffner supported the request. Gane Brooking noted that autism is considered a developmental disability rather than a mental illness. Elaine Crandall will direct her staff to prepare a report on autism and to reach out to the medical partners within the Health Care agency to find out about opportunities for treatment. B. Nancy Borchard requested that anyone giving public comments refrain from profanities. C. Denise Nielsen spoke about the need for foster families. The Human Services Agency is available to make presentations in the community regarding the program and the support that foster families receive. Go to www.fosterVCkids.org for more information. D. Patricia Mowlavi noted that the Telecare site visit will be on November 1st. E. Cmdr. Ron Nelson gave a brief update on the new jail medical/mental health housing unit. The architect is working on the architectural aspect of the building. The optimistic goal is to open by the end of 2019.	Report on autism	E. Crandall
IX.	**Director's Report – Elaine Crandall** Director Crandall gave a report on the adopted budget for FY 2016-2017. Revenue by Division: 85% Mental Health, 12% ADP, 3% DUI. Funds come from grants, realignment State Aid, Short Doyle or Drug Medi-Cal, MHSA/CalWORKs, and Interfund. Expenditure by Division: 86% Mental Health, 11% ADP, 3% DUI. This covers operating transfer, salaries and benefits, services and supplies, and other expenditures. VCBH expects a decrease in MHSA and Tobacco Settlement funds and an increase in Realignment funds and possible grants. VCBH will focus on revenue enhancement. It expects an increase in requests for services and actual services delivered to children, the underserved populations, and the homeless. VCBH will focus on the following strategic pillars: people/engagement, growth, quality, financial stewardship, service experience, community outreach and engagement. Please see attached for further details.	Information	

X.	**Alcohol and Drug Programs Update – Patrick Zarate** A. The Children's Crisis Stabilization Unit is undergoing renovation work which should be completed by the end of November. Seneca, the contractor which will run the facility once it opens, is continuing its hiring process. It should be fully staffed by opening date. A ribbon-cutting ceremony will be scheduled. B. Mr. Zarate thanked all who attended the marijuana conference on September 28th. In reference to a VC Start article published on October 8 and titled "Agency warning voters of pot effects," he clarified that VCBH does not take a position on Proposition 64, the legalizatigon of recreational marijuana; rather, VCBH educates and informs. C. Mr. Zarate oversees VCBH's safety and disaster programs. Recently, the Behavioral Health Director of San Bernardino County met with many Ventura County emergency response leaders, including VCBH's response team, Safety & Disaster Manager, and Mr. Zarate, regarding the behavioral health experience during/after the December 2nd, 2015 terrorist attack in San Bernardino. The meeting raised awareness of the broad implications for Ventura county and VCBH, which would serve as a first responder. D. Several years ago, with set-aside funding from the Board of Supervisors VCBH set up a contract with Tarzana, a well-regarded medical detoxification program. For this project VCBH was one of the first programs in the state to set up the ASAM (American Society of Addiction Medicine) criteria for a science-based assessment and placement determination. The most recent study results indicate that between 2012 and 2015 VCBH provided 257 detoxification episodes for over 240 individuals at a cost of $200,000 per year. The completion rate is between 89% and 93%, depending on the year, which compare very favorably to a national completion rate of 53%. Post-detoxification placement into treatment is between 63% and 78%, depending on the year; the national average is 43% and the state average is just over 25%. Treatment provided a reduction in homelessness, re-hospitalization, and contacts with the criminal justice system. People who completed treatment sustained sobriety for an average of 120 days, as compared to 18 days for those who did completed detox but did not receive treatment.	Information	
XI.	**New Business** A. Site Visit Report: Conejo Adult and Youth & Family Clinics – Patricia Mowlavi, Lead Five BHAB members completed the site visits on August 19th. The two clinics are co-located with Ambulatory Care, urgent care, Substance Abuse Program, TAY, and WIC, allowing for a warm transfer of clients between medical and behavioral health clinics. The clinics serve on average 50 children and 75 adults per day. In addition to mental health support, the Youth & Family clinic provides specialized programs to educate and help parents/significant support persons, while the Adult clinic provides services for transportation, employment, housing, recovery, disability applications. The Older Adult Program supports clients ages 60 and over. Challenges for the clinics include finding detox. facilities in the county and improving the hiring process. Members were impressed with both clinics. B. Site Visit Report: Inpatient Unit (IPU) – Jerry Harris, Lead Four BHAB members completed the site visit on September 27th. Jerry Harris noted that when he had made a similar site visit in 2011, the mission was client stabilization and the main concern was employee safety. There has been a dramatic change since then. Now the mission is treatment and after-care. The IPU operates with 30 beds, although it is licensed for 43 beds. When the IPU is on diversion (is at full capacity and cannot admit any more clients), clients have to wait in the emergency rooms until a bed is available at the IPU. Additional placement options	Information	

	would alleviate this problem. The IPU needs clothes for clients, arts and crafts supplies, musical instruments, and recreation equiment. The A&R (Assessment & Referral) and CRT (Crisis Residential Treatment) have a good relationship. However, the CRT is often at full capacity and cannot serve as a step-down for clients who are being discharged from IPU. Recommendations are for the IPU to function at its full 43-bed capacity, possibly funding the additional beds through a public-private partnership; continue to give the IPU a more home-like feel; have petty cash fund to cover the medication co-pay upon discharge. Mary Haffner thanked Mr. Harris and acknowledged Dan Powell and Kim Milstien of VCMC who took them on the tour and answered all questions. Nancy Borchard would like to see the CRT used more as a step-down from IPU rather than an alternative to hospitalization. C. Homeless Concerns Workgroup COO Patrick Zarate noted that VCBH participates in several groups that focus on the issue of homelessness; he has agreed to provide a list of these groups. Ms. Gardner proposed to form a workgroup that would look into ways that the BHAB might collaborate with those entities, with Sidney White and Karyn Bates as co-Chairs. Mr. White agreed but feels that the primary leadership for that workgroup should come from VCBH staff, and the focus should be on solutions rather than concerns. Director Crandall felt that once a timeline is in place for No Place Like Home, VCBH and BHAB can push forward with ideas. Cmdr. Ron Nelson sits on a housing committee with the CEO's office and volunteered to bring back information to the BHAB at the November meeting. D. Schedule of meetings for the holiday season Ms. Gardner noted that the November meeting will take place the week of Thanksgiving. It is important to have a quorum; Mary Haffner stated she will not be able to attend. Members agreed to get together for a Thanksgiving potluck lunch at noon just prior to the General Meeting. Both the Executive and General Meetings will go dark in December.	Provide list of groups focused on homelessness Report on housing committee Potluck at the November meeting Go dark in December	P. Zarate R. Nelson All BHAB Members
XII.	**Old Business** A. AOT/Laura's Law Update – Mary Haffner, Ratan Bhavnani The workgroup has been working on the implementation for almost seven months. Stakeholders include VCBH, the Health Care Agency, law enforcement, Public Defender, County Counsel, Superior Court, consumers and families, mental health providers and community members. Since obtaining the SAMHSA grant, Dr. John Schipper has been chairing weekly workflow planning meetings. The larger stakeholder meeting will take place on October 19th; all BHAB members are invited. That meeting is intended to share the progress that has been made and receive input and make course corrections if necessary. B. BHAB Annual Report Update – Jerry Harris One Committee Annual Report is needed. C. New Site Visit Updates Ms. Gardner asked BHAB members to lead some site visits. Gane Brooking stated that Karyn Bates and she are interested in doing a site visit at The Lighthouse and The Mission, which are not contracted with VCBH. Ms. Borchard noted that in the past, visits have been done to non-contracted sites.		

XIII.	**Contracts** Ms. Crandall submitted the following contracts, to be voted on by the Board of Supervisors (BOS): 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 See attached Executive Summary for details.	The Board approved sending the contracts to the BOS as submitted. **M/S/C**	
XIV.	**Adjourn** The meeting adjourned at 3:35.		

Behavioral Health Advisory Board GENERAL Meeting Attendance

	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	9/13/16 – 3/10/18	Claudia Arman				X								
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X	X									
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X		X								
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X	X	X								
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X	X	X								
District 5	9/24/14 – 9/23/17	Monique Garcia	X			X								
District 2	7/31/12 – 9/13/19	Janis Gardner	X	X	X	X								
District 1	4/7/15 – 4/7/18	Mary Haffner		X	X	X								
District 4	9/17/13 – 9/13/19	Jerry Harris	X	X	X	X								
District 3	12/2/14 – 12/1/17	Larry Hicks	X	X	X									
District 2	3/15/16 – 3/17/17	Patricia Mowlavi	X	X	X	X								
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	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								
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	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												

Present = X

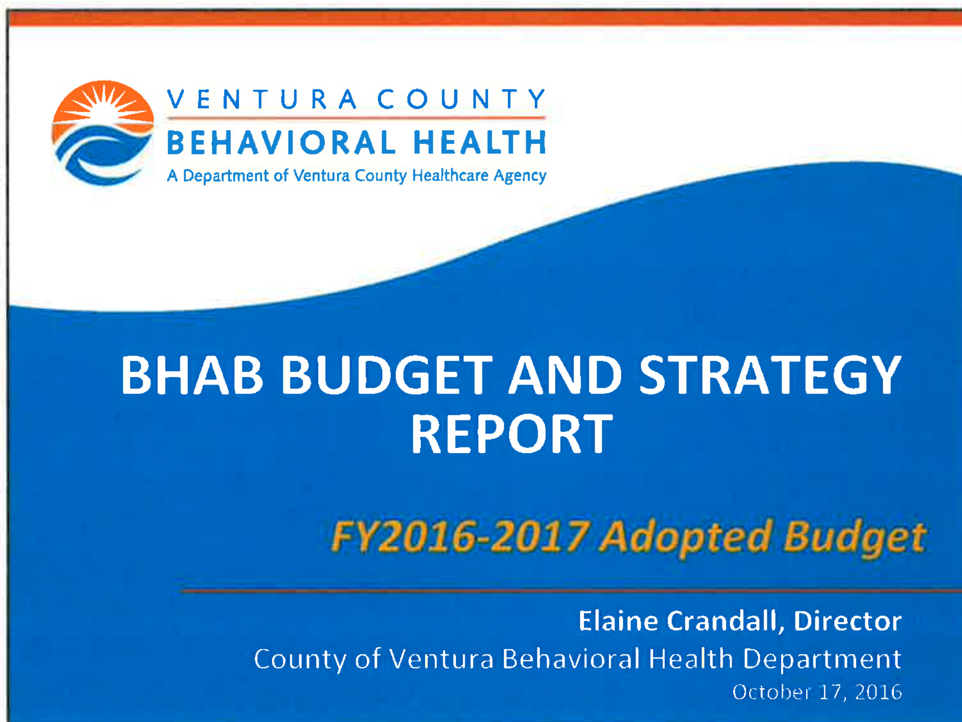
District 1	Supervisor Bennett
District 2	Supervisor Parks
District 3	Supervisor Long
District 4	Supervisor Foy
District 5	Supervisor Zaragoza

MAJOR ACCOMPLISHMENTS

- ICD 10
- 28 Placed in Supportive Housing
- RISE Staff in IPU
- MHRC Groundbreaking & Contract
- Site Certification Process Improvement
- MH Nurse Practitioner Grant
- Community Disaster Response
- County Paid Prescriptions decreased $285k
- Marijuana Mapping
- SELPA Expansion
- Cognitive Behavioral Therapy Training
- Data Warehouse deployment
- Latino Enrollment Up by 500
- Psychiatrist Group Formed
- Prescription Drug Collection from 40 lbs to 6,000 lbs since 2006
- LGBTQ Convening
- Primary Care Coordination Increase
- RISE 5,500 Contacts
- Service Request Increase 11%
- 24 Additional Housing Commitments
- DUI Recidivism exceeded State performance
- OTS Grant Award
- Insight Purchase (Data mining tool)
- EDIPP Expansion
- 48% Reduction Benzodiazepine

VENTURA COUNTY BEHAVIORAL HEALTH

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


VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency
BHAB BUDGET AND STRATEGY REPORT
FY2016-2017 Adopted Budget
Elaine Crandall, Director
County of Ventura Behavioral Health Department
October 17, 2016

AGENDA

1. FYE 2017 ADOPTED BUDGET
   a) FYE 2017 Revenue/Expense
   b) By Division By Fund Type
   c) Reported numbers are for Adopted Budgets
   d) $ in thousands
2. Revenue & Expense Discussion
3. Strategy for 2017

3

ENTIRE DEPARTMENT FYE 2017

Adopted Budget - $ in thousands

MHSA
SD or Drug Medi-Cal
Realignment/State Aid
Grants/Other
Client Fees
Interfund

Salaries/Benefits
Other Prof&Spec Svcs
Prof Medical Svcs
Bldg Leases
Housing/Other Supports
Other Svcs/Supplies
Interfund Exch
Other Charges/MHRC
Contributions to IPU

4

FYE 17 ADOPTED BUDGET DISCUSSION - REVENUE

1. MHSA, 1991 and 2011 Realignment estimates based on Governors budget, Mike Geiss estimates and include growth
2. Medi-Cal revenue factors
   a) Includes newly eligible clients revenue drop from 100% to 95% per Affordable Care Act.
   b) Units of Service (County and provider-run services).
   c) Disallowances/denials.
   d) Payor mix.
3. Drug MediCal waiver implementation is in the early stages, estimates are very preliminary.
4. Interfund revenue is the 'sale' of services to other County agencies. (An example is the costs of clinicians providing services in the Ambulatory Care clinics.)

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FYE 17 ADOPTED BUDGET DISCUSSION - EXPENDITURE

1. Salary & Benefits increase due to new positions.
2. Services & Supplies includes increases for new programs and physicians contract.
3. Other Expenditures very close to FY16 adopted budget.
4. MHSA component changes coming up:
   a) Quality of Care program moved from Innovations to CSS in FY17.
   b) RISE grant funding expires in FY18. Expenses included in CSS in projections for FY19 and forward.
   c) Mental Health Nurse Practitioner grant funding expires in FY18. Expenses included in CSS projections for FY19 and forward.

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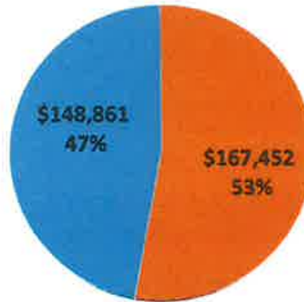
ENTIRE DEPARTMENT FYE 2017

Adopted Budget - $ in thousands

FY17 ADOPTED BUDGET

FYE16 Revenue Adjusted Budget $144,699 45%



FYE16 Expense Adjusted Budget $174,684 55%

NOTE: Revenue displayed is earned revenue. With county contribution and MHSA unspent fund drawdown, - Revenue is $167, 461)

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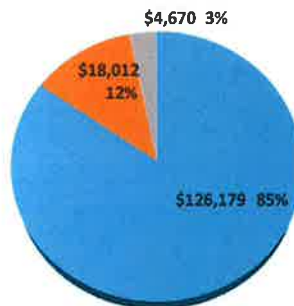
REVENUE BY DIVISION– FYE 2017

Adopted Budget - $ in thousands

FY17 REVENUE BY DIVISION



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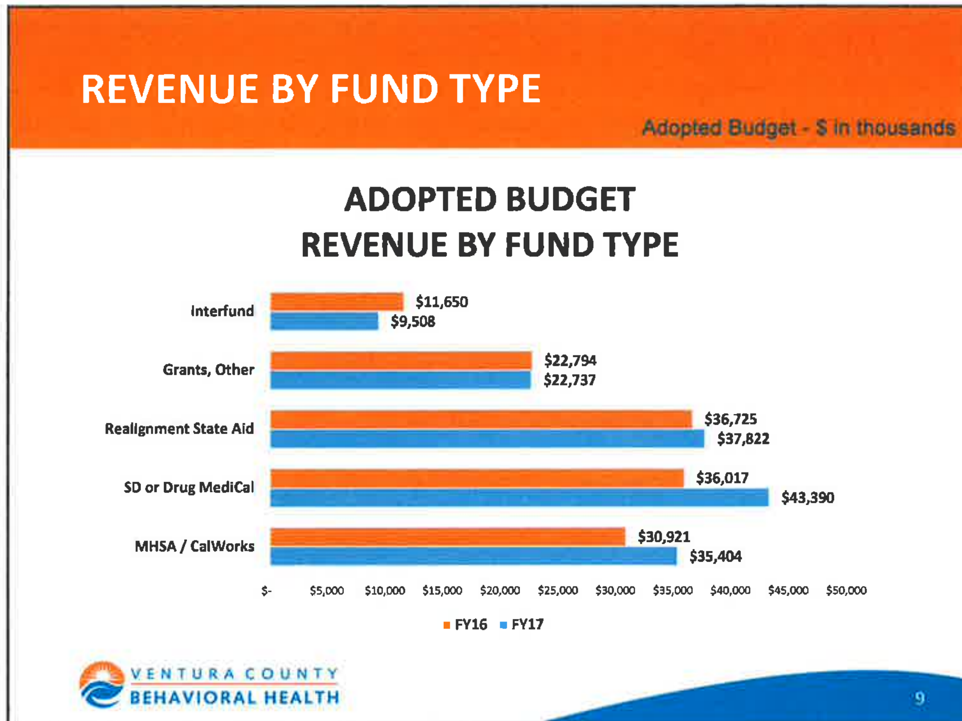
REVENUE BY FUND TYPE
Adopted Budget - $ in thousands
ADOPTED BUDGET
REVENUE BY FUND TYPE
Interfund
$11,650
$9,508
Grants, Other
$22,794
$22,737
Realignment State Aid
$36,725
$37,822
SD or Drug MediCal
$36,017
$43,390
MHSA / CalWorks
$30,921
$35,404
$-
$5,000
$10,000
$15,000
$20,000
$25,000
$30,000
$35,000
$40,000
$45,000
$50,000
FY16
FY17
VENTURA COUNTY
BEHAVIORAL HEALTH
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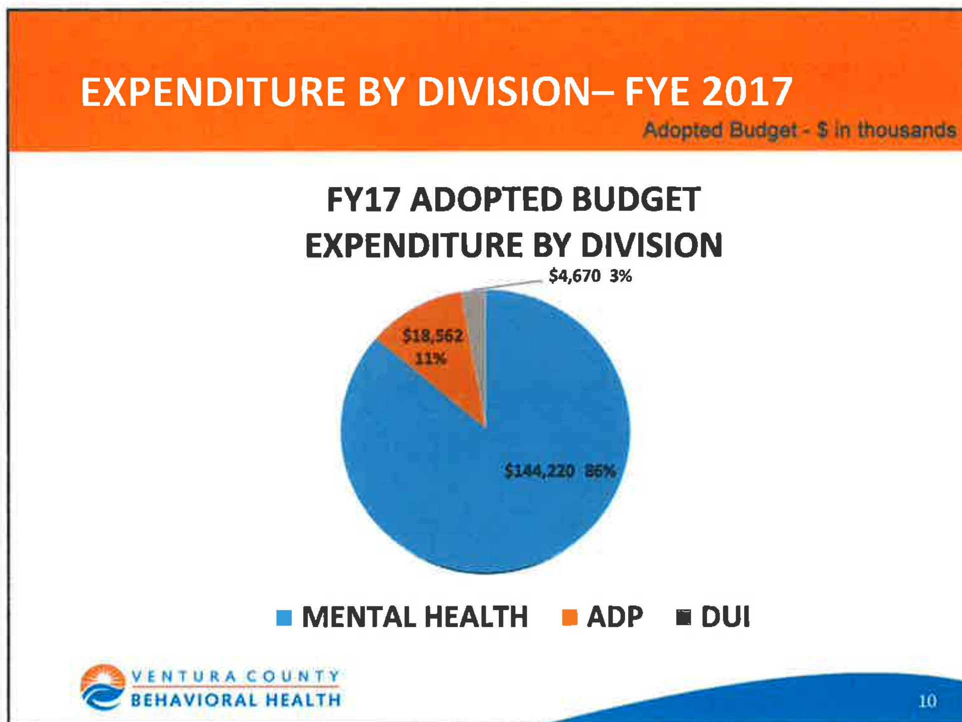
EXPENDITURE BY DIVISION– FYE 2017
Adopted Budget - $ in thousands
FY17 ADOPTED BUDGET
EXPENDITURE BY DIVISION
$4,670 3%
$18,562
11%
$144,220 86%
MENTAL HEALTH
ADP
DUI
VENTURA COUNTY
BEHAVIORAL HEALTH
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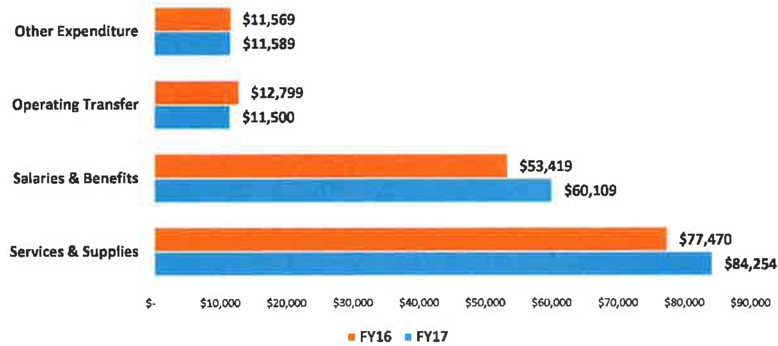
EXPENDITURE BY EXPENSE TYPE

Adopted Budget - $ in thousands



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FYE 2017 ADOPTED BUDGET SUMMARY

Adopted Budget - $ in thousands

FY17 ADOPTED BUDGET BY DIVISION AND FUND

	MHL	MHSA	ADP	DUI	TOTAL BHD
REVENUE					
MHSA / CalWorks	-	34,000	1,323	82	35,404
SD or Drug MediCal	18,210	19,045	6,136	-	43,390
Realignment State Aid	30,060	2,611	5,150	-	37,822
Grants, Other	9,118	3,628	5,403	4,588	22,737
Interfund	5,777	3,731	-	-	9,508
TOTAL REVENUE	**63,164**	**63,015**	**18,012**	**4,670**	**148,861**
EXPENDITURE					
Salaries & Benefits	22,721	26,438	7,129	3,820	60,109
Services & Supplies	37,000	34,972	11,433	850	84,254
Other Expenditure	3,844	7,745	-	-	11,589
Fixed Assets/Grants Fixed Assets	-	-	-	-	-
Operating Transfer	11,500	-	-	-	11,500
TOTAL EXPENDITURE	**75,064**	**69,156**	**18,562**	**4,670**	**167,452**
MHSA Unspent Funds - Reduce (Add)	**-**	**6,141**	**-**	**-**	**6,141**
Net County - Cost (Surplus)	**11,900**	**-**	**550**	**0**	**12,450**

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SPECIFIC FY17 BUDGET ADJUSTMENTS

1. Additional Costs and Revenue:
   1. SAMHSA grant for Laura's Law
   2. OTS Grant
   3. Continuum of Care Reform
   4. Drug Medi-Cal Organized Delivery System
   5. PRIME(PCI)
   6. Building renovations for CSU/COMPASS

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EXPECTED BROAD BUDGET CHANGES

1. MHSA is expected to flatten or decrease
2. No Place Like Home will take monies off the top of MHSA for Housing
3. Tobacco Settlement Funds expected to decrease
4. With overspend of EPSDT, expect to see 2011 Realignment increase (in 2-3 years)
5. Agency focus on grant opportunities
6. Department strategic focus on revenue enhancement
   a) Reduce disallowances by focus on training and staff retention
   b) Increase revenue through MAA, possible other billing opportunities
   c) Commercial Contracting

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EXPECTED DEMAND IN COMING YEARS
GROWTH
Requests for Services
Children's Services
Underserved populations
Homelessness
VENTURA COUNTY
BEHAVIORAL HEALTH
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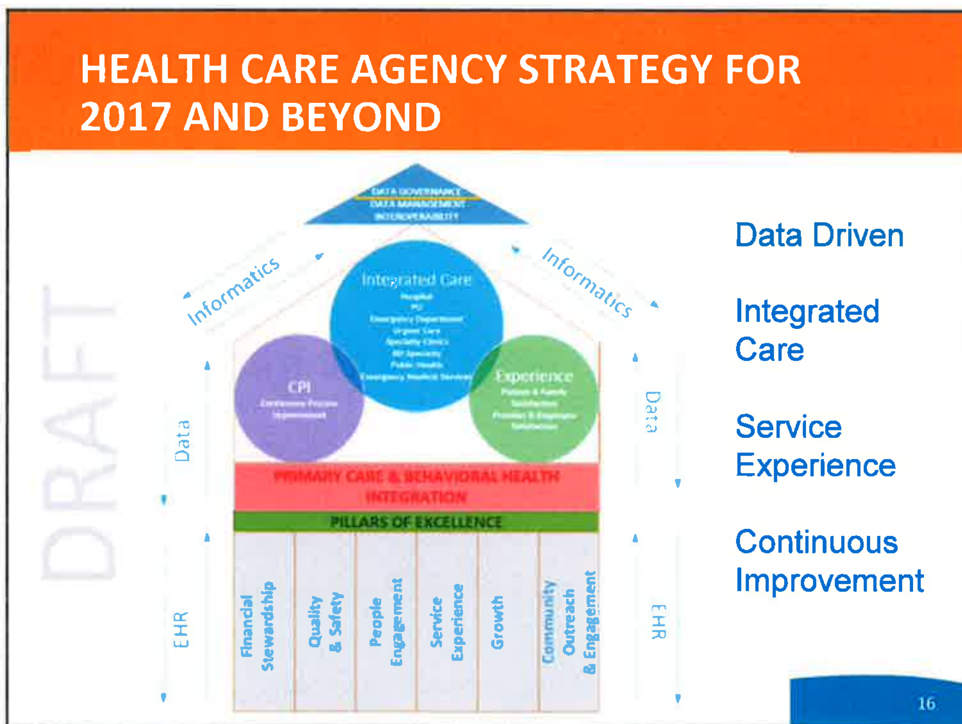
HEALTH CARE AGENCY STRATEGY FOR 2017 AND BEYOND
DRAFT
Informatics
Informatics
Integrated Care
CPI
Experience
Data
Data
PRIMARY CARE & BEHAVIORAL HEALTH INTEGRATION
PILLARS OF EXCELLENCE
EHR
EHR
Financial Stewardship
Quality & Safety
People Engagement
Service Experience
Growth
Community Outreach & Engagement
Data Driven
Integrated Care
Service Experience
Continuous Improvement
16

HCA "ALWAYS" CULTURE FIRST APPROACH
Culture Overrides Strategy

Current Agency discussion on these themes:

1. Self-Awareness/Develop Others
2. Self-Regulatory/Takes Accountability
3. Motivation/Champions Innovation and Change
4. Empathy
5. Social Skills
6. Collaborates
7. Communicates Effectively
8. Drives for Results
9. Focuses on Customer
10. Organizational Transparency

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BEHAVIORAL HEALTH CULTURE

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BHD STRATEGIC PILLAR: PEOPLE/ENGAGEMENT GOALS

Values-driven culture, Express gratitude and appreciation, Culturally diverse, Keep employees informed, Respectful

1. Strengthen training
   a) More specific training (incl. clinical and management)
   b) Culture development (leadership and fellowship)
2. Strengthen staff capacity
   a) Improve hiring to meet community needs
   b) Retain qualified employees
3. Align staffing with customer needs
   a) Create internal infrastructure to meet community needs

VENTURA COUNTY BEHAVIORAL HEALTH

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BHD STRATEGIC PILLAR: GROWTH GOALS -1 of 2

Encourage innovation and constant improvement, Benchmark, Celebrate accomplishments, Focus on the future, Maximize technology

1. Increase primary care integration
   a) Support Waiver 2020 initiatives (PRIME, GPP, WPC)
   b) Develop referral systems between primary care and BHD
2. Increase services to underserved populations
   a) Latino, 0-5, Older adults, LGBTQ

VENTURA COUNTY BEHAVIORAL HEALTH

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BHD STRATEGIC PILLAR: GROWTH GOALS – 2 of 2

3. Meet the increasing needs of the SPMI populations
   a) Implement Continuum of Care Reform and Implement Laura's Law
   b) Open Horizon View MHRC and the Children's Crisis Stabilization Unit and Short Term Crisis Residential Program
4. Strengthen the internal capacity for continuous process improvement
5. Develop a housing plan
6. Substance use services integration with mental health and implementation of the Drug Medi-Cal Organized Delivery System

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BHD STRATEGIC PILLAR: QUALITY GOALS

Measure important things, Delivery quality products and services, Display spirit of service, Focus on results and quality, Provide easily accessible care, Document value, Publically report and communicate broadly

1. Develop a culture of data-driven decision making
   a) Data dashboards
   b) Make information available to clinicians and staff
2. Meet EQRO recommendations
3. Establish Quality Department as the Center for Continuous Process Improvement
   a) Develop infrastructure (and training)
   b) Redesign reporting (internal and external)

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BHD STRATEGIC PILLAR: FINANCIAL STEWARDSHIP GOALS

Be financially successful, Support the mission and vision, Be thoughtful about and protect assets, Establish key indicators, Be reimbursed for services, Offer unquestionable value to consumers and payers

1. Strengthen the financial platform
   a) Additional billing streams
2. Reduce errors that have financial impacts
   a) Medicare – part B recertification
   b) Disallowances
3. Provide services in least restrictive environment
   a) Study high utilizers and provide "smart" clinical care
4. Strengthen partnerships and contracts
   a) Focus on outcomes

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BHD STRATEGIC PILLAR: SERVICE EXPERIENCE GOALS – 1 of 2

Respond in a timely, effective manner, Creating a lasting impression, Strive to exceed expectations, Foster an attitude of gratitude, Serve with mercy and tenderness, Provide exceptional care to patients and families

1. Improve client experience
   a) Timeliness of STAR, post hospitalization, post crisis
   b) Expand tele-psychiatry
2. Establish services in location of choice
   a) Field based services and case management
3. Target services based on identified level of acuity
   a) Establish acuity levels based on sound clinical tools
   b) Develop service plans accordingly

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BHD STRATEGIC PILLAR: SERVICE EXPERIENCE GOALS – 2 of 2

Respond in a timely, effective manner, Creating a lasting impression, Strive to exceed expectations, Foster an attitude of gratitude, Serve with mercy and tenderness, Provide exceptional care to patients and families

4. Establish comprehensive and holistic service delivery
   a) Expand substance services
   b) Integrate with primary care
5. Ensure Services are Culturally Competent
   a) Implement the cultural competency plan
   b) Increase Spanish speaking staff capacity internal and with contractors

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BHD STRATEGIC PILLAR: COMMUNITY OUTREACH & ENGAGEMENT

Make a difference in our community, Societal responsibility and community health, Commitment to the value the diversity of all persons and to be respectful and inclusive of everyone, Engaging and educating the community to improve overall health

1. New Pillar – BHD Goals TBD
2. Agency/department focus on outreach and engagement, purpose and outcomes
3. Community Health

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SAME PLAY

AN
EXCELLENT
conceited Tragedie
OF
Romeo and Iuliet.

LONDON.
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VENTURA COUNTY
BEHAVIORAL HEALTH

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THANK YOU!

VENTURA COUNTY
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Behavioral Health Advisory Board
Site Visit Report

Date: Aug 17, 2016

Facility / Program: Conejo Adult Behavioral Health **Location:** 125 W. Thousand Oaks Blvd. Ste. 500, T.O.

Contact Person: Traci Khan, MSW, LCSW **Phone #:** (805) 777-3500 **E-mail:** traci.khan@ventura.org

BHAB Review Team:

Carol Thomas, Janis Gardner, Jerry Harris, Patricia Mowlavi and Ratan Bhavnani

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FACILITY / PROGRAM DEMOGRAPHICS

1. **Age Group Served:** *(Check all that apply)*

   ☐ Children (0 - 12) ☐ Adolescents (13 - 17) ☑ Adults (18 - 61) ☑ Older Adults (60 +)

2. **Number of Clients Served:**

   Maximum possible: none Monthly Avg. 650 and / or Daily Avg. 76

3. **Services Provided:** (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

   Medication Management, Nursing Support, Individual Therapy, Groups, Case Management, Collateral Services.

4. **Miscellaneous Additional Services:** (i.e.: transportation, follow-up care, community activities or support, etc.)?

   Peer Recovery Coaches (group and 1 to 1), connection to community resources including housing, transportation to and from the clinic and other mental health related services, applications for disability, connection to payee services, assistance with follow up care and related resources, referral to day treatment services, community activities with clients.

5. **Number of on-site staff having direct client contact:**

   There are 20 staff members on site that have direct client contact. This includes 4 Psychiatrists (1 full time and 3 part time or less), 3 Nurses, 4 Case Managers, 6 Clinicians (2 of which are Psychologists), 1 Benefits Specialist, and 2 Office Assistants. In addition to those clinic staff, there are 2 Recovery Coaches from Pacific Clinics.

6. **What kind of training does your organization provide the staff, and how often?**

   Behavioral Health system wide staff are provided mandatory trainings which include: CPR, Management of Assaultive Behavior (MAB), Safety Training, HIPAA, and Compliance Training. In addition to these, staff also participate in monthly CBT Supervision Training (clinical staff only) monthly, and have the opportunity to participate in other clinical based training such as Motivational Interviewing, Mental Health First Aid, and other various training opportunities offered in the community.

7. **Which professionals are involved directly with clients** (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) **and how often?**

   The Psychiatrists provided medication management every 1 to 3 months or as needed. Psychologists perform psychological testing as requested by the Psychiatrists, but also provide individual psychotherapy weekly or as needed as well as conduct groups. Therapists, provide individual psychotherapy weekly or as needed in addition to conducting groups. Case Managers provide services as needed to clients in order to provide additional support, connect clients to community resources, as well as conduct groups.

8. **Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?**

   Our 2 Recovery Coaches participate as part of our daily Treatment Team meetings, conduct groups weekly and provide ongoing 1 to 1 support of clients. Family members could be involved if desired by client.

9. **Describe Groups - education/support?**

   There are 10 groups provided to clients here at the clinic. Currently there are 2 groups being provided by the Recovery Coaches from Pacific Clinics.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? *(Attach floor plan if available)*

At the Conejo Adult Clinic, there is a comfortable Waiting Room for clients that has an attached bathroom for their use. There is a Medication Room where medication is dispensed, and injections given, in addition to a Vitals Room where vitals are taken by the Nurses upon clients arrival for their psychiatric appointments. There are 2 small and 1 large conference rooms, along with a large Community Conference Room across the hall from the clinic. All of these conference rooms are shared with Youth and Family, Older Adults, and the TAY programs. There are 22 offices that are occupied by Clinical, Medical, and Case Management staff. In addition, there are 3 offices occupied by our Conejo Older Adult Program, and 1 large office for the Recovery Coach staff. There is 1 Restroom located on our Adult suite, and a storage room which we share with the Youth and Family Program.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)**?**

The Conejo Adult Clinic serves clients with moderate to severe mental illness. New clients come into the VCBH program through the STAR (Screening, Triage, Assessment and Referral) Team. Clients receive a comprehensive assessment with mental health diagnosis.

Basic services provided at the clinic include: psychiatric assessment, psychological assessment, medication, individual and group therapy, rehabilitation services, and case management services. Additional services are available to assist clients with transportation, recovery, employment, housing, transportation, disability application, insurance coverage, and community resource connections. An Older Adult Program (for clients over 60 years old) is available with in-home services.

Client's vital signs are taken at each visit. Co-location with Medical Clinic and Urgent Care is an advantage in that medical concerns can be immediately addressed.

The number of group programs has dramatically increased with 10 different programs offered on a regularly scheduled basis.

Staff identified program needs ?

Access to a psychiatrist on an as needed basis. If urgent, appointments can be rescheduled.

Difficulty finding detox facility in Ventura County that takes Medi-Cal.

Difficulty and delay in hiring clinicians. Currently 2 therapist positions are vacant which causes a therapy waiting list. The amount of time it takes to obtain approval to fill vacancies, recruit and hire new staff is excessive and creates a hardship when trying to address client needs and workload demands.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Newer, nicely maintained facility. Locked doors between Youth and Adult sections although Group rooms are being shared by both programs. Adult BH Staff has protocol to escort clients from and to entrance. Medications are kept in a separate locked room with Nursing access only. The clinic is located within the same complex that houses ambulatory care (including urgent care), Substance Abuse Program, TAY Program and WIC. This allows for warm transfer of clients between medical and behavioral health. Behavioral Health clinicians have quick access to client's VC medical records. Safe prescribing medication program in place aided by CURES monitoring program.

A benefit specialist is also available to help clients with insurance coverage (e.g. Medi-Cal, Social Security Disability). Waiting for Medi-Cal coverage does not preclude a client form getting care. A list of advocates is provided to help the client, if Social Security Disability is denied.

Board Member Recommendations for Program Needs?

Program appears to be well managed with continuing enhancements.

Behavioral Health Advisory Board
Site Visit Report

Date: Aug 19, 2016

Facility / Program: Conejo Youth & Family Clinic **Location:** 125 W. Thousand Oaks Blvd., T.O.

Contact Person: Ophra Ashur **Phone #:** (805) 777-3553 **E-mail:** ophra.ashur@ventura.org

BHAB Review Team:

Carol Thomas, Janis Gardner, Jerry Harris, Patricia Mowlavi and Ratan Bhavnani

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FACILITY / PROGRAM DEMOGRAPHICS

1. **Age Group Served:** *(Check all that apply)*

   ☑ Children (0 - 12) ☑ Adolescents (13 - 17) ☐ Adults (18 - 61) ☐ Older Adults (60 +)

2. **Number of Clients Served:**

   Maximum possible: 266+ Monthly Avg. 7/16 - avg: 234 and / or Daily Avg. approx. 49

3. **Services Provided:** (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

   Individual therapy, Collateral contacts with significant others, Case Management, Groups, Medication Management, **Psychological Testing.**

4. **Miscellaneous Additional Services:** (i.e.: transportation, follow-up care, community activities or support, etc.)?

   Physician Services Only for Community-Based Organization clients, and for VCBH clients served in other programs. School-based services (ISES). Coordination of referrals for community resources. Referral/coordination for TBS, COED's, FAST.

5. **Number of on-site staff having direct client contact:**

   ISES clinicians - 6; Community clinicians - 5; MHA - 1; MD - 2; PNP - 1; OA - 2; Student trainee - 1; CA - 1; Manager - 1. Total = 20

6. **What kind of training does your organization provide the staff, and how often?**

   New Employee Orientation, annual mandatory trainings - FEMA, CPR, MAB, Safety, Compliance, HIPAA. Evidence Based Practices: SS; DTQI; ART; MI; Trauma Informed Care; CBT (certification, train the trainer). 3 annual conferences (Carpe Diem; May is MH Month; Recovery).

7. **Which professionals are involved directly with clients** (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) **and how often?**

   Psychiatrist/PNP - average of monthly. Sr. Psychologist, MFTI, LMFT, ACSW, LCSW, MHA - average of 3-4 x/month.

8. **Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?**

   United Parents - FAST Program; TBS; COED's - all have parent partners involving family members. Contacts range between 1 - 5 x/week.

9. **Describe Groups - education/support?**

   Seeking Safety - PTSD, Substance Abuse; Adoptive parents support group.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)**?** *(Attach floor plan if available)*

PLEASE ADD A verbal discription of the facility physical layout needs to be added. The description should include the number of group rooms (shared), offices, medication rooms, etc.

At the Conejo Y & F Services Clinic, there is a comfortable Waiting Room for clients that has an attached bathroom, including an infant changing station, for their use. There are 2 small group rooms, and 1 large conference room, along with a large Community conference room across the hall from the clinic. All of these conference rooms are shared with Adults, Older Adults, and the TAY programs. There are 15 offices that are occupied by Clinical, Medical, Case Management and STAR staff. In addition, there is a designated Play Therapy room, and adjacent Observation room with a 2-way mirror/microphone setup. There are 2 shared staff restrooms located in the Y & F and Adult suites respectively, a shared storage room, as well as a shared staff break room.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)**?**

Conejo Youth and Family Services Clinic provides mental health services for clients with severe emotional/ behavioral issues. Clients enter the program either through schools via the Intensive Social Emotional Services (ISES) entitlement program or through the Screening Triage Assessment and Referral Team (STAR) as a Community client.

Clients receive an initial comprehensive assessment and mental health diagnosis at a clinic or with a contracted behavioral health provider.

The staff works with the clients in the school programs and community program. Services include: psychiatric assessment, medication, psychological assessment, individual and group therapy and case management. Collateral services are offered which include clinical intervention contact with significant support persons to aid in reaching treatment goals. Rehabilitation services are available for community clients to help with day to day living skills. Additional services include coordination of referrals to community resources, Family Access Support Team to help identify triggers and reduce crisis situations, referrals and coordination for therapy behavioral services and Collaborative Educational Services (COEDS) which provides support home support for special education program.

Client's vital signs are taken at each visit. Co-location with Medical Clinic and Urgent Care is an advantage in that medical concerns can be immediately addressed.

Goal is to keep clients in the most appropriate least restrictive environment and at home with specialized programs for home with parents and or significant support persons.

Clinic uses interns for additional staff - appears to be successful.

Staff identified program needs ?

Clinic is working to increase group programs.

The amount of time it takes to obtain approval to fill vacancies, recruit and hire new staff is excessive and creates a hardship when trying to address client needs and workload demands.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Newer, nicely maintained facility. There is an onsite playroom with one-way observation access. Locked doors between Youth and Adult sections although Group rooms are being shared for both programs. The Y & F program does not store nor dispense medications on site. The clinic is located within the same complex that houses ambulatory care (including urgent care), Substance Abuse Program, TAY Program and WIC. This allows for warm transfer of clients between medical and behavioral health. Behavioral Health clinicians have quick access to client's VC medical records. Safe prescribing medication program in place aided by CURES monitoring program.

Board Member Recommendations for Program Needs?

Looking forward to the addition of group programs. Keep up the good work.

Behavioral Health Advisory Board
Site Visit Report

Date: Sep 27, 2016

Facility / Program: VCMC-IPU **Location:** 200 Hillmont, Ventura CA

Contact Person: Dan Powell M.A. MFT, BCBA **Phone #:** (805) 652-6002 **E-mail:** daniel.powell@ventura.org

BHAB Review Team:

Mary Haffner, KayWilson-Bolton, Nancy Borchard, and Jerry Harris

FACILITY / PROGRAM DEMOGRAPHICS

1. **Age Group Served:** *(Check all that apply)*

   ☐ Children (0 - 12) ☐ Adolescents (13 - 17) ☑ Adults (18 - 61) ☐ Older Adults (60 +)

2. **Number of Clients Served:**

   Maximum possible: IPU 30, A&R 10 Monthly Avg. 110-150 and / or Daily Avg. 40

3. **Services Provided:** (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

   Medication Management, Nursing, Individual Psychotherapy, Occupational Therapy, Medication Education, Chemical Dependency and Addiction Counseling, Mind-fullness Meditation Groups, Group Psychotherapy, exercise groups.

4. **Miscellaneous Additional Services:** (i.e.: transportation, follow-up care, community activities or support, etc.)?

   Follow up care appointments made for patients prior to discharge (psychiatrist, psychologist, therapist) Placement, mental health court, conservatorships, referrals.

5. **Number of on-site staff having direct client contact:**

   Overall approximately 20-25 staff members per shift.

6. **What kind of training does your organization provide the staff, and how often?**

   Required competencies consisting of training on mental health diagnosis, personality disorders, signs of suicide, Medical Screening Exams, Basic and Advanced Life Support. VCMC required trainings (Target Solutions).

7. **Which professionals are involved directly with clients** (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) **and how often?**

   1. **Psychiatrist** - 1 in A&R from 7:00 am to 11:00pm each day.
   2. **Psychiatrists** - 2-3 in the IPU from 7:30 to 6:30 pm each day.
   3. **Social Worker**- 2 licensed and 2 unlicensed Monday-Friday.
   4. **Mental Health Worker** - 1 Monday-Friday.
   5. **Registered Nurses** - approx. 8 RN's, (2 in A&R and approx. 6 in the IPU 24/7) working 12 hour shifts.
   6. **Licensed Psych Techs** - 2 LPTs, 24/7 working 12 hour shifts.
   7. **Health Techs** - 2 LPTs, 24/7 working 12 hour shifts.
   8. **Mental Health Supervisor** - IPU, MFT, BCBA Monday-Friday and on call 24/7, 15 days a month.
   9. **Clinical Nurse Manager** - Monday-Friday and on call 24/7, 15 days a month.
   10. **ADTS** - 1 Monday-Friday
   11. **RISE Team** - 2 members Monday-Friday.
   12. **Occupational Therapist and Recreational Therapist** - 2 each day, Monday Sunday.

8. **Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?**

   Peer support specialists are invited upon patient's request. Family members are involved upon patient's request regarding placement decisions and aftercare plans.

9. Describe Groups - education/support?

Alcohol and chemical dependency groups, Occupational Therapy groups, Group psychotherapy.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)**?** *(Attach floor plan if available)*

Licensed 43 bed facility. Currently 30 patient beds available, Occupational therapy room, two community day rooms, outdoor basketball court and patio area. A&R is able to accept 10 patients at a time, perform medical screening exams and mental health triage.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)**?**

The most notable change for BHAB members who have visited the Inpatient Psychiatric Unit (IPU) in the past is the significant change in philosophy from stabilization to treatment along with a change in staff. Enhancements in the hospital program over the past couple of years have been positive, significant and more in line with the mission, vision, and expectations of both the Behavioral Health Department and the Behavioral Health Advisory Board (BHAB). Currently the average length of stay is around 5 days. Hospital staff would like to see that increased, when appropriate, in order to reduce readmissions following discharge as well as to reduce future hospitalizations in general.

Patients currently spend a significant part of the day involved in a variety of treatment modalities including individual therapy, group therapy , Occupational Therapy (OT), Recreation Therapy (RT), medication education, chemical dependency and addiction counseling, stress management groups, and exercise groups.

Prior to discharge, aftercare appointments are made by hospital social workers for those patents not having a scheduled appointment. Staff also make sure that appointments for patients currently involved in outpatient treatment have a pending appointment. Follow-up appointments generally take place no longer than seven days following discharge. Staff are currently in the process of developing a system to involve peers to provide transportation for discharged patients without a means of transportation to appointments and to accompany those patients who may need assistance ensuring that they show up for their appointments.

Staff identified program needs ?

-- The Inpatient Psychiatric Unit (IPU) has a very good working relationship with the Crisis Residential Treatment (CRT) facility staff. The CRT is located on the medical center campus. Although the IPU is able to place appropriate patients in the CRT, quite frequently the CRT does not have beds available for potential placement, which impacts the ability of the IPU to accept additional patients. Because the IPU is at full census much of the time, it would help reduce long waiting times of mental health patients in community emergency rooms who are waiting for an available bed in the IPU, sometimes up to seventeen hours, if additional placement options were available within the County.

Evidence of the positive working relationship with the CRT is as follows:

1. A case manager from the CRT visits the IPU each day, Monday through Friday, and meets with the treatment staff.
2. The CRT case manager will meet face-to-face with the patient's doctor/clinician and Social Worker to discuss discharge from the IPU to the CRT.
3. The CRT case manager will meet face-to-face with potential clients prior to discharge.
4. There is also and Licensed Psychiatric Tech in the A & R assisting social services who communicates regularly with the CRT case manager.
5. Oftentimes patients who are good candidates for CRT services must stay in the A & R and detox as they are having withdrawals from substance abuse/dependence. This is required prior to disposition/discharge in accordance with licensing requirement.

Note: When established, the vision for the CRT was to serve those who were in crisis but who did not meet criteria for IPU admission as well as a step down for certain patients who were discharged from the IPU needing further stabilization and connection to support in the community. Since it began serving the community, the CRT has always had patients admitted as a step down from the IPU. As for diverting crisis or handling the crisis without being hospitalized, that part of the vision has not developed as planned. There seems to be issues around having a TB test and various things that tend to block admission to the CRT. Other counties have negotiated that hurdle. Hopefully solutions can be found to treat patients early and avoid hospitalization as well as offer more time for healing before going out into the community for those in need of such service.

-- There is a critical need to increase the number of placement/housing facilities within the County. If more available housing/placement units were available, this would go a long way to ease the critical inpatient bed crisis in the County.

-- There is an ongoing need for a petty cash fund to address patient needs such as medication co-payments prior to discharge.

-- There is an ongoing need for the donation of men's and women's clothing for IPU patients.

-- There is an ongoing need for the donation of arts and crafts materials for the OT program.

-- There is a need for the donation of musical instruments for patient use.

-- There is a need for the donation of recreation equipment for patient use (stationary bicycles, basketballs, etc.).

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

The IPU is a well organized, clean facility. The entrance is welcoming and the waiting room appears comfortable. The corridor walls of the inpatient hospital are painted in pastel colors that present a calming, welcoming feeling. The are efforts being made to add additional murals to the walls. Currently there are two murals in one of the community day rooms that are very attractive. The general environment of the facility provides for the safety of the patients. The patient rooms include restrooms and are adequate for sleeping purposes.

The treatment rooms are spacious. Musical instruments (pianos and guitars) are available for patient use. The Occupational (OT) treatment room is spacious and contains a display of patient art work. There are outdoor areas for Recreation Therapy (RT) and opportunities for patients to be outside.

The staff appear pleasant and make an effort to meet the patient's needs. There is a Milieu Monitor that is assigned on the floor 24 hours per day, seven day a week, to specifically meet the patients immediate needs. These may include anything from needing a toothbrush to asking to use the cordless phone to make a personal call.

The Assessment and Referral (A & R) area is more than large enough for the 10 patient lounge chairs in the room. There is also a television and reading material available for patient use. This 10 patient room is usually staffed with a total of three clinicians. One to two may be performing Medical Screening Exams with patients in the hallway rooms while one to two are in the large observation room with the other patients.

Board Member Recommendations for Program Needs?

1. In a effort to address the critical mental health inpatient bed shortage in Ventura County, and thereby reduce the number of mental health patients waiting in community emergency rooms for an open bed in the IPU, the IPU/ Ventura County Medical Center should request additional funding to staff 13 more beds enabling the IPU to operate at its licensed capacity of 43 beds.

There is a critical need to utilize the full capacity of the IPU (43 beds) to offer the Ventura County mental health patient population treatment within the County rather than being sent out of county for care. It is important that the IPU look for creative solutions to secure the necessary funding to staff the hospital at full capacity. The hospital was remodeled and expanded in size many years ago. Additional beds were needed at that time as they are now. Since the IPU expansion, the County population has grown. The IPU is a valuable asset to the County, filling an important need by serving the most seriously ill mental health patients and adding a valuable component to the County's mental health system of care

Another potential means of providing funding to address this critical bed shortage would be to pursue the establishment of a Innovative public/private partnership with community hospitals in the County to cover staffing and other direct costs for the IPU to operate at full capacity. This would assist the community hospitals reduce incoming mental health patients who stay long periods of time in their emergency rooms waiting for an available be at the IPU. As a result, it would reduce their costs and make financial resources available to help fund additional beds at the IPU.

2. Continue efforts to make the IPU corridors, patient rooms, and community day rooms more home-like through the addition of murals, displays of patient art work, photographs, etc. All decorations, paintings, etc. should comply with applicable safety requirements.

3. IPU staff should work to establish an IPU auxiliary/patient support group to seek donations from the community to address the personal needs of the patients. Perhaps NAMI can assist in helping to accomplish this recommendation.

VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Elaine Crandall
Director

Celia Woods, MD
Medical Director

Deborah Thurber, MD
Medical Director

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).