

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**July 17, 2017**

**NEXT MEETING:**

Monday, August 21, 2017

1:00 p.m. – 3:30 p.m.

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

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

**BHAB Members Present**

Jerry Harris, Chair  
Claudia Armann  
Karyn Bates, 1st Vice Chair  
Ratan Bhavnani, 2<sup>nd</sup> Vice Chair  
Nancy Borchard, Secretary  
Gane Brooking, Member at Large  
Monique Garcia  
Janis Gardner, Member Emeritus  
Mary Haffner  
Larry Hicks  
Patricia Mowlavi  
Cmdr. Ron Nelson  
Denise Nielsen  
Supervisor Linda Parks  
Marlen Torres  
Sidney White  
Kay Wilson-Bolton  
Sandra Wolfe

**BHAB Members Absent**

McKian Nielsen  
Irene Pinkard

**Others Present**

Sally Harrison, County Executive Office  
Matthew Sandoval, HCA Chief Deputy Director  
Jerry Weaver  
Sara Bavar, NAMI  
Mark Schumacher, Turning Point Foundation  
Lucrecia Campos-Juarez, Clinicas del Camino Real  
Catalina Arenas, Aurora Behavioral Health  
Marika Collins, Casa Pacifica  
Michael Redard, Casa Pacifica  
Irene Gomez, MICOP  
Ana Avendano Torres, MICOP  
Kenneth Bauer

**VCBH Managers/Staff Present**

Elaine Crandall, Director  
Greg Bergan, MHSA Program Administrator  
Clara Barron, MHSA  
Leisa Donovan, Fiscal Manager  
Dan Hicks, Prevention Manager  
Sevet Johnson, East County Adult Clinics and TAY Manager  
Esperanza Ortega, MHSA  
Peter Owen, Contracts  
Dr. John Schipper, Adult Division Chief  
Brian Taylor, M.D., Medical Director  
Deborah Thurber, M.D., Youth & Family Medical Director  
Elaina Titus-Sterling, MHSA Assistant  
Terri Yanez, Administrative Division Chief  
Patti Yoshida, Pharmacist  
Patrick Zarate, COO and Alcohol & Drug Programs Manager  
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Immediate Past Chair Janis Gardner passed the gavel to Chair Harris, who called the meeting to order at 1:05 p.m.		
II.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve today's agenda. Ratan Bhavnani moved to approve, Patricia Mowlavi seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the June 19, 2017 meeting. Cmdr. Ron Nelson moved to approve, Sidney White seconded. The motion passed with abstentions from Mary Haffner and Claudia Armann, who did not attend the June meeting.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	<b>Recognition Award: Supervisor John Zaragoza</b> Mr. Harris presented a Certificate of Commendation to Supervisor John Zaragoza, who "has dedicated 40 years of community service as a public servant. [...] During the two years he served as the Board of Supervisors' representative to the BHAB, Supervisor Zaragoza advocated for support and services to those dealing with a serious mental illness and/or substance use issues, and for the prevention of these illnesses. [...]" Mr. Harris thanked Supervisor Zaragoza for showing compassion and caring in his work. Ms. Gardner noted how supportive of the BHAB Supervisor Zaragoza has been and thanked him for his compassion and caring heart. Supervisor Zaragoza thanked the Board Members for their service.		
VI.	<b>Public Comments</b> Mr. Harris noted that, in order to include the public in the discussions and presentations, public comments will appear on the agenda twice: once at the beginning and again at the end of the agendas. He asked that anyone wishing to share a public comment fill out and turn in a public comment card. He reminded all to keep comments to no more than 3 minutes for the entire meeting. Kay Wilson-Bolton noted that as they make a comment at the beginning of the meeting, people may not know that they will want to make a comment at the end. It was agreed to try this new approach and see how it works; if changes are needed, they will be made.  A. Jerry Weaver spoke about the MHSA budget for Fiscal Year 2014-15 and compared it with the FY 15-16 budget. He questioned the amount of prudent reserves and asked where the unspent money is.  B. Sara Bavar, an intern with NAMI Ventura County, announced that NAMI will hold its first Evening at the Theater Fundraising Gala on October 21 <sup>st</sup> starting at 6:00 p.m. at the Newbury Park High School Performing Arts Center.  C. Mark Schumacher shared that since July 1 <sup>st</sup> Turning Point Foundation is managing the Peer Recovery Coaches program for the Rapid Integrated Support and Engagement (RISE) program. It currently employs four full-time coaches.		
VII.	<b>Chair's Report</b> Mr. Harris reported that on July 6 <sup>th</sup> Elaine Crandall, VCBH Director, Janis Gardner and he met with Supervisor Kelly Long. They discussed briefly the BHAB and its membership. Ms. Crandall provided a comprehensive overview of VCBH, its accomplishments, and what may happen in the future. Supervisor Long was knowledgeable about VCBH and BHAB and appreciated the overview.		

	<p>Mr. Harris noted that he would like for the committees to be more integrated into the BHAB process and functions. To that end, he plans to have each committee chair provide a brief report on committee activities at every General Meeting.</p> <p>Ms. Crandall and Mr. Harris are planning to personally provide newly appointed BHAB members with a joint orientation.</p> <p>When Mr. Harris meets with a Supervisor or Ms. Crandall, he will ask the First or Second Vice Chair or the Secretary to attend with him, depending upon their availability.</p> <p>Future presentations will be related to the BHAB Objectives. They will be done every other month in order to free up time for board member discussions.</p> <p>The Secretary will give a report at every General Meeting. The report will include attendance and participation on committees.</p> <p>Board Members are asked to provide their requests to add items to the Executive or General Meeting agendas to the Chair, First or Second Vice Chairs at least a week prior to the Executive Committee meetings, or to attend the Executive Committee meetings and provide the requests at that time.</p> <p>Ms. Gardner will provide information about upcoming community events. She will continue to attend these events as a representative of the BHAB. When she is unable to attend, other BHAB members will be asked to attend.</p> <p>A. Events and Announcements – Janis Gardner</p> <ol style="list-style-type: none"> <li>1. MHSA Community Planning Forums will take place on July 25 at 6:00 p.m. in the VCBH training room in Oxnard, on July 26 at 1:00 p.m. at the Borchard Community Center in Newbury Park, and on July 27 at 6:00 p.m. at the Blanchard Community Library in Santa Paula. Three BHAB members volunteered to attend the meetings: Gane Brooking in Oxnard, Ratan Bhavnani in Newbury Park, and Larry Hicks in Santa Paula.</li> <li>2. Diversity Collective Ventura County’s Grand Opening will be held on August 3<sup>rd</sup> at 5:00 p.m. in Ventura.</li> <li>3. The 30<sup>th</sup> Anniversary of the Consulate of Mexico in Oxnard will take place on August 3<sup>rd</sup> at 6:00 p.m. at Ventura City Hall.</li> <li>4. MICOP Night in Oaxaca will take place on August 5<sup>th</sup> at 6:00 p.m. at the Oxnard Performing Arts Center.</li> <li>5. Out of the Darkness Community Walk will be held on September 16<sup>th</sup> at Constitution Park in Camarillo.</li> </ol>		
VIII.	<p><b>Director’s Report – Elaine Crandall</b></p> <p>Ms. Crandall thanked Ms. Gardner for her work as Chair and is looking forward to working with Mr. Harris and the Executive Committee. She provided an overview of the payment reform.</p> <p>Currently, the state contracts with VCBH to provide services to the Severely and Persistently Mentally Ill (SPMI) and some moderately mentally ill clients. Any program that receives Mental Health Services Act (MHSA) funding becomes an MHSA program. MHSA programs often receive funding from multiple sources.</p> <p>The state is changing to a Whole Person Care approach, which emphasizes care coordination. States across the country administer the federal Medicaid program through a State Plan, State Plan Amendments (SPAs), Waivers used for “exceptions” to underlying federal rules, and through Section 1115 demonstration waivers.</p> <p>States are moving toward Value-Based Purchasing (VBP), “carve-in” models of managed care. What this will look like in California has not been finalized yet.</p> <p>See attached presentation for details.</p>	Information	

	<p>Nancy Borchard asked about MHSA. Ms. Crandall noted that MHSA will be looking at value in terms of outcomes and budget.</p> <p>Claudia Armann noted that this change to a Whole Person Care approach is complex, and it needs to be seamless from the customer's perspective.</p>		
IX.	<p><b>Chief Operations Officer's Update – Patrick Zarate</b> Mr. Zarate gave an overview of several handouts:</p> <p>A. The Summary of a Performance Improvement Project on integrating smoking cessation programs into the behavioral health system; and the related Smoking in the Mentally Ill: Alarming Statistics and Common Misconceptions.</p> <p>B. Updates on:</p> <ul style="list-style-type: none"> <li>o the Assist Program/Laura's Law: 61 face-to-face screenings, 9 clients signed a treatment plan;</li> <li>o Horizon View Mental Health Rehabilitation Center (MHRC): 21 clients, 4 discharges to lower levels of care;</li> <li>o Dave Holmboe Center Crisis Stabilization Unit: 247 admissions, with a 62% diversion rate.</li> <li>o Dave Holmboe Center Comprehensive Assessment and Stabilization Services (COMPASS), where children can receive services for up to 30 days.</li> </ul> <p>C. An update on Ventura County AB 109, Public Safety Realignment initiative. VCBH has contracted with Telecare to provide wraparound services to the AB 109 population through Assertive Community Treatment (ACT).</p> <p>D. A Ventura County Star article published July 15, 2017, titled Opioid Deaths Fall Slightly in Ventura County.</p> <p>E. A report from the Ventura County Rx Abuse &amp; Heroin Workgroup, titled Reducing Supply, Reducing Demand, Saving Lives.</p> <p>Karyn Bates requested more information on Restorative Justice, mentioned in the AB 109 handout. Mr. Zarate will provide details at a future meeting.</p> <p>Gane Brooking asked about Restorative Justice meetings. Mr. Zarate will send information to the BHAB Assistant, who will share with the BHAB.</p> <p>Supervisor Parks asked about the client at Horizon View MHRC who was discharged back to Sylmar. Dr. John Schipper, Adult Division Chief, shared that it was a staff decision as there were concerns about the client's potential for being assaultive.</p>	Information	
X.	<p><b>Secretary's Report – Nancy Borchard</b> Ms. Borchard reported that attendance of BHAB Members is good at the General Meetings. She encouraged members to support the work of the committees by attending those meetings, where information is shared, ideas are discussed, and presentations from community providers and VCBH managers are given. Ms. Borchard also encouraged community members to attend.</p>	Information	
XI.	<p><b>New Business</b></p> <p>A. Structure of the General Meeting Agendas and Meeting Content Mr. Harris noted that presentations need to be tied to the BHAB Objectives, and the presentations need to be more interactive, with BHAB members asking questions and commenting on the presentations. Cmdr. Nelson noted that presentations, whether at the General Meeting or in the committees, are very informative. Kay Wilson-Bolton thanked Mr. Harris for getting information back to the Board. Mary Haffner feels that there is a disconnect between the Board and the community.</p>		

	<p>Ms. Brooking would like to see better public relations work done to highlight the BHAB. Mr. Harris proposed to have members pass out copies of the BHAB brochure when attending meetings in the community. He would also like to see the BHAB meetings listed under Community Events in the local newspapers. Ratan Bhavnani requested to have sufficient time allotted for questions following presentations.</p> <p><b>B. Role of the Committees Within the BHAB</b>  Mr. Harris would like a closer relationship between the BHAB and its committees. The committee chairs are asked to bring information and requests for help to the full Board during their monthly updates.  Ms. Armann stated that she is learning a lot from the staff. She has seen client panels used in other settings to learn about what works and what gaps are present and suggested having such client panels at a BHAB meeting.  Ms. Bates noted that there are only three clients on the board.  Marlen Torres felt that the Annual Report is a good tool for sharing information about the work of the BHAB.  Supervisor Parks noted that the Annual Report is a "Receive and File" item on the Board of Supervisors (BOS) agenda, and it does not generate much discussion. She suggested scheduling a presentation to the BOS.  Ms. Crandall proposed to give a presentation about the outreach that VCBH does. She noted that the upcoming managed care system will reduce stigma and make it easier for people to request services.</p> <p><b>C. Youth &amp; Family Committee Report – Denise Nielsen, Committee Chair</b>  The Youth &amp; Family Committee attracts representatives from many agencies who give presentations and share information. The committee discusses gaps in services and other issues. Ms. Nielsen requested help co-chairing the committee. She encouraged board members to attend. Ms. Brooking and Larry Hicks volunteered.</p>		
<b>XII.</b>	<p><b>Old Business</b></p> <p><b>A. Annual Report Fiscal Year 2016-17</b>  Mr. Harris noted that during the BHAB Executive meeting on July 10, it was proposed to include the site visit reports as an addendum to the Annual Report. There was a discussion on how to evaluate the progress that the BHAB makes toward reaching its objectives.  Mr. Harris will ask each member to evaluate whether the Board has met its objectives, and what areas of improvement they would like to see. A request along with a copy of the objectives will be sent to each board member in the near future asking for their review and comments.</p>		
<b>XII.</b>	<p><b>Contracts</b></p> <p>Ms. Crandall submitted the following contracts and noted that the Board of Supervisors (BOS) has approved the items listed for June 20<sup>th</sup>:</p> <p><b>A. Board of Supervisors Agenda – June 20, 2017</b></p> <ol style="list-style-type: none"> <li>1. FY 2017-18 Aspiranet, California Psychiatric Transitions, Telecare Corporation, United Parents, and K&amp;M Enterprises contracts.</li> </ol> <p><b>B. Board of Supervisors Agenda - July 18, 2017</b></p> <ol style="list-style-type: none"> <li>1. Alcohol and Drug Programs (ADP) and Mental Health: FY 2017-18 Alternative Action Programs and New Dawn Contracts</li> </ol> <p><b>C. Board of Supervisors Agenda – July 25, 2017</b></p> <ol style="list-style-type: none"> <li>1. ADP: Approval of the Submittal of the Naloxone Distribution Grant Program Application to the California Department of Public Health (CDPH) and Acceptance of Grant Funding</li> <li>2. No Place Like Home Grant Application and Resolution</li> <li>3. FY 2017-18 Telecare Casas B, C, D and E Contracts</li> </ol>		

	<p>D. Board of Supervisors Agenda – August 1, 2017</p> <p>1. VCBH and California Lutheran University (CLU) Memorandum of Understanding</p> <p>See attached Executive Summary for details.</p> <p>In answer to a question from Ms. Borchard, Dr. Schipper noted that California Psychiatric Transitions is located in Delhi in Merced County. They are VCBH’s provider of last resort as they take clients out of the state hospitals and other settings whom no other provider is willing to take.</p> <p>In answer to a question from Ms. Haffner, Ms. Crandall noted that the contractor who will be hired for the No Place Like Home Technical Assistance will help VCBH solicit and receive input from the community.</p> <p>In answer to a question from Ms. Borchard, Ms. Crandall noted that the beds at the Telecare Casas are not used for restoring to competency. Cmdr. Nelson clarified that it is the state’s responsibility to provide restoration services for competency for defendants who have been deemed incompetent to stand trial. When beds are not available, the Sheriff’s Office looks for alternatives to Patton State Hospital. While in the Sheriff’s Office custody, the defendants receive mental health services. Dr. Schipper further noted that the county is responsible for inmates who commit misdemeanors, the state is responsible for those who commit felonies.</p> <p>Ms. Haffner moved to send the contracts to the Board of Supervisors as submitted, Ms. Gardner seconded. The motion passed unanimously.</p>	<p>The Board approved sending the contracts to the BOS as submitted. <b>M/S/C</b></p>	
<p><b>XIV.</b></p>	<p><b>Board Members Comments and Announcements</b></p> <p>Cmdr. Ron Nelson, Chair of the BHAB Transitional Age Youth (TAY), thanked Kay Wilson-Bolton for participating on the committee. He invited all to attend. He noted that the June meeting included a presentation from Alcohol &amp; Drug Programs and a discussion on marijuana.</p> <p>Cmdr. Nelson gave a brief update on the jail project, which will have 64 beds for inmates with mental and medical health special needs. The opening is projected in mid-2020.</p> <p>Patricia Mowlavi will conduct a site visit at Casa Pacifica on August 18<sup>th</sup> at 2:00 p.m. Anyone interested in participating should contact her or the BHAB Assistant.</p> <p>Ms. Haffner attended the ribbon-cutting ceremony for a program in Ventura which will provide 12 beds for homeless people being discharged from hospitals and who need more care.</p> <p>Karyn Bates and Gane Brooking have been invited to visit River Haven, the dome community that is run by Turning Point. Ms. Bates read excerpts of an article that was published on July 9<sup>th</sup> in the Ventura County Star regarding the lack of affordable housing.</p> <p>Ms. Wilson-Bolton suggested providing handouts in black and white when possible.</p> <p>Ms. Brooking noted that the Continuum of Care (CoC), which focuses on housing and homelessness, is proposing a resolution to declare a housing crisis in Ventura County.</p> <p>Ms. Borchard asked about the upcoming MHSA Community Planning Forums. Ms. Crandall noted that the forums are being publicized in newspaper notices, radio announcements, the <a href="http://wellnesseveryday.org">wellnesseveryday.org</a>/<a href="http://saludsiemprevc.org">saludsiemprevc.org</a> websites, and on facebook. The BHAB Assistant will send the flyer to all BHAB Members.</p>	<p>Send flyer to BHAB Members</p>	<p>E. Pham</p>
<p><b>XIV.</b></p>	<p><b>Adjourn</b></p> <p>The meeting adjourned at 3:20 p.m.</p>		

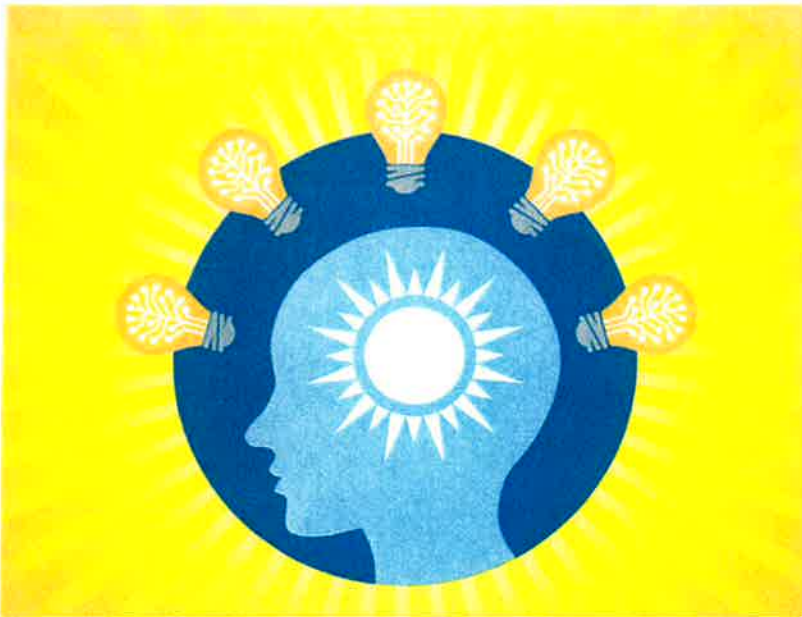
## Behavioral Health Advisory Board GENERAL Meeting Attendance

	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											
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X											
District 3	1/27/15 – 1/26/18	Nancy Borchard	X											
District 3	1/12/16 – 1/12/19	Gane Brooking	X											
District 5	9/24/14 – 9/23/17	Monique Garcia	X											
District 2	4/7/15 – 4/7/18	Janis Gardner	X											
District 1	4/7/15 – 4/7/18	Mary Haffner	X											
District 4	9/17/13 – 9/17/16	Jerry Harris	X											
District 3	12/2/14 – 12/1/17	Larry Hicks	X											
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X											
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X											
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X											
District 4	9/17/15 – 9/17/18	Denise Nielsen	X											
District 4	9/17/14 – 9/17/17	McKian Nielsen												
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard												
District 5	1/10/17 – 1/10/20	Marlen Torres	X											
District 1	3/10/15 – 3/10/18	Sidney White, AICP	X											
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X											
District 5	1/11/15 – 1/10/18	Sandra Wolfe	X											

District 2		vacant												
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Present = X

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



# Innovative Solutions to Mental Health

## COMMUNITY PLANNING FORUMS

**Do you have a fresh idea for improving mental health services?**

We welcome families, youth, consumers, stakeholders and anyone interested in improving mental health services in our county.

**Current priorities include:**

Transitional Age Youth, ages 16-25 (TAY) • Technology • Criminal Justice • School-based Programs

### JOIN US AT ANY OF THESE MEETINGS:

**Tuesday, July 25, 2017**

**6:00 – 8:00PM**

Ventura County Behavioral Health, Training Room  
1911 Williams Drive, Oxnard

**Wednesday, July 26, 2017**

**1:00 – 3:00PM**

Borchard Community Center  
190 Reino Road, Newbury Park

**Thursday, July 27, 2017**

**6:00 – 8:00PM**

Blanchard Community Library  
119 North 8th Street, Santa Paula



WELLNESS RECOVERY RESILIENCE

For more information or a translator, contact [mhsa@ventura.org](mailto:mhsa@ventura.org), call (805) 981-6440 or visit [wellesseveryday.org/innovation](http://wellesseveryday.org/innovation).  
Made possible through the California Mental Health Services Act.



# Soluciones innovadoras para la salud mental

## FOROS COMUNITARIOS SOBRE SALUD MENTAL

**¿Se le ocurre una idea para mejorar los servicios de salud mental?**

Todos son bienvenidos: la familia, los jóvenes, los consumidores, empresarios y cualquier individuo interesado en mejorar los servicios de salud mental en nuestro condado.

**Las prioridades actuales incluyen:**

- Jóvenes en edad de transición ("TAY") de 16 a 25 años
- Tecnología
- Justicia criminal
- Programas en la escuela

## ASISTA A CUALQUIERA DE NUESTRAS REUNIONES:

**Martes 25 de julio de 2017**

**6:00 – 8:00PM**

Ventura County Behavioral Health, Training Room  
1911 Williams Drive, Oxnard

**Miércoles 26 de julio de 2017**

**1:00 – 3:00PM**

Borchard Community Center  
190 Reino Road, Newbury Park

**Jueves 27 de julio de 2017**

**6:00 – 8:00PM**

Blanchard Community Library  
119 North 8th Street, Santa Paula



WELLNESS • RECOVERY • RESILIENCE

Si necesita más información o un traductor, envíe un correo a [mhsa@ventura.org](mailto:mhsa@ventura.org), llame al (805) 981-6440 o visite [saludsiemprevc.org/innovacion](http://saludsiemprevc.org/innovacion).

Facilitado gracias a la Ley de Servicios de Salud Mental de California.



DIVERSITY COLLECTIVE VENTURA COUNTY  
CORDIALLY INVITES YOU TO



# *Grand Opening & Ribbon Cutting*

AUGUST 3, 2017  
5:00PM-8:00PM  
2471 PORTOLA RD  
VENTURA, CA 93003

RSVP TO  
[INFO@DIVERSITYCOLLECTIVE.ORG](mailto:INFO@DIVERSITYCOLLECTIVE.ORG)

SRE

SECRETARÍA DE  
RELACIONES EXTERIORES



*30 años*

*The Consul of Mexico Roberto Rodríguez Hernández  
and his wife Mrs. Elsalina Rodríguez request the pleasure  
of your company to commemorate*

*The Thirtieth Anniversary  
Of the Consulate of Mexico in Oxnard*

*with special recognition to Mr. John Flynn*

*Thursday August 3<sup>rd</sup>, 2017*

*from 6:00 p.m. to 9:00 p.m.*

*at*

*Ventura City Hall 501 Poli St. Ventura, C 93001*

RSVP before July 24<sup>th</sup>, 2017 to: [consul@consulmexoxnard.com](mailto:consul@consulmexoxnard.com) or call (805) 984-8738 Ext. 109, 113, 122, 131

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Commemorating the Thirtieth Anniversary of the Consulate of Mexico in Oxnard.

**Our mailing address is:**

Consulado de Mexico en Oxnard

3151 W. 5th. St

Oxnard, CA 93033

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**SAVE THE DATE**

*Night in Oaxaca:*

*Nuestras Estrellas*

**AUGUST 5TH, 2017  
6PM-9PM**

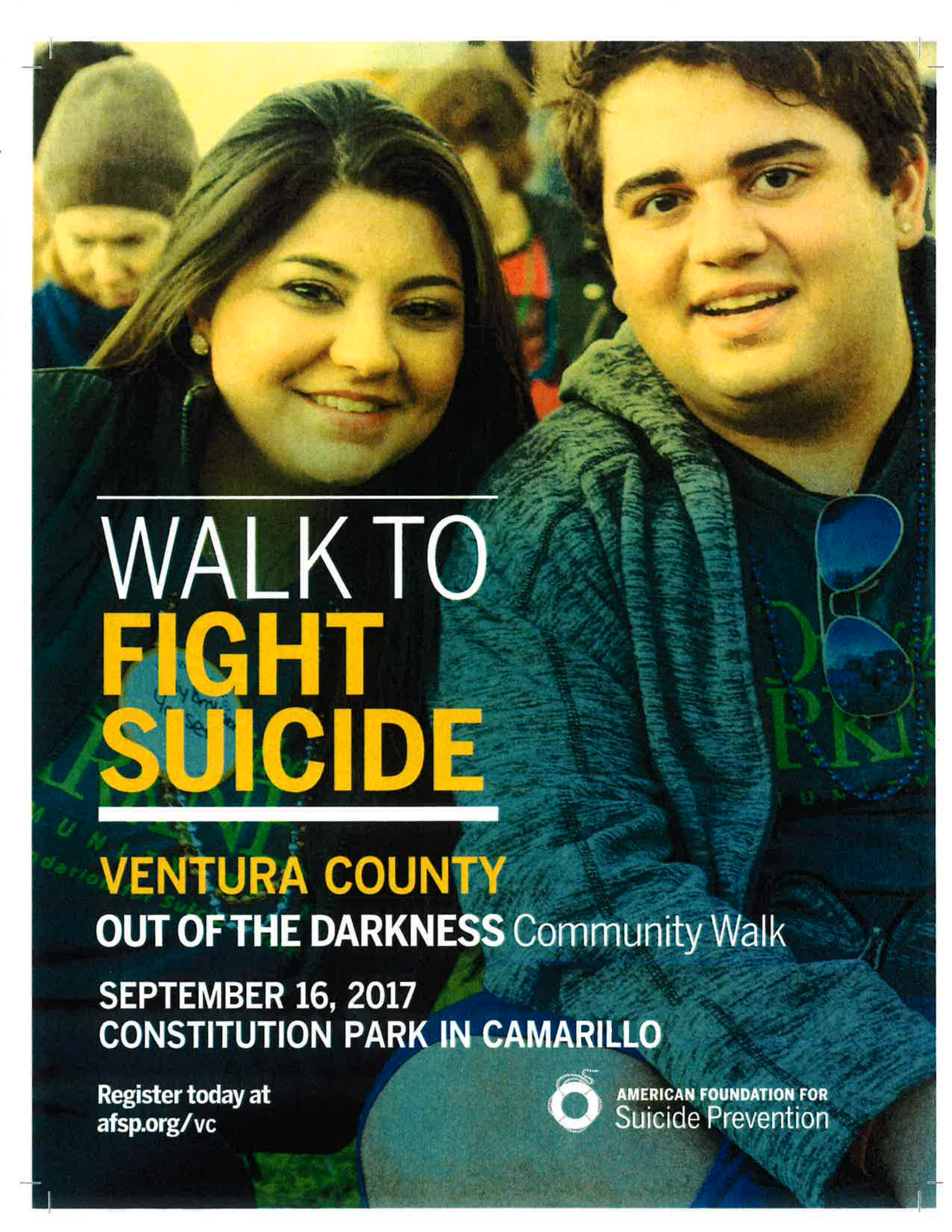
**OXNARD PERFORMING ARTS CENTER**

**For more information or for sponsorship opportunities call 805-302-1912 or email [genevieve.flores-haro@mixteco.org](mailto:genevieve.flores-haro@mixteco.org)**

## Dear MICOP Friends & Family:

Please be sure to "Save the Date" for this year's Night in Oaxaca, as we celebrate "nuestras estrellas", our stars on **August 5th, 2017** from 6PM-9PM at the Oxnard Performing Arts Center!

Celebrate and support Ventura County's indigenous immigrant community at a fabulous evening of traditional food, dancing and music. Our evening will begin



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# WALK TO FIGHT SUICIDE

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**VENTURA COUNTY**  
**OUT OF THE DARKNESS** Community Walk

**SEPTEMBER 16, 2017**  
**CONSTITUTION PARK IN CAMARILLO**

Register today at  
[afsp.org/vc](http://afsp.org/vc)



AMERICAN FOUNDATION FOR  
Suicide Prevention

# Celebrate RECOVERY!

An EVENING of  
PERFORMANCE CELEBRATING  
the DEPTH and DIVERSITY  
of LIFE in RECOVERY  
from MENTAL ILLNESS.

Presented by  
Newbury Park High School Drama Club & NAMI Ventura County

Proceeds Benefit:

 NAMI Ventura County  
National Alliance on Mental Illness

**NAMI Ventura County's 1<sup>st</sup> Evening at the Theater Fundraising GALA!**

**DATE: October 21, 2017**

**TIME: Appetizers 6:00pm & Show 7:00pm**

**LOCATION: Newbury Park High School Performing Arts Center**

456 N. Reino Road, Newbury Park, CA 91320

**Entertainment for and by all ages: Poetry! Dance! Song! Skit! Comedy! Music! & Video!**

 NAMI Ventura County  
National Alliance on Mental Illness



## Ticket Prices:

-  **\$250 Premium Seating** (a limited number)
-  **\$125 General Admission**
-  **\$25 Student & Special Needs pricing** (first come first service)

**Ticket prices include a full Evening of Entertainment**

Plus catered appetizers, non-alcoholic beverages, and a coffee and dessert bar.

 **Tickets go on sale August 1, 2017 at [www.showtix4u.com](http://www.showtix4u.com)**

**Donations accepted for door prize drawings.** (Items valued at \$100 or more!)

Winners **MUST** be PRESENT to receive prize.

Sponsorship opportunities are available. Contact [tracey@namiventura.org](mailto:tracey@namiventura.org) for more information.

NAMI Ventura County programs and services are **FREE** to the public.

Your ticket purchase helps us achieve our mission of education, advocacy, and community collaboration.



**CONEJO  
VALLEY  
CATERING**

Catering provided by Conejo Valley Catering:

**EVENT MENU:** shrimp crab | pico de gallo | tomatillo salsa martini |  
rum glazed peach | mozzarella | cherry tomato | balsamic glaze mint skewers |  
mini Tri Tip & grilled chicken Po'Boy sliders | remoulade | caramelized onions | zydeco slaw |  
Tuscany pesto turkey | Italian sausage | pancetta meatball |  
grilled vegetable wraps | pesto mayo | spinach | balsamic onion | roasted tomato

5251 Verdugo Way, Suite K, P.O. Box 1613, Camarillo, CA 93011

Tel: 805.641.2426 ~ Fax: 805.275.2188 ~ Email: [info@namiventura.org](mailto:info@namiventura.org) ~ Website: [www.namiventura.org](http://www.namiventura.org)



**NAMI Ventura County**  
National Alliance on Mental Illness

NAMI Ventura County is an IRS recognized 501(c)(3) Non-Profit Organization and all donations are tax deductible. Federal Tax ID #770037450



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



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A Department of Ventura County Healthcare Agency

# PAYMENT REFORM 1

Fee for Service to Managed Care

Elaine Crandall, Director  
County of Ventura Behavioral Health Department  
July 17, 2017

## AGENDA

1. Current Payment System
  1. Fee for Service
  2. Other
  3. MHSA
2. Why Change?
3. Future Payment System – Managed Care



3

## SDMC and DMC FFS (Short Doyle MediCal and Drug MediCal Fee for Service)

1. Target population of SPMI are “carved-out” with mild-moderate served by Gold Coast/Beacon
2. County BH Services are provided – reviewed via Utilization Review – billing sent to the Feds and State



FFP  
Federal  
Funds

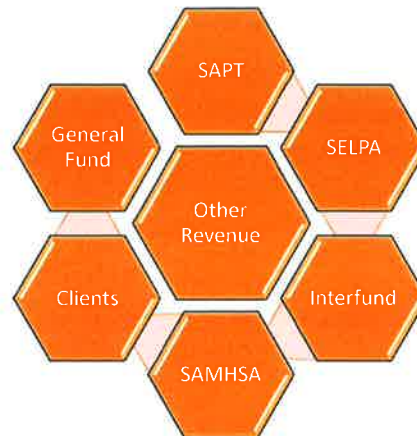


State Match  
Realignment



4

## Other Funds



## Mental Health Services Act (MHSA)

1. Millionaire's 1% Tax
2. Expensed to 5 components per State formula
3. Volatile - Cash flow varies significantly during the year
  1. 40% of MHSA cash transfers received in last 3 months
4. Distinguish MHSA funds from MHSA programs, which may have multiple funding streams
  1. Changes to other funds have direct affect on MHSA programs

## Advantages and Disadvantages

### ADVANTAGES

1. Unlimited cost-reimbursement

### DISADVANTAGES

1. Not integrated to serve the whole person's needs
2. Potential over-servicing
3. No financial incentives for prevention and wellness

## Why Change?

- Philosophical approach to “whole-person” care
- Prevalence of co-occurring physical and behavioral health conditions
- Emphasis on care coordination
- Cross-institution incentives for health and wellness

## What is Medicaid Managed Care?

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

Improvement in health plan performance, health care quality, and outcomes are key objectives of Medicaid managed care.



9

## Medicaid 101

- **Federal/state partnership**
  - Federal government sets the rules and minimum standards
  - States have flexibility on how to finance and administer program within federal parameters
- **Federal government pays a percentage of program expenditures**
  - Ranges from 50% - 75% based on per capita income
  - California: 50%
- **Medicaid and CHIP cover 74.6 million people**
  - An increase of 16.8 million since ACA implementation
  - In CA, according to DHCS, Medicaid covers 13.5 million people – an increase of 3.6 million since ACA implementation

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10

## Medicaid System Delivery Options and Authorities

### States administer Medicaid programs through:

- **Medicaid State Plan**
  - Agreement between state and federal government outlining how state administers the program
  - Includes description of eligible populations, services to be covered, payment methodologies
- **State Plan Amendments (SPAs)**
  - Mechanism for any changes to a Medicaid State Plan
  - Frequent; up to dozens per state per year based on benefits and eligibility changes, rate changes, etc.
  - Movement toward broader state flexibility under SPAs (vs. waivers)

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11

## Medicaid System Delivery Options and Authorities

### States also administer Medicaid programs through waivers:

- **Waivers are used for “exceptions” to underlying federal rules; examples include:**
  - 1915(b) Managed Care waivers
    - *Program rules waived: Freedom of choice (mandatory enrollment), selective contracting, additional services*

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## Medicaid System Delivery Options and Authorities

- **States also administer Medicaid programs through Section 1115 demonstration waivers, which allow states to:**
  - Expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible
  - Provide services not typically covered by Medicaid
  - Use innovative service delivery systems that improve care, increase efficiency, and reduce costs
- **Section 1115 waivers must be budget-neutral**
- **Initial approval is 5 years; renewals are for 3 or 5 years**

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## Examples of BH Value-Based Purchasing (VBP)

- **States are moving toward VBP arrangements, which include**
  - Patient-Centered Medical Homes
  - Health Homes (Section 2703 of the ACA)
    - Some states have created Behavioral Health Homes
  - Pay-for-Quality (P4P programs) – either bonuses (extra money) or payment of withholds (a certain percentage held back and paid out if quality minimums are met)
  - Accountable Care Organizations (ACOs)
    - A healthcare organization that ties payments to quality metrics and cost of care
    - Shared savings – an opportunity for providers to share in any cost sharing (also known as "upside risk")
    - "Downside risk" – the idea that providers may have to pay money back to state or managed care entity if costs exceed projections

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14

## Integration in Managed Care

- States are moving to full “carve-in” models of managed care, with MCO’s responsible for integrating medical, MH, SUD, and Rx
- Medicaid BH “carve-outs” are phasing out

2014	2015	2016	2017 and Beyond
<ul style="list-style-type: none"> <li>• Florida</li> <li>• New Mexico</li> <li>• Oregon</li> </ul>	<ul style="list-style-type: none"> <li>• Arizona</li> <li>• Louisiana</li> <li>• New York</li> </ul>	<ul style="list-style-type: none"> <li>• Iowa</li> <li>• Texas</li> <li>• Washington</li> </ul>	<ul style="list-style-type: none"> <li>• Colorado</li> <li>• Nebraska</li> <li>• North Carolina</li> <li>• Ohio</li> </ul>

## Critical Questions for Our Community

1. Where do we fit in the healthcare system of the future?
  1. What are our principals and priorities?
  2. Who do we serve in the future?
2. What long and short term strategies will most effectively serve our beneficiary needs?
3. Weigh the pros and cos of State Plan Amendments vs Waivers
4. How should we use MHSA?

Comments or questions?

THANK YOU!



# Summary



**I. Project Description:** This is a clinical performance improvement project focused on integrating smoking cessation programs into the behavioral health system.

**Opportunity Statement:** Smoking related illness is the #1 cause of death in people with mental or substance use d/o's. While the overall rate of smoking in the general population has declined, this has not been the case for the population we serve.

**Scope:** The population included in the project is all adult smokers seen at VCBH.

**Goals(s):** By integrating smoking cessation groups in our behavioral health clinics, 25%, 15% and 10% of participants completing groups will remain quit after 3, 6 and 12 mos. respectively.

## II. Metrics:

**Metric #1:** % of tobacco users interested in quitting who were referred to a smoking cessation group.

**Metric #2:** % of tobacco users interested in quitting who were provided pharmacotherapy (NRT, varenicline, bupropion).

**Metric #3:** % of tobacco users who remain quit for 3 mos. after completing a Call it Quits program.

**Metric #4:** % of tobacco users who remain quit for 9 mos. after completing a Call it Quits program.

**Metric #5:** % of tobacco users who remain quit for 12 mos. after completing a Call it Quits program.

## III. Performance:

**Baseline:** 1) As of 6/16/2016, we did not have a systematic way of identifying all adult VCBH patients who used tobacco products. 2) 0 staff were trained in the Basic Tobacco Intervention Skills Certification Program (5 A's). 3) No smoking cessation groups were offered at VCBH sites. 4) No patients were receiving NRT or varenicline and it was unclear how many were receiving bupropion for smoking cessation.

## IV. Status/Accomplishments:

- Patient and staff surveys were completed to assess need for smoking cessation programs.
- 75/188 (40%) direct-care staff trained in the 5 A's; 22/23 medical providers (96%); 10 trainings have been completed.
- 3 smoking cessation groups have been completed.
- EHR progress notes were updated on 3/30/17 and 5/18/17
- We've established a workgroup of stakeholders including BH staff, Turning Point, Client Network, NAML, Public Guardians office, Public Health and consumer/client.

### Lessons Learned:

- There are limitations to the EHR that impact our ability to collect desired data.
- Chart review will be required to track patient participation in groups, use of pharmacotherapy & outcomes



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## Next Steps & Challenges

### Next Steps:

- Ensure all clinic staff are 5 A's trained.
- Design a pilot project at Ventura Clinic to study best practices (8/10/2017)

### Challenges:

- This project requires a departmental campaign and the support of other partners if significant impact is to be made.
- We are limited in our ability to extract data from our EHR.

## Discussion Questions

Feedback questions presented to QIC participants:

- How would you envision a model clinic supporting your patients who are interested in smoking cessation?
- How do we motivate those who are interested in smoking cessation but aren't ready to quit?
- Many Board & Care facilities continue to use cigarettes as part of a rewards system. How could we encourage them to partner w/ us to help their residents quit tobacco use?

## Smoking in the Mentally Ill: Alarming Statistics and Common Misconceptions



1 in 3

More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.



3 in 10

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.



1 in 5

Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.\*

(12)

### Alarming Statistics


- In 2015, about 15 of every 100 U.S. adults aged 18 years or older (15.1%) currently smoked cigarettes <sup>(5)</sup>
  - Rate has declined from nearly 21 of every 100 adults (20.9%) in 2005 <sup>(5)</sup>
  - People with mental illness and/or substance use disorders smoke 40% of all cigarettes produced in the U.S., with 30.9% of all cigarettes smoked only by those with a mental illness. <sup>(6,7)</sup>
- Cigarette smoking is responsible for more than 540,000 deaths per year in the United States <sup>(8)</sup>, including an estimated 41,000 deaths resulting from secondhand smoke exposure. <sup>(9)</sup>
  - Almost half (200,000) of annual deaths from smoking are among people with mental illness and/or substance use disorders <sup>(10)</sup>
- Up to 75% of individuals with serious mental illnesses and/or substance use disorders smoke cigarettes. And, 30–35% of treatment staff smoke <sup>(11)</sup>
- Treating tobacco use during addiction treatment increases likelihood of abstinence from alcohol and illicit drugs by 25%


### 5 Misconceptions Surrounding Smoking Cessation for the Mentally Ill

Misconception	Evidence Debunking the Misconception
Tobacco is a necessary self-medication for mentally ill patients	Nicotine is a reinforcing drug, but it is ineffective as an adjunctive treatment for mental disorders <sup>(2)</sup>
Mentally ill people are not interested in quitting smoking	They are actually as likely as general population to quit 20-25% intend to quit in 30 days, 40% in the next 6 months <sup>(1)</sup>
People struggling with a mental illness cannot quit smoking	A step-wise intervention for depressed smokers resulted 25% abstinence at 18 month follow up <sup>(1)</sup> A cessation intervention integrated into treatment for PTSD resulted in a 2-fold increase in odds of quitting <sup>(3)</sup> Smokers with schizophrenia showed a 3-fold increase in abstinence rates 6 months post treatment with bupropion <sup>(4)</sup>
Quitting interferes with recovery from mental illness, which eliminates coping and leads to decompensation in mental function	Smoking cessation did not exacerbate depression or PTSD symptoms and did not lead to psychiatric hospitalization or increased use of alcohol or other illicit drugs <sup>(1)</sup> Tobacco smoke can actually alter the body's response to a medication, which can lead to decreased therapeutic drug levels and efficacy and increased adverse effects, ultimately interfering with recovery <sup>(13,14)</sup>
Smoking is the lowest priority concern for patients with acute psychiatric symptoms	People with mental illness are more likely to die from tobacco-related diseases than their mental illness Smokers expect health care professionals to intervene



**ASSIST**  
Laura's Law



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**Assist Data**

**85 calls through 7/13/17**

- 80 referrals
- 5 information only

**Source of calls**

- 49% family, friends, etc.
- 47% mental health providers
- 4% other

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**Assist Data**

Of the 80 referrals, 61 (76%) resulted in VCBH face-to-face screenings.

**Disposition of RISE referrals**

- 41 screened in and referred to Telecare
- 12 in process of being determined by RISE
- 27 did not meet criteria (i.e., already enrolled in treatment, no hospitalizations, etc.)

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**Assist Data**

**Of the 41 screened in and referred to Telecare**

- 9 have signed treatment plans
- 26 are subject to ongoing outreach/engagement
- 2 incarcerated without pending release
- 4 cannot be located

Additionally, 4 petitions with the court have been filed.



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**Horizon View MHRC**



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**Horizon View Data**

- 21 unduplicated clients since opening 12/28/16
- 16 current census
- 4 discharges to lower levels of care
- 1 discharge back to Sylmar
- 95% occupancy rate
- 4 incidents of seclusions (1 included restrains)
- 3 psychiatric hospitalizations



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**Dave Holmboe Center**

**COMPASS**


- 100% capacity (2 beds)
- LOS can be up to 30 days

**CCR**

- No new updates to report
- Currently staffing up the CAATS team and working with agency partners on process mapping

**PCI / PRIME**

- Piloting for the first PRIME expansion program begins next month at Conejo Medical Clinic

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**Dave Holmboe Center**

**Dave Holmboe Center Crisis Stabilization Unit**

- Admissions:
  - 247 total, with 152 (62%) diverted from hospital to home
- Referrals:
  - 50% referred by CT
  - 50% referred by ER / LE
- Currently average just under 2 admissions per day but are trending up
  - May admissions double numbers from January
- Department has been engaged in ongoing conference calls with EDs that focus on referrals to CSU

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# Ventura County AB 109 'Realignment'

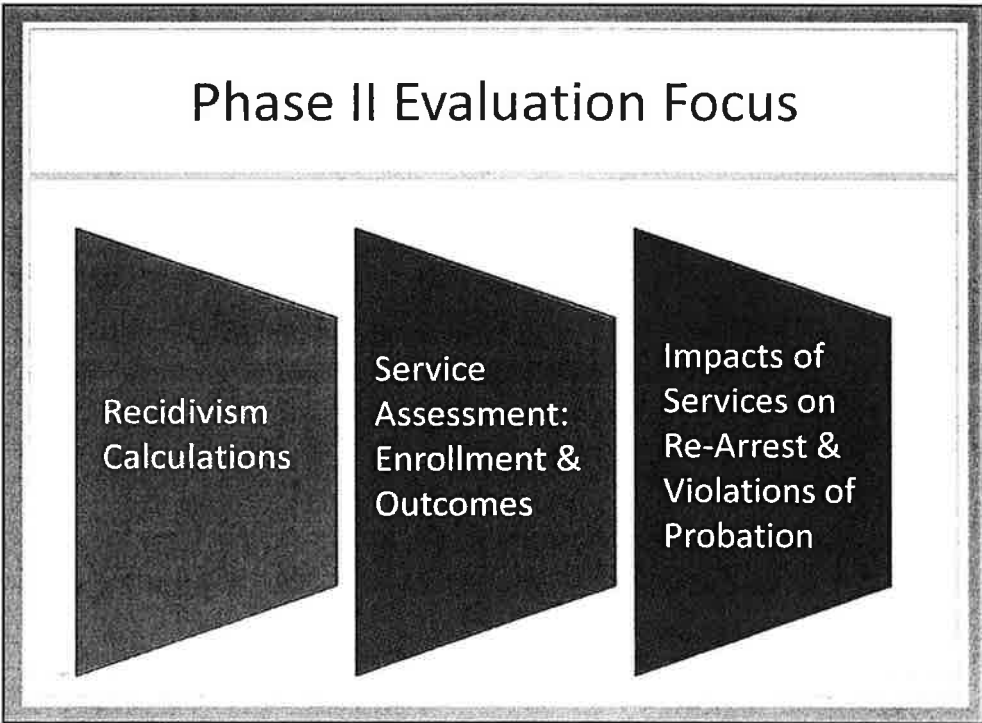
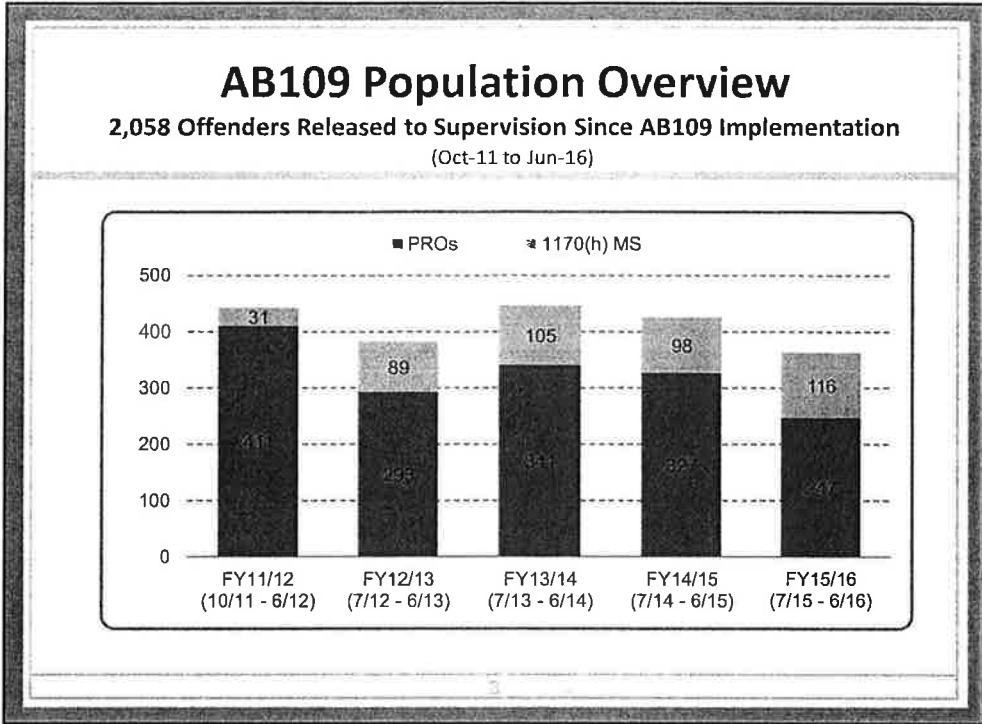
AB 109 Phase II Evaluation  
Recidivism and Service Metrics

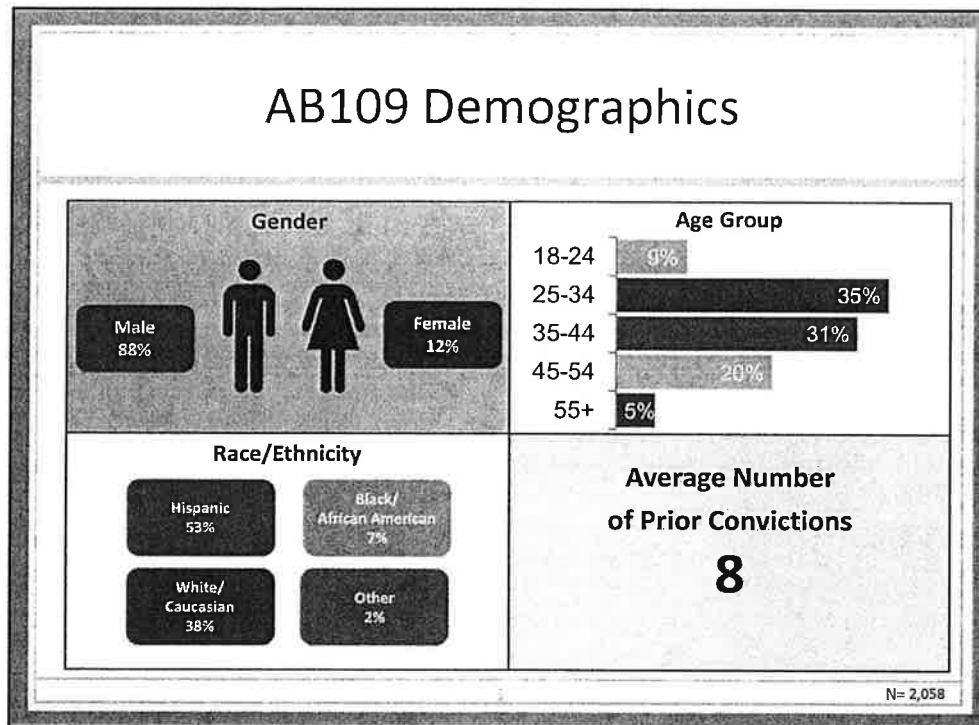
As excerpted from...

EVALCORP

## What Is AB 109 ?

- 2011 state prison capacity: 85,000 inmates
- 2011 prison census: approximately 156,000 inmates
- April 2011: State Assembly passes AB 109 Public Safety Realignment initiative
- Purpose: State can reduce its prison pop by shifting much responsibility to counties; sentencing changes; local control, funding
- In effect since October 2011





### BSCC Recidivism Definition

**Conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction**

Committed refers to the date of the offense, not the date of the conviction

## Recidivism Rates

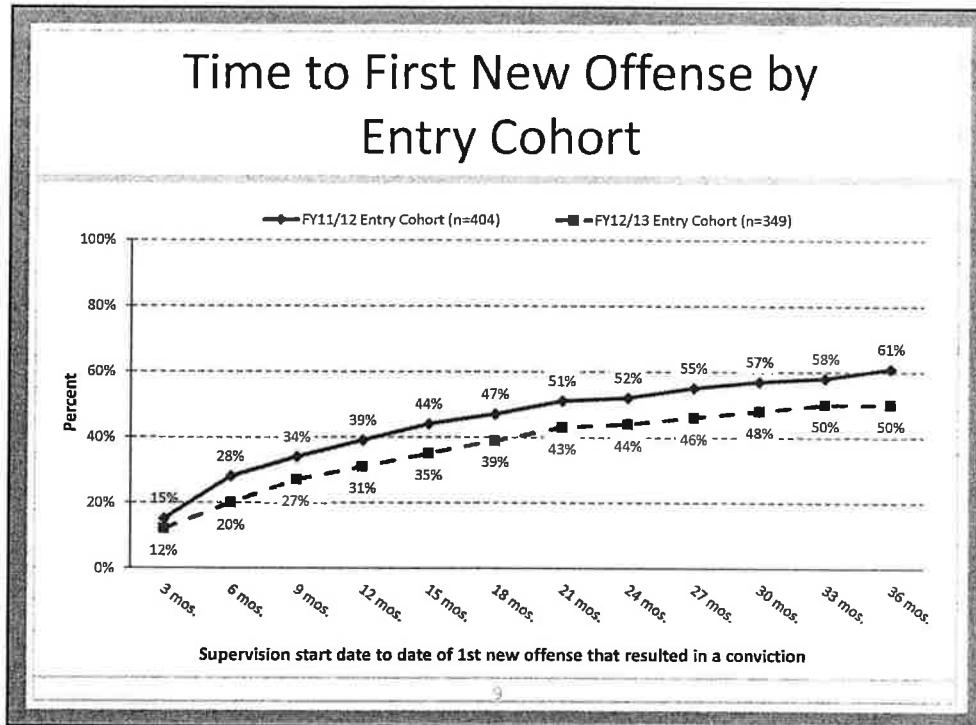
Sub-Population	Total Supervised	3-Year Recidivism Rate*
PROs	638	57%
1170(h) MS	115	49%
Combined Total	753	56%

\* Felony or Misdemeanor

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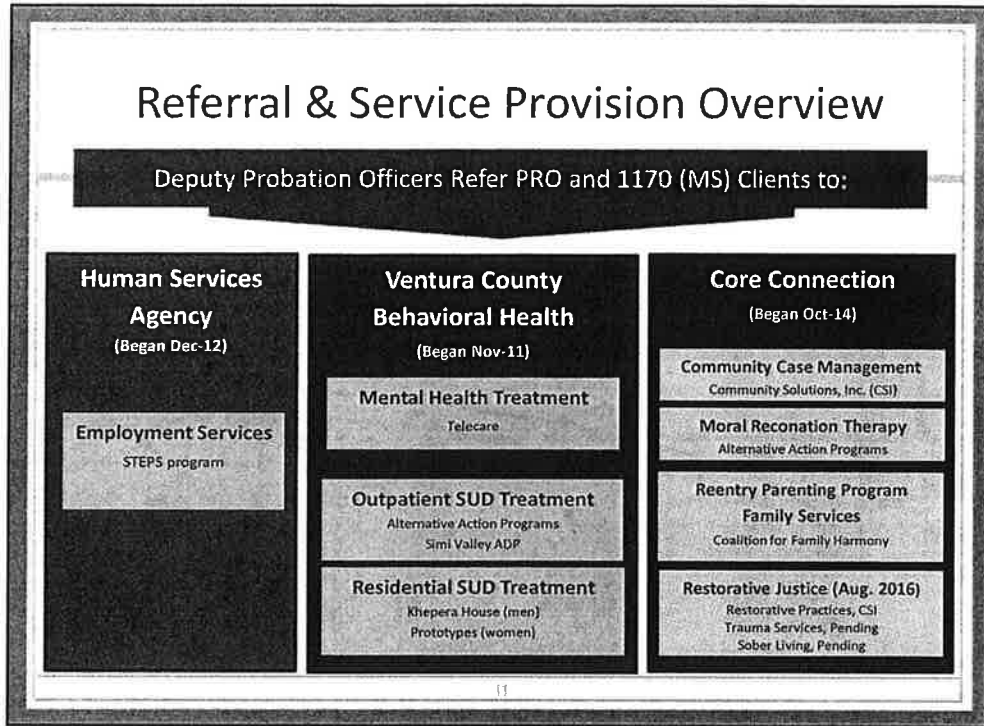
## Recidivism by Offense Level

Sub-Population	# Convicted of a New Offense	First New Offense Level	
		Misdemeanor	Felony
PROs (n=638)	364	73%	27%
1170(h)MS (n=115)	56	66%	34%
Combined Total (n=753)	420	72%	28%



## Recidivism Key Take-Aways

- 1 Over half (56%) of Realignment offenders recidivated within 3 years
- 2 Majority (72%) of first new offenses → misdemeanors
- 3 Lower recidivism rate for FY 12/13 Cohort, compared with FY 11/12 Cohort



## Mental Health Treatment: VOICE

**Ventura Opportunities for Integrating into the Community Environment**

VOICE  
*Telecare Corporation*

Model: Assertive Community Treatment (ACT) model, evidenced-based

Program: 2 treatment tracks, based on severity of diagnosis, level of functioning, need

Referral: Clients are referred to VOICE by a VCBH forensic psychologist who receives referrals from Probation

VOICE is the only program in Ventura county that offers Mental Health & co-occurring disorder treatment to the state released CDCR / AB 109 population

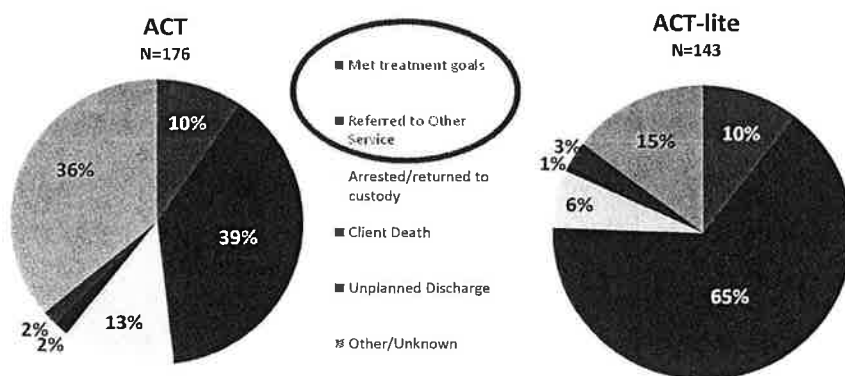
## Mental Health Treatment: VOICE

Ventura Opportunities for Integrating into the Community Environment  
*Telecare Corporation*

Assertive Community Treatment (ACT) model, evidenced-based  
 2 treatment tracks, based on severity of diagnosis and need

ACT (Nov-11 to Jun-16)		ACT-lite (Mar-13 to Jun-16)	
Admitted	Median LOS	Admitted	Median LOS
186	201 days	166	170 days

## VOICE Mental Health Treatment: Discharge Reasons



# Opioid deaths fall slightly in Ventura County, report says

Tom Kiskan , tkiskan@vcstar.com, 805-437-0255 Published 8:00 a.m. PT July 15, 2017 | Updated 12:05 a.m. PT July 16, 2017



Overdose deaths involving opioids in Ventura County fell slightly for two consecutive years but remained far higher in 2015 than six years earlier when fatalities ascended steeply, according to a new report.

Data presented by a Ventura County workgroup fighting heroin and prescription drug abuse shows 86 people died of overdoses involving opioids in 2015. A year earlier, 85 deaths were attributed to an opioid family of drugs ranging from powerful painkillers such as fentanyl and oxycodone to heroin.

In the years before 2014, Ventura County overdose deaths from all substances jumped sharply, from 87 fatalities in 2009 to 126 in 2013, according to an April Ventura County Behavioral Health [study](#) that used Ventura County Medical Examiner's Office statistics. Deaths involving prescription opioids rose from 46 to 69 over that period; heroin deaths climbed from 17 to 30.

The roller coaster of numbers means the opioid epidemic remains in Ventura County as it does across the nation, said Patrick Zarate, chair of the Ventura County Rx Abuse & Heroin Workgroup which this month unveiled a new study on the drug problem.

**Read more:** [Opioid abuse in Ventura County: 'We can do better'](#)

"However, there are signs of hope and a turning tide," said Zarate, also chief operations officer for Ventura County Behavioral Health. "Our county is taking a number of important steps to address this crisis."

The report cites the increase of doctors who used the statewide CURES 2.0 database designed to help track people trying to "doctor shop" by obtaining the same prescriptions from multiple sources. Nearly half of 3,600 people who prescribe medication in the county were registered in the database by May 2016, compared to 18 percent six months earlier.

About 100 people's lives in Ventura County have been saved through the increased distribution of Naloxone kits, according to the report. Naloxone is medication administered by first responders, family members and sometimes addicts themselves to reverse the effects of opioid overdoses.

**Read more:** Former football star fights back after overdose

Of 887 Naloxone kits distributed in Ventura County, the majority were given to friends of users with 15 percent given to spouses and 11 percent to the users.

Goals in the fight against opioids, the report said, include increasing access to treatment, amplifying awareness among youth about the dangers of opioids and multiplying the number of prescription drug disposal sites.

About 35,000 pounds of prescription drugs have been collected and destroyed by the Ventura County Sheriff's Office since 2009, the report said

The report also revealed grim numbers. It said 63 percent of the county's overdose deaths from 2008 to 2014 involved prescription drugs. More than half of the overdose deaths over that period involved opioids.

Dr. Rachel McDuffee is regional clinic manager for Aegis Treatment Centers. She said the use of all four of the Aegis outpatient opioid treatment sites in Ventura County is rising.

"It says that either people are getting more access to treatment and understand that treatment is out there or it can mean that the population, as far as individuals who are using opiates, is growing," she said.

If the slight decreases in opioid overdose deaths suggest the drug problem is improving, Pat Montoya doesn't see it. The Simi Valley man leads Not One More, the national advocacy and education group formed by parents to fight youth heroin addiction.

"I'm seeing it going up," he said of opioid addiction in Ventura County and across the country. "We're watching a lot of people relapse."

In statements that accompanied the county workgroup's report, Zarate also emphasized that "incredible challenges" remain.

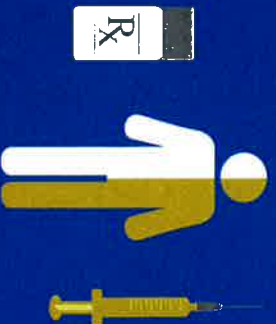
"But in the face of these statistics," he said, referring to the report's findings about overdose deaths, Naloxone and the CURES database, "one of the most important elements is immeasurable — the element of hope."

A hand is shown holding a pill bottle, with several pills spilling out onto a blue surface. The background is a deep blue, and the overall image has a monochromatic blue color scheme. The text is overlaid on the hand and the spilled pills.

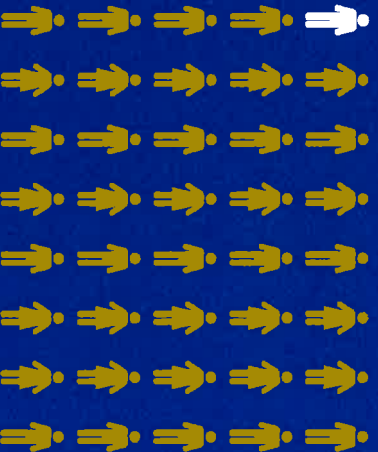
REDUCING SUPPLY  
• SAVING LIVES •  
REDUCING DEMAND

**Ventura County Rx Abuse & Heroin Workgroup**

Nearly half of young people who abuse heroin reported misusing Rx opioids before starting heroin.



People who are addicted to Rx opioids are 40 times more likely to become addicted to heroin.



## REDUCING SUPPLY



## REDUCING DEMAND



## SAVING LIVES

### Addressing the Twofold Epidemic of Rx Painkiller and Heroin Abuse

The Ventura County Rx Abuse & Heroin Workgroup was developed in early 2012 in response to the escalating opioid epidemic, part of a nationwide crisis that crosses boundaries and demographics. Opioids have been the most widely-prescribed painkillers for many years, while heroin is an illegal street opioid that is lower cost for a comparable high. Both are extremely addictive, driving the transition for many prescription opioid abusers to the cheaper, more readily available heroin.

Ventura County's opioid abuse response can be meaningfully focused through a supply-and-demand model first suggested by the Centers for Disease Control and Prevention, and tailored for our local conditions and needs. Reducing the supply of opioids while also decreasing the demand for them, will lead to a greater possibility of improving and saving lives.

In this report, we highlight and share identified strategies and opportunities to reverse the trends which have led to this epidemic. We invite you to join us in connecting and enhancing resources to prevent and reduce prescription drug and heroin abuse. Together we can reduce opioid supply, reduce opioid demand, and save lives.

### REDUCING SUPPLY

#### Supporting Prescribers



2

#### Monitoring Prescriptions



4

#### Measuring What Matters



6

### REDUCING DEMAND

#### Protecting Youth & Family



8

#### Informing the Community



10

#### Preventing Overdose



12



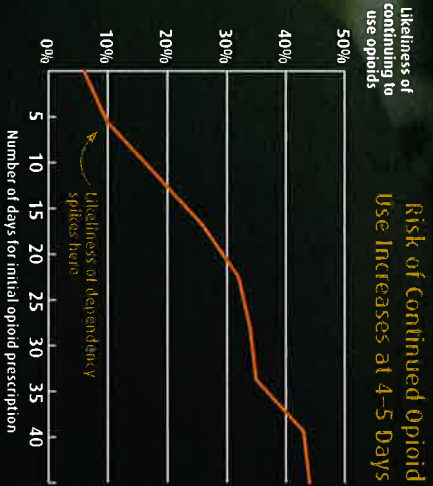
# Supporting Prescribers

**P**rescribers may underestimate the risks of opioid addiction while overestimating painkiller benefits. The Ventura County Rx Abuse & Heroin Workgroup offers prescribers, hospitals and clinics up-to-date information and training for safe prescribing and on-site patient education. **Safe prescriber education addresses the opioid epidemic by training prescribers to respond before opioids are prescribed.**

**WHEN OPIOIDS ARE USED, START LOW AND GO SLOW:**

- Assess pain and function
- Consider if non-opioid therapies are appropriate
- Talk to patients about treatment plan
- Evaluate risk of harm of misuses
- Identify drug misuse/addiction
- Query CURES 2.0 to confirm patient information

*“With a 10-day supply of opioids, 1 in 5 people become long term users.”*  
 – ANDREW KOLODNY, MD, PHYSICIAN FOR RESPONSIBLE OPIOID PRESCRIBING



## PREScriBER TRAINING

### Informational Mailings

Over 2500 Ventura County prescribers and dispensers of medication received multiple educational Rx RISK mailings and e-blasts to update them on best practices for prescribing opioids and to share CURES 2.0 registration tips.

### Rx RISK Prescribers Portal

Expanded resources for prescribers, staff and patients about the problems and prevention of prescription drug abuse.

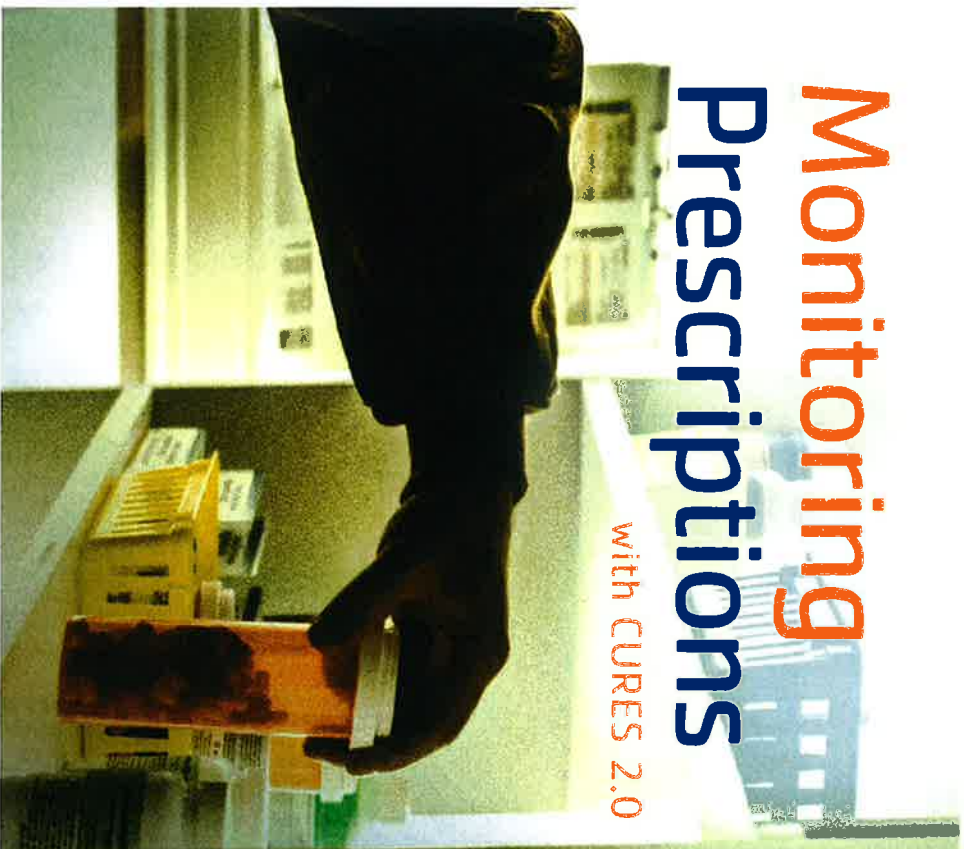
Almost 500 viewers sought information at the online Rx RISK portal and accessed information for their patients and practices.



Hospitals unite on new pain medication policy for emergency departments. L. to R.: Dr. Julia Feig, Dr. Celia Woods, Dr. Neil Conby, Dr. Carl Reyes, Dr. Anthony H. Ho, Dr. Thomas Duncan and Dr. Martin Ehrlich at Los Robles Hospital, Thousand Oaks, CA

# Monitoring Prescriptions

with CURES 2.0



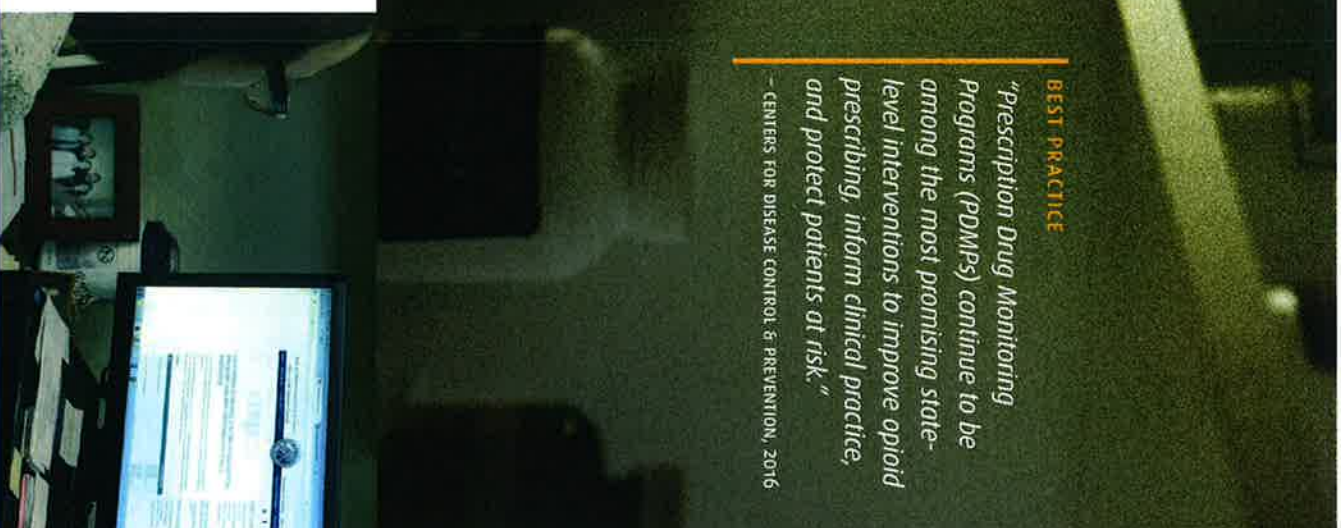
**BEST PRACTICE**  
"Prescription Drug Monitoring Programs (PDMPs) continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk."

—CENTERS FOR DISEASE CONTROL & PREVENTION, 2016

Local prescribers are registering and utilizing the CURES 2.0 (Controlled Substance Utilization Review and Evaluation System) at increasing rates. The interactive CURES database provides the highest level of prescription drug monitoring available. It discourages "doctor shopping," reduces overprescribing, contains information on the prescribing and dispensing of controlled substances, including opioids, and protects patients who require painkiller medication.

**Our objective is to encourage and facilitate CURES registration and utilization with local education, on-site training, and promotion.**

**The Ventura County Rx Abuse & Heroin Workgroup worked with local hospitals and medical groups on a focused registration campaign and saw CURES 2.0 registration increase from 18% to 45% in 6 months (November 2015–May 2016).**



**FEATURED PARTNER**  
**Ventura County Interagency Pharmaceutical Crimes Unit (PCU)**

The Ventura County PCU, with members from the Ventura County Sheriff's Office, Simi Valley Police Department, Thousand Oaks Police Department, CA Highway Patrol, CA Division of Investigation, and the CA Department of Health Care Services, is on track to meet its goal of developing innovative approaches to dealing with the opioid epidemic.



The PCU's primary mission is combating transfer of legal prescription medication to the illegal market. In addition, they work to identify and prevent new trends of abuse among youth and investigates overdose deaths due to both prescription medication and illicit drug use.

**Our aim is 100% CURES utilization. Every patient, every time an opioid is prescribed.**



Ventura County – 3,600 prescribers



# Measuring What Matters

The Ventura County Rx Abuse & Heroin Workgroup began tracking and analyzing prescription opioid and heroin data at its inception in 2012. In 2014, local Trend Data at a Glance 2008-2014 was first published, presenting relevant indicators that established the baselines for measuring and responding to the multifaceted opioid crisis.

*“Unless we know where we stand, we’re not going to be able to continuously improve.”*

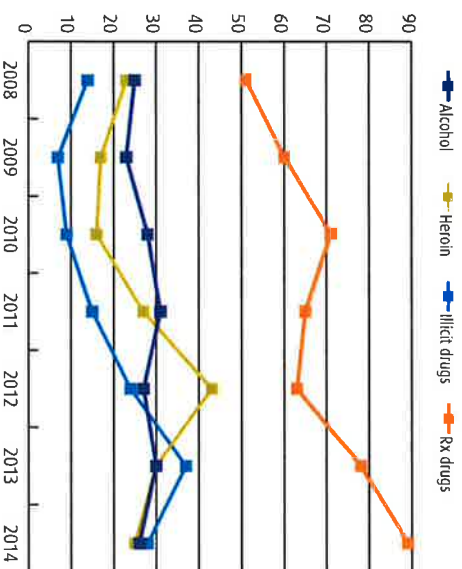
BEST PRACTICE  
- CENTERS FOR DISEASE CONTROL AND PREVENTION, Rx Drug Abuse & Heroin Summit, Atlanta, 2016

The workgroup remains committed to supporting ongoing data analysis to guide and evaluate collaborative actions addressing Rx and heroin abuse. Special local research has included youth treatment program participants, the jail inmate population, drug-impaired driving statistics, and analysis of overdose deaths.

## Overdose Deaths in Ventura County – Key Findings

To increase the Ventura County Rx & Heroin Workgroup’s understanding of fatal overdoses, research specialist Kayleigh Hunnicutt, MA, MEd, examined countywide data provided by the Ventura County Medical Examiner Office. Following are a few select findings from the in-depth study, *Ventura County Overdose Deaths 2008-2014*. This report has become an important part of a broader discussion of prevention and interventions within our region.

1. Prescription drugs account for most overdose deaths (63%), far above other substance categories (25% alcohol-related, 24% heroin-related, and 18% illicit drug-related).
2. The majority of overdose deaths were opioid-related, either heroin or opioid Rx drugs.

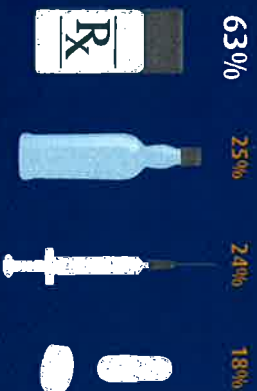


Annual number of Ventura County overdose deaths from 2008-2014, by broad categories (N=754)

3. Most of the overdose deaths were due to the use of multiple substances: 68% consumed two or more different substances. Only 32% of overdose deaths were related to an overdose of one single substance.
4. Overdose deaths were primarily accidental (76% to 86% during 2008-2014) compared with 14% to 24% intentional or suicidal overdose.
5. The patterns of overdose deaths vary by county geographic region, calling for further jurisdictional analysis and recommendations.

Prescription drugs account for most overdose deaths (63%), far above other substance categories:

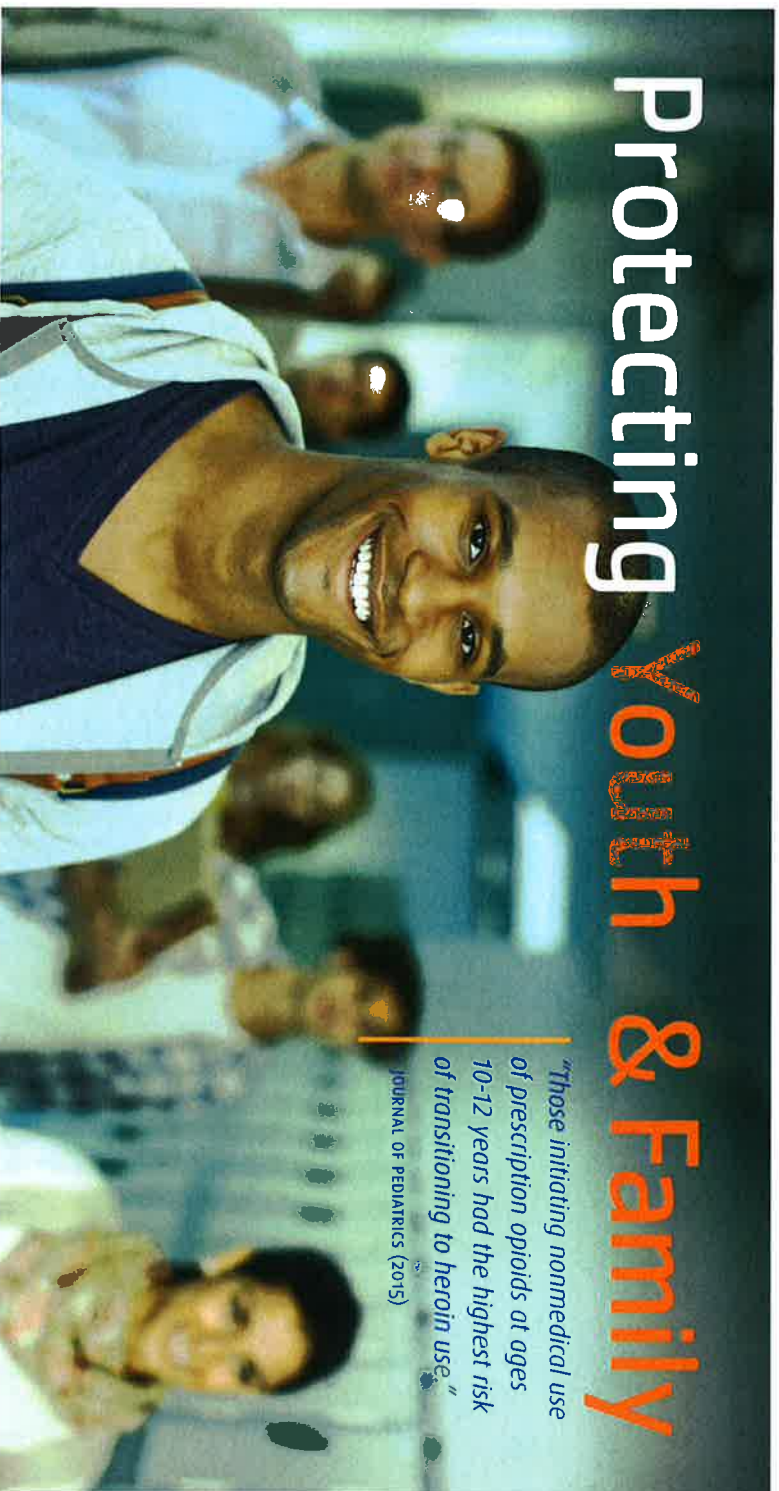
- 25% alcohol-related
- 24% heroin-related
- 18% illicit-drug related



# Protecting Youth & Family

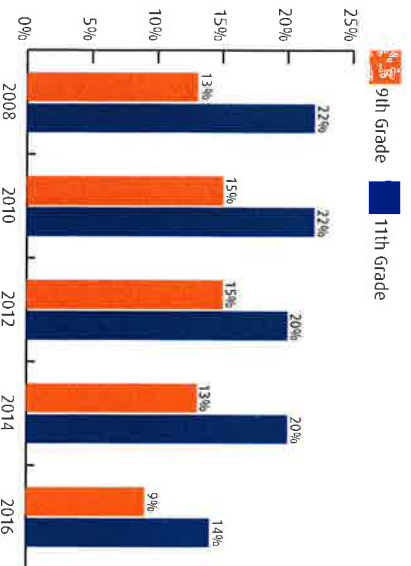
*"Those initiating nonmedical use of prescription opioids at ages 10-12 years had the highest risk of transitioning to heroin use."*

JOURNAL OF PEDIATRICS (2015)



The countywide report of the California Healthy Kids Survey (CHKS) indicates a hopeful decline in Lifetime Misuse of Rx drugs. However, prevention of Rx drug and heroin abuse continues to be a challenge for Ventura County youth and their families, and a focal point of the workgroup.

**CHKS ASKS:** During your life, how many times have you used Rx painkillers, tranquilizers or sedatives to get "high" for reasons other than medical?



Source: CA Healthy Kids Survey 2008-2016. Dr. Heidi Christensen, VCOE

## The Breakthrough Student Assistant Program

helps students and their families to navigate through the school system safely and successfully. Breakthrough welcomes middle or high school students and families in the Conejo Valley Unified School District to take advantage of unique systems of care to maximize health and minimize harms.

*"One key accomplishment was having an active multi-agency collaboration to focus on student well-being. It's having a focus on prevention and not disease. Everyone is looking through the lens of keeping kids in school."*  
— Project Breakthrough Leader

## Ventura County Friday Night Live Mentoring

Friday Night Live, Club Live, & Friday Night Live Kids are youth-led, youth-driven programs designed for Ventura County high school, middle school, and elementary school aged youth. The collective effect of youth-serving organizations combines leadership with innovative delivery of alcohol and other drug prevention and education.

What You Need to Know about  
**Rx ABUSE & HEROIN**

Los medicamentos por receta y la heroína



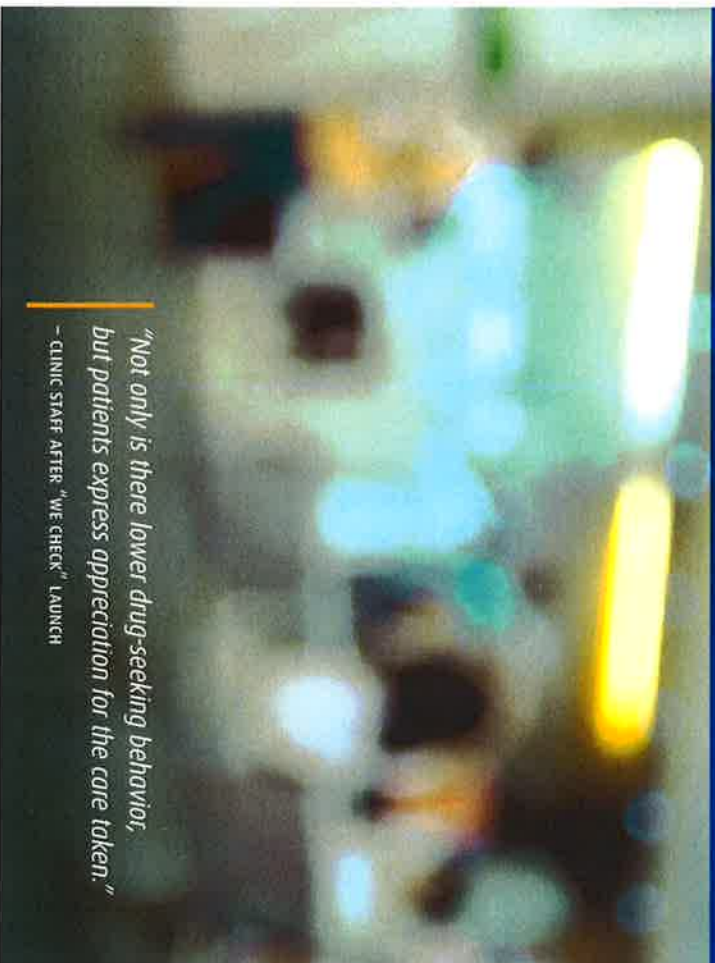
The text said 'cool pilz @prty'. OXYs made me feel good and for a while I got them free from friends. I liked being high, but then I needed more and more pills every day just to feel normal. I started buying them, which took all my money and whatever I could steal. When a friend called up and got us some heroin, it was way cheaper than pills and as easy as ordering pizza. I was totally hooked.

**BUZZ KILL**, a two-site pilot program for site-specific Rx drug and heroin prevention and education, introduced the risks of sharing medication: *Share Today. Gone Tomorrow.*

Data-driven and youth focus group-informed graphic novels and posters developed by students. Formative evaluation initiated to measure goal of **25% reduction in 30-day opioid use.**



# Informing the Community



*"Not only is there lower drug-seeking behavior, but patients express appreciation for the care taken."*  
 — CLINIC STAFF AFTER "WE CHECK" LAUNCH

The Ventura County Rx Abuse & Heroin Workgroup collaborates with local partners to increase community awareness of the risks of opioid misuse and engage support for safe and secure disposal.

## WE CHECK because WE CARE

Patients, family members and prescribers all benefit from WE CHECK policy and messaging starting at the clinic door. Eye-catching decals remind that public health and safety increase when prescription histories are verified.



## PLANE OF PILLS Media Event 2016

To earn media attention and spread the word about the epidemic of painkiller overdoses, the workgroup Chair Patrick Zarate hosted a press event to unveil the Plane of Pills campaign. Featuring concerns by the CA Department of Justice and the Ventura County Sheriff's Office, resulting stories in local papers, radio and social media increased awareness of the enormity of the painkiller overdose problem.

## Safe and Secure RX DRUG DISPOSAL

Recent data continue to support the need for ongoing and expanded availability of Rx drug disposal programs.

- **1 in 5 Ventura County teens** have abused prescription drugs.
- **Over 50%** get them for free from friends and family.
- **73% of Ventura County residents** surveyed indicated that prescription drugs, for uses not as prescribed, are "fairly easy" or "very easy" for teenagers to obtain.

## APRIL 2017

Ventura County Board of Supervisors upheld **Every Day is Take Back Day**, with a resolution pledging continued safe and secure drug disposal.

**Because we care, WE CHECK your prescription history.**

ORC guidelines have been revised in response to this epidemic. Based on new research, they now require that you take your pills to a drop-off site. Talk to your pharmacist to determine the best location for you.

VENTURA COUNTY HEALTH CARE AGENCY

Since 2009, over 16 tons of Rx drugs have been collected and destroyed by the Ventura County Rx Abuse & Heroin Workgroup partners in the Ventura County Sheriff's Office.

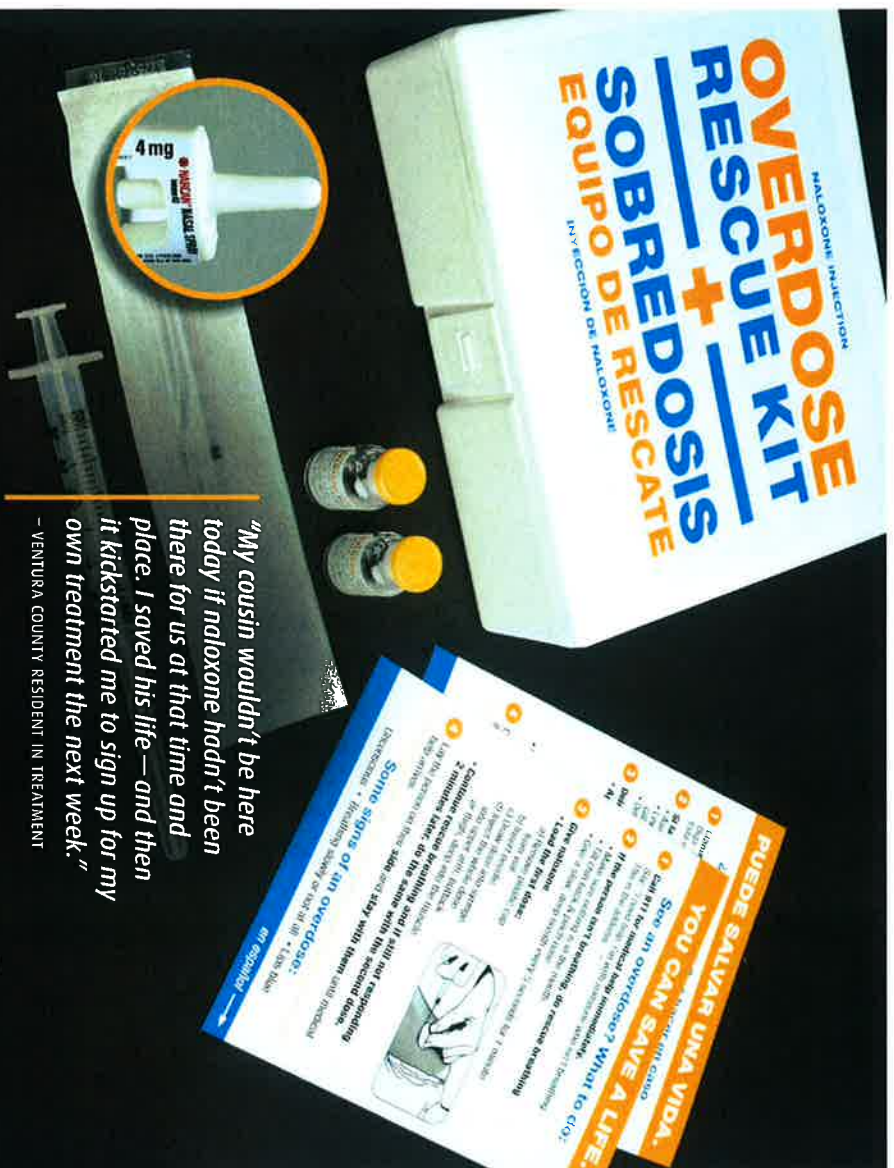
Source: Ventura County Sheriff's Office, February 2017



Nearly 1 in 5 Ventura County residents have dropped off unused or expired Rx drugs at a County disposal bin.

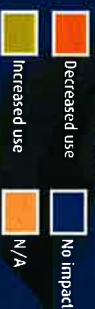
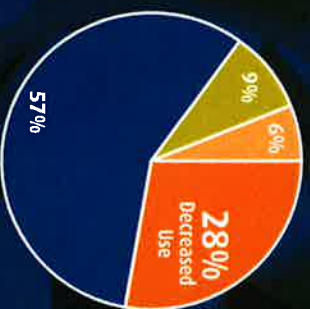
Source: Ventura County Community Health Survey, 2014-15





*"My cousin wouldn't be here today if naloxone hadn't been there for us at that time and place. I saved his life—and then it kickstarted me to sign up for my own treatment the next week."*  
 — VENTURA COUNTY RESIDENT IN TREATMENT

Overall, what impact has participating in this program had on your drug use?



**SALVE UNA VIDA EN CASO DE SOBREDOSIS**  
**805-667-NO OD**

**NO OD.**

# Preventing Overdose

**N**aloxone is a safe and legal antidote to reverse an opioid overdose. It neutralizes the opioids (prescription pain meds, heroin or methadone), reverses the possible fatal side effects and helps someone breathe again.

The NO OD overdose prevention project works to educate family, friends, and loved ones about opioid overdose prevention. Targeted to groups at elevated risk for overdose, data collection helps to guide education and distribution. The Rx & Heroin Workgroup, in partnership with Project SAFER, provides outreach and training, as well as rescue kits, to the Ventura County community.

## LOCAL RESULTS

- 887 overdose rescue kits distributed countywide
- 22 distribution/education sites
- 100 lives saved!

## OD Project Demographics

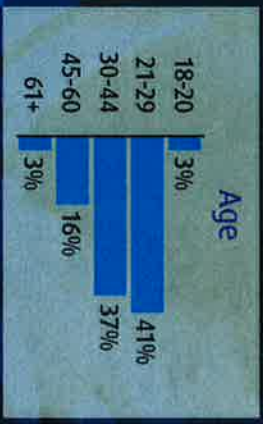
### Gender



### KIT RECIPIENTS' RELATIONSHIP TO PERSON WHO OVERDOSED

- 65% Friend
- 15% Spouse/significant other
- 11% Stranger
- 7% Family member
- 11% Another person
- 11% Themselves

### Age



### #1 Reason for Overdose:

99% Reported OD Due to Heroin (by itself or in combination with other drugs)

Source: Overdose Prevention Program Data Update, Evakomp 2017

# Moving Forward

The workgroup is proud to present this report, renewing our initial goals, objectives and activities first outlined in *Ventura County Responds*.<sup>\*</sup> We are encouraged by the strength of our interagency collaboration which has expanded its membership to engage partners throughout the county system and the community.

## BEST PRACTICE

*"In the face of the statistics of our opioid epidemic, one of the most important elements is immeasurable — the element of hope. As the Ventura County Rx Abuse & Heroin Workgroup marks its fifth year of multiagency collaboration, there are signs of progress and of hope — for healthy lives, healthy families, and a healthier community."*

— PATRICK ZARATE, WORKGROUP CHAIR  
COO, VENTURA COUNTY BEHAVIORAL HEALTH  
DIVISION MANAGER, ALCOHOL & DRUG PROGRAMS

## Moving forward, target actions with measurable outcomes will include:

- Multiply the number and convenience of Rx disposal sites
- Identify and develop new entry points for treatment services
- Increase access to Medication-Assisted Treatment (MAT)
- Expand overdose prevention training and naloxone kit availability
- Raise the perception of opioid harms, especially for youth
- Present the HEROIN HERE 2017 conference to increase professional and community knowledge

## Together we can:

## REDUCE OPIOID SUPPLY, REDUCE OPIOID DEMAND and SAVE LIVES

## REDUCING SUPPLY

### Support Prescribers

- Safe prescribing guidelines for pain
- Prescriber training
- Easy access to online toolkits

### Monitor Prescriptions

- Promote CURES 2.0 PDMP
- Partner with law enforcement to reduce diversion
- Expand safe & secure Rx drug disposal

### Measure What Matters

- Use data to track and evaluate supply chain impacts
- Analyze PDMP data provided by CURES 2.0

## REDUCING DEMAND

### Protect Youth & Family

- Raise perception of youth harms
- Reduce the age of first use
- Support school-based initiatives

### Inform the Community

- Increase awareness of opioid risks and benefits
- Promote secure medication and safe Rx disposal
- Improve treatment opportunities

### Prevent Overdose

- Increase availability of OD prevention with Naloxone kits
- Disseminate NO OD information

## REFERENCES

- Hummel, K. L. (2017). *Overdose deaths in Ventura County: 2008-2014*. Oxnard, CA: Ventura County Behavioral Health, Rx Drug & Heroin Workgroup.
- National Institute on Drug Abuse (NIDA) (2014). Heroin. [www.drugabuse.gov/publications/research-reports/heroin](http://www.drugabuse.gov/publications/research-reports/heroin)
- National Survey on Drug Use and Health (NSDUH) (2011-2013). [www.cdc.gov/vitalsigns/heroin/index.html](http://www.cdc.gov/vitalsigns/heroin/index.html)
- Rx & Heroin Abuse: Ventura County Responds* (2014). Oxnard, CA: Ventura County Behavioral Health, Rx Drug & Heroin Workgroup. [www.venturacountylimits.org/resource\\_documents/Vc\\_RxReport\\_FNL\\_Feb0714.pdf](http://www.venturacountylimits.org/resource_documents/Vc_RxReport_FNL_Feb0714.pdf)

<sup>\*</sup>*Rx & Heroin Abuse: Ventura County Responds*:  
[www.venturacountylimits.org/resource\\_documents/Vc\\_RxReport\\_FNL\\_Feb0714.pdf](http://www.venturacountylimits.org/resource_documents/Vc_RxReport_FNL_Feb0714.pdf)

# Ventura County Rx Abuse & Heroin Workgroup

**MISSION:** Save and improve lives by stopping prescription drug and heroin abuse.

**PRIMARY GOAL:** Decrease fatal opioid overdoses by 50% in Ventura County, compared to 2013 baseline.

**CRITERIA FOR GOALS:**

The selected goals and actions reflect:

- Data-indicated problems
- Defined scope and reach
- Measurable efficacy
- Agency leadership and responsibility
- Achievability
- Crosscutting strategies
- Cultural and linguistic relevance
- Sensitivity to stigma

**TARGETS FOR ACTION**

The Prescription Drug and Heroin Abuse Workgroup remains committed to parallel target areas based on countywide conditions and the alliance of a strong multiagency partnership.

**Professional Development**

**Goal:** Expand professional training and development across all sectors.

**Enforcement and Security**

**Goal:** Support law enforcement, monitoring and security to enhance public safety by deterring drug misuse, abuse and diversion.

**Education and Awareness**

**Goal:** Increase outreach and education for parents, patients and public to raise awareness of prescription drug abuse and heroin problems and solutions.

**Safe Schools**

**Goal:** Collaborate with schools, PTAs and Ventura County Office of Education (VCOE) to increase communication channels and prevention opportunities for teachers, parents, and students and school personnel.

**Prevention Policy and Research**

**Goal:** Advance continued research and data analysis to develop key policy actions addressing Rx and heroin abuse.



Patrick Zarate, Chair

COO, Ventura County Behavioral Health

Division Manager, Alcohol & Drug Programs

**PARTNERSHIP AGENCIES**

VCBH Alcohol and Drug Programs (ADP)

ADP Prevention Services

American Medical Response, Ventura County Division

Behavioral Health Advisory Board

Community Memorial Health System

Gold Coast Health Plan

Los Robles Hospital and Medical Center

Project SAFER

Santa Paula West Medical Clinic and Pediatrics

Ventura County Health Care Agency

Ventura County Interagency Pharmaceutical Crimes Unit

Ventura County Medical Center

Ventura County Medical Examiner Office

Ventura County Office of Education

Ventura County Probation Agency

Ventura County Probation Agency, Juvenile Hall

Ventura County Public Health Department

Ventura County Sheriff's Office

*In addition to the above named agencies, the Rx Drug & Heroin Workgroup extends its thanks to the many local, state and regional collaborators who have participated in our multiagency efforts, including Dr. Roneet Lev of San Diego Safe Prescribing and Mr. Mike Smoll of the State of California Department of Justice.*



# HEROIN HERE

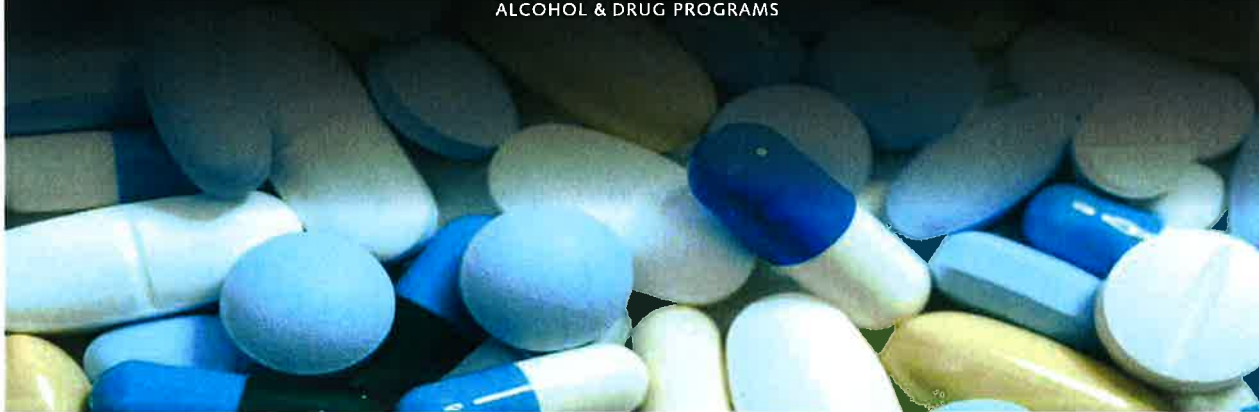
Coping with the heroin and  
opioid crisis in Ventura County

**CONFERENCE AUGUST 29, 2017**

<http://my.yapp.us/OPIOIDSUMMIT>

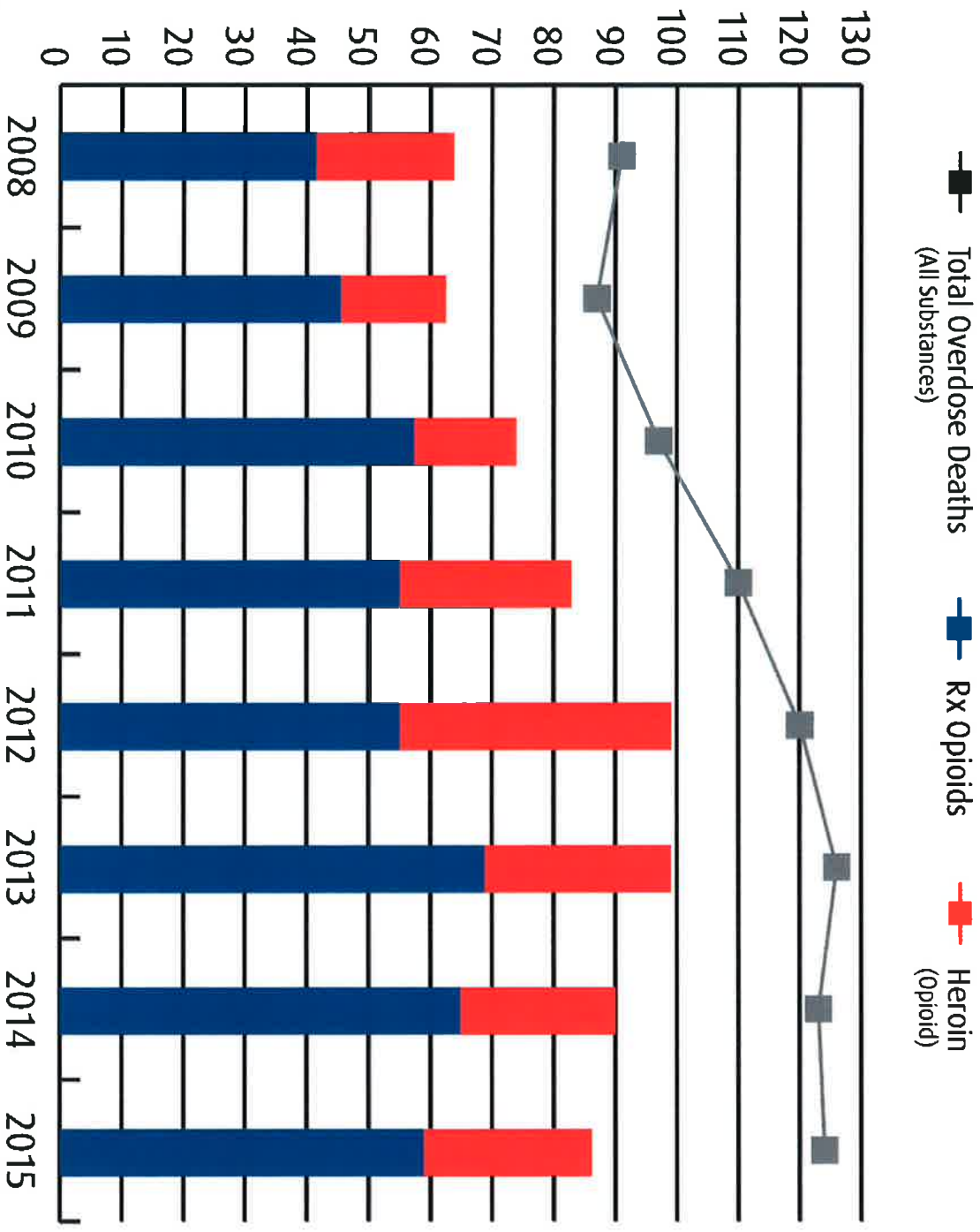


VENTURA COUNTY  
BEHAVIORAL HEALTH  
ALCOHOL & DRUG PROGRAMS





# Opioids Involved in Ventura County Overdose Deaths



Some overdose deaths involved multiple substances.



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## MEMORANDUM

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DATE: July 12, 2017  
TO: Behavioral Health Advisory Board  
FROM: Contracts Administration  
SUBJECT: Board of Supervisors Agenda

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### Executive Summary

Ventura County Behavioral Health (VCBH) requested and will be requesting Board of Supervisors approval for the following:

#### Board Agenda – June 20, 2017 (BOS Approved)

##### **1. Fiscal Year (FY) 2017-18 Aspiranet, California Psychiatric Transitions, Telecare Corporation, United Parents, and K & M Enterprises Contracts**

*Aspiranet* provides intensive social and emotional services (ISES) to special education students who have behaviors, symptoms, or family challenges that interfere with their ability to access their special education program. These issues require one-to-one assistance in order to prevent residential treatment service provision. Services are based on students' individualized education program and are designed to supplement the ISES provided at school. In FY 2015-16, Aspiranet served 58 unduplicated clients. The proposed contract reflects: (1) the addition of new contract language related to the National Voter Registration Act, Certification of Claims for Payment for Services Rendered form, Debarment and Suspension Certification, contractor training and reporting requirements, criminal background and fingerprinting check requirements, and Social Security Administration Death Master File requirements, (2) clarification of cost settlement procedures, and (3) new units of service and cost per unit rate information. There is no change in the maximum contract amount from the prior fiscal year. This contract is funded with Short Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP) and Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/Realignment funds. Any unbudgeted EPSDT expenses will be funded by the Ventura County Special Education Local Plan Area (SELPA).

VCBH is proposing approval for the VCBH Director to sign the contract for COEDS services with Aspiranet, in the amount of \$1,300,000, effective July 1, 2017 through June 30, 2018.

*California Psychiatric Transitions (CPT)* provides locked restoration of competence services (diversion services) and other mental health services for VCBH in its locked Destructive Behavioral Health Unit (DBU) and Mental Health Rehabilitation Center (MHRC). In FY 2015-16, CPT served three unduplicated clients. The proposed amendment reflects: (1) a decrease of \$35,225 from the prior fiscal year agreement to serve two clients, (2) an increase in the diversion services rate from \$525 to \$575 per day, and (3) the addition of new contract language related to the National Voter Registration Act, Certification of Claims for Payment for Services Rendered form, and Electronic Signature Certification. This contract is funded with Tobacco Settlement and Realignment funds.

VCBH is proposing approval for the Purchasing Agent or designee to sign the Eleventh Amendment to the contract for mental health services with CPT, in the amount of \$620,500, effective July 1, 2017 through June 30, 2018.

*Telecare Corporation (Telecare)* provides educational support, supportive employment, case management, individual treatment, and psychiatric treatment services to Transitional Aged Youth (TAY) through the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program. Clients who complete the regular two year EDIPP program receive an additional 12 months of psychiatric services, groups, and counseling through the EDIPP Continuing Care program. Services are available countywide. A minimum of 55 unduplicated TAY are to be served under the FY 2017-18 agreement. In FY 2015-16, a total of 52 unduplicated clients were served. The proposed contract reflects: (1) a decrease of \$71,594 in program and staffing expenses over the prior year agreement in an effort to work within the MHSA FY 2017-18 budget requirements, (2) the addition of performance outcome measures to the scope of work, (3) the addition of new contract language related to the National Voter Registration Act, Certification of Claims for Payment for Services Rendered form, Debarment and Suspension Certification, contractor training and reporting requirements, criminal background and fingerprinting check requirements, and Social Security Administration Death Master File requirements, (4) clarification of cost settlement procedures, and (5) new units of service and cost per unit rate information. This contract is funded with Mental Health Services Act (MHSA), Substance Abuse and Mental Health Services Administration (SAMHSA) Grant, and SD/MC FFP funding.

VCBH is proposing approval for the VCBH Director to sign the contract for EDIPP services with Telecare, in the amount of \$1,105,653, effective July 1, 2017 through June 30, 2018.

*United Parents* provides respite (short-term and temporary relief/care) for caregivers and families of children with serious emotional, behavioral, and mental disorders. Program services are designed to minimize stressors on caregivers and families which could lead to destabilization, crisis, and the potential for children to be placed out of the home. In FY 2015-16, United Parents served 44 families and had a waiting list of 24 families. Currently, United Parents is serving 51 families and has a wait list of 28 families. The proposed contract reflects the addition of new contract language related to the Certification of Claims for Payment for Services Rendered form and Debarment and Suspension Certification. There is no change to the maximum contract amount from the prior fiscal year. This contract is funded with SAMHSA funding.

VCBH is proposing approval for the VCBH Director to sign the contract for respite services with United Parents, in the amount of \$125,732, effective July 1, 2017 through June 30, 2018.

*K & M Enterprises* provides grant development and writing services. K & M Enterprises has been instrumental in assisting VCBH in acquiring various grants over the past several years. Most recently, it assisted VCBH in obtaining a \$4,000,000 SAMHSA Assisted Outpatient Treatment (AOT) grant, a \$7,573,671 triage personnel grant, a \$729,980 mental health nurse practitioner supervision grant, and a \$112,000 workforce and education training grant. The proposed amendment reflects a maximum contract amount of \$24,000 which is a decrease of \$19,500 from the prior year agreement. While the proposed agreement does not exceed the \$100,000 delegated contracting authority of the Purchasing Agent, there are additional contracts with K & M Enterprises countywide that exceed \$100,000 in total, thus prompting VCBH to seek Board of Supervisors approval for this contract. There is no change to the service rates and no other substantive changes to the contract. This contract will be funded with Realignment funds.

VCBH is proposing approval for the VCBH Director to sign the Fourth Amendment to the contract for grant development and writing services with K & M Enterprises, in the amount of \$24,000, effective July 1, 2017 through June 30, 2018.

### **Board Agenda – July 18, 2017**

#### **1. Alcohol and Drug Programs (ADP) and Mental Health: FY 2017-18 Alternative Action Programs and New Dawn Contracts**

*Alternative Action Programs (AAP)* provides outpatient substance use disorder treatment services to Assembly Bill (AB) 109 clients at various locations in Ventura County, including Oxnard, Ventura, and the jail. AAP uses the following evidence-based practices: matrix, seeking safety, and moral reconnection therapy (MRT). In FY 2015-16, AAP provided services to 323 clients. As of mid-June 2017 (July 1, 2016 through June 13, 2017), it had provided services to 229 clients. In FY 2017-18, AAP anticipates serving 272 clients. For FY 2015-16, 52% of Oxnard/Ventura outpatient clients successfully completed the program, 67% of the Todd Road Jail clients successfully completed the Matrix evidence based program, and 49% of the Todd Road Jail clients successfully completed the MRT program (an evidence based program specific to the criminal justice population).

The proposed contract reflects: (1) the addition and updating of contract language related to client rights requirements, contractor staff certification requirements, protected health information or personal information confidentiality and security requirements, anti-virus software requirements, background check requirements, electronic signature certification requirements, sterile needle distribution restrictions, and debarment and suspension certification requirements and (2) a 6% increase in the rates. The proposed rate increase is needed to address increases in salaries and benefits costs. There is no increase to the maximum contract amount from the prior fiscal year. This agreement is funded by AB 109 Public Safety Realignment Act and Drug Medi-Cal Federal Financial Participation (D/MC FFP) funds.

VCBH is proposing ratification and approval for the VCBH Director to sign the agreement for outpatient substance use disorder treatment services with AAP, in the amount of \$270,000, effective July 1, 2017 through June 30, 2018.

*New Dawn* provides EPSDT specialty mental health care services to children and their families. EPSDT is a children's health component of Medicaid. States are required to provide Medi-Cal recipients under the age of 21 any health or mental health service that is deemed "medically necessary." Examples of these services include: individual, group, family therapy, case management and crisis intervention. Over the last three quarters (July 2016 – March 2017), New Dawn has provided services to 189 unduplicated children and their families. During that same period, New Dawn provided over 295,000 units (minutes) of service.

In FY 2016-17, VCBH contracted with New Dawn to provide services to children ages 0-5 using funding from First 5 Ventura County and EPSDT Realignment. In FY 2017-18, New Dawn will contract directly with First 5 to continue serving that population. To continue providing specialty mental health services to Medi-Cal beneficiaries ages 0-5, VCBH has agreed to shift the EPSDT Realignment funding to New Dawn's EPSDT Medi-Cal specialty mental health care services contract. The proposed amendment reflects: (1) an increase of \$89,999 to provide EPSDT services to the 0-5 population, (2) the addition of or updating of contract language related to insurance provisions, National Voter Registration Act, Debarment and Suspension Certification, training and reporting requirements, criminal background and fingerprinting requirements, and Social Security Administration Death Master File requirements, (3) clarification of cost settlement procedures, and (4) new units of service and cost per unit rate information. This contract is funded with SD/MC FFP and EPSDT/Realignment funding.

VCBH is proposing ratification and approval for the Purchasing Agent or designee to sign the First Amendment for EPSDT services with New Dawn, in the amount of \$943,258, effective July 1, 2017 through June 30, 2018.

### **Board Agenda – July 25, 2017**

#### **1. ADP: Approval of the Submittal of the Naloxone Distribution Grant Program Application to the California Department of Public Health (CDPH) and Acceptance of Grant Funding.**

In March of 2017, the CDPH announced the availability of grant funding that would provide the Naloxone product (Narcan nasal spray) and funding to all 61 local health departments to conduct Naloxone Distribution Projects. Naloxone is a prescription medication that is designed to save the lives of people experiencing an opioid overdose by working almost immediately to reverse an overdose. VCBH submitted an application to CDPH to receive the Naloxone product (worth \$85,800) and grant funding for administrative costs (\$4,290). On June 9, 2017, VCBH was awarded a \$90,090 Naloxone Distribution Project grant for the grant term of July 1, 2017 through June 30, 2019. VCBH plans to use the Naloxone grant product and funding to: (1) reduce the rate of fatal overdose from opioid drugs and (2) provide oversight and management of the naloxone distribution through the VCBH ADP Overdose Prevention and Rescue Program.

VCBH is proposing ratification and approval of the submittal of the FY 2017-18 to FY 2018-19 Naloxone Distribution Grant Program application to CDPH. VCBH is also proposing approval for the VCBH Director to accept \$90,090 in grant funding from CDPH for the grant term of July 1, 2017 through June 30, 2019.

## **2. No Place Like Home Grant Application and Resolution.**

On July 1, 2016, Governor Brown signed legislation enacting the No Place Like Home (NPLH) Program to dedicate \$2 billion in bond proceeds to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are in need of mental health services and are experiencing or at risk of chronic homelessness. Counties that apply for NPLH funding for permanent supportive housing must offer flexible, voluntary, and individualized supportive services. Counties must also commit to provide mental health services and help coordinate access to other community-based supportive services.

Application Preparation and Technical Assistance Grants for the NPLH Program are available. Specifically, \$6.2 million from the Mental Health Services Fund is available to provide technical assistance to counties related to the NPLH Program Preparation. For large counties like Ventura County, the available grant amount is \$150,000. VCBH's proposed NPLH Program 2017 Technical Assistance Grant application requests funding to: (1) coordinate and partner with other county and community partners to meet the needs of the homeless clientele, (2) implement capacity building activities to create permanent supportive housing models, (3) develop or update the county homeless plan, and (4) hire staff or consultants to assist with identifying potential sites for permanent supportive housing, identifying potential developers, and other related activities. The grant submittal deadline is September 30, 2017. As part of the grant application process, VCBH is required to submit a resolution which authorizes VCBH to apply for and receive grant funding. If awarded a grant, the grant term would be July 1, 2017 through September 30, 2020.

VCBH is proposing authorization for the Board of Supervisors Chair to sign the resolution authorizing the application for and receipt of NPLH Program 2017 Technical Assistance Grant funding. VCBH is also proposing approval for the VCBH Director to sign the NPLH Program 2017 Technical Assistance Grant application, in the amount of \$150,000, for the grant term of July 1, 2017 through September 30, 2020.

## **3. FY 2017-18 Telecare Casa B, C, D, and E Contracts.**

*Telecare* operates and manages the following four mental health residential treatment facilities ("Casas") through four separate agreements with VCBH: (1) Casa B, (2) Casa C, (3) Casa D, and (4) Casa E. These Casas are located in Camarillo. Casas B, C, and D are long-term social rehabilitation facilities that each have 15 beds. Casa E is an adult residential facility that also has 15 beds. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. Structured day and evening services are also provided to assist consumers in acquiring living skills, accessing community resources, and accessing educational/vocational resources. Mental health services are provided by VCBH. In FY 2015-16, Telecare served a total of 115 unduplicated clients at these facilities. In FY 2016-17, Telecare served a total of 98 unduplicated clients at these facilities in the first three quarters of the fiscal year.

The proposed FY 2017-18 Telecare amendments include: (1) a net increase of \$50,003 to provide Telecare with additional funding to address a projected shortfall in social security income from clients (from the prior fiscal year, Casa B will increase \$11,679, Casa C will increase \$17,064, Casa D will increase \$4,385, and Casa E will increase \$16,875), (2) a revised scope of work that is inclusive of new program outcome requirements, (3) the addition of new contract language related to the National Voter Registration Act, Certification of Claims for

Payment for Services Rendered form, Debarment and Suspension Certification, training and reporting requirements, and Social Security Administration Death Master File requirements, (4) clarification of cost settlement procedures, and (5) new units of service and cost per unit rate information. These contracts will be funded with SD/MC FFP, Realignment, and MHSA funding.

VCBH is proposing ratification and approval for the VCBH Director to sign the amendments with Telecare at: (1) Casa B, in the amount of \$750,832, effective July 1, 2017 through June 30, 2018, (2) Casa C, in the amount of \$777,575, effective July 1, 2017 through June 30, 2018, (3) Casa D, in the amount of \$758,041, effective July 1, 2017 through June 30, 2018, and (4) Casa E, in the amount of \$679,868, effective July 1, 2017 through June 30, 2018.

### **Board Agenda – August 1, 2017**

#### **1. VCBH and California Lutheran University (CLU) Memorandum of Understanding (MOU) to Establish a Volunteer Student Clinical Practicum Training Program.**

Currently, VCBH collaborates with a number of educational institutions to provide volunteer internship opportunities for students enrolled in various mental health related educational programs. These educational programs typically require fieldwork or internship experiences within a behavioral health setting as part of their academic program. The proposed MOU between VCBH and CLU will create a volunteer student clinical practicum training program for CLU counseling, marriage and family therapy, or psychology students. VCBH will provide the students with an opportunity to obtain specialized clinical training in the counseling, marriage and family therapy, or psychology practice. By establishing this volunteer student clinical practicum training program, VCBH is participating in the development of future counseling, marriage and family therapy, and psychology professionals and creating a potential pool of professionals to recruit from in the future. In addition, having students working as volunteers under clinical supervision at our clinic sites enriches the clinical services we provide. In FY 2017-18, VCBH will host approximately three (3) volunteer student interns from CLU. It is estimated that in future years, VCBH could host approximately three (3) to five (5) students per year from this university.

VCBH is proposing approval for the VCBH Director to sign the MOU to establish a volunteer student clinical practicum training program between VCBH and CLU, effective August 1, 2017 through July 31, 2022.

#### **2. Approval of the submittal of the FY 2017-18 Public Mental/Behavioral Health Pipeline Program Grant Program Application to the Office of Statewide Health Planning and Development (OSHPD) and Acceptance of Grant Funding from OSHPD.**

In January of 2017, a Request for Application was released by the OSHPD inviting responses to the Public Mental/Behavioral Health Pipeline Program Grant. The grant is designed to fund the construction of region or community specific programs that implement new or supplement existing pipeline programs or coursework for a proposed target population (high schools, adult education, regional occupational programs, colleges or universities). Grant activities must introduce individuals to and prepare them for employment in the Public Mental Health System (PMHS).

In March of 2017, VCBH submitted an application to OSHPD to increase exposure to mental health careers as key to engaging and preparing future professionals for the PMHS. VCBH's grant application program will target students at local high schools, community colleges, and four-year universities. VCBH's grant program application will include the following activities: (1) creation of a new high school outreach and mentorship program that will engage students via mentorship and career counseling opportunities, (2) organization of a career fair for students from local high schools and community colleges to introduce them to careers in the PMHS and provide resources to prepare participants for these careers, and (3) continuation of internships for college-level juniors and seniors that exposes them to the VCBH Mental Health Associate position and gives them the opportunity for future employment. On April 20, 2017, VCBH was awarded an \$112,000 Public Mental/Behavioral Health Pipeline Program Grant. The grant term is from July 1, 2017 through June 30, 2018.

VCBH is proposing ratification and approval of the submittal of the FY 2017-18 Public Mental/Behavioral Health Pipeline Program Grant application to OSHPD. VCBH is also proposing approval for the VCBH Director to accept \$112,000 in grant funding from OSHPD, effective July 1, 2017 through June 30, 2018.

### **3. Purchase of State Hospital Beds MOU, MOU First Amendment, and Participation Agreement.**

The parties to the Purchase of State Hospital Beds MOU are the California Department of State Hospitals (DSH), California Mental Health Services Authority (CalMHSA) (acting as administrative agent for participating Counties), and the County (VCBH). The DSH has jurisdiction over all state hospitals which provide services to persons with mental disorders. Section 4330 of the Welfare and Institutions Code requires counties to reimburse DSH for use of state hospital beds and services provided pursuant to the Lanterman-Petris-Short Act. CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. CalMHSA is responsible for negotiating a joint agreement with DSH for the purchase of state hospital beds and also serves as liaison agency for ensuring compliance with the terms and conditions of the Purchase of State Hospital Beds MOU.

The Purchase of State Hospital Beds MOU defines the patient referral process, bed types and uses, admission and discharge procedures, treatment coordination procedures, compensation requirements, and other patient and records management related requirements. The Purchase of State Hospital Beds MOU has been beneficial in stabilizing hospital bed costs, standardizing the levels of care, and delineating the admissions and discharge processes. The MOU term is July 1, 2014 through June 30, 2016. VCBH signed the MOU in 2015 without receiving Board of Supervisors approval to do so. VCBH is now presenting the MOU to the Board of Supervisors for approval of the VCBH Director's signature and approval of the MOU. VCBH is also presenting the Purchase of State Hospital Beds MOU amendment to the Board of Supervisors for approval. This amendment extends the term of the MOU an additional three years for the term of July 1, 2016 through June 30, 2019. There are no other proposed changes to the MOU.

VCBH is also presenting the Participation Agreement, between CalMHSA and the various participating counties, which authorizes CalMHSA to negotiate the terms of the Purchase of State Hospital Beds MOU and contract for state hospital beds with DSH on behalf of the participating counties. The Agreement goals include: (1) contracting with DSH for access and use of state hospital beds, (2) ensuring DSH compliance with CalMHSA's contract with DSH, (3) analyzing cost containment strategies that will create efficiency in the

purchase of state hospital beds, (4) establishing standardization of services and consistency in services, (5) identifying and determining the feasibility of utilizing alternatives to state hospital resources, and (6) evaluating opportunities for the development of programs for special populations requiring 24 hour treatment services. To fund these services, CalMHSA is charging counties an administrative fee of \$1,402 per bed, per fiscal year. This administrative fee will start in FY 2017-18 and continue through FY 2018-19.

VCBH is proposing ratification and approval of the VCBH Director's signature of the Purchase of State Hospital Beds MOU with DSH and CalMHSA, effective July 1, 2014 through June 30, 2016. VCBH is proposing approval for the VCBH Director to sign the Purchase of State Hospital Beds MOU amendment, extending the term, effective July 1, 2016 through June 30, 2019. VCBH is also proposing approval for the VCBH Director to sign the CalMHSA Participant Agreement, in the amount of \$1,402 per bed, per fiscal year, effective July 1, 2017 through June 30, 2019.