

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**March 26, 2018**

**NEXT MEETING:**

Monday, April 16, 2018

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  
Ratan Bhavnani, 1<sup>st</sup> Vice Chair  
Nancy Borchard, Secretary  
Gane Brooking, Member at Large  
Margaret Cortese  
Janis Gardner, Member Emeritus  
Claudia Grimaldo  
Larry Hicks  
Patricia Mowlavi  
Cmdr. Ron Nelson  
Denise Nielsen  
Sheri Valley  
Kay Wilson-Bolton, 2<sup>nd</sup> Vice Chair

**BHAB Members Absent**

Karyn Bates  
Monique Garcia  
Mary Haffner  
Supervisor Linda Parks  
Irene Pinkard  
Marlen Torres

**Others Present**

Erik Sternad, Interface  
Chris Novak, NAMI  
Sara Bavar, NAMI  
Lou Matthews  
Crystal Davis, Probation  
Katia Benthale, Public Defender  
Deanna Handel, Whole Person Care  
Heather Freudenthaler, Whole Person Care  
Jamie Banker, Cal Lutheran  
Ana Avendano, MICOP  
Robbie Hidalgo, Simi At the Garden  
Marguerite Stouthamer  
Kalie Matisek, Turning Point Foundation  
Petar Samac  
Lisa Powell  
Mark Stadler, Crisis Intervention Team (CIT)

**VCBH Managers and Staff Present**

Pete Pringle, Interim Director  
Lisa Acosta, M.D., Youth & Family Medical Director  
Greg Bergan, MHSA Program Administrator  
Hilary Carson, MHSA  
Tina Coates, Patients' Right/Client Advocate  
Dan Hicks, Prevention Manager  
Sevet Johnson, Adult Division Sr. Manager  
Kiran Sahota, MHSA Manager  
John Schipper, Adult Division Chief  
Elaina Titus-Sterling, MHSA  
David Tovar, ADP Prevention  
Terri Yanez, Administrative Division Chief  
Edith Pham, BHAB Assistant

|      | DISCUSSION/CONCLUSIONS   | RECOMMENDATIONS/<br>ACTIONS                         | RESPONSIBLE |
|------|--|---|-------------|
| I.   | <b>Call to Order</b><br>Chair Harris called the meeting to order at 1:05 p.m. Larry Hicks lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.   |   |             |
| II.  | <b>Approval of the Agenda</b><br>Mr. Harris asked the Board to review and approve today’s agenda. Kay Wilson-Bolton moved to approve, Ratan Bhavnani seconded. The motion passed unanimously.  | The agenda was approved as written.<br><b>M/S/C</b> |             |
| III. | <b>Approval of the Minutes</b><br>Mr. Harris asked the Board to review and approve the minutes of the February 26, 2018 meeting. Cmdr. Ron Nelson moved to approve, Janis Gardner seconded. Sheri Valley requested a change: she was marked absent but did attend the meeting. The motion to approve the minutes as amended passed unanimously.  | The minutes were approved as amended. <b>M/S/C</b>  |             |
| IV.  | <b>Welcome and Introductions</b><br>Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.   |   |             |
| V.   | <b>Public Comments</b><br>A. Sara Bavar invited all to sign up for the NAMI golf tournament on April 6.<br>B. Ana Avendano introduced herself. She coordinates the domestic violence program at Mixteco/Indigena Community Organizing Project (MICOP).<br>C. Robbie Hidalgo reminded all of the free farmers market organized by the Simi Valley Community Garden. It distributes produce to anyone. Information can be found at socialfeedsv.org.   |   |             |
| VI.  | <b>Recognitions</b><br>A. Nancy Borchard presented Lou Matthews with a Certificate of Commendation. Ms. Matthews “... was one of the founding members of NAMI Ventura County [...] She spent countless hours on the phone helping family members [...] She was, and continues to be passionate about making sure that people’s rights are respected and their needs met. [...]”.<br><ul style="list-style-type: none"> <li>• Ms. Borchard noted how Ms. Matthews was a great mentor to her and others.</li> <li>• Gane Brooking thanked Ms. Matthews for her endless kindness and for all that she has done for the clients.</li> <li>• Mr. Harris thanked Ms. Matthews for her help as he joined the Mental Health Board.</li> <li>• Ms. Matthews noted that in 1983 the organization started as Families and Friends of the Mentally Disabled. The group then contacted a group in San Francisco that started the state and eventually federal movement in support of the mentally ill.</li> </ul><br>B. Ms. Borchard also presented Ms. Matthews with a Certificate of Commendation to James Matthews posthumously. He was “a founding member of the local chapter of NAMI. Together with his wife Lou, he joined hands with other families in California and gave birth to an organization that changed the way we view mental illness. [...] He remained a tireless advocate for the mentally ill until his passing.”<br><ul style="list-style-type: none"> <li>• Mr. Bhavnani recalled how, upon becoming NAMI board president, Mr. Matthews handed him a large stack of documents related to the county mental health budget. Mr. Bhavnani noted that the BHAB continues this legacy of speaking up and trying to get the most out of the mental health fundings as possible. On behalf of Jerry Weaver, Mr. Bhavnani handed Ms. Matthews a medallion like those that used to be given to veterans.</li> <li>• Chris Novak thanked Mr. and Mrs. Matthews for their unwavering passion throughout the years.</li> </ul><br>C. Mr. Harris presented Johnny Madueno with a Certificate of Commendation. “He is a Mental Health Technician III at the Ventura County Medical Center Inpatient Psychiatric |   |             |

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|       | <p>Hospital. [...] Psychiatrists value his opinion [...] He treats every patient with dignity and respect.”</p> <ul style="list-style-type: none"> <li>• Tina Coates noted that Mr. Madueno is the ultimate “patient whisperer.”</li> <li>• Katia Mendela noted that Mr. Madueno sees patients at their worst moment, but he respects their dignity and earns their respect.</li> <li>• Martie Wolter thanked Mr. Madueno for being “a treasure.”</li> <li>• Dr. John Schipper thanked Mr. Madueno for being transparent with the clients.</li> <li>• Ms. Borchard noted how Mr. Madueno gives hope to the families.</li> <li>• Mr. Madueno thanked the BHAB for the recognition.</li> </ul>  |  |  |
| VII.  | <p><b>Chair Report – Jerry Harris</b></p> <p>Mr. Harris noted that Vista del Mar is slated to open an outpatient clinic most likely within a couple of weeks.</p> <p>Mr. Harris thanked BHAB members Kay Wilson-Bolton and Larry Hicks for helping set up Richard’s Welcome Center in Santa Paula, a drop-in center that serves the hungry and homeless.</p> <p>A. Ms. Gardner provided some information on the following:</p> <ol style="list-style-type: none"> <li>1. March is National Social Work Month: Board of Supervisors proclamation on March 20<sup>th</sup>.</li> <li>2. NAMI golf tournament on April 6 in Oxnard.</li> <li>3. MICOP’s Tequio Scholarship fundraiser on April 6.</li> <li>4. National Crime Victims’ Rights Week commemorative ceremony and march on April 11 at the Government Center.</li> <li>5. Reality Party for Parents on April 14 in Thousand Oaks.</li> <li>6. MICOP’s Indigenous Knowledge conference on April 20 at Oxnard College.</li> <li>7. Pacific Clinics 21<sup>st</sup> Annual Latino Mental Health conference on May 10 in San Gabriel.</li> <li>8. MICOP’s Night in Oaxaca on August 10 at Olivas Adobe in Ventura.</li> </ol> |  |  |
| VIII. | <p><b>Board Members Comments and Announcements</b></p> <p>A. Ms. Wilson-Bolton requested that members who cannot attend a committee meeting be marked as excused on the attendance log when they have advised the committee chair, BHAB assistant, etc. in advance when they are unable to attend a meeting. Mr. Harris agreed.</p> <p>B. Ms. Brooking noted that the County had a focus group to update the General Plan. It is taking the lead on advocating for housing. Ms. Brooking requested that Fiscal staff resume giving quarterly updates at the BHAB Executive and BHAB General meetings. Mr. Harris and Pete Pringle agreed.</p> <p>C. Cmdr. Nelson noted that progress is being made on the planning of a 64-bed unit at the Todd Road jail for inmates with medical and mental health special needs. This will soon be issued as a Request for Proposal (RFP).</p>   |  |  |
| IX.   | <p><b>Presentation: Whole Person Care (WPC) – Deanna Handel, Manager</b></p> <p>The Whole Person Care (WPC) is a pilot program that aims to improve care for high utilizers while reducing cost. In California, 25 other counties are implementing this. WPC provides intensive, multi-disciplinary care coordination and wraparound support. About 50% of the WPC reimbursements is tied to successful annual health improvements for the patients.</p> <p>About 40% of the WPC patients have a mental illness. A few patients have had up to 150 emergency room visits in one year. The program has deployed mobile outreach care pods in Santa Paula and at River Haven in an effort to address this issue.</p> <p>See attached for details.</p>   |  |  |
| X.    | <p><b>Director’s Report – Pete Pringle, Interim Director</b></p> <p>VCBH is in the middle of a year-long roll-out of the Medicaid Managed Care Final Rule. These federal regulations are revisions to improve beneficiary protection, program integrity, and other aspects of Medicaid. The work began in July 2017 and should be completed in July 2018.</p> <p>Very recently, the state asked VCBH and all other counties to compile a detailed list of services available and associated data through VCBH and its contractors. The list with data is due in a few days and will demonstrate the county’s comprehensive system of care.</p>  |  |  |

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|                    | <p>The External Quality Review Organization (EQRO) will be on site April 3<sup>rd</sup> to 5<sup>th</sup> to review VCBH's operations and make recommendations for improvement.</p> <p>Last year VCBH underwent its triennial Medi-Cal audit from the Department of Health Care Services (DHCS). The plan of correction will be due in May.</p> <p>Vista del Mar Psychiatric Hospital has been successful in getting legislation passed enabling it to open an intensive outpatient program prior to reopening its inpatient services. Vista del Mar and VCBH have been discussing collaborating on crisis calls and hospitalizations.</p> <p>VCBH has been discussing with the Ventura County Medical Center (VCMC) Inpatient Unit the possibility of reopening an adult crisis stabilization unit.</p> <p>VCBH Crisis Team and Disaster Response Team have done outstanding outreach work to those who witnessed a deadly shooting on March 17<sup>th</sup> at the Oaks Mall in Thousand Oaks.</p> <p>Youth Division:</p> <ul style="list-style-type: none"> <li>A. Continuum of Care Reform (CCR): VCBH has rolled out the Children's Accelerated Access to Treatment and Services (CAATS) MHSAs Innovations program. This provides accelerated assessment for children and youth as they enter the foster care system. VCBH built its own Child and Adolescent Needs and Strengths (CANS) assessment tool, which will be available to other counties.</li> <li>B. The Insights program serves youth on Probation. It is a multi-agency collaboration that is designed to have a maximum caseload of 30 and has enrolled 28 youth since inception in July 2017.</li> <li>C. The Crisis Stabilization Unit (CSU) has served almost 600 youth since it opened in December 2016. Following the temporary closure of Vista del Mar Psychiatric Hospital due to the Thomas Fire, the CSU has seen an increase in the number of referrals and in the level of acuity, reducing the diversion rate, which had been around 60%, to around 55%.</li> </ul> <p>Alcohol and Drug Programs (ADP) Prevention:</p> <ul style="list-style-type: none"> <li>A. On March 15<sup>th</sup> Prevention participated in a cannabis summit that included trainings and discussions. Supervisor Long spoke highly of the summit at the Board of Supervisors meeting on March 20<sup>th</sup>.</li> </ul> <p>Adult Division:</p> <ul style="list-style-type: none"> <li>A. VCBH has been awarded a Mental Health Services Oversight and Accountability Commission (MHSOAC) investment in mental health wellness triage grant for adults and Transitional Age Youth (TAY). VCBH will receive \$1.5 million per year over three years. The grant will allow VCBH to partner clinicians with law enforcement officers on ride-alongs, in collaboration with the Ventura Police Department (PD), Oxnard PD, Simi Valley PD and two clinicians for the Sheriff's Office. VCBH will also increase its outreach to TAY. This grant is funded by MHSA.</li> </ul> |  |  |
| <p><b>XI.</b></p>  | <p><b>Secretary's Report</b></p> <ul style="list-style-type: none"> <li>A. Claudia Armann and May Haffner has been reappointed to three-year terms.</li> <li>B. Karyn Bates has resigned so she may continue to focus on caring for her mother and brother in Arizona.</li> </ul>  |  |  |
| <p><b>XII.</b></p> | <p><b>BHAB Committees Reports</b></p> <ul style="list-style-type: none"> <li>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs <ul style="list-style-type: none"> <li>1. The committee had a lengthy discussion about opening an adult crisis stabilization unit.</li> <li>2. In April the committee will hear a presentation on A New Start for Moms.</li> <li>3. The committee is trying to expand its community base, so it has sent a letter to many agencies asking them to designate a representative who can attend meetings on a regular basis.</li> </ul> </li> <li>B. Prevention Committee – Janis Gardner, Chair <ul style="list-style-type: none"> <li>1. Countywide, over 1,000 naloxone reversal kits have been distributed, and over 200 have been used to save lives.</li> </ul> </li> </ul>  |  |  |

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|                     | <p>2. In April, the committee will hear a report from the Client Network.</p> <p>C. Transition Age Youth (TAY) Committee – Cmdr. Ron Nelson, Chair</p> <ol style="list-style-type: none"> <li>1. The committee heard a presentation on the grassroots program Wise Relationships with Your TAY, which became a support group for parents and caregivers of TAY. The committee is considering restarting this program.</li> <li>2. The list of committee members has been finalized.</li> <li>3. The committee is starting to think of its objectives for the next year.</li> <li>4. A bill, SB 968, was discussed. If passed, it would increase the number of mental health counselors in colleges and universities.</li> <li>5. The committee discussed the push by Los Angeles County to amend the definition of “gravely disabled” and decided to take a wait and see approach on the topic.</li> </ol> <p>D. Youth &amp; Family Committee – Denise Nielsen, Chair</p> <ol style="list-style-type: none"> <li>1. Seneca staff gave an update on the children’s Crisis Stabilization Unit and on the Comprehensive Assessment and Stabilization Services (COMPASS).</li> <li>2. Several new attendees participated in the meeting.</li> </ol>  |   |  |
| <p><b>XIII.</b></p> | <p><b>New Business</b></p> <p>A. Public Hearing to End 30-day Public Comment Period: MHSA Projects: Suicide Prevention of Adult Males; Push Technology – Kiran Sahota, MHSA Manager<br/> Erik Sternad of Interface made a public comment in support of push technology for patients being discharged from inpatient care. He noted that Interface used this technology during the Thomas Fire. When he attended a recent 2-1-1 conference in Washington, DC, he did not hear of any agency using the technology.<br/> Kiran Sahota noted that during the 30-day public comment period she did not receive any public comments on either project.<br/> Ms. Gardner moved to close the 30-day public comment period on push technology, Larry Hicks seconded. The motion passed unanimously.<br/> Kay Wilson-Bolton moved to close the 30-day public comment period on suicide prevention of adult males, Patricia Mowlavi seconded. The motion passed unanimously.</p> <p>B. Member-At-Large<br/> Mr. Harris noted that Gane Brooking’s term as Member-At-Large is coming to an end. He urged anyone who may be interested in the position to contact him or the BHAB assistant.</p>  | <p>Close 30-day public comment period on Push Technology and on Suicide Prevention of Adult Males. <b>M/S/C</b></p> |  |
| <p><b>XIV.</b></p>  | <p><b>Old Business</b></p> <p>A. Determine Feasibility of Forming a Psychiatric Hospital Inpatient Bed Needs Assessment Workgroup – Follow-up – Ratan Bhavnani<br/> Mr. Bhavnani noted that Matt Sandoval, Health Care Agency Chief Deputy Director, holds quarterly meetings with all hospitals in the county. They all face problems with acute care beds. Mr. Sandoval will meet with VCBH and others in April. He is open to the idea of increasing the number of beds at the VCMC Inpatient Unit from the current 30 to 42 and reopening the crisis stabilization unit. The inpatient beds in question cannot be reopened unless the crisis stabilization unit can be relocated to its previous location within the facility.<br/> Mr. Bhavnani recommended to wait and see what Mr. Sandoval can arrange and whether he will need the support of the BHAB. Mr. Harris agreed, noting that the shortage of beds will be somewhat mitigated by the reopening of Vista del Mar Hospital.</p> <p>B. Identify 2018 Site Visits<br/> The list of proposed site visits as submitted by the four BHAB committees was reviewed and discussed.<br/> Cmdr. Ron Nelson moved to conduct site visits to Hillmont House/Anka Behavioral Health, A New Start for Moms, Logrando Bienestar and Interface in downtown Oxnard. Mr. Bhavnani seconded. The motion passed unanimously.</p> <p>The leads for the visits will be:</p> <ul style="list-style-type: none"> <li>• Kay Wilson-Bolton for Hillmont House</li> </ul> | <p>Identify site visits<br/> <b>M/S/C</b></p>   |  |

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|                                    | <ul style="list-style-type: none"> <li>• Patricia Mowlavi for A New Start for Moms</li> <li>• Margaret Cortese for Logrando Bienestar</li> <li>• Cmdr. Ron Nelson for Interface</li> </ul> <p>Terri Yanez, VCBH Administrative Services Chief, noted that A New Start for Moms and Logrando Bienestar are internal programs, so there is no contract to review prior to visiting those two sites, but there are program descriptions. For the other sites, the BHAB Assistant will provide the contracts to the leads.</p> <p>Mr. Harris is hoping that during the site visits, BHAB members will meet with clients and get their feedback on the services they receive and reflect what they were told in the site visit reports.</p>   | Provide contracts to the site visits leads  | E. Pham                      |
| <p><b>XV. Contracts</b></p>        | <p>Mr. Harris noted that, due to the one-week postponement of this General Meeting, the contracts have already been approved by the Board of Supervisors.</p> <p>A. Board of Supervisors Agenda – March 20, 2018</p> <ol style="list-style-type: none"> <li>1. Alcohol and Drug Programs (ADP) and Mental Health – Sterling Care Psychiatric Group, Inc. (Sterling) Third Amendment</li> <li>2. K &amp; M Interprises Fifth Amendment</li> <li>3. All Languages Interpreting &amp; Translating, Inc. (ALIT) Master Agreement</li> </ol> <p>See attached Executive Summary for details.</p> <p>Claudia Armann questioned the realignment funds. Ms. Yanez noted that there are several realignments, and these realignment funds are similar to general funds.</p> <p>Margaret Cortese asked about the languages being covered under the ALIT agreement. Ms. Yanez agreed to send her the contract for her review.</p> <p>Ms. Wilson-Bolton asked about the usefulness of reviewing the contracts when the Board of Supervisors has already approved them. Mr. Harris noted that this responsibility is mandated by the Welfare and Institutions Code.</p> <p>Mr. Bhavnani moved to approve the contracts retroactively and to recommend to the Board of Supervisors that they approve them. Mr. Hicks seconded. The motion passed unanimously.</p> <p>Mr. Harris noted that he is working with the Contracts manager to have performance data provided to the BHAB in relation to the contracts being reviewed each month.</p> | <p>Provide contract to M. Cortese</p> <p>The Board approved sending the contracts to the BOS as submitted.<br/><b>M/S/C</b></p> | <p>T. Yanez,<br/>E. Pham</p> |
| <p><b>XVI. Public Comments</b></p> | <p>Mark Stadler, Program Administrator with the Crisis Intervention Team, shared the concerns that various local law enforcement agencies have regarding having to take people in custody on a 5150 or 5585 involuntary hold to the nearest emergency room and most often having to wait for many hours with the patients until a psychiatric bed becomes available. Mr. Stadler also spoke in favor of hiring more staff at the VCMC Inpatient Unit so more beds can be utilized.</p> <p>Mr. Harris urged Mr. Stadler to provide information to Matt Sandoval on law enforcements concerns. Individual BHAB members can also contact their appointing Supervisor with respect to this matter. Mr. Pringle proposed to forward to Mr. Sandoval a copy of a report that Mr. Stadler is preparing.</p> <p>Mr. Stadler also noted that 46 law enforcement staff graduated from the CIT class the previous week.</p>   |   |                              |
| <p><b>XVII. Adjourn</b></p>        | <p>The meeting adjourned at 3:10 p.m.</p>  |   |                              |

## Behavioral Health Advisory Board GENERAL Meeting Attendance

| 2017-18    | Terms               | Members                | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |
|------------|---------------------|------------------------|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|
| District 1 | 3/11/18 – 3/10/21   | Claudia Armann         | X    | X   | X    | X   | X   |     | X   | X   | X   |     |     |      |
| District 1 | 10/6/15 – 10/6/18   | Karyn Bates            | X    | X   |      |     |     |     |     |     |     |     |     |      |
| District 2 | 2/23/16 – 2/23/19   | Ratan Bhavnani         | X    | X   | X    | X   |     |     | X   |     | X   |     |     |      |
| District 3 | 1/27/18 – 1/26/21   | Nancy Borchard         | X    | X   |      | X   | X   |     |     | X   | X   |     |     |      |
| District 3 | 1/12/16 – 1/12/19   | Gane Brooking          | X    |     | X    | X   | X   |     | X   | X   | X   |     |     |      |
| District 5 | 1/11/18 – 1/10/21   | Margaret Cortese       |      |     |      |     |     |     | X   | X   | X   |     |     |      |
| District 5 | 10/17/17 – 9/23/20  | Monique Garcia         | X    |     |      |     |     |     | X   | X   |     |     |     |      |
| District 2 | 9/13/16 – 9/13/19   | Janis Gardner          | X    | X   | X    | X   | X   |     | X   | X   | X   |     |     |      |
| District 1 | 4/8/18 – 4/7/21     | Mary Haffner           | X    | X   | X    | X   | X   |     |     | X   |     |     |     |      |
| District 4 | 9/17/16 – 9/17/19   | Jerry Harris           | X    | X   | X    | X   | X   |     | X   | X   | X   |     |     |      |
| District 3 | 12/2/17 – 12/1/20   | Larry Hicks            | X    |     |      | X   | X   |     | X   |     | X   |     |     |      |
| District 2 | 3/14/17 – 3/14/20   | Patricia Mowlavi       | X    |     |      |     | X   |     | X   | X   | X   |     |     |      |
| District 4 | 10/13/15 – 10/13/18 | Cmdr. Ron Nelson       | X    | X   | X    | X   | X   |     |     | X   | X   |     |     |      |
| District 4 | 9/17/15 – 9/17/18   | Denise Nielsen         | X    | X   | X    |     | X   |     | X   | X   | X   |     |     |      |
| District 2 | 1/1/17 – 12/31/18   | Supervisor Linda Parks | X    | X   | X    | X   | X   |     | X   | X   |     |     |     |      |
| District 5 | 1/24/17 – 1/24/20   | Dr. Irene Pinkard      |      | X   | X    | X   |     |     |     | X   |     |     |     |      |
| District 5 | 1/10/17 – 1/10/20   | Marlen Torres          | X    |     |      |     | X   |     |     | X   |     |     |     |      |
| District 4 | 2/6/18 – 2/6/21     | Sheri Valley           |      |     |      |     |     |     |     | X   | X   |     |     |      |
| District 3 | 4/15/18 – 4/14/21   | Kay Wilson-Bolton      | X    | X   | X    | X   | X   |     | X   | X   | X   |     |     |      |

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| District 1 |  | vacant |  |  |  |  |  |  |  |  |  |  |  |  |
| District 2 |  | vacant |  |  |  |  |  |  |  |  |  |  |  |  |

Present = X

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



# Santa Paula Times

**Friday**  
**Weather Forecast**  
**Partly sunny**  
High 66°F  
Low 45°F



The Community Voice of Santa Paula

Friday, March 23, 2018

Volume 26, Number 24 • \$1.00 Includes Sales Tax



Supervisor Kelly Long (left) is shown inside of the Care Pod that is visiting Santa Paula weekly offering showers, basic medical treatment and other services. The Care Pod is located behind El Buen Pastor United Methodist Church, 1029 E. Santa Paula St., Fridays from 10 a.m. to 12:30 p.m.

## Portable showers for homeless debut in SP

By Peggy Kelly  
*Santa Paula Times*

"Whole Person Care" was launched in Santa Paula with the first portable shower program in Ventura County held weekly at an area church.

The Feb. 23 ceremony welcoming the unique program at El Buen Pastor United Methodist Church on East Santa Paula Street drew elected officials, homeless activists and key Ventura County government figures where coffee and snacks were served before the outdoor program and tours of the shower "pods."

SPiRiT of Santa Paula has been working with Ventura County Healthcare Agency on the program, which offers not only showers but also opens the door to preventive and early-detection healthcare services for the homeless, who often wait until they are seriously ill before they seek treatment. Aside from vaccinations and TB testing, other service providers such as Ventura County Behavioral Health will also be available during weekly shower hours to help those with addictions and mental health issues.

Santa Paula Council members Jenny Crosswhite, Martin Hernandez and John Procter attended, as did Santa Paula City Manager Michael Rock, Police Chief Steve McLean and Fire Chief Rick Araiza.

The latter two noted that their departments are often called out to deal with the homeless because of disruptions or health emergencies.

"This is part of a regional strategy," said County government CEO Mike Powers of the program, which was able to secure funding for three such pods in Ventura County.

Santa Paula, he added, was

found to be a strong partner, as "there was a lot of community support."

Supervisor Kelly Long, who represents Santa Paula on the Ventura County Board of Supervisors, said she is "excited" about the program as it will be "great for the community" by helping the homeless, including those who need stabilization.

She noted that although Santa Paula does not have a traditional homeless shelter, the weekly visit of the pod is "a stand-alone that has great medical and mental health services to go along with it."

"The whole setup here is absolutely fantastic," said Santa Paula Police Commander Scott Varner.

"This is so beautiful and touching," the Rev. Pablo Rovere of El Buen Pastor Church told the crowd.

"What touches me is how great the city of Santa Paula is, how caring and the level of community commitment and compassion" in creating a "one-stop service center" for the homeless, Long said.

There have been no complaints from the neighbors, she said, adding, "It's very easy to say negative things, but all I hear is the positive."

Powers said the creation of the program provides "basic hygiene, respect and dignity...and it's the first step in providing a whole raft of services."

Another bonus is the program was "driven by a person of passion, and Kay Wilson-Bolton" of the SPiRiT of Santa Paula "is that person," he said.

Health Care Agency Director Johnson Gill spoke of the "Whole Person Care" model and his conversations with Powers, Long a leader and strong advocate of healthcare.

When it came to creating services for those who need them the most, Gill said, "I was just looking for a little hope somewhere," and he found it with Hernandez—Long's chief of staff—and Wilson-Bolton.

After speaking with various cities and entities with various questions in Santa Paula, "There was no conversation about barriers, just 'let's do it,'" and Gill said with cooperating agencies, including the city, the unique service center became a reality.

SPiRiT of Santa Paula first met in 2002, and Wilson-Bolton said she had doubts about providing homeless services even as Gill and the county started to show strong interest.

"I didn't believe this day would ever come but it did, and I'm so grateful to our partners," showing they care about the whole person.

"It makes this day," said Wilson-Bolton, "a beginning..."

Former Santa Paula Assistant Fire Chief Vern Alstot noted that the portable shower pod is the "first in the state," and it took eight months "from concept to deployment."

Alstot said he and a partner created Woodstot Modules to provide sustainable mobile solutions to improve community health and safety at the local level. Woodstot designs and builds the portable facilities as triage, treatment and shower rooms to provide access to basic hygiene and health care services for homeless.

After serving on a local homeless task force for years, Hernandez said overall, "I am so happy to be a part of a wonderful partnership and proud that Santa Paula is the first place offering these services...it's a beautiful day for the homeless."

# NAMI Golf Tournament Entry Form

Please complete both sides of this form  
**FOR "TEE TO GREEN" SPONSORSHIP SPECIAL**

- Platinum Sponsor: \$2,500 includes 2 foursomes
  - Gold Sponsor: \$1,000 includes 4 players
  - Silver Sponsor: \$500 includes 2 players
  - Bronzer Sponsor: \$200: Entry + Tee Sign
- \*extra signage and recognition at awards with each of these sponsors\*

Visit: [www.namiventura.org](http://www.namiventura.org)

## INDIVIDUAL GOLF ENTRY

Green Fee and Golf Cart • Lunch @ Clubhouse

Tee Prize Package \_\_\_\_\_

- Entry for all Golf Contest Club \_\_\_\_\_ players @ \$125 ea.

TEE SPONSOR SIGN \$100

Call David Deutsch (805) 890-6738

[David@namiventura.org](mailto:David@namiventura.org)

Tee Sponsor Sign Text \_\_\_\_\_

\_\_\_\_\_

Extra Lunch Tickets \_\_\_\_\_

And awards 1:30 pm—3:30 pm  
Tickets @ \$35.00 ea.

Total Amount Enclosed \_\_\_\_\_

- Call to pay by phone (805) 641-2426 Visa/ Mastercard
- Credit Card Visa / MasterCard (Circle One)
- Check: Please make checks payable to NAMI Ventura County

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_



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

**Telephone:** (805) 641-2426  
**Fax:** (805) 275-2188  
**Email:** [info@namiventura.org](mailto:info@namiventura.org)  
**Website:** [www.namiventura.org](http://www.namiventura.org)  
**Mailing Address:**  
NAMI Ventura County  
P.O. Box 1613  
Camarillo, CA 93011-1613



## Ventura County

## GOLF TOURNAMENT



## Victoria Lakes Course

## April 6, 2018



**RIVER RIDGE**

2401 West Vineyard Avenue  
Oxnard, CA 93036



National Alliance on Mental Illness

The largest grassroots mental health organization in the United States

Our mission is to provide emotional support, education and resources for families affected by mental illness. Through community collaboration and education, we advocate for a life of quality and dignity one without discrimination for all people affected by this illness

**Tournament Prizes for:**

- Hole in one
- Closest to the Pin
- Longest Drive
- Putting Contest

Great Raffle Prizes and Live Auction Items

**Tee Sponsorship Opportunity**

Tee Sponsorships Available  
 Call David Deutsch  
 (805)890-6738  
 david@nammiventura.org

Proceeds from the tournament will be used to continue helping those in our community whose lives have been made so difficult by serious mental illness. We never charge for our classes, and your participation will help ensure our high-quality programming can continue.

For more info visit our website:  
nammiventura.org

**River Ridge Golf Club**

2401 Vineyard Avenue Oxnard, CA  
 April 6, 2018

**Agenda**

- 7:00-7:30am.....Check-In
- 8:15am.....Shotgun Start
- 1:30-3:30pm.....Lunch, Awards &Raffle

**Individual Golf Entry includes:**

- Green Fees and Golf Cart
- Entry for all Golf Contests
- 5 Raffle Tickets

Lunch at the River Ridge Golf Club

**Format:** Texas Scramble

With Texas Scramble each team member tees off at each hole. The captain selects the best tee shot, then each member places his/her ball within 1 club length from this point and plays out the hole with his/her own ball. The selected drive is counted as the first shot of each of the team members for that particular hole. The use of another golfer's tee shot DOES NOT apply on par 3 holes. On these holes each member of the team must play their own ball for the entire hole. A minimum of 3 drives is required from each player. The method of scoring in Texas Scramble is based on the popular Single Stableford format

**Entry Form**

Please complete both sides

**Golfer 1**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Handicap or Best Score: \_\_\_\_\_ If you don't have one, enter your best 18-hole score from the last three years. If you haven't played in the last three years, enter the best 18-hole score you've ever made. If you don't make an entry, we'll assign a zero handicap. Maximum handicap is 24.

**Golfer 2**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Handicap or Best Score: \_\_\_\_\_

**Golfer 3**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Handicap or Best Score: \_\_\_\_\_

**Golfer 4**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Handicap or Best Score: \_\_\_\_\_



At the BHAB General Meeting of March 26, 2018,  
Lou Matthews (center) receives Certificates of  
Commendation for her and her husband James (Jim)  
from Ratan Bhavnani (left) and Nancy Borchard (right)



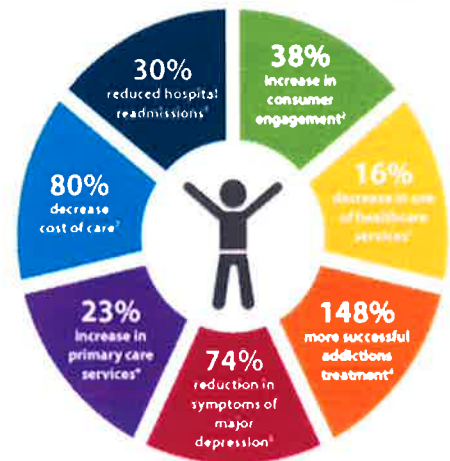
## VENTURA COUNTY WHOLE PERSON CARE PILOT

Deanna Handel  
Manager, Whole Person Care

Behavioral Health Advisory Board  
03/26/18

## Whole Person Care – 3 Big Ideas

- Disproportionate costs driven by small group whose needs span **multiple systems**
- Proven delivery models **improve care** and **reduce costs** using data-driven, human centered approaches
- Success requires thoughtfully **changing systems** in ways that should ultimately **benefit all patients**, have positive impacts **beyond the health care system**



## Who is our Target Population?

**Gold Coast Health Plan (MediCal) high-utilizing beneficiaries with four or more ED visits and/or two or more IP admits (~4600 eligible)**

**Homeless High-Risk (NEW, 2018)**

**WPC Connect Pilot:**

- 880 participant rolling enrollment
- 2240 beneficiaries served over 4 years
- 270 homeless high risk
- 810 over 3 years

| Characteristic              | Percentage |
|-----------------------------|------------|
| Multiple Chronic Conditions | 97.8%      |
| Mental Health Disorder      | 40.5%      |
| Substance Use Disorder      | 24.4%      |
| Homeless                    | 27.7%      |

3

## Why this Population?

**% of Total Population vs. % of Total Cost**

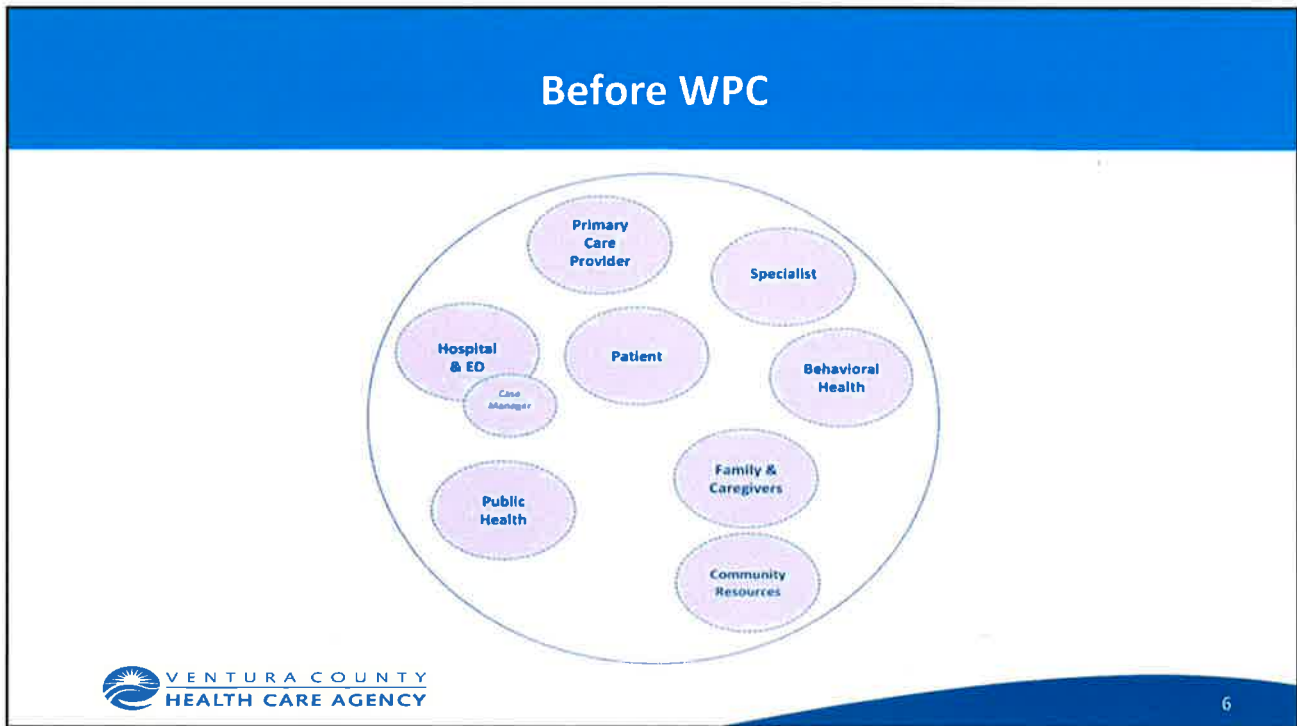
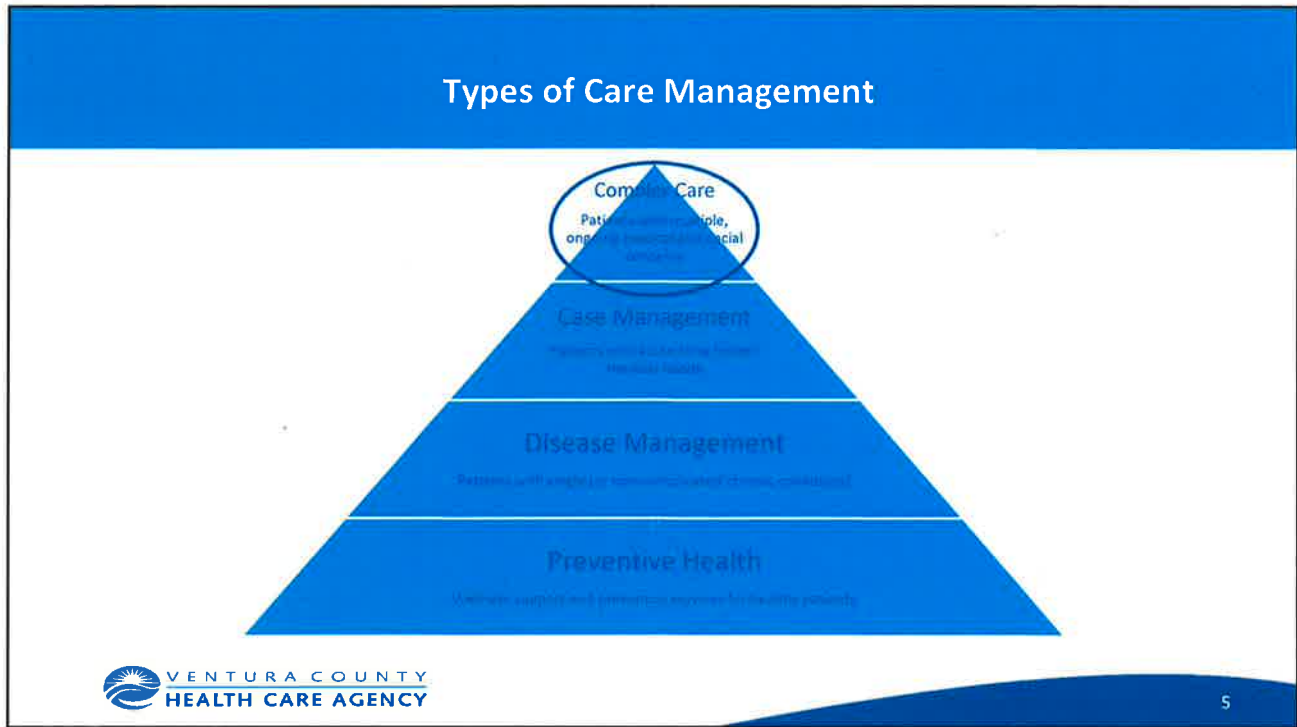
| Metric                    | Value |
|---------------------------|-------|
| % of Beneficiaries (GCHP) | 0.9   |
| % of Cost (2015)          | 9.9   |

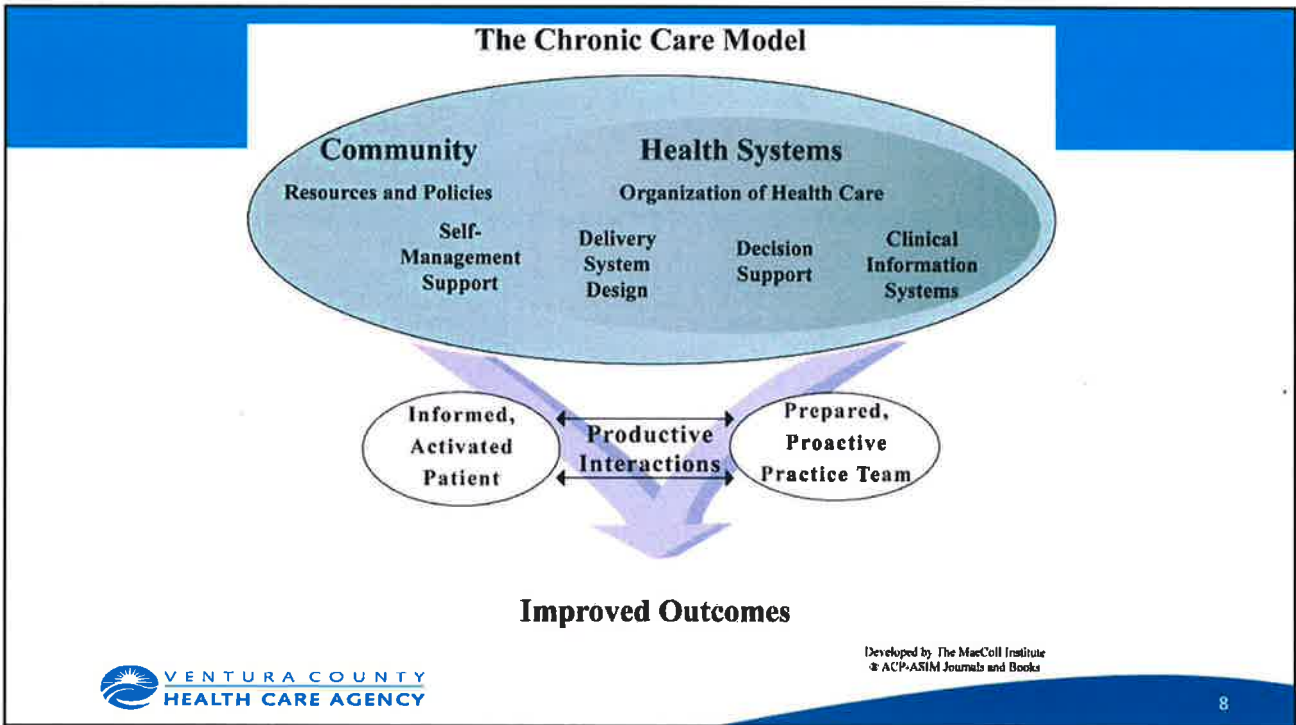
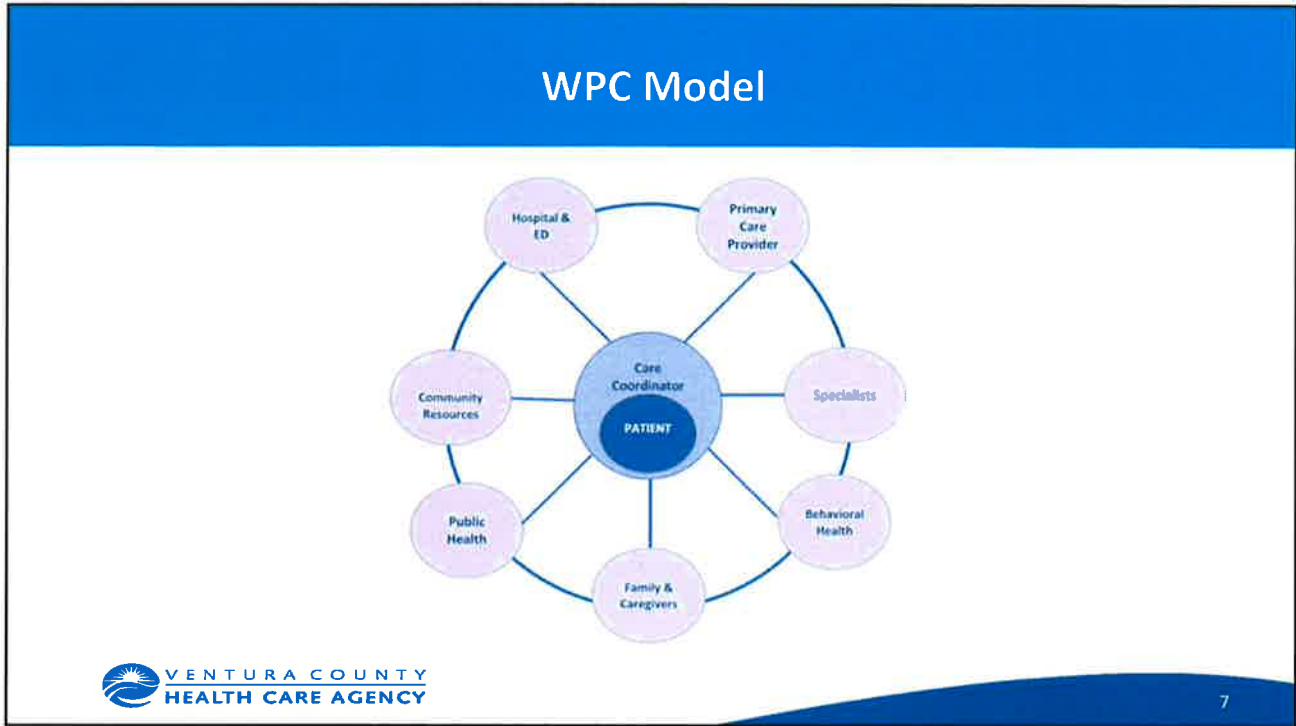
**Average Number of VCHCA Encounters in 2015**

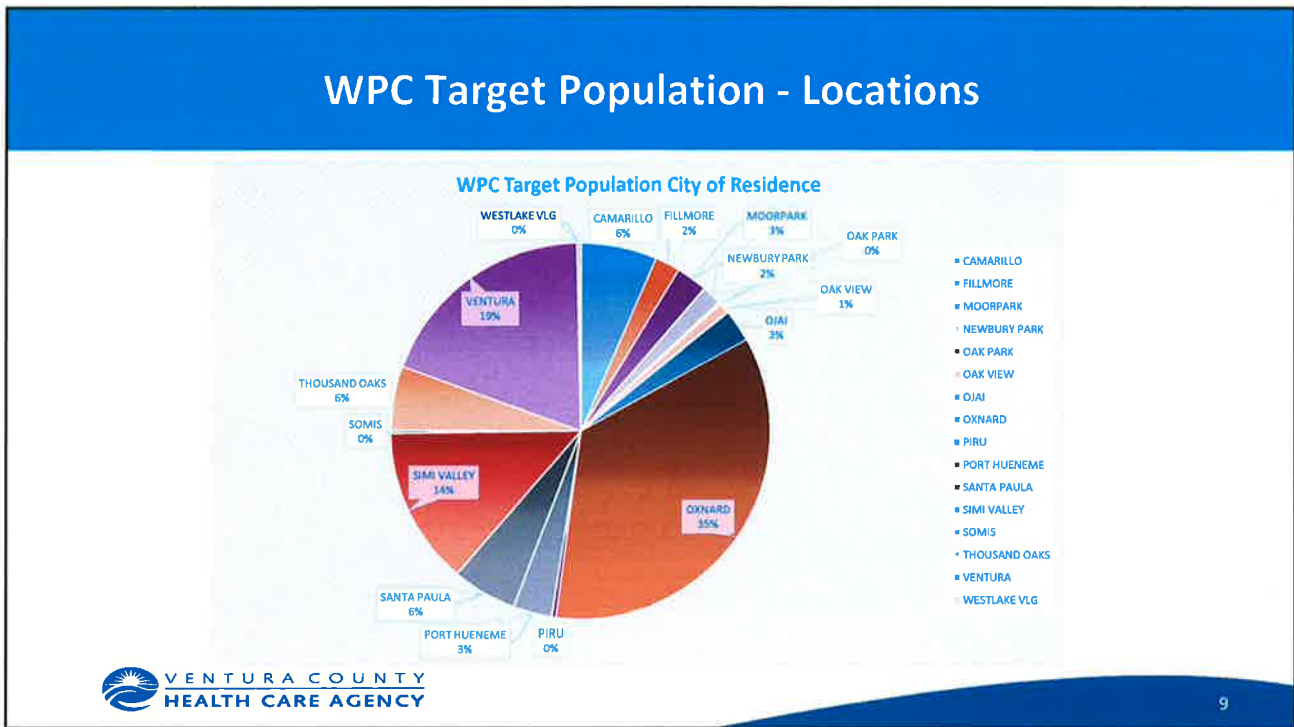
| Group                        | Average Encounters |
|------------------------------|--------------------|
| Target Population            | 17.1               |
| Average Medi-Cal Beneficiary | 5.4                |

**Per person, the target population costs 10x as much as average and has 3.2x as many health care visits.**

4







### WPC Target Population - Characteristics

| Characteristic                      | #                   | %            |
|-------------------------------------|---------------------|--------------|
| <b>Gender</b>                       |                     |              |
| Female                              | 1559                | 58%          |
| Male                                | 1121                | 42%          |
| <b>Language</b>                     |                     |              |
| English                             | 2293                | 86%          |
| Spanish                             | 339                 | 13%          |
| <b>Age</b>                          | Average: 43.4 years | Range: 18-95 |
| <b>ER Visits</b>                    | 6.7                 | 0-123, 97%   |
| <b>Inpatient Stays</b>              | 2.9                 | 0-23, 51%    |
| <b>Preventive Care</b>              |                     | 39.7%        |
| <b>Overlap with June, 2016 list</b> | 663                 | 25%          |

**VENTURA COUNTY HEALTH CARE AGENCY**

10

## WPC Target Population – Top Conditions

| Top Diagnoses by Freq. – WPC TP                         | Most Prevalent Chronic Diseases (US)     |
|---|--|
| Other Arthropathies, Bone and Joint Disorders (1026)    | Hypertension                             |
| Headache (666)  | Hyperlipidemia                           |
| Other Spinal and Back Disorders: Low Back (656)         | Allergies, Sinusitis, and Other UR Cond. |
| Other Respiratory Symptoms (640)                        | Arthritis                                |
| Diabetes Mellitus Type 2 and Hyperglycemic States (635) | Mood Disorders (Depression and Bipolar)  |
| Rheumatic Fever (626)                                   | Diabetes (Type 1 and Type 2)             |
| Factors Influencing Health Status (605)                 | Anxiety Disorders                        |
| Essential Hypertension (601)                            | Asthma                                   |
| Generalized Anxiety Disorder (596)                      | Coronary Artery Disease (incl. MI)       |
| Other Cardiovascular Symptoms (558)                     | Thyroid Disorders                        |
| Infections of the Skin and Cutaneous Tissues (534)      | COPD and Bronchiectasis                  |

## Delivery System

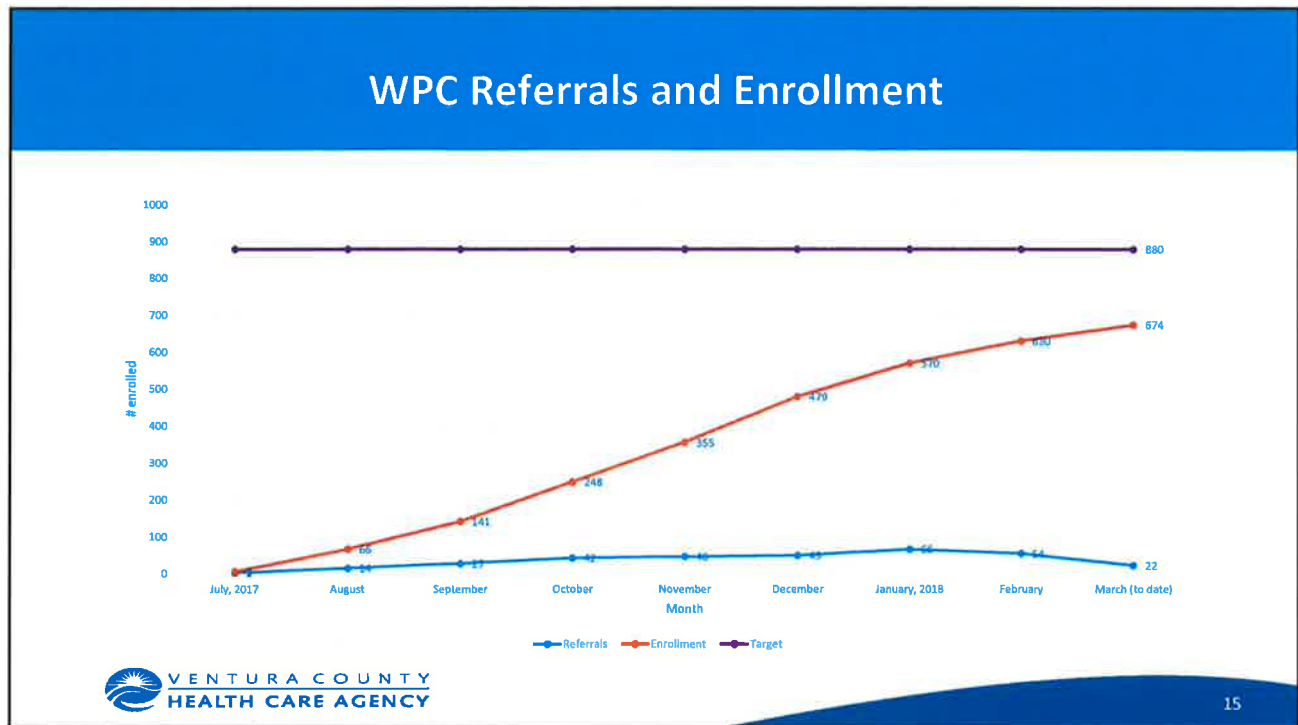
- Intensive, multi-disciplinary care coordination
- Engagement using CHWs
  - Build relationships
  - Address social/behavioral barriers to wellness
- Wraparound supports – food, transport, shelter/housing leveraged through community partnerships
- Recuperative care
- Mobile care (outreach pods)

## Pay for Success Model

- >50% of payments tied to specific outcomes:
- Require successive annual improvements >5% over target or baseline
- 26 payments, amounts ranging from \$250K-\$750k
- **Reduced utilization (ED, inpatient)\***
- **Timely follow-up (ED, new AOD diagnosis) within 30 days**
- **Health status of target population**
- **HbA1c <8%, depression, suicide risk**
- **Service targets (housing services, CSW encounters)**
- **Administrative, data infrastructure benchmarks, PDSA cycles**

## Implementation/Staffing Structure

| Category          | Position Types  | Phase I FTEs |
|-------------------|---|--------------|
| Administrative    | Manager<br>IT/Database/QI<br>Admin/Finance<br>MD/Psych (Consulting) | 1            |
| Care Coordination |   |              |
| - Central         | Nurse Manager<br>BH Clinician<br>RN                                 | 3            |
| - Field           | CHWs  | 14           |
| - Engagement      | RN<br>Substance Abuse Specialist<br>Medical Assistant               | 3            |



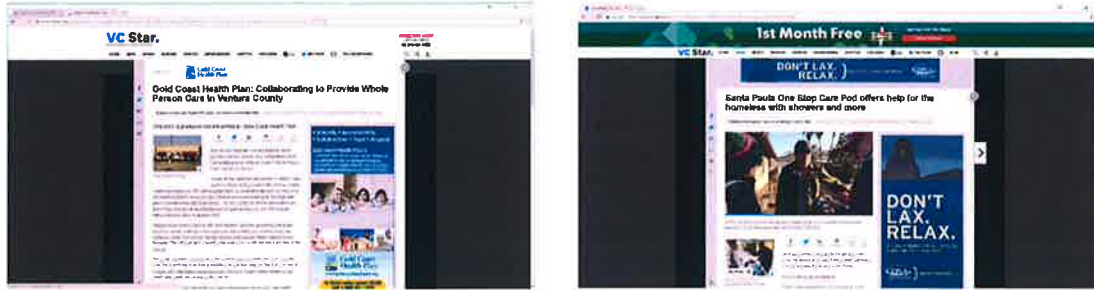
### HCA Mobile Outreach Care Pods

- Portable, self-contained, retrofitted container boxes with showers and exam room
- Placed adjacent to where homeless gather or go for services
- Focus is:
  - Basic hygiene
  - Limited-scope medical services (screening, vaccinations, TB testing)
  - Field treatment of some conditions (lice/scabies)
- Staffed with multi-disciplinary personnel, community partners
  - One Stop model




16

## VC Star Articles



## How to make a referral



**VENTURA COUNTY  
HEALTH CARE AGENCY**

### WHOLE PERSON CARE REFERRAL

Office (805) 339-1122 FAX (805) 339-1128

E-mail [wholepersoncare@ventura.org](mailto:wholepersoncare@ventura.org)

This information is intended only for the use by the Whole Person Care Program. If you are not the intended recipient, please deliver it to the intended recipient. Disclosure, copying, dissemination, distribution or the taking of any action in reliance on the contents of this transmitted information is strictly prohibited.

Date: \_\_\_\_\_

**SECTION I REFERRING SOURCE**

Referral by: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Agency/Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SECTION II CLIENT INFORMATION**





VENTURA COUNTY  
HEALTH CARE AGENCY

**THANK YOU!**

**[WHOLEPERSONCARE@VENTURA.ORG](mailto:WHOLEPERSONCARE@VENTURA.ORG)**

**(805)339-1122**

# Whole Person Care



Whole Person Care (WPC) is a new way to provide better care for people who are receiving health care and services from different providers and agencies. By creating a *Shared Care Plan* for you, everyone involved in your care will know what you need and how to best help you.

## BENEFITS

Work with the WPC team to navigate health care and social service needs, which may include assistance coordinating:

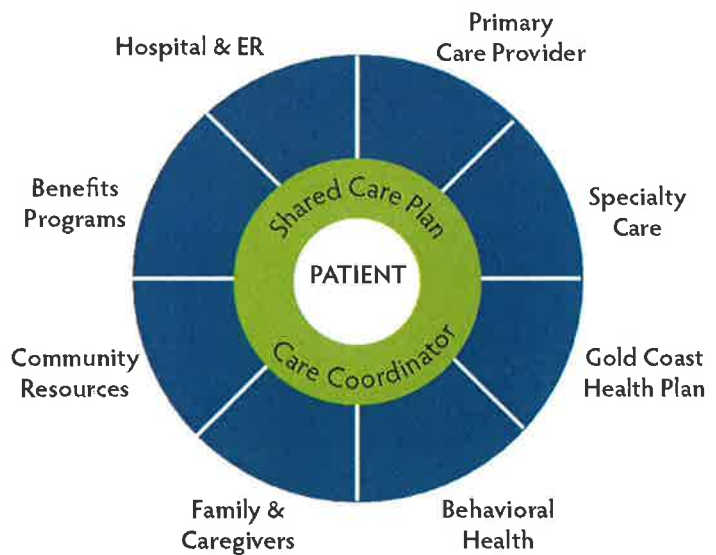
- Medical services
- Housing
- Transportation
- Health insurance
- Food
- Job training
- Behavioral health services
- Drug and alcohol counseling

## YOU MAY QUALIFY IF YOU:

- Are Medi-Cal eligible, without another health care plan
- Are 18-64 years old
- Are a Ventura County resident
- Have had 2 or more hospitalizations in the last year
- Have had at least 4 Emergency Room visits in the last year

## WPC SHARED CARE PLAN

The Whole Person Care program offers intensive, high quality, field based care, paired with information technology for real-time coordination among providers.



## WHAT ARE THE NEXT STEPS?

- We will schedule an intake appointment with you at a convenient location, to learn more about your needs and goals.
- Our mobile team of specialists will help coordinate your health care and referrals to community resources, including other benefits you may qualify for.
- We'll create a shared care plan to help you reach your goals.

## HOW DO I SIGN UP?

Please contact us at: (805)339-1122  
Email: [wholepersoncare@ventura.org](mailto:wholepersoncare@ventura.org)

VENTURA COUNTY BOARD OF SUPERVISORS

1st District      Supervisor Steve Bennett  
2nd District      Supervisor Linda Parks  
3rd District      Supervisor Kelly Long  
4th District      Supervisor Peter C. Foy  
5th District      Supervisor John C. Zaragoza

County Executive Officer      Michael Powers

WHOLE PERSON CARE  
MISSION STATEMENT

Provide comprehensive, cost-effective, compassionate health care for high need Medi-Cal clients, especially those facing barriers, through providing resources, education and medical case management.

CONTACT US

Please call us at:  
(805) 339-1122

EMAIL: [wholepersoncare@ventura.org](mailto:wholepersoncare@ventura.org)



VENTURA COUNTY  
HEALTH CARE AGENCY

VENTURA COUNTY HEALTH CARE AGENCY

*Whole Person Care*



*Whole Person Care (WPC) is a new, integrated system to help Medi-Cal recipients with multiple needs to navigate the county's medical and social programs.*



VENTURA COUNTY  
HEALTH CARE AGENCY

# Whole Person Care

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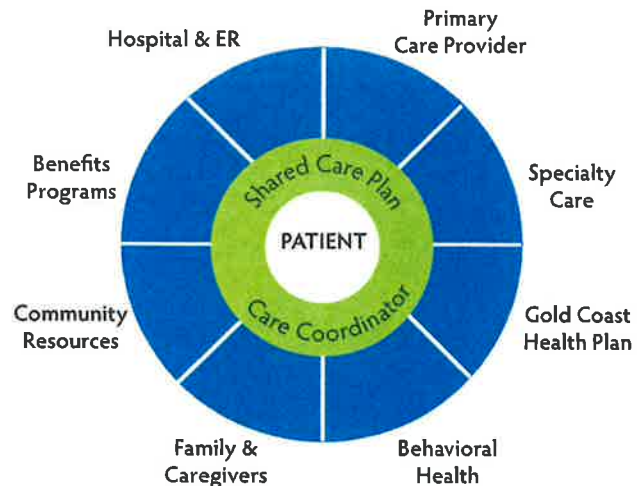
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Email: [wholepersoncare@ventura.org](mailto:wholepersoncare@ventura.org)

# VCHCA

ONE STOP ✓ CARE POD

## EL BUEN PASTOR UNITED METHODIST CHURCH

1029 E. Santa Paula St., Santa Paula  
FRIDAYS, 10:00 a.m. – 1:00 p.m.



## SERVICES

- Free Showers
- Free Sack Lunch
- Social Services
- Health Services
- Medical Referrals
- Mental Health Referrals
- Housing Referrals  
& Support

# VCHCA

Una Parada ✓ Vaina de Cuidado

## IGLESIA METODISTA EL BUEN PASTOR

1029 E. Santa Paula St. en Santa Paula  
VIERNES de 10:00 a.m. a 1:00 p.m.



## SERVICIOS

- Baños Gratuitos
- Almuerzo en bolsa gratis
- Servicios Sociales
- Servicios de Salud
- Referencias Medicas
- Referencias de  
Salud Mental
- Referencias para  
Viviendas y Apoyo



County: Ventura Date Submitted 2/26/2018

Project Name: Push Technology Project

## I. Project Overview

### 1) PRIMARY PROBLEM

- *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.*
- *Describe what led to the development of the idea for your INN project and the reasons you have prioritized this project over alternative challenges identified in your county.*

A simple Google search for psychiatric bed shortage reveals pages of news articles nationwide decrying the need for additional psychiatric hospital beds. The number of psychiatric beds in the United States has been decreasing dramatically over the past few decades. The Treatment Advocacy Center recently published estimates of state hospital bed needs, noting in 1955 (before deinstitutionalization), the nation was served by roughly 337 state beds per 100,000 persons, and by 2016, there were fewer than 12 beds per 100,000 persons (Swartz 2016). Since 1998, there has been a 35% reduction in available beds per 100,000 people (Bastiampillai, Sharfstein, Allison, 2016). Ventura County has experienced similar declines in the number of available beds – a problem exasperated by the recent Thomas Fire that burned one of only two psychiatric facilities in the County. The affected hospital treated adults and was the only facility in the County licensed to treat youth. The result has been a recent spike in youth hospitalizations out-of-county, often as far away from family as Bakersfield or the San Francisco Bay area.

Research has demonstrated a lack of available hospital beds leads to higher occupancy rates, shorter inpatient rates of stay and prolonged emergency department waiting times (Bastiampillai, Sharfstein, Allison, 2016). This causes the most vulnerable patients in crisis to wait for hours or days, crowding hospital hallways while they wait for a bed to become available, only to then be released back in to the community at faster rates than in the past.

Individuals with a current or recent inpatient psychiatric hospitalization are also at an elevated risk for suicide. A significant clustering of suicides has been found soon after discharge from psychiatric care – the most critical period being the first 28 days (Goldacre, Seagroatt, Hawthorne, 1993). Reinforcing the need for additional beds but also supports to be instituted during the critical period between discharge and treatment.

The most obvious solution to this issue is to increase the number of available beds. However, the lengthy licensing processes, high cost and lack of available space restrict this possibility. A workgroup has been formed in Ventura County to advocate for additional bed space, but this simple solution may never be enough. A simulation to study the reduction in psychiatric hospital admission delays in North Carolina by increasing available beds was employed in 2015. The results

emphasized the scale of the problem as “the substantial capacity shortfalls in the current system. For example, opening an additional 24-bed unit was projected to decrease average (ER) wait time by only six percent. Capacity would need to be increased by 165 percent (356 beds) to reduce average wait time below 24 hours” (La, Lich, Wells, Ellis, Swartz, Zhu, Morrissey 2014). No County can accommodate that 165 percent growth in any sort of reasonable time frame.

There are plenty of reasons to explore new and innovative complimenting treatments to reduce the need for these beds in any way possible, though. The County seeks to explore whether technology can aid in this goal by offering mobile bridge support post-discharge to reduce rates of re-hospitalization.

## **2) WHAT HAS BEEN DONE ELSEWHERE TO ADDRESS YOUR PRIMARY PROBLEM?**

A Literature Review was performed during the winter of 2017/2018 searching push technology, ecological momentary interventions, re-hospitalization reduction, discharge support and rates of psychiatric re-hospitalization. Searches of MHSA-funded County behavioral health departments were also reviewed for existing programs using technology to support reducing re-hospitalization rates. There were not enough examples in literature to support an evidence-based model that had consistent positive findings on reducing re-hospitalization, and even fewer that used technology as a bridge support. Utilizing technology platforms to support mental health is a new and emerging business with new applications and websites consistently being developed. However, research on these efforts is lacking. Research is still developing on many of these adjunct treatment approaches and supports. Kern and Los Angeles County are embarking on the use of technology supports to increase accesses to mental health services but do not target seriously and persistently mentally ill individuals exiting hospitalization.

Behavioral Intervention Technologies (BIT) are a good way to test ecological momentary interventions (EMIs). EMIs are repeated treatments provided to people during their everyday lives in real time and in their natural settings. According to research done by Mohr and his colleagues, older studies have tried this – beginning with pen and paper then moving to personal digital assistants popular in the late ‘90s – while more recent studies have used cell phones and smartphones. Trials have found some positive effects on treating anxiety, eating disorders, bipolar and schizophrenia with mobile EMIs, though the literature is limited and of variable quality (Mohr, Burns, Schuller, Clarke, and Klinkman 2013). None of the research found made any definitive conclusions regarding the efficacy of BITs and EMIs. No studies were found utilizing EMIs to reduce re-hospitalization rates. Literature found focusing on lowering rates of re-hospitalization interventions also varied widely.

Common themes that emerged for reducing re-hospitalization across the literature focused on bridge supports that offered integrated service delivery between inpatient and outpatient treatment staff, phone calls for appointment reminders and higher number of hours spent in treatment post hospitalization as being effective (Dixon, Goldberg, Iannone, Lucksted, Brown, Kreyenbuhl, Lijuan Fand, Potts 2015; Beebe 2001). The primary positive factor found in the review of existing research was family support during and after hospitalization. Family support is routinely identified as a determining factor in a patient’s success after discharge across age groups, from children to adults (Blader, 2004; Dixon, Goldberg, Iannone, Lucksted, Brown, Kreyenbuhl, Lijuan Fand, Potts 2015;

Compton, Rudisch, Craw, Thompson, Owens, 2006). The Push Technology Innovation attempts to utilize these findings in the design of the proposed project.

### 3) THE PROPOSED PROJECT

*Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).*

*Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.*

- *Provide a brief narrative overview description of the proposed project.*
- *Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).*
- *Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.*

The proposed project will focus on individuals exiting county inpatient psychiatric hospitals and residential crisis stabilization units. The project is designed to increase the quality of mental health services. The primary goal of the project is to improve post-discharge outcomes through the employment of mobile EMI through automated push technology provided in partnership with the local 211 services provider. The project makes a change to an existing mental health practice by utilizing EMI to reduce re-hospitalization through repeated mini-assessments and appropriate follow-up during the first 90 days post hospitalization. According to repeated research, this is the time period when individuals are at the highest risk for re-hospitalization or attempted suicide (James, Charlemagne, Gilman, Alemi, Smith, Tharayil, Freeman 2010; Goldacre, Seagroatt, and Hawthorn 1993).

Youth and adults will be invited to enroll in the trial upon discharge and participants will receive a daily text assessment measuring mood for the first 30 days after discharge, then weekly for the remaining 60 days. Any downward trend in the assessments or sudden dip will automate a follow-up text offering one of the following options:

- Connect the patient to their clinic
- Connect the patient to a warm line
- Have the operator call them
- Provide a resources referral

- Connect to the crisis team
- No action

In addition, enrollees may identify a support person (i.e., a friend, parent, sibling, spouse, etc.) to participate in the program. These support participants will receive weekly assessments asking for their perception as to how they feel the person is doing. Similarly, these individuals will receive follow-up texts after downward trends or sharp declines with the same menu of services.

Appointment reminders are another important intervention recommended by the literature review. Therefore, both the participants and their support people will receive a first appointment reminder text in addition to the 90 days of EMI. The project attempts to utilize the most consistent recommendations from the literature to build a best practice into the innovative program design. The goal of the program is to intervene with the already available support services prior to the participant decompensating to the point of needing re-hospitalization.

#### **4) INNOVATIVE COMPONENT**

*Describe the key elements or approach(es) that will be new, changed or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

The Push Technology Innovation project uses mobile behavioral intervention technology to adapt EMI and connect vulnerable participants to ongoing services during the first 90 days post discharge from an inpatient psychiatric hospital or crisis stabilization unit. By offering this intervention during this critical time, the project anticipates participants will utilize services at a higher rate, thus reducing re-hospitalization.

#### **5) LEARNING GOALS / PROJECT AIMS**

*The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.*

- Are clients satisfied with EMI technology and do they find it valuable in their mental health recovery?
- Do participants make it to their follow up appointment more frequently with text support?
- Does using mobile EMI increase treatment adherence?
- Does using mobile EMI reduce the rate of re-hospitalizations?

#### **6) EVALUATION OR LEARNING PLAN**

*For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?*

- *Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?*

**Target Participants** will include Adults and youth being discharged from psychiatric hospitalization or crisis stabilization units. Local psychiatric hospitals and crisis stabilization services only receive patients ages 6-59. Potential participants will be offered to enroll in the program when they meet with the discharge planner from either facility. At that time, they can choose to sign a consent form if they wish to participate.

**Support Participants** will be identified by target participants. Youth must choose a parent or guardian. Adults may identify anyone they believe is or has been a positive support in their wellness and recovery. Participants who are not on-site to sign consent forms will be able to give their consent through the text messaging capacity.

- *What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.*

Participant demographics, the number of responses to EMI, and overall engagement with push technology services as well as a self-report survey on hospitalization treatment and satisfaction with services. A qualitative design method will be used to evaluate the learning goals, using the above data, and patient electronic health records. Self-report survey data and the electronic health record (EHR) will be evaluated to establish treatment history and past hospitalizations for comparison post-intervention. Treatment history will be defined as participants who have received treatment from VCBH or other confirmed provider and have progress notes that support that they are engaged and taking any prescribed medications. Text pre and post surveys will measure self-report of treatment adherence, the value of service, and any hospitalizations that happen out of the county or out of network. EHR will be compared against the self-report survey to ensure the most complete data set. Out-of-network or out-of-county hospitalizations are not automatically reported. EMI assessments will measure mood and any requests for needed services (clinical or otherwise) in the first 90 days after discharge to establish levels of engagement. EMI data will be measured separately by participant and support person responses.

- *What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?*

- *Are clients satisfied with EMI technology and do they find it valuable in their mental health recovery?*

Follow up post survey completed through text response will indicate whether participants were satisfied with the services and found the service valuable.

- *Do participants make it to their follow-up appointment more frequently with text support?*

EHR records will identify which patients are leaving the hospital, or crisis stabilization services attended their appointments post discharge. The rate of attendance will be compared with EHRs of participants and individuals who chose not to participate in the study with IRB approval. Otherwise a benchmark indicator will be set from a review of existing research and used for comparison purposes.

– *Does using mobile EMI increase treatment adherence?*

Services utilization and medication compliance will be tracked in the EHR records and compared with participants and individuals discharged during the same period who chose not to participate in the study, pending IRB approval.

– *Does using mobile EMI reduce the rate of re-hospitalizations?*

Recidivism rates will be compared through EHR records and self-report surveys with participants and individuals who chose not to participate in the study or with participant's previous EHR history, one-year post initial hospitalization.

- *How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post-intervention)?*

This is a quantitative method research design utilizing self-assessment surveys and EHR records to assess the intervention's impact. EMI daily and weekly assessment surveys will measure mood over a 90-day period and any additional requests for services or connections to services from the participant and the support person's perspectives through their personal cell phones. A one-year follow-up self-report will take place through a text survey designed to measure any additional hospitalizations, as well as satisfaction and value of the intervention service.

#### **Data Collection Procedures**

- **Behavioral Intervention Technology utilizing EMI for target participants (N=1,000)**

The intervention will involve using a personal cell phone to deliver daily and weekly assessments of participants' moods/feelings for the first 90 days post discharge from a hospital or crisis stabilization facility. At one year, the participants will get a follow-up survey measuring any hospitalizations, as well as their satisfaction and value of the service. These surveys, in addition to their EHR, will be utilized to measure whether the program had a positive effect on first appointment attendance, treatment adherence, and re-hospitalization rates.

- **Behavioral Intervention Technology utilizing EMI assessments for support person of target participants (N=1,000)**

The intervention will involve using a support person's personal cell phone to deliver weekly assessments of target participants' behaviors from the point of view of the support person for the first 90 days post discharge from a hospital or crisis stabilization facility. At one year, the support person will receive a follow-up survey measuring any hospitalizations of the target participant, as well as their frequency of contact, satisfaction, and value of the service.



These surveys, in addition to the target participants' self-report surveys and EHR, will be utilized to measure whether the program had a positive effect on first appointment attendance, treatment adherence, and re-hospitalization rates.

- *What is the preliminary plan for how the data will be entered and analyzed?*

Data will be reviewed to establish any effect the intervention had on participation, value, satisfaction, treatment adherence, and recidivism rates. Data will be compared by age demographic of the participants and comparison groups using t-tests and chi-square analyses. Comparison of continuous measures, scores and Likert scales will be conducted by age and clinical characteristics.

Because of potential differences in the level of engagement of the support person, and to account more directly for the degree of adherence to the model, additional analyses will be performed repeating all the analyses above, including only individuals who had a support person identified in the study. This group will be separated into two groups (Parent and Other) and compared by the age of the enrolled participant. The groups will be compared by t-tests. Additional analysis will look at the support individuals by the degree of participation during the 90-day periods and be compared by repeated the above analysis.

## 7) CONTRACTING

*If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality, as well as regulatory compliance in these contracted relationships?*

Interface is a proven contractor with the County, successfully fulfilling multiple contracts to serve children and family and provide 211 services. They will be responsible for sending monthly data reports to the County for implementation and monitoring purposes. The County will provide project management, data analysis, technical support, regulation compliance and evaluation throughout the project.

## II. ADDITIONAL INFORMATION FOR REGULATORY REQUIREMENTS

### 1) COMMUNITY PROGRAM PLANNING

*Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.*

- **The Community Program Planning Process**

The County modified its approach to the Community Planning Process this past year, with community forums conducted in three different geographic regions of the County, and translation services available in all three. Community members were trained on MHSA rules and regulations,

guiding principles and Innovation criteria. Community members were then asked to submit ideas for needed program and any innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or going online. In addition to community forums, this training was presented to several groups and committees to invite their participation. Through these events, a full list of community needs was compiled with 52 innovative concepts.

- **The MHSA Planning Committee**

The MHSA Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review that highlighted which programs seemed to be new concepts after a preliminary search. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who represented the following populations: consumers, youth, transitional age youth, law enforcement, older adults, and adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

- **Interface Focus Groups**

The contractor conducted focus groups for youth and adults to determine the willingness and interest in a text-based communication line. Based on these results, they launched 211 text capability. Since going live, they have received an average of 167 requests for information a month.

## 2) PRIMARY PURPOSE

Select **one** of the following as the primary purpose of your project. (I.e., the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

Increasing the quality of mental health services, including measurable outcomes, is the primary purpose for the project.

## 3) MHSA INNOVATIVE PROJECT CATEGORY

Which MHSA Innovation definition best applies to your new INN Project (select one):

Making a change to an existing mental health practice that has not yet been demonstrated to be effective – including, but not limited to, adaptation for a new setting, population or community – is the definition that best applies to the project.

**4) POPULATION (IF APPLICABLE)**

*If your project includes direct services to mental health consumers, family members or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number? Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.*

The project estimates 500 individuals at risk of serious mental illness or serious emotional disturbance will be served annually, with 1,000-1,500 over the three-year period. Eligibility criteria consist of discharge from hospitalization or crisis stabilization services (serving ages 6-59) during the project's active enrollment period.

**5) MHSA GENERAL STANDARDS**

*Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.*

- **Community Collaboration**  
The project partners with local service agencies through the 211 service. All participants can be connected to housing, employment, food, education and any needed services through the regular 211 service built into the model.
- **Cultural Competency**  
The text SMS service of 211 can be provided in multiple languages. The current top needs locally, outside of English, include Spanish, Mandarin, Arabic, Farsi, Russian and Vietnamese. According to the Pew Research Center, 95% of Americans own a cell phone. Pew also found that sending notifications via text to consenting survey panel members improves response time and boosts the share of respondents completing the survey on a mobile device (2015). The County is utilizing the cultural norm of texting to communicate on a cell phone to employ this project.
- **Client-Driven**  
Participants will decide whether to participate, which support person they prefer and determine when and what intervention to take advantage of if and when they start to experience declining moods or thoughts of harm.
- **Family-Driven**  
The family will be included in the project to help support participants in their wellness and recovery efforts after hospitalization.
- **Wellness, Recovery, and Resilience-Focused**  
The project target goal is to lower rates of recidivism to psychiatric hospitalization through the utilization of EMI real-time, real-world assessment and connect participants to the supports they



need. The idea is to support participants in their wellness and recovery through a non-intrusive client-driven model.

- **Integrated Service Experience for Clients and Families**

Agencies partnering on this project include Behavioral Health, the Healthcare Agency, local contractor Seneca children’s services and Interface 211 service, provider.

**6) CONTINUITY OF CARE FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS**

The project is designed to enhance the use of current services, not add additional services. There will be no loss of services if the project is unsuccessful.

**7) DECIDING WHETHER AND HOW TO CONTINUE THE PROJECT WITHOUT INN FUNDS**

*Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?*

At the end of year three, if the project produces positive results and is deemed a success, the County will include the project in the continued budget for the following year. If the project is unsuccessful in any of the four learning goals, the project will be discontinued.

**8) COMMUNICATION AND DISSEMINATION PLAN**

- *Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.*

Annual updates will report on the process of the project’s learning goals, with a final report submitted to the State at the project’s conclusion. Ongoing presentation updates will be provided to the BHAB annually.

- *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

Keywords for searching will include: “push technology,” “text message support,” “crisis care,” “re-hospitalization prevention” and “ecological momentary interventions.”

**9) TIMELINE**

- *Specify the total timeframe (duration) of the INN Project:  3  Years  0  Months*
- *Specify the expected start date and end date of your INN Project:  
 7/1/2018 - Start Date, 6/30/2021 - End Date*
- *Note: Please allow processing time for approval following official submission of the INN Project Description.*
- *Include a timeline that specifies key activities and milestones and a brief explanation of how the project’s timeframe will allow sufficient time for startup and evaluation:*

| Time                  |  |
|-----------------------|--|
| Year 1<br>Month 1-6   | <ul style="list-style-type: none"> <li>- Contractor hires needed program staff</li> <li>- Contractor works with its staff to create text messaging surveys, assessments, timing sequences and follow up procedures</li> <li>- Training for enrolling participants takes place for hospitalization and crisis stabilization staff</li> <li>- IRB approval finalized</li> <li>- Project presented at the VCBH clinic town halls to ensure awareness</li> </ul> |
| Year 1<br>Months 7-12 | <ul style="list-style-type: none"> <li>- Enrollment of participants begins</li> <li>- Program proceeds to enrollment target of 300-500 participants</li> <li>- Enrollment targets are broken down into a range due to the fluctuation in hospitalization rates</li> </ul>  |
| Year 2                | <ul style="list-style-type: none"> <li>- Year 1 data gathered and organized</li> <li>- Follow up surveys begin</li> <li>- Past 5 years of data collected for all enrolled participants (as possible)</li> <li>- Program proceeds to enroll 500-1000 participants</li> </ul>  |
| Year 3<br>Months 1-5  | <ul style="list-style-type: none"> <li>- Year 2 data gathered and organized</li> <li>- Program proceeds to enroll 0-250 participants as need to complete enrollment targets then enrollment concludes</li> </ul>   |
| Year 3<br>Months 6-12 | <ul style="list-style-type: none"> <li>- Follow up surveys conclude</li> <li>- All data from the evaluation questions are analyzed for the final report</li> </ul>   |

**10) INN Project Budget and Source of Expenditures**

*The next three sections identify how the MHSa funds are being utilized:*

- **BUDGET NARRATIVE**  
*(Specifics about how money is being spent for the development of this project)*
- **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY**  
*(Identification of expenses of the project by funding category and fiscal year)*
- **BUDGET CONTEXT** *(If MHSa funds are being leveraged with other funding sources)*

**III. BUDGET NARRATIVE**

*Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time..."). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.*

**OPERATING COSTS**

**Indirect Costs**

VCBH Administrative Allocation (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc.

Total Indirect Costs: \$57,252

**CONSULTANT COSTS/CONTRACTS**

**Direct Costs**

**Push Technology Services: (Interface)-**

**Personnel**

**Contact Specialist:** Trained on VCBH Push Technology Project process, procedures, and goals of the program. Connects participants to services menu, provides follow up support, and connection to any additional non clinical needs that participants request.

Time to Project: 36 months; 100% FTE Annual Salary \$34,320 Project Salary= \$106,080

**Supervisor:** Develop VCBH Push Technology Project process, procedures, that support the goals of the program. Provides supervision to contact specialist. Responsible for sending monthly data reports and quarterly narrative reports.

Time to Project 36 months; 50% FTE Annual Salary \$47,116 Project Salary= \$72,815

Benefits: (22.50%) Total= \$40,251



Total Personnel = \$219,147

**Operating Expense:** Occupancy, Telephone, Texting, Network Management, Supplies, Equipment

Operating Expense Total = \$36,725

**Indirect Costs:** (15%) Overhead cost allocation of contractor.

Total Indirect Cost = \$38,381

Total Push Technology Services: \$294,253

**Evaluation:** (Evalcorp)-Creation of formal evaluation plan, matching participants, control group data records, analysis of data findings, two annual reports and one final summation report of project outcomes.

Total Evaluation Cost = \$87,427

TOTAL CONSULTANT/CONTRACTORS = \$381,681

**GRAND TOTAL: \$438,933**

| <b>I. New Innovative Project Budget By FISCAL YEAR (FY)*</b> |                       |                |                |                |                |                |               |
|--|-----------------------|----------------|----------------|----------------|----------------|----------------|---------------|
| <b>EXPENDITURES</b>  |                       |                |                |                |                |                |               |
| <b>PERSONNEL COSTs (salaries, wages, benefits)</b>           |                       | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>  |
| 1.   | Salaries              |                |                |                |                |                |               |
| 2.   | Direct Costs          |                |                |                |                |                |               |
| 3.   | Indirect Costs        |                |                |                |                |                |               |
| 4.   | Total Personnel Costs |                |                |                |                |                |               |
|  |                       |                |                |                |                |                |               |
| <b>OPERATING COSTs</b>                                       |                       | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>  |
| 5.   | Direct Costs          |                |                |                |                |                |               |
| 6.   | Indirect Costs        | <b>18,100</b>  | <b>18,483</b>  | <b>20,669</b>  |                |                | <b>57,252</b> |
| 7.   | Total Operating Costs |                |                |                |                |                |               |



| <b>NON-RECURRING COSTS<br/>(equipment, technology)</b>                                  |                           | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>   |
|---|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 8.  |                           |                |                |                |                |                |                |
| 9.  |                           |                |                |                |                |                |                |
| 10.   | Total Non-recurring costs |                |                |                |                |                |                |
| <b>CONSULTANT COSTS/CONTRACTS<br/>(clinical, training, facilitator,<br/>evaluation)</b> |                           | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>   |
| 11.   | Direct Costs              | <b>108,234</b> | <b>110,430</b> | <b>124,636</b> |                |                | <b>343,300</b> |
| 12.   | Indirect Costs            | <b>12,435</b>  | <b>12,791</b>  | <b>13,155</b>  |                |                | <b>38,381</b>  |
| 13.   | Total Consultant Costs    | <b>120,669</b> | <b>123,221</b> | <b>137,791</b> |                |                | <b>381,681</b> |

| <b>OTHER EXPENDITURES (please<br/>explain in budget narrative)</b> |                          | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b> |
|--|--------------------------|----------------|----------------|----------------|----------------|----------------|--------------|
| 14.  |                          |                |                |                |                |                |              |
| 15.  |                          |                |                |                |                |                |              |
| 16.  | Total Other expenditures |                |                |                |                |                |              |

| <b>BUDGET TOTALS</b>                                 | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b> |
|--|----------------|----------------|----------------|----------------|----------------|--------------|
| Personnel (line 1)                                   |                |                |                |                |                |              |
| Direct Costs (add lines 2, 5 and 11<br>from above)   | <b>108,234</b> | 110,430        | 124,636        |                |                | 343,300      |
| Indirect Costs (add lines 3, 6 and 12<br>from above) | <b>30,535</b>  | 31,274         | 33,824         |                |                | 95,633       |
| Non-recurring costs (line 10)                        |                |                |                |                |                |              |
| Other Expenditures (line 16)                         |                |                |                |                |                |              |
| <b>TOTAL INNOVATION BUDGET</b>                       | <b>138,769</b> | 141,704        | 158,461        |                |                | 438,933      |



- For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

| <b>II. Expenditures By Funding Source and FISCAL YEAR (FY)</b> |   |                |                |                |                |                |              |
|--|---|----------------|----------------|----------------|----------------|----------------|--------------|
| <b>Administration:</b>   |   |                |                |                |                |                |              |
| <b>A.</b>  | <b>Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b> | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b> |
| 1.   | Innovative MHSAs Funds  | 18,100         | 18,483         | 20,669         |                |                | 57,252       |
| 2.   | Federal Financial Participation   |                |                |                |                |                |              |
| 3.   | 1991 Realignment  |                |                |                |                |                |              |
| 4.   | Behavioral Health Sub-Account   |                |                |                |                |                |              |
| 5.   | Other funding*  |                |                |                |                |                |              |
| 6.   | <b>Total Proposed Administration</b>  |                |                |                |                |                |              |
| <b>Evaluation:</b>   |   |                |                |                |                |                |              |
| <b>B.</b>  | <b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>     | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b> |
| 1.   | Innovative MHSAs Funds  | 25,333         | 25,162         | 36,932         |                |                | 87,427       |
| 2.   | Federal Financial Participation   |                |                |                |                |                |              |
| 3.   | 1991 Realignment  |                |                |                |                |                |              |
| 4.   | Behavioral Health Sub-Account   |                |                |                |                |                |              |
| 5.   | Other funding*  |                |                |                |                |                |              |



|  |  |                |                |                |                |                |                |
|--|--|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>6.</b>  | <b>Total Proposed Evaluation</b>   | <b>25,333</b>  | <b>25,162</b>  | <b>36,932</b>  |                |                | <b>87,427</b>  |
| <b>TOTAL:</b>                                    |  |                |                |                |                |                |                |
| <b>C.</b>  | <b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b> | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>   |
| 1.   | Innovative MHSAs Funds   | 138,169        | 141,703        | 158,461        |                |                | 438,933        |
| 2.   | Federal Financial Participation  |                |                |                |                |                |                |
| 3.   | 1991 Realignment   |                |                |                |                |                |                |
| 4.   | Behavioral Health Sub-Account  |                |                |                |                |                |                |
| 5.   | Other funding*   |                |                |                |                |                |                |
| <b>6.</b>  | <b>Total Proposed Expenditures</b>   | <b>138,169</b> | <b>141,703</b> | <b>158,461</b> |                |                | <b>438,933</b> |
|  |  |                |                |                |                |                |                |
| *If "Other funding" is included, please explain. |  |                |                |                |                |                |                |

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County: Ventura Date Submitted 2/26/2018

Project Name: Suicide Prevention Project

## I. Project Overview

### 1) PRIMARY PROBLEM

- *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.*
- *Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.*

High profile suicides such as Linkin Park's Chester Bennington and Soundgarden's Chris Cornell have highlighted the issue, as well as the rising rates, of suicide in middle age men. Men ages 45-64 experience the highest rates of suicide in America (HHS, 2016), with a 43 percent increase in suicide deaths from 1997 to 2014 (CDC, 2014). Causes have not been substantiated but include a range of topics from high rates of divorce, job loss during the Great Recession and self-harming coping mechanisms such as substance abuse and isolation. Substance misuse significantly increases the risk of suicide, with 22 percent of deaths by suicide in the United States involving alcohol intoxication (CDC, 2014). A diagnosis of alcohol misuse or dependence is associated with a suicide risk that is 10 times greater than the suicide risk in the general population, and acute alcohol intoxication is present in approximately 30-40 percent of suicide attempts (Cherpitel, Borges, and Wilcox, 2004).

Local rates of suicide for middle-aged men have echoed national trends, which is why the County has expressed concern about suicide rates for many years. In fact, the Ventura County Suicide Prevention Council has led a variety of efforts to curb suicide completions locally. In the County, an average of 41 percent of all completed suicides in 2014-2017 were men ages 45-64. These men also compose some of the lowest rates of calls to the local crisis line support, making up only 22 percent of annual calls. One of the challenges in preventing suicide in middle-aged men is reaching them through traditional methods like medical facilities or behavioral health clinics. Some counties have worked with their local chapters of the National Rifle Association to provide suicide prevention pamphlets at local gun shops and ranges. Ventura County plans to modify this approach by increasing community collaboration through targeted advertising in alcohol establishments and training alcohol servers to intervene with patrons who exhibit signs of being at risk for suicide.

### 2) WHAT HAS BEEN DONE ELSEWHERE TO ADDRESS YOUR PRIMARY PROBLEM?



A literature review was performed in the fall of 2017 that searched keywords and phrases that include: suicide prevention men, suicide prevention media campaigns, bartenders, bartenders as gatekeepers and bartenders training. A large body of research was found on suicide prevention campaigns and campaigns targeting men. Very little research was found on training bartenders as gatekeepers in crisis intervention or mental health.

Targeted outreach campaigns on suicide prevention have been well documented for a variety of populations from teens to middle-aged males. Specific focus on suicide rates of middle age men is causing concern even in the United Kingdom where similar rises are drawing attention. Much of the target campaigns for men focus on the increasing risk factors that come with age. These include intimate relationship issues (i.e. divorce or custody battles), job or income loss, masked signs of depression such as social isolation or physical problems, and access to firearms – an especially lethal means.

In California, the “Know the Signs” campaign hosted a webinar on middle-aged men that encouraged counties to focus on this group through campaigns, workplace supports and reaching out to gun shops and ranges to provide education strategies. San Diego County launched “It’s Up to Us Campaign” back in 2010 with one part of the broad campaign focused on men. Santa Clara County took this one step further by launching a study on how relevant suicide prevention campaign materials were in reaching men and reducing stigma. Much of the conclusion highlighted how difficult this population is to reach effectively. Ventura County will utilize the findings from these campaign efforts, and from local men with lived experience and their family members, to develop the proposed targeted outreach campaign. The proposed innovative component of training bartenders as mental health service gatekeepers was more difficult to research.

In the 1970s, there was an effort to expand mental health interventions to include occupations that interact with individuals who have an opportunity to facilitate initial opening up and exchange of sensitive personal information. Examples include training clergy, hairdressers, bartenders and police. The training of both clergy and police has become a widely accepted and routine part of these occupational training programs. Much of the effort for training hairdressers and bartenders though widely spoken and written about during that timeframe was mostly speculation about the prospect rather than trials, training and experimentations on effectiveness. One article listed a specific study that took place in 1974 in Maine, as well as two other articles that were said to have reviewed the practice, but found no results after several searches online and in peer-reviewed journal databases.

Follow up literature is largely absent of any evaluation or effects this effort had on the field outside of the two previously mentioned occupations where this type of training became a mainstay. What was available were three subsequent publications that all concluded training bartenders in mental health gatekeeper functions such as providing referrals and limited crisis intervention would be well suited (Bissonette 1977, Bernard, Roach, and Resnick 1981; Anderson, Maile, & Fisher 2010) and could have an effect on lowering suicide rates among middle-aged men. Bissonette finds “the bartender role offers more opportunities than drawbacks concerning use in a gatekeeper role” (99). Two additional studies specifically proposed college campus bars and bars that serve veterans as places that should be tested (Bernard, Roach, and Resnick 1981; Anderson, Maile, & Fisher 2010). The

consensus for training bartenders as gatekeepers and the lack of trial research both support the innovation proposal to train bartenders and alcohol servers in suicide prevention intervention.

### 3) THE PROPOSED PROJECT

*Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.*

- *Provide a brief narrative overview description of the proposed project.*
- *The project will make a change to an existing practice in the field of mental health.*
- *Briefly explain how you have determined that your selected approach is appropriate.*

The proposed project is a short-term selective prevention program that consists of targeted advertisements for men ages 45-64 and mental health gatekeeper training for bartenders and alcohol servers focused on the same population.

The media campaign will be a combination of print and visual media, including an interactive website, social media ads, coasters, pens and bathroom advertisements. A core group consisting of men with lived experience and bar owners in the targeted age group will work on the campaign design and message with the graphic design team. A local celebrity with lived experience has agreed to be the face of the campaign and share his story as part of the interactive website. The messaging will build on the literature that has already taken place reaching this demographic. Materials will promote messages of hope and help direct recipients to access local websites and helplines. The campaign materials will be distributed in liquor stores, bars, bartending schools and restaurants that serve alcohol in geographic areas with the highest rates of completed suicides. Recruitment for suicide prevention intervention training will take place in these same institutions and locations.

The outreach campaign will focus on local chambers of commerce, restaurant associations and responsible beverage sales and service training providers. The goal of this outreach is to advertise the initiative and send servers of alcohol for suicide prevention training. Media and law enforcement public information officers will be invited to participate in a training on reporting completed suicides and suicide statistics without inciting contagion.

The gatekeeper training Question, Persuade, and Refer (QPR), recommended by Cal MHSA's campaign "Know the Signs," will be offered to bars in the three target areas (Ventura, Simi Valley, and Conejo Valley) where suicide completions have been clustered at the highest rates. The one hour training will be provided during program years one and two of the of the innovation project timeline. QPR focuses on identifying risk factors, encouraging intervention and referring to services. Follow up evaluation will include surveys that take place six months post training to determine whether bartenders and servers are an appropriate target for intervening and preventing suicide in middle-aged men.

### 4) INNOVATIVE COMPONENT

*Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

The project makes a change to an existing mental health model for training non-mental health occupations as mental health gatekeepers. The literature review and search of counties' MHSA programs have been unable to find any published work in the past 40 years that train bartenders as mental health gatekeepers. A small body of research suggests that bartenders would be a suitable group to train in this role.

#### **5) LEARNING GOALS / PROJECT AIMS**

*The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.*

- *What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*
- *How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?*

#### Research Questions/Learning Goals:

- Will a targeted outreach campaign increase the traffic on the local suicide prevention site?
- Will a targeted outreach campaign increase the number calls to the local crisis line for men ages 45-64?
- Does a suicide prevention training increase the knowledge, skills and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?
- Are alcohol servers an appropriate population to target in suicide prevention training?
- Long-term learning goal: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?

Some learning goals are aimed at evaluating the outreach campaign, while others target testing the training of bartenders as mental health gatekeepers. This split allows the County to decipher which strategies to maintain after innovation funding concludes whether it's successful. The long-term learning goal will study the loose correlation between the innovative efforts to curb the rates of suicide among men ages 45-64 and will be compared to the previous five years.

#### **6) EVALUATION OR LEARNING PLAN**

*For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?*

*The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between*

*alternative explanations for the pattern of outcomes you obtain.*

*In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:*

- *Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?*

#### Outreach Campaign

A core group of men with lived experience will develop the campaign materials with our graphic design contractor. They will provide feedback on the proposed messaging, imagery and website development. Pilot testing and focus groups will be completed by the contractor, Idea Engineering.

#### QPR training

Bartenders will be recruited through several mechanisms: mandatory "Responsible Beverage Serving" training, chamber of commerce meetings and targeted establishments near areas with high rates of completion. After discussing the idea with local bar owners, the project will pay for two hours of staff time, where the owner will run through regular quarterly agenda items in the first hour and QPR training in the second hour. Surveys will be administered to all QPR participants, with follow-up surveys taking place six months post-training and incentivized with gift cards.

- *What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and effective dissemination. Please provide examples.*

A mixed method design will be used to evaluate learning goals. Focus groups will develop and test campaign materials. Data analytics will track County websites, suicide hotline use and Facebook traffic to indicate effects of targeted outreach. Pre- and post- evaluation surveys provided by the evidence-based QPR training will inform the effect of the training on participants' knowledge, skills and abilities. An online survey will take place six months after QPR training to assess any behavioral changes as a result of the training.

- *What is the method for collecting data (e.g., interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?*

#### Measures:

1. *Will a targeted outreach campaign increase the traffic on the local suicide prevention site?*
  - Monitor increased website traffic to the suicide prevention website maintained by the County.
  - Track increased traffic after specific social media blasts or related events such as a celebrity completed suicide or other relevant happenings that cause a spike in website use through website analytics.
2. *Will a targeted outreach campaign increase the number of calls from men ages 45-64 to the local crisis line?*

- Monitor the percentage of calls by age to the local suicide prevention center hotline and compare pre and post innovation project start.
  - Monitor the number of clients served by the local crisis team and compare ages of clients in years pre and post innovation project start.
  - 3. *Does a suicide prevention training increase the knowledge, skills and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?*
    - Administer a pre- and post-training survey to bartender participants who complete the QPR training to assess change in knowledge and perceived self-efficacy regarding intervening with patrons who exhibit signs of being at risk for suicide.
  - 4. *Are alcohol servers an appropriate population to train in suicide prevention training??*
    - Administer a follow-up survey to be completed by phone, online or in person evaluating the frequency of intervention, the perception of relevance to their work and any subsequent changes in self-efficacy from post survey to the six-month post.
  - 5. *Long-term learning goal: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?*
    - Monitor completed suicide rates from the Medical Examiner's Report for men ages 45-64 over the next three years and compare rates from the previous five years.
- *How is the method administered (e.g., during an encounter, for an intervention group and a comparison group for the same individuals pre-and post-intervention)?*

This study is a mixed methods research design that involves qualitative (focus groups) and quantitative (administered surveys) approaches conducted in two components. The first component will conduct 2 -5 focus groups on the outreach campaign message and images. The second component will evaluate the effectiveness and usefulness of the QPR training for bartenders and servers through pre and post-tests, as well as a six-month follow up survey. The second component will also monitor campaign effects through data analytics, social media, and any increased uses of local crisis services.

#### Participation and Recruitment

To be eligible for the Focus Group Participation, the participants will:

- Identify as a man
- Have lived experience with suicide
- Be ages 45-64

To be eligible for the QPR training pre-post and the follow-up survey, participants must:

- Be employed at an establishment that serves alcohol
- Be employed in a position that has ongoing interaction with clients consuming alcohol, such as a bartender or server

#### Data Collection Procedures

#### **Focus groups with community stakeholders (N = 15)**

A community-based research method approach will be followed to engage community stakeholders in obtaining feedback about the messaging and imagery for suicide prevention media campaign for men ages 45-64. Focus groups will follow methodology recommended by Kreuger (2008), including the use of focus group facilitators of the same racial/ethnic background as group members, holding the session in an environment that promotes discussion, providing refreshments, audio-taping the session and following a prescribed set of questions. Focus groups will include 7-10 participants each and will last approximately 90 minutes.

**Survey participation with Bartenders and Servers (N = 150)**

A brief survey consisting of existing measures informed by the QPR literature will gather background information (demographic factors) and knowledge outcomes (e.g., perceived knowledge, self-efficacy and perceived relevance to work).

**Measures**

| Question | Indicator  | Measure/Sources Being Considered  |
|----------|--|---|
| 1.       | Increased website traffic-suicide prevention   | Website analytics   |
| 2.       | Increase in use of crisis hotline  | Local Suicide Prevention Hotline total calls by age group   |
| 3.       | Improved assessment scores on pre vs. post test on perceived knowledge and self-efficacy | Question Persuade Refer pre and post curriculum survey  |
| 4.       | Number of times participants identified and intervened six months post training.         | Survey to be developed by Evalcorp to evaluate the change in behavior post training modeled off previous findings of QPR research |
| 5.       | Measure of relevance to work   | Survey to be developed by Evalcorp modeled on previous findings of QPR research   |
| 6.       | Lower rates of completed suicides among men ages 45-60                                   | Annual Medical Examiners Statistics   |

- *What is the preliminary plan for how the data will be entered and analyzed?*

**Data Analyses**

**Quality control procedures and data inspection.** To ensure data quality, the team will take active steps to ensure data completeness and frequent review of all data forms. Measures taken to

maximize participant retention will also contribute to data completeness. Data will be inspected and subjected to quality control procedures. All data collection and quality control procedures will be included in project report for dissemination.

**Qualitative data analysis.** Data from the focus group will be qualitatively analyzed. Organization and analysis of audio-recorded focus groups will be conducted using Microsoft Word. Audio-recordings will be transcribed verbatim. Relevant themes will be reported in study reports as important considerations in the development of the media outreach campaign.

**Quantitative data analysis.** Quantitative data will be aggregated, analyzed, and synthesized according to the methods outlines for each measurement tool. Analyses will include descriptive statistics and integration of findings from the pre, post and follow up surveys. Descriptive analyses will be conducted to describe participants' background characteristics, including means and proportions and measures of variability. Analyses will be examined overall by gender, age and occupation data. Statistics will be calculated for each time of assessment.

## 7) CONTRACTING

Idea Engineering is an existing County contractor with various departments and has experience creating public service announcements, prevention and awareness campaign materials. They also created the County MHSa website. The County will provide project management, data analysis, technical support, regulation compliance and evaluation throughout the project.

## II. Additional Information for Regulatory Requirements

### 1) Community Program Planning

*Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSa requirements for INN Projects.*

#### **The Community Program Planning Process**

The County modified its approach to the Community Planning Process this past year. Community Forums were held in three different geographic regions of the County, all with translation services available. Community members were trained on MHSa rules and regulations, Guiding Principles, and Innovation criteria. Community members were then asked to submit ideas for needed program and any innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or going online. In addition to community forums, this training was provided for several groups and committees to invite their participation. A full list of community needs, as well as 52 innovative concepts, were compiled.

#### **The MHSa Planning Committee**



The MHSA Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults and Adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

### **Suicide Prevention Council**

The Ventura County Suicide Prevention Council has met monthly for past three years. This group has provided a variety of new services, advocated for prevention strategies and hosted an annual conference. Members include a partnership with the Ventura County Office of Education (VCOE), law enforcement, higher education, hospitals, community based organizations, the LGBTQ+ community, private therapist, Didi Hirsch, American Foundation for Suicide Prevention and many other parties. The Council has worked on and supported this innovative project to reach middle-aged men at risk for the past year throughout the community planning process. This group reviewed and contributed to this suicide prevention project development at the March 3<sup>rd</sup>, 2017 and the January 5<sup>th</sup>, 2018 meeting. The Council includes participants across the county who are survivors, family members, local business owners, crisis line services workers, school district employees, law enforcement, BHAB members and mental health providers.

## **2) Primary Purpose**

Select **one** of the following as the primary purpose of your project. (I.e., the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports or outcomes
- ✓ Increase access to mental health services

## **3) MHSA Innovative Project Category**

- *Which MHSA Innovation definition best applies to your new INN Project (select one)?*
  - Introduces a new mental health practice or approach.
- ✓ Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
  - Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

**4) Population (if applicable)**

- *If your project includes direct services to mental health consumers, family members or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?*

The project is designed to prevent individuals at risk of serious mental illness who are male and aged 45-64 from hurting themselves, but the only immediate services are to the trainees of QPR and are not direct services consumers or family members. The project has a target to train 12 bars or 50 bartenders and servers in Ventura County.

**5) MHSa General Standards**

- *Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSa General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.*

Community Collaboration: The project has partnered with the Department of Alcohol and Drug Prevention, Law Enforcement, the community, and local businesses to create this project. It's designed to educate community members who are not a part of the mental health services field.

Cultural Competency: The target group is notoriously difficult to involve. Numerous focus groups, and literature reviews have been completed on how best to engage middle age men. In an attempt to be culturally competent to this group, the focus groups will build on existing literature and be piloted. The primary focus of engaging bartenders at local restaurants, breweries and bars is to utilize individuals who already have an established relationship with their patrons in this age group.

Client-Driven & Family-Driven: Finding men in this age group who have lived experience and are willing to speak up is difficult. In the planning process for this project, the County has identified some of these clients and family members who have contributed to the project design and will continue to provide insights on the outreach campaign as it is designed and tested. Men who are referred will decide whether or not to participate in services.

Wellness, Recovery, and Resilience-Focused: The campaign and the approach in the QPR training are designed to protect the recipient from any shame or indignation. The interactions and the messaging should be one that promotes wellness and avoids any loss of dignity for the recipient.

Integrated Service Experience for Clients and Families: Partnerships have been established and information has been shared with the Medical Examiner's office, the local crisis hotline, crisis services, law enforcement and alcohol and drug prevention services.

**6) Continuity of Care for Individuals with Serious Mental Illness**

- *Will individuals with serious mental illness receive services from the proposed project? Potentially, the project assumes that bartenders may have interaction with men at risk of serious mental illness*

*and be referred to services. If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.*

Existing crisis services will continue, as they are not subject to any additional funding through this proposal. QPR training will be added to the prevention and early intervention training contract if the program proves to be a success. The advertisement will also continue through an ongoing element of the responsible beverage service training that will be mandated for all servers beginning in 2019.

**7) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.**

- *Explain how you plan to ensure that the Project evaluation is **culturally competent**.  
 Note: This is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We, therefore, advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

Individuals with lived experience from the target age group will be an ongoing part of the project and evaluation process as mentioned in the Evaluation Plan.

**8) Deciding Whether and How to Continue the Project Without INN Funds**

- *Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?*

If the evaluation demonstrates success through an increased use of crisis services through the QPR training, the County is prepared to offer the training on a permeant basis and continue to advertise its availability through the mandatory Responsible Beverage Service training and on the County website.

**9) Communication and Dissemination Plan**

- *Describe how you plan to communicate results, newly demonstrated successful practices and lessons learned from your INN Project. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

Annual updates will report on the project's learning goals, and a final report will be submitted to the State at the close of the project. Part of the contractor's responsibility is to create a presentation that includes video footage of the project's process and results at the end of the three years.

- *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

Suicide prevention, bartenders as gatekeepers, middle-aged men, prevention.



**10) Timeline**

- Specify the total timeframe (duration) of the INN Project:  3  Years  0  Months
- Specify the expected start date and end date of your INN Project:  
 7/1/18  Start Date  6/30/21  End Date  
*Note: Please allow processing time for approval following official submission of the INN Project Description.*
- Include a timeline that specifies key activities and milestones and a brief explanation of how the project’s timeframe will allow sufficient time for evaluation, stakeholder involvement, and lessons learned.

| Time                |   |
|---------------------|---|
| Year 1, Month 1-6   | Contractor develops ideas for the outreach campaign. Hold focus groups to message and test ideas. Pilot materials in the community. Have County staff go through “Train the Trainer” for the Question Persuade Refer curriculum.                                      |
| Year 1, Months 7-12 | Attend chamber of commerce meetings in target geographic regions. Set up training with local bar/restaurant owners. Begin trainings for bartenders and servers at establishments in target areas. Begin outreach campaign with print, visual and promotion ads/items. |
| Year 2              | Gather and analyze year 1 data. Continue to train bartenders and servers as needed until target number is reached. Begin follow-up surveys. Initiate spot trainings for bars with turnover.   |
| Year 3 Months 1-5   | Gather and analyze year 2 data. Continue to train bartenders and servers as needed until target number is reached. Conclude training.   |
| Year 3 Months 6-12  | Conclude follow-up surveys. Analyze all data from the five evaluation questions in the final report.  |

**11) INN Project Budget and Source of Expenditures**

The next three sections identify how the MHSA funds are being utilized:

- BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

**EXPEDITURES**

**OPERATING COSTS**

**Direct Costs**



Services and Supplies: Trainings, spot training for turnover, training materials, training for the trainers, and incentives.

Total Direct Costs = \$20,240

**Indirect Costs**

VCBH Administrative Allocation: (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc.

Total Indirect Costs = \$31,484

**CONSULTING COSTS /CONTRACTS**

**Information Technology and Design:** (IDEA Engineering) – Targeted campaign design, piloting, focus groups; website design, maintenance, and tracking; video production and direction; campaign supplies coasters, pens, posters; social media outreach purchase for 3 year duration.

Total Information Technology= \$151,043

**Evaluation:** (Evalcorp) –Analytics of website traffic and social media campaign, tracking and analytics of QPR pre post and follow up surveys.

Total Evaluation= \$25,000

**Talent**-Talent fee for unlimited use of celebrity level spokesperson in images and video in Ventura County.

Total Talent = \$10,000

**Individual Trainers:** Trainers to be trained and certified in QPR; provide 72 hours of QPR training to bartenders and servers. \$50 x hr 72 hours

Total Trainers = \$3,600

**Total CONSULTING COSTS/CONTRACTS = \$189,643**

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**GRAND TOTAL - \$232,741**

| <b>I. New Innovative Project Budget By FISCAL YEAR (FY)*</b> |                |                |                |                |                |              |
|--|----------------|----------------|----------------|----------------|----------------|--------------|
| <b>EXPENDITURES</b>  |                |                |                |                |                |              |
| <b>PERSONNEL COSTs (salaries, wages, benefits)</b>           | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b> |
| 1. Salaries  |                |                |                |                |                |              |



|                        |                       |                |                |                |                |                |               |
|------------------------|-----------------------|----------------|----------------|----------------|----------------|----------------|---------------|
| 2.                     | Direct Costs          |                |                |                |                |                |               |
| 3.                     | Indirect Costs        |                |                |                |                |                |               |
| 4.                     | Total Personnel Costs |                |                |                |                |                |               |
|                        |                       |                |                |                |                |                |               |
| <b>OPERATING COSTS</b> |                       | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>  |
| 5.                     | Direct Costs          | <b>13,714</b>  | <b>3,263</b>   | <b>3,263</b>   |                |                | <b>20,240</b> |
| 6.                     | Indirect Costs        | <b>17,634</b>  | <b>6,925</b>   | <b>6,925</b>   |                |                | <b>31,484</b> |
| 7.                     | Total Operating Costs | <b>31,348</b>  | <b>10,188</b>  | <b>10,188</b>  |                |                | <b>51,724</b> |

|   |                           |                |                |                |                |                |                |
|---|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>NON-RECURRING COSTS (equipment, technology)</b>                              |                           | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>   |
| 8.  |                           |                |                |                |                |                |                |
| 9.  |                           |                |                |                |                |                |                |
| 10.   | Total Non-recurring costs |                |                |                |                |                |                |
|   |                           |                |                |                |                |                |                |
| <b>CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)</b> |                           | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>   |
| 11.   | Direct Costs              | <b>103,843</b> | <b>42,900</b>  | <b>42,900</b>  |                |                | <b>189,643</b> |
| 12.   | Indirect Costs            |                |                |                |                |                |                |
| 13.   | Total Consultant Costs    | <b>103,843</b> | <b>42,900</b>  | <b>42,900</b>  |                |                | <b>189,643</b> |

|  |                          |                |                |                |                |                |              |
|--|--------------------------|----------------|----------------|----------------|----------------|----------------|--------------|
| <b>OTHER EXPENDITURES (please explain in budget narrative)</b> |                          | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b> |
| 14.  |                          |                |                |                |                |                |              |
| 15.  |                          |                |                |                |                |                |              |
| 16.  | Total Other expenditures |                |                |                |                |                |              |



|   |                |               |               |  |  |                |
|---|----------------|---------------|---------------|--|--|----------------|
| <b>BUDGET TOTALS</b>                              |                |               |               |  |  |                |
| Personnel (line 1)                                |                |               |               |  |  |                |
| Direct Costs (add lines 2, 5 and 11 from above)   | <b>117,557</b> | <b>46,163</b> | <b>46,163</b> |  |  | <b>209,883</b> |
| Indirect Costs (add lines 3, 6 and 12 from above) | <b>17,634</b>  | <b>6,925</b>  | <b>6,925</b>  |  |  | <b>31,484</b>  |
| Non-recurring costs (line 10)                     |                |               |               |  |  |                |
| Other Expenditures (line 16)                      |                |               |               |  |  |                |
| <b>TOTAL INNOVATION BUDGET</b>                    | <b>135,191</b> | <b>53,088</b> | <b>53,088</b> |  |  | <b>241,367</b> |

- For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

| <b>II. Expenditures By Funding Source and FISCAL YEAR (FY)</b> |   |                |                |                |                |                |               |
|--|---|----------------|----------------|----------------|----------------|----------------|---------------|
| <b>Administration:</b>   |   |                |                |                |                |                |               |
| <b>A.</b>  | <b>Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b> | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>  |
| 1.   | Innovative MHSAs Funds  | 17,259         | 6,550          | 6,550          |                |                | 30,358        |
| 2.   | Federal Financial Participation   |                |                |                |                |                |               |
| 3.   | 1991 Realignment  |                |                |                |                |                |               |
| 4.   | Behavioral Health Sub-Account   |                |                |                |                |                |               |
| 5.   | Other funding*  |                |                |                |                |                |               |
| <b>6.</b>  | <b>Total Proposed Administration</b>  | <b>17,259</b>  | <b>6,550</b>   | <b>6,550</b>   |                |                | <b>30,358</b> |
| <b>Evaluation:</b>   |   |                |                |                |                |                |               |
| <b>B.</b>  | <b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN</b>  | <b>FY 2019</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY xxxx</b> | <b>FY xxxx</b> | <b>Total</b>  |



| <b>Project by FY &amp; the following funding sources:</b> |  |                |               |               |         |         |                |
|---|--|----------------|---------------|---------------|---------|---------|----------------|
| 1.  | Innovative MHSA Funds (contracted)   | 5,000          | 10,000        | 10,000        |         |         | 25,000         |
| 2.  | Federal Financial Participation  |                |               |               |         |         |                |
| 3.  | 1991 Realignment   |                |               |               |         |         |                |
| 4.  | Behavioral Health Subaccount   |                |               |               |         |         |                |
| 5.  | Other funding*   |                |               |               |         |         |                |
| 6.  | <b>Total Proposed Evaluation</b>   | <b>5,000</b>   | <b>10,000</b> | <b>10,000</b> |         |         | <b>25,000</b>  |
| <b>TOTAL:</b>   |  |                |               |               |         |         |                |
| <b>C.</b>   | <b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b> | FY 2019        | FY 2020       | FY 2021       | FY xxxx | FY xxxx | Total          |
| 1.  | Innovative MHSA Funds  | 132,315        | 50,213        | 50,213        |         |         | 232,741        |
| 2.  | Federal Financial Participation  |                |               |               |         |         |                |
| 3.  | 1991 Realignment   |                |               |               |         |         |                |
| 4.  | Behavioral Health Subaccount   |                |               |               |         |         |                |
| 5.  | Other funding*   |                |               |               |         |         |                |
| 6.  | <b>Total Proposed Expenditures</b>   | <b>132,315</b> | <b>50,213</b> | <b>50,213</b> |         |         | <b>232,741</b> |
| *If "Other funding" is included, please explain.          |  |                |               |               |         |         |                |

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# Recommendations for Site Visits FY 2017-18

## **BHAB Adult Services Committee**

Horizon View  
Anka Behavioral Health  
Crisis Residential Treatment facility

## **Youth & Family Committee**

Interface  
Aspiranet  
Kids & Families Together

## **Prevention Committee**

A New Start for Moms  
Logrando Bienestar

## **Transitional Age Youth Committee**

Interface, downtown Oxnard  
Casa de Esperanza  
Many Mansions  
Turning Point Wellness Center  
One Step a la Vez (Fillmore)

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## MEMORANDUM

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DATE: March 16, 2018

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 Board of Supervisors approval for the following:

#### Board Agenda – March 20, 2018 - Approved

#### 1. Alcohol and Drug Programs (ADP) and Mental Health - Sterling Care Psychiatric Group, Inc. (Sterling) Third Amendment.

*Sterling* provides psychiatric physician services at various program/clinic sites throughout the Ventura County behavioral health system. The amendment with Sterling added or revised contract language pertaining to criminal background and fingerprinting checks, debarment and suspension certification, and Social Security Administration death master file database checks. As a result of a recent Department of Health Care Services (DHCS) ADP Drug Medi-Cal (DMC) and treatment services audit, VCBH was required to revise the Sterling contract to incorporate specific contract language related to Sterling's provision of ADP DMC psychiatric services. Specifically, VCBH added or revised the ADP DMC Medical Director duties, policies, and procedures, addiction medicine continuing medical education requirements, and Ventura County Medical Center Code of Conduct requirements. VCBH also revised the travel reimbursement section of the contract's payment terms to specify that all travel will be reimbursed per the County of Ventura Administrative Policy Manual, Policy No. Chapter VII (C)-1.

VCBH proposed and received approval for the VCBH Director or designee to sign the Second Amendment to the contract for psychiatric services with Sterling, revising certain contract language to conform with DHCS requirements and adding the County travel reimbursement policy requirements, in the existing amount of \$42,628,530, effective January 1, 2016 through June 30, 2019.

## **2. K & M Enterprises Fifth Amendment.**

*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 Substance Abuse and Mental Health Services (SAMHSA) Assisted Outpatient Treatment (AOT) grant, a \$7,573,671 triage personnel grant, and a \$729,980 mental health nurse practitioner supervision grant. VCBH needs K & M Enterprises' services to apply for additional grant funding that is available through various state and federal agencies. The amendment with K & M Enterprises increased the maximum contract amount from \$24,000 to \$60,000 (an increase of \$36,000) to ensure sufficient funding through the fiscal year end. There was no change to the rates for services. This contract is funded by Realignment funds.

VCBH proposed and received approval for the VCBH Director or designee to sign the Fifth Amendment to the contract for grant development and writing services with K & M Enterprises, increasing the maximum contract amount from \$24,000 to \$60,000 (an increase of \$36,000), effective July 1, 2017 through June 30, 2018.

## **3. All Languages Interpreting & Translating, Inc. (ALIT) Master Agreement.**

ALIT, formerly known as Lourdes G. Campbell, provides interpretation services for VCBH in clinics. Interpreter services are critical to the success of client treatment plans because they ensure clients understand their treatment plan and how to safely administer medication. ALIT also provides interpretation services at county scheduled provider meetings and community meetings. In FY 2016-17, ALIT provided 5,090 hours of service. In the first half of FY 2017-18, ALIT has provided 2,825 hours of interpretation services. VCBH projects that by the fiscal year end, 5,650 hours of interpretation services will be required. The increase in projected service hours is the result of additional non-English speaking clients requiring translation services. To ensure sufficient funding for services, an additional \$95,000 was added to the ALIT master agreement, increasing the maximum contract amount to \$445,000. Interpreter services are funded by Short-Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/2011 Realignment, and other County resources.

VCBH proposed and received approval for the Purchasing Agent or designee to increase the General Services Agency (GSA) master agreement amount for ALIT from \$350,000 to \$445,000 (an increase of \$95,000), effective July 1, 2017 through June 30, 2018.