

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

May 21, 2018

NEXT MEETING:

Monday, June 18, 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, 1st Vice Chair
Nancy Borchard, Secretary
Gane Brooking
Mary Haffner
Larry Hicks
Cmdr. Ron Nelson
Denise Nielsen
Supervisor Linda Parks
Gina Petrus
Irene Pinkard
Sheri Valley
Kay Wilson-Bolton, 2nd Vice Chair

BHAB Members Absent

Jamie Banker
Margaret Cortese, Member-At-Large
Monique Garcia
Janis Gardner, Member Emeritus
Patricia Mowlavi
Marlen Torres

VCBH Managers and Staff Present

Pete Pringle, Interim Director
Lisa Acosta, M.D., Youth & Family Medical Director
Clara Barron, MHSA Operations Manager
Greg Bergan, MHSA Program Administrator
Elizabeth Clark Thasiah, Quality Improvement/Assurance Manager
Tina Coates, Patient Rights Advocate
Dr. Loretta Denering, Alcohol and Drug Program Division Chief
Dr. Patricia Gonzalez, Quality Assurance
Maria Hernandez, Ethnic Services Manager
Sevet Johnson, Adult Division Sr. Manager
Jason Jones, MHSA Fiscal
Lizabeth Morales, Logrando Bienestar
Victoria Poliquin, Administration
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
Maryza Seal, Contracts Manager
Alexis Villegas, Quality Assurance
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

Others Present

Jeffery Hayden
Chris Ridge, Oxnard School District
Mark Stadler, Crisis Intervention Team
Jasmin Reyes C.
David Deutsch, NAMI
G. Rodriguez
Soledad Barragan
Wendy Marinez
Jodi Nocero
Olivia Mendoza
Monica Solis-Hernandez
Jennifer Goble
Sally Harrison, County Executive Office
Robbie Hidalgo, Simi Valley Community Garden
Henry Villanueva, LULAC

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:10 p.m. Mark Stadler lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	Approval of the Agenda Mr. Harris asked the Board to review and approve today's agenda. Larry Hicks moved to approve, Claudia Armann seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Mr. Harris asked the Board to review and approve the minutes of the April 16 meeting. Ratan Bhavnani moved to approve, Nancy Borchard seconded. Sheri Valley requested to have her name added in the first paragraph of section XI.E., to read "Ms. Gardner, Ms. Brooking and Ms. Valley would like to participate on a small subcommittee..." The motion passed as amended, with Mary Haffner abstaining.	The minutes were approved as amended. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone, and in particular Gina Petrus, who is the newest BHAB member. He asked BHAB members to introduce themselves.		
V.	Public Comments A. David Deutsch invited all to Prism of Thought, an artistic exploration of LGBTQ mental health and opinion. The event will be held on June 8 in the evening. B. Dr. Henry Villanueva noted that he implemented Logrando Bienestar when he was the VCBH Quality Assurance manager. He spoke in support of expanding the program throughout the county. C. Chris Ridge, Director of Pupil Services for the Oxnard School District, spoke in support of Logrando Bienestar. He noted that the collaboration between the schools and VCBH is effective in providing services to families. D. Robbie Hidalgo, of Simi Valley Community Garden, reminded all that the free farmer's market the following day is open to all. Also, Social Feed gives away sweet potato plants; go to www.SocialFeedSV.org for details.		
VI.	Chair Report – Jerry Harris A. A few weeks ago, Mr. Harris was elected to the Governing Board of the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C). B. On May 8 Janis Gardner, Ratan Bhavnani and Mr. Harris gave a presentation at the NAMI general meeting and provided information about the BHAB. C. Ms. Gardner, Mr. Bhavani and Mr. Harris participated in a round of interviews of candidates for the next VCBH Director. D. Mr. Harris highlighted two articles in the Ventura County Star of May 13: one written by Jeffery Hayden and Mary Haffner on Assembly Bill 1971, and the other written by Kay Wilson-Bolton on homelessness. See attached. E. Mr. Harris noted that one BHAB member has been attending many meetings of the BHAB, BHAB committees, Ventura city council and others. He presented Gane Brooking with the first Firecracker Award for being a BHAB SUPERSTAR. F. Mr. Harris circulated information on upcoming events: 1. We Rise, May 19-28 in Los Angeles, fostering health and wellbeing; 2. Radiotón – Radio Indígena on May 26, a fundraiser for the MICOP radio station; 3. Prism of Thought on June 8, focusing on LGBTQ mental health and opinion; 4. "From Field to Fork" fundraiser on July 19 in Moorpark to support House Farm Workers! 5. Housing Our Future on July 25 at Cal State Channel Islands to support housing for transitional age foster youth and young adults; 6. Night in Oaxaca on August 10 at Olivas Adobe in Ventura. See attached for details.		
VII.	Board Members Comments and Announcements A. Mary Haffner noted that Dr. John Schipper and she participated on a panel at the Violence in Ventura and Solutions meeting of the Democratic Club of Ventura held the previous day. This was in response to the recent stabbing at the Aloha Steakhouse and		

	<p>generated a good discussion on mental illness, homelessness, support, low income housing and permanent shelter.</p> <p>B. Gane Brooking noted that she attended two conferences:</p> <ol style="list-style-type: none"> 1. Social Determinants of Health, put on by Public Health, highlighted how some communities, e.g. women, LGBTQ, older adults, minorities, are adversely affected. 2. The Pacific Clinics' Latino Mental Health Conference stressed some challenges, such as diabetes, faced by this population. <p>C. Supervisor Parks provided information about the Westminster Free Clinic's internship program for high school students. These students, who work alongside the volunteer doctors and nurses, are more likely to go to college. This is an excellent model.</p> <p>D. Denise Nielsen noted that her son McKian, who served on the BHAB for several years and was the Chair of the BHAB Transitional Age Youth Committee, has graduated from Cal State Northridge with a Baccalaureate in psychology.</p>		
<p>VIII.</p>	<p>Presentation: Logrando Bienestar – Maria Hernandez, VCBH Ethnic Services Manager</p> <p>Logrando Bienestar-Achieving Well-Being is a program whose goal is to increase the number of Medi-Cal eligible Latinos who receive services through VCBH. It was launched in 2016 in Oxnard and Santa Paula.</p> <p>Its staff provides outreach in elementary schools, five in Oxnard and six in Santa Paula, and 49 community partners. Workshops are offered on numerous topics. Referrals come from various sources. Since inception in August 2016, Logrando Bienestar has received 848 referrals, 276 of which resulted in clients receiving services at VCBH clinics.</p> <p>Dr. Patricia Gonzalez, a psychologist with the VCBH Quality Assurance Division, noted that the program evaluation demonstrates an increase in the health knowledge of the parents who participated in the psychoeducational component of the program, and their beliefs about mental illness changed in a positive way.</p> <p>Wendy Marinez, a counselor at Kamala Elementary School in Oxnard, spoke about the positive impact of the program on students and their families. Olivia Mendoza, a parent, shared how the program helped her and increased her knowledge about mental health. Soledad Barragan, a parent, noted that children's school work and wellbeing are affected by their families going through difficult situations; these students are helped by Logrando Bienestar. She asked the BHAB to continue giving others the opportunity to be served by the program.</p> <p>Upon questioning, Ms. Hernandez noted that the program is not funded through the Mental Health Services Act (MHSA), and that environmental factors affecting people served by the program include isolation, poverty, trauma, and family separation.</p> <p>See attached for details.</p>		
<p>IX.</p>	<p>California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) – Theresa Comstock, President</p> <p>CALBHB/C is comprised of 59 boards and commissions, most of which are integrated (behavioral health and substance use disorder). CALBHB/C provides resources to support these boards. These resources can be found at www.calbhbc.com.</p> <p>Ms. Comstock distributed three documents:</p> <ol style="list-style-type: none"> 1. CALBHB/C Spring 2018 newsletter, which highlights: <ol style="list-style-type: none"> a. the employment practice called Individual Placement & Support (IPS), b. SB906, which would provide peer provider certification, c. a summary of the Mental Health Services Act (MHSA). 2. The draft agenda for the CALBHB/C Annual Meeting on June 22nd and the training on June 23rd in Los Angeles. All BHAB members are invited to attend. 3. CALBHB/C Older Adult/Residential Care Facility Ad Hoc Committee issue brief on Adult Residential Care Facilities – The Critical Need. 		

	Ms. Haffner asked whether the BHAB should focus on using MHSA funding for the seriously mentally ill. Ms. Comstock noted that the duties of the boards are broad, and the boards should be pragmatic.		
X.	<p>Director’s Report – Pete Pringle, Interim Director</p> <p>A. The Department of Health Care Services (DHCS) has completed its audit of the Ventura County Medical Center (VCMC) Inpatient Unit. Overall, it went well.</p> <p>B. VCBH has submitted its Plan of Correction to the state following last year’s audit.</p> <p>C. VCBH is drafting its response to a Grand Jury inquiry on Alcohol and Drug Program’s funding ratio between treatment and prevention.</p> <p>D. The Substance Abuse & Mental Health Services Administration (SAMHSA) conducted its yearly audit of the Assisted Outpatient Treatment (AOT)/Assist Program.</p> <p>E. Since opening, the children’s Crisis Stabilization Unit (CSU) has had over 684 admissions and has a diversion rate of 55%.</p> <p>F. VCMC Inpatient Unit is hoping to re-open its adult Crisis Stabilization Unit (CSU) in the summer. St. John’s Hospital is also hoping to open an adult CSU.</p> <p>G. Mr. Pringle introduced Dr. Loretta Denering as the new VCBH Alcohol & Drug Program Division Chief, and Elizabeth Clark Thasiah as the new Quality Assurance Manager.</p>		
XI.	<p>Secretary’s Report – Nancy Borchard</p> <p>A. Most BHAB members’ participation in committee meetings has been very good.</p> <p>B. Some members’ terms are expiring in the coming year. These members will need to contact their appointing Supervisors to request reappointment.</p>		
XII.	<p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Gane Brooking, Co-Chair The committee discussed the possibility of creating an Older Adult committee, as in the past.</p> <p>B. Prevention Committee – Janis Gardner, Chair Ms. Gardner was not in attendance; her report was tabled until the next meeting.</p> <p>C. Transitional Age Youth (TAY) Committee – Cmdr. Ron Nelson, Chair Cmdr. Nelson provided the committee with an update on the status of the Todd Road Jail Health and Programming Unit. The committee discussed the impact of the stabbing at the Aloha Steakhouse. It also amended its mission statement so that it aligns with the state’s definition of Transitional Age Youth.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair The committee discussed the lack of local pediatric psychiatric hospital beds. It agreed that children ages 0-5 need to be a focus.</p> <p>E. Subcommittee on Legislation Report – Ratan Bhavnani At the BHAB request, a subcommittee was formed, with Ms. Brooking, Ms. Valley, Marlen Torres and Mr. Bhavnani. It has met once to agree on its goal, which is to keep the BHAB informed of significant mental health pending state legislation. Ms. Valley and he highlighted the first two bills on page 1 and the last two bills on page 4 of the NAMI California 2018 Bill List. See attached.</p>		
XIII.	<p>New Business</p> <p>A. Proposed Slate of Officers for Fiscal Year 2018-19 – Nominating Committee Cmdr. Nelson noted that Claudia Armann, Ms. Haffner and he are proposing the following slate of officers:</p> <ul style="list-style-type: none"> • Chair: Jerry Harris • First Vice Chair: Ratan Bhavnani • Second Vice Chair: Gane Brooking • Secretary: no volunteer • Chair Emeritus: Janis Gardner • Member-At-Large: Margaret Cortese 		

<p>Nancy Borchard confirmed she is not interested in continuing to serve as Secretary. Mr. Bhavnani nominated from the floor Ms. Wilson-Bolton for that office; she accepted the nomination.</p> <p>Nancy Borchard moved to accept the proposed slate of officers, including Ms. Wilson-Bolton for Secretary. Larry Hicks seconded. The motion passed unanimously.</p> <p>B. Feasibility of Establishing an Older Adult Committee – Discussion Ms. Brooking requested the creation of an Older Adult Committee that would focus on this rapidly-growing population and noted that several people in the community have expressed an interest in participating. Ms. Brooking noted that prior to the Mental Health Board and the Alcohol and Drug Advisory Board being combined, an Older Adult Committee used to meet every other month. A discussion generated several ideas for addressing the specific needs of the older adults. Ms. Borchard, Co-Chair of the BHAB Adult Services Committee, agreed that the committee could have one meeting per quarter that would focus on the older adult population. It was agreed that the Adult Services Committee will work on an approach to incorporate more older adult issues of concern into its monthly meeting agendas. Progress will be reported to the BHAB members during future general meetings.</p> <p>C. BHAB Vision, Mission After a brief review of the BHAB Vision and Mission statements, Mr. Harris asked all BHAB members to bring their proposed wording to the next General meeting.</p> <p>D. BHAB Objectives for Fiscal Year 2018-19 Mr. Harris asked members to select one objective from each of the committees, and the board will focus on these during the upcoming year. Committees are free to have more objectives if they desire to do so. Supervisor Parks cautioned to set objectives that the BHAB can actually work on. Ms. Brooking and Borchard noted that the Adult Services Committee will need to rewrite its objective # 1 in light of the developments related to Crisis Stabilization units. This item will be discussed again and voted on at the next General Meeting.</p>	<p>Accept proposed slate of officers M/S/C</p> <p>Bring proposed wording of Vision, Mission to the next meeting</p> <p>Be prepared to adopt FY 2018-19 BHAB Objectives at the next general board meeting</p>	<p>All BHAB Members</p> <p>All BHAB Members</p>
<p>XIV. Old Business</p> <p>A. Sample Completed Action Plan Mr. Harris briefly reviewed the sample completed Action Plan. Committee chairs are asked to fill them out for each 2018-19 objective that the committees select for themselves.</p> <p>B. MHSA Annual Report – Close Public Comment Period – Kiran Sahota, MHSA Manager Kiran Sahota noted that the 30-day public comment period for the MHSA Annual Report was opened at the last BHAB meeting. The MHSA division did not receive any public comments. No requests for public comments were received during today’s meeting. Cmdr. Ron Nelson moved to close the public comment period and send the Annual Report to the Board of Supervisors. Denise Nielsen seconded. The motion passed unanimously.</p> <p>C. Re-defining “Gravely Disabled” Mary Haffner noted that, if passed, Assembly Bill 1971 would expand the definition of “gravely disabled” to include an inability to provide for medical treatment. Mr. Harris noted that he is in the process of clarifying with VCBH management a mechanism for voicing BHAB’s support for specific pieces of legislation. Ms. Comstock noted that other counties have the freedom to go directly to their Board of Supervisors to voice their support for legislation, and she reminded the BHAB to follow its bylaws. A discussion took place. Supervisor Parks noted her ambivalence about this bill due to concerns about infringing on people’s civil rights. She wondered whether there are ways to provide treatment on the street. Claudia Armann noted that data shows that life expectancy is dramatically shortened for the mentally ill homeless.</p> <p>D. Future Presentations Mr. Harris noted that the following presentations are being scheduled:</p>	<p>Use the Action Plan format for all FY 2018-19 Objectives</p> <p>Close 30-day Public Comment period for MHSA Annual Report M/S/C</p> <p>Further study of this matter will take place and a jointly agreed-upon mechanism for the BHAB to voice its support for pending mental health legislation will be developed</p>	<p>Committee Chairs</p> <p>M Haffner, J Harris</p>

	<ol style="list-style-type: none"> 1. Opioids in Ventura County – Sgt. Matthew Young, Ventura County Sheriff’s Office, Pharmaceutical Crimes Unit 2. The Mentally Ill and the Criminal Justice System – Judge Ryan Wright <p>E. Future Recognitions Mr. Harris noted that Judge Bysse will be recognized at the June General Meeting.</p>		
XV.	<p>Contracts</p> <p>Due to time constraints, Mr. Pringle did not review the contracts that are included in the Executive Summary. Mr. Harris noted that the summary was previously provided to the BHAB members for review. No questions were asked regarding the following contracts, to be voted on by the Board of Supervisors (BOS):</p> <p>A. Board of Supervisors Agenda – June 5, 2018</p> <ol style="list-style-type: none"> 1. Netsmart First Amendment 2. Mental Health Services Act (MHSA) Annual Update <p>B. Board of Supervisors Agenda - June 12, 2018</p> <ol style="list-style-type: none"> 1. Alcohol and Drug Programs (ADP) – FY 2018-19 ADP Prevention Amendments 2. FY 2018-19 MHSA Amendments and Contracts <p>See attached Executive Summary for details.</p> <p>Ms. Armann moved to approve sending the contracts to the Board of Supervisors as submitted. Irene Pinkard seconded. The motion passed unanimously.</p>	<p>The Board approved sending the contracts to the BOS as submitted. M/S/C</p>	
XVI.	<p>Public Comments</p> <p>None</p>		
XVII.	<p>Adjourn</p> <p>Mr. Harris thanked all BHAB members and guests for attending. He referenced the recent school shooting in Texas indicating responsible action must be taken to ensure the safety of students in our schools.</p> <p>The meeting adjourned at 3:30 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	X	X	
District 2	4/17/18 – 1/7/19	Jamie Banker												
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X	X	X			X		X	X	X	
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X		X	X			X	X	X	X	
District 3	1/12/16 – 1/12/19	Gane Brooking	X		X	X	X		X	X	X	X	X	
District 5	1/11/18 – 1/10/21	Margaret Cortese							X	X	X	X		
District 5	10/17/17 – 9/23/20	Monique Garcia	X						X	X		X		
District 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X		X	X	X	X		
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X	X	X			X			X	
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X	X	X	
District 3	12/2/17 – 12/1/20	Larry Hicks	X			X	X		X		X		X	
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X				X		X	X	X	X		
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X	X	X	X			X	X	X	X	
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X	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		X	X	
District 1	5/8/18 – 5/7/21	Gina Petrus											X	
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard		X	X	X				X			X	
District 5	1/10/17 – 1/10/20	Marlen Torres	X				X			X		X	X	
District 4	2/6/18 – 2/6/21	Sheri Valley								X	X	X	X	
District 3	4/15/18 – 4/14/21	Kay Wilson-Bolton	X	X	X	X	X		X	X	X	X	X	

District 1		vacant
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Present = X

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

Mental illness laws must be changed to prevent tragedy

Your Turn

Jeffery Hayden and Mary Haffner
Guest columnists

Tragedy: It's what the law requires.

The killing of Anthony Mele Jr., allegedly by a homeless and reportedly mentally ill man, is a tragedy for both his family and the community. Could this tragedy have been prevented? Not likely, given the mental illness laws currently in place.

Current law requires an individual to be a threat to himself or others before he or she can be taken in for treatment. That is, we must wait for tragedy to occur before we can intervene. In no other area of medicine do we have to wait for a crisis to happen before we can provide aid. What if we had to wait until cancer reached stage 4 before we could provide treatment? Does this sound ludicrous? Yes, it does.

Given the current laws governing mental health, is there any wonder why there are so many tragedies involving those with serious mental illnesses? For them, "tragedy" does not only include violence toward others. It also includes being put in jail for simply trying to live and survive, e.g., stealing food from a store; dying on the streets from exposure; dying 20 years early because of preventable diseases that weren't addressed when they should have been.

We must also acknowledge the tragedies that family members of those with serious mental illnesses face, often on a daily basis. Trying to get treatment for a mentally ill family member

who is not fully aware of his or her illness is near impossible. When psychiatric emergencies occur, and they will, the only avenue available to family members is to call 911 and seek assistance from law enforcement.

We are fortunate to have dedicated law enforcement in Ventura County, many of whom are trained in Crisis Intervention Training — a program that provides officers with the tools to de-escalate individuals in psychiatric crisis. But again, must we wait for a crisis before we help those in obvious need? And do we want our law enforcement to be tasked with being first responders to medical emergencies?

Many blame local government for not doing enough. However, there is little it can do. The city councils do not direct our county mental health department or the laws that govern its operations. Police can do little until a tragedy occurs. Most mentally ill people can pull themselves together when questioned by an officer, to show no threat. Our mental health department can do little unless an individual volunteers for services, and regrettably many do not seek treatment because they do not fully realize how ill they are.

Asking local government to do more of the same will do little to prevent future tragedies. However, there is movement at the state level that would assist in keeping our communities safer by providing another tool to ensure those with serious mental illnesses receive the treatment they so obviously need.

Assembly Bill 1971 is working its way through the Legislature and would clar-

ify the definition of "gravely disabled," which, along with "danger to self or others," is a criterion used to compel treatment of the seriously mentally ill. The bill defines gravely disabled as "a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, shelter or medical treatment," which includes psychiatric treatment. "Medical treatment" is not included in the current definition of gravely disabled.

In January, the Los Angeles County Board of Supervisors passed a motion urging the state to expand the definition of gravely disabled. The Ventura County Behavioral Health Advisory Board is currently considering whether to recommend that the Ventura County Board of Supervisors follow Los Angeles' lead. The citizens of Ventura County must urge our supervisors and city councils to do the same.

With the ability to intervene and help those who are clearly ill, our communities will be safer. And those among us who are most in need of assistance will get the help they so desperately require.

We must do better for them, and for all of us.

Jeffery L. Hayden, of Camarillo, is a board-certified behavior analyst and a member of the Advocacy Steering Committee for the National Alliance on Mental Illness-Ventura County. Mary Haffner is an attorney and member of the Ventura Unified School District and Ventura County Behavioral Health Advisory boards.

The missing link in homeless solution

Your Turn

Kay Wilson-Bolton
Guest columnist

Every city in Ventura County is suffering from the tragedy and loss of Anthony Mele Jr. at the Aloha Steakhouse in Ventura. The sad reality is what happened there can happen anywhere. It is only a matter of time before the same circumstances exist for another unstable, emotional individual to go on the attack. There are near-misses every day. I know.

Every city has homeless people. They are either drawn to the climate and comfort, or they are homeless in their city of origin or where their kinfolk live — children, parents, siblings. To think I could round them up and get them on a bus to go to another community is inconceivable. It's difficult to get them to the winter shelter at night in Ventura or Oxnard, because they want to "come home" during the day.

Police officers cannot be everywhere all the time. Service providers can't provide everything the homeless need, especially those with the challenges of substance abuse, depression, anxiety and mental illness. The majority of calls to the Santa Paula Police Department are for issues dealing with people who are homeless. Most are for things they do that irritate people, not necessarily for violating any laws.

It's a complicated problem and it's

getting worse. Good people in various places are doing some things. No one can do everything, and collaboration is essential.

Serving food reduces panhandling and stealing. It also keeps them healthier while on the streets. Providing temporary shelter keeps them from defecating on the streets at night, but they are on the streets during the day without adequate facilities. Providing counseling helps, but they have to make it to appointments, and in larger communities transportation can be a barrier.

The way the homeless live and where they live is damaging to the environment. The amount of trash they create makes a mess. We are working on providing trash bins and portable restrooms in various locations to minimize the impact of their homelessness on the environment.

The reality is that not every homeless person wants to live in a structured environment. They love the alcohol and drugs too much. Many of our people have said "enough." When the last one standing is ready to say that, we will be there to take the next steps with them. Joining us will be our partners at Whole Person Care, the Ventura County Health Care Agency, Behavioral Health, first responders, nurses, physicians, clinicians, counselors and many more in the network of service providers.

As advocates for the Santa Paula homeless population, we do what we

can every day to minimize the impacts and the risks of living among people who are homeless. Some of the homeless can be aggressive when agitated. We are trained in de-escalating, but we aren't with them 24 hours a day.

There is only one real answer — managed care in transitional and/or permanent housing. The real barrier is no one wants this in their backyard, their neighborhood, near schools or work centers. If you build housing away from all these services, that makes for different challenges.

The savings to taxpayers in reducing or eliminating the emergency room as the homeless' primary care provider would easily cover the cost of building or acquiring housing. One known user of the ER had 152 visits in 2017. Imagine the cost of that, along with the cost of all the first responses and treatment.

The county Board of Supervisors is calling on all cities to work toward providing shelters. All experts on this topic agree that housing is the missing link and the necessary component to treatment and wellness. Many groups are working on bits and pieces in the county's Continuum of Care. The missing link has been identified and, like the missing gene, must be cultivated, or there will be no cure in our lifetime.

Kay Wilson-Bolton is a Realtor, former mayor of Santa Paula and volunteer director of the SPIRIT of Santa Paula nonprofit group.

**1726 N SPRING ST
LOS ANGELES, CA**

DIRECTIONS

RSVP

**HOME ABOUT ARTISTS OPEN CALL EVENT CALENDAR
SCHOOL TOURS GET INVOLVED**



WE RISE

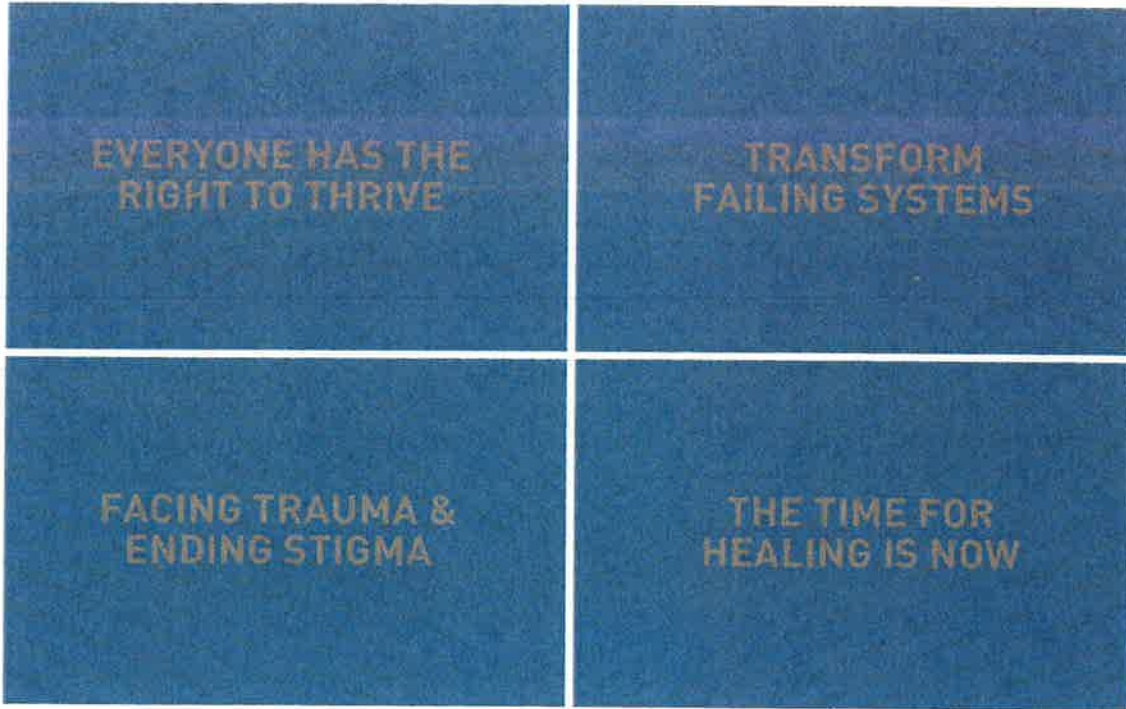
WE RISE is an expansive 10-day pop-up festival of art and community building, uniting our collective efforts to stand up and help create a city, state, nation and world that fosters empowerment of health and wellbeing as a civil right. Through powerful programming, live performances, immersive workshops, inspiring wellness events and a world class art exhibition, together we will manifest an era where youth are supported to reach their fullest potential and our communities can thrive.

WE RISE challenges us to see that creativity, community and collective action has the power to change the culture, climate and systems. People need support to heal and thrive. Individual and collective traumas can tragically manifest as addiction and gang affiliation, anxiety and suicide. It's time to take action and reimagine what's possible.



This generation is demanding more from their schools, their doctors, their government each other. At **WE RISE**, we come together, artists and activists, students and workers, to join to create a healthier and more just society.

WE RISE



WE RISE is made possible by the Los Angeles County Department of Mental Health with support from the Mental Health Services Act.



[ABOUT](#) [ARTISTS](#) [OPEN CALL](#) [EVENT CALENDAR](#)

Contact Us: info@werise.la
Media Inquiries: WERISE@SunshineSachs.com
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ARTIVIST

WE RISE is made possible by the Los Angeles County Department of Mental Health with support from the Mental Health Services Act.

In solidarity,

Arcenio Lopez, MICOP and RADIO INDIGENA TEAM!



MAY - 26

1 Radiotón

94.1fm

**RADIO INDIGENA INVITES YOU TO
JOIN US AT OUR FIRST RADIOTON
FUNDRAISER**

AT 520 W 5TH ST OXNARD CA.

HELPS US REACH OUR GOAL

\$10,000

What is a RADIOTÓN?

A Radiotón is an all-day event that will fundraise money for Radio Indígena. Members of the community, county agencies, and allies will be given an opportunity to address Radio Indígena listeners about the importance of our community radio station and will also have the opportunity to make a donation to support the project.

Join us in celebrating MICOP's Radio Indígena 94.1 FM!

Since launching on FM in March 2017, Radio Indígena has been an incredible communication and creative outlet for our indigenous community in Ventura County.

- More than 6,000 listeners per day
- 50 volunteer community DJs trained
- 40+ hours of live programming weekly!
- Communication and education in multiple languages: Mixteco, Zapoteco, and Spanish

Please help us to maintain this much-needed communication tool in Ventura County.

SUPPORT our RADIOTÓN Fundraiser by:

1. Visit our Radio Indígena station located at [520 W. Fifth St, Suite J, Oxnard CA 93030](#)
2. Visit our website www.mixteco.org/radio and donate
3. Send us your generous donation by check to PO Box 20543, Oxnard, CA 93034

For more information, please contact Edgar Vicente at edgar.vicente@mixteco.org. Come and be part of our movement for change!

National Alliance on Mental Illness
&
Diversity Collective Ventura County

present

Prism of Thought

an artistic exploration of LGBTQ mental health and opinion



Join us for a special evening of
conversation, art, music, & food

Friday, June 8 5:30 – 8:00 pm

Diversity Collective Community Resource Center
2471 Portola Road, #100 ~ Ventura, CA 93003

Questions?

email David at david.deutsch@namiventura.org



La Alianza Nacional de Enfermedades Mentales
y
Diversidad Colectiva de Ventura County

presenta

Prisma de Pensamiento

Una exploración artística de la salud mental y la opinión LGBTQ



Únete a nosotros para una noche especial de
conversación, arte, música y comida

Viernes, 8 de Junio 5:30 – 8:00 pm

Diversity Collective Community Resource Center
2471 Portola Road, #100 ~ Ventura, CA 93003

Tiene preguntas?

Envíe un correo electrónico a David a david.deutsch@namiventura.org



The 8th Annual "From Field to Fork" Fundraiser

Thursday July 19, 2018

4:30 pm - 8:00 pm

Walnut Grove at Tierra Rejada Ranch

3370 Sunset Valley Rd, Moorpark



Click the Eventbrite image below to purchase your tickets!

Eventbrite

Ticket prices go up on July 1st!

"From Field to Fork" is a fundraiser for *House Farm Workers!* The event brings together farmers who produce Ventura County's agricultural bounty, chefs who celebrate that bounty on their menus, and the farm workers whose labor makes it all possible.

Guests will enjoy a delicious meal al fresco executed by Chef Tim Kilcoyne of Scratch Sandwich Counter, and other local Ventura County chefs, at one of the most beautiful locations in Ventura County, The Walnut Grove in Moorpark.

The proceeds from this special evening of gourmet food, fine wine and local craft beer will support the education and advocacy program of [House Farm Workers!](http://www.housefarmworkers.org) as it continues its effort to increase the number of safe and affordable homes available to farm worker families in Ventura County.

Learn more on our website: www.housefarmworkers.org

info@housefarmworkers.org

PO Box 402, Santa Paula, CA 93061

805.921.0430



Join us at our annual event to support affordable housing in Ventura County.

HOUSING OUR FUTURE

Transitional Age Foster Youth • Young Adults
Students & Recent Graduates • Young Professionals

Wednesday July 25, 2018, 5:00-8:30pm
at Malibu Hall, Cal State University Channel Islands

KEYNOTE SPEAKER • LOCAL PERSONAL PERSPECTIVE
SOCIAL HOUR • DINNER • LOCAL WINES & BREWS
ENTERTAINMENT • UNIQUE AUCTION & RAFFLE ITEMS

Tickets & Information

Single \$65; Double \$120
Under-30 & Foster parents: \$40
www.VCHousingTrustFund.org/2018-event

Sponsorship/Support Opportunities

See reverse side and contact:
karen@VCHousingTrustFund.org



There are many ways you can show your support:

- Become an event sponsor
- Be a table centerpiece sponsor
- Donate beer, wine, auction items, gift cards (for fundraising game) for the event
- Purchase individual tickets or an entire table of 8!
- Bid on auction items (available online and at event)
- Forward this invitation to others
- Post/share on social media



AUCTION DONOR & CENTERPIECE SPONSOR \$250 min. value
 BUILDING BLOCK SPONSOR \$500
 FRAMEWORK SPONSOR \$1,000
 FOUNDATION SPONSOR \$2,500
 UNDERWRITING SPONSORS \$5,000
 PRESENTING PATRON \$10,000

Quantity	1	6	unlimited	unlimited	unlimited	20
Recognition at Event						
Podium	Speak	Mention	Mention			
Signage	Banner	Lg sign w/ Name-Logo				On table
Program Ad	2 opp. inside front	full (5'x6')	half (5'x4')	Name & Logo	Name	Name
Sideshow	✓	✓	✓	✓	✓	✓
Event Poster	Logo	Logo	Logo	Listing	Listing	Listing
Event Tickets						
Complimentary*	8 front table	6	5	4	2	1
Adult at \$40	✓	✓	✓	✓	✓	✓
*Donate unused complimentary tickets back to VCHIT! - donated tickets will be made available to local young adults foster (AY and students) and not recognize the donating entity.						
Post-event Media Recognition						
Press, Web, FB	✓	✓	✓	✓	✓	✓



NIGHT IN OAXACA 2018

Save the Date

AUGUST 10, 2018 | 6:00 PM
OLIVAS ADOBE | VENTURA, CA



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

May 21, 2018

LOGRANDO BIENESTAR

ACHIEVING WELL-BEING

Maria A. Hernandez, J.D. , Ethnic Services Manager
Behavioral Health Department

AGENDA

- Logrando Bienestar-Achieving Well-Being Program
 - Program Goal
 - Focus Areas
 - Logrando Bienestar Team
- Results
 - Quantitative Data
 - Qualitative Data

Logrando Bienestar

- Latino Outreach and Engagement Program

Goal: Increase the number of Medi-Cal eligible Latinos who seek and obtain mental health services through VCBH by 15%.

Program objectives

- I. Direct Outreach and Advocacy
- II. Community Education
 - Increase community's mental health knowledge & health literacy, self-efficacy and improve help seeking behaviors
 - Decrease stigma that is associated with mental illness
 - Community education through presentations, workshops, and informational materials.
- III. Community Engagement
 - Creating and strengthening community collaboration.

Program Components

Program Manager	Maria Hernandez, JD
Program Liasion	Liz Morales
Outreach Team	Angeles Small, MA Judith Rodriguez, BA Miguel Rodriguez, BA 1 vacancy
Schools Partners	11 schools in Oxnard and Santa Paula
Community Partners	49 partners (e.g., MICOP, Reiter Affiliated Associates, El Centrito, New Dawn)
Evaluation	Dr. Patricia Gonzalez, Alexis Villegas, BA
Curriculum	CSUN Puente Lab (Dr. Jonathon Martinez)

School Outreach

- Platform:
 - 11 schools Santa Paula and Oxnard

Oxnard	Santa Paula
Elm Street Elementary	Barbara Webster Elementary
Harrington Elementary	Bedell Elementary
Kamala Elementary	Blanchard Elementary
Ramona Elementary	Glen City Elementary
Mckinna Elementary	Grace Thille Elementary
	Mckevett Elementary

Workshop Series

	TOPIC	TITLE
1	Achieving Well Being	Healthy Mind, Healthy Body
2	Stress Management	How to Deal with Everyday Stress
3	Depression	Living Well
4	Bullying	Bullying
5	Healthy Growth and Development	Developmental Milestones
6	Substance Abuse	Substance Abuse

Partnership with Reiter Affiliated Companies



Referrals

Schools – Oxnard and Santa Paula, another school districts

Community Based Organizations

Ventura County Medical Center

Coalition of Family Harmony

Mexican Consulate

Children Family Services

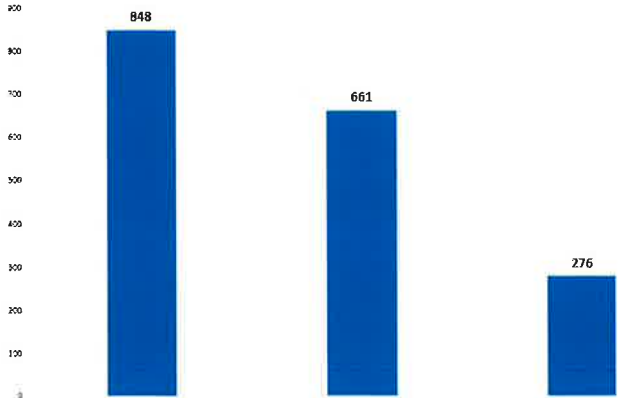
First Five Program




9

Results: Client Enrollment

Logrando Bienestar Client Enrollment
Oxnard and Santa Paula 8/26/2016 -5/16/2018




Category	Count
Referred to Logrando Bienestar	848
RFS Generated by Logrando Bienestar	661
Clients Open to Clinic	276



10


Psychoeducation Group Evaluation

Dr. Patricia Gonzalez
Alexis Villegas, BA




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Psychoeducation Evaluation



Variable	% Change Yes
Knowledge: If someone is sad for two or more weeks and has lost interest in their daily activities, do you think they are depressed?	13%
Illness attribution: A mental illness is an example of a personal weakness.	-37%
Self-efficacy: I am confident that I know where to seek information about mental illness.	8.1%
Help-seeking: If you had a relative with a mental illness, do you know of a clinic or professional where you could take your relative?	111.2%



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Psychoeducation Focus Group Results

"I learned the difference between mental illness and physical illness."

"It helped me to see some signs (mental illness) in my family."

"The classes helped me to gain the trust to talk to my children about issues"



Wendy Martinez, BA, MA
Kamala School Counselor





Gracias & Thank you!



California Association of Local Behavioral Health Boards and Commissions

SPRING 2018 Newsletter

www.facebook.com/CALBHBC

www.calbhbc.com



CALBHC NEWSLETTER

CALBHC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

What exercise is to the body,
employment is to the mind and morals.

Henry David Thoreau

Work helps us feel well. Employment is a major therapeutic tool, improving quality of life and reducing symptoms in those with severe mental illness. The following items are important for board/commission members to understand and consider as they advise locally and as they join with CALBHB/C for statewide advocacy.

1. IPS is a successful Employment Practice

“Individual Placement & Support” (IPS) as implemented in Alameda County, 20+ states and many countries is a successful practice:

- In CA, only 10% of people in the public mental health system work.
- IPS helps 50% or more of people get jobs. People are 2.5 times more likely to get a job with IPS vs. traditional rehab programs.
- People in IPS work longer stints, earn more money, and are more likely to become steady workers than people in traditional programs.

More IPS information & PowerPoint at: www.calbhbc.com/employment.html

2. Peer Provider Certification—Time to Act! Legislation has been proposed, SB906:

- Providing peer support standardization to ensure high quality care;
- Establishing core competencies that allow certified peers to work across county lines;
- Allowing providers to make use of the federal Medi-Cal match.

Ways to Act: (1) Advise Board of Supervisors to send letter in support. (2) Join CALBHB/C at the Capitol in April. More at: www.calbhbc.com/peer-supports.html

Important Dates

Conference Calls

www.calbhbc.com/contact-us

Northern CA: March 9, 11:25am

Southern CA: March 9, 12:30 pm

Meetings/Training

Bay Area: April 20/21, Redwood City

Statewide: June 22/23, Los Angeles

Central: October 19/20, Folsom

Friday Meeting registration through calbhbc.com/meetings-and-trainings.html

Saturday Training by CA Institute for Behavioral Health Solutions (CIBHS) calbhbc.com/meetings-and-trainings.html

Connect with CALBHB/C

We want to connect with local board/commission members! Please share needs/issues/successes at meetings, by email: info@calbhbc.com or report form: www.calbhbc.com/report-form.html.

**HELP
WANTED**

Executive Director/ Executive Administrator

CALBHB/C is seeking an individual with strong administrative, financial, communication and organizational skills who understands the role of California's mental/behavioral health boards and commissions.

Position Posting at:

www.calbhbc.com/executive-director-posting.html

*CALBHB/C is currently
an all-volunteer 501c3.*

Resources ([link to website](#))

Best Practices Handbook:

for Mental/Behavioral Health Boards & Commissions

Brown Act (Open Meeting Rules)

Data Notebooks

Mental Health Services Act Plans/Innovations

Reports (Local & Statewide)

Templates/Sample Docs

Bylaws, Recruitment, Site Visit and more!

Training (Online and Handbooks)

And More! www.calbhbc.com/resources.html

Duties of Boards & Commissions

The local mental health board shall do all of the following: ([CA WIC 5604.2\(a\)](#))

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to [Section 5650](#).
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council. ([Data Notebooks](#))
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision [5604.2](a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Mental Health Services Act (MHSA)

Summary

The Mental Health Services Act of 2004, passed by the voters as "Proposition 63," increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

According to WIC 5813.5, MHSA Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

1. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
2. To promote consumer-operated services as a way to support recovery.
3. To reflect the cultural, ethnic, and racial diversity of mental health consumers.
4. To plan for each consumer's individual needs.

The Six Components: The funds are divided into six components. County mental health agencies are required to develop detailed plans for the use of MHSA funds in each of these components, then submit those plans to the Mental Health Services Oversight and Accountability Commission (MHSOAC) or State for approval. The following are the components.

1. Community Program Planning (CPP)
2. Community Services and Supports (CSS)
3. Prevention and Early Intervention (PEI)
4. Innovation (INN)
5. Capital Facilities & Technology Needs (CFTN)
6. Workforce Education and Training (WET)

More Info:

Role of the Mental Health Board w/[On-Line Training](#)
Component Descriptions
and

Fiscal Information

On-line: www.calbhbc.com/mhsa-plans--updates.html



CALBHB/C Annual Meeting, Friday, June 22nd, 2018

*and announcing June 23 CIBHS Mental/Behavioral Health Board Training**

Sheraton Gateway Los Angeles Hotel – 6101 West Century Blvd, Los Angeles (near LAX)

Please Register: www.calbhbc.com or contact Mae Sherman: ellimae2000@yahoo.com 530-257-6904

CALBHB/C will pay *annual meeting*-related travel, meals and lodging for one mental/behavioral health board/commission member per county/jurisdiction, but all are welcome! *Registration for Mental/Behavioral Health Board Training is through CA Institute for Behavioral Health Solutions (CIBHS – see below**.)*

FRIDAY, June 22nd – Attendance at the CA Behavioral Health “Planning Council” Meeting:

8:30 am Planning Council General Session

8:40 am **CALBHB/C** Report to the Planning Council, CALBHB/C President Theresa Comstock

9:00 am Planning Council General Session Training: Cultural Awareness, Humility and Implicit Bias.

12:00 pm Planning Council Meeting Adjournment.

1:00 pm **CALBHB/C Annual Meeting** - Call to Order/Introductions, President Theresa Comstock

1:10 pm Planning Council Update, Jane Adcock, Executive Officer regarding:

- Adult Residential Facilities (ARFs) (Planning Council Issue Paper and CALBHB/C Issue Brief: www.calbhbc.com) *Highlighting the critical need for Board & Cares for adults with serious mental illness in California.* Short presentation to outline advocacy next steps.

1:20 pm **Disaster Preparedness & Recovery: Mental/Behavioral Health Issues/Gaps & Planning**

Related materials: <http://www.calbhbc.com/disaster-recoveryreadiness.html>

- Patti Carter, Chair of the CA Disaster Behavioral Health Coordinator’s Committee and Nevada County Public Health Coordinator
- Sandra Shields, LA County Mental Health – Emergency Operations Bureau – Disaster Services Unit
- Howard Backer, MD, MPH, FACEP, Director, CA Emergency Medical Services Authority
- Merritt “Chip” Schreiber, Ph.D., Chair, Disaster Response Coordinator, CPA DRN for the California Psychological Association; and Professor of Clinical Pediatrics, Department of Pediatrics, Harbor-UCLA Medical Center, at the David Geffen School of Medicine, UCLA.
- Additional Speaker(s) TBA

2:30 pm **Data Notebook 2016: Children & Youth**, Susan Wilson, Planning Council Liaison

3:00 pm **MH/BH Regional/Statewide Issues/Successes – Discussion**

4:30 - 6 pm **CALBHB/C Governing Board Quarterly Meeting**

***Saturday June 23rd, 2018 – TRAINING**

CA Institute for Behavioral Health Solutions (CIBHS) presents:

Mental/Behavioral Health Board Training, 9:30am – 3:00pm (Sign-In and Coffee at 9:00am)

Additional training registration for the Saturday training is required through the CIBHS website.

In the morning, the training will provide 2 hours of discussion about the roles and responsibilities of mental/behavioral health board members, ethics and the Brown Act. The afternoon session, will focus on Evaluation of Boards and Services, including evaluation of your board: the way meetings are conducted, the way your board works and the work that you accomplish; aspects of reviewing or evaluating services, programs, facilities, and client satisfaction with services/programs. Board members should come prepared with their questions about board membership and be ready for a great discussion. ***Registration for the Saturday Training is facilitated separately by CA Institute for Behavioral Health Solutions (CIBHS) and CIBHS will also pay training-related lodging for one member per county/jurisdiction, but more are welcome!*

ISSUE BRIEF: Adult Residential Care Facilities – The Critical Needⁱ

As part of a robust supportive housing continuum, there is a critical need to provide adequately financed and staffed Adult Residential Facilities (ARFs) for adults with severe mental illness (also known as “Residential Care Facility (RCF)”, “Enhanced Board & Care, “Assisted Living”). ([ARF Definition](#))

Due to ARF closures and lack of new facilities and/or adequate supportive housing options, many individuals are not able to obtain sustainable housing within the appropriate level of care following stays in acute in-patient treatment programs, hospitals, Transitional Residential Treatment Programs and/or correctional institutions. The social and financial cost is high as individuals enter a “revolving door”, returning to those same institutions or to homelessness. (Transitional Programs cost appr. \$150/day per resident. Psychiatric hospitals/facilities range from \$350 - \$775/day. Prison costs appr. \$195/dayⁱⁱ. County jail costs appr. \$155+ per day (Alameda County, 2014).ⁱⁱⁱ

It is in the best interest of adults with mental illness, and in the best financial interest of the State of California to end the “revolving door” scenario, and increase access to appropriate community-based, long-term residential options that include the necessary supports to address mental illness and other co-occurring physical health conditions. ARFs are a critical component of this housing continuum.

CHALLENGES: Three key challenges:

1. **Financial:** ARFs for adults with severe mental illness cannot survive on a small scale without substantial subsidies. On a larger scale (45+ beds), a supplemental rate (known as ‘patches’) from counties ranging from \$64/day to \$125/day^{iv} per resident is required to maintain fiscal stability.^v
2. **“Not In My Backyard” (NIMBY)** opposition from communities for new construction or attempts to rezone a property for ARF (required for more than 6 beds).
3. **Staffing:** Providing and retaining a professional, trained and experienced staff requires proper management, appropriate salaries and on-going training (also a “Financial Challenge”).

ITEMS TO ADDRESS:

- 1) Educational forums/public relations efforts to prevent NIMBY on the local level to increase successful implementation of new ARFs for adults with mental illness.
- 2) More robust training for staff and owners to both: a) Successfully work with this complex and vulnerable population; and b) Maintain fiscal stability.
- 3) Increase alternative supportive housing options for those who can live more independently.

The CA Mental Health Planning Council (CMHPC) Advocacy Committee has released a [paper](#) with the following ideas for discussion:

- 1) Changes to the current licensing structure to accommodate a tiered level of care system;
- 2) Increasing SSP benefit amounts to correlate to the level of care. (SSP is the CA program that augments SSI.)

ⁱ Among 22 counties reporting to a 2016 CA Mental Health Planning Council survey, 907 beds were needed with 783 beds lost in the last 10 years.

ⁱⁱ CA Legislative Analyst’s Office: http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost

ⁱⁱⁱ [The Price of Jails: Measuring the Taxpayer Cost of Local Incarceration \(Page 26, Vera Institute of Justice.\)](#)

^{iv} Rates found on-line from 2016-17 [San Luis Obispo County Contracts with Psynergy Programs, Inc](#) (page 9) and [Davis Guest Home](#) (page 6).

^v RCFs that provide residential care to adults with mental illness survive at a larger scale (45+ beds), with “patches” provided by counties. Psynergy Programs, Inc. and Davis Guest Home offer examples of companies that operate RCFs with a financial model that works due to “patches” paid by counties (added to resident’s SSI). Even with the additional revenue, this financial model requires a minimum of 45 residents. These are considered “Enhanced” or “Augmented Board & Cares” as they provide needed supports to the residents, including team leaders, activities, dietary staff, access to a psychiatrist and more. Psynergy additionally provides: Medication Support, Mental Health Services, Crisis Intervention, Case Management and Collateral (all Medi-Cal billable.)

Bill # Author	Summary	Position Status	NAMI CA Policy Priority
SB 1363 Moorthach & Portantino	Would allow an individual to designate on his or her tax return that a specified amount in excess of his or her personal income tax liability be transferred to the National Alliance on Mental Illness California Voluntary Tax Contribution Fund, which would be created by this bill. The bill would conform with those aforementioned administrative requirements by continuously appropriating those funds to the Franchise Tax Board, the Controller and the California Highway Patrol for administrative costs. Funding will be used to support Crisis Intervention Training program.	Sponsor Status: Passed the Senate, Assembly-Pending Referral	#3 Crisis Services, #1 Access to Treatment
SB 906 Beall	Would require the State Department of Health Care Services to establish, no later than July 1, 2019, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialists, transition-age youth peer support specialists, family peer support specialists, and parent peer support specialists.	Support Status: Senate-In Committee Process-Appropriations	#1 Access to Treatment, #6 Full Array of Services and Supports for All Ages
AB 2022 Chu	Current law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. This bill would state the intent of the Legislature to enact legislation that would require at least one mental health professional at each elementary and secondary school campus.	Support Status: Assembly-In Committee Process-Appropriations	#6 Full Array of Services and Supports for All Ages, #1 Access to Treatment
SB 215 Beall	Would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program for up to 2 years if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment. For specified offenses, the bill would condition granting diversion on the consent of the prosecution.	Support Status: Assembly-In Committee Process-Public Safety	#4 Criminal Justice and Forensic Issues
SB 968 Pan	Would require the Trustees of the California State University, the governing board of each community college district, and the governing body of each independent institution of high education that is a qualifying institution, and request the Regents of the University of California, to hire one fulltime equivalent mental health counselor per 1,000 students at each of their respective campuses to the fullest extent consistent with state and federal law. The bill would define mental health counselor for purposes of this provision.	Support Status: Senate-In Committee Process-Appropriations	#6 Full Array of Services and Supports for All Ages, #1 Access to Treatment
SB 1125 Atkins	Same day billing bill. Would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or	Support	#1 Access to Treatment

	injury requiring additional diagnosis or treatment, or if the patient has a medical visit and another health visit, as defined.	Status: Senate-In Committee Process-Appropriations	
<u>AB 2639</u> Berman	Would require the State Department of Education to identify one or more evidence-based online training programs that a local educational agency, as defined, can use to train school staff and pupils as part of the local educational agency's policy on pupil suicide prevention. The bill would require the department to provide a grant to a county office of education to acquire and disseminate a training program identifies by the department to local educational agencies at no cost. The bill would make its requirements contingent on funds being appropriated in the annual Budget Act or another statute for its purposes	Support Status: Assembly-In Committee Process-Appropriations	# 3 Crisis Services, #6 Full Array of Services and Supports for All Ages
<u>SB 1010</u> Beall	Would require CDCR, on or before January 1, 2020, to create the Supportive Housing Pilot Program, which would establish a process and timeline for finalizing a memorandum of understanding with one or more counties in which the department would agree to use current funding to, among other things, refer eligible parolees to participating counties for mental health treatment, housing navigation services, and supportive housing services, and to use remaining resources, as specified, to pay for bridge rental assistance, as defined, and services in supportive housing during the program participant's term of parole.	Support Status: Senate-In Committee Process-Appropriations	#2 Housing, #1 Access to Treatment
<u>AB 2983</u> Arambula	Would prohibit a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person. By creating a new crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.	Support Status: Assembly-In Floor Process-Second Reading	#4 Criminal Justice and Forensic Issues, #1 Access to Treatment
<u>AB 1795</u> Gipson	Would authorize a local emergency medical services agency to submit, as part of its emergency services plan, a plan to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided before and during, transport to a community care facility, as specified.	Support Status: Assembly-In Committee Process-Appropriations	#3 Crisis Services
<u>AB 2393</u> Comm. on Health	Would prohibit a county from charging fees for Medi-Cal specialty mental health services to Medi-Cal beneficiaries who do not have a share of cost and Medi-Cal beneficiaries who have met their share of cost, and would authorize a county to charge fees to individuals who are not Medi-Cal beneficiaries and Medi-Cal beneficiaries who have a share of cost that has not been met, in accordance with the patient's ability to pay for community mental health services rendered, but not in excess of actual costs.	Support Status: Senate-Pending Referral	#1 Access to Treatment

<p>AB 2325 Irwin</p>	<p>Would prevent a county from denying an eligible veteran county mental or behavioral health services while the veteran is waiting for a determination of eligibility for, and availability of, mental or behavioral health services provided by the United States Department of Veterans Affairs. The bill would make specific findings and declarations about the county's duty to provide mental and behavioral health services to veterans.</p>	<p>Support Status: Assembly-In Floor Process-Second Reading</p>	<p>#6 Full Array of Services and Supports for All Ages, #1 Access to Treatment</p>
<p>SB 972 Portantino</p>	<p>Would require a public school, including a charter school, or a private school that serves pupils in any of grades 7 to 12, inclusive, that issues pupil identification cards to have printed on the back of the pupil identification cards the telephone number for a suicide prevention hotline. The bill would require a public or private institution of higher education that issues student identification cards to have printed on the back of the student identification cards the telephone number for a suicide prevention hotline. Because the bill would impose a new duty on campuses of the California Community Colleges, the bill would impose a state-mandated local program.</p>	<p>Support Status: Assembly-Pending Referral</p>	<p>#3 Crisis Services, #6 Full Array of Services and Supports for All Ages</p>
<p>AB 870 Levine</p>	<p>Would require a court, upon the conviction of a defendant for a felony resulting in sentencing to state prison, to recommend in writing that the defendant receive a mental health evaluation if the court finds that the defendant at the time of the commission of the offense was suffering from a serious mental illness or has a demonstrated history of mental illness.</p>	<p>Support Status: Senate-In Committee Process-Public Safety</p>	<p>#4 Criminal Justice and Forensic Issues</p>
<p>SB 960 Levyva</p>	<p>Would require the Department of Corrections and Rehabilitation to submit a report, as specified, to the Legislature on or before April 1 of each year, on the department's efforts to respond to and prevent suicides and attempted suicides among inmates, including, among other things, identifying recommendations that would affect the department's efforts to respond to and prevent suicides and attempted suicides among inmates, describing the progress in implementing those recommendations, and describing the department's progress in identifying and implementing mental health programs that may ameliorate risk factors associated with suicides among inmates.</p>	<p>Support Status: Senate-In Committee Process-Appropriations</p>	<p>#4 Criminal Justice and Forensic Issues, #3 Crisis Services</p>
<p>SB 688 Moorlach</p>	<p>Current law requires the State Department of Health Care Services, in consultation with the commission and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which gathers specified information on mental health spending as a result of the MHSA, including the expenditures of funds distributed to each county. Current law requires counties to electronically submit the report to the department and the commission. This bill would require counties to prepare the reports in accordance with</p>	<p>Support Status: Assembly-In Committee Process-Health</p>	

	generally accepted accounting principles, as specified.		
AB 417 Limon	Authorizes, for a period of not more than 180 days, and only until November 1, 2018, the State Department of Public Health to permit an acute psychiatric hospital that was affected by a wildfire during the month of December 2017, and that is in the County of Ventura, to provide outpatient mental health services that were approved by the department and operational as supplemental services before the wildfire occurred, while the inpatient operations of the acute psychiatric hospital are voluntarily suspended.	Support Status: <i>Chaptered</i>	#1 Access to Treatment
AB 1136 Egman	Would require the State Department of Public Health to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities.	Support Status: Senate-In Committee Process-Health	#1 Access to Treatment
AB 2112 Santiago	Current federal law, the 21st Century Cures Act, authorizes the United States Secretary of Health and Human Services to award competitive grants to state and local governments and Indian tribes and tribal organizations to enhance community-based crisis response systems that, among other things, promote integration and coordination between local public and private entities engaged in crisis response, and addresses gaps in community resources for crisis intervention and prevention. This bill would require the State Department of Health Care Services to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, a plan for specified objectives.	Sponsor Status: Assembly-In Committee Process-Appropriations	#3 Crisis Services, #1 Access to Treatment
AB 1971 Santiago	Would expand that definition of "gravely disabled" (A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter) to also include an inability to provide for one's medical treatment.	Support Status: Assembly-In Comm Process Appropriations	#1 Access to Treatment, Family Involvement
SB 1045 Wiener	This bill would establish a procedure, for counties that elect to participate, for the appointment of a conservator for a person who is chronically homeless and incapable of caring for the person's own health and well-being due a serious mental illness and substance use disorder for the purpose of providing appropriate placement in supportive housing that provides wraparound services.	Support Status: Senate-In Committee Process-Appropriations	#2 Housing

Ventura County Behavioral Health Advisory Board
Committee Objectives
for FY 2018-19

Adult Services Committee

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center and the Outpatient Psychiatric Observation Services (OPOS) in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for increased services to the older adult population.
3. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges.

Prevention Committee

1. Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use disorders and mental health crises.
2. Identify cannabis education and awareness gaps.

Transitional Age Youth (TAY) Committee

Identify strategies, including advocacy, to address gaps in services for the Transitional Age Youth (TAY) population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.

Youth & Family Services Committee

1. Advocate for the re-creation of psychiatric hospital beds in the county for the pediatric population.
2. Raise awareness of services for children ages 0-5 and access to those services.

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

5/14/18

VISION

Equity exists in the provision and funding for Behavioral Health services. Every client has a Primary Care Physician, receives Preventive Care and has access to Whole Person Care and Dental Care. Stigma for Behavioral Health clients is significantly reduced, if not eliminated.

MISSION

The mission of the Behavioral Health Advisory Board is to advocate for members of the community living with mental illness and/or substance use disorder and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the Ventura County Behavioral Health Department.

MEMORANDUM

DATE: May 16, 2018
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Agenda

Executive Summary

Ventura County Behavioral Health (VCBH) is requesting Board of Supervisors approval for the following:

Board Agenda – June 5, 2018

1. Netsmart First Amendment.

This item is requesting approval to increase the Netsmart agreement for additional services.

The Mental Health Services Act (MHSA) requires all counties to oversee the development and implementation of improvements to data processing and communications systems to ensure quality of care, operational efficiency, cost effectiveness, and interoperability with other healthcare systems. Netsmart was chosen as a contractor after a comprehensive review of systems that meet state and federal requirements and have a strong track record of working with California counties. By contracting with Netsmart, VCBH implemented a multi-phased approach to help meet the federal and state requirements of an electronic health record (EHR) system. The EHR is the foundation of an integrated systems infrastructure that provides a secure, real-time, point-of-care, client-centered information resource for service providers.

During the first two phases of the agreement with Netsmart, the following services were successfully implemented: (1) client admissions, discharges, and demographics, (2) service billing and electronic claim submission, (3) client electronic health record management, (4) client medication management, (5) International Classification of Diseases (ICD)-10 diagnosis compliance, (6) document management services, and (7) laboratory order services. With the above services implemented, VCBH is in compliance with the federal and state requirements for EHR.

The proposed amendment will increase the agreement maximum to \$7,010,564 (an increase of \$1,163,475), \$248,487 will be added to the Schedule A, Committed Funds, and \$914,988 will be added to Schedule B, Discretionary Funds. The additional funding will be used over the last three years of the agreement. The Committed Funds increase provides for implementation, license fees, support, and maintenance of the following new services: (1) CarePOV services to support VCBH's growing number of practitioners providing services in out-of-office settings and (2) the expansion of myLearningPointe licenses, used for training of Behavioral Health staff, to synchronize licensing with current staffing levels. The Discretionary Funds increase provides VCBH the ability to implement the following services, as needed: (1) limited integration with Cerner-based operations from the Inpatient Unit into the Avatar environment to eliminate redundant data entry, (2) additional Avatar user licensing to support additional users due to the Drug Medi-Cal Organized Delivery System (DMC-ODS) expansion, (3) additional Avatar user licensing to allow VCBH contracted providers to fully use the EHR capabilities within Avatar, (4) implementation of a speech-to-text module to boost Avatar user productivity when entering text information, (5) additional medication prescribing licenses in support of medical team growth requirements, and (6) additional myLearningPointe training module licenses to support additional Avatar users. This agreement is funded with Short-Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP), 1991 Realignment, 2011 Realignment, and Proposition 63 MHSA funds.

VCBH is proposing approval for the VCBH Director or designee to sign the First Amendment, for hosted services with Netsmart, increasing the agreement maximum from \$6,095,576 to \$7,259,052 (an increase of \$1,163,476), effective July 1, 2016 to June 30, 2021.

2. Mental Health Services Act (MHSA) Annual Update.

This item is requesting approval for the VCBH Director or designee to sign and submit the MHSA Annual Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

The MHSOAC requires counties to provide an annual update ("Annual Update") forecasting VCBH's projected total expenses and revenues from all sources for the current fiscal year. State approval is not required for the Annual Update. The proposed FY 2018-19 Annual Update includes the Community Program Planning and Local Review Process, AB 114 Reversion Plan, VCBH's MHSA Budget, and the MHSA Plan components for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities/Technology (CapFac/IT), and Innovation (INN).

In FY 2016-17, the costs for the MHSA Division of VCBH totaled \$60,870,623. Of this amount, approximately 53% were funded by Proposition 63 MHSA funds. The remaining 47% were funded utilizing non- Proposition 63 MHSA sources, such as SD/MC FFP, Behavioral Health Subaccount, grants, insurance, and client fees. In FY 2018-19, VCBH expects to commit \$70,560,925 in total expenses for the provision of the MHSA Division services. VCBH forecasts that non- Proposition 63 MHSA funding sources will cover 40% of the MHSA Division program costs. The remaining 60%, having no other available funding source, will be funded by VCBH's Proposition 63 MHSA available program funding. Of that, \$38,000,000 is expected as new FY 2018-19 MHSA funds and the remainder will be drawn down from unspent Proposition 63 MHSA funds from prior years.

The FY 2018-19 Annual Update was presented and posted at the April 16, 2018, Behavioral Health Advisory Board (BHAB) general meeting. The public comment period was open from April 16, 2018 through May 16, 2018. Public comment will be heard at the BHAB general meeting on May 21, 2018. At that time, the FY 2018-19 Annual Update will be approved for submittal to the Board of Supervisors.

VCBH is proposing authorization for the VCBH Director or designee to sign and submit the FY 2018-19 Annual Update to the MHSOAC.

Board Agenda – June 12, 2018

1. Alcohol and Drug Programs (ADP) – FY 2018-19 ADP Prevention Amendments

This item is requesting approval of FY 2018-19 ADP Prevention Amendments with Evalcorp, Reality Improv Connection, Inc. dba Straight Up (Straight Up), and Ventura County Office of Education (VCOE).

The ADP prevention providers described below provide a variety of services in support of VCBH's multi-year Strategic Prevention Plan. The plan contains various ADP prevention activities designed to support healthy community norms, behaviors, attitudes, and policies related to alcohol and drug use.

Evalcorp provides prevention research and evaluation services, including: (1) data management and analysis for the Place of Last Drink (POLD) survey among driving under the influence (DUI) arrestees, (2) evaluation, data collection, and analysis of overdose prevention data sets, (3) development of evaluation tools to document Straight Up Reality Party and Prevention activity outcomes, and (4) prevention planning, consultation, and community survey design and administration services. Evalcorp is instrumental in assisting VCBH and its funded prevention contractors in developing appropriate process and outcome measures, tailored data collection protocols, and corresponding data and performance outcome reports. The proposed contract for fiscal year (FY) 2018-19 represents an increase of \$50,000 from the prior year agreement to fund additional prevention planning and consultation service hours. Specifically, this contractor will provide additional consultation hours for the Ventura County Health Equity Initiative, Opioid Prevention and Reduction Data Indicator Identification/Tracking, and Random Digit Dial Alcohol/Other Drug Community Perception Survey. This contract is funded with ADP Statham PC1463.1, ADP SB920/SB921, and SAPT Block Grant funds.

Straight Up provides youth, young adult, and parent engagement and education strategies to address binge drinking, impaired driving, drug and prescription abuse, and health disparities. The Straight Up program uses school and community-based workshops, performances, and new media to alter the expectations and community norms that support and condone alcohol abuse, prescription drug misuse, and marijuana use among young people. The proposed contract represents an increase of \$25,000 over the prior year agreement to fund additional: (1) prescription drug prevention public service announcement videos, (2) reality party for parent events, and (3) underage and binge drinking prevention classroom workshops. As of March 2018, Straight Up has provided 394 workshops, 51 presentations in schools, 15 additional community presentations, and engaged a total of 5,862 students and youth. This contract is funded with ADP Statham PC1463.1, ADP SB920/SB921, and SAPT Block Grant funds.

VCOE provides: (1) alcohol and drug prevention outreach to students, school personnel, and community partners, (2) youth mentoring services, and (3) coordination and training to support student assistance and Friday Night Live programs throughout Ventura County. The goal of these programs is to prevent and reduce underage drinking, drug use, and associated problems. The proposed contract represents an increase of \$10,000 over the prior year agreement to fund additional cannabis, opioid, and tobacco awareness presentations to youth and opioid outreach and education efforts. As of March 2018, VCOE has: 1) Friday Night Live charters in 14 schools with outreach and engagement of nearly 400 students in grades 5-12, representing diverse populations from across Ventura County, 2) provided training for 100 youth participants to develop relevant and lifelong skills while building their capacity for community health advocacy and college and career readiness, and 3) provided professional development for 30 adult allies (teachers, counselors, administrators, and community agency representatives) to effectively work with youth using engaging and inclusive strategies, or increase their own level of knowledge in the areas of common youth challenges (e.g. alcohol, tobacco, and other drug prevention). In addition, the Friday Night Live charters referenced above have also collaborated with 20 partnering community agencies to develop, deliver, and provide effective and relevant services and resources for participating youth. This contract is funded with ADP Statham PC1463.1, ADP SB920/SB921, and SAPT Block Grant funds.

VCBH is proposing approval of, and authorization for the VCBH Director or designee to sign the amendments for the service period of July 1, 2018 through June 30, 2019 with: (1) Evalcorp, in the amount of \$240,000, (2) Straight Up, in the amount of \$155,000, and (3) VCOE, in the amount of \$210,000.

2. FY 18-19 MHSA Amendments and Contracts

This item is requesting approval of FY 2018-19 MHSA amendments and contracts with Mixteco/Indigena Community Organizing Project (MICOP), NAMI - Ventura County (NAMI), Evalcorp, and Our Lady of Guadalupe.

The proposed amendments and contracts below are MHSA funded and support mental health services in Ventura County.

MICOP provides indigenous healing practices research services for VCBH. As part of their research services, MICOP is analyzing the mental health status and potential treatment of indigenous individuals to determine how to adapt western mental health curriculum to better serve this population of individuals. Key in serving these individuals is the delivery of services that are aligned to their language, culture, and beliefs. The mental health interventions that are developed through this research will be based on traditional healing practices and perspectives to improve coping skills and mental health outcomes for this vulnerable population.

In FY 2017-18, project outcomes included: (1) indigenous population outreach and engagement, (2) completion of focus groups and interviews that identified the current beliefs about mental health services and traditional approaches to address mental health issues, and (3) collection and analysis of qualitative and quantitative data. The proposed represents an increase of \$60,853 over the prior year contract amount to fund phase two of the three-year project, which will bring part-time staff to full-time status, fund client supportive services, and fund client participation incentives. This contract is fully funded with MHSA funding.

NAMI provides mental health supportive services to individuals with mental health issues, their families, and other mental health service providers. Mental health supportive services are delivered through the following NAMI programs: (1) Familia a Familia, (2) Family and Friends, (3) Friends in the Lobby, and (4) Provider Education. The Familia a Familia and Family and Friends programs offer classes and support groups in Spanish and English to educate and support families and caregivers of individuals with mental health issues. The Friends in the Lobby program offers individual support within the Ventura County Inpatient Unit (IPU) and Vista Del Mar to families of clients that are admitted into the IPU for assessment and stabilization. The Provider Education program offers courses to individuals in the community who work directly with individuals suffering from severe and persistent brain disorders to provide them with a better understanding of psychiatric illnesses, medications, recovery approaches, prevention approaches, and intervention techniques. In FY 2017-18, NAMI served a total of 791 individuals through their programs. The Familia a Familia program served 20 individuals. The Provider Education program served 35 individuals. The Friends in the Lobby program engaged 736 individuals. The proposed contract amount is increasing \$30,007 over the prior year contract amount to expand and fund new services. These services include the addition of the In Our Own Voice program, Family and Friends program, and NAMI Walk Outreach events. The In Our Own Voice program will conduct presentations to reduce stigma and discrimination associated with mental health and provide access and linkage for people with severe mental illness, improve timely access, and services to underserved populations. The Family and Friends program will provide a seminar that focuses on assisting participants to learn about diagnoses, treatment, recovery, communication strategies, crisis preparation, and NAMI resources. This contract is funded with MHSA funding.

EVALCORP provides MHSA data collection and analysis services for VCBH. Through the proposed agreement, EVALCORP will continue to enhance MHSA Division data collection efforts by modifying existing data collection plans and processes, analyzing data procedures and findings, developing reporting tools and evaluation capacity, and identifying and recommending best practices for data collection. In FY 2017-18, EVALCORP completed the evaluation for the MHSA Division Annual Update Report, evaluated the various MHSA Division contract providers, and provided data/evaluation consultation support on various MHSA priorities. The proposed contract amount is increasing \$16,156 over the prior year contract amount to fund evaluation services for the MHSA Community Services and Supports, Prevention and Early Intervention and Innovation programs. This contract is funded with MHSA funding.

Our Lady of Guadalupe provides Prevention and Early Intervention (PEI) outreach and engagement services within the Santa Paula community for VCBH. Through the proposed contract, Our Lady of Guadalupe will continue to provide access and linkage to treatment, improve timely access to services for underserved populations, and increase awareness and knowledge within the Hispanic community regarding mental health issues and staying well. As of the third quarter of FY 2017-18, Our Lady of Guadalupe project outcomes included: (1) having 5,736 participants (duplicated) at program classes, (2) reaching 1,301 individuals through Santa Paula's One Stop, Back to School nights, and other community outreach events, and (3) having 162 individuals (unduplicated) receiving/participating in classes, trainings, and/or referred to VCBH. The proposed contract amount is increasing \$3,500 over the prior year contract amount to fund cultural competency trainings and conferences for staff. This contract is funded with MHL Realignment and MHSA funding.

VCBH is proposing approval for the VCBH Director or designee to sign the amendments and contracts for the service period of July 1, 2018 through June 30, 2019 with: (1) MICOP, in the amount of \$235,173, (2) NAMI, in the amount of \$129,213, (3) EVALCORP, in the amount \$144,500, and (4) Our Lady of Guadalupe Parish, in the amount of \$105,000.