

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

November 20, 2017

NEXT MEETING:

Monday, January 22, 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
Nancy Borchard, Secretary
Gane Brooking, Member at Large
Janis Gardner, Member Emeritus
Mary Haffner
Larry Hicks
Patricia Mowlavi
Cmdr. Ron Nelson
Denise Nielsen
Supervisor Linda Parks
Marlen Torres
Kay Wilson-Bolton
Sandra Wolfe

BHAB Members Absent

Karyn Bates
Ratan Bhavnani, 1st Vice Chair
Monique Garcia
Claudia Grimaldo
Irene Pinkard

Others Present

Sheri Valley
Lucrecia Campos-Juarez, Clinicas del Camino Real
Marika Collins, Casa Pacifica
David Deutsch, NAMI
Kelli Daher
Sara Bavar, NAMI
Robbie Hidalgo, Simi At The Garden
Aurelia Musni
Kalie Matisek, Turning Point Foundation
Dawn Anderson, Ventura County Office of Education
Sally Harrison, Ventura County CEO's Office

VCBH Managers and Staff Present

Patrick Zarate, Acting Director
Clara Barron, MHSA
Greg Bergan, MHSA
Hilary Carson, MHSA
Leisa Donovan, Fiscal Manager
Dan Hicks, Prevention Manager
Sevet Johnson, Adult Division Sr. Manager
Jason Jones, MHSA Fiscal
Dina Olivas, Youth & Family Division Sr. Manager
Esperanza Ortega, MHSA
Kiran Sahota, MHSA Sr. Manager
Naveen Sangwan, Administration
John Schipper, Adult Division Chief
Maryza Seal, Contracts Manager
Brian Taylor, M.D., Medical Director
Deborah Thurber, M.D., Youth & Family Medical Director
Elaina Titus-Sterling, MHSA
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:00 p.m., immediately followed by 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. Marlen Torres moved to approve, Janis Gardner 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 October 16, 2017 meeting. Cmdr. Ron Nelson moved to approve, Ms. Gardner seconded. The motion passed unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	Recognition: Deborah Thurber, M.D., Youth & Family Division Medical Director Mr. Harris presented Dr. Thurber with a Certificate of Commendation. Dr. Thurber "[...] has been a pioneer in the field of integrative medicine [...] teaching doctors in training at VCMC and psychiatric nurse practitioner interns at VCBH. [...] Dr. Thurber has spearheaded the drive to open the David Holmboe Center Crisis Stabilization Unit and Crisis Residential Program. Dr. Thurber is extremely devoted to her patients. She has proven herself to be a champion for children and their families." Denise Nielsen, Supervisor Parks and Ms. Gardner thanked Dr. Thurber for her dedication and hard work. Patrick Zarate noted that Dr. Thurber is a mover and shaker whose leadership is appreciated.		
VI.	Public Comments David Deutsch thanked everyone for their support at the recent NAMI Gala. He invited all to attend the NAMI Holiday Celebration on December 12 th at 5:00 p.m. at the Oxnard Elks Club. Over 500 clients, family members and providers are expected. VCBH provides support with food and client transportation. Donations of desserts and door prizes are welcome.		
VII.	Chair Report A. Formulating Objectives Mr. Harris discussed the characteristics of objectives/outcomes, indicators and outcome measurement and asked the board for their support in implementing the action planning process and tools. He will present the Action Plan to the various committees once the board agrees to its use. B. Events: Ms. Gardner shared information of the following events: 1. Kids & Families Together's open house on November 9; 2. Under Aged Binge Drinking Addictive Disorders Studies on November 15; 3. Transgender Day of Remembrance event on November 19; 4. California Advocacy Network for Children with Special Health Care needs on November 27; 5. VCMC Reveal Party, Phase 1 on November 29; 6. United Parents Collaboratives conferences on November 29 and 30; 7. United Parents' Parent Partner Training on December 6, 7 and 8; 8. Exploitation Prevention in Schools and Youth Service Programs on December 1 or 7; 9. California Mental Health Planning Council's Adult Residential Facility Stakeholder Engagement on December 5; 10. Aegis Treatment Center open house on December 7; 11. NAMI Holiday Celebration on December 12; 12. SELPA's Agency 101 on January 24. 13. Oxnard Police's At-Risk Dependent Person Registration program.		

VIII.	<p>Board Members Comments and Announcements</p> <p>A. Nancy Borchard voiced her concerns regarding the difficulty that people taking methadone have in obtaining low-income housing.</p> <p>B. Supervisor Parks presented information on Growing Works, the updated name of the nursery project/job training program she is proposing to bring to people with mental illness. The Board of Supervisors should vote on this in December and lease the land adjacent to Villa Callegas to Turning Point, which has agreed to run the program. The Navy Construction Battalion (“Seabees”) has agreed to help clear the land. California State University Channel Islands (CSUCI) and California Lutheran University (CLU) are interested in getting their students involved.</p> <p>C. Claudia Armann has spoken with Jenna Diaz-Gonzalez from the Annenberg Foundation, who said that the foundation welcomes grant requests from nonprofit organizations in Ventura County and would like to receive more requests from the region. Ms. Arman suggested that the garden project could apply to Annenberg.</p>		
IX.	<p>Presentation: The Insights Program – Cheryl Fox, Manager, VCBH Youth & Family Division</p> <p>This new program, which replaces Solutions Court, is an interagency collaboration between Probation, Juvenile Court, District Attorney’s Office, Public Health, Office of Education and VCBH. The goal is to reduce incarceration, hospitalization and other out-of-home placement and to provide the support necessary for the youth to be successful in their home communities.</p> <p>The program uses a team approach as it serves youth who are on formal probation; youth who are not formally charged receive services at the VCBH outpatient clinics. It is possible to have the records of the participants expunged, depending on their offense.</p> <p>Since its inception four months ago, 26 youth have been screened. Currently, nine youth are being served.</p> <p>See attached for details.</p>	Information	
X.	<p>Director’s Report – Patrick Zarate for Elaine Crandall</p> <p>A. Drug Medi-Cal Organized Delivery System (DMC-ODS): Ventura County has opted into the pilot program and recently submitted its rate to the state for review. The program should start in Fiscal Year 2018-19, but most of the core elements are already in place.</p> <p>B. Crisis response and disasters. The recent Sonoma fires are expected to have long-lasting mental health effects, including some suicides that have already taken place. The Federal government has given funds to look at the response. Ventura County has received approval to provide mutual aid to and from other counties when disasters strike.</p> <p>C. Horizon View Mental Health Rehabilitation Center (MHRC): it is currently serving 15 clients. Since opening in December 2016, it has served 24 unduplicated clients and has had an average occupancy rate of 95%. Eight have been discharged to a lower level of care, and one was discharged back to Sylmar. There have been 13 incidents requiring seclusion, including three that involved the use of restraints, and five psychiatric hospitalizations.</p> <p>D. Laura’s Law/Assist program: 163 calls have been received since the program’s inception. 40% of the referrals come from families and friends, 58% come from mental health providers, and 94% of the calls resulted in a referral to the program. Of those, 62% resulted in face-to-face screenings, and 68 of those, or 44%, were referred to Telecare; 38 have signed a treatment plan. Fourteen are subject to outreach and 59, or 39%, did not meet criteria. Four have been incarcerated without a pending release, and ten petitions with the court have been filed.</p>		

	<p>E. David Holmboe Center: since its opening in December 2016, 404 children have been admitted to the Crisis Stabilization Unit (CSU). A little over 50% are female. The main reason for admission is depression, followed by anxiety. 75% have Medi-Cal. 45% are Hispanic. The youngest was seven years old; the average age is 15. The diversion rate is 60%. Comprehensive Assessment and Stabilization Services (COMPASS) has admitted 18 children since opening in April 2017.</p> <p>F. County Behavioral Health Directors Association (CBHDA) has issued its 2016-17 Legislative Score Card and gives an A to local Senators and Assembly Members.</p> <p>G. As noted in an article published in The Star on November 18, the Board of Supervisors is considering legal action against opioid manufacturers.</p> <p>H. A \$258,000 grant from the California Office of Traffic Safety will allow VCBH to focus on young female drivers, who are over-represented in DUIs.</p> <p>I. The National Drug Abuse Summit which will take place in April 2018 in Atlanta has accepted two presentations from VCBH: safe alprazolam prescribing (Drs. Taylor and Woods will present), and the utilization of Controlled Substance Utilization Review and Evaluation System (CURES) database system by doctors to identify patients at risk of prescription drug abuse.</p>		
<p>XI.</p>	<p>Secretary's Report – Nancy Borchard</p> <p>A. Sidney White has resigned effective immediately as he is overcommitted.</p> <p>B. Sandra Wolfe will leave at the end of her term in January 2018 as she will move out of Ventura County.</p>		
<p>XII.</p>	<p>BHAB Committees Reports</p> <p>A. Adult Services Committee – Gane Brooking, Co-Chair: the committee heard a presentation on Whole Person Care. In January, Dan Powell of Hillmont Psychiatric Center is scheduled to present.</p> <p>B. Prevention Committee – Janis Gardner, Chair: Kim O'Neil presented on overdose prevention/naloxone rescue in the community. In January Dan Hicks will give a presentation on the Prevention Services strategic plan.</p> <p>C. Transitional Age Youth (TAY Committee) – Cmdr. Ron Nelson, Chair: In October, Richard Linares presented on two homes he opened in El Rio to take in people who need a hand up. The committee is planning to hold its January meeting at the American Job Center in Oxnard.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair: Katherine Kasmir presented on Straight Up/ Reality Improv Connection, which aims to change social norms related to drinking and drug use. Per Dr. Thurber, some new psychiatrists will be hired.</p>	<p>Information</p>	
<p>XIII.</p>	<p>New Business</p> <p>A. Public Hearing: MHSA FY 2016-17 Update and Three-Year Plan FY 2017-18 Through FY 2019-20 – Kiran Sahota, MHSA Sr. Manager Kay Wilson-Bolton moved to close the original Annual Report period from October 14 to November 15 and to open it up for public comments. Larry Hicks seconded. The motion passed unanimously. Robby Hidalgo of Simi Valley's Community Garden spoke about his concern over the absence of MHSA services in Thousand Oaks, Moorpark and Simi Valley. He requested that the BHAB look into the services available in that area. Larry Hicks thanked Ms. Sahota for the amount of work that went into the creation of the MHSA document. Kiran Sahota noted that no public comments were received online or in the mail. In answer to Supervisor Parks' question, Ms. Sahota noted that any public comment that is</p>	<p>Close original public period, and open public comments M/S/C</p>	

pertinent to the report will be addressed in the public comments page of the report. Larry Hicks moved to close the public comments period and to submit the report to the Board of Supervisors for approval in order to submit to the state Mental Health Services Oversight and Accountability Commission (MHSOAC) and Department of Health Care Services (DHCS) for final approval. Ms. Wilson-Bolton seconded. Cmdr. Nelson noted that Mr. Hidalgo's public comment is well received. The motion passed unanimously.

Close public comment period on MHSOAC FY 16-17
M/S/C

B. Innovation Projects Update – Kiran Sahota

At three community forums and through emails and hand-written notes, 52 ideas were submitted. The top ten were chosen; MHSOAC will move forward with four of them, and the other six will remain on MHSOAC's master list or may be evaluated out:

1. Growing Works Program, a five-year project focusing on the intersection of criminal (misdemeanor) and behavioral health systems. The goal is to reduce recidivism in Transitional Age Youth (TAY and adults). Meetings will take place to map out the program, including sustainability.
2. Conocimiento: sharing of knowledge. This smaller project would be a prevention program that would target teens in Santa Paula.
3. Suicide prevention for males ages 45-64 focusing on Thousand Oaks and Simi Valley, due to the high suicide rates in these two cities. One focus would be the training of bartenders, in the Evidence-Based Practice, Question Persuade Respond.
4. The use of push technology to follow up with youth upon their discharge from the Crisis Stabilization Unit.

Patricia Mowlavi moved to recommend that VCBH move forward with these projects. Mary Haffner seconded. The motion passed with one abstention (Supervisor Parks).

Move forward with the four MHSOAC projects. **M/S/C**

C. Election of Second Vice-Chair – Nancy Borchard

Ms. Borchard opened the nomination process. Sandra Wolfe nominated Kay Wilson-Bolton for 2nd Vice Chair, who accepted the nomination. No other nominations were made from the floor. Ms. Wilson-Bolton was elected unanimously.

Elect Kay Wilson-Bolton as 2nd Vice Chair. **M/C**

D. Tracking of BHAB Members' Attendance at BHAB Committee Meetings

Mr. Harris noted that at its last meeting the Executive Committee voted to track BHAB members' attendance at committee meetings. He encouraged members to attend those meetings and support the chairs, which will result in the board accomplishing more. Attendance status will be part of the monthly Secretary's Report.

XIV. Old Business

A. Amendment to the BHAB Bylaws

Mr. Harris explained the three changes in the proposed amendment:

1. Only the committee chairs would be required to be a board member; others in the community could be members of the committees.
2. The committees advise and make recommendations to the BHAB rather than VCBH.
3. The Executive Committee and Nominating Committee members must be BHAB members.

Ms. Gardner moved to send the draft Bylaws to the Board of Supervisors. Patricia Mowlavi seconded. Ms. Wilson-Bolton asked about the committee chairs being able to choose who can be members of their committees. The motion passed unanimously.

Send draft Bylaws to the BOS **M/S/C**

B. Update the BHAB Brochure

Ms. Wilson-Bolton moved to approve the proposed updates to the brochure. Ms. Borchard seconded. Claudia Armann noted that, starting in January 2018, the Prevention Committee will meet on Tuesdays at the same time. The motion carried unanimously.

Update the brochure **M/S/C**

	<p>C. Data Notebook Update – Gane Brooking, Workgroup Lead The workgroup met for the first time on November 17 to review and discuss the information provided by Peter Schreiner, Clinic Administrator, Older Adults Services. The workgroup will meet again on December 15.</p> <p>D. Approve FY 2016-17 BHAB Annual Report for Submission to the Board of Supervisors Mr. Harris noted that he plans to give a presentation to the Board of Supervisors (BOS) so that they, the public and the media become aware of the work done by the BHAB and VCBH. Cmdr. Nelson moved to approve the Annual Report and send it to the BOS. Ms. Mowlavi seconded. The motion passed unanimously.</p> <p>E. Future Site Visit Prioritization Update Adult Services Committee Co-Chair Brooking noted that the committee has proposed site visits to Hillmont Psychiatric Center, the Crisis Residential Treatment (CRT), Horizon View MHRC, and Vista del Mar Hospital in Ventura. Mr. Harris asked the committee chairs to provide more ideas for future site visits.</p>	<p>Approve Annual Report, send to BOS M/S/C</p>	
<p>XV.</p>	<p>Contracts Mr. Zarate submitted the following contracts, to be voted on by the Board of Supervisors:</p> <p>A. Board of Supervisors Agenda – November 7, 2017 (added to agenda after last meeting) 1. FY 2017-18 California Department of Health Care Services (DHCS) Performance Agreement</p> <p>B. Board of Supervisors Agenda - November 14, 2017 (added to agenda after last meeting) 1. Memorandum of Understanding (MOU) for Public Mental/Behavioral Health Pipeline Program Grant Services with Fillmore Unified School District (FUSD) and Santa Paula Unified School District (SPUSD)</p> <p>C. Board of Supervisors agenda – December 5 2017 1. Alcohol and Drug Programs (ADP) – FY 2017-18 to FY 2019-20 DHCS Standard Agreement for Substance Use Prevention and Treatment (SAPT) Block Grant Substance Use Disorder (SUD) Services 2. FY 2016-17 Mental Health Services Act (MHSA) Annual Update and FY 2017-18 through FY 2019-20 MHSA Three Year Plan</p> <p>See attached Executive Summary for details.</p> <p>Denise Nielsen moved to approve sending the contracts to the Board of Supervisors as submitted, with recommendation for their approval. Ms. Wilson-Bolton seconded. The motion passed unanimously.</p>	<p>Approve sending the contracts to the BOS as submitted and recommend their approval. M/S/C</p>	
<p>XVI.</p>	<p>Public Comments None.</p>		
<p>XVII.</p>	<p>Adjourn The meeting adjourned at 3:05 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	9/13/16 – 3/10/18	Claudia Armann	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								
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X		X	X							
District 3	1/12/16 – 1/12/19	Gane Brooking	X		X	X	X							
District 5	10/17/17 – 9/23/20	Monique Garcia	X											
District 2	4/7/15 – 4/7/18	Janis Gardner	X	X	X	X	X							
District 2	9/12/17 – 1/7/19	Claudia Grimaldo			X									
District 1	4/7/15 – 4/7/18	Mary Haffner	X	X	X	X	X							
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X							
District 3	12/2/14 – 12/1/17	Larry Hicks	X			X	X							
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X				X							
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X	X	X	X							
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X	X		X							
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X	X	X	X	X							
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard		X	X	X								
District 5	1/10/17 – 1/10/20	Marlen Torres	X				X							
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X	X	X	X							
District 5	1/11/15 – 1/10/18	Sandra Wolfe	X	x	X	X	X							

District 1		vacant												
District 4		vacant												

Present = X

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

Characteristics of Objectives/Outcomes

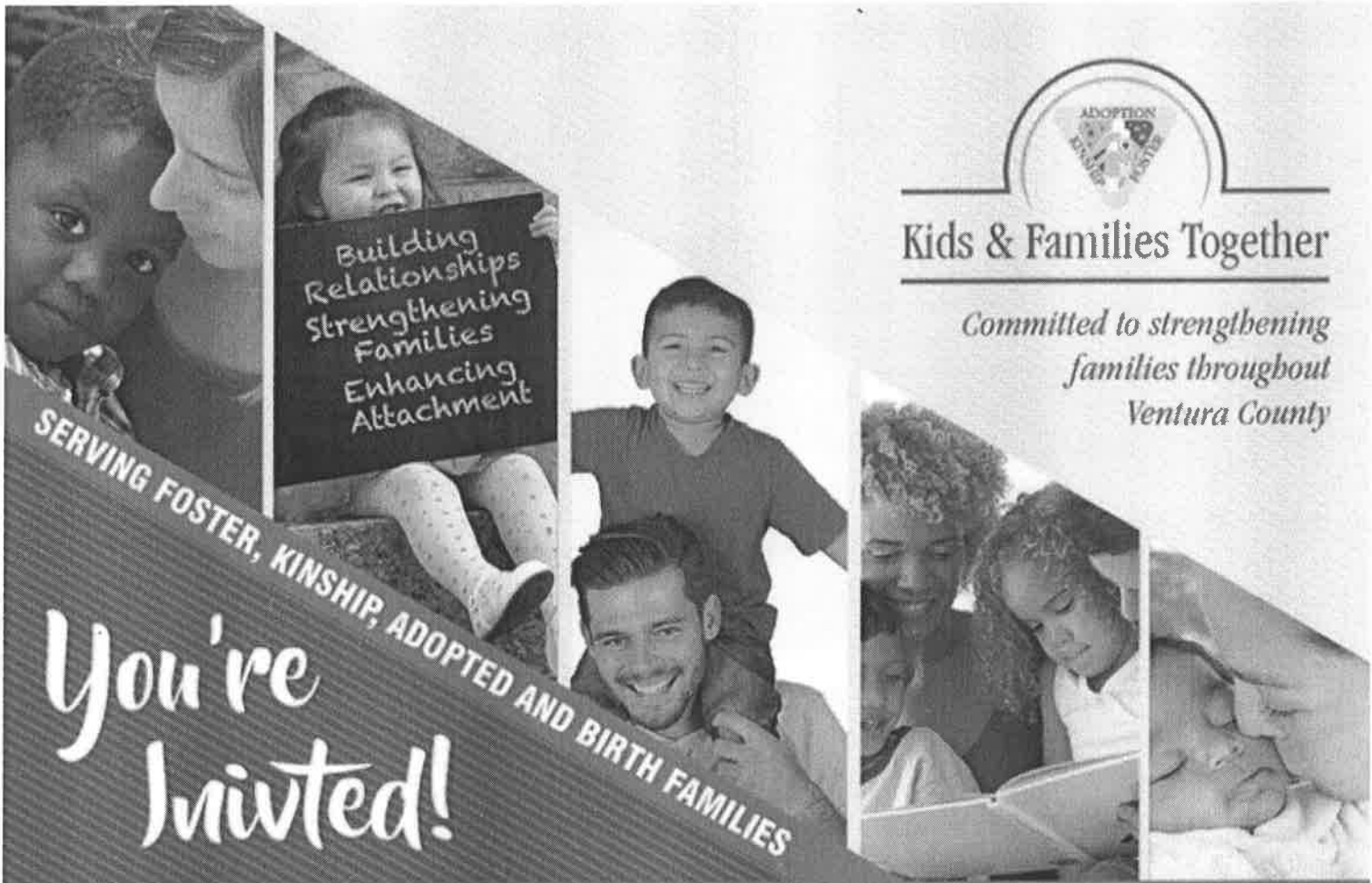
- The best objectives are clear, attainable, and understandable.
- Objectives begin with an action verb.
- They must be measurable.
- Measurement involves counting.
- They must be simple.
- They must be realistic.
- They must be manageable.
- They look at the end, not the means to the end.

Indicators

A measure for which data is available that helps to quantify the achievement of an objective/outcome.

Outcome Measurement

- Data must be readily available.
- Keep it simple.
- Keep it clear.
- Keep it understandable.



Kids & Families Together

Committed to strengthening families throughout Ventura County

You're Invited!

The Ventura Chamber of Commerce and the board of directors and staff of Kids & Families Together cordially invite you to attend an

Open House & Ribbon Cutting

Celebrate our new home with us!

Join us for delicious hors d'oeuvres, wine and tours

Thursday, November 9, 2017

4:00 - 5:30 pm

Kids & Families Together

864 E. Santa Clara • Ventura, California

Please RSVP: kfribboncutting.eventbrite.com

(805) 643-1446 • kidsandfamilies.org

THE U.A.B.D. PROJECT

WEDNESDAY, NOVEMBER 15, 2017 @ 6:30 PM

Oxnard Performing Arts Center
4000 South Rose Ave, Oxnard, CA 93033

Engaging Our Communities in Solutions to Prevent UNDER AGE BINGE DRINKING

ADDICTIVE DISORDERS STUDIES

Come Join Us at Our Community Gathering



U.A.B.D.
PROJECT
SMARTCARD

Do you drink alcohol?

Do you know what binge drinking is?

Are you aware of the legal age limit to drink?

Is alcohol readily available at home?

For more information or help please contact our partners



Flyer Created by
Jason Magana

Pham, Edith

From: June Ewart <ewart2006@gmail.com>
Sent: Thursday, November 2, 2017 3:50 PM
Subject: CCU Resources Sharing:How State Policies Can Enhance CSHCN Care; Quality Standards Are Focus of Website, Webinars; Family Engagement Resource

Hi CCU Members and Interested Parties,

Please see below:



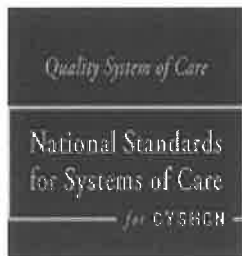
November 2, 2017

California Advocacy Network for Children with Special Health Care Needs

News, policy updates, resources, events, and advocacy opportunities

Quality Standards

New Website Streamlines Use of Quality Standards



A new interactive [website](#) simplifies use of the National Standards for Systems of Care for Children and Youth with Special Health Care Needs, Version 2.0. Created by the Association of Maternal & Child Health Programs (AMCHP), in partnership with the National Academy for State Health Policy (NASHP), the Standards set the core components for the structure and process of effective systems of care for CSHCN. The Standards were created with funding from the Lucile Packard Foundation for Children's Health. See a short informational [video](#) about the website.

Webinar: Serving CYSHCN in Medicaid Managed Care: Contract Language and the Contracting Process

Date Thursday, November 16
Time 10 a.m. to 11 a.m. Pacific Time

Sponsor The Association of Maternal and Child Health Programs and the National Academy for State Health Policy

Details Discussion of a [new tool](#) (PDF) that can be used alongside the National Standards for Systems of Care for CYSHCN.

Register [Read more and register.](#)

Webinar: Leveraging Medicaid Quality Metrics to Improve Care for Children with Special Health Care Needs

Date Monday, November 27

Time 11 a.m. to 12 p.m. Pacific Time

Sponsor The National Academy for State Health Policy and the Lucile Packard Foundation for Children's Health

Details Quality measurement is a critical component of all state Medicaid programs. A variety of strategies are available to states to leverage quality metrics to improve health care and quality of life for CSHCN and their families. This webinar examines the current landscape, challenges, and key strategies for states conducting quality measurement for these children.

Register [Read about the speakers and register.](#)

California Children's Services

Wanted: Experts to Serve on Performance Measures Subcommittee for CSHCN Programs

The Department of Health Care Services (DHCS) is seeking volunteers interested in participating on a Performance Measures Subcommittee regarding its programs serving children with special health care needs. The subcommittee's purpose is to ensure that performance measures for all programs, including the CCS Whole-Child Model, are consistent across the state. Subcommittee members will include clinicians, county representatives, and individuals well versed in CCS data. Nominations are due to CCSRedesign@dhcs.ca.gov by 5 p.m. on Wednesday, November 15. See a [summary](#) (PDF) of the performance measures evaluation of the Whole-Child Model.

Resources

You are invited.....

For the Reveal Party – Phase 1

at

Ventura County Medical Center's Healing Garden!

Let's gather with our friends, family and coworkers to reveal our engraved bricks and celebrate the legacy we are creating together.

The evening will include live music, refreshments and moments to reflect on the sentiments and individuals honored in the Healing Garden.

Wednesday, November 29, 2017 from 5:00 – 6:00 pm

300 Hillmont Ave., Ventura – Park in patient/visitor parking

Kindly RSVP to Amy Towner,
as we want to order
plenty of refreshments.

amy.towner@ventura.org

652-3361 office

HEALTH CARE
FOUNDATION
FOR VENTURA COUNTY



United Parents Collaborative Presents



HOW TO KEEP MY CHILD SAFE



November 29, 2017
Church for the Nations
270 W 5th St, Oxnard
9:30 am - 7:30 pm



Breakfast Session- 9:30am-12pm. Bullying/Cyberbullying

Lunch Session- 12pm-5:00pm. Drugs & Alcohol. What Every

Parent Needs to Know followed by Child Personal Safety Education and a
Wellness Workshop

Dinner Session- 5:00pm-7:30pm. How Violence in the Home/Community
Affects My Child



**RSVP for
any/all
sessions
805.384.1555**

Padres Unidos colaborativos presenta



CÓMO MANTENER A MI HIJO SEGURO

**PREMIOS
DE RIFA**

29 de noviembre de 2017
Church for the Nations
(Iglesia de las Naciones)
270 W 5th St, Oxnard
9:30 a.m. – 7:30 p.m.

**COMIDA
GRATIS**

Sesión de desayuno, de 9:30 a.m. a 12 p.m.: Intimidación/ciberacoso

Sesión de almuerzo, de 12 a 5:00 p.m.: Drogas y alcohol. Lo que cada padre necesita saber. Presentación sobre educación infantil en seguridad personal y un taller de bienestar.

Sesión de cena, 5:00 p.m. – 7:30 p.m.: Cómo la violencia en el hogar/comunidad afecta a mi hijo

**CUIDADO
INFANTIL
GRATUITO**

**Por favor
reserve para
cualquier
sesión
805.384.1555**

**Traducción
al español
disponible**

United Parents Collaborative Presents

Working Together: How Professionals can Support Parents in Managing Challenging Behaviors and Advocating for their Child



When: November 30, 2017

Time: 9am-2pm

Where: Casa Pacifica Centers for Children and Families

975 Flynn Rd., Camarillo

Compassion Room (room 2)

RSVP

805-914-8718

mhannah@unitedparents.org



Funding provided by the Mental Health Services Oversight Accountability Commission



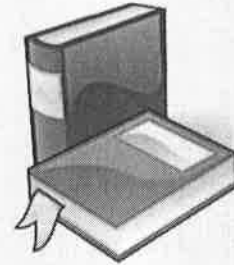
United Parents Presents Parent Partner Training

Dates

December 6, 2017 9:00 am - 5:00 pm (day 1)
December 7, 2017 9:00 am - 5:00 pm (day 2)
December 8, 2017 9:00 am - 12:00 pm (day 3)

Location

Oxnard Clinic
Diamond Room
1911 Williams Drive, Oxnard CA 93036
From the back parking lot, please use Entrance F



The price is \$150.00 which will include materials, morning and afternoon snacks and refreshments. Lunch not included. Certificates provided upon completion.

Topics include:

- Roles, Duties and Responsibilities of a Parent Partner
- Boundaries and Ethics of being a Parent Partner
- Safety and Well-being for Parent Partners
- Individualized Education Plan Basics
- Cultural Competency and Cultural Humility
- The Five Protective Factors and Trauma Informed Care
- Bullying
- Common Mental Health Disorders

RSVP BY
11.27.2017



Registration Form

Name: _____

Address: _____

Phone Number/Email: _____

Agency/Organization: _____

Please make checks payable to United Parents and mail with registration form to

United Parents
391 S. Dawson Drive STE 1A
Camarillo, CA 93012

or if paying with credit card please email Shelly Williamson at
swilliamson@unitedparents.org or call (805) 384-1555.

EMPOWER



Exploitation Prevention in Schools and Youth Service Programs

Empathize, Forever Found, and Cornerstone Community Church are providing a one-day training for educators, case-workers, counselors, youth program service providers, church youth leaders, and others. LUNCH provided.

This workshop will include:

- Prevention strategies including the essential element of empathy
- Preview of The Empower Youth Program, our exploitation prevention resource
- Tips for implementing the program with youth
- Strategies to advocate prevention in your community, schools, and other youth serving organizations

Cornerstone Community Church

2080 Winifred Street
Multi-Purpose Room
Simi Valley, CA 93063

FRIDAY, DEC 1ST OR THURS THE 7TH

10am - 2pm (lunch included)

COST FREE

Limited Seating! RSVP!

<https://exploitpreventionworkshop.atlassian.com/events/161016>
or email foreverfound@foreverfound.org or call 800-877-7777

Supported by:

EMPATHIZE



Sponsored by:

FOREVER FOUND

+ Jan 24 Yolo



Adult Residential Facility Stakeholder Engagement

When: Tuesday, December 5, 2017
1:00 pm – 4:00 pm
Where: CSBHS Center Auditorium
850 East Foothill Boulevard
Rialto, California 92376



Opening Remarks:

Veronica Kelley, Director San Bernardino County Behavioral Health

Information Acquisition:

The CMHPC released an issue paper, "[*Adult Residential Facilities \(ARFs\): Highlighting the critical need for adult residential facilities for adults with serious mental illness in California*](#)". The paper presented some barriers and proposed remedies. The Council is committed to receiving stakeholder input on solutions to this complex issue. The CMHPC needs your input on the following **two** questions:

1. Are there barriers that were not addressed in the paper?
2. Are there other possible solutions that are not suggested in the paper?

Who should attend...**You!**

- Persons with Lived Experience
- Behavioral Health Providers
- Law Enforcement
- Community Organizations
- First Responders
- Students
- Government Agencies
- Family Members and Partners
- Medical Personnel
- Educators



*A shared thought is powerful –
Come share your strength.*

If reasonable accommodations are needed please call (916) 323-4501 or email Chamenique.Williams@cmhpc.ca.gov by **November 21**, 2017 in order to work with the venue.

CMHPC:

Advocacy

Evaluation

Inclusion



OPEN HOUSE

Thursday, December 7, 2017 4pm-6:30pm

Attendees are welcome to join us, have a tour of our facility, meet some of our staff, and learn more about our treatment program.

**2055 Saviers Road, Suite A
Oxnard, CA 93033**

Please contact Clinic Manager Maria Meza at (805) 483-2253 or through email at mmeza@aegistreatmentcenters.com

You're Invited to Our Annual

Holiday Party Celebration!

Please join us for a fun filled night with food, dancing and good times.
For all clients and staff from board & cares, residential facilities,
VCBH Staff, and families of clients.

We hope to see you there!

Where: Elks Lodge 801 South A St. Oxnard, CA 93030

When: Tuesday Dec. 12th, 2017

Time: 5:00pm-8:00pm



 **NAMI** Ventura County

Sponsored by NAMI Ventura County and Ventura County Behavioral Health

Agency 101

Agency 101

Resource Booth RSVP

January 24, 2018

1:00pm to 4:00pm

(Please plan to set up between 12:00pm – 12:30pm and stay until 4:00pm)

VCOE Conference and Educational Services Center
5100 Adolfo Road, Camarillo

- I have checked the handbook and no changes are required.
- No, we will not be able to participate this year.
- No, we will not be able to participate, but we would like to bring materials.
(Please bring 500 pieces.)
- Yes, our agency would like to have a table at Agency 101 this year.

Agency: _____

(If you are part of a large organization, please indicate the name of the agency you would like your program to be associated with so we can plan accordingly.)

Contact Person

Name: _____ Email: _____

Agency Rep(s) who will staff the booth

Name: _____ Email: _____

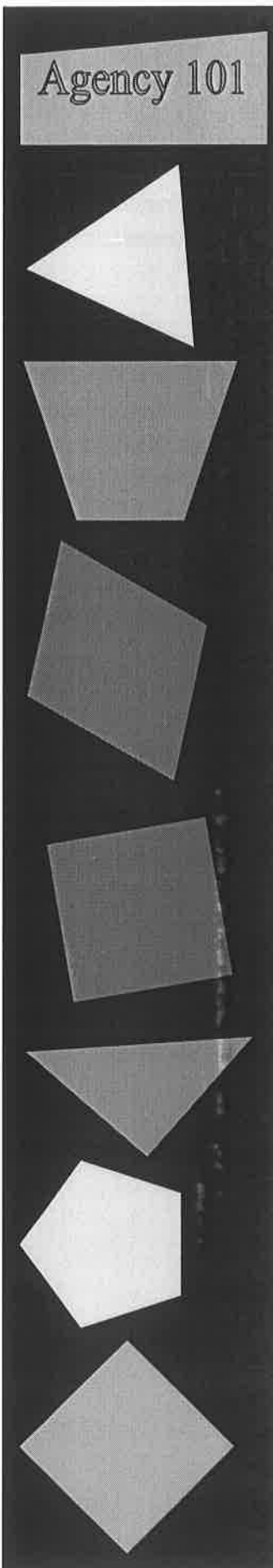
Name: _____ Email: _____

Name: _____ Email: _____

Number of 6' x 18" tables requested _____ (Max 6)

Return to Barbara Rush at brush@vcoe.org
or mail to: VC SELPA, 5100 Adolfo Rd., Camarillo CA 93012

RSVP Deadline: December 16, 2017



Agency 101

October 5, 2017

Dear Community Agency,

Agency 101 is an annual interagency collaborative event that provides information and networking for all who are working with children and youth at risk for intensive services and/or residential placement.

Agency 101 is cosponsored by the following Ventura County agencies: Special Education Local Plan Area (SELPA), County Office of Education, Behavioral Health, Children and Family Services and Probation Agency. These agencies are dedicated to making sure that people working with our high risk youth have the most current, comprehensive information about available options to support our youth and families.

This year's event will be January 24, 2018, 1-4pm at the Ventura County Office of Education Conference and Educational Services Center, 5100 Adolfo Road, Camarillo. Set up will be at 12:00pm. Doors will open for our guests at 1:00pm.

Agency booths will be organized alphabetically, which will allow agencies to provide information about all of their programs in one location. Agencies may request the number of tables that they will need, up to six. The format will be simple; attendees will be able to "drop in," with no registration/cost required. There will be no formal agency presentations. Because of this format, agencies are asked to stay until 4pm, so that people who drop by later in the afternoon will have access to all the information.

Please bring 500 copies of your literature to share.

If you would like to reserve a booth, please complete the attached RSVP and return to Barbara Rush at brush@vcoe.org, no later than December 16, 2017.

Regardless of whether or not you are planning to have a booth, please take a moment to review the attached *Agency 101 Resource Directory*. Please make any additions or corrections on behalf of your agency **in red or highlight** and return to Barbara at your earliest convenience.

Please disseminate the flyer to all staff in your agency.

Sincerely,

Regina Reed
Director of Personnel Development



AT-RISK/

DEPENDENT PERSON SERVICES

Did you know that the Oxnard Police Department, in conjunction with the OPD Volunteers in Police Service (VIPS), offers a program to assist in location of missing at-risk or dependent persons?

The program is called *At-Risk Dependent Person Registration*. This program allows you to register your loved one, who may be suffering from Alzheimer's, dementia or other disabilities, that may cause them to wander away from home and become lost. This is a **FREE** service provided by the police department. Registering your loved one provides the police department with information critical to locating him/her should it become necessary.

Basic information and a current photograph is all that is needed to register your loved one and provide you with peace of mind.

For more information on this valuable program or to set up an appointment, please contact the Oxnard Police Department Volunteers in Police Service at (805) 385-7569.



Oxnard Police Department, 251 South "C" Street Oxnard, CA 93030 • (805) 385-7600 • www.OxnardPD.org • https://www.facebook.com/OxnardPD/



AT-RISK/

DEPENDENT PERSON SERVICES

How does registering my loved one help with locating him/her?

Once registered, your loved one's biographical information is kept in digital format on a secure server. This allows officers working on patrol to access that information in the event your loved one wanders away. All information is used solely for the location of your loved one and is not accessed otherwise.

Is there a fee?

This service is FREE.

Who do I contact to register my loved one?

To make an appointment for registry, please contact the Oxnard Police Department Volunteers in Police Service at (805) 385-7569.

Where do I go to register my loved one?

You can make an appointment to register at the police department or VIPS are available to come to your home to complete the process.

When can I register my loved one?

You can register now! Do not wait until you need the service to register.

What happens after my loved one is registered?

Upon registration your family member will be given a color-coded bracelet with "Oxnard Police Department—(805) 385-7740" embossed on it. This provides anyone who locates your loved one a method of contacting a responsible party more quickly.

Oxnard Police Department, 251 South "C" Street Oxnard, CA 93030 • (805) 385-7600 • www.OxnardPD.org • https://www.facebook.com/OxnardPD/

What is Growing Works?

Growing Works is a proposal to bring to Ventura County a successful job training program for people with mental illness. It is modeled after Growing Grounds which originated in Central California in 1984. Growing Works will provide a safe environment where people with mental illness receive employment and job training at a non-profit plant nursery that sells native and drought tolerant plants.



Why a plant nursery?

Using a combination of horticultural therapy and vocational training, Growing Works will provide employment opportunities and a supportive environment for personal growth. Employees will work in a supervised setting that rewards responsibility and initiative, where employees strengthen their social skills among peers. While physical and at times demanding, working outdoors can significantly contribute to recovery from mental illness and support physical health too.

Growing Works

How is Growing Works funded?

Growing Works will grow and sell high quality, drought tolerant plants including California natives, Mediterranean perennials, and succulents. Plant sales, job training services, and contributions help to sustain the operation.

Where would Growing Works be located?

The proposed site of the nursery is on Lewis Road in Camarillo on land owned by the County of Ventura. The location has several acres of vacant land and a building with office and classroom space, and restrooms. The site is immediately adjacent to housing for people with mental illness, and near our prospective partner, California State University Channel Islands.



"Judge each day not by the harvest you reap, but by the seeds you plant."
- Robert Louis Stevenson

Growing Works

PROSPECTIVE PARTNERS

Supervisor Linda Parks
(805) 214-2510
Linda.Parks@ventura.org

Growing Wonders

PROSPECTIVE PARTNERS



The Associates

- VC Behavioral Health Dept
- Turning Point Foundation
- County of Ventura

The Start-Up Helpers

- VC Community Foundation
- Edelstein Trust
- Andrew Wade Foundation
- Gold Coast Health Plan
- Agromin
- Marz Farms
- Seabees
- California Conservation Corps
- Casa Pacifica

The Employees

- VC Behavioral Health Dept Clients
- CA Dept of Rehab Clients
- Residents in Supportive Housing-
Villa Calleguas, Casa de Esperanza
- Veterans

The Customers

- County of Ventura
- Cal State University Channel Islands
- California Lutheran University
- Naval Base Ventura County
- Local Restoration Projects
- Local Landscapers



The Start-Up Organization


- Jason Meek, Administration
- Linda Parks, Start-Up Coordinator
- Dennis Perry, Nursery Manager
- Craig Wilson, Employee Manager
- Merrill Berge, Nursery Sales



The Volunteers

- Master Gardeners
- National Alliance on Mental Illness
- The Client Network
- CSUCI Center for Community
Engagement Service Learning
- California Institute for Social
Business at CSUCI
- Surfrider Foundation
- Community Volunteers



 *Supervisor Linda Parks' Quarterly Dinner Series* 

The Decline of Monarch Butterflies and Bees, and What Can Be Done About It

You're invited to hear guest speaker Cameron Newell, a Pollinator Conservation Specialist, discuss the status of Monarch butterflies and bees and effective ways to restore their populations at Supervisor Parks' next quarterly dinner event on December 6th. Monarch butterflies are being considered for the endangered species list. Their population has dwindled from more than 1 billion in the mid-1990s to 109 million last winter. The wild bee population has dropped by one quarter of its population in the last decade. Mr. Newell has worked on restoring native habitat on three continents. We hope you can join us for this fun and educational dinner experience!

Your reservation is guaranteed with your payment.

The dinner is \$35 per person in advance.


- ✿ **Wednesday, December 6th**
- ✿ **5:30pm** Cocktail Reception
- ✿ **6:30pm** Presentation
- ✿ **7:00pm** Dinner

Petra Restaurant

3731 Thousand Oaks Blvd. in Thousand Oaks



Please reserve your seat soon by calling (805) 214-2510 or emailing Jenny.Ho@ventura.org.



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

November 20, 2017

INSIGHTS

Juvenile Collaborative Court Program

Cheryl Fox, LCSW
Behavioral Health Manager

INSIGHTS: Collaborative Services



Probation

Behavioral Health

Juvenile Court

Attorneys

Schools

Public Health



VENTURA COUNTY
BEHAVIORAL HEALTH

2

Program Development: A Collaborative Process

Participating Agencies:

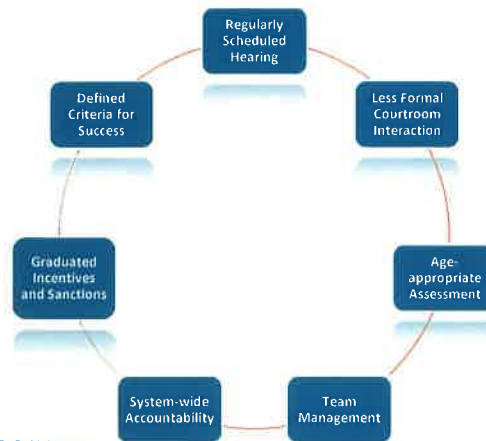
- Probation Department
- Behavioral Health Department
- Public Defender's Office
- District Attorney's Office
- Office of Education
- Public Health



3


INSIGHTS: Program Components

7 Essential Components of a Mental Health Court *(Callahan, Steadman and Gerus)*




4

INSIGHTS: Program Description


- 

Developed in response to the needs of juvenile offenders with severe emotional disturbances / co-occurring substance use disorders who do not respond well to existing dispositional alternatives
- 

Coordinated services are offered to the youth / caregivers which may include comprehensive mental health services, substance abuse services, peer and parent support, and other county and community-based support resources
- 


Interagency / Court team members will work in strong collaboration to develop individualized multidisciplinary case plans
- 

Overarching GOALS of reducing incarcerations; hospitalizations, and other out of home placements and providing those support necessary for these youth to be successful in their home communities


5

INSIGHTS: Team Approach

<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> Coordinated Services Team (CST) </div> <ul style="list-style-type: none"> Multi-agency Screens Referral Links to services 	<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> Insights Court Team (ICT) </div> <ul style="list-style-type: none"> Multi-agency Reviews Referral Recommendations to the Court Case Planning / Monitoring 	<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> Family Team Meetings (FTM) </div> <ul style="list-style-type: none"> Youth / Family Voice As needed for support Recommendations to the ICT
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6

INSIGHTS: Program Objectives

- Through a structured, collaborative process, identify probation youth who have mental health issues that may be contributing to their delinquent behaviors
- Engage youth and caregivers in an intensive mental health court supervised program that seeks to address the identified issues through comprehensive services and supports
- Through early engagement, reduce number of days spent in the Juvenile Facilities and length of probation wardship
- Through service provision for up to one year, reduce or eliminate hospitalizations, incarcerations, and/or other out-of-home placements
- Provide transitional / discharge planning that recognizes strengths and successes and provides linkage to aftercare services that support community maintenance.

 VENTURA COUNTY
BEHAVIORAL HEALTH

7

INSIGHTS: Collaborative Services


- Courts / Judges**
 - Presides over all cases
 - Periodic Reviews
 - Implements Incentives or Responses
- Probation**
 - Monitors compliance to program
 - Active participation in CST reviews and ICTs
 - Coordinates services and supports
 - Case management support with BH
 - Reports progress to the Court
- Behavioral Health**
 - Provides mental health services / substance abuse services and supports
 - Services are trauma focused and culturally informed
 - Active participation in CST reviews and ICTs
 - Transitional services at discharge

 VENTURA COUNTY
BEHAVIORAL HEALTH

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INSIGHTS: Collaborative Services

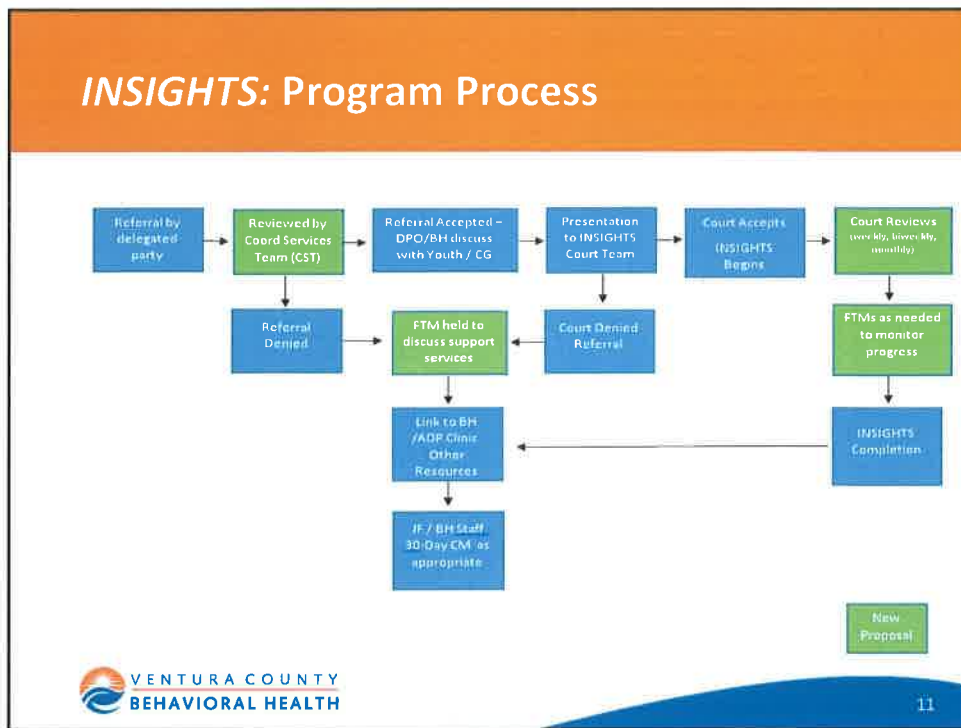
- Schools**
 - Address academic needs
 - Implement IEPs
 - Active participation in CST reviews and ICTs
- Attorneys**
 - Support services for all court proceedings
 - Active participation in CST reviews and ICTs
 - Assist with legal issues / concerns
- Public Health**
 - Address health concerns, support, education
 - Active participation in CST reviews

 9

INSIGHTS : Eligibility Criteria

- Resident of Ventura County
- WIC 602 Ward of Court
- Meets "medical necessity" criteria for specialty mental health services
- Competent and able to communicate with his/her attorney
- Youth and/or caregiver must agree to participate

 10



- ### INSIGHTS: Phase I - Engage (60-90 Days)
- | | |
|---|--|
| <p>Probation</p> <ul style="list-style-type: none"> ▪ Weekly office reporting ▪ Random testing (test clean) ▪ Attending school (good behavior/ conduct) ▪ No violations /incident reports ▪ Attend court reviews ▪ Home visits / School visits ▪ Compliance with BH Treatment | <p>Behavioral Health</p> <ul style="list-style-type: none"> ▪ Assessments (determine baseline behaviors/symptoms) ▪ Attend weekly therapy (ind / family) ▪ Focus on pro-social activities/job search/ community service ▪ Access natural supports and engagement ▪ Medication compliance (if applicable) ▪ Family participation |
|---|--|
- VENTURA COUNTY BEHAVIORAL HEALTH 12

INSIGHTS: Phase II - Embrace (120-180 Days)

Probation

- Bi weekly office reporting
- Random testing (test clean)
- Monthly court review
- Attending school (good behavior conduct)
- No incident reports / violations Home /
- School visits (less frequent if in compliance)
- Positive change in behavior (i.e. verbalizing coping skills)
- Reward incentive if applicable
- While at JF, attend school daily and participate in programming
- Compliance with BH services

Behavioral Health

- Introduction to alternative treatment/coping skills
- Explore and implement new support skills
- Decrease negative coping, increase positive coping
- Increased functioning at school, home, work, etc.
- Weekly therapy meeting (individual/family)
- Case Manager support (transportation, employment assistance, assist w/obtaining legal documents, pro-social activities, etc.)
- Medication compliance (if applicable)



INSIGHTS: Phase III - Excel (60-90 Days)

Probation

- Monthly office reporting
- Random testing (test clean)
- Court reviews once a month (or as needed)
- Attending school (good behavior conduct)
- If in custody, no incident reports / violations
- Home / School visits
- Positive change in behavior (i.e. verbalizing coping skills)
- Acknowledgment that the program has helped them make lasting changes to their behavior (i.e. can express alternatives to previous behavior)


Behavioral Health

- Therapy meeting 2-3 times per month
- Consistent pro-social participation (i.e. church, sports, volunteer, etc.)
- Medication compliance (if applicable)
- Family participation
- Active participation in transition planning

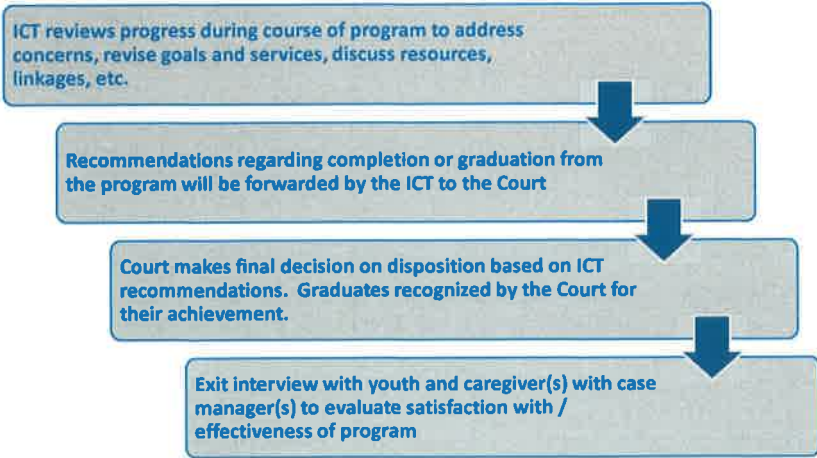


INSIGHTS: Ongoing Collaboration / Support


Team	Family	Court
<ul style="list-style-type: none">• Coordinated Services Plan• Regular Progress Reports• Recommendations for Additional Services and Supports	<ul style="list-style-type: none">• Conjoint sessions with DPO / BH• Progress Reports / Family Team Meetings• Linkage to support resources for youth / caregivers• Incentives / Recognitions	<ul style="list-style-type: none">• Ongoing monitoring with ICT• Incentives / Responses as appropriate• Formal Recognitions

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INSIGHTS: Program Completion



```
graph TD; A[ICT reviews progress during course of program to address concerns, revise goals and services, discuss resources, linkages, etc.] --> B[Recommendations regarding completion or graduation from the program will be forwarded by the ICT to the Court]; B --> C[Court makes final decision on disposition based on ICT recommendations. Graduates recognized by the Court for their achievement.]; C --> D[Exit interview with youth and caregiver(s) with case manager(s) to evaluate satisfaction with / effectiveness of program];
```

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INSIGHTS: Performance Indicators

- Process**
 - # of referrals versus # accepted
 - Time from referral to admission
 - Avg. length of service
- Collaboration**
 - Level of participation at CSTs / ICTs
 - Participation in FTMs
- Performance Outcomes**
 - Youth accountability (attendance, violations, etc)
 - Satisfaction with services
 - Graduation Rates
 - # of Incarcerations, hospitalizations, placements

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INSIGHTS: Summary of Program Enhancements

- Broadening of referral sources to all agency partners involved in youth
- Coordinated Services Team to screen referrals and monitor cases
- Youth and/or Caregiver can agree to services
- Structured "Phases" to promote engagement and feelings of success
- Immediate linkage to community mental health providers to promote connection and continuity of care.
- Employment of Family Team Meetings to increase collaboration

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INSIGHTS

Questions?

Thank You!



VENTURA COUNTY
BEHAVIORAL HEALTH

19



The Drug Medi-Cal Organized Delivery System Pilot Program

What is the Drug Medi-Cal Organized Delivery System (DMC-ODS)?

The DMC-ODS is a voluntary pilot program that offers California counties the opportunity to expand access to high-quality care for Medi-Cal enrollees with substance use disorders (SUD). The goal of the DMC-ODS is to demonstrate how organized SUD care improves beneficiary health outcomes, while decreasing system-wide health care costs. Counties that choose to participate in the DMC-ODS are required to provide access to a full continuum of SUD benefits modeled after the American Society of Addiction Medicine (ASAM) Criteria. This approach is expected to provide eligible enrollees with access to the care and services they need for a sustainable and successful recovery.

What Are the Advantages of Implementing the DMC-ODS?

The DMC-ODS will improve access to quality care by:

- Expanding local networks of high quality providers through selective provider contracting;
- Requiring the use evidence-based practices in SUD treatment;
- Increasing coordination with other systems of care, including physical and mental health;
- Increasing local control and accountability with greater administrative oversight; and,
- Creating quality assurance and utilization controls to promote efficient and effective use of resources.

What is the ASAM Criteria & Why is it Important?

The ASAM Criteria is the result of a collaboration of experts that began in the 1980s to define a national set of criteria for proving outcome-oriented and results-based care in the treatment of addiction. The ASAM Criteria is a proven model in the SUD field, and is the most widely used and comprehensive set of guidelines for assessing patient needs and optimizing placement into SUD treatment. Counties that implement the DMC-ODS are required to use the ASAM Criteria to ensure that eligible beneficiaries have access to the SUD services that best align with their treatment needs.

Who is Eligible to Receive DMC-ODS Services?

To receive services through the DMC-ODS, the beneficiary must meet the following criteria:

1. The beneficiary must be enrolled in Medi-Cal;
2. The beneficiary must reside in a county that is participating in the DMC-ODS;

3. The beneficiary must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders with certain exceptions, or for youth under 21, be assessed as “at-risk” for developing a SUD; and,
4. The beneficiary must meet the ASAM Criteria definition of medical necessity for services (or ASAM adolescent treatment criteria for youth under 21).

What New Benefits are Available through the DMC-ODS?

The standard Drug Medi-Cal program covers outpatient services, intensive outpatient services, limited perinatal residential services, and narcotic treatment program services. Optional participation in the DMC-ODS allows counties to cover an expanded array of SUD services for Medi-Cal enrollees in their community. Counties participating in the DMC-ODS are required to provide the following SUD services for Medi-Cal enrollees:

DMC-ODS Benefits	Standard Drug Medi-Cal Benefits
Outpatient Services	Outpatient Services
Intensive Outpatient Services	Intensive Outpatient Services
Residential Treatment (multiple levels of care for all enrollees and no bed limitation)	Perinatal Residential Treatment (perinatal only and 16 bed limitation)
Withdrawal Management (continuum)	Inpatient Hospital Detoxification
Narcotic Treatment Program Services	Narcotic Treatment Program Services
Recovery Services	
Case Management	
Physician Consultation	
Additional Medication Assisted Treatment (optional)	
Partial Hospitalization (optional)	

How Can I Learn More about the DMC-ODS?

There are several resources available if you would like to learn more about the DMC-ODS:

- Visit <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
- Send an email to DMCODSWAIVER@dhcs.ca.gov
- Get in touch with your county to learn more about local efforts to implement the DMC-ODS

Waiver vs. State Plan

Waiver

- 1915(b) waivers allow states to limit freedom of choice and to require enrollees to obtain services from specific providers who must meet reimbursement, quality, and utilization standards.
- 1115 Waivers allow states to test new or existing ways to deliver and pay for health care services in Medicaid with federal matching funds available for these services. Demonstrations must be "budget neutral."

State Medicaid Plan (or "SPA")

- A Medicaid state plan is an agreement between a state and the Federal government describing how that state administers its Medicaid program.
- The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state.
- When a state is planning to make a change to its program policies or operational approach, states send state plan amendments (SPAs) to CMS for review and approval.

Medi-Cal SUD Services

Standard DMC Program:

- Outpatient Drug Free Treatment
- Intensive Outpatient Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Perinatal Residential SUD Services (limited by IMD exclusion)
- Detoxification in a Hospital (with a TAR)

DMC-ODS Pilot Program:

- Outpatient Services
- Intensive Outpatient Services
- Naltrexone Treatment
- Narcotic Treatment Program
- Residential Services (not restricted by IMD exclusion or limited to perinatal)
- Withdrawal Management (at least one ASAM level)
- Recovery Services
- Case Management
- Physician Consultation
- Partial Hospitalization (Optional)
- Additional Medication Assisted Treatment (Optional)

MEDIA RELEASE

FOR IMMEDIATE RELEASE:

November 13, 2017

CONTACT: David Tovar,
Program Administrator
(805) 973-5376
David.Tovar@ventura.org

Shifting the Trend to Reverse Ventura County Focuses DUI Prevention on Young Women Drivers

(Oxnard, CA) – Ventura County Behavioral Health (VCBH) is pleased to announce additional funding from the California Office of Traffic Safety for \$258,000.00 to develop media for DUI prevention. The “Shifting the Trend to Reverse” grant is aimed at developing a new and innovative campaign highlighting the issue of driving under the influence of alcohol and drugs for female drivers.

Women make up 50% of the population and since the early 1990s, women drivers have been increasing their ranks; licensed female drivers now outnumber male drivers. With that rise, the proportion of DUI arrests have more than doubled in CA from 10.6% in 1989 to 23.4% in 2013, a substantial annual increase since 1994.

“Our goal is to utilize media with pro-female messaging, helping women to make positive health and life decisions,” Patrick Zarate, VCBH Chief Operations Officer stated. “Too often women are skipped over or demeaned when it comes to advertising about driving, and old stereotypes persist about female drivers. So we want to normalize talking about impaired driving risks, and to make sure everyone gets home safe.”

While the number of women drivers increases, impaired driving prevention messaging continues to focus on young adult male drivers. In many media campaigns, drinking, using drugs, and driving is treated as “a guy thing,” while attention to female drivers dwindles. In a review of 35 impaired driving ads from around the world in 2015, MSN highlighted only three with women as potential drivers. Ventura County Behavioral Health wants to focus on local trends and reduce the number of all injury and fatal traffic collisions.

“This unique campaign aims to assist in making better decisions for drivers and their passengers before they get behind the wheel,” said David Tovar, OTS Grant Coordinator for VCBH. “Sadly we have seen a number of avoidable DUI crashes in the county involving young female drivers under the influence in the past month. Our goal is to reverse these trends and reduce DUIs through social change.”

For more information about the grant, contact David Tovar at (805) 973-5376 or David.Tovar@ventura.org. Funding for the grant is from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration. For more information, go to www.venturacountylimits.com.

Ventura County to discuss option of exploring legal action against opioid makers

Tom Kiskan, tkiskan@vstar.com, 805-437-0255 Published 8:29 a.m. PT Nov. 11, 2017 | Updated 12:55 a.m. PT Nov. 12, 2017



(Photo: AP PHOTO)

CONNECTTWEETLINKEDINCOMMENTEMAILMORE

Ventura County Supervisor Steve Bennett wants the county government to consider the option of fighting the opioid epidemic a different way — in court.

Bennett is asking the Ventura County Board of Supervisors to authorize county lawyers to explore the pros and cons of joining one of the many lawsuits being filed against pharmaceutical companies that make and distribute opioids. In a proposal set to be discussed Tuesday by supervisors, he's also asking for information on the possibility of the county filing its own lawsuit.

Similar lawsuits have been filed by counties, cities and states across the nation, with some demanding that pharmaceutical companies pay for taxpayer costs caused by an epidemic that has killed at least 200,000 people since 1999.

"Big Pharma has manipulated this system in a way that has gotten a large number of Americans addicted," Bennett said.

Between 66 and 100 Ventura County residents died of opioid abuse annually over a five-year period in a roller coaster that fell from 86 deaths in 2015 to 66 in 2016.

Through August, 62 deaths in the county in 2017 were linked to opioids — four fewer than in all of 2016, according Bennett said his request does not guarantee any litigation will be filed. Rather, it's an attempt to figure out what the possibilities are. He said he wants to know what such litigation might cost.

"I'm not sure it's about sending a message," he said of pharmaceutical companies. "It's about participating in a lawsuit to stop their practices ... and take some of the enormous profits from this despicable behavior and return it to the people who are suffering the health costs."

FENTANYL[†]

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

[†] For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl[†]) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- ▶ **The abuse of drugs containing fentanyl[†] is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl[†] have resulted in confusion in the first responder community.**
- ▶ You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl[†] in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- ▶ This document provides scientific, evidence-based recommendations to protect yourself from exposure.

WHAT YOU NEED TO KNOW

- ▶ Fentanyl[†] can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- ▶ Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- ▶ Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
- ▶ Personal Protective Equipment (PPE) is effective in protecting you from exposure.
- ▶ Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl[†] intoxication.
- ▶ Naloxone is an effective medication that rapidly reverses the effects of fentanyl[†].

Actions to take . . .

To protect yourself from exposure

- ▶ Wear **gloves** when the presence of fentanyl[†] is suspected.
- ▶ **AVOID actions that may cause powder to become airborne.**
- ▶ Use a properly-fitted, NIOSH-approved **respirator ("mask")**, wear **eye protection**, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl[†] are visible and may become airborne.
- ▶ Follow your department guidelines if the scene involves large amounts of suspected fentanyl[†] (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill or release).

When exposure occurs

- ▶ Prevent further contamination and notify other first responders and dispatch.
- ▶ Do not touch your eyes, mouth, nose or any skin after touching any potentially contaminated surface.
- ▶ Wash skin thoroughly with cool water, and soap if available. **Do NOT use hand sanitizers as they may enhance absorption.**
- ▶ Wash your hands thoroughly after the incident and before eating, drinking, smoking, or using the restroom.
- ▶ If you suspect your clothing, shoes, and PPE may be contaminated, follow your department guidelines for decontamination.

If you or other first responders exhibit

- **Slow Breathing or No Breathing**
- **Drowsiness or Unresponsiveness**
- **Constricted or Pinpoint Pupils**
- ▶ Move away from the source of exposure and call EMS.
- ▶ Administer naloxone according to your department protocols. Multiple doses may be required.
- ▶ If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives. Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address the exposure risk.
- ▶ If needed, initiate CPR until EMS arrives.



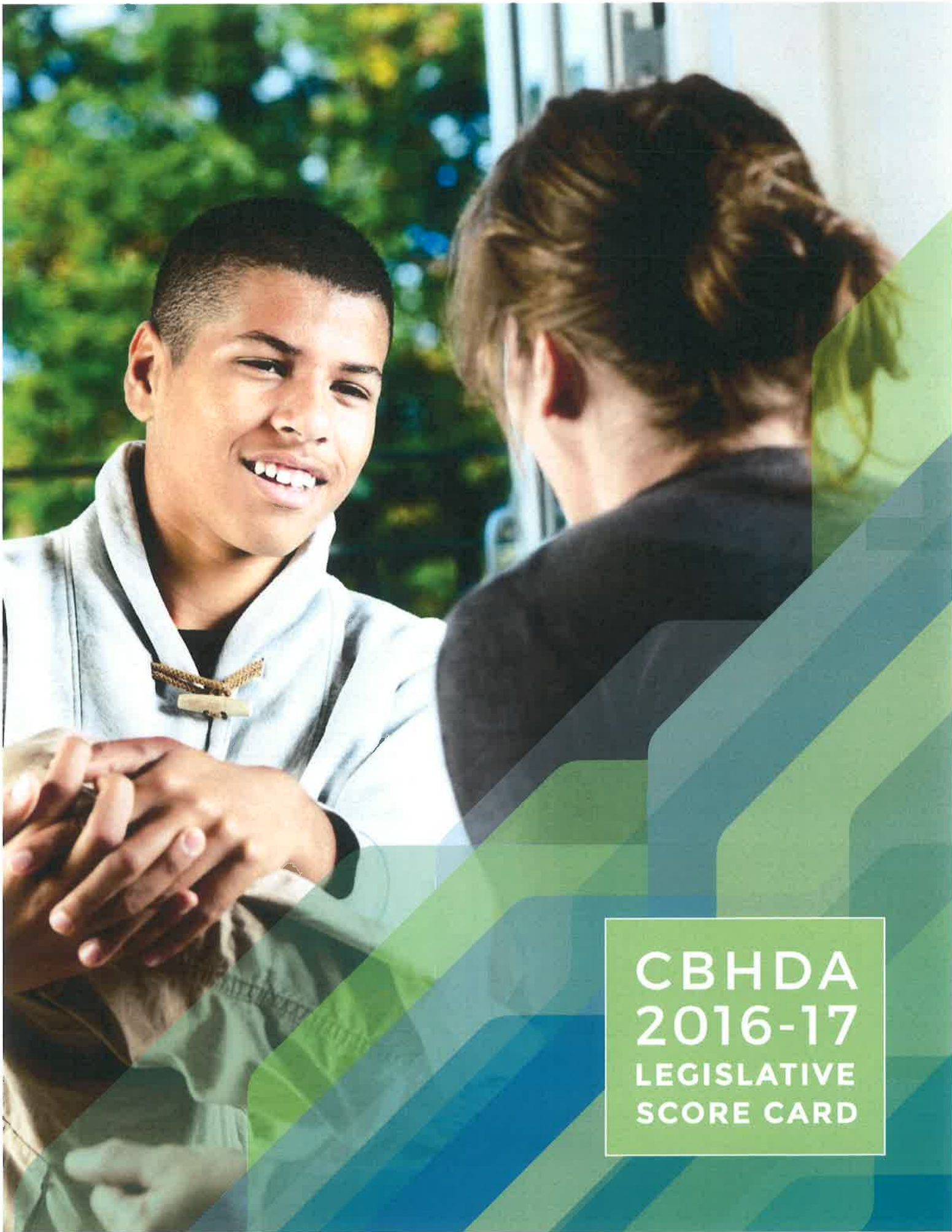
Collaborative Support From:

- American College of Emergency Physicians
- American College of Medical Toxicologists
- American Industrial Hygiene Association
- Association of State and Territorial Health Officials
- Association of State Criminal Investigative Agencies
- Fraternal Order of Police

- International Association of Chiefs of Police
- International Association of Fire Chiefs
- International Association of Fire Fighters
- Major Cities Chiefs Association
- Major County Sheriffs of America
- National Alliance of State Drug Enforcement Agencies

- National Association of Counties
- National Association of County and City Health Officials
- National Association of Emergency Medical Technicians
- National Association of EMS Physicians
- National Association of State EMS Officials

- National Governor's Association
- National HIDTA Directors Association
- National Narcotic Officers' Associations' Coalition
- National Sheriffs' Association
- National Volunteer Fire Council
- Police Executive Research Forum
- Police Foundation



**CBHDA
2016-17
LEGISLATIVE
SCORE CARD**



Dear Behavioral Health Allies and Stakeholders,



With help from the Legislature, Governor Edmund G. Brown, Jr., and California Counties, behavioral health made important strides this year in policy and practice. County Behavioral Health Directors Association of California (CBHDA) had major victories for consumers and counties during the past legislative session. With this leadership and advocacy, public behavioral health programs will continue to assure the accessibility of quality, cost-effective, culturally competent behavioral health care for the people of the State of California.

Even with a constant federal threat of an Affordable Care Act repeal and the evisceration of Medicaid, advocates for behavioral health continue to charge ahead in our state. Numerous important bills addressing **housing and homelessness, children and families, and substance use disorders** fared well at the state capitol. CBHDA sponsored bills, AB 395 (Bocanegra) and AB 727 (Nazarian), both enjoyed bipartisan support in the Legislature and were signed into law by Governor Brown. We applaud the Legislature's leadership on access to **substance use disorder services** and prioritizing **housing services** for those in need.

AB 1250 (Jones-Sawyer), a bill that does not appear on this Score Card as it remains open to consideration in 2018, posed a major threat to County Behavioral Health. This bill would end contracting for services in mental health, **substance use disorders**, child welfare and law enforcement, among many other services. Vociferous opposition by nearly all counties and more than 500 nonprofit groups resulted in the bill being delayed until 2018. We will continue to work with the author and sponsors to express opposition, and further educate the Legislature on the dangers this bill poses to California behavioral health services.

In addition to our sponsored bills, CBHDA successfully advocated with the Legislature, the Governor's Department of Finance, and the Department of Health Care Services for a balanced approach to **Mental Health Services Act** reversion, which will bring an estimated \$150 million back to the communities to be reinvested in mental health care.

Despite challenges posed by federal actions on health care policy, we hope California's Legislature and Governor will join CBHDA in the coming legislative session with strategies to preserve high-quality behavioral health care throughout our state.

Through CBHDA's **Behavioral Health 2020 Initiative**, California's county behavioral health leaders will continue to plan for the future.

Sincerely,

A handwritten signature in black ink that reads 'Kirsten Barlow'. The signature is written in a cursive, flowing style.





Kirsten Barlow
Executive Director, CBHDA

We proudly present the 2017 County Behavioral Health Directors Legislative Score Card.

The legislation CBHDA supported has been separated into five major policy areas:

housing and homelessness, children and youth, substance use disorders, the Mental Health Services Act and **criminal justice**. The legislation included in our Score Card are priority bills, but do not reflect our full policy agenda for this legislative session. While reviewing this Score Card, keep in mind that it is a partial picture of legislation related to behavioral health during the 2016-17 session.

Key to voting section

-  Voted in support of Behavioral Health
-  Voted in opposition of Behavioral Health
-  Abstained from voting
-  Excused Absence

For scoring purposes each vote represents 5 points. If the Governor, a Senator or Assembly Member chose not to support a bill that we have supported in this report, their grade was reduced by 5 points. Considering each member is encouraged to “add on” their vote at the end of a floor session or hearing, an abstention is considered to have the same negative impact for the Legislation and therefore reduces scores the same as a NO vote.

Grading scale

- A = 100 - 90**
- B = 89 - 80**
- C = 79 - 70**
- D = 69 - 60**
- F = 59 and below**



To better present the legislation, we grouped bills we supported into five areas: Housing and Homelessness, Children and Youth, Mental Health Services Act, Substance Use Disorders and Criminal Justice. These topics represent issues that were most important to CBHDA this legislative session.

Housing and Homelessness

AB 74 (Chiu) Housing for a Healthy California

- Establishes the Housing for a Healthy California Program to provide rental assistance to those who are homeless and receive services from the Whole Person Care Program, Health Homes Program or another locally controlled funding source.

AB 210 (Santiago) Homeless Multidisciplinary Teams

- Authorizes counties to start Homeless Adult, Child and Family Multidisciplinary Teams and allows team members to exchange confidential information while maintaining privacy protections to simplify the linkage of homeless individuals and families to housing and supportive services.

AB 236 (Maienschein) CalWORKS: Housing Assistance

- Makes CalWORKS Homeless Housing Assistance Program funding available to non-custodial parents who have children who are in foster care if the family is receiving reunification services and the assistance will aid to reunify the family.

Children and Youth

AB 340 (Arambula) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Trauma Screening

- Requires the Department of Health Care Services, the Department of Social Services, county mental health experts and other stakeholders to convene an advisory group to address trauma screening tools for children with the EPSDT benefit. Requires a related report to the Legislature.

AB 501 (Ridley-Thomas) Children's Mental Health Facilities

- Establishes a new facility licensure category for Children's Crisis Residential Services to serve as an alternative to psychiatric hospitalization.

AB 1315 (Mullin) Mental health: Early Psychosis and Mood Disorder Detection and Intervention

- Establishes the privately funded Early Psychosis Intervention Competitive Selection Process Plus Program and a related advisory committee to the Mental Health Services Oversight and Accountability Commission.

Mental Health Services Act

AB 850 (Chau) Mental Health Services Oversight and Accountability Commission

- Expands the membership of the Mental Health Services Oversight and Accountability Commission to include an individual with knowledge of and experience in reducing mental health disparities for racial and ethnic communities.

AB 727 (Nazarian) Mental Health Services Act Housing Assistance (CBHDA Co-Sponsored)

- Authorizes counties to spend Mental Health Services Act funding on rental assistance outside of a Full-Service Partnership.

Substance Use Disorders

AB 395 (Bocanegra) Substance Use Disorder Treatment (CBHDA Co-Sponsored)

- Requires Drug Medi-Cal claims from providers and counties to be submitted to the Department of Health Care Services within a six-month timeframe and updates laws governing medication-assisted treatment.

AB 350 (Salas) Cannabis Edibles: Appealing to Children

- Bans edible cannabis products in the shape of a person, animal insect or fruit.

AB 532 (Waldron) Women's Drug Court Treatment Services

- Expands access to mental health and drug treatment for women in the criminal justice system. Allows courts to collaborate with outside organizations to develop programs that offer behavioral health and wrap-around services to women charged with or on probation for misdemeanor offenses.

AB 575 (Jones-Sawyer) Elder and Dependent Adult Abuse: Substance Use Disorder Counselors

- Requires substance use disorder counselors to be mandated reporters of elder and dependent adult abuse.

AB 1688 (Assembly Health Committee) California Mental Health Planning Council

- Renames the California Mental Health Planning Council as the California Behavioral Health Planning Council and expands the Council's membership to include individuals with substance use disorders expertise and individuals who are dually diagnosed with serious mental illnesses and substance use disorders.

SB 323 (Mitchell) Federally Qualified Health Centers (FQHCs) and Rural Health Clinics: Behavioral Health

- Adds the Drug Medi-Cal program and specialty mental health services to the types of services that FQHCs and rural health clinics may provide and be reimbursed for under contract with a county.

SB 374 (Newman) Health insurance: discriminatory practices

- Ensures mental health and substance use disorder services are covered equally with medical/surgical services under all insurance policies sold in California.

Criminal Justice

AB 720 (Eggman) Inmates: Involuntary Psychiatric Medication

- Authorizes the administration of involuntary psychiatric medication of inmates in county jails, including those awaiting arraignment, trial or sentencing. Statute sunsets in 2022.

AB 1308 (Stone) Youth Offender Parole Hearings

- Expands the youth offender parole process for crimes committed from before 23 years of age to crimes committed before the age of 25.

AB 208 (Eggman) Pretrial Diversion for Certain Drug Offenses

- Changes the current deferred entry of judgment program for low-level drug offenses to allow referral into a pre-trial diversion program.

SB 725 (Jackson) Veterans: pretrial diversion: driving privileges

- Clarifies that veterans charged with driving under the influence who suffer from military-related traumatic mental health or substance use disorder conditions are eligible for pre-trial diversion to a treatment court.



Senate Legislative Score Card

+ Voted For
 - Voted Against
 Abstained
 Excused Absence

Senate Members	Grade	Housing/Homeless			Children & Youth			MHSA		Substance Use Disorders						Criminal Justice				
		AB 74	AB 210	AB 236	AB 340	AB 501	AB 1315	AB 850	AB 727	AB 395	AB 350	AB 532	AB 575	AB 1688	SB 323	SB 374	AB 720	AB 1308	AB 208	SB 725
Ben Allen	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Joel Anderson	B	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Toni Atkins	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Patricia Bates	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Jim Beall	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tom Berryhill	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Steven Bradford	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Anthony Canella	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Kevin de León	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bill Dodd	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Jean Fuller	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Ted Gaines	B	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cathleen Galgiani	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Steve Glazer	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Ed Hernandez	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bob Hertzberg	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Jerry Hill	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Ben Hueso	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hannah-Beth Jackson	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Ricardo Lara	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

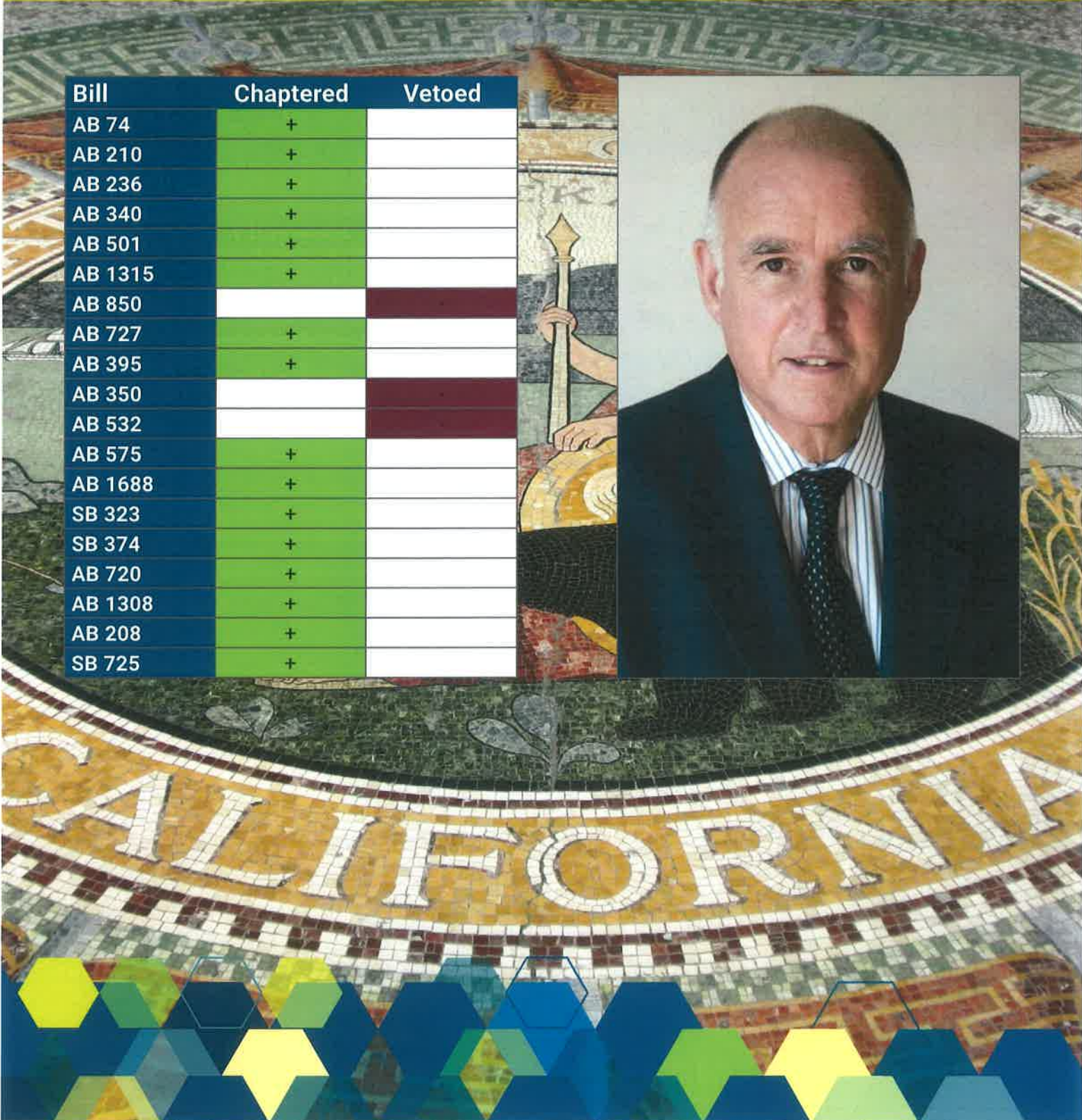
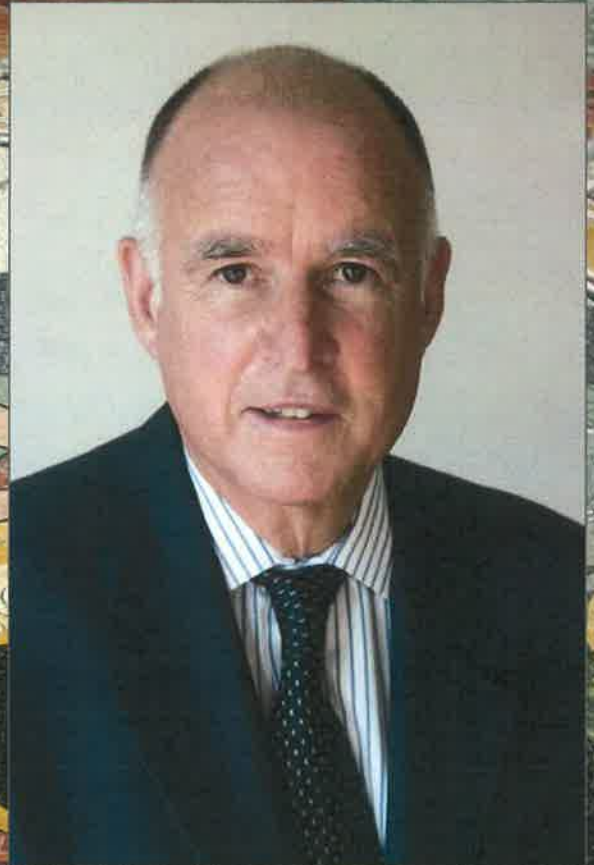
Connie Leyva	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mike McGuire	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tony Mendoza	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Holly Mitchell	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
William Monning	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
John Moorlach	B	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mike Morrell	C	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Josh Newman	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Janet Nguyen	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
JIm Nifeleen	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Richard Pan	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Anthony Portantino	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Richard Roth	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Nancy Sidner	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Henry Stern	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Jeff Stone	B	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Andy Vidak	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bob Wieckowski	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Scott Wiener	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Scott Wilk	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+



Governor Edmund G. Brown, Jr. Legislative Score Card

Overall Grade: B

Bill	Chaptered	Vetoed
AB 74	+	
AB 210	+	
AB 236	+	
AB 340	+	
AB 501	+	
AB 1315	+	
AB 850		
AB 727	+	
AB 395	+	
AB 350		
AB 532		
AB 575	+	
AB 1688	+	
SB 323	+	
SB 374	+	
AB 720	+	
AB 1308	+	
AB 208	+	
SB 725	+	



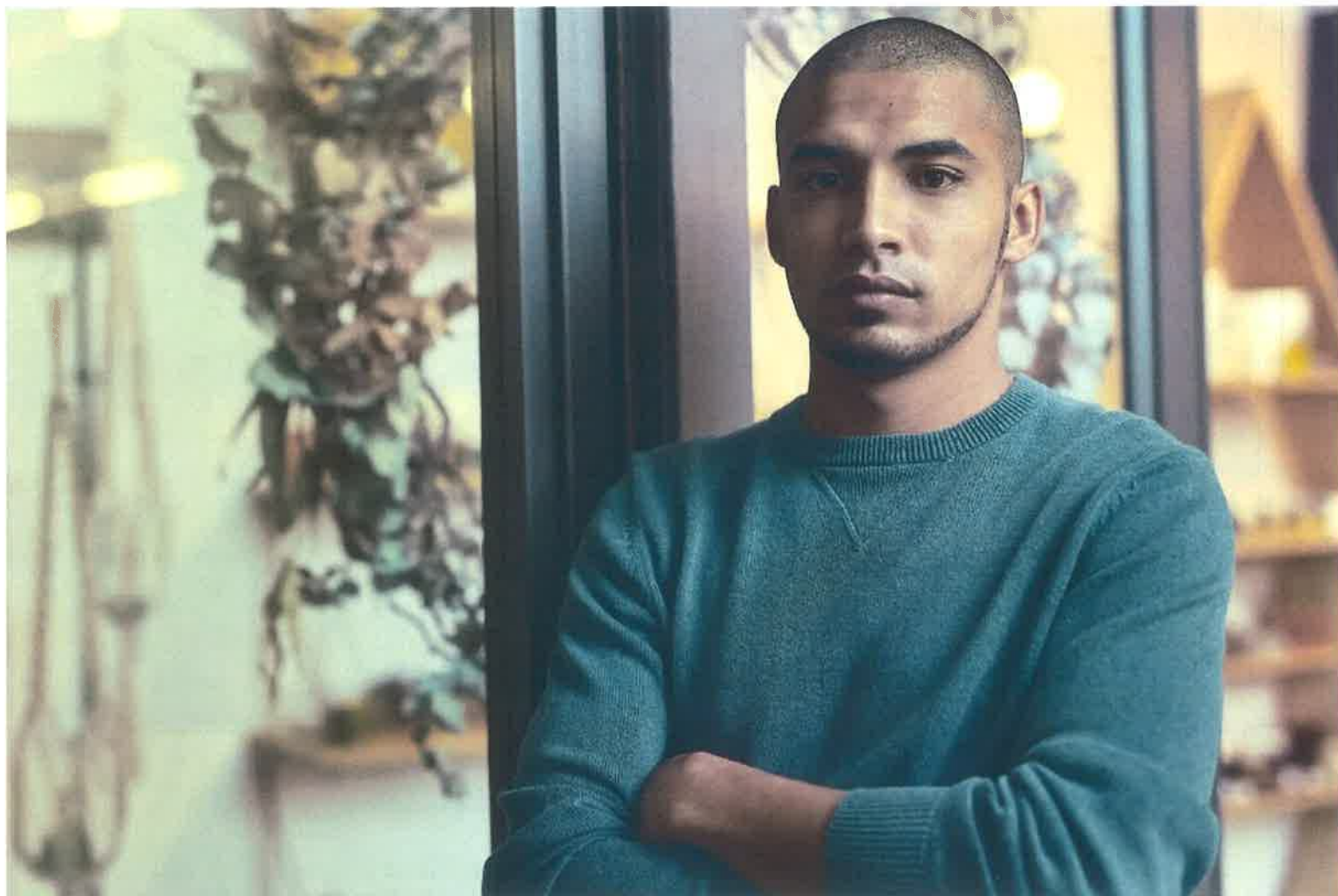
Planning for the future...

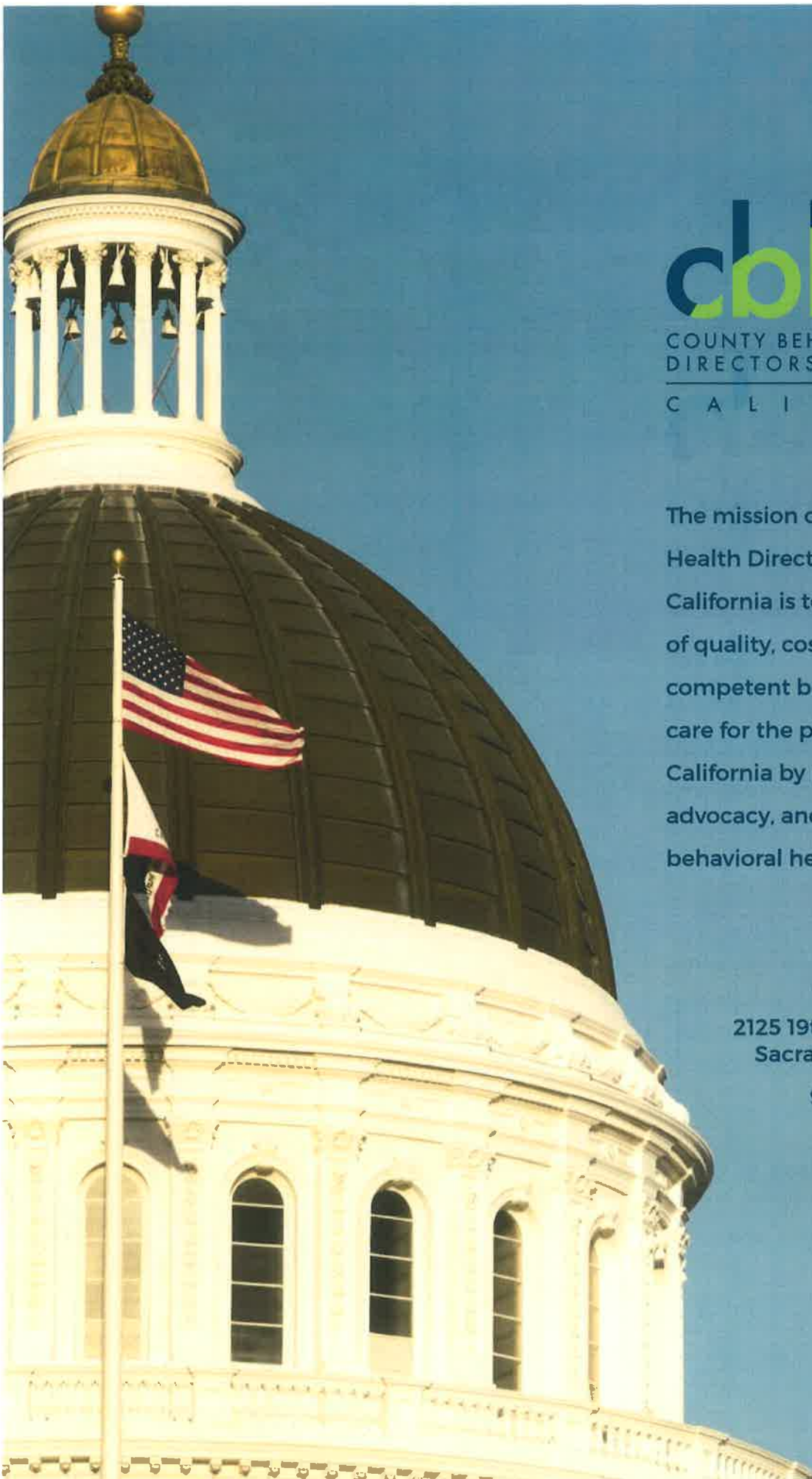
The past legislative session was a success by any measure. However, the County Behavioral Health Directors Association believes that public behavioral health care can be strengthened even further. The continuum of care for behavioral health is poised for structural and service-based care changes on both state and federal levels – and health care in general is shifting under the constant threat of funding reductions and Affordable Care Act repeal. The County Behavioral Health Directors are taking this opportunity seriously and are committed to building a county behavioral health system that supports consumer-driven services and provides high-quality, high-value care. To that end, over the past year, our Association has put a special emphasis on legislation to address **housing and homelessness, children and youth, substance use disorders, the Mental Health Services Act and criminal justice**, and we will continue increasing our political footprint to help further the agenda of true systematic reform.

The County Behavioral Health Directors Association will be collaborating with consumers, family members, and other partners to create a **Behavioral Health 2020 Initiative**, a

vision for the future of county behavioral health to show further leadership and amplify our support for reform solutions. Through a recovery and person-centered care approach, California can preserve our community safety net services and fortify them into the future. Your local behavioral health leaders see a county system of tomorrow that includes robust community-based interventions, prevention and early intervention, and recovery models of care. By working with our hospital, health plan, and other critical partners, our **Behavioral Health 2020 Initiative** will describe new and innovative ways to strengthen funding and services for critical programs and services.

Over the coming months, our Board and Executive Committee will be forming and socializing the foundational principles of this new plan. Based on these principles, we will draft a proposal with input from consumers, family members, health care partners, the State and others that align us toward a delivery system rooted in high-quality behavioral health care. Through the **Behavioral Health 2020 Initiative**, counties and the state of California will again lead the nation in developing innovative ways to organize, deliver, and pay for behavioral health care.





cbhda

COUNTY BEHAVIORAL HEALTH
DIRECTORS ASSOCIATION

C A L I F O R N I A

The mission of the County Behavioral Health Directors Association of California is to assure the accessibility of quality, cost-effective, culturally competent behavioral health care for the people of the State of California by providing the leadership, advocacy, and support to public behavioral health programs.

cbhda.org

2125 19th Street, 2nd Floor
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916.556.3477

VENTURA COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD
BYLAWS

ARTICLE I

NAME

The name of this board shall be the Behavioral Health Advisory Board, herein referred to as BHAB.

ARTICLE II

PURPOSE AND AUTHORITY

The BHAB exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code. The purpose of the BHAB, provided in Welfare and Institutions Code Section 5604.2, includes, but is not limited to, the following:

- A. All appointed members to the BHAB will have the authority to vote on all issues presented to the BHAB.
- B. Review and evaluate the community's behavioral health needs, including housing, services, facilities, and special programs to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance abuse issues.
- C. Review mental health service performance contracts entered into pursuant to Section 5650.
- D. Advise the Ventura County Board of Supervisors (Board of Supervisors) and the Ventura County Behavioral Health Department (VCBH) Director (herein referred to as Director) as to any aspect of the County's mental health and substance use disorder treatment and prevention services.

- E. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- F. Submit an annual report to the Board of Supervisors on the needs and performance of the County's behavioral health system.
- G. Review and make recommendations on applicants for appointment to the position of Director. The BHAB shall be included in the selection process prior to the vote of the Board of Supervisors.
- H. Review the impact of funding streams on the delivery of local behavioral health services in order to make recommendations for any service level expansions or reductions.
- I. Review, evaluate and advise the Board of Supervisors and Director regarding the VCBH annual budget and performance goals, as well as the VCBH quarterly budget and performance status reports provided by the Director.
- J. Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.

ARTICLE III

MEMBERSHIP

- A. The current membership list with terms of office shall be a matter of public record. There shall be no less than fifteen (15) and no more than twenty-one (21) members of the BHAB.
- B. Each Supervisor may appoint three (3) mental health representatives and one (1) substance use disorder representative to the BHAB. Supervisors are encouraged to appoint individuals who have some experience and knowledge of the behavioral health system. The BHAB membership should reflect the ethnic diversity of the client population of Ventura County.
- C. The BHAB shall consist of the following:
 - 1) Fifty percent (50%) or more should be consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services. At least 20 percent of the membership (five members) shall be consumers and at least 20 percent

of the membership (five members) shall be family members of consumers of mental health services.

- 2) The term of each member shall be for three years, with appointments staggered over a three-year period.
 - 3) Any vacancy will be filled by a new member appointed by the Supervisor who appointed the vacating member. The appointing Supervisor can seek input from the Board of Supervisors in making the new appointment. The new member will hold a position on the BHAB for the remainder of the vacating member's unexpired term.
 - 4) Appointed members must commit to regular attendance at meetings and participation on one committee.
 - 5) One member of the BHAB shall be a member of the Board of Supervisors.
- D. After three unexcused absences of any member during a fiscal year, the BHAB Executive Committee will review the reasons for the absences and will, if warranted, notify the member in writing to inform it, in writing, within thirty (30) days, whether the member wishes to remain on the BHAB. Failure to respond timely to the notice or the continuation of absences may result in a recommendation by the Executive Committee to the BHAB that the Board of Supervisors be asked to remove and replace that member.
- E. Each member is required to join at least one of the following four standing committees: Youth and Family, Transitional Aged Youth, Adult Services or Prevention.
- F. Pursuant to AB 1234, each member is required to complete ethics training and obtain a certificate of compliance. The ethics training must be completed within one year of being appointed and every two years thereafter. The certificate must be submitted to the VCBH administrative assistant and will be held by the Clerk of the Board of Supervisors.
- G. It is the responsibility of the VCBH administrative assistant to notify the Clerk of the Board of Supervisors in writing upon any unscheduled vacancy within ten days of the vacancy.

ARTICLE IV

MEETINGS

A. Guidelines for Board Meetings

- 1) All BHAB meetings and committee and workgroup meetings, with the exception of special meetings in the community, shall be conducted during regular business hours.
- 2) The Brown Act: All meetings of the BHAB shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies.
- 3) Regular Meetings: The regular meetings shall be held monthly. The date, time and location of each meeting shall be announced at the immediately preceding meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with a 72-hour advance notice.
- 4) Special Meetings: Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the BHAB. Notice of such special meeting shall conform to Government Code Section 54956.
- 5) Cancellation: Any meeting which a quorum of the members cannot attend or at which there is no agenda item requiring action of the BHAB may be cancelled by the Chairperson with a 72-hour advance notice.
- 6) Quorum: A quorum shall be defined as one person more than half of the appointed members. The definition of appointed members excludes all vacant positions. A quorum shall be required for any action of the BHAB.

B. Procedures

- 1) The agendas for BHAB meetings shall be established by the Chairperson and discussed and reviewed at the monthly Executive Committee meetings.
- 2) The agenda shall be posted in a manner consistent with Government Code Section 54954.2.
- 3) Any member wishing to recommend an item for the BHAB agenda shall contact the Chairperson or Vice-Chairpersons at or prior to the Executive Committee meeting.

C. Meeting and Agenda Format

- 1) BHAB regular meetings shall be conducted by the Chairperson.
 - a) The Chairperson shall ask for introductions of the members and confirm the existence of a quorum.
 - b) Approval of minutes of the previous meeting may be included.
 - c) Reports from officers and committees may be included.
 - d) Items identified as action items on the agenda by the Chairperson will be addressed and a vote will be taken.
- 2) The agenda for regular meetings shall be distributed, with requisite informational material, to each member not later than 72 hours preceding the meeting at which the agenda is to be discussed.
- 3) The agenda shall be posted in the main lobby of VCBH at 1911 Williams Drive, Oxnard.

ARTICLE V

OFFICERS, MEMBER-AT-LARGE AND MEMBER EMERITUS

A. Officers, Member-At-Large and Member Emeritus

- 1) The officers of the BHAB shall be Chairperson, 1st Vice-Chairperson, 2nd Vice-Chairperson and Secretary.
- 2) The officer and the Member Emeritus positions shall be voted upon at the June BHAB meeting. Elected officers and the Member Emeritus will serve for a term of one year or until their successors have been duly elected.
- 3) No individual shall serve more than two consecutive years in any of the officer positions unless there are no other members elected to fill the position.
- 4) One member shall serve as the Member-At-Large. The Member-At-Large will learn the process of BHAB leadership while attending Executive Committee and regular meetings. The Member-At-Large will be appointed by the Chairperson with the confirmation of the BHAB. The Member-At-Large must be a member of the BHAB. The Member-At-Large will serve on a six-month rotating basis.
- 5) The immediate past Chairperson of the BHAB may continue to serve on the Executive Committee as a Member Emeritus, if elected. The position of Member Emeritus is

intended to ensure continuity on the Executive Committee by assisting during the transition of the newly-elected Chairperson and provide for the sharing of experience and knowledge with the Executive Committee.

- a) The Member Emeritus must be a current member in good standing of the BHAB. If the immediate past Chairperson's three-year term on the BHAB expires upon completion of his/her year as Chairperson, s/he will need to be reappointed to a new three-year term as a member of the BHAB before s/he can assume the role of Member Emeritus.

B. Qualifications of Officers

- 1) Must have been a member of the BHAB for at least one year, or if a member for less than a year, must be elected by a two-thirds vote of the BHAB.
- 2) Must possess good leadership qualities.
- 3) Must be able to devote sufficient time to carry on the duties of their elected positions.

C. Election of Officers

- 1) During the April meeting, the Chairperson shall appoint, and the BHAB shall confirm, a Nominating Committee of not less than three (3) BHAB members.
- 2) At the May meeting, the Nominating Committee shall present a slate of candidates. Nominations from the floor also may be accepted.
- 3) During the June meeting, the election shall be conducted by the Chair of the Nominating Committee in accordance with the Brown Act.
- 4) The Officers elected at the June meeting will take their respective offices on July 1st.
- 5) Notwithstanding the normal election process detailed in paragraphs C.1. through C.4. above, when circumstances warrant it, an election may be held at any time during the year. Circumstances which would warrant a special election include, but are not limited to: one or more of the officers wishing to resign as an officer; or the membership of one or more of the officers has terminated.

D. Duties

- 1) Duties of the Chairperson shall include:
 - a) Administer operation of the BHAB and preside at all meetings.

- b) Call special meetings as necessary.
 - c) Appoint committee and workgroup chairs from the ranks of the BHAB membership.
 - d) Establish meeting agendas.
 - e) Maintain consultation with the Director.
 - f) Produce and forward reports, including an annual report, to the County's Board of Supervisors.
 - g) Represent the BHAB and perform other duties ordinarily performed by a Chairperson.
- 2) Duties of the 1st Vice-Chairperson shall include:
- a) Exercise all the responsibilities of the Chairperson in the absence of the Chairperson.
 - b) Meet all responsibilities delegated by the Chairperson and mutually agreed upon.
- 3) Duties of the 2nd Vice-Chairperson shall include:
- a) Fulfill the responsibilities of the Chairperson or the 1st Vice-Chairperson due to absence as needed.
- 4) Duties of the Secretary shall include:
- a) Perform the usual duties pertaining to secretaries.
 - b) Maintain a record of attendance of members, including unexcused absences and BHAB resignations, and promptly report this information to the Executive Committee.
 - c) Monitor and maintain a list of the members' dates of appointment and terms of expiration.
 - d) At the direction of the Executive Committee, draft letters to BHAB members who are in non-compliance of the attendance standard.

ARTICLE VI

COMMITTEES

~~The Chairperson appoints the chair of each committee. A committee chair, and any member of a committee, must be a BHAB member. It is at the committee chair's discretion to determine (1) how many members shall be on the committee and (2) which BHAB members will be on the committee.~~

All committees shall comply with the requirements of the Brown Act. Voting must be in public and notice of a committee meeting shall be given in accordance with the Brown Act. Members of the committee shall have one vote. A quorum shall be as defined under Article IV(A)(6).

A. Executive Committee

- 1) The Executive Committee shall be comprised of the Chairperson, 1st and 2nd Vice-Chairpersons, Secretary, Member-At-Large and Member Emeritus.
 - a) Each member is entitled to one vote.
 - b) Quorum for the Executive Committee shall be 50% of the members currently in office.
- 2) Duties of the Executive Committee
 - a) Carry out any responsibilities delegated by the BHAB.
 - b) Act in emergencies in any way it deems necessary when there is not time for the entire BHAB to act. Any such action taken will be consistent with the Brown Act.
 - c) Comply with the requirements of the Brown Act.
 - d) Assist the Chairperson in creating the BHAB regular meeting agenda.

B. Nominating Committee

- 1) The Chairperson shall appoint and the BHAB shall confirm a Nominating Committee of not less than three (3) BHAB members to serve on the Nominating Committee.
- 2) The Nominating Committee shall select a slate of officers for the coming year, secure the verbal consent of those selected, present the slate of officers, and conduct the elections.
- 3) Comply with the requirements of the Brown Act.

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For the following committees, the Chairperson shall appoint a BHAB member as chair of the committee. It is at the discretion of the committee chair to determine who may be a member of the committee, who may vote, and how many individuals shall be on the committee.

3)

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C. Youth and Family Committee

Chaired by an appointed BHAB member, and reporting directly to the BHAB, this committee shall advocate for services and supports for youth with mental health and substance use disorders, including housing, and shall:

- 1) ~~Monitor and advise~~ Advise and make recommendations to the BHAB ~~the VCBH~~ regarding

youth and family VCBH programs.

- 2) Comply with the requirements of the Brown Act.

D. Transitional Aged Youth (TAY) Committee

Chaired by an appointed BHAB member, and reporting directly to the BHAB, this committee shall advocate for the mental health, wellness and recovery of youth ages 16 through 25 and for other services and supports, including housing, and shall:

- 1) Advise and make recommendations to the BHAB ~~Monitor and advise VCBH~~ regarding efforts to empower TAY to become healthy and productive adults.
- 2) Comply with the requirements of the Brown Act.

E. Adult Services Committee

Chaired by an appointed BHAB member, and reporting directly to the BHAB, this committee shall advocate for a full continuum of care that supports the wellness and recovery of individuals with mental health and substance use issues and for other supports, including housing, and shall:

- 1) Advise and make recommendations to the BHAB ~~Monitor and advise VCBH~~ regarding services and supports for this population.
- 2) Comply with the requirements of the Brown Act.

F. Prevention Committee

Chaired by an appointed BHAB member, and reporting directly to the BHAB, this committee shall advocate for greater community awareness of behavioral health risks for individuals with mental illness, a dual diagnosis or substance use disorder and shall:

- 1) Advise and make recommendations to the BHAB ~~Monitor and advise VCBH~~ regarding its efforts to prevent the onset and exacerbation of behavioral health disorders.
- 2) Comply with the requirements of the Brown Act.

ARTICLE VII

WORKGROUPS

The Chairperson appoints the chair of each workgroup. It is at the discretion of the chair of each workgroup to determine (1) who may become a member of the workgroup, (2) who on the workgroup may vote, and (3) how many members shall be on the workgroup. Each member on the workgroup shall have one vote. Workgroups are not required to comply with the Brown Act. Workgroups are not required to vote and can make recommendations to the BHAB without proceeding by way of a vote. However, to the extent that votes are taken, each member of the workgroup shall have one vote and votes are not required to be made in public. All workgroups are time-limited until the agreed-upon task is complete.

ARTICLE VIII

CONFLICT OF INTEREST

No member of the BHAB, or his or her spouse, shall be an employee or part-time employee of VCBH or the State Department of Health Care Services, or an employee or paid member of the governing body of any firm or agency contracting with VCBH unless the member is a consumer of mental health services who, or whose spouse, does not have any interest, influence, or authority over a financial or contractual matter concerning his or her employer. Such consumer member must abstain from voting on any financial or contractual issue concerning his or her employer.

ARTICLE IX

PARLIAMENTARY AUTHORITY

Except where state law or regulations, County ordinances, County Counsel opinions or these bylaws apply, the current edition of Rosenberg's Rules of Order shall govern the procedures of the BHAB.

ARTICLE X

AMENDMENTS

Any proposed amendment to these bylaws must be approved at a regular meeting by a 2/3 vote of the membership existing at the time, provided that notice of the proposed amendment was given in advance, with the proposal to amend the bylaws to occur at a regular meeting. This would be accomplished by a two-thirds vote of those present at the meeting, provided that such proposed amendment has been properly noticed per the Brown Act. Should the proposed amendment be approved by BHAB members, it must be approved by the Board of Supervisors before it is in effect.

Approval by the Ventura County Board of Supervisors on _____

Board of Supervisors, Chair

GOALS of the BEHAVIORAL HEALTH ADVISORY BOARD

Review and evaluate the needs of people with mental illness and/or substance use disorders including seniors, adults, transitional aged youth, and children with respect to advocacy for housing, behavioral health services and community supports.

Review and evaluate discharge and transition planning for individuals with mental illness and/or substance use disorders released from hospitals/emergency rooms, acute psychiatric facilities and jails to determine if the process is safe, appropriate and provides linkage to adequate follow up services and community resources.

Conduct outreach to increase diversity and community representation on the board and committees.

Promote the involvement of clients and family members in the planning, development and evaluation of behavioral health programs and services.

"I believe the BHAB offers an opportunity for me to give back to the community by helping to ensure that all residents, no matter what segment they are in, receive sufficient health care services that enable them to live healthy, happy and productive lives."

- Jerry Harris, Board Member



Local youth honored at BHAB meeting for their advocacy efforts.

PARTICIPATE

Meetings are hosted by the Ventura County Behavioral Health Department at 1911 Williams Drive, Oxnard.

All meetings are open to the public please refer to the schedule of meetings for information on dates and times.

Meeting materials including agendas and minutes may be viewed at the BHAB link on the Ventura County Behavioral Health Department website at www.vchca.org/behavioral-health-advisory-board/BHAB

For further information or to request an application for board appointment, please contact the BHAB Assistant at (805) 981-1115.

Inquiries can be mailed to:

Behavioral Health Advisory Board
Ventura County Behavioral Health
1911 Williams Drive, Suite 200
Oxnard, CA 93036



VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

Participate
Advocate
Advise

MISSION

Advocate for members of the community living with mental illness and/or substance use disorders and their families through support, review and evaluation of treatment services provided or coordinated through the Behavioral Health Department.

BOARD MEMBERS

"For me, the BHAB represents speaking up for those who are in need!"

— Sandra Wolfe, Board Member

Ventura County's Board of Supervisors created the Behavioral Health Advisory Board (BHAB) in accordance with The Welfare and Institutions Code state law, which requires that each county have a Mental Health Board or Commission.

The BHAB consists of 21 members appointed to serve for a three year term. **Each county Supervisor appoints three mental health representatives and one substance use disorder representative to the board.** Supervisors are encouraged to appoint individuals who have some experience and knowledge of the behavioral health system as consumers or as family members of consumers.

The board membership should reflect the ethnic diversity of the client population of Ventura County. **Appointed members must commit to regular attendance at meetings and participation on one committee.**

"I believe the BHAB has been key in my own recovery, drawing on my years of experience navigating the system, to voice my concerns and share in the solution process."

— Kayn Bates, Board Member

COMMITTEES

The **Executive Committee** is comprised of the Board officers: Chair, First Vice-Chair, Second Vice-Chair and Secretary, and carries out any responsibilities delegated by the BHAB.

The **Youth & Family Committee** advocates for youth with mental and substance use disorders and for other supports, including housing. Members monitor and advise the Behavioral Health department regarding youth and family programs.

The **Transitional Aged Youth Committee (TAY)** advocates for the mental health, wellness and recovery of youth aged 16-25, and for other supports, including housing. Members monitor and advise the Behavioral Health department on efforts to help TAY launch and become healthy and productive adults.

The **Adult Services Committee** advocates for a full continuum of care that supports the wellness and recovery of individuals with mental health and substance use issues and for other supports, including housing. Members monitor and advise the department regarding services and supports for this population.

The **Prevention Committee** promotes measures that help mitigate or prevent mental health and/or substance use disorders from becoming destabilizing components in the lives of Ventura County residents. Our aim is to help support education, prevention and early intervention efforts, with particular emphasis on the interaction of mental health and substance use challenges."

Committee membership is open to all community stakeholders: consumers, family members, community-based organizations, county agencies, and those interested in promoting the wellness and resiliency of our community. We strive to ensure there is a cross section of individuals, community based organizations, and agencies that represent the diversity of Ventura County.

HOW YOU CAN JOIN

Ventura County is looking for volunteers to serve on the board.

Anyone interested in becoming a member is invited to join one of the board committees or attend a few meetings to learn more about the work of the board prior to requesting an application for appointment from the BHAB Assistant. Board vacancies are advertised by the county Supervisors who screen and interview applicants for appointment.

Request an application for appointment from the BHAB Assistant by calling (805) 981-1115 or call your local Board of Supervisor's office at the phone number listed below.

VENTURA COUNTY BOARD OF SUPERVISORS

BY DISTRICT

District #1 – Steve Bennett	PH: (805) 654-2703
District #2 – Linda Parks	PH: (805) 214-2510
District #3 – Kathy Long ^{Kathy Long}	PH: (805) 654-2276
District #4 – Peter Foy	PH: (805) 955-2300
District #5 – John Zaragoza	PH: (805) 654-2613

Visiting speakers discuss topics of local interest.

Revision date



VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

SCHEDULE OF MEETINGS

General Board Meeting Training Room Janis Gardner, Chair <i>Jerry Harris</i>	3rd Monday 1:00pm - 3:30pm
Executive Committee Suite 200, Lake Cachuma Room Janis Gardner, Chair <i>Jerry Harris,</i>	2nd Monday 1:00pm - 3:00pm
Prevention Committee Suite 200, Lake Cachuma ^{Tahoe} Room Janis Gardner, Chair	2nd Monday 3:15pm - 4:30pm
Youth & Family Committee Suite 200, Lake Tahoe ^{Training} Room Denise Nielsen, Chair	2nd Wednesday 10:00am - 12:00pm
Transitional Age Youth (TAY) Committee Suite 200, Lake Cachuma ^{Tahoe} Room McKian Nielsen, Chair <i>Cmdr. Ron Nelson</i>	4th Thursday 10:30am - 12:00pm
Adult Services Committee Suite 200, Lake Tahoe Room Karyn Bates & Nancy Borchard, Co-Chairs <i>Gane Brooking</i>	1st Thursday 10:00am - 12:00pm

Revision date

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

update the list

Board of Supervisors John Zaragca
Chair Janis Gardner
1st Vice Chair Carol Thomas
2nd Vice Chair Jerry Harris
Secretary Nancy Borchard

MEMBERS:

Karyn Bates / Cmdr. Ronald Nelson
 René Beauchasne, LCSW / Denise Nielsen
 Ratan Bhavnani / McKian Nielsen
 Gane Brooking / Dr. Irene Pinkard
 Monique Garcia / Sidney White
 Mary Haffner / Kay Wilson-Bolton
 Larry Hicks / Sandra Wolfe
 Patricia Mowlavi

BEHAVIORAL HEALTH DEPARTMENT ADMINISTRATION

Director: Elaine Crandall, MS
Medical Director: ~~Celia Woods, M.D.~~ *Brian Taylor, M.D.*
Youth/Family Medical Director:
~~Deborah Thurber, M.D.~~ *Lisa Acosta, M.D.*

Revision date



MEMORANDUM

DATE: November 15, 2017
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Agenda

Executive Summary

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

Board Agenda – November 7, 2017 (added to agenda after last meeting)

1. FY 2017-18 California Department of Health Care Services (DHCS) Performance Agreement.

DHCS administers the MHSA, PATH, MHBG programs and oversees VCBH's provision of community mental health services that are provided with realignment funds. VCBH is required to meet certain conditions and requirements to receive funding for these programs and community mental health services. DHCS' annual Performance Agreement specifies the conditions and requirements that VCBH must meet to receive MHSA, PATH, and MHBG funding.

Specifically, the Agreement requires that VCBH comply with: (1) MHSA, PATH, and MHBG expenditure and program requirements, (2) data and information submission requirements, (3) the requirement to create an MHSA issue resolution process for handling client disputes related to the provision of mental health services, (4) revenue and expenditure reporting requirements, (5) MHSA funding distribution and usage requirements, (6) MHSA three-year program and expenditure plan and annual update plan requirements, (7) MHSA planning and stakeholder involvement requirements, (8) VCBH's PATH and MHBG request for application program responses, (9) audit and record requirements, (10) dispute resolution process requirements, (11) various requirements associated with Laura's Law, prohibiting health facilities from admitting minors into psychiatric treatment with adults, and the Americans with Disabilities Act, (12) various requirements associated with conducting business with the State of California, (13) information confidentiality and security requirements, (14) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act) and (15) the Social Security Administration and DHCS Information Exchange Agreement requirements.

VCBH recommended approval of and authorization for the VCBH Director or Acting Director to sign the Agreement, specifying the annual terms and conditions applicable to the provision and funding of mental health services, effective July 1, 2017 through June 30, 2018.

Board Agenda – November 14, 2017 (added to agenda after last meeting)

1. Memorandum of Understanding (MOU) for Public Mental/Behavioral Health Pipeline Program Grant Services with Fillmore Unified School District (FUSD) and Santa Paula Unified School District (SPUSD).

VCBH was awarded a grant through the Office of Statewide Health Planning and Development (OSHPD) to introduce and prepare local students for mental health careers in the public mental health system (PMHS). The Board of Supervisors approved the application and acceptance of the grant on August 1, 2017. Understanding that early exposure to mental health careers is key to engaging and preparing future professionals for the PMHS, the grant focuses on two outreach strategies to target students at local high schools and community colleges. First, VCBH is prepared to launch a new high school outreach and mentorship program to engage students via mentorship and career counseling opportunities. Second, VCBH will organize a career fair for students from local high schools and community colleges to introduce students to careers in the PMHS and provide resources to prepare students for these careers.

The MOU's with FUSD and SPUSD are targeted toward the strategies outlined above. These MOU's contain the following program detail: (1) the specific grant-funded activities that students will participate in and (2) the responsibilities of the parties to select and serve the students participating in such grant-funded activities. Students will attend two PMHS diversity recruitment fairs and participate in planning and hosting a PMHS career fair for other local high school, and community college, students. Students will also be mentored by VCBH staff.

VCBH recommended approval of, and authorization for the VCBH Director or designee to sign, the MOU's for Grant services with FUSD and SPUSD, effective November 15, 2017 through June 30, 2018.

Board Agenda – December 5, 2017

1. Alcohol and Drug Programs (ADP) – FY 2017-18 to FY 2019-20 DHCS Standard Agreement for Substance Use Prevention and Treatment (SAPT) Block Grant Substance Use Disorder (SUD) Services.

The DHCS multi-year Standard Agreement is the established mechanism that allows the County to receive federal allocated funds for SAPT block grant services provided by community-based providers and County staff. The County uses these funds to support a wide variety of services, such as day treatment, parenting skills training for adults and adolescents, short and long-term residential recovery, early intervention and prevention, and County-operated and sub-contracted programs, modalities, and services. The DHCS Standard Agreement for SAPT block grant services specifies the conditions and requirements that VCBH must meet to receive State funding.

Specifically, the DHCS Standard Agreement requires that VCBH comply with: (1) various SAPT program and performance specifications, (2) monitoring and audit requirements, (3) various data and reporting requirements, (4) funding usage principles and reimbursement provisions, (5) record maintenance requirements, (6) various requirements associated with conducting business with State of California, and (7) information confidentiality, security, and privacy requirements.

VCBH is proposing approval of, and authorization for the VCBH Director or designee to sign, the State of California DHCS Standard Agreement #17-94172 for SAPT block grant SUD services, in the amount of \$14,331,339 for the period of July 1, 2017 through June 30, 2020 (\$4,777,113 for each fiscal year between the period of July 1, 2017 through June 30, 2020).

2. FY 2016-17 Mental Health Services Act (MHSA) Annual Update and FY 2017-18 through FY 2019-20 MHSA Three Year Plan.

The MHSA Annual Update (FY 2016-17) and Three-Year Program and Expenditure Plan (FY's 2017-18 through 2019-20) describe the Community Program Planning and Local Review Process, 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).

For FY 2016-17, VCBH's expenses for MHSA services totaled \$60,870,623. Of this amount, approximately 53% of the expenses were funded by MHSA. The remaining 47% of the expenses were funded utilizing non-MHSA sources, such as SD/MC FFP, Behavioral Health Subaccount, grants, insurance, and client fees.

Under the California Code of Regulations (CCR), Title 9 Section 3310, Ventura County is required to submit an MHSA Three-Year Plan forecasting their projected total expenses and revenues from all sources for a three-year period. The last MHSA Three-Year Plan was approved by the Board of Supervisors on March 24, 2015 and ended on June 30, 2017. VCBH is presenting the Three-Year Plan that covers FY 2017-18 through FY 2019-20. For FY 2017-18, VCBH expects to commit \$72,936,149 in total expenses for the provision of MHSA services. VCBH forecasts leveraging of non-MHSA funding sources to cover 45% of the MHSA program costs. The remaining 55% in MHSA program costs, having no other available funding source, will be funded by VCBH's MHSA available program funding. Of those funds, \$34,000,000 are expected as new FY 2017-18 MHSA funds and the remainder would be drawn down from unspent MHSA funds from prior years. In addition to the FY 2017-18 forecast outlined above, the forecast for revenues and expenses for FY 2018-19 and FY 2019-20, as required by the State, are presented in the Budget/Funding Summary of the MHSA Three-Year Plan for FY 2017-18 through FY 2019-20.

The MHSA Three-Year Plan was presented and posted at the October 16, 2017, BHAB general meeting. The public comment period was open from October 16, 2017 through November 17, 2017. Public comment was heard at the November 20, 2017 BHAB General Meeting. At that time, the MHSA Annual Update and Three-Year Plan was approved for submittal to the Board of Supervisors.

VCBH is proposing approval of and authorization for the VCBH Director or designee to sign and submit the FY 2016-17 MHSA Annual Update and FY 2017-18 through FY 2019-20 MHSA Three Year Plan to the MHSAOAC.