

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, February 25, 2019, 1:00 – 3:30 p.m.
Ventura County Behavioral Health
1911 Williams Drive, Training Room • Oxnard, CA 93036

AGENDA

- I. Call to Order and Pledge of Allegiance
- II. Approval of the Agenda – **ACTION**
- III. Approval of the January 28, 2019 Minutes – **ACTION**
- IV. Welcome and Introductions
- V. Public Comments (3 min. per speaker)
- VI. Chair's Report (5 min.)
 - A. Events and Announcements – Janis Gardner, Secretary (5 min.)
- VII. Board Members Comments and Announcements (3 min. per speaker)
- VIII. Presentation: Drug Medi-Cal Organized Delivery System (DMC-ODS) – Dr. Loretta Denering, Alcohol & Drug Program Division Chief (20 min.)
- IX. Director's Report – Dr. Sevet Johnson (10 min.)
- X. Secretary's Report – Janis Gardner (5 min.)
- XI. BHAB Committees Report Status of Action Plans 2018-19 (5 min. each)
 - A. Adult Services Committee – Nancy Borchard and Gane Brooking, Co-Chairs
 - B. Prevention Committee – Janis Gardner, Chair
 - C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair
 - D. Youth & Family Committee – Denise Nielsen, Chair
- XII. New Business
 - A. Confirm Appointment of New Member-At-Large – **ACTION**
 - B. Schedule a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Meeting
 - C. Mental Health Services Act (MHSA) Innovation Project – Conocimiento: Addressing Adverse Childhood Experiences (ACEs) Through Core Competencies – Kiran Sahota, MHSA Manager (10 min.)
 - D. Institution for Mental Diseases (IMD) Exclusion – Mary Haffner (10 min.)
 - E. Report on Site Visit to Horizon View Mental Health Rehabilitation Center – Ratan Bhavnani
 - F. Mental Health Board Reforms – Discussion (10 min.)
 - G. California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Update
- XIII. Old Business
 - A. Update on Amendment to the Bylaws to Add a Member Representing Law Enforcement
 - B. Update on Notification to Each Board of Supervisors Office on Bylaws Membership Requirements
 - C. FY 2017-18 Annual Report Presentation to the Board of Supervisors on March 19 at 11:30 a.m.
 - D. Future Presentations
 - E. Future Recognitions

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact Behavioral Health Administration at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

XIV. Contracts –

A. Board of Supervisors Approved Agreements – January 8, 2019

1. Alcohol and Drug Program (ADP) Services: Memorandum of Agreement (MOA) with Interface Children & Family Services

B. Board of Supervisors Approved Agreements – January 15, 2019

1. Mental Health Services: No Place Like Home (NPLH) Joint Applications for Permanent Supportive Housing and Ventura County Plan to Prevent and End Homelessness

XV. Public Comments (3 min. each)

XVI. Adjourn

Next Meeting: Monday, March 18, 2019

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

| COMPLETE APPLICATION CHECKLIST | |
|--|------------------------------|
| <p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p> | |
| <p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p> <p><i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p> | |
| <p><input type="checkbox"/> Local Mental Health Board approval</p> | <p>Approval Date: _____</p> |
| <p><input type="checkbox"/> Completed 30-day public comment period</p> | <p>Comment Period: _____</p> |
| <p><input type="checkbox"/> BOS approval date</p> | <p>Approval Date: _____</p> |
| <p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p> | |
| <p>Desired Presentation Date for Commission: _____</p> <p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></p> | |

County Name: Ventura County

Date submitted: February 25th, 2019

Project Title: Conocimiento – *Addressing ACEs Through Core Competencies*

Amount requested: \$1,047,099

Duration of project: Four Years

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

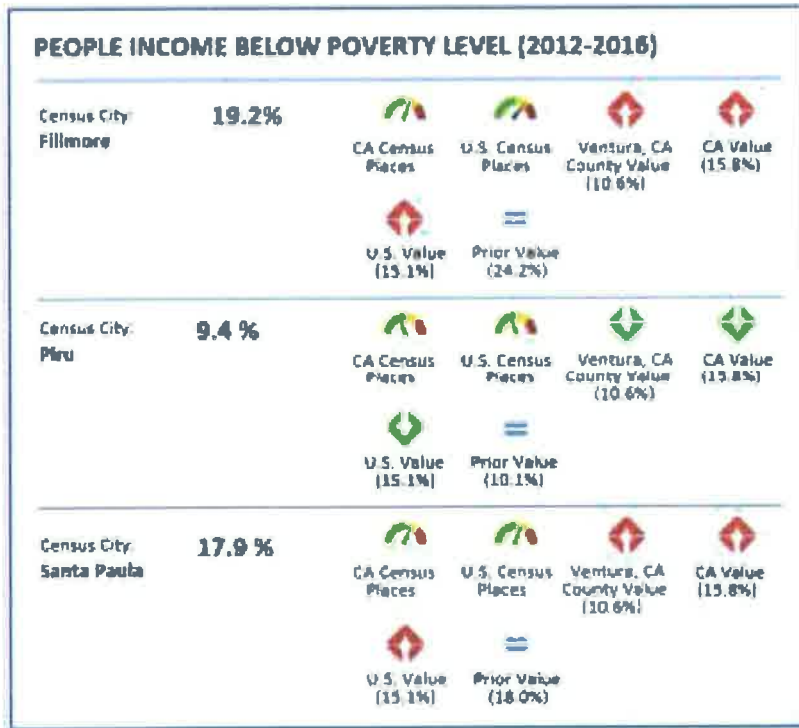
- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Section 2: Project Overview

PRIMARY PROBLEM

Growing up in the picturesque Santa Clara Valley (Santa Paula, Fillmore, and Piru communities) does not provide the same educational or economic advantages as the rest of Ventura County. The area is one of the more rural in the county and has limited transportation options. In 2018, three of the four school districts had schools with more than 80% of children who qualified for free or reduced lunch programs, and some schools were as high as 95%. To qualify for such programs, a family of four would have survived on \$25,000 a year or less in a county where the average household income more than triples that amount at \$81,972 (U.S. Census 2018). Several of these families work multiple jobs, odd hours or long days, and many are farmworkers with few job benefits.

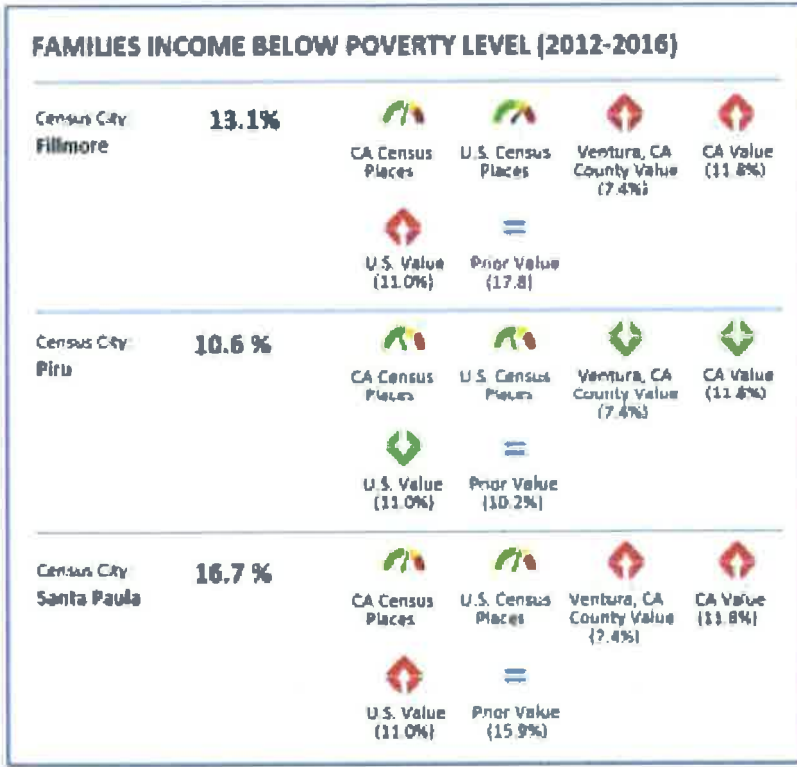
The area suffers from many of the same issues as other rural small towns. School resources are limited, with just two high schools across the three regions. The population is more than 95% Hispanic, with high levels of English learners in schools. School suspension rates in Santa Paula double the state average, and Fillmore and Santa Paula have expulsion rates that also double the state average (California Department of Education, 2018). There are few activities beyond school sports, and limited transportation means many teens hang around with few organized interests to keep them occupied past 5th grade,



especially if a low GPA means students can't qualify for school sports. Academic performances measures for English and math often remain orange (meaning, a rating of 2 out of 5) year after year on the California School Dashboard's site. And although the Santa Clara Valley does not have the same level of disparities as South Los Angeles or extremely rural communities, but it is considerably lacking when compared to the rest of the county.

Two afterschool programs have been developed with community support that offer youth positive environments to spend their time. One Step a la Vez was established in 2009 and is located in Fillmore. Ignite is a newly established (2017) teen program located in Santa Paula. A few youth at the One Step

Center in Fillmore highlighted the limitations of their experiences. One 13-year-old had never even been to the beach in Ventura, which was a mere 30-minute drive. Another youth said he had never gotten out of the car in Santa Paula, which was 10 miles away, because he was worried about the possibility of being jumped if someone found out he was from Fillmore. This speaks to a long-standing rumor of rivalry between the two cities. As with many small towns in rural areas, rivalries emerge and are encouraged through sporting events. During the late '80s and early '90s, both areas had significant gang rivalries that still have some (mostly rumored) lingering effects today.



Given the history of the two town dynamics, one idea submitted during the FY16/17 community planning process was about uniting the two communities with the goal of building from each community's strengths and resources rather than separating and competing. A forum was held on the proposed idea, and 35 youth from Fillmore and Santa Paula attended. The teens discussed their desires to leave the past behind, expand creative opportunities, and get to know each other better.

ACEs, or the Adverse Childhood Experiences, has become a rallying cry. ACEs combines years of research into a single acronym that's synonymous with broad understanding of the predictive health and functioning risk factors of adverse experiences in childhood. ACEs information blankets the internet in multiple articles, TED talks, dedicated pages on the CDC, and the SAMHSA website. National Public Radio (NPR) even has a webpage that encourages the public to learn about the assessment and take it. All sites intend to get the word out about the predictive nature of these ACEs scores; however, in determining what type of intervention is an effective counterpunch to these predictors has yet to be broadly understood. Resilience is repeatedly listed as the key element to counteract ACEs risks. Testing

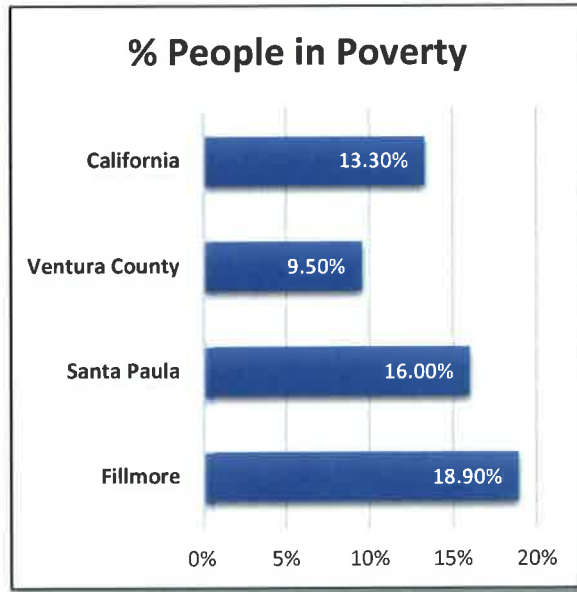
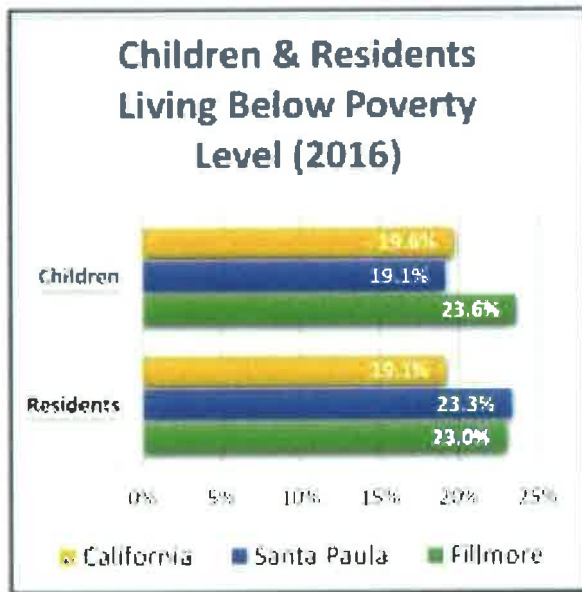


what that means and how to build it is the heart of the proposed project: Conocimiento. This program will combine the science of building up resilience, the power of community involvement and the innovative support of the Mental Health Services Act to test the effects on preventative mental health.

The communities of the Santa Clara Valley are heavily invested in building better environments that foster resilience and counteract negative experiences of ACEs that can have lifelong effects on their youth. Protective experiences and well-developed coping skills are effective equalizers to significant ACEs and the ongoing stress of living in poverty. One way to build these skills is through regular family dinners, which incorporate many of the resiliency strategies naturally; however, given the irregular schedules of the working poor, regular family dinners are not always feasible. According to the Center on the Developing Child at Harvard, research indicates the presence of the following four factors as the most effective strategies to building resilience.

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;
- Mobilizing sources of faith, hope and cultural traditions (developingchild.harvard.edu)

These capabilities can be developed at any age, but the following program is designed on the premise of promoting development of each of these areas over a four-year period for youth and their family members who are 13-19 years of age.



PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Two teen centers located in Fillmore and Santa Paula will partner to implement Conocimiento, a supportive and supplemental program to the teen centers' activities. Once a week, meals will be planned and attended by youth at the opposite site. Transportation, one of the major barriers to interaction, will be provided. Meals will be part community building and part skill building with a list of topics and guest speakers with the intentions of fostering executive functioning (adaptive skills and self-regulatory capacities) and resilience in the participants. Topics, which will be split into nine focus areas over a four-week period. Will include:

- Decision making and prioritizing skills
- Mental Health awareness/treatment/access
- Building social capital
- Self-assessment/goal setting
- Perseverance and impulse control
- Emotional identification
- Cultural identity
- Independent living skills
- Future focus planning

The weekly program will build toward a summer event that's chosen and designed by the youth participants though a consensus decision-making process so all perspectives are considered. Consensus decision-making is a process that's designed to take additional time and allow each youth's perspective to be valued. Some ideas that have already been brought forth by the youth include designing and painting a mural, filming a mental health awareness video, and planning a weekend retreat.

The community will play a supportive role through collaborative partnerships. City Council representatives have pledged to present at these dinners. High school administration teams are willing to invite staff on campus and make referrals, and

Probation will identify youth for referral and recruitment into the program. Behavioral Health will partner through outreach for youth who are in need of mental health services and provide referrals for youth currently in treatment who are in need of local supportive programming. Community members will be invited to attend the meals and help facilitate the small group discussions that will take place after dinner.

A family liaison will support the program by providing outreach and recruitment to the families of youth. Families will be invited to participate, but it will not be a requirement of the program participants. Families willing to enroll will receive in-home services designed to offer non clinical case management, system navigation, parent support meetings, skills development and emergency resources for high-need families. They will also establish routines such as family dinners. The current goal is to include local community leaders, elders, and professionals to assist in the support of these families.

A variety of short assessments will be completed upon enrollment and bi-annually through a survey app that will track progress. Participant and personal ACEs information will remain anonymous. This is an important factor in the two small towns, particularly for our LGBTQ youth and their families and for our undocumented community members.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The project applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system. Family dinners have been well documented in home and in communities to foster parent child relationships. This project proposes to apply this approach through a community mental health prevention program and study the effects on youth and parent participants.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Years of scientific research has demonstrated many physical, mental health and academic benefits of family dinners. Research links regular family meals with healthier eating habits and the reduction of high-risk teenage behaviors such as “drug use and teen pregnancy, lower rates of depression and anxiety, stronger resilience and self-esteem, and even higher grade point averages and improved vocabularies” (www.The Good Project.org, Harvard Graduate School of Education). Resilience is the key component to combating many of the lifelong risks associated

with ACEs. The program is designed to combine these promising practices with family style dinners, meaningful conversation and the building of core competencies.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

Two hundred youth will be served through this program, or fifty youth per year. Fillmore averages 20 to 40 kids per day who attend their afterschool drop-in center. Santa Paula averages 30 to 50 youth twice a week. In order to see an effect, participants would need to commit for at least four months to be considered fully enrolled and completion being one year. A goal of 50 participants per year or 200 over the four years of services is achievable for the centers and would allow a dosage measurement and comparison for the evaluation.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Within the predominantly Latinix population focus will be on youth with experiences of ACEs, juvenile incarceration and childhood poverty. Additionally, LGBTQ+ youth support groups exist in both cities and will be targeted for participation. Due to size of the communities, there will be no eligibility qualifications. All interested youth will be invited to participate. The evaluation plan proposes ways to drill down on the target population though program intake assessments. If this approach exceeds the budget and staff capability, eligibility standards can be added in later years, although the hope is this will not be needed. Multivariate perspectives will be used and compared though the demographic intake and assessment, which would anonymously identify the above targeted groups.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The program is designed to prevent mental illness though increasing protective factors associated with the risks of ACEs. The project attempts to replicate some of the benefits of family dinners though a community collaboration program focused on building youth resilience, increasing core competencies, and community connectedness. Efforts to find similar programs did not yield any comparable results.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

A literature review was performed using several peer-reviewed journal databases, including Research Gate, the U.S National Library of Medicine, National Institutes of Health (NIH), JStore and Google Scholar, among others. A close review of the Center on the Developing Child at Harvard University website indicated the proposed program would utilize some of the latest research to create a program that was not currently being tested. This project is not a part of the Center on the Developing Child. An adjacent review of the Family Dinner project, in partnership with The Good Project under Harvard Graduate School of Education, also indicated our theory of replicating positive effects through community support was untested. The proposed project is not affiliated with The Good Project or Harvard Graduate School of Education.

A secondary review of Innovation projects among all counties was made in the fall of 2019. A close assessment of the Urban Beats program in San Diego generated key differences that administration felt were different enough to continue pursuit of the approval process. Whereas Urban Beats is a supplemental program for youth enrolled in mental health services, Conocimiento is a prevention program. Primary intervention of Urban Beats is expression through art, whereas the primary goal of Conocimiento is to build resilience in youth to reduce ACEs risks and reduce stress by supporting their families.

LEARNING GOALS/ PROJECT AIMS

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

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

In accordance with MHSA INN regulations, learning goals have been outlined to strengthen, grow or improve resilience as defined by Center for the Developing Child at Harvard:

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;
- Mobilizing sources of faith, hope, and cultural traditions

Learning Goals

Youth Participant Main Goals

1. To what degree does the program have an effect on youth's resilience?
2. Does program involvement increase the number of supportive adult relationships youth have?
3. To what degree are youth's core competencies improved as a result of the program?
4. To what degree was there a change in parenting self-efficacy?

Youth Participants Secondary Goals

5. Were youth satisfied with the weekly meal programming?
6. Do youth have a connection to faith and cultural tradition?
7. How satisfied were families with the program?
8. To what degree did families feel less stress due to program involvement?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The program seeks to counteract risks of ACEs through building core competencies, community connections and bolstering resilience in participants to prevent the onset of mental illness. Learning goals are based off key reliance indicators and participant satisfaction. Program strategies are designed specifically to build core competencies, expand exposure to community resources and practice executive functioning, which are all identified as skills that contribute to resilience. Core competencies are defined adaptive skills and self-regulatory capacities. Further defined in the data measures as the ability to prioritize commitments, practice impulse control, persevere and solve problems creatively.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Target Participants

Youth ages 13 to 19 who have undergone or are undergoing ACEs and live in the Santa Clara Valley.

Data Collection

Data to be collected will include participant demographics, the attendance frequency, level of participation (dosage), and outcome surveys, which will be collected through an online survey platform. Secondary goals of satisfaction, cultural connection and family stress will be assessed through annual focus groups. A qualitative and quantitative process design method will be used to evaluate the learning goals, using the above data. Self-reporting survey data will be evaluated to establish a baseline for comparison of pre- and post-intervention. Online pre- and post-surveys will measure self-reporting of dosage and targeted outcomes. Dosage will be defined as number of meals and planning sessions youth attended in a semester. Dosage and outcome surveys will be administered at intake and twice a year for the duration of the program. ACEs information will be taken twice; first, at intake and again at the end of the program. Program end will be defined as Semester 3, Year 4 of the program, or upon the summer after graduation for youth 18 to 19 years of age (whichever comes first). Efforts, such as outreach at the schools, phone calls, and possible incentives will be made to follow up with participants who drop out of program. Focus groups will take place once a year for youth and family member participants separately.

The following table outlines the measures are currently being considered in relation to the Learning Goals. Psychometric properties were taken in to consideration for all measures under consideration. Each of the measures have quantifiable attributes (to be valid and reliable) regarding the listed indicators. Additional considerations in the selection of measures included available and tested version in Spanish, previous use with similar population (at risk youth), and brevity.

| Youth Learning Goal | Measures Under Consideration | Indicator | Timing |
|---------------------|--|--|-----------------------------------|
| Q.1. | Resilience Scale 14 (RS-14) | Improved Resilience, Perseverance, Equanimity, Self-Reliance, Authenticity | Intake/ Biannual/ Discharge |
| Q.2. | Presence of a Very Important Adult | Improved Adult Relationships – Non-Parent | Intake/ Annual/ Discharge |
| Q.3. | Revise Implicit Theories of Intelligence (RITI-3) | Improved Growth Mindset – Academics | Intake/ Annual /Discharge |
| Q.3 | CRAFFT Questionnaire Version 2.1 | Lower Use / Risk of Substance Abuse | Intake/ Annual/ Discharge |
| Q.1. | Self-Control scale of the social emotional and character development scale (SECD-4) | Improved Self-Control | Intake/ Annual/ Discharge |
| Q.1. | Community Engagement and Connections Survey-Connection to Community Subscale (CEC-5) | Improved Community Connectedness | Intake/ Annual/ Discharge |

| | | | |
|----------------|--|--|---------------------------------|
| Q.4 | Family Strengths Index | Improved Economic, Communication, Problem Solving, Social Support and Cohesion Strengths | Intake/ Annual/ Discharge |
| Q.4 | Multicultural Inventory of Parenting Self-Efficacy | Improved Parental Self-Efficacy and Positive Control | Intake/ Annual/ Discharge |
| Q.6. | Focus Groups | Degree of Connection to Faith and Culture | Annual |
| Q.5. | Focus Groups | Degree of Satisfaction with Program Elements | Annual |
| Client Profile | ACEs + Poverty and Immigration | Risk Profile | Intake/ Discharge |
| Client Profile | MHSA Demographic Regulations | Demographics | Intake |

| Secondary Learning Goals | Measures | Indicator | Timing |
|--------------------------|--------------|--|--------|
| Q.5. | Focus Groups | Degree of Satisfaction with Program Elements | Annual |
| Q.6. | Focus Groups | Degree of Connection to Faith and Culture | Annual |
| Q.7. | Focus Groups | Degree of Satisfaction with Program Elements | Annual |
| Q.8. | Focus Groups | Lower Family Stress | Annual |

Data Collection Procedures

- Weekly Meal Program (N=200)**
 Intervention will involve participating in the planning and attendance of weekly meals for at least one school year. Partial enrollment will be considered for at least four months of consistent participation. At the program's midway point and again at one year, participants will complete an online survey set that tracks progress and outcomes. Participants will repeat the outcomes survey set biannually with the exception to intake ACEs survey. All measures, including the ACEs survey, will be repeated at Year 4 Semester 3 or at discharge, whichever comes first.
- Family Support (N=35)**
 Intervention for family participants will include in-home support services for skill building, case management, parent education, emergency resources and parent support meetings. Parent engagement efforts have failed in the past; thus, the target enrollment has been set low and will be designed to take place in the home as often as possible. One online survey

will be administered to participants at intake and annually two measures are being considered and are listed in the above tables.

Data Analysis

Data analysis is the process and outcomes evaluation of the program. Evaluation data will be screened and reviewed in multiple forms, including measuring the effect in three population's low risk ACEs scores (0-1), medium risk scores (2-4), and high risk (scores over 5). Any ACEs score is an important consideration of a youth's development and may impact each youth differently. Score sets have been defined as low-high for evaluation purposes only not to rank the effects of any ACEs. Within these areas, data that includes age, demographics and sex will be reviewed.

Data will be reviewed to establish the effect intervention had on resilience, problem solving, connectedness, adult relationships and self-control for youth. For family participants, data will be reviewed to establish the effect intervention had on parenting self-efficacy and potentially, family strengths. Data will be compared by age demographic of the participants and ACEs risk groups (low, medium and high risk) using t-tests and chi-square analyses. Comparison of continuous measures and scores will be conducted by age and clinical characteristics.

Because of potential differences in the level of engagement of the youth and family participants, and to account more directly for the dosage, additional analyses will be performed repeating all the analyses above. This will include only individuals who participated regularly over one year and those who had irregular participation. The groups will be compared by t-tests. Additional analysis may be relevant and decided as the program grows.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

The County will oversee all program activities and monitor contract adherence. Quarterly reports and biannual contract meetings will take place with the contractors. One Step a la Vez and Roadrunner are current county contractors that have held and successfully completed contracts in the past. Catalyst church, the current underwriter of Ignite, would be a new contractor to the county. Ignite was the only site in Santa Paula willing and able to execute this project. Please refer the community program planning process for details of this partnership. Transportation will be provided by Road Runner a current and reliable county contractor with an existing service contract.

COMMUNITY PROGRAM PLANNING

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

The Community Program Planning Process

The County modified its approach to the Community Planning Process in 2016. Based on these changes, community forums were held in three geographic regions of the County, all with translation services available. Community members were trained on MHSA rules and regulations, Guiding Principles, and Innovation criteria. Community members were asked to submit ideas for needed program and innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or completing information online. In addition to community forums, this training was provided for several groups and committees to invite their participation. A full list of community needs, as well as 52 innovative concepts, were compiled.

The MHSA Planning Committee

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

The Communities

Members of the One Step a La Vez teen program submitted the original idea in 2017 and were agreeable to expanding their programming for this new service. Santa Paula did not have a teen center at the time, so the County approached several community members and various service leaders, including local schools and county nonprofits operating in the area. In the spring of

2018, Ignite had been in operation a few months and agreed to explore hosting the program expansion. Ignite hosted a youth forum (complete with pizza) that brought 35 youth from Fillmore, Piru and Santa Paula together to discuss program interest and ideas for uniting the communities. Most youth felt the stereotypes of the other's town were mostly rumors that were sustained by the sports rivalry. They also felt transportation was one of the most difficult obstacles to getting together. Youth left the event reporting their excitement about the program's potential. In the months since, city council members, high school administration and other community organizations have pledged their support to this proposed program.

MHSA GENERAL STANDARDS

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

- A) **Community Collaboration:** Both cities have been actively involved in the development of the program idea, and a long list of local and county entities have committed to be collaborative partners.
- B) **Cultural Competency:** The program was conceived, developed and adapted by the youth living in the community. Youth and staff, the majority of whom identified Hispanic, were from the area and were current participants in the two active youth centers. Special consideration has been made for privacy, LGBTQ+ youth, undocumented families and families experiencing intergenerational trauma.
- C) **Client-Driven:** The services engage families and youth participants in the program and are designed to facilitate integrated services in partnership with county services.
- D) **Family-Driven:** Families are invited to participate in a separate set of services, either in addition to youth services or with a youth eligible for services, to support and recruit families who don't have a youth interested in participating. This is also for youth who do not have parents interested in participating.
- E) **Wellness, Recovery, and Resilience-Focused:** The program is designed to build resilience and prevent the risk of developing mental illness.
- F) **Integrated Service Experience for Clients and Families:** The program has been developed in partnership with Ventura County Behavioral Health, Probation, Juvenile Services, Fillmore Schools and Santa Paula Schools. Target youth can be identified and incentivized if needed through any of these avenues. They can also self-enroll or be recruited through families who choose to participate in the parent service component. The goal is to create a network that is responsive to youth who need positive connection and are ready to take action.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

All measures being considered have Spanish versions and have been tested and verified in Spanish. Team members, (staff, community committed volunteers, and peer leaders) will review and decide upon final measures during the program planning phase. Team members will consider youth perspectives that may be bicultural, LGBTQ+, criminal justice involved, or undocumented.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

If the program demonstrates a measurable effect, the program will be considered for further funding under PEI dollars. This program may be modified or expanded to other communities as part of a menu of supportive services for schools in line with SB1004.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Individuals with SED/SPMI are not the target for services. The program is designed to be a prevention program, but SPMI/SED are eligible to participate. Individuals who display symptoms of mental illness or equivalent of SED/SPMI will be referred to Ventura County Behavioral Health through an integrated service delivery model.

COMMUNICATION AND DISSEMINATION PLAN

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

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

A documentary video will be part of the program process. Videos will be posted on the county website, shown at the partnering high schools and shared with the city councils and Behavioral Health Advisory Board.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search
Family Dinner, Resiliency, community building, core competencies, at-risk youth.

TIMELINE

- A) Specify the expected start date and end date of your INN Project
- B) Specify the total timeframe (duration) of the INN Project
- C) Include a project timeline that specifies key activities, milestones, and deliverables — by quarter.

| Semester and Year | Activities | Milestone |
|---------------------|--|--|
| Trimester 1, Year 1 | Hiring and planning period. All program staff hired and trained. Staff trainings to include RISE, ACEs, Mandatory Reporting, and County Policy. Community volunteers recruited to assist in family groups. All team members review and decide upon outcome measurements. VCBH partnership training. Equipment purchased. Survey database built and tested by staff. Quarterly report completed | Program prepared to launch |
| Trimester 2, Year 1 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. One parent meeting takes place. Summer event is planned. Two quarterly reports submitted. | Enrollment begins; first semester completed |
| Trimester 3, Year 1 | Summer Event: Possible idea – Retreat Final Quarterly Report Completed for year 1. | Youth must be involved prior to summer events |
| Trimester 1, Year 2 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event decided. Parent education group takes place. First quarterly report due | Programing continues; full enrollment scheduled |
| Trimester 2, Year 2 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event planned. Parent education group takes place. Two quarterly reports submitted. | Programing continues |
| Trimester 3, Year 2 | Additional youth leaders hired and trained. Summer event: Community Art Project. Quarterly report completed. | Midway point |
| Trimester 1, Year 3 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event planned. Quarterly report completed | Programing continues |
| Trimester 2, Year 3 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Two quarterly reports submitted. | Programing continues |
| Trimester 3, Year 3 | Additional youth leaders hired and trained. Summer event: Retreat. Quarterly report completed. | Final year of programing begins |
| Trimester 1, Year 4 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. One parent education group takes place. Summer event planned. Quarterly report completed. | Program enrollment ends |
| Trimester 2, Year 4 | Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Video event takes place at partner sites. Two quarterly reports submitted. | Data collection complete |
| Trimester 3, Year 4 | Final summer event. Program evaluation completed and dissemination activities take place. Accessed for permanency as a prevention program though MHSA Evaluation Committee. | Final video documentary; final evaluation report |

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

A. BUDGET NARRATIVE

OPERATING COSTS

Indirect Costs: VCBH Administrative Allocation (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc. Evaluation provided in house for this project and is included in the allocation.

Total Indirect Costs: \$136,591

CONSULTANT COSTS/CONTRACTS

Santa Paula Youth Services Contract:

Direct Costs:

Personnel:

Project Director, *Project Director will be responsible for the supervision, oversight & implementation of the proposed project. Coordinate trainings and provide supervision for staff.*

Time to Project 80 hours for 48 months FTE; Total Project Salary= \$118,731.33

Assistant Project Manager, *Assistant Project Manager will assist the Project Director on oversight & implementation proposed project. Attend team meetings, lead youth planning meetings when needed, coordinate youth transportation, and assist Parent Liaison in duties as needed.*

Time to Project 52 hours for 48 months FTE; Total Project Salary= \$46,990.50

Parent Liaison, *Parent Liaison will be responsible for communication between project staff and team member's parents. Provide in home support and assessments, coordinate transportation as needed to fulfill family personalized goals. Offer emergency assistance as agreed by team for high need families. Connecting parents to support groups and relationship building between project staff and project team member's parents. Attend team meetings and support program as needed.*

Time to Project 43 hours for 48 months FTE; Total Project Salary= \$32,632.29

Benefits: (10%) Total = \$19,835.41

Total Personnel = \$218,189.54

Operating Costs: Program materials, guest speakers, meals, youth incentives, field trips, supportive services, video production, and summer events.

Operating Costs: \$ 173,968.64

Non-Recurring Costs: Recreation equipment, 2 computers, printer, camera, cooking equipment, round tables and chairs.

Non-Recurring Costs: \$ 11,000.00

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

Indirect Costs: \$29,753.12

Total Santa Paula Youth Services Contract: \$432,911.30

Fillmore Youth Services Contract:

Direct Costs:

Personnel:

Project Director, *Project Director will be responsible for the supervision, oversight & implementation of the proposed project. Coordinate trainings and provide supervision for staff.*

Time to Project 150 hours for 48 months FTE; Total Project Salary= \$150,610.57

Assistant Project Manager, *Assistant Project Manager will assist the Project Director on oversight & implementation proposed project. Attend team meetings, lead youth planning meetings when needed, coordinate youth transportation, and assist Parent Liaison in duties as needed.*

Time to Project 55 hours for 48 months FTE; Total Project Salary= \$49,400.27

Parent Liaison, *Parent Liaison will be responsible for communication between project staff and team member's parents. Provide in home support and assessments, coordinate transportation as needed to fulfill family personalized goals. Offer emergency assistance as agreed by team for high need families. Connecting parents to support groups and relationship building between project staff and project team member's parents. Attend team meetings and support program as needed.*

Time to Project 55 hours for 48 months FTE; Total Project Salary= \$ 49,400.27

Benefits: (10%) Total = \$24,941.11

Total Personnel = \$274,352.22

Operating Costs: Program materials, guest speakers, meals, youth incentives, field trips, supportive services, video production, and summer events.

Operating Costs: \$72,820.66

Non-Recurring Costs: Recreation equipment, printer, camera, cooking equipment, conversation games, t-shirts.

Non-Recurring Costs: \$ 4,500.00

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

Indirect Costs: \$37,411.67

Total Fillmore Youth Services Contract: \$389,084.55

Transportation Services Contract

Operations: Transportation services weekly meals 10-30 passengers and additional small group transportation for field trips, family appointments, and events.

Operating Costs: \$88,526

Total Transportation Contract: \$88,526

TOTAL CONSULTANT/CONTRACTORS = \$ 910,521

BUDGET TOTAL

TOTAL INNOVATION BUDGET = \$1,047,099

B. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

| BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY* | | | | | | | |
|---|---------------------------|----------|----------|----------|----------|----------|-----------|
| EXPENDITURES | | | | | | | |
| PERSONNEL COSTS (salaries, wages, benefits) | | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
| 1. | Salaries | | | | | | |
| 2. | Direct Costs | | | | | | |
| 3. | Indirect Costs | | | | | | |
| 4. | Total Personnel Costs | | | | | | |
| OPERATING COSTS | | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
| 5. | Direct Costs | | | | | | |
| 6. | Indirect Costs | | \$34,447 | \$33,064 | \$34,034 | \$35,033 | \$136,578 |
| 7. | Total Operating Costs | | \$34,447 | \$33,064 | \$34,034 | \$35,033 | \$136,578 |
| NON RECURRING COSTS (equipment, technology) | | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | Total Non-recurring costs | | | | | | |

| CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation) | | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
|---|--------------------------|----------|------------------|------------------|------------------|------------------|--------------------|
| 11. | Direct Costs | | \$213,591 | \$203,890 | \$209,862 | \$216,014 | \$843,357 |
| 12. | Indirect Costs | | \$16,054 | \$16,536 | \$17,032 | \$17,543 | \$67,165 |
| 13. | Total Consultant Costs | | \$229,645 | \$220,426 | \$226,894 | \$233,557 | \$910,522 |
| OTHER EXPENDITURES (please explain in budget narrative) | | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
| 14. | | | | | | | |
| 15. | | | | | | | |
| 16. | Total Other Expenditures | | | | | | |
| BUDGET TOTALS | | | | | | | |
| Personnel (line 1) | | | | | | | |
| Direct Costs (add lines 2, 5 and 11 from above) | | | \$213,591 | \$203,890 | \$209,862 | \$216,014 | \$843,357 |
| Indirect Costs (add lines 3, 6 and 12 from above) | | | \$50,501 | \$49,600 | \$51,066 | \$52,576 | \$203,743 |
| Non-recurring costs (line 10) | | | | | | | |
| Other Expenditures (line 16) | | | | | | | |
| TOTAL INNOVATION BUDGET | | | \$264,092 | \$253,489 | \$260,928 | \$268,590 | \$1,047,100 |

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

C. BUDGET CONTEXT

| BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY) | | | | | | | |
|--|---|----------|----------|----------|----------|----------|-----------|
| ADMINISTRATION: | | | | | | | |
| A. | Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources: | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
| 1. | Innovative MESA Funds | | \$25,835 | \$24,798 | \$25,526 | \$26,275 | \$102,434 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | | | | | | |
| 6. | Total Proposed Administration | | \$25,835 | \$24,798 | \$25,526 | \$26,275 | \$102,434 |
| EVALUATION: | | | | | | | |
| B. | Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |

| Project by FY & the following funding sources: | | | | | | | |
|--|---|----------|-----------|-----------|-----------|-----------|-------------|
| 1. | Innovative MHSO Funds | | \$8,612 | \$8,266 | \$8,509 | \$8,758 | \$34,145 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | | | | | | |
| 6. | Total Proposed Evaluation | | \$8,612 | \$8,266 | \$8,509 | \$8,758 | \$34,145 |
| TOTAL: | | | | | | | |
| C. | Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources: | FY xx/xx | FY 19/20 | FY 20/21 | FY 21/22 | FY 22/23 | TOTAL |
| 1. | Innovative MHSO Funds | | \$264,092 | \$253,489 | \$260,928 | \$268,590 | \$1,047,100 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | | | | | | |
| 6. | Total Proposed Expenditures | | \$264,092 | \$253,489 | \$260,928 | \$268,590 | \$1,047,100 |
| *If "Other funding" is included, please explain. | | | | | | | |

Behavioral Health Advisory Board Site Visit Report

Date: Jan 24, 2019

Facility / Program: Horizon View MHRC

Location: 333 Skyway Dr., Camarillo, CA 93010

Contact Person: Lindsay Cunningham, PsyD

Phone #: (805) 383-1155

E-mail: lmcunningham@telecarecorp.com

BHAB Review Team:

Ratan Bhavnani, Jamie Banker, Nancy Borchard, Gane Brooking, Gina Petrus

FACILITY / PROGRAM DEMOGRAPHICS

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

Children (0 - 12) Adolescents (13 - 17) TAY (18 - 25) Adults (18 - 61) Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: 16 Monthly Avg. 15 and / or Daily Avg. _____

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

(Description offered by provider, Telecare Corp)

Horizon View MHRC is a welcoming, safe, therapeutic environment in which residents begin a learning process that helps them make effective choices, reduces the amount of harm in their lives, and increases their personal strengths. Telecare provides a full range of psychiatric, nursing, rehabilitative and social services designed to improve symptom management, encourage skill development, and promote restoration of normal independent functioning. The focus of treatment is to prepare residents to live and work in the least restrictive environment possible, with the lowest risk of institutionalization. We provide an individualized rehabilitation program based on sound principles of psychiatric assessment, psychosocial rehabilitation techniques, and psychopharmacology. Services include assessment, individual, group and family therapy, medication management, nursing and psychiatric care, a therapeutic milieu, leisure activities, peer support services, substance use services, pet therapy, and discharge planning.

Knowing that a major impetus for the development of Horizon View MHRC was the desire by consumers' family members to play an active role in treatment, we strive to create an environment at Horizon View where families feel welcome and heard, and where familial bonds are supported and strengthened. With the resident's knowledge and consent, we invite families to participate on the treatment team. Staff engage family members and other loved ones to obtain valuable insight on the issues that are important to the resident, determine whether the service plan adequately addresses the resident's goals, and collaborate on how the service delivery system can integrate the needs and interests of families.

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

Horizon View provides transportation and escort to appointments outside the facility as detailed in the service plan. We also provide escorted outings as part of community integration, including to local AA/NA meetings. We also provide money management services and follow up services, including support with linkages.

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

Horizon View has more than 20 Full Time Equivalent positions, with between 3 and 15 staff on site at any given time depending on shift. Staff includes an Administrator, licensed Clinical Director, Clinician, Psychiatrist, Psychologist, Nursing Staff, Recovery Specialists, Peer Support Specialist, Substance Use Specialist, Admission/Discharge Planner, Rehabilitation Therapists, Dietician, Cook and Administrative Support Team.

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

Horizon View employees receive 50+ hours of new employee training and annual refreshers in topics that include but are not limited to: the VCBH Code of Conduct, cultural competence, recovery model services (RCCS), Trauma Informed Care, Motivational Interviewing, Medication Education, Whole Person Care, CPI (Crisis Intervention/De-Escalation), HIPAA/Confidentiality, and professional boundaries. Telecare also partners with Relias Learning, a worldwide leader in healthcare training that serves over 5,000 healthcare organizations, to provide additional online courses to employees.

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

Psychiatrist/Medical Director - 16 hours per week
Clinician (Registered Psychologist) - 40 hours per week
Rehab Therapist - 40 hours per week
Admission/Discharge Planner (MA) - 16 hours per week
LVN/LPT - 168 hours per week

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

Horizon View currently has one full-time Peer Support Specialist. As an organization we have a goal that all programs will have at least two Peer Support Specialists by 2020. We also strive to ensure that all of our Peer Support Specialists receive training in peer delivered modalities such as Wellness Recovery Action Planning (WRAP), as well as peer support certification training. As described above, we invite families to be involved in treatment planning meetings and we offer family therapy sessions to help improve family communication and coping.

9. Describe Groups - education/support?

Horizon View offers educational groups, process/support groups, leisure groups and activities, life skills groups, medication management groups, and pet therapy.

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

Horizon View has 16 client rooms, a day room, a TV room, Inspiration Studio, an Interview Room, an Exam Room, 3 showers and one tub room, a client property storage room, a donation closet, an outdoor patio, and a laundry room. See floor plan attached.

BHAB Reviewer Response

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

The daily activity schedule included what seemed to be constructive and engaging activities (promoting creativity, personal growth, health).

Based on a review of the Activity Schedule, groups seem to be primarily Leisure and Rehab Groups. It is unclear from the schedule, which are Mental Health groups that focus on managing symptoms, building coping skills, trauma, etc. Also, it is unclear whether any of the groups are Evidenced-Based and/or led by the Registered Psychologist or Licensed MFT.

Clients are offered 20 hours per week of individual and group therapy; they are encouraged to attend groups, and most do so. During the site visit there were 3 clients who were not participating in group. There was limited staff interaction with these clients.

There is an emphasis on community outings for clients who are at the appropriate level. This allows them to practice generalization of skills in community and to connect with community resources that they can continue to access upon graduation from the program (e.g., NA, AA, provider appointments).

The program follows a philosophy which appears to empower clients to participate to whatever degree they choose. The team felt that this is an expensive program and encouraging residents a little more may increase utilization of available resources.

Staff identified program needs ?

Management expressed a desire to publicize the Horizon View program and facility more widely in the community. They have a storage room containing clothing and shoes, which are offered to clients when they enter; they welcome additional donations.

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

Horizon View fills a critical need in the community. The facility was specifically designed to create a sense of community and foster interactions between clients and staff, while also affording privacy and personal space. Management expressed a commitment to accepting most clients in need of this level of care, with few exclusion criteria. Management also expressed a commitment to helping clients remain in the program and successfully transition to a less restrictive level of care. Due to the small size of the program (capacity 16), the program is individually tailored to the client. The flexible approach is relationship-based, utilizing Motivational Interviewing techniques to engage clients, honor freedom of choice, with the ultimate goal of having the client access all available services.

The facility is open, clean and filled with natural light. Clients have space and privacy. The design allows for more acute clients to be closer to the nursing station and staff. The BHAB team appreciated the fact that there was no barrier between nursing and clients -- fostering a sense of community -- and that positive language was used to label different areas of the facility. Some of the staff offices are in the same open space. There are limited fitness options. There is no designated place for fitness activities. Two stationary bicycles are located in the movie room and there is a small courtyard. There is a nearby basketball court but this requires staff to accompany the client. A private chef/kitchen offers healthy and nutritious meals for clients.

Staff were professional, knowledgeable, and compassionate. Staff brings a lot of relevant clinical experience. Staff articulated the mission statement clearly. Staff appeared to understand the complex needs of the clients and are committed to addressing all needs, not just those related to mental illness/substance use.

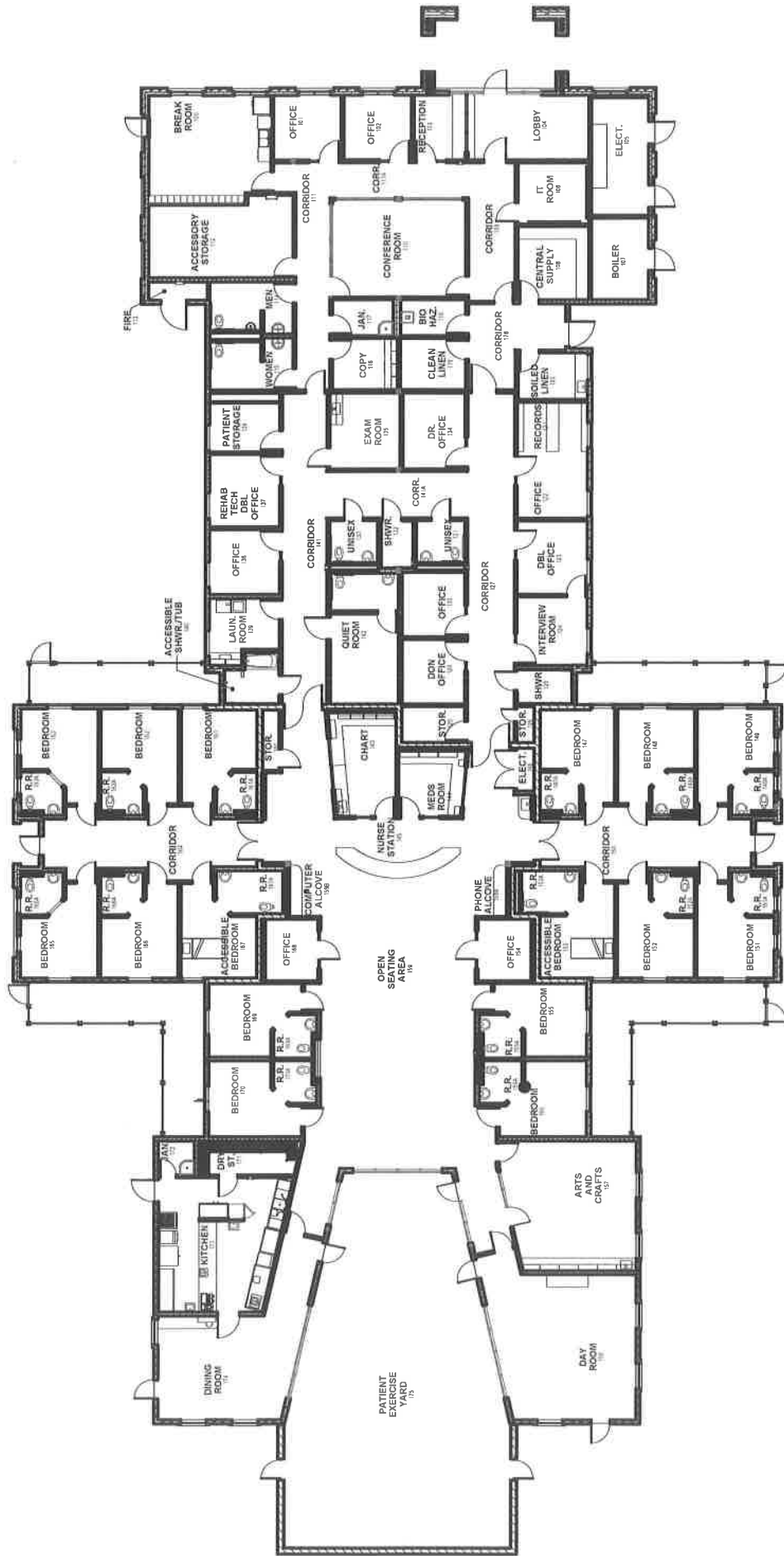
The program has a Certified Addiction and Drug Abuse Consultant who can provide specialized substance abuse interventions.

The only family intervention currently offered is family therapy (if requested by the client) and the opportunity to participate in treatment planning. Management has expressed a desire to expand treatment interventions for families. There did not seem to be a lot of emphasis on the family.

The program currently offers a limited peer support component but has plans to offer a suite of peer support services. A peer is the first point of contact when the client initially enters the program.

Board Member Recommendations for Program Needs?

Suggested to Telecare staff that they offer presentations on this program (and other Telecare programs in Ventura County) to BHAB committees, NAMI groups and at other mental health events.



Horizon View MHRC

Ventura County Behavioral Health Department
 Board Letter Summary
 November-December 2018

| Board Date | Contractor | Amount | Term | Description |
|------------|---|-----------------|-------------------|--|
| 1/8/2019 | Interface Children & Family Services | \$ 30,000 | 6/1/18 to 6/30/19 | The Memorandum of Agreement with Interface Children & Family Services will be for the provision of Alcohol and Drug Program Driving Under the Influence services by VCBH to referred AB 109 clients. Interface will pay VCBH on a monthly basis at a not to exceed of \$30,000. |
| 1/15/2019 | California Department of Housing and Community Development - No Place Like Home | see description | TBD | Submission of joint applications to the California Department of Housing and Community Development for two No Place Like Home (NPLH) Permanent Supportive Housing projects. The first application is with the Housing Authority of the City of San Buenaventura for Willett Ranch in the amount of \$2,707,380 for 15 NPLH units. The second application is with Many Mansions-Area Housing Authority of the County of Ventura for Mountain View in the amount of \$3,094,152 and for 24 NPLH units. |

MEMORANDUM

DATE: February 19, 2019

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved January Agreements

Executive Summary

Board of Supervisors Approved Agreements – January 8, 2019

1. Alcohol and Drug Program (ADP) Services: Memorandum of Agreement (MOA) with Interface Children & Family Services.

This item recommended approval of the MOA with Interface Children & Family Services (Interface) for Ventura County Behavioral Health (VCBH) to provide driving under the influence (DUI) services. Interface will pay VCBH each month for the DUI services at a not to exceed amount of \$30,000 per fiscal year.

Assembly Bill 109 (AB 109), the Public Safety Realignment Act, went into effect on October 1, 2011. AB 109 redefined some felony offenses in California, shifted housing for lower-level offenders from state prisons to local jails, transferred the supervision responsibilities for designated parolees from the California Department of Corrections and Rehabilitation to county probation agencies (called "Post-Release Community Supervision" (PRCS)) and created a new form of supervision called "Mandatory Supervision."

AB109 assigned certain functions to the local Community Corrections Partnership (CCP) and required that this body complete a realignment implementation plan for the County. As part of the plan, funds were made available for local community-based organizations (CBOs) to develop a network of services aimed at assisting local governmental agencies and curbing recidivism among these offenders. Local CBOs requested that the CCP contract with a third-party vendor to develop and implement the CBO/PRCS Offenders Realignment Planning Project.

To serve the County's AB 109 population, the County of Ventura, through the Probation Agency, contracted with Interface to manage CBOs providing services to the local AB 109 population.

The mission of the CBOs is to remove barriers, increase awareness, and provide community supports for individuals who have been incarcerated to promote successful community reintegration and reduce recidivism. AB 109 clients are referred to Interface by the Ventura County Probation Agency. These individuals receive a range of program services, including substance abuse disorder/DUI services.

The MOA between VCBH and Interface is for the provision of VCBH ADP DUI services to referred AB 109 clients. The MOA delineates the roles and responsibilities of both parties and the payment mechanism for services rendered. Specifically, Interface will pay VCBH ADP for the provision of DUI services on a monthly basis, not to exceed \$30,000 per fiscal year.

VCBH recommended the approval of and authorization for the VCBH Director or designee to sign, the MOA with Interface for DUI program services, effective June 1, 2018 through June 30, 2019.

Board of Supervisors Approved Agreements – January 15, 2019

1. Mental Health Services: No Place Like Home (NPLH) Joint Applications for Permanent Supportive Housing and Ventura County Plan to Prevent and End Homelessness.

This item recommended approval for the VCBH Director or Designee to submit joint applications with the Housing Authority of the City of San Buenaventura and Many Mansions/Area Housing Authority of the County of Ventura to the California Department of Housing and Community Development for NPLH permanent supportive housing development program funding. It also recommended approval of the Ventura County Plan to Prevent and End Homelessness. These projects will be funded with Mental Health Services Act (MHSA) funds.

On July 1, 2016, Governor Brown signed landmark legislation enacting the NPLH program to dedicate up to \$2 billion in bond proceeds for investment in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. Despite the passage of the NPLH legislation, the Legislature was unable to appropriate MHSA funding for this new program due to legal challenges that arose related to whether: (1) the use of MHSA funding for the NPLH program was in accordance with what the voters intended when they originally approved the MHSA and (2) voter approval was required for the NPLH bonds. To address the legal issues, the State put Proposition 2 – No Place Like Home Act of 2018 on the November 6, 2018 ballot to seek approval from voters to carry out the NPLH program by approving the appropriation of MHSA funds and authorizing the borrowing/sale of bonds to pay for the NPLH program.

In October of 2018, pending voter approval of Proposition 2, the State (through the California Department of Housing and Community Development (HCD)) elected to release a Notice of Funding Availability (NOFA) that announced the availability of approximately \$400 million in round one competitive allocation funding from the NPLH program. Large counties, such as Ventura County, are eligible to compete for \$93,525,977 of the \$400 million that is available. Through the NPLH program, deferred payment loans would be made available to counties for development of permanent supportive housing for persons with a serious mental illness who are homeless, chronically homeless or at risk of chronic homelessness. Counties are eligible to apply for the funding independently or with a housing developer ("development sponsor"). If awarded, NPLH program funds will be made directly to the development sponsor. NPLH program funds may be used to acquire, design, construct, rehabilitate, or preserve permanent supportive housing, and may also include a capitalized operating subsidy reserve. Development sponsors are required to maintain the NPLH supportive housing units for 55 years. Counties are required to provide mental health supportive services to NPLH tenants for 20 years. The deadline for submission of applications under the NPLH NOFA is January 30, 2019.

Shortly after the release of the NPLH NOFA, voters passed Proposition 2 authorizing the Legislature to not only appropriate funds for the NPLH program and but to begin making awards of NPLH program funding. This action ensured funding availability through the NPLH NOFA and spurred counties to respond to the NPLH NOFA.

To respond to the NPLH NOFA, the County of Ventura released a Request for Proposals (RFP) to solicit applications from development sponsors wishing to apply jointly with the County for the NPLH funds. Two complete applications, from the Housing Authority of the City of San Buenaventura and Many Mansions/Area Housing Authority of the County of Ventura, were received and were evaluated by County staff for threshold eligibility and scoring under HCD's competitive program. The applications were also evaluated against the following local priorities: (1) providing housing units to meet the greatest needs in the community, as documented through Pathways to Home (Ventura County's Coordinated Entry System), (2) providing new units of housing for the NPLH target population, and (3) minimizing the layering of other financing with population restrictions which could make it difficult to find eligible tenants and lease the units. Both applications were found to meet the threshold eligibility review requirements and local priorities. Based upon the strength of the applications and development sponsors, as well as the number of NPLH units proposed, staff recommended jointly applying with both development sponsors for the NPLH program funding. A summary of the two projects and development sponsors is provided below.

| Project Name | Development Sponsor | Type of Development | Location | Total NPLH Units | Total Non-NPLH Affordable Housing Units | Resident Manager's Unit | Total Units |
|--------------------------------|---|---------------------|----------|------------------|---|-------------------------|-------------|
| Willett Ranch (Senior Housing) | Housing Authority of the City of San Buenaventura | New Construction | Ventura | 15 | 34 | 1 | 50 |
| Mountain View Apartments | Many Mansions/Area Housing Authority of the County of Ventura | New Construction | Fillmore | 24 | 52 | 1 | 77 |
| Total | | | | 39 | 86 | 2 | 127 |

In addition to the project information, the joint applications also contain Supportive Service Plans/Budgets, draft MOA with each of the development sponsors, and Ventura County's Plan to Prevent and End Homelessness. The County, through VCBH, is required to provide mental health supportive services for 20 years. Specifically, VCBH will be responsible for providing the following types of supportive services: (1) case management, (2) assessment, (3) dual diagnosis case management services, (4) outreach and engagement, (5) tenancy retention services, and (6) job skills training. The Housing Authority of the City of San Buenaventura and Many Mansions/Area Housing Authority of the County of Ventura will be responsible for providing the following types of services, including but not limited to: (1) employment assistance, (2) job placement and retention, (3) recreational and social activities, (4) food assistance, (5) life skills training, (6) transportation, (7) on-site case management, and (8) tenant engagement and housing retention. The MOA will clarify the roles and responsibilities of the County and development sponsors as they relate to the proposed development projects. The MOA will be finalized and executed once the development projects are opened for tenancy and will extend for 20 years from that date. The Ventura County Plan to Prevent and End Homelessness is the Ventura County Continuum of Care Alliance's regional roadmap to preventing and ending homelessness in Ventura County—it has been updated to contain NPLH program requirements.

VCBH recommended approval of and authorization for the VCBH Director or designee to submit joint applications with the Housing Authority of the City of San Buenaventura for Willett Ranch and Many Mansions/Area Housing Authority of the County of Ventura for Mountain View Apartments to the HCD for NPLH permanent supportive housing development program funding. VCBH also recommended approval of the Ventura County Plan to Prevent and End Homelessness which incorporates NPLH program requirements.