

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**July 16, 2018**

**NEXT MEETING:**

Monday, August 20, 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  
Ratan Bhavnani, 1<sup>st</sup> Vice Chair  
Nancy Borchard  
Gane Brooking, 2<sup>nd</sup> Vice Chair  
Kevin Clerici  
Margaret Cortese, Member-At-Large  
Janis Gardner, Member Emeritus  
Mary Haffner  
Cmdr. Ron Nelson  
Supervisor Linda Parks  
Gina Petrus  
Marlen Torres  
Sheri Valley  
Kay Wilson-Bolton, Secretary

**BHAB Members Absent**

Claudia Armann  
Jamie Banker  
Monique Garcia  
Larry Hicks  
Patricia Mowlavi  
Denise Nielsen  
Irene Pinkard

**Others Present**

Marika Collins, Casa Pacifica  
Bob Wickham, NAMI  
Mia Lewis  
Sally Harrison, County Executive Office  
Mark Stadler, Crisis Intervention Team  
Mark Schumacher, Turning Point Foundation  
Tim Dowler, Probation Agency Chief Deputy, Adult Services

**VCBH Managers and Staff Present**

Dr. Sevet Johnson, VCBH Director  
Loretta Denering, Alcohol and Drug Programs Division Chief  
Leisa Donovan, Fiscal Manager  
Narcisa Egan, Assistant Chief Financial Officer  
Jason Jones, MHSA Fiscal  
Dina Olivas, Youth & Family Division Sr. Manager  
Nadeera Ranawaka, Fiscal  
Dr. John Schipper, Adult Division Chief  
Terri Yanez, Administrative Division Chief  
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Harris called the meeting to order at 1:10 p.m. Dr. Sevet Johnson lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve today's agenda. Margaret Cortese moved to approve, Janis Gardner seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the June 18, 2018 meeting. Cmdr. Ron Nelson moved to approve, Mary Haffner seconded. The motion passed unanimously.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	<b>Public Comments</b> Bob Wickham noted that the NAMI Walk will take place on October 13 <sup>th</sup> ; sponsorships are available. Mr. Wickham also noted that the NAMI General meeting on August 14 <sup>th</sup> will include a presentation on suicide prevention.		
VI.	<b>Chair Report – Jerry Harris</b> A. Mr. Harris reported on the recent California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) meeting that he and Gina Petrus attended in Los Angeles. The association covers the cost of attending these meetings for its governing board members and one BHAB member. B. Mr. Harris is working on streamlining the BHAB Annual Report. C. Progress is being made on preparing the Fiscal Year 2017-18 Annual Report. Last month the BHAB approved the vision, mission and objectives. The committees are preparing their own reports, which will be included in the BHAB Annual Report. D. The BHAB Executive team is drafting two policies. County Counsel is currently reviewing them. E. Violations of the Brown Act by the City of Simi Valley and a Los Angeles entity have been in the news recently. Mr. Harris reminded the board of the need to comply with the Brown Act at all times.  Mrs. Gardner provided some brief information on the following: A. Housing Our Future, on July 25 at California State University Channel Islands; B. Night in Oaxaca, on August 10 at Olivas Adobe in Ventura; C. Suicide Prevention conference on September 19 at Oxnard College. D. A narcotics arrest on June 19 in Fillmore. E. Some police departments and the Sheriff's Office are now equipped with Narcan kits in patrol cars; the kits are used to reverse opioid overdoses and potentially save lives.		
VII.	<b>Board Members Comments and Announcements</b> A. Supervisor Parks gave an update on Growing Works. The nursery is being funded by the County and managed by Turning Point Foundation. People with mental illness receive horticultural therapy and vocational training. Supervisor Parks thanked all the volunteers, including Mary Haffner, for their assistance with the project. B. Kay Wilson-Bolton participated in a panel focusing on the 2020 census. Trusted messengers will be needed to go out in the field to contact people who are hard to reach. The personal information collected during the census is frozen for 72 years. C. Gina Petrus mentioned her participation in the recent CALBHB/C annual meeting. It was an excellent learning and networking opportunity. D. Gane Brooking noted that the City of Ventura will open a year-round homeless shelter with 55 beds. E. Kevin Clerici noted that a Request for Proposal (RFP) has gone out for a seasoned operator to manage the Ventura shelter. Additionally, the City of Oxnard is close to identifying a site for its own year- round shelter. F. Supervisor Parks noted that VCBH will need to get connected with the two shelters.		

	<p>G. Cmdr. Nelson noted that he attended a meeting of Raising the Barn, which raises awareness of the services, attitudes and policies surrounding people at the intersection of mental illness and incarceration. Also, he submitted a grant targeted to non-AB 109 inmates to the state. Also, the previous week four dogs graduated from the RUFF Road Training Program at the Todd Road Jail and went to their forever home.</p>		
VIII.	<p><b>Presentation: VCBH Fiscal Update – Leisa Donovan, Fiscal Manager</b>  Leisa Donovan provided a fiscal update of the department, using third quarter results and projections as of March 2018.</p> <p>It is projected that VCBH will have a slight unfavorable variance for net county cost. Half of the funds that VCBH receives come from Short-Doyle/Medi-Cal and Realignment funds. VCBH usually has a vacancy rate of about 15% due to the difficulty of hiring qualified staff. The unspent funds listed in the PowerPoint presentation do not include the prudent reserve, which is about \$9.5 million.</p> <p>Mr. Harris thanked Ms. Donovan for providing an information presentation.</p> <p>See attached for details.</p>		
IX.	<p><b>Director’s Report – Dr. Sevet Johnson</b></p> <p>A. Dr. Johnson thanked Ms. Donovan and the Fiscal team for their thorough fiscal report.</p> <p>B. A Mental Health Services Act (MHSA) needs assessment meeting was held on June 6. A second community input session will be scheduled in the near future; the date is to be determined. It will be held in the evening.</p> <p>C. Adult Division: the Assisted Outpatient Treatment (AOT)/Assist program is now administered in-house as of July 1<sup>st</sup>. A new psychiatrist is part of that program, and a new judge will replace Judge Bysshe, who has retired. Because of these various changes, the team will travel to Orange County to observe how their AOT program operates.</p> <p>D. Alcohol and Drug Program (ADP): the Drug Medi-Cal Organized Delivery System (DMC-ODS) readiness packet has been sent to the state. The state will come for a walkthrough in August. VCBH ADP is on target for implementation in December.  VCBH has received the Mental Health client contract, which includes significant changes. VCBH will review its structure and staffing to ensure quality of care and access to services.</p> <p>E. Youth &amp; Family Division: under a collaborative agreement with the Ventura County Office of Education (VCOE), VCBH has been providing services to children in the school setting. These services have reduced the number of children whom VCOE has had to place out of county. The clinical positions for this program are fully funded by VCOE.</p>		
X.	<p><b>Secretary’s Report – Kay Wilson-Bolton</b>  Ms. Wilson-Bolson did not have any information to report.</p>		
XI.	<p><b>BHAB Committee Reports</b></p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs  Ms. Brooking noted that the committee was dark this month. The August meeting will include a presentation on the VCBH Office of Health Equity. Ms. Borchard asked all to think about the laws that may prevent the mentally ill from getting services and treatment.</p> <p>B. Prevention Committee – Janis Gardner, Chair  The committee heard a presentation on the prevention of impaired driving, particularly by young female drivers. VCBH Prevention is doing outreach to all county employees regarding opioids. There is a push at the state level to put naloxone in schools to reverse opioid overdoses. The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) distributed satisfaction surveys, and over 300 were filled out.</p>		

	<p>C. Transitional Age Youth (TAY) Committee – Cmdr. Ron Nelson, Chair Ms. Wilson-Bolton, Alternate Chair, reported that the committee heard a presentation from Interface’s Helping to Educate, Address &amp; Respond to Trafficking (HEART). She recommended this for a future presentation at a General Meeting. The committee also discussed the possibility of bringing back a support group for parents; a proposal will be shared at a future General meeting.</p> <p>D. Youth &amp; Family Committee – Denise Nielsen, Chair Ms. Nielsen was not in attendance. It was noted that the committee was dark this month.</p> <p>E. Subcommittee on Legislation – Ratan Bhavnani Mr. Harris noted that he is impressed with the article titled “Legislators add to woes for mental health care” written by Mary Haffner and printed in the July 15 edition of the Ventura Star. He thanked the subcommittee for its work. Mr. Bhavnani noted that many state bills related to mental health and substance use disorders are pending. The subcommittee reported on four bills:</p> <ul style="list-style-type: none"> <li>• AB 1971 would expand the definition of grave disability: the legislation has passed the Health Committee; however, the Judiciary Committee added strict limitations before passing. The bill is now going to the Appropriations Committee.</li> <li>• AB 2022 would require pupils and parents/guardians to be told about ways to access mental health services. It is in the Senate Appropriations Committee.</li> <li>• SB 906 would set a certification for peer support specialists and allow Medi-Cal to pay for their services. It appears that this bill will pass.</li> <li>• AB 1810 would allow a judge to send a defendant to pretrial diversion prior to sentencing; upon successful completion, the charge would not appear on the person’s record. Mr. Bhavnani noted that due to this new law, Judge Wright has postponed his presentation to the BHAB, which had been scheduled for this day. Cmdr. Nelson noted that although the law is in place, counties have to opt in.</li> </ul>		
<p><b>XII. New Business</b></p>	<p>A. Change Designation of Subcommittee on Legislation to Legislative Workgroup Mr. Harris noted that the group meets to research pending legislation and share its work with the BHAB. To ensure that the Brown Act does not apply to the group, he proposed changing its name to Legislative Workgroup. Ms. Gardner and Supervisor Parks noted that a workgroup can only meet for a limited time. Ms. Cortese suggested having the group meet only during legislative sessions. Mr. Harris supported that idea, with the understanding that the workgroup could be renewed yearly if appropriate. Mr. Bhavnani noted that the number of legislation that have been introduced this year is unusual, and he agreed that the workgroup would not need to meet when the legislative body is in recess. Supervisor Parks and Ms. Cortese thanked the group for their work. Mr. Bhavnani noted that the group has been choosing the bills that get highlighted at the General meetings, and Mr. Harris supports this. Ms. Wilson-Bolton moved to change the designation of the Subcommittee on Legislation to Legislative Workgroup. Ms. Gardner seconded. The motion passed unanimously.</p> <p>B. Issues Related to Maintaining a Quorum at the General Meetings Mr. Harris noted that it is important for all BHAB members to attend the General meetings as much as possible and to inform the BHAB Assistant of absences. He plans to try to limit the meetings to two hours to help insure that a quorum is maintained until the end of each meeting.</p> <p>C. Disaster Preparedness and Recovery – Mental/Behavioral Health Spectrum Mr. Harris noted that this topic was discussed at the recent CALBHB/C meeting, where the presenters discussed the need for planning between Mental Health Departments and other disaster responders. See attached documents.</p> <p>D. 2018 Data Notebook Mr. Harris noted that this year’s Data Notebook will most likely focus on Trauma-Informed Care. Mr. Brooking has agreed to take the lead on this project for the BHAB.</p>	<p>Change the designation of the Subcommittee on Legislation to Legislative Workgroup <b>M/S/C</b></p> <p>Take the lead on the Data Notebook</p>	<p>G. Brooking</p>

<p><b>XIII.</b></p>	<p><b>Old Business</b></p> <p>A. Fiscal Year 2017-18 Annual Report Introduction and Summary Mr. Harris asked whether the board agrees to include the statement in the 2017-18 Annual Report. Suggestions for accomplishments, issues of concern and recommendations to be included in the report as well as alternate wording for additional social issues impacting mental health in the community and important problems to be included should be emailed to Mr. Harris or the BHAB Assistant. A brief discussion took place. Dr. Johnson asked if the BHAB would support a crisis stabilization unit; Mr. Harris agreed to put this on next month's General Meeting agenda and include it in the annual report.</p> <p>B. Future Presentations Mr. Harris noted that Judge Wright has agreed to present at a future date, and a presentation on human trafficking will be scheduled. Ms. Petrus asked about services for sexually exploited children; Dina Olivas noted that a county collaborative, headed by the Human Services Agency, handles this, and she agreed to provide the contact information to the BHAB Assistant.</p> <p>C. Future Recognitions Mr. Harris noted that the BHAB plans to recognize Bennie Crayton for his 40+ years of service and Michael White for his work related to the Thomas Fire. The board agreed to recognize the law enforcement officers who have been helping Anka Behavioral Health at Hillmont House in Camarillo. Ms. Brooking noted that, following the Executive meeting, she has contacted the Older Adult Clinic Administrator regarding two of its staff.</p>	<p>Email suggestions re Annual Report Introduction and Summary to J Harris or E Pham</p>	<p>All BHAB members</p>
<p><b>XIV.</b></p>	<p><b>Contracts</b></p> <p>Dr. Johnson explained that some contracts are being extended for three months so that VCBH staff can review the contracts in details and assess the work of the providers. She submitted the following contracts, to be voted on by the Board of Supervisors (BOS):</p> <p>A. Board of Supervisors Agenda – July 17, 2018</p> <ol style="list-style-type: none"> <li>1. FY 2018-19 SELPA, Three Positions</li> <li>2. Agreement with Kids &amp; Families Together for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</li> <li>3. FY 2018-19 K &amp; M Enterprises Agreement and Meditech Health Services Amendment</li> <li>4. FY 2018-19 Three Month Extension for Mental Health Services with Telecare Corporation, ANKA Behavioral Health, ASC Treatment Group, and Turning Point Foundation</li> <li>5. California Department of Health Care Services Standard Agreement for Specialty Mental Health Services to Medi-Cal Beneficiaries</li> </ol> <p>B. Board of Supervisors Agenda - July 31, 2018</p> <ol style="list-style-type: none"> <li>1. Standard Agreement between the Department of Health Care Services (DHCS) and VCBH for Federal Crisis Counseling Assistance and Training (CC) Services</li> <li>2. Agreement for Mental Health Services with California Psychiatric Transitions Incorporated</li> <li>3. First Amendment to the Agreement with Crestwood Behavioral Health, Inc</li> <li>4. Resolution establishing 1.0 new regular position in the Ventura County Behavioral Health Mental Health Services Act (MHSA) Budget Unit 3260-3273 to provide No Place Like Home (NPLH) Program services and 1.0 new regular position for Quality Assurance Services for MHSA</li> <li>5. 2<sup>nd</sup> Amendment with Star View Behavioral Health, Inc., for Medi-Cal Specialty Mental Health Care Services</li> </ol> <p>C. Board of Supervisors Agenda – August 7, 2018</p> <ol style="list-style-type: none"> <li>1. Memorandum of Understanding for Coordination and Collaboration of Mental Health Outreach and Awareness Activities with the Santa Paula School District</li> </ol>		

	<p>2. Fourth Amendment to the Contract for Psychiatric Services with Sterling Care Psychiatric Group, Inc.</p> <p>See attached Executive Summary for details.</p> <p>Mr. Bhavnani moved to recommend that the Board of Supervisors approve the contracts. Mary Haffner seconded. Ms. Wilson-Bolton asked Dr. Johnson whether she agreed, and Dr. Johnson agreed. Ms. Borchard noted that she is pleased that VCBH is looking at whether the providers are doing the work they are expected to do. Ms. Cortese asked which contracts are being renewed for three months. Sheri Valley asked about the K &amp; M contract. Mr. Harris asked for a vote on the motion. It passed unanimously.</p> <p>The vote was followed by a lengthy discussion of the contract approval process and the Executive Summary. Mr. Harris noted that he has requested more performance data in the summaries. Ms. Wilson-Bolton voiced her concern about the BHAB rubberstamping the contracts. Cmdr. Nelson is concerned that the BHAB votes on items that have already been put on the Board of Supervisors' agenda for the following day. Ms. Borchard noted that the BHAB has to trust VCBH with the contracts. Ms. Gardner noted that some contract information is proprietary and should not be given to the BHAB. Ms. Cortese asked what would happen if the BHAB were to recommend against a contract; she suggested including in the Executive Summary a brief description of the contractors' strengths and challenges. Dr. Johnson noted that information becomes public once a contract is finalized; additionally, it is important to look at the benefits that a contractor provides for the clients and the community and help the providers improve their service delivery as needed. Ms. Brooking agreed that more meaningful information is needed in the Executive Summaries. Ms. Haffner thanked Mr. Harris for the discussion. She noted that the BHAB is an oversight board and cannot micromanage VCBH but rather has to trust the Director, and the board should look at the performance evaluation of the providers. Mr. Harris noted that the board does trust the Director. He is requesting more basic information to help members feel more comfortable recommending the approval to the Board of Supervisors on contracts.</p>	<p>The Board approved sending the contracts to the BOS as submitted. <b>M/S/C</b></p>	
<b>XV.</b>	<p><b>Public Comments</b> None.</p>		
<b>XVI.</b>	<p><b>Adjourn</b> The meeting adjourned at 3:10 p.m.</p>		

## Behavioral Health Advisory Board GENERAL Meeting Attendance

2018-19	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann												
District 2	4/17/18 – 1/7/19	Jamie Banker												
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X											
District 3	1/27/18 – 1/26/21	Nancy Borchard	X											
District 3	1/12/16 – 1/12/19	Gane Brooking	X											
District 1	6/12/18 – 10/6/18	Kevin Clerici	X											
District 5	1/11/18 – 1/10/21	Margaret Cortese	X											
District 5	10/17/17 – 9/23/20	Monique Garcia												
District 2	9/13/16 – 9/13/19	Janis Gardner	X											
District 1	4/8/18 – 4/7/21	Mary Haffner	X											
District 4	9/17/16 – 9/17/19	Jerry Harris	X											
District 3	12/2/17 – 12/1/20	Larry Hicks												
District 2	3/14/17 – 3/14/20	Patricia Mowlavi												
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X											
District 4	9/17/15 – 9/17/18	Denise Nielsen												
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X											
District 1	5/8/18 – 5/7/21	Gina Petrus	X											
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard												
District 5	1/10/17 – 1/10/20	Marlen Torres	X											
District 4	2/6/18 – 2/6/21	Sheri Valley	X											
District 3	4/15/18 – 4/14/21	Kay Wilson-Bolton	X											

Present = X

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



# California Association of Local Behavioral Health Boards and Commissions

## CALBHB/C Minutes

June 22 – 23, 2018, Gateway Sheraton, 6101 W. Century Blvd. Los Angeles

### Friday, June 22<sup>nd</sup>

**8:30 am: Behavioral Health “Planning Council” General Session:** CALBHB/C Governing Board Members and members, from Southern Region local mental/behavioral health boards and commissions, attended the Planning Council meeting from 8:30am until noon.

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

Presentation included comments regarding:

1. CALBHB/C is glad to work as a conduit for communications between the Planning Council and CA’s 59 local mental/behavioral health boards and commissions. Ms. Comstock noted that the Planning Council staff plans to increase communication from the Planning Council to California’s local mental/behavioral health boards and commissions. Expected information from Planning Council to include:
  - a. Supported legislation to be posted on Planning Council website.
  - b. Issue Brief “Late Onset” to be provided to Boards & Commissions
  - c. Data Notebook from 2016 compilation regarding Children & Youth (followed by Data Notebook 2017, regarding Older Adults)
2. CALBHB/C statewide Issues of focus over the past year (*all related to Mental/Behavioral Health*):
  - a. Housing / Including Adult Residential Facilities
  - b. Employment
  - c. Disaster Readiness & Recovery
  - d. Anticipate greater focus on Children and Youth and Older Adults, but waiting for Data Notebook compilations from the Planning Council.
3. Input from the Listening Session at the CALBHB/C Annual Statewide Meeting will inform CALBHB/C as it considers the issue-agenda for 2018-19. Members from boards/commissions around the state will have a chance to share the issues affecting them, their families, and their communities. Successful programs will also be shared.

**9:00am – noon:** Governing Board attendees and guests stayed for the Planning Council’s general session, which included Cultural Humility/Awareness (Tamu Nolfo, PhD. )

**1:00pm: CALBHB/C Annual Meeting** (See Attachment A for list of attendees.)

1. **Call to Order/Introductions:** The meeting was called to order by President Theresa Comstock.
2. **Planning Council update:** Jane Adcock, Executive Officer regarding:
  1. Adult Residential Facilities, highlighting the critical need for Board and Care for adults with serious mental illness and advocacy next steps.

Issue Brief (ARF) [www.calbhbc.com](http://www.calbhbc.com)

2. Committees have been reformed, and now include: Legislation Committee, Workforce and Employment Committee, Systems and Medicaid Committee, Housing and Homelessness Committee and Patients’ Rights Committee.

**1:20pm: Disaster Preparedness & Recovery: MH/BH Issues/Gaps & Planning.**

**Speakers:**

Howard Backer, MD, MPH, FACEP, Director, Calif. Emergency Medical Services Authority.

Merritt “Chip” Schreiber, PhD, Chair, Disaster Response Coordinator, CPA DRN for the California Psychological Association; and Professor of Clinical Pediatrics, Department of Pediatrics, Harbor-UCLA Medical Center, at the David Geffen School of Medicine, UCLA.

Sandra Shields, LA County Mental Health, Emergency Operations Bureau, Disaster Services Unit.

**Topics discussed:**

1. Disaster related MH/BH spectrum: individual needs and appropriate levels of care.
2. The place of MH/BH in the structure of emergency response organizations (state and local).
3. Challenges and recommendations in disaster MH/BH planning and response.

**Materials:**

1. [Challenges & Action Items](#)
2. [Panel Presentation Powerpoint \(6/22/18\)](#)
3. [CONOPS Handout \(Color\)](#) [\(B/W\)](#)

## **2:30pm: Data Notebook 2016, (Children & Youth)**

Susan Wilson, Planning Council Liaison, spoke about the 2016 Children and Youth Data Notebook. However, the Compiled Children & Youth Data Notebook was not yet available.

The topic of the 2018 Data Notebook is anticipated to be: "Trauma Informed Care".

## **3:30pm: Mental/Behavioral Health Issues & Successes – "Listening Session"**

Small groups were formed, with discussion focused on mental/behavioral health gaps and successes. Stories were shared regarding how issues were affecting individuals, their families and their communities. [Link to Listening Session notes.](#)

## **4:30pm: CALBHB/C Governing Board Annual Meeting**

**Governing Board Attendance:** Theresa Comstock (Napa), Alisa Chatprapachai (Orange), Mae Sherman (Lassen), Supervisor John Fenley (Trinity), Larry Lue (Los Angeles), James Glica-Hernandez (Yolo), Benny Benavidez (Imperial), Jerry Harris (Ventura), Stacy Dalgleish (Los Angeles).

**Guests:** Cindy Coe (Kern), Marcella Paric (San Luis Obispo), Christine Costa (CSU, Long Beach), Kimberly McElroy (Riverside), Duane Chapman (Contra Costa), Keng Cha (Merced), Lorrie Denson (San Bernardino), Jenny Signor (Siskiyou), Bill Stewert San Diego, Gail Jones (Tulare), Supervisor Lee Lor (Merced), May Farr (San Bernardino) Lyndal Marie Armstrong (Sonoma) Flinda Behringer (Mendocino), Susan Freidman (Los Angeles), Loraine Goodwin (Madera), Lynda Kaufmann (Santa Cruz), Kindra Montgomery (Sacramento), Gina Petrus (Ventura), Jerry Jeffe (Sacramento), Jane Adcock, (CBHPC), Susan Wilson (CBHPC, Liaison).

**3. Approval of Minutes:** The minutes from the May 18, 2018 Governing Board meeting (Zoom Teleconference) were presented for approval. A motion to approve the minutes was made by Benny Benavidez with a second from John Fenley. James Glica-Hernandez abstained. Motion carried. The minutes were distributed to the Governing Board members in advance of the meeting and a copy was given to attendees.

## **4. Financials:**

**A. Finance Report:** The Finance Report and budget, including income and expenses and current balance was provided to attendees. The report was distributed to Governing Board members in advance of the meeting. The balance as of June 14, 2018 was: \$134,889.67. A payment of \$13,100.00 from the MHSOAC was received in the past week, bringing the balance to: \$147,989.67. Motion to approve the Finance Report was made by Stacy Dalgleish with a second from Jerry Harris. The motion carried unanimously.

**B. Budget For 2018-19:** The proposed budget for FY 2018-19 was reviewed, and had been shared with the Governing Board members in advance of the meeting. [Link to Budget](#). A motion to approve the budget for 2018-19 was made by Jerry Harris with a second from James Glica-Hernandez. Motion carried unanimously

**C. Proposed Policy- Financial (Board/Staff Roles):** Posted at: [www.calbhbc.com/association-docs.html](http://www.calbhbc.com/association-docs.html) The policy was distributed to the Governing Board in advance of the meeting. After discussion, President Theresa Comstock called for a motion to approve the Proposed Policy. A motion was made by John Fenley with a second from Jerry Harris. Motion carried unanimously

**D. Annual Internal Audit:** Ad Hoc Committee to convene June 23, 2018, Jerry Harris and Alisa Chatrapachai

**5. Bylaws Update:** Changes to the bylaws were presented at Governing Board Teleconference meeting in May. Changes included: power to appoint members to the Governing Board by the President with the approval of the Governing Board; change terms of Governing Board members to two year staggered terms to be determined randomly this year; terms of officers to be July 1 to June 30<sup>th</sup>. A motion to approve changes to the bylaws was made by John Fenley with a second by Benny Benavidez. Motion carried unanimously.

**6. Governing Board Officer Elections 2018-19:** The slate of nominees was presented, by Nominating Committee Chair, John Fenley. An opportunity for additional nominations from the floor was made for each position.

#### Slate of Nominees

President: Theresa Comstock

Vice President: Benny Benavidez

Secretary/Treasurer: Mae Sherman

There were no nominations from the floor; the nominees were elected by verbal vote.

**7. Jerry Jeffe Introduction and Offer Letter:** President Theresa Comstock introduced Jerry Jeffe to the Governing Board and those in attendance. Prior to this meeting, Mr. Jeffe was interviewed by teleconference with a panel of Governing Board members, as a candidate for Executive Director. President Comstock and Jerry Jeffe also had met in person. Mr. Jeffe commented, to the audience, of his experience in the MH/BH field and why he would like to work with CALBHB/C. After a lengthy question and answer session, Mr. Jeffe was asked to leave the room. President Theresa Comstock opened the floor for discussion. After discussion, President Theresa Comstock called for a motion to approve the hiring of Jerry Jeffe as CALBHB/C Executive Director. A motion was made by James Glica-Hernandez with a second from John Fenley. The motion carried unanimously. Mr. Jeffe was welcomed back into the

room with applause. President Comstock and Mr. Jeffe signed the Offer Letter that had been shared with him and the Governing Board in advance of the meeting.

**8. Planning for 2018-2019:** Support to Local MH/BH boards by Regional Governing Board members, by attending meetings, emails, phone calls and advocating for issues.

**9. Meeting Schedule:**

1. Monthly Governing Board Conference Calls.
2. Regional/Statewide Conference Calls.
3. Superior Region Training, August 25, 2018 in Redding.
4. Next Quarterly Meeting, October 19, 2018 in Folsom

**Meeting was adjourned at 6:15pm**

California Association of Local Behavioral Health Boards & Commissions  
Annual Statewide Meeting, L.A., June 22, 2018 **Attendees**

Attachment A

1	Jane	Adcock	CA BH Planning Council.
2	Lyndal-Marie	Armstrong	Sonoma
3	Howard	Backer, MD	Speaker
4	Flinda	Behringer	Mendocino
5	Benny	Benavidez	Imperial
6	Keng	Cha	Merced
7	Duane	Chapman	Contra Costa
8	Alisa	Chatprapachai	Orange
9	Cindy	Coe	Kern
10	Theresa	Comstock	Napa
11	Christine	Costa	CSU, Long Beach
12	Stacy	Dagleish	Los Angeles
13	Lorrie	Denson	San Bernardino
14	May	Farr	San Bernardino
15	Supervisor John	Fenley	Trinity
16	Susan	Friedman	Los Angeles
17	Oscar	Garcia	Imperial
18	James	Glica-Hernandez	Yolo
19	Loraine	Goodwin	Madera
20	Jerry	Harris	Ventura
21	Jerry	Jeffe	
22	April	Jones	Riverside
23	Gail	Jones	Tulare
25	Lynda	Kaufmann	Santa Cruz
26	Supervisor Lee	Lor	Merced
27	Larry	Lue	Los Angeles
28	Carole	Marasovic	Berkeley
29	Kimberly	McElroy	Riverside-Mid-County
30	Rebekah	Mills	Santa Cruz
31	Kindra	Montgomery	Sacramento
32	Marcella	Paric	San Luis Obispo
33	Gina	Petrus	Ventura
34	Vince	Ramos	Merced
35	Diana	Ryan	NAMI Westside LA
36	Chip	Schreiber, Ph.D.	Speaker
37	Mae	Sherman	Lassen
38	Sandra	Shields	Speaker
39	Jenny	Signor	Siskiyou
40	William	Stewart	San Diego
41	Susan	Wilson	CA BH Planning Council
42	Shoshana	Zatz	CIBHS



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

## HOUSING OUR FUTURE

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

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

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

### Tickets & Information

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

### Sponsorship/Support Opportunities

See reverse side and contact:  
[karen@VCHousingTrustFund.org](mailto:karen@VCHousingTrustFund.org)



## HOUSING OUR FUTURE

There are many ways you can show your support:

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



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

Quantity	1	6	unlimited	unlimited	unlimited	20
<b>Recognition at Event</b>						
Podium	Speak	Mention	Mention			
Signage	Banner	Lg. sign w/ Name/Logo				On table
Program Ad	2-pg. inside front	full (5"x8")	half (5"x4")	Name & Logo	Name	Name
Slideshow	✓	✓	✓	✓	✓	✓
Event Poster	Logo	Logo	Logo	Listing	Listing	Listing
<b>Event Tickets</b>						
Complimentary*	8 front table	6	5	4	2	1
Add'l at \$40	✓	✓	✓	✓	✓	✓
<b>Post-event Media Recognition</b>						
Press, Web, FB	✓	✓	✓	✓	✓	✓

\*Donate unused complimentary tickets back to VCHTF; donated tickets will be made available to local young adults (foster TAY and students) and will recognize the donating entity.

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MICOP NIO: Siempre Adelante 2018

[View this email in your browser](#)



## Estimado MICOP Friends & Family:

You are cordially invited to this year's Night in Oaxaca, on **August 10th, 2018** from 5:00PM-7:30PM. We are extremely excited to share that this year's event will be held at the Olivas Adobe (4200 Olivas Park Dr, Ventura, CA)!



This year's theme, "Siempre Adelante" or "Always Forward", is a celebration of indigenous resiliency, and the promise of a better tomorrow.

Join us in celebration of Ventura County's indigenous immigrant community at a fabulous evening of traditional food, dancing and music. Our evening will begin promptly at 5:00PM with a social hour featuring a Oaxacan craft market, and traditional indigenous dances. Be sure to come hungry, as dinner starts at 6:00 PM. We will highlight plates from Ventura County's local Oaxacan restaurants, including tlayudas, mole amarillo, tamales de mole, enmoladas (mole enchiladas) and of course our signature mole negro!

Tickets are available for purchase at \$65 for individuals and \$110 for couples. Tickets can be purchased by clicking the button below or by filling out the registration form.

All funds raised at Night In Oaxaca go directly towards supporting MICOP's mission to support, empower and organize Ventura County's indigenous immigrant community. For additional information, or for sponsorship opportunities, please contact Genevieve Flores-Haro at [genevieve.flores-haro@mixteco.org](mailto:genevieve.flores-haro@mixteco.org) or at 805-302-1912.

We look forward to seeing you there!

**[Buy Tickets Here](#)**

**[Registration Form Here](#)**

**[Sponsorship Opportunities Here](#)**



Ventura County Sheriff's Office

## Community: News Story - Narcotics Arrest

Nature of Incident: Fillmore Narcotics Arrest Report Number: 18-94641 18-94740 Location: 1100 Block of El Paseo Street, Fillmore, California

Date & Time: 06/19/2018 @ 3:00 p.m. Unit(s) Responsible: Ventura County Sheriff's West County Street Narcotics Unit (S)uspects, (V)ictims, (P)arty, (A)rrestee City of Residence Age (A) Sonia Castillo Fillmore 44

Narrative: On 06/19/2018, Detectives from the Ventura County Sheriff's West County Narcotic's Street Team concluded a month long narcotic investigation into Fillmore resident Sonia Castillo who was involved in the sales of methamphetamine to residents of Ventura County. The West County Street Team was assisted by deputies from the Fillmore Police Department. At approximately 3:00 p.m., detectives executed a narcotic search warrant at Castillo's residence located in the 1100 Block of El Paseo Street after Castillo had been arrested during a traffic stop for possessing methamphetamine for sales. During the search of the residence, detectives located and seized approximately 14 ounces of methamphetamine along with paraphernalia indicative of narcotics sales, and a large sum of cash deemed to be narcotic proceeds. Castillo was booked at the Ventura County Main Jail for two counts of possessing methamphetamine for sales. Her bail was set at \$100,000 and her next scheduled court appearance is set for 6/21/18 at 1:30 pm.

The West County Street Narcotics Street Team is comprised of narcotic detectives from the Ventura County Sheriff's Office, the Oxnard Police Department, and the Port Hueneme Police Department. Prepared by: Detective Sergeant Guy Moody News Release Date: 06/20/2018 Media Follow-Up Contact: Detective Stephen Graybill [Stephen.graybill@ventura.org](mailto:Stephen.graybill@ventura.org) (805) 384-4771 Approved by: Captain Robert Thomas

## As Ventura County's opioid problems rise, cops carry life-saving spray for public, selves

Some police departments across the country are adding NARCAN to their arsenal; a nasal spray that's capable of bringing people who have overdosed, back from the dead. VPC



*(Photo: CONTRIBUTED PHOTO/PORT HUENEME POLICE DEPARTMENT)*

With opioid deaths on the rise in Ventura County, patrol officers are encountering more overdose victims and risking contact with potentially deadly substances.

Now, several law enforcement agencies have equipped personnel with a seemingly humble new tool that could save lives: nasal spray.

Called Narcan, the spray version of the medication naloxone can reverse opioid overdoses without a syringe. The spray comes in plastic dispensers similar to over-the-counter cold remedies. Opioids include prescription painkillers and illegal drugs such as heroin.

Narcan kits in patrol vehicles can save lives not only of overdose victims, officials say, but also fellow officers accidentally exposed to narcotics. Even police dogs could be rescued by the spray.

Although paramedics and firefighters carry similar medication, police officers often arrive on an emergency scene before medical crews. Minutes and even seconds can make a difference in an

overdose outcome, officials say. Initial treatment by an officer would typically be taken over by medical personnel when paramedics arrive.



**Port Hueneme Police Department patrol vehicles were recently stocked with emergency kits for opioid overdoses. A growing number of local law enforcement agencies now carry such kits in the field. (Photo: CONTRIBUTED PHOTO/PORT HUENEME POLICE DEPARTMENT)**

Currently, police departments in Oxnard, Port Hueneme and Simi Valley have equipped some or all officers with Narcan. Some specialized Ventura County Sheriff's Office units also carry kits, and the Ventura County Probation Agency is scheduled to start training next month.

Port Hueneme Police Chief Andrew Salinas said he was made aware of the program last year during a meeting with the Ventura County Behavioral Health Department.

"I was all in," Salinas said. "With opioid overdoses on the rise, we are doing our part to help change this trend."

All of his department's 22 officers recently went through the required two-hour training session.

"We picked up our kits last week, and we are now fully deployed with this new tool that saves lives," Salinas said Monday.

The Simi Valley Police Department completed training in May and got kits into vehicles June 1, according to Cmdr. Ritchie Lew. So far, none of the 65 kits have been deployed in the field.

Kits have been used in Oxnard. At least five overdose victims have been treated since the Oxnard Police Department got 115 units in January, officials said. Sgt. Neail Holland said the medication has certainly saved lives.



**A police officer in Nashville, Tenn., with a Narcan spray bottle. (Photo: Andrew Nelles / The Tennessean)**

Thirty-six kits have been issued to the Ventura County Sheriff's Office, which has deployed them selectively in outlying areas.

All deputies at the sheriff's remote Lockwood Valley station in the Los Padres National Forest went through training, said Capt. Don Aguilar, who coordinates the sheriff's Narcan program. The strategy, he said, was to choose areas where deputies were most likely to arrive ahead of emergency medical crews.

Narcotics detectives and K-9 officers with potential to handle powerful opioids have also undergone training, Aguilar said, as have scientists in the crime lab, property room technicians and mail room clerks at the jail.

"We're looking at the highest potential for people to become exposed," he said.

Of special concern is the drug fentanyl, a synthetic opioid 50 to 100 times more powerful than morphine, according to the U.S. Centers for Disease Control. Fentanyl is a prescription drug but is also manufactured illegally, sometimes mixed with heroin or cocaine.

Last month, two undercover Alameda County Sheriff's Department investigators were exposed to airborne fentanyl while raiding a motel room in Hayward. One detective passed out and stopped breathing. A sergeant administered two doses of Narcan before his colleague was revived.

"If it was not for Narcan, one of our detectives would have died from a suspected fentanyl exposure," the agency tweeted in late June. "A sergeant was also exposed and became very ill."

From the California Department of Public Health and its Opioid Overdose Surveillance Dashboard, here are some numbers on the state's opioid problem. Steve Byerly

During an incident in Thousand Oaks last month, local sheriff's officials discovered a manufacturing lab in an apartment complex where the suspect reportedly had concentrated samples of fentanyl on site. A specialized team from Los Angeles that dismantles drug labs had to clear the scene in hazardous-materials suits.

"It's such a dangerous thing. It's the only job they do," said Ventura County Sheriff's Office Detective Stephen Egnatchik, who worked the Thousand Oaks incident.

Ventura County saw 92 opioid deaths in 2017, up from 55 in 2016, according to county figures, an uptick that mirrors what has been called a national epidemic.

County officials began tracking opioid and heroin data in 2012 before convening a work group in 2014 that included meeting with local law enforcement agencies, said Loretta Denering, chief of alcohol and drug programs for the Ventura County Health Care Agency's Behavioral Health Department.

"Ventura County has been very proactive as far as recognizing the extent of how the opioid crisis hit locally," Denering said.


The meetings ultimately led to the program now in place. Narcan spray became available in 2016, making the prospect of carrying the drug in patrol vehicles more manageable. Grants so far have covered the cost of the kits for the law enforcement agencies, officials said.

Narcan has no known adverse effects if given to someone who is not actually overdosing and is said to have no potential for abuse, authorities say. The medication is only effective with opioid overdoses.

Officer training includes a classroom lecture, a written exam and a skills demonstration on a mannequin, said Chris Rosa, deputy administrator of the county's Emergency Medical Services Agency.

Qualified community members can also get Narcan kits, said Kim O'Neil, executive director of Project SAFER, a nonprofit group that has been involved in the county's Narcan program. About 2,289 kits have been provided to community members since 2014, she said, with about 337 "saves" from deployments during an overdose.

Interested residents can get more information on Narcan kits by calling the Opiate Overdose and Prevention Project at 805-667-6663.



**VENTURA COUNTY  
BEHAVIORAL HEALTH**  
A Department of Ventura County Healthcare Agency

# BHAB BUDGET REPORT

*FY18 Year-end Projections*

**Leisa Donovan**  
Sr Manager, Accounting  
July 2018

**BEHAVIORAL HEALTH FY 2017-18  
YEAR END PROJECTION  
as of AP09**

**TERMS**

**EXPENSE** = Cost to provide services  
= Amount we spend

**APPROPRIATION** = Amount we are authorized to spend


**REVENUE** = Income  
= Amount we expect to receive for services

**NET COUNTY COST** = Expense minus Revenue  
= Amount of County general fund needed to help cover the cost of services

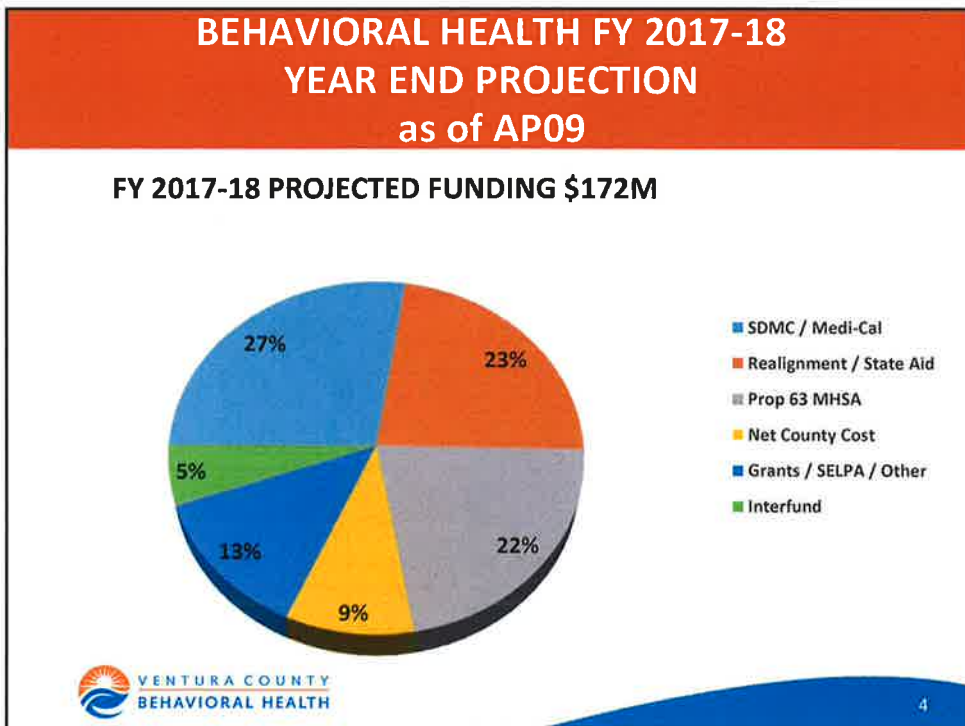
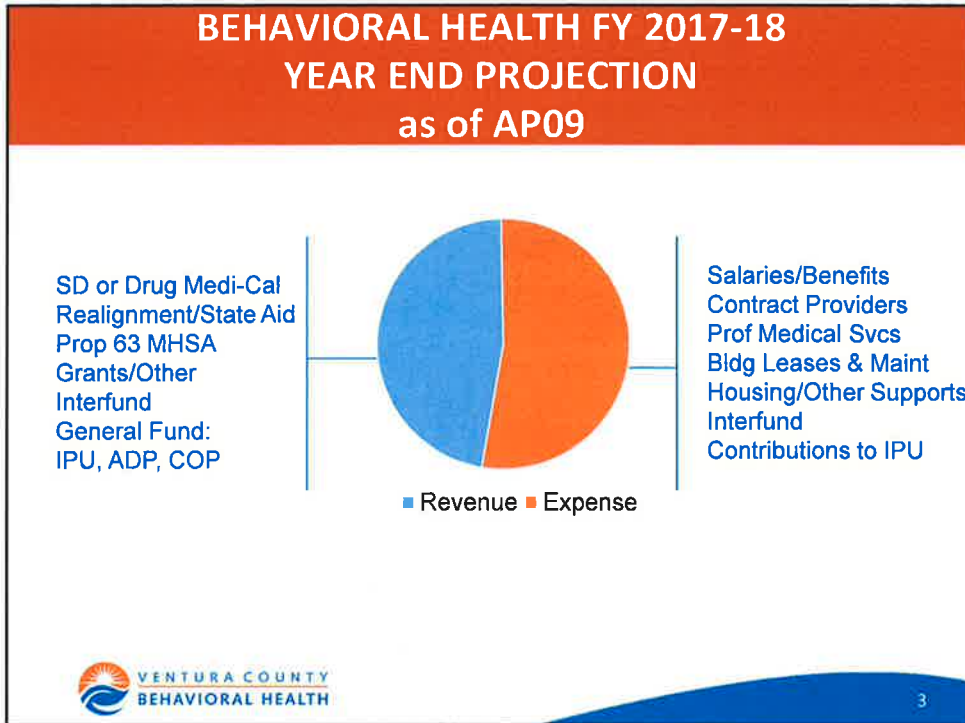
**ADJUSTED BUDGET** = Adopted Budget + Additional Appropriations approved by the Board of Supervisors + Purchase Order Rollovers

**FY 2017-18** = Fiscal Year = July 1, 2017 thru June 30, 2018

**AP09** = Accounting Period 9 = July 2017 thru Mar 2018




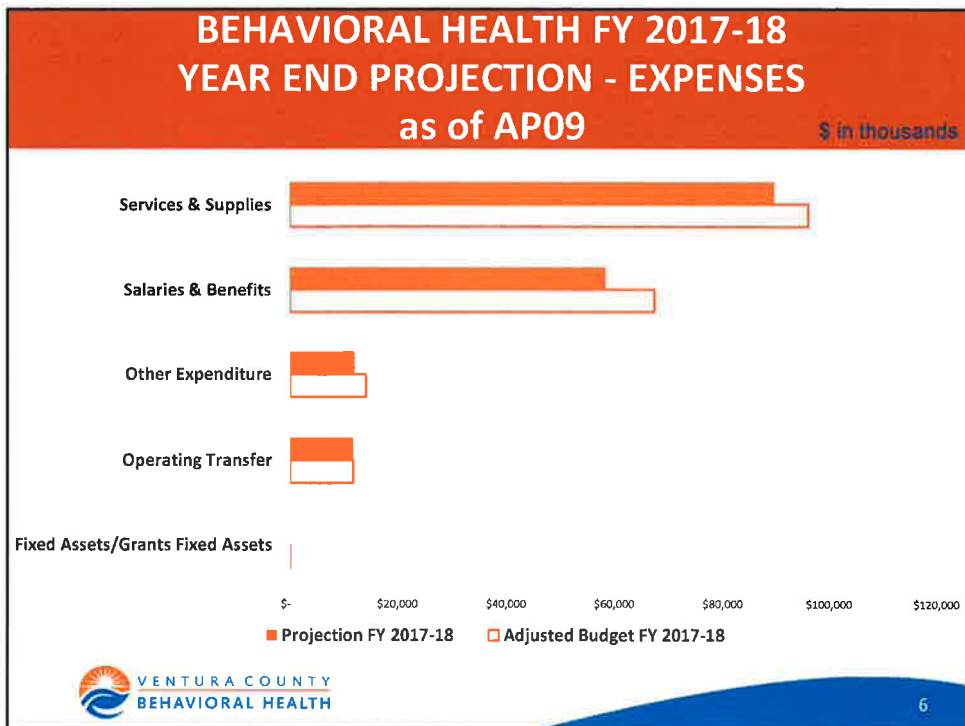
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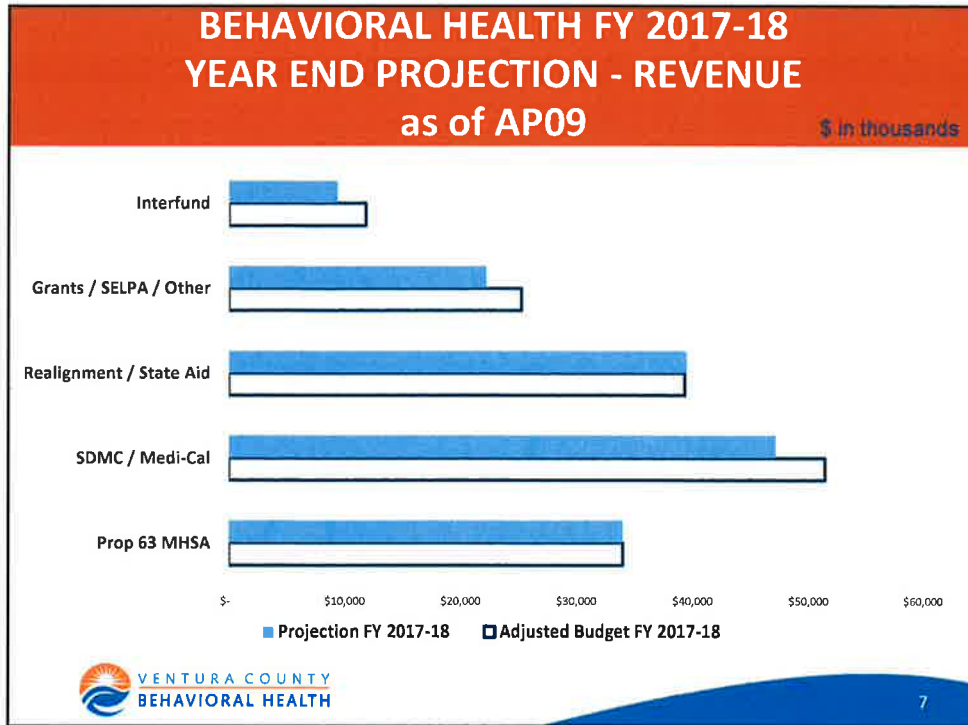


### REV/EXP BY SERVICE TYPE Year End Projection as of AP09 \$ in thousands

	Mental Health	ADP	DUI	Total BHD	Adjusted Budget	Variance fav (unfav)
Revenue	\$ 130,106	\$ 18,427	\$ 3,657	\$ 152,190	\$ 161,773	\$ (9,582)
Expense	\$ 148,595	\$ 19,761	\$ 3,719	\$ 172,076	\$ 189,330	\$ 17,254
Net County Cost (Surplus)	\$ 14,717	\$ 1,335	\$ 62	\$ 16,114	\$ 15,900	\$ (214)
Use of MHSAs Unspent Funds	\$ 3,772			\$ 3,772	\$ 11,658	\$ 7,886


5





### MENTAL HEALTH REV/EXP Year End Projection as of AP09 \$ in thousands

Mental Health Revenue	Adjusted Budget	AP09 Projection	Variance fav (unfav)
CalWORKS / HSA	\$ 1,141	\$ 1,147	\$ 7
SDMC / Medi-Cal	\$ 42,252	\$ 39,717	\$ (2,535)
Realignment / State Aid	\$ 33,431	\$ 33,827	\$ 396
Prop 63 - MHSA	\$ 34,000	\$ 34,000	
Grants / SELPA / Other	\$ 12,857	\$ 12,057	\$ (800)
Interfund	\$ 11,794	\$ 9,358	\$ (2,437)
<b>Mental Health Projected Revenue</b>	<b>\$ 135,475</b>	<b>\$ 130,106</b>	<b>\$ (5,369)</b>
<b>Mental Health Expenditures</b>			
Salaries & Benefits	\$ 55,909	\$ 49,195	\$ 6,715
Services & Supplies	\$ 80,195	\$ 75,811	\$ 4,384
Other Expenditure	\$ 13,982	\$ 11,960	\$ 2,022
Fixed Assets/Grants Fixed Assets	\$ 145	\$ 10	\$ 135
Operating Transfer	\$ 11,620	\$ 11,620	\$ -
<b>Mental Health Projected Expenditures</b>	<b>\$ 161,851</b>	<b>\$ 148,595</b>	<b>\$ 13,255</b>
MHSA Unspent Funds - Reduce (Add)	\$ 11,658	\$ 3,772	\$ 7,886
<b>Projected Net County - Cost (Surplus)</b>	<b>\$ 14,717</b>	<b>\$ 14,717</b>	<b>\$ 0</b>

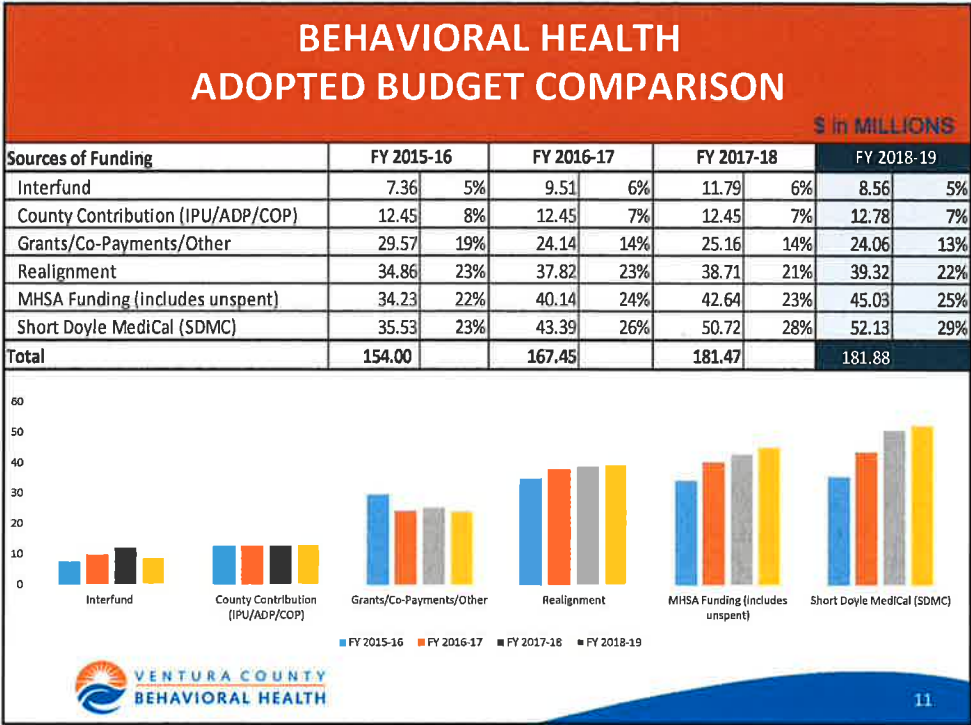
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<b>ADP REV/EXP</b>			
<b>Year End Projection as of AP09</b>			
<i>\$ in thousands</i>			
	<b>Adjusted Budget</b>	<b>AP09 Projection</b>	<b>Variance fav (unfav)</b>
<b>ADP Revenue</b>			
CalWORKS	\$ 229	\$ 232	\$ 3
DMC / Medi-Cal	\$ 9,166	\$ 7,444	\$ (1,723)
Realignment / State Aid	\$ 5,577	\$ 5,382	\$ (195)
Grants / SELPA / Other	\$ 6,233	\$ 5,369	\$ (864)
Interfund	\$ -	\$ -	\$ -
<b>ADP Projected Revenue</b>	<b>\$ 21,206</b>	<b>\$ 18,427</b>	<b>\$ (2,779)</b>
<b>ADP Expenditures</b>			
Salaries & Benefits	\$ 7,322	\$ 6,381	\$ 941
Services & Supplies	\$ 15,004	\$ 13,380	\$ 1,624
Other Expenditure	\$ -	\$ -	\$ -
Fixed Assets/Grants Fixed Assets	\$ -	\$ -	\$ -
Operating Transfer	\$ -	\$ -	\$ -
<b>ADP Projected Expenditures</b>	<b>\$ 22,326</b>	<b>\$ 19,761</b>	<b>\$ 2,565</b>
<b>Projected Net County - Cost (Surplus)</b>	<b>\$ 1,121</b>	<b>\$ 1,335</b>	<b>\$ (214)</b>



<b>DUI REV/EXP</b>			
<b>Year End Projection as of AP09</b>			
<i>\$ in thousands</i>			
	<b>Adjusted Budget</b>	<b>AP09 Projection</b>	<b>Variance fav (unfav)</b>
<b>DUI Revenue</b>			
CalWORKS	\$ 82	\$ 35	\$ (47)
DMC / Medi-Cal	\$ -	\$ -	\$ -
Realignment / State Aid	\$ -	\$ -	\$ -
Grants / SELPA / Other	\$ 5,010	\$ 3,623	\$ (1,387)
Interfund	\$ -	\$ -	\$ -
<b>DUI Projected Revenue</b>	<b>\$ 5,092</b>	<b>\$ 3,657</b>	<b>\$ (1,434)</b>
<b>DUI Expenditures</b>			
Salaries & Benefits	\$ 4,221	\$ 2,965	\$ 1,256
Services & Supplies	\$ 932	\$ 754	\$ 178
Other Expenditure	\$ -	\$ -	\$ -
Fixed Assets/Grants Fixed Assets	\$ -	\$ -	\$ -
Operating Transfer	\$ -	\$ -	\$ -
<b>DUI Projected Expenditures</b>	<b>\$ 5,153</b>	<b>\$ 3,719</b>	<b>\$ 1,434</b>
<b>Projected Net County - Cost (Surplus)</b>	<b>\$ 62</b>	<b>\$ 62</b>	<b>\$ (0)</b>





**BHAB Legislative Subcommittee**  
**July 2018**  
**Report on California Assembly Bill 1810**

*AB 1810 was passed by both houses and signed into law by Gov. Brown on June 27, 2018.*

*This is a comparison as to how this newly enacted law would be different than the current Mental Health Court in Ventura County.*

*Our current Mental Health Court is a "post-conviction probation court" or "sentencing probation court." The defendant must first plead guilty (or found guilty at trial), and his/her jail sentence is stayed until he/she completes the mental health, 18-month probation program. If the defendant does not complete or violates probation, the jail sentence is reinstated. Note that the DA has the final say as to whether the defendant is eligible, usually for nonviolent, misdemeanor charges. If the defendant does graduate from the program, the conviction still stands.*

*The new law provides the capability of a pre-trial/pre-pleading diversion program. If the defendant completes the mental health program, no charges are ever filed and there is no conviction. If the defendant does not complete the program, then he/she must plead, and the criminal proceedings resume.*

**AB 1810, paragraph 15**

Existing law authorizes a county to establish a pretrial diversion program for defendants who have been charged with a misdemeanor offense, with certain exceptions. Existing law also authorizes other diversion programs, including for defendants with cognitive developmental disabilities, defendants in nonviolent drug cases, defendants suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of their military service, and persons issued notices to appear for traffic violations, among others.

This bill would establish a procedure of diversion for defendants with mental disorders through which the court would be authorized to grant pretrial diversion, for a period no longer than 2 years, to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. The bill would condition eligibility on, among other criteria, a court finding that the defendant's mental disorder played a significant role in the commission of the charged offense. The bill would authorize a referral for mental health treatment to be made to a county mental health agency, existing collaborative courts, or assisted outpatient treatment only if that entity has agreed to accept responsibility for the treatment of the defendant, as specified.

The bill would, among other things, require the court, after notice to the defendant, defense counsel, and the prosecution, to hold a hearing to determine whether the criminal proceedings should be reinstated, whether the treatment program should be modified, or whether the defendant should be conserved and referred to the conservatorship investigator, if the defendant is charged with, or is engaged in, certain criminal offenses, if the defendant is performing unsatisfactorily in diversion, or if the defendant is gravely disabled, as defined.

If the defendant has performed satisfactorily in diversion, the bill would require the court to dismiss the defendant's criminal charges, with a record filed with the Department of Justice indicating the disposition of the case diverted, and the arrest deemed never to have occurred, and would require the court to order access to the record of the arrest restricted, except as specified.

By increasing the duties of local officials relating to diversion and the sealing of arrest records, this bill would impose a state-mandated local program.

The bill would also authorize the State Department of State Hospitals, subject to appropriation by the Legislature, to solicit proposals from, and to contract with, a county to help fund the development or expansion of the above-described pretrial diversion for individuals with serious mental disorders who may otherwise be found incompetent to stand trial and committed to the department for restoration of competency. The bill would require participants to meet specified criteria, including, among others, that they suffer from certain mental disorders and have felony charges, and that there is a significant relationship between the serious mental disorders and the charged offense or between the individual's conditions of homelessness and the charged offense.

The bill would set forth various requirements for a county submitting a proposal for funding, including, among others, demonstrating a specified match of county funds and reporting certain program data and outcomes to the department. The bill would require the department, when evaluating a proposal, to take certain factors into consideration, and in consultation with the Council on Criminal Justice and Behavioral Health, as specified. The bill would require that patient information and certain personal identifying information reported to the department be confidential and not open to public inspection.

## **Penal Code Sections Added -- CHAPTER 2.8A. Diversion of Individuals with Mental Disorders**

**1001.35.** The purpose of this chapter is to promote all of the following:

(a) Increased diversion of individuals with mental disorders to mitigate the individuals' entry and reentry into the criminal justice system while protecting public safety.

(b) Allowing local discretion and flexibility for counties in the development and implementation of diversion for individuals with mental disorders across a continuum of care settings.

(c) Providing diversion that meets the unique mental health treatment and support needs of individuals with mental disorders.

**1001.36.** (a) On an accusatory pleading alleging the commission of a misdemeanor or felony offense, the court may, after considering the positions of the defense and prosecution, grant pretrial diversion to a defendant pursuant to this section if the defendant meets all of the requirements specified in subdivision (b).

(b) Pretrial diversion may be granted pursuant to this section if all of the following criteria are met:

(1) The court is satisfied that the defendant suffers from a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, but not limited to, bipolar disorder, schizophrenia, schizoaffective disorder, or post-traumatic stress disorder, but excluding antisocial personality disorder, borderline personality disorder, and pedophilia. Evidence of the defendant's mental disorder shall be provided by the defense and shall include a recent diagnosis by a qualified mental health expert. In opining that a defendant suffers from a qualifying disorder, the qualified mental health expert may rely on an examination of the defendant, the defendant's medical records, arrest reports, or any other relevant evidence.

(2) The court is satisfied that the defendant's mental disorder played a significant role in the commission of the charged offense. A court may conclude that a defendant's mental disorder played a significant role in the commission of the charged offense if, after reviewing any relevant and credible evidence, including, but not limited to, police reports, preliminary hearing transcripts, witness statements, statements by the defendant's mental health treatment provider, medical records, records or reports by qualified medical experts, or

evidence that the defendant displayed symptoms consistent with the relevant mental disorder at or near the time of the offense, the court concludes that the defendant's mental disorder substantially contributed to the defendant's involvement in the commission of the offense.

(3) In the opinion of a qualified mental health expert, the defendant's symptoms motivating the criminal behavior would respond to mental health treatment.

(4) The defendant consents to diversion and waives his or her right to a speedy trial, unless a defendant has been found to be an appropriate candidate for diversion in lieu of commitment pursuant to clause (iv) of subparagraph (B) paragraph (1) of subdivision (a) of Section 1370 and, as a result of his or her mental incompetence, cannot consent to diversion or give a knowing and intelligent waiver of his or her right to a speedy trial.

(5) The defendant agrees to comply with treatment as a condition of diversion.

(6) The court is satisfied that the defendant will not pose an unreasonable risk of danger to public safety, as defined in Section 1170.18, if treated in the community. The court may consider the opinions of the district attorney, the defense, or a qualified mental health expert, and may consider the defendant's violence and criminal history, the current charged offense, and any other factors that the court deems appropriate.

(c) As used in this chapter, "pretrial diversion" means the postponement of prosecution, either temporarily or permanently, at any point in the judicial process from the point at which the accused is charged until adjudication, to allow the defendant to undergo mental health treatment, subject to all of the following:

(1) (A) The court is satisfied that the recommended inpatient or outpatient program of mental health treatment will meet the specialized mental health treatment needs of the defendant.

(B) The defendant may be referred to a program of mental health treatment utilizing existing inpatient or outpatient mental health resources. Before approving a proposed treatment program, the court shall consider the request of the defense, the request of the prosecution, the needs of the defendant, and the interests of the community. The treatment may be procured using private or public funds, and a referral may be made to a county mental health agency, existing collaborative courts, or assisted outpatient treatment only if that entity has agreed to accept responsibility for the treatment of the defendant, and mental health services are provided only to the extent that resources are available and the defendant is eligible for those services.

(2) The provider of the mental health treatment program in which the defendant has been placed shall provide regular reports to the court, the defense, and the prosecutor on the defendant's progress in treatment.

(3) The period during which criminal proceedings against the defendant may be diverted shall be no longer than two years.

(d) If any of the following circumstances exists, the court shall, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine whether the criminal proceedings should be reinstated, whether the treatment should be modified, or whether the defendant should be conserved and referred to the conservatorship investigator of the county of commitment to initiate conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code:

(1) The defendant is charged with an additional misdemeanor allegedly committed during the pretrial diversion and that reflects the defendant's propensity for violence.

(2) The defendant is charged with an additional felony allegedly committed during the pretrial diversion.

(3) The defendant is engaged in criminal conduct rendering him or her unsuitable for diversion.

(4) Based on the opinion of a qualified mental health expert whom the court may deem appropriate, either of the following circumstances exists:

(A) The defendant is performing unsatisfactorily in the assigned program.

(B) The defendant is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code. A defendant shall only be conserved and referred to the conservatorship investigator pursuant to this finding.

(e) If the defendant has performed satisfactorily in diversion, at the end of the period of diversion, the court shall dismiss the defendant's criminal charges that were the subject of the criminal proceedings at the time of the initial diversion. A court may conclude that the defendant has performed satisfactorily if the defendant has substantially complied with the requirements of diversion, has avoided significant new violations of law unrelated to the defendant's mental health condition, and has a plan in place for long-term mental health care. If the court dismisses the charges, the clerk of the court shall file a record with the Department of Justice indicating the disposition of the case diverted pursuant to this section. Upon successful completion of diversion, if the court dismisses the charges, the arrest upon which the diversion was based shall be deemed never to have occurred, and the court shall order access to the record of the arrest restricted in accordance with Section 1001.9, except as specified in subdivisions (g) and (h). The defendant who successfully completes diversion may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or diverted for the offense, except as specified in subdivision (g).

(f) A record pertaining to an arrest resulting in successful completion of diversion, or any record generated as a result of the defendant's application for or participation in diversion, shall not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate.

(g) The defendant shall be advised that, regardless of his or her completion of diversion, both of the following apply:

(1) The arrest upon which the diversion was based may be disclosed by the Department of Justice to any peace officer application request and that, notwithstanding subdivision (f), this section does not relieve the defendant of the obligation to disclose the arrest in response to any direct question contained in any questionnaire or application for a position as a peace officer, as defined in Section 830.

(2) An order to seal records pertaining to an arrest made pursuant to this section has no effect on a criminal justice agency's ability to access and use those sealed records and information regarding sealed arrests, as described in Section 851.92.

(h) A finding that the defendant suffers from a mental disorder, any progress reports concerning the defendant's treatment, or any other records related to a mental disorder that were created as a result of participation in, or completion of, diversion pursuant to this section or for use at a hearing on the defendant's eligibility for diversion under this section may not be used in any other proceeding without the defendant's consent, unless that information is relevant evidence that is admissible under the standards described in paragraph (2) of subdivision (f) of Section 28 of Article I of the California Constitution. However, when determining whether to exercise its discretion to grant diversion under this section, a court may consider previous records of participation in diversion under this section.

(i) The county agency administering the diversion, the defendant's mental health treatment providers, the public guardian or conservator, and the court shall, to the extent not prohibited by federal law, have access to the defendant's medical and psychological records, including progress reports, during the defendant's time in diversion, as needed, for the purpose of providing care and treatment and monitoring treatment for diversion or conservatorship.

## BHAB General Meeting of July 16, 2018

### Ventura County Mental Health Court (Collaborative Multi-Agency Agreement)

Our current Mental Health Court is a "**post-conviction** probation court" or "sentencing probation court" for defendants who suffer from mental illness. The defendants must plead guilty to the charges (or found guilty at trial), and their jail sentences are stayed until they complete the mental health **formal probation** program. If the defendants violate their probation requirements, they may be subject to sanctions, remanded, or terminated from the program and their jail sentences are reinstated. However, even if the defendants do graduate from the program, their convictions still stand.

*(Note that the DA has the discretion as to whether the defendant's charge is eligible for mental health court. Charges that are generally eligible are misdemeanor or low-level/non-violent felony charges and no DUI's. Thereafter, Behavioral Health determines whether the defendant is suitable for the mental health program. If all the agencies do not agree on suitability, the Court will decide if defendant is admitted.)*

### New Diversion Law - Penal Code § 1001.36:

Under the new law, the court may grant a **pre-trial/pre-pleading** diversion to the defendant, who suffers from mental illness, who has been charged with a **misdemeanor** or **felony** offense. Thus, if the defendant completes the mental health treatment plan as required by the diversion, it is as if the charges have never been filed, and, of course, there's no conviction. If the defendant does not complete the treatment plan, then the criminal proceedings resume. (Note that the criminal proceedings against defendant shall not be diverted longer than *two years*.)

The judge has the discretion to grant diversion if all of the following criteria are met:

- Defendant suffers from a mental disorder as defined in the most current DSM (e.g. schizophrenia, bipolar, schizoaffective disorder, and PTSD).
  - (Excludes antisocial personality, pedophilia, and borderline personality);
- The mental disorder played a significant role in the commission of the charge;
- Symptoms that motivated the criminal behavior would respond to mental health treatment;
- Defendant waives his/her right to a speedy trial and agrees to comply with the treatment as a condition of diversion; and
- Defendant is not an unreasonable risk of danger to public safety if treated in the community.

### Treatment Plan:

- The treatment plan is approved upon the discretion of the judge and whether the mental health entity providing the treatment has agreed to accept responsibility and provide regular reports to the court, defense, and the prosecutor on the defendant's progress. The treatment may be either:
  - Inpatient/outpatient facility
  - Private or public Funds
  - Referral to county mental health agency or AOT

## INTRODUCTION AND SUMMARY

for discussion at the BHAB General Meeting of July 16, 2018

- All levels of government within the United States and all people within this nation must demonstrate their concern for the safety and protection of children within their homes, their communities and their schools. It is unfathomable to accept mass shootings and active shooter situations as the new norm within our schools. Safety with respect to the protection from mass shootings must also be a concern for transitional age youth, adults and older adults as well. It is imperative that the sanctity of human life be a high priority concern for everyone in this nation. No child should ever have to go to school fearful of being murdered by an active shooter in the classroom. Nor should any parent send their children to school fearing that every morning they say good-bye to their children as they leave to go to school may be the last time they see their children alive. This is not only a mental health issue, but it has also become a public health matter. We as a people can do better than this.
- It has been predicted that the older adult population in California is expected to surge, being referred to as the “silver tsunami”. The Ventura County Behavior Health Department and Human Services Agency must intensify their planning efforts to address the needs of individuals age 60+ that are forecast to increase by 73 percent in Ventura County by 2030 as compared to 2010. Specific emphasis should be placed on the behavioral health needs of this growing population including addressing the need for providing inpatient psychiatric beds in Ventura County.
- The prevailing treatment philosophy for individuals with substance use disorders is to require those seeking care to recognize that they have a problem and seek care on their own volition. In light of the opioid and heroin epidemics being experienced in our communities, that philosophy needs to change if progress in effectively addressing these behavioral health and healthcare issues can be achieved. Serious outreach and engagement programs must be set in place if progress is to be achieved. VCBH Alcohol and Drug Programs must look at ways to accomplish this. Without an enhanced effective outreach and engagement program aimed at individuals with substance use disorders not willing to accept treatment, we can only expect the epidemic to remain static or increase.

# Ventura County Behavioral Health Advisory Board

Finalized at the General meeting of June 18, 2018

## VISION

A society where equity exists in the provision and funding for behavioral health services. Mental wellness is achieved by Ventura County Behavioral Health's commitment to ensure that every client receives appropriate housing, whole person care which includes, but is not limited to, behavioral health services, a primary care physician, preventive and dental care, and the elimination of the stigma that surrounds Behavioral Health clients.

## MISSION

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

## OBJECTIVES FOR FY 2018-19

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for increased services to the older adult population.
3. Identify opportunities for cannabis education and awareness.
4. Identify strategies, including advocacy, to address gaps in services for the Transitional Age Youth (TAY) population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.
5. Advocate for the availability of psychiatric hospital beds in the county for the pediatric population.

## MEMORANDUM

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DATE: July 12, 2018  
TO: Behavioral Health Advisory Board  
FROM: Contracts Administration  
SUBJECT: Board of Supervisors Agenda

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### Executive Summary

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

#### Board Agenda – July 17, 2018

##### **1. FY 2018-19 SELPA, Three Positions.**

*This item is requesting 3.0 new regular for the Educationally Related Social Emotional Services (ERSES) program.*

On June 30, 2011, Assembly Bill No. 114 was signed into law. AB 114 ended the state mandate on county mental health agencies to fund mental health services to students with disabilities. These services were provided to special education students via the Individualized Education Plan (IEP) process and included, among others, individual or small group counseling, collateral services, medication monitoring, case management and residential care. School districts are now solely responsible for funding special education and related services needed to address social, emotional, and behavioral needs, in accordance with the Individuals with Disabilities Education Act (IDEA).

Ventura County Office of Education/Ventura County Special Education Local Plan Area (VCOE/SELPA) has contracted with VCBH to provide special education related mental health services. VCBH invoices VCOE/SELPA for costs not covered by SD/MC FFP and 2011 Realignment funds. The services may include, but are not limited to, assessments, individual therapy, group therapy, collateral services, case management, day rehabilitation, residential placement, and other mental health services.

During the seven years since the inception of Intensive Social/Emotional Services (ISES), now referred to as Educationally Related Social Emotional Services (ERSES), the collective goal of VCOE/SELPA and VCBH has been to maintain children in their homes and in the county as opposed to in out-of-county or out-of-state

placements. Although VCBH is not responsible for making out-of-home / out-of-county placements, nor is it financially responsible, it is proud of its success in this commitment, reducing placements from a high of nearly 100 to a current census of 28. This greatly reduces VCOE/SELPA's cost associated with residential placement and, most importantly, keeps children in their homes. On September 12, 2017, your Board approved an agreement between VCBH and VCOE/SELPA, effective July 1, 2017 through June 30, 2018, for ERSSES services, with an option to extend the agreement for up to two years. This agreement was administratively extended for FY 2018-19.

On February 6, 2018, your Board approved the addition of 3.0 regular positions for the provision of ERSSES under the MOU between VCBH and VCOE/SELPA. The need for such services continues to grow and VCBH recommends approval of 3.0 additional regular positions for the ERSSES program with anticipated potential deployment to the following regions of Ventura County based on projected caseload and need:

Region	Position	FTE
Oxnard (North)	Behavioral Health Clinician III	1.0
Oxnard (South)	Behavioral Health Clinician III	2.0
<b>Total FTE</b>		<b>3.0</b>

Currently, 56 clinical staff are providing services at approximately 120 schools throughout the county. The number of identified children requiring school-based mental health services continues to increase in Oxnard. The average ratio of cases per clinician in Oxnard is 21:1. VCOE/SELPA is requesting a caseload ratio of 15:1, which is the recommended standard. In FY 2017-18, VCBH clinicians provided services to 1,115 youth, an increase of 4% from FY 2016-17. VCOE/SELPA has requested and supports additional VCBH resources for ERSSES. VCBH and VCOE/SELPA will collectively monitor caseloads to ensure that new resources are appropriately assigned to areas in need.

**2. Agreement with Kids & Families Together (Kids & Families) for Early and Periodic Screening, Diagnostic and Treatment (EPSDT).**

*This item is requesting approval to sign the agreement with Kids & Families Together (Kids & Families) for EPSDT specialty mental health services at the Therapeutic Visitation Center.*

Under the proposed agreement, Kids & Families will provide EPSDT specialty mental health services to a specific group of children and their families who have been referred to the Therapeutic Visitation Center (TVC) at Kids & Families. Referrals are made through the Human Services Agency, Children & Family Services division for families that have court-ordered supervised visitation with the goal of family reunification. EPSDT is a children's health component of Medicaid, a federally-mandated program. States are required to provide Medi-Cal recipients under the age of 21 any health or mental health service that is deemed "medically necessary." Services provided may include: individual, group, family therapy, and case management. This agreement is funded by SD/MC FFP and HSA Wraparound Trust funds.

VCBH is proposing approval of, and authorization for the VCBH Director or designee to sign, the agreement with Kids & Families for EPSDT specialty mental health services, in the amount of \$181,674, effective July 1, 2018 through June 30, 2019.

### **3. FY 2018-19 K & M Enterprises Agreement and Meditech Health Services Amendment.**

*This item is requesting approval to sign FY 2018-19 agreement with K & M Enterprises for Grant Development and Meditech Health Service FY 2018-19 Amendment for Temporary staffing.*

#### **RECOMMENDATION #1:**

*K & M Enterprises* provides grant development and writing services to VCBH including responding to grant requests for funding available through various state and federal agencies. *K & M Enterprises* has been instrumental in assisting VCBH in acquiring various grants over the past several years. Most recently, *K & M Enterprises* assisted VCBH in obtaining a \$4,000,000 Substance Abuse and Mental Health Services (SAMHSA) Assisted Outpatient Treatment (AOT) grant, a \$7,573,671 Triage Personnel Grant, and a \$2,486,224 expanded triage personnel grant. Having the proposed *K & M Enterprises* agreement in place will allow VCBH to respond to grant requests that require a quick turnaround. The agreement amount is calculated to cover the average cost of responding to one grant proposal and can be adjusted during the year if other grants are available. During FY 2017-18, VCBH used *K & M Enterprises* to respond to two grants –the Triage Personnel Grant and the Opioid Abuse Site-Based Program – requiring a \$35,000 increase to the FY 17-18 agreement. The total award for the two grants was over \$3,400,000. There is no change to the service rate from the previous year. And because *K&M Enterprises* has other contracts with the County which exceed \$100,000 when combined with this agreement, VCBH is presenting the contract to your board. This contract will be funded with 1991 Realignment funds.

VCBH recommends approval of, and authorization for the VCBH Director or designee to sign, the agreement for grant development and writing services with *K & M Enterprises*, in the amount of \$24,000, effective July 18, 2018 through June 30, 2019.

#### **RECOMMENDATION #2:**

*Meditech* provides certified and/or licensed temporary staff to help fill vacant positions due to the difficulty in recruiting qualified and appropriately certified and/or licensed staff. VCBH's vacancy rate ranges between 9% and 17%. VCBH utilizes temporary staff to provide services to clients. *Meditech* helps VCBH maintain continuous services until permanent VCBH staff can be hired and a variety of temporary staff from *Meditech* including registered nurses, mental health associates, and licensed marriage and family therapists.

The proposed Second Amendment with *Meditech* will extend the term of the agreement through FY 2018-19 to fund VCBH's temporary staffing needs. The Second Amendment also revises the rate schedule set forth in the contract adding a Psychiatric Technician (Crisis LVN/LPT) position at the rate of \$45.00 per hour and adds standard contract language updates made to VCBH contract templates in FY 2017-18.

VCBH recommends approval of, and authorization for the VCBH Director or designee to sign, the Second Amendment to the agreement for medical personnel staffing and recruiting services with Meditech, decreasing the amount from \$515,308 to \$400,000, (a decrease of \$115,308, effective July 1, 2018 through June 30, 2019).

**4. FY 2018-19 Three Month Extension for Mental Health Services with Telecare Corporation ANKA Behavioral Health, ASC Treatment Group, and Turning Point Foundation.**

*This item is requesting approval to extend contracts for three months July 1, 2018 to September 30, 2018 with Telecare Corporation (Telecare), ANKA Behavioral Health (ANKA), ASC Treatment Group (ASC), and Turning Point Foundation (Turning Point) until contract negotiations are complete.*

**RECOMMENDATIONS #1 and #2:**

Telecare operates and manages the following four mental health residential treatment facilities (“Casas”) through four separate agreements with VCBH: (1) Casa B – Brighter Tomorrows, (2) Casa C – House of Transitions, (3) Casa D – Starship (4) and Casa E -Stonehenge. These Casas are located at the Casa de Esperanza facility in Camarillo. Casas B, C, and D are long-term social rehabilitation facilities that each have 15 beds. The duration of the program offered at the Casas is approximately 12 months. Services are delivered in a home-like, nurturing environment to facilitate consumers’ growth and recovery. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. Structured day and evening services are also provided to assist consumers in acquiring daily living skills, accessing community resources, and accessing educational/vocational resources. Mental health services are provided by VCBH.

Only the agreements for Casas B and D are being amended in this Board Letter. The proposed amendments will extend the term of the Casa B and D agreements for three months to allow VCBH time to evaluate Telecare’s request to increase the amount of its contracts in FY 2018-19. The proposed amendment amounts are based upon a three-month pro rata share of Telecare’s 2017-18 contracts for Casas B and D. These agreements are funded with County Funds/Realignment, SD/MC FFP, and MHSA funding.

VCBH recommends approval of, and authorization for the VCBH Director or designee to sign, the amendments to the agreements for social rehabilitation services at Casas B and D with Telecare, extending the term of each agreement for three months, in the amount of \$196,983 and \$198,805, respectively, effective July 1, 2018 through September 30, 2018.

**RECOMMENDATIONS #3 and #4:**

Anka operates a CRT facility located in Ventura. The CRT facility provides a short-term voluntary program for up to 15 adults experiencing increased psychiatric symptoms or a behavioral health crisis. The CRT’s services are used by clients to avoid acute hospitalization or to assist clients in stepping down from an acute hospital stay. Treatment services include psychiatric care and medication management, individual and group therapy, life and coping skills training, peer support, substance abuse relapse prevention services, and recreational group activities. Services are designed to achieve psychiatric stabilization and community reintegration.

Anka also provides mental health treatment services at an MHRC in Camarillo. The MHRC program is designed to assist persons with severe and persistent mental illness in transitioning to independent or supported-living arrangements. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological, and spiritual health.

The proposed amendments will extend the term of the CRT and MHRC agreements for three months to allow VCBH time to evaluate Anka's request to increase the amount of its contracts in FY 2018-19. The proposed amendment amounts are based upon a three-month pro rata share of Anka's FY 2017-18 contracts for these services. These agreements are funded with SD/MC FFP and MHSA funding.

VCBH recommends approval of, and authorization for the VCBH Director or designee to sign, the amendments to the agreements for CRT and MHRC services with Anka, extending the term of each agreement for three months, in the amount of \$491,017 and \$367,192, respectively, effective July 1, 2018 through September 30, 2018.

#### RECOMMENDATIONS #5 and #6:

ASC (Los Angeles) and ASC (Bakersfield) provide adult residential treatment services. These facilities offer 24-hour staffing and a full range of clinical and rehabilitation services that are designed to assist clients in their mental health recovery. Specifically, the following clinical and rehabilitation services are provided: psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of these programs is to assist clients in being able to live in a less restrictive environment upon discharge. Each facility can serve up to 12 VCBH clients. The proposed amendments will extend the term of the ASC (Los Angeles) and ASC (Bakersfield) agreements for three months to allow VCBH time to evaluate ASC's request to increase the amount of its contracts in FY 2018-19. The proposed amendment amounts are based upon a three-month pro rata share of ASC's FY 2017-18 contracts for these services. These agreements will be funded with County Funds/Realignment and SD/MC FFP funding.

VCBH recommends approval of, and authorization for the VCBH Director or designee to sign, the amendments to the agreements for adult residential treatment services with ASC (Los Angeles) and ASC (Bakersfield), extending the term of each agreement for three months, in the amount of \$179,180 and \$215,211, respectively, effective July 1, 2018 through September 30, 2018.

#### RECOMMENDATION #7:

Turning Point provides rehabilitation services to adults who suffer from severe and persistent mental illness using an evidence-based psychiatric rehabilitation model. The model provides day treatment services that integrate peer support with licensed professional supervision as a strategy for providing self-help, rehabilitation, and recovery-oriented services. The program provides structured skill-building groups, support groups, and activities six days per week and is designed to enhance independent living skills and develop and practice coping, social, and communication skills. Rehabilitation services are provided at the New Visions Center (Center) located in Ventura and at the Oxnard Clubhouse (Clubhouse). All clients must be referred and authorized by VCBH prior to accessing services. To reduce transportation barriers for clients with physical

impairments or who lack public transportation, Turning Point also offers a ride share program that provides transportation to and from the Center and the Clubhouse. The proposed amendment will extend the term of the agreement for three months to allow VCBH time to evaluate Turning Point's request to increase its contract maximum for FY 2018-19. The proposed amendment amounts are based upon a three-month pro rata share of Turning Point's FY 2017-18 contract for rehabilitation services. This agreement is funded with County Funds/Realignment and SD/FFP funds.

VCBH recommends approval of, and authorization for the VCBH Director or designee to sign, the Sixth Amendment to the agreement for social rehabilitation program services with Turning Point to extend the term of the agreement for three months, in the amount of \$227,344, effective July 1, 2018 through September 30, 2018.

#### **5. California Department of Health Care Services Standard Agreement for Specialty Mental Health Services to Medi-Cal Beneficiaries.**

*This item is requesting approval to sign the First Amendment to the California Department of Health Care Services (DHCS) Standard Agreement #12-89407 (First Amendment) for specialty mental health services to Medi-Cal beneficiaries, and the DHCS Standard Agreement #17-94626 (Standard Agreement) for specialty mental health services to Medi-Cal beneficiaries.*

On April 25, 2016, the Centers for Medicare and Medicaid Services (CMS) published in the Federal Register the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule (Final Rule). The Final Rule is the first major update to the Medicaid and CHIP managed care regulations in more than a decade. The key goals of the Final Rule are to support state efforts to advance delivery system reform, improve the quality of care, strengthen the beneficiary experience of care, strengthen key beneficiary protections, strengthen program integrity by improving accountability and transparency, and aligning key Medicaid and CHIP managed care requirements with other health coverage programs. The Final Rule requirements for specialty mental health services are to be phased in over three years, beginning on or after July 1, 2017.

The proposed Standard Agreement specifies the federal and state requirements that VCBH must meet to participate as a mental health plan (MHP) and claim federal financial participation for the specialty mental health services provided to Medi-Cal beneficiaries. VCBH is designated as Ventura County's local MHP administrator by DHCS and is responsible for providing or arranging for the provision of specialty mental health services to Medi-Cal beneficiaries in Ventura County. Under the Standard Agreement, VCBH will be reimbursed for all medically necessary covered services provided to Medi-Cal beneficiaries. The Standard Agreement has been updated by DHCS to incorporate the CMS Final Rule requirements that are effective as of July 1, 2017. Specifically, the MHP contract reflects new terms related to: Medi-Cal providers' adherence to specific federal and state laws and regulations pertaining to the provision of Medi-Cal/Medicaid services; conflicts of interest; non-discrimination; time, distance, and timely access standards; delegation and assignment of contract functions; licenses, certifications, and staffing; patients'/clients' rights; program monitoring and review; record retention; reporting requirements; auditing of services; facilities; program integrity; ownership/controlling interest disclosure; Social Security Administration death master file checks; beneficiary information and problem resolution; overpayments; suspension of payments due to fraud and non-payment provisions for services rendered by an entity or individual excluded from participation in a federal health care program.

The amount of the Standard Agreement is zero dollars which is different than in prior years. DHCS determined that this amount made the most sense because the funding that is used to pay for specialty mental health services flows through different payment mechanisms (realignment distributions and estimated total cost of the Federal Financial Participation); the Standard Agreement is not the method by which those funds are paid to counties. In addition, the zero dollar amount will eliminate the need for contract amendments to change funding amounts based on actual or estimated expenditures. The term of the Standard Agreement begins July 1, 2017 and ends on June 30, 2022. The contract was made retroactive to comply with the CMS requirement that all Final Rule regulations take effect on or after July 1, 2017. To accommodate the retroactive start date of the Standard Agreement, DHCS presented the First Amendment, revising the termination date of the existing VCBH contract with DHCS for Medi-Cal services from June 30, 2018 to June 30, 2017.

VCBH is proposing approval of, and authorization for the VCBH Director or designee to sign: (1) the First Amendment, in the existing amount of \$8,113,337,000, revising the termination date of the agreement, effective May 1, 2013 through June 30, 2017 and (2) the Standard Agreement, in the amount of zero dollars, effective July 1, 2017 through June 30, 2022. VCBH further recommends authorization for the VCBH Director or designee to sign future amendments to the Standard Agreement making corrections, clarifications, and/or technical changes provided that the changes are consistent with the original purpose of the Standard Agreement, do not result in additional cost to the County, and are approved by the County Executive Office and County Counsel.

### **Board Agenda – July 31, 2018**

#### **1. Standard Agreement between the Department of Health Care Services (DHCS) and VCBH for Federal Crisis Counseling Assistance and Training (CC) services**

*This item is requesting approval to sign the Standard Agreement between the Department of Health Care Services (DHCS) and VCBH for Federal Crisis Counseling Assistance and Training (CCP) services, in the amount of \$1,034,781.93.*

The Federal Emergency Management Agency (FEMA) provides assistance to states that suffer natural disasters pursuant to the Stafford Act. Section 416 of that Act authorized FEMA to fund behavioral health services and training following a natural disaster. Pursuant to that section of the Act FEMA funds crisis counseling and related services through the Federal CCP for a limited period of time. The mission of CCP is to assist individuals and communities recover from the effects of natural and man-made disasters by providing community-based outreach and psycho-education services. Services are short-term interventions including: assisting disaster survivors understand their current situation and reactions, mitigating stress, assisting survivors review their disaster recovery options, promoting the use and development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors recover to pre-disaster functioning.

The CCP is comprised of three funding terms: (1) Immediate Services Program (ISP) – Funding is provided for the CCP for 60 days from the date of the Presidential declaration; (2) Immediate Services Program Extension (ISP Extension) – Funding is provided to cover the period from the day after the end of the ISP to the award date

of the Regular Services Program (RSP). The review and approval process time for the RSP is estimated to take between six and eight weeks, and (3) Regular Services Program (RSP) – Funding is provided for 9 months from award date to continue and expand the provision of crisis counseling program services.

On January 2, 2018, the State received a Presidential Disaster Declaration for the wildfires (FEMA-4353-DR-CA), which authorized the State to apply for CCP funding. The State successfully applied for funding for the ISP and ISP Extension. In response, VCBH submitted an application to FEMA through the DHCS to assist Thomas Fire survivors in Ventura County. On February 6, VCBH received notification that funding was approved and on June 11, 2018, VCBH received the state agreement.

The Agreement provides VCBH with CCP funding to provide crisis counseling and related services pursuant to the initial 60 day CCP funding term, the ISP and ISP Extension. In early March, VCBH implemented a new program called California HOPE of Ventura County. The program is comprised of an eight-member clinical team that has been FEMA trained to provide free and confidential community-based counseling services to Thomas Fire survivors.

VCBH is proposing approval of, and authorization for the VCBH Director or designee to sign, the State Agreement, in the amount of \$1,034,781.93, effective January 15, 2018 through March 31, 2019.

## **2. Agreement for Mental Health Services with California Psychiatric Transitions Incorporated**

*This item is requesting approval to sign the agreement for mental health services with California Psychiatric Transitions Incorporated (CPT) in the amount of \$748,250.*

### **RECOMMENDATION #1 and #2:**

CPT is a locked Mental Health Rehabilitation Center (MHRC) that includes a Destructive Behavioral Unit (DBU) that VCBH utilizes for court ordered locked restoration of competence services and for VCBH high acuity clients requiring a high level of services in a controlled environment that CPT provides. The VCBH clients in CPT are high acuity clients that require a controlled environment. The goal is to stabilize and improve the clients' behavior to transition the client to a lower and less restrictive level of care. CPT has successfully stabilized and transitioned several clients that have moved to a lower level of care at CPT or within the County. In FY 2017-18, CPT served 5 unduplicated clients. This is an increase of 3 from the previous year.

VCBH is proposing an agreement for FY 2018-19 with CPT for VCBH clients. VCBH projects that 4 clients will be served at CPT in FY 2018-19, with all but one client residing in the Level 1 MHRC (the lowest level of placement). The FY 2018-19 agreement increases the Level 1 MHRC daily rate from \$350 to \$400. CPT has requested the increase to offset minimum wage increases, benefit increases, and workers' compensation insurance costs. The agreement maximum of \$748,250 will cover the annual costs of the current clients. If clients are discharged to lower levels of care, unused funds will be available for additional referrals as needed. This agreement is funded with tobacco settlement and 1991 realignment.

VCBH is proposing the approval of, and authorization for the: (1) VCBH Director or designee to sign, the agreement for mental health services with CPT in the amount of \$748,250 (a decrease of \$61,625 from FY 17-18), effective July 1, 2018 through June 30, 2019 and (2) VCBH Director or designee to sign the Main/DBU/Diversion Admissions Agreement Part I for each client placed at CPT.

### **3. First Amendment to the Agreement with Crestwood Behavioral Health, Inc.**

*This item is requesting approval to sign the First Amendment to the agreement for mental health rehabilitation center (MHRC) services with Crestwood Behavioral Health, Inc. (Crestwood), in the amount of \$100,000 (a decrease of \$86,880 from the prior fiscal year), effective July 1, 2018 through June 30, 2019.*

#### **RECOMMENDATION:**

Crestwood provides MHRC services to seriously mentally ill clients who require a high level of care due to the severity of their illness. Clients placed at Crestwood receive the following services: (1) medication management, (2) training and support with skills related to daily living activities, (3) daily rehabilitation groups, (4) individual psychotherapy, and (5) various other non-clinical services that are designed to support recovery. The proposed First Amendment reflects: (1) a decrease of \$86,880 from the prior fiscal year agreement due to the reduced number of clients, 2 clients in FY 2017-18 and a projection of only 1 in FY 2018-19, (2) an increase in the rate from \$256 to \$274 per day, and (3) additional agreement language changes. Crestwood has requested the increase to offset minimum wage increases, benefit increases, and workers' compensation insurance costs. The proposed amendment will support one client for the fiscal year. This agreement is funded by Tobacco Settlement and Realignment.

VCBH is proposing the ratification of, approval of, and authorization for the VCBH Director or designee to sign, the First Amendment to the agreement for mental health rehabilitation center (MHRC) services with Crestwood, in the amount of \$100,000 (a decrease of \$86,880 from the prior fiscal year), effective July 1, 2018 through June 30, 2019.

### **4. Resolution establishing 1.0 new regular position in the Ventura County Behavioral Health (VCBH) Mental Health Services Act (MHSA) Budget Unit 3260-3273 to provide No Place Like Home (NPLH) Program services and 1.0 new regular position for Quality Assurance Services for MHSA**

*This item is requesting that your Board adopt the attached resolution establishing 1.0 new regular position to provide No Place Like Home (NPLH) Program services and 1.0 new regular position to provide quality assurance services for MHSA.*

#### **NPLH Services – Behavioral Health Manager II Position**

Governor Brown signed legislation enacting the NPLH Program to dedicate \$2 billion in bond proceeds to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons in need of mental health services and who are experiencing homelessness or chronic homelessness or for persons who are at-risk of chronic homelessness. The NPLH Program takes a "housing first" approach which is considered a best

practice by many homelessness advocates and social service experts. Counties must commit to provide mental health services and help coordinate access to other community-based supportive services.

On June 25, 2017, your board approved VCBH's submission of a NPLH Program Technical Assistance Grant application in the amount of \$150,000 for the grant term of July 1, 2017 through September 30, 2020. On April 12, 2018, VCBH received notification that it was awarded a grant.

In support of VCBH's permanent supportive housing goals and the NPLH Technical Assistance Grant requirements, VCBH is requesting the addition of 1.0 regular Behavioral Health Manager II position. This position will support the technical assistance component of NPLH in accordance with the awarded grant including, but not limited to, activities such as:

- Applying for NPLH Program funds.
- Implementing NPLH activities.
- Coordinating NPLH funded activities with Coordinated Entry Systems.
- Implementing capacity-building activities to create permanent supportive housing suitable for the target population.
- Monitoring activities of developers to ensure adherence with NPLH Program requirements.
- Coordinating and partnering with other County agencies and community providers to increase understanding of the intersections and overlapping needs of target population.
- Assistance in planning for delivery of a range of supportive services to tenants.
- Coordinate and communicate with the Department of Health Care Services (DHCS) and other agencies to support learning, identification of additional trainings and other technical assistance needs.

Additionally, this position will be responsible for the oversight, coordination, management and delivery of appropriate VCBH housing services. Examples of duties include: coordinate and monitor all VCBH housing assets; track and report the housing vacancy and placement rate; support the County's Continuum of Care efforts and the County's Executive's Office in planning and acquiring affordable housing projects; apply for NPLH funds or HUD grants; and partner with other County departments to develop a sustainable and responsive supportive housing system that strategically braids health care, social services, behavioral health and other funding sources and services. This position will be initially funded by the NPLH Technical Assistance Grant and then by MHSA funds.

In fiscal year 2017-18, VCBH placed 201 clients in board and care facilities and 145 in permanent supportive housing/independent living facilities.

### **VCBH Quality Assurance Services – Program Administrator III Position**

To meet MHSA's accountability and transparency requirements, VCBH is required to ensure that all funds are spent in the most cost-effective manner and that services are provided in accordance with best practices. The VCBH MHSA division has extensive data collection and reporting requirements that must be completed on an ongoing basis. VCBH is required to compile, evaluate and report extensive clinical data, utilizing its Electronic Health Record (EHR) software. Currently, the VCBH MHSA division does not have a dedicated person within its Quality Assurance division to complete these data requirements.

To ensure compliance with the data collection and reporting requirements, VCBH will need to hire a dedicated staff person to meet these requirements. Utilizing MHSA funding, VCBH is proposes to establishing a 1.0 regular Program Administrator III position. The individual in this position will need to have a thorough understanding and knowledge of MHSA rules and regulations, including but not limited to, targeted demographics, Mental Health Services Oversight and Accountability Commission (MHSAOAC) and Department of Health Care Services (DHCS) requirements. The duties of this position include: reviewing program objectives, standardizing clinical reporting requirements, developing data tools to mainstream County fiscal and state budgetary reports, and providing training on data collection and state requirements. In addition, the Program Administrator III will collaborate with VCBH operational managers, staff and community based organizations, and evaluate program effectiveness and cost efficiency through a stakeholder process and MHSA evaluation and planning workgroups. This position will be funded fully with MHSA funding.

VCBH is proposing the approval of the attached resolution establishing 1.0 new regular position in the VCBH MHSA Budget Unit 3260-3273 to provide NPLH Program services effective August 10, 2018 and 1.0 new regular position in the VCBH MHL Budget Unit 3200-3207 to provide quality assurance services, effective August 10, 2018.

#### **5. 2<sup>nd</sup> Amendment with Star View Behavioral Health, Inc., for Medi-Cal Specialty Mental Health Care Services**

*This item is requesting approval to sign the Second Amendment to the Organizational Provider Agreement with Star View Behavioral Health, Inc.*

Star View provides acute inpatient psychiatric and residential care enhanced by intensive mental health services for youth with severe emotional and behavioral disorder. Services are provided in their Psychiatric Health Facility (PHF) and Community Treatment Facility (CFT), located in Torrance, CA. The programs work to stabilize the youth, with the goal of transitioning to a less restrictive setting, including with biological family, foster family, or to a lower level of care.

On January 17, 2018, the Human Services Agency Children and Family Services (HSA CFS), placed a foster youth at Star View's Psychiatric Health Facility (PHF). Due to the severity of the emotional and behavioral disorder, the youth continues receiving treatment in the PHF and has not been fully stabilized to transition to Star View's CFT, lower level of care facility. With the implementation of AB1299, which was developed to ensure timely behavioral health services for foster children who are placed in a county other than the one in which they lived, the presumptive transfer provision, includes for the arranging and payment for specialty mental health services from county of origin jurisdiction to the county in which a foster child resides. HSA CFS is currently working with Los Angeles County on the presumptive transfer of this youth.

The daily rate at the PHF is \$783.87. The original contract was established in the amount of \$100,000, anticipating that the youth would be stabilized and transitioned to the CFT, which is payable by unit rates (minutes) and is less than the PHF daily rate.

VCBH is proposing approval of the proposed Second Amendment to the Organizational Provider Agreement with Star View to increase the contract maximum from \$100,000 to \$130,000, to ensure sufficient funding is available for services provided through June 30, 2018. The amendment does reflect any changes to the rates established in the original contract. The contract is funded with Short-Doyle/Medi-Cal Federal Financial Participation, and EPSDT/Realignment funds.

### **Board Agenda - August 7, 2018**

#### **1. Memorandum of Understanding for Coordination and Collaboration of Mental Health Outreach and Awareness Activities with the Santa Paula School District**

*This item is requesting approval to sign the Memorandum of Understanding (MOU) for coordination and collaboration of mental health outreach and awareness activities with the Oxnard School District (OSD).*

The proposed MOU is needed in order to establish the terms by which VCBH and OSD will create and maintain a collaborative relationship to facilitate inter-agency services to staff, students and families at five selected school sites: Elm Street Elementary, Harrington Elementary, Kamala Elementary, Lemonwood Elementary and McKinna Elementary.

Under the terms of the MOU, OSD agrees to provide a primary contact at each individual school site, establish monthly parent meetings at each site, provide access to staff development opportunities to educate staff, and work with VCBH to establish target goals and gather data to analyze and measure the success of reducing barriers to mental health services.

VCBH will provide and deliver a monthly curriculum on mental health issues at regularly scheduled parent meetings, provide mental health information and education to OSD faculty and staff, meet with OSD staff to identify and reduce barriers to accessing mental health services, partner with OSD in community outreach and awareness activities, and work with OSD to establish target goals and gather data to analyze and measure the success of reducing barriers to mental health services.

In partnership with California State University at Northridge (CSUN), VCBH and faculty from the CSUN Psychology Department have developed the curriculum and evaluation tool that will be used to implement and monitor these services. Spanish-speaking VCBH staff will present the curriculum at the OSD parent meetings and community outreach activities.

#### **2. Fourth Amendment to the Contract for Psychiatric Services with Sterling Care Psychiatric Group, Inc.**

*This item is adding a .5 FTE psychiatrist to the Sterling contract to support the Assist Program.*

Sterling provides psychiatric physician services at various clinic/program sites throughout the behavioral health department system. The proposed Fourth Amendment will revise the scope of work to add a .5 full time equivalent (FTE) physician to the contract. This additional FTE is needed to provide psychiatric services to

VCBH Assist Program clients. The VCBH Assist Program services were previously contracted out to Telecare Corporation, however, as of July 1, 2018 these services were taken in house by VCBH. The VCBH Assist Program is an assisted outpatient treatment program that serves individuals who have a serious mental illness and are most at risk for psychiatric hospitalization, homelessness, or incarceration. Due to mental health and/or alcohol and drug issues, clients qualifying for the Assist Program require treatment in order to live safely and productively in the community and to reduce recidivism. Assist Program services are available 24 hours per day, 365 days per year using a recovery oriented “whatever it takes” approach.