

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

March 18, 2019

NEXT MEETING:

Monday, April 15, 2019

1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration
1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

BHAB Members Present

Jerry Harris, Chair
Claudia Armann
Jamie Banker
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Kevin Clerici
Capt. James Fryhoff
Monique Garcia
Janis Gardner, Secretary
Mary Haffner
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Member-At-Large
Irene Pinkard
Sheri Valley

BHAB Members Absent

Margaret Cortese
Patricia Mowlavi
Marlen Torres

Others Present

Marika Collins, Casa Pacifica
Kevin Janeway
Jeff Hayden
Elizabeth R. Stone
Dan Powell, VCMC Inpatient Psychiatric Unit
Robert B.
Heather Davidson, First 5 Ventura County
Mark Stadler, CIT
Matthew Sandoval, Health Care Agency Chief Deputy Director
Lori Litel, United Parents
Jennifer Goble, Pacific Clinics

Ventura County Behavioral Health (VCBH) Managers and Staff Pres

Dr. Sevet Johnson, VCBH Director
Lisa Acosta, M.D., Youth & Family Division Medical Director
Clara Barron, MHSA Operations Manager
Greg Bergan, MHSA
Hilary Carson, MHSA
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Leisa Donovan, Fiscal Manager
Dan Hicks, ADP Prevention Manager
Jason Jones, MHSA Fiscal
Aurelia Musni, Fiscal
Esperanza Ortega, MHSA
Pete Pringle, Youth & Family Division Chief
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
Elaina Titus-Sterling, MHSA
Edith Pham, BHAB Assistant
Susan White Wood, Housing Manager

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:05 p.m. Kevin Clerici led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	Approval of the Agenda Mr. Harris asked the Board to review and approve today's agenda. Claudia Armann moved to approve, Ratan Bhavnani seconded. Ms. Pinkard noted that she will need to leave at 3:00 p.m., and Monique Garcia noted that she will need to leave at 2:45 p.m. Mr. Harris confirmed that the quorum will be maintained after the two early departures. The motion carried unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the February 25, 2019 Minutes Mr. Harris asked the Board to review and approve the minutes of the February 25, 2019 meeting. Mary Haffner moved to approve, Janis Gardner seconded. The motion carried unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	Public Comments None.		
VI.	Chair's Report – Jerry Harris Mr. Harris noted that he met with Supervisor Huber, who appears to be very concerned about mental health issues and is supportive of the BHAB and VCBH. Ms. Gardner provided brief information about the following: <ul style="list-style-type: none"> - Dr. Johnson has been voted on the Executive Board of the California Behavioral Health Directors Association (CBHDA), representing Large Counties. - The Ventura County Medical Center (VCMC) has been chosen to be the site of a Ronald McDonald House, for use by parents of pediatric oncology patients while they undergo treatment. - The NAMI Golf Tournament took place on March 15. - Oxnard's First Annual Native American Peoples Inter-Tribal PowWow will be on April 13 and 14; VCBH will participate. - On March 19 the Board of Supervisors will honor Monique Garcia, who was selected Woman of the Year for the 44th Assembly District. - On March 12 the Ventura School District Board voted to support a citywide tobacco retail licensing ordinance addressing the advertising and sale of tobacco products, including e-cigarettes, to underage youth. - The Board of Supervisors has proclaimed March as "Natural Healthy Nutrition Month." - On March 7 a march was held in Ventura against human trafficking and sexual slavery. 		
VII.	Board Members Comments and Announcements None.		
VIII.	Director's Report – Dr. Sevet Johnson <p>A. Dr. Johnson thanked all who participated in last month's External Quality Review Organization (EQRO) yearly visit and review of the VCBH services offered and gaps in services in Ventura County.</p> <p>B. The adult Crisis Stabilization Unit (CSU) is scheduled to open in April inside the Inpatient Psychiatric Unit (IPU). VCBH and CSU staff will work together to ensure communication and coordination of care so that clients receive the appropriate level of service and are provided with a warm hand-off upon discharge.</p> <p>C. Since opening in December 2016, the Children's CSU has had 1,117 admissions. Of those, 608, or 55%, of the children/youth were diverted back into the community. The monthly average for the fourth quarter in 2016 was 33 youth, and the current monthly average is 17 youth. This decline shows that VCBH is taking better care of the needs of the youth and avoiding hospitalization when appropriate.</p> <p>D. VCBH is increasing its collaboration with the Ventura County Office of Education (VCOE) to improve access to services. VCBH staff is helping school personnel understand how to access VCBH services for their students.</p>		

	<p>E. From December 2018 to February 2019, the Drug Medi-Cal Organized Delivery System (DMC-ODS) Access Line has received 1,375 calls, both in English and Spanish, and 176 requests for care coordination.</p> <p>F. In response to the Borderline mass shooting, a couple of responses have occurred: the formation of a taskforce that will map out ways to help the community heal after a disaster, and an event on March 15 put on by the District Attorney’s Office and attended by Jamie Banker and Dr. Johnson, among others. VCBH has met with the Southern California Hospital Association to discuss coordination of patient care among various agencies and ensure the safety of all in emergency rooms.</p>		
<p>IX.</p>	<p>Secretary’s Report – Janis Gardner Ms. Gardner has spoken with Supervisors Long and Parks, who have one opening each on the BHAB. They will be focusing on nominating consumers for appointment on the BHAB.</p> <p>Members have been attending the committee meetings more regularly.</p>		
<p>X.</p>	<p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Brooking noted that Victoria Jump, Director of Ventura County Area Agency on Aging, presented on the services provided by her organization. Ms. Borchard noted that the committee will continue to discuss potential changes to the Lanterman Petris Short (LPS) conservatorship law. She noted that Dr. Streeter, a few managers with Dignity Health and the President of St. John’s Hospital are researching the feasibility of opening a community CSU within their facility.</p> <p>B. Prevention Committee – Janis Gardner, Chair The committee heard a presentation on vaping by adolescents, which is on the increase, and the concerns about the impact of vaping on brain health. Another presentation was made on Juvenile Probation Services.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair In Ms. Cortese’s absence, Ratan Bhavnani provided a brief report. The committee heard a presentation on the Court-Appointed Special Advocate (CASA) program. The committee also worked on its Action Plan.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair The committee decided to change the objective of its Action Plan, from opening pediatric psychiatric beds to focusing on communication between medical providers when children are hospitalized. To that effect, Dr. Acosta, VCBH Youth & Family Medical Director, and Dr. Shaw of Casa Pacifica are reaching out to the medical community. The committee decided to draft a document that will outline parental rights when children are hospitalized so that parents/caregivers can become better advocates.</p>		
<p>XI.</p>	<p>New Business</p> <p>A. Mental Health Services Act (MHSA) Community Needs Assessment Survey Results – Kiran Sahota Ms. Sahota noted that 4,772 surveys were received, thanks to intensive outreach efforts to the various segments of the community. The surveys were filled by members of the community and by service providers, such as law enforcement and schools. The survey was not about VCBH services but about services available in the county. Results identify the four most pressing mental health issues as homelessness, depression, alcohol and drug use, and lack of access to mental health services. The provider survey identifies the lack of transportation as the most important barrier to mental health services. See attached for details. Upon being questioned about the lack of access to services, Ms. Sahota noted that EQRO asks VCBH about this during its yearly visits, helping to increase access. Supervisor Parks noted that a recently-released study by the Kaiser Family Foundation and the Health Care Foundation of California found that the main concern for those surveyed was the lack of access to mental health services. A brief discussion took place about the possible barriers to access. Dr. Johnson noted that Dr. Schipper and his team have been mapping the access to services and ways to reduce the wait time.</p>		

	<p>Kevin Janeway made a public comment. He shared his experience being described as a high-functioning consumer who did not qualify for some services. He noted that some consumers leave the mental health system in order to lead the kind of life they want. He would like to see efforts made toward helping consumers launch beyond the poverty status quo.</p> <p>B. Ventura County Medical Center (VCMC) Crisis Stabilization Unit (CSU) Update – Supervisor Parks Supervisor Parks noted that there was no update to report on. No action was taken.</p> <p>C. Identify Members Interested in Serving on the Nominating Committee Mr. Harris noted that he is making phone calls to BHAB members to inquire about their interest in serving on the Nominating Committee.</p> <p>D. Update on Amendment to the Bylaws to Add a Member Representing Law Enforcement Mr. Harris noted that this item is on the Board of Supervisors’ agenda for the meeting that will take place the following day, March 19.</p> <p>E. California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Update Mr. Harris noted that he will attend the CALBHB/C Annual Meeting and Capitol Day on April 9 and 10 in Sacramento. The association will cover one other BHAB member’s cost of attending the meeting, and the board agreed that Gane Brooking would also be attending.</p>		
<p>XII. Old Business</p>	<p>A. Annual Report Presentation to the Board of Supervisors on March 19, 11:30 a.m. Mr. Harris invited all to attend his presentation to the Board of Supervisors the following morning.</p> <p>B. Proposed Site Visit to Vista del Mar Psychiatric Hospital – Gane Brooking Ms. Brooking noted that Vista del Mar Psychiatric Hospital is known for its client-friendly facilities. She has volunteered to lead a site visit to that hospital. Denise Nielsen, Mary Haffner, Kevin Clerici, Monique Garcia and Jamie Banker expressed interest in participating.</p> <p>C. Composition of the Current Board Members by Category (Consumers, Family Members, Interested Community Members) – Results of Member Self-Identified Disclosure Mr. Harris reminded the board that the Welfare & Institutions Code specifies the percentage of consumers and family members who should serve on the board. He encouraged those who did not participate at the last General meeting to fill out the anonymous one-question survey.</p> <p>D. Letter of Support for Institution for Mental Diseases (IMD) Exclusion Waiver Mary Haffner reminded all of the discussion that took place at the previous General meeting. At that time, BHAB members supported sending a letter to the Board of Supervisors (BOS) requesting that it ask the state to apply for the IMD Exclusion Waiver. Ms. Haffner moved to request that the Board of Supervisors prepare a motion and a letter that would go to our California Representatives to ask that they apply for the IMD Exclusion Waiver. Mr. Bhavnani seconded. The motion carried unanimously.</p> <p>E. Mental Health Services Act (MHSA) Innovation Project – Conocimiento: Addressing Adverse Childhood Experiences (ACEs) Through Core Competencies – Public Comments Ms. Sahota noted that this Innovation project was presented at the previous General meeting. Public comments are accepted through March 27. She requested that the BHAB back the MHSA Team as it requests the Board of Supervisors’ support necessary to present the project to the state in May. She answered questions about the vetting on the causality of ACEs.</p>	<p>Schedule a site visit to Vista del Mar Psychiatric Hospital</p> <p>Request that the BOS prepare a motion and letter to California Representatives to ask that they apply for the IMD Exclusion Waiver. M/S/C</p>	<p>G. Brooking</p> <p>M. Haffner to prepare draft letter to the BOS</p>

	<p>Elizabeth Stone made a public comment. She noted that she was impressed with the Ignite program in Santa Paula, which she visited recently and will be a partner in the implementation of Conocimiento.</p> <p>Sheri Valley noted that United Parents had made a presentation recently. She circulated its brochure that contains the results of a study it conducted.</p> <p>Claudia Armann moved to advance the project forward to the Board of Supervisors; Monique Garcia seconded. Fourteen board members approved, Nancy Borchard opposed, and Supervisor Parks abstained. The motion carried.</p> <p>F. Future Presentations</p> <p>Edith Pham noted that a presentation on human trafficking has been scheduled for the April General meeting. Ms. Gardner noted that a presentation on vaping is being scheduled for May or June.</p> <p>Mary Haffner proposed to hear an update on Laura’s Law. Board members expressed interest, and Mr. Harris will schedule it.</p> <p>G. Future Recognitions</p> <p>Edith Pham noted that Dennis Perry, who is very involved with the Growing Works Nursery, will receive a recognition at the April General meeting. Dr. Frances O’Sullivan, a psychiatrist at the VCBH Conejo Adult Clinic, will be recognized in the near future. Supervisor Parks noted that Growing Works will have a grand opening, tentatively scheduled for May 19.</p>	<p>Move the MHSA Conocimiento Innovation Project to the Board of Supervisors M/S/C</p> <p>Schedule presentation on vaping Schedule presentation on Laura’s Law</p>	<p>J. Gardner</p> <p>J. Harris</p>
XII.	<p>Contracts</p> <p>Mr. Harris encouraged BHAB members to ask questions regarding the VCBH contracts that the Board of Supervisors approved during the previous month (see Executive Summary):</p> <p>A. Board of Supervisors Approved Agreements – February 26, 2019</p> <ol style="list-style-type: none"> 1. Alcohol and Drug Program (ADP) Services: California Department of Health Care Services (DHCS) Standard Agreement Amendment A01 for Substance Abuse Prevention and Treatment Block Grant (SABG) Substance Use Disorder (SUD) Services 2. ADP Services: Ventura County Office of Education (VCOE) Third Amendment 3. Mental Health Services: Senior Planning Elder Care Services (SPECS) First Amendment 4. Mental Health Services: License to Use State Military Property (Ventura Armory) <p>No questions were asked.</p>		
XIV.	<p>Public Comments</p> <p>None.</p>		
XV.	<p>Adjourn</p> <p>The meeting adjourned at 2:25 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		X	X	X	X		X	X	X			
District 2	1/8/19 – 1/7/22	Jamie Banker		X	X	X	X			X	X			
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X	X	X			
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X		X	X	X			
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X	X			
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X	X					X			
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X				
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X				X	X			
District 5	10/17/17 – 9/23/20	Monique Garcia			X				X	X	X			
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X		X	X	X			
District 1	4/8/18 – 4/7/21	Mary Haffner	X						X	X	X			
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X			
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X		X	X				
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X		X		X			
District 2	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X	X			
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X		X		X			
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X			X	X	X			
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA		X					
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X	X			
District 2		vacant												
District 3		vacant												

Present = X

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

OXNARD'S FIRST ANNUAL NATIVE AMERICAN PEOPLES INTERTRIBAL POWWOW

HONORING OUR ELDERS AND VETERANS

SATURDAY
APRIL 13, 2019
10 AM - 7 PM

SUNDAY
APRIL 14, 2019
10 AM - 6 PM



**PUBLIC IS
WELCOME!**

**FREE
ADMISSION**

OXNARD BEACH PARK
1601 SOUTH HARBOR BLVD
OXNARD, CA 93035

FOOD & CRAFTS BOOTHS - \$5 PARKING - BRING YOUR CHAIRS

FOR INFORMATION PLEASE CONTACT:

HEAD STAFF: KATHY VASQUEZ
CELL: 1 (805) 421-9470
fernando.vasquez75@yahoo.com

ADVISOR: BEN MARTINEZ
CELL: 1 (818) 256-5950
benmartinez825@gmail.com

VENDORS: VERONICA WHITE MAGPIE
CELL: 1 (818) 249-4107
matohota@charter.net

TO SPONSOR THIS NONPROFIT EVENT PLEASE CONTACT: MARY ANNE RIVERA - CELL: 1 (805) 701-3141 - EMAIL: rebmar09@gmail.com

**ABSOLUTELY NO ALCOHOL, DRUGS, OR FIREARMS ALLOWED! NOT RESPONSIBLE FOR THEFT, LOSS, ACCIDENTS, INJURY OR PERSONAL EXPENSES.
SELLING OF SAGE, SWEET GRASS, CEDAR OR TOBACCO STRICTLY PROHIBITED.**



PRESENTED BY THE OXNARD POWWOW COMMITTEE - SUPPORTED BY LUCHA - ASSISTED BY THE CITY OF OXNARD

JOIN US IN
• RECOGNIZING •

Monique Garcia



**2019 WOMAN OF THE YEAR
44TH ASSEMBLY DISTRICT**

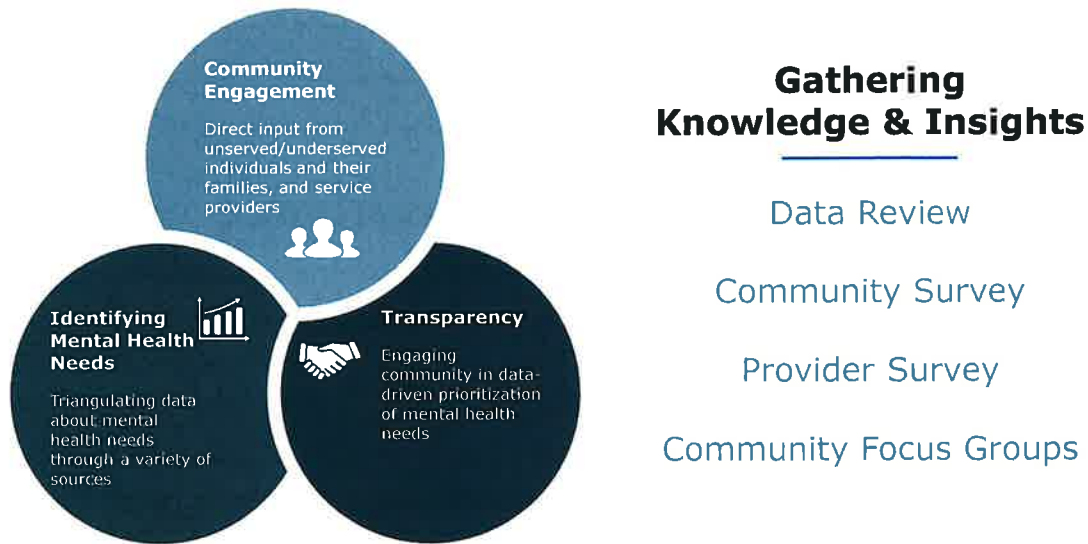
THURSDAY, MARCH 21, 2019

CAMARILLO DISTRICT OFFICE • 5:30 - 7:00 PM

2301 EAST DAILY DRIVE, SUITE 200 CAMARILLO, CA, 93010

RSVP AT (805) 482-1904

Purpose of Mental Health Needs Assessment



Needs Assessment Timeline



Primary Data Collection

- **Community Survey**
- **Provider Survey**
- **Community Focus Groups**
- **Accessibility:**
 - Available in hard copy and online at www.wellnesseveryday.org
 - Distributed by VCBH, county agencies and community partners



Community Survey - Disbursement

- **Approach**
 - Organization, Point of Contact, Location, # Surveys Distributed Versus Received
 - Zip Code Reach (City or County-wide)
 - Disbursement Accountability Tracker
 - Follow-Up
 - Outreach
 - Set Up Distribution Sites
 - Personal Delivery & Pick Up

Community Survey - Disbursement

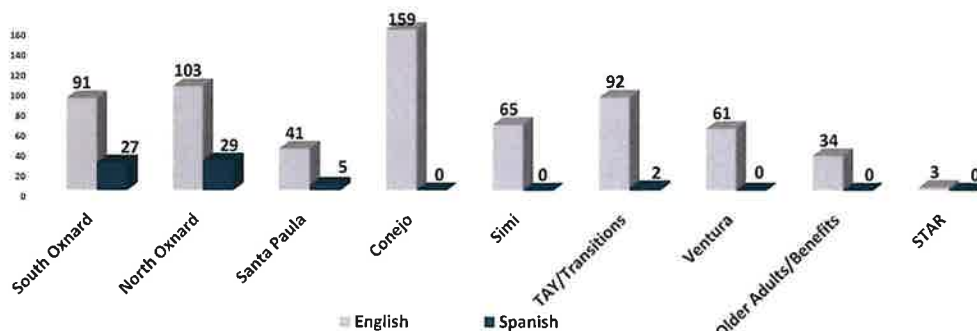
• Distribution Partner Examples

- **Education** – Schools, colleges
- **Housing Complexes (Subsidized Housing, Senior)**
- **ADP/DUI**
- **County Agencies**
- **VCBH Clinics** – See Graphical Summary
- **VCBH Community Outreach**
- **Community Partners** – Law enforcement, faith-based, counseling centers
- **Service Provider Partners** – MHSA providers
- **Consulate**

4772 Total Usable Surveys: 3967 Paper + 805 Online

Community Survey Response Summary – VCBH Clinics

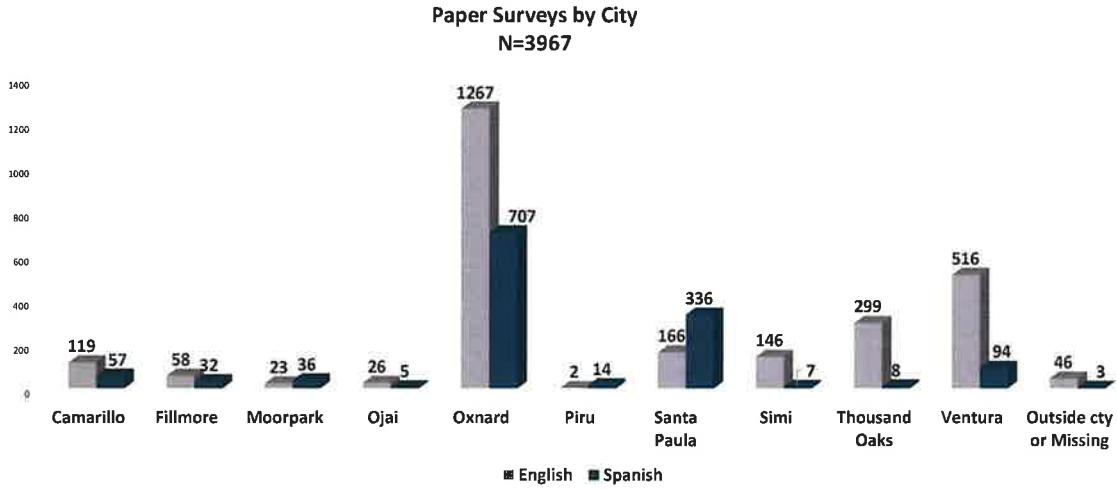
VCBH Adult Clinics Surveys Received
 N=712, n_{English}=649, n_{Spanish}=63
 Clinic: 12% Spanish; Survey: 9% Spanish



Spanish Language Response: So. Ox: 23%; No. Ox: 22%; Sta Paula: 11%



Community Survey Response Summary – Paper



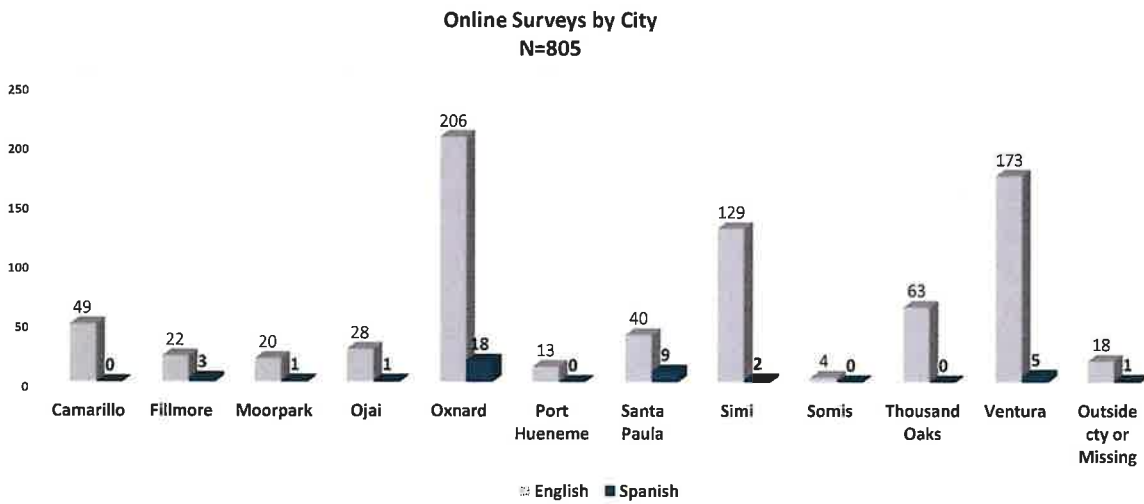
Community Input Session

February 2019

7



Community Survey Response Summary – Online



Community Input Session

February 2019

8

Provider Survey

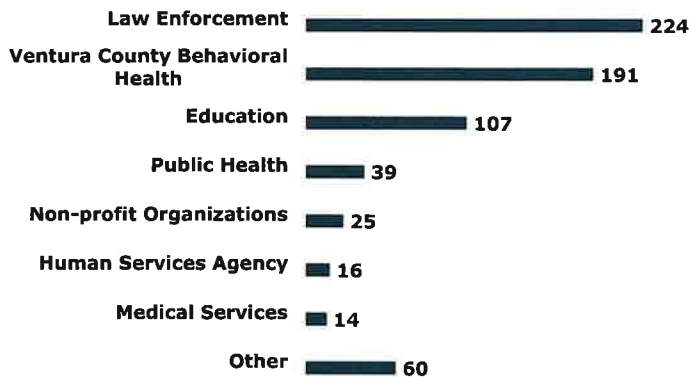
• Summary

- **Purpose**
To gather a mental health needs perspective from providers of services
- **Independent Evaluator**
EVALCORP Research & Consulting developed and administered online during October 2018 (3-wk period), and published report
- **Survey Respondents**
Private, public and non-profit organizations that assist community with mental health needs
- **Areas Served by Survey Respondents**
County-Wide, Camarillo, Somis, Piru, Moorpark, Ojai/Meiners Oaks/Oak View, Oxnard/El Rio/Nyeland Acres, Port Hueneme, Santa Paula, Conejo Valley, Ventura/Saticoy

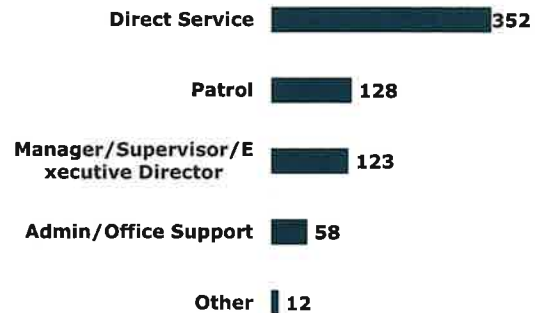
Provider Survey: Respondent Agency & Role

Provider survey captured a diverse range of respondents in terms of agency and role

Agency/Services by Type
676 Responses



Role
673 Responses



Community Focus Groups - Approach

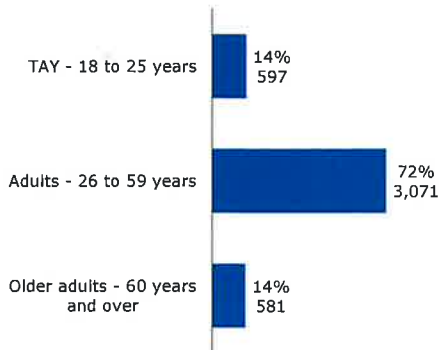
- **Geographic Coverage**
- **Unserved and Underserved Focus**
- **Specific Populations**
 - LGBTQ+ - TAY - Consumers (Lived-Experience)
 - Parents (Eng/Spa) - Mixteco - Hispanic/Latinxs (Eng/Spa)
 - Older Adults - Homeless - Mixteco
- **Independent Facilitators (Non-Ventura County Staff)** – Bilingual, Experienced
- **Facilitation and Logistics Standardization** – Training, Tools, Methods, Feedback
- **Hosts** – Mostly hosted by ***community in the community***
- **Participants** – Primarily identified by ***community leaders and partners***
- **Participant Feedback**

Community Focus Groups

- **Summary**
 - Fifteen (15) Total Focus Groups
 - Six (6) Hispanic/Latinx: Five (5) Spanish (1 of these preferred English), 1 English
 - Twelve hosted in West County: Ventura, Oxnard, Camarillo, includes Santa Clara Valley
 - Three hosted in East County: Simi Valley, Thousand Oaks, Conejo Valley
 - One-hundred-sixteen (116) total participants

Community Survey Demographics

Ages ranged from **18 to 89**
4,249 Responses



The majority of respondents were **Hispanic or White**
4,208 Responses

Race/Ethnicity	%
Hispanic/Latinx	58.4%
White (non-Hispanic/Latinx)	35.6%
Indigenous	3.9%
Asian/Pacific Islander/Hawaiian	3.7%
Black/African American	2.9%
American Indian/Alaska Native	2.3%
Other	2.2%
Asian Indian	0.5%
Middle Eastern	0.5%

Note: does not add up to 100% since multiple choices were possible

English and Spanish were the primary languages spoken at home by respondents
4,229 Responses

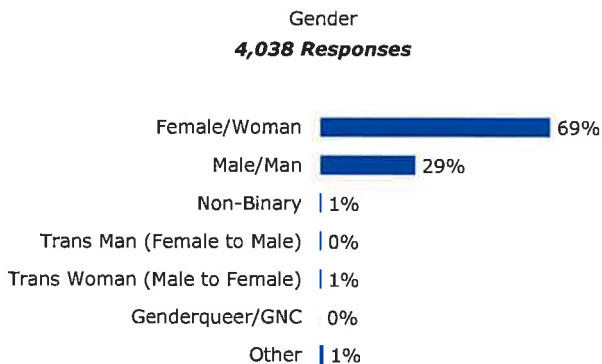
Language Spoken Most Often at Home	%
English	59.4%
Spanish	28.6%
Other	9.3%
Mixtec	2.3%
Tagalog	0.3%
Persian	0.1%
Arabic	0.0%
Mandarin	0.0%
Gujarati	0.0%

Community Survey Demographics (cont'd)

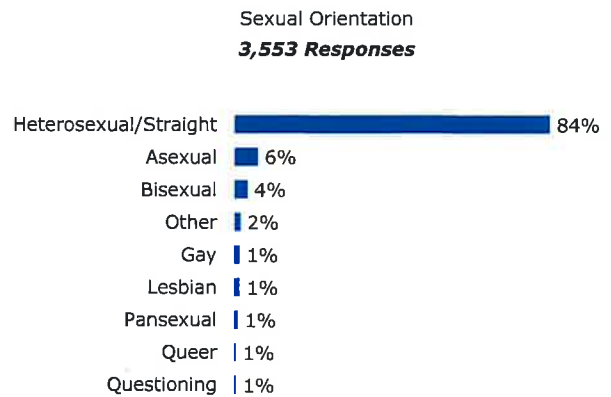
Gender and Sexual Orientation

2-3% of respondents identified as outside the male/female binary and/or LGBTQ

Gender
4,038 Responses



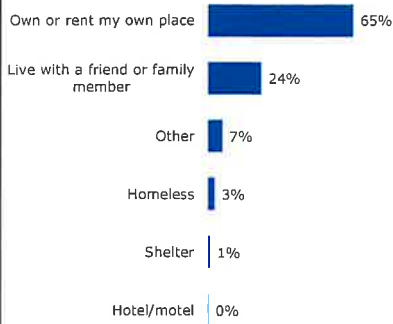
Sexual Orientation
3,553 Responses



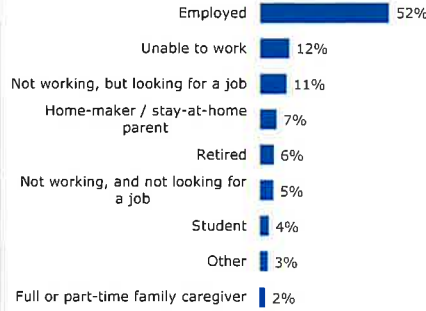
Note: these figures do not add up to 100% due to rounding

Community Survey Demographics (cont'd)

4% of respondents were homeless or living in a shelter
4,103 Responses

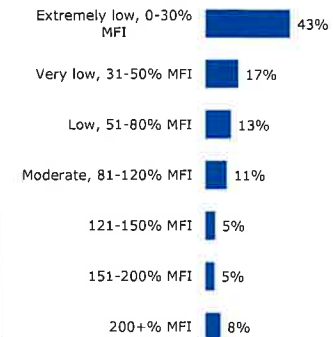


52% of respondents were employed
4,054 Responses



Median Income
\$35,000 / Year
2,422 Responses

73% of respondents are considered low income
 (HUD Income Levels Specific to Ventura County)
2,158 Responses



* For reference, median family income (MFI) in Ventura County for a household of 4 was \$96,000/year

Community Survey -Ventura County Regions

For purposes of the survey, Ventura County was divided into seven regions:

1. Camarillo
2. Conejo Valley*
3. Ojai
4. Oxnard
5. Santa Clara Valley
6. Simi Valley
7. Ventura

* Includes Agoura and Thousand Oaks



Most Pressing Mental Health Issues

The **top 4** most pressing mental health needs were the same across respondents of all regions:



Homelessness



Depression



Alcohol and drug use



**Lack of access to
mental health
services**

Key Differences Among **Priority Groups**

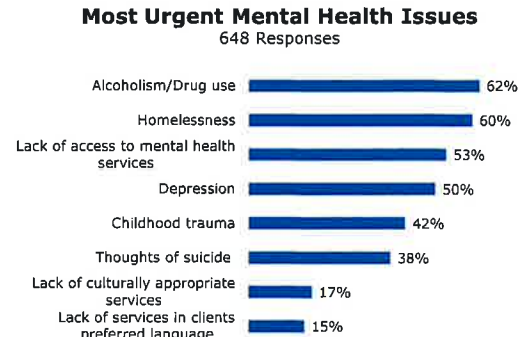
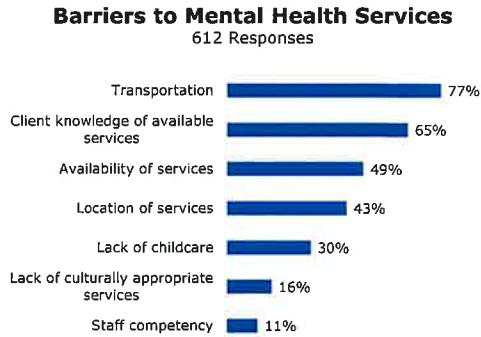
- **Substantial demographic differences**
- **Broad agreement among many mental health indicators**
- **Wide variation within certain key indicators:**
 - Self-Reported Overall Mental Health
 - Substance Use
 - Suicidal Ideation or Attempt
 - Cultural Appropriateness
 - Linguistic Appropriateness



Provider Survey - Barriers and Most Urgent Issues Affecting Mental Health

Providers identified (1) **transportation**, (2) **awareness and** (3) **availability of services**, and **location of services** as the greatest barriers to receiving mental health services

Providers most frequently indicated (1) **substance use**, (2) **homelessness**, (3) **lack of access to services**, and (4) **depression** as the most urgent issues affecting mental health



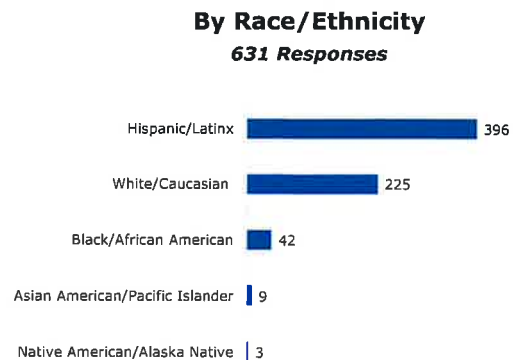
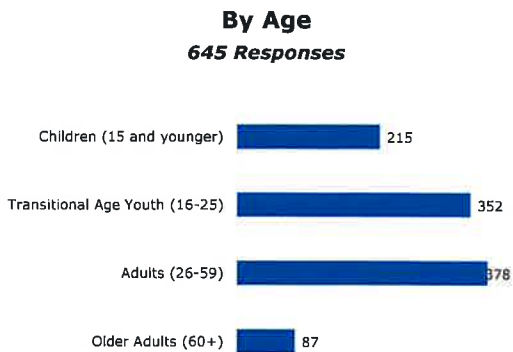
Note: these do not add up to 100% since multiple choices were possible



Provider Survey - Groups in Greatest Need of Mental Health Services

Providers cited **TAY** and **adults 26-59** as the age groups in greatest need of services;

Hispanics/Latinxs were cited as the racial/ethnic group in greatest need





Agreement/Discrepancy Among Methods (Provider & Community)

- **Providers assessed the cultural and linguistic appropriateness, and timing of current services most highly**
 - According to community survey, cultural and linguistic appropriateness is a major concern in Oxnard and Santa Clara Valley
 - Timing of services was almost universally in the top 3 barriers for all regions and groups in the community survey
- **Both providers and consumers agree on the top 4 mental health issues in Ventura County:**
 - Homelessness
 - Substance use
 - Depression
 - Lack of access to services



Focus Groups - Common Themes

- Wait Times
- Transportation
- Stigma (re: Mental Illness & Identity)
- Cultural & Linguistic Appropriateness
- Provider Mistrust

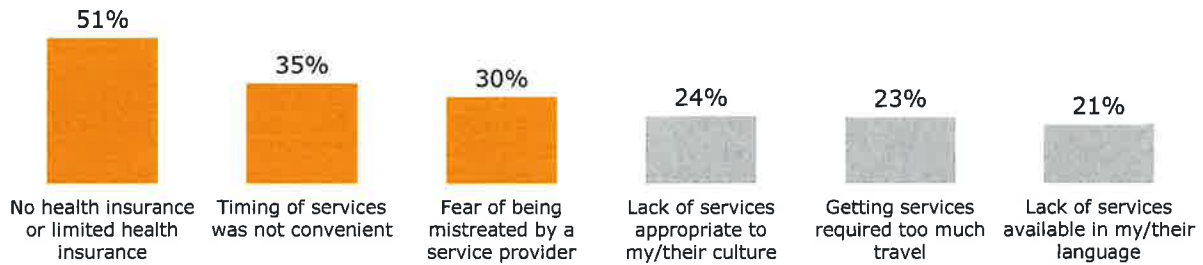




Key Issues - Barriers to Accessing Mental Health Services

The top 3 barriers to accessing mental health services included:
(1) being uninsured or underinsured, (2) inconvenient timing of services and
(3) fear of being mistreated by a provider

533 Responses



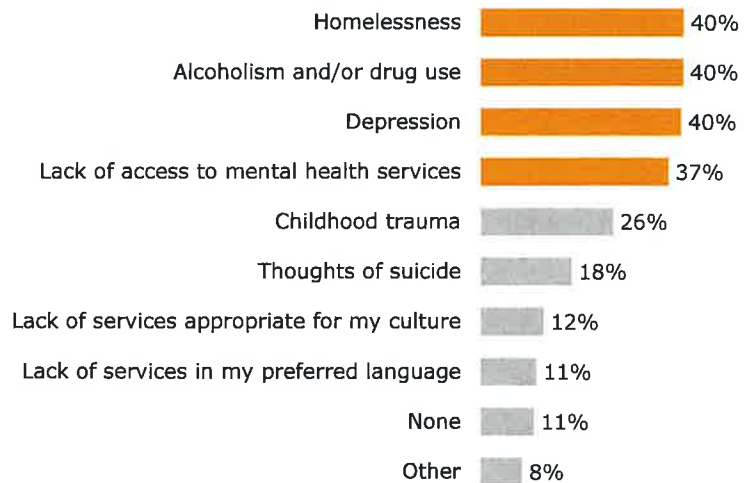
Note: does not add up to 100% since multiple choices were possible



Key Issues - Community Mental Health Needs Rankings

Top 4 Issues:

- 1. Homelessness**
- 2. Substance Use**
- 3. Depression**
- 4. Access to Services**



Note: does not add up to 100% since multiple choices were possible

Conclusion

- Community Input Session Results
- Findings
- Inform Community Program Planning
- Continue to engage stakeholders



California Association of Local Behavioral Health Boards and Commissions

SPRING 2019 Newsletter

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CALBHBC NEWSLETTER

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

“If you want to go quickly, go alone. If you want to go far, go together.” *African Proverb*

We want to go far together! Thank you to board/commission leadership who participated in regional teleconferences and submitted on-line reports. We hear you, and are here to support you locally and advocate for your needs statewide!



Local Advice for Boards/Commissions

- 1) Jails — Now that many jails have mental health programs, review of these programs is recommended. See FAQs #12.
- 2) Supportive Housing, Facilities—Showing support for supportive housing, facilities and programs can be key to BOS approval. See: www.calbhbc.com/advocacy.html
- 3) Local Resources: Increasing Local Tax Revenue for Mental Health Services was a success in Mendocino County, resulting in \$35 Million over 5 years. Link to article.

MEETINGS / TRAINING

- Bay Area: March 16, Oakland
 Statewide: April 9 & 10 Sacramento & Capitol Day
 Southern/LA: June 21 & 22 Santa Ana

Registration at: www.calbhbc.com.

Trainings include Responsibilities of MH/BH Boards by CA Institute for Behavioral Health Solutions, CIBHS; and Community Program Planning by Access CA, a program of NorCal MHA. CIBHS requires additional registration.

REMINDERS

Data Notebook: 2018 Data Notebooks are due March 31, 2019. Info

Annual Reports: Submit annually to Board of Supervisors/Governing Body Share with us too! Advice/templates available: www.calbhbc.com/faqs.html

Statewide Advocacy — The following bills closely address issues reported around the state. Boards may wish to consider advising your Board of Supervisors regarding these bills.

- 1) Workforce—SB 539: Address mental health workforce needs by funding 5-Year OSHPD WET Plan.
- 2) Children/Youth—AB 734: Foster family support services pilot programs providing strengths-based, skills-based, trauma-informed coaching; SB 582: Creates parity and access to school-based mental health services. (Restores triage grant funding.); SB12: Mental Health Centers for Youth; AB8: MH Professionals in Schools.
- 3) Jails and other facilities w/Mental Health Programs - Whistle-blower protection for Patients' Rights Advocates AB333.
- 4) Peer Provider Certification—Peer support standardization to promote recovery and self-sufficiency—SB10
- 5) Disaster Planning for Adult Residential Facilities for adults with Severe Mental Illness. *Draft-additions to come.* AB-1034
- 6) Parity of mental health and substance use disorder benefits comparable to medical and surgical benefits.—SB11

Contact Us: info@calbhbc.com

Website: www.calbhbc.com

Facebook: CALBHBC

Resources ([link to website](#))

Best Practices Handbook:

for Mental/Behavioral Health Boards &
Commissions

Brown Act (Open Meeting Rules)

Data Notebooks

Mental Health Services Act *Plans/Innovations*

Templates/Sample Docs

Bylaws, Member Orientation, Site Visit, etc.

Training (Online and Handbooks)

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

Duties of Boards & Commissions

The local mental health board shall : ([WIC 5604.2\(a\)](#))

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

[5604.2\(b\)](#): ...shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

[5848](#): ...conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

Mental Health Services Act (MHSA) Summary

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

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

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

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

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

MHSA On-Line Training

Role of the Mental Health Board w/
MHSA Component Descriptions and Fiscal Info

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

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

County Name: Ventura County
Date submitted: February 25th, 2019
Project Title: Conocimiento - *Knowledge Sharing*
Amount requested: \$1,047,099
Duration of project: Four Years

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

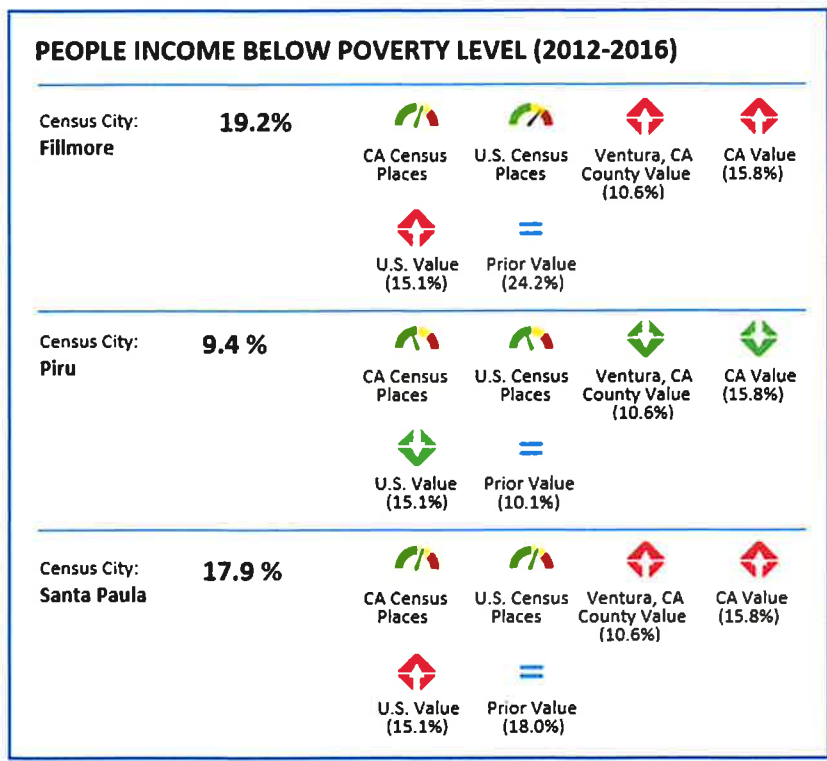
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

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

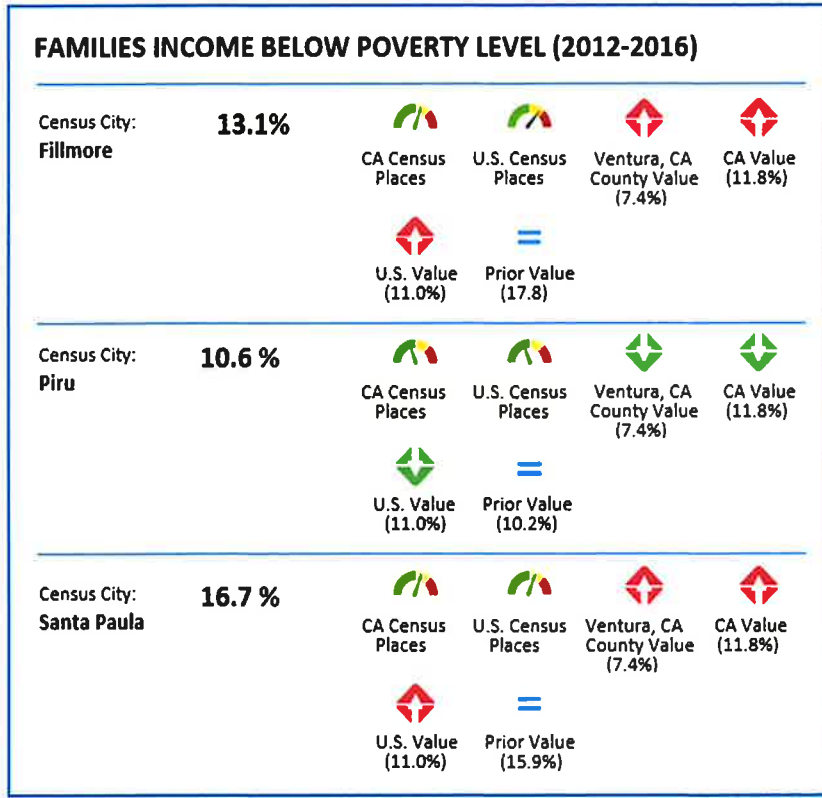
The area suffers from many of the same issues as other rural small towns. School resources are limited, with just two high schools across the three regions. The population is more than 95% Hispanic, with high levels of English learners in schools. School suspension rates in Santa Paula double the state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



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

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

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



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

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

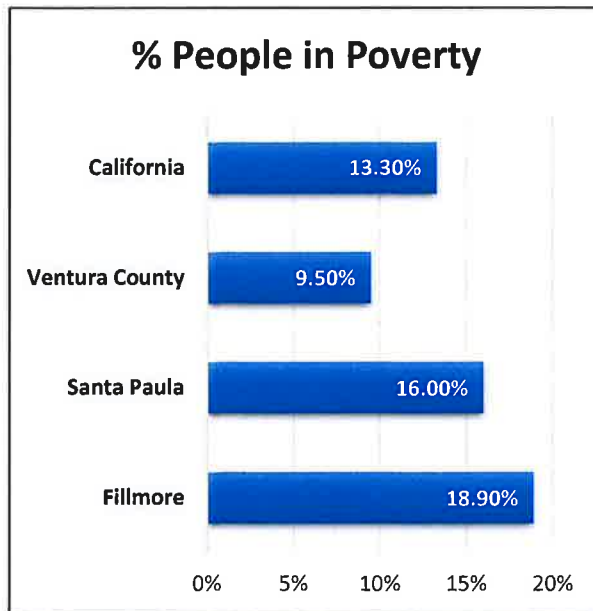
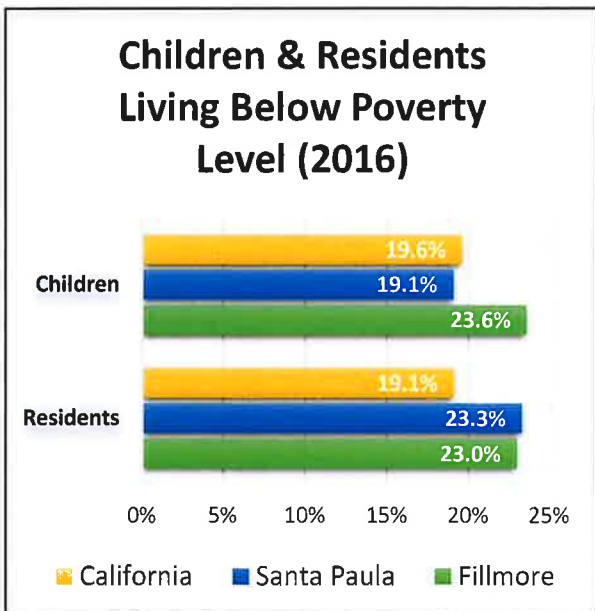


risks. Testing what that means and how to build it is the heart of the proposed project: **Conocimiento**. This program will combine the science of building up resilience, the power of community involvement and the innovative support of the Mental Health Services Act to test the effects on preventative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

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

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

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



PROPOSED PROJECT

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

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

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

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

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

The community will play a supportive role through collaborative partnerships. City Council representatives have pledged to present at these dinners. High school

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

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

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

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

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

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

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

Resilience is the key component to combating many of the lifelong risks associated with ACEs. The program is designed to combine these promising practices with family style dinners, meaningful conversation and the building of core competencies.

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

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

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

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

RESEARCH ON INN COMPONENT

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

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

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

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

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

LEARNING GOALS/ PROJECT AIMS

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

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

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

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;

- Mobilizing sources of faith, hope, and cultural traditions

Learning Goals

Youth Participant Main Goals

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

Youth Participants Secondary Goals

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

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

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

EVALUATION OR LEARNING PLAN

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

Target Participants

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

Data Collection

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

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

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

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

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

Data Collection Procedures

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

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

Data Analysis

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

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

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

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

COMMUNITY PROGRAM PLANNING

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

The Community Program Planning Process

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

The MHSA Planning Committee

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

The Communities

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

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

MHSA GENERAL STANDARDS

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

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

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

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

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

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

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

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

COMMUNICATION AND DISSEMINATION PLAN

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

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

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

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

TIMELINE

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

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

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

A. BUDGET NARRATIVE

OPERATING COSTS

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

Total Indirect Costs: \$136,591

CONSULTANT COSTS/CONTRACTS

Santa Paula Youth Services Contract:

Direct Costs:

Personnel:

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

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

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

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

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

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

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

Total Personnel = \$218,189.54

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

Operating Costs: \$ 173,968.64

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

Non-Recurring Costs: \$ 11,000.00

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

Indirect Costs: \$29,753.12

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

Fillmore Youth Services Contract:

Direct Costs:

Personnel:

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

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

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

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

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

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

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

Total Personnel = \$274,352.22

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

Operating Costs: \$72,820.66

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

Non-Recurring Costs: \$ 4,500.00

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

Indirect Costs: \$37,411.67

Total Fillmore Youth Services Contract: \$389,084.55

Transportation Services Contract

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

Operating Costs: \$88,526

Total Transportation Contract: \$88,526

TOTAL CONSULTANT/CONTRACTORS = \$ 910,521

BUDGET TOTAL

TOTAL INNOVATION BUDGET = \$1,047,099

B. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

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

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

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

C. BUDGET CONTEXT

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

	Project by FY & the following funding sources:						
1.	Innovative MHSA Funds		\$8,612	\$8,266	\$8,509	\$8,758	\$34,145
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation		\$8,612	\$8,266	\$8,509	\$8,758	\$34,145

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds		\$264,092	\$253,489	\$260,928	\$268,590	\$1,047,100
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures		\$264,092	\$253,489	\$260,928	\$268,590	\$1,047,100

*If "Other funding" is included, please explain.



**2018 STATE OF THE COMMUNITY
ANNUAL REPORT**

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

Board Date	Contractor	Amount	Term	Description
2/26/2019	California Department of Health Care Services (DHCS)	\$14,386,054	6/1/17 to 6/30/20	The Standard Agreement with DHCS was amended to: (1) increase the FY 2018-19 funding allocation from \$4,777,113 to \$4,831,828 (an increase of \$54,715), (2) revise the funding use, reporting, data, and invoicing guidelines, and (3) revise the privacy and informational security provisions.
2/26/2019	Ventura County Office of Education (VCOE)	\$220,000	7/1/18 to 6/30/19	The VCOE contract was amended to increase the maximum contract amount by an additional \$10,000 to fund: (1) additional vaping awareness presentations regarding tobacco/cannabis products and (2) expand opioid prevention messaging and outreach efforts in cooperation with the Friday Night Live programs under the direction of VCOE.
2/26/2019	Senior Planning Elder Care Services (SPECES)	\$578,058	8/10/18 to 6/30/19	The SPECES contract was amended to increase the maximum contract amount by an additional \$250,000 to fund increased temporary staffing needs due to increased vacancy/leave of absence rates and new/transitional programs (expanded Triage for Transitional Age Youth and Adults, Assisted Outpatient Treatment, and Narcan distribution).
2/26/2019	California Military Department (CMD)	\$6,160	11/7/18 to 4/15/19	CME, which is responsible for the Ventura Army, requested that the County execute a License to Use State Military Property for the use of the Ventura Army. VCBH used the Ventura Army to shelter 41 residents of the Elms Manor Board and Care while it was undergoing tent fumigation. Per the license, VCBH is to pay CMD a total of \$6,160 for the seven day use of the army.

MEMORANDUM

DATE: March 6, 2019

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved February Agreements

Executive Summary

Board of Supervisors Approved Agreements – February 26, 2019

- 1. Alcohol and Drug Program (ADP) Services: California Department of Health Care Services (DHCS) Standard Agreement Amendment A01 for Substance Abuse Prevention and Treatment Block Grant (SABG) Substance Use Disorder (SUD) Services.**

This item recommended approval of the contract amendment with DHCS for SABG funded SUD services. The contract amendment made the following changes: (1) increased the FY 2018-19 funding allocation from \$4,777,113 to \$4,831,828 (\$54,715 increase), (2) revised the funding use, reporting, data, and invoicing guidelines, and (3) revised the privacy and informational security provisions.

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

The DHCS Standard Agreement for SABG services specifies the conditions and requirements that VCBH must meet to receive State funding. Specifically, the DHCS Standard Agreement requires that VCBH comply with: (1) various SABG program and performance specifications, (2) monitoring and audit requirements, (3) various data and reporting requirements, (4) funding usage principles and reimbursement provisions, (5) record maintenance requirements, (6) various requirements associated with conducting

business with State of California, and (7) information confidentiality, security, and privacy requirements. The DHCS Standard Agreement contract amendment A01 makes the following revisions to the existing agreement terms: (1) increases the FY 2018-19 SABG funding allocation from \$4,777,113 to \$4,831,828 (an increase of \$54,715), (2) revises Exhibit A, Attachment I A1, Program Specifications to update funding use, reporting, and data guidelines, (3) revises Exhibit B A1, Budget Detail and Payment Provisions to update invoicing and funding usage guidelines, (4) revises Exhibit B, Attachment I A1, Funding Amounts to increase the year 2 (FY 2018-19) funding amount by \$54,715, and (5) revises Exhibit F A1, Privacy and Informational Security Provisions to update the privacy and informational security provisions.

VCBH recommended approval of and authorization for the VCBH Director or designee to sign, the DHCS Standard Agreement #17-94172 contract amendment A01 for SABG SUD services, in the amount of \$14,386,054 for the period of July 1, 2017 through June 30, 2020.

2. ADP Services: Ventura County Office of Education (VCOE) Third Amendment.

This item recommended approval for the VCBH Director or Designee to sign the third amendment to the contract with VCOE for ADP Prevention Services, to increase the maximum contract amount from \$210,000 to \$220,000 (\$10,000 increase), for additional vaping awareness presentations regarding tobacco/cannabis products and expanded opioid prevention messaging and outreach efforts in cooperation with Friday Night Live programs. This contract is funded with ADP Statham PC1463.1, ADP SB920/SB921, and SABG funds.

VCOE provides: (1) alcohol and drug prevention education and outreach to students, school personnel, and community partners, (2) youth mentoring services, and (3) coordination and training to support student assistance and Friday Night Live programs throughout Ventura County. The goal of these programs is to prevent and reduce underage drinking, drug use, and associated problems.

The third amendment to the VCOE contract represents an increase of \$10,000 to fund additional vaping awareness presentations regarding tobacco products (nicotine e-juice) and cannabis products (THC in vaporized form), as well as expanded opioid prevention messaging and outreach efforts in cooperation with Friday Night Live programs under the direction of VCOE. These additional services are needed to address growing demand for parent and adult education about e-cigarettes/vape devices, their various forms and associated risks, as well as effective prevention strategies underway to address prescription drug diversion and misuse. These activities are in response to expressed needs in multiple school districts for services under VCOE's contract funded activities.

VCBH recommended approval of and authorization for the VCBH Director or designee to sign, the third amendment to the contract for ADP prevention services with VCOE, in the amount of \$220,000, for the service period of July 1, 2018 through June 30, 2019.

3. Mental Health Services: Senior Planning Elder Care Services (SPECS) First Amendment.

This item recommended approval for the VCBH Director or designee to sign the first amendment to the contract with SPECS for Medical Personnel Staffing and Recruiting Services, to increase the maximum contract amount from \$328,058 to \$578,058 (\$250,000 increase), for an increased need in temporary staff to support VCBH staffing levels to meet client needs. This contract is funded with Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Drug Medi-Cal Federal Financial Participation (DMC FFP), SABG, Realignment, and Mental Health Services Act (MHSA) funds.

SPECS provides certified and/or licensed temporary staff to help fill vacant positions due to difficulty in recruiting qualified and appropriately certified and/or licensed staff as well as backfilling leaves of absence (LOA). VCBH's combined vacancy and LOA rate ranges between 9% and 20% and VCBH uses temporary staff to fill those vacancies. SPECS temporary staff help VCBH maintain continuous services to clients until permanent VCBH staff can be hired. VCBH uses a variety of temporary staff from SPECS, including registered nurses, mental health associates, and licensed marriage and family therapists.

The first amendment to the SPECS contract increases the maximum contract amount to allow for an increase in temporary staff to maintain VCBH staffing levels to support clients. The contract increase is due to two main reasons: 1) an increase in the vacancy and LOA rate and 2) new or transitioning programs. The combined vacancy and LOA rate increased from 18.3% in FY 2017-18 to 19.9% in FY 2018-19 thereby increasing the need for temporary staff. Also, in FY 2018-19, VCBH had one service start up (Expanded Triage for Transitional Age Youth and Adults) and two services transitioned from contract providers to VCBH (Assisted Outpatient Treatment and Narcan distribution services). In each case the start up or transition caused an increase in the need for temporary staff to fill the new positions while VCBH employed staff were being hired or new Personnel Control Numbers were being created.

VCBH recommended approval of and authorization for the VCBH Director or designee to sign the first amendment to the contract for medical personnel staffing and recruiting services with SPECS, increasing the maximum contract amount from \$328,058 to \$578,058 (an increase of \$250,000), effective August 10, 2018 through June 30, 2019.

4. Mental Health Services: License to Use State Military Property (Ventura Armory).

MEMORANDUM

Board of Supervisors Approved February Agreements

March 6, 2019

This item recommended approval of and authorization for the VCBH Director or designee to sign the License to Use State Military Property (Ventura Armory) through April 15, 2019 at a total cost of \$6,160 for seven days of use.

Elms Manor Corporation (Elms Manor) operates a residential care facility, located in the City of Ventura, which provides support services to mentally ill adults who require 24-hour care and supervision to live successfully in the community. VCBH contracts with Elms Manor for augmented board and care services. In November 2018, VCBH was contacted by Elms Manor for assistance with sheltering 41 residents of the facility. Elms Manor was scheduled to undergo tent fumigation and had no place to house and care for the residents during that time. VCBH, in collaboration with Emergency Medical Services, was able to access use of the Ventura Armory (state military property), through the mass care and shelter plan. With Elms Manor providing oversight, the residents occupied the facility for a total of seven days (from 11/7/18 through 11/14/18).

The California Military Department, which is responsible for the Ventura Armory, requested that the County execute a License to Use State Military Property for the use of the Ventura Armory. The license is a statutory requirement for the use of an armory for temporary shelter purposes. Per the license, VCBH will pay the California Military Department a total of \$6,160 (rate: \$880 per 24-hour cycle) for the seven-day use of the armory.

VCBH recommended approval of and authorization for the VCBH Director or designee to sign the License to Use State Military Property (Ventura Armory), effective through April 15, 2019.