

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**November 19, 2018**

**NEXT MEETING:**

Monday, January 28, 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, 1<sup>st</sup> Vice Chair  
Nancy Borchard  
Gane Brooking, 2<sup>nd</sup> Vice Chair  
Margaret Cortese, Member-At-Large  
Janis Gardner, Member Emeritus  
Patricia Mowlavi  
Denise Nielsen  
Supervisor Linda Parks  
Gina Petrus  
Sheri Valley  
Kay Wilson-Bolton, Secretary

**BHAB Members Absent**

Kevin Clerici  
Capt. James Fryhoff  
Monique Garcia  
Mary Haffner  
Larry Hicks  
Irene Pinkard  
Marlen Torres

**Others Present**

Gina Johnson, Probation  
Alexander Grilberet, Anne Sippi Clinics  
Elana Moreno, Anne Sippi Clinics  
Michael Rosberg, Anne Sippi Clinics  
Chess Brodnick, Anne Sippi Clinics  
Leora Brodnick, Anne Sippi Clinics  
Nick Damian, Anne Sippi Clinics  
Paul Drevenstedt, Public Defender's Office  
Marika Collins, Casa Pacifica  
Mark Stadler, Crisis Intervention Team  
Christine Bae, Telecare Corp.  
Michele Surber, Telecare Corp.  
Jen Goble, Pacific Clinics  
Asencion "Cici" Romero, Pacific Clinics TAY Tunnel  
Christopher Lopez, Pacific Clinics  
Evelyn Mendoza, Pacific Clinics  
Patrick Jeffries, Pacific Clinics  
Mia Lewis, Pacific Clinics  
Melanie Camacho, Pacific Clinics  
Daniel Araujo, Pacific Clinics  
Selena A. Moraga  
Anthony Carbonetta  
Elizabeth R. Stone, MA

**VCBH Managers and Staff Present**

Dr. Sevet Johnson, VCBH Director  
Lisa Acosta, M.D., Youth & Family Division Medical Director  
Hilary Carson, MHSA  
Tina Coates, Patient Rights Advocate  
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief  
Dan Hicks, ADP Prevention Manager  
Aurelia Musni, Fiscal  
Barbara Ortiz, RISE Program  
Dr. John Schipper, Adult Division Chief  
Maryza Seal, Contracts Manager  
Edith Pham, BHAB Assistant

Sally Harrison, County Executive Office  
David Deutsch, NAMI  
Mayur Patel, Bayshore In Ventura  
Heather Davidson, First Five  
Elena Moreno  
Robbie Hidalgo, Simi at the Garden

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Harris called the meeting to order at 1:08 p.m. Dr. John Schipper lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve today's agenda. Janis Gardner moved to approve, Ratan Bhavnani seconded. Mr. Bhavnani requested to move up item XIII.E, Pre-Trial Diversion. Mr. Harris proposed to have that presentation immediately following the Secretary's Report. The motion passed unanimously as amended.	The agenda was approved as amended. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the October 15, 2018 meeting. Kay Wilson-Bolton moved to approve, Nancy Borchard seconded. The motion passed unanimously.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	<b>Public Comments</b> Elizabeth Stone read a poem cautioning all about the choice of words used when referring to persons with a mental illness. She urged all to be mindful of this, stating that mental illness does not negate personhood.  David Deutsch reminded all that NAMI is available to provide support in the wake of the tragic mass shooting in Thousand Oaks. He also invited all to the NAMI Holiday Party on December 11 at 5:00 p.m. at the Elks Lodge in Oxnard.		
VI.	<b>Recognitions</b> A. Mr. Harris presented a Certificate of Commendation to several managers and staff of Anne Sippi Clinics in Bakersfield for "their 40 years of providing quality mental health services and treatment to adults with serious mental illnesses." <ul style="list-style-type: none"> <li>• Supervisor Parks thanked them for their work and support of the mentally ill.</li> <li>• Dr. John Schipper noted that clients often ask to be placed at Anne Sippi, a testament to the good work that is done there. He invited Anne Sippi's managers to open a facility in Ventura county.</li> <li>• Mr. Bhavnani thanked Anne Sippi's managers and staff. He noted that his son stayed in their facility twice and received great service.</li> </ul> B. Gane Brooking presented a Certificate of Commendation to Rhonda Fleisher of the Older Adult Clinic for "working in the Older Adult Program, where she has transformed the lives of many clients." <ul style="list-style-type: none"> <li>• Ms. Brooking noted how impressed she is with the care that Ms. Fleisher provides.</li> <li>• Dr. Sevet Johnson related how she witnessed Ms. Fleisher working long hours when they worked in the same clinic.</li> <li>• Supervisor Parks thanked Ms. Fleisher for her dedication to the clients.</li> </ul> C. Ms. Brooking presented a Certificate of Commendation to Brandy Martin of the Older Adult Clinic for her "efforts to engage the most resistant clients." <ul style="list-style-type: none"> <li>• Ms. Brooking noted that Ms. Martin is an endless source of ideas, creativity and energy.</li> <li>• Dr. Johnson noted that Ms. Martin is an advocate for her clients.</li> <li>• Supervisor Parks noted how important it is to have staff who make connections.</li> <li>• Peter Schreiner, Clinic Administrator for the Older Adult Program, noted that both Ms. Fleisher and Ms. Martin are terrific employees, and he is grateful for their dedication and hard work.</li> <li>• Ms. Martin noted that many wonderful staff work in the clinics.</li> </ul> D. Ms. Gardner presented a Certificate of Commendation to Michael White for his work as the VCBH Safety and Facilities manager and for his role during the Thomas Fire, the mass shooting in Thousand Oaks and the Woolsey Fire. <ul style="list-style-type: none"> <li>• Supervisor Parks thanked Mr. White for his excellent work.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Dr. Johnson thanked Mr. White for providing support to the community and VCBH.</li> <li>• Mr. White noted that an incredible team effort goes on behind the scene at VCBH.</li> </ul>		
VII.	<p><b>Chair’s Report – Jerry Harris</b></p> <p>A. Mr. Harris noted that the community has been coming together while dealing with many emergencies. He recognized the work of VCBH, first responders, and Supervisor Parks and her staff for their response to the community’s needs.</p> <p>B. Mr. Harris attended the quarterly meeting of the California Association of Local Behavioral Health Boards &amp; Commissions (CALBHB/C). He invited all to read its Issue Briefs for October and November. Additionally, on October 19 Mr. Harris attended a CALBHB/C meeting in Folsom; during the meeting, it was announced that the Data Notebook would be released in early 2019, but the topic was not revealed.</p> <p>C. On November 30 CALBHB/C will have a conference call with board and commission members from the Southern region, including Ventura.</p> <p>D. On October 30 a few BHAB members attended the Board of Supervisors meeting to present Supervisor Parks with a Certificate of Commendation for her work with Growing Works, a nursery that improves the lives of clients as they are taught work-related skills. <ul style="list-style-type: none"> <li>• Supervisor Parks noted that the nursery has hired seven part-time clients, and some are getting job offers from the outside.</li> </ul> </p> <p>E. Ms. Gardner provided some information on: <ul style="list-style-type: none"> <li>• A Leadership webinar on November 28, organized by Access California;</li> <li>• The NAMI Ventura County Holiday Party on December 11;</li> <li>• The County has joined in a lawsuit on opioids;</li> <li>• The California Association of Public Hospitals will present the Health Care Agency with the Quality Leaders Award for its Whole Person Care program and the showers it provides to the homeless.</li> </ul> </p>		
VIII.	<p><b>Board Members Comments and Announcements</b></p> <p>Ms. Wilson-Bolton noted how proud she is that Dr. Johnson has brought many competent people together. Supervisor Parks agreed, noting that Dr. Johnson and Dr. John Schipper helped family members of the mass shooting as they found out that their loved ones would not come back. Supervisor Parks also noted that in just a few hours her office was turned into a command center. She was gratified to see VCBH providing support.</p> <p>Mr. Bhavnani noted that an Assisted Outpatient Treatment (AOT) stakeholder meeting took place on November 7. Representatives from various agencies attended. Also, a site visit to Horizon View Mental Health Rehabilitation Center is scheduled for January 24 at 10:00 a.m.; BHAB members interested in participating should contact him.</p> <p>Ms. Brooking noted that the operator for the year-round shelters in Ventura and Oxnard will be Mercy House. Also, planning is being done to open a foul weather shelter.</p>		
IX.	<p><b>Presentation: Recovery – Patrick Jeffries, Pacific Clinics Peer Partner</b></p> <p>Ms. Wilson-Bolton introduced Patrick Jeffries. She had heard his presentation at the BHAB Transitional Age Youth Committee and found his words encouraging and unforgettable.</p> <p>Mr. Jeffries identified himself as a peer partner with Pacific Clinics’ Wellness Center in Pasadena. He credited the organization for his recovery. He facilitates a creative writing group, which is the most popular recovery group at the center. The center has published a book of poems written by the consumers, called <i>Diamonds in the Rough, Shine On!</i> He read a poem he wrote titled <i>An Extraordinary Madness</i>, which depicts “my break with sanity”. He noted that poetry is a way to heal the writer and maybe also the reader.</p> <p>Answering questions from the Board, Mr. Jeffries explained that when he experienced his break, he knew that something was happening and that he needed help, but he did not know it was a mental illness. When Pacific Clinics hired him, he used creative writing to help others recover. He is personally comfortable with using the word “insanity.” Mr. Jeffries closed his presentation by reading the poem <i>String Theory</i>, which represents the recovery from depression and other mental illnesses.</p>		

<p><b>X. Director's Report – Dr. Sevet Johnson</b></p>	<p>A. Dr. Johnson requested a moment of silence in memory of the victims of the Borderline Bar mass shooting that took place on November 7.</p> <p>B. The Board of Supervisors approved the Drug Medi-Cal Organized Delivery System (DMC-ODS) for 2018 through 2021. This will go live on December 1<sup>st</sup>.</p> <p>C. As part of the requirements of DMC-ODS, on December 1st VCBH will launch its 24/7 Access Line for substance abuse disorder care and coordination of services.</p> <p>D. Vista del Mar Psychiatric Hospital reopened on October 15 with ten beds for youth and 17 beds for adults.</p> <p>E. As of November 10, the Crisis Stabilization Unit has admitted 939 children and youth since opening; 524 of those children and youth were diverted back to home (56% diversion rate) and received outpatient services rather than being hospitalized.</p> <p>F. Casa Pacifica received its Mental Health program approval for its Short-Term Residential Therapeutic Program (STRTP).</p> <p>G. In October some managers attended a cultural competence summit in Riverside and an Integrated Care conference where Dr. Loretta Denering and Dan Hicks presented on the Naloxone No OD program. On October 31st VCBH, in cooperation with Ventura County Office of Education (VCOE) and various public departments and private organizations, launched the Coast grant project.</p> <p>H. On October 31<sup>st</sup> VCBH released a Request for Proposal (RFP) on No Place Like Home, in collaboration with the County Executive Office (CEO).</p> <p>I. On November 8 VCBH responded to the mass shooting at the Borderline Bar in Thousand Oaks. By 5:00 a.m. a team was deployed at the Teen Center, where it teamed up with the District Attorney's Office (DA) and the FBI to provide support to families as they received confirmation that their loved ones had been killed. VCBH has also been providing support at the office of Supervisor Parks, where the DA opened a victim's assistance office. VCBH continues to provide support at the Conejo Clinic. Dr. Johnson and several managers attended the funeral service for Sgt. Ron Helus.</p> <p>Noting that questions have been raised following the shooting, Dr. Johnson stated that the Crisis Team is highly trained and makes decisions following brief but thorough clinical interviews. VCBH will evaluate this process and assess whether improvements can be made. She welcomed feedback.</p> <p>J. With the Woolsey Fire, the Teen Center was turned into a temporary shelter, where VCBH is providing support. FEMA has agreed to have the VCBH Helping Outreach Possibilities Empowerment (HOPE) team respond to the Woolsey Fire. HOPE was put in place through a grant in response to last year's Thomas Fire.</p>		
<p><b>XI. Secretary's Report – Kay Wilson-Bolton</b></p>	<p>A. BHAB member Irene Pinkard lost her husband recently. He was an outstanding citizen. A condolence card was sent to Ms. Pinkard on behalf of the BHAB.</p> <p>B. The composition of the BHAB is out of balance. More consumers are needed to serve. Mr. Harris noted that two BHAB members are planning to contact consumers who have expressed an interest in serving on the BHAB.</p> <p>C. Some members are not attending the meetings of a BHAB committee of their choice, as required by the Bylaws.</p>		
<p><b>XII. BHAB Committee Reports</b></p>	<p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Brooking noted that the committee is working on its action plan.</p> <p>B. Prevention Committee – Janis Gardner, Chair Ms. Gardner noted that the committee has turned in its action plan. It also heard a presentation from Straight Up Reality Improv. The Food and Drug Administration (FDA) has banned JUUL-flavored e-cigarettes, which attract adolescents.</p> <p>C. Transitional Age Youth (TAY) Committee – Kay Wilson-Bolton, Chair Mr. Bhavnani chaired the October meeting in Ms. Wilson-Bolton's absence. Ms. Cortese noted that the committee had a lengthy discussion on its action plan.</p>		

	<p>D. Youth &amp; Family Committee – Denise Nielsen, Chair In Ms. Nielsen’s absence, Margaret Cortese noted that the committee discussed its objectives and action plan.</p>		
<p><b>XIII.</b></p>	<p><b>New Business</b></p> <p>A. Appoint Member-At-Large to a Six-Month Term Mr. Harris noted that Ms. Cortese’s term as Member-At-Large has expired. No member present expressed interest in the position. Ms. Cortese is willing to be reappointed but prefers to give others the opportunity to serve. Mr. Harris agreed to postpone the appointment until January 2019.</p> <p>B. Suggested Amendment to the BHAB Bylaws to Increase the Number of Members by One, with the New Position Designated for a Member of the Sheriff’s Office Mr. Harris noted that Supervisor Parks had suggested adding a position to the BHAB, which would be filled by a member of the Sheriff’s Office. The BHAB Executive Team is recommending to support this idea. Ms. Gardner moved to approve going forward with an additional BHAB position to include the Sheriff’s Office. Patricia Mowlavi seconded. The motion passed unanimously.</p> <p>C. Status of the Managed Care Workgroup Mr. Harris noted that the workgroup no longer meets the definition of a workgroup and has not met in several months. In the future, VCBH can provide reports on the implementation of Managed Care during the BHAB General meetings, and the workgroup can reconvene in the future if the need exists. Claudia Armann moved to disband the Managed Care Workgroup, Ms. Cortese seconded. The motion passed unanimously.</p> <p>D. “A Positive Approach to Treatment” – Discussion of the Draft Mr. Harris noted that he heard a presentation about this topic during a meeting of the California Association of Local Behavioral Health Boards &amp; Commissions (CALBHB/C). The BHAB Executive Team discussed the draft document, and following a public comment, Mr. Harris prepared a second draft. Elizabeth R. Stone made a public comment. She feels that the perspective reflected in the document used to be common but now studies have found that it leads people not to believe they can ever get well. Such statements make it more challenging to get them to open up to receive help when it is not mutually respectful. Mr. Harris asked if any board member was interested in working on the document and bring it back for further consideration. Mr. Bhavnani suggested that the BHAB does not need to act on the document.</p> <p>E. Pre-Trial Diversion for Mental Health Clients (AB 1810) – Public Defender’s Office Paul Drevenstedt discussed Assembly Bill 1810. Under this bill, the Public Defender can request that a person charged with a felony or misdemeanor and who is diagnosed with a specific mental illness that contributed to the commission of the crime be referred for diversion. If found eligible, the person receives services and returns to court for check-ins every two months. Upon successful completion of the program, which can be over a maximum period of two years, the case is dismissed. The District Attorney’s Office has been meeting with various agencies to plan the best way to implement the law in this county. Mr. Bhavnani moved that the board support the Pre-Trial Diversion Program and encourage its adoption by all agencies involved. Nancy Borchard seconded. Mr. Bhavnani asked about VCBH position regarding the funding for this program. Dr. Johnson noted that VCBH has been discussing the logistics of implementing this law. The motion passed unanimously.</p> <p>F. Feasibility of Bringing the Inpatient Psychiatric Unit (IPU) Under the Authority of VCBH Rather than Ventura County Medical Center (VCMC) Mr. Harris noted that the idea had been suggested at the previous General meeting. However, moving the Inpatient Unit under the authority of VCBH is not feasible. Under current regulations, the IPU would need to include ancillary services. This would be very costly and not feasible.</p>	<p>Approve going forward with an additional BHAB position to include the Sheriff’s Office. <b>M/S/C</b></p> <p>Disband the Managed Care Workgroup. <b>M/S/C</b></p> <p>Move that the BHAB support the Pre-Trial Diversion Program and encourage its adoption by all agencies involved. <b>M/S/C</b></p>	

	<p><b>G. Ventura County Plan to Prevent and End Homelessness</b>  Mr. Harris noted that the County is requesting feedback on its Plan before the end of December. He asked for BHAB members interested in this topic to meet separately since there will not be a General meeting in December. Ms. Brooking and Wilson-Bolton agreed to do so and ask Kevin Clerici to review the Plan. They will send their feedback to the BHAB Assistant, who will forward the comments to the Continuum of Care.</p>	Review Plan, send feedback to BHAB Assistant before the end of December	G. Brooking, K. Wilson-Bolton
<b>XIV.</b>	<p><b>Old Business</b></p> <p><b>A. Update on the Adult Crisis Stabilization Unit (CSU) – Daniel Powell, Mental Health Operations Supervisor, Inpatient Unit (IPU)</b>  Mr. Powell could not attend but sent a written update, which Mr. Harris read aloud. Ventura County Medical Center (VCMC) is awaiting state approval of their CSU application. In the meantime, VCMC is preparing for the future opening of the CSU, e.g. developing staffing matrix and policies.</p> <p><b>B. Future Presentations</b>  Mr. Harris reminded BHAB members to share their suggestions with any BHAB officer or with the BHAB Assistant.</p> <p><b>C. Future Recognitions</b>  Mr. Harris reminded BHAB members to share their suggestions with any BHAB officer or the BHAB Assistant.</p>		
<b>XV.</b>	<p><b>Contracts</b>  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 for details):</p> <p><b>A. Board of Supervisors Approved Agreements – October 9, 2018</b>  1. Mental Health Services: Interface Children and Family Services, Idea Engineering, Inc., and Evalcorp Agreements</p> <p><b>B. Board of Supervisors Approved Agreements – October 16, 2018</b>  1. Alcohol and Drug Program and Mental Health Services: Gold Coast Health Plan (GCHP) Memorandum of Agreement (MOA)</p> <p><b>C. Board of Supervisors Approved Agreements – October 30, 2018</b>  1. Alcohol and Drug Program Services – DMC-ODS Standard Agreement  2. Mental Health Services: California Department of Rehabilitation (DOR) and Pathpoint Office Space License Agreements  3. Mental Health Services: Senior Planning Elder Care Services (SPECS) Agreement</p> <p>Following questions from Ms. Brooking, Dr. Johnson provided additional information:</p> <ul style="list-style-type: none"> <li>• “Interface value of recovery” is the value of push technology;</li> <li>• The Gold Coast Health Plan access line will go live on December 1<sup>st</sup> and will assist with care coordination;</li> <li>• The DMC-ODS “withdrawal management” is detoxification;</li> <li>• Under Department of Rehabilitation (DOR) cash match, for every dollar that VCBH puts forward there would be a match from DOR for services;</li> <li>• SPECS includes an adjusted rate in the new contract and will not employ solely licensed staff.</li> </ul>		
<b>XVI.</b>	<p><b>Public Comments</b>  None.</p>		
<b>XVII.</b>	<p><b>Adjourn</b>  Mr. Harris reminded all that the BHAB will go dark in December. He wished all a happy and safe Holiday Season. The meeting adjourned at 3:25 in memory of Bedford Pinkard, Sgt. Ron Helus, and the victims of the Borderline Bar mass shooting.</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							
District 2	4/17/18 – 1/7/19	Jamie Banker		X	X	X	X							
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X	X	X	X							
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X							
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X	X	X	X							
District 1	6/12/18 – 10/6/18	Kevin Clerici	X	X	X	X								
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X							
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X								
District 5	10/17/17 – 9/23/20	Monique Garcia			X									
District 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X							
District 1	4/8/18 – 4/7/21	Mary Haffner	X											
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X							
District 3	12/2/17 – 12/1/20	Larry Hicks		X		LOA	LOA							
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X							
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X							
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X	X	X	X	X							
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X							
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X								
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA							
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X							
District 3	4/15/18 – 4/14/21	Kay Wilson-Bolton	X	X	X	X	X							

Present = X

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

MESA CONSULTIVA DE VENTURA COUNTY BEHAVIORAL HEALTH

# REUNIÓN GENERAL

MINUTAS

**Noviembre 19, 2018**

**SIGUIENTE JUNTA:**

Lunes, 28 de Enero, 2019

1:00 p.m. – 3:30 p.m.

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

Nota: El Mesa Consultiva de Ventura County Behavioral Health aún no ha aprobado estas minutas. Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las minutas en su forma final.

**Miembros de BHAB presentes**

Jerry Harris, Presidente  
Claudia Armann  
Jamie Banker  
Ratan Bhavnani, 1<sup>st</sup> Vice Presidente  
Nancy Borchard  
Gane Brooking, 2<sup>nd</sup> Vice Presidente  
Margaret Cortese, Miembros en general  
Janis Gardner, Miembro Emeritus  
Patricia Mowlavi  
Denise Nielsen  
Supervisora Linda Parks  
Gina Petrus  
Sheri Valley  
Kay Wilson-Bolton, Secretaria

**Miembros de Ausentes BHAB**

Kevin Clerici  
Capt. James Fryhoff  
Monique Garcia  
Mary Haffner  
Larry Hicks  
Irene Pinkard  
Marlen Torres

**Otros presentes**

Gina Johnson, Libertad condicional  
Alexander Grilberet, Anne Sippi Clinics  
Elana Moreno, Anne Sippi Clinics  
Michael Rosberg, Anne Sippi Clinics  
Chess Brodnick, Anne Sippi Clinics  
Leora Brodnick, Anne Sippi Clinics  
Nick Damian, Anne Sippi Clinics  
Paul Drevenstedt, Defensoría Pública  
Marika Collins, Casa Pacifica  
Mark Stadler, Crisis Intervention Team  
Christine Bae, Telecare Corp.  
Michele Surber, Telecare Corp.  
Jen Goble, Pacific Clinics  
Asencion "Cici" Romero, Pacific Clinics TAY Tunnel  
Christopher Lopez, Pacific Clinics  
Evelyn Mendoza, Pacific Clinics  
Patrick Jeffries, Pacific Clinics  
Mia Lewis, Pacific Clinics  
Melanie Camacho, Pacific Clinics  
Daniel Araujo, Pacific Clinics  
Selena A. Moraga  
Anthony Carbonetta  
Elizabeth R. Stone, MA

**Gerentes de VCBH y personal presente**

Dr. Sevet Johnson, Directora de VCBH  
Dr. Lisa Acosta, Director Médico de la División de Juventud y Familia  
Hilary Carson, MHSA  
Tina Coates, Defensor de los Derechos del Paciente  
Dra. Loretta Denering, Jefe de la División de Programas de Alcohol y Drogas  
Dan Hicks, Gerente de Prevención de ADP  
Aurelia Musni, Fiscal  
Barbara Ortiz, Programa RISE  
Dr. John Schipper, Jefe de División de Adultos  
Maryza Seal, Gerente de Contratos  
Edith Pham, Asistente BHAB

Sally Harrison, Oficina Ejecutiva del Condado  
David Deutsch, NAMI  
Mayur Patel, Bayshore In Ventura  
Heather Davidson, First Five  
Elena Moreno  
Robbie Hidalgo, Simi at the Garden

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / ACCIONES	DISCUSIÓN / CONCLUSIONES
I.	<b>Llamar al orden</b> El presidente Harris inició la reunión a la 1:08 p.m. El Dr. John Schipper dirigió a la audiencia en recitar el juramento de lealtad a la bandera de los EE. UU.		
II.	<b>Aprobar la agenda</b> El Sr. Harris le pidió a la Junta que revisara y aprobara la agenda de hoy. Janis Gardner hizo la moción de aprobar, Ratan Bhavnani la secundó. El Sr. Bhavnani solicitó mover el punto XIII.E, Desvío previo al juicio. El Sr. Harris propuso tener esa presentación inmediatamente después del Informe del Secretario. La moción fue aprobada por unanimidad, según enmendada.	La agenda fue aprobada en su forma enmendada. <b>M / S / C</b>	
III.	<b>Aprobar las minutas</b> El Sr. Harris le pidió a la Junta que revisara y aprobara las actas de la reunión del 15 de octubre de 2018. Kay Wilson-Bolton hizo la moción para aprobar, Nancy Borchard la secundó. La moción fue aprobada por unanimidad.	Las actas fueron aprobadas tal como están escritas. <b>M / S / C</b>	
IV.	<b>Bienvenida y presentaciones</b> El Sr. Harris dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran.		
V.	<b>Comentarios del público</b> Elizabeth Stone leyó un poema que advirtió sobre la elección de las palabras utilizadas al referirse a personas con una enfermedad mental. Ella instó a todos a ser conscientes de esto, afirmando que la enfermedad mental no niega la personalidad.  David Deutsch recordó a todos que NAMI está disponible para proporcionar apoyo tras el trágico tiroteo en masa en Thousand Oaks. También invitó a todos a la fiesta navideña de NAMI el 11 de diciembre a las 5:00 p.m. en el Elks Lodge en Oxnard.		
VI.	<b>Reconocimientos</b> A. El Sr. Harris presentó un Certificado de Reconocimiento a varios gerentes y personal de las Clínicas Anne Sippi en Bakersfield por "sus 40 años de brindar servicios y tratamiento de salud mental de calidad a adultos con enfermedades mentales graves". • La Supervisora Parks les agradeció por su trabajo y apoyo a los enfermos mentales. • El Dr. John Schipper indicó que los clientes a menudo solicitan ser ubicados en Anne Sippi, un testimonio del buen trabajo que se realiza allí. Invitó a los gerentes de Anne Sippi a abrir una instalación en el condado de Ventura. • El Sr. Bhavnani agradeció a los gerentes y al personal de Anne Sippi. Mencionó que su hijo se quedó en sus instalaciones dos veces y recibió un gran servicio.  B. Gane Brooking presentó un Certificado de Reconocimiento a Rhonda Fleisher de la Clínica de Adultos Mayores por "trabajar en el Programa de Adultos Mayores, donde ha transformado las vidas de muchos clientes". • La Sra. Brooking indicó cuán impresionada está con la atención que brinda la Sra. Fleisher. • La Dra. Sevet Johnson relató cómo fue testigo de cómo la Sra. Fleisher trabajaba largas horas cuando trabajaban en la misma clínica. • La Supervisora Parks agradeció a la Sra. Fleisher por su dedicación a los clientes.  C. La Sra. Brooking presentó un Certificado de Reconocimiento a Brandy Martin de la Clínica de Adultos Mayores por sus "esfuerzos para atraer a los clientes más resistentes". • La Sra. Brooking señaló que la Sra. Martin es una fuente inagotable de ideas, creatividad y energía. • El Dr. Johnson indicó que la Sra. Martin es una defensora de sus clientes. • El Supervisor Parks indicó lo importante que es tener personal que haga conexiones. • Peter Schreiner, Administrador de la Clínica para el Programa de Adultos Mayores, indicó que tanto la Sra. Fleisher como la Sra. Martin son excelentes empleados, y él está agradecido por su dedicación y arduo trabajo. • La Sra. Martin indicó que hay muchos empleados maravillosos trabajando en las clínicas.  D. La Sra. Gardner presentó un Certificado de Reconocimiento a Michael White por su trabajo como gerente de Seguridad e Instalaciones de VCBH y por su papel durante Thomas Fire, la filmación masiva en Thousand Oaks y Woolsey Fire.		

	<ul style="list-style-type: none"> <li>• Supervisora Parks agradeció al Sr. White por su excelente trabajo.</li> <li>• El Dr. Johnson agradeció al Sr. White por brindar apoyo a la comunidad y a VCBH.</li> <li>• El Sr. White mencionó el increíble esfuerzo de equipo que continúa detrás de la escena en VCBH.</li> </ul>		
<b>VII.</b>	<p><b>Informe del Presidente - Jerry Harris</b></p> <p>A. El Sr. Harris señaló que la comunidad se ha estado uniendo al enfrentar muchas emergencias. Reconoció el trabajo de VCBH, socorristas, y a la Supervisora Parks y su personal por su respuesta a las necesidades de la comunidad.</p> <p>B. El Sr. Harris asistió a la reunión trimestral de la Asociación de Juntas y Comisiones Locales de Salud Mental de California (CALBHB / C). Invitó a todos a leer sus resúmenes de problemas para octubre y noviembre. Además, el 19 de octubre, el Sr. Harris asistió a una reunión de CALBHB / C en Folsom; durante la reunión, se anunció que el cuaderno de datos se lanzaría a principios de 2019, pero el tema no fue revelado.</p> <p>C. El 30 de noviembre, CALBHB / C tendrá una conferencia telefónica con miembros de la junta y la comisión de la región sur, incluida Ventura.</p> <p>D. El 30 de octubre, pocos miembros de BHAB asistieron a la reunión de la Junta de Supervisores para presentar a la Supervisora de Parques un Certificado de Reconocimiento por su trabajo con Growing Works, un vivero que mejora las vidas de los clientes a medida que se les enseñan habilidades relacionadas con el trabajo.</p> <p>E. La Supervisora Parks señaló que el vivero ha contratado a siete clientes a tiempo parcial, y algunos están recibiendo ofertas de trabajo desde el exterior.</p> <p>F. La Sra. Gardner proporcionó información sobre:</p> <ul style="list-style-type: none"> <li>• Un seminario web sobre Liderazgo el 28 de noviembre, organizado por Access California;</li> <li>• La fiesta navideña del condado de Ventura NAMI el 11 de diciembre;</li> <li>• El Condado se ha unido en una demanda por opioides;</li> <li>• La Asociación de Hospitales Públicos de California presentará a la Agencia de Atención Médica el Premio a los Líderes de Calidad por su programa de Atención Integral y las duchas que brinda a las personas sin hogar.</li> </ul>		
<b>VIII.</b>	<p><b>Comentarios y anuncios de los miembros de la Junta</b></p> <p>La Sra. Wilson-Bolton notó lo orgullosa que está de que la Dra. Johnson haya reunido a muchas personas competentes. La Supervisor Parks estuvo de acuerdo y señaló que el Dr. Johnson y el Dr. John Schipper ayudaron a los familiares de los disparos masivos cuando descubrieron que sus seres queridos no volverían. La supervisora Parks también notó que en pocas horas su oficina se convirtió en un centro de comando. Ella se sintió satisfecha al ver que VCBH brindaba apoyo.</p> <p>El Sr. Bhavnani señaló que el 7 de noviembre se llevó a cabo una reunión con las partes interesadas del Tratamiento Ambulatorio Asistido (AOT). Asistieron representantes de diversas agencias. Además, una visita al centro de rehabilitación de salud mental de Horizon View está programada para el 24 de enero a las 10:00 a.m. ; los miembros de BHAB interesados en participar deben contactarlo.</p> <p>La Sra. Brooking señaló que el operador para los refugios de todo el año en Ventura y Oxnard será Mercy House. Además, se está haciendo una planificación para abrir un refugio de mal tiempo.</p>		
<b>IX.</b>	<p><b>Presentación Recuperación – Patrick Jeffries, Pacific Clinics Peer Partner</b></p> <p>La Sra. Wilson-Bolton presentó a Patrick Jeffries. Ella había escuchado su presentación en el Comité de Jóvenes de la Edad de Transición de BHAB y encontró sus palabras alentadoras e inolvidables.</p> <p>El Sr. Jeffries se identifica así mismo como compañero del Centro de Bienestar de Pacific Clinics en Pasadena. Dio crédito a la organización por su recuperación. Facilita un grupo de escritura creativa, que es el grupo de recuperación más popular del centro. El centro ha publicado un libro de poemas escritos por los consumidores, llamado Diamonds in the Rough, Shine On!. Leyó un poema que escribió titulado "Una locura extraordinaria", que representa "mi ruptura con la cordura". Señaló que la poesía es una forma de curar al escritor y quizás también al lector.</p>		

	<p>Respondiendo a las preguntas de la Junta, el Sr. Jeffries explicó que cuando experimentó su crisis, sabía que algo estaba sucediendo y que necesitaba ayuda, pero no sabía que era una enfermedad mental. Cuando Pacific Clinics lo contrató, usó la escritura creativa para ayudar a otros a recuperarse. Personalmente se siente cómodo al usar la palabra "locura". El Sr. Jeffries cerró su presentación leyendo el poema String Theory, que representa la recuperación de la depresión y otras enfermedades mentales.</p>		
<b>X.</b>	<p><b>Informe de la Directora - Dr. Sevet Johnson</b></p> <p>A. El Dr. Johnson solicitó un momento de silencio en memoria de las víctimas del tiroteo masivo en el Borderline Bar que tuvo lugar el 7 de noviembre.</p> <p>B. La Junta de Supervisores aprobó el Sistema de Entrega Organizada de Medicamentos de Medi-Cal (DMC-ODS, por sus siglas en inglés) para 2018 hasta 2021. Esto estará disponible el 1 de diciembre.</p> <p>C. Como parte de los requisitos de DMC-ODS, el 1 de diciembre, VCBH lanzará su Línea de Acceso 24/7 para la atención del trastorno por abuso de sustancias y la coordinación de los servicios.</p> <p>D. El Hospital Psiquiátrico de Vista del Mar reabrió sus puertas el 15 de octubre con diez camas para jóvenes y 17 camas para adultos.</p> <p>E. Desde el 10 de noviembre, la Unidad de Estabilización de Crisis ha admitido a 939 niños y jóvenes desde su apertura; 524 de esos niños y jóvenes fueron desviados a sus hogares (tasa de desviación del 56%) y recibieron servicios ambulatorios en lugar de ser hospitalizados.</p> <p>F. Casa Pacifica recibió la aprobación del programa de salud mental para su programa terapéutico residencial a corto plazo (STRTP).</p> <p>G. En octubre, algunos gerentes asistieron a una cumbre de competencia cultural en Riverside y a una conferencia de Atención Integrada donde la Dra. Loretta Denering y Dan Hicks presentaron el programa de Naloxone No OD. El 31 de octubre, VCBH, en cooperación con la Oficina de Educación del Condado de Ventura (VCOE) y varios departamentos públicos y organizaciones privadas, lanzó el proyecto de subvención de la costa.</p> <p>H. El 31 de octubre, VCBH publicó una Solicitud de propuesta (RFP) en No Place Like Home, en colaboración con la Oficina Ejecutiva del Condado (CEO).</p> <p>I. El 8 de noviembre, VCBH respondió al tiroteo masivo en el Bar Borderline en Thousand Oaks. Para las 5:00 a.m., se desplegó un equipo en el Centro de Adolescentes, donde se unió a la Oficina del Fiscal del Distrito (DA) y al FBI para brindar apoyo a las familias cuando recibieron la confirmación de que sus seres queridos habían sido asesinados. VCBH también ha brindado apoyo en la oficina de la Supervisor Parks, donde el DA abrió una oficina de asistencia a la víctima. VCBH continúa brindando apoyo en la Clínica Conejo. El Dr. Johnson y varios gerentes asistieron al servicio funerario de Sgt. Ron Helus. Tras señalar las preguntas que surgieron luego del tiroteo, el Dr. Johnson declaró que el Equipo de Crisis está altamente capacitado y toma decisiones luego de entrevistas clínicas breves pero exhaustivas. VCBH evaluará este proceso y evaluará si se pueden realizar mejoras. Ella dio la bienvenida a los comentarios.</p> <p>J. Con el fuego de Woolsey, el Centro de Adolescentes se convirtió en un refugio temporal, donde VCBH brinda apoyo. FEMA ha aceptado que el equipo de VCBH Helping Outreach Possibilities Shower (HOPE) responda al fuego de Woolsey. HOPE se puso en marcha mediante una subvención en respuesta al Thomas Fire del año pasado.</p>		
<b>XI.</b>	<p><b>Informe de la Secretaria - Kay Wilson-Bolton</b></p> <p>A. La integrante de BHAB, Irene Pinkard, perdió a su esposo recientemente. Fue un ciudadano destacado. Se envió una tarjeta de condolencia a la Sra. Pinkard en nombre de la BHAB.</p> <p>B. La composición del BHAB está fuera de balance. Se necesitan más consumidores para servir. El Sr. Harris señaló que dos miembros de la BHAB planean contactar a los consumidores que han expresado su interés en participar en la BHAB.</p> <p>C. Algunos miembros no asisten a las reuniones de un comité de BHAB de su elección, como lo requieren los Estatutos.</p>		
<b>XII.</b>	<p><b>Informes de los comités de BHAB</b></p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Sra. Brooking señaló que el comité está trabajando en su plan de acción.</p>		

	<p>B. Comité de Prevención - Janis Gardner, Presidenta La Sra. Gardner señaló que el comité ha entregado su plan de acción. También escuchó una presentación de Straight Up Reality Improv. La Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) ha prohibido los cigarrillos electrónicos JUUL, que atraen a los adolescentes.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) - Kay Wilson-Bolton, Presidenta El Sr. Bhavnani presidió la reunión de octubre en ausencia de la Sra. Wilson-Bolton. La Sra. Cortese señaló que el comité tuvo una larga discusión sobre su plan de acción.</p> <p>D. Comité de Jóvenes y Familias - Denise Nielsen, Presidenta En ausencia de la Sra. Nielsen, Margaret Cortese señaló que el comité discutió sus objetivos y plan de acción.</p>		
<p><b>XIII.</b></p>	<p><b>Nuevos Asuntos</b></p> <p>A. Nombrar a un miembro general por un período de seis meses El Sr. Harris señaló que el mandato de la Sra. Cortese como Miembro ha expirado. Ningún miembro presente expresó interés en el puesto. La Sra. Cortese está dispuesta a ser reelegida, pero prefiere darles a otros la oportunidad de servir a otros. El Sr. Harris acordó posponer la cita hasta enero de 2019.</p> <p>B. Enmienda sugerida a los Estatutos de la BHAB para aumentar el número de miembros a uno más, con la nueva posición designada para un miembro de la Oficina del Sheriff.  El Sr. Harris señaló que la Supervisor Parks había sugerido agregar un puesto a BHAB, que sería ocupado por un miembro de la Oficina del Sheriff. El Equipo Ejecutivo de BHAB recomienda apoyar esta idea. La Sra. Gardner hizo la moción de aprobar el avance con una posición adicional de BHAB para incluir la Oficina del Sheriff. Patricia Mowlavi la secundó. La moción fue aprobada por unanimidad.</p> <p>C. Estado del grupo de trabajo de atención administrada El Sr. Harris señaló que el grupo de trabajo ya no cumple con la definición de un grupo de trabajo y no se ha reunido en varios meses. En el futuro, VCBH puede proporcionar informes sobre la implementación de Managed Care durante las reuniones generales de BHAB, y el grupo de trabajo puede volver a reunirse en el futuro si es necesario. Claudia Armann hizo la moción para disolver el Grupo de trabajo de atención administrada, la Sra. Cortese lo secundó. La moción fue aprobada por unanimidad.</p> <p>D. "Un enfoque positivo para el tratamiento" - Discusión del borrador El Sr. Harris señaló que escuchó una presentación sobre este tema durante una reunión de la Asociación de Juntas y Comisiones de Salud Mental de California (CALBHB / C). El Equipo Ejecutivo de BHAB discutió el borrador del documento, y luego de un comentario público, el Sr. Harris preparó un segundo borrador.  Elizabeth R. Stone hizo un comentario público. Ella siente que la perspectiva reflejada en el documento solía ser común, pero ahora los estudios han encontrado que hace que las personas no crean que alguna vez puedan mejorar. Tales declaraciones hacen que sea más difícil lograr que se abran para recibir ayuda cuando no se respeta mutuamente. El Sr. Harris preguntó si algún miembro de la junta estaba interesado en trabajar en el documento y devolverlo para su posterior consideración. El Sr. Bhavnani sugirió que el BHAB no necesita actuar sobre el documento.</p> <p>Desvío previo al juicio para clientes de salud mental (AB 1810) - Oficina del defensor público Paul Drevnstedt discutió el Proyecto de Ley de la Asamblea 1810. En virtud de este proyecto de ley, el Defensor Público puede solicitar que una persona acusada de un delito grave o un delito menor y que se diagnostica con una enfermedad mental específica que contribuyó a la comisión del delito sea remitida para el programa de desviación previa. Si se determina que es elegible, la persona recibe servicios y regresa a la corte para realizar el registro cada dos meses. Al completar el programa, que puede durar un período máximo de</p>	<p>Aprobar el avance con una posición adicional de BHAB para incluir la Oficina del Sheriff. <b>M / S / C</b></p> <p>Disolver el grupo de trabajo de atención administrada. <b>M / S / C</b></p> <p>Hacer moción para que BHAB respalde el Programa de desvío previo al juicio y alentar su adopción por</p>	

	<p>dos años, el caso se desestima.</p> <p>La Oficina del Fiscal se ha estado reuniendo con varias agencias para planificar la mejor manera de implementar la ley en este condado.</p> <p>El Sr. Bhavnani propuso que la junta apoye el Programa de desvío previo al juicio y aliente su adopción por todas las agencias involucradas. Nancy Borchard la secundó. El Sr. Bhavnani preguntó sobre la posición de VCBH con respecto a los fondos para este programa. El Dr. Johnson señaló que VCBH ha estado discutiendo la logística de la implementación de esta ley. La moción fue aprobada por unanimidad.</p> <p>E. Viabilidad para llevar a la Unidad de Psiquiatría para Pacientes Hospitalizados (UIP) bajo la autoridad de VCBH en lugar de Ventura County Medical Center (VCMC) El Sr. Harris observó que la idea había sido sugerida en la reunión general anterior. Sin embargo, mover la Unidad para Pacientes Hospitalizados bajo la autoridad de VCBH no es factible. Bajo las regulaciones actuales, la UIP debería incluir servicios auxiliares. Esto sería muy costoso y no factible.</p> <p>F. Plan del Condado de Ventura para prevenir y acabar con la falta de vivienda El Sr. Harris señaló que el Condado está solicitando comentarios sobre su Plan antes de fines de diciembre. Pidió que los miembros de BHAB interesados en este tema se reunieran por separado, ya que no habrá una reunión general en diciembre. La Sra. Brooking y Wilson-Bolton acordaron hacerlo y le pidieron a Kevin Clerici que revisara el Plan. Enviarán sus comentarios al Asistente de BHAB, quien enviará los comentarios al Continuum of Care.</p>	<p>todas las agencias involucradas. <b>M / S / C</b></p> <p>Revisar el plan, enviar comentarios al Asistente de BHAB antes de finales de Diciembre</p>	<p>G. Brooking, K. Wilson-Bolton</p>
<p><b>XIV. Viejos Asuntos</b></p>	<p>A. Actualización sobre la Unidad de Estabilización de Crisis en Adultos (CSU) - Daniel Powell, Supervisor de Operaciones de Salud Mental, Unidad de Pacientes Internos (UIP) El Sr. Powell no pudo asistir pero envió una actualización por escrito, que el Sr. Harris leyó en voz alta. El Centro Médico del Condado de Ventura (VCMC) está a la espera de la aprobación estatal de su solicitud de CSU. Mientras tanto, VCMC se está preparando para la futura apertura de la CSU, por ejemplo. Desarrollo de matrices y políticas de dotación de personal.</p> <p>B. Presentaciones futuras El Sr. Harris recordó a los miembros de BHAB que compartieran sus sugerencias con cualquier funcionario de BHAB o con el Asistente de BHAB</p> <p>C. Reconocimientos futuros El Sr. Harris recordó a los miembros de BHAB que compartieran sus sugerencias con cualquier funcionario de BHAB o con el Asistente de BHAB.</p>		
<p><b>XV. Contractos</b></p>	<p>El Sr. Harris alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que la Junta de Supervisores aprobó durante el mes anterior (consulte el Resumen Ejecutivo para obtener más información):</p> <p>A. Acuerdos aprobados de la Junta de Supervisores - 9 de octubre de 2018</p> <ol style="list-style-type: none"> <li>1. Servicios de salud mental: Interface Children and Family Services, Idea Engineering, Inc., y acuerdos Evalcorp</li> </ol> <p>B. Acuerdos aprobados por la Junta de Supervisores - 16 de octubre de 2018</p> <ol style="list-style-type: none"> <li>1. Programa de Alcohol y Drogas y Servicios de Salud Mental: Memorando de Acuerdo (MOA) del Plan de Salud de Gold Coast (GCHP)</li> </ol> <p>C. Acuerdos aprobados por la Junta de Supervisores - 30 de octubre de 2018</p> <ol style="list-style-type: none"> <li>1. Servicios del Programa de Alcohol y Drogas - Acuerdo estándar de DMC-ODS</li> <li>2. Servicios de Salud Mental: Departamento de Rehabilitación de California (DOR) y Acuerdos de licencia de Pathpoint para espacio de oficina.</li> <li>3. Servicios de salud mental: Contrato de servicios de cuidado de ancianos para personas mayores (SPECS)</li> </ol>		

	<p>Siguiendo las preguntas de la Sra. Brooking, la Dra. Johnson proporcionó información adicional:</p> <ul style="list-style-type: none"> <li>• “Interface value of recovery” es el valor de la tecnología push;</li> <li>• La línea de acceso al Plan de Salud de Gold Coast comenzará a funcionar el 1 de diciembre y ayudará con la coordinación de la atención;</li> <li>• La “gestión de retiros” de DMC-ODS es desintoxicación;</li> <li>• Bajo la aportación igualitaria de efectivo del Departamento de Rehabilitación (DOR, por sus siglas en inglés), por cada dólar que VCBH presente, habrá un cargo del DOR por servicios;</li> <li>• SPECS incluye una tarifa ajustada en el nuevo contrato y no empleará únicamente personal con licencia.</li> </ul>		
<b>XVI.</b>	<p><b>Comentarios públicos</b> Ninguno.</p>		
<b>XVII.</b>	<p><b>Cierre de la Junta</b> El Sr. Harris recordó a todos que la BHAB no se reunirá en diciembre. Deseó a todos una feliz y segura temporada de vacaciones. La reunión se suspendió a las 3:25 en memoria de Bedford Pinkard, Sargento. Ron Helus, y las víctimas del tiroteo en masa de en el Bar Borderline.</p>		

## MESA CONSULTIVA DE VENTURA COUNTY BEHAVIORAL HEALTH Asistencia General a la Junta.

2018-19	Términos	Miembros	Julio	Aug	Sept	Oct	Nov	Dic	Ene	Feb	Mar	Abr	Mayo	Junio
District 1	3/11/18 – 3/10/21	Claudia Armann		X	X	X	X							
District 2	4/17/18 – 1/7/19	Jamie Banker		X	X	X	X							
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X	X	X	X							
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X							
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X	X	X	X							
District 1	6/12/18 – 10/6/18	Kevin Clerici	X	X	X	X								
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X							
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X								
District 5	10/17/17 – 9/23/20	Monique Garcia			X									
District 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X							
District 1	4/8/18 – 4/7/21	Mary Haffner	X											
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X							
District 3	12/2/17 – 12/1/20	Larry Hicks		X		LOA	LOA							
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X							
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X							
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X	X	X	X	X							
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X							
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X								
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA							
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X							
District 3	4/15/18 – 4/14/21	Kay Wilson-Bolton	X	X	X	X	X							

Presente = X

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



# California Association of Local Behavioral Health Boards and Commissions

October 2018

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[www.calbhbc.com](http://www.calbhbc.com)

## DISASTER – Integrating Mental/Behavioral Health into local disaster planning.



### ISSUE BRIEF

Preparing for, responding to, and recovering from disasters and traumatic events is essential to the behavioral health (mental health and substance use) of individuals and communities. Mental health interventions can help facilitate recovery and prevent long-term mental illness (such as depression, anxiety and Post-Traumatic Stress Disorder).

#### Prepare for Disaster

To assess your local level of Disaster Response Preparedness, ask your mental/behavioral health director these questions:

1. How is Mental/Behavioral Health integrated, staffed, funded and supported in your County?
2. Does your county have a Disaster MH/BH Subject Matter Expert?
3. Current, written, integrated disaster plans?
4. Disaster Department Operations Center?
5. Staff identified for National Incident Management System (NIMS) Roles? Trained?
6. What are the Disaster BH Intervention Standards for those who are least impacted to most impacted?
7. What is your BH Department's Disaster Mission?
8. What is the working relationship between the American Red Cross and Disaster Mental Health Services in your County?
9. What are the BH plans for County staff disaster mental health? (Employee Health and Well Being Unit Leader selected and trained?)
10. Do you have back-up for every mental health position? (Staff may be evacuees.)

See: [calbhbc.com/disaster-recoveryreadiness.html](http://calbhbc.com/disaster-recoveryreadiness.html)

#### Children's Disaster Mental Health

Research shows that children are at particular risk for disaster-related mental illness. It is critical to provide best practice and evidence-based care immediately following disaster. The National Children's Disaster Mental Health Concept of Operations (NCDMH CONOPS) outlines a triage-enhanced children's disaster mental health incident response strategy for "seamless" preparedness, response and recovery operations. More info: [CONOPS Handout](#) and [www.calbhbc.com/disaster-recoveryreadiness.html](http://www.calbhbc.com/disaster-recoveryreadiness.html)



#### Psychiatric Advance Directives (PAD)

PADs are legal documents, drafted when a person is well enough to consider preferences for future mental health treatment. PADs allow appointment of a health proxy to interpret preferences in a crisis, and the PAD is used when a person becomes unable to make decisions during a mental health crisis. PAD forms, information & Mental Health America's video links at:

[www.calbhbc.com/disaster-recoveryreadiness.html](http://www.calbhbc.com/disaster-recoveryreadiness.html)

CALBHBC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF CA's 59 LOCAL MENTAL & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.



# California Association of Local Behavioral Health Boards and Commissions

October 2018

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## ISSUE BRIEF

### EMPLOYMENT – Successful practices for adults with mental illness.

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

**Individual Placement & Support (IPS)** is a successful Employment Practice as implemented in Alameda County, 20+ states and many countries.

#### What is IPS?

IPS is a model of supported employment for people with serious mental illness (for example, schizophrenia spectrum disorder, bipolar, depression.) IPS is based on eight principles:

1. Competitive Employment
2. Systematic Job Development
3. Rapid Job Search
4. Integrated Services
5. Benefits Planning
6. Zero Exclusion
7. Time-Unlimited Support
8. Worker Preferences

#### IPS Data

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

See: [www.calbhbc.com/employment.html](http://www.calbhbc.com/employment.html)

#### MH Cooperative Programs

CA's Mental Health Cooperative programs are partnerships between County Mental Health agencies and the Department of Rehabilitation. These programs assist consumers find, get, and keep meaningful community employment. Programs serve over 7,000 consumers annually, resulting in over 750 successful closures annually. More than 80% of consumers with a mental health diagnosis receive vocational rehabilitation plan services when participating in the DOR Mental Health Cooperative programs. More at: [MHFACTS](#)



#### Peer Provider Certification

Advocating for peer support standardization to ensure high quality care continues to be on CALBHB/C's agenda, to include:

- Establishing core competencies that allow certified peers to work across county lines;
- Allowing providers to make use of the federal Medi-Cal match.

See: [www.calbhbc.com/peer-supports.html](http://www.calbhbc.com/peer-supports.html)

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# California Association of Local Behavioral Health Boards and Commissions

November 2018

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[www.calbhbc.com](http://www.calbhbc.com)

## ISSUE BRIEF: Adult Residential Facilities

### ADULT RESIDENTIAL FACILITIES (ARFs) – The critical need for “Board and Care” facilities.

Adult Residential Facilities (ARFs) are a critical component of California’s housing continuum. Lack of ARFs impacts individuals, families and local communities. The social and financial cost is high as adults with severe mental illness enter revolving doors between crisis facilities, psychiatric facilities, emergency rooms, homelessness and incarceration. Local budgets are impacted due to crisis management, expensive placements and incarcerations when the appropriate placement would be an ARF with service offerings for adults with severe mental illness.

#### What is an ARF?

Names and acronyms include:

- ARF: Adult Residential Facilities
- RCFE: Residential Care Facility for the Elderly
- Board & Care (often called “Enhanced” or “Augmented” Board & Care)
- Assisted Living

ARFs are licensed to provide care and services sufficient to support needs resulting from an inability to perform Activities of Daily Living or Severe Cognitive Impairment. ARFs provide services that allow people to maintain independence and receive individualized care in a home-like environment, to include:

1. 24 Hour Care
2. Trained Staff
3. Three meals/day (must accommodate special dietary needs)
4. Access to a physician/nurse in case of emergency
5. Assistance with managing medications

#### Three Key Challenges

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



#### Costly Consequences

- Psychiatric hospitals/facilities range from \$350 - \$775/day.
- Prison costs appr. \$195/day
- County jail costs appr. \$155+ per day (Alameda County, 2014)
- Transitional Programs cost appr. \$150/day per resident.

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy.

## ARF Needs by County

The table below summarizes needs reported in November of 2016 by 22 small, medium and large California counties.

The respondents listed represent 1/3rd of the state. It is clear there is a high need for this housing option for facilities that provide board and care for adults with severe mental illness in every county.

*Data provided by the CA Behavioral Health Planning Council (CBHPC) survey. Twenty-two counties responded by November 2016. CBHPC Adult Residential Facilities (ARF) Issue Paper is On-Line.*

## Addressing Funding

Current ARF funding for adults with severe mental illness is limited to the SSI rate, approximately \$1039 per month. Some counties bolster this rate, providing “patches” to large-scale ARFs, often located hours away from the consumer’s community. These patches range from \$64/day to \$125/day.

It is worth examining a different funding model, such as the one available for adults with developmental disabilities. This model provides several tiers of funding based on the needs of the consumer. Funding ranges from \$1,039 to \$7,784 per month per consumer, allowing for community-based, appropriately staffed ARFs. *The Department of Developmental Services Community Care Facility Rates are at:*

[www.dds.ca.gov/Rates/docs/CCF\\_rate\\_January2018.pdf](http://www.dds.ca.gov/Rates/docs/CCF_rate_January2018.pdf)

County	Population <sup>5</sup>	Beds Needed	Beds Lost	Out of County <sup>6</sup>
Sierra	3,166	N/A	N/A	*
Colusa	22,312	?		*
Glenn	29,000	0	No	22
Amador	37,302	10	0	*
Siskiyou	44,563	N/A	0	Yes, not sure
Tuolumne	54,511	4	0	*
Nevada	97,946	10	0	?
Napa	141,625	18	8	22
Shasta	178,795	25	12	25
Imperial	184,760	10	0	*
El Dorado	182,917	25	?	25
Yolo	212,747	40	0	13
Santa Cruz	274,594	100	0	20
San Luis Obispo	276,142	50	0	44
Monterey	435,658	20	6	45
Tulare	465,013	30-40	40	yes
San Joaquin	728,509	140	187	16
San Mateo	762,327	50	34	*
Kern	884,436	100	100	*
San Bernardino	2,127,735	40	246	Left blank
Riverside	2,331,040	200-300	50	Unknown
Orange	3,165,203	35-50	100	Left blank
<b>TOTAL</b>		<b>907</b>	<b>783</b>	

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

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy. [www.calbhbc.com](http://www.calbhbc.com)

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**From:** CALBHB/C <update@CALBHBC.com>  
**Sent:** Monday, November 12, 2018 12:06 PM  
**Subject:** CALBHBC Update (November)



## California Association of Local Behavioral Health Boards and Commissions

### CALBHB/C Update

Advice for Advisory Boards - Check out the CALBHB/C Issue briefs related to Employment, Disaster Planning and Board and Cares (Adult Residential Facilities) - [www.calbhbc.com](http://www.calbhbc.com) .

Stay Informed on New Legislation: California passed many laws recently related to mental/behavioral health - summaries are below. Voters also voted to allow "No Place Like Home" to go forward, providing \$2 billion in bonds to build permanent supportive housing that must be linked to intensive treatment and services. At this point, every county in the state has applied for – and been awarded – a NPLH planning grant.

Thank you for serving on and/or supporting a local board/commission! You are integral to helping local communities provide effective programs.

**HAPPY THANKSGIVING!**

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#### Connect with CALBHB/C

You are welcome to contact us and encouraged to use our report form.

On-line training, handbooks and more resources are at: [www.calbhbc.com/resources.html](http://www.calbhbc.com/resources.html)

Over the next few months, CALBHB/C leadership

#### Meetings & Training:

**Central:** 1/18/19, San Diego (Training 1/19)  
Registration Agenda (PDF)

**Bay Area:** 3/16/19, Oakland

**All State Meeting & Capitol Day:** 4/10/19  
Sacramento

Meetings and trainings are open to all local mental/behavioral health board/commission members and staff admin liaisons to the boards/commissions. No fee to register. See registration page for travel reimbursement info.

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#### Agendas - On-line Posting Required

On or after January 1, 2019, meeting agendas must be posted on-line. See Brown Act.

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#### Frequently Asked Questions

Check out our new "FAQs" page.  
[www.calbhbc.com/faqs.html](http://www.calbhbc.com/faqs.html)

Annual Reports

Committees

Expenses

Fiscal MHSa Info

New Member Orientation

Recruitment of Members

Recruitment of MH/BH Director

is reaching out to every local board/commission, hosting phone calls throughout the state with Chairs and member Supervisors. Invitations forthcoming!

Role/Requirements of MH/BH Director  
Site Visits

Don't see desired topic? Check out the Best Practices Handbook or contact us!

---

**New California Legislation**

AB-1436 - Board of Behavioral Sciences: licensees: **suicide prevention training**. This law requires, commencing January 1, 2021, an applicant for licensure with the Board of Behavioral Sciences (BBS) as a licensed marriage and family therapist (LMFT), licensed educational psychologist (LEP), licensed clinical social worker (LCSW), or licensed professional clinical counselor (LPCC) to show that the applicant has completed a minimum of six hours of coursework or specified supervised experience in suicide risk assessment and intervention.

AB-1968 - Mental health: **firearms**. This law requires that a person who has been taken into custody, assessed, and admitted to a designated facility because he or she is a danger to himself, herself, or others, as a result of a mental health disorder more than once within a one-year period be prohibited from owning a firearm for the remainder of his or her life, subject to the right to challenge the prohibition at periodic hearings.

AB-2022 - **Pupil mental health services: school notification**. This law requires each school of a school district or county office of education and charter schools to notify students and parents or guardians of pupils at least twice per school year, how to initiate access to available student mental health services on campus or in the community.

AB-2112 - Federal 21st Century Cures Act: **community-based crisis response plan**: grant. This law requires the Department of Health Care Services (DHCS) to develop and submit an application to solicit a grant authorized under the federal 21st Century Cures Act (Cures Act) to develop a community-based crisis response plan.

AB-2315 - **Pupil health: mental and behavioral health services: telehealth technology**:

AB-2639 - **Pupil suicide prevention policies**: reviews: updates. This law requires the governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, to review, at minimum every 5th year, its policy on pupil suicide prevention and, if necessary, update its policy. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program.

SB-215 - **Diversion: mental disorders**. This law amends Governor Brown's 2018 pre-trial diversion program in three ways: (1) it eliminates certain offenses from consideration from diversion, including murder, manslaughter, rape, and other sex offenses; (2) it requires courts, upon request, to conduct a hearing to determine whether restitution is owed to any victim as a result of the diverted offense; and (3) it authorizes a court to request a prima facie hearing where a defendant must show they are potentially eligible for diversion.

SB-688 - **Mental Health Services Act: revenue and expenditure reports**. This law requires each county to prepare its Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report in accordance with generally accepted accounting principles (GAAP), as specified, and requires specified entities to post county reports in a machine-readable format on their respective Internet Web sites.

SB-1004 - **Mental Health Services Act: prevention and early intervention**. This law requires the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish priorities for the use of MHSA prevention and early intervention (PEI) funds, as specified, and to develop a statewide strategy for monitoring the implementation and effectiveness of PEI

guidelines. This law requires the California Department of Education (CDE), in consultation with the Department of Health Care Services (DHCS) and appropriate stakeholders with experience in telehealth, to develop guidelines on or before July 1, 2020, for the use of telehealth technology to provide mental health and behavioral health services to pupils on public school campuses, including charter schools.

**AB-2316 - Mental health: county patients' rights advocates: training materials.** Requires the State Department of Hospitals (DSH) and the Department of Health Care Services (DHCS) to develop a comprehensive training and certification program for county patients' rights advocates (PRAs) that is accessible remotely and at any time.

*Thank you to the CA Behavioral Health Planning Council for the legislative summaries!*

programs, as specified.

**SB-1045 - Conservatorship: serious mental illness and substance use disorders.** This law allows, until January 1, 2024, San Diego, San Francisco and Los Angeles Counties to place in a conservatorship, as specified, a person who is chronically homeless and incapable of caring for his or her own health and well-being due to serious mental illness and substance use disorder.

**SB-1152 - Hospital patient discharge process: homeless patients.** This law requires each hospital to include, as part of its hospital discharge policy, a written homeless patient discharge planning policy and process. Prohibits a hospital from discharging a homeless patient to a location other than where the patient identifies as his or her residence unless to another licensed facility, or to a social services agency or provider that has agreed to accept the patient, and requires certain conditions to be met prior to discharging the homeless patient.

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**How do I pronounce "CALBHBC?"**

You can run out of breath saying "California Association of Local Behavioral Health Boards and Commissions." Saying "CALBHBC" does not help either. There is a solution. Say "CAL – BH – BC."



Facebook: CALBHBC



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You are receiving this email because you are affiliated with a local mental/behavioral health board/commission.

**Our mailing address is:**

CALBHBC - California Association of Local Behavioral Health Boards & Commissions



At the Ventura County Board of Supervisors meeting on October 30, 2018 Supervisor Linda Parks receives a Certificate of Commendation from the Behavioral Health Advisory Board (BHAB)

From left: VCBH Director Dr. Sevet Johnson, BHAB Member Mary Haffner, BHAB Member and Supervisor Linda Parks, BHAB Chair Jerry Harris, Chair Emeritus Janis Gardner, 1<sup>st</sup> Vice Chair Ratan Bhavnani



Register Now

**Target Audience:**

- Local-Level Policy Makers
- State-Level Policy Makers
- Providers
- Client/Consumer Advocates/Liaisons

**Description:**

Leadership Trainings provide an opportunity to collaborate with county-designated client/consumer advocates/liaisons in California to discuss local and statewide mental health policy issues, local-level trends and concerns, best practices and success stories, and the needs of the clients/consumers throughout the state. Legislative and policy analysis is provided, and participants identify opportunities for local- and state-level public advocacy. County mental health leadership and other local- and state-level policy makers receive practical tips and resources to help facilitate the effective participation of stakeholders in the community planning process.

**Presenters:** Andrea Crook, NCPS / Director of Advocacy

**Additional Info:**

After registering you will receive a confirmation email containing additional information about joining the training.



# FREE WEBINAR

## More about ACCESS California

**Advancing Client and Community Empowerment through Sustainable Solutions**

ACCESS California's mission is to strengthen and expand local and statewide client/consumer stakeholder advocacy in California's Public Mental Health System through individual and community empowerment.

ACCESS California is a program of NorCal MHA funded by the California Mental Health Services Act (Prop 63) and the Mental Health Services Oversight and Accountability Commission (MHSOAC)



ACCESS California | NorCal MHA | 916.376.7736 | Email ACCESS

STAY CONNECTED:



NorCal MHA, 720 Howe Ave, Suite 102, Sacramento, CA 95826

You're Invited to Our Annual

# Holiday Party Celebration!

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

We hope to see you there!

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

**When:** Tuesday Dec. 11<sup>th</sup>, 2018

**Time:** 5:00pm-8:00pm



 **NAMI Ventura County**

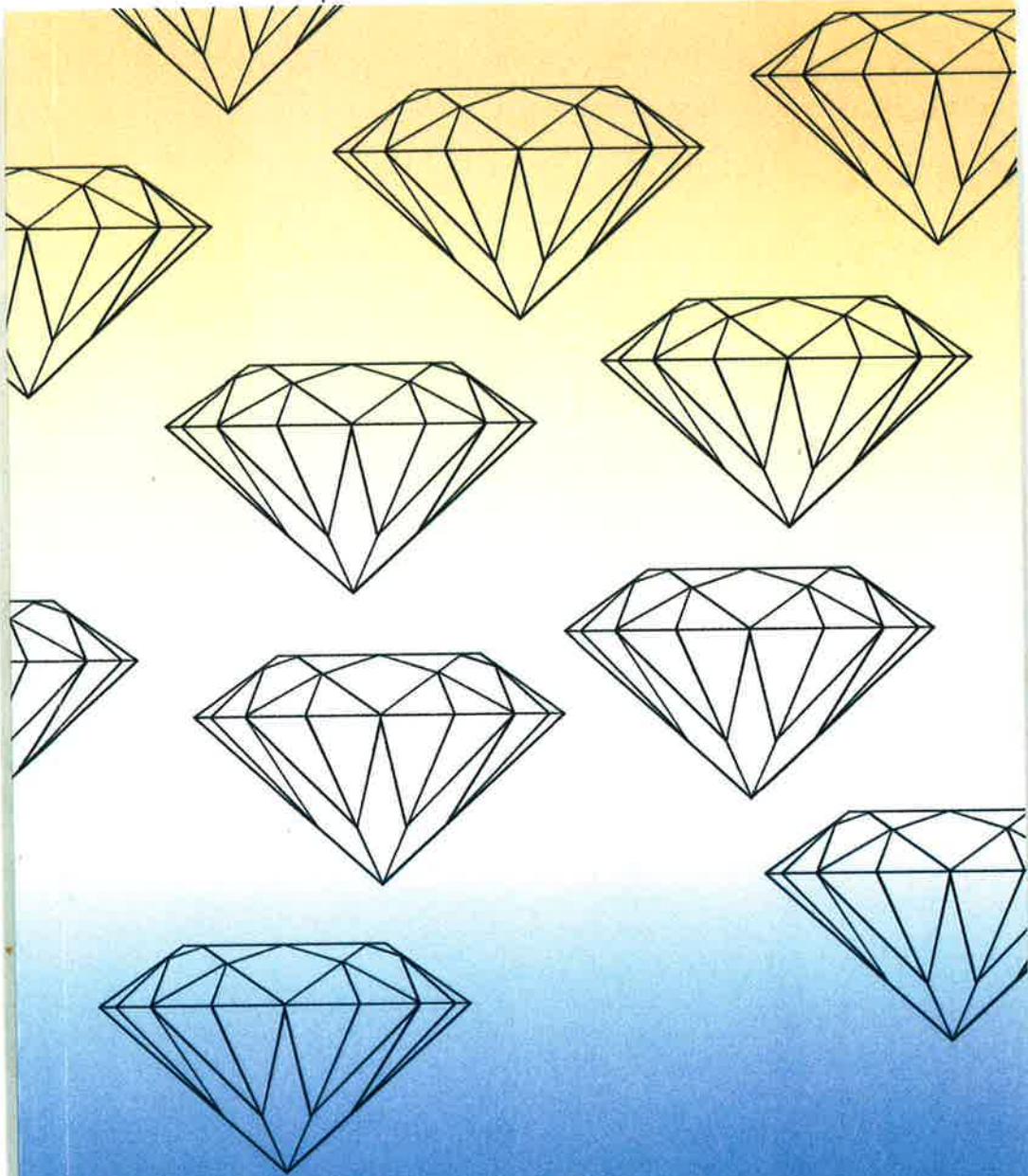
Sponsored by NAMI Ventura County and Ventura County Behavioral Health



## **HCA Wins Award from the California Association of Public Hospitals/Safety Net Institute**

The California Association of Public Hospitals (CAPH) has chosen to present the Health Care Agency with the prestigious Quality Leaders Award for its entry *Shower the Homeless with Services* in the Ambulatory Care Redesign category. Every year, at the CAPH/SNI Annual Conference, they showcase the innovative approaches to improve care and advance population health in California's public health care systems through the Quality Leaders Awards (QLAs). The QLA's honor the good work underway to achieve high value, high quality, patient-centered care. The award will formally be presented to the Health Care Agency during a luncheon at their annual conference in Napa on December 6th.

The Whole Person Care Team, under the direction of Deanna Handel, Manager, and Erik Cho, is to be commended with the work they do with the homeless population. Currently, two days a week -- Fridays in Santa Paula and Mondays in Ventura -- showers are provided to the homeless. Clients can also avail themselves to other services while they are there, such as Behavioral Health services, social services, housing, and more.



DIAMONDS  
IN THE ROUGH  
SHINE ON!

## STRING THEORY

*Patrick Thomas Jeffries*

In the fullness of life  
We are blessed to play our part  
To have roles that we identify with  
That are important to us  
Then in life  
In the convergence  
Of factors  
We become entangled  
In knots of delusion and confusion  
Disillusioned  
Frustrated  
Overwhelmed  
Despairing  
And Depression comes in  
Like a cold shadow  
That breathes freeze breeze  
Nothing left to seize  
We grieve  
Life becomes too much

Irritable sensitive to touch  
Head butting  
Cutting  
Idle  
Even suicidal  
We lose our grip  
We lose our guts

*Fatigue makes cowards of us all*  
Illness sets in  
Every move takes a tremendous amount of energy  
It feels as though we are walking in molasses  
Depression begins to cut our ties  
We find ourselves alone  
Where we might have had many roles to play and passions to pursue  
There is nothing left to do  
Life seems sad  
We become the illness and lose sight of who we are  
We fear that we might never be that way again  
It eats away at our heart  
Everything feels hopeless

We recede into our cave  
We try to fathom what went wrong  
We are plagued and ashamed with stigma  
Until a place opens in our heart  
And we begin to see the light  
And there is a life we must reclaim  
It is not that we are looking for life to be the same  
We just want to feel sane  
Players in the game  
Like being rescued at sea  
We see the string that used to connect us to the world  
Slowly but surely we reach back and pull and rise  
Above the abyss  
We find that what seemed like the end  
Was actually the beginning  
We reclaim our life, our interests our love  
We are better for the experience  
We have been through hell  
We have wisdom to share  
We have newfound compassion  
We care

We have faced the end  
We've re-engaged with friends  
We find that we can lead because we know where we have been  
We grasp our fate  
We re-integrate  
With faith in the Lord we co-create  
We know where we want to go  
Far from the darkness the despair  
Into the light  
We can take you there—

Behavioral Health Advisory Board

**A POSITIVE APPROACH TO DEFINING BEHAVIORAL HEALTH TREATMENT**

**Draft 1**

Discussed during the BHAB Executive meeting on 11/13/18

Individuals with Behavioral Health conditions have a medical illness that requires treatment. The treating provider is responsible for working with the client to help manage that condition in such a way as to enable the individual to live a normal life or as close to a normal life as possible depending upon the degree and limitations of the condition.

If we think about Behavioral Health issues in this way, stigma is removed and the person receiving treatment for his/her condition is the same as an individual receiving treatment as a person with diabetes or asthma. When treating diabetes or asthma the healthcare provider is managing the condition with the goal of providing that person with the ability to live a normal life or as close to a normal life as possible.

Our society must learn to view Behavioral Health conditions and individuals experiencing them in a positive way, thereby removing stigma.

**A POSITIVE APPROACH TO DEFINING BEHAVIORAL HEALTH TREATMENT**

**Draft 2**

Both drafts for discussion at the General meeting on 11/19/18

People with mental illness have a medical condition that requires treatment. The treating provider is responsible for working with the client to help manage the condition in such a way as to enable the individual to live a happy, fulfilling and productive life.

If we think about Behavioral Health issues in this way, stigma is removed and the person receiving treatment for his/her illness is the same as a person receiving treatment for diabetes or asthma. When treating diabetes or asthma the healthcare provider is managing the condition with the goal of providing that person with the ability to live a normal life or as close to a normal life as possible depending upon the degree and limitation of the condition.

Our society must learn to view Behavioral Health conditions and individuals experiencing them in a positive way, thereby removing stigma.

# VENTURA COUNTY REGIONAL PLAN TO ADDRESS HOMELESSNESS

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VENTURA COUNTY CONTINUUM OF CARE ALLIANCE

## WHY DEVELOP A NEW PLAN?

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- Clearly articulate regional strategies & educate community and partners
- Describe current system; successes and challenges
- Identify areas of focus to develop a comprehensive crisis response system
- Identify proven practices and programs to invest local, state and federal resources
- Use document to conduct annual review and update of plan
- \*Requirement for State funding

## STAKEHOLDER INPUT

---

- Community Task Forces
- Cities/County
- Education
- Healthcare
- Social Services Agencies
- Criminal Justice
- Business Community
- Faith Community
- Homeless Service Providers
- Housing Developers/Real Estate/Landlords
- Philanthropic Groups
- Persons Experiencing Homelessness

## SUBPOPULATIONS

---

- Families with children
- Unaccompanied youth
- Persons fleeing domestic violence
- Seniors
- Veterans
- Persons with disabilities
- Persons with serious mental illness
- Persons with substance use disorders
- Persons with chronic health conditions
- Persons with criminal justice history

## CORE COMPONENTS

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- Homeless Management Information System
- Pathways to Home, Coordinated Entry System
- Housing First/Low Barrier Programs & Services
- Data-Driven Decisions
- Create Sustainable & Effective Programs & Interventions

## STRATEGY I

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- ❖ **Develop A Comprehensive Crisis Response System**
  - Homeless Prevention targeted at those most likely to become homeless
  - Divert people from shelter whenever possible
  - Provide coordinated entry & access to homeless persons & families
  - Create access & points of entry countywide
  - Increase emergency housing options across the county
  - Enhance outreach efforts
  - Housing Navigation Services to assist with quickly connecting to housing assistance & other services

## STRATEGY 2

---

### ❖ **Increase Affordable Housing Opportunities for Households Who Are Homeless or At-Risk of Homelessness**

- Housing Location efforts to build partnerships with landlords
- Leverage funding opportunities to increase supply of supportive housing for persons with disabilities including serious mental illness & substance use disorders
- Partnerships with affordable housing providers/Public Housing Authorities
- Share data with jurisdictions to help informed decision making in proposing/approving new housing.

## STRATEGY 3

---

### ❖ **Create & Provide Wrap- Around Services to Keep Households Housed**

- Home-based case management services
- Access to behavioral health services
- Access to substance use treatment and support services
- Access to healthcare services
- Access to education and employment services
- Access to other services needed to maintain housing

## STRATEGY 4

---

### ❖ **Create Opportunities for Homeless Persons/Families to Obtain Sustainable Income**

- Partner with education/workforce programs to increase meaningful and sustainable employment opportunities for people experiencing or at-risk of homelessness
- Increase connection to SSI Outreach, Access & Recovery (SOAR) program to increase the number of persons with serious mental illness & other disabilities are able to access Social Security benefits and Medicaid.

## STRATEGY 5

---

### ❖ **Community Outreach & Education**

- Share data, best practices and proven practices with CoC partners
- Share data, best practices and success stories through community engagement
- Broaden membership of CoC
- Use social media, press releases and CoC website to disseminate information
- Solicit input from community on strategic goals and performance
- Facilitate humanizing homelessness to promote compassion/empathy

## STRATEGY 6

---

### ❖ **Cross-System Integration**

- Work across public & private systems of care to ensure ending homelessness is a shared priority
- Foster high-level coordination among government entities on the issue of homelessness
- Increase data sharing among systems of care
- Assess and prioritize efficiency and effectiveness across impacted systems

## STRATEGY 7

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### ❖ **Capacity Building**

- Ensure a strong system capable of meeting strategic goals and locally adopted system performance thresholds (in alignment with State/Federal funding)
- Increase bed coverage & data quality in Homeless Management Information System (HMIS) in order to identify gaps
- Facilitate training opportunities and technical assistance to all homeless service providers

## FEEDBACK

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- What do you like?
- What else should we consider?
- Other thoughts?

## NEXT STEPS

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- Use draft plan and integrate strategies
- Share Draft 2 with stakeholders
- Use month of December to gather feedback
- Present updated Draft to CoC Board for approval—January 9, 2019

# Ventura County Plan to Prevent and End Homelessness

## Introduction

Homelessness looks different for different households, and people become homeless for many varied reasons. In Ventura County's expensive housing market, a single event, like an unanticipated medical bill, a death in the family, a missed paycheck, or a costly car repair can cause a household to lose housing. Safe, stable, and affordable housing is key to the wellbeing of our residents and community. Households living outside, in shelters, cars, campgrounds, temporary or overcrowded shared housing situations, transitional housing, motels, or in housing that is unsafe or unsanitary are considered homeless. Families with children, unaccompanied youth, seniors, persons with serious mental illness or substance use disorders, veterans, and those fleeing or attempting to flee domestic violence or dating violence comprise those who are homeless in Ventura County.

This strategic plan is borne of the belief that preventing and ending homelessness requires a unified and strategic response. Although established systems and programs to address homelessness exist in our community, we are recommitting to carrying out and expanding solutions to help our most vulnerable residents – and the whole community – to succeed and thrive.

## History

In 2006, Ventura County adopted a 10 Year Plan to Prevent and End Homelessness. The plan set forth an ambitious agenda for ending homelessness by 2016. Significant strides have been made since the adoption of the 10 Year Plan with an emphasis on greater collaboration and maximizing existing resources through implementation of Pathways to Home, the local coordinated entry system. Significant investments have been made in Homeless Prevention and Rapid Re-Housing programs through commitment from the Board of Supervisors to provide local funding in addition to the resources through State and Federal programs. Progress has been made towards the goal of ending veteran homelessness, improving collaboration among youth-focused services and implementing low barrier, housing first programs throughout the Continuum of Care partner agencies and programs. Behavioral Health and Healthcare focused programs have been implemented including outreach efforts through the RISE and PATH programs of Ventura County Behavioral Health and the Healthcare for the Homeless and Whole Person Care programs of the Health Care Agency including expansion of outreach efforts and recuperative care beds.

While much has been accomplished, homelessness in Ventura County remains a persistent challenge. The 2018 Point in Time Count found there are an estimated 1300 people experiencing homelessness on any given night. The 2018 count showed the first significant increase in homelessness in Ventura County in 8 years. An overall 12.8% increase from the 2017 count with an increase of nearly 24% in unsheltered persons has heightened the awareness of community stakeholders and leaders to a place where a refreshed strategy is needed. The Ventura County Continuum of Care is developing this regional strategy with input from stakeholders including local jurisdictions, homeless service providers, affordable housing developers and supportive housing providers, county service agencies, law enforcement, faith-based partners, the business community, advocates, persons who are currently or formerly homeless and many others focused on homeless subpopulations.

This plan focuses on creating a crisis response system that is organized around the goal of helping all people who are without shelter quickly return to housing. The 10 year plan included recommendations of creating new shelter programs and housing inventory but resources were not made available to reach those goals. With new funding available and a local commitment, comes an opportunity to invest in best practices and proven solutions to prevent and end homelessness for individuals and families.

### **Who is Homeless in Ventura County?**

Each year the Ventura County Continuum of Care conducts the Point in Time Homeless Count and survey with the goal to survey and count each person who was homeless on one night in January. This activity assists with evaluating trends and gaining a better understanding of the needs of the population who meet the United States Housing and Urban Development (HUD) definition of homelessness (sleeping in places not meant for human habitation or staying in an emergency shelter or transitional housing program).

In 2018, there were 1,299 adults and children who were homeless during the Point in Time Count and Survey. Of the 1,299 persons counted, 821 or 63.2% were unsheltered and 478 or 36.8% were sheltered. The 2018 count accounted for the first significant increase in the annual count in several years with an overall increase of nearly 13% and a significant increase in the overall unsheltered population, rising nearly 26% from the 2017 count.

During the 17-18 Federal Fiscal Year, 2,309 unduplicated persons requested assistance from the Ventura County Continuum of Care partners.

The number of people who are at-risk of homelessness is significant in Ventura County's high cost/low vacancy housing market. The United States Census Bureau noted that 9.9% or approximately 84,000 of the 854,223 residents of the county were living below the poverty level as reported in the 2017 American Community Survey. These persons are at-risk of homelessness because of the cost of housing relative to their household income.

Other program data to help us evaluate the number of people who are homeless and at-risk of homelessness comes from Ventura County healthcare and education providers who use a broader definition of homelessness which includes individuals and families who are temporarily staying with family or friends including being doubled up or couch surfing. In 2017, The County of Ventura Healthcare for the Homeless reported 14,521 persons enrolled that meet the Health Resources & Services Administration (HRSA) definition of homeless (includes doubled up and at-risk persons). Of this number, 4,456 or 30% of persons were literally homeless (on the streets, emergency shelter or transitional housing).

Ventura County Office of Education also tracks the number of homeless students through a broader definition of homelessness set by the federal Department of Education. Data collected in the 2017 school year showed 4,400 students temporarily doubled-up or at-risk of homelessness, 569 or 13% of students met the HUD definition of homelessness. This data includes all public K-12 schools in Ventura County.

## Vision and Guiding Principles

This plan lays out the strategies to effectively prevent and end homelessness in Ventura County. The Ventura County Continuum of Care's vision is that homelessness is rare, brief and non-recurring.

- **Rare:** Whenever possible, the homeless crisis response system will prevent vulnerable individuals and families from falling into homelessness.
- **Brief:** The system will be in place to ensure that any household experiencing homelessness returns to as housing as quickly as possible striving to accomplish this within 30 days or less.
- **Non-recurring:** Individuals and families assisted by the crisis response system will not return to homelessness

Ventura County Continuum of Care Guiding Principles:

- *Collaboration and Coordination:* Invest in evidence-based, results-driven and client-focused systems of support that integrate practices, procedures, and services within and across public and private agencies, programs, and policies.
- *Housing First:* People experiencing homelessness require very affordable and permanent housing solutions as quickly as possible and then services as needed.
- *Strength Based:* Start with and build upon the skills, strengths, and positive characteristics of each person.
- *Trauma Informed:* Homelessness is a complex, high-risk and individualized condition, not a character trait. Recognize that most people experiencing homelessness have experienced trauma, and build relationships, responses, and services on that knowledge.
- *Harm Reduction:* Seek to reduce the effects of risky behavior in the short-term and eliminate its effects in the long-term.

## Methodology

The Ventura County Plan to Prevent and End Homelessness was created by combining three primary activities:

- Establishing core requirements and core components to prevent and end local homelessness;
- Using core requirements and core components to shape recommendations to prevent and end local homelessness;
- Implementing the locally shaped recommendations with new and existing federal, state, and local funding opportunities.

### **A. Establishing core requirements and core components to prevent and end local homelessness**

#### Core Requirements

The Ventura County Continuum of Care has adopted the following core requirements for all publicly funded programs serving homeless individuals and families, which is consistent with federal and state legislative requirements:

1. Participating in the Homeless Management Information System

The local Homeless Management Information System (HMIS) is the primary repository for client level data for consumers of homeless services in the County of Ventura. The HMIS allows the Continuum of Care to analyze data from within the homeless system and evaluate essential information related to the provision and assessment of services provided within all levels of the Continuum of Care, including outreach and prevention, emergency shelters, transitional housing and permanent supportive housing. This system allows service providers to submit direct referrals in a more efficient manner, improving access to housing and services.

2. Participating in the Coordinated Entry System

Pathways to Home is the Ventura County Continuum of Care's Coordinated Entry System. This system allows individuals and families to access services needed to move them out of a state of homelessness as quickly as possible. Pathways to Home includes a client-focused approach to minimize the complexity and challenges associated with accessing multiple programs to avoid or exit homelessness. Service providers within the VC CoC work collaboratively to coordinate services and information with the intent to provide the most effective and efficient client services.

3. Implementing a Housing First Approach

Housing First is a low barrier approach that consists of the following elements:

- people experiencing homelessness can achieve stability in permanent housing, regardless of their service needs or challenges, if provided with appropriate levels of services;
- barriers are removed that have hindered homeless persons from **obtaining** housing which include
  - too little income or no income;
  - active or history of substance use;
  - criminal record, with exceptions for state-mandated restrictions; and
  - history of having been or currently a victim of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement).
- barriers are removed that have hindered homeless persons from **maintaining** housing which include
  - Failure to participate in supportive services;
  - Failure to make progress on a service plan;

- Loss of income or failure to improve income; and
- Fleeing domestic violence.

All privately funded programs are encouraged to adopt the core requirements.

### Core Components

Core components are based upon a range of evidence-based, best, and promising practices that have been used to help solve local homelessness in other communities.

- **Evidence-based practices** are founded on the integration of research results with clinical expertise, which helps professionals make decisions on proven results and not on personal experience or anecdote.
  - Examples include **permanent supportive housing** and **Housing First**, which are described below.
- **Best practices** are methods or techniques that have been generally accepted as superior to alternatives because they produce results which are superior to those achieved by other means. These practices are not considered evidence-based because not enough rigorous research has shown them to be effective, which may yet happen.
  - Examples include **street outreach and engagement**, **housing navigation**, and **rapid rehousing**, which are described below.
- **Promising practices** are methods or techniques that have the potential to effectively address issues of concern in a community. They are solutions or approaches that are new, innovative and “startup” in nature and may not have been sufficiently tested, but still hold promise and potential. These practices can warrant additional research and testing to eventually become best practices.
  - Examples include **coordinated entry system**, **low barrier shelter**, and **housing search**, which are described below.

Core components include:

#### 1. Street Outreach and Engagement

- **Outreach** to individuals in a Housing Crisis; begins the initial steps for building personal connections, assessing immediate needs with a basic needs assessment, and working to identify and overcome to improve health status, social support network and address their housing crisis. Outreach to members of the community can also serve as a means of educating them about the components of a Housing Crisis, ways in which to support community members living on the streets and the programs that serve those individuals.

- **Engagement** is continued multiple contacts with individuals living on the street, continued attempts to develop and establish a rapport that leads to a trusting relationship to facilitate the development of a Housing plan as well as addressing their medical, mental health and service needs. The process begins after the initial street outreach contact, when individuals in a Housing Crisis are identified. Engagement periods can be as short as one or two contacts or may take years including hundreds of contacts. Staff who provide the engagement services are aware that refusals of contacts can rapidly shift and that initial rejections can eventually lead to acceptance of services and development of a housing plan. It is important that the community, agencies or government policies and resources recognize the length of time that may be needed for regular and persistent contact to result in active engagement and progress towards creation of a housing plan.

## 2. Housing Search

Housing search uses Housing Locators who, with support from a wide-range of community members, find housing options for street outreach workers to engage homeless persons. Engaging a wide-range of community representatives in housing search activities with the leadership of Housing Locators results in an increase of affordable housing opportunities, thus freeing street outreach workers to concentrate on developing the relationships necessary to motivate homeless persons to obtain and maintain the housing.

## 3. Housing Navigation

Housing Navigation focuses on helping homeless households develop a housing plan, address the barriers identified during the plan or regular navigation activities, and assisting the household with acquiring documentation and completing forms required for housing. Navigation includes attending property owner meetings and setting appointments and assisting with completing paperwork needed around housing applications. Navigation also involves the securing of housing through inspections, utility startups and actual move in into housing. Each housing navigator provides services until a linkage with an assigned long-term case manager occurs once the individual is residing in their housing. Thus, navigation differs from active case management in that the primary focus is assisting the individual with obtaining their housing whereas case management is long term and ongoing and helps the household maintain their housing once achieved.

## 4. Low Barrier Shelter

Low barrier shelter is temporary housing that is in contrast with shelters and transitional housing programs that have "housing-ready models" in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to entering permanent

housing. Thus, treatment and compliance is required in exchange for help with obtaining permanent housing in 'housing-ready models'.

In low barrier shelter, however, there are no preconditions such as sobriety or medication compliance. A Housing First approach is embraced and anyone facing a housing crisis is offered immediate and low barrier access. Residents work with housing navigators to move into permanent housing as quickly as possible and receive home-based supportive services including substance use treatment services if agreed upon and needed.

#### 5. Rapid Re-housing

Rapid Re-Housing is an intervention that connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid Re-Housing programs assist individuals and families living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing. The primary focus of the program is to help a household find housing as quickly as possible and receive case management for stabilization purposes. This is a trauma-informed approach that supports households in their own housing which can allow children to remain in school, adults can maintain or more easily obtain employment and families can easily stay together.

#### 6. Permanent Supportive Housing

Permanent supportive housing is an evidence-based housing intervention for persons who have a qualifying disabling condition and need of subsidized housing for which they pay no more than 30% of their adjusted monthly income. Services are provided on-site and off-site. The type of services depends on the needs and the will of the residents. Services may be short-term, sporadic, or ongoing indefinitely. Supportive services may include education, emergency assistance, employment, health care, mental health care, substance use counseling and treatment, transportation and trauma care.

#### 7. Home-based Case Management

Home-based case management focuses on helping persons with maintaining their housing after obtaining their housing by providing a balanced approach that helps clients receive necessary on-site and off-site supportive services but does not evict clients for failure to participate in supportive services; failure to make progress on a service plan; loss of income or failure to improve income which is consistent with a Housing First approach.

### **B. Using core requirements and core components to shape recommendations to prevent and end local homelessness**

Recommendations shaped by core requirements and components include:

**1. Implementing a homeless prevention approach that will help ensure that those individuals and families most likely to become homeless do not become homeless.**

The approach focuses on providing limited cash assistance and a wide-range of free or low cost supportive services and supplies to those households most likely to become homeless. The approach also focuses on providing a wide-range of free and low cost supportive services and supplies to those households less likely to become homeless but in need of such services and supplies.

**Households At-Risk of Homelessness**

Households most likely to become homeless will receive appropriate cash assistance. Such assistance may include:

- rental and utility assistance;
- utility deposits;
- security deposits;
- move-in costs;
- legal fees;
- transportation; and
- credit repair costs.

A wide-range of free or low cost supportive services and supplies include:

- clothing;
- educational assistance;
- employment services;
- food;
- health care;
- household equipment and furniture;
- household supplies;
- hygienic supplies;
- mental health care;
- public assistance;
- school supplies; and
- substance use counseling and treatment.

Households most likely to become homeless will be identified by using the characteristics of the local sheltered population as the criteria for determining if a household is likely to become homeless and should receive prevention assistance. Such information is available through the Homeless Management Information System (HMIS). Characteristics will likely include:

- history of homelessness including number of, and length of, previous homeless episodes;
- very low-income household;
- disabilities in household;
- employment status of adults.

Households less likely to become homeless will receive the wide-range of free or low-cost services and supplies noted above when needed.

## **2. Expanding street outreach and engagement**

Expand street outreach and engagement to all areas of the county to ensure that outreach workers engage persons living in highly visible homeless encampments. Such visible persons are often the most vulnerable who have been languishing on the streets and prone to injury and death.

Outreach workers should be full-time and dedicated solely to outreach and engagement ideally assigned to the same community for extended periods of time. Outreach includes building a personal connection with the individuals, assessing their immediate needs with a basic needs assessment, and working to identify barriers that the individual must address and overcome in order to improve health status, social support network and address their housing crisis. Engagement involves multiple contacts with individuals living on the street.

Outreach and engagement also involves collaborating with outreach workers who may not be full-time and dedicated solely to outreach and engagement. Collaboration will also include cross-training.

Outreach and engagement also includes responding to community requests for street outreach intervention from local government including law enforcement, businesses, civic groups, service groups, and neighbors.

## **3. Promoting Housing Search**

Hire Housing Locators, with support from a wide-range of community members, will focus on finding various housing options for street outreach workers to engage homeless persons. Housing Locators engaging a wide-range of community representatives in housing search activities will result in an increase of affordable housing opportunities. This will allow street outreach workers to concentrate on developing relationships with homeless persons, and in particular chronically homeless persons, to connect with appropriate housing.

Housing Locators will help create and coordinate a Housing Search Task Force that will be made up of a wide-range of community representatives that are committed to identifying and

recruiting potential providers of affordable housing for people who are experiencing homelessness. Task Force members will include representatives from:

- Civic groups;
- Faith communities;
- For-profit corporations;
- Local government;
- Real Estate/Landlord groups;
- Non-profit agencies.

Together, Task Force representatives will identify and recruit potential providers of affordable housing for persons experiencing homelessness such as

- property owners;
- property managers;
- residential care providers,
- affordable housing developers;
- affordable housing operators;
- single room occupancy corporations; and
- permanent supportive housing providers.

Types of affordable housing for persons who are experiencing homelessness will include:

- Scattered site housing which includes individual apartment units throughout the community;
- Single-site housing which includes apartment buildings;
- Set-aside housing which includes a designated number or set of apartments within a larger apartment building;
- Shared housing that provides a household with a private bedroom and shared living space that includes bathrooms, kitchen, dining area, and other living spaces.

#### **4. Augmenting housing navigation**

Augmenting housing navigation will include hiring full-time Housing Navigators that are solely dedicated to housing navigation, which means focusing on helping homeless households with developing a housing plan, addressing the barriers identified during the plan or during regular navigation activities, and assisting the household with acquiring documentation and completing forms required for housing. Navigation will also include attending property owner meetings and setting appointments and assisting with completing paperwork needed around housing applications. Navigation will also involve the securing of housing through inspections, utility startups, and actual move in into housing.

#### **5. Increasing the number of low barrier emergency shelter beds**

Low barrier emergency shelter is temporary housing in contrast to shelters and transitional housing programs that have “housing-ready models” in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to obtaining permanent housing. Thus, treatment and compliance is required in exchange for help with obtaining permanent housing. In low barrier emergency shelter, however, there are no preconditions such as sobriety. Residents work with housing navigators (as noted below) to move into permanent housing as quickly as possible and receive home-based supportive services including substance abuse services if agreed upon and needed.

#### **6. Augmenting Rapid Rehousing assistance**

Augmenting Rapid Rehousing assistance will help more families and individuals who are not chronically homeless obtain permanent housing immediately and to stabilize themselves as soon as possible. Such households have not been living on the streets for years with physical disabling conditions such as serious mental illness, substance use disorders, and/or chronic physical illness. They have lived independently in permanent housing in the past and need temporary assistance for several months instead of years. They may need short-term rental assistance (six months or less) and longer-term non-monetary assistance to prevent the loss of their housing such as free or low-cost clothing, food, health care, household supplies, and transportation.

#### **7. Increasing the number of permanent supportive housing units**

More permanent supportive housing is needed for persons who have a disabling condition and in need of subsidized housing for which they pay no more than 30% of their adjusted monthly income. Supportive housing is the best practice solution for persons with serious and persistent mental illness, substance use disorders and other disabilities. Services will be provided on-site and off-site. The type of services will depend on the needs and the will of the residents. Services may be short-term, sporadic, or ongoing indefinitely and be focused on helping residents maintain their housing. Supportive services may include education, emergency assistance, employment, health care, mental health care, substance use counseling and treatment, and trauma care.

#### **8. Ensuring home-based case management**

Home-based case management helps ensure that previously homeless individuals and families receive case management after rapid rehousing assistance ends and ensure that there are enough case managers to provide case management for all households in permanent supportive housing units.

### **C. Implementing the locally shaped recommendations with new and existing federal, state, and local funding opportunities.**

Local recommendations will be shaped by integrating the core requirements and components described above into new and existing federal, state, and local funding opportunities.

Appendix A consists of multiple federal and state funding sources from the Homelessness Task Force Report: Tools and Resources for Cities and Counties. Not all counties and cities are eligible for every funding source. Collaborating with eligible recipients, however, can help ensure the submission of competitive proposals.

There are several new state funding opportunities because of recently passed legislation. They include four opportunities that are described more fully in Appendix B.

The four state funding opportunities include:

State Funding Opportunity	Amount Available for Ventura	Eligible Activities
No Place Like Home Program	\$1,566,826	Permanent supportive rental housing for people with serious mental illness, who are homeless, chronically homeless, or at-risk of chronic homelessness
Housing for a Healthy California	TBD	Pay for the cost of permanently housing homeless individuals on Medi-Cal who receive services through the Whole Person Care pilot program, Health Homes, or some other county controlled funding source
Homeless Emergency Aid Program (HEAP)	\$4,831,856	Established for the purpose of providing localities with one-time flexible block grant funds to address their immediate and emergency homelessness challenges. A minimum of 5% is dedicated to serve homeless youth up to age 24. City and County jurisdictions must adopt a resolution declaring a shelter crisis to be eligible for funding.
California Emergency Solutions and Housing (CESH) Program	\$701,401	<b>Rental assistance and housing relocation and stabilization services</b> to ensure housing affordability to people experiencing homelessness or at risk of homelessness. Rental assistance provided pursuant to this paragraph shall not exceed 48 months for each assisted household and rent payments shall not exceed two times the current HUD fair market rent for the local area, as

determined pursuant to Part 888 of Title 24 of the Code of Federal Regulations.

**Operating subsidies** in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and families.

**Flexible housing subsidy funds** for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals and families. Funds used for purposes of this paragraph may support rental assistance, bridge subsidies to property owners waiting for approval from another permanent rental subsidy source, vacancy payments, or project-based rent or operating reserves.

**Operating support for emergency housing interventions**, including, but not limited to, the following:

(A) **Navigation centers** that provide temporary room and board and case managers who work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter.

(B) **Street outreach services** to connect unsheltered homeless individuals and families to temporary or permanent housing.

(C) **Shelter diversion**, including, but not limited to, homelessness prevention activities, and other necessary service integration activities to connect individuals and families to alternate housing arrangements, services, and financial assistance.

## Appendix A

### Homelessness Task Force Report: Tools and Resources for Cities and Counties

#### Federal and State Funding Sources:

<b>Shelters and Prevention</b>	<b>Emergency Solutions Grant (ESG):</b> ESG is a HUD program grant administered by the California Department of Housing and Community Development (HCD). ESG provides funding to help improve the quality of existing emergency shelters for the homeless, make additional shelters available, meet the costs of operating shelters, provides street outreach and helps prevent homelessness. The program also provides short-term homelessness prevention assistance to persons at imminent risk of losing their housing due to eviction, foreclosure or utility shutoffs. The State of California runs an Emergency Solutions Grant Program.	Metropolitan cities, urban counties, territories and state
<b>Housing</b>	<b>HOME Investment Partnerships Program (HOME):</b> HOME is a HUD program that provides formula grants to states and units of local government used by communities – often in partnership with local nonprofit groups – to fund a wide range of activities that build, buy and/or rehabilitate affordable housing for rent or homeownership or provide direct rental assistance to low-income people.	State and local and communities, including cities and counties
<b>Housing</b> <b>Case Management</b>	<b>HUD Continuum of Care Program:</b> This program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; effectively manage, promote and utilize the coordinated entry system and optimize self-sufficiency among individuals and families experiencing homelessness.	State and local governments, nonprofit organizations
<b>Housing</b>	<b>Community Development Block Grants (CDBG):</b> CDBG is a flexible program that provides communities with resources to address a wide range of unique community development needs. Among these needs is low barrier shelter.	Counties with fewer than 200,000 residents in unincorporated areas and cities with fewer than 50,000 residents that do not participate in the U.S.

		(HUD) Community Development Block Grant (CDBG) entitlement program
<b>Housing, Families, Seniors and Disabilities</b>	Section 8 Housing Choice Vouchers: This housing program targets low-income families, seniors and those with disabilities by providing a direct housing subsidy to landlords, with the enrollee paying any difference in cost.	Local public housing agencies
<b>Veterans Case Management Housing</b>	HUD-Veterans Affairs Supportive Housing (VASH) vouchers: This program combines Housing Choice Voucher (HCV) rental assistance with case management and clinical services provided by the U.S. Department of Veteran Affairs (VA), for disabled veterans who are homeless.	Local public housing agencies
<b>Veterans, Families and Prevention</b>	U.S. Department of Veterans Affairs' Supportive Services for Veteran Families (SSVF): This nationwide program is intended primarily to serve individuals experiencing crisis homelessness. It provides temporary financial assistance and a range of other flexible services geared toward preventing homelessness among those at risk and rapidly stabilizing in permanent housing those who do become homeless. It is important to note that, despite its name, the program serves both families with children and individual veterans.	Private nonprofit organizations and consumer cooperatives who can provide supportive services to eligible populations
<b>Veterans Prevention Housing</b>	Veterans Housing and Homelessness Prevention Program (VHHP): The purpose of VHHP is the acquisition, construction, rehabilitation and preservation of affordable multifamily housing for veterans and their families to allow veterans to access and maintain housing stability.	Sponsors and borrowing entities may be organized on a for-profit or not for-profit basis. Any public agency or private entity capable of entering into a contract is eligible to apply.
<b>Behavioral Health</b>	Substance Abuse and Mental Health Services Administration (SAMHSA) Grants: These are federal block grant funds available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services to support local programs for substance use disorders and mental illness.	County mental health plans
<b>Health</b>	Medicaid/Medi-Cal: Medi-Cal is California's Medicaid program. Medi-Cal is a public health insurance program financed by the state and federal governments that provides health care services for low-income individuals, including: <ul style="list-style-type: none"> <li>• Families with children;</li> <li>• Seniors;</li> <li>• Persons with disabilities;</li> <li>• Foster youth;</li> <li>• Pregnant women; and</li> <li>• Low-income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.</li> </ul> In California, counties have a unique perspective on the Medi-Cal program. County welfare departments determine eligibility for the Medi-Cal program, and county behavioral health departments act as the health plan provider for Medi-Cal. California counties do not, however, have a share of cost for the Medi-Cal program. Counties can leverage their unique position within the Medi-Cal program to	California Department of Health Care Services (administered by counties in California)

	conduct outreach to help eligible homeless individuals receive Medi-Cal services.	
<b>Families Prevention Employment</b>	<b>Temporary Assistance for Needy Families (TANF)/CalWORKs:</b> Operated by local county welfare departments, CalWORKs provides families in need with a combination of financial assistance and work opportunities to help them become more financially independent. This program also offers housing support and case management for those at-risk of homelessness.	State and tribal agencies (administered by counties in California)
<b>Families Food</b>	<b>CalFRESH:</b> CalFRESH, formerly known as Supplemental Nutrition Assistance Program (SNAP), is a federally mandated, state-supervised, and county-operated government program that provides monthly food benefits to help low-income households purchase the food they need to maintain adequate nutritional levels. While CalFresh benefits generally cannot be used to purchase hot or prepared food, the CalFresh Restaurant Meals Program allows homeless, disabled and adults age 60 and older to use their Electronic Benefits Transfer (EBT) at select restaurants in some counties. Some individuals also qualify for SNAP employment and training benefits. Children who live in households that receive CalFresh or SNAP benefits are eligible to receive free school meals, including free summertime meals.	State and tribal agencies (administered by counties in California)
<b>Families</b>	<b>Promoting Safe and Stable Families (PSSF):</b> Funded through Title IV-B funding, PSSF is a program to develop a coordinated and integrated service system that builds on the strengths of families and communities.	Child welfare agencies and eligible Indian tribes
<b>Families, Housing and Case Management</b>	<b>CalWORKs Housing Support Program:</b> This program targets CalWORKs homeless families or those at risk for homelessness. Major components include housing identification, rent and moving assistance, and case management and services.	Counties
<b>Seniors and Housing</b>	<b>Section 202: Supportive Housing for Elderly:</b> This program provides grants for supportive housing for the elderly who are very low-income and at least 62 years old.	Private nonprofit organizations and nonprofit consumer cooperatives
<b>Youth</b>	<b>McKinney-Vento grants:</b> The State of California receives a limited amount of federal funding to support efforts to address the needs of homeless students, which is sub-granted to local education agencies (LEAs) such as school districts and can support collaborative projects. Each school district is required to have a McKinney-Vento liaison. LEAs are also mandated to comply with objectives outlined in the State of California's Every Student Succeeds Act (ESSA) plan, <a href="http://www.cde.ca.gov/re/es/">www.cde.ca.gov/re/es/</a> .	Local education agencies
<b>Youth</b>	<b>Local Control Funding Formula/Local Control Accountability Plans (LCFF/LCAP):</b> The State of California's funding formula for local school districts to meet outlined objectives, particularly related to priority populations (i.e., English-language learners, foster youth and low-income youth) must now also specifically address the needs of homeless students. LCAPs are developed by school districts but may present opportunities for collaboration. Some school districts combine their objectives to serve homeless students with those designed to serve foster youth. LCAPs are available on school district websites.	School districts
<b>Youth and Food</b>	<b>CalFresh:</b> Homeless youth not living with parents/guardians or "under parental control" may be eligible for CalFresh benefits. There is no age requirement to apply for benefits, no need to supply a permanent address, and a school identification card is sufficient for identification requirements.	Individuals

<b>Youth and Food</b>	<p><b>USDA school nutrition programs:</b> These programs include school breakfast, school lunch, summer meals and after-school meal programs and provide free meals to students with income below the federal poverty level. Homeless students may be easily enrolled into the school lunch and breakfast programs through McKinney-Vento liaisons. In areas with significant numbers of homeless students and challenges getting to school, cities and counties can encourage school districts to implement or expand Breakfast in the Classroom or other Second Chance Breakfast programs. Summer meal and after-school meal programs are drop-in programs that present opportunities to avoid any stigma associated with accessing school meal programs. These programs also provide jobs to community members. Many high-poverty schools are eligible to participate in the <b>Community Eligibility Provision</b>, <a href="http://www.frac.org/community-eligibility">www.frac.org/community-eligibility</a>, which enables schools to provide free breakfast and lunch to all students without requiring household applications.</p>	Individuals
<b>Youth</b>	<p><b>Homeless Youth and Exploitation Program:</b> This program, administered by the Governor's Office of Emergency Services, addresses the various needs of homeless youth including housing, outreach, signing up for available public benefits, employment training and educational support.</p>	Nonprofit organizations
<b>Law Enforcement</b> <b>Behavioral Health</b> <b>Housing</b>	<p><b>Proposition 47 (Year):</b> Prop. 47 was a voter-approved initiative to enact the Safe Neighborhoods and Schools Act that is administered by the Board of State and Community Corrections (BSCC). The act includes a grant program aimed at supporting mental health treatment, substance abuse treatment and diversion programs for people in the criminal justice system, with an emphasis on programs that reduce recidivism of people convicted of less serious crimes.</p>	Local public agencies
<b>Law Enforcement</b> <b>Prevention</b> <b>Housing</b> <b>Behavioral Health</b>	<p><b>Law Enforcement Assisted Diversion (LEAD) Grant:</b> This \$15 million grant, administered by BSCC, allows law enforcement officers to redirect people suspected of committing low-level offenses to community-based services rather than to jail, addressing underlying factors that drive criminal justice contact. The program focuses on providing substance use and mental health treatment and housing.</p>	Cities and counties
<b>Law Enforcement</b>	<p><b>AB 109 Funding:</b> Police officers may often serve as an initial point of contact with homeless individuals and families. Law enforcement agencies are implementing many new tools to help reduce incarceration of homeless individuals and connect them to services. Counties have used their AB 109 public safety realignment funding to help provide temporary and transitional housing for AB 109 offenders and individuals involved in the local criminal justice system. This typically is part of a comprehensive case management plan for the offender.</p>	Counties
<b>Case Management</b>	<p><b>Medi-Cal Whole Person Care Pilots:</b> In 2016, Medi-Cal began funding 25 Whole Person Care Pilots designed to improve coordination of health, behavioral health and social services at the local level. The Whole Person Care Pilots are being conducted as part of the Medi-Cal 2020 Waiver, which will allow participating counties and the City of Sacramento to coordinate health, behavioral health and social services in a patient-centered manner aiming to improve beneficiary health and well-being through a more effective and efficient use of resources. The pilots will work toward supporting the</p>	Counties and one city

<p>integration of care for a vulnerable group of Medi-Cal beneficiaries — who have been identified as high-frequency users of multiple systems and continue to have poor health outcomes — with the goal of providing comprehensive coordinated care for the beneficiary, leading to better health outcomes. Some counties view these pilots as a way to help more homeless individuals achieve better health outcomes.</p>	
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## Appendix B

### Summary of Selected California Legislation Providing Funding for Homelessness

#### Homeless Emergency Aid Program (HEAP)

1. Estimated funds for Ventura CoC: \$4,831,856
2. Administered by Administrative entity which means the CoC collaborative applicant pursuant to CoC Interim Rule Section 578.3 of Title 24 of the Code of Federal Regulations
3. purpose is to provide localities with flexible block grant funds to address their immediate and emergency homelessness challenges
4. Round 1 NOFA will be released by September 5 and applications due by the end of the year
  - Awards made no later than January, 2019
  - Not less than 50 percent of program funds shall be contractually obligated by January 1, 2020.
  - One hundred percent of program funds shall be contractually obligated by June 30, 2021. Any funds not expended by that date shall be returned to the agency and revert to the General Fund.
5. Round 2 NOFA will be released by February 15, 2019
  - Awards made by May 2019
6. Declaration of Emergency Shelter Crisis:
  - A county may only declare a shelter crisis in the unincorporated areas of the county.
  - Each city within a county must declare a shelter crisis within the geographic boundary of its jurisdiction to be eligible for funds.
  - The County acting as an administrative entity may **not** declare a blanket shelter crisis for the entire county and all its jurisdictions.

#### California Emergency Solutions and Housing Program

The California Emergency Solutions and Housing Program was established recently by *California Senate Bill 850 Housing* (SB 850), which requires 50% of the funds collected under *Senate Bill 2 Building and Jobs Act* (SB 2) on and after January 1, 2018, and before December 31, 2018, to the California Department of Housing and Community Development (HCD) for the California Emergency Solutions and Housing Program. Year 1 breakdown of funds from SB 2 includes \$57.5 million for the California Emergency Solutions and Housing Program.

1. Estimated funds for Ventura CoC: \$701,401

Round 1: non-competitive: AE (CoC) applies - NOFA in August

Round 2: competitive for remaining dollars not awarded in Round 1 - NOFA in early 2019

Requirements include:

2. Applicant needs to be an administrative entity designated by the Continuum of Care;
3. Qualified subrecipients need to carry out eligible activities (project selection process must avoid conflicts of interest);
4. Prioritized assistance to homeless households over households at risk of homelessness is required;
5. Emergency housing interventions are limited to no more than 40 percent of funds;
6. Operational Coordinated Entry System (CES) is required;
7. Operational Homeless Management Information System (HMIS) is required;
8. Commitment to Housing First is required;
9. Numeric goals and performance measures must be described in application to HCD;
10. Action plan not required but encouraged (funds may be used to develop plan);
11. Funds may only be requested for eligible activities (as listed below);
12. Project selection process must be documented;
13. Funding request to HCD must be based on an assigned allocation (as quoted below);
14. Match is not a requirement.

Funds can be used for one or more of the following eligible activities:

(1) Rental assistance and housing relocation and stabilization services to ensure housing affordability to people experiencing homelessness or at risk of homelessness. Rental assistance provided pursuant to this paragraph shall not exceed 48 months for each assisted household and rent payments shall not exceed two times the current HUD fair market rent for the local area, as determined pursuant to Part 888 of Title 24 of the Code of Federal Regulations.

(2) Operating subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and families.

(3) Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals and families. Funds used for purposes of this paragraph may support rental assistance, bridge subsidies to property owners waiting for approval from another permanent rental subsidy source, vacancy payments, or project-based rent or operating reserves.

(4) Operating support for emergency housing interventions, including, but not limited to, the following:

(A) Navigation centers that provide temporary room and board and case managers who work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter.

(B) Street outreach services to connect unsheltered homeless individuals and families to temporary or permanent housing.

(C) Shelter diversion, including, but not limited to, homelessness prevention activities, and other necessary service integration activities to connect individuals and families to alternate housing arrangements, services, and financial assistance.

(5) Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including CES, data, and HMIS reporting, and homelessness planning activities.

(6) To develop or update a CES system pursuant to subparagraph (B) of paragraph (3) of subdivision (a) of Section 50490.3, or to develop a plan addressing actions to be taken within the Continuum of Care service area to address homelessness pursuant to subdivision (b) of Section 50490.3.

Administrative entities cannot “use more than 40 percent of any funds . . . in a fiscal year for operating support for emergency housing interventions as described in paragraph (4) of subdivision (a), as noted in 50490.4 (6f). Paragraph (4) states

“Operating support for emergency housing interventions, including, but not limited to, the following:

(A) Navigation centers that provide temporary room and board and case managers who work to connect homeless individuals and families to income, public benefits, health services, permanent housing, or other shelter.

(B) Street outreach services to connect unsheltered homeless individuals and families to temporary or permanent housing.

(C) Shelter diversion, including, but not limited to, homelessness prevention activities, and other necessary service integration activities to connect individuals and families to alternate housing arrangements, services, and financial assistance.”

### **No Place Like Home Program**

1. An initial Notice of Funding Availability (NOFA) will be issued by the Department of Housing and Community Development (HCD) prior to November and will make awards by the end of the calendar year depending on voter approval of AB 1827, Committee on Budget. No Place Like Home Act of 2018.

2. The initial NOFA will provide \$200 million through a noncompetitive over-the-counter process.
  - Non-competitive estimated amount for Ventura County: \$1,566,826
3. Background Information
  - a. Last fall, the Legislature passed and the Governor signed a package of bills referred to as the 2017 Legislative Housing Package that will provide hundreds of millions of dollars during the next several months for various activities to help prevent and end homelessness in California. It is anticipated that an additional \$2 billion for permanent supportive housing for persons living with serious mental illness will be distributed by the end of the year pending voter approval.
  - b. AB 1827, Committee on Budget. No Place Like Home Act of 2018, which was approved by the Governor on June 27, 2018, submits the No Place Like Home Act of 2018 to the voters for the November 6, 2018 statewide general election.

#### 4. Eligible activities

- a. Page 1 of AB 1827, as did SB 1206, notes that the No Place Like Home Program will provide “finance capital costs, including, but not limited to, acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating reserves, of permanent supportive housing for persons living with a severe mental illness.”
- b. As noted on page 53 in the California State Budget 2018-19 budget,

“The Budget places the No Place Like Home program on the November 2018 ballot (Proposition 2) to accelerate the issuance of \$2 billion in bond funds. The bonds will help provide housing for individuals experiencing mental illness who are homeless or at risk of homelessness and will be repaid from the Mental Health Services Fund.

### **Housing for a Healthy California Program**

*-Counties must tie rental subsidies to health care services-*

1. Assembly Bill 74 (AB 74) Housing required the California Department of Housing and Community Development (HCD) to establish the Housing for a Healthy California Program (HHC Program) on or before January 1, 2019. Funding for the program was made available through California Senate Bill 850 Housing (SB 850).

2. SB 850 requires 50% of the funds collected under *Senate Bill 2 Building and Jobs Act* (SB 2) on and after January 1, 2018, and before December 31, 2018, to HCD for the HHC Program. Year 1 breakdown of funds from SB 2 includes \$57.5 million for the program.
3. The Notice of Funding Availability (NOFA) will be released during the spring, 2019.
4. Funds must be used to address the problem of high costs incurred by health system for homeless persons while living on the streets. Funds must be used to implement a solution that ties rental subsidies to health care service funds included in the final 1115 Medicaid Waiver, which includes the Whole Person Care pilot program and the Health Home Program.
5. Requirements

In order to be eligible for program funding, a county must meet all of the following requirements outlined in AB 74 Section 53592:

“(a) Has identified a source of funding for providing intensive services promoting housing stability. Funding for these services may include, but are not limited to, one or more of the following:

(1) County general funds.

(2) Whole Person Care pilot program funds, to the extent those funds are available or the Whole Person Care program has been renewed.

(3) The Health Home Program.

(4) Other county-controlled funding to provide these services to eligible participants.

(b) Has agreed to contribute funding for projects assisted through federal Housing Trust Fund grants. This assistance may include preferences or set-asides for federally funded, locally administered rental subsidies.

(c) Has designated a process for administering grant funds through agencies administering housing programs.

(d) Agrees to collect and report data, as described in Section 53593, to the department.”

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## MEMORANDUM

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**DATE:** November 15, 2018

**TO:** Behavioral Health Advisory Board

**FROM:** Contracts Administration

**SUBJECT:** Board of Supervisors Approved September Agreements

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### Executive Summary

#### Board of Supervisors Approved Agreements– October 9, 2018

**1. Mental Health Services: Interface Children and Family Services, Idea Engineering, Inc., and Evalcorp Agreements.**

*This item recommended approval of various Mental Health Services Act (MHSA) Innovations category service contracts. These contracts are funded with MHSA funds.*

Interface Children and Family Services Agreement - Push Technology Project.

Interface Children and Family Services will be contracted to manage the Push Technology Project. The Push Technology Project is a three-year project that will focus on reducing re-hospitalization rates by using text messaging to offer bridge support and mini-assessments during the first 90 days post-hospitalization. This project will target individuals exiting county inpatient psychiatric hospitals, residential, and crisis stabilization units. The project is designed to increase the quality of mental health services and improve post-discharge outcomes using mobile ecological momentary interventions (EMI). The project represents a change to an existing mental health practice by using EMI to reduce re-hospitalization through repeated mini-assessments and appropriate follow-up during the first 90 days post-hospitalization. Participants will report their mental health status via text message/EMI, receive appointment reminders and can be connected to additional services using 211 services. The project will evaluate participant's satisfaction, value in their recovery, any improvement in first appointment attendance, and re-hospitalization after one year. VCBH recommended approval of the agreement with Interface Children and Family Services for the Push Technology Project, in the amount of \$294,253, effective August 1, 2018 to June 30, 2021.

Idea Engineering, Inc. Agreement– Bartenders as Gate Keepers Project.

Idea Engineering, Inc. will be contracted to manage the Bartenders as Gatekeepers Project. Similar to the Push Technology Project, this is three-year project that will focus on increasing access to services for middle-aged men who may be suffering in silence with suicidal ideations and actions. Ventura County had 93 deaths to suicide in 2017, 40 percent of those were of men of middle age (45 to 64 years of age). Using an evidence-based model, Question Persuade Refer (QPR), the project will train bartenders within our county to recognize the signs of mental distress of those individuals that come into their place of employment. The QPR training will be supported by a targeted outreach campaign for the areas of Ventura, Conejo Valley, Simi Valley and Moorpark, where the highest rates of completed suicides take place. The project will evaluate the effectiveness of the outreach campaign, any increase in the rate of supportive services utilization by middle aged men, and whether bartenders are an appropriate population to target in gatekeeper training. This project will also track any reduction in completed suicide rates of middle-aged men. VCBH recommended approval of the agreement with Idea Engineering Inc. for the Bartenders as Gatekeepers Project, in the amount of \$151,043, effective August 1, 2018 to June 30, 2021.

EVALCORP Agreement – MHSA Innovations Projects Data Collection and Analysis

EVALCORP will be contracted to provide MHSA data collection and analysis services for the Push Technology and Bartenders as Gate Keepers Projects. Through the agreement, EVALCORP will collect data, facilitate meetings between stakeholders and VCBH staff, create and develop data tools, specific to both projects such as, the client history tool, self-report and follow up tool, other data collection forms, including stake holder interview protocols, to recommend best practices for these three-year projects. VCBH recommended approval of the agreement with Evalcorp for data collection and analysis services, in the amount \$87,927, effective August 1, 2018 through June 30, 2021.

**Board of Supervisors Approved Agreements – October 16, 2018**

**1. Alcohol and Drug Program and Mental Health Services: Gold Coast Health Plan (GCHP) Memorandum of Agreement (MOA).**

*This item recommended approval of the MOA with Gold Coast Health Plan to update mental health services requirements and add new substance use disorder (SUD) service requirements as required by the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver. There is no fiscal impact.*

On December 13, 2016, the Board of Supervisors approved an Amended and Restated Memorandum of Understanding between the County of Ventura, on behalf of VCBH, and GCHP regarding the provision of mental health services to clarify and further define the roles and responsibilities with respect to specialty mental health, mental health outpatient, and SUD services. Under the MOU, VCBH provided or arranged for specialty mental health services and SUD services for Medi-Cal eligible

individuals, and GCHP provided or arranged for outpatient mental health services for eligible Medi-Cal individuals. The MOU was extended for the period July 1, 2017 through June 30, 2018.

On December 1, 2018, the Alcohol and Drug Program will begin implementation of its new DMC-ODS Implementation Plan. The new system of service delivery program is expected to demonstrate how organized SUD care increases the success of beneficiaries while decreasing other health care system costs. Key elements of the DMC-ODS Implementation Plan include a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services, controls to improve care and make efficient use of resources, evidence-based practices, and integration and coordination of other systems of care. Coordination of services between the GCHP and VCBH is an important element of the Plan. As part of the County's "Readiness Review" with the State, the DHCS requested minor revisions to the GCHP MOA to clarify definitions, roles, access, care coordination, and timelines. The proposed MOA also includes care coordination with GCHP through the new 24/7 Beneficiary Access Line scheduled to begin December 1, 2018. In addition to changes required by the DMC-ODS transition of care, VCBH also made modifications to the mental health services definitions, roles, access, and care coordination information. VCBH recommended approval of the GCHP MOA for the service period of July 1, 2018 through June 30, 2019.

### **Board of Supervisors Approved Agreements – October 30, 2018**

#### **1. Alcohol and Drug Program Services – DMC-ODS Standard Agreement.**

*This item recommends approval of the DMC-ODS Standard Agreement with DHCS for SUD services. This contract is funded with DMC-ODS funds.*

On March 8, 2018, the DHCS approved VCBH's request to plan a new system of health care service delivery for Medi-Cal beneficiaries with a SUD. The new service delivery, modeled after the ASAM criteria for SUD treatment services, is now referred to as the DMC-ODS.

Throughout the VCBH DMC-ODS program planning process, community input was solicited at a variety of stakeholder forums and committee workgroup meetings to prepare for changes in the way that services would be provided in the future. Essential components of the proposed service delivery plan include: (1) treatment services available to beneficiaries, (2) beneficiary procedures for moving through different levels of the continuum of care, (3) beneficiary access and data collection information, (4) coordination procedures for mental health service beneficiaries with co-occurring disorders, (5) coordination procedures for provision of physical health services, (6) county coordination assistance needs, (7) the availability and accessibility of adequate number and types of service providers in the county, (8) county procedures for timely access to care and service requirements, (9) training options that will be made available to service providers, (10) county technical assistance needs, (11) quality assurance

procedures and oversight, (12) procedures to ensure the county will use evidence-based practices, (13) telehealth services, (14) contracting process and procedures, (15) medication assisted treatment plans, (16) residential services authorization processes, and (17) the mechanism for sharing information and coordinating service delivery for beneficiaries served. Under the DMC-ODS Standard Agreement, VCBH will continue to provide outpatient, intensive outpatient and narcotic treatment services, and will add Drug Medi-Cal adolescent residential treatment, withdrawal management, recovery support services, case management, physician consultation programs, and medication assisted treatment.

The DHCS multi-year DMC-ODS Standard Agreement is the established mechanism for the County to receive federal and state allocated funds for the array of SUD services that will be provided under the new DMC-ODS waiver. The DMC-ODS Standard Agreement specifies the conditions and requirements that VCBH must meet to receive federal and state allocated funds. Specifically, the Agreement details the: (1) program offerings and system access requirements, (2) program integrity requirements, (3) beneficiary protection requirements, (4) data and information submission requirements, (5) approved county proposed rates for all services, (6) revenue and expenditure reporting requirements, (7) funding usage and reimbursement requirements, (8) audit and record requirements, (9) various requirements associated with conducting business with the State of California, (10) information confidentiality and security requirements, (11) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act) and (12) the Social Security Administration and DHCS Information Exchange Agreement requirements. VCBH recommended approval of the Standard Agreement for DMC-ODS services with the DHCS, in the amount of \$69,558,350, effective December 1, 2018 through June 30, 2021.

## **2. Mental Health Services: California Department of Rehabilitation (DOR) and Pathpoint Office Space License Agreements**

*This item recommended approval of the Agreements with: (1) DOR for vocational rehabilitation services for transitional age youth and (2) Pathpoint for a license to occupy office space at VCBH. These services are funded with DOR and Realignment funds.*

VCBH requested approval to enter into a cooperative agreement with DOR to provide vocational and supported employment services for TAY served by VCBH. As part of this agreement, VCBH will provide a cash match to draw down federal dollars.

One of DOR's priorities is to expand outreach and services to TAY between the ages of 16 to 25 years of age. Such an investment in programming for Ventura County TAY is vital to teach life readiness skills, promote purpose in life and model recovery and wellness while potentially decreasing dependence on Social Security Disability Insurance in the future.

For this agreement, the Santa Barbara District of the DOR and VCBH will utilize staff and resources to provide vocational rehabilitation services to VCBH consumers who

receive services through the VCBH TAY Program. The TAY clients will have a diagnosis of mental illness, meet DOR and VCBH criteria for services and express motivation to seek employment. DOR will also have a case service agreement directly with Pathpoint to provide the actual job placement and employment supportive services.

The VCBH TAY Program Team will use the following staff to support this program: (1) a full-time Mental Health Associate for providing key vocational assessment services, conducting motivational interviewing to resolve work barriers, identifying supports, and assisting clients in developing the skills and behaviors to achieve success, (2) an Office Assistant to coordinate appointments and referrals, track successful placements and closures, and assist in data sharing between VCBH, DOR and Pathpoint, and (3) a Clinic Administrator III for providing programmatic oversight.

Once a client is referred to DOR from VCBH, DOR staff will determine eligibility, assist the client to develop an Individual Plan for Employment (IPE), provide vocational counseling, and provide service coordination. VCBH will supplement the above services by providing psychiatric inpatient/outpatient treatment, medication monitoring, case management services and skill development services. The intent of these services is twofold: to stabilize the client mental health and to prepare the individual with skills necessary to secure and maintain competitive and successful employment which will lead to self-sufficiency. An important aspect of client recovery is gaining and maintaining employment. The employment supports and services offered to VCBH clients through this program are integral to their recovery process. If the TAY is found eligible, they will be referred to Pathpoint.

The DOR/Pathpoint case service agreement will provide personal, vocational, social adjustment and employment services to assist in the development or re-establishing of skills, attitudes, personal characteristics, interpersonal skills, work behaviors and functional capacities to achieve and maintain positive employment outcomes. These services will address one or more barriers that are preventing a TAY client from successfully completing his or her IPE.

Services will be provided at VCBH in both East and West County. During the term of this multiyear agreement, approximately 475 clients will be served. The agreement will contribute towards assisting clients of VCBH with disabilities to successfully obtain and retain employment, and to develop the ability to live independently in their communities.

The cash match provided by VCBH is \$275,000 annually and will draw down a total of \$1,291,080 in services. VCBH will have a service budget of \$227,015 which leaves a net cost of \$47,985 for the department. This cost will be covered with 1991 Realignment. The remaining service dollars will be allocated between DOR (\$508,040) and Pathpoint (\$556,025). DOR has requested an October 1, 2018 agreement date to coincide with the DOR and Pathpoint agreement that will allow DOR to reimburse Pathpoint for startup activities prior to the services start date of November 1, 2018. With an agreement date of October 1, 2018, and a service start date of November 1, 2018, for the cash match, VCBH service budget, and the total draw down in services, will be prorated for the remaining 8 months of FY 2018-19.

As mentioned above, Pathpoint will be providing personal, vocational, social adjustment and employment services to assist in development or re-establishing of skills, attitudes, personal characteristics, interpersonal skills, work behaviors and functional capacities to achieve and maintain positive employment outcomes for the TAY clients. Pathpoint will be providing services at 1911 Williams Drive in Oxnard to facilitate connecting with a majority of clients in their home clinic. An office space license agreement is required to allow Pathpoint to occupy space at the Williams Drive location. VCBH recommended approval of the: (1) agreement with DOR for the coordination and provision of vocation rehabilitation services for TAY, with an annual cash match of \$275,000, effective October 1, 2018 through June 30, 2021 and (2) office space license agreement that allows Pathpoint to occupy 737.43 square feet of office space at 1911 Williams Drive in Oxnard, in the amount of \$1,555.98 per month, starting November 1, 2018.

### **3. Mental Health Services: Senior Planning Elder Care Services (SPECS) Agreement.**

*This item recommended approval of the FY 2018-19 contract with SPECS for temporary staffing. SPECS is the provider formally known as Meditech—a name change occurred and a new contract is needed with the new entity. This agreement is funded with Short Doyle Medi-Cal Federal Financial Participation, Drug Medi-Cal Federal Financial Participation, Realignment, MHSA, and Substance Abuse Prevention and Treatment Block Grant funds.*

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

VCBH previously contracted with Meditech to provide the temporary staffing services. On August 10, 2018, SPECS acquired Meditech's assets (including the name Meditech) and took over performance of the contract. Because the contract with the County was not assigned to or assumed by SPECS, it is necessary for the County to enter into a separate contract directly with SPECS. The new SPECS agreement will be effective August 10, 2018 and continue through June 30, 2019. The new agreement contains the same scope of work and agreement maximum as the previous agreement with Meditech. Some of the rates have been adjusted to allow SPECS to provide VCBH with qualified staffing. VCBH recommended approval of the agreement for medical personnel staffing and recruiting services with SPECS, in the amount of \$328,058, effective August 10, 2018 through June 30, 2019.