

**BEHAVIORAL HEALTH ADVISORY BOARD**  
**General Meeting**  
Monday, October 15, 2018, 1:00 – 3:30 p.m.  
Ventura County Behavioral Health  
1911 Williams Drive, Training Room • Oxnard, CA 93036

**AGENDA**

- I. Call to Order and Pledge of Allegiance
- II. Approval of the Agenda – **ACTION**
- III. Approval of the September 17, 2018 Minutes – **ACTION**
- IV. Welcome and Introductions
- V. Public Comments (3 min. per speaker)
- VI. Recognitions: Ventura County Sheriff's Office/Camarillo Police Deputies and Sergeants Who Responded to Numerous Calls for Service at Hillmont House – 25 Recognitions
- VII. Chair's Report (5 min.)
  - A. California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Update and Central Region Meeting on October 19 in Folsom
  - B. Possible Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis of the BHAB Objectives
  - C. Events and Announcements – Janis Gardner, Chair Emeritus (5 min.)
- VIII. Board Members Comments and Announcements (3 min. per speaker)
- IX. Director's Report – Dr. Sevet Johnson (10 min.)
- X. Secretary's Report – Kay Wilson-Bolton (5 min.)
- XI. BHAB Committees Reports (5 min. each)
  - A. Adult Services Committee – Nancy Borchard and Gane Brooking, Co-Chairs
  - B. Prevention Committee – Janis Gardner, Chair
  - C. Transitional Age Youth (TAY) Committee – Kay Wilson-Bolton, Chair
  - D. Youth & Family Committee – Denise Nielsen, Chair
- XII. New Business
  - A. Larry Hicks' Request for Leave of Absence Through November 2018 – **ACTION**
  - B. Procedure for Revising the Lists of Committee Members
  - C. Modification to Prevention Committee Objective Regarding Cannabis – **ACTION**
  - D. BHAB Fiscal Year 2017-18 Annual Report – Review and Approval - **ACTION**
  - E. Fiscal Year 2018-19 Prioritized Site Visits, Including Time Frame - **ACTION**
  - F. Update on No Place Like Home – Ratan Bhavnani
  - G. Site Visit Report: Inpatient Psychiatric Unit (IPU) – Ratan Bhavnani
  - H. November 19 Potluck Lunch
- XIII. Old Business
  - A. Progress on the Adult Crisis Stabilization Unit (CSU) – Daniel Powell, Supervisor Inpatient Unit
  - B. Future Presentations
  - C. Future Recognitions

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

XIV. Contracts

- A. Board of Supervisors Approved Agreements – September 11, 2018
  - 1. Mental Health Services: La Siesta and Hickory House Contracts
- B. Board of Supervisors Approved Agreements – September 18, 2018
  - 1. Mental Health Services: Homeless Mentally Ill, Outreach and Treatment Services Funding
  - 2. Mental Health Services: Anka Behavioral Health (Anka), ASC Treatment Group (ASC), and Turning Point Foundation Contracts
  - 3. Mental Health Services: Memorandum of Agreement (MOA) with Santa Paula Unified School District
- C. Board of Supervisors Approved Agreements – September 25, 2018
  - 1. Alcohol and Drug Program Services – Aegis Treatment Centers (Aegis) Contract
  - 2. Mental Health Services: California Psychiatric Transitions (CPT) Contract
  - 3. Mental Health Services: Kids and Families Together (KFT) Contract
  - 4. Mental Health Services: Telecare Corporation (Telecare) Contracts
  - 5. Mental Health Services: Telecare Contract

XV. Public Comments (3 min. each)

XVI. Adjourn

**Next Meeting: Monday, November 19, 2018**

# 2018 CALIFORNIA | PROPOSITION 2

## NO PLACE LIKE HOME (NPLH)

### Fact Sheet

#### **Why does NAMI California support Proposition 2?**

- NAMI California supports Proposition 2 because providing supportive housing is not only a critical part of NAMI California's Policy Platform, but it has also been identified as a top priority by NAMI California's membership.
- NAMI California believes that housing itself is vital to recovery and must be made available to individuals with mental illness. Additionally, individuals with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on an individual's needs and choices. The proven way to provide adequate housing options for individuals living with a severe mental illness is to offer supportive housing services.
- NAMI California's Policy Platform also addresses "the right to treatment for persons with serious mental illnesses who are homeless and for those at risk of becoming homeless." NAMI California believes that persons with serious mental illnesses who are homeless should have individualized treatment plans that are integrated into existing systems of care and related health and human service systems.
- Both NAMI California and our affiliates have called for permanent, supportive housing for those living with a severe mental illness which Proposition 2 addresses.

#### **How will Proposition 2 funding work?**

- Proposition 2 offers counties \$2 billion through state bonds, which are financed by MHSA funding, to build supportive housing units through the No Place Like Home Plan.
- The California Department of Housing and Community Development will award these funds to counties through non-competitive and competitive grant allocations.
- No Place Like Home offers counties approximately \$190 million in non-competitive grants.
- No Place Like Home also offers \$1.8 billion in competitive grants.
- All counties are eligible to receive a minimum of \$500,000. For any funds above this amount, the funds are allocated to each county based on the county's proportional share of the state's homeless population as measured by the U.S. Department of Housing and Urban Development.

#### **How does my county apply for Proposition 2 funding?**

- There are two separate applications for Proposition 2 funding:
  - The non-competitive allocation application
  - The competitive allocation application
- Each process will have a separate Notices of Funding Availability (NOFA) which states all the requirements for receiving funding. NOFAs are posted on the California Department of Housing and Community Development's website at <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>
- The non-competitive allocation NOFA has already been released and posted to the Department's website. Applications are due by August 15, 2019.
- The NOFA for the first round of competitive allocations will be released in the fall of 2018.

### **How can I get involved in the application process?**

- One of the requirements for counties applying for No Place Like Home funds is to submit a County Plan specifying goals, strategies, and activities being developed to reduce homelessness for individuals living with a severe mental illness.
- County Plans have to be developed in a collaborative stakeholder process that includes county representatives with relevant knowledge on behavioral health, public health, probation/criminal justice, social services, and housing departments. Other required groups include housing and homeless services providers, health care providers, and representatives of family caregivers of persons living with serious mental illness.
- While this process is currently being developed and can be somewhat complex, community program planning processes generally involve meetings at the county level to obtain input from stakeholders and the opportunity to comment on proposed plans.

### **Will Prop 2 affect my county's MHSA funding? Is my county going to lose MHSA funding?**

- Overall, counties should not see a loss in total MHSA funding.
- While there may be an initial drop in dollars received, these funds would be offset through the grant process, as described below:
- The NPLH program takes monies "off the top" of the MHSA fund, meaning that monies for NPLH are drawn from the fund before the remaining monies are categorized and awarded through the MHSA's 5 county program grant components (Community Services and Support, Prevention and Early Intervention, Innovation, Capital Facilities and Technological Needs, and Workforce and Education Training).
- MHSA county program grants will then be awarded from this slightly reduced total MHSA fund. The funds taken "off the top" are used to bond monies for NPLH. These newly raised monies are then distributed to counties through the non-competitive and competitive grant process.
- Through this process, Proposition 2 actually increases the total available funding for counties, because the state will issue bonds which creates additional revenue.
- To learn more about NPLH funding click here to visit the official NPLH page.
- Additionally, the overall amount of MHSA funds available is also projected to increase over the next two years, which will likely cover any new costs created by Proposition 2.
- While the 2018-19 Governor's Budget shows that an estimated \$1.798 billion was deposited into the MHSA Fund in the 2016-17 fiscal year, the 2018-19 Governor's Budget projects that \$2.095 billion will be deposited in the 2017-18 fiscal year. Additionally, an estimated \$2.235 billion will be deposited into the MHSA Fund in the 2018-19 fiscal year.
- If the Governor's Budget estimates are correct, approximately \$140 million in additional revenue will be available in the MHSA Fund for the 2018-2019 fiscal year.

### **I live in a small county, won't we be at a disadvantage competing against bigger counties?**

- No, counties will be organized into four separate categories based on population. Counties will compete for funds only against counties of similar size in their category.
- The categories are organized into the County of Los Angeles, large counties with a population greater than 750,000, medium counties with a population between 200,000 to 750,000, and small counties with a population less than 200,000.

# Behavioral Health Advisory Board Site Visit Report

**Date:** Aug 17, 2018

**Facility / Program:** Hillmont Psychiatric Center (IPU)

**Location:** 200 Hillmont Ave., Ventura, CA 93003

**Contact Person:** Dan Powell

**Phone #:** (805) 652-6002

**E-mail:** daniel.powell@ventura.org

**BHAB Review Team:**

Ratan Bhavnani, Gane Brooking, Kevin Clerici, Gina Petrus

## FACILITY / PROGRAM DEMOGRAPHICS

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

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

**2. Number of Clients Served:**

Maximum possible: IPU 30    Monthly Avg. 110-150    and / or Daily Avg. 28

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

Medication Management, Nursing, Individual Psychotherapy, Occupational Therapy, Medication Education, Chemical Dependency and Addiction Counseling, Mind-fullness Meditation Groups, Group Psychotherapy, exercise groups.

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

Follow up care appointments made for patients prior to discharge (psychiatrist, psychologist, therapist) Placement, mental health court, conservatorships, referrals.

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

Approximately 20-25 staff members per shift.

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

Required competencies consisting of training on mental health diagnosis, personality disorders, signs of suicide, Medical Screening Exams, Basic and Advanced Life Support. VCMC required trainings (via Target Solutions, 1:1 instruction and classroom training).

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

1. Psychiatrist – 1 in OPOS from 7:00 am to 11:00pm each day (7 days a week)
2. Psychiatrists – 2 in the IPU from 8:00am to 6:00 pm each day (7 days a week)
3. Social Worker- 2 licensed and 2 unlicensed
4. Mental Health Worker - 1 Monday-Friday
5. Registered Nurses - approx. 8 RN's, (2 in OPOS and approx. 4 in the IPU) 24/7 working 12 hour shifts.
6. Licensed Psych Techs - 2 LPTs, 24/7 working 12 hour shifts
7. Health Techs - 2 HTs, 24/7 working 12 hour shifts
8. Mental Health Supervisor – IPU, MFT, BCBA Monday-Friday and on call 24/7 each day.
9. Clinical Nurse Manager – Monday-Friday
10. Addiction Counselor - Monday-Friday
11. RISE Team - (Currently hiring for).
12. Occupational Therapist and Recreational Therapist - Each day.

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

Peer support specialists are invited upon patient's request.  
Family members are involved upon patient's request regarding placement decisions and aftercare plans.

**9. Describe Groups - education/support?**

Alcohol and chemical dependency groups, Occupational Therapy groups, Group psychotherapy.  
Groups are structured according to patient's needs and presenting symptoms.

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

Licensed 43 bed facility. Currently 30 patient beds available, Occupational therapy room, Two community day rooms, outdoor basketball court and patio area. OPOS is able to accept 4-12 patients at a time, perform mental health triage and immediate psychiatric needs.

**BHAB Reviewer Response**

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

This is an acute care facility, and no requirements are placed on clients.  
The average length of stay varies from 6 to 8 days.  
Groups are available at scheduled hours.  
Some clients were seen walking the hallways. We were told that staff manage the patients and space while groups are being offered so that patients don't retreat to watching TV at that time.

### **Staff identified program needs ?**

The Inpatient Psychiatric Unit (IPU) is almost always full, with 30 beds.

The former Admissions & Referral (A&R) unit was shut down in anticipation of a Crisis Stabilization Unit (CSU) in early 2017, but the licensing authority, California Department of Public Health (CDPH) appears to have rejected that application.

In the interim, a 12-bed Outpatient Observation Service (OPOS) was established. This unit accepts patients after medical screening, for up to 23 hours.

Staff are expecting to have the CSU license approved. This will allow clients to enter and be evaluated by a psychiatrist; if appropriate they will be admitted to the IPU. Others may receive short term treatment or care, they must be discharged within the 23 hour maximum period permitted for a CSU.

In addition, staff are hopeful of restoring all available licensed IPU beds, a total of 43 beds.

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

#### **POSITIVE IMPRESSIONS:**

- Impressed with the number of patients who were actively participating in the group that was going on at the time of our visit. Suggests that the program really tries to engage patients and values the importance of their participation in programming.
- Programming is flexible and not a "one size fits all" clinical approach. The type of groups/treatment approach depends on the needs of the client.
- Efforts are being made to make the atmosphere more pleasant. The art murals, painted by college students, are a step in the right direction. Although safety needs are of paramount importance, there may be additional things that can make the units more aesthetically appealing.
- Staff was friendly and had a high level of engagement with patients on the unit.

#### **NEGATIVE IMPRESSIONS:**

- The glass barrier between the unit and the nursing station may give patients an impression of "us" and "them", conveying the message to patients that they are not people in need of healing but dangerous people who must be kept at bay. Studies have shown that a more open layout actually decreases the risk of aggressive or violent behavior and creates a more therapeutic environment.

**Board Member Recommendations for Program Needs?**

The team conducting the site visit concur that we need to express our support for the Crisis Stabilization Unit, and to offer any support to expedite its licensing and opening.

Recommend that the hospital increase staffing as soon as possible to be able to operate at the full licensed capacity of 43 beds.

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## MEMORANDUM

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**DATE:** October 10, 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– September 11, 2018

##### **1. Mental Health Services: La Siesta and Hickory House Contracts**

*This item increased La Siesta and Hickory House Agreements to cover Board and Care services provided in Fiscal Year (FY) 2017-18.*

La Siesta and Hickory House provide augmented Board and Care services for adults with serious and persistent mental illness which have resulted in significant functional impairments requiring 24-hour care and supervision to promote safety and recovery. The high acuity level of these individuals requires daily assistance in one or more areas of life functioning, including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based support programs, and socializing and re-integrating in to the community. Ventura County Behavioral Health (VCBH) currently pays a rate per/client, per month to each facility. The facilities also receive an additional \$25 per client, based upon the facility's performance on the VCBH consumer comfort review tool which is designed to evaluate various client care and facility maintenance factors. La Siesta is also reimbursed for client activities for actual expenses up to \$1,500 per month. VCBH funding is in addition to the Social Security income (SSI) that these facilities receive from clients to provide basic board and care services. If the client does not receive SSI benefits, VCBH provides temporary funding to cover basic board and care services until the client is benefited. La Siesta served 33 unduplicated clients and Hickory House served 34 unduplicated clients in FY 2017/2018. In FY 2017-18, Hickory House and La Siesta provided a higher level of service than anticipated which resulted in the contractors exceeding their maximum contract amounts, therefore, the amendment with La Siesta provided for a one-time

payment in the amount of \$1,500, and the amendment with Hickory House provided for a one-time payment in the amount of \$5,100. There were no rate modifications or other substantive changes to the agreements. The two contracts are funded with MHSA and Tobacco Settlement funding.

### **Board of Supervisors Approved Agreements – September 18, 2018**

#### **1. Mental Health Services: Homeless Mentally Ill, Outreach and Treatment Services Funding**

*This item recommends receiving start-up funds from the Department of Health Care Services (DHCS) to establish a clinical team responsible for administering outreach and treatment to residents of shelter facilities located in the County of Ventura.*

Governor Brown signed Senate Bill 840 (as enacted – Budget Act of 2018, Chapter 29) on June 27, 2018 allowing for a funding opportunity to the DHCS to provide counties with one-time funding for local activities involving individuals with serious mental illness and who are homeless or at risk of becoming homeless. On July 31, 2018, DHCS released a notice of application to counties in California for this funding allocation. Ventura County has been allocated \$534,000, and these funds shall be available for encumbrance or expenditure until June 30, 2020. To be awarded the funding, VCBH must submit a letter of interest and a Board of Supervisors Resolution to DHCS by September 25, 2018 that details that the funds will be used for outreach and treatment services for homeless mentally ill individuals. Counties may not supplant existing programs with this funding.

It is the intent of VCBH, in collaboration with Ambulatory Care, to utilize the DHCS funds to staff Outreach and Treatment Teams at the Year-Round and Foul Weather Homeless Shelters. Residential stability is an important element of any therapeutic strategy for the homeless mentally ill. The County of Ventura is collaborating with the Cities of Ventura and Oxnard to establish year-round shelters. This one-time-only DHCS funding will provide start-up funds to establish a clinical team who will administer outreach and treatment to residents of the new shelter facilities. This will be a collaborative effort with multiple County agencies. VCBH recommended approval to apply for the one-time only funding and adoption of a Resolution to receive the funds from DHCS for Homeless Mentally Ill Outreach and Treatment Services, in the amount of \$534,000, effective December 31, 2018 through June 30, 2020.

#### **2. Mental Health Services: Anka Behavioral Health (Anka), ASC Treatment Group (ASC), and Turning Point Foundation Contracts**

*This item recommends the following FY 2018-19 contracts, previously extended for 90 days, be increased and extended for full fiscal year: a) Anka Crisis Residential Treatment (CRT) and Mental Health Rehabilitation Center (MHRC), b) ASC Los Angeles and Bakersfield, and c) Turning Point Foundation.*

- a) **Anka** operates a CRT facility located in Ventura. The CRT facility provides a short-term voluntary program for up to 12 adults experiencing increased psychiatric symptoms or a behavioral health crisis, the length of stay does not exceed 90 days. The CRT's services are used by clients to avoid acute hospitalization or to assist clients in stepping down from an acute hospital stay. Treatment services include psychiatric care and medication management, individual and group therapy, life and coping skills training, peer support, substance abuse relapse prevention services, and recreational group activities. Services are designed to achieve psychiatric stabilization and community reintegration. The CRT's daily average census in FY 2017-2018 was 12.4, serving 292 unduplicated clients.
- b) **Anka** also provides mental health treatment services at a MHRC in Camarillo. The MHRC program is designed to assist persons with severe and persistent mental illness in transitioning to independent or supported-living arrangements, clients can stay in the facility up to 18 months. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological, and spiritual health. The MHRC's daily average census in FY 2017-2018 was 13.7, serving 25 unduplicated clients.

The FY 2018-19 agreements incorporated a negotiated increase that was effective July 1, 2018. The increase was due to minimum wage and insurance increases that have affected Anka's cost of services. VCBH recommended the approval of the Anka CRT agreement, in the amount of \$2,035,967 (an increase of \$71,899 from the prior fiscal year) and ANKA MHRC agreement, in the amount of \$1,558,084 (an increase of \$89,308 from the prior fiscal year), effective July 1, 2018 through June 30, 2019. These agreements are funded with Short Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP) and Mental Health Services Act (MHSA) funding.

- c) **ASC Los Angeles and Bakersfield** provide adult residential treatment services. These facilities offer 24-hour staffing and a full range of clinical and rehabilitation services that are designed to assist clients in their mental health recovery. Specifically, the following clinical and rehabilitation services are provided: psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of these programs is to assist clients in being able to live in a less restrictive environment upon discharge. Each facility can serve up to 12 VCBH clients. ASC-Los Angeles' daily average census in FY 2017-2018 was 6.9, serving 15 unduplicated clients. ASC-Bakersfield's daily average census in FY 2017-2018 was 7.8, serving 18 unduplicated clients.

The FY 2018-19 agreements incorporated a negotiated increase that was effective July 1, 2018. The increase was due to minimum wage cost increases.

VCBH recommended the approval of the ASC Los Angeles agreement, in the amount of \$776,550 (an increase of \$59,829 from the prior fiscal year) and the ASC Bakersfield agreement, in the amount of \$885,676 (an increase of \$24,832 from the prior fiscal year), effective July 1, 2018 through June 30, 2019. These agreements are funded with County Funds/Realignment and SD/MC FFP funding.

- d) **Turning Point Foundation** provides rehabilitation services to adults who suffer from severe and persistent mental illness using an evidence-based psychiatric rehabilitation model. The model provides day treatment services that integrate peer support with licensed professional supervision as a strategy for providing self-help, rehabilitation, and recovery-oriented services. The program provides structured skill-building groups, support groups, and activities six days per week and is designed to enhance independent living skills and develop and practice coping, social, and communication skills. Rehabilitation services are provided at the New Visions Center located in Ventura and at the Oxnard Clubhouse. All clients must be referred and authorized by VCBH prior to accessing services. To reduce transportation barriers for clients with physical impairments or who lack public transportation, Turning Point also offers a ride share program that provides transportation to and from both locations. In FY 2017-18, the two locations combined, served 111 unduplicated individuals, with an average daily attendance of 37, and an average of 57 members at any point in time.

The FY 2018-19 agreement incorporated a negotiated increase that was effective July 1, 2018. The increase was due to minimum wage cost increases, workers' compensation cost increases, and costs related to the need to upgrade Turning Point Foundation's client documentation system to comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. VCBH recommended the approval of the agreement with Turning Point Foundation, in the amount of \$1,051,402 (an increase of \$142,028 from the prior fiscal year), effective July 1, 2018 through June 30, 2019. This agreement is funded with County Funds/Realignment and SD/MC FFP funding.

### **3. Mental Health Services: Memorandum of Agreement (MOA) with Santa Paula Unified School District**

*This item recommends establishing a new Memorandum of Agreement (MOA) with Santa Paula Unified School District (SPUSD).*

The MOA between VCBH and SPUSD is needed to establish the terms by which the two entities will create and maintain a collaborative relationship to facilitate inter-agency services to staff, students, and families at six selected school sites: Barbara Webster Elementary, Blanchard Elementary, Glen City Elementary, Grace Thille Elementary, McKeveitt Elementary, and Thelma Bedell Elementary.

Under the terms of the MOA, SPUSD agrees to provide a primary contact at each individual school site, establish monthly parent meetings at each site, provide access to staff development opportunities to educate staff, and work with VCBH to establish target goals and gather data to analyze and measure the success of reducing barriers to mental health services. VCBH will provide and deliver a monthly curriculum on mental health issues at regularly scheduled parent meetings, provide mental health information and education to SPUSD faculty and staff, meet with SPUSD staff to identify and reduce barriers to accessing mental health services, partner with SPUSD in community outreach and awareness activities, and work with SPUSD to establish target goals and gather data to analyze and measure the success of reducing barriers to mental health services.

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

VCBH recommended the approval of the MOA with SPUSD, effective August 15, 2018 through June 30, 2019.

### **Board of Supervisors Approved Agreements – September 25, 2018**

#### **1. Alcohol and Drug Program Services - Aegis Treatment Centers (Aegis) Contract**

*This item increases the FY 2018-19 contract with Aegis Treatment Centers to cover services provided in FY 2017-18.*

Aegis provides outpatient narcotic treatment program services for adults. With the implementation of the Affordable Care Act in January 2014, utilization of narcotic treatment program services has increased as more clients have become eligible for Drug Medi-Cal (D/MC) services, including new and previously uninsured clients. Aegis currently has clinics in Oxnard, Santa Paula, Simi Valley, and Ventura with a total licensed capacity of 1,250 clients. Aegis provided services to 878 D/MC clients. With the increase in the number of clients served in the prior fiscal year, an increase to the current fiscal year contract maximum is required to make a one-time payment of \$56,500 for services rendered during the service period of July 1, 2017 through June 30, 2018.

VCBH recommended approval of the amendment to the Aegis contract, increasing the contract maximum from \$6,151,000 to \$6,207,500 (an increase of \$56,500), effective July 1, 2018 through June 30, 2018. This contract is funded with D/MC and realignment funds.

## **2. Mental Health Services: California Psychiatric Transitions (CPT) Contract**

*This item will recommend deleting and revising administrative language specific to a non-Medi-Cal agreement. CPT is an out-of-county treatment facility. There are no financial revisions or other substantive changes.*

**CPT** is a locked MHRC that includes a Destructive Behavioral Unit (DBU) that VCBH utilizes for court-ordered locked restoration of competence services as well as VCBH clients who require a high level of services in a controlled environment. For VCBH clients, the goal is to stabilize and improve behavior to transition clients to a lower and less restrictive level of care. CPT has successfully stabilized and transitioned several clients who have either moved to a lower level of care at CPT or within the County. In FY 2017-18, CPT served 5 unduplicated clients (an increase of 3 clients from the prior fiscal year). VCBH projects that 4 clients will be served at CPT in FY 2018-19, with all but one client residing in the Level 1 MHRC (the lowest level of placement).

VCBH recommended approval of the FY 2018-19 amendment to the CPT agreement to: (1) remove the Single Audit Medi-Cal language in the agreement that was deemed unnecessary because CPT is not a Medi-Cal provider and there are no Federal funds used in the payment of services and (2) adjust the years required to maintain records from 10 to 7 years. This agreement is funded with Tobacco Settlement and 1991 Realignment funds.

## **3. Mental Health Services: Kids and Families Together (KFT) Contract**

*This item recommends approval of the FY 2018-19 contract with KFT. There are no changes to the contract maximum or any other substantive changes.*

**KFT** provides Early and Periodic Screening, Diagnostic and Treatment (EPSDT) specialty mental health care services to children and their families. EPSDT is a children's health component of Medicaid, a federally-mandated program. States are required to provide Medi-Cal recipients under the age of 21 any health or mental health service that is deemed "medically necessary." Services provided may include: individual, group, family therapy, and case management. KFT primarily focuses on serving foster children who are 0 to 5 years of age. Children in that age range who have experienced trauma and/or maltreatment and are involved with the foster care system require specialized care and services to promote secure and healthy attachments and reduce the negative impacts on brain development, in order to increase their chances for successful outcomes throughout their lifespan. In FY 2016-17, KFT provided services to 259 unduplicated children and their families/caregivers. In FY 2017-18, they served 282 unduplicated children and families/caregivers. This amount represents an increase of 23 more children and families/caregivers that were served in FY 2017-18. There are no changes to the contract maximum from the prior fiscal year or any substantive changes.

VCBH recommended approval of the agreement with KFT, in the amount of \$1,079,659, effective August 1, 2018 through June 30, 2019.

**4. Mental Health Services: Telecare Corporation (Telecare) Contracts**

*This item recommends the following FY 2018-19 contracts, previously extended for 90 days, be increased and extended for a full fiscal year: a) Telecare Casa B, C, D, and E, b) Telecare MHRC, c) Telecare VISTA XP2/XP3, and d) Telecare VOICE Assembly Bill (AB) 109.*

**a) Telecare** operates and manages the following four mental health residential treatment facilities (“Casas”) through four separate agreements with VCBH: (1) Casa B – Brighter Tomorrows, (2) Casa C – House of Transitions, (3) Casa D – Starship (4) and Casa E - Stonehenge. All Casas are located at the Casa de Esperanza facility in Camarillo. Casas B, C, and D, are long-term social rehabilitation facilities that each have 15 beds. The duration of the program offered at the Casas is approximately 12 months and service transitional age youth (TAY) and adults. Services are delivered in a home-like, nurturing environment to facilitate consumers’ growth and recovery. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. Structured day and evening services are also provided to assist consumers in acquiring daily living skills, accessing community resources, and accessing educational/vocational resources. Casa E is a 15-bed Adult Residential Facility. While there is no limit on length of stay at this program, staff work with residents using Telecare Corporation’s Recovery Centered Clinical System (RCCS) and begin to identify their hopes and dreams for the future with the goal of reducing residents use of acute care facilities. Program residents are between the ages of 18 and 59. For FY 2017-18 the annual census and unduplicated numbers for all Casas are indicated below:

Site Name	Average Daily Census	TAY Unduplicated Clients	Adult Unduplicated Clients	Total Clients
Casa B	13	10	28	38
Casa C	13	17	13	30
Casa D	12	9	23	32
Casa E	15			15

The agreements substitute new obligations and considerations, increased contract amounts and extensions of terms, with the intention of extinguishing the previous three-month extensions (effective July 1, 2018 to September 30, 2018). The agreements also incorporate budget increases effective July 1, 2018. Telecare’s costs have increased based on increases to salaries and benefits, the rising cost of workers’ compensation insurance, the cost of a

new electronic health record system upgrade, and an increase in the TAY population that are not enrolled in Social Security and receive no SSI income.

VCBH recommended the approval of the agreements with Telecare for Casa B, C, D, and E services, in the amounts indicated below, effective July 1, 2018 through June 30, 2019. These agreements are funded with Realignment, SD/MC FFP, and MHSA funding.

Site Name	FY 2018-19	FY 2017-18	Increase
Casa B	\$891,776	\$787,932	\$103,844
Casa C	\$975,085	\$839,182	\$135,903
Casa D	\$881,781	\$795,221	\$86,560
Casa E	\$766,456	\$679,868	\$86,588

b) **Telecare** provides locked MHRC services at Horizon View for individuals who have a history of severe mental illness who cannot be properly treated at lower levels of care. These consumers are: (1) Medi-Cal eligible, (2) 18 years or older, and (3) on conservatorship pursuant to Welfare and Institutions Code section 5350, et seq. (the "Lanterman-Petris-Short Act") and are transferring from an acute psychiatric hospital, a state hospital, or another locked MHRC. Mental health services are delivered in a home-like nurturing environment to facilitate the consumers' growth and recovery. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. In addition, structured day and evening services are also provided to assist consumers in acquiring living skills, accessing community resources, and accessing educational/vocational resources. For FY 2017-18 the average daily census was 15 and there was a total of 27 unduplicated clients at the MHRC.

The agreement substitutes new obligations and considerations, an increased contract amount and extension of the term, with the intention of extinguishing the previous three-month extension (effective July 1, 2018 to September 30, 2018). The agreement also incorporates budget increases effective July 1, 2018. Telecare's costs have increased based on increases in salaries and benefits, the rising cost of workers' compensation insurance, and the cost of a new electronic health record system upgrade.

VCBH recommended the approval of the agreement with Telecare for MHRC services at Horizon View, in the amount of \$2,536,689 (an increase of \$75,982 from the prior fiscal year), for the service period of July 1, 2018 through June 30, 2019. This agreement is funded by SD/MC FFP and Realignment.

c) **Telecare** provides assertive community treatment (ACT) program services to VISTA XP2/XP3 adult consumers who have been released from local jails. These individuals receive community-based support to ensure independent living and wellness. ACT services include: mental health treatment, psychiatric care and management, medication education to understand and manage chronic conditions, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. Through the

VISTA XP2/XP3 agreement, 30 clients can be served at any one time. For FY 2017-18 the average daily census for the program was 9 and the total unduplicated clients served were 55.

The agreement substitutes new obligations and considerations, an increased contract amount and extension of the term, with the intention of extinguishing the previous three-month extension (effective July 1, 2018 to September 30, 2018). The agreement also incorporates budget increases effective July 1, 2018. Telecare's costs have increased based on increases in salaries and benefits, the rising cost of workers' compensation insurance, and the cost of a new electronic health record system upgrade.

VCBH recommended the approval of the agreement for VISTA (XP2/XP3) ACT services with Telecare, in the amount of \$861,736 (an increase of \$182,567 from the prior fiscal year), effective July 1, 2018 through June 30, 2019. This agreement will be funded with MHSa and SD/MC FFP funding.

- d) **Telecare** provides ACT services to VOICE AB 109 parolee consumers who have significant mental health and/or alcohol and drug issues that require treatment in order to live safely and productively in the community and reduce recidivism. ACT services include: mental health treatment, psychiatric care and management, medication education to understand and manage chronic conditions, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, and social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. The treatment needs of the AB 109 parolee population fall into two main categories. The first category encompasses those individuals who require high intensity ACT model wrap around support services, such as intensive case management, medication, crisis intervention, and housing/life skills support. These services are to be available 24/7 and 365 days per year using a "whatever it takes" approach. The second category encompasses those individuals who require low intensity services (ACT-lite), such as case management and medication management. For FY 2017-18 there were 30 unduplicated clients with an average daily census of 5 for the high intensity and 65 unduplicated clients with an average daily census of 6 for the ACT-lite.

The agreement substitutes new obligations and considerations, an increased contract amount and extension of the term, with the intention of extinguishing the previous three-month extension (effective July 1, 2018 to September 30, 2018). The proposed agreement also incorporates budget increases effective July 1, 2018. Telecare's costs have increased based on increases in salaries and benefits, the rising cost of workers' compensation insurance, and the cost of a new electronic health record system upgrade.

VCBH recommended approval of the agreement for VOICE AB 109 ACT services with Telecare, in the amount of \$800,993 (an increase of \$89,933 from the prior fiscal year), effective July 1, 2018 through June 30, 2019. This contract will be funded with AB 109 and SD/MC FFP funding.

## 5. Mental Health Services: Telecare Contract

*This item recommends approval of the FY 2018-19 contract with Telecare for the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) services. The number of clients served and maximum contract amount were reduced. A Request for Proposals (RFP) is pending completion.*

**Telecare** provides educational support, supportive employment, case management, individual treatment, and psychiatric treatment services to Transitional Aged Youth (TAY) through the EDIPP program. The EDIPP program utilizes a "whatever it takes" approach in working with clients and family members. At the core of the program services are multi-family groups for clients and their families which are designed to decrease stressors and increase coping skills. Clients who complete the regular two-year EDIPP program receive an additional 12 months of psychiatric services, groups, and counseling through the EDIPP Continuing Care Program. The EDIPP program currently serves the following communities: Camarillo, Fillmore, Moorpark, Newbury Park, Ojai, Oxnard, Piru, Port Hueneme, Santa Paula, Simi Valley, Somis, Thousand Oaks, and Ventura. The EDIPP program is designed to serve 55 TAY clients at any one time. For FY 2017-18 the average daily census was 11 and there was a total of 70 unduplicated clients served.

The agreement covers the continuation of services through December 31, 2018. VCBH has decided to release a RFP for the EDIPP program in the 2<sup>nd</sup> quarter of FY 2018-19 and target an award date of early December 2018. The amendment to the agreement will continue services through that anticipated RFP award date. The scope of work has been adjusted to serve 40 clients. The contract amount has been reduced from \$1,105,653 in FY 2017-18 to \$450,000 to cover the six months of FY 2018-19.

VCBH recommended the approval of the amendment to the agreement with Telecare for EDIPP services, in the amount of \$450,000, for the service period of July 1, 2018 through December 31, 2018. This agreement is funded with MHSA, Substance Abuse and Mental Health Services Administration (SAMHSA) Grant, and SD/MC FFP funding.