VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

October 15, 2018

NEXT MEETING:
Monday, November 19, 2018 1:00 p.m. – 3:30 p.m.
Ventura County Behavioral Health Administration 1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

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

BHAB Members Present

Jerry Harris, Chair
Claudia Armann
Jamie Banker
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Kevin Clerici
Margaret Cortese, Member-At-Large
Capt. James Fryhoff
Janis Gardner, Member Emeritus
Patricia Mowlavi
Supervisor Linda Parks
Gina Petrus
Irene Pinkard
Sheri Valley
Kay Wilson-Bolton, Secretary

VCBH Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Dr. Lisa Acosta, Youth & Family Division Medical Director
Hilary Carson, MHSA
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Leisa Donovan, Fiscal Manager
Pete Pringle, Youth & Family Division Chief
Dr. John Schipper, Adult Division Chief
Maryza Seal, Contracts Manager
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

BHAB Members Absent

Monique Garcia
Mary Haffner
Larry Hicks - LOA
Denise Nielsen
Marlen Torres - LOA

Others Present

Stuart Fiedler
Lilia Simakova, Anka Behavioral Health
Martha Arenas, Anka Behavioral Health
Andrea Sallee, Anka Behavioral Health
Elizabeth R. Stone
Heather Davidson, First 5
Marika Collins, Casa Pacifica
David Deutsch, NAMI
Mark Stadler, Crisis Intervention Team (CIT)
Cecil Valenti, Ventura County Sheriff's Office
Schaum Song, Ventura County Sheriff's Office
Greg Gorin, Ventura County Sheriff's Office
Martin Nunes, Ventura County Sheriff's Office
Lucrecia Campos-Juarez, Clinicas del Camino Real
Robbie Hidalgo, Simi at the Garden

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	**Call to Order** Chair Harris called the meeting to order at 1:05 p.m. Nancy Borchard lead the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	**Approval of the Agenda** Mr. Harris asked the Board to review and approve today's agenda. Claudia Armann moved to approve, Ratan Bhavnani seconded. The motion passed unanimously.	The agenda was approved as written. **M/S/C**	
III.	**Approval of the Minutes** Mr. Harris asked the Board to review and approve the minutes of the September 17, 2018 meeting. Janis Gardner moved to approve, Mr. Bhavnani seconded. The motion passed unanimously.	The minutes were approved as written. **M/S/C**	
IV.	**Welcome and Introductions** Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	**Public Comments** Stuart Fiedler spoke about restitution for crime victims and spoke about his own case. He urged law enforcement officers to tell victims about 19280. David Deutsch thanked all who participated in the NAMI Walk on October 13. He noted that in the future the walk will be held in October. Elizabeth R. Stone made available three handouts, one on a suicide attempt survivors support group, one on A Friend In Deed (peer-led support), and an article titled Alternatives to Suicide: Strategies for Staying Alive. See attached. Hilary Carson read a public comment from Tara Carruth of the Continuum of Care, who is soliciting public comments on homelessness. Ms. Carson distributed copies of the Ventura County Plan to Prevent and End Homelessness.		
VI.	**Recognitions: Ventura County Sheriff's Office/Camarillo Police Deputies and Sergeants Who Responded to Numerous Calls for Service at Hillmont House – 25 Recognitions** Mr. Harris noted that Law Enforcement is part of the behavioral health system of care. He presented 25 recognitions to the following Camarillo Police Deputies and Sergeants, some of whom were present: Sr. Deputy Wendy Aulino, Deputy Andrew Awedisean, Deputy Ricky Barrios, Deputy Michael Bonelli, Deputy John Burt, Sgt. Jason Cantrall, Deputy Jonathan Carver, Deputy James Evans, Deputy Gregory Gorin, Deputy Jason Hawes, Pilot Alex Keller (a civilian), Deputy Steve Krupnik, Sgt. Gus Macias, Deputy Robert Medina, Deputy Jennifer Meinheit, Deputy Jason Miller, Deputy Samuel Moss, Deputy Martin Nunes, Deputy Chandra Pugh, Sr. Deputy Darin Rich, Deputy Schaum Song, Deputy Eric Stolworthy, Sr. Deputy Gregory Tougas, Deputy Francis Valdez, Deputy Cory Woodward. These law enforcement officers have responded to calls for service at Hillmont House in Camarillo, a locked Mental Health Rehabilitation Center which services clients with severe behavioral health challenges. The officers demonstrated concern, compassion and perseverance in locating an interacting with a client who had wandered away on several occasions, ensuring his safety and that of others in the community. • Mr. Harris thanked the deputies for their professional and positive interactions. • Supervisor Parks thanked Sheriff Dean for implementing training in crisis intervention. She noted that the crisis intervention training has made a significant difference when Law Enforcement interacts with the mentally ill. • Andrea Sallee, Anka Behavioral Health Vice President of Operations for the Southern Region, extended her gratitude to all in the Sheriff's Office who helped.		

VII.	**Chair's Report – Jerry Harris** A. Mr. Harris noted that he is going to attend the quarterly meeting of the California Association of Local Behavioral Health Boards & Commissions and Central Region meeting in Folsom on October 19. B. Mr. Harris suggested that the board conduct a Strengths, Weaknesses, Opportunities and Threats (SWOT) to define what the board can be expected to appropriately do in terms of its Welfare & Institutions responsibilities. He would like to do this before one of the regular board meetings. He asked Board members to give him their feedback after the meeting. C. Ms. Gardner provided information on the following: 1. Road to Independence on October 20 at Casa Pacifica for youth ages 14-19; 2. The Haunted Housing Run on October 27 at San Buenaventura State Beach; 3. The Designing a Healthier Community conference on November 16 in Camarillo; 4. An email update from Supervisor Parks on Growing Works; 5. The suicide conference held at Oxnard College, which was successful; 6. The temporary display at the Government Center about opiate use in Ventura county; 7. The grant of over $900,000 that Ventura County has been awarded under the Comprehensive Opioid Abuse Site-based Program to combat opioid misuse.		
VIII.	**Board Members Comments and Announcements** Gane Brooking noted that the building that has been identified to house a year-round shelter in Ventura needs extensive renovation before opening, hopefully in Fall 2019. A location for a foul weather shelter is being searched for. Mr. Bhavnani noted that the Laura's Law program was launched in this county a couple of years ago and is now run by VCBH. A stakeholder meeting will take place in early November; he will report on it at the next General meeting. Mr. Bhavnani also shared his impression of the NAMI Walk, which he felt was well run and had an upbeat atmosphere. Nancy Borchard asked about the recognition that Neil Andrews will receive that evening at Ventura City Hall. She noted that he was one of the first chairmen of the Mental Health Board, the precursor to the BHAB. Kevin Clerici stated that the recognition for his many years of service will be presented during the public comments segment. Supervisor Parks noted that the Continuum of Care is looking for a project to help the homeless. She shared that No Place Like Home funds could be used for older adult housing on land located on Lewis Rd. in Camarillo.		
IX.	**Director's Report – Dr. Sevet Johnson** A. Ventura County is the largest of two counties in California that have been chosen to receive the grant mentioned earlier. B. VCBH Youth & Family Division has fully implemented Children & Adolescent Needs and Strengths (CANS). VCBH created its own tool, which is now used in other counties. C. Since opening, the children's Crisis Stabilization Unit (CSU) has admitted 879 children. VCBH is looking for strong collaboration with Vista del Mar Psychiatric Hospital. D. VCBH is preparing the triage grant expansion, which will start November 1st. It will strengthen the cooperation with Law Enforcement. E. VCBH is participating in discussions to identify the services that could be provided at the year-round shelter. F. During a visit she made to the Growing Works nursery, Dr. Johnson was impressed with the clients' level of engagement. A daily average of 22 clients volunteer at the nursery.		
X.	**Secretary's Report – Kay Wilson-Bolton** A. Kevin Clerici is being reappointed to a three-year term. B. Attendance at committee meetings is improving but is at about 50% of what it should be. Ms. Wilson-Bolton asked that members let her know when they cannot attend a committee meeting. Mr. Harris emphasized that a significant portion of the work of the BHAB is done at the committee level. Additionally, at the January 28, 2019 General meeting, the committee chairs will provide an update on their committee's objectives.		

XI.	**BHAB Committee Reports** A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs The Coalition for Family Harmony gave a presentation on its services. The committee started working on an action plan for one of its objectives. It is also working on receiving updates on the adult Crisis Stabilization Unit at the Ventura County Medical Center Inpatient Psychiatric Unit and at St. John's Medical Center. B. Prevention Committee – Janis Gardner, Chair The committee submitted its Action Plan to the BHAB Chair. VCBH Prevention shared information about the recent substance use disorder statewide conference. The committee heard a presentation by the Ventura County Office of Education on comprehensive health and prevention programs, which are in all the county's schools. C. Transitional Age Youth (TAY) Committee – Kay Wilson-Bolton, Chair The committee heard a presentation on recovery from a peer, who will present at the November General meeting. The committee has prepared a letter to encourage interested parties to participate in its meetings; BHAB members will receive this letter and are encouraged to share it with others who may be interested. The committee will look into getting a provider to help restart a support group for parents of TAY. Mr. Bhavnani noted that last month's meeting was held at the TAY Tunnel. D. Youth & Family Committee – Denise Nielsen, Chair Ms. Nielsen was not in attendance. Gina Petrus noted that the committee heard a presentation from United Parents on the outcomes of a survey of parents and caregivers. The committee also discussed the problems related to the psychiatric hospitalization of youth. The committee is also working on the development of an action plan on its objective.		
XII.	**New Business** Mr. Harris noted that the November General meeting will include a discussion on a proposed amendment to the BHAB Bylaws. A. Larry Hicks' Request for Leave of Absence Through November 2018 Mr. Harris noted that Larry Hicks has requested a leave of absence. Margaret Cortese moved to grant Mr. Hicks a leave of absence through November 2018. Patricia Mowlavi seconded. The motion passed unanimously. B. Procedure for Revising the Lists of Committee Members Mr. Harris noted that changes to the membership list of the BHAB committees are at the discretion of the committee chairs. C. Modification to Prevention Committee Objective Regarding Cannabis Ms. Gardner noted that the BHAB Prevention Committee decided to amend its objective that was adopted by the full board, from "Identify opportunities for cannabis education and awareness" to "Promote cannabis education and awareness." This objective was adopted by the full board at the September BHAB General meeting. Ms. Mowlavi moved to accept the modification, Ms. Borchard seconded. The motion passed unanimously. D. BHAB Fiscal Year 2017-18 Annual Report – Review and Approval Mr. Harris noted that the Annual Report contains reports from each committee. Mr. Bhavnani moved to accept the Annual Report, Ms. Gardner seconded. The motion passed unanimously. Mr. Bhavnani, Ms. Borchard and Ms. Wilson-Bolton thanked Mr. Harris for all the work he put into the document, which Mr. Harris plans to present to the Board of Supervisors, most likely in February 2019. E. Fiscal Year 2018-19 Prioritized Site Visits, Including Time Frame Mr. Harris noted that rather than doing a site visit to Screening, Triage, Assessment and Referral (STAR), the Executive team agreed it would be more appropriate to hear a	Grant Larry Hicks a leave of absence through November **M/S/C** Accept modification to BHAB Prevention Committee objective **M/S/C** Accept the Annual Report **M/S/C**	

	presentation from STAR. The following sites were proposed for a visit during this fiscal year: 1. Horizon View in Camarillo: Mr. Bhavnani will lead and schedule for January; 2. Turning Point Wellness Center in Oxnard: Ms. Cortese will lead, in February 2019; 3. Hillmont House in Camarillo; a lead is needed; 4. Vista del Mar Hospital; a lead is needed. Mr. Bhavnani moved to adopt this list, Sheri Valley seconded. The motion passed unanimously. F. Update on No Place Like Home – Ratan Bhavnani Mr. Bhavnani provided a handout and information on No Place Like Home (NPLH), which is on the November ballot. Under Proposition 2, counties could receive both competitive and non-competitive grants to build supportive housing units. G. Site Visit Report: Inpatient Psychiatric Unit (IPU) – Ratan Bhavnani Gina Petrus and Kevin Clerici gave a brief report of the positive impression they have of the site visit. They want to see the place operating at full capacity. Mr. Bhavnani noted that the empty wing used to house the Crisis Stabilization Unit (CSU), which closed due to licensing issues. He remarked on the physical barrier between clients and nurses. Overall, it was a very good visit. • Ms. Borchard noted there is some confusion with Friends In the Lobby, a NAMI family outreach program. Mr. Bhavnani noted that the program continues to be provided. • Ms. Cortese feels it would be helpful to have a psychologist on staff at IPU. • Supervisor Parks feels that having the IPU under VCBH would allow for better communication and transition of clients between IPU and the clinics. Mr. Bhavnani and Ms. Borchard agreed. Ms. Brooking wondered about the Outpatient Psychiatric Observation Services (OPOS). Ms. Wilson-Bolton asked to discuss at the next General meeting the feasibility of moving the IPU under VCBH ; Supervisor Parks said it can be done as an action item and recommendation to the Board of Supervisors. Dr. Johnson noted that the regulations need to be reviewed to assess whether it would be possible to move the IPU under VCBH. • Mark Stadler made a public comment. He noted that the lack of a Crisis Stabilization Unit impacts Law Enforcement, who often have to sit in emergency departments providing security services while clients wait for a bed at IPU. Law Enforcement agencies have sent a letter of support to the California Department of Public Health (CDPH), the licensing agency to allow the IPU to reopen the CSU in its former location within the facility. The Ventura Star is working on an article on this topic. H. November 19 Potluck Lunch The BHAB will have a potluck immediately preceding the next General Meeting. It will be on November 19 from 11:30 a.m. to 12:30 p.m. in the training room. It will be open to the public. Everyone is asked to bring a dish.	Adopt list of prioritized BHAB site visits **M/S/C**	
XIII.	**Old Business** A. Progress on the Adult Crisis Stabilization Unit (CSU) Daniel Powell, Supervisor Inpatient Unit, could not attend the meeting. This update did not take place and will be rescheduled. B. Future presentations In January: Statewide survey of parents/caregivers, by Lori Litel, Executive Director of United Parents. In February: Drug Medi-Cal Organized Delivery System, by Loretta Denering, Chief of VCBH Alcohol and Drug Programs. C. Future Recognitions In November: two VCBH Older Adult staff and the VCBH Safety Manager. In January: Crisis Intervention Team awards and Officer of the Year presentation.		

XIV.	**Contracts**
	Mr. Harris reminded all that this agenda item is an opportunity to ask questions on the following contracts that the Board of Supervisors approved the previous month:
	
	A. Board of Supervisors Approved Agreements – September 11, 2018
	    1. La Siesta and Hickory House Contracts
	B. Board of Supervisors Approved Agreements – September 18, 2018
	    1. Homeless Mentally Ill, Outreach and Treatment Services Funding
	    2. Anka Behavioral Health, ASC Treatment Group, and Turning Point Foundation Contracts
	    3. Memorandum of Agreement with Santa Paula Unified School District
	C. Board of Supervisors Approved Agreements – September 25, 2018
	    1. Aegis Treatment Centers Contract
	    2. California Psychiatric Transitions Contract
	    3. Kids and Families Together Contract
	    4. Telecare Corporation Contracts
	    5. Telecare Contract
	
	See attached Executive Summary for details.
	
	Ms. Borchard asked about the large amount of the Aegis Treatment Centers contract. Dr. Johnson noted that the contract provides for an increase of about $100,000. The funding comes from the state and is for medication assisted treatment. Aegis serves the majority of VCBH Alcohol & Drug Programs (ADP) clients. Dr. Loretta Denering, Chief of ADP, added that all ADP programs have a counseling component; additionally, substance use disorders are chronic diseases that may require life-long medication.
	
	Mr. Bhavnani noted that it is important to support La Siesta and Hickory House board and care facilities so that they remain in business.
	
	Dr. Johnson noted that Anne Sippi Clinics (ASC) Treatment Group provides adult residential treatment services. VCBH clients who are referred there are usually difficult to place and have exhausted their options in Ventura county.
	
	Dr. Schipper noted that California Psychiatric Transitions (CPT) is located in Delhi, in central California. VCBH seldom refers clients there. The clients who are referred there have failed in their placement in other local locked facilities.
	
	Dr. Johnson noted that under Mental Health Services Act (MHSA), VCBH is collaborating with six schools in Santa Paula that have been identified by the school district. VCBH provides information to parents.
	
	Ms. Borchard noted that she is pleased with the new process for reviewing contracts.		

XV.	**Public Comments** Robbie Hidalgo noted that October 23rd is the one-year anniversary of the free farmers market. It is now a long-term collaboration with Public Health. It will host three focus groups for the community needs assessment.		
XVI.	**Adjourn** The meeting adjourned at 3:00 p.m.		

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								
District 2	4/17/18 – 1/7/19	Jamie Banker		X	X	X								
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X	X	X								
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X								
District 3	1/12/16 – 1/12/19	Gane Brooking	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								
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								
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								
District 3	12/2/17 – 12/1/20	Larry Hicks		X		LOA								
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X								
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X									
District 2	1/1/17 – 12/31/18	Supervisor Linda Parks	X	X	X	X								
District 1	5/8/18 – 5/7/21	Gina Petrus	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								
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X								
District 3	4/15/18 – 4/14/21	Kay Wilson-Bolton	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

Octubre 15, 2018

SIGUIENTE JUNTA:

Lunes 19 de noviembre de 2018
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, 1st Vice Presidente
Nancy Borchard
Gane Brooking, 2nd Vice Presidente
Kevin Clerici
Margaret Cortese, Miembros en general
Capt. James Fryhoff
Janis Gardner, Member Emeritus
Patricia Mowlavi
Supervisor Linda Parks
Gina Petrus
Irene Pinkard
Sheri Valley
Kay Wilson-Bolton, Secretaria

Gerentes de VCBH y personal presente
Dr. Sevet Johnson, Directora de VCBH
Dr. Lisa Acosta, Director Médico de la División de Juventud y FamiliaHilary Carson, MHSA
Dr. Loretta Denering, Jefe de la División de Programas de Alcohol y Drogas
Leisa Donovan, Gerente fiscal
Pete Pringle, Jefe de División de Juventud y Familia
Dr. John Schipper, Jefe de división de adultos
Maryza Seal, Gerente de Contratos
Terri Yanez, Jefe de División Administrativa
Edith Pham, BHAB Asistente

Miembros de Ausentes BHAB
Monique Garcia
Mary Haffner
Larry Hicks - LOA
Denise Nielsen
Marlen Torres - LOA

Otros presentes
Stuart Fiedler
Lilia Simakova, Anka Behavioral Health
Martha Arenas, Anka Behavioral Health
Andrea Sallee, Anka Behavioral Health
Elizabeth R. Stone
Heather Davidson, First 5
Marika Collins, Casa Pacifica
David Deutsch, NAMI
Mark Stadler, Crisis Intervention Team (CIT)
Cecil Valenti, Oficina del Sheriff del Condado de Ventura
Schaum Song, Oficina del Sheriff del Condado de Ventura
Greg Gorin, Oficina del Sheriff del Condado de Ventura
Martin Nunes, Oficina del Sheriff del Condado de Ventura
Lucrecia Campos-Juarez, Clínicas del Camino Real
Robbie Hidalgo, Simi at the Garden

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES /ACCIONES	DISCUSIÓN / CONCLUSIONES
I.	**Llamar al orden** El presidente Harris inició la reunión a la 1:05 p.m. Nancy Borchard dirigió a la audiencia para recitar el juramento de lealtad a la bandera de los EE. UU.		
II.	**Aprobar la agenda** El Sr. Harris le pidió a la Mesa que revisara y aprobara la agenda de hoy. Claudia Armann hizo la moción de aprobar, Ratan Bhavnani la secundó. La moción pasó por unanimidad	El orden del día fue aprobado como está escrito. **M / S / C**	
III.	**Aprobar las minutas** El Sr. Harris le pidió a la Junta que revisara y aprobara el acta de la reunión del 17 de septiembre de 2018. Janis Gardner hizo la moción para aprobar, el Sr. Bhavnani lo secundó. La moción pasó por unanimidad.	Las minutas fueron aprobadas tal como están escritas. **M/S/C**	
IV.	**Bienvenida y presentaciones** El Sr. Harris dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran.		
V.	**Comentarios del público** Stuart Fiedler habló sobre la restitución para las víctimas de delitos y habló sobre su propio caso. Instó a los agentes de la ley a informarles a las víctimas sobre 19280. David Deutsch agradeció a todos los que participaron en la caminata NAMI el 13 de octubre. Señaló que en el futuro la caminata se llevará a cabo en octubre. Elizabeth R. Stone puso a disposición tres folletos, uno sobre un grupo de apoyo de sobrevivientes de intentos de suicidio, uno sobre A Friend In Deed – Un Amigo en lo Profundo (apoyo dirigido por iguales) y un artículo titulado Alternatives to Suicide: Strategies for Staying Alive.- Alternativas para el Suicidio: Estrategias para Mantenerse Vivo Ver información adjunta. Hilary Carson leyó un comentario público de Tara Carruth, de Continuum of Care, quien solicita comentarios públicos sobre la falta de vivienda. La Sra. Carson distribuyó copias del Plan del Condado de Ventura para Prevenir y Terminar la Carencia de Hogar.		
VI.	**Reconocimientos: Oficina del Sheriff del Condado de Ventura / Oficiales y Sargentos de la Policía de Camarillo que Respondieron a Numerosos Llamados para Servicio en Hillmont House - 25 Reconocimientos** El Sr. Harris señaló que la aplicación de la ley es parte del sistema de atención de salud del comportamiento. Presentó 25 reconocimientos a los siguientes agentes de policía y sargentos de Camarillo, algunos de los cuales estaban presentes: La Oficial Wendy Aulino, el Oficial Andrew Awedisean, el Oficial Ricky Barrios, el Oficial Michael Bonelli, el Oficial John Burt, el Sargento. Jason Cantrall, Oficial Jonathan Carver, Oficial James Evans, Oficial Gregory Gorin, Oficial Jason Hawes, Piloto Alex Keller (un civil), Oficial Steve Krupnik, Sargento. Gus Macias, Oficial Robert Medina, Oficial Jennifer Meinheit, Oficial Jason Miller, Oficial Samuel Moss, Oficial Martin Nunes, Oficial Chandra Pugh, Oficial Darin Rich, Oficial Schaum Song, Oficial Eric Stolworthy, Oficial Gregory Tougas, Oficial Francis Valdez , Oficial Cory Woodward. Estos agentes de la ley han respondido a las llamadas al servicio en Hillmont House en Camarillo, un centro de rehabilitación de salud mental cerrado que atiende a clientes con problemas graves de salud del comportamiento. Los oficiales demostraron preocupación, compasión y perseverancia al ubicar una persona que interactuaba con un cliente que se había alejado en varias ocasiones, garantizando su seguridad y la de otros miembros de la comunidad. • El Sr. Harris agradeció a los oficiales por sus interacciones profesionales y positivas. • La Supervisora Parks agradeció al Sheriff Dean por implementar la capacitación en intervención en crisis. Señaló que el entrenamiento de intervención en crisis ha marcado una diferencia significativa cuando la aplicación de la ley interactúa con los enfermos mentales. • Andrea Sallee, Vicepresidenta de Operaciones de Salud Mental de Anka para la Región Sur, extendió su gratitud a todos en la Oficina del Sheriff que ayudó.		

VII.	**Informe del Presidente - Jerry Harris** A. El Sr. Harris señaló que asistirá a la reunión trimestral de la Asociación de Juntas y Comisiones Locales de Salud Mental de California y la reunión de la Región Central en Folsom el 19 de octubre. B. El Sr. Harris sugirió que la Mesa Directiva realice un análisis de Fortalezas, Debilidades, Oportunidades y Amenazas (FODA) para definir qué se puede esperar que haga la junta en términos de sus responsabilidades de Bienestar e Instituciones. Le gustaría hacer esto antes de una de las reuniones regulares de la junta. Pidió a los miembros de la Mesa que le dieran su opinión después de la reunión. C. La Sra. Gardner proporcionó información sobre lo siguiente: 1. Camino a la Independencia el 20 de octubre en Casa Pacifica para jóvenes de 14 a 19 años; 2. La Carrera de Viviendas Embrujadas el 27 de octubre en la playa estatal de San Buenaventura; 3. La conferencia Diseñando Una Comunidad Más Saludable el 16 de noviembre en Camarillo; D. Una actualización por correo electrónico de Supervisor Parks de Growing Works; E. La conferencia sobre el suicidio celebrada en Oxnard College, que tuvo éxito; F. La exhibición temporal en el Centro de Gobierno sobre el uso de opiáceos en el condado de Ventura; G. La subvención de más de $ 900,000 que fue otorgada al Condado de Ventura en virtud del Programa de Abuso de Opioides Integral basado en el Programa para combatir el uso indebido de opioides.		
VIII.	**Comentarios y anuncios de los miembros de la Junta** Gane Brooking notó que el edificio que ha sido identificado para albergar un refugio durante todo el año en Ventura necesita una renovación extensa antes de abrir, con suerte en el otoño de 2019. Se está buscando un lugar para un refugio de mal tiempo. El Sr. Bhavnani informó que el programa de la Ley de Laura se inició en este condado hace un par de años y ahora está a cargo de VCBH. Una reunión de partes interesadas se llevará a cabo a principios de noviembre; informará al respecto en la próxima reunión general. El Sr. Bhavnani también compartió su impresión de la caminata NAMI, que a su juicio estaba bien manejada y tenía un ambiente optimista. Nancy Borchard preguntó sobre el reconocimiento que Neil Andrews recibirá esa noche en el Ayuntamiento de Ventura. Ella recalcó que él fue uno de los primeros presidentes de la Junta de Salud Mental, el precursor del BHAB. Kevin Clerici declaró que el reconocimiento por sus muchos años de servicio se presentará durante el segmento de comentarios públicos. La Supervisora Parks observó que Continuum of Care está buscando un proyecto para ayudar a las personas sin hogar. Ella compartió que los fondos de No Place Like Home podrían usarse para viviendas para adultos mayores en terrenos ubicados en Lewis Rd. en Camarillo		
IX.	**Informe de la Directora - Dr. Sevet Johnson** A. El condado de Ventura es el más grande de los dos condados de California que se han elegido para recibir la subvención mencionada anteriormente. B. La División de Jóvenes y Familias de VCBH ha implementado por completo las Necesidades y Fortalezas de los Niños y Adolescentes (CANS). VCBH creó su propia herramienta, que ahora se usa en otros condados. C. Desde su apertura, la Unidad de Estabilización de Crisis (CSU) de niños ha admitido a 879 niños. VCBH está buscando una colaboración sólida con el Hospital Psiquiátrico Vista del Mar. D. VCBH está preparando la expansión de la subvención de triaje, que comenzará el 1 de noviembre. Se fortalecerá la cooperación con la aplicación de la ley. E. VCBH participa en las discusiones para identificar los servicios que podrían proporcionarse en el albergue durante todo el año. F. Durante una visita que hizo al vivero de Growing Works, la Dra. Johnson quedó impresionada con el nivel de compromiso de los clientes. Un promedio diario de 22 clientes voluntarios en el vivero.		

X.	**Informe de la Secretaria - Kay Wilson-Bolton** A. Kevin Clerici está siendo reelegido para un mandato de tres años. B. La asistencia a las reuniones del comité está mejorando, pero está en aproximadamente el 50% de lo que debería ser. La Sra. Wilson-Bolton pidió a los miembros que le avisen cuando no pueden asistir a una reunión del comité. El Sr. Harris enfatizó que una parte significativa del trabajo de la BHAB se realiza a nivel de comité. Además, en la reunión general del 28 de enero de 2019, los presidentes de los comités brindarán información actualizada sobre los objetivos de sus comités.		
XI.	**Informes de los comités de BHAB** A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Coalición para la Armonía Familiar dio una presentación sobre sus servicios. El comité comenzó a trabajar en un plan de acción para uno de sus objetivos. También está trabajando para recibir actualizaciones sobre la Unidad de Estabilización de Crisis para Adultos en la Unidad de Psiquiatría para Pacientes Internos del Condado de Ventura y en el Centro Médico de St. John. B. Comité de Prevención - Janis Gardner, Presidente El comité presentó su Plan de Acción al Presidente de BHAB. VCBH Prevention compartió información sobre la reciente conferencia estatal sobre trastornos por uso de sustancias. El comité escuchó una presentación de la Oficina de Educación del Condado de Ventura sobre programas integrales de salud y prevención, que se encuentran en todas las escuelas del condado. C. Comité de Jóvenes en Edad de Transición (TAY) - Kay Wilson-Bolton, Presidenta El comité escuchó una presentación sobre la recuperación de una persona, que presentará en la reunión general de noviembre. El comité ha preparado una carta para alentar a las partes interesadas a participar en sus reuniones; los miembros de BHAB recibirán esta carta y se les alienta a compartirla con otras personas que puedan estar interesadas. El comité buscará que un proveedor lo ayude a reiniciar un grupo de apoyo para los padres de TAY. El Sr. Bhavnani señaló que la reunión del mes pasado se llevó a cabo en el TAY Tunnel. D. Comité de Jóvenes y Familias - Denise Nielsen, Presidenta La Sra. Nielsen no estuvo presente. Gina Petrus informó que el comité escuchó una presentación de United Parents sobre los resultados de una encuesta de padres y cuidadores. El comité también discutió los problemas relacionados con la hospitalización psiquiátrica de jóvenes. El comité también está trabajando en el desarrollo de un plan de acción sobre su objetivo.		
XII.	**Nuevos Asuntos** El Sr. Harris señaló que la reunión general de noviembre incluirá una discusión sobre una enmienda propuesta a los Estatutos de BHAB. A. Solicitud de licencia de Larry Hicks hasta noviembre de 2018. El Sr. Harris indicó que Larry Hicks ha solicitado un permiso de ausencia. Margaret Cortese propuso otorgarle una licencia de ausencia al Sr. Hicks hasta noviembre de 2018. Patricia Mowlavi la secundó. La moción pasó por unanimidad. B. Procedimiento para revisar las listas de los miembros del comité. El Sr. Harris observó que los cambios en la lista de miembros de los comités de BHAB son a discreción de los presidentes de los comités. C. Modificación al objetivo del Comité de Prevención sobre el Cannabis. La Sra. Gardner señaló que el Comité de Prevención de BHAB decidió enmendar su objetivo que fue adoptado por la junta, de "Identificar oportunidades para la educación y concienciación sobre el cannabis" a "Promover la educación y la concienciación sobre el cannabis". Este objetivo fue adoptado por la junta en la junta general de septiembre de BHAB.	Otorgar a Larry Hicks un permiso de ausencia hasta noviembre. **M / S / C** Aceptar modificación al objetivo del Comité de Prevención BHAB. **M / S / C**	

La Sra. Mowlavi hizo la moción para aceptar la modificación, la Sra. Borchard la secundó. La moción pasó por unanimidad.

D. Informe anual del año fiscal 2017-18 de BHAB: Revisión y aprobación
El Sr. Harris señaló que el Informe Anual contiene informes de cada comité. El Sr. Bhavnani hizo la moción para aceptar el Informe Anual, la Sra. Gardner lo secundó. La moción pasó por unanimidad. El Sr. Bhavnani, la Sra. Borchard y la Sra. Wilson-Bolton agradecieron al Sr. Harris por todo el trabajo que realizó en el documento, el Sr. Harris planea presentar a la Junta de Supervisores, probablemente en febrero de 2019.

Aceptar el Informe Anual
M / S / C

E. Año fiscal 2018-19 Visitas priorizadas a sitios, incluido el marco de tiempo

El Sr. Harris señaló que, en lugar de hacer una visita al sitio de Selección, Evaluación, Evaluación y Referencia (STAR), el equipo Ejecutivo acordó que sería más apropiado escuchar una presentación de STAR. Los siguientes sitios fueron propuestos para una visita durante este año fiscal:

1. Horizon View en Camarillo: el Sr. Bhavnani dirigirá y programará para enero;
2. Centro de bienestar Turning Point en Oxnard: la Sra. Cortese dirigirá, en febrero de 2019;
3. Hillmont House en Camarillo; se necesita un líder de la visita;
4. Hospital Vista del Mar; se necesita un líder de la visita.

El Sr. Bhavnani propuso adoptar esta lista, Sheri Valley la secundó. La moción pasó por unanimidad.

Adoptar lista priorizada para las visitas de BHAB
M / S / C

F. Actualización sobre No Place Like Home - Ratan Bhavnani
El Sr. Bhavnani proporcionó un folleto e información sobre No Place Like Home (NPLH), que está en la boleta electoral de noviembre. Bajo la Proposición 2, los condados podrían recibir subvenciones tanto competitivas como no competitivas para construir unidades de vivienda de apoyo.

G. Informe de visita al sitio: Unidad de psiquiatría para pacientes hospitalizados (UIP) - Ratan Bhavnani
Gina Petrus y Kevin Clerici dieron un breve informe de la impresión positiva que tienen de la visita al sitio. Quieren ver el lugar funcionando a plena capacidad. El Sr. Bhavnani señaló que el ala vacía solía albergar la Unidad de Estabilización de Crisis (CSU), que se cerró debido a problemas de licencias. Señaló la barrera física entre clientes y enfermeras. En general, fue una muy buena visita.

- La Sra. Borchard notó que hay cierta confusión con Friends In the Lobby, un programa de alcance familiar de NAMI. El Sr. Bhavnani señaló que el programa continúa siendo proporcionado.
- La Sra. Cortese considera que sería útil contar con un psicólogo en el personal de la UIP.
- La Supervisora Parks cree que tener la UIP bajo VCBH permitiría una mejor comunicación y transición de los clientes entre la UIP y las clínicas. El Sr. Bhavnani y la Sra. Borchard estuvieron de acuerdo. La Sra. Brooking se preguntó sobre los Servicios de Observación Psiquiátrica para Pacientes Ambulatorios (OPOS). La Sra. Wilson-Bolton pidió discutir en la próxima reunión general la posibilidad de mover la UIP bajo VCBH; la Supervisora Parks dijo que se puede hacer como un elemento de acción y una recomendación para la Junta de Supervisores. La Dra. Johnson señaló que las regulaciones deben revisarse para evaluar si sería posible mover la UIP bajo VCBH.
- Mark Stadler hizo un comentario público. Señaló que la falta de una Unidad de Estabilización de Crisis afecta a la Aplicación de la Ley, que a menudo tiene que sentarse en los departamentos de emergencia que brindan servicios de seguridad mientras los clientes esperan una cama en la UIP. Las

agencias de aplicación de la ley han enviado una carta de apoyo al Departamento de Salud Pública de California (CDPH), la agencia de licencias para permitir que la UIP reabra la CSU en su ubicación anterior dentro de la instalación. Ventura Star está trabajando en un artículo sobre este tema.

H. Noviembre 19 Almuerzo de Cooperación Individual
BHAB tendrá un almuerzo inmediatamente antes de la próxima Asamblea General. Será el 19 de noviembre de 11:30 a.m. a 12:30 p.m. en la sala de entrenamiento. Estará abierto al público. A todos se les pide que traigan un plato.

XIII. Asuntos Anteriores

A. Avances en la Unidad de Estabilización de Crisis en Adultos (CSU)
Daniel Powell, Supervisor de la Unidad de Pacientes Hospitalizados, no pudo asistir a la reunión. Esta actualización no tuvo lugar y será reprogramada.

B. Presentaciones futuras
En enero: encuesta estatal de padres / cuidadores, por Lori Litel, Directora Ejecutiva de United Parents.
En febrero: Drug Organi-Cal Sistema Organizado de Administración de Drogas, por Loretta Denering, Directora de Programas de Alcohol y Drogas de VCBH.

C. Futuros reconocimientos
En noviembre: dos empleados de adultos mayores de VCBH y el gerente de seguridad de VCBH.
En enero: Premios del Equipo de Intervención en Crisis y presentación del Oficial del Año.

XIV. Contratos

El Sr. Harris recordó a todos que este tema del programa es una oportunidad para hacer preguntas sobre los siguientes contratos que la Junta de Supervisores aprobó el mes anterior:

A. Acuerdos aprobados por la Junta de Supervisores - 11 de septiembre de 2018
   1. Los contratos de La Siesta y Hickory House.
B. Acuerdos aprobados por la Junta de Supervisores - 18 de septiembre de 2018
   1. Financiamiento de los servicios de tratamiento y servicios de salud mental para personas sin hogar, enfermos mentales
   2. Contratos Anka Salud Mental, ASC Tratamiento Grupal y la Fundación Turning Point.
   3. Memorando de Acuerdo con el Distrito Escolar Unificado de Santa Paula
C. Acuerdos aprobados por la Junta de Supervisores - 25 de septiembre de 2018
   1. Contrato de Centros de Tratamiento Aegis
   2. Contrato de Transiciones Psiquiátricas de California
   3. Contrato Niños y familias juntos contrato
   4. Contratos de Telecare Corporation
   5. Contrato de Teleasistencia

Ver el Resumen Ejecutivo adjunto para más detalles.

La Sra. Borchard preguntó acerca de la gran cantidad del contrato de los Centros de Tratamiento Aegis. El Dr. Johnson señaló que el contrato contempla un aumento de alrededor de $ 100,000. La financiación proviene del estado y es para el tratamiento de medicación asistida. Aegis atiende a la mayoría de los clientes de VCBH Programas de Alcohol y Drogas VCBH (ADP). La Dra. Loretta Denering, Jefe de ADP, agregó que todos los programas de ADP tienen un componente de asesoramiento; además, los trastornos por uso de sustancias son enfermedades crónicas que pueden requerir medicamentos de por vida.

El Sr. Bhavnani señaló que es importante respaldar a la Mesa Directiva y a las instalaciones de cuidado de La Siesta y Hickory House para que sigan operando.

	La Dra. Johnson observó que el Grupo de Tratamiento de Clínicas Anne Sippi (ASC) brinda servicios de tratamiento residencial para adultos. Los clientes de VCBH que son referidos allí generalmente son difíciles de ubicar y han agotado sus opciones en el condado de Ventura. El Dr. Schipper señaló que las Transiciones Psiquiátricas de California (CPT) se encuentran en Delhi, en el centro de California. VCBH rara vez refiere a los clientes allí. Los clientes que son referidos allí han fallado en su colocación en otras instalaciones locales cerradas. La Dra. Johnson señaló que bajo la Ley de Servicios de Salud Mental (MHSA), VCBH está colaborando con seis escuelas en Santa Paula que han sido identificadas por el distrito escolar. VCBH proporciona información a los padres. La Sra. Borchard señaló que está satisfecha con el nuevo proceso para revisar los contratos.		
XV.	**Comentarios públicos** Robbie Hidalgo señaló que el 23 de octubre es el primer aniversario del mercado libre de agricultores. Ahora es una colaboración a largo plazo con Salud Pública. Se organizarán tres grupos de opinión para la evaluación de las necesidades de la comunidad.		
XVI.	**Cierre de la Junta.** La reunión concluyó a las 3 de la tarde.		

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

Presente = X

Distrito 1 Supervisor Bennett
Distrito 2 Supervisor Parks
Distrito 3 Supervisor Long
Distrito 4 Supervisor Foy
Distrito 5 Supervisor Zaragoza

SUICIDE ATTEMPT SURVIVORS SUPPORT GROUP

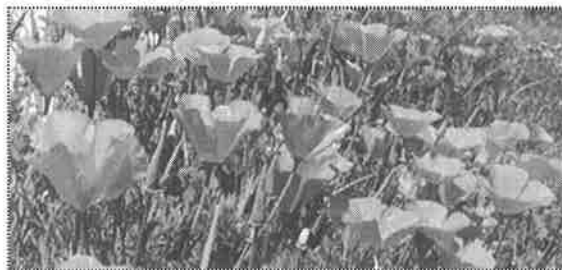
JOIN OTHERS

safely share your thoughts and feelings
develop new coping methods
learn about community resources
discuss and practice alternative ways to ease pain

group facilitated by licensed clinician and peer mentor

8 sessions – closed group
Adults (18+ yrs. old)
$55 per session // sliding scale available
START DATE: November 6, 2018
Tuesdays @ 7pm
AT: New Beginnings Center in Camarillo
155 Granada St – Suite N

NO ONE HAS TO BE ALONE



There Can Be Hope
We Can Help

contact Grant for more information or to schedule an intake consultation
call: 805-987-3162 ext. 3
email: grantlavignamft@gmail.com

24-hour Suicide Crisis Line = 1-877-727-4747 (local response)

FIND

(A Friend In Deed)

PEER-LED SUPPORT
for folks experiencing or who have experienced mental health or substance misuse challenges

**** new location to be announced shortly ****

PEER-LED GROUPS TO BE OFFERED

- Peer Matrix – drop in arts/creative writing
- Dual Recovery Support
- Percussion Circles
- Reading Groups
- Parenting with a Mental Health Challenge
- Movie Nights
- Musicians' Sober Support Meetup
- Drop-In Peer Support
- WRAP for Trauma-Affected Peers

email for further info:
A.Friend.In.Deed.Ventura@gmail.com
or FIND.assist805@mail.com

Alternatives to Suicide: Strategies for Staying Alive

madinamerica.com/2018/09/alternatives-suicide-staying-alive/

September 29, 2018

By

Carlene Byron

–

September 29, 2018

At last count, I've wanted to die on more than 7,300 days of my life. I've spent only six of those days in a psychiatric hospital, setting that hospital's record for shortest involuntary commitment.

How can a person who deals with such frequent thoughts of suicide complete college, hold a job, have a career? How can she be as successful as I am?

September is Suicide Prevention Awareness Month, which makes it a great time to learn from people like me who have been preventing our own suicides for years.

Wanting to die is, it turns out, not terribly unusual. People want to die because they've committed what they consider to be an unpardonable social sin, because they've failed in some way at work, because their spouse has ended the marriage, or they've experienced too many bereavements.

Wanting to die is a pretty reasonable reaction to lots of terrible life circumstances. Been there, done it all, still alive.

So the real question is why and how do some of us keep going when we frequently want to die. The answer lies in a mix of motivations and solutions that we practice. Here are a few of the "alternatives to suicide" that I have used over the 40-plus years since I first wanted to die:

Escape strategies: Binge watching television, binge reading fiction, writing revenge-themed novels, staring at the ocean, staring out the window.

Exhaustion strategies: Logging long hours at the gym, on a trail, up a mountain, on the bike, in a kayak.

Engagement strategies: Using some creative skill; petting the cat or dog; arranging wildflowers into a bouquet, spending an hour shopping for $5 worth of giftwrap and ribbon.

Encouragement strategies: Marking every little step forward. Creating a to-do list so detailed that you count it progress when you finish your shower... your breakfast... your commute. Reminding yourself during times when you are without hope that the God in whom you believe has promised "a hope and a future" to you (Jer. 29:11). Even if that comes far in the future, when you finally arrive in the country where God wipes away every tear (Rev. 21:4).

Extension strategies: Extending yourself for others, even when you feel like nothing. Sheryl Sandberg, in *Option B*, her book about surviving the grief she suffered after her husband's death, says one tool she learned was to log daily three ways she had influenced others for the good. Offer kindness. Volunteer. Show a colleague a new skill.

Remembrance strategies: At one point, my best suicide preventive was recalling that I would have killed myself if I'd tried the particular overdose I'd considered at age 19. Some years later, I held to the memory of a voice (that I know as God) telling me "If you don't have a reason to live 'til spring, plant bulbs." I still plant bulbs, lots of them, every year.

Ritual strategies: Daily routines that never change can keep you going. For me, these include alarm at 6. Coffee. Oat cereal with milk and berries. The print newspaper. The chair where the Bible and journal and planner wait. The routines resume in the late evening, when 9 p.m. brings on hot tea, the buzzing electric toothbrush, jammies and a book by the bed.

Safety strategies: At the worst, we keep ourselves safe. We call the friend who is willing to come over, so we're not alone. We text the person who will remind us that we don't always feel this terrible. We check in with a suicide hotline or the crisis text service when we need to say things that even the best friend shouldn't hear. (And by the way, the hotline care strategy is to listen first, then help the caller identify any circle of belonging and even one thing the caller will do in the next 24 hours other than kill herself. That is to say: name notwithstanding, "suicide prevention" hotlines are designed not to prevent suicide, but to help us find alternatives to suicide. And the evidence is that they work.)

None of these is a suicide "prevention" strategy. Suicide "prevention," as we practice it today in the US, trains thousands of "gatekeepers" to peer into the lives around them for "signs" of suicidality. It pushes them to push people like me toward professionals who hold the keys to locked wards, where we can be almost perfectly protected against self-harm.

Ironically, we have trained so many people to be on guard against "symptoms" that ordinary human supports have become much less available to people experiencing challenges. Today, I have to consider carefully any potential confidant. Is this a person who will (with or without professional qualifications) assess me to be a danger to myself, call police for a midnight "welfare check," insist that I need to take a medication that time has proven doesn't work for me? Will they shuttle me toward another locked ward?

Me, I'd rather hold my tongue than risk the professional suicide that an inpatient event provides. I've only just rebuilt a new career after my one-and-only psych hospital stay more than a decade ago.

People who have lost loved ones to suicide, professionals who have lost patients to suicide — even those who have temporarily protected family, friends, and patients from one episode of suicidality — don't know even a percent as much about eluding suicide as those of us who have stood this battle for years. My friends and I don't "prevent" suicide. But we each maintain our personal lists of "alternatives to suicide" that we put into practice when the urge hits. Even when it hits really often.

This Suicide Prevention Month has taken place at a time in our nation's history when the suicide rate remains staggeringly high. We now have a number of multi-nation studies suggesting that as a nation improves access to psych meds and hospitalizations, its suicide rate will increase. Which is exactly what we've seen in the US over the last 30 years.

For more than 7,300 days of my life, waking up the next morning required me to make a conscious choice to diligently pursue something — anything — other than my impulse to die. Perhaps it's time to reconsider our "suicide prevention" approach. Maybe the best teachers of how to avoid suicide will not be the people who are afraid someone else will die, but those of us who can explain how and why we regularly choose to live.

RELATED ARTICLESMORE FROM AUTHOR

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

<u>Core Requirements</u>

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 a 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	**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. **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:

Shelters and Prevention	**Emergency Solutions Grant (ESG):** 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
Housing	**HOME Investment Partnerships Program (HOME):** 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
Housing **Case Management**	**HUD Continuum of Care Program:** 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
Housing	**Community Development Block Grants (CDBG):** 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
Housing, Families, Seniors and Disabilities	**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
Veterans **Case Management** **Housing**	**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 homless.	Local public housing agencies
Veterans, Families and Prevention	**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
Veterans Prevention Housing	**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.
Behavioral Health	**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
Health	**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: • Families with children; • Seniors; • Persons with disabilities; • Foster youth; • Pregnant women; and • Low-income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS. 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.	
Families Prevention Employment	**Temporary Assistance for Needy Families (TANF)/CalWORKs:** 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)
Families Food	**CalFRESH:** 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)
Families	**Promoting Safe and Stable Families (PSSF):** 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
Families, Housing and Case Management	**CalWORKs Housing Support Program:** 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
Seniors and Housing	**Section 202: Supportive Housing for Elderly:** 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
Youth	**McKinney-Vento grants:** 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, www. cde.ca.gov/re/es/.	Local education agencies
Youth	**Local Control Funding Formula/Local Control Accountability Plans (LCFF/LCAP):** 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
Youth and Food	CalFresh: 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

Youth and Food	**USDA school nutrition programs:** 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 **Community Eligibility Provision, www.frac.org/community-eligibility,** which enables schools to provide free breakfast and lunch to all students without requiring household applications.	Individuals
Youth	**Homeless Youth and Exploitation Program:** 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.	Nonprofit organizations
Law Enforcement **Behavioral Health** **Housing**	**Proposition 47 (Year):** 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.	Local public agencies
Law Enforcement **Prevention** **Housing** **Behavioral Health**	**Law Enforcement Assisted Diversion (LEAD) Grant:** 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.	Cities and counties
Law Enforcement	**AB 109 Funding:** 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.	Counties
Case Management	Medi-Cal Whole Person Care Pilots: 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	Counties and one city

	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.	

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: <u>$701,401</u>

   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."

SAVE THE DATE

HOSTED BY CASA PACIFICA'S TRANSITIONAL YOUTH SERVICES

Join us at our annual event for youth ages 14-19 to practice living skills in a real life environment. Demo booths such as banking, employment, vocational, and more provide youth an introduction to manage independent living.

REAL LIFE! REAL WORLD! REAL FUN!

To volunteer or RSVP please contact Lisa Sparrow at (805) 366-4019 , or lsparrow@casapacifica.org

CASA PACIFICA
CENTERS FOR CHILDREN & FAMILIES
Providing Hope & Help
1722 S. Lewis Road
Camarillo, CA 93012

www.casapacifica.org

THIRD ANNUAL HAUNTED HOUSING RUN

Saturday, October 27, 2018

5k— 8:00 a.m. 10k—8:00 a.m. Kid's Dash—9:00 a.m.	San Buenaventura State Beach 901 San Pedro St., Ventura, CA *Flat, fast, stroller-friendly course along the beach!*

All race proceeds benefit the Scholarship Program of the Housing Authority of the City of San Buenaventura

For registration and event info, visit: www.hauntedhousingrun.com

Wear a costume and join us for a family-friendly run along the beautiful Ventura Beach!

Find us on

Designing a Healthier Community
~Join the Conversation~

FRIDAY, NOVEMBER 16, 2018
8:00 AM – 12:00 PM
VENTURA COUNTY OFFICE OF EDUCATION
5100 ADOLFO ROAD, SALON B, CAMARILLO

Can the Built Environment Build Community?

Health starts where you live, learn, work and play. The built environment is everything we have made to live our lives including homes, places of business, public spaces, and parks and recreational areas-or lack thereof.
A healthy community depends on human, institutional, organizational and environmental resources available within the community. The physical design of a community - the built environment - affects health every time a person steps out of the front door and into their neighborhood. Community happens when people connect with each other. The built environment can encourage interaction or hinder it.

Establishing the design of a healthy community is a complex issue and is not an issue that can be solved by any one organization. Everyone has a role in building a healthy community. Local actions support quality of life as well as create stronger, healthier communities. Join the conversation & get involved!

FEATURED SPEAKERS

- **KEYNOTE SPEAKER: "Designing Healthy Communities,"** Richard J. Jackson, MD, MPH, is Professor Emeritus of Environmental Health Sciences at the Fielding School of Public Health at UCLA. Author of book and PBS series "Designing Healthy Communities."
- **"Exploring the Local Landscape of Healthy Communities,"** Rigoberto Vargas, MPH, Director, Ventura County Public Health

WHO SHOULD ATTEND?

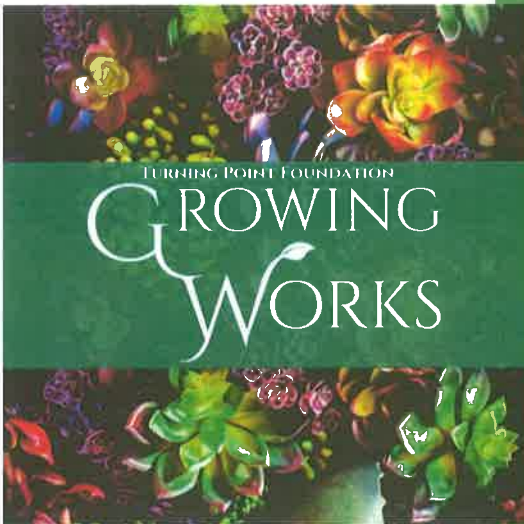
Policymakers, Educators, Mental Health Professionals, Community-Based Organization Leaders, Health Care Professionals, Public Health Leaders, Planners & Transportation Professionals.

VENTURA COUNTY
PUBLIC HEALTH

VENTURA COUNTY
HEALTH CARE AGENCY

VENTURA COUNTY
BEHAVIORAL HEALTH

REGISTER ONLINE: https://healthy-communities.eventbrite.com
or RSVP BELOW
Healthy Breakfast and Refreshments will be provided



"Exactly What I Needed"

The popularity of the Growing Works job-training program shows the importance of work in one's life, particularly for those with mental health challenges. We were delighted to see dozens of people sign up for the program in its first opening weeks, and begin working at the wholesale plant nursery. The need for this program could not be expressed better than by one of Growing Works' first employees, Laurie, who was interviewed by KCLU's Lance Orozco:

"I pretty much hit rock bottom and I had to go to a hospital and after that I think God gave me the strength to get on and do something new and I heard about this program and it is exactly what I needed. We're all working toward getting better, feeling better, we're building up to something really cool, like getting hired."

Last month Growing Works got exactly what it needed too, thanks to the generosity of David Martinez with Marz Farms. We contacted David early on because he was farming the land behind the Growing Works nursery site, and we wanted to let him know what was being proposed. As it turned out he was no longer farming the neighboring land, but he was so supportive of the mission of Growing Works that he offered to fund one of our biggest needs, a fence. Now we're over-the-moon pleased to report that the fence was installed last week by the friendly Fence Factory guys and our nursery's plants are secure, thanks to David.

You too can Donate!

We also were fortunate to have a small crew of County employees, friends, and relatives of friends, volunteer to install wallpaper and vinyl flooring in what were once dusty storage rooms. Their volunteering made what will now be the nursery sales offices, a welcoming place for business.

You too can Volunteer!

Of course, no one has given more of their time than our volunteer Nursery Developer and Manager, Dennis Perry, who we discovered through NAMI, the National Alliance on Mental Illness. NAMI is the go-to organization for families of loved ones who have mental illness. In support of NAMI, Growing Works has formed a walk team for their annual walk along the Ventura Promenade. Come out and join Dennis and our Growing Works team on October 13th and get your FREE Growing Works tee shirt. Everyone can participate by walking, contributing and even virtual walking!

Join Our Walk Team

With the amount of nursery plants about to grow ten fold, we're happy to announce Turning Point Foundation has hired two experienced assistant nursery managers to assist Dennis, Marie Tyler and Antonio Sanchez. Marie has been working hard setting up the computer system, inventory lists, and plant labeling, while Antonio brings his depth of knowledge of the native plant business. Both provide expert care of the nursery's plants and helpful guidance to Growing Works employees, which is exactly what we needed!

So much is happening at Growing Works, and so much more is coming thanks to a matching grant from the Santa Monica Mountains Conservancy. The grant will fund the costs of adding a rainwater capture system and a solar powered water filtration system for the recycled water the nursery will use. This will enable the nursery to operate in a restricted water area, growing quality plants in a way that will make us a model of environmental sustainability, exactly what we hope to be!

www.venturacountyresponds.org
In one year in Ventura County...
92 PEOPLE DIED OF AN OPIOID OVERDOSE
1 IN 4 AUTOPSIES HAD OPIOID-RELATED RESULTS
237 LIVES SAVED BY NALOXONE
1 IN 4 BABIES BORN WITH OPIOID EXPOSURE
80,000 ILLEGAL PILLS SEIZED
5 DAYS OF USE CAN LEAD TO DEPENDENCE
1 IN 7 11TH GRADERS USED Rx MEDS TO GET HIGH
00 ENTERED TREATMENT FOR OPIOID USE DISORDER
609,000 PRESCRIPTIONS WERE GIVEN FOR OPIOIDS
98 OPIOID OVERDOSE
103 OPIOID OVERDOSE ER VISITS
1 IN 5 RESIDENTS
OPIOIDS INCLUDE:
VICODYN • OXYCONTIN • ROXYCODONE • TRAMADOL • CODEINE • HEROIN • FENTANYL
LEARN MORE: WWW.VENTURACOUNTYRESPONDS.ORG
THE OPIOID CRISIS HITS HOME

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

Sevet Johnson, PsyD
Director

Brian S. Taylor, MD
Medical Director

Lisa Acosta, MD
Medical Director

MEDIA RELEASE

FOR IMMEDIATE RELEASE:

October 5, 2018

CONTACT: Loretta Denering, DrPH, MS, Chief
Alcohol & Drug Programs Division
Ventura County Behavioral Health
(805) 981-2114

County Wins Federal Opioid Response Grant

DOJ funds to expand Rx and Heroin Suppression

(Oxnard, CA) – The Ventura County Behavioral Health Department, in cooperation with the County's Prescription Drug Abuse and Heroin Workgroup, announced today that the County of Ventura has been awarded a competitive grant under the Comprehensive Opioid Abuse Site-based Program; federal funding provided by the U.S. Department of Justice to combat opioid misuse.

The Behavioral Health Department's successful proposal for $935,401 was funded in full; falling just under the $1 million maximum and the largest award of two California county grants in this category.

Dr. Loretta Denering, Division Chief for Alcohol and Drug Programs noted, "With this new funding, we will dramatically expand our ability to leverage information from multiple sources—our behavioral health, public health, emergency medical services, medical examiner and public safety data—to analyze trends and target efforts to reduce local impacts."

The award marks the first major funding dedicated to addressing local opioid issues and the plan enjoyed endorsements from many agencies. "This is truly about data-driven collaboration," said Sheriff Geoff Dean, who was a strong supporter of the proposed approach, "We know that opioid abuse is really hitting home here in Ventura County, and it takes strong teamwork to reverse the trends we've seen over the last decade."

The Behavioral Health Department launched the Prescription Drug and Heroin Workgroup in 2012, in response to the-then emerging trend of drug diversion and so-called "doctor shopping," where opioid-involved drug users seek out willing doctors to provide strong painkillers that patients can either use or sell illegally on the street. Since then, the group has grown to include a wide range of public and private organizations working together to support safe prescribing, pharmaceutical crimes enforcement, overdose prevention, and expanded treatment.

For the last six years, more Americans have died from drug overdose than any other kind of accidental death—more than traffic crashes and gun violence-- according the Centers for Disease Control and Prevention. In Ventura County, more than 100 accidental deaths each year are attributed to drug overdose, with the majority involving powerful opioids.

To learn more, residents can visit www.VenturaCountyResponds.org

# # # #

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.

VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Sevet Johnson, PsyD
Director

Brian S. Taylor, MD
Medical Director

Lisa Acosta, MD
Medical Director

MEMORANDUM

DATE: October 10, 2018

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved September Agreements

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 (DCHS) 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 (HIPA) 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, McKevett 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 2nd 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.