BEHAVIORAL HEALTH ADVISORY BOARD

General Meeting

Monday, June 17, 2019, 1:00 – 3:30 p.m.
Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Training Room • Oxnard, CA 93036

AGENDA

I. Call to Order and Pledge of Allegiance

II. Approval of the Agenda – **ACTION**

III. Approval of the May 20, 2019 Minutes – **ACTION**

IV. Welcome and Introductions

V. Public Comments (3 min. per speaker)

VI. Recognition: Pam Roach

VII. Chair's Report (5 min.)
   A. Events and Announcements – Janis Gardner, Secretary (5 min.)

VIII. Board Members Comments and Announcements (3 min. per speaker)

IX. Presentation: Vaping, VCBH's Prevention Efforts to Address New Trends – Daniel Hicks, VCBH Alcohol & Drug Programs, Prevention Services Manager, and David Tovar, Office of Traffic Safety Grant Coordinator/Program Administrator (15 min.)

X. VCBH Budget Update – Leisa Donovan, Fiscal/Billing Manager (25 min.)

XI. Director's Report (10 min.)

XII. Secretary's Report – Janis Gardner (5 min.)

XIII. BHAB Committees Reports (5 min. each)
   A. Adult Services Committee – Nancy Borchard and Gane Brooking, Co-Chairs
   B. Prevention Committee – Janis Gardner, Chair
   C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair
   D. Youth & Family Committee – Denise Nielsen, Chair

XIV. New Business
   A. Election of Officers for Fiscal Year 2019-20 – Nominating Committee – **ACTION**
   B. Formation of a Lanterman, Petris, Short (LPS) Reform Workgroup – **ACTION**
   C. Assembly Bill 1352 Mental Health Boards (Waldron) – Update
   D. Annual Report Preparation – Review Mission, Vision and 2018-19 Objectives - **ACTION**

XV. Old Business
   A. Institutions for Mental Diseases (IMD) Exclusion Waiver – Status
   B. CALBHB/C Los Angeles/Southern Region Meeting and Training, June 21-22, Santa Ana
   C. Transitional Age Youth (TAY) Committee BHAB Member Attendance - Update
   D. Future Presentations
   E. Future Recognitions

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

XVI. Contracts

A. Board of Supervisors Approved Agreements – May 7, 2019

1. Alcohol and Drug Programs (ADP): California Department of Health Care Services (DHCS) Substance Abuse and Prevention Treatment Block Grant (SABG) State Agreement and First Amendment Contract Language Revisions

B. Board of Supervisors Approved Agreements – May 21, 2019

1. Golden State Health Centers, Inc. (GSHC) Crisis Residential Treatment (CRT) and Mental Health Rehabilitation Center (MHRC) Program Contracts
2. DHCS Standard Agreement for Federal Crisis Counseling Assistance and Training Program (CCP) Services
3. United Parents, Inc. (United Parents) Respite Services FY 18-19 Fourth Amendment and FY 19-20 Fifth Amendment

XVII. Public Comments (3 min. each)

XVIII. Parting Comments from the Chair

XIX. Adjourn

Next Meeting: Monday, July 15, 2019

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

CONSEJO ASESOR DE SALUD DEL COMPORTAMIENTO

Junta general

Lunes, 17 de junio de 2019, 1:00 - 3: 30 pm

Condado de Ventura de Salud del Comportamiento (VCBH)

1911 Williams Drive, sala de entrenamiento • Oxnard, CA 93036

AGENDA

I. Llamada a orden y promesa de lealtad

II. Aprobación de la Agenda - **ACCIÓN**

III. Aprobación de la 20 de mayo de 2019 Minutos - **ACCION**

IV. Bienvenida y Presentaciones

V. Comentarios públicos (3 min. Por hablante)

VI. Reconocimiento: Pam Roach

VII. Presidente' s Informe (5 min.)

  A. Eventos y Eventos : Janis Gardner, Secretaria (5 min.)

VIII. Comentarios y anuncios de los miembros de la Junta (3 minutos por orador)

IX. Presentación : Vaping , los esfuerzos de prevención de VCBH para abordar las nuevas tendencias - Daniel Hicks, Programas de alcohol y drogas de VCBH, Gerente de servicios de prevención, y David Tovar, Coordinador / Programa de la Subvención de Seguridad de Tráfico
Administrador (15 min.)

X. Actualización del presupuesto de VCBH - Leisa Donovan, Gerente de facturación / fiscal (25 min.)

XI. Informe del Directo r (10 min.)

XII. Informe de la Secretaria - Janis Gardner (5 minutos.)

XIII. Informes de los comités de la BHAB (5 min. Cada uno)

  A. Comité de Servicios para Adultos - Nancy Borchard y Gane Brooking , Copresidentes
  B. Comité de Prevención - Janis Gardner, Presidente
  C. Comité de Edad de Transición Y (TAY) - Margaret Cortese , Presidenta
  D. Comité de Jóvenes y Familias - Denise Nielsen, Presidenta

XIV. Nuevo negocio

  A. Elección de Oficiales para el Año Fiscal 2019-20 - Comité de Nominaciones - **ACCIÓN**
  B. Formación de un grupo de trabajo de reforma de Lanterman , Petris , Short (LPS) - **ACCIÓN**
  C. Asamblea de la Ley 1352 Juntas de Salud Mental (Waldron) - Actualización
  D. Preparación del Informe Anual - Misión de Revisión, Visión y Objetivos 2018-19 - **ACCIÓN**

XV. Viejo negocio

  A. Exención de exclusión de instituciones para enfermedades mentales (IMD) - Estado
  B. Reunión y capacitación en CALBHB / C Los Angeles / Región Sur, 21-22 de junio, Santa Ana
  C. Comité de Jóvenes en Edad de Transición (TAY) Asistencia de Miembros de BHAB - Actualización
  D. Presentaciones futuras
  E. Reconocimientos futuros

XVI. Los contratos

  A. Junta de Supervisores Acuerdos aprobados - 7 de mayo de 2019
    1. Programas de alcohol y drogas (ADP, por sus siglas en inglés): Departamento de Servicios de Atención Médica de California (DHCS, por sus siglas en inglés) Subvención en bloque de

tratamiento de prevención y abuso de sustancias (SABG, por sus siglas en inglés) Contrato estatal y revisión del idioma del contrato de la primera enmienda

B. Junta de Supervisores Acuerdos aprobados - 21 de mayo de 2019
1. Golden State Health Centers, Inc. (GSHC) Crisis de Tratamiento Residencial (CRT) y Contratos del Programa del Centro de Rehabilitación de Salud Mental (MHRC)
2. Acuerdo Estándar de DHCS para los Servicios Federales de Asistencia y Asesoría en Crisis (CCP) Servicios
3. United Parents, Inc. (United Parents) Servicios de relevo FY 18-19 Cuarto Enmienda y FY 19-20 Quinta enmienda

XVII. Comentarios públicos (3 min. Cada uno)

XVIII. Comentarios de despedida de la silla

XIX. Aplazar

Próxima reunión: lunes , 15 de julio de 2019

Los miembros del público que hacen presentaciones orales a la Junta en relación con uno o más puntos del orden del día o fuera del orden del día en una sola reunión están limitados a un tiempo total acumulado que no debe exceder (5) minutos para todas sus presentaciones orales en dicha reunión a menos que se indique lo contrario. El período completo de comentarios públicos está limitado a no más de (20) minutos en total para todos los oradores. NOTA: El Presidente puede limitar el número o la duración de los oradores en un asunto. Si cumple con la Ley de Estadounidenses con Discapacidades, si necesita asistencia especial para participar en esta reunión, comuníquese con Administración de salud del comportamiento al (805) 981-6830 . La notificación anticipada razonable de la necesidad de alojamiento antes de la reunión (es preferible avisar con 48 horas de anticipación) nos permitirá hacer los arreglos razonables para garantizar el acceso a esta reunión.

Three things you think you 'know' about homelessness in L.A. that aren't true

By The Times Editorial Board - Jun 10, 2019 | 3:00 AM

A pedestrian passes a woman sleeping on the sidewalk near the Salvation Army on Hollywood Boulevard. (Los Angeles Times)

To our dismay, we in Los Angeles have become increasingly familiar with homelessness. But some of the things we "know" about the phenomenon are simply untrue. Dealing with the problem requires knowing the facts and dismissing the myths.

It also requires understanding why those myths persist.

Begin with the falsehood that most homeless people come from out of town, drifting here from colder climates or meaner streets in order to live a life of relative ease on L.A. sidewalks and freeway medians.

Not true. The official counts and companion studies of L.A.'s growing homeless population have consistently shown that most homeless people have lived in Los Angeles for at least 10 years. These are our longtime neighbors who were priced out of their apartments by rents that are rising faster than their incomes, or who were struck by some crisis that rendered them unable to keep a permanent roof over their heads. It may have been a job layoff, a divorce, a cataclysmic and costly health breakdown, an addiction.

Homeless people do not flock to L.A. for the sunshine.

The proportion of homeless in L.A. who are in fact relatively new arrivals pretty much tracks with the numbers in other big cities around the nation. Homeless people do not flock to L.A. for the sunshine.

But there are two points about supposedly newly arrived homeless that require attention. One has to do with homeless youth. Los Angeles, particularly Hollywood, has long been a destination for young people who feel shunned or mistreated by their families and leave their homes in other parts of the nation. The latest homeless count showed a troubling jump in youth homelessness, including kids from out of town. Deeper study is required to understand and respond to this phenomenon.

The second point is that some people are coming to L.A. from other parts of Southern California. As The Times recently reported, some L.A. officials are accusing neighboring municipalities of pushing their own homeless populations across city limits, dumping their problems on Los Angeles.

This is an old problem. More than a decade ago, the county's first comprehensive response to homelessness completely fell apart because cities like West Covina and Santa Clarita would not participate and instead encouraged their homeless to go to L.A. Los Angeles itself has had a profoundly inadequate and untimely response to homelessness, but some neighboring cities have been even more irresponsible and must be held accountable.

Another homelessness myth is that most people are on the street because they are mentally ill. Again, not true — although it's easy to see why the misunderstanding persists.

Counts and studies consistently find that between a quarter and a third of homeless people are seriously mentally ill or have serious substance abuse problems. But substance abusers and the mentally ill are the most visible face of homelessness because their behavior draws the most attention. And mental illness is more prevalent among people living on the street — and in public view — than among their homeless counterparts who are couch-surfing or living in cars or shelters.

The nation broke its promise to provide community-based care and treatment for the mentally ill following the closure of state mental hospitals beginning in the 1970s. It's a promise that ultimately society must keep, and for which it must pay.

If we were to house all seriously mentally ill homeless people in Los Angeles (and we should), homelessness would immediately become less evident. But of the more than 100,000 people in the county who were homeless at some point last year, two-thirds were not dealing with serious mental health problems or addiction problems, but fell into homelessness because of the widening gap between wages and housing costs.

Another myth: L.A. isn't doing anything about the problem. Also not true. The city and county housed more than 20,000 last year, including people who had fallen on economic hard times and many who could not care for themselves because of mental or physical health problems.

But it's clearly not enough. As people were lifted out of homelessness, more fell in. The net increase was about 17 per day.

It is exasperating, and it leaves the region to wonder whether the proper next step is to double down on current solutions, or somehow change course.

Are We Fighting a War on Homelessness? Or a War on the Homeless?

By Gina Bellafante - May 31, 2019

New York City has the largest homeless population in the country, more than 63,000 people.CreditCreditBenjamin Norman for The New York Times

Last fall, a special investigator for the United Nations presented a report to the General Assembly on the global housing crisis, pointing out that a quarter of the world's urban population now live in "informal settlements" or encampments, increasingly in the most affluent countries. The fact-finding mission took the investigator to cities like Mumbai, Belgrade and Mexico City, where she found rodent infestations, children playing on garbage heaps "as if they were trampolines" and people living in shacks or in damp abandoned buildings full of exposed wires.

At the invitation of academics and advocates, she also went to San Francisco, where the median home price is $1.6 million.

There she witnessed equally deplorable conditions. Crucial to the report's assessment was the finding that the city's resistance to providing help and basic necessities in the encampments there qualified as "cruel and inhuman treatment," which was in line with violations of international standards of human rights.

While the moment might have been politically galvanizing on a national level, it passed by with comparative silence. Months later, in fact, the compassion deficit surrounding the issue of homelessness revealed itself with a bold clarity in San Francisco. When plans were announced for a social services center for those with nowhere to live, to be built on a parking lot, neighboring residents responded with a crowdfunding campaign that quickly raised more than $100,000 for legal fees opposing the facility.

Among the many candidates in the Democratic field running for president, the subject of homelessness has had very little airing, even as more than 550,000 people remain homeless in the United States. Progressive politicians around the country, who have brought so much energy to successfully fight for a higher minimum wage — and in New York, for example, against an Amazon headquarters in Queens that would have driven housing prices up in a precariously gentrifying part of the city — have applied considerably less vigor toward the project of combating homelessness.

The reductive answer to the question of "why" is that homeless people don't vote. But the real reasons are obviously far more complex, rooted not just in a willingness among so many people to disregard the issue but in a hostility, sublimated or otherwise, toward the very poor that percolates even in some of the most liberal quarters of the country. In Denver, for instance, where you can chew on gummy bears full of weed in your Prius undisturbed and where housing prices have also soared in recent years, residents recently voted to preserve a ban on "urban camping," the right to sleep in tents or blankets outside, by a margin of 82 percent.

In New York City, which has the largest homeless population in the country — more than 63,000 men, women and children—a familiar script plays out every time a new shelter is announced. While many New Yorkers welcome shelters in their neighborhoods, a vocal minority nearly always comes together to try and stop them. Residents will complain that an influx of new people into a neighborhood will bring new infrastructural burdens. They will say that the city engaged the community too late, that people were not given enough time to consider all the implications even though the city often gives neighborhoods more notice than the law requires.

These reactions are expected in more conservative parts of New York, but they happen in neighborhoods that span the ideological spectrum. Earlier this month, various residents in Park Slope, Brooklyn's leftist epicenter, began to push back against plans for two shelters for women and families that would go up next to each other on Fourth Avenue. The buildings, together containing approximately 240 units, were meant to include market-rate apartments, but when it became clear that they would not be filled, the city decided to rent them for shelter space from the developer.

The shelters would be operated by WIN, a social-service agency under the direction of former City Council speaker, Christine Quinn, who spoke at a contentious town hall meeting about the plan a few weeks ago. "I was not the picture of pleasantry,'' she acknowledged.

While legitimate concerns have been raised over the shelters—Will the nearby school be able to successfully accommodate new children? Shouldn't the city be focusing on permanent supportive housing rather than transitional housing?—a NIMBY tenor has been hard to conceal.

A petition that addresses mayor Bill de Blasio and City Councilman Brad Lander says that although residents of Park Slope and Gowanus would support a shelter of "reasonable size," under certain conditions, they believe locating two big shelters on adjacent blocks is "not fair." The petition goes on to point out that the city had not yet fulfilled its promise of turning Fourth Avenue into "a flourishing residential neighborhood," as if homeless families could not contribute to that vision, and that the stretch of the avenue on which the shelters would be located still has only "a single restaurant."

When I asked Shruti Kapoor, one of the organizers of the petition, to elaborate on the concerns she and others shared, she focused on the city's "lack of transparency," Ms. Quinn's "abrasive approach" and on the fact that Fourth Avenue was overbuilt and "at capacity." Not surprisingly, there had been no protest about "capacity" when the buildings were going up as luxury rental units.

The irony of Ms. Kapoor's opposition is that she is the founder of an initiative that seeks to educate women about domestic violence. (One Park Slope resident who was angered by her resistance to the shelters proceeded to amend Ms. Kapoor's Wikipedia page to alert readers that she had started a petition that would stand in the way of abused women receiving shelter in her neighborhood.)

On the North Shore of Staten Island, the most diverse and liberal part of the borough, local Democrats have spoken up against another WIN shelter, suggesting it would be better located somewhere else. These politicians include newly elected congressman Max Rose and the local city council representative, Debi Rose, the first African-American from Staten Island to be elected to public office there. Ms. Quinn said that some residents have couched their opposition in the view that a nearby park would be unfit for children living in the shelter. WIN has cleaned parks up before.

"People will throw everything including the kitchen sink into their opposition of homeless shelters which is at its core fear-fueled ignorance," Ms. Quinn said. "The raising of the concern isn't where you see the hypocrisy, it is the lack of desire to address the concern that reveals the hypocrisy."

At the same time in Queens, the borough president, Melinda Katz, who is currently running for district attorney on a progressive platform of criminal justice reform is now, paradoxically, opposing a men's shelter planned for College Point, arguing that the neighborhood is "deficient in requisite resources." Residents of the neighborhood have been protesting the shelter for months. Ms. Katz has joined them only recently. She is running for office after all.

Email bigcity@nytimes.com. Follow Ginia Bellafante on Twitter: @GiniaNYT

June 4, 2019

The Honorable Richard Pan
Chair of the Senate Committee on Health &
Members of the Senate Committee on Health
California State Capitol, Room 2191
Sacramento, CA 95814

Re: SUPPORT for AB 1352 - Community mental health services: mental health boards.

Dear Chair Pan and Members of the Senate Committee on Health,

The Governing Board of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) is in support of AB 1352 (June 3, 2019 version).

CALBHB/C leadership understands the importance of providing structure and support to local boards/commissions so that they can effectively advise regarding the best mental health offerings and outcomes in their communities. This bill acts to remind everyone of the obligations, duties and responsibilities of California's 59 local Mental Health Boards (MHBs), with goals of strengthening their representation and increasing their effectiveness.

We appreciate that AB 1352 updates CA Welfare and Institution Code in the following areas:

Reviewing Facilities – Proposed amendments bring to light tools/resources that will improve local MHB's ability to review facilities with limited access (such as jails); this includes the ability to request assistance from local Patients Rights Advocates and/or the local Civil Grand Jury. We note these are *not* mandates, and both are already available to MHB members or private citizens (in the case of Grand Juries). Additionally, we note the Grand Juries already provide annual reviews of local correctional facilities.

Membership/Community Involvement – While continuing to recognize the importance of consumer and family members, this bill emphasizes strengthening mental health boards by identifying and including a cross-section of community members and leadership from a variety of sectors that interact with mental health in the local community.

Response by local Agencies - This bill calls attention to the requirement for mental/behavioral health agencies to respond to substantive recommendations made specifically by local MHBs in regard to Mental Health Services Act (MHSA) 3-year Plans and Updates.

Budget – This bill calls attention to funding that is already available to local mental/behavioral health agencies (MHSA Community Program Planning (CPP) funding can be up to 5% of local MHSA spending). This funding can be used for necessary staff support and resources to create and sustain the structure necessary for local MHBs to build and maintain their membership and perform their duties, including ensuring citizen and professional involvement at all stages of the planning process.

We therefore ask for your support of AB 1352. If you have any questions, please do not hesitate to contact Theresa.Comstock@calbhbc.com or 916-917-5444.

Sincerely,

Benjamin G. Benavidez, President

Theresa Comstock, Executive Director

cc: CA Assembly Member Marie Waldron
Joseph Shinstock, Assembly Member Waldron's Office
Mental Health Services Oversight & Accountability Commission (MHSOAC) Members
Toby Ewing, MHSOAC
Norma Pate, MHSOAC
Adriana Ruelas, Steinberg Institute
Adrienne Shilton, Steinberg Institute
CA Behavioral Health Planning Council Members
Jane Adcock, CA Behavioral Health Planning Council
Naomi Ramirez, CA Behavioral Health Planning Council
Tyler Rinde, County Behavioral Health Directors Association of California
Connie Delgado, Delgado Government Affairs
Farrah McTing, CA Association of Counties
Andrea Crook, NorCal Mental Health America
Tiffany Carter, NorCal Mental Health America
Noah Hampton-Asmus, NorCal Mental Health America
Sheree Lowe, CA Hospital Association

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AB-1352 Community mental health services: mental health boards. (2019-2020)

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Date Published: 06/03/2019 09:00 PM

AMENDED IN SENATE JUNE 03, 2019

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY MARCH 25, 2019

CALIFORNIA LEGISLATURE— 2019–2020 REGULAR SESSION

ASSEMBLY BILL No. 1352

Introduced by Assembly Member Waldron

February 22, 2019

An act to amend Sections 5604, 5604.2, 5604.3, 5604.5, and 5848 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1352, as amended, Waldron. Community mental health services: mental health boards.

Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law generally requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. Existing law specifies the duties of mental health boards, including, among other things, reviewing specified county agreements. Existing law requires a local mental health board to develop bylaws to be approved by the governing body to establish the specific number of members on the mental health board and to ensure that the composition of the mental health board represents the demographics of the county as a whole.

This bill would require a mental health board to report directly to the governing body, and to have the authority to ~~act, review, and report independently from the county mental health department or county behavioral health department,~~ *review and evaluate the local mental health system and advise the governing body independently from the local mental health agency or*

local behavioral health agency, as applicable. ~~The bill would require a local mental health board to develop bylaws to establish the goal of appointing up to 13 of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations.~~ The bill would revise the duties of mental health boards by, among other things, authorizing the *local* mental health boards to make recommendations to the governing body regarding concerns with the above-described county agreements. By imposing new duties on county mental health boards, the bill would impose a state-mandated local program. The bill would encourage ~~counties~~ *governing bodies* to provide a budget for the *local* mental health board that is sufficient to ~~ensure that board meetings may be held and administered independently from the county mental health department or county behavioral health department, as applicable.~~ *facilitate the purpose, duties, and responsibilities of the local mental health board.*

Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act provides that the Legislature may amend that act through a bill passed by a 2/3 vote of the Legislature if the amendments are consistent with, and further the intent of, that act. The act authorizes the Legislature to add provisions to clarify its procedures and terms by majority vote.

The act requires each county mental health program to prepare a 3-year program and expenditure plan and annual updates, and requires the local mental health board to review the adopted plan or update and make recommendations to the county mental health department for revisions.

This bill would *instead require the board to make those recommendations to the local mental health agency or local behavioral health agency, as applicable, and would* require the ~~county~~ *local* mental health ~~department~~ *agency or local behavioral health agency, as applicable,* to provide a report of written explanations to the ~~county board of supervisors~~ *local governing body* and the State Department of Health Care Services for any *substantive* recommendations ~~from the~~ *made by the local* mental health board that are not included in the final plan or update. By requiring ~~county~~ *local* mental health ~~departments~~ *agencies and local behavioral health agencies* to provide a higher level of service with regard to existing duties, ~~this~~ *the* bill would impose a state-mandated local program.

The bill would also include findings, declarations, and a statement of intent.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *The Legislature finds and declares all of the following:*

(a) The Bronzan-McCorquodale Act (Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code) (the act) defines California's county mental health system, which was first established in 1968 through the Short-Doyle Act. The act requires county mental health systems to provide mental health services to children and adolescents who have a serious emotional disturbance, and adults and older adults who have a serious mental illness.

(b) This framework created local mental health advisory boards or commissions, as determined by each county, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.

(c) Local mental health boards or commissions are appointed by the governing body of the county (in most cases the county board of supervisors) and advise the governing body on a variety of issues related to the implementation of the community's mental health system.

(d) Membership on local mental health boards generally ranges from 10 to 15 members, and may be as few as 5 members in counties with populations less than 80,000, and is required to include one member of the governing body, and no fewer than one-half of membership must be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental services.

(e) In 2004, California voters approved Proposition 63, which enacted the Mental Health Services Act (MHSA), and which provided increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs, and the necessary infrastructure, technology, and training elements that will effectively support this system.

(f) The MHSA established the Mental Health Services Oversight and Accountability Commission (commission) to provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. This commission holds public mental health systems accountable; provides oversight for eliminating disparities; promotes wellness, recovery and resiliency; and ensures positive outcomes for individuals living with serious mental illness and their families.

(g) The commission advises the Governor and Legislature regarding actions the state may take to improve care and services for individuals with mental illness. The commission consists of 16 voting members, including 4 consumers, or family members of consumers, but also includes a broader, less traditional definition of community members. Commission membership includes representatives from the mental health profession, law enforcement, educational institutions, health care service plans or insurers, and employers.

SEC. 2. *It is the intent of the Legislature in enacting this act to do all of the following:*

(a) Clarify the role local mental health boards and commissions play in advising county boards of supervisors, or other related governing bodies, and local mental health agencies or local behavioral health agencies, as applicable.

(b) Strengthen and empower local mental health boards to serve their intended purpose, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.

(c) Increase transparency for the community to understand the reasons why substantive recommendations made by the local mental health board or commission are not included in the community mental health services plans or updates.

(d) Increase the role of nontraditional community participation on local mental health boards and commissions. In addition to the existing membership requirements, county governing bodies are encouraged to seek individuals with the experiences, knowledge, and expertise in different sectors of the community that intersect and engage with the mental health systems, such as representatives of county offices of education, hospitals, emergency departments, and law enforcement.

~~**SECTION 1.**~~***SEC. 3.*** Section 5604 of the Welfare and Institutions Code is amended to read:

5604. (a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. ~~The board shall report directly to the governing body, and one member of the board shall be a member of the local governing body.~~ A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15. ~~Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.~~

(2) (A) The board shall report directly to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the ethnic diversity of the client population in the county.

~~(2)~~

(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) In addition to consumers and family members referenced in subparagraph (B), counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. This would include nontraditional members of the community that engage with individuals suffering from mental illness in the course of daily operations, such as representatives of the county offices of education, large and small businesses, hospitals, hospital districts, emergency departments, the city police, county sheriffs, and service providers.

(3) (A) In counties with a population that is less than 80,000, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is less than 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The mental health board shall have the authority to ~~act, review, and report independently from the county mental health department or county behavioral health department,~~ *review and evaluate the local mental health system, pursuant to Section 5604.2, and advise the governing body independently from the local mental health agency or local behavioral health agency,* as applicable.

(c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

~~**SEC. 2.**~~ ***SEC. 4.*** Section 5604.2 of the Welfare and Institutions Code is amended to read:

5604.2. (a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special ~~problems. This includes the authority to review and report on needs, services, or special problems that have been identified in the community or~~ *problems in* any facility within the county *or jurisdiction* where mental health evaluations ~~and~~ *or* services are being ~~provided.~~ *provided,*

including, but not limited to, schools, emergency departments, jails, and psychiatric facilities.

(2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards ~~are encouraged to~~ *may* request assistance from the grand jury ~~when reviewing issues related to the provision of mental health services within county jails.~~ *or local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in facilities with limited access, such as county jails.*

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning ~~process by all citizens, including~~ *process. Involvement shall include* individuals with lived experience *of mental illness* and their families, ~~professionals representing a variety of organizations, and community members.~~ *community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals suffering from mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.*

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

(8) This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

~~**SEC. 3.**~~ ***SEC. 5.*** Section 5604.3 of the Welfare and Institutions Code is amended to read:

5604.3. (a) The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

~~(b)Counties are encouraged to provide a budget for the mental health board that is sufficient to ensure that board meetings may be held and administered independently from the county mental health department or county behavioral health department, as applicable.~~

(b) Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.

~~**SEC. 4.**~~ ***SEC. 6.*** Section 5604.5 of the Welfare and Institutions Code is amended to read:

5604.5. The local mental health board shall develop bylaws to be approved by the governing body which shall do all of the following:

(a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.

(b) Ensure that the composition of the mental health board represents ~~the~~ *and reflects the diversity and* demographics of the county as a whole, to the extent feasible.

(c) Establish that a quorum be one person more than one-half of the appointed members.

(d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board.

~~(f)Establish the goal of appointing up to one-third of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations, including, but not limited to, representatives of the city police, county sheriffs, large and small business owners, hospitals, hospital districts, emergency departments, and county offices of education.~~

~~**SEC. 5.**~~***SEC. 7.*** Section 5848 of the Welfare and Institutions Code is amended to read:

5848. (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the ~~county~~ *local* mental health ~~department~~ *agency or local behavioral health agency, as applicable,* for revisions. The ~~county~~ *local* mental health ~~department or county~~ *agency or local* behavioral health ~~department,~~ *agency,* as applicable, shall provide a report of written explanations to the ~~county board of supervisors~~ *local governing body* and the State Department of Health Care Services for any *substantive* recommendations made by the *local* mental health board that are not included in the final plan or update.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

(d) Mental health services provided pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) shall be included in the review of program performance by the California Behavioral Health Planning Council required by paragraph (2) of subdivision (c) of Section 5772 and in the local mental health board's review and comment on the performance outcome data required by paragraph (7) of subdivision (a) of Section 5604.2.

(e) The department shall annually post on its internet website a summary of the performance outcomes reports submitted by counties if clearly and separately identified by counties as the achievement of performance outcomes pursuant to subdivision (c).

~~**SEC. 6.**~~***SEC. 8.*** If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

~~**SEC. 7.**~~***SEC. 9.*** The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.

VENTURA COUNTY

BEHAVIORAL HEALTH ADVISORY BOARD

For Review During the BHAB General Meeting of June 17, 2019

MISSION

6/18/18

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

VISION

6/18/18

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

OBJECTIVES 2018-2019

6/18/18, updated 10/15/18

Youth & Family Committee

Advocate for the re-creation of psychiatric hospital beds in the county for the pediatric population.

Transitional Age Youth (TAY) Committee

Identify strategies, including advocacy, to address gaps in services for the Transitional Age Youth (TAY) population related to mental health and substance abuse treatment, housing options, work and volunteer opportunities, and the justice system.

Adult Services Committee

1. Advocate for effective assessment and referral for individuals in crisis at the Hillmont Psychiatric Center in cooperation with local hospitals and law enforcement, with particular emphasis on developing a Crisis Stabilization Unit and increasing inpatient beds, both public and private, within the community.
2. Advocate for increased services to the older adult population.

Prevention Committee

Promote cannabis education and awareness.

California Association of Local Behavioral Health Boards and Commissions

SUMMER 2019 Newsletter www.facebook.com/CALBHBC www.calbhbc.com

CALBHBC NEWSLETTER

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

"The way a team plays as a whole determines its success." *Babe Ruth*

California's behavioral health system is on the cusp of knowing and bringing to scale effective mental/behavioral health programs, facilities, prevention and integrated community solutions throughout the state.

We know that being on the cusp is not easy, and we encourage local board/commission leadership and staff liaisons to connect with us for resources, issue-based advice and requests for statewide advocacy.

Resources: CALBHB/C provides support and resources to help boards/commissions fulfill their vital role in reviewing and advising locally as part of a system that strongly values input from individuals with lived experience of mental illness, their family members, and stakeholders. See page 2 for a list of resources, visit www.calbhbc.com, contact us at info@calbhbc.com or use our on-line form .

Advocacy: We are proud that we participated in our first-ever Capitol Day in April (in collaboration with NAMI, CA) with particular focus on **mental health workforce development**. We also participated in Mental Health Matters Day (organized by Mental Health America of CA) in May at the Capitol.

Our continued advocacy efforts focus on issues reported to us from CA's 59 local MH/BH boards/commissions. We note promising statewide movement toward addressing integrated mental/behavioral health solutions for **Housing**, **Workforce**, **Employment, Education, Disaster Planning** & more!

MEETINGS / TRAINING

Southern/LA: June 21 & 22, Santa Ana
Superior: August 24, Chico
Central: October, Sacramento

Registration at: www.calbhbc.com.

There is no fee for meetings or trainings. All MH/BH board/commission members are invited, and support staff. Travel expenses reimbursed for 1+ member /county in the region.

NEW REPORTS *AND MORE*

Disaster MH Plan from Napa County

MHSA Fiscal and Program Data
MHSOAC Transparency Dashboard

Older Adult DN Overview Report
CA Behavioral Health Planning Council Overview of 2017 Data Notebook

TOP ISSUES

Top mental health issues reported by leadership (42 jurisdictions reporting)

1) Gaps in **Housing** Continuum, including Board & Cares for adults with severe mental illness.
2) Gaps in **Crisis Continuum** – Need for increased crisis stabilization services and crisis residential for children and adults.
3) **Workforce** Shortage – Psychiatrists and mental health professionals needed at all levels.
4) **Jails** – MH Services in question; Facilities inadequate; assaults on inmates and staff; not therapeutic.

Resources (link to website)

Best Practices Handbook:
for Mental/Behavioral Health Boards & Commissions
Brown Act (Open Meeting Rules)
Data Notebooks
Issue-Based Advocacy
Mental Health Services Act *Plans/Innovations*
Templates/Sample Docs
Bylaws, Member Orientation, Site Visit, etc.
Training (**Online** and Handbooks)

Duties of Boards & Commissions

The local mental health board shall : (WIC 5604.2(a))

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

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

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

Mental Health Services Act (MHSA) Summary

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

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

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

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

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

MHSA On-Line Training
Role of the Mental Health Board w/
MHSA Component Descriptions and Fiscal Info

Ventura County Behavioral Health
Board Letter Summary of Contracts for May

Board Date	Contractor	Amount	Term	Description
5/21/2019	Golden State Health Centers, Inc.	$2,205,767	6/1/19 to 6/30/2020	VCBH is contracting with Golden State Health Centers, Inc. (GSHC) to operate the Crisis Residential Treatment program due to notification from the existing contractor that they would cease to operate. The contract term is June 1, 2019 through June 30, 2020 for a maximum contract amount of $2,205,767.
5/21/2019	Golden State Health Centers, Inc.	$1,681,959	6/1/19 to 6/30/2020	VCBH is contracting with GSHC to operate the Mental Health Rehabilitation Center program due to notification from the existing contractor that they would cease to operate. The contract term is June 1, 2019 through June 30, 2020 for a maximum contract amount of $1,681,959.
5/21/2019	California Department of Health Care Services	$351,868	11/12/18 to 6/30/19	In response to the Hill and Woolsey fires, VCBH received $351,868 in federal crisis counseling assistance and training program services funding from the California Department of Health Care Services through the Federal Emergency Management Agency. The funding is effective from November 12, 2018 through June 30, 2019.
5/21/2019	United Parents, Inc.	$132,232	7/1/18 to 6/30/19	United Parents, Inc. (United Parents) provides respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral, and mental health issues. The fiscal year (FY) 18-19 agreement is being increase by $6,500 to $132,232 in order to fund additional services to families on the waiting list, effective July 1, 2018 through June 30, 2019.
5/21/2019	United Parents, Inc.	$112,867	7/1/19 to 12/31/19	United Parents provides respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral, and mental health issues. The FY 19-20 agreement, in the amount of $112,867, is for the six month term of July 1, 2019 through December 31, 2019. The contract was increased an additional $46,752 in order to fund additional services to families on the waiting list.

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: June 4, 2019

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved May Agreements/Board Items

Executive Summary

Board of Supervisors Approved Agreements – May 7, 2019

1. Alcohol and Drug Programs (ADP): California Department of Health Care Services (DHCS) Substance Abuse and Prevention Treatment Block Grant (SABG) State Agreement and First Amendment Contract Language Revisions.

This item recommended that the Board of Supervisors authorize the Ventura County Behavioral Health (VCBH) Director or designee to amend existing VCBH ADP Prevention and Treatment contracts that contain SABG funding to include contract language that conforms to the DHCS SABG State Agreement. There is no proposed fiscal impact related to this item.

To ensure that VCBH is compliant with the California DHCS Standard Agreement and First Amendment for SABG services and all DHCS requirements and guidance released to date, VCBH is revising its existing ADP SABG service contract templates to conform to the DHCS requirements. The contract templates are being revised to adjust and/or include new terms related to: (1) non-discrimination, (2) general discrimination provisions, (3) audit record retention requirements, (4) audit of services and site inspection, (5) cultural and linguistic competence compliance, (6) notification of federal funding, (7) federal salary rate cap, (8) debarment and suspension, (9) Trafficking of Victims Protection Act of 2000, (10) air or water pollution requirements, (11) alien ineligibility certification, (12) Byrd Anti-Lobbying Amendment and (13) additional contract restrictions. The proposed revisions to the contract templates were provided to the Ventura County Board of Supervisors for their review.

While VCBH has been very diligent in reviewing the DHCS Standard Agreement and First Amendment and other guidance provided by DHCS thus far, future Mental Health and Substance Use Disorder Services (MHSUDS) notices or guidance from DHCS could be released

that require further revisions and clarifications to VCBH's ADP SABG service contracts. To assist VCBH in timely responding to future DHCS/MHSUDS requirements or guidelines, VCBH will require authorization for the VCBH Director or designee to amend VCBH's ADP SABG service contracts to revise or add language applicable to SABG service providers, as required by DHCS, subject to County Counsel review and approval.

VCBH recommended approval of the VCBH ADP SABG contract template language, authorization for the VCBH Director or designee to amend existing VCBH ADP SABG service contracts to conform to the revised contract template language, and authorization for the VCBH Director or designee to amend VCBH's ADP SABG service contracts to revise or add language applicable to SABG service agreements, as required by DHCS, subject to County Counsel review and approval.

Board of Supervisors Approved Agreements – May 21, 2019

1. Golden State Health Centers, Inc. (GSHC) Crisis Residential Treatment (CRT) and Mental Health Rehabilitation Center (MHRC) Program Contracts.

This item recommended approval of two separate agreements with Golden State Health Centers, Inc. to operate the CRT and MHRC Programs, effective June 1, 2019 through June 30, 2020. The maximum contract amounts are: (1) $2,205,767 for the CRT and (2) $1,681,959 for the MHRC.

On May 1, 2019, VCBH was notified that the current vendor providing services at the CRT and MHRC program facilities would cease to operate within 4 to 6 weeks. VCBH contacted multiple providers to identify a provider that could expediently take over the operations of both facilities.

The CRT facility provides a short-term voluntary program for up to 15 adults experiencing increased psychiatric symptoms or a behavioral health crisis. The length of stay at this facility does not exceed 90 days. The CRT facility'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 MHRC program is a 15-bed facility that provides housing and support for up to 18 months for individuals with severe and persistent mental illness to enable them to transition to independent or supported-living arrangements. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological, and spiritual health.

VCBH identified GSHC as the new operator of both the MHRC and CRT. GSHC operates Sylmar Health and Rehabilitation Center (Sylmar) and has contracted with VCBH since 2005.

GSHC was selected based upon its operational experience and performance of the current contract with Sylmar. Also, GSHC was willing to work on an expedited timeline to minimize any disruption to clients.

The agreements with GSHC will initiate the transition of operations of the CRT and MHRC facilities from the current vendor. These agreements are funded with Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP), Realignment, and Mental Health Services Act (MHSA) funding.

VCBH recommended approval for the VCBH Director or designee to sign the agreements with GSHC for the CRT and MHRC programs, in the amounts of $2,205,767 (CRT) and $1,687,959 (MHRC), effective June 1, 2019 through June 30, 2020.

2. DHCS Standard Agreement for Federal Crisis Counseling Assistance and Training Program (CCP) Services.

This item recommended approval for the VCBH Director or designee to sign the DHCS Standard Agreement for CCP services, in response to the Hill and Woolsey fires, in the amount of $351,868, effective November 12, 2018 through June 30, 2019.

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

The CCP is comprised of three funding terms: (1) Immediate Services Program (ISP) – Funding is provided for the CCP for 60 days from the date of the Presidential declaration. (2) Immediate Services Program Extension (ISP Extension) – Funding is provided to cover the period from the day after the end of the ISP to the award date of the Regular Services Program (RSP). The review and approval process time for the RSP is estimated to take between six and eight weeks. (3) Regular Services Program (RSP) – Funding is provided for 9 months from award date to continue and expand the provision of CCP services.

In response to the Thomas Fire, on July 31, 2018, the Ventura County Board of Supervisors approved the Standard Agreement No. 17-94706 for Federal CCP Services, effective January 15, 2018 through March 31, 2019.

On November 12, 2018, the State of California received a Presidential Disaster Declaration for the California wildfires in Butte, Los Angeles and Ventura counties (FEMA-4407-DR-CA), which authorized the State to apply for CCP funding. On March 26, 2019, VCBH received the DHCS Standard Agreement No. 18-95420 related to the Hill and Woolsey Fires. The Agreement provides VCBH with CCP funding to provide crisis counseling and related services pursuant to the initial 60 day CCP funding term, the ISP and ISP Extension. During the term of Thomas Fire agreement, VCBH implemented the California HOPE of Ventura County program. The program was comprised of a clinical team that was FEMA trained to provide free and confidential community-based counseling services to Thomas Fire survivors. This team was used to provide services under the Hill and Woolsey Fire agreement. During the period of November 12, 2018 through March 13, 2019, the team made over 1,062 in-person brief educational or supportive contacts, 282 telephone contacts by crisis counselor, and 735 email contacts.

VCBH recommended approval for the VCBH Director or designee to sign the Standard Agreement No. 18-95420 with the DHCS, in the amount of $351,868.24, effective November 12, 2018 through June 30, 2019.

3. United Parents, Inc. (United Parents) Respite Services FY 18-19 Fourth Amendment and FY 19-20 Fifth Amendment.

This item recommended approval for the VCBH Director or designee to sign the: (1) Fourth Amendment for respite services with United Parents, to increase the contract maximum from $125,732 to $132,232 (an increase of $6,500) to fund additional client services, effective July 1, 2018 through June 30, 2019 and (2) Fifth Amendment for respite services with United Parents, to extend the term of the agreement for an additional six-month period, July 1, 2019 through December 31, 2019, in the amount of $112,867 (an increase of $46,752 over the previous six month period.

VCBH contracts with United Parents to provide respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral, and mental health issues. Trained respite providers care for the children in or out of the home. Program services are designed to minimize stressors on caregivers and families which could lead to destabilization, crisis, and the potential for children to be placed out of the home. During the first two quarters of FY 2018-19 (July-December), there were 84 families enrolled while 50 families were added to a waiting list. During the same period in FY 2017-18 (July-Dec), 66 families were enrolled while 39 families were added to a waiting list. The need for families seeking respite services continues to increase. The FY 2018-19 contract was increased an additional $6,500 to $132,232 to allow United Parents to hire additional respite workers to be able to serve families that are awaiting services.

VCBH's FY 2019-20 budget will reflect an increase in Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG) funding of $190,331 of which $93,500 will be allocated to United Parents for the expansion of the FY 2019-20 Respite program. United Parents will use these funds to continue hiring additional respite

workers to serve additional families. The agreements are fully funded with SAMHSA MHBG funds.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) Fourth Amendment for respite services with United Parents, increasing the contract maximum to $132,232 (an increase of $6,500) and updating the Budget in Exhibit "B" and (2) Fifth Amendment for respite services with United Parents, extending the term for an additional six-month period, from July 1, 2019 through December 31, 2019, for a contract maximum of $112,867 (an increase of $46,752 over the previous six month period).