

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**May 20, 2019**

**NEXT MEETING:**

Monday, June 17, 2019

1:00 p.m. – 3:30 p.m.

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

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

**BHAB Members Present**

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

**BHAB Members Absent**

Margaret Cortese  
Patricia Mowlavi  
Joe S. Ramirez  
Marlen Torres

**Others Present**

Matthew Sandoval, Ventura County Medical Center  
Stuart Fiedler  
Dan Powell, VCMC Inpatient Unit  
David Deutsch  
Lisa Powell  
Marika Collins, Casa Pacifica  
Sloane Burt  
Dani Yomtov  
M. Mesa  
Chris Novak  
Manuel Minjares  
Kevin Janeway  
Sally Harrison, County Executive Office  
Gina Johnson, Probation Agency  
Jennifer Goble, Pacific Clinics  
Elizabeth R. Stone, CFLC/MHSOAC

**Ventura County Behavioral Health (VCBH) Managers and Staff Present**

Dr. Loretta Denering, Alcohol and Drug Programs Division Chief  
Lisa Acosta, M.D., Youth & Family Division Medical Director  
Hilary Carson, MHSA Program Administrator, Innovations  
Danielle Cruz, Quality Improvement Assistant  
Dr. Patricia Gonzalez, Quality Assurance Research Psychologist  
Dan Hicks, ADP Prevention Manager  
Pete Pringle, Youth & Family Division Chief  
Kiran Sahota, MHSA Manager  
Dr. John Schipper, Adult Division Chief  
Felicia Skaggs, RISE Program Clinic Administrator  
Alexis Villegas, Quality Assurance Research Analyst  
Dr. Shanna Zanolini, Quality Assurance Program Administrator  
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Harris called the meeting to order at 1:07 p.m. Denise Nielsen led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve today's agenda. Claudia Armann moved to approve, Jamie Banker seconded. The motion carried unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the April 15, 2019 meeting. Ratan Bhavnani moved to approve, Nancy Borchard seconded. The motion carried unanimously.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	<b>Public Comments</b> Stuart Fiedler spoke about taxation code # 19280 related to restitution and gave details about his personal case.		
VI.	<b>Recognition: Frances O'Sullivan, M.D.</b> Mr. Harris presented a Certificate of Recognition to Dr. Frances O'Sullivan, a psychiatrist who has been working for VCBH for over 20 years. She treats her patients with kindness and compassion and makes a positive difference in their lives. <ul style="list-style-type: none"> <li>- Gane Brooking noted that Dr. O'Sullivan is an amazing physician and a wonderful human being.</li> <li>- Dr. John Schipper noted that he has had the pleasure of working with Dr. O'Sullivan for many years, and finds her to be an effective advocate for her clients.</li> <li>- Supervisor Parks thanked Dr. O'Sullivan for her work.</li> <li>- Dr. O'Sullivan thanked the BHAB for its advocacy on behalf of clients.</li> </ul>		
VII.	<b>Chair's Report – Jerry Harris</b> The ribbon-cutting for the labyrinth at the Growing Works nursery was held on the previous day. Mr. Harris thanked Supervisor Parks for championing the nursery. She noted that 13 clients are now employed outside Growing Works and another dozen or so have become paid employees of the nursery.  The California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) is considering three bills for support: <ul style="list-style-type: none"> <li>- AB 1352 encourages Law Enforcement representation on the local boards, as the Ventura County BHAB does, and it supports assistance from the Grand Jury, which is not favored by Mr. Harris due to potential to result in contentious relationships.</li> <li>- AB 43 emphasizes community involvement in the MHSA planning process, making all MHSA planning meetings public meetings.</li> <li>- AB 565 addresses the shortage of physicians in distressed communities and reimburses part of the cost of physician education.</li> </ul> Ms. Gardner provided brief information about: <ul style="list-style-type: none"> <li>- May is Mental Health Month. VCBH provided the moment of inspiration at the April 30 Board of Supervisors meeting by presenting information on the RISE and Assist programs and having two clients give inspiring testimonials.</li> <li>- Coach Up 2019 - Transforming the Youth Justice System, on May 30 in Moorpark;</li> <li>- A Night to Remember, a prom for Special Needs students, on May 31<sup>st</sup> at the Ventura County Fairgrounds.</li> </ul>		
VIII.	<b>Board Members Comments and Announcements</b> A. Jamie Banker noted that California Lutheran University (CLU) has received a \$70,000 grant from the American Red Cross to provide free counseling for anyone affected by the Thomas Fire or any other fire in this area. B. Mr. Bhavnani noted that on May 17 the Crisis Intervention Team (CIT) graduated their 50 <sup>th</sup> class of law enforcement officers and deputies. He congratulated the CIT staff and the Sheriff Department.		

	<p>C. Ms. Armann participated in the Public Policy Institute in Sacramento, organized by the Women’s Foundation of California. Foundation leaders learned how policies are enacted at the local and state levels. They met about 60 female non-profit leaders who are participating in a year-round public policy institute. Female leaders are encouraged to apply for this no-cost institute.</p> <p>D. Gina Petrus attended a training session at the CIT related to the young brain. Current and past youth are invited to participate in the Youth Advisory Council.</p> <p>E. Ms. Brooking brought attention to the Sacramento Bee article she shared regarding grave disability.</p>		
IX.	<p><b>Presentation: Assist Update – Dr. John Schipper, VCBH Adult Division Chief, Dr. Patricia Gonzalez, Quality Assurance Research Psychologist, and Felicia Skaggs, RISE Program Clinic Administrator</b></p> <p>Assist, Ventura County’s assisted outpatient treatment (AOT) program, provides outpatient mental health services to adults with serious mental illness who are reluctant to accept the treatment. When necessary, AOT can be facilitated by a civil court order. In Ventura County, 30% of Assist clients are court-involved, which is higher than originally expected and seems attributable to the otherwise wide range of voluntary treatment opportunities and intensive outreach efforts. Rapid Integrated Support and Engagement (RISE) is the point of contact for referrals, and they conduct their subsequent assessments with reference to the criteria established in W&amp;IC 5345 also known as “Laura’s Law”. Since the start of operations in February of 2016, there have been 400 requests for Assist services and 141 enrollments in the program.</p> <p>Based on the preliminary self-report data, decreases in criminal justice involvement, violent acts and psychiatric hospitalizations have been observed. There has also been an increase in self-reported housing stability, and overall 79% of clients report being satisfied with the services received. As the grant funding draws to a close, there are plans for data analyses that will go beyond self-report data and consider actual utilization of services (i.e., jail, hospital, etc.).</p> <p>See attached for details. Interested parties were invited to attend an Assist stakeholder meeting on June 3<sup>rd</sup>.</p> <p>Sheri Valley and Mary Haffner thanked the Assist team for all their work, efforts and perseverance.</p>		
X.	<p><b>Director’s Report – Dr. Loretta Denering, for Dr. Sevet Johnson</b></p> <p>A. The Alcohol and Drug Program (ADP) Division underwent its first audit of its Drug Medical Organized Delivery System (DMC-ODS), which started out on 12/1/18. The Department of Health Care Services (DHCS) was pleased with several aspects of the implementation, including the Access Line, Care Coordination activities, and overall implementation. DHCS noted that Ventura County is a standout county. During the month of April, the Access Line received 738 calls, and the Care Coordination team reviewed and approved 215 treatment authorization requests for either admission to residential withdrawal management or for continuing services.</p> <p>B. ADP has partnered with DHCS and Health Management Associates to host an event titled Building Sustainable Transitions of Care for People with Addiction in Ventura County. It will take place on May 21<sup>st</sup> and 22<sup>nd</sup> at the Ventura County Office of Education (VCOE) in Camarillo.</p> <p>C. Anka Behavioral Health, which had been providing services at the Crisis Residential Treatment (CRT) in Ventura and Hillmont House in Camarillo, will cease operations at the end of May. The transition is underway for Golden State Health Centers (GSHC), the proprietors of Sylmar Health and Rehabilitation Center and other facilities, to assume the operational responsibilities for both local facilities.</p> <p>D. The California Department of Social Services (CDSS) requested that VCBH present at the California Mental Health Advocates for Children and Youth (CMHACY) conference on</p>		

	<p>May 15 on Continuum of Care Reform Interagency Collaboration and System Process Improvement for Foster Youth.</p> <p>E. At the Latino Behavioral Health Suicide Conference on May 16 Logrando Bienestar presented on Specialized Latino Outreach and Engagement program.</p>		
<b>XI.</b>	<p><b>Secretary's Report – Janis Gardner</b></p> <p>A. Joe S. Ramirez in Supervisor Long's District has been appointed to the BHAB. He has attended his first meeting of the Youth &amp; Family Committee.</p> <p>B. Supervisor Parks has one opening, which she wants to fill with a consumer.</p> <p>C. Four members missed their committee meeting in April.</p>		
<b>XII.</b>	<p><b>BHAB Committee Reports</b></p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs A workgroup is drafting an action plan regarding the Crisis Stabilization Unit. Upon questioning, Dr. Denering gave information about the start date for the implementation of managed care for mental health services.</p> <p>B. Prevention Committee – Janis Gardner, Chair The committee is discussing its objectives. It heard a presentation from Ventura County Office of Education on the Kid Survey, which includes comprehensive data.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair Mr. Harris read the report that Ms. Cortese had sent him. The committee focused on identifying areas needing advocacy, such as housing, drop-in centers throughout the county, and disseminating information regarding available services.</p> <p>D. Youth &amp; Family Committee – Denise Nielsen, Chair Ms. Nielsen deferred to Gina Petrus, who chaired this month's committee meeting. Ms. Petrus noted that a presentation was given regarding MHSA programs. Drs. Shaw and Acosta are outreaching to pediatricians to educate them on the services available. The committee has finalized its Youth Safety Plan. In June a presentation will be given on Gold Coast Health Plan.</p>		
<b>XIII.</b>	<p><b>New Business</b></p> <p>A. Slate of Officers for Fiscal Year 2019-20 – Nominating Committee Claudia Armann noted that she, Nancy Borchard and Mary Haffner are proposing the following slate of officers:</p> <ul style="list-style-type: none"> <li>- Chair: Janis Gardner</li> <li>- 1<sup>st</sup> Vice Chair: Ratan Bhavnani</li> <li>- 2<sup>nd</sup> Vice Chair: Gane Brooking</li> <li>- Secretary: Gina Petrus</li> <li>- Chair Emeritus: Jerry Harris</li> </ul> <p>Ms. Gardner noted that if she were to be elected, she hopes it would be for only one year. Nominations from the floor were open; however, none were made. Ms. Haffner moved to approve the report of the Nominating Committee, and Supervisor Parks seconded. The motion carried unanimously.</p> <p>B. Overview of the 2017 Data Notebook for Older Adults and Overview of the 2016 Project on Behavioral Health Services for Children and Youth in California Mr. Harris noted that the California Behavioral Health Planning Council sends a Data Notebook to all county behavioral health boards and commissions for completion. Mr. Harris has worked with the California Association of Local Behavioral Health Boards &amp; Commissions (CALBHB/C) to get a compilation of the responses as they are prepared. He shared the compilations for the 2016 and 2017 Data Notebooks, which contain useful data that this BHAB can readily use to conduct its work.</p> <p>C. Transitional Age Youth (TAY) Committee BHAB Membership Mr. Harris noted that the April TAY Committee meeting was attended by only one BHAB member, Margaret Cortese, committee Chair. He encouraged other BHAB members to start attending this committee on a regular basis.</p>	<p>Accept the report of the Nominating Committee <b>M/S/C</b></p>	

	<p>D. Request for CALBHB/C Training - Update Mr. Harris noted that BHAB members have previously requested additional training. As a follow-up, he had requested training for our board from CALBHB/C. He was advised that bringing in an outside trainer would cost \$1,500, which is not feasible. Mr. Harris encouraged all members to attend one of the quarterly trainings set up by CALBHB/C.</p> <p>E. CALBHB/C Los Angeles/Southern Region Meeting and Training, June 21-22, Santa Ana Mr. Harris shared information about this meeting and training. One BHAB member can get reimbursed for lodging, gas and meals. Any interested member is urged to contact Mr. Harris.</p> <p>F. Annual Report Preparation – Review Mission, Vision and Objectives As the first step in preparing the Fiscal Year 2018-19 Annual Report, Mr. Harris asked the board to review the mission, vision and objectives prior to the next General Meeting, when this will be discussed. Revisions will be considered, and the board will adopt the agreed-upon mission, vision and objectives.</p>		
<p><b>XIV. Old Business</b></p>	<p>A. Mental Health Services Act (MHSA) Plan Annual Update – Public Hearing Kiran Sahota noted that the 30-day public review of the MHSA Plan Annual Update has concluded, and no feedback was received during that time. Mr. Harris opened the public hearing on the MHSA Annual Update.</p> <ul style="list-style-type: none"> <li>- Stuart Fiedler spoke about taxation code 19280 and suggested that children should be taught that crime does not pay.</li> <li>- Lisa Powell spoke about the increasing number of older adults, and she strongly encouraged the BHAB and VCBH to increase its focus on the older adult population. Ms. Brooking agreed with Ms. Powell.</li> <li>- Nancy Borchard noted she hopes that ways can be found to use Innovation funds to address the critical needs of the community. She is not fully satisfied with the plan. Ms. Sahota noted that the current MHSA-funded programs and related data need to be evaluated in order to make decisions on future planning and spending.</li> <li>- Mary Haffner noted that she would like to see Innovation funds be used to help those who are on the verge of a psychotic episode. Ms. Sahota noted that Early Detection and Intervention for the Prevention of Psychosis (EDIPP) is being brought in-house and that VCBH is working with Ventura County Office of Education (VCOE) to help identify students at risk.</li> <li>- Mr. Harris noted that he thinks that a good Innovation project would be to address violence prevention and anger management, focusing on individuals who have the potential to harm others.</li> <li>- Ms. Valley asked about a patient advocate for individuals who are incarcerated. Ms. Brooking noted that the VCBH patient advocate works for all clients.</li> <li>- Ms. Gardner noted that Prevention and Early Intervention (PEI) programs usually sunset after three years.</li> </ul> <p>Hearing no further comments, Mr. Harris closed the public hearing.</p> <p>B. 2018 Data Notebook – BHAB Letter to California Behavioral Health Planning Council Mr. Harris read the cover letter that he sent to the CBHPC along with the completed 2018 Data Notebook. See attached.</p> <p>C. Follow-up to the BHAB Letter to the Board of Supervisors Regarding Institutions for Mental Diseases (IMD) Exclusion Waiver Mr. Harris noted that he has received an email from Supervisor Huber’s office stating that his office is in the process of reviewing the subject. Mr. Harris also advised the board of a telephone call he received from Sue Hughes, Senior Deputy Executive Officer, Government Affairs, who recommends that this item be held until late summer when the entire 1115 Waiver is addressed by the County.</p> <p>D. VCBH Budget Presentation Update Mr. Harris noted that the Executive Committee members have agreed to hear a VCBH budget presentation during the June General meeting.</p>	<p>Close public hearing on MHSA Plan Annual Update</p>	<p>J. Harris</p>

	<p><b>E. Crisis Stabilization Unit (CSU) Update</b>  Mr. Harris invited Dan Powell, Mental Health Operations Supervisor of the Inpatient Psychiatric Unit, to give an update on the CSU.  Mr. Powell noted that from its opening day on April 22<sup>nd</sup> through mid-May, the CSU handled 92 encounters. The average length of stay is 19 hours. Forty percent of clients were admitted to the Inpatient Psychiatric Unit (IPU). The CSU is running smoothly. VCBH and Ventura County Medical Center (VCMC) continue to meet to discuss operational needs.  Mr. Bhavnani stated that he is looking forward to having all beds open at the IPU and all chairs open at the CSU according to their licensing. Mr. Powell agreed to share the date for these openings when they have been decided. He supports BHAB members contacting hospital administration to advocate for the opening of the larger unit.  Mr. Harris encouraged BHAB members to donate clean, gently-used clothes to the IPU and the CSU to address client needs. Mr. Powell thanked all for this in that clothing is always needed for clients being discharged.</p> <p><b>F. Future Presentations</b>  Edith Pham noted that two presentations are scheduled for the June General meeting: one on vaping, and one on the VCBH Budget.</p> <p><b>G. Future Recognitions</b>  Ms. Pham noted that the BHAB Executive Committee members have agreed to present a recognition to Pam Roach, who served on the Mental Health Board for many years. Ms. Borchard agreed to provide some information for the certificate, which will be presented at the June General meeting.</p>	<p>Provide information on Pam Roach for certificate</p>	<p>N. Borchard</p>
<p><b>XV. Contracts</b></p>	<p>Mr. Harris encouraged BHAB members to ask questions regarding the VCBH contracts that the Board of Supervisors approved during the previous month (see Executive Summary for details):</p> <p><b>A. Board of Supervisors Approved Agreements – April 9, 2019</b>  1. MHSA: Conocimiento Innovations Project</p> <p><b>B. Board of Supervisors - Approved Agreements – April 23, 2019</b>  1. ADP: Dennis M. Giroux &amp; Associates, Inc. (DMG) First Amendment  2. No Place Like Home (NPLH) Program Noncompetitive Allocation Funds</p> <p><b>C. Board of Supervisors Approved Agreements – April 30, 2019</b>  1. Telecare Corporation Assisted Outpatient Treatment Services Amendment</p> <p>Following questions, Ms. Sahota provided additional information on No Place Like Home. She noted that the development of a Request for Proposals (RFP) does not include stakeholder involvement. She encouraged all to work with their city and with the County to provide input. Details on No Place Like Home can be found on the California Department of Housing and Community Development at <a href="http://hcd.ca.gov">hcd.ca.gov</a>. The funding for NPLH is for 55 years. NPLH funds cannot be leveraged for developing Board &amp; Care facilities.</p>		
<p><b>XVI. Public Comments</b></p>	<p>None.</p>		
<p><b>XVII. Adjourn</b></p>	<p>The meeting adjourned at 3:20 p.m.</p>		

## Behavioral Health Advisory Board GENERAL Meeting Attendance

2018-19	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann		X	X	X	X		X	X	X	X	X	
District 2	1/8/19 – 1/7/22	Jamie Banker		X	X	X	X			X	X		X	
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X	X	X	X	X	
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X		X	X	X	X	X	
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X	X	X	X	
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X	X					X		X	
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X		X	e	
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X				X	X	X	X	
District 5	10/17/17 – 9/23/20	Monique Garcia			X				X	X	X		X	
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X		X	X	X	X	X	
District 1	4/8/18 – 4/7/21	Mary Haffner	X						X	X	X		X	
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X	X	X	
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X		X	X		X	e	
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X		X		X	X	X	
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X	X	X	X	
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X		X		X	X	X	
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X			X	X	X		x	
District 3	4/9/19 – 12/1/20	Joe S. Ramirez											e	
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA		X			X	e	
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X	X	X	X	
District 2		vacant												
Law Enforcement		vacant												

Present = X

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

JUNTA ASESORA DE SALUD DEL COMPORTAMIENTO DEL CONDADO DE VENTURA

**REUNIÓN GENERAL**

MINUTOS

**20 de mayo de 2019**

**SIGUIENTE JUNTA:**

Lunes 17 de junio de 2019.

1:00 pm - 3:30 pm

Administración de Salud Mental del Condado de Ventura  
1911 Williams Drive , sala de entrenamiento ♦ Oxnard, CA 93036

Nota: El Consejo Asesor de Salud del Comportamiento aún no ha aprobado estos minutos.  
Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las actas en su  
forma final.

**Miembros de BHAB presentes**

Jerry Harris, Presidente  
Claudia armann  
Jamie Banker  
Ratan Bhavnani, <sup>1ª</sup> Vicepresidencia  
Nancy Borchard  
Gane Brooking, <sup>2ª</sup> Vicepresidente  
Kevin clerici  
Capitán James Fryhoff  
Monique garcia  
Janis Gardner, secretaria  
Mary Haffner  
Denise Nielsen  
Supervisor Linda Parks  
Gina Petrus , miembro en general  
Irene Pinkard  
Sheri Valley

**Miembros de BHAB Ausentes**

Margaret Cortese  
Patricia mowlavi  
Joe S. Ramírez  
Marlen torres

**Otros presentes**

Matthew Sandoval, Centro de Educación del Condado de Ventura  
Stuart fiedler  
Dan Powell, Unidad de hospitalización VCMC  
David Deutsch  
Lisa Powell  
Marika Collins, Casa Pacifica  
Sloane Burt  
Dani Yomtov  
M. Mesa  
Chris Novak  
Manuel minjares  
Kevin Janeway  
Sally Harrison, Oficina Ejecutiva del Condado  
Gina Johnson, Agencia de Libertad Condicional  
Jennifer Goble, Clínicas del Pacífico  
Elizabeth R. Stone, CFLC / MHSOAC

**Gerentes de Salud Conductual del Condado de Ventura (VCBH, por sus siglas en inglés) y personal presente**

Dra. Loretta Denering, Jefe de la División de Programas de Alcohol y Drogas  
Lisa Acosta, MD, Directora Médica de la División de Juventud y Familia  
Hilary Carson, Administradora del Programa MHSA , Innovaciones  
Danielle Cruz, asistente de mejora de calidad  
Dra. Patricia González, Psicóloga de la Investigación de Garantía de Calidad .  
Dan Hicks, Gerente de Prevención de ADP  
Pete Pringle, Jefe de la División de Juventud y Familia  
Kiran Sahota, gerente de MHSA  
Dr. John Schipper, Jefe de División de Adultos  
Felicia Skaggs, administradora de la clínica del programa RISE  
Alexis Villegas, analista de investigación de control de calidad  
Dra. Shanna Zanolini, Administradora del Programa de Garantía de Calidad  
Edith Pham, Asistente BHAB

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	<b>Llama para ordenar</b> La presidenta Harris convocó la reunión a la 1: 07 pm Denise Nielsen le dijo a la audiencia que recitaba el juramento de lealtad a la bandera de los Estados Unidos.		
II.	<b>Aprobación de la Agenda</b> El Sr. Harris le pidió a la Junta que revisara y aprobara la agenda de hoy. Claudia Armann hizo la moción de aprobar, Jamie Banker la secundó. La moción fue aprobada por unanimidad.	El orden del día fue aprobado como está escrito. <b>M / S / C</b>	
III.	<b>Aprobación del Acta</b> El Sr. Harris le pidió a la Junta que revisara y aprobara las actas de la reunión del 15 de abril de 2019 . Ratan Bhavnani hizo la moción para aprobar, Nancy Borchard la secundó. La moción fue aprobada por unanimidad.	Las actas fueron aprobadas tal como están escritas. <b>M / S / C</b>	
IV.	<b>Bienvenida y Presentaciones</b> El Sr. Harris les dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran .		
V.	<b>Comentarios públicos</b> Stuart Fiedler habló sobre el código de impuestos # 19280 relacionado con la restitución y dio detalles sobre su caso personal.		
VI.	<b>Reconocimiento: Frances O'Sullivan, MD</b> El Sr. Harris presentó un Certificado de Reconocimiento a la Dra. Frances O ' Sullivan, una psiquiatra que ha trabajado para VCBH durante más de 20 años. Ella trata a sus pacientes con amabilidad y compasión y hace una diferencia positiva en sus vidas. <ul style="list-style-type: none"> <li>- Gane Brooking notó que el Dr. O'Sullivan es un increíble médico y un maravilloso ser humano.</li> <li>- El Dr. John Schipper notó que ha tenido el placer de trabajar con el Dr. O'Sullivan durante muchos años y considera que es una defensora eficaz de sus clientes.</li> <li>- La supervisora Parks agradeció a la Dra. O'Sullivan por su trabajo.</li> <li>- El Dr. O'Sullivan agradeció a BHAB por su defensa en nombre de los clientes.</li> </ul>		
V I I.	<b>Presidente 's Report - Jerry Harris</b> El corte de cinta para el laberinto en el vivero de Growing Works se llevó a cabo el día anterior. El Sr. Harris agradeció al Supervisor Parks por defender la guardería. Señaló que 13 clientes ahora están empleados fuera de Growing Works y otra docena o más se han convertido en empleados pagados de la guardería.  La Asociación de Juntas y Comisiones Locales de Salud Conductual de California (CALBHB / C) está considerando tres proyectos de ley de apoyo: <ul style="list-style-type: none"> <li>- El AB 1352 fomenta la representación de la aplicación de la ley en las juntas locales, como lo hace el BHAB del Condado de Ventura , y apoya la asistencia del Gran Jurado , que no es favorecido por el Sr. Harris debido a Potencial para dar lugar a relaciones contenciosas.</li> <li>- AB 43 enfatiza la participación de la comunidad en el proceso de planificación de MHSA , hacer todas las reuniones de planificación de MHSA reuniones públicas.</li> <li>- AB 565 dirección ca la escasez de médicos en comunidades deprimidas y reembolsar s parte del costo de la educación de los médicos.</li> </ul> La Sra. Gardner proporcionó información breve sobre: <ul style="list-style-type: none"> <li>- Mayo es el mes de la salud mental . VCBH proporcionar yd el momento de inspiración en la Junta del 30 de abril reunión de supervisores mediante la presentación de información sobre el ascenso y Assist programa de s y tener dos clientes dan testimonio inspirador s.</li> <li>- Coach Up 2019 - Transformando el sistema de justicia juvenil, el 30 de mayo en Moorpark;</li> <li>- Una noche para recordar, una fiesta de graduación para los estudiantes con necesidades especiales, el 31<sup>de mayo</sup> en el recinto ferial del condado de Ventura.</li> </ul>		

<p>VI I I.</p>	<p><b>Comentarios de los miembros de la junta y un anuncio</b></p> <p>A. Jamie Banker señaló que la Universidad Luterana de California (CLU) ha recibido una subvención de \$ 70,000 de la Cruz Roja Americana para proporcionar asesoramiento gratuito a cualquier persona afectada por el incendio de Thomas o cualquier otro incendio en esta área.</p> <p>B. El Sr. Bhavnani señalar que el 17 de mayo el Equipo de Intervención de Crisis (CIT) se graduó su clase 50º de los agentes del orden y diputados. Felicitó al personal de CIT y al Departamento del Sheriff.</p> <p>C. La Sra Armann p articipated en el olítica P Pública INSTITUTE en Sacramento, organizado por la Fundación de Mujeres de California. Líderes UNDACIÓN F aprendieron cómo se promulgan políticas a nivel local y estatal. Se reunieron con unos 60 líderes de organizaciones sin fines de lucro que participan en un instituto de políticas públicas durante todo el año. Se alienta a las mujeres líderes a solicitar este instituto sin costo.</p> <p>D. Gina Petrus asistió a una sesión de capacitación en el CIT relacionada con el cerebro joven. Los jóvenes actuales y pasados están invitados a participar en el Consejo Consultivo de Jóvenes.</p> <p>E. La Sra. Brooking llamo la atención sobre el artículo de Sacramento Bee que compartió sobre la discapacidad grave.</p>		
<p>IX .</p>	<p><b>Presentación: Actualización de asistencia: el Dr. John Schipper, Jefe de la División de Adultos de VCBH , la Dra. Patricia González, Psicóloga de Investigación de Control de Calidad, y Felicia Skaggs, Administradora de la Clínica del Programa RISE</b></p> <p>Assist, el programa de tratamiento ambulatorio asistido (AOT, por sus siglas en inglés) del Condado de Ventura, brinda servicios de salud mental para pacientes ambulatorios a adultos con enfermedades mentales graves que se muestran reacios a aceptar el tratamiento. Cuando sea necesario , AOT puede ser facilitado por una orden judicial civil. En el Condado de Ventura, el 30% de los clientes de Asistencia están involucrados en los tribunales, lo cual es más alto de lo que se esperaba originalmente y parece estar relacionado con la amplia gama de oportunidades de tratamiento voluntario y esfuerzos de extensión intensivos. Rapid Integrated Support and Engagement (RISE) es el punto de contacto para las referencias , y realizan sus evaluaciones posteriores con referencia a los criterios establecidos en W&amp;IC 5345, también conocida como "Ley de Laura". Desde el inicio de las operaciones en febrero de 2016 , ha habido 400 solicitudes de servicios de asistencia y 141 inscripciones en el programa .</p> <p>Sobre la base de los datos preliminares de autoinforme , se han observado disminuciones en la participación de la justicia penal, actos violentos y hospitalizaciones psiquiátricas . También ha habido un aumento en la estabilidad de la vivienda autorreportada y , en general, el 79% de los clientes informaron estar satisfechos con los servicios recibidos. A medida que la financiación de la subvención se acerca a su fin , hay planes para el análisis de datos que irán más allá de los datos de autoinforme y considerarán la utilización real de los servicios (es decir, cárcel, hospital, etc.).</p> <p>Ver adjunto para más detalles. Se invitó a los interesados a asistir a una reunión de partes interesadas Assist el 3 de junio.</p> <p>Sheri Valley y Mary Haffner agradecieron al equipo de Asistencia por todo su trabajo, esfuerzo y perseverancia.</p>		
<p>X.</p>	<p><b>Informe de la Directora - Dra. Loretta Denering, para el Dr. Sevet Johnson</b></p> <p>A. La División del Programa de Alcohol y Drogas (ADP, por sus siglas en inglés) se sometió a su primera auditoría de su Sistema de Entrega Organizado de Medicamentos Medi-Cal (DMC-ODS), que comenzó el 12/1/18. El Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés) estuvo satisfecho con varios aspectos de la implementación , incluida la Línea de Acceso , las</p>		

	<p>actividades de Coordinación de Atención y la implementación general . DHCS señaló que el condado de Ventura es un condado destacado. Durante el mes de abril de la Línea de Acceso recibió 738 llamadas, y el equipo de Coordinación de Atención revisado y aprobado 215 solicitudes de autorización, ya sea para la admisión a la gestión de la retirada residencial o para servicios continuos.</p> <p>B. ADP se ha asociado con DHCS y Health Management Associates para organizar un evento titulado Construcción de transiciones sostenibles de atención para personas con adicciones en el Condado de Ventura . Se llevará a cabo el 21<sup>de mayo</sup> y 22 en la Oficina de Educación del Condado de Ventura (VCOE) en Camarillo.</p> <p>C. Anka Behavioral Health , que había estado prestando servicios en el Tratamiento de Crisis Residencial (TRC) en Ventura y Hillmont House en Camarillo , cesará sus operaciones a fines de mayo. La transición está en marcha para los Centros de Salud Golden State (GSHC), el titular de Sylmar s de la Salud y el Centro de Rehabilitación y otras instalaciones, para asumir las responsabilidades operativas tanto para las instalaciones locales.</p> <p>D. El Departamento de Servicios Sociales de California (CDSS, por sus siglas en inglés) solicitó que VCBH esté presente en la conferencia de los Defensores de la Salud Mental de California para Niños y Jóvenes (CMHACY) el 15 de mayo sobre la Colaboración Interinstitucional de la Reforma del Continuo de Atención y la Mejora de los Procesos del Sistema para Jóvenes de Crianza Temporal.</p> <p>E. En la Conferencia sobre el suicidio de salud del comportamiento de los latinos, el 16 de mayo, Logrando Bienestar presentó un programa especializado de participación y participación de los latinos.</p>		
<p>XI .</p>	<p><b>El informe del arsenal secreto - Janis Gardner</b></p> <p>A. Joe S. Ramírez, en el Supervisor Long's District, ha sido nombrado para el BHAB . Ha asistido a su primera reunión del Comité de Jóvenes y Familias.</p> <p>B. Supervisor Parks tiene una apertura, que ella quiere llenar con un consumidor.</p> <p>C. Cuatro miembros se perdieron la reunión de su comité en abril.</p>		
<p>XII.</p>	<p><b>Informes de los comités de la BHAB</b></p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes Un grupo de trabajo está elaborando un plan de acción para la Unidad de Estabilización de Crisis. Al interrogarlo, el Dr. Denering proporcionó información sobre la fecha de inicio para la implementación de la atención médica administrada para los servicios de salud mental.</p> <p>B. Comité de Prevención - Janis Gardner, Presidente El comité está discutiendo sus objetivos. Escuchó una presentación de la Oficina de Educación del Condado de Ventura sobre la Encuesta para Niños, que incluye datos completos.</p> <p>C. Comité de Edad de Transición Y (TAY) - Margaret Cortese , Presidenta El señor Harris leyó el informe que la Sra Cortese le había enviado. El comité se enfocó en identificar las áreas que necesitan apoyo, como vivienda, centros de acogida en todo el condado y la difusión de información sobre los servicios disponibles.</p> <p>D. Comité de Jóvenes y Familias - Denise Nielsen, Presidenta La Sra. Nielsen aplazó a Gina Petrus , quien presidió la reunión del comité de este mes. La Sra. Petrus notó que se dio una presentación sobre los programas de MHSA. Los Dres. Shaw y Acosta se están acercando a los pediatras para educarlos sobre los servicios disponibles. El comité ha finalizado su Plan de Seguridad Juvenil. En junio se dará una presentación sobre el Plan de Salud de Gold Coast.</p>		
<p>X</p>			

<p>III .</p>	<p><b>Nuevo negocio</b></p> <p>A. Pizarra de Oficiales para el Año Fiscal 2019-20 - Comité de Nominaciones  Claudia Armann señaló que ella, Nancy Borchard y Mary Haffner están proponiendo la siguiente lista de oficiales:</p> <ul style="list-style-type: none"> <li>- Silla: Janis Gardner</li> <li>- 1ª Vicepresidente: Ratan Bhavnani</li> <li>- 2<sup>nd</sup> Vicepresidente: Gane Brooking</li> <li>- Secretaria: Gina Petrus</li> <li>- Presidente Emérito: Jerry Harris</li> </ul> <p>La Sra. Gardner señaló que si fuera elegida, espera que solo sea por un año. Las nominaciones desde el piso estaban abiertas; Sin embargo , ninguno se hizo. La Sra. Haffner hizo la moción de aprobar el informe del Comité de Nominaciones y la Supervisora Parks la secundó. La moción fue aprobada por unanimidad.</p> <p>B. Descripción general del Cuaderno de datos de 2017 para adultos mayores y Descripción general del Proyecto 2016 sobre servicios de salud del comportamiento para niños y jóvenes en California  El Sr. Harris señaló que el Consejo de Planificación de Salud Conductual de California envía un Cuaderno de datos a todas las juntas y comisiones de salud conductual del condado para que lo completen. El Sr. Harris ha trabajado con la Asociación de Juntas y Comisiones Locales de Salud Conductual de California (CALBHB / C) para obtener una compilación de las respuestas a medida que se preparan . Compartió las compilaciones para los Cuadernos de datos de 2016 y 2017, que contienen datos útiles que este BHAB puede usar fácilmente para realizar su trabajo.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) Membresía de BHAB  El Sr. Harris señaló que a la reunión del Comité TAY de abril asistió solo una miembro de la BHAB, Margaret Co rtese, presidenta del comité . Animó a otros miembros de BHAB a comenzar a asistir a este comité de manera regular.</p> <p>D. Solicitud de entrenamiento de CALBHB / C - Actualización  El señor Harris señaló que los miembros BHAB previamente han Req uested formación adicional. Como seguimiento, solicitó la capacitación de nuestro consejo de CALBHB / C. Se le avisó que estaba sonando en un entrenador externo. Costaría \$ 1,500 , lo cual no es factible. El señor Harris animó a todos los miembros para asistir a uno de la formación trimestral s Ajuste por CALBHB / C.</p> <p>E. Reunión y capacitación en CALBHB / C Los Angeles / Región Sur, 21-22 de junio, Santa Ana  El Sr. Harris compartió información sobre esta reunión y entrenamiento. Un miembro de BHAB puede obtener un reembolso por alojamiento, combustible y comidas. Cualquier miembro interesado debe ponerse en contacto con el Sr. Harris.</p> <p>F. Preparación del Informe Anual - Revisión de la Misión, Visión y Objetivos  Como primer paso en la preparación del Informe Anual del Año Fiscal 2018-19, el Sr. Harris solicitó a la junta que revisara la misión, la visión y los objetivos antes de la próxima Reunión General , en la que se discutirá esto. Las revisiones serán consideradas, y la junta adoptará la misión, visión y objetivos acordados.</p>	<p>Acceptar el informe del Comité de Nominaciones.  <b>M / S / C</b></p>	
<p>XI  V.</p>	<p><b>Viejo negocio</b></p> <p>A. Actualización anual del plan de la Ley de servicios de salud mental (MHSA) - Audiencia pública  Kiran Sahota notó que la revisión pública de 30 días de la Actualización Anual del Plan MHSA ha concluido, y no se recibieron comentarios durante ese tiempo. El Sr. Harris abrió la audiencia pública sobre la Actualización anual de la MHSA.</p>		

- Stuart Fiedler habló sobre el código de impuestos 19280 y sugirió que se debe enseñar a los niños que el crimen no paga.
- Lisa Powell habló sobre el creciente número de adultos mayores , y alentó encarecidamente a BHAB y VCBH a aumentar su enfoque en la población de adultos mayores.  
La Sra. Brooking estuvo de acuerdo con la Sra. Powell.
- Nancy Borchard señaló que espera encontrar formas de utilizar los fondos de Innovación para abordar las necesidades críticas de la comunidad. Ella no está completamente satisfecha con el plan.  
La Sra. Sahota señaló que los programas actuales financiados por el MHSA y los datos relacionados deben evaluarse para tomar decisiones sobre la planificación y el gasto futuros .
- Mary Haffner señaló que le gustaría que los fondos de Innovación se usaran para ayudar a aquellos que están al borde de un episodio psicótico. La Sra. Sahota señaló que la Detección e Intervención Tempranas para la Prevención de la Psicosis (EDIPP) se está llevando a cabo internamente y que VCBH está trabajando con la Oficina de Educación del Condado de Ventura (VCOE) para ayudar a identificar a los estudiantes en riesgo.
- El señor Harris señaló que él cree que un proyecto bien Innovación sería abordar la prevención de violencia y una gestión de riesgo, centrándose en las personas que tienen el potencial de dañar a otros.
- La Sra. Valley preguntó sobre un defensor de pacientes para individuos que están encarcelados. La Sra. Brooking observó que el defensor de pacientes de VCBH trabaja para todos los clientes.
- La Sra. Gardner señaló que los programas de Prevención e Intervención Temprana (PEI, por sus siglas en inglés) usualmente se ponen en práctica después de tres años.

Al no escuchar más comentarios, el Sr. Harris cerró la audiencia pública.

**B. Cuaderno de datos de 2018 - Carta de BHAB al Consejo de Planificación de Salud Conductual de California**

El Sr. Harris leyó la carta de presentación que envió al CBHPC junto con el cuaderno de datos de 2018 completado. Ver adjunto.

**C. Seguimiento de la Carta de BHAB a la Junta de Supervisores sobre Instituciones para Enfermedades Mentales (IMD) Exención de exención**

El Sr. Harris señaló que ha recibido un correo electrónico de la oficina del Supervisor Huber que indica que su oficina está en el proceso de revisar el tema. El Sr. Harris también informó a la junta directiva sobre una llamada telefónica que recibió de Sue Hughes, Directora Ejecutiva Adjunta, Asuntos Gubernamentales, quien recomienda que se retenga este artículo hasta el final del verano, cuando el Condado se encargue de toda la Exención 1115.

**D. Actualización de la presentación del presupuesto de VCBH**

El Sr. Harris señaló que los miembros del Comité Ejecutivo han acordado escuchar una presentación del presupuesto de VCBH durante la reunión general de junio.

**E. Actualización de la Unidad de Estabilización de Crisis (CSU)**

El Sr. Harris invitó a Dan Powell, Supervisor de Operaciones de Salud Mental de la Unidad de Psiquiatría para Pacientes Internos , a dar una actualización sobre la CSU.

Powell señaló que a partir de su día de apertura el 22<sup>de</sup> abril hasta mediados de mayo, la CSU maneja 92 encuentros. La duración media de la estancia es de 19 horas. El cuarenta por ciento de los clientes fueron admitidos en la Unidad de Psiquiatría para pacientes hospitalizados (UIP). La CSU está funcionando sin problemas. VCBH y el Centro Médico del Condado de Ventura (VCMC) continúan reuniéndose para discutir las necesidades operativas.

El Sr. Bhavnani dijo que espera tener todas las camas abiertas en la UIP y todas las sillas abiertas en la CSU de acuerdo con sus licencias. El Sr. Powell acordó compartir la fecha de estas aperturas cuando se hayan decidido. Él apoya a los

N. Borchard

	<p>miembros de BHAB que contactan a la administración del hospital para abogar por la apertura de la unidad más grande. El Sr. Harris alentó a los miembros de BHAB a donar ropa limpia y de uso suave a la UIP y la CSU para abordar las necesidades de los clientes. El Sr. Powell agradeció todo esto, ya que siempre se necesita ropa para los clientes que son dados de alta.</p> <p>F. Presentaciones futuras Edith Pham observó que hay dos presentaciones programadas para la reunión general de junio: una sobre vapeo y otra sobre el presupuesto de VCBH.</p> <p>G. Reconocimientos futuros La Sra. Pham observó que los miembros del Comité Ejecutivo de la BHAB acordaron presentar un reconocimiento a Pam Roach, quien se desempeñó en la Junta de Salud Mental durante muchos años . La Sra. Borchard aceptó proporcionar cierta información para el certificado, que se presentará en la reunión general de junio.</p>	<p>Proporcionar información sobre Pam Roach para el certificado.</p>	
<b>XV</b>	<p><b>Los contratos</b></p> <p>El Sr. Harris alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que la Junta de Supervisores aprobó durante el mes anterior (consulte el Resumen Ejecutivo para obtener más información):</p> <p>A. Junta de Supervisores Acuerdos Aprobados - 9 de abril de 2019 1. MHS: Proyecto de Innovación de Conocimiento</p> <p>B. Junta de Supervisores - Acuerdos aprobados - 23 de abril de 2019 1. ADP: Dennis M. Giroux &amp; Associates, Inc. (DMG) Primera Enmienda 2. Fondos de Asignación No Competitiva del Programa No Place Like Home (NPLH)</p> <p>C. Acuerdos aprobados por la Junta de Supervisores - 30 de abril de 2019 1. Enmienda a los servicios de tratamiento ambulatorio asistido por la Corporación Telecare</p> <p>En las siguientes preguntas, la Sra. Sahota proporcionó información adicional sobre No Place Like Home. Señaló que el desarrollo de una Solicitud de Propuestas (RFP) no incluye la participación de los interesados. Ella alentó a todos a trabajar con su ciudad y con el Condado para proporcionar información . Los detalles sobre No Place Like Home se pueden encontrar en el Departamento de Vivienda y Desarrollo Comunitario de California en <a href="http://hcd.ca.gov">hcd.ca.gov</a>. gobernador La financiación para NPLH es de 55 años. Los fondos de NPLH no se pueden aprovechar para desarrollar instalaciones de Board &amp; Care.</p>		
<b>XVI</b>	<p><b>Comentarios públicos</b></p> <p>Ninguna.</p>		
<b>XV II</b>	<p><b>Aplazar</b></p> <p>La reunión concluyó a las 3:20 pm</p>		

2018-19	Condiciones	Miembros	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Distrito 1	11/11/18 - 10/10/21	Claudia armann		X	X	X	X		X	X	X	X	X	
Distrito 2	1/8/19 - 1/7/22	Jamie Banker		X	X	X	X			X	X		X	
Distrito 2	24/2/19 - 23/2/22	Ratan Bhavnani	X	X	X	X	X		X	X	X	X	X	
Distrito 3	1/27/18 - 1/26/21	Nancy Borchard	X	X	X	X	X		X	X	X	X	X	
Distrito 3	1/13/19 - 1/12/22	Gane Brooking	X	X	X	X	X		X	X	X	X	X	
Distrito 1	10/7/18 - 10/6/21	Kevin clerici	X	X	X	X					X		X	
Distrito 5	1/11/18 - 1/10/21	Margaret Cortese	X	X	X	X	X		X	X		X	mi	
Distrito 4	10/14/18 - 10/13/21	Capitán James Fryhoff				X				X	X	X	X	
Distrito 5	17/10/17 - 23/23/20	Monique garcia			X				X	X	X		X	
Distrito 3	15/04/18 - 14/04/21	Janis Gardner	X	X	X	X	X		X	X	X	X	X	
Distrito 1	4/8/18 - 4/7/21	Mary Haffner	X						X	X	X		X	
Distrito 4	9/17/16 - 9/17/19	Jerry Harris	X	X	X	X	X		X	X	X	X	X	
Distrito 2	3/14/17 - 3/14/20	Patricia mowlavi		X	X	X	X		X	X		X	mi	
Distrito 4	18/8/18 - 9/17/21	Denise Nielsen		X	X		X		X		X	X	X	
BOS	1/1/19 - 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X	X	X	X	
Distrito 1	5/8/18 - 5/7/21	Gina petrus	X	X	X	X	X		X		X	X	X	
Distrito 5	24/01/17 - 24/01/20	Dra. Irene Pinkard				X			X	X	X		X	
Distrito 3	4/9/19 - 12/1/20	Joe S. Ramírez											mi	
Distrito 5	1/10/17 - 1/10/20	Marlen torres	X	X	LOA	LOA	LOA		X			X	mi	
Distrito 4	2/6/18 - 2/6/21	Sheri Valley	X	X	X	X	X		X	X	X	X	X	
Distrito 2		vacante												
Cumplimiento de la ley		vacante												

Presente = X

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



**GROWING  
WORKS**

**Labyrinth Ribbon-Cutting  
May 19, 2019**



# My patient was homeless. I knew she was going to die, but my hands were tied

By Susan Partovi - MAY 05, 2019 | 3:05 AM – LOS ANGELES TIMES OP-ED  
<https://www.latimes.com/opinion/op-ed/la-oe-partovi-homeless-deaths-treatment-20190505-story.html>

My outreach nurse announced the news after a call from the coroner's office: There'd been another death on skid row.

"Who now?" I asked.

Her answer was devastating. It was J, whose full name I am not using to protect her privacy.

As a physician practicing on L.A.'s skid row, I've seen a lot of deaths among homeless people, but this one broke my heart.

I first met J in July 2014, soon after I started serving patients on skid row. She was standing on the southeast corner of San Julian and 7th streets, leaning against the wall in what looked like a black V-neck shirt, a skirt and Mary Jane shoes with ribbons that tied around her ankles. A big girl, tall and wide, her skin was bronzed from both sun and dirt. Up close, it was clear her shirt was a hospital gown blackened by grime and tucked into her skirt.

In our regular street outreach, J was always willing to talk to us, but she never accepted anything — food, soap, blankets, shelter or medical care.

"Oh, thank you, but no thank you. I'm fine; I'll be fine," she'd say.

She was very polite and appreciative of our concern, but always said the same thing in the end. "My family is coming to get me." At first she said that would happen in 2015, then 2016, then 2017.

## The decision to compel treatment in the end comes down to the opinions of emergency responders and medical personnel

One day, after about six months of visiting her weekly, we had a breakthrough: J allowed me to take her blood pressure. It was alarmingly high at 240/120, a level at which we sometimes hospitalize people. She would accept no treatment, however, even after I told her how dangerous it was, and she never let me take her blood pressure again.

In the summer of 2017, she let us record our conversation on video. After her death, I watched it again in frustration, seeing myself urge her to let me take her blood pressure and warning about the risk of stroke and heart attack. Again and again, she politely but firmly assured me she would be fine. And now she's dead, at age 58.

Why couldn't we take care of J?

California law allows forced psychiatric treatment only for those found to be gravely disabled or a “danger to themselves or others.” J certainly wasn’t threatening to others, and she wasn’t at risk of suicide under any traditional definition.

“Grave disability” is defined in California as “a condition in which a person, as a result of a mental disorder is unable to provide for his or her basic personal needs for food, clothing or shelter.” That’s trickier with someone like J. She appeared rational and rooted in reality. She managed to clothe and feed herself. And she had opportunities for shelter that she made a decision to reject.

As a physician, I knew she was at extremely high risk of death because of her medical conditions and the psychiatric issues that kept her from accepting help. But such issues are almost never enough to force treatment.

Even in more clear-cut cases of psychiatric impairment, the decision to compel treatment in the end comes down to the opinions of emergency responders and medical personnel, who have to decide without clear-cut guidelines whether someone meets the standard. Decisions are sometimes influenced by whether a patient is insured, and whether there are available beds, and they can change according to resource availability.

One thing that would help is if “grave disability” were interpreted more precisely, with a set of standards that every evaluator would adhere to. We certainly have such standards for other conditions. Paramedics, nurses and doctors all know what to do when someone presents with chest pain. If certain criteria are met, no medical professional would say, “You may be having a heart attack, but we don’t have the room for you.”

At Homeless Health Care Los Angeles, we formed a working group of experts to interpret what grave disability means and create a checklist to help evaluators determine whether someone meets the criteria. The checklist sets out specific questions: Does the individual look malnourished or dehydrated? Does the individual show signs of exposure? Is the individual able to secure adequate and appropriate shelter? With such a checklist in place and accepted, J would have met the legal criteria for grave disability. Her continuing refusal of shelter or housing alone would have been determinative.

The checklist is also aimed at determining whether a person is particularly vulnerable to harm or in danger of imminent death. It has questions about hygiene and serious medical conditions that are being ignored. Here again, J’s refusal of care for her high blood pressure put her at high risk of death. She was a ticking time bomb.

Months before J’s death, when another one of our regulars died, I turned to my nurse and said, “J will be next.”

“Yep,” she agreed without hesitation.

And yet, in the absence of commonly accepted standards for determining grave disability and a shortage of long-term treatment facilities for people with mental illness, we couldn’t get her help.

*Susan Partovi is the medical director of Homeless Health Care Los Angeles and co-founder and co-CEO of H.E.A.L. (<https://weareheal.com/>).*

# **New report finds Laura's Law is helping the mentally ill**

Outpatient treatment program shows signs of success despite initial controversy

JOSHUA SABATINI / Apr. 21, 2019 5:00 p.m. / THE CITY

After three years, a San Francisco mental health program that can compel someone to receive outpatient treatment has shown success in reducing emergency care and jail stays.

More than half of those brought into the program, which requires a referral by a health care provider or family member, were recently homeless and nearly all had been treated recently by Zuckerberg San Francisco General Hospital's Psychiatric Emergency Services.

A new evaluation of the assisted outpatient treatment (AOT) program, also known as Laura's Law, shows that the 129 participants were costing a combined \$485,000 monthly in city services before entering the program, but with the program, the cost dropped by 83 percent to \$81,745 per month.

After years of debate and controversy, Laura's Law was approved by the Board of Supervisors and launched in November 2015, 13 years after a state law passed allowing county boards to establish such programs. Opponents at the time argued it was an infringement of patients' civil liberties. Others said it would be ineffective because it doesn't force a person to take medication.

The findings come as good news for a city in the midst of reforming its mental health services under Mayor London Breed, where a similar debate is underway over court-ordered conservatorships.

Breed wants the Board of Supervisors to expand The City's ability to obtain conservatorships under Senate Bill 1045, which passed last year. The program would allow officials to force homeless people suffering from mental illness into treatment, including in locked facilities.

Currently, those eligible for conservatorships must first go through the outpatient program under Laura's Law, but that restriction has narrowed the scope of SB 1045 so that as few as five people in The City could be eligible; supporters hoped it could cover between 50 and 100.

SB 1045's author, state Sen. Scott Wiener, is working to pass legislation in Sacramento, Senate Bill 40, that would eliminate that provision.

The AOT program provides intensive case management to participants and helps them link up to long-term care. If a person refuses services, a court could compel them to receive treatment.

"On average we work with individuals for 138 days," Dr. Angelica Almeida, director of assisted outpatient treatment program, told the Health Commission last week. "Given the needs of this population and the risk factors, it takes a significant amount of time to stabilize individuals in the community."

The focused treatment is apparently paying off.

"There is substantial evidence that indicates that implementation to date can be considered a success," said a three-year evaluation of the program by consultant Harder+Company Community Research. The report was presented to the Health Commission last week.

Among the stats of participants is that the number of individuals who experienced Psychiatric Emergency Services dropped from 105 in the three years prior to entry in AOT to 60, or 47 percent, since AOT.

Also, the number of individuals with a recent incarceration dropped from 81 to 51 since participating in AOT. Most participants are white males between 36 and 45.

The success sounded so good to the Health Commission, that some members wanted to know how to boost enrollment. However, the program has strict eligibility requirements and only specific people, such as a family member or a health care provider, can refer a person for possible entry.

Health Commissioner Laurie Green asked if the city is “capturing all the people that could benefit from this program.”

“There are these various referrals. Do you feel like if you had the funding, you could expand this to many more people because the impact is so clear?” Green said.

Almeida said it wasn’t exactly clear how many people that aren’t being referred could qualify for AOT. “We imagine that there are individuals who would qualify who don’t get referred to us for a number of different reasons,” Almeida said.

She said the strategy for increasing participation is to reach out to those who can refer to the program to educate them about it and who might qualify.

“We need those referrals to come in to be able to work with them,” she said.

Since launching in November 2015, the program, overseen by the Department of Public Health, has received 616 calls, 321 for information requests, 295 for referrals, of which 129 participated.

The report said that “89 of the 129 individuals served by the AOT program voluntarily engaged in services” and that “85 of the 129 individuals (66 percent) remained connected to a treatment provider at the time of this evaluation.”

Some contacted by AOT could end up being court ordered into a conservatorship.

“Sixteen individuals (12 percent) that AOT outreached and engaged with since the beginning of the program were determined to need a higher level of care than the AOT program provides,” the report said. Of the 16 individuals conserved, 13 remain housed in the community, while three now reside in locked facilities which provide them with a higher level of care and personal safety appropriate for their needs.”

About 86 percent of participants surveyed in the report said they are feeling hopeful about their future and 82 percent said they were treated with respect.

Health Commissioner Dr. Edward Chow acknowledged the controversy when praising the program.

“When this topic was taken up it was extremely controversial,” Chow said. But, he said, based on the findings, the program is a “useful tool” and “all these individuals at this point have actually benefited from it.”

In the report, one unidentified AOT staff member described “the uniqueness of this program.” Pointing to its additional peer support, low caseloads and flexibility to do outreach, the staffer said, “I really think this program is changing and improving the lives of these individuals.”

jsabatini@sfexaminer.com

YOUTH JUSTICE SYSTEM  
101 - JUSTICE REFORM -  
YOUTH ADVISORY  
COUNCIL

THE KEYS TO  
TRANSFORMING  
THE YOUTH  
JUSTICE  
SYSTEM

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# COACH UP

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# 2019

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CALL TO CURRENT AND  
FORMER JUSTICE INVOLVED  
YOUNG PEOPLE

THURSDAY - MAY 30, 2019

6 PM - 8 PM

RUBEN CASTRO HUMAN SERVICES  
CENTER

612 Spring Road Moorpark, Ca

Engaging justice system-involved  
youth ages 16 to 25 years old in the  
reform work currently happening in  
Ventura County.


Attendance is limited to youth  
ages 16 to 25

**DINNER WILL BE PROVIDED!**

Please RSVP @ <https://forms.gle/QFMu5dSPBqTqBDmS6> or email June Ewart at  
[ewart2006@gmail.com](mailto:ewart2006@gmail.com) or call or text June at 805 304-3366

Event hosted by the Ventura County Youth Equity and Success (YES) committee





VENTURA COUNTY  
**BEHAVIORAL HEALTH**  
A Department of Ventura County Healthcare Agency

May 21, 2019

# Assist:

## Mid-Year 3 Update for the Behavioral Health Advisory Board

Dr. John Schipper, Project Director  
Dr. Patricia Gonzalez, Project Evaluator

# Assist Workflow



```
graph LR; A[Referral] --> B[Screening & Assessment]; B --> C[Outreach & Engagement]; C --> D[Enrollment];
```

**Referral**  
Assist receives referral  
-Gather information  
-Assess tx history  
-Two inpatient admissions in three years, assaultive bx, tx in jail

**Screening & Assessment**  
Assist assesses face-to-face  
-Evaluate mental status  
-Determine willingness

**Outreach & Engagement**  
Assist spends up to 90 days  
-Regular contact  
-Developing rapport  
-Encouraging participation

**Enrollment**  
Assist treatment  
-Voluntarily without court involvement  
-Court-involved with settlement agreement  
-Court ordered



VENTURA COUNTY  
**BEHAVIORAL HEALTH**

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## SAMHSA-Sponsored Trainings

ACT

- Assertive Community Treatment emphasizes the multidisciplinary team with the locus of tx in the community
- Holistic: immediate needs and personal goals

Seeking Safety

- Overarching goal of safety
- Integrated treatment: cognitive, behavioral, interpersonal, and case management


Trauma Informed

- Understanding and considering the impact of trauma history
- Safety, trustworthiness, choice, collaboration, and empowerment


3


## Assist Numbers (3/17 to 5/19)

- Total Assist calls, **n=441**
  - Requests for services, **n=400 (91%)**
  - Information only, **n = 41 (9%)**
- Assist referrals, **n = 212 (53%)**
  - Assist enrolled, **n = 141 enrolled (67%)**
  - Not located, fail to meet criteria, **n= 71 (33%)**
- Nature of Assist enrollment:
  - Voluntary, **n = 100 (70%)**
  - Court-involved, **n = 41 (30%)**




91%  
Referrals

■ Referrals ■ Information




67%  
Enrolled

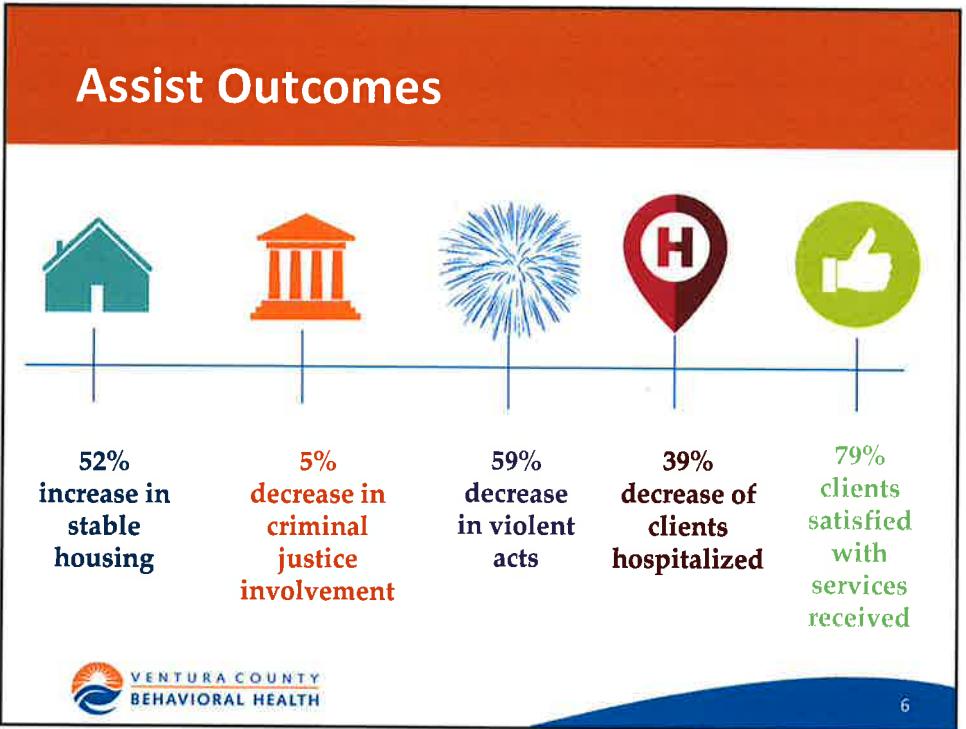
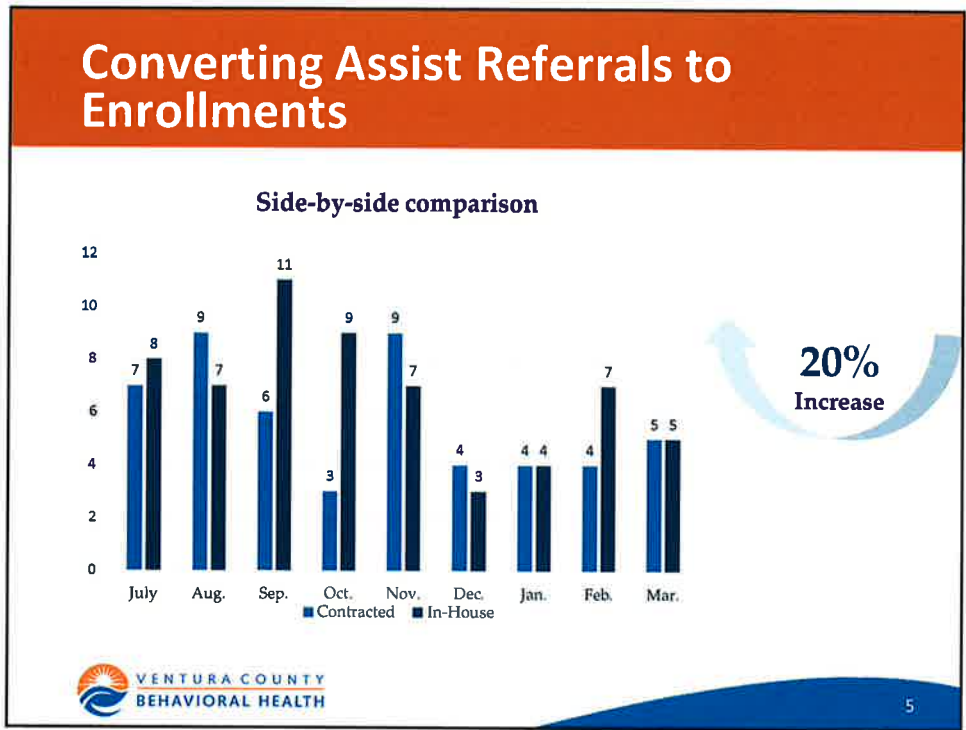
■ Enrolled ■ Not Enrolled



70%  
Voluntarily

■ Not Court Involved ■ Court-Involved


4



## Assist Successes Beyond Numbers

*20+ years of homelessness*

### Paula

- Living happily in shared housing since August.
- Motivated and striving to find the perfect job.



### Michael

- Living happily in shared housing for almost a year.
- New employee at Growing Works.



Check them out online at the BoS's  
"Moment of Inspiration" for 4/30/19



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## Assist Stakeholder Process

Meet the legal team at the next  
stakeholder meeting:

Monday, June 3, 2019

@ 3:30 PM

1911 Williams Dr., Suite 200

Lake Tahoe Conference Room



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**VENTURA COUNTY**  
**BEHAVIORAL HEALTH ADVISORY BOARD**  
For Review During the BHAB General Meeting of May 20, 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.



# Ventura County Behavioral Health Advisory Board

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Members:

April 16, 2019

Claudia Armnan

Jamie Banker

Ratan Bhavnani, 1<sup>st</sup> Vice Chair

Nancy Borchard

Gane Brooking, 2<sup>nd</sup> Vice Chair

Kevin Clerici

Margaret Cortese

Capt. James Fryhoff

Monique Garcia

Janis Gardner, Secretary

Mary Haffner

Jerry Harris, Chair

Patricia Mowlavi

Denise Nielsen

Supervisor Linda Parks

Gina Petrus, Member-At-Large

Irene Pinkard

Joe Ramirez

Marlen Torres

Sheri Valley

Jane Adcock, Executive Director  
CA Behavioral Health Planning Council

Enclosed you will find the completed 2018 Data Notebook for Ventura County. After completing the Data Notebook, we feel compelled to advise you of our concern regarding this very attenuated document. We believe that without providing further explanation to our responses, the information provided is subject to the interpretation of the reader. This could have been avoided by providing an opportunity to clarify our responses with written comments. To this extent, we question the validity of the data collected.

Should you have any questions or require additional information, please let me know.

Sincerely,

Jerry M. Harris, Chair  
Ventura County Behavioral Health Advisory Board.

cc: Dr. Sevet Johnson, Director  
Ventura County Behavioral Health

Dr. Sevet Johnson, Director  
Ventura County Behavioral Health

Address:

1911 Williams Drive, Suite 200  
Oxnard, CA 93036  
Phone: 805-981-1115  
Fax: 805-658-4512

**Ventura County Behavioral Health***Board Letter Summary of Contracts for April 2019*

<b>Board Date</b>	<b>Contractor</b>	<b>Amount</b>	<b>Term</b>	<b>Description</b>
4/23/2019	Dennis M. Giroux & Associates, Inc. (DMG)	\$180,969	12/1/18 to 6/30/19	The DMG contract was amended to decrease the maximum contract amount from \$322,013 to \$180,969 (a decrease of \$141,044) and to modify unit rates.
4/30/2019	Telecare Corporation	\$1,062,226	11/1/16 to 6/30/18	The Telecare Corporation Assisted Outpatient Treatment (AOT) Services contract was amended to: (1) increase the Ventura County Maximum Allowance (VCMA) unit rates, (2) decrease the start-up and outreach and engagement budgets, and (3) reduce the maximum amount of the agreement from \$1,188,032 to \$1,062,226 (a decrease of \$125,806).

## MEMORANDUM

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**DATE:** May 7, 2019  
**TO:** Behavioral Health Advisory Board  
**FROM:** Contracts Administration  
**SUBJECT:** Board of Supervisors Approved April Agreements/Board Items

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### Executive Summary

#### Board of Supervisors Approved Agreements – April 9, 2019

##### **1. Mental Health Services Act (MHSA): Conocimiento Innovations Project.**

*This item recommended that the Board of Supervisors authorize the Ventura County Behavioral Health (VCBH) Director or designee to sign and submit the MHSA Innovation Project, Conocimiento: Addressing Adverse Childhood Experiences (ACE) through Core Competencies, to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The project amount is \$1,047,100 over the four-year period of FY 2019-23.*

Under the MHSA, counties are expected to develop innovative projects and use the information learned from such projects to improve the behavioral health care system. VCBH has developed a four-year MHSA Innovations Project titled Conocimiento: Addressing ACEs through Core Competencies.

Years of research show a correlation of experiences in childhood, Adverse Childhood Experience (ACE), as having predictive health and functioning risks for adulthood. An ACE is defined as childhood physical, verbal, or sexual abuse, witnessing parental domestic violence, parental divorce, and living with someone who was experiencing mental illness, abused drugs or alcohol or who had been incarcerated. Prolonged experience of poverty has also been considered an ACE. Protective experiences and well-developed coping skills are effective equalizers to a significant ACE and the ongoing stress of living in poverty. One way to build these skills is through regular family dinners, which incorporate many of the resiliency strategies naturally; however, given the irregular schedules of the working poor, regular family dinners are not always feasible.

Core competencies can be developed at any age. The proposed MHSA Innovations Conocimiento Project is designed to promote the development of the following four competencies, as developed through research by The Center for the Developing Child at Harvard: (1) facilitating supportive adult relationships, (2) building a sense of self-efficacy and perceived control, (3) providing opportunities to strengthen adaptive skills and self-regulatory capacities, and (4) mobilizing sources of faith, hope and cultural traditions. Focus on each of these areas will take place over a four-year period to build resilient youth between the ages of 13 to 19 years of age.

VCBH recommended approval for the VCBH Director or designee to sign and submit the MHSA Innovation Conocimiento Project for MHSOAC approval.

**Board of Supervisors Approved Agreements – April 23, 2019**

**1. Alcohol and Drug Programs (ADP): Dennis M. Giroux & Associates, Inc. (DMG)  
First Amendment.**

*This item recommended approval of an amendment to the DMG agreement to decrease the maximum contract amount from \$322,013 to \$180,969 (a decrease of \$141,044) and to modify unit rates, effective December 1, 2018 through June 30, 2019.*

VCBH contracts with DMG to provide outpatient and intensive outpatient services, in accordance with federal regulations and Department of Health Care Services (DHCS) substance use disorder (SUD) services standards. Services are provided to Drug Medi-Cal eligible beneficiaries and non-Medi-Cal eligible Criminal Justice referred clients. These treatment standards pertain to quality and effectiveness through a system of documented continuous review, evidence-based practices and program improvements based on established outcome measures and performance.

In December of 2018, VCBH transitioned to the Drug Medi-Cal Organized Delivery System (DMC-ODS) service delivery model. DMG estimated that with the new service delivery model, more beneficiaries would receive SUD services and the contract budget was estimated based on the increased number of clients and units of service. The implementation of the new service delivery model for DMC-ODS was difficult to estimate. Since December 1, 2018, DMG has served fewer clients than previously estimated. As a result, through the First Amendment to the Agreement, VCBH reduced the maximum Agreement amount to \$180,969 and revised the DMC-ODS treatment service unit rates.

VCBH recommended approval for the VCBH Director or designee to sign the First Amendment to the Agreement for DMC-ODS SUD services with DMG, to decrease the maximum contract amount from \$322,013 to \$180,969 (a decrease of \$141,044) and modify unit rates, effective December 1, 2018 through June 30, 2019.

**2. No Place Like Home (NPLH) Program Noncompetitive Allocation Funds.**

*This item recommended approval for the VCBH Director or County Executive Officer (CEO), in conjunction with Development Sponsor(s), to apply for and, if awarded, to accept the NPLH Program Noncompetitive Allocation. The NPLH Program Noncompetitive Allocation amount for Ventura County is \$1,600,000 and is for eligible costs of development.*

On July 1, 2016, Governor Brown signed legislation enacting the NPLH Program to dedicate \$2 billion in bond proceeds to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness or chronic homelessness or who are at-risk of chronic homelessness. The NPLH Program takes a "housing first" approach which is considered a best practice by many homeless advocates and social service experts. Counties that receive NPLH Program Noncompetitive Allocations for permanent supportive housing must offer flexible, voluntary, and individualized supportive services. Counties must commit to provide mental health supportive services to tenants for at least twenty years and help coordinate access to other community-based supportive services, including, but not limited to, substance use disorder services.

Of the \$2 billion in funding available, \$190 million are to be distributed as noncompetitive allocations. These allocations are loans administered by the California Department of Housing and Community Development (DHCD), allocated pursuant to Welfare and Institutions Code section 5849.8, and shall be in the form of secured deferred payment loans for eligible costs of development. The noncompetitive allocation is 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's most recent published unsheltered and sheltered Point-In-Time Count. The NPLH Program Noncompetitive Allocation amount for Ventura County is \$1,600,109.

The County will have until February 2021 to identify and submit the project application(s), in conjunction with Development Sponsor(s), to DHCD for the NPLH Program Noncompetitive Allocation and is planning on releasing a request for proposals to developers in June 2019. To receive the allocation, the County is required to submit a resolution from the Board authorizing, among other things, the VCBH Director or CEO to submit one or more Project applications, within 30 months of the August 15, 2018 issuance of DHCD's initial Notice of Funding Availability, proposing utilization of any NPLH Program Noncompetitive Allocation awarded to the County. If awarded, the resolution would authorize the VCBH Director or CEO to sign appropriate NPLH Program Documents which include, but are not limited to, the DHCD's standard agreement which may include provisions related to supportive services, regulatory agreements, deeds of trust, and promissory notes.<sup>1</sup>

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<sup>1</sup> Since NPLH Program Noncompetitive Allocations are allocated in the form of loans directly to the Development Sponsor(s), any promissory notes and related documents will be signed by and be the responsibility of the Development Sponsor(s).

VCBH recommended approval for the VCBH Director or CEO, in conjunction with Development Sponsor(s), to apply for and, if awarded, to accept the NPLH Program Noncompetitive Allocation. VCBH further recommended adoption of a resolution authorizing the actions described above. In addition, VCBH also recommended authorization for the VCBH Director or CEO to sign and submit appropriate NPLH Program Documents required for acceptance of the NPLH Program Noncompetitive Allocation, subject to County Counsel approval.

**Board of Supervisors Approved Agreements – April 30, 2019**

**1. Telecare Corporation Assisted Outpatient Treatment Services Amendment.**

*This item recommended approval of an amendment to the Telecare Corporation Assisted Outpatient Treatment (AOT) Services contract to: (1) increase the Ventura County Maximum Allowance (VCMA) unit rates, (2) decrease the start-up and outreach and engagement budgets, and (3) reduce the maximum amount of the agreement from \$1,188,032 to \$1,062,226 (a decrease of \$125,806), effective November 1, 2016 through June 30, 2018.*

Pursuant to an agreement with the County, Telecare provided AOT services through an assertive community treatment (ACT) model (in what was called the “Assist Program”) to clients who met the AOT requirements defined under Laura’s Law, codified in California Welfare and Institutions Code section 5345 *et seq.* (Upon the expiration of the agreement on June 30, 2018, VCBH took the Assist Program “in-house” and is providing the AOT services.) All of Telecare’s referrals were from VCBH clients who had a serious mental illness and are most at risk for psychiatric hospitalization, homelessness, or incarceration. Due to mental health and/or alcohol and drug issues, clients qualifying for the Assist Program required treatment in order to live safely and productively in the community. The Assist Program includes a strong outreach and engagement component to overcome the many treatment participation barriers experienced by individuals whom the Assist Program was intended to serve. Assist Program services include: mental health treatment, physical health education and assistance, alcohol and other substance abuse education and treatment, assistance with safe and appropriate housing, life skills training, vocational training and counseling, advocacy in criminal justice and social services settings, collaboration and coordination with interagency partners and family/friends, and linkage with peer support programs/wellness and recovery centers. During the period between November 1, 2016 and the end of the agreement on June 30, 2018, Telecare provided services to 6 clients in year one, Fiscal Year (FY) 2016-17 (the first client was enrolled in April of 2017), and an additional 65 clients in year two, FY 2017-18, for a total of 71 Assist Program clients served by Telecare.

During the first eight (8) months of the Assist Program, November 1, 2016 to June 30, 2017, Telecare hired staff to provide services for a projected 30 clients to be referred by VCBH. Unfortunately, over half of the referrals made by VCBH in that period were not made until June of 2017, preventing Telecare from providing enough units of service in FY 2016-17 to cover Telecare’s actual costs, even with costs being lower because of a slow start up. During the cost settlement process, VCBH uncovered this issue and worked with Telecare to review all of

MEMORANDUM

Board of Supervisors Approved April Agreements/Board Items

May 7, 2019

Telecare's costs, units of service, and referral numbers and dates. A review by VCBH's Fiscal, Operations, and Contracts divisions determined that Telecare's cost were justified and that referrals from VCBH were less than initially anticipated. To reimburse Telecare for its actual costs, VCBH recommended that the Board approve an increase to the unit rate for each of the contracted service categories to an amount above the VCMA rate in the agreement. The shortfall in reimbursement to Telecare will be covered with a one-time payment in the amount of \$28,566. In addition to the change in the unit rate, VCBH also amended the agreement to reduce the start-up and outreach and engagement budgets in Exhibit "B-1" to reflect the actual costs that were determined in the cost settlement process.

VCBH recommended approval for the VCBH Director or designee to sign the third amendment to the agreement for AOT services with Telecare, to increase the VCMA unit rates and decrease the start-up and outreach and engagement budgets, reducing the maximum amount of the agreement from \$1,188,032 to \$1,062,226 (a decrease of \$125,806), effective November 1, 2016 through June 30, 2018.