

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

November 18, 2019

NEXT MEETING:

Monday, January 27, 2020

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

Claudia Armann
Jamie Banker
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Kevin Clerici
Margaret Cortese
Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez, Member At Large
Carol Thomas
Sheri Valley

BHAB Members Absent

Capt. James Fryhoff
Monique Garcia
Marlen Torres

Others Present

Lucrecia Campos-Juarez, Clinicas del Camino Real
Sally Harrison, County Executive Office
Shar Busch, Ventura County Public Health
Stuart Fiedler, Client Network
Kevin Janeway, Client Network
Roberta Griego, NAMI
Jerry Weaver
Dan Powell, VCMC IPU/CSU
Mark Schumacher, Turning Point Foundation
Maya Lazos, Vista del Mar Psychiatric Hospital
Jennifer Goble, Pacific Clinics
Scott Walker, Crisis Intervention Team
Dawn Anderson, Ventura County Office of Education
Cindy Douth, Telecare

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. John Schipper, Adult Division Chief
Hilary Carson, MHSA
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Jennifer Dougherty, Youth & Family Division Manager
Leisa Donovan, Fiscal Manager
Narcisa Egan, Assistant Chief Financial Officer
Kiran Sahota, MHSA Manager
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:03 p.m. Kiran Sahota led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	Approval of the Agenda Ms. Gardner asked the Board to review and approve today's agenda. She noted that Mr. William Foley needs to leave early, and she requested to move up his Update (item IX), to right after the Welcome and Introductions (item IV). Kevin Clerici moved to approve the agenda as amended, Gane Brooking seconded. The motion carried, with Jerry Harris abstaining.	The agenda was approved as amended. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the October 21, 2019 meeting. Margaret Cortese moved to approve, Nancy Borchard seconded. The motion carried unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked BHAB members to introduce themselves. She noted that Ratan Bhavnani will chair the meeting after she leaves at 2:00 p.m. She thanked the board members for their work and wished all a happy Holiday Season.		
IX.	Health Care Agency (HCA) Update – William Foley, HCA Director Mr. Foley provided an update on the Health Care Agency. He noted that HCA is working on a strategic process and will engage various constituencies, including the BHAB. He highlighted some of the key initiatives; see attached for details. HCA is working to expand access to services and improve the integration of Behavioral Health and Substance Use Disorders with Primary Care. HCA is working with the Hospital Association of Southern California to address the shortage of inpatient psychiatric beds. As County Executive Officer Michael Powers noted in his update during the October General Meeting, the County is looking to work collaboratively with stakeholders, including the BHAB, on the Institution for Mental Diseases (IMD) Exclusion Waiver. In response to questions from Mary Haffner, Mr. Foley noted that the planned Observation Unit is for medical or surgical patients who require a stay of less than 24 hours. Also, HCA is utilizing two documents: the VCBH Community Mental Health Needs Assessment and the Ventura County Community Health Needs Assessment. Ms. Haffner asked about one of the top two identified significant health needs, "Reduce the impact of behavioral issues," and a statement in the Assessment indicating that the County is not planning to address this need. Kiran Sahota, Mental Health Services Act (MHSA) Manager, upon being invited to speak on this, explained that not all the identified needs could be addressed by HCA because other agencies, such as Human Services Agency and Probation, need to be involved. Mr. Foley and Ms. Haffner agreed that collaboration between agencies is important. In response to questions from Mr. Bhavnani and Ms. Haffner regarding partnership opportunities, Mr. Foley noted that HCA is currently determining the cost of expanding services at the Inpatient Psychiatric Unit (IPU) and Crisis Stabilization Unit (CSU). HCA is also planning to meet with other hospitals that share the same issues as Ventura County Medical Center (VCMC) regarding their Emergency Departments (EDs) being impacted by patients with behavioral health issues. Mr. Foley proposed returning after the first of the year to give an update on the plan and on HCA's approach to the other hospitals. He noted that this is the same plan as the one that Mr. Powers referred to. Data will be sought regarding the number of patients brought to EDs on an involuntary hold and time to treatment/transfer. Dr. John Schipper, VCBH Adult Services Division Chief, noted that St. John's Hospital is looking for partners and a location for its own CSU, with the hope of opening in Fall 2020. Joe S. Ramirez noted that the Blue Ribbon initiative in Santa Paula is getting stronger and includes partnerships with community members and agencies. He is grateful that the County is addressing issues related to the needs of the Latino community.		

<p>V. Public Comments</p> <p>Stuart Fiedler shared his opinion that things would be better if the public was aware of Franchise Tax Board code 19280, which holds criminals financially liable. He described his personal experience with the Port Hueneme police and the Sheriff’s Office.</p> <p>Kevin Janeway noted that he has toured a skilled nursing facility (SNF) in Oxnard, which gave him an idea to address the lack of psychiatric beds. He suggested having a collaboration between SNFs that have available beds, and having psychiatrists provide services there.</p>		
<p>VI. Chair’s Report – Janis Gardner</p> <p>A. Ms. Haffner was honored at the Diversity Collective for her service.</p> <p>B. On November 7 a memorial was held at the Healing Garden for the victims of the Borderline shooting. A portion of the 101 freeway is now named after Sgt. Ron Helus. Supervisor Parks noted that Growing Works donated seedlings to the Healing Garden.</p> <p>C. Assemblymember Jacqui Irwin and others, in coordination with VCBH, held an event for youth with the goal of reducing stigma and increasing mental well-being.</p> <p>D. On October 15 the Board of Supervisors (BOS) approved a ban on marijuana and directed the Sheriff’s Office and VCBH to prepare an amendment to add cannabis to the Social Host Ordinance.</p> <p>E. Per Mark Stadler of the Crisis Intervention Team, early discussions have started regarding the feasibility of opening a sobering facility.</p> <p>F. On November 19 the BOS will consider appointing Michael Rodriguez to the BHAB.</p> <p>Mr. Bhavnani provided brief information on:</p> <p>A. Employment opportunity as related to the Census 2020;</p> <p>B. A forum on November 22 in Los Angeles: Peers Transform the Behavioral Health System;</p> <p>C. A Conservatorship Mentoring Meeting on November 23 in Los Angeles;</p> <p>D. The NAMI Holiday Party on December 10 in Oxnard;</p> <p>E. A Holiday Wish Drive conducted by Aspiranet, a VCBH provider;</p> <p>F. A report from the State Auditor called “Youth Experiencing Homelessness.”</p>		
<p>VII. Board Members Comments and Announcements</p> <p>Nancy Borchard asked about the possibility of having a special meeting to draft a recommendation on the IMD Exclusion Waiver. Supervisor Parks did not think it was necessary and suggested adding to the January 2020 agenda a discussion on whether to hold a special meeting or set up a workgroup focused on the IMD Exclusion Waiver. Ms. Gardner noted that the stakeholder process is open until February 24, 2020. Mr. Bhavnani noted that both Mr. Powers and Mr. Foley have said there will be a stakeholder process; he suggested to wait for more information on this before adding the discussion to the agenda.</p> <p>Ms. Haffner noted that she has not received an answer on her inquiry to CEO Powers as to the number of people who present to emergency departments on an involuntary hold and how long they wait for treatment or transfer. She also noted that she has written a letter to the Board of Supervisors; she asked which BHAB members had not received it and stated she would send it to them. She added that during her four years on the BHAB, she has been watching the administration and prioritization of services. She feels there is a significant gap in the continuum of care of services for people who suffer from the most serious and debilitating chronic mental illnesses.</p> <p>Claudia Armann thanked Ms. Haffner for her letter, which puts together a lot of information and raises the urgency. Ms. Armann noted that she attended the Diversity Collective Gala. She was struck by the higher risk of depression and suicide among the LGBTQ community. Investing in programs for them is a prevention strategy.</p> <p>Gane Brooking thanked Ms. Haffner for putting together the letter.</p> <p>Gina Petrus stated that the previous week she attended a conference called Addressing Targeted School Violence. The FBI participated. The FBI and the Secret Service have a lot of information and resources on their websites, including statistics and ideas on how to address this issue.</p> <p>Jerry Harris noted he had intended to request that item XII.B be removed from the agenda; he did not do so because it would have taken time away from Mr. Foley; instead, he abstained</p>		

	<p>from approving the agenda. There was a discussion regarding Ms. Haffner’s letter and the process of finalizing the agenda for the General Meeting.</p> <p>Mr. Bhavnani shared three Los Angeles Times articles regarding the lack of Board & Care facilities. See attached.</p> <p>Ms. Gardner left and put Mr. Bhavnani, First Vice Chair, in charge of the meeting.</p>		
VIII.	<p>BHAB Committees and Workgroups Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Borchard noted that the committee heard a presentation on free services for veterans in Los Angeles, including telecounseling. The committee discussed housing and placement options. Kiran Sahota presented on the MHSA Three-Year Plan.</p> <p>B. Prevention Committee – Janis Gardner, Chair In Ms. Gardner’s absence, Ms. Armann noted that the committee finalized its Annual Report in October. This month, it heard a presentation about the MHSA Three-Year Plan.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair The committee did not meet in October. It will meet this week, November 21st.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair The committee heard a presentation on Neighborhoods for Learning, a cooperation between Interface and First 5. It offers Positive Parenting Program (Triple P) classes; see flyer. Ms. Haffner noted that First 5 has lost some funding but is a wonderful program.</p> <p>E. Lanterman, Petris, Short (LPS) Workgroup – Jerry Harris, Chair The workgroup will meet this day to review data provided by Dan Powell of the IPU and by the Hospital Association of Southern California regarding emergency rooms and psychiatric patients.</p>		
X.	<p>Presentation: VCBH Fiscal Update and Discussion – Leisa Donovan, Fiscal Manager</p> <p>Ms. Donovan noted that the numbers included in her PowerPoint presentation are preliminary as they are pre-Comprehensive Annual Financial Report. She distributed a handout of Estimated Fiscal Year 2018-19 Year-End Results; see attached. She noted that 43% of funding comes from the state, while 36% comes from the federal government. It is difficult to break down services by age groups as there is not a way to report specifically on the cost of services provided to adults and to children.</p> <p>In answer to questions from Supervisor Parks, Ms. Donovan noted that the guidelines are very specific on how MHSA PEI funds can be used. These funds could not be used for the Severely and Persistently Mentally Ill (SPMI). Also, programs provided in schools are reimbursed by Medi-Cal and by Special Education Local Plan Area (SELPA).</p> <p>Mary Haffner asked for clarification regarding the Severely and Persistently Mentally Ill (SPMI) being able to use MHSA Prevention & Early Intervention (PEI) funding. She spoke in favor of using PEI funds for individuals with serious mental illness before their illness becomes disabling. Supervisor Parks voiced her interest in looking into this. Kiran Sahota, MHSA Manager, explained that Prevention funds are for preventing mental illness from becoming severe and debilitating; once individuals cross the threshold for treatment, it becomes Community Support Services (CSS). Under Early Intervention, treatment services are limited to 18 months. Ms. Haffner asked about using PEI funds for clients who present to the emergency rooms exhibiting psychosis. Ms. Sahota noted that Early Detection and Intervention for the Prevention of Psychosis (EDIPP) focuses on individuals before they have their first break and prodromal symptoms.</p> <p>Mr. Harris expressed interest in finding out what the increase is in contacts and unduplicated clients as a result of expanded Medi-Cal in 2014. Ms. Donovan agreed to look into this.</p>	<p>Research data on the effects of expanded Medi-Cal</p>	<p>L. Donovan</p>

<p>XI.</p>	<p>Secretary's Report – Gina Petrus</p> <p>A. There is an opening in District 4. Individuals with lived experience are encouraged to apply.</p> <p>B. Marlen Torres's term will expire in January 2020, and she has expressed interest in seeking reappointment.</p> <p>C. BHAB members who cannot attend a General or committee meeting are asked to inform both Ms. Petrus and Edith Pham as Ms. Petrus will now keep track of the attendance.</p>	<p>Contact Secretary and BHAB Assistant when unable to attend a meeting</p>	<p>All BHAB members</p>
<p>XII.</p>	<p>New Business</p> <p>A. Mental Health Services Act (MHSA) Three-Year Plan Update and Discussion – Kiran Sahota Dawn Anderson, in a public comment, emphasized the importance of MHSA Prevention & Early Intervention (PEI). She stated that, according to MHSA regulations known as 1004, 50% of mental illnesses begin by age 14. She referenced adverse childhood experiences as factors for the increased likelihood of developing a mental illness. She noted that PEI programs have major cost benefit: every \$1 invested in PEI yields \$2 to \$10 in savings.</p> <p>Ms. Sahota reviewed the MHSA Planning Summary FY 20/21 through 22/23 & Update to FY 19/20. She noted that the MHSA team will hold three community input sessions in January, prior to writing the final report. This will be followed by a 30-day public comment period and a presentation to the Board of Supervisors (BOS) for their approval before sending the report to the state by June 2020.</p> <p>The MHSA team has reviewed the results of the Community Mental Health Needs Assessment done in 2018, the County and state priorities, and regulatory priorities. Under Community Support Services, 51% of MHSA funds must be spent on Full Service Partnership (FSP) programs spread over all four age groups (children, Transitional Age Youth, adult, and older adults).</p> <p>Ms. Sahota noted that all the programs should have performance indicators.</p> <p>Claudia Armann shared her satisfaction at seeing the state being flexible with the Innovations funds as far as letting counties implement programs from other communities. She requested that the project implemented in Sacramento and referenced in Ms. Haffner's letter be looked at for possible local implementation.</p> <p>B. Medical Screening/Psychiatric Emergency Service (PES) vs. Crisis Stabilization Unit (CSU), Emergency Room (ER)</p> <p>Mr. Harris stated that VCBH does not know how many IPU beds are needed because it is unknown what happens with evaluations done in emergency rooms. Dr. Schipper, on behalf of Dr. Johnson, noted that a CSU is a level of care onto itself. Data consistently show that CSUs help a majority of patients avoid hospitalization; the number of needed IPU beds becomes apparent with an adequate job at the CSU level of treatment. Dan Powell, IPU/CSU Mental Health Operations Supervisor, noted that the IPU psychiatrist walks every day to the Ventura County Medical Center (VCMC) emergency department to assess and evaluate as well as help disposition psychiatric patients; an IPU psychiatric nurse also provides support in the Emergency Department. The CSU is closely modeled after the Alameda model. About 30% of people who are assessed in the VCMC CSU are subsequently hospitalized at the IPU. Dr. Schipper noted that during meetings of the Hospital Association of Southern California VCBH has repeatedly requested that the emergency rooms share information on the patients they receive on a 5150 involuntary hold.</p> <p>Mr. Powell noted that VCMC had sought initially to open a Psychiatric Emergency Service (PES), but the local licensing agency made it clear that VCMC could not have two emergency services on the same campus. A PES and a CSU provide mostly the same services.</p> <p>Mr. Harris noted that the CSU cannot accept referrals from law enforcement and cannot do medical screenings. Mr. Powell explained that VCMC wants to do medical screenings at the CSU, which will be easier once more chairs are added to the CSU, bringing an increase in the number of nursing staff. Law enforcement take individuals placed on an involuntary hold to the local emergency department for a medical screening exam required by the local licensing agency, a process that usually takes about 15 minutes. Dr. Schipper stated that there is a need for about 20 CSU chairs, possibly split in two or three locations in the county, and have public-private partnerships to operate them.</p> <p>Mr. Harris referred to a document shared by Mary Haffner called Delayed and Deteriorating, regarding boarding in emergency departments. See attached.</p>		

	<p>Ms. Armann asked about legislation that would address the possibility of opening a PES at VCMC; Mr. Powell was unsure. Mr. Harris stated that legislation is not needed as California Department of Public Health can grant exemptions.</p> <p>Supervisor Parks voiced interest in finding out about people who are diverted from the IPU because of physical issues that manifest as a mental illness. Mr. Powell noted the extremely low rate of people who need physical rather than psychiatric care.</p> <p>Ms. Haffner asked for the number of psychiatric beds and step-down options that would be needed if the CSU operated effectively. Mr. Powell noted that the CSU has been operating efficiently; even with the CSU and IPU expansion, a sufficient number of beds and additional step-down options are needed.</p> <p>Mr. Powell noted that the IPU can usually handle conservatorship hearings quickly through an on-site mental health court. However, it can be challenging to find appropriate psychiatric beds, especially in locked facilities. The Crisis Residential Treatment (CRT) has been a great step-down, and collaboration between IPU and CRT is excellent.</p> <p>Mr. Powell noted that the CSU has a dedicated psychiatrist on site 12 hours a day and on call 12 hours at night. Most CSUs in California do not have a psychiatrist on site for as many hours as VCMC CSU does; a few have no psychiatrist on site at all, they use telepsychiatry.</p> <p>Mr. Harris noted that things have improved at the IPU and thanked Mr. Powell for this.</p>		
XIII.	<p>Old Business</p> <p>A. Future Presentations</p> <p>Mr. Bhavnani noted that the January meeting will include a presentation on IPU/CSU and the Rapid Integrated Support and Engagement (RISE). In February, Mr. Foley will give an update on the Health Care Agency and Supervisor Parks will give a presentation on the Task Force on Mental Health and Safety, similar to the one that will be given during the January 21st Board of Supervisors meeting in Thousand Oaks.</p> <p>B. Future Recognitions</p> <p>Mr. Bhavnani noted that the Crisis Intervention Team (CIT) Awards will be presented in January, and Arcenio Lopez of MICOP will receive a recognition at the February meeting. Supervisor Parks suggested recognizing St. John's Hospital for its efforts to open its own CSU.</p>		
XIV..	<p>Contracts</p> <p>Ms. Bhavnani 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>A. Board of Supervisors Approved Agreements – October 15, 2019</p> <ol style="list-style-type: none"> 1. Fiscal Year (FY) 2018-21 Evalcorp First Amendment and FY 2019-22 Ventura County Office of Education (VCOE) Agreement 2. FY 2019-20 Oxnard School District (OSD) Memorandum of Agreement (MOA) <p>No questions were asked.</p>		
XV.	<p>Public Comments</p> <p>None.</p>		
XVI.	<p>Adjourn</p> <p>Mr. Bhavnani wished all a happy Holiday Season. The meeting adjourned at 3:32 p.m.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2019-20	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	e	X							
District 2	1/8/19 – 1/7/22	Jamie Banker	e	e	X	X	X							
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X							
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	e	X	X							
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X							
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X		X							
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X							
LE	9/10/19 – 9/10/22	Capt. James Fryhoff	X	X	e	e	e							
District 5	10/17/17 – 9/23/20	Monique Garcia	e	X	X	X								
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X							
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X	X	X							
District 4	9/17/19 – 9/9/17/22	Jerry Harris	x	X	X	X	X							
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	e	X	X	X	X							
District 4	9/18/18 – 9/17/21	Denise Nielsen		e	X	X	X							
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X		X	X							
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	e	X	X							
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X	X	e	X	X							
District 2	9/17/19 – 9/16/22	Carol Thomas				X	X							
District 5	1/10/17 – 1/10/20	Marlen Torres	X	e	X		e							
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X							
District 4		vacant												
District 5		vacant												

Present = X

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

CONDADO DE VENTURA DEL COMPORTAMIENTO SALUD ASESOR JUNTA

REUNIÓN GENERAL

MINUTOS

18 de noviembre de 2019

SIGUIENTE JUNTA:

Lunes 27 de enero de 2020

1:00 pm - 3:30 pm

Administración de Salud del Comportamiento del Condado de
Ventura
1911 Williams Drive , Sala de entrenamiento ♦ Oxnard, CA 93036

Nota: La Junta Asesora de Salud del Comportamiento aún no ha aprobado estas actas. Puede haber adiciones / eliminaciones o correcciones antes de que las actas se acepten en forma final.

Miembros BHAB presentes

Claudia Armann

Jamie Banker

Ratan Bhavnani, ^{1er} Vicepresidente

Nancy Borchard

Gerentes y personal presente de Ventura County Behavioral Health (VCBH)

Dr. John Schipper, Jefe de División de Adultos

Hilary Carson, MHSA

Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas

Gane Brooking , 2nd Vicepresidente
 Kevin Clerici
 Margaret Cortese
 Janis Gardner, presidente
 Mary Haffner
 Jerry Harris, presidente emérito
 Patricia Mowlavi
 Denise Nielsen
 Supervisora Linda Parks
 Gina Petrus , Secretaria
 Joe S. Ramirez , miembro en general
 Carol Thomas
 Sheri Valley

Jennifer Dougherty, Gerente de la División de Juventud y Familia
 Leisa Donovan, Gerente Fiscal
 Narcisa Egan, Subdirectora Financiera
 Kiran Sahota, Gerente de MHSA
 Terri Yáñez, Jefe de División Administrativa
 Edith Pham, Asistente BHAB

Miembros de BHAB ausentes

Capitán James Fryhoff
 Monique Garcia
 Marlen Torres

Otros presentes

Lucrecia Campos-Juárez, Clínicas del Camino Real
 Sally Harrison, Oficina Ejecutiva del Condado
 Shar Busch, Salud Pública del Condado de Ventura
 Stuart Fiedler, red de clientes
 Kevin Janeway, red de clientes
 Roberta Griego , NAMI
 Jerry Weaver
 Dan Powell, VCMC IPU / CSU
 Mark Schumacher, Fundación Turning Point
 Maya Lazos , Hospital Psiquiátrico Vista del Mar
 Jennifer Goble, Clínicas del Pacífico
 Scott Walker, equipo de intervención en crisis
 Dawn Anderson, Oficina de Educación del Condado de Ventura
 Cindy Doutt , Teleasistencia

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar Presidente Gardner llamó la reunión a las 1: 03 pm Kiran Sahota le d la audiencia en recitar el juramento de lealtad a la bandera de Estados Unidos.		

II	<p>Aprobación de la agenda La Sra. Gardner le pidió a la Junta que revisara y aprobara la agenda de hoy. Señaló que el Sr. William Foley necesita irse temprano, y solicitó subir su Actualización (ítem IX), justo después de Welcom e Introductions (ítem IV). Kevin Clerici hizo una moción para aprobar la agenda enmendada, Gane Brooking secundó. La moción fue aprobada y Jerry Harris se abstuvo .</p>	El orden del día fue aprobado en su forma enmendada . M / S / C	
III.	<p>Aprobación del acta La Sra. Gardner solicitó a la Junta que revise y apruebe las actas de la reunión del 21 de octubre de 2019 . Margaret Cortese hizo la moción para aprobar, Nancy Borchard la secundó. La moción fue aprobada por unanimidad.</p>	Las actas fueron aprobadas tal como están escritas. M / S / C	
IV.	<p>Bienvenida y Presentaciones La Sra. Gardner dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran . Ella notó que Ratan Bhavnani presidirá la reunión después de que ella se vaya a las 2:00 pm. Agradeció a los miembros de la junta por su trabajo y les deseó a todos unas felices vacaciones .</p>		
IX.	<p>Actualización de la Agencia de Atención Médica (HCA) - William Foley, Director de HCA El Sr. Foley proporcionó una actualización sobre la Agencia de Atención Médica. Señaló que HCA está trabajando en un proceso estratégico e involucrará a varios grupos, incluido el BHAB. Destacó algunas de las iniciativas clave ; ver adjunto para más detalles.</p> <p>HCA está trabajando para expandir el acceso a los servicios y mejorar la integración de la salud conductual y los trastornos por uso de sustancias con C primaria . HCA está trabajando con la Asociación de Hospitales del Sur de California para abordar la escasez de camas psiquiátricas para pacientes hospitalizados. Como señaló el Oficial Ejecutivo del Condado Michael Powers en su actualización durante la Reunión General de octubre , el Condado está buscando trabajar en colaboración con las partes interesadas, incluido el BHAB, en la Exención de Exclusión de la Institución para Enfermedades Mentales (IMD) .</p> <p>En respuesta a las preguntas de Mary Haffner, el Sr. Foley señaló que la Unidad de observación planificada es para pacientes médicos o quirúrgicos que requieren una estadía de menos de 24 horas. Además, HCA está utilizando dos documentos: la Evaluación de necesidades de salud mental comunitaria de VCBH y la Evaluación de necesidades de salud comunitaria del condado de Ventura. La Sra. H affner preguntó acerca de una de las dos principales necesidades de salud identificadas , " Reducir el impacto de los problemas de comportamiento " y una declaración en la Evaluación que indica que el Condado no planea abordar esta necesidad . Kiran Sahota, Gerente de la Ley de Servicios de Salud Mental (MHSA), al ser invitado a hablar sobre esto, explicó que no todas las necesidades identificadas podrían ser atendidas por HCA porque otras agencias, como la Agencia de Servicios Humanos y Libertad Condicional, deben estar involucradas. El Sr. Foley y la Sra. Haffner acordaron que la colaboración entre agencias es importante.</p> <p>En respuesta a la pregunta s del señor Bhavnani y Haffner sobre las oportunidades de asociación, el Sr. Foley señaló que el HCA está determinando actualmente el costo de la ampliación de los servicios en la Unidad de Hospitalización Psiquiátrica (UIP) y la Unidad de Estabilización de Crisis (CSU). HCA también planea reunirse con otros hospitales que comparten los mismos problemas que el Centro Médico del Condado de Ventura (VCMC) con respecto a los departamentos de emergencia (DE) afectados por pacientes con problemas de salud del comportamiento. El Sr. Foley propuso regresar después del primero de año para dar una actualización sobre el plan y el enfoque de HCA a los otros hospitales. Señaló que este es el mismo plan al que se refirió el Sr. Powers. Se buscarán datos sobre el número de pacientes llevados a la sala de urgencias en espera involuntaria y el tiempo de tratamiento / transferencia. El Dr. John Schipper, Jefe de la División de Servicios para Adultos VCBH, señaló que el Hospital de San Juan está buscando socios y una ubicación para su propio CSU, con la esperanza de apertura en Fal l 2020.</p>		

	<p>Joe S. Ramirez señaló que la iniciativa Blue Ribbon en Santa Paula se está fortaleciendo e incluye asociaciones con miembros de la comunidad y agencias. H e agradece que el Condado se ocupa de cuestiones relacionadas con las necesidades de los latinos de la comunidad .</p>		
V.	<p>Comentarios públicos</p> <p>Stuart Fiedler compartió su opinión de que las cosas mejorarían si el público conociera el código 19280 de la Junta de Impuestos de Franquicias, que responsabiliza financieramente a los delincuentes . Describió su experiencia personal con la policía de Port H ueneme y la Oficina del Sheriff.</p> <p>Kevin Janeway notó que había visitado un centro de enfermería especializada (SNF) en Oxnard, lo que le dio la idea de abordar la falta de camas psiquiátricas. Sugirió tener una colaboración entre los SNF que tienen camas disponibles , y que los psiquiatras brinden servicios allí.</p>		
VI.	<p>Presidente 's Informe - Janis Gardner</p> <p>A. La Sra. Haffner fue honrada en Diversity Collective por su servicio.</p> <p>B. El 7 de noviembre se celebró un monumento en el Jardín de Curación para las víctimas del tiroteo en el límite. Una parte de la autopista 101 ahora lleva el nombre del sargento. Ron HELUS . El supervisor Parks señaló que Growing Works donó plántulas al Jardín de Curación.</p> <p>C. La asambleísta Jacqui Irwin y otros , en coordinación con VCBH, organizaron un evento para jóvenes con el objetivo de reducir el estigma y aumentar el bienestar mental.</p> <p>D. En October 15 la Junta de Supervisores (BOS) aprobó la prohibición de la marihuana y dirigió la oficina y VCBH del Sheriff para preparar una enmienda para añadir el cannabis a la Ordenanza Anfitrión Social.</p> <p>E. Según Mark Stadler, del Equipo de Intervención de Crisis, se han iniciado conversaciones tempranas sobre la viabilidad de abrir una instalación de sobriedad .</p> <p>F. El 19 de noviembre, el BOS considerará nombrar a Michael Rodríguez para el BHAB.</p> <p>El Sr. Bhavnani proporcionó información breve sobre:</p> <p>A. Oportunidad de empleo en relación con el Censo 2020;</p> <p>B. Un foro el 22 de noviembre en Los Ángeles: los compañeros transforman el sistema de salud conductual;</p> <p>C. Una tutela M ent junta tórica M EUNIÓN el 23 de noviembre en Los Ángeles;</p> <p>D. La fiesta navideña de NAMI el 10 de diciembre en Oxnard;</p> <p>E. Un Holiday Wish Drive conducido por Aspiranet, un proveedor de VCBH;</p> <p>F. Un informe del Auditor del Estado titulado "Jóvenes sin hogar".</p>		
VII.	<p>Comentarios de los miembros de la Junta y Anuncios</p> <p>Nancy Borchard preguntó sobre la posibilidad de tener una reunión especial para redactar una recomendación sobre el IMD Exclusion W aiver. El supervisor Parks no creyó que fuera necesario y sugirió agregar a la agenda de enero de 2020 una discusión sobre si celebrar una reunión especial o establecer un grupo de trabajo centrado en la exención de exclusión de IMD . La Sra. Gardner señaló que el proceso de las partes interesadas está abierto hasta el 24 de febrero de 2020. El Sr. Bhavnani señaló que tanto el Sr. Powers como el Sr. Foley han dicho que habrá un proceso de las partes interesadas ; se sugirió que esperar para obtener más información o n antes de añadir la discusión de la agenda.</p> <p>La Sra. Haffner señaló que no ha recibido una respuesta a su consulta al CEO Powers en cuanto a la cantidad de personas que acuden a los departamentos de emergencia en espera involuntaria y cuánto tiempo esperan para recibir tratamiento o traslado . También señaló que ha escrito una carta a la Junta de Supervisores ; Es preguntó lo que BHAB miembros no habían recibido y declaró que enviaría a ellos. Agregó que durante sus cuatro años en el BHAB, ha estado observando la administración y la priorización de los servicios. Ella siente que hay una brecha significativa en la continuidad de la atención de los servicios para las personas que sufren de las enfermedades mentales crónicas más graves y debilitantes.</p>		

	<p>Claudia Armann agradeció a la Sra. Haffner por su carta , que reúne mucha información y aumenta la urgencia . La Sra. Armann señaló que asistió a la Gala Colectiva de Diversidad. La sorprendió el mayor riesgo de depresión y suicidio entre la comunidad LGBTQ. Invertir en programas para ellos es una estrategia de prevención.</p> <p>Gane Brooking agradeció a la Sra. Haffner por armar la carta.</p> <p>Gina Petrus declaró que la semana anterior asistió a una conferencia llamada Abordar la violencia escolar dirigida . El FBI participó. El FBI y el Servicio Secreto tienen mucha información y recursos en sus sitios web , incluidas estadísticas e ideas sobre cómo abordar este problema.</p> <p>Jerry Harris señaló que tenía la intención de solicitar que el punto XII.B fuera eliminado de la agenda ; él no lo hizo porque hubiera tenido tiempo lejos de Foley; en cambio, se abstuvo de aprobar la agenda . Hubo una discusión sobre la carta de la Sra. Haffner y el proceso de finalizar la agenda de la Junta General.</p> <p>El Sr. Bhavnani compartió tres artículos de Los Angeles Times sobre la falta de instalaciones de Board & Care. Ver adjunto.</p> <p>La Sra. Gardner se fue y puso al Sr. Bhavnani , Primer Vicepresidente, a cargo de la reunión.</p>		
VIII	<p>Comité BHAB s y grupos de trabajo Informes</p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Sra. Borchard señaló que el comité escuchó una presentación sobre servicios gratuitos para veteranos en Los Ángeles, incluida la teleconsejería . El comité discutió las opciones de alojamiento y colocación. Kiran Sahota presentó sobre el Plan trienal de MHSA.</p> <p>B. Comité de Prevención - Janis Gardner, Presidenta En ausencia de la Sra. Gardner, la Sra. Armann señaló que el comité finalizó su Informe Anual en octubre. Este mes, escuchó una presentación sobre el Plan Trienal de MHSA.</p> <p>C. Comité de Transitional Age Youth (TAY) - Margaret Cortese , Presidenta El comité no se reunió en octubre. Se reunirá esta semana 21 de noviembrest .</p> <p>D. Comité de Juventud y Familia - Denise Nielsen, Presidenta El comité escuchó una presentación sobre Barrios para el Aprendizaje, una cooperación entre la interfaz y la Primera 5. Se ofrece un programa de crianza positiva (Triple P) clases; Ver volante. La Sra. Haffner señaló que First 5 ha perdido algo de fondos pero es un programa maravilloso.</p> <p>E. Grupo de trabajo Lanterman, Petris, corto (LPS) - Jerry Harris , presidente El grupo de trabajo se reunirá este día para revisar los datos proporcionados por Dan Powell de la UIP y por la Asociación de Hospitales del Sur de California con respecto a salas de emergencia y pacientes psiquiátricos.</p>		
X.	<p>Presentación: Actualización Fiscal y Discusión de VCBH - Leisa Donovan, Gerente Fiscal</p> <p>La Sra. Donovan señaló que los números incluidos en su presentación de PowerPoint son preliminares, ya que son un Informe Financiero Anual previo completo. Se distribuyó un folleto de la estimó el año fiscal 2018-19 Y oído: Fin Resultados; ver adjunto. Señaló que el 43% de los fondos provienen del estado, mientras que el 36% proviene del gobierno federal. Es difícil desglosar los servicios por grupos de edad, ya que no hay una manera de informar específicamente sobre el costo de los servicios prestados a adultos y niños.</p>		

	<p>Me n respuesta a la pregunta s del Supervisor de Parques, Sra. Donovan señaló que las directrices son muy específicos sobre cómo se pueden utilizar los fondos MHSA PEI. Estos fondos no pueden utilizarse para los enfermos mentales graves y persistentes (SPMI). Además, los programas provistos en las escuelas son reembolsados por Medi-Cal y por el Área del Plan Local de Educación Especial (SELPA).</p> <p>Mary Haffner solicitó una aclaración sobre la posibilidad de que los enfermos mentales graves y persistentes (SPMI) puedan utilizar los fondos de prevención e intervención temprana (PEI) de MHSA. Ella habló a favor del uso de fondos PEI para personas con enfermedades mentales graves antes de que su enfermedad se vuelva incapacitante. La supervisora Parks expresó su interés en investigar esto. Kiran Sahota , gerente de MHSA, explicó que los fondos de prevención son para evitar que las enfermedades mentales se vuelvan graves y debilitantes ; Una vez que las personas cruzan el umbral para el tratamiento, se convierte en Servicios de apoyo comunitario (CSS) . Bajo intervención temprana , los servicios de tratamiento están limitados a 18 meses. La Sra. Haffner preguntó sobre el uso de fondos PEI para clientes que se presentan a las salas de emergencias que exhiben psicosis. La Sra. Sahota señaló que la detección temprana y la intervención para la prevención de la psicosis (EDIPP) se centran en las personas antes de que tengan su primer descanso y síntomas prodrómicos.</p> <p>El Sr. Harris expresó interés en descubrir cuál es el aumento en los contactos y clientes no duplicados como resultado de la expansión de Medi-Cal en 2014. La Sra. Donovan acordó investigar esto.</p>	<p>Datos de investigación sobre los efectos de Medi-Cal expandido</p>	<p>L. Donovan</p>
<p>XI</p>	<p>Informe del Secretario - Gina Petrus</p> <p>A. Hay una vacante en el Distrito 4. Se alienta a las personas con experiencia vivida a postularse.</p> <p>B. El mandato de Marlen Torres expirará en enero de 2020 , y ha expresado su interés en buscar una nueva designación.</p> <p>C. Se les pide a los miembros de BHAB que no pueden asistir a una reunión general o del comité que informen tanto a la Sra. Petrus como a Edith Pham ya que la Sra. Petrus ahora mantendrá un registro de la asistencia.</p>	<p>Contacte al Secretario y al Asistente de BHAB cuando no pueda asistir a una reunión</p>	<p>Todos los miembros de BHAB</p>
<p>XII</p>	<p>Nuevo negocio</p> <p>A. Actualización y discusión del plan trienal de la Ley de servicios de salud mental (MHSA) - Kiran Sahota</p> <p>Dawn Anderson, en un comentario público, enfatizó la importancia de la prevención e intervención temprana de MHSA (PEI). Dijo que , de acuerdo con las regulaciones de la MHSA conocidos como 1004 , el 50 % de las enfermedades mentales es comenzar por los 14 años que hace referencia a las experiencias adversas en la infancia como factores para el aumento de la probabilidad de desarrollar una enfermedad mental. Señaló que los programas de PEI tienen un beneficio de costo importante: cada \$ 1 invertido en PEI produce \$ 2 a \$ 10 en ahorros.</p> <p>La Sra. Sahota revisó el Resumen de planificación de MHSA del año fiscal 20/21 al 22/23 y la actualización al año fiscal 19/20. Ella señaló que el equipo MHSA llevará a cabo tres sesiones de entrada de la comunidad en enero, antes de la elaboración del informe final. Esto será seguido por un período de comentarios públicos de 30 días y una presentación ante la Junta de Supervisores (BOS) para su aprobación antes de enviar el informe al estado en junio de 2020.</p> <p>El equipo de MHSA ha revisado los resultados de la Evaluación de necesidades de salud mental de la comunidad realizada en 2018, las prioridades estatales y del condado , y las prioridades regulatorias . Bajo los Servicios de Apoyo Comunitario, el 51% de los fondos de MHSA deben gastarse en programas de Asociación de Servicio Completo (FSP) distribuidos en los cuatro grupos de edad (niños, jóvenes en edad de transición, adultos y adultos mayores).</p>		

La Sra. Sahota señaló que todos los programas deberían tener indicadores de desempeño.

Claudia Armann compartió su satisfacción al ver que el estado es flexible con los fondos de Innovations en cuanto a permitir que los condados implementen programas de otras comunidades. Ella solicitó que el proyecto implementado en Sacramento y mencionado en la carta de la Sra. Haffner sea considerado para una posible implementación local.

B. Evaluación médica / Servicio de emergencia psiquiátrica (PES) vs. Unidad de estabilización de crisis (CSU), sala de emergencias (ER)

El Sr. Harris declaró que VCBH no sabe cuántas camas de IPU se necesitan porque no se sabe qué sucede con las evaluaciones realizadas en las salas de emergencia .

El Dr. Schipper, en nombre del Dr. Johnson, señaló que una CSU es un nivel de atención en sí mismo. Los datos muestran consistentemente que las CSU ayuda la mayoría de los pacientes a evitar hospitalización; el número de camas de IPU necesarias se hace evidente con un trabajo adecuado en el nivel de tratamiento de CSU . Dan Powell, Supervisor de Operaciones de Salud Mental de la UIP / CSU, señaló que el psiquiatra de la UIP camina todos los días al departamento de emergencias del Centro Médico del Condado de Ventura (VCMC) para evaluar y evaluar, así como para ayudar a la disposición de los pacientes psiquiátricos ; una enfermera psiquiátrica de la UIP también brinda apoyo en el Departamento de Emergencias . La CSU está estrechamente modelada según el modelo de Alameda . Alrededor del 30% de las personas que son evaluadas en la UCSC VCMC son hospitalizadas posteriormente en la UIP.

El Dr. Schipper señaló que durante las reuniones de la Asociación de Hospitales del Sur de California, VCBH ha solicitado reiteradamente que las salas de emergencia compartan información sobre los pacientes que reciben en una detención involuntaria 5150 .

Powell señaló que VCMC había intentado inicialmente abrir un Servicio de Emergencia Psiquiátrica (PES), pero la agencia local de licencias dejó en claro que VCMC no podía tener dos servicios de emergencia en el mismo campus. Un PES y una CSU proporcionan principalmente los mismos servicios.

El Sr. Harris señaló que la CSU no puede aceptar referencias de la policía y no puede realizar exámenes médicos. Powell explicó que VCMC quiere hacer exámenes médicos en la CSU, lo que será más fácil una vez que se agreguen más sillas a la CSU , lo que aumentará la cantidad de personal de enfermería . Las fuerzas del orden público llevan a los individuos en espera involuntaria al departamento de emergencias local para un examen de detección médica requerido por la agencia local de licencias, un proceso que generalmente toma alrededor de 15 minutos. El

Dr. Schipper declaró que se necesitan alrededor de 20 presidentes de CSU, posiblemente divididos en dos o tres ubicaciones en el condado, y tener asociaciones público-privadas para operarlos.

El Sr. Harris se refirió a un documento compartido por Mary Haffner llamado Demorado y Deterioro , con respecto al abordaje en los departamentos de emergencia. Ver adjunto.

La Sra. Armann preguntó sobre la legislación que abordaría la posibilidad de abrir un PES a t VCMC; El Sr. Powell no estaba seguro . El Sr. Harris declaró que no se necesita legislación ya que el Departamento de Salud Pública de California puede otorgar exenciones.

El supervisor Parks expresó su interés en conocer a las personas que se desvían de la UIP debido a problemas físicos que se manifiestan como una enfermedad mental. Powell señaló la tasa extremadamente baja de personas que necesitan atención física en lugar de atención psiquiátrica .

La Sra. Haffner solicitó la cantidad de camas psiquiátricas y las opciones de reducción que serían necesarias si la CSU funcionara de manera efectiva. El Sr. Powell señaló que la CSU ha estado operando eficientemente; Incluso con la

	<p>expansión CSU e IPU , se necesita un número suficiente de camas y opciones adicionales de reducción.</p> <p>Powell señaló que la UIP generalmente puede manejar audiencias de tutela rápidamente a través de un tribunal de salud mental en el lugar . Sin embargo, puede ser un desafío encontrar camas psiquiátricas adecuadas , especialmente en instalaciones cerradas . T él Crisis Tratamiento Residencial (CRT) ha sido un gran paso hacia abajo , y la colaboración entre la UIP y CRT es excelente.</p> <p>Powell señaló que la CSU tiene un psiquiatra dedicado en el sitio 12 horas al día y de guardia 12 horas por la noche. La mayoría de las CSU en California no tienen un psiquiatra en el sitio durante tantas horas como lo hace VCMC CSU ; unos pocos no tienen psiquiatra en el sitio , usan telepsiquiatría.</p> <p>El Sr. Harris señaló que las cosas han mejorado en la UIP y agradeció al Sr. Powell por esto .</p>		
XII	<p>Viejo negocio</p> <p>I.</p> <p>A. Future Presentations</p> <p>El Sr. Bhavnani señaló que la reunión de enero incluirá una presentación sobre IPU / CSU y el Compromiso y Apoyo Rápido Integrado (RISE). En February, Foley le dará una actualización sobre la Agencia y Cuidado de la Salud Supervisor de Parques dará una presentación sobre el Grupo de Trabajo de Salud Mental y de seguridad , similar a la que se da durante el de enero de 21 de st Junta de Supervisores reunión en Thousand Oaks.</p> <p>B. Reconocimientos futuros</p> <p>El Sr. Bhavnani señaló que los Premios del Equipo de Intervención de Crisis (CIT) se entregarán en enero, y Arcenio López de MICOP recibirá un reconocimiento en la reunión de febrero.</p> <p>El supervisor Parks sugirió reconocer al St. John's Hospital por sus esfuerzos para abrir su propia CSU.</p>		
XIV	<p>Contratos</p> <p>La Sra. Bhavnani alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que la Junta de Supervisores aprobó durante el mes anterior (ver Resumen Ejecutivo para más detalles):</p> <p>A. Acuerdos aprobados de la Junta de Supervisores - 15 de octubre de 2019</p> <ol style="list-style-type: none"> 1. Año fiscal (año fiscal) 2018-21 Evalcorp Primera enmienda y año fiscal 2019-22 Acuerdo de la Oficina de Educación del Condado de Ventura (VCOE) 2. Memorando de Acuerdo (MOA) del Distrito Escolar Oxnard (OSD) para el año fiscal 2019-20 <p>No se hicieron preguntas.</p>		
XV	<p>Comentarios públicos</p> <p>Ninguna.</p>		
XVI	<p>Aplazar</p> <p>El Sr. Bhavnani deseó a todos una feliz temporada navideña. Se levanta la sesión a las 3:32 p. M.</p>		

Junta Asesora de Salud del Comportamiento GENERAL Asistencia a la reunión

2019-20	Condiciones	Miembros	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Distrito	11/03/18 -	Claudia	X	X	X	mi	X							

1	10/03/21	Armann																	
Distrito 2	1/8/19 - 1/7/22	Jamie Banker	mi	mi	X	X	X												
Distrito 2	24/02/19 - 23/02/22	Ratan Bhavnani	X	X	X	X	X												
Distrito 3	27/01/18 - 26/01/21	Nancy Borchard	X	X	mi	X	X												
Distrito 3	13/1/19 - 1/12/22	Gane Brooking	X	X	X	X	X												
Distrito 1	10/7/18 - 10/6/21	Kevin Clerici	X	X	X		X												
Distrito 5	1/11/18 - 1/10/21	Margaret Cortese	X	X	X	X	X												
LE	9/10/19 - 9/10/22	Capitán James Fryhoff	X	X	mi	mi	mi												
Distrito 5	17/10/17 - 23/09/20	Monique Garcia	mi	X	X	X													
Distrito 3	15/4/18 - 14/04/21	Janis Gardner	X	X	X	X	X												
Distrito 1	8/4/18 - 4/7/21	Mary Haffner	X	X	X	X	X												
Distrito 4	17/9/19 - 9/9/17/22	Jerry Harris	X	X	X	X	X												
Distrito 2	14/03/17 - 14/03/20	Patricia Mowlavi	mi	X	X	X	X												
Distrito 4	18/09/18 - 17/09/21	Denise Nielsen		mi	X	X	X												
BOS	1/1/19 - 31/12/21	Supervisora Linda Parks	X	X			X	X											
Distrito 1	8/05/18 - 7/5/21	Gina Petrus	X	X	mi	X	X												
Distrito 3	4/9/19 - 12/1/20	Joe S. Ramirez	X	X	mi	X	X												
Distrito 2	17/09/19 - 16/09/22	Carol Thomas					X	X											
Distrito 5	1/10/17 - 1/10/20	Marlen Torres	X	mi	X			mi											
Distrito 4	6/2/18 - 2/6/21	Sheri Valley	X	X	X	X	X												
Distrito 4		vacante																	
Distrito 5		vacante																	

Presente = X

Supervisor del Distrito 1 Bennett
 Parques Supervisores del Distrito 2
 Supervisor del Distrito 3 Largo
 Supervisor del Distrito 4 Huber
 Supervisor del Distrito 5 Zaragoza

Junta General de BHAB - 18 de noviembre de 2019



BEHAVIORAL HEALTH ADVISORY BOARD

BILL FOLEY, HCA DIRECTOR

NOVEMBER 18, 2019

Key Initiatives

- Improve access
- Expanded integrated primary care
 - Behavioral health integration to address mental health and substance abuse
- Revenue Cycle Optimization
- Open Observation Unit to decompress ED and enhance inpatient bed utilization
- Increase referrals to Santa Paula Hospital through community outreach and collaborative partnerships with clinics and providers



Key Initiatives

- Examine partnership opportunities to expand beds in the Inpatient Psychiatric Unit and Crisis Stabilization Unit
- Service line development for key service lines, including:
 - Vascular
 - Perinatology
 - Gastroenterology
 - Oncologic Surgery
 - SPH Midwives
- Develop Post-Acute Care plan
- Increase employment engagement



3



THANK YOU!





The California Employment Development Department

In cooperation with the

America's Job Center of California

Announce an

EMPLOYMENT OPPORTUNITY

with

U.S. Census Bureau

Company Representatives will be on-site to provide information and answer questions.

Tuesday, November 19, 2019

12:00 pm - 2:00 pm

America's Job Center of California in Oxnard
2901 N. Ventura Road, Third Floor, Oxnard CA

REQUIREMENTS PRIOR TO APPLYING

- Must be registered in CalJOBSSM at www.caljobs.ca.gov.
- Review Job Order for complete information about available positions.
- Call 805-288-8400 to be scheduled for an interview.

AVAILABLE POSITIONS

- 2020 Census Takers (Ventura County)
- \$15.00/hr - \$22.00/hr
- CalJOBS Job Order # 16740232
- See additional job listings for U.S. Census Bureau in CalJOBSSM.

ADDITIONAL INFORMATION

Meet with representatives from the U.S. Census Bureau for an informational session on the application and hiring process. Other positions: Clerical Workers, Outreach Workers, Office Aides, Supervisory and Non-Supervisory roles. 2020census.gov/jobs

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made prior to the event by calling [805-288-8400](tel:805-288-8400) (voice). TTY users, please call the California Relay Service at 711.



LA REGIONAL FORUM 11/22/19

PEERS TRANSFORM THE BEHAVIORAL HEALTH SYSTEM

WHERE? Los Angeles County Region: venue at online registration

WHEN? Friday, November 22, 2019; 9:30 am- 3:30 pm **DATE CHANGE**
(Sign- in & Networking at 9:00 am)

HOW TO REGISTER?* Forum Attendance Requires Online Registration:
<https://camhpro-la-region-forum-nov-22-2019-peer-support.eventbrite.com>

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NAMI San Fernando Valley and NAMI Los Angeles invite you to a

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November 23, 2019 (Saturday)

1:00 PM to 6:00

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Room A&D**

You are invited to join us for the LPS Conservatorship Mentoring Meeting program. The program is designed to provide guidance and a greater understanding of the involuntary mental health treatment AKA the LPS Conservatorship, for your loved one's mental health recovery. We will discuss various treatment programs that may be more suitable for the recovery of your love one, how to acquire resources for treatment, and obstacles you may encounter when seeking treatment.

Parking at the Kaiser Permanente Hospital facility is free.

No Reservations are necessary and the program is free.—just join us.

Pizza will be served at 5:00 so you can enjoy camaraderie and ask questions.

I do hope that you will be able to join us for this most informative meeting and learn how the LPS Conservatorship and other programs can help with mental health recovery.

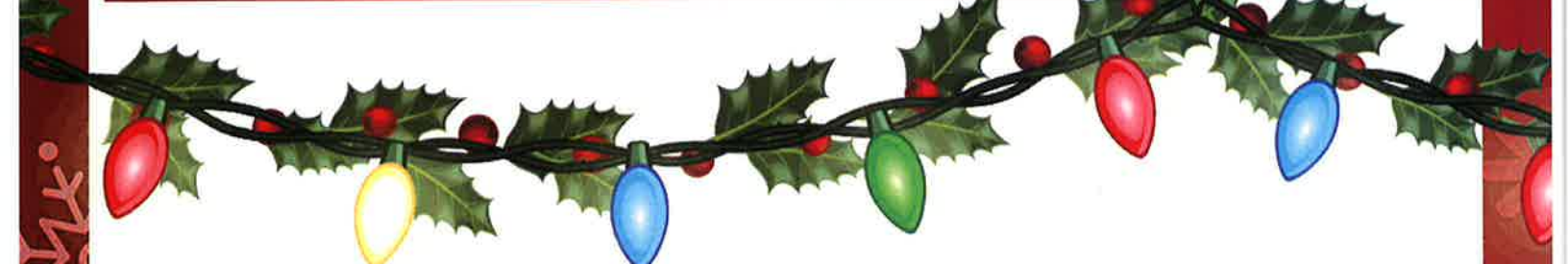
Rosa Alvarez and Elizabeth Stephens , representatives of NAMI Urban LA and NAMI Westside LA will discuss LPS Conservatorship, AOT and FSP programs

Connie Draxler, DMH Deputy Director Public Guardian will discuss the LPS Conservatorship legal court process and procedures

Dr. Amanda Ruiz, MHC Program Manager and Director of Intensive Care Division of DMH will be our guest speaker to keep us abreast of the changes within the mental health system



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November 2019

REPORT 2019-104





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Los Angeles Times

These homes keep L.A.'s most vulnerable from becoming homeless. Now they're closing

By Doug Smith, November 7, 2019

The news came in September: Long Beach Residential, a 49-bed home for adults who are mentally ill, was being sold. The residents of the converted apartment building, some of whom had lived there for decades, would have 60 days to move.

It's a scenario that is becoming increasingly common across California, brought on by a combination of an inadequate state funding system and California's red hot real estate market.

The problem is particularly acute in Los Angeles County, where board-and-care homes are disappearing even as hundreds of millions of dollars are being spent to house homeless people. An April survey estimated that 39 such facilities had closed in the previous three years — eliminating 949 beds out of an estimated 6,100.



Long Beach Residential is a 49-bed home for adults who are mentally ill. Board-and-care homes like it are struggling to stay open, as the state pays them only about half the rate that operators of homeless shelters receive.

The board-and-care crisis is “what keeps me awake at night,” said Jonathan Sherin, director of the Los Angeles County Department of Mental Health. “We haven’t paid attention to it for years. We’ve lost thousands of units.”

The homes — which provide 24-hour staffing, serve three meals a day and administer medication — are for adults with debilitating mental illness who are unable to care for themselves. Most residents are poor as well and, therefore, at high risk of homelessness.

Reimbursement for the services board-and-care homes provide, which is based on state budget allotments and Social Security levels, is currently about \$35 a day per resident.

That rate has fallen so far behind inflation that operators say it is barely enough to cover food and pay their staffs. Some are struggling to maintain aging buildings that are worth more as real estate than as a business.

Earlier this year, the owner of a 70-bed facility in Claremont put her board-and-care up for sale for \$4.3 million. Two years ago, a couple shut down a 100-bed home, demolished it and replaced it with market rate apartments because, they said, they couldn’t afford to keep it open. And apartments are easier to manage.

“You don’t have to come every day,” one of the owners said. “You don’t have to be on the phone 24 hours. You don’t have people harassing you.”

The couple still own a second board-and-care home that they’ve operated for 35 years. They’re hoping for an increase in the reimbursement rate that will allow them to continue, but say they can’t wait much longer.

“If I’m not going to get more money, I’m going to close,” the owner said.

‘A lot of people’ will die

The Times contacted the owners of several board-and-care homes who said they were considering, or were in the process of, closing. Few would speak on the record, citing concerns about alarming their patients and staff or incurring unwanted attention from regulators.

Most were long-term owners who had first-name relationships with their residents, some knowing each other for decades. The owners said they were barely breaking even, and foresaw going into the red when the minimum wage goes up in the city of Los Angeles next July. They are not free to raise their prices, which are set by the state.

If residents are not fortunate enough to find a vacancy at another board-and-care, there is no assurance they will remain housed. Some may be taken back by frazzled families. Others may wind up in unlicensed homes. An unknown number land on the streets, in jail or in mental hospitals.

“I know what it’s like when people die,” said Barbara Wilson, a consultant who lost her own son to mental illness and homelessness. “We’re on the verge of having a lot of people die because of the lack of care.”

In a 2018 report titled “A Call to Action,” Wilson linked the board-and-care closures in L.A. County directly to the homelessness crisis. The homes, the report said, fill a housing niche for a population with disabilities that make them unable to live independently — even in apartments with on-site services.

Caroline Kelly, a former member of the Los Angeles County Mental Health Commission who also had a role in writing the report, said this is especially true for adults with severe mental illness discharged from psychiatric hospitals.

“You have actually made progress and done well, you can’t afford to move anywhere else,” she said. “You live on Social Security income and you don’t qualify for housing because of the rules of who is eligible.”

The report identified eight homes in the county as being at risk of closing. Two of those since have shut down.

Other homes have been converted into lucrative businesses. When the Los Angeles Centers for Alcohol and Drug Abuse bought the 47-bed Eden Manor in South Gate, it scrapped plans to maintain it as a board-and-care and shifted to its core business of treating addiction.

“We couldn’t afford to keep that program open,” said Chris Borden, the agency’s director of operations.

Residents of the home in Long Beach got a reprieve last month when the building’s buyer failed to get financing for the \$3.1-million sale. The owners pulled the facility off the market to stop the eviction process. But 12 residents had already moved, leaving a bigger hole in the budget.

But even more consequential than the loss of beds, said Sherin of the county Department of Mental Health, is the loss of the properties.

“It could take years and years, decades to re-site projects for people who are perennially excluded from our community,” he said.

‘It was a godsend’

Board-and-care homes licensed to serve people who are mentally ill were written into state law in the 1970s as a community alternative to the state mental hospitals that were being closed at the time. The Social Security-based funding led to a mission-driven, low-profit business model.

Advocates say there were never enough of the facilities to serve the population. But there is no official count of board-and-care beds because they are included in a licensing category with homes for people who are developmentally disabled — facilities that are more numerous and better funded by the state.

Adding to the confusion, an unknown number of low-income people with mental illness live in homes for the elderly that are licensed under a different category.

At the request of Los Angeles County, the California Community Care Licensing Division conducted a survey to estimate the number of beds currently available for mentally ill adults. It found that there are about 154 homes in the county still open, with a total capacity of 5,129 beds. The 39 closures over three years represented a 16% decline.

Those facilities range from single-family homes with as few as six beds to apartment buildings with hundreds. Residents commonly share bedrooms and are prompted to take their prescribed medication, though they cannot be forced. Residents are free to come and go as they please.

Some serve families with resources or insurance and charge monthly rates as high as \$10,000.

Most beds, it's not known exactly how many, serve those who can't pay. For them, the reimbursement rate is \$1,058 per month — or about \$35 per day — per bed. It's made up of the resident's Social Security disability payment and a state supplement for out-of-home care set by the annual budget process in Sacramento.

Last year, the Social Security rate went up by about \$20. The state supplement, which was reduced during the Great Recession, hasn't been raised since 2017.

Advocacy groups — including the California Behavioral Health Planning Council and the Steinberg Institute, a nonprofit formed by Sacramento mayor and state homelessness task force co-chair Darrell Steinberg — lobbied unsuccessfully this spring for an \$18-million boost to bring the reimbursement rate to at least \$2,000 per month.

The effort was hampered by a lack of solid data, both on the population being served and on the number of beds in need of the subsidy, said Adriana Ruelas, legislative affairs director for the Steinberg Institute.

Anecdotal evidence since collected by the California State Assn. of Counties and several other agencies suggests that about 40,000 people are eligible to live in board-and-care homes. The advocacy groups plan to try again next year.

Separately, a bill authored by Assemblyman Richard Bloom (D-Santa Monica) would have required the California Department of Social Services to collect data on homes that accept mentally ill adults. The bill was held this year, but likely will be brought back before the state Legislature.

Responding to a mandate by the L.A. County Board of Supervisors, Sherin has recommended additional strategies to address the funding problems. Among them, he said in an Oct. 23 report, would be to treat board-and-care homes as long-term housing so residents could qualify for state rental subsidy programs, such as Section 8, that currently exclude licensed facilities.

“For many people, particularly those with serious persistent mental illness, it's collaborative housing that is long-term,” Sherin told The Times.

Most low-income board-and-care residents are alone in life, having lost all family connections, owners told The Times. But for parents struggling to provide the best life for their grown sons or daughters who are mentally ill, a board-and-care home can feel like salvation.

Lidia Miranda said she knew she could no longer handle her son when he injured himself in a suicide attempt and came home from the hospital in a wheelchair. She turned to Wilson, who recommended getting him into Blake Home, a six-bed board-and-care in Sylmar.

The owner, Catherine Blake, has run the home since the 1980s and is now in her 90s. She's turned the operation over to her son, Sam — in addition to his work as a contractor — who cooks meals, does laundry and maintains the property.

“It was a godsend,” Miranda said. “It was a difficult transition because he was angry with us. He feels like we kicked him out.”

But in less than a year, she said, her son was able to move to a sober living home and eventually into an apartment with on-site services.

The Times reached out to several parents, most of whom asked to remain anonymous, keenly aware of the societal stigma of mental illness.

“Nobody wants to talk about it,” said Wilson, admitting that she hid her son's mental illness from her own mother. “There's huge shame. It's like, what did I do wrong as a parent.”

Sam Blake said he is going to keep the board-and-care home open for residents as long as his mother is alive. But at 71, he doesn't see a long future in the business.

“My niece who helps us out, and my son, they don't want no part of it,” he said.

Counties left on the hook

Until help comes from the state in the form of higher reimbursements, the burden of a disintegrating board-and-care system will continue to fall primarily on counties, which have a legal responsibility in California to care for residents who are mentally ill.

In September, San Francisco Mayor London Breed and the Board of Supervisors put forward a plan to increase a local subsidy to \$35, nearly double the state rate, and adopt an 18-month hold on board-and-care closures while the county explores ways to purchase homes before they close. Breed last month announced a homelessness plan to pump \$200 million into mental health services and drug treatment.

Los Angeles County has responded to the crisis with a handful of initiatives, including providing an additional \$750 per month — called a “patch” subsidy — for board-and-care residents who are receiving county services and determined to be high need.

According to Sherin’s report, the subsidies are now going to 1,000 people.

Some board-and-care owners contacted by The Times said the extra money keeps them out of the red, but not by much.

The county’s Department of Health Services also has used board-and-care homes to house about 1,000 formerly homeless people through its Housing for Health program, paying rates that vary based on each person’s needs. And the agency has taken over operation of four homes that closed, saving them even though it was unable to prevent the eviction of those who lived there.

“They were already empty and/or in the process of being sold,” said Cheri Todoroff, director of the Housing for Health program. “We’re really sensitive that we don’t want to displace people.”

Advocates for comprehensive board-and-care reform worry that the county programs give owners an incentive to select only those residents who have been identified to receive additional subsidies, making it more difficult for others to access the services they need.

“Everybody now is discovering board-and-care homes,” Wilson said. “That’s the ticket. It’s a lot cheaper. But that leaves our people out. I have to scratch my head to figure out who has a bed, who that is still in business and will take my client.”

Los Angeles Times

To stop adults with mental illness from losing their housing, L.A. County may intervene

By Doug Smith, November 7, 2019

The L.A. County Board of Supervisors was alarmed last year by a report detailing the rapid loss of board-and-care homes, often the final stop before a tent on the streets for adults with little income and debilitating mental illness.

The supervisors asked the county's health agencies to provide a plan to stabilize the facilities financially and open more of them. In response, the agencies hired an outside consulting firm, which conducted a six-month study. The board will consider a motion to implement the plan at its meeting next week.

"This needs to be escalated to the state level and key legislators need to be involved to consider some fast solutions before we completely lose the system of care and housing," said Lisa Kodmur, who worked on the study by the consulting firm Sadlon & Associates.

The details of the motion are still being worked out by county staff. But their recommendations are likely to include a mandate to improve data collection, to use unspent mental health funds from the state for maintenance of board-and-care homes and to advocate for increased state funding levels for them.

At its crux, the decline of board-and-care homes is out of the hands of L.A. County — and the many other counties in California experiencing similar declines. It's a result of a cap on state and federal reimbursement rates, which stands at about \$35 a day per resident. The licensed homes are required to provide 24-hour staffing, three meals a day and medication management. The rate leaves the owners of many homes operating at close to break-even and unable to keep up on the maintenance of their aging buildings.

Residents of these facilities, given their often meager income and debilitating mental illness, are at high risk for homelessness, giving the board-and-care home crisis an added layer of urgency.

Local leaders need to step up, Kodmur said.

"Someone would have to take the lead," she said. "If the goal is to help people with mental illness live lives of dignity and meaning, we need to create partnerships to improve the quality of care in these facilities. It could be a partnership among multiple entities. Nonprofits could play a role. The county could play a role. The state Community Care Licensing Division could play a role."

At the request of the consultants, the state's Licensing Division, which does not separately track homes that serve people with mental illness, conducted a survey concluding that 39 homes had gone out of business over a three-year period, leaving only 154 homes with about 5,100 beds in Los Angeles County.

"I am grateful that the county made this a priority and finally devoted the resources to create a baseline inventory of how many facilities and beds we have," said Kerry Morrison, a mental health advocate and co-author of A Call to Action, the 2018 report that prompted the supervisors to study board-and-care homes. "When we started researching this in 2017, we found very little data."

In its follow-up study, Sadlon & Associates compiled interviews with 48 board-and-care operators and 47 government agencies, service providers, healthcare associations, and residents and family members. The consultants reported that 29% of the operators said they were considering closing.

“Facility closures are often tied to noncompliance due to not having the resources” for repairs, the study found. The financial stress also lowers the quality of care, it said.

The consultants said the county, which is currently providing subsidies for about 2,000 board-and-care home residents, could help by contributing more money, better organizing homeless and mental illness services, and doing more to mobilize philanthropists.

Specifically, they recommended, the county should double the number of residents it subsidizes to 4,000, with a tiered rate paying more for those with higher needs and expand other sources of funds for facilities serving low-income residents. The county should also set up a capital fund, matched by philanthropic contributions, to help operators make deferred improvements to their facilities, the consultants said.

More broadly, the study found, the county should do more to improve the quality of life of those living in board-and-care homes by delivering professional support services and promoting support groups, job training and volunteerism.

To improve operator effectiveness, the county should sponsor a member association, set up a bed tracking system and develop quality care standards.

Morrison praised the recommendations and urged the board to act on them.

“I think the stakeholder engagement process yielded some rich suggestions, and I hope the county and the state can work together quickly to infuse funds into the system to ward off any additional closures of our board-and-care facilities,” Morrison said.

MOTION BY SUPERVISORS JANICE HAHN AND SHEILA KUEHL

November 12, 2019

Addressing the Ongoing Board and Care Crisis

Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs) in Los Angeles County more commonly known as “Board and Cares,” provide licensed, 24-hour/day staffed residences with support for individuals who are unable to live independently and require care and supervision. As such, ARFs and RCFEs are important living environments for many individuals with a diagnosis of Serious Mental Illness (SMI), non-complicated medical comorbidities, and psychosocial challenges who experience an ongoing risk of homelessness. ARFs and RCFEs that accept low-income residents at the “SSI rate” are in financial crisis due to increasing operating costs and extremely low reimbursement rates. Low income residents pay for ARFs/RCFEs with their monthly Supplemental Security Income (SSI) Benefits. The current SSI rate is \$1058 per month per individual which equates to \$35 dollars a day. The rate is used to cover the cost of room and board, meals, supervision, care, insurance, staff wages, facility upkeep, license fees, and other expenses. The high operating costs and low reimbursement rates are not enough to sustain facility operations leading to low staff to client ratios, limited programming, rapid facility closures and an overall decline in capacity at a time of urgent need.

MOTION

SOLIS _____

RIDLEY-THOMAS _____

KUEHL _____

BARGER _____

HAHN _____

On September 11, 2018, the Board of Supervisors (Board) directed the Health Agency to convene a stakeholder process to understand how to best serve low-income ARF and RCFE clients, and how to preserve and grow the provider network. The resulting October 2019 Stakeholder Report captured the providers' financial need, impact on operations and service delivery, and recommendations to meet the above goal of preserving and expanding the provider network.

The report also identified the ever-growing need of these licensed facilities within the continuum of permanent housing. There is a significant unmet need for this type of housing placement among various populations including: highly vulnerable individuals with serious mental illness experiencing homelessness; individuals who are ready to transition to a less-restrictive setting from a Skilled Nursing Facility (SNF) or Institute for Mental Disease (IMD); and people who are on the Medi-Cal Assisted Living Waiver waitlist; all of whom require this level of care to maintain stable housing. Estimates indicate that 25,000 low-income Angelenos need the housing and services provided by ARFs and RCFEs. The State estimates that only 10,400 individuals are currently residing in these licensed facilities paying the SSI rate. While these figures are only estimates, they point to a potential gap of 14,600 beds that accept low-income individuals paying the SSI rate.

Currently, the Department of Health Services (DHS) and the Department of Mental Health (DMH) operate several programs that provide resources, including enhanced monthly rates, to a limited number of ARF and RCFE residents who either experienced homelessness or who have a mental health diagnosis. These three programs: DMH Enriched Residential Care Program, DMH Whole Person Care Program, and DHS Enriched Residential Care Program serve a total of 2,000 clients at 182 facilities.

Based on the October 23, 2019 Health Departments' response to the Board Motion and the accompanying 2019 Stakeholder report, stabilizing the operators' financial sustainability was identified as the highest priority. The October 2019 Stakeholder report recommends taking active steps in improving the operations of these facilities by doubling DHS and DMH's enhanced rate programs using a tiered payment model, exploring collaborative efforts to expand sources of operating funds for facilities that serve low-income individuals, and identifying one-time funding for capital improvements as it is necessary to help sustain operators who have deferred maintenance needs. The report also recommends to do the following: continue advocacy at the State level to raise the SSI rate; encourage the California Department of Health Care Services to incentivize Medi-Cal health plans to pay for services at these facilities in lieu of more-costly inpatient or institutional care; expand system capacity; create a real-time bed tracking tool to help identify and fill vacant beds; and create an operator membership association to enable them to better serve low-income residents, network, learn, and contribute to policy advocacy.

ARFs and RCFEs are a critical housing resource for the County's most vulnerable residents. Without the safety net of these programs, vulnerable residents will have no other place to live and may face institutionalization, incarceration, and/or homelessness.

WE, THEREFORE MOVE that the Board of Supervisors instruct the Director of the Department of Mental Health (DMH), in coordination with the Director of the Department of Health Services (DHS) and the Chief Executive Officer (CEO), to identify funding for Adult Residential Facilities and Residential Care Facilities for the Elderly (ARF and RCFE) operations, capital improvements, and other activities to preserve and expand the number of beds serving low-income individuals and report back to the Board in 30 days with an implementation plan and every 180 days thereafter.

WE, FURTHER MOVE that the Board of Supervisors instruct the CEO, in coordination with DMH, DHS and DPH, to support the preservation and expansion of low-income Adult Residential Facilities and Residential Care Facilities for the Elderly and report back on the following actions in 90 days and every 180 days thereafter:

1. Develop a strategy that will preserve existing bed capacity and that will expand the number of people benefitting from the Housing for Health and DMH enhanced rate programs, using a tiered payment model for high acuity clients;
2. Direct DHS and DMH to collaborate with CEO Legislative Affairs and Intergovernmental Relations to identify and report back on opportunities for advocacy at the State level to improve funding for ARFs and RCFEs;
3. Collect and distribute quarterly data on facility closures; and
4. Collaborate with the Center for Strategic Partnerships to engage philanthropy to increase financial support for ARFs and RCFEs serving low-income individuals.

#

JH:jb:el

AGN. NO. _____

MOTION BY SUPERVISORS JANICE HAHN AND
SHEILA KUEHL

November 12, 2019

Addressing the Ongoing Board and Care Crisis

CATEGORIES: (Please check those that apply)

- 1. Child Welfare
- 2. Community and Youth Empowerment
- 3. County Services
- 4. Economic Justice
- 5. Economic and Workforce Development
- 6. Education
- 7. Environment
- 8. Fiscal
- 9. Governance
- 10. Health
- 11. Homelessness
- 12. Immigration
- 13. Public Safety
- 14. Social Justice and Human Rights
- 15. Technology and Data
- 16. Arts, Culture, and the Creative Economy
- 17. Legislation
- 18. Parks and Open Space
- 19. Planning/Land Use
- 20. Transportation
- 21. Veterans

Modern ‘asylums’ could fill a need

By Howard Husock

THE VERY TERM “homelessness,” as used to describe the problem that has changed the face of downtown Los Angeles and other West Coast cities, implies that there’s a single solution: housing. That thinking leads quickly to discussions about the high cost of real estate and the need for new approaches to the housing crisis, such as Facebook’s pledge to spend \$1 billion to create affordable housing in Silicon Valley.

Too often, however, this discussion ignores the needs of a large percentage of people living on the streets who are not capable of living independently because they suffer from serious mental health problems. For some, the best form of help may be a back-to-the-future approach: state mental hospitals dedicated to serving this particular population. This would not solve the problem of people with mental illness who refuse shelter (that issue has to be addressed by involuntary commitment laws). But the fact is, there aren’t enough beds in existing facilities for the mentally ill who might need and want such services.

This is not to suggest a revival of the sprawling and often poorly run system of public mental hospitals, or asylums, that were once among the largest budget items of every state government. At their peak in the early 1950s, there were more

than 500,000 state mental hospital beds in the United States, including 37,000 in California.

That figure in California has declined to some 6,000 beds in just five facilities, the result of the “deinstitutionalization” movement begun during the Kennedy administration. At their height, those institutions also housed the poor, the senile and the terminally ill who lacked health insurance. The advent of Medicare and Medicaid has addressed some of these problems.

Deinstitutionalization left behind the untreated street homeless. It’s hard to know just how many. The National Institute of Mental Health estimates that between 25 and 64 people for every 100,000 in the U.S. suffer from schizophrenia and related psychotic disorders. HUD has estimated that of a total of 553,000 homeless persons in 2018, 140,000 suffer from serious mental illness — and of those, some 43,000 are street homeless, whether living in cars or encampments.

Even these large numbers do not mean that we need to expand state mental hospitals to treat that entire population. Some really do just need housing. Such housing can also be similar to modest residences once offered by single-room occupancy “hotels.” A small but clean room with a shared bathroom and kitchen could be

what many would prefer. Others will be able to live in “supportive housing,” with on-site help and supervision to ensure that important medications are taken. But some — including a tiny minority prone to violent outbursts — could be better served in public mental health hospitals that provided more intensive monitoring. Nor would long-term hospitalization have to be the norm in light of healthcare advances since the height of the asylum era.

The old asylums in popular culture, depicted in movies like “One Flew Over the Cuckoo’s Nest” and “The Snake Pit,” were prisons where people were warehoused and forgotten. But not all asylums were hellholes, certainly not when many were first built in the first three decades of the 20th century.

Those who believe that government can be an effective means for society to express compassion should not rule out the possibility that state mental hospitals can be safe, sanitary and clinically effective — and part of the tool kit for addressing the current epidemic of street homelessness.

Howard Husock is a senior fellow at the Manhattan Institute and the author of “Who Killed Civil Society? The Rise of Big Government and Decline of Bourgeois Norms



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

BHAB FISCAL REPORT

Funding Discussion

FY19 Year-end Results (pre-CAFR)

Leisa Donovan
Sr Manager, Accounting
November 2019

BEHAVIORAL HEALTH FY 2018-19 Year End Results (pre-CAFR)

TERMS

EXPENSE = Cost to provide services
= Amount we spend

APPROPRIATION = Amount we are authorized to spend

FUNDING = How we pay for services

NET COUNTY COST = Amount of County general fund needed to help cover
the cost of services

FY 2018-19 = Fiscal Year = July 1, 2018 thru June 30, 2019

CAFR = Comprehensive Annual Financial Report

Note: Results not final (pre-CAFR) - for discussion only.




VENTURA COUNTY
BEHAVIORAL HEALTH

BEHAVIORAL HEALTH FY 2018-19
Funding Discussion *(pre-CAFR)*

State = 43% of Funding

- **1991 Realignment: \$17.6M**
 - ½ Cent of State Sales Tax
 - State Vehicle License Fees & Collections
- **2011 Realignment: \$18.8M**
 - 1.0625% of State Sales Tax
- **Public Safety Realignment: \$1.7M**
- **CalWORKS: \$1.2M**
- **Mental Health Services Act: \$32M (net of unspent funds)**
 - 1% tax on income in excess of \$1M
 - Regulations govern use.
- **State General Fund: \$1.4M**
 - State portion of the cost of services provided to Medi-Cal Expansion population.
- **State Grants: \$0.2M**

Note: Results not final (pre-CAFR) - for discussion only.




3

BEHAVIORAL HEALTH FY 2018-19
Funding Discussion *(pre-CAFR)*

Federal = 36% of Funding

- **Medi-Cal Federal Financial Participation (FFP): \$53.7M**
 - Reimbursement based on interim rate for Short Doyle or Drug Medi-Cal eligible services.
- **Substance Abuse Block Grant (SABG): \$4.4M**
 - Regulations govern use.
- **Substance Abuse And Mental Health Services Grants (SAMHSA): \$1.9M**
 - AOT, MHBG/PATH
- **Other Federal Grants: \$0.9M**
 - OTS, COAST, CCP, HUD

Note: Results not final (pre-CAFR) - for discussion only.



4

BEHAVIORAL HEALTH FY 2018-19 Funding Discussion *(pre-CAFR)*

Other = 21% of Funding

- **COUNTY Contribution: \$13.9**
 - Includes \$11.5M transfer to IPU.
- **Client Fees: \$4.0M**
 - DUI Fees, Insurance, Self-Pay
- **SELPA: \$6.1M**
 - School based services
- **Interfund: \$7.3M**
 - Services 'sold' to other county agencies (PCI), internal transfer
- **Tobacco Settlement: \$2M**
- **Investment Income: \$1.4M**
- **GPP: \$0.4M**
- **Other misc.: \$0.9M**
 - HSA
 - Court Fines
 - Rent
 - Prior Year cost report settlements
 - Insurance Recoveries

Note: Results not final (pre-CAFR) - for discussion only.



5

Behavioral Health Advisory Board - Estimated FY18-19 Year End Results *(pre-CAFR)*

\$ in thousands

FY2018-19 Mental Health Expenditures <i>(pre-CAFR)</i>	Mental Health Services Adult Programs	Mental Health Services Youth & Family Programs
Salaries & Benefits	\$ 23,448	\$ 16,012
Services & Supplies	\$ 33,132	\$ 27,356
Other Charges, Fixed Assets, Transfers	\$ 14,987	\$ 358
Total Expenditures	\$ 71,567	\$ 43,726
FY2018-19 Mental Health Revenue <i>(pre-CAFR)</i>	Mental Health Services Adult Programs	Mental Health Services Youth & Family Programs
INTEGOVT REV (State/Federal)	\$ 35,141	\$ 19,273
CHGS FOR SVC (FFP, Interfund)	\$ 27,317	\$ 24,207
Other (Investment, Misc, Other)	\$ 2,147	\$ 63
County Contribution	\$ 11,763	\$ 653
MHSA Unspent	\$ (4,802)	\$ (470)
Total Revenue	\$ 71,567	\$ 43,726

Note: Results not final (pre-CAFR) - for discussion only.



6

Behavioral Health Advisory Board - Estimated FY18-19 Year End Results *(pre-CAFR)*

Behavioral Health - CONTACTS			
	FY 2016-17	FY 2017-18	FY 2018-19
	Contacts	Contacts	Contacts
Total Mental Health	499,839	503,639	523,305
Total ADP	650,439	672,129	685,683
Total DUI	93,567	87,680	92,613

Behavioral Health - UNDUPLICATED CLIENTS			
	FY 2016-17	FY 2017-18	FY 2018-19
	Clients	Clients	Clients
Mental Health	15,113	14,622	14,590
ADP	1,266	1,193	1,893
DUI	2,449	2,495	2,439
Total Behavioral Health	18,828	18,310	18,922



VENTURA COUNTY
BEHAVIORAL HEALTH

Note: Results not final (pre-CAFR) - for discussion only.

Behavioral Health Advisory Board - November 18, 2019

Estimated FY18-19 Year End Results (pre-CAFR)

\$ in thousands

FY2018-19 Behavioral Health Expenditures (pre-CAFR)	Mental Health Services	Substance Use Services (ADP/DUI)	Behavioral Health Total
Salaries & Benefits			
Salaries	\$ 35,300.2	\$ 6,877.9	\$ 42,178.1
Benefits	\$ 17,439.7	\$ 3,064.2	\$ 20,504.0
Sub-Total Salaries & Benefits	\$ 52,739.9	\$ 9,942.1	\$ 62,682.1
Services & Supplies			
Psychiatrist	\$ 12,644.7	\$ 43.5	\$ 12,688.2
Contract Providers	\$ 43,865.5	\$ 14,154.5	\$ 58,020.1
Other (Facilities, Temp Help, Software/IT)	\$ 14,681.7	\$ 2,496.1	\$ 17,177.9
Sub-Total Services & Supplies	\$ 71,192.0	\$ 16,694.1	\$ 87,886.1
Other Charges, Fixed Assets, Transfers	\$ 19,291.2	\$ -	\$ 19,291.2
Total Expenditures	\$ 143,223.2	\$ 26,636.3	\$ 169,859.5

FY2018-19 Behavioral Health Funding (pre-CAFR)	Mental Health Services	Substance Use Services (ADP/DUI)	Behavioral Health Total
State			
1991 Realignment	\$ 17,582.0	\$ -	\$ 17,582.0
2011 Realignment	\$ 13,014.7	\$ 5,807.8	\$ 18,822.5
Public Safety Realignment	\$ 544.6	\$ 1,189.4	\$ 1,734.0
CalWORKS	\$ 1,072.9	\$ 77.2	\$ 1,150.2
Mental Health Services Act (Prop 63) - net	\$ 32,033.5	\$ -	\$ 32,033.5
State General Fund	\$ 1,207.5	\$ 169.9	\$ 1,377.4
State Grants	\$ 217.0	\$ -	\$ 217.0
Sub-Total State Funding	\$ 65,672.2	\$ 7,244.3	\$ 72,916.5
Federal			
Medi-Cal Federal Financial Participation (FFP)	\$ 44,604.7	\$ 9,118.1	\$ 53,722.8
Substance Abuse Block Grant (SABG)	\$ -	\$ 4,430.2	\$ 4,430.2
Substance Abuse & Mental Health Services (SAMHSA)	\$ 1,865.1	\$ -	\$ 1,865.1
Federal Grants	\$ 603.8	\$ 320.2	\$ 924.0
Sub-Total Federal Funding	\$ 47,073.6	\$ 13,868.5	\$ 60,942.1
Other			
County Contribution	\$ 12,572.7	\$ 1,348.1	\$ 13,920.9
Client Fees	\$ 160.6	\$ 3,790.4	\$ 3,951.0
SELPA	\$ 6,140.2	\$ -	\$ 6,140.2
Interfund	\$ 7,283.1	\$ -	\$ 7,283.1
Tobacco Settlement	\$ 2,045.6	\$ -	\$ 2,045.6
Investment Income	\$ 1,364.0	\$ -	\$ 1,364.0
GPP	\$ 357.0	\$ 43.0	\$ 400.0
Other	\$ 554.2	\$ 342.0	\$ 896.2
Sub-Total Other Funding	\$ 30,477.4	\$ 5,523.5	\$ 36,000.9
Total Funding	\$ 143,223.2	\$ 26,636.3	\$ 169,859.5

Note: Results not final (pre-CAFR) - for discussion only.

Behavioral Health Advisory Board
Committee Objectives for Fiscal Year 2019-20
Selected at the General Meeting of October 21, 2019

Adult Services Committee

Advocate for the expansion of the Crisis Stabilization Unit (CSU) at the Hillmont Psychiatric Hospital to the maximum approved number of chairs (12) including the capability of conducting medical screening examinations on-site, and for the reactivation of the 12 inpatient beds currently not in use.

Transitional Age Youth (TAY) Committee

Advocate for increased housing options for TAY.

Youth & Family Committee

Follow the continuum of crisis care for children covered by Medi-Cal and children with private insurance. Provide feedback to the Behavioral Health Advisory Board (BHAB), Ventura County Behavioral Health (VCBH) and community providers.

Prevention Committee

Promote vaping and cannabis education and awareness, and advocate for banning flavored vaping products.



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C supports the work of California's 59 local mental and behavioral health boards and commissions.

CALBHB/C Events

Southern Region Meeting/Training
Friday, January 17th in San Diego
[Agenda](#) [Registration](#)

Statewide Webinars & Events

**Briefing: An Introduction to
CA's Public Mental Health System**
Download Recording: [Webinar Link](#)

**Council of Criminal Justice and
Behavioral Health**
Opportunity for Stakeholder Input
November 5, 9:00 am - 12:00 pm
Riverside [Registration Link](#)

**CA Association of Social
Rehabilitation Agencies Conference**
Includes Sessions on Employment
Programs
November 5, 2019
Los Angeles [Registration Link](#)

**Healthy Native Communities
Partnership**
Creating Community Circles for Change
November 6-7, 2019
Cabazon, CA [Registration Link](#)

**NAMI Weekend of Mental Health
Advocacy**
Includes Session on Cultural Humility
November 8 - 9, 2019
Davis [More Info](#)

**Asian & Pacific Islander MH
Conference**
Opportunity for Stakeholder Input
November 21 - 22, Clovis, CA
[Registration Link](#)

Resources

Member Orientation, Recruitment & *more*
<https://www.calbhbc.com/resources.html>

On-line Training & Handbooks:
<https://www.calbhbc.com/training.html>

Frequently Asked Questions:
<https://www.calbhbc.com/faqs.html>

Issue Briefs and more:
www.calbhbc.com

News & Updates

**Involuntary Civil Commitment
Lanterman-Petris-Short (LPS) Act**
California's LPS Act provides guidelines regarding involuntary civil commitment of individuals with a mental illness. The LPS Act is being reviewed by CA's Joint Legislative Audit Committee to determine if updates, clarifications or improvements are needed. CALBHB/C welcomes your input regarding the LPS Act, including "conservatorships" or the "5150" law, and/or related gaps in services and supports that impact you, your family member, or community members.
[Email](#) or [On-Line Form](#)

Improving Medi-Cal:



The Department of Health Care Services (DHCS) released the "CA Advancing and Innovating Medi-Cal" (CalAIM) Proposal, a multi-year initiative aimed at improving the Medi-Cal program (delivery, programs and payment reform).
DHCS - CalAIM [PowerPoint Presentation](#)
Mental Health America of CA - [Reactions](#)

**NAMI Cultural Competency
Webinar: Principles of Community
Engagement**

Saturday, November 9, 10 am - 12:30 pm
[Registration Link](#)

**MHSOAC: Mental Health of Children
in Immigrant Families**

November 14, 2:00 - 5:00 pm, San Diego
[More Info](#)

CalABLE Accounts:

Earnings in a CalABLE account are 100% federal and California state tax-free. Withdrawals to pay for disability-related expenses are also federal and California state tax-free. Assets can be up to \$100,000 and will not affect state and federal benefits such as SSI and Medicaid. [More info](#)

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

The following tables below outline programming plan by component for FY 19/20 (update) and FY 2020-21 through FY 2022-23 (planning).

Community Services and Support (CSS)

Category	Program Name	Update Description	FY Impact
Full Service Partnership (FSP)	Child/Youth FSP	New Child/Youth FSP to fill service gap	19/20, 20/21, 21/22, 22/23
FSP	INSIGHTS Program	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Transition-Aged Youth (TAY) Transitions	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Assisted Outpatient Treatment (Laura's Law)	Upon grant conclusion, MHSA to fill funding gap	19/20, 20/21, 21/22, 22/23
FSP	VISTA	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	In-House Adult	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP	Older Adult	No programmatic change	19/20, 20/21, 21/22, 22/23
FSP Support – Peer & Case Management	Peer Support & Case Management Services	New contract to fulfill FSP client support requirements	19/20, 20/21, 21/22, 22/23
General System Development (GSD)	EvalCorp Research & Consulting	Expand to evaluate non-clinical General Systems Development	19/20, 20/21, 21/22, 22/23
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) (Original Program)	No programmatic change	19/20, 20/21, 21/22, 22/23
Outreach & Engagement (O&E)	Rapid Integrated Support & Engagement (RISE) TAY Expansion	Upon grant conclusion, MHSA to fill funding gap	19/20, 20/21, 21/22, 22/23
O&E	County-Wide In-House Outreach	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	County-Wide Crisis Team (CT)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	Crisis Stabilization Unit	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Crisis Intervention & Stabilization	Crisis Residential Treatment (CRT), 24-hr	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Individual Needs Assessment	Screening, Triage, Assessment, Referral (STAR)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Treatment	In-House Specialty Mental Health Services (All age groups)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	TAY Wellness Center	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Adult Wellness Center	Move from PEI to CSS	19/20, 20/21, 21/22, 22/23
GSD-Peer Support	Client Network (CN)	No programmatic change	19/20, 20/21, 21/22, 22/23

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

Category	Program Name	Update Description	FY Impact
GSD-Peer Support	Quality of Life (QoL)	End of 19/20, evaluate for continuation or consolidation	19/20, 20/21, 21/22, 22/23
GSD-Peer Service Coordination/Case Management	Transformational Liaison (TL)	Terminated effective 19/20	19/20
GSD-Staff Development & Retention	OSHA Education & Training Matching Program	Expend CSS funds to participate in program- WET	19/20, 20/21, 21/22, 22/23
GSD-Peer Service Coordination/Case Management	Family Access Support Team (FAST)	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Transportation	In-House Client Transportation Support	No programmatic change	19/20, 20/21, 21/22, 22/23
GSD-Language Services	Interpreting Services	No programmatic change	19/20, 20/21, 21/22, 22/23
Community Program Planning (CPP)	CPP Resourcing -up to 5% of CSS funding	No programmatic change, regulations requirement	19/20, 20/21, 21/22, 22/23
Housing-Board & Care (B&C)	Two Residential Care for the Elderly (RCFE)	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing-B&C	Five B&C Facilities	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing -TAY Transitional Housing Assistance	Telecare Casas B, C, D	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Hillcrest Villa, Paseo De Luz, Paseo Del Rio, Paseo Santa Clara, Hillcrest Villa, La Rahada, Peppertree	No programmatic change	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Expansion of Beds – No Place Like Home	Based on approved NPLH housing projects	19/20, 20/21, 21/22, 22/23
Housing- Permanent Supported Housing	Case Management	Proposed 2020/21	19/20, 20/21, 21/22, 22/23

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

Prevention & Early Intervention (PEI)

Category	Program Name	Update Description	FY Impact
Prevention	One Step A La Vez	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Project Esperanza	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Tri-County GLAD	No programmatic change	19/20, 20/21, 21/22, 22/23
Prevention	Promotores y Promotoras Foundation	Review for new RFP to fill gaps in services	19/20, 20/21, 21/22, 22/23
Prevention	Conexión Con Mis Compañeras	Review for new RFP to fill gaps in services	19/20, 20/21, 21/22, 22/23
Prevention	Wellness Everyday Outreach & Media	No programmatic changes	
Prevention	Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in Schools	New program in 19/20 to address gaps, SB1004	19/20, 20/21, 21/22, 22/23
Prevention	Older Adult Intervention – Ventura County Area Agency on Aging (VCAAA)	New program implemented in 19/20 to address gaps	19/20, 20/21, 21/22, 22/23
Prevention, Outreach to Recognize Signs of Mental Illness	Rainbow Umbrella Youth Support Groups and Recognize, Intervene, Support, Empower (RISE)	No programmatic change	19/20, 20/21, 21/22, 22/23
Early Intervention	Comprehensive Assessment and Stabilization Services (COMPASS)	Moved from CSS to PEI 18/19	19/20, 20/21, 21/22, 22/23
Early Intervention	Primary Care Integration Program	No programmatic change	19/20, 20/21, 21/22, 22/23
Early Intervention	Early Detection & Intervention for the Prevention of Psychosis (EDIPP)	Moved in-house during FY 19/20	19/20, 20/21, 21/22, 22/23
Early Intervention – Family Support	National Alliance on Mental Illness – Family Education Program	Expanded in 19/20 to provide staff development	19/20, 20/21, 21/22, 22/23
Early Intervention – Outreach Support	La Clave Education & Training	Established in 19/20	19/20, 20/21, 21/22, 22/23
Outreach to Recognize Signs of Mental Illness	Crisis Intervention Team (CIT)-Law Enforcement	Review for additional First Responder training	19/20, 20/21, 21/22, 22/23
Outreach to Recognize Signs of Mental Illness	School-Based Programs: (Positive Behavior Interventions & Supports (PBIS), Restorative Justice (RJ)	Absorbed under MTSS contract effective 19/20	19/20, 20/21, 21/22, 22/23
Stigma & Discrimination Reduction	In Our Own Voice	Established in 19/20	19/20, 20/21, 21/22, 22/23
Access & Linkage to Treatment	Logrando Bienestar Expansion	Established in 19/20 to address Latinx service gap	19/20, 20/21, 21/22, 22/23
Suicide Prevention	SafeTALK	Absorbed under MTSS contract effective 19/20	19/20, 20/21, 21/22, 22/23
Suicide Prevention	American Foundation for Suicide Prevention Program Suite	New program effective 19/20	19/20, 20/21, 21/22, 22/23

Mental Health Services Act Program Planning Summary

FY 20/21 through 22/23 & Update to FY 19/20

Innovation (INN) Allocated Funds

Category	Program Name	Update Description	FY Impact
INN	Healing the Soul	Established in 17/18, ends in 20/21 with disposition pending outcome results	19/20, 20/21
INN	Children's Accelerated Access to Treatment and Services (CAATS)	Established in 17/18, ending 19/20 and sustainment TBD	19/20
INN	Youth Program (Conocimiento)	Begins 19/20, may be absorbed by PEI pending results 20/23	19/20, 20/21, 21/22, 22/23
INN	Suicide Prevention - Bartenders as Gatekeepers	Established in 18/19, ending 20/21	19/20, 20/21, 21/22, 22/23
INN	Push Technology	Established 18/19, ending 20/21	19/20, 20/21
INN	FSP Multi-County Project	Participation and leading project	19/20, 20/21, 21/22, 22/23
INN	Mobile Urgent Care	To be established 20/21 with proposal to run through 24/25	20/21, 21/22, 22/23

If you have any comment or questions, please submit them in writing via mhsa@ventura.org

Program Work Plan

1. MHSA Component:
- | | |
|--|---------------------------------------|
| Community Services and Support (CSS) | Prevention & Early Intervention (PEI) |
| Innovation (INN) | Workforce Education & Training (WET) |
| Capital Facilities/Technological Needs (CF/TN) | |

2. Program implementation year(s), check all that apply:
- | | | |
|--------------------------|------------------------|-----------------|
| Prior to FY 19/20 | During FY 19/20 | |
| During FY 20/21 | During FY 21/22 | During FY 22/23 |

3. Program Title: _____

4. Provider Name: _____

5. Goal: _____

6. Budget by Funding Type and Fiscal Year (FY20/21, 21/22, 22/23):

Funding Source	FY 20/21	FY 21/22	FY 22/23
MHSA			
FFP			
Realignment			
Other (Grants, etc)			
Total			

7. Age Group(s) Served (Years):
- | | | | |
|------|-------|-------|-----|
| 0-15 | 16-25 | 26-59 | 60+ |
|------|-------|-------|-----|

8. Target Priority Population:

9. Target Geographic Area (if applicable):

10. Number Served Goals:

- a. Total target # of clients or individuals to be served by Fiscal Year (FY20/21, 21/22, 22/23) and Age Category:

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

Program Work Plan

b. If program is FSP, please amplify #10a above by adding the following by Fiscal Year and Age group:

i. # to be Served by Ethnicity: Specify Latinx, API, etc.

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

ii. # to be Served in Linguistic Group: Specify Spanish, English, ASL, etc.

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

iii. Target # of Unserved:

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

iv. Target # Underserved:

Age Group	FY 20/21	FY 21/22	FY 22/23
0-15			
16-25			
26-59			
60+			
Total			

Program Work Plan

11. Staffing Details:

Staff by type and # of Full-Time Equivalents (FTEs) of each?

12. Program Purpose, Statement of Need or Gap it is filling:

13. Program Objectives (Outcomes):

14. Program Description:

MULTI-COUNTY FSP INNOVATION PROJECT OVERVIEW

Ventura County is participating in a Multi-County MHSA Innovation Project to identify and implement improvements to how our department provides Full Service Partnership (FSP) services for the Seriously and Persistently Mentally Ill (SPMI) in our community. The project also aims to identify and share ways that California as a state can better support county agencies in how we collect, report, and use data to improve outcomes for FSP clients.

What is the goal of this project and how will it support our County?

Project Goals

- This project aims to improve how Ventura County gathers and uses data to better design, implement, and manage FSP services across various age groups and populations, with the ultimate goal of better understanding important FSP client outcomes and continuously working to improve them.
- Moreover, as a multi-county project, this project seeks to increase county-to-county learning and sharing of FSP best practices, and to explore possible solutions to shared challenges via a statewide FSP Learning Community.

The Opportunity for Ventura County

- The Innovative FSP project creates an opportunity to:
 - Improve how our FSP programs identify and prioritize outcomes as informed by both quantitative data and qualitative data, including participant, family, and clinician feedback;
 - Better identify and prioritize populations in need of additional support in our county;
 - Better use quantitative and qualitative data to track important FSP outcomes over time and ensure clients are connected to services that are most likely advance their goals
- Ventura County is not alone in struggling to define, track, and meet the various state requirements regarding FSP program design. Fourteen counties have come forward to describe the difficulty in consistent implementation of the state regulations. Several state reports have focused on this topic and currently the MHSOAC is also working to better define FSP. Ratios of 7-10 staff for every one client are encouraged but not stated specifically, twenty four hour support must be offered by a person known to the client, very broad eligibility and fuzzy length of service standards, and complicated outcomes that require multi agency agreements mean that each county and even each FSP age group can fulfill these instructions differently. The proposed innovation project will allow Ventura County to work in collaboration with other counties to ensure best practices in how to evaluate and operate FSP programs according to the regulations and in successful client care.
- Ventura County had been working on this issue prior to the Innovation opportunity in response to community concern. Currently the County is partnering with the MHSOAC for the FSP Pilot Classification and Analysis Project. The goal of this joint project between four counties, Amador, Fresno, Orange, Ventura, and the MHSOAC, is to utilize existing data over three years to demonstrate the feasibility and test the utility of collecting robust, descriptive information about FSP features, structure, services and personnel. The MHSOAC will analyze patterns of client outcomes as related to

the above data collection to hopefully inform what elements most often result in recovery. The partners in this project seek to demonstrate that such a collaboration, if replicated by more counties, can yield important, actionable insights into best practices for FSP implementation and management. The findings from this data collaborative, will directly feed into the Innovations FSP Project, serving as a baseline for identifying change.

- In community meetings, throughout the recent Needs Assessment and from state audits, Ventura County stakeholders have indicated a strong interest in improving data and understanding outcomes for our FSP programs that primarily serve our SPMI population. The community is driven by a desire to better understand, 10 years later, if our FSPs are effective in meeting their intended goals. The Innovation project provides an opportunity to reset and rearticulate the meaning and purpose of FSP. We hope to identify what exactly the priority outcomes are for FSP clients, how we can best track these measures, and how we can create practices that continually improve outcomes for clients. The results of this project will help the County to better understand, evaluate, and communicate how our FSP services have positive, meaningful, and measurable effects for clients (and where we can continue to improve).
- In addition, this project will draw from and apply learnings and best practices from across the nation, including from the Los Angeles County's Department of Mental Health's effort to transform its FSP programs to focus on outcomes. This project provides Ventura County an opportunity to contribute to, learn from, and adapt frameworks and practices emerging from Los Angeles and other counties that are similarly pushing their FSP programs to elevate the role of outcomes measurement and encourage continuous learning and improvement.

* Note - this is not a project that will provide additional direct services to clients but, instead, seeks to support our department and our partners in implementing improvements in how we design, provide, and continuously improve FSP programs throughout the county

What is the cost and timeline for this project? How will funds be used?

Project Timeline: The project will begin in approximately March 2020 and end in June 2024.

- The process for identifying and implementing any changes to our FSP programs would begin in Fall 2020 and run through Fall 2022
 - Final Ventura County Innovation Project Proposal scheduled to be posted in December 2019 with a tentative public hearing in January 2020
 - Potential changes would include identification of clear priority FSP life outcomes and the development and implementation of a strategy to meaningfully measure these outcomes over time
- We will continue to evaluate the impacts of this project and gather feedback through 2024, so that we can learn what exact changes are working and where we can continue to improve

Financial Commitment

- \$975,000 of MHSa Innovation funding over the 4-5 year period.
- These funds will support:
 - technical assistance from a nonprofit organization, Third Sector, to guide our county through the process of understanding necessary changes, appropriate strategies and best practices, and assist with implementation
 - Ventura County staff, travel, and administrative costs
 - an evaluation of client-level outcomes to understand what has worked and where Ventura County could continue to improve FSP services

Example Project Activities

- **Direct Implementation Support**--Funding will support the county and our partners at Third Sector in providing technical assistance to identify and implement improvements to our FSP programs. These may include: improving the way counties define and track meaningful outcomes, developing self-sustaining processes for continuous improvement, developing a consistent FSP framework that reflects best practices, and implementing consistent processes for enrollment, referral, and graduation.
- **Learning Community**--Ventura County will also have the opportunity to participate in a statewide FSP Learning Community with other counties. The Learning Community provides an opportunity to learn and explore best practices from across the state, as well as to identify and develop recommendations for our government peers at the state on how they can best support the needs of our county. These recommendations will likely include proposed strategies and changes to streamline and improve FSP data collection, data sharing, and reporting requirements across California, including in Ventura County.
- **Community Input**: This project plans to solicit input and feedback from clients / client representatives, FSP service providers and FSP staff, and others in the county at various points throughout this Innovation Project and through various forms (e.g. focus groups; surveys; listening tours; interviews). County staff will publicize and disseminate any such opportunities to local stakeholders and potential participants in advance of any planned meeting dates.

FREQUENTLY ASKED QUESTIONS (FAQ)

1. What makes this project innovative?

- To-date, California has not established a statewide learning community centered on encouraging collective learning, surfacing best practices, and developing recommendations for improving FSPs in a manner that focuses on improved client outcomes.
- This is a promising opportunity for Ventura County to continue exploring what's working well and what needs to be improved in our county's FSP programs and to help influence how funding and data collection works across the state.

2. How will this help our county?

- Ventura County is consistently seeking to improve behavioral health services for all residents and especially our SPMI to be more responsive to individuals' specific needs, as well as to better coordinate with other community partners (e.g. community organizations and resource centers; other departments / agencies)

3. How will this project be funded and how will funds be used?

- Since this is a Mental Health Services Act (MHSA) Innovation Project, Ventura County will fund its participation using county MHSA Innovation funds.
- This funding will cover the costs of Third Sector technical assistance, county staff time, fiscal, contract management and evaluation support, and related travel costs. Total costs for our County to participate this Innovation effort are anticipated to be \$975,000 over a 4.5-year project period.

4. Who is Third Sector?

- Third Sector is a nonprofit advisory firm with offices in Boston and San Francisco. Founded in 2011, Third Sector advises governments, nonprofits, and funders on how communities can use public funds to move the needle on pressing challenges such as economic mobility, behavioral and physical health, and early childhood development. Third Sector brings experience from across California, including a recent partnership with the Los Angeles County Department of Mental Health where Third Sector is supporting the county in transforming their adult FSP contracts and services to focus more on outcomes.

5. Which other counties are participating?

- Counties actively participating in the statewide planning efforts include: Butte, Kern, Marin, Orange, Los Angeles, San Bernardino, San Mateo, Sacramento, Shasta, Siskiyou, and Ventura

6. How will community members be engaged?

- The project intends to engage county stakeholders -- program participants, frontline staff, other key community partners -- throughout its duration. Example engagement activities include:
 - Asking for feedback from FSP provider staff, clients / client representatives, partner agencies, and other stakeholders (via focus groups, interviews, and working group discussions) as we identify and define outcome goals, develop meaningful metrics for tracking these goals over time, identify key FSP service components, and surface opportunities to clarify and streamline referral/graduation criteria.
 - Inviting clients and/or client representatives to participate in Learning Community events.
 - Providing qualitative feedback on how this project has helped improve FSP service delivery in our county and opportunities for improvement.

Ventura County Behavioral Health

Board Letter Summary of Contracts for October 2019

Board Date	Contractor	Amount	Term	Description
10/15/2019	Evalcorp	\$87,927	8/1/2018 to 6/30/2021	Ventura County Behavioral Health (VCBH) is contracting with Evalcorp for Mental Health Services Act (MHSA) data collection and analysis services for the Push Technology and Bartenders as Gatekeepers projects and for facilitating meetings between stakeholders and VCBH. This amendment modifies and adds certain contract language, revises the scope of work timeline, and reallocates unused funds from year one to year two of the budget. There is no change to the maximum contract amount of \$87,927 for the three year contract period.
10/15/2019	Ventura County Office of Education	\$6,083,870	7/1/2019 to 6/30/2022	VCBH is contracting with VCOE for a multi-year project to expand access to Prevention and Early Intervention (PEI) mental health services in schools and to increase recognition of signs of mental illness through collaboration with other Local Educational Agencies (LEAs). VCOE will incorporate Multi-Tier System of Support (MTSS) social-emotional and Response-to-Intervention (RtI) models for mental health services in schools. This agreement will fund VCOE's provision of PEI services to a total of 130,828 students.
10/15/2019	Oxnard School District	\$0	7/1/2019 to 6/30/2020	VCBH is working with Oxnard School District (OSD) to provide educational support services at selected school sites in a collaborative relationship. Under this Memorandum of Agreement (MOA), OSD agrees to provide a primary contact at each school site and to work with VCBH staff to deliver a parent educational series on mental health issues twice per academic year to reduce barriers in identifying and treating mental illness. There is no cost associated with this agreement.

MEMORANDUM

DATE: November 8, 2019

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved October Agreements/Board Items

Board of Supervisors Approved Agreements – October 15, 2019

1. **FY 2018-21 Evalcorp First Amendment and FY 2019-22 Ventura County Office of Education (VCOE) Agreement.**

This item recommended the Board of Supervisors (Board) approve and authorize the Ventura County Behavioral Health (VCBH) Director or designee to sign the: (1) first amendment to the agreement with Evalcorp, increasing the year two budget from \$25,162 to \$32,237, with the existing agreement maximum amount of \$87,927 remaining the same for the service period August 1, 2018 to June 30, 2021 and (2) agreement with VCOE for Prevention and Early Intervention (PEI) services, in the amount of \$6,083,870, for the service period of July 1, 2019 to June 30, 2022. These agreements are funded with Proposition 63 Mental Health Services Act (MHSA) funds.

Evalcorp provides MHSA data collection and analysis services for the Push Technology and Bartenders as Gatekeepers projects. Through this agreement Evalcorp collects data, facilitates meetings between stakeholders and VCBH staff, creates and develops tools specific to both projects, and data collection forms to recommend best practices for these three year projects. Due to low participant enrollment in the Push Technology project, VCBH authorized Evalcorp to move various data collection and analysis services from year one to year two in order to be able to properly evaluate the program. The proposed amendment modifies and adds certain contract language, revises the scope of work timeline, and reallocates unused funds from year one to year two of the budget. There is no change to the maximum contract amount of \$87,927 for the three-year period.

VCOE will provide PEI services which align with the MHSA PEI component of the VCBH MHSA plan through a multi-year agreement. The goal of the contracted services is to expand access to PEI mental health services in schools and increase recognition of signs of mental illness through collaboration with other Local Educational Agencies (LEAs). VCOE will incorporate the Multi-Tier System of Support (MTSS) social-emotional and Response-to-Intervention (RtI) models for mental health services in schools. The total number of students the project will serve is 130,828.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) first amendment with Evalcorp for data collection and analysis services, revising contract language as mentioned above and reallocating unused funds from year one to year two of the budget, increasing the year two budget from \$25,162 to \$32,236, with no change the existing maximum agreement amount of \$87,927, for the agreement service period of August 1, 2018 to June 30, 2021 and (2) agreement with VCOE for PEI services, in the amount of \$6,083,870, for the service period of July 1, 2019 through June 30, 2022.

2. FY 2019-20 Oxnard School District (OSD) Memorandum of Agreement (MOA).

This item recommended approval for the VCBH Director or designee to sign the FY 2019-20 OSD MOA for educational support services. There is no fiscal impact related to the proposed recommendation.

OSD is working collaboratively with VCBH to provide educational support services at selected school sites to children and families jointly through a shared model, "Pyramid of Intentions," which incorporates the resources of each agency. OSD is planning to work with VCBH staff to deliver a parent education series on mental health issues twice per academic year, collaborate with VCBH staff to reduce barriers to identify and treat mental illness, and provide access to mental health service. The proposed MOA is needed to establish the terms by which VCBH and OSD will maintain a collaborative relationship to facilitate inter-agency services to staff, students and families at selected school sites.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 OSD MOA for educational support services.