VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

January 27, 2020

NEXT MEETING:

Monday, February 24, 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
Cmdr. James Fryhoff
Monique Garcia
Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Denise Nielsen
Supervisor Linda Parks
Michael Rodriguez
Carol Thomas
Sheri Valley

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Clara Barron, MHSA Operations Manager
Rebbecca Carpenter, Crisis Team
Hilary Carson, MHSA
Tina Coates, Patient Rights Advocate
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Erick Elhard, Crisis Team
Julie Glantz, Adult Services Division Sr. Manager
Dina Olivas, Youth & Family Division Chief
Esperanza Ortega, MHSA
Dr. John Schipper, Adult Services Division Chief
Felicia Skaggs, RISE
Kaj Swanson, Crisis Team
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

BHAB Members Absent

Patricia Mowlavi
Gina Petrus, Secretary
Joe S. Ramirez
Marlen Torres

Others Present

Sally Harrison, County Executive Office
Joanna Peterson
Elizabeth R. Stone, MHSOAC
Sally Harrison, County Executive Office
Melissa Hannah
Scott Walker, Crisis Intervention Team
Mark Stadler, Crisis Intervention Team
Jennifer Morrison
Yvette Chen
Kalie Matisek, Turning Point Foundation
Mark Schumacher, Turning Point Foundation
Stuart Fiedler, Client Network
Roberta Griego, NAMI
Shirley Brandon, NAMI
Cece Casey
Dan Powell, VCMC Inpatient Unit
Jeffery Hayden
David B. Littell
Georgia Perry
Lori Litel, United Parents
Sandra Mikkelson
Heather Davidson, First Five
Terry Weaver
Wendi Am
Maya Lazos

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	**Call to Order** Chair Gardner called the meeting to order at 1:05 p.m. Supervisor Parks 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. Ratan Bhavnani moved to approve, Margaret Cortese seconded. The motion carried unanimously.	Agenda approved as written. **M/S/C**	
III.	**Approval of the Minutes** Ms. Gardner asked the Board to review and approve the minutes of the November 18, 2019 meeting. Carol Thomas moved to approve, Nancy Borchard seconded. The motion carried unanimously.	Minutes approved as written. **M/S/C**	
IV.	**Oath of Office – Michael Rodriguez, New BHAB Member** Edith Pham, BHAB Assistant, administered the Oath of Office to Michael Rodriguez. Upon request by Ms. Gardner, Mr. Rodriguez shared that he grew up locally and is Chief Deputy Public Defender.		
V.	**Welcome and Introductions** Ms. Gardner welcomed all, thanked the BHAB members for their work and asked them to introduce themselves and read a couple of BHAB accomplishments from a list she provided.		
VI.	**Public Comments** Jennifer Morrison shared that her loved one has been hospitalized seven times over the past 16 months and is homeless. She noted her frustration with the conservatorship process and thanked NAMI for their support. She asked for help to keep her loved one in the Inpatient Unit. David Littell stated that he is involved in the homelessness commission in Oxnard. He said there are not enough facilities in the county to care for the mentally ill, many of whom sit in emergency rooms because no beds are available. He advocated for increasing the number of local inpatient beds to about 400. Stuart Fiedler stated that law enforcement and attorneys do not know about Taxation Code 19280, and that laws need to be enforced. He shared some information about his personal case. Ms. Gardner reminded all that due to Brown Act restrictions, public comments cannot be discussed.		
VII.	**Crisis Intervention Team (CIT) Awards and Susan Luckey Mental Health Professional Award Presentations** Mark Stadler, CIT Program Coordinator, introduced the dignitaries in the room. Undersheriff Monica McGrath thanked law enforcement, first responders and all who work with CIT for their hard work, long hours, and team work efforts. Supervisor Parks noted that since CIT was introduced, there has been a significant drop in officer-involved shootings; CIT training saves lives. Dr. Johnson noted she is grateful for the collaboration between VCBH and law enforcement, and family members have told her that CIT officers do make a difference. Ms. Gardner thanked law enforcement for the work they do. Mr. Stadler noted that Ventura is the only county in the state to use the same training program for all the local law enforcement agencies. Mr. Stadler asked Rebbecca Carpenter of the VCBH Crisis Team to introduce the Susan Luckey Award. Ms. Luckey, who passed away a few months prior, had lead the Crisis Team for many years and was active in teaching at the CIT Academy since its implementation. Ms. Luckey designed the following criteria for the Award: integrity, honesty, advocacy, passion, compassion, commitment, collaboration and cooperation with empathy for both clients and staff. Ms. Luckey's husband and daughter helped present the award. Scott Walker, CIT Program Assistant, announced Ms. Carpenter as the recipient of the award for 2018, and Kaj Swanson for 2019. Mr. Stadler recognized Cmdr. Scott Varner as the longest-running CIT coordinator, doing so for ten years. Ms. Gardner read the Certificates that were presented to the nominees for the CIT Award: Ventura Police Department: Officer Alyse Quiroz Sheriff's Office, Camarillo station: Deputy Chris Dyer Santa Paula Police Department: Officer Dan Gosselin Oxnard Police Department: Officer David Castillo		

	Simi Valley Police Department: Officer Glenn Ellis Sheriff's Office, Fillmore station: Deputy Ismael Rubalcava Sheriff's Office, Ojai station: Deputy Jason Havelka Sheriff's Office, Thousand Oaks station: Deputy Mark Plassmeyer Sheriff's Office, Headquarters: Deputy Matt Johnson Sheriff's Office, Moorpark station: Senior Deputy Nolan Stoyko Port Hueneme Police Department: Senior Officer Rocque Lopez Jr. Mr. Stadler announced the CIT Deputy of the Year, Chis Dyer, and CIT Officer of the Year, David Castillo.		
VIII.	**Chair's Report – Janis Gardner** Ms. Gardner noted that the agenda includes an item called "BHAB Objectives" as some objectives have not been discussed much. She thanked Supervisor Parks for continuing to serve on the BHAB and Dr. Johnson for her Director's Reports; Supervisor Parks thanked all for taking the time to attend the meetings. Ms. Gardner noted that the Board of Supervisors has approved the Task Force on Mental Health & Safety Report; see item XIV.A. Ratan Bhavnani provided brief information on The ARCH, the new year-round shelter in Ventura, which welcomes donations and volunteers, and on the NAMI general meeting the following evening. Ms. Gardner noted that the TAY Tunnel is accepting donations of clothes.		
IX.	**Board Members Comments and Announcements** Claudia Armann noted that Buen Vecino, an immigrant rights organization, is organizing an event with Tim Wise on the topic of racism on February 8. Santa Barbara County, whose population is half the size of Ventura County's, is planning to open an 80-bed acute care mental health facility in Lompoc, to be run by Crestwood Behavioral Health. Mary Haffner noted that she spoke at the December 10th meeting of the Board of Supervisors to advocate for increasing the number of inpatient beds in the county. Mr. Bhavnani noted that the City of Thousand Oaks' new Policy Chief, Cmdr. Fryhoff, had a Coffee with the Chief meeting a few days prior. Cmdr. Fryhoff noted that he and Kaj Swanson served on the Mental Health & Safety Task Force; also, the Thousand Oaks Police Department has two officers who specifically work with those experiencing homelessness. Carol Thomas noted that she has been approached by two family members who cannot find beds for their loved ones. She urged all to not lose hope and reminded all that BHAB members listen and care. Supervisor Parks noted she attended the ribbon-cutting ceremony at The ARCH (All Roads Connect to Housing), a 55-bed homeless shelter in Ventura. The County and City of Ventura collaborate on this project, the first-in-the-county fulltime year-round shelter that provides services. Also, the Farm Bureau highlighted the Growing Works nursery in its Central Coast Farm & Ranch magazine; the nursery provides job training for VCBH clients.		
X.	**Presentation: Ventura County Medical Center Inpatient Psychiatric Unit and Crisis Stabilization Unit (VCMC IPU/CSU) and VCBH Rapid Integrated Support and Engagement (RISE) – Dan Powell, VCMC Mental Health Operations Supervisor Inpatient Unit, and Felicia Skaggs, VCBH RISE Program Clinic Administrator** Dan Powell provided information and data on the VCMC Crisis Stabilization Unit and Inpatient Psychiatric Unit. The CSU helps stabilize patients in crisis; those needing treatment beyond 24 hours are admitted to the IPU. In answer to various questions, Mr. Powell noted that the CSU screens patients for substance use disorders, which tend to be more severe than in the past. Felicia Skaggs provided information and data on the RISE program. Two of its staff go to the CSU on a daily basis, Monday-Friday, to assess clients and help them connect to outpatient services. RISE follows clients for up to 60 days after the assessment. A few staff are funded through the Assist program. With the Pre-RISE episode site, clients can have a case open for an extended period of time until they are ready to accept services. Kevin Clerici acknowledged the hard work that RISE does. He requested information on the number of homeless people who agree to connect in the system.		

XI.	**Director's Report – Dr. Sevet Johnson** A. As of 12/1/19 the Alcohol & Drug Programs (ADP) Division is in its second year of Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. VCBH ADP will undergo its first review by the External Quality Review Organization (EQRO) January 29th – 31st. B. ADP continues to implements its extended Substance Use Disorders (SUD) benefits package. C. The Youth & Family Division completed a Request For Proposal process for parent partner and child care respite program for caregivers of children with mental health challenges; the contract was awarded to United Parents. D. Dina Olivas, Youth & Family Division Chief, presented at Breaking Barriers, a statewide convening on interagency leadership as related to integration of care, on November 30. E. VCBH began a state pilot on the use of Child and Adolescent Needs and Strengths (CANS) as part of Child & Family Team meetings. This will help establish statewide practices and guidelines. F. Staff from VCBH and Probation in the Juvenile Facilities have ongoing co-training to provide intervention for Commercially Sexually Exploited Children (CSEC). G. In December, the CEOs and CFOs of local private hospitals met with CEO Michael Powers, VCMC and VCBH to discuss regulations and MHSA funding streams. Dr. Fankhauser, CEO of County Hospitals, gave an overview of the IPU and CSU and proposed a public/private partnership. A follow-up meeting will be held in February. H. On January 21st during its offsite meeting in Thousand Oaks, the County of Ventura Mental Health & Safety Task Force Report was presented and accepted by the Board of Supervisors. I. Everyone is reminded that when people make public comments as it pertains to individuals who may or may not be VCBH clients, VCBH staff will not comment due to HIPAA privacy law.		
XII.	**Secretary's Report – Gina Petrus** Ms. Petrus was not in attendance. The report was tabled to the next meeting.		
XIII.	**BHAB Committee Reports** A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Borchard noted that the committee went dark in January. B. Prevention Committee – Janis Gardner, Chair The committee went dark in December. In November the Board of Supervisors approved a ban on commercial marijuana businesses in unincorporated areas. ADP Prevention received funding from the Office of Traffic Safety for a project focusing on preventing prescription drug-impaired driving. Clara Barron, Mental Health Services Act (MHSA), discussed MHSA funding. C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair The committee is working on homelessness among the TAY population, currently researching availability and gaps in housing for TAY. BHAB members are encouraged to attend. Shirley Brandon, in a public comment, noted that NAMI has clothing available; call 641-2426. D. Youth & Family Committee – Denise Nielsen, Chair Kiran Sahota, MHSA Manager, gave an update on MHSA. The committee is excited that funding for children services will increase. The Diversity Collective will present on February 12. E. Lanterman, Petris, Short (LPS) Reform Workgroup – Jerry Harris, Chair During its meeting later on that day, the workgroup will assess whether it has achieved its mission. Mr. Harris is bringing up as a state issue the use of Non-LPS Designated Community Hospital Emergency Rooms to assess people who are in a mental health crisis.		
XIV.	**New Business** A. County of Ventura Mental Health & Safety Task Force Report Supervisor Parks thanked those who were on this group, which came together at her request to see what can be done to avoid another Borderline mass shooting. The District Attorney, in cooperation with the FBI, will release its own report. It has not been determined that the shooter had a severe mental illness. The task force reviewed three stages in the shooter's life when concerns were raised: when he was in school, when he returned home from the military, and when his mother called CIT. The task force made 26 recommendations. Supervisor Parks reviewed some of them, including the needs for more beds at the IPU and chairs at the CSU. She will push for implementation of these recommendations.		

Dr. Johnson reviewed the objectives of the task force and the 13 VCBH-focused recommendations, such as promoting communication with schools and the community regarding the services available and the signs of concern, and improve the reporting of involuntary holds written by private hospitals and law enforcement. A steering committee will help move the recommendations forward; many are in place but the process need tightening and protocols.
Mr. Harris and Ms. Gardner thanked Supervisor Parks for her dedication and work on this.
Ms. Haffner stated that the BHAB needs to look at the legislative opportunities to address gaps in the treatment of the seriously mentally ill and advocate for LPS reform.

Public comments were made:

1. Jeffery Hayden thanked the County and Supervisor Parks. He stated that many recommendations are consistent with the needs that have been highlighted in BHAB meetings. He voiced his concern about a public comment made at the presentation to the Board of Supervisors meeting on January 21st alleging that some psychiatric medications can cause violence.
2. Georgia Perry stated she attended the Board of Supervisors meeting on January 21st. Parents with experience can help end the stigma of mental illness, and Ms. Perry would like them to be part of the steering committee.
3. Elizabeth R. Stone cautioned all to not demonize those in recovery. Medication copayments and doctors' prescribing preferences are a problem for some. Peer support for the veterans community is available. She would like to see CIT-like training in emergency departments and have peers work in EDs to make the experience less frightening for the patients.

B. BHAB Objectives
Tabled to the February 24th General Meeting due to time constraints.

C. Special Meeting on January 15, 2020, 6:00 p.m.
Tabled to the February 24th General Meeting due to time constraints. Ms. Gardner noted that there was not a quorum of the BHAB members, so that meeting was held as an MHSA meeting.

D. Feasibility of Forming a California Advancing and Innovating Medi-Cal (CalAIM)/Medi-Cal Healthier California for All Workgroup (Time sensitive) Draft Document for BHAB/Stakeholder Input Advocating the State for Changes in Ventura County Concerning Mental Health's Current Stringent Regulations, Changes in Limitation of Mandates, Changes in Limitation of Funding Streams, Institution for Mental Diseases (IMD) Exclusion Waiver
Ms. Gardner noted that Marlen Torres and Patricia Mowlavi are very involved in this, and one or both will go to Sacramento on February 4th and will bring back information.

E. 2019 Data Notebook Review and Approval
Mr. Harris moved to approve, Ms. Cortese seconded. The motion carried unanimously.

Data Notebook was approved **M/S/C**

F. BHAB Annual Report for Fiscal Year 2018-19 Review and Approval
Ms. Cortese moved to approve, Ms. Armann seconded. The motion carried unanimously.

2018-19 Annual Report was approved. **M/S/C**

G. Welfare & Institutions Code (WIC) Changes – Request Update of Bylaws to be Consistent with WIC
Tabled to the February 24th General Meeting due to time constraints.

H. California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Meeting on January 17, 2020 – Update – Jerry Harris
During that meeting Mr. Harris brought up the issue of using Non-LPS Designated emergency room to receive people experiencing a mental health crisis. He also spoke about the need for inpatient beds and for medical screenings in CSUs rather than ERs, and the need to increase MHSA funding for those with a Severe and Persistent Mental Illness.

I. Site Visit Schedule
Mr. Bhavnani noted that he has scheduled a site visit to the Crisis Residential Treatment (CRT) on March 2nd. BHAB members interested in participating should contact Mr. Bhavnani. Ms. Gardner asked those who are planning to lead site visits to schedule them.

	J. Appointment of Member At Large for a Six-Month Term Ms. Gardner noted that Joe Ramirez's time as Member At Large is up. Newer BHAB members interested in being appointed should contact her. K. Institution for Mental Diseases (IMD) – Feasibility of Forming a Workgroup or Hold a Special Meeting – Nancy Borchard, Supervisor Parks Ms. Borchard noted that this was briefly discussed as related to figuring out the talking points that the BHAB wants to move forward as the state is currently accepting public comments. Ms. Gardner noted that Ms. Torres and Ms. Mowlavi, along with the LPS Workgroup, are involved. L. Mental Health Services Act (MHSA) Multi-County Full Service Partnership (FSP) Innovations, Public Hearing – Hilary Carson The document was posted for the past 38 days. Ms. Carson opened public comments. No public comments were made at that time, and none were received by email or regular mail. Ms. Borchard commended Ms. Carson for the work and the straightforward wording in the document, which helps learn how the county is doing. Mr. Harris stated this is an excellent document. Ms. Gardner thanked the MHSA staff for their work. M. BHAB Assistant Responsibilities – Dr. Sevet Johnson Tabled to the February 24th General Meeting due to time constraints.		
XV.	**Old Business** A. Future Presentations Ms. Gardner noted that Health Care Agency Director William Foley will provide an update during the February 24th General Meeting. No presentations are scheduled for March. B. Future Recognitions Arcenio Lopez of MICOP will be recognized at the February 24 General Meeting.		
XVI.	**Contracts** Due to time constraints, this item was not discussed (see Executive Summary for details): A. Board of Supervisors Approved Agreements – November 5, 2019 1. Fiscal Year (FY) 2019-20 Santa Paula Unified School District (SPUSD) Memorandum of Agreement (MOA) 2. FY 2018-21 Department of Health Care Services (DHCS) Performance Standard Agreement (Agreement) # 18-952588 for Mental Health Services Act (MHSA), Lanterman-Petris-Short Act (LPS Act), Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Services Block Grant (MHBG), Crisis Counseling Assistance and Training Program (CCP), and Bronzan-McCorquodale Act Services 3. FY 2018-21 DHCS Standard Agreement # 18-95150 Amendment Number A01 for Drug Medi-Cal Organized Delivery Services (DMC-ODS) B. Board of Supervisors Approved Agreements – December 10, 2019 4. FY 2019-20 Turning Point Foundation (Turning Point) Adult Wellness and Recovery Center (AWRC) and Growing Works Third Amendment and FY 2019-20 Turning Point Quality of Life Improvement (QLI) Fourth Amendment C. Board of Supervisors Approved Agreements – December 17, 2019 5. Alcohol and Drug Programs (ADP): January 1, 2020 through June 30, 2021 Evalcorp, Idea Engineering, Reality Improv Connection, Inc., and Ventura Unified School District (VUSD) ADP Prevention Services Agreements 6. FY 2019-23 Catalyst Church Ventura (Catalyst) First Amendment and FY 2019-23 One Step a la Vez First Amendment 7. FY 2019-20 United Parents Six Amendment to the Agreement for Respite Services		
XVII	**Public Comments** None.		
XVII I.	**Adjourn** The meeting adjourned at 3:45 p.m.		

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		X					
District 2	1/8/19 – 1/7/22	Jamie Banker	e	e	X	X	X		X					
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X					
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	e	X	X		X					
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X					
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X		X		X					
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X					
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	X	X	e	e	e		X					
District 5	10/17/17 – 9/23/20	Monique Garcia	e	X	X	X			X					
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X		X					
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X	X	X		X					
District 4	9/17/19 – 9/17/22	Jerry Harris	x	X	X	X	X		X					
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	e	X	X	X	X		e					
District 4	9/18/18 – 9/17/21	Denise Nielsen		e	X	X	X		X					
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X		X	X		x					
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	e	X	X		e					
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X	X	e	X	X		e					
District 5	1/25/20 – 1/24/23	Michael Rodriguez							X					
District 2	9/17/19 – 9/16/22	Carol Thomas				X	X		X					
District 5	1/11/20 – 1/24/23	Marlen Torres	X	e	X		e							
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X					
District 4		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

27 de enero de 202 0

SIGUIENTE JUNTA:

Lunes 24 de febrero 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
Gane Brooking , 2nd Vicepresidente
Kevin Clerici
Margaret Cortese
Cmdr . James Fryhoff
Monique Garcia
Janis Gardner, presidente
Mary Haffner
Jerry Harris, presidente emérito
Denise Nielsen
Supervisora Linda Parks
Michael Rodriguez
Carol Thomas
Sheri Valley

Gerentes y personal presente de Ventura County Behavioral Health (VCBH)
Dr. Sevet Joh nson, Director de VCBH
Clara Barron, Gerente de Operaciones MHSA
Rebecca Carpenter, Equipo de Crisis
Hilary Carson, MHSA
Tina Coates, defensora de los derechos del paciente
Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas
Erick Elhard, equipo de crisis
Julie Glantz, Gerente Senior de la División de Servicios para Adultos
Dina Oliv as, Jefa de la División de Juventud y Familia
Esperanza Ortega, MHSA
Dr. John Schipper, Jefe de la División de Servicios para Adultos
Felicia Skaggs, RISE
Kaj Swanson, equipo de crisis
Terri Yáñez, Jefe de División Administrativa
Edith Pham, Asistente BHAB

Miembros de BHAB ausentes
Patricia Mowlavi
Gina Petrus, Secretaria
Joe S. Ramirez
Marlen Torres

Otros presentes
Sally Harrison, Oficina Ejecutiva del Condado
Joanna Peterson
Elizabeth R. Stone , MHSOAC
Sally Harrison, Oficina Ejecutiva del Condado
Melissa Hannah
Scott Walker, equipo de intervención en crisis
Mark Stadler, equipo de intervención en crisis
Jennifer Morrison
Yvette Chen
Kalie Matisek, Fundación Turning Point
Mark Schumacher, Fundación Turning Point
Stuart Fiedler, red de clientes
Roberta Griego , NAMI
Shirley Brandon, NAMI
Cece Casey
Dan Powell, Unidad de pacientes hospitalizados de VCMC
Jeff ery Hayden
David B. Littell
Georgia Perry
Lori Litel , padres unidos
Sandra Mikkelson
Heather Davidson, primeros cinco
Terry Weaver
Wendi Am
Maya L azo s

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	**Llama para ordenar** El Presidente Gardner dio por terminada la reunión a la 1: 05 pm. El Supervisor Parks le dio a la audiencia la oportunidad de recitar el Juramento a la Bandera de los Estados Unidos.		
II	**Aprobación de la agenda** La Sra. Gardner le pidió a la Junta que revisara y aprobara la agenda de hoy. Ratan Bhavnani hizo la moción para aprobar, Margaret Cortese lo secundó. La moción fue aprobada por unanimidad.	Un genda aprobado como está escrito. **M / S / C**	
III.	**Aprobación del acta** La Sra. Gardner solicitó a la Junta que revise y apruebe las actas de la reunión del 18 de noviembre de 2019 . Carol Thomas hizo la moción para aprobar, Nancy Borchard la secundó. La moción fue aprobada por unanimidad.	M minutos aprobados tal como están escritos. **M / S / C**	
IV.	**Juramento del cargo - Michael Rodriguez, nuevo miembro de BHAB** Edith Pham, Asistente de BHAB, administró el Juramento del cargo a Michael Rodríguez. A pedido de la Sra. Gardner , el Sr. Rodríguez compartió que creció localmente y es el Jefe de Defensor Público Adjunto.		
V.	**Bienvenida y Presentaciones** La Sra. Gardner dio la bienvenida a todos, agradeció a los miembros de BHAB por su trabajo y les pidió que se presentaran y leyeran un par de logros de BHAB de una lista que ella proporcionó.		
V I .	**Comentarios públicos** Jenn i Fer Morrison dijo que su ser querido ha sido hospitalizado siete veces en los últimos 16 meses y que no tiene hogar . Ella notó su frustración con el proceso de tutela y agradeció a NAMI por su apoyo . Ella pidió ayuda para mantener a su ser querido en la Unidad de pacientes hospitalizados . David Littell declaró que está involucrado en la comisión de personas sin hogar en Oxnard. Dijo que no hay suficientes instalaciones en el condado para atender a los enfermos mentales, muchos de los cuales se sientan en salas de emergencia porque no hay camas disponibles. Abogó por aumentar el número de camas locales para pacientes hospitalizados a alrededor de 400 . Stuart Fiedler declaró que la policía y los abogados no conocen el Código Fiscal 19280, y que las leyes deben hacerse cumplir . Compartió alguna información sobre su caso personal . La Sra. Gardner recordó que debido a las restricciones de la Ley Brown, los comentarios públicos no pueden ser discutidos.		
VII.	**Premios del Equipo de Intervención de Crisis (CIT) y Presentaciones del Premio de Profesional de Salud Mental Susan Luckey** Mark Stadler, Coordinador del Programa CIT, presentó a los dignatarios en la sala . La comisaria Monica McGrath agradeció a las fuerzas del orden, a los socorristas ya todos los que trabajan con CIT por su arduo trabajo , largas horas y esfuerzos de trabajo en equipo . El supervisor Parks señaló que desde que se introdujo el CIT, ha habido una caída significativa en los tiroteos involucrados por oficiales ; El entrenamiento de CIT salva vidas . La Dra. Johnson señaló que está agradecida por la colaboración entre VCBH y la policía , y los miembros de la familia le han dicho que los oficiales de CIT sí marcan la diferencia. La Sra. Gardner agradeció a la policía por el trabajo que realizan. El Sr. Stadler señaló que Ventura es el único condado en el estado que utiliza el mismo programa de capacitación para todas las agencias locales de aplicación de la ley. El Sr. Stadler le pidió a Rebbecca Carpenter del Equipo de Crisis VCBH que presentara el Premio Susan Luckey . La Sra. Luckey , quien falleció unos meses antes , había dirigido el Equipo de Crisis durante muchos años y fue activa en la enseñanza en la Academia CIT desde su implementación . La Sra. Luckey diseñó los siguientes criterios para el Premio: integridad, honestidad, defensa, pasión, compasión, compromiso, colaboración y		

	cooperación con empatía tanto para los clientes como para el personal . El esposo y la hija de la Sra. Luckey ayudaron a presentar el premio. Scott Walker, Asistente del Programa CIT, anunció que la Sra. Carpenter fue la ganadora del premio para 2018 y Kaj Swanson para 2019. El Sr. Stadler reconoció al Comandante. Scott Varner como el coordinador CIT más antiguo, lo hizo durante diez años. La Sra. Gardner leyó los Certificados que se presentaron a los nominados para el Premio CIT : Departamento de Policía de Ventura: Oficial Alyse Quiroz Oficina del Sheriff, estación Camarillo: Diputado Chris Dyer Departamento de policía de Santa Paula: oficial Dan Gosselin Departamento de policía de Oxnard: oficial David Castillo Departamento de policía de Simi Valley: oficial Glenn Ellis Oficina del Sheriff, estación de Fillmore: Diputado Ismael Rubalcava Oficina del Sheriff, estación Ojai: Diputado Jason Havelka Oficina del Sheriff, estación Thousand Oaks: Diputado Mark Plassmeyer Oficina del Sheriff, Sede: Diputado Matt Johnson Oficina del Sheriff, estación Moorpark: Diputado Senior Nolan Stoyko Departamento de Policía de Port Hueneme: Oficial superior Rocque Lopez Jr. El Sr. Staler anunció al diputado del año de CIT, Chis Dyer, y al oficial del año de CIT, David Castillo.		
V II I.	**Presidente 's Informe - Janis Gardner** La Sra. Gardner señaló que la agenda incluye un tema llamado "Objetivos BHAB", ya que algunos objetivos no se han discutido mucho. Ella agradeció Supervisor de Parques para seguir actuando en la BHAB Johnson y el Dr. por sus Directora de Informes; El Supervisor Parks agradeció a todos por tomarse el tiempo para asistir a las reuniones . La Sra. Gardner señaló que la Junta de Supervisores aprobó el Informe del Grupo de Trabajo sobre Salud Mental y Seguridad ; ver XIV.A elemento . Ratan Bhavnani proporcionó información breve sobre The ARCH, el nuevo refugio durante todo el año en Ventura, que recibe donaciones y voluntarios, y sobre la reunión general de NAMI la noche siguiente . La Sra. Gardner señaló que el túnel TAY está aceptando donaciones de ropa.		
IX .	**Comentarios de los miembros de la Junta y Anuncios** Claudia Armann señaló que Buen Vecino , una organización de derechos de los inmigrantes, está organizando un evento con Tim Wise sobre el tema del racismo el 8 de febrero. El condado de Santa Bárbara, cuya población es la mitad del tamaño del condado de Ventura, está planeando abrir una cama de 80 camas. centro de salud mental de cuidados agudos en Lompoc , a cargo de Crestwood Behavioral Health. María Haffner señaló que habló en el 1 de diciembre de 0 reunión de la Junta de Supervisores a abogar para aumentar el número de camas de hospitalización en el condado. El Sr. Bhavnani señaló que el nuevo Jefe de Políticas de la Ciudad de Thousand Oaks, Cmdr. Fryhoff, tomó un café con la reunión del Jefe unos días antes. Cmdr. Fryhoff señaló que él y Kaj Swanson sirvieron en el Grupo de Trabajo de Salud Mental y Seguridad ; Además , el Departamento de Policía de Thousand Oaks tiene dos oficiales que trabajan específicamente con las personas sin hogar . Carol Thomas notó que dos miembros de su familia se acercaron a ella y no pueden encontrar camas para sus seres queridos. Instó a todos a no perder la esperanza y recordó a todos que los miembros de BHAB escuchan y se preocupan.		

	La supervisora Parks señaló que asistió a la ceremonia de inauguración en The ARCH (All Roads Connect to Housing), un refugio para personas sin hogar de 55 camas en Ventura . El condado y la ciudad de Ventura colaboran en este proyecto, el primer refugio de tiempo completo durante todo el año del condado que brinda servicios. Además, Farm Bureau destacó el vivero Growing Works en su revista Central Coast Farm & Ranch ; la guardería ofrece capacitación laboral para clientes de VCBH .		
X.	**Presentación: Unidad psiquiátrica para pacientes internados del Centro médico del condado de Ventura y Unidad de estabilización de crisis (VCMC IPU / CSU) y VCBH Rapid Integrated Support and Engagement (RISE) - Dan Powell, VCMC Mental Health Operations Supervisor Hospital Unit, y Felicia Skaggs, VCBH RISE Program Clinic Administrador** Dan Powell proporcionó información y datos sobre la Unidad de Estabilización de Crisis VCMC y la Unidad de Psiquiatría para pacientes hospitalizados. La CSU ayuda a estabilizar a los pacientes en crisis; los que necesitan tratamiento más allá de las 24 horas son admitidos en la UIP . En respuesta a varias preguntas, el Sr. Powell señaló que t él CSU pantallas de pacientes para los trastornos por uso de sustancias, que tienden a ser más graves que en el pasado. Felicia Skaggs proporcionó información y datos sobre el programa RISE. Dos de sus empleados acuden diariamente a la CSU , de lunes a viernes, para evaluar a los clientes y ayudarlos a conectarse con los servicios ambulatorios. RISE sigue a los clientes hasta 60 días después de la evaluación. Algunos miembros del personal son financiados a través del programa de asistencia. Con el sitio de episodios Pre-RISE, los clientes pueden tener un caso abierto durante un período prolongado de tiempo hasta que estén listos para aceptar los servicios. Kevin Clerici reconoció el arduo trabajo que hace RISE. Solicitó información sobre la cantidad de personas sin hogar que aceptan conectarse en el sistema.		
XI .	**Dir del ector Informe - Dr. Johnson Sevet** A. A partir del 12/1/19, la División de Programas de Alcohol y Drogas (ADP) está en su segundo año de Exención del Sistema de Entrega Organizada de Medicamentos de Medi-Cal (DMC-ODS) . VCBH ADP será someterse a su primera revisión por parte de la Organización de Evaluación Externa de la Calidad (EQRO) de enero de 29 de ju - 31 st . B. ADP continúa implementando su paquete extendido de beneficios de Trastornos por uso de sustancias (SUD). C. La División de la Juventud y Familia c ompleted un proceso de Solicitud de Propuesta de pareja de los padres y programa de respiro de cuidado infantil para los cuidadores de niños con salud mental desafíos ; El contrato fue otorgado a United Parents. D. Dina Olivas, Jefa de la División de Juventud y Familia, presentó en Breaking Barriers , una reunión estatal sobre liderazgo interinstitucional en relación con la integración de la atención, el 30 de noviembre. E. VCBH comenzó un piloto estatal sobre el uso de las Necesidades y Fortalezas de Niños y Adolescentes (CANS) como parte de las reuniones del Equipo de Niños y Familias . Esto ayudará a establecer prácticas y pautas a nivel estatal . F. El personal de VCBH y periodo de prácticas en los centros de menores tiene en curso co- formación para proporcionar la intervención de la Infancia comercialmente sexualmente explotados (ESC). G. En diciembre, los CEO y CFO de los hospitales privados locales se reunieron con el CEO Michael Powers, VCMC y VCBH para discutir las regulaciones y las fuentes de financiamiento de MHSA . El Dr. Fa nkhauser , CEO de County Hospital s , dio una visión general de la UIP y la CSU y propuso una asociación pública / privada . Una reunión de seguimiento se llevará a cabo en febrero . H. El 21 de enero st durante su reunión fuera del sitio en Thousand Oaks, el condado de Ventura Mental Se alth y Seguridad Informe de grupo de trabajo fue presentado y aceptado por la Junta de Supervisores. I. Everyon correo se le recuerda que cuando la gente hace comentarios públicos s en lo que respecta a las personas que pueden o no ser clientes VCBH , el personal VCBH no		

	comentará debido a HIPAA ley de privacidad .		
XII .	**Informe secreto de Ary - Gina Petrus** La Sra. Petrus no estuvo presente. El informe se presentó a la próxima reunión.		
XIII	**Informes del Comité BHAB** A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Sra. Borchard señaló que el comité se oscureció en enero. B. Comité de Prevención - Janis Gardner, Presidenta El comité se oscureció en diciembre. En noviembre, la Junta de Supervisores aprobó una prohibición de los negocios comerciales de marihuana en áreas no incorporadas. ADP Prevention recibió fondos de la Oficina de Seguridad del Tráfico para un proyecto que se enfoca en prevenir el manejo de medicamentos recetados . Clara Barron, Ley de Servicios de Salud Mental (MHSA), discutió la financiación de MHSA. C. Comité de Transitional Age Y outh (TAY) - Margaret Cortese , Presidenta El comité está trabajando en la falta de vivienda entre la población TAY, actualmente investigando la disponibilidad y las brechas en la vivienda para TAY . Se alienta a los miembros de BHAB a asistir. Shirley Brandon, en un comentario público, señaló que NAMI tiene ropa disponible; llame al 641-2426. D. Comité de Juventud y Familia - Denise Nielsen, Presidenta Kiran Sahota, Gerente de MHSA, dio una actualización sobre MHSA. El comité está entusiasmado de que aumenten los fondos para servicios infantiles. El Dive rsity Collective se presentará el 12 de febrero . E. Grupo de trabajo de reforma de Lanterman, Petris, Short (LPS) - Jerry Harris, presidente Durante su reunión más tarde ese día, el grupo de trabajo evaluará si ha cumplido su misión. El señor Harris se trae ing como un estado emita el uso de No-LPS D esignated Hospital de Emergencia de la Comunidad R ooms valorar a las personas que están en la salud mental C Risis.		
X IV	**Nuevo negocio** A. Informe del Grupo de Trabajo de Salud Mental y Seguridad del Condado de Ventura La supervisora Parks agradeció a los que estaban en este grupo, que se unieron a su pedido para ver qué se podía hacer para evitar otro tiroteo en Borderline . El fiscal de distrito, en cooperación con el FBI, publicará su propio informe. No se ha determinado que el tirador tuviera una enfermedad mental grave. El grupo de trabajo revisó tres etapas en la vida del tirador cuando surgieron preocupaciones: cuando estaba en la escuela, cuando regresó a casa del ejército y cuando su madre llamó a CIT. El grupo de trabajo hizo 26 recomendaciones. El Supervisor Parks revisó algunos de ellos, incluidas las necesidades de más camas en la UIP y sillas en la CSU. Ella presionará para la implementación de estas recomendaciones. El Dr. Johnson revisó los objetivos del grupo de trabajo y las 13 recomendaciones centradas en VCBH, como promover la comunicación con las escuelas y la comunidad con respecto a los servicios disponibles y los signos de preocupación, y mejorar la notificación de retenciones involuntarias escritas por hospitales privados y la ley. aplicación. Un comité directivo ayudará m ove los recomendar - ciones a plazo; muchos están en su lugar, pero el endurecimiento proceso de necesidad y el protocolo s . El Sr. Harris y la Sra. Gardner agradecieron a la Supervisora Parks por su dedicación y trabajo en esto. Sra . Haffner declaró que el BHAB necesita analizar las oportunidades legislativas para abordar las brechas en el tratamiento de los enfermos mentales graves y abogar por la reforma del LPS. Se hicieron comentarios públicos:		

1. Jeffery H ayden agradeció al Condado y al Supervisor Parks. Afirmó que muchas recomendaciones son coherentes con las necesidades que se han destacado en las reuniones de BHAB. Él expresó su preocupación acerca de un comentario público realizado en la presentación a la Junta de Supervisores reunión el día 21 Enero st alegando que algunos psiquiátricos medicamentos pueden causar violencia.
2. Georgia P erry indicó que ella asistió a la Junta de Supervisores reunión el día 21 Enero st . Los padres con experiencia pueden ayudar a poner fin al estigma de las enfermedades mentales, y a la Sra. Perry le gustaría que formaran parte del comité directivo.
3. Elizabeth R. Stone advirtió a todos que no demonicen a los que están en recuperación. Los copagos de medicamentos y las preferencias de prescripción de los médicos son un problema para algunos. El apoyo de pares para la comunidad ve terans está disponible. A ella le gustaría ver capacitación similar a CIT en los departamentos de emergencias y que sus compañeros trabajen en la sala de emergencias para que la experiencia sea menos aterradora para los pacientes.

B. Objetivos de BHAB

Presentada a la de febrero de 24 de a Junta General por falta de tiempo.

C. Reunión especial el 15 de enero de 2020, 6:00 p.m.

Presentada a la de febrero de 24 de a Junta General por falta de tiempo. La Sra. Gardner señaló que no había quórum de los miembros de BHAB , por lo que esa reunión se celebró como una reunión de MHSA.

D. Viabilidad de formar un California Borrador e innovador proyecto de documento de Medi-Cal (CalAIM) / Medi-Cal Healthier California for All Workgroup (sensible al tiempo) para BHAB / Aporte de las partes interesadas Abogando al Estado por cambios en el condado de Ventura en relación con las regulaciones estrictas actuales de Mental Health, cambios en la limitación de mandatos, cambios en la limitación de flujos de financiación, exención de exclusión de la Institución para Enfermedades Mentales (IMD)
La Sra. Gardner notó que Marlen Torres y Patricia Mowlavi están muy involucradas en esto , y una o ambas irán a Sacramento el 4 de febrero y traerán información de regreso.

E. Revisión y aprobación del cuaderno de datos de 2019
El Sr. Harris hizo una moción para aprobar, la Sra. Cortese la secundó. La moción fue aprobada por unanimidad.

F. Informe anual de BHAB para el año fiscal 2018-19 Revisión y aprobación
La Sra. Cortese se movió para aprobar, la Sra. Armann la secundó. La moción fue aprobada por unanimidad.

G. Cambios en el Código de Bienestar e Instituciones (WIC): solicite la actualización de los estatutos para que sea coherente con WIC

Presentada a la de febrero de 24 de a Junta General por falta de tiempo.

H. Reunión de la Asociación de Juntas y Comisiones Locales de Salud del Comportamiento de California (CALBHB / C) el 17 de enero de 2020 - Actualización - Jerry Harris
Durante esa reunión, el Sr. Harris planteó la cuestión de usar la sala de emergencia designada de N on-LPS para recibir a las personas que experimentan una crisis de salud mental . También habló sobre la necesidad de camas para pacientes hospitalizados y de exámenes médicos en CSU en lugar de salas de emergencias, y la necesidad de

Cuaderno de datos fue aprovado **M / S / C**
Se aprobó el Informe anual 2018-19. **M / S / C**

aumentar los fondos de MHSA para aquellos con una enfermedad mental grave y persistente.

I. Programa de visitas al sitio
El Sr. Bhavnani señaló que él ha programado una visita al lugar para el Tratamiento Residencial de Crisis (CRT) el 2 de marzo nd. Los miembros de BHAB interesados en participar deben comunicarse con el Sr. Bhavnani. La Sra. Gardner les pidió a quienes planean dirigir las visitas al sitio que las programen.

J. Nombramiento de un miembro en general por un período de seis meses
La Sra. Gardner señaló que el tiempo de Joe Ramírez como miembro en general ha terminado. Los nuevos miembros de BHAB interesados en ser nombrados deben comunicarse con ella.

K. Institution for Mental Diseases (IMD) - Viabilidad de formar un grupo de trabajo o celebrar una reunión especial - Nancy Borchard, Supervisora Parks
La Sra. Borchard señaló que esto se discutió brevemente en relación con la resolución de los puntos de discusión que el BHAB quiere avanzar, ya que el estado actualmente acepta comentarios públicos. La Sra. Gardner señaló que están involucradas la Sra. Torres y la Sra. Mowlavi , junto con el Grupo de trabajo de LPS .

L. Ley de Servicios de Salud Mental (MHSA) Innovaciones de la Asociación de Servicios Completos de Varios Condados (FSP), Audiencia Pública - Hilary Carson
El documento fue publicado durante los últimos 38 días. La Sra. Carson abrió comentarios públicos. No se hicieron comentarios públicos en ese momento, y ninguno se recibió por correo electrónico o correo ordinario. La Sra. Borchard elogió a la Sra. Carson por el trabajo y la redacción sencilla en el documento, que ayuda a aprender cómo le está yendo al condado. El Sr. Harris declaró que este es un documento excelente. La Sra. Gardner agradeció al personal de MHSA por su trabajo.

M. Responsabilidades del asistente de BHAB - Dr. Sevet Johnson

Presentada a la de febrero de 24 de Junta General por falta de tiempo.

XV **Viejo negocio**

A. Presentaciones Futuras
Sra. Gardner señaló que la asistencia sanitaria director de la Agencia William Foley

proporcionará una actualización durante FEBRERO 24 de Reunión General. No hay presentaciones programadas para marzo.

B. Reconocimientos futuros
Arcenio López de MICOP será reconocido en la Junta General del 24 de febrero.

XVI **Contratos**

Debido a limitaciones de tiempo, este elemento no se discutió (consulte el Resumen Ejecutivo para más detalles):

A. Acuerdos aprobados de la Junta de Supervisores - 5 de noviembre de 2019
   1. Memorando de Acuerdo (MOA) del Distrito Escolar Unificado de Santa Paula (SPUSD) del año fiscal (FY) 2019-20
   2. FY 2018-21 Acuerdo estándar de desempeño del Departamento de Servicios de Atención Médica (DHCS) (Acuerdo) # 18-952588 para la Ley de Servicios de Salud Mental (MHSA), Ley Lanterman-Petris-Short (Ley LPS), Proyectos de asistencia para la transición de la falta de vivienda (PATH), la subvención global de servicios de salud mental comunitaria (MHBG), el programa de asistencia y capacitación en consejería de crisis (CCP) y los servicios de la Ley Bronzan-McCorquodale
   3. FY 2018-21 Acuerdo estándar de DHCS # 18-95150 Número de enmienda A01 para los Servicios de entrega organizada de medicamentos de Medi-Cal (DMC-ODS)

B. Acuerdos aprobados de la Junta de Supervisores - 10 de diciembre de 2019

	4. FY 2019-20 Turning Point Foundation (Turning Point) Centro de Bienestar y Recuperación de Adultos (AWRC) y Growing Works Tercera Enmienda y FY 2019-20 Turning Point Quality of Life Improvement (QLI) Cuarta Enmienda C. Acuerdos aprobados de la Junta de Supervisores - 17 de diciembre de 2019 5. Programas de alcohol y drogas (ADP): del 1 de enero de 2020 al 30 de junio de 2021 Evalcorp , Idea Engineering, Reality Improv Connection, Inc. y los acuerdos de servicios de prevención de ADP del Distrito Escolar Unificado de Ventura (VUSD) 6. FY 2019-23 Catalyst Church Ventura (Catalyst) Primera Enmienda y FY 2019-23 One Step a la Vez Primera Enmienda 7. FY 2019-20 United Parents Seis enmiendas al Acuerdo para servicios de relevo		
XVII	**Comentarios públicos** Ninguna.		
XVIII.	**Aplazar** Se levanta la sesión a las 3:45 p.m.		

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 1	11/03/18 - 10/03/21	Claudia Armann	X	X	X	mi	X		X					
Distrito 2	1/8/19 - 1/7/22	Jamie Banker	mi	mi	X	X	X		X					
Distrito 2	24/02/19 - 23/02/22	Ratan Bhavnani	X	X	X	X	X		X					
Distrito 3	27/01/18 - 26/01/21	Nancy Borchard	X	X	mi	X	X		X					
Distrito 3	13/1/19 - 1/12/22	Gane Brooking	X	X	X	X	X		X					
Distrito 1	10/7/18 - 10/6/21	Kevin Clerici	X	X	X		X		X					
Distrito 5	1/11/18 - 1/10/21	Margaret Cortese	X	X	X	X	X		X					
LE	9/10/19 - 9/10/22	Cmdr . James Fryhoff	X	X	mi	mi	mi		X					
Distrito 5	17/10/17 - 23/09/20	Monique Garcia	mi	X	X	X			X					
Distrito 3	15/4/18 - 14/04/21	Janis Gardner	X	X	X	X	X		X					
Distrito 1	8/4/18 - 4/7/21	Mary Haffner	X	X	X	X	X		X					
Distrito 4	09/17/19 - 9 /17/22	Jerry Harris	X	X	X	X	X		X					
Distrito 2	14/03/17 - 14/03/20	Patricia Mowlavi	mi	X	X	X	X		mi					
Distrito 4	18/09/18 - 17/09/21	Denise Nielsen		mi	X	X	X		X					
BOS	1/1/19 - 31/12/21	Supervisora Linda Parks	X	X		X	X		X					
Distrito 1	8/05/18 - 7/5/21	Gina Petrus	X	X	mi	X	X		mi					
Distrito 3	4/9/19 - 12/1/20	Joe S. Ramirez	X	X	mi	X	X		mi					
Distrito 5	25/01/20 - 24/01/23	Michael Rodriguez							X					
Distrito 2	17/09/19 - 16/09/22	Carol Thomas				X	X		X					
Distrito 5	1/11/20 - 1/24/23	Marlen Torres	X	mi	X		mi							
Distrito 4	6/2/18 - 2/6/21	Sheri Valley	X	X	X	X	X		X					
Distrito 4		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

BHAB General Meeting – January 27, 2020

Recipients of the Susan Luckey Mental Health Professional Award:
Kaj Swanson (2nd from left) and Rebbecca Carpenter (2nd from right)
with Ken and Elize Luckey, Susan's husband and daughter

Recipients of the CIT Award

CIT Officers of the Year: VCSO Deputy Chris Dyer and Oxnard PD Officer David Carrillo
with CIT Program Administrator Mark Stadler and CIT Program Assistant Scott Walker

THE ARCH
All Roads Connect to Housing

The new City of Ventura/County year-round shelter is opening end of January, 2020 and will make a huge impact in the lives of those experiencing homelessness in Ventura.

You can help make it a success. Host a donation drive, donate physical goods, donate a one-time gift or volunteer!

Shelter Support Needed

CLOTHES *New Please

- Socks
- Underwear
- Sweatpants
- Sweatshirt
- Shirts

TOILETRY KIT

- Shampoo
- Conditioner
- Soap
- Toothbrush
- Toothpaste
- Deodorant
- Lotion
- Adult Diapers
- Maxi Pads
- Tampons
- Hairbrush

FOOD & SNACKS

- Cup o Noodle - chicken and beef
- Cookies
- Chewy granola bars
- Coffee
- Creamer (powdered, different flavors)
- Sugar
- Tea Bags
- Lemonade
- Individual chip/snack bags

Individually wrapped

- Peanut Butter/Cheese crackers
- Raisins/dried fruit
- Oatmeal
- Applesauce

Start a monetary campaign
https://us.commitchange.com/peer-to-peer?campaign_id=3066

Mercy House is looking for volunteers to assist at The ARCH.

Major Duties May Include:

- Greet Clients – Check in
- Assist with serving meals (breakfast, lunch, and dinner)
- Set out snacks and drinks
  -Prepare Coffee
  -Prepare Cold Drinks
- Client Bin Check Outs
  -Must be able to lift 30lbs
- Light cleaning-wiping down tables, sweeping, taking out trash
- Organize and pass out donations

Volunteers are needed 7 days per week.

We ask that volunteers make a monthly commitment, if possible. We offer 3 & 4 hour shifts. We ask that volunteers who sign up serve the entire shift.

SHIFT TIMES:		
First Shift	5-8 am	5 volunteers
Second Shift	10 am-1 pm	5 volunteers
Third Shift	2-5 pm	5 volunteers
Fourth Shift	5-8 pm	6 volunteers

All monetary donations are to be made to "Mercy House" with **Ventura Shelter** in the memo line. Please coordinate with **Anabel anabelg@mercyhouse.net** for donations and volunteering.

MERCY HOUSE

MEASURE O
Your tax dollars AT WORK.
MAINTAINING VENTURA

CITY OF VENTURA
SAFE & CLEAN
www.cityofventura.ca.gov

NAMI Ventura County
National Alliance on Mental Illness

Coming Up: January General Meeting

2019 in Review & 2020 in Focus

When: Tuesday, Jan. 28, 7-9pm

Where: NAMI Ventura County Offices

555 Airport Way, Suite F

Camarillo, Ca, 93010

Looking Back:

The Big Move

Present & Future Staffing

Accomplishments & Challenges

Financial Overview

Looking Forward:

The 2020 Board of Directors

Approved Budget

Advocacy & Community Forums

Volunteer Trainings for 2020

Who Is On Your Team?

May 2nd is coming! Is your team big and loud? Exclusive and fun? Just you but you're planning to be the life of the party? No matter what style your team is planning, make sure to register.

Register Now!

Upcoming Classes & Events

Familia a Familia: Thursdays starting Jan. 16

General Meeting: Tuesday, Jan. 28 7-9pm

Family to Family (Ventura): Thursdays starting Feb. 6

Family & Friends: Saturday, Feb. 8

Family to Family (Westlake): Thursdays starting Feb. 13

Family to Family (Camarillo): Saturdays starting Feb. 15

Peer & Family Support Groups are ongoing, check our calendar for specifics.

Local Donations Mean Local Results

When you donate directly to NAMI Ventura County, your money stays within our county benefiting Ventura County families, growing local programs, and supporting local advocacy.

Donate now!

TIM WISE

Feb. 8, 2020
Simi Valley CA

McCune FOUNDATION

Challenging the Culture of Cruelty: Staying Strong In Difficult Times

"Tim Wise is a spellbinding herald of anti-racism. His voice resonates with people of all races who represent a shift away from the racial toxins and taboos that have been a blot on American democracy." —Prof. Stephen Steinberg, CUNY

Join your neighbors for a powerful talk on racism and what we can do about it. After the keynote, a panel of diverse Simi Valley leaders will discuss how we can take action to make our city a better place **for everyone** to live. Spanish translation available.

Saturday
Feb. 8, 2020
7-8:30pm

American Jewish University
1101 Pepper Tree Ln.
(Tapo Cyn & Guardian)

Tickets: timwise20.eventbrite.com

General admission: $8*. Students with ID: free

*Plus $1.17 per ticket service fee. Please plan to arrive at least 20 minutes early to get through gate security and parking. Carpooling encouraged.

SAFER SIMI

Not Alone / Not Afraid

No Solo / Sin Miedo

BUEN VECINO

CAUSE

CLUE Ventura County

INDIVISIBLE Simi Valley

TIM WISE

Feb. 8, 2020
Simi Valley CA

Desafiando la Cultura de la Crueldad: Mantenerse Fuerte en Tiempos Difíciles

"Tim Wise es un heraldo fascinante del antiracismo. Su voz resuena con personas de todas las razas que representan un cambio lejos de las toxinas raciales y los tabúes que han sido una mancha en la democracia estadounidense." -Profesor Stephen Steinberg, Universidad de la Ciudad de Nueva York.

Únase con sus vecinos para una charla poderosa sobre el racismo y lo que podemos hacer para combatirlo. Después de la presentación, un panel de diversos líderes de Simi Valley discutirá cómo podemos tomar medidas para hacer de nuestra ciudad un lugar mejor para que todos vivan. Interpretación en español está disponible.

Entradas: timwise20.eventbrite.com

Admisión general: $8*. Estudiantes con identificación: Gratis

* Más $ 1.17 por tarifa de servicio de boletos. Planee llegar al menos 20 minutos antes para pasar por la puerta de seguridad y estacionamiento. Carpooling alentado.

Sábado
Feb. 8, 2020
7-8:30pm

American Jewish University
1101 Pepper Tree Ln.
(Tapo Cyn & Guardian)

Santa Barbara Independent

80 Mental-Health Beds Slated for Lompoc

Acute-Care Facility Planned at Site of Former Substance Abuse Center

Behavioral Wellness Director Alice Gleghorn | Credit: Paul Wellman

By **Nick Welsh**

Tue Jan 14, 2020 | 10:30pm

With typical understatement, county mental health czar Alice Gleghorn acknowledged, "It's a very big deal." Her tone, however, was more weary — deadpan, perhaps — than elated. Gleghorn and crew helped broker a deal that will lead to 80 new beds sprouting up for a new acute-care mental-health facility in Lompoc at the site of the state-of-the-art substance abuse center that went out of business nearly two years ago.

In its place, Crestwood Behavioral Health — the largest private mental-health provider in the state — will operate a locked facility with three separate units, each one calibrated to address mental-health challenges of different levels of severity. Some patients will be there for years, others a relatively short period, and others for five to six months.

Last month, Crestwood signed a letter of intent with the property owner, Lompoc Medical Center. The lease is expected to be signed in February. If all goes according to plan, Crestwood will be ready for customers sometime in October.

"We're very happy to be here," stated Crestwood's Executive Vice President Dr. Patricia Blum.

Making the deal financially viable is the stream of patients — 32 — that Gleghorn and the Department of Behavioral Wellness will send and pay for. Currently the department sends 125 patients in need of serious long-term care to out-of-county facilities in faraway places like Sacramento and Sylmar.

"For the past three years, this has been our number-one priority," Gleghorn declared.

Care for patients sent to Crestwood by the county will be covered by Medi-Cal under the auspices of the county's conservatorship program. The cost of such treatment, Blum stated, will hover about $425 a night. Having an in-county facility offers a range of much-needed acute-care options with much closer supervision and coordination than is possible in out-of-county facilities. For family members inclined to participate, it offers a clear advantage.

Blum said Crestwood offers an employment training program in which patients are paid competitive wages for a range of jobs, from receptionist to gardener to peer support specialist, if only for an hour and a half a week. "Other than the paycheck, it gives people a sense of purpose," Blum said.

Mary Haffner's

Comments to the Ventura County Board of Supervisors, December 10, 2019

I have served on the Ventura County Behavioral Health Advisory Board for the last four and a half years, attending both the general meetings and the issue-focused committee meetings. In 2015, I advocated for, and helped pass, the Laura's Law program, a back-end treatment for those with serious mental illness who have a history of hospitalizations and incarcerations. I co-chair the Laura's Law, or Assist, implementation workgroup and I am on the LPS reform committee. I have served on numerous boards in this county over the last 20 years to include 3 consecutive four year terms on the Ventura Unified school board and I am on the board of directors for the Los Angeles chapter of Physicians for Social Responsibility.

I understand process and planning and I understand how important your role is in articulating the vision and goals for the county. When addressing the healthcare needs of Ventura County residents, it is my hope that your vision and your goals are health-driven and that the emphasis is on science-based treatment and health outcomes.

The 16 page letter I have submitted pertains to only one portion of a tremendous gap in services to some of our most ill, - hospital boarding and the lack of treatment for people in psychiatric crisis who present in hospital ERs pursuant to an involuntary hold. These people are some of our most ill – they have psychosis and suffer from delusions, hallucinations and disordered thinking.

I wrote the letter and I stand before you today because **I am deeply concerned about the lack of a comprehensive long-term vision and plan for the delivery of services to our most ill psychiatric patients. And I am concerned about the perception that comes with some of the county's decisions and actions regarding the seriously mentally ill. The county and the hospitals act as if these people will just go away if you ignore them long enough.** People with the most serious mental illnesses are not going away, they will continue to need emergency services, treatment, and supports. The percentage of people who live with these diseases has remained steady at 4.2 – 5% of the population. We cannot afford to continue to neglect them and their needs -we need to provide prompt and effective treatment - medically necessary treatment on par with all others who suffer with illness and that adheres to a high standard of care.

The county continues to make people wait hours, sometimes days in hospital emergency rooms. Many times, after these long waits, they are transferred out of the county. Unlike many other CA counties, and I continue to find more, VC does not have a psychiatric crisis facility that can directly accept people on an involuntary hold who are deemed gravely disabled or a danger to self or others. This county must invest in emergency treatment services and both acute and sub-acute psychiatric beds. We are supposed to have 50 beds per 100,000 in population – we only have 3.7 beds per 100,000. It is not enough. It is time for action.

I want you to know that the lack of a comprehensive plan, the lack of emergency treatment and the dire lack of beds has resulted in very real harm and tragic consequences.

At a recent Behavioral Health Advisory Board meeting a mother told us that her 24 year old son had just undergone 5 back to back hospitalizations starting at Adventist Simi Valley. He never received appropriate treatment for his psychosis – this mother stated that he was back at home, still psychotic, dangerous and paranoid and she wanted to warn the community. Her story is not an isolated incident, this happens all the time because this county has not invested in critical front-end services to our most ill and most vulnerable.

All others in acute distress are given prompt and effective treatment. **How can it be anything other than discrimination and stigma that influence your decisions when your only investment in emergency treatment for this population is to continue to make them wait in emergency rooms, transfer them out of the county, or treat them as a law enforcement responsibility?** There is no communication between agencies and we don't even collect data on these individuals. That is a very low standard of care – I would argue an unethical and indefensible standard of care. Discrimination and stigma should have no place in ethical and responsible decision-making. In March of this year, a federal judge ruling on behalf of psychiatric patients in a multi-million dollar class action lawsuit stated that,

"Research has demonstrated that patients with mental health disorders who receive treatment at a lower level of care than is clinically appropriate face far worse outcomes than those who are treated at appropriate levels of care." "It is well-established that effective treatment of mental health includes treatment aimed at preventing relapse or deterioration of the patient's condition and maintaining the patient's level of functioning."

The county should immediately:

1. Open all 12 chairs at the Hillmont Crisis Stabilization Unit. The demand for these services is high and the county's decision to only open 4 chairs and inadequately staff this CSU creates hospital boarding; and

2. Open all beds at the Hillmont Inpatient Psychiatric Unit. This unit used to have 60 beds; now, the county only staffs the IPU for 30 beds. The infrastructure is there, the demand is high, and it makes no sense not to take this action immediately.

It appears that the county's number 1 priority is to keep costs down at the expense of patient health – cost-cutting seems to be the goal, not good health outcomes. These decisions come with real consequences and impacts for these people and their families and for our communities. Ventura County, the Healthcare Agency and VCBH deviate from a standard of care that is required for this population.

I hope this county will make an earnest and sincere showing of good faith in creating a comprehensive plan that includes emergency services and psychiatric in-patient beds and addresses the realities of serious mental illness and the very real needs of this population.

PLANTING HOPE

Nursery jobs aid healing from mental illness

BY KIM LAMB GREGORY /// PHOTOS BY KAREN QUINCY LOBERG

Maricel Martindale walks along wooden tables holding neat rows of potted plants, one hand brushing the tops of the leaves.

"These are all my babies," she said.

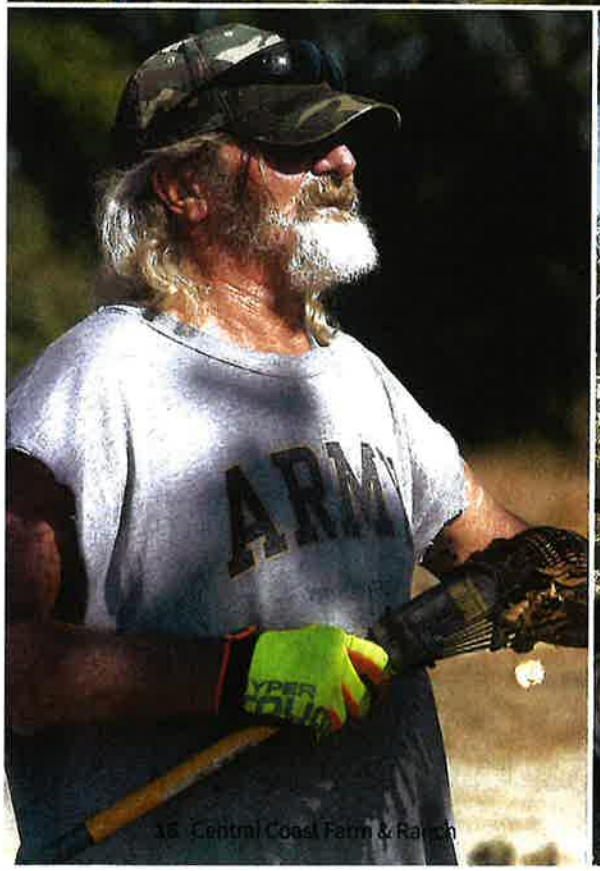
Martindale, 38, recently earned employee status at Growing Works, a nonprofit wholesale nursery in Camarillo that offers 316 varieties of drought-tolerant landscape plants.

Growing Works also harvests healing through a vocational training program for people with mental-health challenges who are receiving services from Ventura County Behavioral Health.

"The premise behind Growing Works is to give those who have experienced mental illness the opportunity to have access to employment," said Executive Director Jason Meek of Turning Point Foundation, which operates the nursery. "So people can gain employment skills in an environment that is safe and conducive to recovery."

Continued

LEFT Dennis Perry and Maricel Martindale test the quality of water used to grow young oaks at Growing Works in Camarillo. The saplings will be planted at the memorial for victims of the mass shooting at the Borderline Bar & Grill in Thousand Oaks. **ABOVE** Tom Hayduk and Jorge Lagunas, holding the plant to his nose, inspect oak saplings. **BELOW LEFT** Michael Moore rakes garden debris on an early November day at the nursery. **BELOW** Jorge Lagunas wheels flats of succulents across the grounds. **OPPOSITE PAGE** Growing Works employee Maricel Martindale enjoys the hands-on nature of plant nursery work.



Ventura County District 2 Supervisor Linda Parks seeded the project, which began in July 2018 and has since served 78 individuals.

"It is performing even better than we had thought," Parks said. "We have a lot of participants who are now getting paychecks."

"... A lot of the nonprofits provide for basic needs, but what this organization offers is an opportunity for people to feel valued. Something beyond survival. It's essential for all of us to feel useful."

David Martinez
Marz Farms

Plants are sold to landscape companies, retailers and nonprofit gardens such as the Santa Barbara Botanic Garden, Ventura Botanical Gardens and the Theodore Payne Foundation in Sun Valley.

Seven years in the making

A similar program in San Luis Obispo County impressed Parks, and she wanted to use it as a model for Ventura County. After seven years of waiting for the stars to align, she found the perfect spot — county-owned land on Lewis Road in Camarillo, donated by the state when Camarillo State Hospital closed.

Parks called Meek, who was enthusiastic. "It couldn't have worked better in terms of having both the human capital to do the project and the actual land," Meek said.

Somis rancher David Martinez of Marz Farms owns property behind the almost nine acres earmarked for Growing Works, so Parks gave a courtesy call to Martinez to let him know about the

development that would be taking place next to his land. Martinez assured her it would not affect his farming operations as he no longer used the land and, in fact, would donate $40,000 for fencing.

"I thought the vision behind it was great," Martinez said. "I think a lot of the nonprofits provide for basic needs, but what this organization offers is an opportunity for people to feel valued. Something beyond survival. It's essential for all of us to feel useful."

The Growing Works journey begins with "supported employment" for individuals who perform 24 months of volunteer gardening along with group and individual therapy, according to Growing Works Project Manager Mark Schumacher.

"As you earn hours as a volunteer, you move forward in the program and eventually can become an employee," he said.

Martindale is thrilled to have graduated to employee status.

"I was isolated for a long time. I'd say about 10 years. I was in a rough relationship," said Martindale, who manages her anxiety and depression. "Being in the program taught me how to work with people again — how to socialize."

Ron Quasebarth, 60, joined the program three months ago after doing prison time in 2003, experiencing homelessness, mental illness and substance abuse.

"I was pretty strung out," Quasebarth said. "I rode a bicycle all the way here from San Francisco. I had no food, no money. ... I almost died."

He was admitted to the county's Crisis Residential Treatment program and then went to Turning Point.

The camaraderie, the understanding when he has what he calls "episodes" and working with plants placed him on the path to wellness.

'Positive endorphins'

"You're getting Vitamin D, you're outside, you're working in the sun, you're exerting yourself and getting positive endorphins," Meek said. "From a clinical perspective, you're focusing on a task that is not overly complex. You're in the moment, concentrating on something that is going to grow and bring oxygen and smell beautiful."

"Plants are inherently a hopeful thing," said Nursery Manager Jenn Rodriguez. "A seed is just a little bit of dust, and from that you get a plant that smells good and blooms."

Parks and Meek have plans for Growing Works. Both want to include more military veterans who may be suffering from post-traumatic stress disorder. Meek also would like to involve members of the Mixteco community.

Rodriguez has a wish list of about 400 plants, and as the nursery expands, it will need equipment and tools, if farmers can spare them.

Parks said she also hopes the agricultural community will consider hiring people trained through Growing Works, so they can truly grow into all they were meant to be.

"We have a lot of miracles here," Schumacher said.

Kim Lamb Gregory, a communication specialist at Cal State Channel Islands, is a veteran print and broadcast journalist.

To donate to Growing Works, email Suki Sir at ssir@turningpoint.org.

VENTURA COUNTY MEDICAL CENTER
A Division of Ventura County Health Care Agency

VCMC IPU CSU 2020 BHAB Report

Dan Powell, M.A., MFT, BCBA
January 2020

Setting the standard in health care excellence, Healthy people in healthy communities throughout Ventura County.

http://hospitals.vchca.org/

Presentation Outline

- CSU Overview
- CSU Numbers to date
- IPU Overview
- IPU Numbers to date

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Crisis Stabilization Unit (CSU)

- What is a Crisis Stabilization Unit (CSU)?
- A CSU is an acute psychiatric service developed to help stabilize patients experiencing acute psychiatric symptoms.
- Most patients can be treated in less then 24 hours.
- A majority of patients can then be dispositioned back home or into the community.
- Patients that require additional psychiatric care are admitted to the IPU for further treatment.

Crisis Stabilization Unit (CSU)

- 12 hours of onsite psychiatry 7 days a week
- 12 hours of on-call psychiatry 7 days a week
- 24/7 Nursing staff onsite
- Social Worker onsite 6 days a week
- RISE staff visit 5 days a week.

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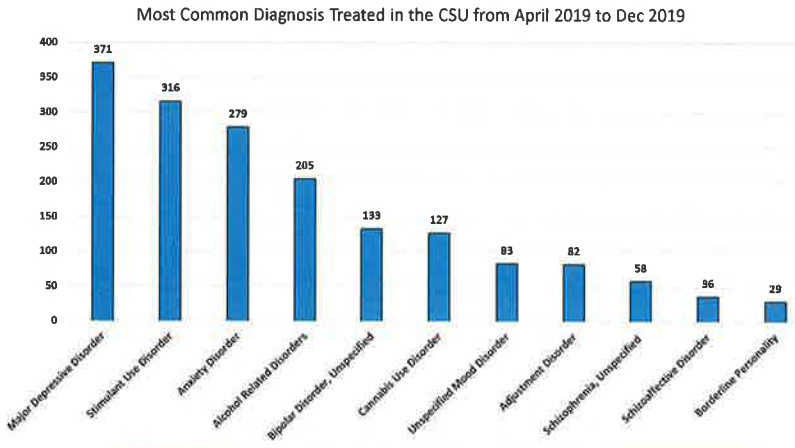
http://hospitals.vchca.org/

Most Common Diagnosis Treated in the CSU



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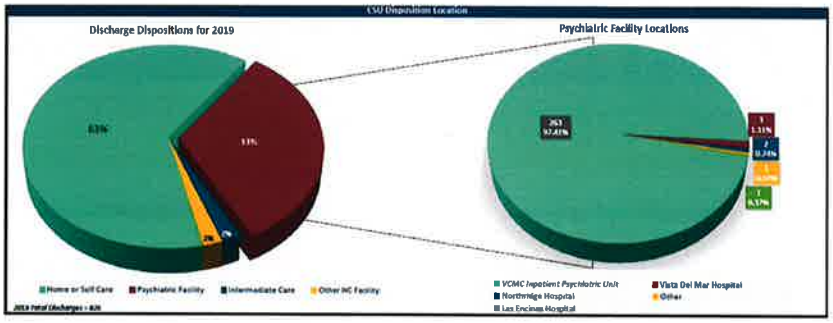
CSU Dispositions



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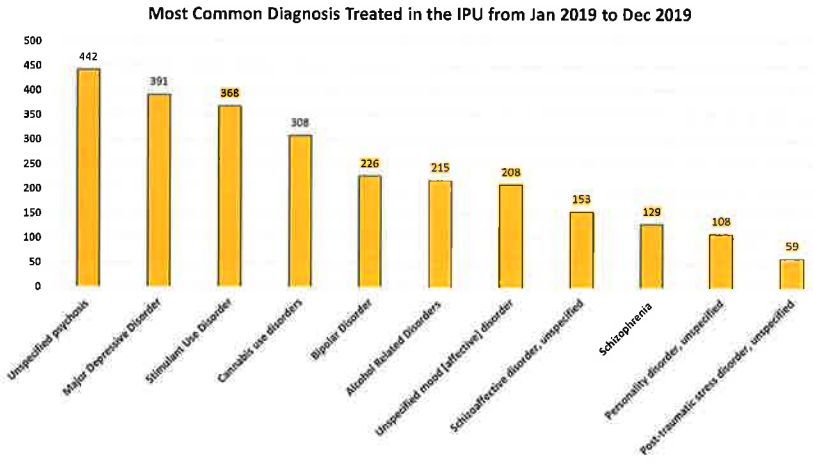
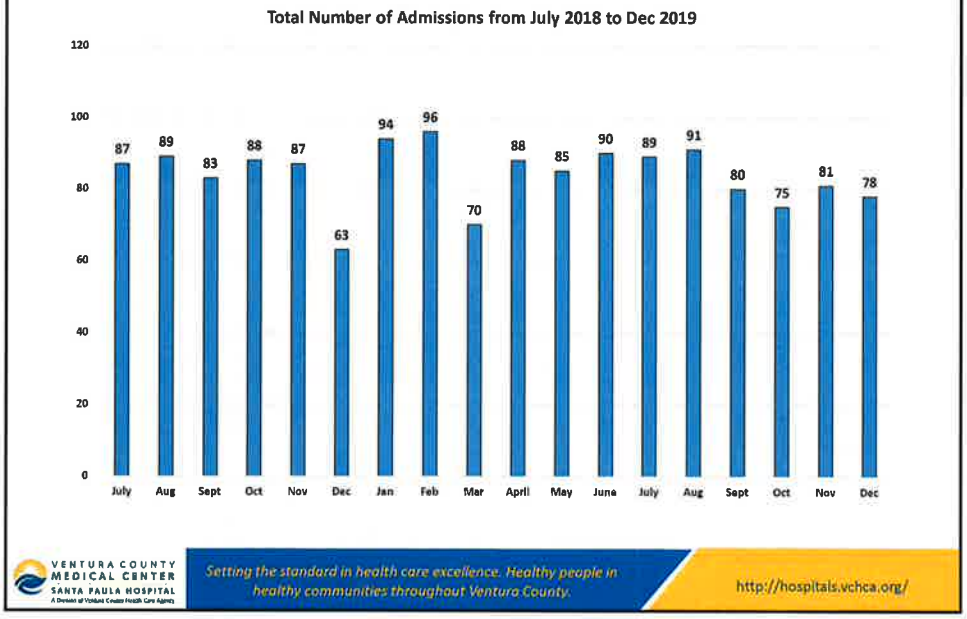
Inpatient Psychiatric Unit (IPU)

- Inpatient Psychiatric Unit (IPU)
- Short term hospitalization designed to treat moderate to severe psychiatric symptoms that meet medical necessity criteria.
- Severe and persistent mental illness
- Legal status: Voluntary, 5150, 5250
- Includes Suicidal, Homicidal and or Gravely Disabled
- Average Length of Stay 7-10 days

Most Common Diagnosis Treated in the IPU



IPU Admissions



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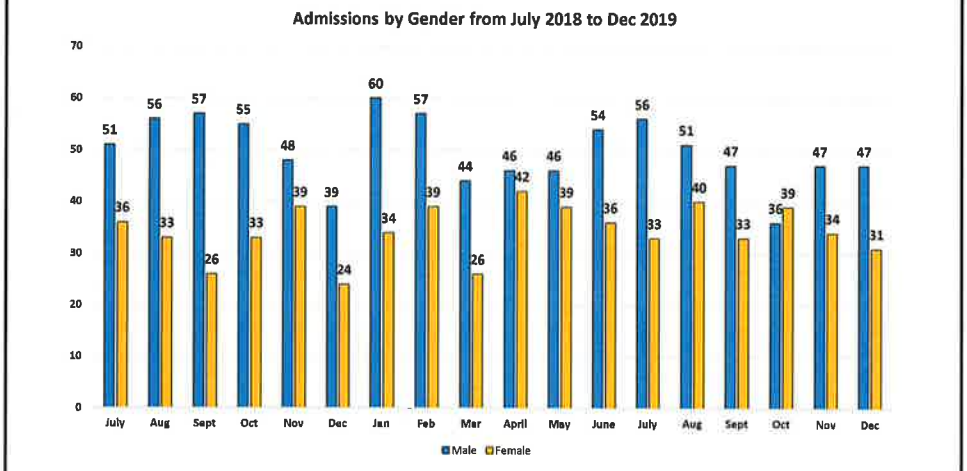
IPU Admissions by Gender



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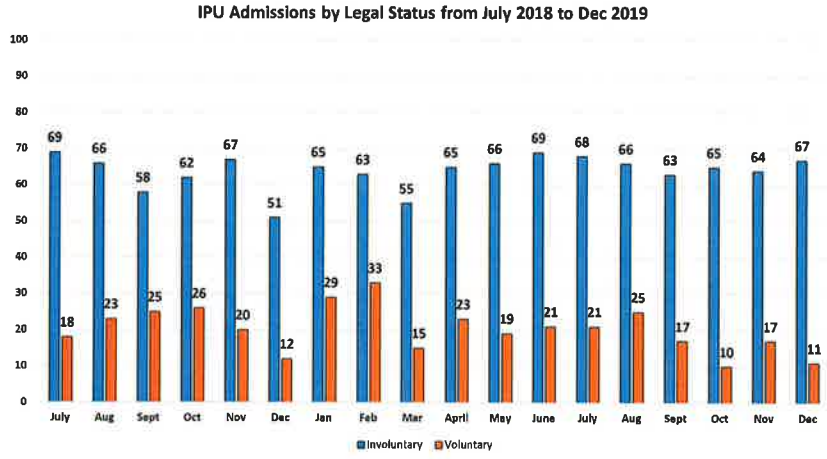
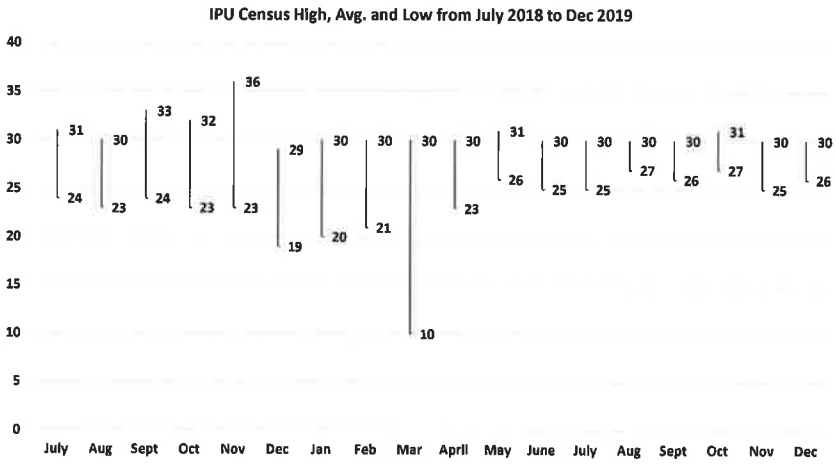
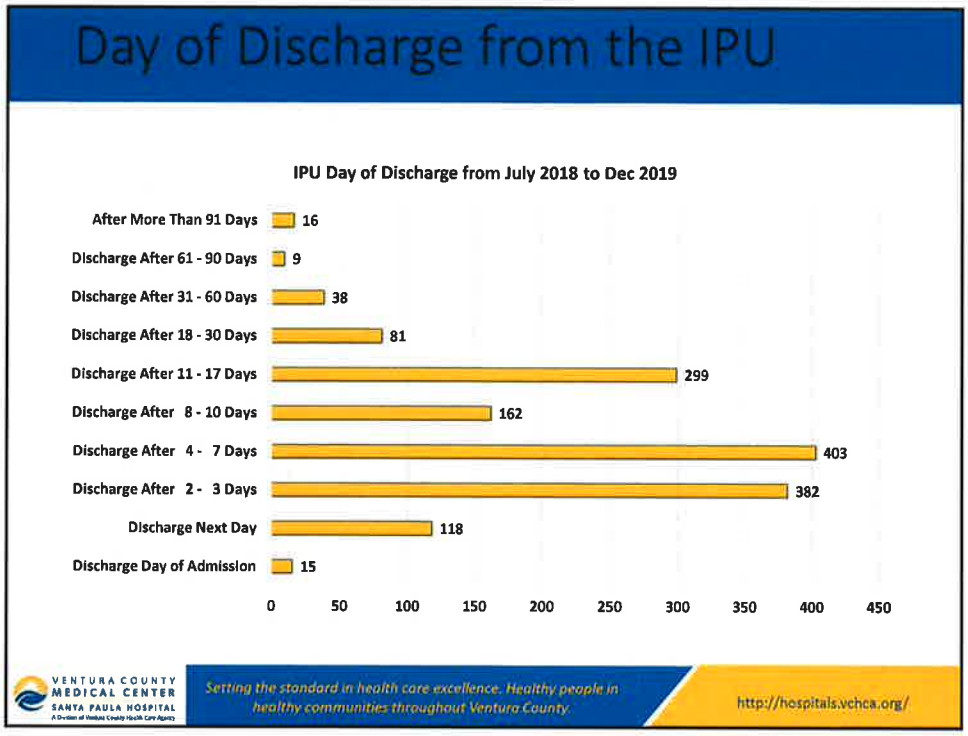
IPU Legal Status



Census High, Avg. and Low




Day of Discharge from the IPU
IPU Day of Discharge from July 2018 to Dec 2019
After More Than 91 Days
16
Discharge After 61 - 90 Days
9
Discharge After 31 - 60 Days
38
Discharge After 18 - 30 Days
81
Discharge After 11 - 17 Days
299
Discharge After 8 - 10 Days
162
Discharge After 4 - 7 Days
403
Discharge After 2 - 3 Days
382
Discharge Next Day
118
Discharge Day of Admission
15
0
50
100
150
200
250
300
350
400
450
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VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

January 27, 2020

RAPID INTEGRATED SUPPORT AND ENGAGEMENT (RISE):

Felicia Skaggs M.S.
Clinic Administrator RISE and Assist

Demographics

Ethnicity	
Not Hispanic	48%
Mexican/Mexican American	27%
Hispanic/Latin	11%
Unknown	13%
Other	1%

Gender	
Males	53%
Female	47%

Homeless Referrals	
Outreach (pre-RISE)	22%
RISE Admissions	8%

Previous Treatment
16% of those over age 18 had history of prior VCBH outpatient enrollment

VENTURA COUNTY BEHAVIORAL HEALTH

2

Enrollment by Age Group

Pre-RISE Outreach	No. of clients FY14-15	No. of clients FY15-16	No. of clients FY16-17	No. of clients FY17-18	No. of clients FY18-19	Total no. of clients	Percent of total clients	Avg age at last RISE contact
Adults (26-60)	286	421	893	735	361	2,696	62%	42.4
Older Adults (60+)	34	65	88	91	88	366	9%	64.9
Transitional-Aged Youth (18-26)	45	123	251	209	76	704	16%	22.1
Youth & Family (0-18)	45	61	159	193	111	569	13%	13.7
Grand Total	410	670	1,391	1,228	636	4,335	100.0%	37.7
RISE Enrolled								
Adults (26-60)	228	265	280	320	175	1,268	50%	42.1
Older Adults (60+)	18	28	27	30	17	120	5%	65.5
Transitional-Aged Youth (18-26)	62	80	95	140	63	440	17%	22
Youth & Family (0-18)	109	123	176	179	145	732	28%	13.8
Grand Total	417	496	578	669	400	2,560	100.0%	35.8

VENTURA COUNTY BEHAVIORAL HEALTH

3

RISE Staffing

Past

- 1 Behavioral Health Clinician IV
- 4 Behavioral Health Clinician III
- 8 Community Services Coordinators
- 4 Peer Recovery Coaches

Present

- 1 Behavioral Health Clinician IV
- 2 Behavioral Health Clinician III
- 4 Community Service Coordinators
- 2 Peer Recovery Coaches

VENTURA COUNTY BEHAVIORAL HEALTH

4

Reduction of RISE Staff

Staff were reassigned to the Assist program.

- 2 Clinician Positions, one clinician position was converted into an RN position.
- 4 Community Service Coordinators

VENTURA COUNTY BEHAVIORAL HEALTH

5

RISE Expansion

TAY Engager Teams

- 2 Behavioral Health Clinicians
- 2 Community Service Coordinators
- 2 Peer Recovery Coaches
- 1 Parent Partner

Law Enforcement Partnership Teams

- 4 Community Service Coordinators
- Ventura PD
- Oxnard PD
- Simi PD
- Ventura County Sheriff Department

VENTURA COUNTY BEHAVIORAL HEALTH

6

VENTURA COUNTY: DATA NOTEBOOK 2019

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

Prepared by California Behavioral Health Planning Council, in collaboration with: California Association of Local Behavioral Health Boards/Commissions

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

Acknowledgements: Most of the trauma-informed care information and data presented in the following pages was drawn from several online sources for the purpose of public education. These sources included: www.cdc.gov, www.samhsa.gov, www.kidsdata.org, Center for Youth Wellness, and research studies of Vincent Felitti, M.D., Robert Anda, M.D. and associates (1998).

Table of Contents

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Ventura County

Population (2018): 855,489

Total Medi-Cal Eligible Beneficiaries (FY 2016-17): 260,510

Total Specialty Mental Health Service (SMHS) Recipients: (FY 2016-17): 9,645

Children and Youth, SMHS

	FY 16-17		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**4,236**	**121,390**	**3.5%**
Children 0-2	142	17,360	0.8%
Children 3-5	324	17,814	1.8%
Children 6-11	1,374	38,033	3.6%
Children 12-17	1,866	33,432	5.6%
Youth 18-20	530	14,751	3.6%
Alaskan Native or American Indian	11	165	6.7%
Asian or Pacific Islander	56	3,966	1.4%
Black	104	1,466	7.1%
Hispanic	2,772	80,870	3.4%
White	971	20,936	4.6%
Other	116	6,907	1.7%
Unknown	206	7,080	2.9%
Female	1,891	59,673	3.2%
Male	2,345	61,717	3.8%

Adults and Older Adults, SMHS

	FY 16-17		
	Adults and Older Adults with 1 or more SMHS Visits	Certified Eligible Adults and Older Adults	Penetration Rate
All	**5,409**	**139,120**	**3.9%**
Adults 21-44	2,728	74,789	3.6%
Adults 45-64	2,341	44,800	5.2%
Adults 65+	340	19,531	1.7%
Alaskan Native or American Indian	27	464	5.8%
Asian or Pacific Islander	156	9,534	1.6%
Black	199	2,715	7.3%
Hispanic	1,543	59,827	2.6%
White	2,393	41,108	5.8%
Other	357	12,378	2.9%
Unknown	734	13,094	5.6%
Female	2,859	76,492	3.7%
Male	2,550	62,628	4.1%

Introduction: Purpose and Goals: What is the Data Notebook?

The Data Notebook is a structured format to review information and report on each county's behavioral health services. Recent practice has focused on different parts of the public behavioral health system each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for specific age groups of adults or children and youth.

Local behavioral health boards/commissions are required to review performance outcomes data for services in their county and to report their findings to the California Behavioral Health Planning Council (CBHPC). To provide structure for the report and to make the reporting easier, each year we create a Data Notebook for local behavioral health boards to complete and submit to the CBHPC. Both statewide and county-specific data are provided for review. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Council staff to create a yearly report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review performance data for their county mental health services and report on performance every year,
- To serve as an educational resource on behavioral health data for local boards,
- To obtain opinion and thoughts of local board members on specific topics,
- To identify unmet needs and make recommendations.

The 2019 Data Notebook focus topic is an examination of behavioral health services and needs from a perspective of "Trauma-informed principles of care across the lifespan." Understanding the role of childhood trauma reveals the urgent need for trauma-informed practices in all parts of the public behavioral health system.

This year the focus topic will comprise only part of the Data Notebook. We also have developed a section with standard data and related questions which will be addressed each year to help us detect any trends. Monitoring these trends will assist in identification of unmet needs or gaps in services, which may occur due to changes in the population, resources available, or public policy (i.e., eligibility criteria).

The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify the most important issues in their community. This work

[1] W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

informs county and state leadership about local behavioral health programs, needs, and services. This information is used in the Council's advocacy to the legislature and for input to the state mental health block grant application to SAMHSA[2].

Note that there are two sets of Discussion Questions. The first group are the standard yearly data questions. The second group, the Focus Topic Questions, are at the end of the Data Notebook, following the presentation on Trauma-informed Care.

Standard Yearly Data and Questions for Counties and Local Advisory Boards

In recent years, major improvements in data availability now permit local boards and other stakeholders to consult extensive Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services and substance use treatment. Related data are analyzed for yearly evaluations of county programs that are reported at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data can be found in the 'MHSA Transparency Tool' presented on the MHSOAC website.

However, members of the Planning Council would like to examine some county-level data that are not readily available online and for which there is no other accessible public source. The items of interest include data that are collected by the counties because they need to know how much they are spending in these service categories and for how many clients. Collecting this information will fill one gap in what is known about services that might be needed or provided in the course of a fiscal year (FY). And may help identify unmet needs in services.

Standard Annual Questions for the Data Notebook

Please answer these questions using information for fiscal year (FY) 2017-2018 or the most recent fiscal year for which you have data. Not all counties have readily available data for some of the questions. If so, please enter N/A for 'data not available.'
Please note that a second group of Discussion Questions follows the Focus Topic, at the end of this Data Notebook.

Adult Residential Care Facilities

There is little publicly available data on the website of the Community Care Licensing at the CA Department of Social Services. This lack of information makes it difficult to determine how many of the licensed Adult Residential Care Facilities operate with

[2] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For more information and reports, see www.SAMHSA.gov.

services that would meet the needs of adults with chronic and/or serious mental illness (SMI), (and are willing to accept clients with SMI), compared to other adults such as those with physical disabilities, or who are developmentally disabled. There is a bill (AB 1766) before the legislature that would authorize and require the collection of data from licensed operators of adult residential facilities regarding how many residents have SMI, or whether these facilities have the services these clients would need to support their recovery or transition to other housing. The Planning Council supports this bill.

The Planning Council would like to understand what type of data are currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)[3] available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs.

There are 82 licensed Adult Residential Care Facilities (ARF) in Ventura County, according to the list provided on the CA Department of Social Services website.[4]

1) **For how many individuals did your county pay some or all of the costs to reside in a licensed Adult Residential Care Facility (ARF), during the last FY?** 557

2) **What is the total number of ARF bed-days paid for these individuals, during the last FY?** 64,490

3) **Unmet needs: how many individuals served by your county need this type of housing but currently are not living in an ARF?** 500 best estimate

4) **Does your county have any 'Institutions for Mental Disease' (IMD)?**
_X__No. ___Yes. If yes, how many IMDs? _____

5) **For how many individual clients did your county pay the costs for an IMD stay (either in or out of your county), during the last FY?**
In-county: N/A **Out-of-county:** 21

6) **What is the total number of IMD bed-days paid for these individuals by your county during the same time period?** 5,426

[3] **Institution for Mental Diseases (IMD) List** https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx.
[4] Link at CDSS: https://secure.dss.ca.gov/CareFacilitySearch/Search/AdultResidentialAndDaycare

Homelessness: Your County's Programs and Services

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at risk of becoming homeless, or need assistance to transition to stable housing after a hospitalization or crisis residential stay. Within the last few years, the problem of homelessness has increased significantly, not only for those with SMI, but for large numbers of adults and children lacking resources for stable housing (for many different reasons). This increase has occurred in spite of greater resources allocated by public agencies to the problems of homelessness and affordable housing.

Studies indicate that approximately 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. The Council does not endorse the idea that homelessness is caused by mental illness nor that the public behavioral health system is responsible to fix homelessness, financially or otherwise, but we know that recovery happens when an individual has a safe, stable place to live so we are interested in what types of things counties are doing. And because this issue is so complex and will not be resolved in the near future, the Council is planning to continue to track and report on the myriad of programs and supports the counties offer to assist individuals who are homeless and have serious mental illness and/or a substance use disorder and who would benefit from such programs.

Current news articles highlighted a recent surge in homelessness numbers in some counties and cities, based on analysis of data from "Point-in-Time" (PIT) counts taken in January of each year, including 2019, 2018, and 2017. From those numbers, local officials found the percent increases from 2017 to 2018, and from 2018 to 2019, to be quite startling, as outlined in New York Times articles in April[5] and June,[6] 2019.

The table on the next page shows the January, 2018 'Point in Time Count' for the number of homeless in your county (or federally designated Continuum of Care, 'CoC') from the website at www.hud.gov. (For more information, see URL link in the footnote).[7]

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[5] www.NYTimes.com, April 10, 2019. California Today: How Large is the Bay Area's Homeless Population?

[6] www.NYTimes.com, June 5, 2019. California Today: Homeless Populations Are Surging. Here's Why.

[7] Your county data may be grouped with other counties, depending on the assigned group for federal "Continuum of Care" (CoC) designation. Example: data for the **CoC CA-516** includes Redding/Shasta, Siskiyou, Sierra, Lassen, Plumas, Del Norte, and Modoc Counties. The annual HUD "Point-in-Time" counts of homeless persons for all California counties are at:
https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2018&filter_Scope=CoC&filter_State=CA&filter_CoC=&program+Coc&group=PopSub.

Table: Summary of Number of Homeless Persons in each Household Type, 'CoC' Region CA-611 (Includes Ventura County)

SUMMARY of PERSONS in each TYPE of HOUSEHOLD	SHELTERED: in Emergency Shelter	SHELTERED: In Transitional Housing	UNSHELTERED	**TOTAL**
Persons in Households without any Children	**253**	**47**	**808**	**1,108**
Persons in Households with at least one adult ≥18 and at least one child<18	**36**	**142**	**21**	**199**
Persons in Households[8] with only Children <18	**0**	**0**	**1**	**1**
Total Homeless Persons	**289**	**189**	**830**	**1,308**

7) **During the most recent FY (2017-2018), what new programs were implemented, or existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness?**

a. **_X_ Emergency shelter**
b. **___ Temporary housing**
c. **_X_ Transitional housing**
d. **_ X Housing/Motel vouchers**
e. **_ X Supportive housing**
f. **_ X Safe parking lots**
g. **_ X Rapid re-housing**
h. **___ Adult residential care patch/subsidy**
i. **___ Other, please specify: _____**

8) **Optional: If your county (or CoC) has data for 2019, please enter that total number here: Point-in-time Count =** 3,688 **persons. If you compare that number to the total for 2018, you may determine the percent increase in homeless persons over one year:** approximately 10%; see below spreadsheet. **This number may provide some indication of how much worse the problem is getting, and how quickly that change is taking place.**

[8] Data definition: Persons in Households with only Children <18 includes unaccompanied child or youth, parenting youth<18 who have one or more children, or may include sibling groups<18 years of age.

CITY	2007	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Camarillo	10	13	15	29	30	27	38	35	24	27	49	33
Fillmore	5	4	5	10	16	13	6	7	6	0	2	10
Moorpark	13	7	1	7	5	9	15	7	4	7	3	2
Ojai	82	60	52	40	41	43	62	40	29	19	31	47
Oxnard	671	679	520	638	522	645	379	603	584	461	335	548
Port Hueneme	9	1	9	6	12	17	13	22	7	18	19	30
Santa Paula	97	91	54	50	60	34	31	20	56	35	44	106
Simi Valley	163	303	229	226	284	211	194	202	99	105	143	121
Thousand Oaks	81	147	106	87	90	121	130	83	104	102	80	103
Ventura	588	623	601	570	701	519	495	334	300	301	546	555
Unincorporated	242	235	223	209	175	135	86	64	58	77	77	114
TOTALS:	**3968**	**4172**	**3825**	**3883**	**3948**	**3787**	**3463**	**3432**	**3287**	**3169**	**3347**	**3688**

2014 Oxnard count is artificially low due to a reporting discrepancy.

Child Welfare Services: Foster Children in Certain Types of Congregate Care

About 60,000 children, under the age of 18, in California are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receives foster children; however, a small number of the children necessitate a higher level of care and are placed in a Group Home.

California has had a long standing goal of moving away from the use of long term group homes, also known as congregate care, and are increasing youth placement in family settings. Assembly Bill 403, California's Child Welfare Continuum of Care Reform, provided timelines and requirements to reform the foster care system including the reduction in reliance on congregate care as a long-term placement setting, AB 403 narrowly redefines the purpose of group care. Group homes are to be transitioned into a new facility type, Short-Term Residential Treatment Program (STRTP), which will provide short-term, specialized, and intensive treatment and will be used only for children whose needs cannot be safely met initially in a family setting.

A STRTP is a residential facility that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children. STRTPs are required to provide trauma-informed and culturally relevant core services, which include: specialty mental health services (SMHS); transition services; education, physical, behavioral, and extracurricular supports; transition to adulthood services; permanency support services; and Indian child services.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your

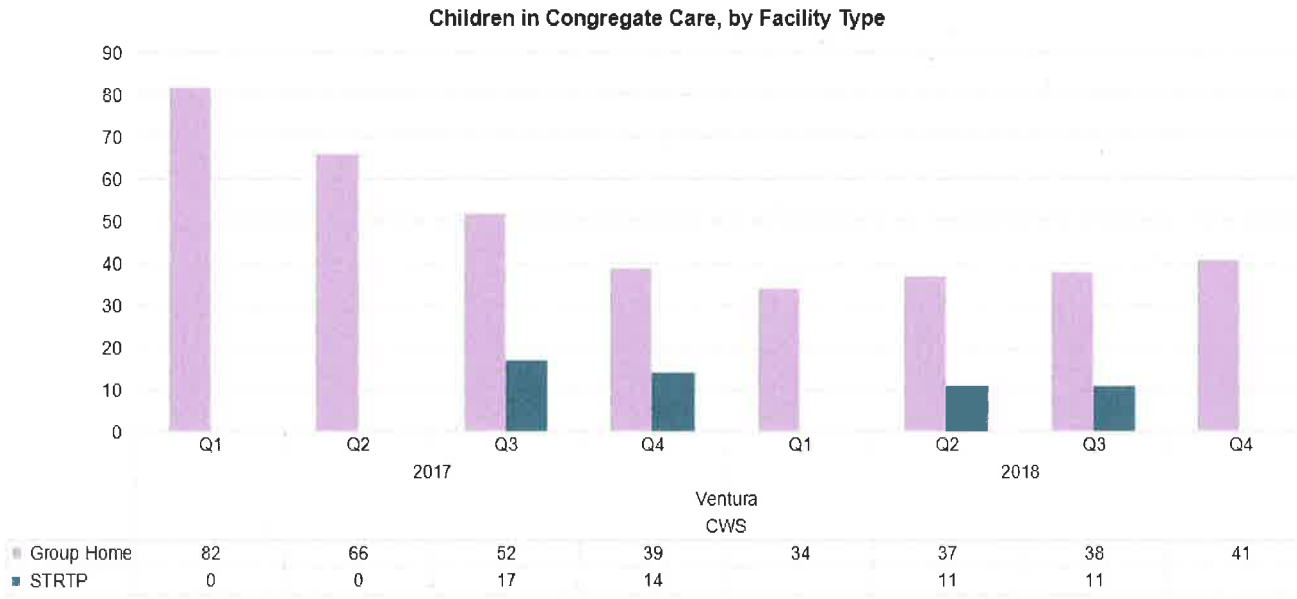
board to talk with your county director about what is happening in your county for any children in foster care who are not yet able to be placed in a family setting or who are in a family setting and experience a crisis which requires short-term intensive treatment.

The following chart displays the count of children age 0-17 years in your county who were in a group home compared to a count of the children age 0-17 years who were in an STRTP at some time during that quarter. Note that it does not display point-in-time counts of children in a group home or STRTP on a particular day in the quarter. This measure looks at all children who were in a group home placement at some time during the quarter and all children who were in an STRTP placement at some time during the quarter as two separate populations. If a child was placed in one type of congregate care home but then was moved to a different type of facility during the quarter, then that child was counted once in each population group. These children are part of an extremely vulnerable population and the Council will be tracking them over the next several years.

Please examine the data below. If there were no children in a given category during that quarter, then a zero was entered. Blanks in the table mean that data were suppressed due to small numbers (<11 cases). Thus, some small population counties may have only, or mostly, blanks, indicating that "some" children were in those groups but not enough to safely depict.

Your county: **Ventura County**

How does the number of children in a Group Home during the quarter compare to the number of children in an STRTP during the quarter?



9) **Do you think your county is doing enough to serve the children/youth in group care? Yes X No_____**

If not, what is your recommendation? Please list or describe briefly (in 30 words or less).

VCBH has been engaged in Continuum of Care Reform since 2017 and Pathways to Wellbeing since 2013, all with the premise of decreasing length of stay of children in the dependency system, reducing time and number of children in out of home placement, having children stay in family homes with services attached to the child and network, ensuring trauma informed screening and assessment of all children in dependency.

Many counties do not yet have STRTPs and are having to place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

10) **Has your county received any children from another county? Yes X No_____. If yes, how many?** 322 in FY 2018-19

11) **Has your county placed any children into another county? Yes X No ____. If yes, how many?** 36 in FY 2018-19

The numbers include only Medi-Cal beneficiaries. For children from another county, the number reflects the cases of children who were linked to a clinic or to the Screening, Triage, Assessment & Referral (STAR) Team; it is unknown whether they received services following the referral.

Background and Context: Trauma-informed Care across the Life Span

One goal of our 2019 Data Notebook is to examine behavioral health services and needs from the perspective of "Trauma-informed principles of care across the lifespan." Our choice of this focus topic recognizes that childhood adversity and trauma contribute profoundly to an individual's lifelong mental and physical health outcomes, and in turn, to the well-being of our families and communities.

What is Trauma and How Common is It?[9]

- Experiences that cause 'intense physical and psychological stress reactions.'

[9] SAMHSA, Treatment Improvement Protocol (TIP) 57.

- Events that are physically and emotionally harmful or threatening and that cause lasting damage to a person's physical, social, emotional, or spiritual well-being.'
- Many individuals report a single traumatic event, but 'others--especially those seeking mental health or substance abuse services--have been exposed to multiple or chronic traumatic events.'

Why focus on trauma? Trauma is more prevalent in our society than many realize. In the U.S. general population, one survey (NSARC, 2012)[10] found that 72% of adults reported witnessing a trauma, 31% experienced trauma due to injury, and one-sixth (17%) had experienced serious psychological trauma. Potential sources of trauma include natural disasters, accidents, interpersonal violence (domestic violence, rape, mass casualty events), and severe childhood maltreatment. (See Appendix I.) Some may experience post-traumatic stress disorder in the course of their work in military service, or as first-responders, providers of emergency healthcare or trauma therapy.

Regardless of cause, screening for psychological trauma is an essential first step to treatment, and can be performed with standard methods targeted specifically for adults, or for children and youth (See Appendix II for methods). Screening is now deemed so important that the state of California has designated specific funding for trauma screenings of all children and adults with full-scope Med-Cal (FY 2019-20).

Multiple, Complex, or Cascading Traumatic Events[11]

- California is prone to multiple large-scale catastrophes, including fires, floods, landslides, droughts, and earthquakes.
- The primary trauma can lead to secondary losses of home, school, work, and neighborhood relationships, in a cascading sequence of loss and displacement.
- CA residents may experience consecutive and/or simultaneous natural disasters, in a pattern without time for healing from one event before another occurs.
- The mobility of our population can result in a lack of supportive relationships or resources. This lack compounds the vulnerability to trauma and delays recovery.
- Finally, when faced with new disasters, adults who experienced early life 'adverse childhood experiences' (ACEs) may find it much more challenging to recover and be resilient in the face of new trauma.

The concept of multiple or complex trauma is particularly important in the discussion of childhood trauma, because children may experience repeated traumatic events, multiple

[10] NSARC: National Epidemiological Survey on Alcohol and Related Conditions, 2012.
[11] SAMHSA, TIP 57, page 47.

types of trauma, or chronic circumstances of profound neglect or deep poverty. Substantial research indicates that severe trauma, early in life, has the potential to create a level of stress that is toxic to the developing brains of young children.

The implementation of basic trauma-informed practices can help organizations provide more sensitive, respectful, and effective health care and to avoid triggers of emotional distress. Therefore, this report will include some trauma-informed practices. Briefly, ***trauma-informed care*** involves a model of care intended to promote healing and reduce risk for re-traumatization. Avoiding re-traumatization largely depends on how individuals and organizations interact with the traumatized person from initial point of contact and throughout diagnosis, screening, and the provision of care.

Next, having acknowledged the larger issues of human trauma, this Data Notebook will focus primarily on the effects of childhood trauma because of the greatly increased risks for mental illness, substance use disorders, and other social and health/medical outcomes. Knowledge about the origins and consequences of childhood trauma may yield information about how to reduce its incidence, causes, and consequences.

ACEs: Early Studies Linked Health Effects to Childhood Trauma

Several types of childhood trauma, hardship, and adversity are studied by researchers. Many of these studies build on the foundation laid by Dr. Vincent Felitti of Kaiser Permanente in San Diego and Dr. Robert Anda of the Center for Disease Control and Prevention (1998).[12] They collected data from over 17,000 adult patients of Kaiser Permanente in the San Diego area.

These researchers found that a specific subset of traumatic childhood experiences were highly correlated with later life physical and mental health problems. They defined these traumatic experiences as "adverse childhood experiences (ACEs)." This research was the largest epidemiological study of its kind ever done to examine the health and social effects of ACEs over the lifespan. They further developed a way to categorize and determine scores for ACEs that showed a relationship to later outcomes.

There are three major categories of defined ACEs: abuse, neglect, and household dysfunction. Within these three categories are ten types of ACEs, as follows.

- Abuse: includes physical, emotional and sexual abuse
- Neglect: includes physical and emotional neglect
- Household Dysfunction: includes having a family member with: serious mental illness, substance abuse disorder, or who is incarcerated, or experiencing domestic violence, or divorce.

These adverse events were used for the basis of the "ACEs Score." The ACE Score for each individual is determined by answering 10 questions regarding events experienced in their life prior to the age of 18 years.

In this original 'Adverse Childhood Experiences Study' (1998), the majority of participants were white (74.8%), middle class, had health insurance, and had achieved a college-level education (75.2%) or more. Almost two-thirds (63.9%) had experienced at least one adverse childhood experience. One in eight people (12.5%) had four or more ACEs. Clearly, for the middle class population in this study, the percentages of people who had experienced at least one or more ACE may seem surprisingly high. But these experiences were remarkably common.

The ACE Study also found that ACEs are highly interrelated – where there is one ACE, there are likely others. So, it didn't make sense to study one category of adversity at a time. It made more sense to study the accumulation of ACEs– so the scientists made a

[12] The definitive early study of Felitti, Anda, et al.,: Vincent J. Felitti, et al., Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. American Journal of Preventative Medicine, 245 (1998).

simple score. Each type of ACE adds to the total ACE Score – from experiencing zero ACEs to experiencing all ten ACEs. ACE scores in the study ranged from 0 to 10. So even if a person experienced several different experiences of physical abuse, say spanking or kicking or blows to the head, this is counted as one ACE, that of physical abuse. The separate examples or events physical abuse do not yield any kind of cumulative score, and this was an arbitrary choice made by the researchers to find some kind of way to analyze what could otherwise be a complex data set.

Remarkably, the data showed a strong dose-response relationship between ACEs and poor health and life outcomes. As the number of ACEs increased, the risk of negative health outcomes also increased. Later studies discovered that the life expectancy of a person with six or more ACES is 20 years shorter than for someone with zero ACEs.

These results led to a new way of thinking about the connection between childhood and adult health. They found that ACE scores directly correlated with the population health. The data showed that, compared to those with zero ACEs, individuals with ACE scores of 4 or more were likely to have exhibited these high-risk behaviors:

- more than twice as likely to be smokers,
- 7 times more likely to alcoholic,
- 10 times more likely to have injected street drugs, and
- 12 times more likely to have attempted suicide.

In addition, ACEs increased the risk for serious health conditions. The data showed that, compared to those with zero ACEs, individuals with 4 or more ACEs were:

- 2.4 times as likely to have a stroke,
- 2.2 times as likely to have ischemic heart disease,
- 1.9 times as likely to have cancer, and
- 1.6 times as likely to have diabetes.

Those were very serious outcomes documented in that largely white, middle-class San Diego area population studied by Drs. Felitti and Anda. Those findings raised important questions about the effect of early life experiences on lifelong health.

But what are the results when those early studies are compared to more recent data[13] about the economically diverse populations of the state of California as a whole? Key differences were that significant numbers of our residents lived in poverty, lacked health insurance, had poor access to healthcare, and worse outcomes.

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[13] These statewide data findings (following pages) were derived from four years of statewide data from 27,745 adults that was collected by the annual California Behavioral Risk Factor Surveillance Survey data [BRFSS, 2008-2013]. These data were reported by the Center for Youth Wellness, using analyses by the Public Health Institute.

Recent California Data Confirm Link of early Trauma to Health Outcomes

Recent statewide data (2008-2013) show that the prevalence of ACEs is relatively consistent across race and ethnic groups in the state. However, high numbers of ACEs do correlate with a person's poverty, lack of education and/or unemployment. When compared to someone with no ACEs, data show that a person with **4 or more ACEs** is:

- 21% more likely to be below 250 percent of the Federal Poverty Level (FPL),
- 27% more likely to have less than a college degree,
- 39% more likely to be unemployed,
- 50% more likely to lack health insurance (and more likely to delay seeking care).

Using this recent statewide data, what percentage of California adults recalled one or more ACEs from their childhood, regardless of household type? The data below show that 45% had 1-3 ACEs, and almost 16% (or one-sixth) had 4 or more ACEs.

TABLE: Adult Retrospective Data (2008-2013), from www.kidsdata.org[14]

California	Percent		
Number of ACEs	Households with Children	Households without Children	All Households
0 ACEs	36.8%	40.8%	39.0%
1-3 ACEs	46.7%	43.9%	45.1%
4 or More ACEs	16.5%	15.3%	15.9%

What is the prevalence of ACEs for adults in your county?

Ventura County	Percent		
Number of ACEs	Households with Children	Households without Children	All Households
0 ACEs	LNE	42.2%	39.8%
1-3 ACEs	LNE	41.9%	45.0%
4 or More ACEs	14.4%	16.0%	15.2%

[14]Your county data may be found at: https://www.kidsdata.org/ .

Adult retrospective data are shown above. "Retrospective surveys," are those in which adults were asked about their life experiences prior to age 18, for example. Take note of the average percent taken from adults in all households (regardless of whether the adult resides in a household with, or without, any children). (LNE means data are suppressed due to a 'low number event.')

In some counties, over 75% of residents have at least one ACE. Even in counties with the lowest prevalence of ACEs, 50% had one or more adverse experiences in childhood. If the statewide numbers are very different from your county data, you may wish to explore potential contributing factors. Contributory factors could include poverty, unemployment, lack of education, high rates of child maltreatment or substance abuse, among other possible reasons. However, causes might not be readily identifiable.

Furthermore, the ranking of which ACEs were most common varies among adults in different counties. However, based on statewide data for adults, the most common ACE is emotional abuse. The most common ACEs among California adults are reported as follows (Behavioral Risk Factor Surveillance Survey data, 2008-2013):

- Emotional or verbal abuse: 34.9%
- Parental separation or divorce: 26.7%
- Substance abuse by household member: 26.1%
- Physical abuse: 19.9%
- Witness to domestic violence: 17.5%
- Household member with mental illness: 15.0%
- Sexual abuse: 11.4%
- Physical or emotional neglect: 9.3%
- Incarcerated household member: 6.6%.

ACEs affect every community in California, urban and rural, "regardless of geography, race, income, or education." A marked percentage of adults has experienced four or more ACEs, a score that confirms a strong correlation with serious health conditions. Some health outcomes include increased lifetime risks for asthma, arthritis, and any cardiovascular disease. Specifically, adults in California[15] with 4 or more ACEs are:

- 2.4 times as like to have chronic obstructive pulmonary disease (COPD),
- 1.9 times as likely to have asthma
- 1.7 times as likely to have kidney disease, and
- 1.6 times as likely to have a stroke.

[15] These data are from BRFSS and CDC statewide data collection in California during the years 2008-2013. The numbers are similar, but not identical, to the findings from the early studies (1998) of Drs. Felitti and Anda on San Diego area patients of Kaiser Permanente, which were cited earlier in this report.

Most importantly, behavioral health challenges in adulthood have a long association with ACEs. In California, when compared to a person with no ACEs, the data show that a person who has experienced four or more ACEs is:

- 5.1 times as likely to have depression,
- 4.7 times as likely to seek help from a mental health professional,
- 4.2 times as likely to be diagnosed with Alzheimer's disease or dementia,
- 3.2 times as likely to engage in binge drinking,
- 2.5 – 3.0 times as likely to have mental, physical, or emotional conditions that cause difficulty in concentrating, remembering, or making decisions.

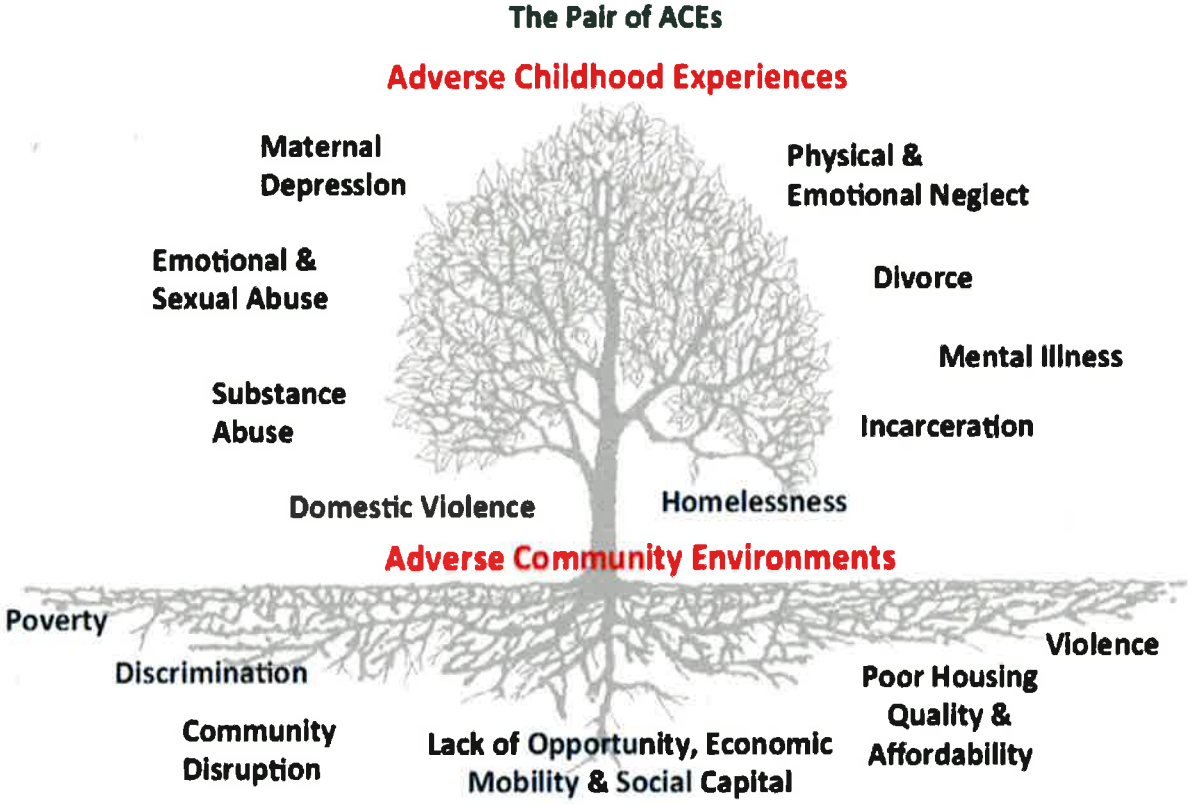
Taken together, the findings of these studies strengthen our understanding that ACEs are common, and that ACES have a strong cumulative impact on the risk of common physical and mental health problems. The results of these adult retrospective studies, where adults were asked about their experiences prior to age 18, help us to recognize the consequences of childhood trauma, and highlight the urgency of providing early screening and treatment for trauma, at every stage of a person's life.

There is a large variety of treatments commonly utilized for adults who have experienced trauma, and there are more therapeutic approaches being developed all the time. Depending on whether a history of trauma occurs with other clinically important issues, different types of therapy may be adapted or combined to meet the individual's current needs.

Focus on Trauma in Children and Adolescents

The ACEs Neurodevelopmental Model proposed that ACEs disrupt early brain development, which in turn leads to social, emotional, and cognitive adaptations that can then lead to the risk factors for major causes of disease, disability, social problems, and early death. Since the time of the original ACE Study, breakthrough research in developmental neuroscience showed that the hypothesis of the ACE Study is biologically sound, i.e., that the developing brain is affected by toxic stress. These studies are important because what is predictable is preventable. Preventing ACEs and their intergenerational transmission is the greatest opportunity for improving the health and well-being of our population.

Abundant data demonstrates that trauma in children and youth are linked to a variety of adverse outcomes in behavioral health, physical health and negative life outcomes. Key factors include the larger community environment and the effects of parental hardship, poverty, violence and a general lack of resources. Those resources and needed supports may not be present in a child's family life. Many researchers and clinicians have found that adverse community environments are fertile ground for adverse childhood experiences (ACEs). (See illustration below).



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Prevalence of ACEs in California's Children[16]

Compared to the retrospective adult data described earlier, we want to examine what the data show for how common are ACEs in today's children? This type of data[17] is collected from questions asked of a parent about their children's experience of hardships that correspond to 'ACEs'. These 2016 data show that an estimated 16.4% of California children had experienced two or more adverse experiences.

Your county:

Ventura County: 15.2% of children have experienced two or more adverse experiences.

[16] https://www.kidsdata.org

[17] National Survey of Children's Health, 2016, Data Source: Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Mar. 2018).

Most county data are similar to those indicating that approximately one-sixth of **California** children (or 16.4%) have experienced two or more hardships (or ACEs). These findings further support the need to implement trauma-informed care in every school or agency or healthcare provider that touches the lives of children.

In particular, foster youth experience many stressors, many emotional losses, and are challenged to constantly make new adaptations to sudden changes in placements, often with corresponding changes in their assigned school. Foster youth are a vulnerable group that receive specific attention in county departments of child welfare and behavioral health. There are now legal requirements for early and prompt screenings and referral to address identified mental health needs. Foster youth are a key demographic in need of trauma-informed care as they interact with multiple agencies.

What is Resilience?[18]

"Resilience is an adaptive response to hardship, and can mitigate the effects of adverse childhood experience. It is a process of adapting well in the face of adversity, trauma, threats, or other significant sources of stress."

"Resilience involves a combination of internal and external factors. Internally, it involves behaviors, thoughts, and actions that anyone can learn and develop. Resilience is strengthened by having safe, stable, nurturing relationships and environments within and outside the family."

Resilience is most simply described as a quality linked to recovery and the ability to heal and adapt. Research data can be obtained from mothers who were asked about their child's behaviors when confronting a challenge or stressful experience: "Is your child usually able to stay calm and in control when faced with a challenge?" And the answer is either yes or no.

The estimated percentage of children in **California** (2016) who are 'resilient' (using that definition[19]) is 52.4%. Examples of county data range from 50.8% to 53.2%. Data [20] for the largest 40 counties can be found at KidsData.org.

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[18] Definitions and descriptions from background research material provided at www.KidsData.org.

[19] Definition: Estimated percentage of children ages 6-17 who are calm and in control when facing a challenge (e.g., in 2016, an estimated 52.4% of California children ages 6-17 were resilient). Data Source: Population Reference Bureau, data from the National Survey of Children's Health and the American Community Survey (Mar. 2018).

[20] You may examine the data tables at the following source. https://www.kidsdata.org/topic/1928/resilience-nsch/table#fmt=2450&loc=2,127,331,171,345,357,324,369,362,360,337,364,356,217,328,354,320,339,334,365,343,367,344,366,368,265,349,361,4,273,59,370,326,341,338,350,342,359,363,340,335&tf=88.

Ventura County: data show that 51.9% of children are 'resilient;' that is, they stay calm and in control when faced with a challenge (as reported by parent).

Trauma-Informed Care: The Basics

Trauma-informed care describes a variety of approaches that acknowledge the impact of trauma. Programs and organizations that use a trauma-informed approach may not necessarily treat the consequences of trauma directly, but instead train their staff to interact effectively with participants who have been affected. Approaches include supporting participants' natural coping skills and the use of appropriate behavior management techniques. The desired outcomes are to help young people develop resilience and the ability to deal with difficulties. These methods are increasingly used in systems and settings that involve young people and their families.

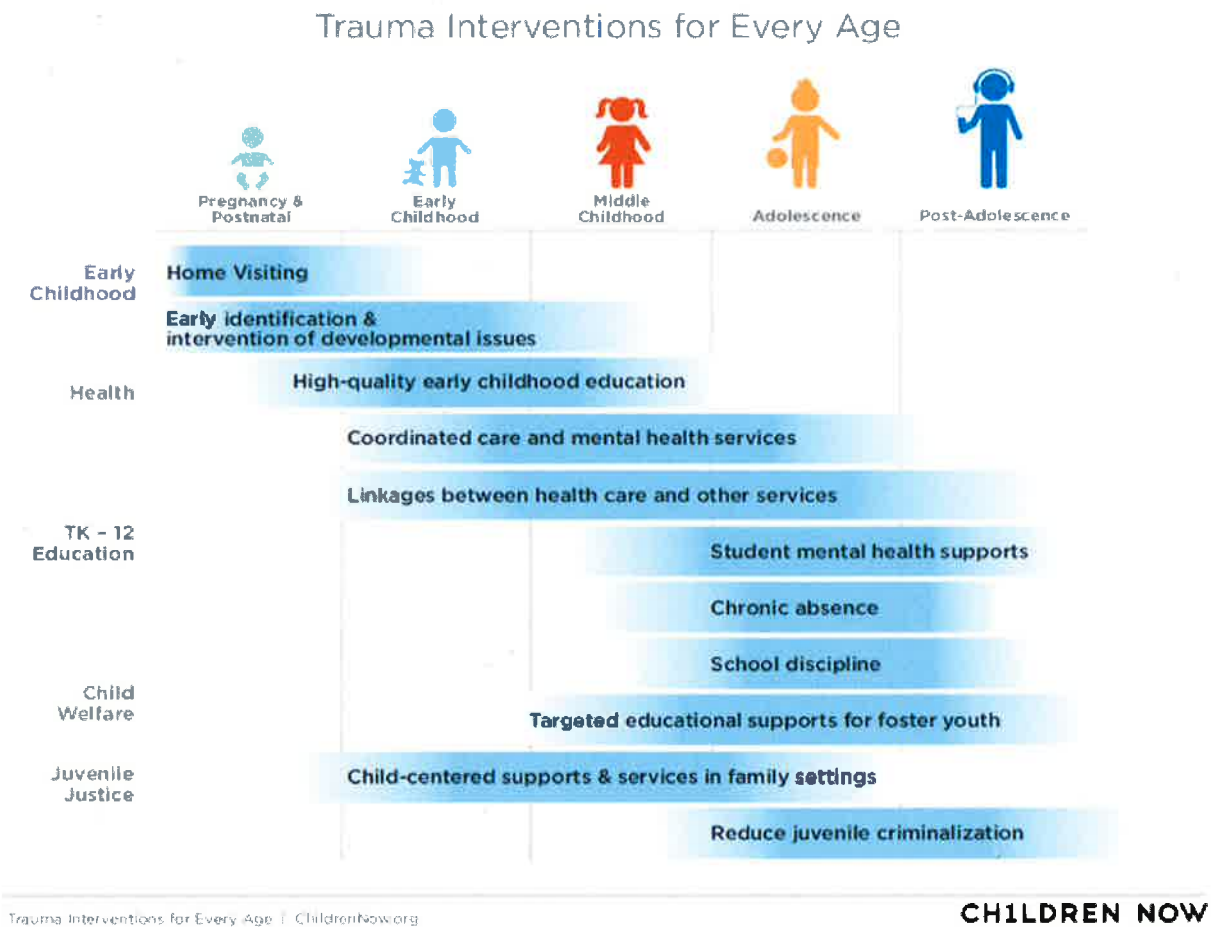
Schools are a frontline for meeting children and youth with trauma, in that chronic or acute home stressors may lead to problems in attention, behavior, or actions. There are excellent programs that change a school's focus from discipline to a trauma-informed approach, with one goal being to help children find their own inner calm or strength. The results of implementing such programs have dramatically reduced the number student suspensions in those schools.

An example of one very important trauma-informed approach that interfaces between the school and first-responders is the FOCUS model, where 'FOCUS' stands for 'Focusing on Children Under Stress.' Most communities refer to the program as 'Handle With Care.' This is a program brought into being to respond when a child is witness or a victim of traumatic events in a child's home or neighborhood. First responders notify the school that the child is under stress and needs a 'focus on the child and handle them with care' approach.[21]

Trauma-informed Programs Developed for Children and Families

One of the most important things to address in discussions of trauma and childhood adversity is to ask: what are some of the positive, prevention-oriented, or problem-solving ways that we can address these issues? Different categories for trauma-related interventions for children have been designed for every stage of growth and development, as shown in the following figure.

[21] http://www.focuscalifornia.org



The next table lists specific programs developed for children and families. These examples are evidence-based practices rooted in the principles of trauma-informed care. These programs are common in California and it is important to publicize those that are found in your community. Often, parents may not be aware of the resources available to help them learn about parenting skills and strategies.

Evidence-Based Practices for Children and Families: Some Examples

40 Developmental Assets: are a set of skills, experiences, relationships and behaviors that enable young people to develop into thriving adults. The Search Institute developed many training materials focused on these '40 Developmental Assets.'

Strengthening Families has a framework that is based on engaging families, programs and communities in building five protective factors:

- Parental resilience.
- Social connections.

- Knowledge of parenting and child development.
- Concrete support in times of need.
- Social and emotional competence of children.

Help Me Grow is a new program that will give parents the opportunity to complete a developmental assessment of their child and provide support and resources for their child if any problems are identified.

Triple P is a multi-level program for children and teenagers that provides parents with training on assertive discipline and child development.

First 5 California and the First 5 county organizations provide leadership and funding for necessary programs specific to children pre-natal to 5 years of age and their families. Since 1998, First 5 CA has worked to improve the lives of children and families with the vision that California's children will receive the best possible start in life and thrive.

In conclusion, trauma-informed care promotes resilience and health for families, communities, and public health. Resilience, in a broader sense, originates from buffers in communities and families to protect individuals from the accumulation of toxic stress due to ACEs and other types of trauma. The long-term goal is to instill trauma-informed principles of care in all systems, i.e., healthcare, social services, schools, child welfare/juvenile justice and criminal justice. Cross-system collaboration is important because many persons with serious mental illness and/or substance use disorders are served by multiple systems. For many, the experience of early trauma plays a causative, contributory, or aggravating role in their present difficulties.

Trauma-informed care: Discussion questions for local boards/commissions.

12) **Has your behavioral health board/commission received information or training on trauma-informed practices and/or the need for such?**
X Yes _____No

If yes, what type of information/training was it? Please state or list briefly:
Presentation by Dr. Kathleen Van Antwerp, Child Behavioral Specialist, at a Board General Meeting.
Presentations at Board's Youth & Family Committee meeting on Commercial Sexual Exploitation of Children (CSEC) and at Prevention Committee meeting.

All presentations and updates since 2013 to present on Pathways to Wellbeing (Katie A. Reform) and Continuum of Care Reform have highlighted trauma informed practices, cross system collaboration and improvement, joint trainings, evidence informed/based treatment, culturally response treatment and program development.

13) **Is your county currently implementing trauma-informed practices for youth? X Yes ____ No For adults: X Yes ____ No**

If yes, what evidence-based practices for trauma-informed care are being used in your county? Please state or list briefly:
SAMHSA's GAINS Center provided a training on 9/27/17: "How Being Trauma-Informed Improves Criminal Justice System Responses"; VCBH and CIT staff attended, including Dr. Sevet Johnson and Dr. John Schipper. A SAMHSA's Gains Center/Policy Research Associates training called "How Being Trauma-Informed Improves Judicial Decision-Making" will be presented on 12/3/19, tailored to court professionals and sponsored by VCBH.

VCBH is dedicated in providing quality behavioral health services to the community members who meet medical service necessity for Specialty Mental Health Services. CBT is foundational for complex trauma treatment, is age appropriate, and culturally appropriate for our threshold population.

- 2018 Provided our own Cognitive Behavioral Therapy (CBT) trainings

Evidence-Based Practices (EBPs):

- CBT(Train the Trainer Model) /Advance Peer Mentors 50 trained since 2013. Trained Diplomats of the Academy are now 15 as of 2017. In 2019, CBT Operational Guide established for the Department and VCBH able to certify clinicians at a department standard.
- Seeking Safety
- Parent-Child Interaction Therapy (PCIT)

- Theraplay
- Depression Treatment Quality Improvement (DTQI)
- Dialectical Behavior Therapy (DBT)
- Integrated Dual Disorder Treatment (IDDT)
- Aggression Replacement Therapy (ART)
- HOMEBUILDERS
- Brief Strategic Family Therapy (Trained to Fidelity New Dawn)
- Moral Reconation Therapy (MRT)

14) **Are you aware of service areas in your county that are <u>not</u> using trauma-informed practices that should be doing so? ___Yes X No**

If yes, please identify those service areas briefly below.

___ Schools

___ First responders

___ Child Welfare Services

___ Juvenile Detention Facilities

___ Jail (Adults)

___ Other criminal justice system services, please specify: _____.

___ Un-served or underserved cultural groups, please specify: _____.

___ Other, Please specify: _____.

15) **If you recommend the expansion of trauma-informed practices in your county for youth and/or adults, what are your top three priorities for services (or programs) for each age group?**

Priorities for Children/Youth services, please state or list briefly:

1. Additional family treatment modalities.
2. Modalities with Commercial Sexual Exploitation of Children (CSEC) population and for individuals with Eating Disorders.

3. Community law enforcement and jail custody staff.

Priorities for Adult services, please state or list briefly:

1. No expansion requested.

2._____

3._____

Priorities for Older Adult services, please state or list briefly:

1. No expansion requested.

2._____

3._____

Appendix I. Types of Trauma. (per SAMHSA).[22]

Caused Naturally	Caused by People	
	Accidents, Technological Catastrophes	Intentional Acts
Tornado	Train derailment	Arson
Lightning strike	Roofing fall	Terrorism
Wildfire	Structural collapse	Sexual assault and abuse
Avalanche	Mountaineering accident	Homicides or suicides
Physical ailment or disease	Aircraft crash	Mob violence or rioting
Fallen tree	Car accident due to malfunction	Physical abuse and neglect
Earthquake	Mine collapse or fire	Stabbing or shooting
Dust storm	Radiation leak	Warfare
Volcanic eruption	Crane collapse	Domestic violence
Blizzard	Gas explosion	Poisoned water supply
Hurricane	Electrocution	Human trafficking
Cyclone	Machinery-related accident	School violence
Typhoon	Oil spill	Torture
Meteorite	Maritime accident	Home invasion
Flood	Accidental gun shooting	Bank robbery
Tsunami	Sports-related death	Genocide
Epidemic		Medical or food tampering
Famine		
Landslide or fallen boulder		

[22] www.samhsa.gov, Substance Abuse and Mental Health Services Administration, Treatment Improvement Protocol (TIP) 57.

Appendix II.

Examples of Trauma Screening tools[23] designed for specific age/ developmental groups:

Exhibit 1.4-2: Key Areas of Trauma Screening and Assessment

Trauma
Key question: Did the client experience a trauma?

Examples of measures: Life Stressor Checklist-Revised (Wolfe & Kimerling, 1997); Trauma History Questionnaire (Green, 1996); Traumatic Life Events Questionnaire (Kubany et al., 2000).

Note: A good trauma measure identifies events a person experienced (e.g., rape, assault, accident) and also evaluates other trauma-related symptoms (e.g., presence of fear, helplessness, or horror).

Acute Stress Disorder (ASD) and PTSD
Key question: Does the client meet criteria for ASD or PTSD?

Examples of measures: Clinician-Administered PTSD Scale (CAPS; Blake et al., 1990); Modified PTSD Symptom Scale (Falsetti, Resnick, Resnick, & Kilpatrick, 1993); PTSD Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993); Stanford Acute Stress Reaction Questionnaire (Cardena, Koopman, Classen, Waelde, & Spiegel, 2000).

Note: A PTSD diagnosis requires the person to meet criteria for having experienced a trauma; some measures include this, but others do not and require use of a separate trauma measure. The CAPS is an interview; the others listed are self-report questionnaires and take less time.

Other Trauma-Related Symptoms
Key question: Does the client have other symptoms related to trauma? These include depressive symptoms, self-harm, dissociation, sexuality problems, and relationship issues, such as distrust.

Examples of measures: Beck Depression Inventory II (Beck, 1993; Beck et al., 1993); Dissociative Experiences Scale (Bernstein & Putnam, 1986; Carlson & Putnam, 1993); Impact of Event Scale (measures intrusion and avoidance due to exposure to traumatic events; Horowitz, Wilner, & Alvarez, 1979; Weiss & Marmar, 1997); Trauma Symptom Inventory (Briere, 1995); Trauma Symptom Checklist for Children (Briere, 1996b); Modified PTSD Symptom Scale (Falsetti et al., 1993).

Note: These measures can be helpful for clinical purposes and for outcome assessment because they gauge *levels* of symptoms. Trauma-related symptoms are broader than diagnostic criteria and thus useful to measure, even if the patient doesn't meet criteria for any specific diagnoses.

Other Trauma-Related Diagnoses
Key question: Does the client have other disorders related to trauma? These include mood disorders, anxiety disorders besides traumatic stress disorders, and dissociative disorders.

Examples of measures: Mental Health Screening Form III (Carroll & McGinley, 2001); The Mini-International Neuropsychiatric Interview (M.I.N.I.) Structured Clinical Interview for DSM-IV-TR, Patient Edition (First, Spitzer, Gibbon, & Williams, revised 2011); Structured Clinical Interview for DSM-IV-TR, Non-Patient Edition (First, Spitzer, Gibbon, & Williams, revised 2011a).

Note: For complex symptoms and diagnoses such as dissociation and dissociative disorders, interviews are recommended. Look for measures that incorporate DSM-5 criteria.

Sources: Antony et al., 2001; Najavits, 2004.

[23] www.samhsa.gov, SAMHSA: Treatment Improvement Protocol (TIP) 57.

QUESTIONAIRE: How Did Your Board Complete the Data Notebook?

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, behavioral health boards or commissions, etc. Signature lines indicate review and approval to submit your Data Notebook.

(a) What process was used to complete this Data Notebook? Please check all that apply.

___ MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.

_X_ MH Board completed majority of the Data Notebook

_X_ County staff and/or Director completed majority of the Data Notebook

_X_ Data Notebook placed on Agenda and discussed at Board meeting

_X_ MH Board work group or temporary ad hoc committee worked on it

_X_ MH Board partnered with county staff or director

___ MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.

___Other; please describe: _____.

(b) Does your Board have designated staff to support your activities?

Yes_X_ No___

If yes, please provide their job classification Management Assistant

(c) What is the best method for contacting this staff member or board liaison?

Name and County: Edith Pham – Ventura County

Email edith.pham@ventura.org

Phone #

Signature: _____

Other (optional): _____

(d) What is the best way to contact your Board presiding officer (Chair, etc.)?

Name and County: Janis Gardner

Email: janis@panacea-ent.com

Phone #

Signature: _____

REMINDER: Please submit this Data Notebook by October 15, 2019.

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year. As always, we welcome your input.

Please submit your Data Notebook report by email to:

DataNotebook@CMHPC.ca.gov .

For information, you may contact the email address above, or telephone:

(916) 327-6560

Or, you may contact us by postal mail to:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413
Sacramento, CA 95899-7413

California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion

COUNTY OF VENTURA

BEHAVIORAL HEALTH ADVISORY BOARD

JULY 1, 2018 – JUNE 30, 2019

ANNUAL REPORT

BEHAVIORAL HEALTH ADVISORY BOARD

1911 Williams Drive, Suite 200, Oxnard, CA 93036 • (805) 981-1115

ANNUAL REPORT 2018-2019

Compiled by Janis Gardner, Chairperson FY 2019-2020

Ventura County Board of Supervisors

District 1	Supervisor Steve Bennett
District 2	Supervisor Linda Parks
District 3	Supervisor Kelly Long
District 4	Supervisor Bob Huber
District 5	Supervisor John Zaragoza

Ventura County Behavioral Health Administration

Director	Sevet Johnson, Psy.D.
Medical Director	Brian Taylor, M.D.
Children's Medical Director	Lisa Acosta, M.D.
ADP/DUI Division Chief	Loretta Denering, DrPH, MS
Adult Division Chief	John Schipper, Ph.D.
'outh & Family Division Chief	Pete Pringle, LCSW
Administrative Division Chief	Terri Yanez

Behavioral Health Advisory Board Officers 2018-19

Chair	Jerry M. Harris
1st Vice-Chair	Ratan Bhavnani
2nd Vice-Chair	Gane Brooking
Chair Emeritus/Secretary	Janis Gardner
Member At Large	Gina Petrus

Behavioral Health Advisory Board Officers 2019-20

Chair	Janis Gardner
1st Vice-Chair	Ratan Bhavnani
2nd Vice-Chair	Gane Brooking
Secretary	Gina Petrus
Member At Large	Joe S. Ramirez
Chair Emeritus	Jerry Harris

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VENTURA COUNTY

BEHAVIORAL HEALTH ADVISORY BOARD

MEMBERSHIP ROSTER 2018-2019

District	BHAB Members	Term
District 1	Claudia Armann	3/11/18 – 3/10/21
	Kevin Clerici	10/7/18 – 10/6/21
	Mary Haffner	4/8/18 – 4/7/21
	Gina Petrus	5/8/18 – 5/7/21
District 2	Jamie Banker	1/8/19 – 1/7/22
	Ratan Bhavnani	2/24/19 – 2/23/22
	Patricia Mowlavi	3/14/17 – 3/14/20
	Ezequiel Sánchez	6/11/19 – 9/13/19
District 3	Nancy Borchard	1/27/18 – 1/26/21
	Gane Brooking	1/11/13/19 – 1/12/22
	Janis Gardner	4/15/18 – 4/14/21
	Joe S. Ramirez	4/9/19 – 12/1/20
District 4	Capt. James Fryhoff	10/14/18 – 10/13/21
	Jerry M. Harris	9/17/16 – 9/17/19
	Denise Nielsen	9/18/18 – 9/17/21
	Sheri Valley	2/6/18 – 2/6/21
District 5	Margaret Cortese	1/11/18 – 1/10/21
	Monique Garcia	9/24/17 – 9/23/20
	Irene Pinkard	1/24/17 – 1/24/20
	Marlen Torres	1/10/17 – 1/10/20
Governing Body	Supervisor Linda Parks	1/1/19 – 12/31/21
Law Enforcement	Vacant	

COUNTY OF VENTURA

BEHAVIORAL HEALTH ADVISORY BOARD

MISSION

The mission of the Behavioral Health Advisory Board (BHAB) is to advocate for members of the community living with mental illness and/or substance use disorders and their families. This is accomplished through support, review and evaluation of treatment services provided and/or coordinated through the Ventura County Behavioral Health Department.

PURPOSE AND AUTHORITY

The BHAB exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code as amended by SB43 (McCorquodale, Chapter 564 of 1993). The purpose of the BHAB is provided in Section 5604.1 and 5604.2 which includes, but is not limited to, the following:

A. All appointed members to the BHAB will have the authority to vote on all issues presented to the board.

B. Review and evaluate the community's behavioral health needs, including housing, services, facilities, and special problems to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance abuse issues.

C. Review mental health service performance contracts entered into pursuant to Section 5650.

D. Advise the Board of Supervisors and the Ventura County Behavioral Health Department (VCBH) Director (herein after referred to as the Director), as to any aspect of the County's mental health and substance use disorder treatment and prevention services.

E. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

F. Submit an annual report to the Board of Supervisors on the needs and performance of the County's Behavioral Health system.

G. Review and make recommendations on applicants for the appointment of the Behavioral Health Director, who also serves as the County Mental Health Director. The board shall be included in the selection process prior to the vote of the Board of Supervisors, who also serves as the County Mental Health Director.

H. Review the impact of funding streams on the delivery of local Behavioral Health Services in order to make recommendations for any service level expansions or reductions.

I. Review, evaluate and advise the Board of Supervisors and Director of VCBH regarding the VCBH annual budget and performance goals, as well as the VCBH Quarterly Budget and Performance Status Reports provided by the VCBH Director. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

BOARD OBJECTIVES 2018-19

Adult Services Committee

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

Transitional Age Youth (TAY) Committee

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

Youth & Family Committee

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

Prevention Committee

Promote cannabis education and awareness.

INTRODUCTION AND SUMMARY

The BHAB has four committees whose job it is to address issues relating to age-specific populations, collect information and data, and make recommendations to the BHAB. The committees have regular presentations from contractors, providers, stakeholders and the community at large. The committees also assess services provided in the County to these populations and identify gaps in services or programs that may be lacking and need to be addressed. The four committees are as follows:

Adult Services Committee - This committee focuses on the full continuum of care that supports the wellness and recovery of individuals with mental health and substance use disorder issues, including community supports.

Transitional Aged Youth Committee (TAY) – This committee advocates for the mental health, wellness and recovery of youth and young adults ages 16 to 25, including community supports, with the goal of empowering TAY to become healthy and productive adults.

Youth and Family Committee – This committee serves youth through age 18 by advocating for mental health and/or substance use disorders, including community supports and housing.

Prevention Committee – This committee advocates for greater community awareness of Behavioral Health risk factors for individuals with mental illness and substance use disorders, with the primary focus on preventing the onset and exacerbation of behavioral health disorders.

POINTS OF DISCUSSION

The BHAB works diligently to include a broad range of stakeholders as participants and members of each of the committees. It is important to the work of the board that community members, consumers and providers interested in advocating for Ventura County's diverse and underserved populations collaborate in ways to better serve those individuals with unique needs. The BHAB is extremely interested in the community's insight regarding perceived or real gaps in services, particularly in the areas of mental health housing, employment, legal issues, physical health, education, vocational rehabilitation, crisis intervention and evidence-based

practices. Current committee participants include BHAB members, consumers, VCBH contract providers, family members, community-based service representatives, consumers, and VCBH staff. Committees are open to all stakeholders, consumers and the community at large.

An important task of the BHAB is to review and evaluate the community's behavioral health needs and identify gaps in programs or services within the County's behavioral health system of care. BHAB members pay particular attention to this key function and direct a great deal of effort to identify unmet needs, hearing from the public, and advocating for solutions to meet these needs. Some of the most critical areas of advocacy and discussion are as follows:

- Housing for the seriously and persistently mentally ill and those suffering from substance use disorders continue to remain as an important unmet need in Ventura County.

  The availability of an adequate number of psychiatric inpatient beds in Ventura County for adults is a priority in order to address the needs of the community, as are the lengthy "holds" in local and regional Emergency Departments. These have been ongoing needs for several years. The adult inpatient bed crisis can be somewhat mitigated if there were more appropriate placement options available within community hospitals and facilities for discharged inpatients. Although these would help make more beds available, it may not fully solve the problem. There remain concerns related to:

  - The ongoing availability of a sufficient number and level of supportive care and placement options to address the needs of the community;
  - The need for residential care for youth and adults;
  - The need for additional Crisis Stabilization Unit (CSU) and Inpatient Psychiatric Unit (IPU) chairs and beds;
  - Adequate facilities and housing options for the seriously and persistently mentally ill and those suffering from substance abuse disorders;
  - Housing for the Older Adult population with mental health challenges;
  - A psychiatric facility to address the needs of Seriously and Persistently Mentally Ill (SPMI) older adults;
  - Crisis residential services for youth.

BOARD PRESENTATIONS

Presentations during General Meetings are scheduled at the request of BHAB committee members. Presentations from providers, stakeholders, agencies and County staff are extremely important in dispensing relevant information to the BHAB and the public. Often, presentations are met with critical and/or as-yet unknown areas of concern, as was the presentation about Human Trafficking in Ventura County. Others inform the BHAB and the public about data, outcomes and funding information which may be pertinent to the goals and objectives of the BHAB and the work we do.

July 2018

Ventura County Behavioral Health (VCBH) Fiscal Update – presented by Leisa Donovan, Fiscal Manager.

August 2018

Pharmaceutical Crimes Unit – presented by Sgt. Matthew Young, Ventura County Sheriff's Office.

November 2018

Recovery – presented by Patrick Jeffries, Pacific Clinics Pasadena Peer Partner.

January 2019

Statewide Survey of Parents/Caregivers – presented by Lori Litel, Executive Director, United Parents.

February 2019

Drug Medi-Cal Organized Delivery System (DMC-ODS) – presented by Dr. Loretta Denering, Ventura County Behavioral Health Alcohol & Drug Programs Division Chief.

April 2019

Human Trafficking in Ventura County – presented by Christan Perez, Program Manager, Interface Children & Family Services, Human Trafficking Client Services.

May 2019

Laura's Law/Assist: Mid-year 3 Update – presented by Dr. John Schipper, VCBH Adult Division Chief, and Dr. Patricia Gonzalez, VCBH Project Evaluator.

June 2019

1. Vaping, VCBH's Prevention Efforts to Address New Trends – presented by Daniel Hicks, VCBH Alcohol & Drug Programs, Prevention Services Manager, and David Tovar, Office of Traffic Safety Grant Coordinator/Program Administrator;
2. VCBH Fiscal Update – presented by Leisa Donovan, VCBH Fiscal Manager.

BHAB COLLABORATION - BHAB AND VCBH ACHIEVEMENTS

Behavioral Health Advisory Board members take their work seriously. They are committed to the oath they have sworn to the Board of Supervisors who appointed them and to the residents of Ventura County whom they serve. Most BHAB members have families, some have young children. The majority of members are employed full time, and a few reside a distance away from the VCBH offices located in Oxnard. BHAB members often use personal funds to attend relevant mental health- or substance use-related events, trainings, seminars and conferences, a good many of which are out of town or out of state. BHAB members make concerted efforts to attend not only BHAB meetings, but also additional seminars, conferences, meetings and events throughout Ventura County.

Although to be certain there is more work to be done, the BHAB and its committees are nevertheless proud of the achievements, activities and advocacies in which they have been involved. BHAB members individually and collectively have supported and advocated for countless Mental Health and Substance Use programs within VCBH, which have been successfully implemented. Members are particularly grateful and hold the utmost respect for the strong relationships and collaboration they have garnered with VCBH, County agencies, departments, staff, and with numerous stakeholders. Please review below a small sample of the robust collaboration, advocacy efforts and accomplishments:

- Strong relationships with the Ventura County Board of Supervisors;
- Collaborative efforts with Health Care Agency (HCA) Director and staff;
- Collaborative efforts with VCBH Director, Chiefs, Managers and staff;
- Collaborative efforts with Crisis Intervention Team staff;
- Collaborative efforts with Assisted Outpatient Treatment/Laura's Law staff;
- Collaborative efforts with Mental Health Services Act (MHSA) Senior Manager and staff;
- Collaborative efforts with the Public Health Director and staff;
- Strong BHAB Committees and dedicated Committee Chairpersons;

- Presented Recognition Awards for persons who have exhibited excellence in assisting clients and others within vulnerable populations;
- Advocated for and supported the Adult Crisis Stabilization Unit (CSU), which opened in April 2019;
- Formation of the Legislative Workgroup for pertinent Mental Health and Substance Use legislative bills and laws;
- Supported and attended NAMI Walks and NAMI Golf Tournament;
- Supported the Pinkard Youth Institute and attended the African American Youth Leadership Awards Supper and Memorial Tribute;
- Attended and participated in the VCBH External Quality Review Organization (EQRO) yearly visit, February 26-28th, 2019;
- Participated in various California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) orientations, training and meetings;
- Participated in Mental Health Services Oversight and Accountability Commission (MHSOAC) in Sacramento;
- Participated in the Assisted Outpatient Treatment (AOT) Assist Workgroup;
- Drafted BHAB Committee Action Plans for older adults, outpatient services, inpatient services and education, pediatric psychiatric beds and communication between medical providers and children who are hospitalized, education and awareness for youth, housing options for Transitional Age Youth, and vaping and cannabis education and awareness;
- Submitted Annual Data Notebook to the California Behavioral Health Planning Council, focusing on a brief survey of services and system of care, Alcohol and Substance Use concerns, Older Adult awareness and others;
- Dispatched a letter to the Board of Supervisors regarding the Institution for Mental Diseases (IMD) Exclusion Waiver;
- Participated and attended the Mental Health Services Act (MHSA) Community Needs Assessment Survey;
- Attended and participated annually in the Mixteco/Indigena Community Organizing Project (MICOP) conferences and events;
- Held a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis event focusing on the BHAB responsibilities, priorities and objectives;
- Conducted site visits to:
    - Hillmont Psychiatric Center/Inpatient Unit
    - A New Start for Moms; this program provides substance use treatment and recovery services for mothers with young children
    - Horizon View Mental Health Rehabilitation Center (MHRC)
- Amended the BHAB Bylaws to add a new position for Law Enforcement;
- Advocated for and participated in the opening of the Growing Works nursery;
- Presented the BHAB Annual Report to the Board of Supervisors;
- Presented monthly committee reports;
- Supported and advocated annually for additional CSU and IPU chairs and beds;
- Advocated annually for psychiatric facilities for the Seriously and Persistently Mentally Ill and Older Adults;
- Participated in various Juvenile Justice meetings and events;
- Participated in and attended numerous stakeholder conferences and events;
- Annually attended and participated in the National Rx Workgroup and Heroin Summit in Atlanta, Ga.;
- Supported VCBH/ADP Project Safer, "No OD Project" and advocated for naloxone distribution programs;
- Supported VCBH Prevention Services youth cannabis and vaping efforts;
- Supported the VCBH Alcohol and Drug Programs (ADP) Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver.

RECOGNITION AWARDS

September 2018

Bennie Crayton for his 44 years of service with Ventura County Behavioral Health, his advocacy for youth services, and his community-based prevention efforts.

Cpt. James Fryhoff of the Ventura County Sheriff's Office and Chief of Police for the City of Ojai, for his numerous prevention efforts centering around underage drinking and the opening of cannabis dispensaries.

Karyn Bates for her many years of service on the Mental Health Board and its successor, the Behavioral Health Advisory Board, and for providing inspiration and hope to all.

Cmdr. Ron Nelson for serving on the BHAB, chairing the Transitional Age Youth Committee, and for his passion for improving the lives of those impacted by mental illness or substance use.

October 2018

Camarillo Police Department for responding with concern, compassion and perseverance to numerous calls for services at Hillmont House Mental Health Rehabilitation Center.

November 2018

Anne Sippi facility in Bakersfield for its 40 years of providing quality mental health services and treatment to adults with serious mental illnesses.

Rhonda Fleisher for her years of service at the Ventura County Behavioral Health Older Adult Clinic, where she has transformed the lives of many clients.

Brandy Martin for her service at the Ventura County Behavioral Health Older Adult Clinic, where she engages the most resistant clients and advocates for them.

Michael White, Ventura County Behavioral Health Safety and Facilities manager, for his role during the Thomas Fire, the Borderline Bar & Grill mass shooting, and the Woolsey Fire.

January 2019

The BHAB hosted the **Crisis Intervention Team (CIT) Awards Presentation** ceremony in which four community members were recognized for regularly presenting during the CIT trainings, three Sheriff Deputies and five Officers were recognized for their compassionate interactions with clients, and one Sheriff Deputy and one Officer were announced as CIT Officers of the Year.

April 2019

Dennis Perry for planning, opening and managing the Growing Works Nursery, a therapeutic and vocational training program for clients, where he provides leadership and mentoring with compassion and patience.

May 2019

Frances O'Sullivan, M.D., for her 20 years of service with Ventura County Behavioral Health, and for treating her patients with kindness and compassion, making a positive difference in their lives.

June 2019

Pam Roach for her years of service on the Mental Health Board, including as chair, and for her work as Ventura County Behavioral Health Transformational Liaison which has helped reduce the stigma associated with mental illness.

SITE VISIT REPORTS

October 2018

Ventura County Medical Center's Inpatient Psychiatric Unit (VCMC IPU) – Several BHAB members participated in this site visit and had an overall positive impression of their visit. They recommended that the facility operate at full capacity and that the Crisis Stabilization Unit (CSU) reopen as soon as the licensing issues are resolved.

January 2019

A New Start for Moms (ANSFM) – This program provides substance use treatment and recovery services, which will be expanded under the Drug Medi-Cal Organized Delivery System (DMC-ODS). Several needs have been identified to improve the program: increasing community outreach, difficulty to drive clients living in the East county, the need for a room that can accommodate large groups, and healthy snacks for children.

February 2019

Horizon View Mental Health Rehabilitation Center (MHRC) – This locked facility appears to be well run. Staff and managers are thoughtful in the approach, and clients are involved in their treatment planning. Recommendations for improvement include providing group activities that are more robust and meaningful, and encouraging all client to engage in the activities that are available.

EXECUTIVE COMMITTEE
2018-19 Annual Report

Submitted by Janis Gardner, Chair

Executive Committee Members 2018-19

Jerry M. Harris	BHAB Chair
Ratan Bhavnani	BHAB 1st Vice-Chair
Gane Brooking	BHAB 2nd Vice-Chair
Janis Gardner	BHAB Secretary
Gina Petrus	Member At Large

MISSION AND OBJECTIVES

The primary responsibility of the Executive Committee is to address the administrative functions of the BHAB. In this capacity, the Executive Committee plans the agendas of the BHAB General Board Meetings. The Executive Committee may take emergency action on issues that arise between regularly scheduled monthly Board meetings when there is not time for the Board as a whole to act, as well as carry out any responsibilities delegated to it by the BHAB. Any such actions taken by the Executive Committee shall be in compliance with the Brown Act.

OVERVIEW

The Executive Committee is comprised of the Chair, 1st Vice-Chair, 2nd Vice Chair, Secretary, and a Member-at-Large designated by the Chair. The Board officers are responsible for ensuring that all actions of the BHAB are implemented as authorized by a majority of the BHAB members, and that the Bylaws are strictly adhered to. The Committee is supported by the Ventura County Behavioral Health Director, Dr. Sevet Johnson, or one of her representatives, and by a Management Assistant, Edith Pham.

In addition to planning the agendas, the Executive Committee spends a portion of its time discussing membership and attendance issues. The Executive Committee is also involved in planning and scheduling presentations for the BHAB General Board Meetings and discussing potential candidates for recognition awards.

2019-20 OBJECTIVES

The Executive Committee will continue to encourage BHAB members to identify potential candidates for consideration by members of the County Board of Supervisors for appointments to the BHAB. Executive Committee members help to bring information to the BHAB that will enable the full board to make informed decisions and make credible recommendations to the Behavioral Health Department and Board of Supervisors.

ADULT SERVICES COMMITTEE
2018-19 Annual Report

Submitted by Nancy Borchard and Gane Brooking, Co-Chairs

Committee members

Nancy Borchard, BHAB, Committee Co-Chair
Gane Brooking, BHAB, Committee Co-Chair
Jerry Harris, BHAB Chair Emeritus
Ratan Bhavnani, BHAB
Sheri Valley, BHAB
David Deutsch, Client Network
Scott Walker, Crisis Intervention Team
Barbara Keller, Housing Authority City of Ventura
Elizabeth R. Stone, MHSOAC
Bob Wickham, NAMI
Ascencion "Cici" Romero, TAY Tunnel
Cindy Doutt, Telecare
Kalie Matisek, Turning Point Foundation
Dana Secor, Turning Point Foundation
Mark Schumacher, Turning Point Foundation
Gray Wilking, Area Agency on Aging

Participants

Ventura County Behavioral Health
Ventura County Probation Agency

MISSION

The BHAB Adult Services Committee advocates for continuum of care in the development and expansion of mental health and addiction services that support the stabilization and recovery of adult and older adult clients. The Committee's monthly meetings provide a forum for discussion of current department activities regarding Adult Services as well as an opportunity for collaboration with community-based providers and stakeholders. We seek to ensure integrated services for clients seeking mental health and substance abuse services. By educating ourselves and the community, the stigma associated with mental health and substance abuse will be reduced.

2018-19 OBJECTIVES OF THE BHAB ADULT SERVICES COMMITTEE

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

2. Advocate for the Crisis Residential Treatment (CRT) to be used as both a crisis prevention to avoid hospitalization and as a step-down from Hillmont Psychiatric Center or other intensive service.

3. Advocate for increased services to the older adult population.

4. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges.

INTRODUCTION

The BHAB Adult Services Committee meets on the first Thursday of the month from 10:00 a.m. to 12:00 p.m. in the Ventura County Behavioral Health (VCBH) Administration building in Oxnard. Attendance, participation and membership are open to individuals who receive mental health and/or substance use services through Ventura County Behavioral Health (VCBH), to service providers, Behavioral Health Advisory Board (BHAB) members, and

anyone with an interest in the adult and older adult population. The Adult Services Committee reviews the needs, programs and services for this population and reports on these matters to the BHAB.

ACHIEVEMENTS

1. The opening of the Crisis Stabilization Unit (CSU), for which the committee had advocated.
2. Dialogued with local community hospital regarding the opening of a private CSU.
3. Advocated for the development of a Request for Proposal (RFP) for services for the older adult population.
4. Recommendation was made to Mental Health Services Act (MHSA) staff to follow up on a Request for Proposal (RFP) for older adults.
5. Advocated for increased housing for clients.
6. Expanded the representation of stakeholders on this committee.
7. Identified high priority needs and followed up by gathering information.

2018-19 PRESENTATIONS

September 2018: VCBH Office of Health Equity and Cultural Diversity, presented by Maria Hernandez.
October 2018: Coalition for Family Harmony, presented by Sandy Gomez and Cynthia Gonzalez.
February 2019: Crisis Stabilization Unit and Dignity Health, presented by Dr. Robert Streeter, St. John Regional Medical Center.
March 2019: Ventura County Area Agency on Aging, presented by Victoria Jump.
April 2019: Ventura County Crisis Stabilization Unit Update, presented by Dan Powell and Sheri Block.
June 2019: Housing Update, presented by Susan White Wood.

CHALLENGES

1. There is an insufficient number of psychiatric inpatient beds to address Ventura County's needs.
2. Lack of affordable housing options and the high cost of housing in Ventura county.
3. Severe lack of housing options for those with no or little income.
4. The high cost of the Inpatient Unit placements for those who have both mental and developmental challenges.
5. Underutilization of peers in a broader manner within Ventura County's Behavioral Health System of Care added to a limited number of peer programs providing peer support.
6. Gaps in access to certain services that cause clients to be placed out of county. These include: (A) lack of affordable housing; (B) lack of secure supportive housing for individuals who are not currently capable of standing trial; (C) lack of integrated mental and physical health facilities; (D) lack of older adult inpatient psychiatric beds; (E) lack of adult inpatient psychiatric hospital beds.
7. Lack of treatment facilities for those with substance use disorders as well as funding to support this type of treatment.

OPPORTUNITIES

1. Become more involved in advocating for housing, particularly for those with mental health and substance use disorders.
2. Begin the process to address the needs of the projected surge in the older adult population.
3. Monitor MHSA programs in Ventura County to ensure that they address the needs of individuals with Serious and Persistent Mental Illness (SPMI).

4. Determine how peer support is functioning within the Ventura County System of Care; is it increasing; are individuals with lived experience being utilized to their full potential; advocate for the expansion of peer support services in the East County.

RECOMMENDATIONS

1. Continue to closely monitor how MHSA funds are used and how they address the identified needs of the County's SPMI population.
2. Focus on how crisis situations are being handled within the County.
3. Continue efforts to streamline the process reducing the time from referral/scheduling an appointment to receipt of service.
4. Determine whether the Screening, Triage, Assessment and Referral (STAR) method is the most efficient and best approach to quickly access services.
5. Ensure that Peer Support services are used to run Wellness, Recovery and Action Plan (WRAP) classes and to best help assist clinicians and staff.

2019-20 OBJECTIVES OF THE BHAB ADULT SERVICES COMMITTEE

1. 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 clearance examinations on-site.
2. Advocate for the reactivation of the 12 inpatient beds at the Hillmont Psychiatric Hospital currently not in use.
3. Advocate for the Crisis Residential Treatment (CRT) facility to be used for both a crisis prevention unit to avoid hospitalizations and as a step-down from Hillmont Psychiatric Hospital or other intensive service.
4. Advocate for the development of a CSU supported by one of the community hospitals in Ventura County.
5. Advocate for access to increased inpatient, community-based and in-home services to the older adult population.
6. Participate in all efforts to establish affordable and supportive housing for individuals who live with mental health and/or substance use disorder challenges that includes additional VCBH staff to provide supportive services associated with No Place Like Home and other potential supportive housing developments.

TRANSITIONAL AGE YOUTH (TAY) COMMITTEE
2018-19 Annual Report
Submitted by Margaret Cortese, Chair

Committee members

Margaret Cortese, Committee Chair
Ratan Bhavnani, BHAB
Jerry Harris, BHAB
Joe S. Ramirez, BHAB
Ezequiel A. Sánchez, BHAB
Anna Guerin, Casa Pacifica
Laura Estrada, Children and Family Services
Diana Hernandez, Client Network
Stuart Fiedler, Client Network
Erin Locklear, Interface
Georgia Perry, NAMI
Anthony Marron, TAY Tunnel
Cathi Nye, Ventura County Office of Education
Lorena Güereca, Vista Real Charter High School

Participants

Ventura County Behavioral Health
Department of Rehabilitation

MISSION

The BHAB TAY Committee promotes effective mental health and substance use disorder services, wellness and recovery for youth ages 16 through 25. The committee focuses on these youth in their efforts to become healthy and productive adults.

2018-19 OBJECTIVES OF THE BHAB TAY COMMITTEE

1. Continue to encourage increased participation of community partners serving TAY in the BHAB TAY meetings.
2. Advocate for increased housing options for TAY. Update the housing opportunity brochure.
3. Advocate for and update availability of TAY services related to work and volunteer opportunities and justice system. Identify strategies, including advocacy, to address gaps in services for the TAY population related to mental health and substance abuse treatment, work and volunteer opportunities, and the child welfare and justice systems.
4. Increase community outreach, especially to underserved community, and improve communication among parents, clients, agencies and the Committee.
5. Keep the Behavioral Health Advisory Board (BHAB) members informed on matters pertaining to the needs of the TAY Community. Make recommendations to the BHAB as appropriate.
6. Provide committee level work for the TAY community at the direction of the Behavioral Health Advisory Board.

INTRODUCTION

The BHAB TAY Committee meets on the fourth Thursday of the month from 10:30 a.m. to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to Transitional Age Youth and their families, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the TAY community. The TAY Committee is responsible to look into the needs, programs and services for the TAY population and to report on these matters to the BHAB. The committee also receives direction from the BHAB to research issues that come to the attention of the BHAB on matters related to the TAY population.

ACHIEVEMENTS

1. Increased the number of community partners who regularly participate in the committee meetings.
2. Increased employment opportunities for the TAY population through PathPoint and the Department of Rehabilitation.
3. Increased community outreach. Interface has increased its street outreach through Continuum of Care (CoC) funding. Pacific Clinics TAY Tunnel held open house events and participated in various health and wellness fairs. VCBH Logrando Bienestar outreached to the schools.
4. Provided regular updates on the work of the committee to the Behavioral Health Advisory Board.

2018-19 PRESENTATIONS

September 2018: September is Recovery Month, presented by Patrick Jeffries, Pacific Clinics.
February 2019: Court-Appointed Special Advocate (CASA), presented by Teresa Romney and Michelle Morgan.
April 2019: Screening, Triage, Assessment, Referral (STAR), presented by Julie Glantz and Ana Magbitang, VCBH.
June 2019: TAY Rise Expansion, presented by Felicia Skaggs.

CHALLENGES

1. Housing is the most important challenge.
2. There is a growing need to communicate with Indigenous-language speakers, whether Mixteco or Zapotec, especially in Oxnard.
3. Continue regular attendance from committee members.
4. Make an impact on helping people with legal issues
5. Increase the advocacy to the BHAB.

OPPORTUNITIES

1. Request presentations from Mixteco/Indigena Community Organizing Project (MICOP) and the Oxnard Police Department Clergy Council.

RECOMMENDATIONS

1. Encourage the ongoing participation of agencies/staff working on housing issues.

2019-20 OBJECTIVES OF THE BHAB TAY COMMITTEE

1. Advocate for increased housing options for TAY.
2. Review the needs of the TAY population. Develop and prioritize strategies to address service needs for the TAY population relative to mental health and substance abuse treatment.
3. Encourage increased participation of community partners serving TAY in the BHAB TAY Committee meetings.
4. Develop approaches to increase community outreach, especially to underserved communities. Improve communication among parents, clients, agencies and the TAY Committee.
5. Engage TAY population membership on this committee.

YOUTH & FAMILY COMMITTEE

2018-19 Annual Report

Submitted by Denise Nielsen, Chair

Committee members

Denise Nielsen, Committee Chair
Jamie Banker, BHAB
Irene Pinkard, BHAB
Gina Petrus, BHAB
Marlen Torres, BHAB
Martie Miles, Aspiranet
Marika Collins, Casa Pacifica
Ken McDermott, Children's Family Services
Heather Davidson, First 5 Ventura County
Joelle Vessels, Interface
Crystal Cummings, Kids & Families Together
Scott Abeson, Ventura County Probation
Laurie Jordan, Rainbow Connection
Carole Shelton, Rainbow Connection
Yanka Ricklefts, SELPA
Tyler Baker-Wilkinson, Seneca
Ariann Bulger, Seneca
Dr. Steven Graff, Tri-Counties Regional Center
Lori Litel, United Parents
Danielle Shaw, M.D.

Participants

Ventura County Behavioral Health
Scott Walker, Crisis Intervention Team

MISSION

The BHAB Youth & Family Committee advocates for the continuum of care and development in the delivery of services for youth and their families, believing that addressing the unique needs of minors and their caregivers is essential to the health of the community.

2018-19 OBJECTIVES OF THE BHAB YOUTH & FAMILY COMMITTEE

1. **Continuum of Care**
   a. Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
   b. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services for both children covered by Medi-Cal and children with private insurance.
   c. Advocate for the availability of psychiatric hospital beds in the county for the pediatric population. Ensure communication and care coordination of medical information between care providers.

2. **Community and Parent Outreach**
   a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
   b. Recruit community members to serve on the Committee, and inform families about mental health services available.
   c. Create innovative strategies to learn about parents/caregivers' needs and concerns.
   d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
   e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's wellnesseveryday/saludsiempre website.
   f. Continue to oversee the development of the family resource app.

g. Raise awareness of services for children ages 0-5 and access to those services.

INTRODUCTION

The BHAB Youth & Family Committee meets on the second Wednesday of the month from 10:00 to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to the families of youth receiving mental health services from Ventura County Behavioral Health, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the children and youth residing in Ventura County. The Youth and Family Committee is responsible to look into the needs, programs and services for children and youth, and to report to the BHAB on these matters.

ACHIEVEMENTS

1. The committee received regular updates on the Continuum of Care Reform (CCR), its successes and challenges.
2. The number of children and youth placed outside the home, either in foster care or Juvenile Justice, has been reduced thanks to early intervention and Trauma-Informed Care.
3. The Children's Crisis Stabilization Unit has prevented the hospitalization of about half the children and youth who were assessed. The CSU is often running at capacity. CSU staff provided information on its services and how to access them.
4. The reopening of Vista del Mar Psychiatric Hospital has been helpful for youth ages 12 to 17.
5. The need for hospitalization of children ages 0 to 5 has been reduced thanks to staff awareness and education.
6. VCBH and providers provided outreach and engagement in psychoeducation to help parents learn to describe what their children are experiencing and to help reduce stigma.
7. Dr. Shaw and Dr. Acosta reached out to primary care physicians (PCPs) to increase their awareness of the mental health services available. Dr. Shaw planned to provide a training on collaborative care to empower PCPs.
8. The Safety Plan was updated/revised.
9. Support was provided to the community following the Borderline shooting and Woolsey Fire.
10. Ongoing collaboration between various agencies and VCBH continues to improve the services available.
11. The committee was instrumental in the development of an eating disorders program within the VCBH Youth & Family clinics.
12. The continuum of crisis care has been strengthened.

2018-19 PRESENTATIONS

September 2018: Youth and Cannabis, presented by Dan Hicks and David Tovar, VCBH Alcohol & Drug Program.
October 2018: Results of the Parent/Caregiver Survey, presented by Lori Litel, United Parents.
April 2019: Commercial Sexual Exploitation of Children (CSEC), presented by Lydia Lopez and Jessica Valenzuela, Health Care Agency READY Program.
May 2019: Mental Health Services Act (MHSA)-funded Youth & Family Programs, presented by Clara Barron.
June 2019: Gold Coast Health Plan and Beacon Health Options, presented by Jennifer Claros and Elizabeth Theis.

CHALLENGES

1. Barriers exist in the process of placing youth coming from outside Ventura County.
2. Additional foster families are needed.

3. Reunification for children and youth in foster care or group homes is problematic.
4. Respite care for parents and caregivers is desperately needed.
5. A Children's CSU is needed in the East County.
6. Law enforcement and clinicians in private practice need to be educated about the Children's CSU, a more appropriate resource than the local emergency department for children and youth in crisis.
7. Increasing the number of parent partners is needed.
8. There is a lack of communication with the local private psychiatric hospital and with out-of-county hospitals.

OPPORTUNITIES

1. Funding will become available during the next couple of years to implement new Mental Health Services Act (MHSA) Innovations projects.
2. A psychiatrist working with VCBH has moved and is now working at Vista del Mar Psychiatric Hospital in Ventura. It is anticipated that this move will help strengthen the communication between psychiatrists and clinicians in various settings.

RECOMMENDATIONS

1. Continue to work toward developing an Innovation project that focuses on children ages 0-5.
2. Design an Innovation project focusing on identifying the early signs of possible mental illness in its early stages.
3. Consider implementing a tool for threat assessment on school campus that is applicable to students and adults alike and standardized across school campuses and law enforcement agencies.

2019-20 OBJECTIVES OF THE BHAB YOUTH & FAMILY COMMITTEE

1. **Continuum of Care**
   a. Follow the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
   b. 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.
   c. Ensure communication and care coordination of health record information between care providers.

2. **Community and Parent Outreach**
   a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
   b. Recruit community members to serve on the Committee, and inform families about mental health services available.
   c. Create innovative strategies to learn about parents/caregivers' needs and concerns.
   d. Raise awareness of alcohol and substance use resources. Actively disseminate alcohol and substance use prevention resources to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
   e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's wellnesseveryday/saludsiempre website.
   f. Continue to explore the use of technology to enhance access to services and resources.
   g. Identify and address system barriers for access to service needs for children ages 0-5. Advocate for improvement in the continuum of services.

PREVENTION COMMITTEE
2018-2019 Annual Report

Submitted by Janis Gardner, Chair

Prevention Committee members

Janis Gardner, Committee Chair
Captain James Fryhoff, BHAB Member
Claudia Armann, BHAB Member
Ezequiel A. Sanchez, BHAB Member
Gane Brooking, BHAB Member
Marlen Torres, BHAB Member
Mary Haffner, BHAB Member
Patricia Mowlavi, BHAB Member
Maya Lazos, Vista del Mar Hospital
Diana Hernandez, The Client Network
Gabe Teran, Ventura County Office of Education
Katherine Kasmir, Straight Up
Lori Litel, United Parents
Natalie Gabrie, Aegis
Rachel McDuffee, Aegis
Stephanie Flournoy, Interface Children & Family Services
Vanessa Alva, Straight Up
Yaakov Cahnman, Saving Lives Camarillo

Participants

Casa Pacifica
Community Coalition United
Conejo Valley Unified School District
MICOP
Pacific Clinics TAY Tunnel
Ventura County Behavioral Health
Ventura County Probation
Ventura County Public Health
Ventura County Sheriff's Office, Crisis Intervention Team (C.I.T.)

MISSION

To promote measures that prevent mental illness and/or substance use issues from becoming destabilizing components in the lives of Ventura County residents. Our aim is to collaborate and help support education, prevention and early intervention efforts with particular emphasis on community health, engagement and the interaction of mental health and substance use challenges.

2018-19 OBJECTIVES OF THE BHAB PREVENTION COMMITTEE

1) Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use and mental illness amongst multi-generational populations.
2) To promote vaping and cannabis education and awareness.

INTRODUCTION

Participating members in the Prevention Committee include individuals who have an interest in helping to mitigate mental illness and substance use challenges for adults, transitional aged youth and children who reside in Ventura County. Its membership and partners include persons from various entities around Ventura County, including, but not limited to, persons from multiple county agencies, stakeholders, contract providers, VCBH staff, health care professionals, law enforcement and consumers.
Chaired by an appointed BHAB member and reporting directly to the BHAB, this committee shall advocate for greater community awareness of behavioral health risks for individuals with mental illness, a dual diagnosis, or substance use disorder and shall: (1) Monitor and advise VCBH regarding its efforts to prevent the onset and exacerbation of behavioral health disorders; (2) Comply with the requirements of the Brown Act.

ACHIEVEMENTS

1) This past year, the BHAB Prevention Committee has added numerous new stakeholders, a Sheriff's Captain, community participants and providers from various entities throughout Ventura County. These new members have proved to be valued members of the committee.

2) The Ventura County BHAB Prevention Committee has supported, collaborated and advocated for information on topics within the scope of Cannabis Education and Awareness for Youth, MHSA, Mental Health Prevention, Early Intervention, and Alcohol and Drug Substance Abuse concerns.

3) The BHAB Prevention Committee, stakeholders and staff attendees have shared information on prevention efforts within Ventura County concerning Mental Illness, Opioid use, E-Cigarette usage, Youth Cannabis usage, Suicide prevention and Vaping .

4) BHAB Prevention Committee members' attendance at various events have included Cannabis Prevention Awareness presentations, Opioid and Marijuana conferences, Suicide Prevention Conferences and meetings and MHSA Stakeholders Committees and conferences.

5) Prevention committee members have attended local NAMI events (National Alliance for Mental Illness); events related to the LGBTQ population; events with Rainbow Umbrella; ADP Prevention Services contractor meetings, and Straight Up's local "Reality Parties for Parents," (both in English & Spanish), and have participated in CAUSE events and meetings.

6) The BHAB Prevention Chairperson attended the National Rx and Heroin Convention in Atlanta, Georgia, the Statewide Substance Abuse conference, the Suicide Prevention Conference and numerous other meetings, conferences and summits throughout the year.

7) The BHAB Prevention Committee has advocated for cannabis awareness and education for youth, Transitional Aged Youth, and for cannabis awareness programs within VCBH and in collaboration with other stakeholders.

8) The BHAB Prevention Committee has advocated for prevention efforts in the Latino community and for others in disadvantaged populations.

9) BHAB Prevention Committee members have pooled resources with members of the Rx Opioid and Heroin Workgroup concerning the workgroup's outreach efforts on the Opioid crisis, Fentanyl and E-Cigarette youth usage.

10) The BHAB Prevention Committee has supported efforts for MHSA 's regional Needs Assessment, that gathered information from VC Public Health, VC Behavioral Health, the community, stakeholders and VC School Districts.

11) BHAB Prevention Committee members attended the NAMI Walk and several NAMI conferences. The BHAB Prevention Committee advocated for efforts for the LGBTQ+ population and attended events and LGBTQ+ local conferences.

12) The VC BHAB Prevention Committee advocated for prevention efforts surrounding the Human Trafficking problem in Ventura County.

13) The BHAB Prevention Committee members, stakeholders and providers advocated for and supported the "No O.D." program, DUI –Impaired Driving efforts, Drug Disposal efforts, The Ventura County Office of Education Youth Prevention efforts, Latino Outreach efforts, MHSA-PE & I Mental Health efforts and Law Enforcement's prevention efforts throughout the county.

2018-19 PRESENTATIONS

The BHAB Prevention Committee Presentations are carefully selected. ADP Prevention Services and MHSA/Mental Health Prevention and Early Intervention topics and those of related partners are given the opportunity to give a monthly presentation. These presentations allow the BHAB Prevention Committee to learn about and oftentimes collaborate, concerning current research, educational opportunities and trends within the Ventura County community. The BHAB Prevention Committee meeting attendees share community campaign projects and resources with each other. They, in turn, bring relevant information to their staff, clients and various agencies who can further disseminate this information throughout Ventura County and the Community-At- Large.

August 2018: "Opioid & Cannabis Efforts Update," presented by Dan Hicks, Manager, Ventura County Behavioral Health ADP Prevention Services.

September 2018: "VCOE: Suicide Prevention Efforts," presented by Hunter Poulson, Ventura County Office of Education.

October 2018: "Environmental Prevention through Youth Engagement," presented by Katherine Kasmir, Executive Director, Straight Up.

November 2018: "Pacific Clinics TAY Tunnel 2018" presented by Jennifer Goble, Program Director, and, Anthony Marron, Recovery Specialist, Pacific Clinics TAY Tunnel.

January 2019: "Juvenile Probation Services," presented by Crystal Davis, Division Manager, Ventura County Probation Services.

February 2019: "The Great Vape Escape," presented by Dan Hicks, Manager, Ventura County Behavioral Health, Alcohol & Drug Programs, Prevention Services.

March 2019: "Integrated Prevention: Cannabis Dispensaries and City Policies," presented by Captain James Fryhoff, Ventura County Sheriff's Office & Chief of Police for the City of Ojai.

April 2019: "Latest Trends from the California Healthy Kids Survey," presented by Dr. Heidi Christensen, Ventura County Office of Education.

May 2019: "Highlights from the Rx Summit in Atlanta," presented by Dan Hicks, Manager, and David Tovar, Office of Traffic Safety Grant Coordinator, Ventura County Behavioral Health, Alcohol & Drug Programs Prevention Services.

June 2019: Student Video Presentations presented by Gabe Teran, Operations Specialist for Youth Development, Friday Night Live, and, Katherine Kasmir, Executive Director, Reality Improv Connection, Inc. dba "Straight Up," which included: "Choose Your Own Path," by Middle School students from Juan Lagunas Soria School; "Stickman's Beer," created by students from Oxnard Middle College High School (OMCHS); "Incarcerated," by a student from Providence High School; "Teen Depression," by a student, Caroline M., from

Vista Real High School; "Pretty Brown Eyes,: by Pacifica High School students; and, "Just one Puff?" by Hillside Middle School students.

CHALLENGES

The Prevention Committee acknowledges the following Challenges within Ventura County as related to community needs within the scope of Alcohol & Drug related Prevention Services and MHSA's Mental Health Prevention and Early Intervention. Challenges are as follow:

- Concerns about increased access to highly potent opiates such as Fentanyl within Ventura County.
- Piecing together funding from various sources to purchase Naloxone for the VCBH ADP Prevention Services Overdose Prevention Project.
- There needs to be an increase in access to prevention services that serve indicated, higher risk populations.
- The impact of broader availability and normalization of cannabis for youth and young adults.
- Implementation of ordinances and guidelines regarding cannabis sales.
- Ordinances and guidelines regarding youth vaping and vape products.
- Suicide Prevention outreach for older adults, men and youth.
- Address emerging issues related to the cultivation of Hemp in Ventura County
- Odor mitigation regarding Hemp fields which may trigger cannabis cravings or use for Tay and other Ventura County residents due to environmental challenges.

RECOMMENDATIONS

- Advocate and support mental health and substance use prevention and early intervention programs, including those in collaboration with providers and contractors.
- Help educate and inform the Board of Supervisors, VCBH staff, other agencies, and the public, on the negative impacts of alcohol and drug abuse.
- Advocate for policy prevention efforts around vaping products for youth and older adults.
- Advocate and support outreach efforts concerning cannabis and the potential harmful effects on youth's still developing teen brains with consistent cannabis usage.
- Increase the number of Prevention Committee members including persons in the community, stakeholders, providers and contractors.
- Search for gaps and needs in services in both mental health and substance use where no prevention methods or programs currently exist.
- Advocate for prevention efforts concerning suicide prevention and mental health challenges.
- Promote education for raising awareness of the negative impacts of Fentanyl and opioid usage.
- Develop a troupe of spokespersons to engage older adults
- Increase services and businesses at Hillmont, St. Johns, and other private hospitals and entities to adopt public and private Mental Health In-Patient and Crisis Stabilization services at these sites.

2019-20 OBJECTIVES OF THE BHAB PREVENTION COMMITTEE

1. Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use and mental illness amongst multi-generational populations.
2. Promote vaping and cannabis education and awareness, and advocate for banning flavored vaping products.

BEHAVIORAL HEALTH ADVISORY BOARD
OBJECTIVES FY 2019-20

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.

Behavioral Health Advisory Board
Site Visit Report

Date: Aug 17, 2018

Facility / Program: Hillmont Psychiatric Center (IPU) **Location:** 200 Hillmont Ave., Ventura, CA 93003

Contact Person: Dan Powell **Phone #:** (805) 652-6002 **E-mail:** daniel.powell@ventura.org

BHAB Review Team:

Ratan Bhavnani, Gane Brooking, Kevin Clerici, Gina Petrus

FACILITY / PROGRAM DEMOGRAPHICS

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

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

2. **Number of Clients Served:**

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

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

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

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

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

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

Approximately 20-25 staff members per shift.

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

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

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

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

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

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

9. Describe Groups - education/support?

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

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

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

BHAB Reviewer Response

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

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

Staff identified program needs ?

The Inpatient Psychiatric Unit (IPU) is almost always full, with 30 beds.
The former Admissions & Referral (A&R) unit was shut down in anticipation of a Crisis Stabilization Unit (CSU) in early 2017, but the licensing authority, California Department of Public Health (CDPH) appears to have rejected that application.

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

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

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

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

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

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

Board Member Recommendations for Program Needs?

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

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

Behavioral Health Advisory Board
Site Visit Report

Date: 11/13/2018

Facility / Program: A New Start for Moms (ANSFM) **Location:** 1911 Williams Dr Oxnard

Contact Person: Jonathan Eymann **Phone #:** (805) 981-9204 **E-mail:** jonathan.eymann@ventura.org

BHAB Review Team:

Jamie Banker and Patricia Mowlavi

FACILITY / PROGRAM DEMOGRAPHICS

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

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

2. **Number of Clients Served:**

Maximum possible: 105 (165 fl stf) Monthly Avg. 85 (110) and / or Daily Avg. _____

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

Group counseling and Individual sessions focusing on Substance Use Treatment and recovery; Individual Therapy and Psychiatric services for co-occurring mental health disorders ; TB, HIV and health screening; Parenting education; Trauma Informed care.

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

Transportation; Child Care;

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

14 positions, (including embedded MH staff who are mental health division employees). Currently we have one on LOA and one vacant position.

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

Federal, State and County mandated trainings on policy and procedures, key concerns like confidentiality, 42CFR 2. Treatment issues such as suicidality, the opioid epidemic, trauma informed care, motivational interviewing, CBT, cultural competence, etc. Some classes target the entire staff and others are voluntary, or are assigned only to specific job classes as needed.
Staff typically averages perhaps 4 hours a month of training outside of the clinic and 4 hours a month of in-clinic or on-line training.

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

Psychiatrist on site one day per week, Psychologist 3 staff-days per week, MFT 2 full time , ADT 4 full time positions (one currently vacant, one on LOA), Community Service Workers 3 FT staff, Nurse once per month, HIV educator once per month.

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

Not in the program itself. All clients are referred to social supports such as AA/NA. Some client's children are involved in the Mindful Parenting program one group session per week.

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

The groups all serve both functions, facilitating peer support while educating client in recovery, relapse prevention, parenting and, as needed, recovery from trauma, parenting, anger management and developing secure attachments.

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

Indoor rooms.

BHAB Reviewer Response

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

Note: Regarding abbreviation in #2. Number of Clients Served. 105 or (165 fully staffed).

Clients attend group sessions at A New Start for Moms (ANSFM) site. Sessions are offered in the morning and/or afternoon on Mondays, Wednesdays and Thursdays. A Mindful Parenting group session is offered on Tuesdays. Treatment is offered by child developmental cohort.

Clients can take their own transportation to A New Start for Moms or they can arrange to be picked up. Three vehicles driven by Community Services Workers, leave to pick up clients throughout Ventura County at 7:30 and arrive at ANSFM before the group sessions start. In order to receive Medi-Cal reimbursement, clients must attend the entire 90 minute group session.

Morning sessions 9:00 - 10:30
Afternoon sessions 2:00 - 3:30

Group size is approximately 6 - 8 clients and can go to 12 maximum (per Medi-Cal group size limit). There is currently no wait list.

While the moms are in group session, the children are being watched by the Community Service Workers. After the group sessions, the drivers return clients to their homes.

Currently clients access services by going to an orientation and a formal assessment (American Society of Addiction Medicine) where the level of care is determined. If the level of care assessment meets state and federal requirements for a perinatal program, clients can access ANSFM. Individuals are referred, as the ASAM assessment indicates, to residential, intensive outpatient treatment or immediate hospitalization. The individual can refuse service or elect a lower level of care. ANSFM helps to coordinate and refer for Mental Health treatment, which is offered through VCBH and co-located at the same facility.

Supplemental services are offered on site and include: perinatal and parenting education, HIV/STD information and testing, nutritional counseling, physical health nurse for health screening and birth control, testing for Child and Family Services to help regain custody.

Clients typically seek services at ANSFM for around 6 months to a year. Clients who have not been seen get reminders at 20 days. If not seen after 30 days, the case is closed and the client would need to re-enter the program. There are no barriers to return to treatment.

Staff identified program needs ?

Funding and staffing are concerns. The Drug Medi-Cal Organized Delivery System Waiver, which goes into effect on 12/1/18 may help cover additional services. Current staff is filling gaps for unfilled positions and those on leave of absence.

Currently program is not at capacity. Clients are referred from child and family services, public health, alcohol and drug clinics, STAR program or clients can walk in.

ANSFM is not able to provide transportation for Simi Valley residents due to traffic congestion and logistics.

Larger meeting room is needed to comfortably accommodate 12 group member sessions.

Looking for non government funding source in order to continue to provide healthy snacks for the children.

Gifts for annual holiday event.

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

A New Start for Moms' goal is to remove barriers. A client that we spoke with had worked with many of the staff and 'loved the program'. She indicated that she leans something from each of the staff and was so enthusiastic that she recommends A New Start for Moms to others. The staff is friendly and busy. The psychiatrist was on site reviewing files, during our visit.

The facility is clean and welcoming. There is laundry on site to maintain cleanliness.

Regular case conference meetings are held and the treatment plans are reviewed by the treatment team.

Average time from orientation to assessment is around 7 - 10 days. The shift to Drug Medi-Cal Organized Delivery System Waiver, which goes into effect on 12/1/18, is expected to reduce the turnaround time from initial assessment to treatment plan. The waiver will also provide increased funding. Under the current system if group sessions are less than 90 minutes, they are not reimbursed by Medi-Cal (e.g. late arrival of client or fire drill). The waiver will allow for billing by the minute rather than 90 minute block of service. The waiver will also allow payment for individual sessions, counseling, and case management.

The psychiatrist keeps mental health files separate and locked. ANSFM staff cannot access these records.

Success rates and effectiveness are informally demonstrated by clients continuation in treatment, drug testing (clean tests), exit interviews and feedback, client relapse rates.

Board Member Recommendations for Program Needs?

Support in marketing or messaging ANSFM is recommended to increase capacity and attract funding to continue the child snack program and gifts. ANSFM can provide services to general community at reasonable rates or with private insurance.

Providing access to administrative assistant staff or intern would be helpful to support audits and entering data into the system, especially while ANSFM is understaffed.

Support or collaboration to provide transportation to and from ANSFM for Simi Valley residents.

Behavioral Health Advisory Board
Site Visit Report

Date: Jan 24, 2019

Facility / Program: Horizon View MHRC **Location:** 333 Skyway Dr., Camarillo, CA 93010

Contact Person: Lindsay Cunningham, PsyD **Phone #:** (805) 383-1155 **E-mail:** lmcunningham@telecarecorp.com

BHAB Review Team:

Ratan Bhavnani, Jamie Banker, Nancy Borchard, Gane Brooking, Gina Petrus

FACILITY / PROGRAM DEMOGRAPHICS

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

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

2. **Number of Clients Served:**

Maximum possible: 16 Monthly Avg. 15 and / or Daily Avg. _____

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

(Description offered by provider, Telecare Corp)
Horizon View MHRC is a welcoming, safe, therapeutic environment in which residents begin a learning process that helps them make effective choices, reduces the amount of harm in their lives, and increases their personal strengths. Telecare provides a full range of psychiatric, nursing, rehabilitative and social services designed to improve symptom management, encourage skill development, and promote restoration of normal independent functioning. The focus of treatment is to prepare residents to live and work in the least restrictive environment possible, with the lowest risk of institutionalization. We provide an individualized rehabilitation program based on sound principles of psychiatric assessment, psychosocial rehabilitation techniques, and psychopharmacology. Services include assessment, individual, group and family therapy, medication management, nursing and psychiatric care, a therapeutic milieu, leisure activities, peer support services, substance use services, pet therapy, and discharge planning.

Knowing that a major impetus for the development of Horizon View MHRC was the desire by consumers' family members to play an active role in treatment, we strive to create an environment at Horizon View where families feel welcome and heard, and where familial bonds are supported and strengthened. With the resident's knowledge and consent, we invite families to participate on the treatment team. Staff engage family members and other loved ones to obtain valuable insight on the issues that are important to the resident, determine whether the service plan adequately addresses the resident's goals, and collaborate on how the service delivery system can integrate the needs and interests of families.

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

Horizon View provides transportation and escort to appointments outside the facility as detailed in the service plan. We also provide escorted outings as part of community integration, including to local AA/NA meetings. We also provide money management services and follow up services, including support with linkages.

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

Horizon View has more than 20 Full Time Equivalent positions, with between 3 and 15 staff on site at any given time depending on shift. Staff includes an Administrator, licensed Clinical Director, Clinician, Psychiatrist, Psychologist, Nursing Staff, Recovery Specialists, Peer Support Specialist, Substance Use Specialist, Admission/Discharge Planner, Rehabilitation Therapists, Dietician, Cook and Administrative Support Team.

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

Horizon View employees receive 50+ hours of new employee training and annual refreshers in topics that include but are not limited to: the VCBH Code of Conduct, cultural competence, recovery model services (RCCS), Trauma Informed Care, Motivational Interviewing, Medication Education, Whole Person Care, CPI (Crisis Intervention/De-Escalation), HIPAA/Confidentiality, and professional boundaries. Telecare also partners with Relias Learning, a worldwide leader in healthcare training that serves over 5,000 healthcare organizations, to provide additional online courses to employees.

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

Psychiatrist/Medical Director - 16 hours per week
Clinician (Registered Psychologist) - 40 hours per week
Rehab Therapist - 40 hours per week
Admission/Discharge Planner (MA) - 16 hours per week
LVN/LPT - 168 hours per week

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

Horizon View currently has one full-time Peer Support Specialist. As an organization we have a goal that all programs will have at least two Peer Support Specialists by 2020. We also strive to ensure that all of our Peer Support Specialists receive training in peer delivered modalities such as Wellness Recovery Action Planning (WRAP), as well as peer support certification training. As described above, we invite families to be involved in treatment planning meetings and we offer family therapy sessions to help improve family communication and coping.

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

Horizon View offers educational groups, process/support groups, leisure groups and activities, life skills groups, medication management groups, and pet therapy.

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

Horizon View has 16 client rooms, a day room, a TV room, Inspiration Studio, an Interview Room, an Exam Room, 3 showers and one tub room, a client property storage room, a donation closet, an outdoor patio, and a laundry room. See floor plan attached.

BHAB Reviewer Response

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

The daily activity schedule included what seemed to be constructive and engaging activities (promoting creativity, personal growth, health).

Based on a review of the Activity Schedule, groups seem to be primarily Leisure and Rehab Groups. It is unclear from the schedule, which are Mental Health groups that focus on managing symptoms, building coping skills, trauma, etc. Also, it is unclear whether any of the groups are Evidenced-Based and/or led by the Registered Psychologist or Licensed MFT.

Clients are offered 20 hours per week of individual and group therapy; they are encouraged to attend groups, and most do so. During the site visit there were 3 clients who were not participating in group. There was limited staff interaction with these clients.

There is an emphasis on community outings for clients who are at the appropriate level. This allows them to practice generalization of skills in community and to connect with community resources that they can continue to access upon graduation from the program (e.g., NA, AA, provider appointments).

The program follows a philosophy which appears to empower clients to participate to whatever degree they choose. The team felt that this is an expensive program and encouraging residents a little more may increase utilization of available resources.

Staff identified program needs ?

Management expressed a desire to publicize the Horizon View program and facility more widely in the community.

They have a storage room containing clothing and shoes, which are offered to clients when they enter; they welcome additional donations.

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

Horizon View fills a critical need in the community. The facility was specifically designed to create a sense of community and foster interactions between clients and staff, while also affording privacy and personal space. Management expressed a commitment to accepting most clients in need of this level of care, with few exclusion criteria. Management also expressed a commitment to helping clients remain in the program and successfully transition to a less restrictive level of care. Due to the small size of the program (capacity 16), the program is individually tailored to the client. The flexible approach is relationship-based, utilizing Motivational Interviewing techniques to engage clients, honor freedom of choice, with the ultimate goal of having the client access all available services.

The facility is open, clean and filled with natural light. Clients have space and privacy. The design allows for more acute clients to be closer to the nursing station and staff. The BHAB team appreciated the fact that there was no barrier between nursing and clients -- fostering a sense of community -- and that positive language was used to label different areas of the facility. Some of the staff offices are in the same open space. There are limited fitness options. There is no designated place for fitness activities. Two stationary bicycles are located in the movie room and there is a small courtyard. There is a nearby basketball court but this requires staff to accompany the client. A private chef/kitchen offers healthy and nutritious meals for clients.

Staff were professional, knowledgeable, and compassionate. Staff brings a lot of relevant clinical experience. Staff articulated the mission statement clearly. Staff appeared to understand the complex needs of the clients and are committed to addressing all needs, not just those related to mental illness/substance use.

The program has a Certified Addiction and Drug Abuse Consultant who can provide specialized substance abuse interventions.

The only family intervention currently offered is family therapy (if requested by the client) and the opportunity to participate in treatment planning. Management has expressed a desire to expand treatment interventions for families. There did not seem to be a lot of emphasis on the family.

The program currently offers a limited peer support component but has plans to offer a suite of peer support services. A peer is the first point of contact when the client initially enters the program.

Board Member Recommendations for Program Needs?

Suggested to Telecare staff that they offer presentations on this program (and other Telecare programs in Ventura County) to BHAB committees, NAMI groups and at other mental health events.

Horizon View MHRC

DRAFT INNOVATION WORK PLAN

Participating Counties: Fresno[1]; Sacramento; San Mateo[2]; San Bernardino; Siskiyou; Ventura (Lead County)

Project Title: Multi-County Full Service Partnership (FSP) Innovation Project

Duration of Project: January 1, 2020 through June 30, 2024 (4.5 years)

Section 1: Innovation Regulations Requirements Categories

General Requirement: An Innovative Project must be defined by one of the following general criteria. The proposed project:

X Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

Primary Purpose: An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

☐ Increases access to mental health services to underserved groups

X Increases the quality of mental health services, including measured outcomes

X Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

[1] Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project; this plan was approved by the MHSOAC in June 2019.

[2] San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use a combination of PEI and CSS funds to participate in the goals and activities of this project, alongside other counties. Some of this funding is currently available, while the remainder will require additional stakeholder input and approval in the spring (March to April 2020). These are one-time funds that have been designated and approved to meet a similar purpose and set of objectives as the INN project. San Mateo County is not submitting a proposal to use INN funds but intends to participate in the broader effort and, thus, is included here and in the Innovation Project plan.

Section 2: Project Overview

Primary Challenge

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. In many counties, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Despite the positive impact of FSP, the program has yet to reach its full potential. Many Californians with serious mental illness still struggle to achieve fuller, more independent lives and avoid the negative outcomes that MHSA prioritizes (i.e., reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness).

Counties and FSP providers have identified two barriers to improving and delivering on the "whatever it takes" promise of FSP. The first is a *lack of information* about which components of FSP programs deliver the greatest impact. Counties desire metrics that paint a more complete picture of how FSP clients are faring on an ongoing basis, are closely aligned with clients' needs and goals, and allow comparison across programs, providers, and geographies. These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and continuous improvement. The second barrier is inconsistent FSP implementation. FSP's "whatever it takes" spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state. While some variation to account for local context is to be expected, standardizing these processes using data, evidence, and best practices from across California offers the promise of significant performance improvements and better client outcomes.

Proposed Project

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county Innovation Project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation. The Mental Health Services Oversight and Accountability Commission (MHSOAC) has identified Ventura as a lead county in this project.

The MHSOAC has supported Third Sector in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSPs. A San Francisco-based nonprofit, Third Sector has helped behavioral and mental health programs nationwide create an improved focus on outcomes, guiding government agencies through the process of implementing and sustaining outcomes-oriented,

data-driven services focused on improved meaningful life outcomes. Section 4 below further describes Third Sector's experience and approach to transitioning social services programs to an outcomes orientation. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each participating county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this multi-county Innovation Project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive programs. The overall purpose and goals of the Innovation Project are to:

1. **Improve how counties define and track priority outcomes** and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. **Develop new and/or strengthen existing processes for continuous improvement** with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and better using qualitative and quantitative data to inform potential FSP program modifications
3. **Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined** through various state-level and county-specific reporting tools
4. **Develop a shared understanding and more consistent interpretation of the core FSP components** across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

Collaboration with a Statewide FSP Learning Community: In addition to the county-specific implementation technical assistance (TA) proposed in this Innovation Project, counties participating in this Innovation Project have co-developed and will participate in a concurrent, statewide FSP Outcomes-Driven Learning Community that Third Sector is leading with funding from the MHSOAC. County MHSA and FSP staff, FSP providers, FSP clients, and other community stakeholders will engage in an interactive learning process that includes hearing and sharing lived experiences, developing tools to elevate FSP participant voice, and attending sessions at local FSP sites. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

Rationale for Using the Proposed Approach

Over the past several months, a broad group of counties (beyond just those participating in this Innovation Project) and Third Sector have convened to further unpack these challenges in a collective

setting. Specifically, counties and Third Sector have collaborated in several virtual and in-person convenings to develop (i) an initial baseline understanding of counties' current FSP programs, including unique assets and challenges as it relates to defining and measuring important FSP client outcomes; data collection, data sharing, and data use; FSP services and population guidelines; and ongoing FSP performance management / continuous improvement processes, and (ii) an initial, shared plan for implementing outcomes-focused FSP improvements. The activities and goals proposed by this project are directly informed by these efforts, designed to respond to common challenges, capacity needs, and shared opportunities for FSP program improvements cited by counties. This approach is also inspired by the Los Angeles (LA) County Department of Mental Health's journey to similarly focus their FSP programs on meaningful outcomes. This Innovation Project will build off LA County's early successes, implementing adjusted strategies and approaches that are appropriate for a statewide context.

Number & Description of Population(s) Served

This project focuses on transforming the data and processes counties use to manage their FSP programs to improve performance at scale; it does not entail direct services for FSP clients. Accordingly, we have not estimated the number of individuals that will be served or identified specific subpopulations of focus. This project will build outcomes-focused approaches across a variety of age-specific and population-specific FSP programs statewide, exploring and identifying key commonalities and relevant differences by population of focus, and building a flexible, scalable set of strategies that can be further implemented statewide

Research on the Innovative Component

This Innovation Project presents a new opportunity and innovative practice for participating counties in several ways:

1. Systems-Level Changes to Accelerate Performance

Instead of piloting a new FSP service or intervention, this project will reduce barriers that prevent counties from leveraging data and evidence to deliver better outcomes in FSP programs. While piloting and testing new service interventions remains a key tool for driving mental health services innovation, far too often promising innovations are expected to take root in systems that lack the infrastructure or capacity to support them—leading to suboptimal replication, challenges disseminating learnings, or failure to scale. This Innovation Project seeks to address those structural barriers by accelerating counties' ongoing efforts to use data and shared outcome goals to continuously improve their FSP programs, and do so in a manner that centers on increasing statewide learning.

2. County-Driven Origins with Statewide Impacts

This project also represents an opportunity for counties to drive state progress on reporting requirements, data collection, and data use. Many counties have individually struggled to track client outcomes and make meaningful use of the existing data, but have to-date approached this problem alone. Recognizing these gaps and the power of a collective effort, counties themselves took the initiative to form this project as a response to their individual FSP program challenges and after hearing reflections on LA County's Department of Mental Health FSP transformation.

The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for participating counties to both (i) pursue county-specific implementation efforts that will drive lasting improvements within their *individual* FSP programs, and (ii) exchange learnings from these implementation efforts with other counties via a structured Learning Community designed to help increase *statewide* consensus on FSP's core components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

3. Introducing New Practices for Encouraging Continuous Improvement & Learning

This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences, client life outcomes, and aim to increase consistency in how FSP's are administered within and across different counties. This project will build on tools and learnings emerging from Third Sector's existing work with the Los Angeles County Department of Mental Health's FSP transformation, which centered on understanding and improving core child, adult, and older adult FSP outcomes, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement.

Importantly, the project will also contribute to these learnings and tools, creating new approaches and strategies intended to achieve similar and further results. It aims to develop and pilot continuous improvement processes and actionable data use strategies that are tailored to each participating county's specific context, and to generate new learning and shared consensus around FSP program and performance management best practices, alongside other participating counties. For example, a county may implement a new data dashboard that helps better illustrate client utilization of emergency services over time. This dashboard could be used to understand the relationship between an incoming client's needs, FSP services delivered, and changes in emergency services utilization over time. With this newly clarified data, county staff and/or providers would be able to understand and collaborative discuss how different clients' needs should determine the services they receive, based on the historical success of other, similar clients.

4. *Proposing Changes to State-level FSP Data Requirements*

Building from the above, this project also intends to surface specific data collection and data use elements that counties can use to track their FSP outcome goals in a more streamlined, consistent fashion that can be feasibly applied across the state. Through this project, counties will develop a more cohesive vision around which data elements and metrics are most relevant and recommend changes to state-wide FSP data requirements that better prioritize and streamline their use. Ultimately, these recommendations and any changes aim to better support counties in understanding who FSP services, what services they receive, and the outcomes that clients ultimately achieve.

Stakeholder Input

Through individual discussions and group convenings, Third Sector and participating counties have discussed several strategies to ensure that the Innovation Project aligns with each county's goals, including priorities expressed in stakeholder forums. The Appendix includes more detail about each county's specific stakeholder needs, how this project addresses these needs, and how community planning processes in each county have impacted the overall project vision.

To date, Third Sector has supported counties in sharing the project with local stakeholders by providing summary materials (i.e. project descriptions and talking points) and answers to frequently asked questions. These materials were requested by counties and designed to be accessible to a broad audience. Counties such as Sacramento and San Bernardino have already used and adapted these for community planning meetings, soliciting feedback that has helped to inform into this plan. Currently, all participating counties have either shared or scheduled near-term dates for sharing this project as a part of their three-year plan, annual update, or standalone proposal for public comment and county Board of Supervisors' review.

Once the MHSOAC has reviewed this draft Innovation Plan is approved and all counties have posted it for public comment, Third Sector will work with counties to incorporate feedback. Based on this feedback, counties may make adjustments to specific focus areas and priorities addressed within the Innovation Plan before sharing it with their local mental health board and Board of Supervisors for review and final approval.

Furthermore, this project intends to engage county stakeholders—including program participants, frontline staff, and other key community partners—throughout its duration. In the implementation stage, engagement activities may include consulting and soliciting feedback from stakeholders when defining the outcome goals, metrics, service components, and referral and graduation criteria. Counties may choose to do this through focus groups, interviews, and working group discussions. Counties may also invite participants or community representatives to participate in statewide Learning Community events. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future county meetings that are open to the public. Additional description of these activities can be found in the *Work Plan & Timeline* section below.

Learning Goals & Project Aims

This project expects to contribute new learnings and capacities for participating counties throughout the county-specific technical assistance and evaluation activities involved. Guiding research questions that this project aims to further explore include, but are not limited to, the following:

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes were made and piloted?
3. What impacts did they generate following implementation, both for FSP clients and FSP program providers?
    a. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
    b. To what extent has this project helped to streamline data collection/reporting within participating counties (e.g. improved satisfaction with reporting forms; reduced paperwork)? Has this project improved how data is shared and used to inform discussions on FSP program performance and strategies for continuous improvement?
    c. What impacts has this project and related changes create for clients' outcomes and clients' experiences in FSP?

4. What broader learning did the project produce?
    a. How have staff learnings through participation in this FSP-focused project lead to shared learning across other programs and services within each participating county?
    b. How has the statewide FSP Learning Community helped to drive collective learning and fostered a unified county voice for potential state-level change? Specifically, which types of forums and topics have yielded the greatest value for county participants?

Evaluation & Learning Plan

The Innovation Project includes a significant learning and evaluation component. Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Work Plan & Timeline* section below) to better understand and measure current FSP outcomes and identify appropriate strategies for improving these outcomes. Third Sector will also support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator that can provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via a post-implementation evaluation.

This post-implementation evaluation will aim to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to FSP practices and program administration ("systems-level impacts"), and (B) the overall improvements for FSP client outcomes ("client-level impacts"). These two types of measures will help determine whether the practices developed by this project effectively simplify and improve the usefulness of data collection and management, *and* whether these practices supported the project's ultimate goal of improving FSP client outcomes.

A description and example measures for each of the client-level and system-level impacts follows below. Counties, Third Sector, and the evaluator will develop and finalize these measures after procuring the third-party evaluator (i.e. 2021) via a written evaluation plan. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities.

A. System-Level Impacts: In order to better understand the systems-level impacts, this project proposes to capture both quantitative and qualitative data to assess the positive value and changes experienced by participating counties and community stakeholders. These measures will be tracked during and following the initial 23-month implementation TA period, and directly answer Learning Goals 1, 2, and 4 above. Example quantitative process measures include:

- Number of county policy changes that a county, the Department of Health Care Services (DHCS), or the MHSOAC implemented as a result of the Project
- Number of counties implementing a new FSP service approach as a result of the project
- Total FSP dollars tied to measurable achievement of outcome goals, including racial equity goals, that are embedded in contracts and/or program performance plans
- Number of new data sharing mechanisms and/or agreements created to support ongoing evaluation, feedback, and analysis of disparities
- Number of counties adopting improvements or changes to FSP continuous improvement practices
- Number of new FSP metrics or data elements measured in each county

- Number of FSP metrics or data elements removed by each county due to lack of relevance/usefulness

Additionally, the project will gather qualitative feedback (based on stakeholder interviews, surveys, and focus groups). These qualitative measures may include:

- Overall satisfaction with quality/impact of outcome measures selected, changes to data collection practices and service guidelines
- Increased confidence that measures tracked are meaningful for participants and/or are regularly reviewed and used to inform programs
- Increased understanding across providers and/or county staff of how priority outcome are defined and corresponding data collection/reporting requirements
- Increased stakeholder engagement and representation in decision-making and FSP program discussions that increase trust, collaboration, and transparency
- Sustainable continuous improvement processes that focus on regular review and discussion of performance data & community feedback
- Better coordinated continuum of care facilitates transitions across programs and services

B. Client-Level Impacts: This project proposes to measure overall improvements in FSP client outcomes that may occur during the project timeframe. Note that the time period for observing and evaluating changes in outcomes and metrics may end sooner (e.g., end of 2023), so as to provide sufficient time for the third-party evaluator to measure and synthesize evaluation findings and to share this information with counties. Third Sector, the evaluator, and the counties will determine the exact measures and an appropriate evaluation methodology for assessing client-level impacts during the project. These measures will address Learning Goal 3 above and may include:

- Changes in cross-system outcomes, such as:
    - Increased percentage of housing-insecure FSP clients connected with housing supports
    - Decreased recidivism for justice-involved FSP clients
    - Decreased use of emergency psychiatric facilities
    - Increased percentage of clients engaging in recreational activities, employment, and/or other forms of meaningful use of time, including employment
    - Increased percentage of clients graduating FSP successfully
- Reduced FSP outcome disparities (i.e. disparities by race/ethnicity; language)
- Increased percentage FSP clients reporting trust and satisfaction with their FSP provider
- Timely access to programs and services aligned with individuals' long-term goals
- Increased sense of agency for people served
- Increased program graduation rates for clients due to increased capacity (i.e., exits because clients are stable and re-integrated into the community)
- Decreased utilization of crisis services (e.g., emergency rooms, mental health, justice) due to increased emphasis on prevention and wellbeing

Third Sector, participating counties, and the evaluator will jointly develop an evaluation plan during the first year of the project. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities. Third Sector, participating counties, and the evaluation partner(s) will also carefully consider and discuss strategies for mitigating possible unintended consequences when designing the evaluation and selecting measures to be tracked (e.g., any perverse incentives to graduate clients from FSP before they are ready).

See the *Budget Narrative* section below for additional detail on the post-implementation evaluation activities.

Section 3: Additional Information for Regulatory Requirements

Contracting

Participating counties intend to contract with a technical assistance provider to support counties with project implementation activities. As described above in the *Proposed* Project section, the MHSOAC has supported Third Sector (a San Francisco-based nonprofit) in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSPs. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Participating counties will also identify and contract with an evaluation partner during the first year of the project. The evaluation partner will support counties in designing and implementing a shared strategy for assessing the project impact.

Counties intend to directly contract with Third Sector and/or the evaluation consultant for this project, while other counties may choose to contract through the existing Joint Powers Agreement (JPA) via the California Mental Health Services Authority (CalMHSA). The JPA sets forward specific governance standards to guide county relationships with one another and Third Sector/the evaluator and ensure appropriate regulatory compliance. CalMHSA will also develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties. As further detailed in Section 4, counties intend to use a portion of the Innovation Project budget to pay CalMHSA for this support

Community Program Planning

The Appendix to the Innovation Plan includes more detail about each participating county's specific stakeholder needs, how this project addresses these needs, and what the overall community planning process has involved in each county. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input throughout the duration of this project, including via specific focus group and stakeholder interview activities outlined in the project work plan.

Alignment with Mental Health Services Act General Standards

This project meets MHSA General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**
- It will establish a shared understanding of FSP's core components and create a common framework that reflects best practices while adapting for local context and **cultural competency**

- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

Cultural Competence and Stakeholder Involvement in Evaluation

This project intends to engage each county's stakeholders (i.e. program participants, frontline staff, other key community partners) throughout its duration, including in evaluation activities. Example engagement activities may include, but are not limited to:

- Asking for input from FSP provider staff, clients / client representatives, partner agencies, and other stakeholders (via focus groups, interviews, surveys, and/or working group discussions) as counties 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
- Sharing and reviewing data gathered and analyzed throughout this project--including in the post-implementation evaluation phase--with community members to gather additional input and insight in interpreting trends
- Inviting clients and/or client representatives to participate in statewide FSP Learning Community events
- Soliciting qualitative feedback from stakeholders on how this project has helped (or hindered) improved FSP service delivery in each county and opportunities for further improvement
- Sharing learnings and regular updates from this project with stakeholders at MHSA community planning meetings and county-specific stakeholder committees

Innovation Project Sustainability and Continuity of Care

Given this Innovation Project does not propose to provide direct services to FSP clients, protecting continuity of client care is not applicable.

Participating counties are strongly interested in sustaining any learnings, practices, and/or new statewide collaborative structures developed through this Innovation Project that demonstrate effectiveness in meeting the project goals. The Innovation Project work plan includes dedicated time and resources for sustainability planning among counties and Third Sector. Specifically, Third Sector will support counties during the final two months of the implementation technical assistance period to develop a clear transition plan and ensure participating staff have the capacity to continue these new strategies through the end of the Innovation Project period (these plans are further described below in the *Work Plan & Timeline* section). Counties will then use findings from the post-implementation evaluation to identify which specific practices or changes were most effective for achieving the different client and systems-level impacts that the project will measure, prioritizing these for continuation in future years.

Similarly, while Third Sector will organize and facilitate the Statewide FSP Learning Community in 2020, the counties and Third Sector intend for the Learning Community to be largely county-driven and county-led. The counties and Third Sector will gather feedback on the efficacy of the Learning Community at various points throughout the first year of the project (2020) and will develop a plan for

continuing prioritized activities in an ongoing fashion, whether through county-led facilitation, ongoing Third Sector support, and/or another strategy. The counties and Third Sector welcome and hope to solicit the MHSOAC's input in these conversations.

Communication and Dissemination Plan

Throughout the ideation and development of this Innovation Project, Third Sector has maintained ongoing conversation with the MHSOAC to share updates on county convenings, submit contract deliverables, solicit feedback about project decisions, discuss areas of further collaboration, and generally ensure alignment of interests, goals, and expectations. As the project progresses and moves into a phase of county-specific landscaping and implementation TA, Third Sector will continue to share regular updates, questions, and deliverables with Commission staff. These updates may include summaries of common challenges that participating counties experience on their FSP programs, from state-level data collection and reporting to performance management and continuous improvement practices. Based on these common challenges, participating counties intend to develop a set of shared recommendations for changes to state-level data requirements. Through the statewide FSP Learning Community, these recommendations will be co-created and informed by counties across the state. Third Sector will share regular updates on Learning Community workshops and may even invite Commission staff to attend select events. Additionally, Third Sector and the counties will collaborate with the MHSOAC to determine if and when presentations to the Commission may be valuable for further disseminating project learnings.

As the implementation phase of work comes to a close, Third Sector will work with participating counties to develop a plan for sustaining new outcomes-focused, data-driven strategies. This will include developing a communication plan for sharing project activities, accomplishments, and takeaways with the MHSOAC and DHCS. Third Sector will share counties' recommended revisions to state data requirements, and it will initiate discussions about opportunities for the MHSOAC and DHCS to streamline and clarify guidelines and requirements, supporting more effective and responsive FSP programs. Third Sector will also share insights about the process itself, from Innovation Plan development to implementation TA, and reflect on the successes and challenges of these efforts, promoting a discussion about the sustainability and scalability of future Innovation projects.

Work Plan & Timeline

Project Activities and Deliverables and Timeline

The Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an implementation technical assistance (TA) period and an evaluation period.

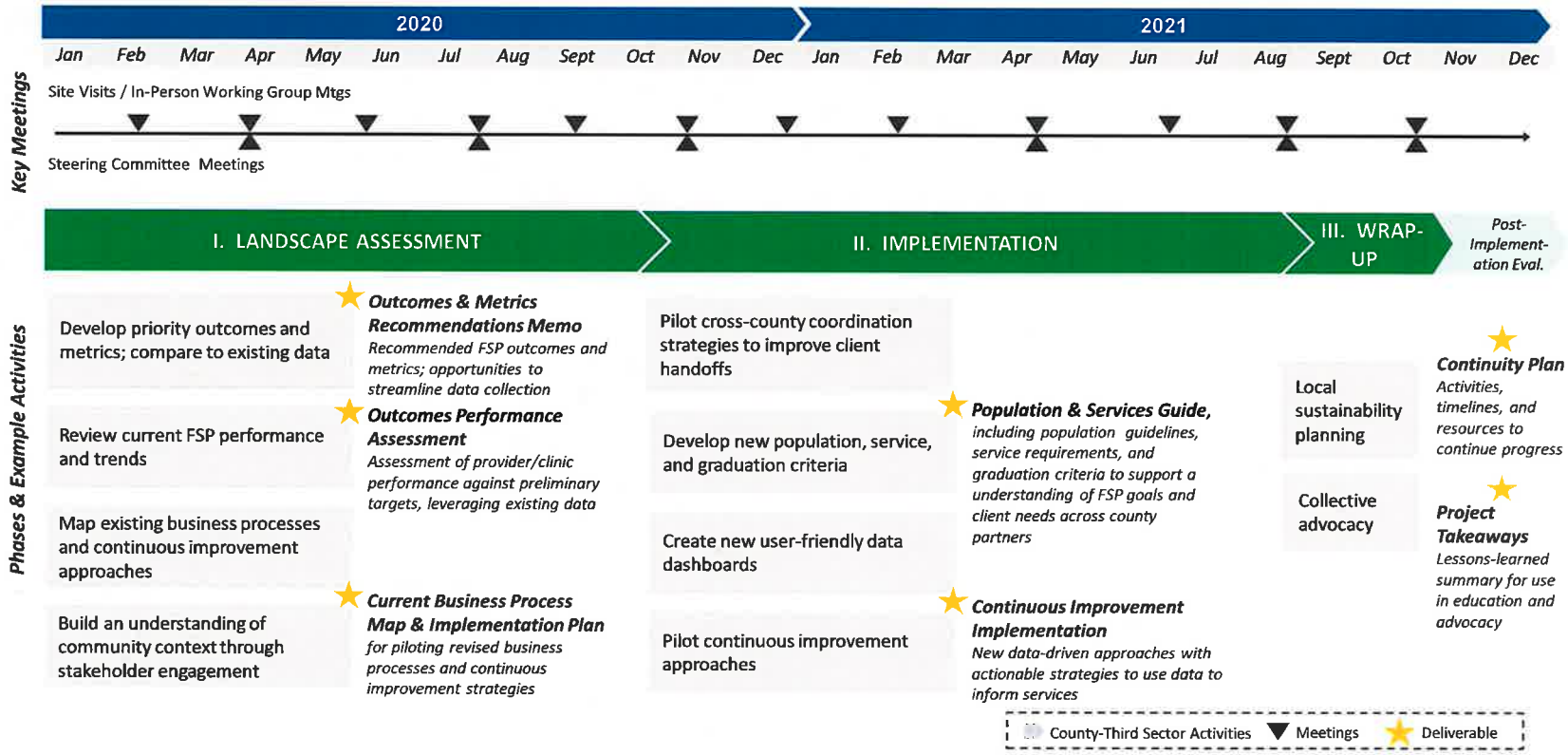
In the first 23-month implementation technical assistance (TA) period, Third Sector will work directly with each participating county to understand each county's local FSP context and provide targeted, county-specific technical assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings/calls with counties' core project staff, regular site visits and in-person working groups, and in-person stakeholder meetings, in order to advance the project objectives. These efforts will build on learnings and tools developed in Third

Sector's work with the Los Angeles County Department of Mental Health, as well as Third Sector's previous partnerships with other California and national behavioral health, human services, justice, and housing agencies. Each county will receive dedicated technical support with a combination of activities and deliverables tailored for their unique county context, while also having access to shared resources and tools applicable across all FSP programs and counties.

This TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on each county's needs and goals. County staff and Third Sector will collaborate over the next several months to identify each county's most priority activities and goals and to create a unique scope of work to meet these needs. See ***Figure 1*** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, participating counties will pursue a post-implementation evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces. This post-implementation evaluation and the overall Innovation Project will conclude at the end of June 2024.

***Figure 1**: Illustrative Implementation TA Work Plan*



Phase 1: Landscape Assessment

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about each county's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental/behavioral health projects, Third Sector will customize deliverables and activities for each county's local FSP context. During this phase, Third Sector will work with county staff to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. County staff will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around FSP's desired outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, each participating county will have an understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for each county's unique context and needs:

- *Outcomes & Metrics Plan:* Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties.
- *Population to Program Map:* A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities.
- *Population Criteria Outline:* Recommended changes to population eligibility criteria, service requirements, and graduation criteria.
- *Current State to Opportunity Map*: A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto-population of fields, removal of duplicate metrics, linking services/billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data).
- *Outcomes Performance Assessment*: An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics.
- *Process Map*: A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement.
- *Implementation Plan:* An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical/program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers).

Included in this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

- Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)
- Work plan for executing any required data-sharing agreements and/or research board approvals that may be necessary to implement the post-implementation evaluation
- Post-implementation evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client and systems level impacts
- Final impact report

Phase 2: Implementation

Third Sector will provide individualized guidance and support to each county through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding limitations on staff capacity, Third Sector will support county staff by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or project governance meetings. County staff will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, county staff will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, participating counties may achieve a selection of the following deliverables in Phase 2:

- *Referral Strategies*: Piloted strategies to improve coordination with referral partners and the flow of clients through the system.
- *Population and Services Guide*: New and/or revised population guidelines, service requirements, and graduation criteria.
- *Updated Data Collection & Reporting Guidelines*: Streamlined data reporting and submission requirements.
- *Data Dashboards:* User-friendly data dashboards displaying performance against priority FSP metrics.
- *Continuous Improvement Process Implementation:* Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes.
- *Staff Training:* Staff trained on continuous improvement best practices.
- *FSP Framework:* Synthesized learnings and recommendations for the FSP Framework that counties and Third Sector can share with the broader statewide Learning Community for further refinement.

- *FSP Outcomes & Metrics Advocacy Packet:* Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

Further, in this phase, a third-party evaluator will be selected based upon the qualifications and work plan developed in Phase 1. Third Sector, counties, and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the post-implementation evaluation.

Phase 3: Sustainability Planning

In Phase 3, Third Sector will work with participating counties to understand the success of the changes to-date and develop strategies to sustain and build on these new data-driven approaches. Third Sector will work closely with county staff to ensure that there is a transition plan in place and that county staff have the capacity to continue these new strategies. Participating counties may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. Specific activities may include articulating lessons learned, applying lessons learned to other mental health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, each participating county will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for each county=:

- *Project Case Study:* A project case study highlighting the specific implementation approach, concrete changes, and lessons learned.
- *Continuity Plan*: A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches.
- *Project Toolkit:* A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in similarly shifting other mental health and related services to an outcomes orientation.
- *Communications Plan:* A communications plan/strategy articulating communications activities, timelines, and messaging.
- *Project Takeaways*: Summary documents articulating major takeaways for use educating statewide stakeholders on the value of the new approach.
- *Evaluation Work Plan & Governance:* An evaluation work plan to assist the counties and the evaluation partner in project managing the post-Implementation evaluation phase.

Expected Outcomes

At the end of this project, each participating county will have clearly defined FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of each county's landscape assessment, but may include the following: piloting new

referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

Section 4: INN Project Budget & Source of Expenditures[3]

Overview of Project Budget & Sources of Expenditures: All Counties

The total proposed budget supporting six counties in pursuing this Innovation Project is approximately $5.08M over 4.5-years.[3] This includes project expenditures for four different primary purposes: Third Sector Implementation TA ($3.18M); Fiscal and Contract Management through CalMHSA ($.314M); Third-Party Evaluation ($.25M); as well as additional expenditures for county-specific needs ("County-Specific Costs") ($1.34M).

All costs will be funded using county MHSA Innovation funds, with the exception of San Mateo County which will contribute available one-time CSS & PEI funding. Counties will contribute varying levels of funding towards a collective pool of resources that will support the project expenditures (excluding County-Specific Costs which counties will manage and administer directly). This pooled funding approach will streamline counties' funding contributions and drawdowns, reduce individual project overhead, and increase coordination across counties in the use of these funds. See *Figure 2* below for the estimated total sources and uses of the project budget over the 4.5-year project duration across all six participating counties. The Appendix includes additional detail on each county's specific contributions and planned expenditures.

Budget Narrative for Shared Project Costs

Consultant Costs/Contracts: Each county is contributing funding to a shared pool of resources that will support the different contractor and consultant costs associated with the project. These costs include support from Third Sector (implementation TA), CalMHSA (fiscal and contract management), and the third-party evaluator (post-implementation evaluation). These consultants and contractors will operate across the group of participating counties, in addition to supporting each individual county with its own unique support needs.

CalMHSA will act as the fiscal and contract manager for this shared pool of resources through the existing Joint Powers Agreement (JPA). The pooled funding approach intends to streamline counties' funding contributions and drawdowns through sharing resources, reduce individual project overhead, and increase coordination across counties in the use of these funds.

[3] As mentioned above, Marin County informed Third Sector on November 27, 2019 that they will no longer participate in the Innovation Project. Marin will remain an active participant in the state-wide FSP learning community (more details on learning community goals and activities below). Given this information, budget details in the Innovation Plan are subject to change as Third Sector and the six participating counties determine appropriate budget adjustments moving forward. Given these adjustments have not yet been determined, This Section 4 does not reflect updates that account for Marin County's withdrawal from the project.

The total amount of consultant and contractor costs is approximately $3.74M across all six counties over the 4.5 year timeline. A description of each of these three cost categories follows below:

Third Sector Costs

As described in the Project Activities & Deliverables section above, Third Sector will lead counties through individualized implementation TA over a 23-month timeframe (January 2020 through November 2021). The total budget for Third Sector's TA across all six counties is $3.18M over the full 23-month TA period. These costs will fund Third Sector teams who will provide a wide range of dedicated technical assistance services and subject matter experience to each individual county, as they pursue the goals of this Innovation Plan. Third Sector staff will leverage regular site visits to each county, in addition to leading weekly to biweekly virtual meetings with different working groups, developing recommendations for the project Steering Committee, and supporting county staff throughout each of the three implementation TA phases.

Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported over 20 communities to redirect over $800M in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the LA County Department of Mental Health to align over $350M in annual MHSA FSP and PEI funding and services with the achievement of meaningful life outcomes for well over 25,000 Angelenos; transforming $81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track each providers' monthly performance relative to others and against specific, county-wide performance goals, and advising the County of Santa Clara in the development of a six-year, $32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services.

CalMHSA Costs

Six counties (San Mateo, Sacramento, San Bernandino, Ventura, Siskyou, and Fresno) have selected to contract using the existing Joint Powers Agreement (JPA) via CalMHSA. The JPA sets forward specific governance standards to guide county relationships with one another and Third Sector/the evaluator. CalMHSA will develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties.

CalMHSA charges an estimated 9% for its services. Rates are based on the specific activities and responsibilities CalMHSA assumes. Note that rates have not yet been finalized with CalMHSA at the time of this draft Innovation Plan proposal submission. Counties will update this plan based on any changes to these costs, prior to submitting this plan to their local Mental Health Board, the MHSOAC, and their Board of Supervisors for approval.

Evaluation Costs

Third Sector and the counties will determine the appropriate procurement approach and qualifications for a third-party evaluator during the first nine months of the project. Once selected, the third-party

evaluator will contract with counties either individually or collectively via the JPA administered through CalMHSA. Third Sector will support counties in determining the appropriate statement of work, budget, and funding plan for the third-party evaluator.

The current budget projects a total evaluation cost of $250,000 (combined across all counties, excluding Marin). The evaluator will be responsible for developing a formal evaluation plan, conducting evaluation activities, and producing an evaluation report. Estimated costs assume that the counties, Third Sector, and the to be determined third-party evaluator will collaborate to develop a uniform evaluation approach set of performance metrics, and corresponding metric definitions that can be applied consistently across all counties. Costs are estimates and subject to change. Additional charges, such as academic overhead rates and/or the costs for completing any required data sharing agreements, may apply. If, during the evaluator selection phase, it becomes apparent that costs will need to exceed initially budgeted amounts, the counties and Third Sector will work in partnership with the OAC to identify appropriate additional funding.

Budget Narrative for County-Specific Costs

The remaining project costs are intended to support additional, county-specific expenditures. Counties will fund these costs directly, rather than thru a pooled funding approach. A summary of the total $1.34M in County-Specific Costs across all seven counties follows below. The Appendix includes additional detail of each county's specific expenditures within these categories:

Personnel Costs

Total personnel costs (county staff salaries; benefits) for all counties are approximately $844,000over 4.5 years and across seven counties. Each county's appendix, attached, details the specific personnel that this will support.

Operating Costs

Total operating costs for counties are approximately $308,000 over 4.5 years and across seven counties. Operating costs support anticipated travel costs for each county ($91,000) and requisite County-specific administrative costs ($217,000). Each county's appendix, attached, details their specific operating costs.

Non-Recurring Costs

This project will not require any technology, equipment, or other forms of non-recurring costs.

Additional Contractor Costs

Siskiyou County intends to commit $190,000 for additional evaluation and data analysis support for Siskiyou County, specifically. Additional detail on these costs can be found in Siskiyou's appendix.

FIGURE 2: BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1	Salaries	$116,271	$181,117	$187,502	$137,735	$128,071	$750,696
2	Direct Costs	$15,454	$26,614	$27,945	$10,323	$4,700	$85,036
3	Indirect Costs	$1,409	$2,856	$2,999	$624	$624	$8,512
4	Total Personnel Costs	$133,134	$210,587	$218,446	$148,682	$133,395	$844,244
Operating Costs (travel, hotel)		**FY 19/20**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**
5	Direct Costs	$24,390	$39,390	$30,390	$24,390	$12,390	$130,950
6	Indirect Costs	$16,368	$61,507	$40,602	$29,293	$29,294	$177,064
7	Total Operating Costs	$40,758	$100,897	$70,992	$53,683	$41,684	$308,014
Non-Recurring Costs (technology, equipment)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8	Direct Costs	$0	$0	$0	$0	$0	$0
9	Indirect Costs	$0	$0	$0	$0	$0	$0
10	Total Non-Recurring Costs	$0	$0	$0	$0	$0	$0
Consultant Costs/Contracts (training, facilitation, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a.	Direct Costs (Third Sector)	$527,309	$1,715,715	$750,669	$186,000	$0	$3,179,693
11b.	Direct Costs (CalMHSA)	$34,502	$197,029	$72,085	$6,564	$4,687	$314,866
11c.	Direct Costs (3rd Party Evaluator)	$0	$62,502	$62,502	$72,919	$52,085	$250,008
12	Direct Costs (Additional County Evaluation)	$0	$0	$0	$95,000	$95,000	$190,000
13	Indirect Costs	$0	$0	$0	$0	$0	$0
14	Total Consultant Costs	$561,811	$1,975,246	$885,256	$360,483	$151,772	$3,934,567
Other Expenditures (explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14	Program/Project Cost	$0	$0	$0	$0	$0	$0
15		$0	$0	$0	$0	$0	$0
16	Total Other Expenditures	$0	$0	$0	$0	$0	$0
BUDGET TOTALS							
Personnel		$133,134	$210,587	$218,446	$148,682	$133,395	$844,244

Direct Costs	$586,201	$2,014,636	$915,646	$384,873	$164,162	$4,065,517
Indirect Costs	$16,368	$61,507	$40,602	$29,293	$29,294	$177,064
Total Innovation Project Budget	$735,703	$2,286,730	$1,174,693	$562,848	$326,851	$5,086,825

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Innovative MHSA Funds	$672,503	$1,919,321	$1,039,555	$549,014	$313,019	$4,493,413
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$100,000	$200,000	$200,000	$93,412	$0	$593,412
6.	**Total Proposed Administration**	$772,503	$2,119,321	$1,239,555	$642,426	$313,019	$5,086,825
EVALUATION:							
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Innovative MHSA Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**						
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Innovative MHSA Funds	$672,503	$1,919,321	$1,039,555	$549,014	$313,019	$4,493,413
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$100,000	$200,000	$200,000	$93,412	$0	$593,412
6.	**Total Proposed Expenditures**	$772,503	$2,119,321	$1,239,555	$642,426	$313,019	$5,086,825
*If "Other funding" is included, please explain.							

*San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use a combination of PEI and CSS funds to participate in the goals and activities of this project, alongside other counties. Some of this funding is currently available, while the remainder will require additional stakeholder input and approval in the Spring (March to April 2020). These are one-time funds that have been designated and approved to meet a similar purpose and set of objectives as the INN project. San Mateo County is not submitting a proposal to use INN funds but is committed to participating in the broader effort and, thus, are included here and in the Innovation Project plan.

Innovation Plan Appendix

Appendix Overview

The following appendix contains specific details on the local context, local community planning process (including upcoming local review dates), and budget details for Ventura County

Participating Counties and their proposed contributing funds:

Participating Counties	Proposed Funding Contribution
Sacramento	$500,000
San Bernardino	$979,634
Ventura	$979,634
Siskiyou	$700,000
Fresno	$950,000
San Matteo	$593,412

Appendix: Ventura County

County Contact and Specific Dates

The primary contacts for Ventura County are:

Kiran Sahota
Email: kiran.sahota@ventura.org
Tel: (805) 981-2262

Hilary Carson
Email: hilary.carson@ventura.org
Tel: (805) 981-8496

Ventura County's upcoming local review dates are listed in the table below. More detail on Ventura's stakeholder engagement process can be found in the "Local Community Planning Process" section.

Local Review Process	Date
Innovation Plan posted for 30-day Public Review	December 17, 2019
Local Mental Health Board Hearing	January 27, 2019
Board of Supervisors (BOS) approval, or calendared date to appear before BOS	February 5, 2019

Dates are proposed and subject to change, especially BOS calendar date of Feb 5, which is the earliest that the project could be calendared.

Description of Local Need

Ventura County has 7 FSP programs serving 619 individuals in the 2018/19 fiscal year. Each of these programs has a specific focus, yet they overlap in the age groupings as compared to age groupings as prescribed by MHSA regulations. One (1) of these serves juveniles currently on probation, 1 of these programs serves transition age youth, 4 serve adults age 18 years and older, and another serves older adults. The majority of these programs focus on individuals who are currently experiencing or at risk of experiencing incarceration, substance abuse, or homelessness. Eligibility is determined by the following factors: experience or at risk of incarceration, substance abuse, homelessness, hospitalization, or removal from the home, as well as the individual's age, and case manager/clinician recommendation.

The specificity and number of these FSP programs is both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographical groups, our county often struggles to establish consistent FSP service guidelines, evaluate outcomes, or disseminate best practices.

A common, recurring theme at community engagement gatherings has resonated toward offering more concentrated care for the seriously and persistently mentally ill homeless population. Along this line, Ventura County conducted a Mental Health Needs Assessment recently that indicated a need to address issues of homelessness and dual diagnosis as priority populations. Ventura County FSP services are fewer for those under 18 years of age and with respect to ethnicity. There has been consistent communication in Santa Paula and Oxnard community meetings to stress the need to increase services in breadth and depth to the Latinx community.

Conversations with Ventura County FSP staff and clinicians have revealed that outcome goals and metrics are not regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff—interpretation and implementation of these guidelines varies widely. Further, there is not a standard documented model of care designed for each FSP age grouping (Youth, TAY, Adult, Older Adult). FSP has a different meaning and objectives within each group. As age categories are further documented, identifying the idiosyncratic challenges particular to each target group due to the needs being very different.

Staff and clinicians have also indicated that data is collected for state mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, but outcomes are designed to be measured with cross-agency data collection systems (such as health care, criminal justice, etc.) meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources. Providers and peer agencies do not have a forum to meet regularly and share learnings and best practices or discuss opportunities. Standards for referral, enrollment, and graduation are inconsistent or outdated. Finally, there is a need for more clarity in the understanding of FSP funding allowances. The "whatever it takes" category is especially open to interpretation and there's no standard across counties to compare approved expenditures or to know what resources are available through FSP funds

Response to Local Need

Through this Innovation proposal, Ventura County seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Ventura County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

In addition, this project will provide Ventura County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide learning community.

Local Community Planning Process

The community planning process helps Ventura County determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, and community members. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in the following Behavioral Health Advisory Board subcommittee meetings:

- Adult Committee on Thursday, November 7, 2019
- Executive Meeting on Tuesday, November 12, 2019
- Prevention Committee on Tuesday, November 12, 2019
- Youth & Family Committee on Wednesday, November 13, 2019
- TAY Committee on Thursday, November 21, 2019
- General Meeting on Monday, November 18, 2019
- Community Input Session January 15, 2020
- Community Input Session January 21, 2020
- Community Input Session January 23, 2020

This project was shared as a part of the 3 year-plan update in the section of proposed use of Innovation funds. A more detailed draft plan proposal will be publically posted for a 30-day comment period beginning on December 17 2019. The Behavioral Health Advisory Board will hold a public hearing on the proposed plan January 27 2019. The plan will be revised based on feedback received, after which it is scheduled to go before the Ventura County Board of Supervisors for review and final approval in early February.

County Budget Narrative

Ventura County will contribute $979,634 amount over the 4.5-year project period to support this statewide project. As detailed below, Ventura County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Ventura County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Ventura County anticipates travel costs up to $13,000 over the 4 years, or $3,000 per year, which may vary based on the number of staff traveling and the number of in-person convening's. Based on current rates for administrative costs, Ventura County will allocate $ 296,801 for 4 years of personnel costs. The following positions have been allocated at a few hours annually over the next few years in order to achieve the project goals of system change.
    - Senior Project Manager
    - Program Administrator
    - Quality Assurance Administrator
    - Electronic Health Record System Coordinator
    - Behavioral Health Clinician
- *Shared Project Costs:* The remaining amount, $593,412 will support project management and technical assistance (e.g. Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

County Budget Request by Fiscal Year

The table below depicts Ventura County's year-over-year contribution to the Innovation Project.

County Budget Request & Expenditures by Fiscal Year and Budget Category

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1	Salaries	$21,531	$65,797	$67,771	$44,909	$46,256	$246,264
2	Direct Costs						
3	Indirect Costs						
4	Total Personnel Costs	$21,531	$65,797	$67,771	$44,909	$46,256	$246,264
Operating Costs (travel, hotel)		**FY 19/20**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**
5	Direct Costs	$1,000	$3,000	$3,000	$3,000	$3,000	$13,000
6	Indirect Costs	$9,785	$29,293	$29,293	$29,293	$29,294	$126,958
7	Total Operating Costs	$10,785	$32,293	$32,293	$32,293	$32,294	$139,958
Non-Recurring Costs (technology, equipment)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8	Direct Costs	$0	$0	$0	$0	$0	$0
9	Indirect Costs	$0	$0	$0	$0	$0	$0
10	Total Non-Recurring Costs	$0	$0	$0	$0	$0	$0
Consultant Costs/Contracts (training, facilitation, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a.	Direct Costs (Third Sector)	$58,353	$326,706	$113,435	$0	$0	$498,494
11b.	Direct Costs (CalMHSA)	$5,850	$33,338	$12,188	$938	$938	$53,250
11c.	Direct Costs (Evaluator)	$0	$10,417	$10,417	$10,417	$10,417	$41,668
12	Indirect Costs	$0	$0	$0	$0	$0	$0
13	Total Consultant Costs	$64,203	$370,461	$136,040	$11,355	$11,355	$593,412
Other Expenditures (explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14	Program/Project Cost	$0	$0	$0	$0	$0	$0
15		$0	$0	$0	$0	$0	$0
16	Total Other Expenditures	$0	$0	$0	$0	$0	$0

EXPENDITURE TOTALS						
Personnel	$21,531	$65,797	$67,771	$44,909	$46,256	$246,264
Direct Costs	$65,203	$373,461	$139,040	$14,355	$14,355	$606,412
Indirect Costs	$9,785	$29,293	$29,293	$29,293	$29,294	$126,958
Total Individual County Innovation Budget*	$96,519	$468,551	$236,104	$88,557	$89,905	$979,634
CONTRIBUTION TOTALS						
Individual County Contribution	$64,203	$370,461	$136,040	$11,355	$11,355	$593,412
Additional Funding for County-Specific Project Costs	$32,316	$98,090	$100,064	$77,202	$78,550	$386,222
Total County Funding Contribution	$96,519	$468,551	$236,104	$88,557	$89,905	$979,634

Ventura County Behavioral Health

Board Letter Summary of Contracts for November and December 2019

Board Date	Contractor	Amount	Term	Description
11/5/2019	Santa Paula Unified School District	$0	7/1/2019 to 6/30/2020	Ventura County Behavioral Health (VCBH) is working with Santa Paula Unified School District (SPUSD) to maintain educational support services at selected school sites in a collaborative relationship using a shared model "Pyramid of Intentions," which incorporates the resources of each agency. Under this Memorandum of Agreement (MOA), SPUSD agrees to provide a primary contact at each school site. SPUSD plans 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.
11/5/2019	California Department of Health Care Services	$0	7/1/2018 to 6/30/2021	The Performance Standard Agreement #18-952588 (Agreement) with Department of Health Care Services (DHCS) specifies the terms and conditions VCBH must follow with respect to the Mental Health Services Act (MHSA), Lanterman-Petris-Short (LPS) Act, Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Services Block Grant (MHBG), Crisis Counseling Assistance and Training Program (CCP), and Bronzan-McCorquodale Act services.
11/5/2019	California Department of Health Care Services	$69,558,350	12/1/2018 to 6/30/2021	The DHCS multi-year Drug Medi-Cal-Organized Delivery System (DMC-ODS) Standard Agreement #18-95150 is the established mechanism for the County to receive federal and state allocated funds for the array of Substance Use Disorder (SUD) services that are provided under the DMC-ODS waiver. This Agreement Amendment Number A01 (Amendment) revises contract language, with no change in the maximum contract amount.
12/10/2019	Turning Point Foundation: Adult Wellness and Recovery Center (AWRC) and Growing Works	$805,849	7/1/2019 to 6/30/2020	Turning Point operates two Adult Wellness and Recovery Center (AWRC) programs and the Growing Works program, with goals of reducing symptoms, and preventing decompensation and psychiatric hospitalization. The Third Amendment to the FY 2019-20 Agreement includes the logic model as part of the scope of work and revises various budgetary line items to better align with program needs. These adjustments exceed the 20% threshold currently allowed under the Agreement and require board approval, with no change in the existing maximum contract amount.

12/10/2019	Turning Point: Quality of Life Improvement (QLI): Rapid Integrated Support and Engagement (RISE)	$239,936	7/1/2019 to 6/30/2020	Turning Point QLI RISE Expansion utilizes peer recovery coaches to perform outreach and maintain connection with clients through continued outreach after discharge in order to assist with transportation, service coordination and any other barriers in connecting clients with their home VCBH clinic. The Fourth Amendment funds one additional peer recovery coach position.
12/17/2019	Evalcorp	$498,050	1/1/2020 to 6/30/2021	Evalcorp develops process and outcome measures, tailored data collection protocols, and corresponding data and performance outcome reports for VCBH and its funded Alcohol and Drug Program (ADP) services contractors. This ADP Prevention Services Agreement funds the project for the second six months of FY 2019-20 and for FY 2020-21, providing research and evaluation services to address vaping and drug trends, marijuana and prescription drug initiatives, alcohol, tobacco and other drug prevention efforts, and technical assistance in application of the State-required Strategic Prevention Framework.
12/17/2019	Idea Engineering, Inc.	$396,000	1/1/2020 to 6/30/2021	Idea Engineering, Inc. provides communication materials and graphic design services, a custom localized library to support various program publications, using social host and related community education efforts, and internet-based digital messaging services to youth and young adults. The project for the second six months of FY 2019-20 and FY 2020-21 provides the above-listed services in support of all prevention services initiatives, consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework through media at the local level.
12/17/2019	Reality Improv Connection, Inc.	$287,100	1/1/2020 to 6/30/2021	Reality Improv Connection, Inc. provides youth, young adult and parent engagement services and education strategies to address binge drinking, impaired driving, prescription drug abuse, and health disparities using school and community-based workshops, performances, and new media (podcasts, blogs, e-news, and text messaging). The project for the second six months of FY 2019-20 and for FY 2020-21 provides significantly enhanced media and health advocacy efforts, as well as community presentations about vaping, underage and binge drinking, and impaired driving harms.

12/17/2019	Ventura Unified School District (VUSD)	$269,996	1/1/2020 to 6/30/2021	VUSD began training staff on the systemic use of the Brief Risk Reduction Interview and Intervention Model (BRRIIM) in early 2019. In August 2019, VUSD began providing individualized, evidence-based ADP support services to identified students and their families. This ADP Prevention Services Agreement supports the project for the second six months of FY 2019-20 and for FY 2020-21, providing full development of district level programs using BRRIIM. Multi-year training and support efforts are necessary to complete the transition of Student Assistance Program efforts to serve all secondary schools.
12/17/2019	Catalyst Church Ventura (Catalyst)	$447,164	7/1/2019 to 6/30/2023	Catalyst provides Conocimiento: Addressing Adverse Childhood Experiences Scale (ACES) through Core Competencies services through its Ignite after-school program, serving at-risk youth ages 13-19 in Santa Paula. Catalyst is working in association with local schools and utilizing community collaboration to reduce adverse outcomes, increase core competencies and build resilience. The First Amendment provides previously allocated transportation funds to Catalyst, and removes transportation barriers for participants to access the program.
12/17/2019	One Step a La Vez	$433,510	7/1/2019 to 6/30/2023	One Step a La Vez provides Conocimiento: Addressing ACES through Core Competencies services through its after-school program, serving teens ages 13-19 in Fillmore. This program is like the Santa Paula program described above. In addition to providing prevention services, it will ensure at-risk youth caregivers receive support and assistance in building community. The First Amendment provides previously allocated transportation funds, and removes transportation barriers for participants to access this program.
12/17/2019	United Parents	$169,299	7/1/2019 to 6/30/2020	United Parents provides respite services for parents and caregivers of children with serious emotional, behavioral and mental health issues. Program services are designed to minimize stressors on caregivers and families which could lead to destabilization, crisis and the potential for children to be placed out of the home. The Sixth Amendment will extend the term of the agreement for three additional months.

VENTURA COUNTY
BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

Sevet Johnson, PsyD
Director

Jason Cooper, MD
Interim Medical Director

MEMORANDUM

DATE: **January 27, 2020**

TO: **Behavioral Health Advisory Board**

FROM: **Contracts Administration**

SUBJECT: **Board of Supervisors Approved November & December Agreements/Board Items**

Board of Supervisors Approved Agreements – November 5, 2019

1. **FY 2019-20 Santa Paula Unified School District (SPUSD) Memorandum of Agreement (MOA).**

This item recommended the Board of Supervisors (Board) approve and authorize the Ventura County Behavioral Health (VCBH) Director or designee to sign the MOA for educational support services with SPUSD, effective July 1, 2019 to June 30, 2020. There is no fiscal impact associated with this recommendation.

SPUSD 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. SPUSD 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 services. The MOA is necessary 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 SPUSD MOA for educational support services.

2. FY 2018-21 Performance Standard Agreement (Agreement) #18-952588.

This item recommended approval for the VCBH Director or designee to sign the California Department of Health Care Services (DHCS) Agreement #18-952588 for Mental Health Services Act (MHSA), Lanterman-Petris-Short Act (LPS Act), Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Services Block Grant

(MHBG), Crisis Counseling Assistance and Training Program (CCP), and Bronzan-McCorquodale Act services, in zero amount, effective July 1, 2018 through June 30, 2021.

DHCS administers the MHSA, LPS Act, PATH, MHBG, CCP, and Bronzan-McCorquodale Act programs and oversees VCBH's provision of the Bronzan-McCorquodale Act community mental health services, which are provided with realignment funds. VCBH is required to meet certain conditions and requirements to receive funding for these programs and community health services, and this DHCS annual Agreement specifies those conditions and requirements.

The main changes from the prior Agreement include: (1) revisions to MHSA distribution and use contract language, (2) revision to the MHSA funding reversion requirements, (3) addition of county obligations related to Bronzan-McCorquodale Act community mental health services for the indigent population, (4) addition of LPS Act and Laura's Law client and program data reporting requirements, and (5) addition of federal Uniform Guidance regulation requirements for the MHBG, PATH and CCP programs.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2018-21 DHCS Agreement #18-952588.

3. FY 2018-21 DHCS Standard Agreement #18-95150 Amendment Number A01 for Drug Medi-Cal Organized Delivery Services (DMC-ODS).

This item recommended approval for the VCBH Director or designee to sign the DHCS Agreement #18-95150 Amendment Number A01 for DMC-ODS services, in the existing amount of $69,558,350, effective December 1, 2018 through June 30, 2021.

DHCS' multi-year DMC-ODS Agreement #18-95150 is the established mechanism for the County of Ventura (County) to receive federal and state allocated funds for the array of SUD services provided under the DMC-ODS waiver. Through the proposed DMC-ODS Standard Agreement #18-95150 Amendment Number A01, DHCS is amending VCBH's existing DMC-ODS Standard Agreement to incorporate revisions to the following Agreement requirements: (1) beneficiary enrollment non-discrimination, (2) oral interpretation and written translation services, (3) discrimination grievances, (4) disabled individuals services, (5) network adequacy standards, (6) provider-beneficiary communications, (7) treatment service requirements, (8) interim rate reimbursement and fiscal audit provisions, and (9) special terms and conditions (termination and compliance with statutes and regulations). There is no change to the maximum contract amount of $69,558,350.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2018-21 DHCS Agreement #18-95150 Amendment Number A01.

Board of Supervisors Approved Agreements – December 10, 2019

4. FY 2019-20 Turning Point Foundation (Turning Point) Adult Wellness and Recovery Center (AWRC) and Growing Works Third Amendment and FY 2019-20 Turning Point Quality of Life Improvement (QLI) Fourth Amendment.

This item recommended approval for the VCBH Director or designee to sign the: (1) Third Amendment to the agreement with Turning Point for AWRC and Growing Works services within the existing contract maximum amount of $805,849, effective July 1, 2019 through June 30, 2020; and (2) Fourth Amendment to the agreement with Turning Point for QLI services, in the amount of $239,936 (an increase of $35,509), for an overall contract maximum of $573,280, effective July 1, 2019 through June 30, 2020. These agreements are funded with MHSA and Triage Grant Funds.

Turning Point operates two AWRC programs, as well as the Growing Works program. AWRC focuses on outreach to and engagement with individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. Using 1-on-1 interaction and serving as a portal to other mental health, medical, dental, housing, and employment services, AWRC's goal is to reduce symptoms and prevent decompensation and psychiatric hospitalization. In FY 2018-19, they served 985 unduplicated individuals.

The Growing Works program is a nursery/horticultural peer job readiness program using established recovery principles to provide job readiness training to VCBH clients. The program goal is to identify 50 VCBH clients per year for potential participation, enrolling 25 clients into the program. Growing Works is based on a logic model which delineates specific activities, outputs and outcomes.

The Third Amendment to the Agreement incorporates the logic model into the scope of work, and revises budgetary line items within the existing contract maximum to better align with program needs. These adjustments exceed the 20% threshold currently allowed under the Agreement and requires board approval.

Turning Point Foundation QLI RISE Expansion uses peer recovery coaches as essential client advocates, with three peer recovery coaches funded. These coaches perform outreach to clients in jail/juvenile facilities, the Crisis Stabilization Unit, and the Psychiatric Inpatient Unit, building trust and connecting clients with clinical teams. Peer recovery coaches maintain connection with clients through continued outreach after discharge to assist in decreasing barriers to connecting clients with their home VCBH clinic. Peer recovery coaches provide an array of services to ensure mitigation of barriers to mental health and supportive services, including transportation, making appointments and facilitating timely services. The program served 260 unduplicated individuals in FY 2018-19, currently serving clients in six board and care sites (Sunrise Manor, Elms, Cottonwood, Villa Callegus, Castillo del Sol, and River Haven).

The Fourth Amendment to the Agreement increases the contract maximum amount, specifically the RISE Expansion portion of the budget to a total of $239,936 (an increase of

$33,509), to fund one additional peer recovery coach position.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 Turning Point Third and Fourth Amendments.

Board of Supervisors Approved Agreements – December 17, 2019

5. Alcohol and Drug Programs (ADP): January 1, 2020 through June 30, 2021 Evalcorp, Ideal Engineering, Reality Improv Connection, Inc., and Ventura Unified School District (VUSD) ADP Prevention Services Agreements.

This item recommended approval for the VCBH Director or designee to sign the ADP Prevention Services Agreements, effective January 1, 2020 through June 30, 2021 with: (1) Evalcorp, in the amount of $498,050, (2) Idea Engineering, in the amount of $396,000, (3) Reality Improv Connection, in the amount of $287,100, and (4) VUSD, in the amount of $269,996. These agreements are funded with Office of Justice Programs (OJP) Comprehensive Opioid Abuse Site-Based Program (COAP) Grant, and Substance Abuse Prevention and Treatment Block Grant (SABG).

Evalcorp develops process and outcome measures, tailored data collection protocols, and corresponding data and performance outcome reports for VCBH and its funded prevention services contractors. Evalcorp provides prevention research and evaluation services to VCBH, including: (1) data management and analysis for the Place of Last Drink (POLD) survey among driving under the influence (DUI) arrestees, (2) evaluation, data collection and analysis of overdose prevention data sets, (3) development of evaluation tools to document Straight Up Reality Party and prevention activity outcomes, (4) prevention planning, consultation and community survey design and administration services, and (5) support of opioid abuse prevention and suppression efforts. The project for the second six months of FY 2019-20 and FY 2020-21 provides research and evaluation services, statistical analysis and data collection to address vaping and drug trends, marijuana and prescription drug initiatives, alcohol, tobacco and other drug prevention efforts, and technical assistance in the application of the State-required Strategic Prevention Framework, with emphasis on local research and evaluation activities.

Idea Engineering, Inc. provides VCBH with communication materials and graphic design services, a custom and localized image library to support various program publications, including prescription drug abuse and heroin prevention initiative, impaired driving prevention, opioid overdose prevention and rescue efforts, using social host and related community education efforts and internet-based digital messaging services to youth and young adults. The project for the second six months of FY 2019-20 and for FY 2020-21 provides marketing, media and prevention messaging services in support of all prevention services initiatives, consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework, through media at the local level.

Reality Improv Connection, Inc. provides youth, young adult and parent engagement services, as well as education strategies to address binge drinking, impaired driving,

prescription drug abuse, and health disparities using school and community based workshops, performances and new media (podcasts, blogs, e-news, and text messaging). These strategies alter the expectations and community norms that support and condone alcohol abuse, prescription drug misuse, and marijuana use among young people. The project for the second six months of FY 2019-20 and FY 2020-21 provides significantly enhanced media and health advocacy efforts to suppress opioid overdose, prescription drug and marijuana abuse dangers, and includes video and audio public announcements and displays, community presentations about vaping, underage and binge drinking, impaired driving harms, and the implementation of an innovative examination of substance use risk among historically underserved populations.

VUSD began training staff on the systemic use of the Brief Risk Reduction Interview and Intervention Model (BRRIIM) in early 2019, using their Student Assistance Program (SAP) staffing and resources, and County-sponsored technical assistance. In August 2019, VUSD began providing this individualized evidence-based alcohol and drug prevention support services to identified students and their families. The project for the second six months of FY 2019-20 and for FY 2020-21 supports full development of district-level programs using BRRIIM, designed to address substance use and related challenges for students district-wide, utilizing strength-based and family involved approaches. Multi-year training and support efforts are necessary to fully develop district capacity and to complete the transition of current SAP efforts to serve all secondary schools, increasing average daily attendance and further reducing rates of suspensions and other disciplinary actions.

VCBH recommended approval for the VCBH Director or designee to sign the ADP prevention services agreements with: (1) Evalcorp, in the amount of $498,050, of which $163,415 will be for the service period January 1, 2020 through June 30, 2020, and $334,635 will be for the service period of July 1, 2020 through June 30, 2021, (2) Idea Engineering, Inc., in the amount of $396,000, of which $132,000 will be for the service period January 1, 2020 through June 30, 2020, and $264,000 will be for the service period of July 1, 2020 through June 30, 2021, (3) Reality Improv Connection, Inc., in the total amount of $287,100, of which $95,700 will be for the service period of January 1, 2020 through June 30, 2020, and $191,400 will be for the service period of July 1, 2020 through June 30, 2021, and (4) VUSD, in the total amount of $269,996, of which $90,000 will be for the service period of January 1, 2020 through June 30, 2020 and $179,996 will be for the service period of July 1, 2020 through June 30, 2021.

6. FY 2019-23 Catalyst Church Ventura (Catalyst) First Amendment and FY 2019-23 One Step a La Vez First Amendment.

This item recommended approval for the VCBH Director or designee to sign the FY 2019-23 First Amendments to the Agreements for Conocimiento: Addressing Adverse Childhood Experiences Scale (ACES) through core competencies services with: (1) Catalyst, in the amount of $477,164, an increase of $44,259, and (2) One Step a La Vez, in the amount of $433,510, an increase of $44,262. These programs are funded with MHSA funds.

Catalyst provides Conocimiento: Addressing ACES through Core Competencies services through its Ignite after-school program serving teens ages 13-19 in Santa Paula, working in

association with local schools to serve at-risk youth and provide prevention services designed to utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACES by increasing core competencies and building resilience.

The First Amendment will: (1) provide previously allocated transportation funds to Catalyst, (2) remove transportation barriers for participants to access the program, and (3) increase the maximum contract amount from $432,905 to $477,164, an increase of $44,259.

One Step a La Vez provides Conocimiento: Addressing ACES through Core Competencies services through its after-school program, which serves teens ages 13-19 in Fillmore. This program is like the Santa Paula program described above. In addition to prevention services being provided, it will ensure that at-risk youth caregivers receive support and assist in building community.

The First Amendment will: (1) provide previously allocated transportation funds to One Step a La Vez, (2) remove transportation barriers for participants to access this program, and (3) increase the maximum contract amount from $389,248 to $433,510, an increase of $44,262.

VCBH recommended approval for the VCBH Director or designee to so sign the FY 2019-23 Conocimiento services agreement First Amendments with: (1) Catalyst, in the total amount of $447,164, an increase of $44,259; and (2) One Step a La Vez, in the total amount of $433,510, an increase of $44,262.

7. FY 2019-2020 United Parents Sixth Amendment to the Agreement for Respite Services.

This item recommended approval for the VCBH Director or designee to sign the Sixth Amendment to the Agreement for respite services with United Parents, extending the term for three additional months, and increasing the agreement maximum from $112,867 to $169,299, an increase of $56,432, for the period of January 1, 2020 to March 31, 2020. This agreement is funded with SAMHSA Grant funds.

United Parents provides respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral and mental health issues, with trained respite providers caring for children in or out of the home. Program services are designed to minimize stressors on primary caregivers and families which could lead to destabilization, crisis and the potential for children to be placed out of the home. In 2018-19, the United Parents respite program enrolled 30 families and served a total of 101 unduplicated families. This sixth amendment to the respite services agreement with United Parents will extend the term for three additional months, January 1, 2020 to March 31, 2020, replace Exhibit 1 and increase the agreement maximum to reflect the additional three months of service, not to exceed the annual pro-rata amount.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 Sixth Amendment to the Agreement with United Parents, in the total amount of $169,299, an increase of $56,432.