

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

July 20, 2020

NEXT MEETING:

Monday, August 17, 2020

1:00 p.m. – 3:00 p.m.

VIRTUAL MEETING VIA ZOOM

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
Ratan Bhavnani, 1st Vice Chair
Gane Brooking
Kevin Clerici
Dr. Margaret Cortese
Jesse Finkbeiner
Cmdr. James Fryhoff
Janis Gardner, Chair Emeritus
Mary Haffner, Secretary
Jerry Harris, Chair
Patricia Mowlavi
Supervisor Linda Parks
Joe S. Ramirez, 2nd Vice Chair
Carol Thomas, Member-At-Large
Marlen Torres
Sheri Valley

BHAB Members Absent

Nancy Borchard
Monique Garcia
Denise Nielsen
Michael Rodriguez

Others Present

Marika Collins, Casa Pacifica
Vannessa Cortez
Stacy Dagleish
Roberta Griego, NAMI Ventura County
Jaiya John
Carol J. Keavney
Kalie Matissek, Turning Point Foundation
Mark Stadler, Crisis Intervention Team
Elizabeth R. Stone, MHSOAC-CFLC
Scott Walker, Crisis Intervention Team
Liz Warren, Client Network
Jerry Weaver
Participant – California Association of Local
Behavioral Health Boards & Commissions
Participant – United Parents

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Hilary Carson, MHSA-Innovations Program Administrator
Leisa Donovan, Senior Accounting Manager
Narci Egan, Health Care Agency Assistant Chief Financial Officer
Dr. Loretta Denering, Substance Use Services Division Chief
Courtney Lubell, Policy & Procedure Unit Program Administrator
Dina Olivas, Youth & Family Services Division Chief
Joanna Peterson, MHSA Management Assistant
Pete Pringle, Special Projects Division Chief
Kiran Sahota, Mental Health Services Act-Senior Manager
Dr. John Schipper, Adult Services Division Chief
Sloane Burt, Quality Improvement Senior Program Administrator
Susan White Wood, Housing Manager
Terri Yanez, Administrative Services Division Chief
Vickie Poliquin, Temporary BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:00 pm.		
II.	Roll Call Secretary Mary Haffner conducted the calling of the roll and Chair Harris identified that a quorum of the Board members was present.		
III.	Welcome and Introductions Chair Harris welcomed all attendees. Supervisor Parks introduced Carol "C.J." Keavney who is scheduled for appointment to the BHAB effective July 21. Supervisor Parks suggested that BHAB members review its membership requirements to ensure that membership matches the diversity of the community. Ms. Keavney briefly introduced herself as an attendee and plans to provide a formal introduction at the August meeting.		
IV.	Approval of the Agenda Mr. Harris asked the Board to review and approve the agenda. Ms. Armann moved to approve; Ms. Thomas seconded. The motion carried unanimously through roll call.	Agenda approved as written. M/S/C	
V.	Approval of the Minutes Mr. Harris asked the Board to review and approve the minutes of the June 15, 2020 meeting. Ms. Gardner moved to approve; Mr. Finkbeiner seconded. The motion carried by majority vote through roll call. Cmdr. Fryhoff and Ms. Mowlavi abstained as they did not attend that meeting.	General Meeting minutes approved as written. M/S/C	
VI.	Public Comments Elizabeth R. Stone commented on the content of the February 2020 External Quality Review Organization (EQRO) Report stating that the referenced programs and initiatives were helpful in providing a greater picture of the Continuum of Care in Ventura County. Ms. Stone encouraged BHAB members and others to read the Report, become familiar with the data and provide their opinion of its contents while keeping in mind diversities that exist that can affect opinions.		
VII.	Chair Comments A. Mr. Harris spoke of the recent loss of civil rights leader, John Lewis, and noted the importance of his leadership. B. Mr. Harris noted with BHAB meetings continuing via Zoom, work will progress and continue, but at a slower pace as a result of not being able to meet face-to-face and the reduction in the number of committee meetings. C. Dr. Gina Petrus and Dr. Jamie Banker, who resigned from the BHAB, will be honored with Certificates of Commendation via Zoom and will be mailed to them following presentation. D. Mr. Harris spoke about the recent article in the VCReporter that highlighted the difficulty some people have in obtaining services. He noted that improvements need to be made related to the Continuum of Care and identifying gaps in service and suggested that this topic be placed on the agenda for discussion at an upcoming BHAB meeting.		
VIII.	Director's Report – Dr. Sevet Johnson A. Dr. Loretta Denering, Substance Use Services Division Chief, noted that an estimated 1,500 Driving Under the Influence (DUI) clients were served via telehealth and enrollment had increased. She noted the success of a Drug Medi-Cal Organized Delivery System (DMC-ODS) integration pilot that started July 1 that consolidated the Substance Use Disorders (SUD) and mental health access after-hours phone lines. B. Dr. John Schipper, Adult Services Division Chief, highlighted a Crisis Intervention Team (CIT) survey provided to stakeholders that began in June to review improvements and changes to the program and that data will be provided when the survey is completed. Dr. Schipper advised that Ventura's La Siesta Board and Care Facility will change ownership and that Adult Services and the Ventura Adult clinic are working to assist with ensuring residents are cared for and transitioned to alternative housing, if necessary, during the ownership changeover. C. Dr. Johnson commented on recent occurrences impacting VCBH. She noted that County mental health services had been greatly expanded over the past decade and discussed the negative impacts on those living with severe mental illness when their detailed health history is shared publicly. The charge of the BHAB under Welfare and Institutions Code (WIC) Section 5604 was detailed along with the board's responsibility to advocate for the		

	<p>protection of clients. She asked the BHAB to publicly request that the writer send an addendum, and she urged the BHAB to have a zero-tolerance policy for any member who violates protected health information of individuals with mental illness. Dr. Johnson assured all that VCBH respects its clients' privacy and does not release private information without consent.</p> <p>There was broad discussion among the BHAB regarding the statements made.</p> <p>Chair Harris noted that these discussions were some of the most meaningful discussions held in a long time, expressed appreciation for everyone's openness and noted that the BHAB intends to work together and refocus to identify issues and problems. Mr. Harris expressed appreciation for VCBH's work and noted that when all do not agree, working together will be the key to resolving the differences.</p>		
IX.	<p>Board Members Comments and Announcements</p> <p>Ms. Gardner thanked Mr. Harris for his comments regarding Congressman John Lewis and added comments of her own.</p> <ul style="list-style-type: none"> ▪ Detention Services is working toward establishing a Jail Based Competency Treatment Program allowing felony defendants that have been deemed incompetent by the courts to stand trial to be immediately admitted and treated for competency restoration. Commander Hartman will provide a presentation at the August BHAB General meeting. ▪ The Oxnard Police Department has scheduled additional training including forming a De-Escalation Task Force and providing training courses on race relations, implicit bias, cultural proficiency and history of race relations and police brutality. ▪ The Ventura County Medical Center (VCMC) was selected to receive a \$15M grant from the California Health Facilities Authority for the construction and operation of equipment for a pediatric unit which will provide for local access to critical care services. <p>Mr. Ramirez made comments regarding disparities meetings that had taken place within Santa Paula, Fillmore and Piru in District 3, over the COVID-19 pandemic and felt that progress had been made on how to obtain additional testing and get more information out to various populations, such as farmworkers. The Santa Paula Blue Ribbon Committee continues to meet to provide information about the services provided by Santa Paula Hospital. Discussions about race, youth and mental health issues, probation and transportation are being shared.</p>		
X.	<p>Secretary's Report – Mary Haffner</p> <p>Two members missed the June General meeting; one member missed the July Executive Committee meeting. Ms. Haffner inquired whether any members were having issues logging into Zoom. No issues were reported. Two members' terms expire this year and they will be contacted regarding their future interest in serving on the BHAB. Ms. Haffner requested members contact her directly if they plan to be absent and to try and avoid more than three unexcused absences in a calendar year. There is a vacancy in District 1. Ms. Haffner reminded members about adding a psychiatrist as a member.</p>		
XI.	<p>Old Business</p> <p>A. Housing Workgroup Report and Letter Status Update – Dr. Sevet Johnson Dr. Johnson reported that, per VCBH Housing Manager Susan White Wood, the cover letter and Issue Brief were approved, however the Workgroup members have not met since approval. The next steps will be to create a list of letter and issue brief recipients. The materials will be sent on behalf of the BHAB and Dr. Johnson indicated that the Workgroup could move forward with sending the letters.</p> <p>B. LPS Reform Workgroup Report and Recommendations Status Update – Dr. Sevet Johnson Dr. Johnson reported that the Report was forwarded to County Counsel who will send an official memo to the BHAB regarding their concerns. Dr. Johnson briefly overviewed some of the concerns.</p> <p>C. Crisis Residential Treatment (CRT) Site Visit Report – Ratan Bhavnani Mr. Harris recommended that site visits be placed on hold until it is safe to continue. Mr. Bhavnani lead the March 2, CRT site visit attended by Nancy Borchard, Mary Haffner, Claudia Armann and himself noting that the CRT is essentially is a "step-down" facility from a Psychiatric Inpatient Unit.</p>		

<p>XII. New Business</p>	<p>A. VCBH Performance Improvement Data – Pete Pringle, Special Projects Division Chief Mr. Pringle provided an overview and PowerPoint presentation with a detailed explanation on current data collection and performance measure reporting. He identified gaps in service and explained the plans for the improved and more comprehensive methods of data collection.</p> <p>Mr. Pringle discussed the BHAB member’s interest in a stakeholder process to convene in either joining existing committees or in the development of an ad hoc committee to review data. Mr. Pringle explained the make-up of the quarterly Quality Committee noting that the meeting frequency could increase. He stated that the ad hoc committee is currently in the conceptual phase.</p> <p>Mr. Harris noted that the WIC requires that the BHAB review the data on performance outcome measures, asked BHAB members who are interested in participating on an ad hoc committee to contact himself via email and thanked Mr. Pringle for his overview.</p> <p>B. Jail Based Competency Treatment Program at the Pre-Trial Detention Facility (PTDF) – Discussion Mr. Harris stated that a representative from the Sheriff’s Department will present at the August BHAB meeting.</p> <p>C. Mental Health Services Act (MHSA) Workgroup BHAB Participation – Kiran Sahota, VCBH Sr. Behavioral Health Manager, MHSA – Discussion Ms. Sahota noted the statewide financial impact that COVID-19 will have on the mental health system and the projected 25% reduction in MHSA funding over the next two years. She stated that a workgroup will be formed to assist with establishing MHSA’s priorities and will be limited to ten participants made up of five identified clients, peers or consumers and five family members. A brief discussion took place regarding the selection process for the workgroup. Ms. Sahota briefly overviewed VCBH’s Needs Assessment Mental Health Survey noting that responses may be used as discussion points along with other summarized data. The workgroup meetings are projected to begin in mid-August followed by a public Town Hall to receive additional input regarding the recommendations. VCBH will make final decisions and the changes will be reflected in the next Annual Report. Ms. Sahota clarified the priority populations. BHAB members interested in participating on the workgroup need to send their name and priority population category to Vickie Poliquin by July 24.</p> <p>D. Protocol for Board Member External Communications – Discussion – Janis Gardner Mr. Harris noted that this topic was discussed earlier in the meeting. He stated that BHAB members can freely communicate verbally or in writing as a private citizen only, however, they can mention their affiliation with the BHAB. Ms. Gardner read sections of the Welfare & Institutions Code pertaining to external communications, advised that communication via email or on the telephone with a quorum of the BHAB is a Brown Act violation and BHAB or staff making anyone’s medical history public or providing the name of an individual without prior consent is a HIPAA violation.</p> <p>E. Review BHAB Mission, Vision and Objectives – Discussion – ACTION (Roll Call) Due to time constraints, this item was tabled and will be placed on the August 17 BHAB General meeting agenda. Mr. Harris asked for BHAB members to review the Mission, Vision and Objectives in preparation for the August meeting.</p> <p>F. Develop Preliminary Plan for Fiscal Year 2019-20 Annual Report Preparation – Discussion – ACTION (Roll Call) Due to time constraints, this item was tabled until the August 17 BHAB General meeting.</p> <p>G. Future Presentation - Jail Based Competency Treatment Program at the Pre-Trial Detention Facility (PTDF) (August 17) – Commander Mike Hartmann (20 min.) No discussion. This presentation will take place on August 17, as planned.</p>	<p>Item tabled to August 17 General meeting.</p> <p>Item tabled to August 17 General meeting.</p>	
---------------------------------	---	---	--

	<p>H. Future Presentation - Ventura County Office of Education (VCOE) Prevention Services Coordination for Schools (August 17) – Dawn Anderson, VCOE Director of Comprehensive Health and Prevention Programs (20 min.) No discussion.</p> <p>I. Future Presentation - Rancho Sierra Apartments Project to Build Housing for Homeless and Mentally Ill (No Place Like Home) (September 15) – Susan White Wood, VCBH Housing Manager, Derrick Wada, Senior Project Manager and Juliana Gallardo, Project Manager with Many Mansions (20 min.) No discussion.</p> <p>J. Future Presentation – TITLE/FALL DATE TBD – Loretta Denering, VCBH Division Chief – Substance Use Services No discussion. Mr. Harris proposed deferring all additional presentations to a later date to provide more time for the BHAB to focus on other items at this time.</p>		
XIII.	<p>Contracts Mr. Harris asked if there were any questions regarding contracts information. Ms. Haffner asked if it is correct that the BHAB does not vote on the contracts and Mr. Harris confirmed that this is correct. Ms. Haffner asked about VCBH clients who are served in out-of-County facilities, including cost. Following a brief discussion, Dr. Johnson noted that Chief Executive Officer, Mike Powers, had previously provided the BHAB with this information. Dr. Johnson stated that VCBH will provide the BHAB with current numbers and costs.</p> <p>Mr. Harris made final comments regarding the importance of the BHAB’s work and that members should be persistent and diligent and behave in a way that says, “if we don’t do it, no one is going to do it”. Mr. Harris noted that he recently spoke with Chief Executive Officer, Mike Powers, about the County management team’s work in protecting all of us during this trying time related to COVID-19. Mr. Harris suggested that members of the BHAB communicate their appreciation to County leadership.</p>		
XIV.	<p>Adjourn The meeting adjourned at 3:10 pm.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2020-21	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											
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X											
District 3	1/27/18 – 1/26/21	Nancy Borchard												
District 3	1/13/19 – 1/12/22	Gane Brooking	X											
District 1	10/7/18 – 10/6/21	Kevin Clerici	X											
District 5	1/11/18 – 1/10/21	Dr. Margaret Cortese	X											
District 4	4/7/20 - 10/13/21	Jesse Finkbeiner	X											
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	X											
District 5	10/17/17 – 9/23/20	Monique Garcia												
District 3	4/15/18 – 4/14/21	Janis Gardner	X											
District 1	4/8/18 – 4/7/21	Mary Haffner	X											
District 4	9/17/19 – 9/17/22	Jerry Harris	X											
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X											
District 4	9/18/18 – 9/17/21	Denise Nielsen												
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X											
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X											
District 5	1/25/20 – 1/24/23	Michael Rodriguez	e											
District 2	9/17/19 – 9/16/22	Carol Thomas	X											
District 5	1/11/20 – 1/24/23	Marlen Torres	X											
District 4	2/6/18 – 2/6/21	Sheri Valley	X											

Present = X

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

Behavioral Health Advisory Board Site Visit Report

Date: 3/2/2020

Facility / Program: Ventura CRT

Location: 350 Hillmont Ave., Ventura

Contact Person: Lilia Simakova

Phone #: (805) 233-7750

E-mail: lsimakova@venturacrt.com

BHAB Review Team:

Ratan Bhavnani, Nancy Borchard, Mary Haffner, Claudia Armann

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: 15 Monthly Avg. _____ and / or Daily Avg. 13

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

Individual/Group Therapy, Medications management, Nursing 24/7, Daily group activities, Relapse prevention, Coping Skills training, Exercise and recreational activities, Discharge Planning.

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

CRT provide transportation to placement, medical and dental appointments, Social Security office, community activities, entertainment.

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

One licensed nurse, two mental health workers 24/7.

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

20 hours of education per year (Wellness&Recovery; Admission/Mental Status Process; Treatment Plan, Discharge; Progress notes; Mandatory Reporting; Crisis Intervention; Med. management; Substance Abuse; Ethics; HIPAA; Cultural Diversity; Group Counseling Skills; Nutrition; Universal Precautions; Boundaries& Transference& Counter-transference

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

Nurse Practitioner, LMFT, Registered Nurse, Licensed Vocational Nurses, Mental Health Workers

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

Family therapy provided if needed.

9. Describe Groups - education/support?

Schedule is attached.

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

Attached

BHAB Reviewer Response

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

Structured activities are offered during the day and evening, seven days a week. While most sessions are common to all residents, others are customized or one-to-one; example: vocational counseling, individual therapy.

Two important goals during a client's stay is to get them medication compliant and to begin addressing substance use issues. Ninety percent of clients also have substance use issues. Seventy percent suffer from schizophrenia.

Staff identified program needs ?

Staff's stated goal is to provide more activities. Peer support or interaction, such as that provided in the past by Karyn B., was useful and could be an option again. Pet therapy was also offered in the past and was looked upon favorably by all.

Housing availability is limited - sometimes this prevents discharging a client and holding them for a longer period, even when they are otherwise considered stable.

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

This facility is a step down from an In-Patient Unit. It diverts patients from the IPU or is a place for patients to continue recuperation after a stay at an IPU. Patients are admitted on a voluntary basis. Over 80 percent come from the IPU, with about 13 percent from the community.

Funding for this program comes from Ventura County Behavioral Health, and includes a mix of grants, MHSA dollars and Medi-Cal reimbursements.

The proximity to the County hospital, Hillmont Psychiatric Center, is helpful for screening and coordination.

The staff members we met were positive and supportive. They understand the unique needs of clients and are constantly trouble-shooting to meet their needs.

The facility was relatively new, very well designed, well maintained, with individual rooms, a common living and dining area and a large, beautiful outdoor yard and patio. The accommodations for patients felt welcoming. The Director was warm and caring, and the two staff we spoke with were interested in the prospect of a new 45-bed facility in Ventura County once California takes advantage of the IMD exclusion waiver opportunity.

Board Member Recommendations for Program Needs?

During the course of the visit, we discussed the community's broader mental health needs. Staff suggested that ideally, Ventura County should have another MHRC, two more CSUs, a Forensic Unit and a PHF unit. We learned that at any given time, thirty Ventura County residents suffering from mental illness are placed in out-of-county facilities. Continued advocacy for a comprehensive plan to address gaps in services is vitally important.

More housing step-down options are needed for those who spend time at the CRT. A broad-based view of a continuum of care for this population should be explored to ensure that they continue to be supported once they leave the CRT. Also, there is a need for people to have the full continuum in the county of their residence so that family can more easily provide support.

One obstacle to expanding facilities is unreasonable oversight by OSHPD – Office of Statewide Health Planning and Development. While the agency is tasked with building code compliance, an overzealous analyst has been creating unnecessary obstacles for facilities statewide. This presents an opportunity for advocacy, perhaps through state elected officials.

Ventura CRT **Weekday** Schedule

	Activities				
Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30am- 8:15am	Wake-Up, Vitals, Breakfast & Medication				
8:15am– 9:00am	Hygiene & Contraband Sign Out/In				
9:00am-9:45am	Morning Community Meeting				
9:45a–10:30am	Therapeutic Games	Psycho-Education	Resident Council	Co-Occurring Disorders	Anger Management
10:30a- 11:15am	Backyard Social & Free Time				
11:15a- 12:00pm	Discharge Planning Workshop (Placement, SSI, Medi-Cal etc.) & FSM				
12:00p- 1:00pm	Lunch & Medication				
1:00pm– 1:45pm	Physical Activity	Vocational Counseling: Turning Point Outing	Physical Activity	Vocational Skills: Store Outing	Physical Activity
1:45pm– 2:00pm	Laundry (wash)				
2:00pm– 2:45pm	WELL/WRAP	Positive Psychology	Dialectical Behavioral Therapy (DBT)	Preventative Health Care/ Medication Gr.	Cognitive Behavioral Therapy (CBT)
2:45pm– 3:15pm	Snack/ Laundry (dry) & Medication				
3:15pm-4:00pm	Creative Expressions	Movie/pop corn	Nutrition Group	Social Skills	Movie / pop corn
4:00pm– 5:00pm	Free Time				
5:00pm– 6:00pm	Dinner & Medication				
6:00pm– 7:00pm	Visitation				
7:00pm– 8:00pm	Community Games, Cards & Reading- in common area				
8:00pm– 8:45pm	Sharing & Caring/Relaxation Group				
8:45pm-9:15pm	Snack Time				
9:15p-10:00pm	Medication , Free Time & Then Lights Out				11:00pm on Friday

Updated 6/01/19

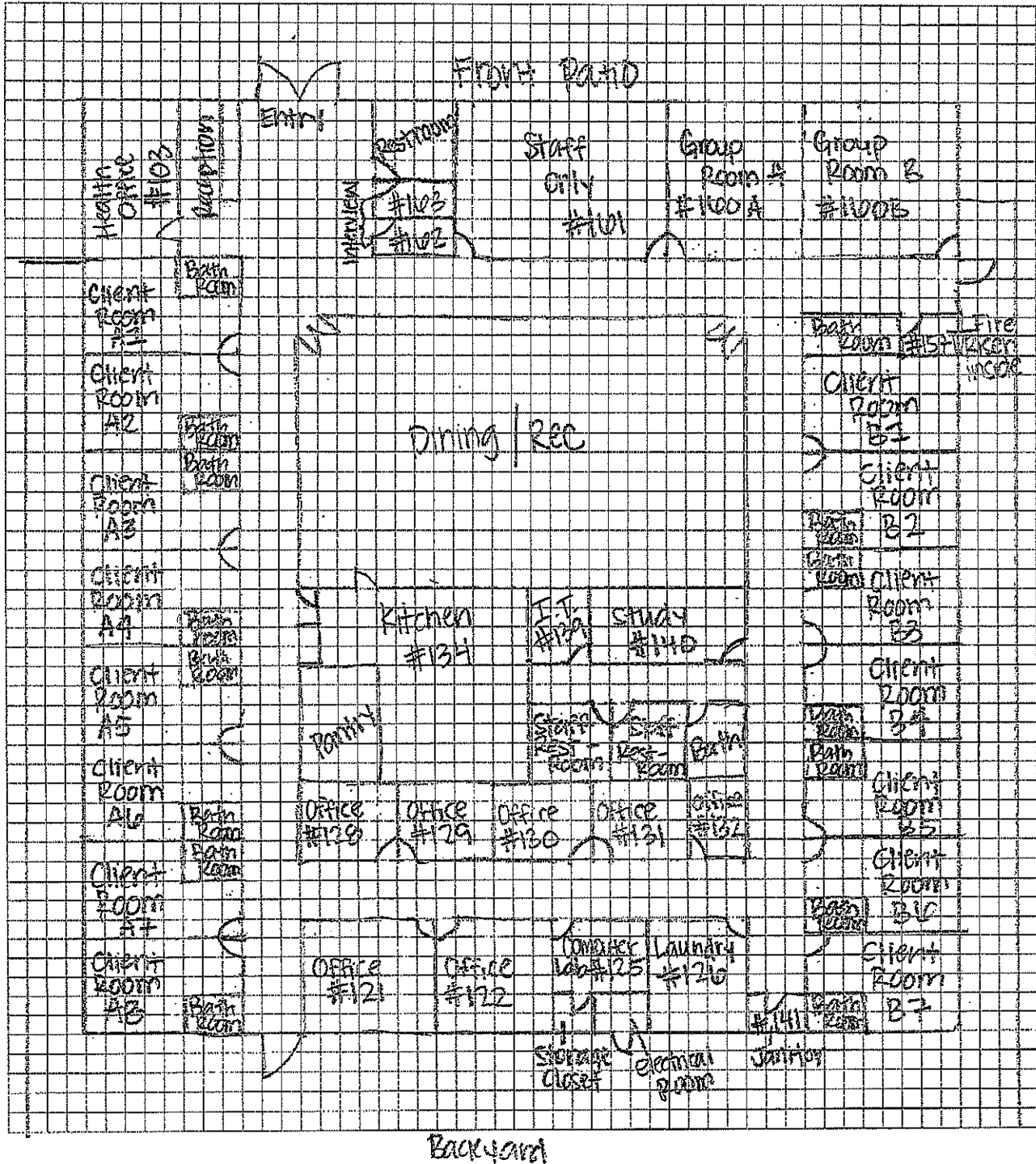
	Activities	
Time	Saturday	Sunday
7:30am-8:15am	Wake-Up, Vitals, Breakfast & Medication	
8:15am-9:00am	Contraband Sign Out/In	
9:00am-9:45am	Morning Community Meeting	
9:45am-10:30am	Backyard Social & Free Time	Vocational Skills: Store Outing
10:30a- 11:15am	Double Scrub	
11:15a –12:00am	FSM & Health& Wellness& ADL's	FSM& Video Group
12:00p – 1:00pm	Lunch & Medication	
1:00p – 3:00 pm	Visitation	
3:00 – 3:15 pm	Snack & Medication	Snack & Medication
3:15pm-4:00 pm	Physical Activity	
4:00p – 5:15pm	Laundry	Laundry
5:15p – 6:15pm	Dinner & Medication	
6:15p – 7:00pm	Free time	
7:00pm-8:00pm	Community Games, Cards & Reading- in common area	
8:00pm-8:45pm	Sharing & Caring/ Relaxation Group	
8:45pm-9:15pm	Snack	
9:15pm-9:45pm	Medication	
9:45p – 11:00pm	Free Time & Then Lights Out	

Ventura CRT **Weekend** Schedule

FACILITY SKETCH (Floor Plan)

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The floor sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by staff/residents/clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See back for yard sketch.

FACILITY NAME: GOLDEN VENTURA CRT ADDRESS: 350 Hillmont Ave. Ventura CA 93003



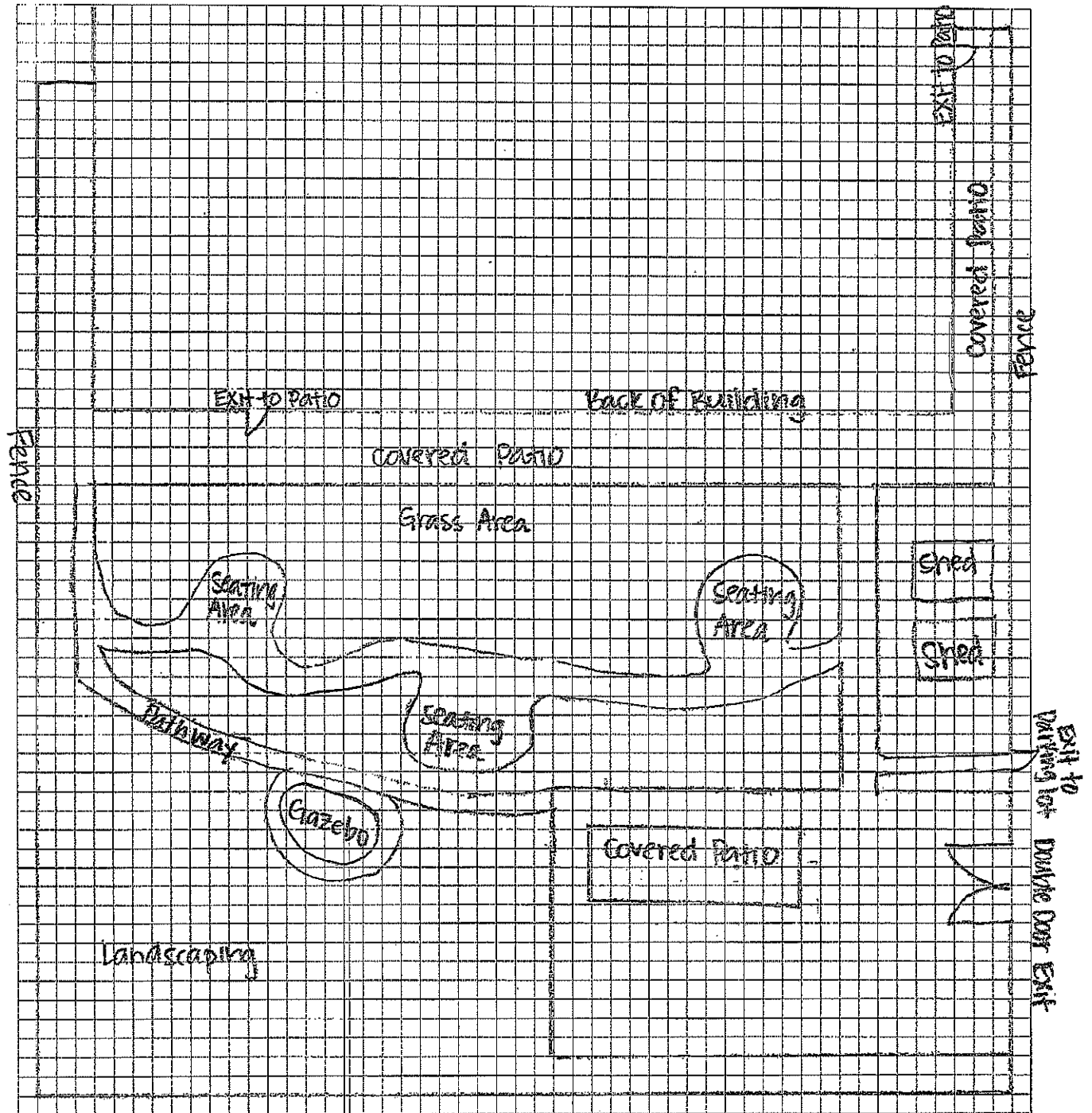
FACILITY SKETCH (Yard)

The yard sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

FACILITY NAME:

ADDRESS:

350 Hillmont Ave. Ventura CA 93003





VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

July 2020

PERFORMANCE MEASURES FOR MENTAL HEALTH SERVICES

Pete Pringle, LCSW

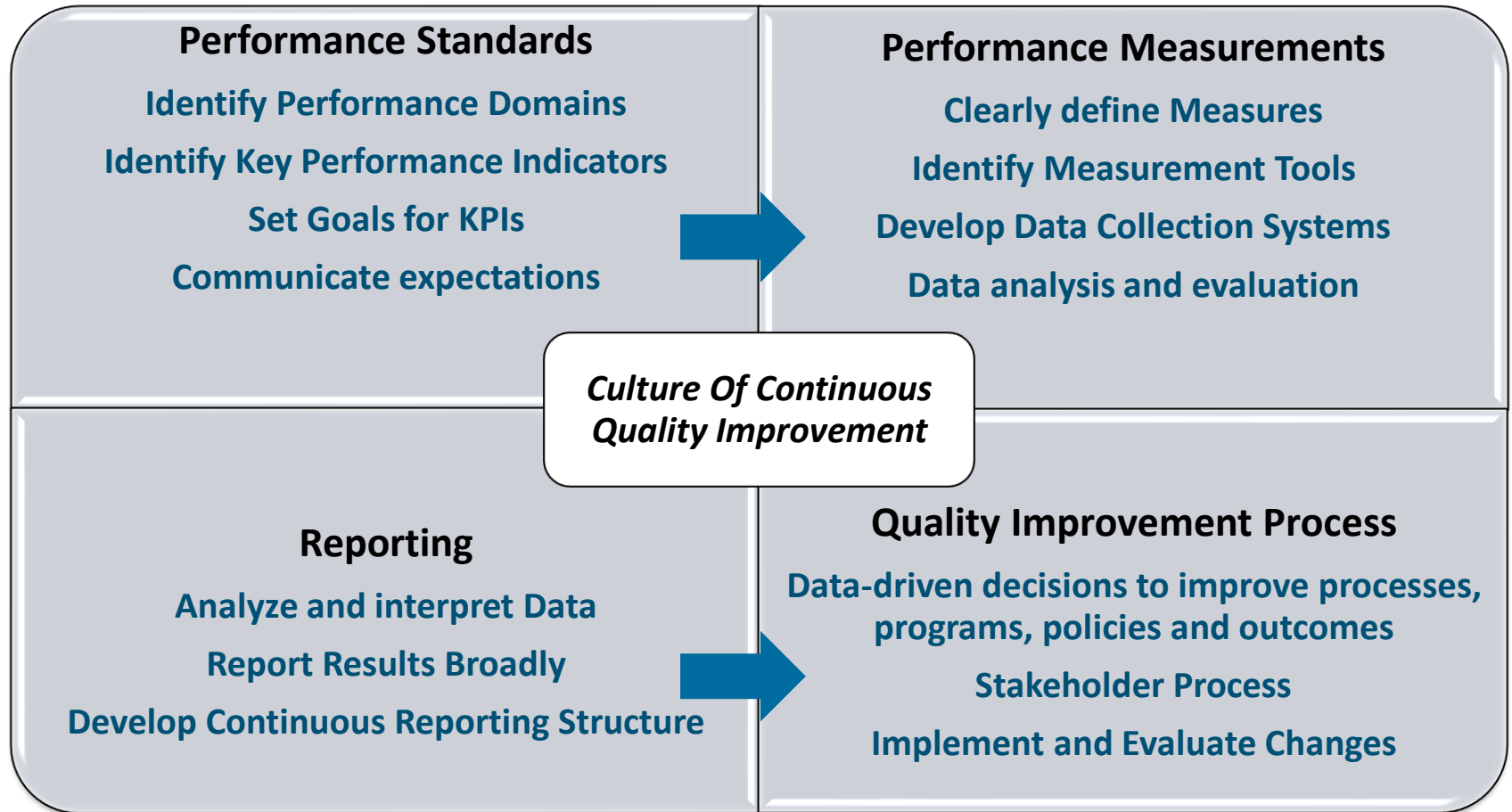
VCBH Division Chief

Defining Performance Measurement

What is Performance Measurement?

A component of a structured, data-driven process aimed at ensuring that equity, effectiveness, efficiency and quality goals are pursued and achieved.

Performance Measurement: Part of a Continuous Quality Improvement Process



Current Performance Measures and Reporting: Overview

- ❖ **Federal and State Required Measures and Reporting**
 - ❖ CA Department of Health Care Services (DHCS /CMS)
 - ❖ External Quality Review Organization (EQRO)
 - ❖ Reporting on Mental Health Services Act (MHSA) Programs
- ❖ **Grant Funded Programs**
 - ❖ Performance measures a condition of receiving funds
 - ❖ Program specific
- ❖ **Additional Ad Hoc Requests**
 - ❖ State, County, Department, other
 - ❖ Response to immediate needs
- ❖ **VCBH Specific Measures**

Federal and State Reporting: CMS / DHCS

DHCS Performance Outcomes Systems (POS) – Annual Review

Domains Reviewed

- ❖ Access to Services
- ❖ Engagement in Services
- ❖ Service Appropriateness to Need
- ❖ Service Effectiveness
- ❖ Linkages to Other Services
- ❖ Cost Effectiveness
- ❖ Consumer Satisfaction

Data Collected:

1. POS – Annually State Data Pulls
2. Consumer Perception Survey (Bi-annually)
3. Quality Assessment Perf. Improv. Plan (QAPI)
4. Triennial Review

Annual Reporting Links for POS:

- ❖ [DHCS POS Ventura Adult](#)
- ❖ [DHCS POS Ventura Youth](#)

The screenshot displays two screenshots of the DHCS website. The top screenshot shows the '2018 County Level Specialty Mental Health Services Performance Dashboard Adult Reports'. The bottom screenshot shows the 'September 2018 County Level Aggregate Reports'. Both screenshots feature a navigation bar with icons for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and a Search icon. The website header includes the CA.GOV logo and social media icons for Facebook, Twitter, and LinkedIn.

Federal and State Reporting: EQRO

EQRO (External Quality Review Organization) Annual On-Site Review

Domains Reviewed:

- ❖ Total Beneficiaries Served
- ❖ Total Costs per Beneficiary
- ❖ Penetration Rates (% of Medi-Cal beneficiaries served)
- ❖ Count of TBS / IHBS services provided to youth / families
- ❖ Psychiatric Inpatient Episodes, Total Cost, Avg. Length of Stay
- ❖ Psychiatric Inpatient Readmission (7-day, 30-day)
- ❖ Psychiatric Inpatient Discharge Follow up (7-day, 30-day)

Data Collected:
Annual On-Site
Review and State
Claims data pulls.

Annual Reporting Links:

- ❖ [CalEQRO Report - Ventura 2019-20](#)

Fiscal Year 2017-2018 Reports
BHC Behavioral Health Concepts, Inc. Reports
Fiscal Year 2019-2020 Reports
MHP Reports
Ventura MHP EQRO Final Report FY 2019-20 RW v6.pdf

Federal and State Reporting: MHSA

MHSA (Mental Health Services Act) Programs Review

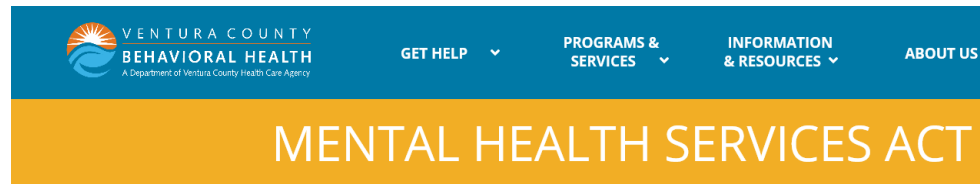
Domains Reviewed (General and County, Program Specific)

- ❖ Reduction of stigma and discrimination (education)
- ❖ Prevention and Early Intervention
- ❖ Outreach and Engagement
- ❖ Access, esp. for vulnerable and underserved populations
- ❖ Symptom reduction
- ❖ Decrease in hospitalizations, homelessness, incarcerations, unemployment, foster placement, school failure, etc.

Data Collected:
Annual Report
Three-Year Report

Annual Reporting Links:

- ❖ [MHSA County Reports](#)



MHSA Documents

- > Mental Health Services Act (MHSA) 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for 2019-2020, pages 1-212
- > Mental Health Services Act (MHSA) 2020-2023 Three-Year Program & Expenditure Plan and Annual Update for 2019-2020, pages 213-301

VCBH Specific Reporting Domains (Active and Proposed)

Access to Services

- Points of Access
- Time to Service
- Clients Served
- Engagement with Vulnerable and Underserved

Adequacy of Services

- Client to Provider Ratios
- Type of Services Provided based on Client Needs
- Provision of Cultural / Linguistic Services based on Client Need

Quality of Services

- Provider Training
- Assurance of Beneficiary Protection
- Level of Beneficiary Satisfaction

VCBH Specific Reporting Domains (Active and Proposed)

Beneficiary Outcomes

- Clinical Outcomes / Functional Impairments
- Living / Housing Status
- Hospitalizations / Incarcerations / Placements
- Employment / Academic Status

Efficiency of Services

- High Cost Beneficiaries
- Avg. Cost per Beneficiary
- Cost per Service
- Approved Claims / Disallowances

Opportunities for Improvement: Next Steps

❖ Identify Additional Performance Goals and Measures

- ❖ Particular focus on client specific outcomes and program performance
- ❖ Collaboration with Operations and EHR Team
- ❖ Ongoing Stakeholder Process

❖ Enhanced and Focused Data Collection:

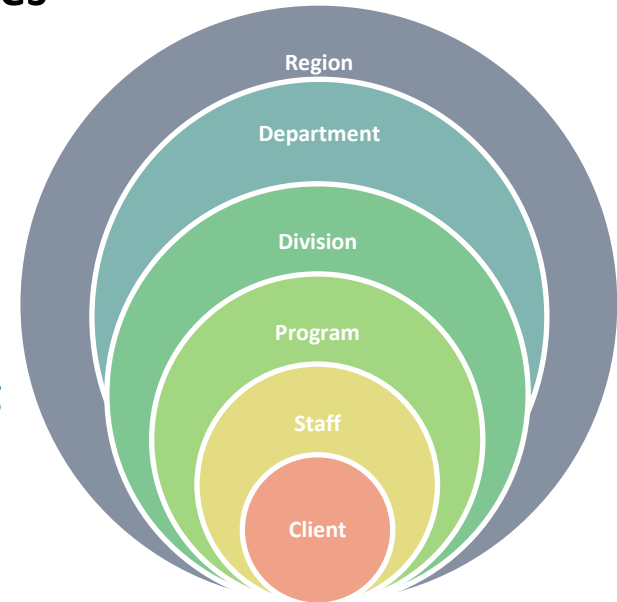
- ❖ Enhance / Improve structure in data collection and mining

❖ Increase Levels of Reporting:

- ❖ Build reports at all levels – Region, Department, Division, Program, Client and Staff specific measures and reports.

❖ Increased Communication of Measures / Outcomes:

- ❖ Develop multiple formats to serve differing needs at different time-intervals



Discussion

Ventura County Behavioral Health Advisory Board

Finalized at the General meeting of June 18, 2018

VISION

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

MISSION

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

Ventura County Behavioral Health
Board Letter Summary of Contracts for June 2020

Board Date	Contractor	Amount	Term	Description
6/9/2020	Mental Health Services Act (MHSA)	\$2,011,117	7/1/2020 to 6/30/2023	<p>MHSA Innovation Project Full Services Partnership (FSP) Data Exchange Work Plan is designed to enable enhanced data collection for FSP clients, to the Mental Health Services Oversight and Accountability Commission (MHSOAC). Through the MHSOAC FSP Data Exchange Work Plan, VCBH will work with Ventura County Health Care Agency (HCA), Human Services Agency (HSA), and Sheriff's Office to develop a network of legally-sanctioned, shared data streams focused on the most at-risk individuals in FSP programs. This will improve quality of care for VCBH FSP clients as VCBH care managers will be more likely to know if any of the FSP clients have been incarcerated, hospitalized or are eligible for or in need of homeless services. The FSH Data Exchange Work Plan will aide VCBH in collecting needed data to reduce hospitalization, incarceration and homelessness recidivism rates while complementing VCBH's Multi-County FSP project approved by the Board on March 10, 2020.</p>
6/9/2020	Mental Health Services Office of Accountability Commission (MHSOAC)	\$77,737,063	7/1/2020 to 6/30/2023	<p>The MHSA Three-Year Program and Annual Update describes community program planning and Local Review Process, VCBH's MHSA budget, forecasted program adjustments and reporting on the MHSA Plan components for Community Services and Supports (CSS), prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technological needs (CFTN), and Innovation (INN). The MHSOAC requires counties to provide an annual update forecasting projected total expenses and revenues from all sources for the current fiscal year. Counties are required to submit an MHSA Three-Year Program & Expenditures Plan forecasting their projected total expenses and revenues from all sources for a three-year period in order to receive MHSA funding. For Fiscal Year (FY) 2020-21, VCBH expects to commit \$77,737,063 in total expenses for the provision of MHSA services, forecasting that non-MHSA founding sources will cover 37% of its MHSA program costs. The remaining 63%, having no other available funding those at risk for substance use problems. equiring an increase</p>

6/16/2020	Aurora Vista Del Mar, LLC (Aurora Vista Del Mar)	\$1,200,000	7/1/2020 to 6/30/2021	Aurora Vista Del Mar contracts with VCBH to provide mental health services. The Fourth Amendment to the Agreement with Aurora Vista Del Mar is based on successful performance under the FY 2019-20 contract and allows for the continued provision of mental health services for FY 2020-21.
5/5/2020	Elms Manor Corporation (Elms Manor)	\$242,500	7/1/2020 to 6/30/2021	Elms Manor provides augmented board and care services for adults with serious and persistent mental illness which have resulted in significant functional impairments so as to require 24-hour care and supervision to promote safety and recovery. The acuity level of these individuals is high in that they require daily assistance in one or more areas of life functioning, including: attending to self-care and basic needs, attending to medical and medication needs, maintaining participation in supportive mental health/substance abuse and other recovery-based programs, and socializing and re-integrating. VCBH currently pays a rate per client/per month for augmented board and care services, as well as \$20,000 in comfort funds annually to improve the facility environment and living situation of the residents. VCBH funding supplements the Social Security Income (SSI) that this facility receives from clients to provide basic board and care services, and covers temporary funding if the client lacks SSI benefits until those at risk for substance use problems.
6/16/2020	Mixteco/Indigena Community Organizing Project (MICOP)	\$233,715	7/1/2020 to 6/30/2021	MICOP conducts research and evaluation services related to the study of the effectiveness of indigenous Mexican healing practices as a mental health intervention on symptoms of anxiety, stress and depression. To date, MICOP has accomplished 3 of 6 projected goals: (1) focus groups were held, (2) community surveys were prepared and distributed, and (3) an evaluation of indigenous interventions was conducted. In FY 2020-21, the final year of the project, MICOP will convene an advisory board, develop mental health provider trainings, and prepare a final report summarizing the project, evaluation process and results. This agreement will allow MICOP to accomplish the remaining 3 goals, and is fully funded by MHSA Innovation funding. There are no rate changes and only minor language changes from the existing agreement.

6/16/2020	Pacific Clinics	\$196,933	7/1/2020 to 10/31/2020	Pacific Clinics manages a transitional age youth (TAY) Wellness and Recovery Center that focuses on assisting youth from 19 to 25 years old in developing linkages to and accessing community resources. As of April 2020, Pacific Clinics served 184 members: 48 completed a Wellness Recovery Action Plan, 13 gained employment, and 6 enrolled in school. This FY 2020-21 contract is prorated for a four (4) month term (7/1, 2020 through 10/31/2020) at the FY 2020-19 amount to allow additional time for making program adjustments as needed. There are no rate changes and only minor language changes from the existing agreement.
5/19/2020	United Parents - Family Access and Support Team (FAST)	\$939,561	7/1/2020 to 6/30/2021	United Parents provides FAST services to children and families, and is designed to provide short term intensive home and community based supportive services in a proactive approach with the goal of reducing the need for crisis-based interventions, hospitalizations, and out-of-home placements. Families of children diagnosed with Serious Emotional Disturbance (SED) benefit from a more proactive approach that supports and teaches them strategies to prevent an escalating situation from turning into a crisis. The program's peer to peer component utilizes trained parents, recruited from the communities they will serve, to work with families to build specific skills and techniques. During the first three (3) quarters of FY 2019-20, 288 families were enrolled and 140 were discharged. There are no rate changes and only minor language changes from the existing agreement.
6/16/2020	United Parents - Respite	\$225,732	7/1/2020 to 6/30/2021	United Parents Respite provides respite services (short-term, temporary relief/care) for parents and caregivers of children with serious emotional, behavioral and mental health issues. Trained respite providers care the children in or out of the home. Program services are designed to minimize stressors on caregivers and families which could lead to destabilization, crisis and the potential for children to be placed out of the home. During the first three (3) quarters of FY 2019-20, there were 68 families enrolled while 148 unduplicated families have been served. There are no rate changes and only minor language changes from the existing agreement.

6/16/2020	Ventura County Office of Education (VCOE)	\$300,000	7/1/2020 to 6/30/2021	<p>VCOE provides: (1) substance use prevention education and outreach to students, (particularly those from underserved populations), school personnel and community partners, (2) youth mentoring services, and (3) coordination and training to support student assistance and Friday Night Live programs throughout Ventura County. The goal of these programs is to prevent and reduce underage drinking, prescription drug use, opioid use, and the use of cannabis and tobacco vaping/e-products. The proposed FY 2020-21 agreement represents an increase of \$80,000 over the FY 2019-20 maximum contract amount of \$220,000 to fund additional Student Assistant Program (SAP) efforts county-wide, and is aimed at decreasing middle school and high school suspensions for alcohol and drug related violations, and increasing average daily attendance by providing youth engagement, mobilization and advocacy. These activities are in response to expressed needs in the multiple school districts, especially vulnerable student populations and source, will be funded by VCBHs MHSA availab</p>
6/23/2020	Homeless Emergency Aid Program (HEAP)	\$59,989	6/1/2020 to 4/30/2021	<p>The County of Ventura Continuum of Care (CoC) receives funding each year for Permanent Supportive Housing (PSH) from the U.S. Department of Housing and Urban Development (HUD). In August 2019, the County's CoC Data, Performance and Evaluation Committee met to review applications submitted for the County CoC's 2020 PSH funding cycle, finding the requests for funding exceeded the amount of HUD funding available. This resulted in the de-funding of a long-term \$98,169 County CoC PSH grant with the Housing Authority of San Buenaventura, which left nine VCBH households facing homelessness. County CoC staff were tasked with developing resources to prevent the loss of housing for the nine households, of which three were transferred to other programs. Of the six remaining VCBH households facing homelessness, five were eligible for and granted mainstream housing vouchers under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, however, the sixth household was not eligible. The prorated HEAP funding at those at risk for substance use problems. equiring an increase from 53 staff in FY 2017-18 to 60 in FY 2019-20, resulting in more revenue being generated . This MOU ensures payment for educational related mental health services provided to local schools by VCBH. cient rate and to fully pay Telecare for its full FY 2018-19 costs. □ 8āЙ崎噪ĀĀ痲Ā Û念Ā痲Ā cĀĀ振Ā 𠄎𠄎𠄎 17āЙ蓓噪ĀĀ痲Ā Д(一)畧Ā痲Ā cĀĀ_懾黎明Ā rowd□ 0.25ĒŪ□Ā□ 266.25ā□揀剔Ā□ 7ā cā□ 20āЙ祓嫻ĀĀ痲Ā 𠄎止𠄎念念□Ā痲Ā cĀĀ振Ā 𠄎𠄎𠄎 1 5āЙ蓓嫻ĀĀ痲Ā □□ 𠄎Ā痲Ā cĀĀ振Ā</p>

6/23/2020	ASC Treatment Group Bakersfield	\$937,829	7/1/2018 to 6/30/2019	<p>ASC Bakersfield provided adult residential treatment services, offering 24-hour staffing and a full range of clinical and rehabilitation services designed to assist clients in their mental health recover. During the cost settlement process for the FY 2018-19 term, VCBH was informed by ASC that the submitted costs for this contract were higher than the contract maximums (an increase of \$52,153). ASC advised VCBH that the error had on ASC's part had been in not conveying cost increase information to VCBH in the regularly scheduled contract evaluation meeting. In analyzing ASC's submitted, VCBH determined that they were valid and largely due to increased clinical oversight requirements. The Fourth Amendment to this agreement addresses the payment to ASC for its actual costs.</p>
6/23/2020	ASC Treatment Group Los Angeles	\$824,812	7/1/2018 to 6/30/2019	<p>ASC Los Angeles provided adult residential treatment services, offering 24-hour staffing and a full range of clinical and rehabilitation services designed to assist clients in their mental health recover. During the cost settlement process for the FY 2018-19 term, VCBH was informed by ASC that the submitted costs for this contract were higher than the contract maximums (an increase of \$48,262). ASC advised VCBH that the error was on ASC's part in that they had been in not conveying cost increase information to VCBH in the regularly scheduled contract evaluation meeting. In analyzing ASC's submitted, VCBH determined that they were valid and largely due to increased clinical oversight requirements. The Fourth Amendment to this agreement addresses the payment to ASC for its actual costs.</p>
6/23/2020	Casa Pacifica Centers for Children and Families (Casa Pacifica)	\$111,840	7/1/2018 to 6/30/2019	<p>Casa Pacifica provided residential/campus Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services through four programs with the common goal to transition children to lower levels of care and prevent further progression of mental health symptomology, deterioration and functioning. During the cost settlement process for FY 2018-19, VCBH analyzed Casa Pacifica's costs and units of services, identifying that Casa Pacifica had exceeded the units of service and the Ventura County Maximum Allowance (VCMA) rates specified in the contract. VCBH recommended an increase to the unit rate of each of the contracted service categories to pay Casa Pacifica for its actual costs. The Sixth Amendment to the Agreement addresses a one-time payment in the amount of \$111,840 to adjust for the insufficient rate and to fully pay Casa Pacifica for its full FY 2018-19 costs.</p>

6/23/2020	Telecare Corporation (Telecare)	\$900,000	7/1/2018 to 6/30/2019	<p>Telecare provided educational support, supportive employment, case management, individual treatment, and psychiatric treatment services to TAY through the Early Detection and Intervention for the Prevention of psychosis (EDIPP) program services for FY 2018-19. Upon expiration of the agreement on June 30, 2019, VCBH took the EDIPP program "in-house) and began providing EDIPP program services. During the cost settlement process for the FY 2018-19 contract term, VCBH discovered that Telecare exceeded the units of service and VCMA rates specified in the contract. VCBH and Telecare worked to review all of Telecare's costs, identifying challenges Telecare experienced contributing to its fiscal issues. Specifically, in FY 2018-19, VCBH went out to bid for EDIPP program services, creating a great deal of staff turnover for Telecare due to the uncertainty around its contract with VCBH. Without the level of staff needed to deliver client services and generate appropriate levels of services to stay within the contract units of service and VCMA rates, Telecare was unable to generate appropriate levels of services to stay within the contracted units of service and VCMA rates. The Sixth Amendment to the Agreement addresses a one-time payment of \$900,000 to adjust for the insufficient rate and to fully pay Telecare for its full FY 2018-19 costs.</p>
6/23/2020	Ventura County Special Education Local Plan Area (SELPA) and VCOE	\$0	7/1/2019 to 6/30/2020	<p>Since Assembly Bill No 114 (2010-2011 Reg. Sess.) was signed on 6/30/2020, ending the mandate for county mental health agencies to provide mental health services to student with disabilities, school districts and Ventura County SELPA have been responsible for ensuring that students with disabilities received the special education related services needed to address their social, emotional and behavioral needs. SELPA joined with VCOE and designated VCOE as the responsible local agency to perform functions of receipts and distribution of funds, provision of administrative support and coordination of implementation of the local plan, pursuant to Education Code section 56195.1(c)(2). Through this MOU with SELPA and VCOE, VCBH will continue to provide special education-related services and invoice SELPA and VCOE for costs not covered by SD/MC FFP and 2011 Realignment funds. The census of students requiring high level Educationally Related Social Emotional Services (ERSES) started at 827 students in FY 2017-18 and increased to 970 students in FY 2019-20, requiring an increase from 53 staff in FY 2017-18 to 60 in FY 2019-20, resulting in more revenue being generated. This MOU ensures payment for educational related mental health services provided to local schools by VCBH.</p>

6/23/2020	Golden Hillmont House MHRC, LLC (Golden MHRC)	\$1,971,862	7/1/2020 to 6/30/2021	Golden MHRC operates the MHRC "Hillmont House", a 15-bed facility that provides housing and support for up to 18 months for individuals with severe and persistent mental illness to enable them to transition to independent or supported-living arrangements. psychosocial rehabilitation model provides a balance of activities, education, vocational services, therapy, health and socialization to support physical, psychological and spiritual health. The Fourth Amendment extends the agreement through FY 2020-21, change the billing method from a unit rate for service to a day rate, allowing more time to be spent with clients and reduce time spent on the Medi-Cal billing process, and increase the agreement maximum amount by \$152,218.
6/23/2020	Telecare Corporation (Telecare) - La Paz Geropsychiatric Center Skilled Nursing Facility (SNF)	\$501,744	7/1/2019 to 6/30/2020	Telecare provides 24-hour skilled nursing facility (SNF) and institution for mental disease (IMD) services for seriously mentally ill clients placed at Telecare's La Paz Geropsychiatric Center. Additional services for these clients include (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. The FY 2019-20 agreement maximum was based on services for 4 clients for 12 months. Currently VCBH has 6 clients who have been at the facility since 1/1/2020, requiring an increase in the agreement maximum. The Sixth Amendment increases the agreement maximum amount by \$81,254 for FY 2019-20.
6/23/2020	Interface Children and Family Services (Interface) - Push Technology Project	\$0	8/1/2018 to 6/30/2021	Interface manages a multi-year MHSA "Push Technology" Project using Innovation dollars designated for research. This 3-year project targets individuals exiting county inpatient psychiatric hospitals and residential and crisis stabilization units. Participants report their mental health status via text, receive appointment reminders and are connected to additional assistance using 211 services. The project is designed to increase the quality of mental health services and improve post-discharge outcomes using Ecological Momentary Interventions. The Second Amendment makes adjustments to FY 2019-20 line items within the maximum contract amount.

MEMORANDUM

DATE: July 21, 2020

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Approved June Agreements/Board Items

Board of Supervisors Approved Agreements – June 9, 2020

- 1. Fiscal Year (FY) 2020-23 Mental Health Services Act (MHSA) Innovation Project Full Service Partnership Data Exchange Work Plan.**

This item recommended approval for the Ventura County Behavioral Health (VCBH) Director or designee to submit the MHSA Innovation Project Full Service Partnership (FSP) Data Exchange Work Plan, designed to enable enhanced data collection for FSP clients, to the Mental Health Services Oversight and Accountability Commission (MHSOAC), for approval of funding in the amount of \$2,011,117, effective July 1, 2020 through June 30, 2023. This plan is funded by Proposition 63 MHSA.

The **MHSOACF** oversees programs funded by the MHSA and was passed by voters in 2004. Their mission is to collaborate with non-MHSA service providers to catalyze transformational changes across service systems so that everyone needing mental health care has access to and receives effective and culturally competent care. The MHSA innovations category of funding seeks to improve the quality of mental health services, including measurable outcomes involving reductions in hospitalization, incarceration and homelessness recidivism. Innovations projects are considered novel, creative and/or ingenious mental health practices/approaches that contribute to learning and are developed within communities in an inclusive and representative process. VCBH has designed a three-year project addressing the “Innovation” component which focuses on increasing the quality of services and promoting interagency collaboration in data sharing related to mental health services and measurable outcomes.

Through the MHSA Innovation FSP Data Exchange Work Plan, VCBH will work with Ventura County Health Care Agency (HCA), Human Services Agency (HSA) and Sheriff’s Office to develop a network of legally-sanctioned, shared data streams focused on the most at-risk

individuals in our FSP programs. This will improve the quality of care that VCBH FSP clients receive, as VCBH care managers will be more likely to know if any of the 1,500-2,000 FSP clients have been incarcerated, hospitalized, or are eligible for or in need of homeless services. The FSH Data Exchange Work Plan will aid VCBH in collecting needed data to reduce hospitalization, incarceration and homelessness recidivism rates while complementing VCBH's Multi-County FSP project, approved by the Board on March 10, 2020.

VCBH recommended approval for the VCBH Director or designee to submit the MHSA Innovation Project Full Service Partnership Data Exchange Work Plan to the MHSOAC.

2. **FY 2020-23 MHSA Three-Year Program and Expenditure Plan and Annual Update for FY 2019-20 (Exhibit 1) to the Mental Health Services Oversight and Accountability Commission (MHSOAC).**

This item recommended authorization for the VCBH Director or designee to sign and submit the MHSA Three-Year Program & Expenditure Plan, effective July 1, 2020 through June 30, 2023, and Annual Update to the MHSOAC, effective July 1, 2019 through June 30, 2020. There is no cost associated with this Plan and Annual Update. This plan is funded by Proposition 63 MHSA Funds, Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), Behavioral Health Subaccount, Other Grants, and Client Fees.

Proposition 63, passed in November 2004 by California voters, made effective in 2005 and known as the MHSA, provides funding to counties for development of comprehensive community-based mental health services and supports that will reduce impact on untreated serious mental illness in adults and severe emotional disturbance in children and youth. The MHSOAC requires counties to develop plans detailing how MHSA funding will be utilized within the county and to submit a Three-Year Program & Expenditure Plan every three years. The MHSA Three-Year plans are developed locally with stakeholder input and are reviewed by the local mental health board, approved by the Board of Supervisors and then submitted to MHSOAC for approval. MHSA funds are the funding of last resort for these programs and are used only after all other funding sources are applied.

The **MHSA FY 2020-23 Three-Year Program and Expenditure Plan and Annual Update for FY 2019-20** describes Community Program Planning and Local Review Process, VCBH's MHSA budget, forecasted program adjustments and reporting on the MHSA Plan components for Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN), and Innovation (INN). The MHSOAC requires counties to provide an annual update ("Annual Update") forecasting VCBH's projected total expenses and revenues from all sources for the current fiscal year. For FY 2018-19, VCBH's expenses for MHSA services totaled \$59,097,388, of which approximately 69% of expenses were funded by MHSA. The remaining 31% of expenses were funded utilizing non-MHSA sources, such as SD/MD FFP, Behavioral Health Subaccount, grants, insurance, and client fees. The California Department of Health Care Services (DHCS), per MHSUDS Information Notice No. 19-017, dated March 20, 2020, every County is required to establish a Prudent Reserve, not to exceed 33 percent of the average amount allocated to the CSS component in the preceding five years. VCBH's Prudent

Reserve as presented in the FY 2019-20 annual update is \$8,572,193, which exceeds the maximum level of amount by \$80,288. On September 17, 2019, VCBH submitted a revised calculation of the Prudent Reserve to DHCS. The transfer will bring down the Prudent Reserve fund balance to \$8,491,905, as shown on the “Funding Summary” as part of the document plan.

Counties are also required to submit an MHPA Three-Year Program & Expenditures Plan forecasting their projected total expenses and revenues from all sources for a three-year period in order to receive MHPA funding. The VCBH MHPA Three-Year Program and Expenditure Plan that covers FY 2020-21 through FY 2022-23 was presented to the Board. For FY 2020-21, VCBH expects to commit \$77,737,063 in total expenses for the provision of MHPA services. VCBH forecasts that non-MHPA funding sources will cover 37% of its MHPA program costs. The remaining 63%, having no other available funding source, will be funded by VCBH’s MHPA available program funding. Of that, \$40,816,065 is expected as new FY 20-21 MHPA funds and the remainder will be drawn down from unspent MHPA funds from prior years. In addition to the FY 2020-21 forecast outlined above, anticipated revenues and expenses in FY 2021-22 and FY 2022-23 are presented in the Budget/Funding Summary of the MHPA Three Year Program & Expenditure Plan presented to the Board.

The MHPA FY 2020-23 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 was posted for public comment, March 17, 2020 through April 18, 2020, and public comments were heard at the April 20, 2020 Behavioral Health Advisory Board (BHAB) public Executive Committee meeting. At that time, the MHPA FY 2020-23 Three-Year Program & Expenditure Plan and Annual Update for FY for FY 2019-20 was approved for submittal to the Board.

VCBH recommended authorization for the VCBH Director or designee to sign and submit the MHPA FY 2020-23 Three-Year Program & Expenditure Plan and Annual Update for FY 2019-20 to the MHPSOAC.

Board of Supervisors Approved Agreements – June 16, 2020

- FY 2020-21 Fourth Amendment to the Agreement with Aurora Vista Del Mar, LLC, and Agreements with Elms Manor Corporation (Elms Manor), Mixteco/Indigena Community Organizing Project (MICOP), Pacific Clinics, United Parents Family Access and Support Team (FAST), United Parents Respite, and Ventura County Office of Education (VCOE) for Provision of Various Mental Health, Supportive Services and Research Project, Substance Use Services (SUS) Prevention, and Board and Care Related Services.**

This item recommended approval for the VCBH Director or designee to: (1) sign the Fourth Amendment to the Agreement with Aurora Vista Del Mar, LLC, in the amount of \$1,200,000, for mental health services, and (2) to sign contracts with Elms Manor, in the amount of \$242,500, (3) MICOP, in the amount of \$223,715, (4) Pacific Clinics, in the amount of \$196,933, United Parents FAST, in the amount of \$939,561, (5) United Parents Respite, in the amount of \$225,732, and (6) VCOE, in the amount of \$300,000, for a total of \$3,328,441, effective July 1, 2020 through June 30, 2021. This Amendment and Agreements are funded

by Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG), Tobacco Settlement, 2011 Realignment (Trust N520-719C), and 1991 Realignment (Trust N510-717C), Proposition 63 MHS funds, Short Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), SAMHSA MHBG, and Substance Abuse Prevention and Treatment Block Grant (SABG).

Each year VCBH contracts with a variety of contractors for the provision of a wide range of mental health, supportive services and research project, SUS prevention, and board and care facilities to assist in meeting the needs of the various target populations served by VCBH. Contracts are renewed based on successful performance, and contractor performance is reviewed throughout the fiscal year to ensure compliance with contract goals and outcomes. The contractors have complied with the terms and conditions of the agreements, performing satisfactorily in the delivery of the agreed upon services.

VCBH recommended approval for the Purchasing Agent or designee to sign the FY 2020-21: (1) Fourth Amendment to the Agreement with Aurora Vista Del Mar, LLC, and Agreements with (2) Elms Manor, (3) MICOP, (3) Pacific Clinics, (4) United Parents FAST, (5) United Parents Respite, and (6) VCOE, for various mental health, supportive services and research projects, SUS prevention, and board and care related services.

Board of Supervisors Approved Agreements – June 23, 2020

4. FY 2020-21 Homeless Emergency Aid Health Program (HEAP) Budget Authorization.

This item recommended authorization for the Auditor-Controller to process the necessary accounting transactions to establish revenue and appropriations for the term of 6/1/2020 to 4/30/2021 HEAP VCBH Budget Unit 3200-3203, in the amount of \$59,989. This is funded by HEAP Administered by CEO Division.

The County of Ventura Continuum of Care (CoC) receives funding each year for Permanent Supportive Housing (PSH) from the U.S. Department of Housing and Urban Development (HUD). In August 2019, the County CoC's Data, Performance and Evaluation Committee met to review applications submitted for the County CoC's 2020 PSH funding cycle. The requests received for funding by the County CoC exceeded the amount of HUD funding available, which resulted in the de-funding of a long-term \$98,169 County CoC PSH grant with the Housing authority of the City of San Buenaventura. This defunded County CoC PSH grant for the Housing Authority of the City of San Buenaventura resulted in nine VCBH households facing homelessness.

The County CoC oversight board directed County CoC staff to develop resources to prevent the loss of housing for the nine VCBH households facing homelessness. Of the nine households in jeopardy of losing their housing benefit, three were transferred to other programs. The County CoC oversight board directed County CoC staff to re-align HEAP funding for the remaining six households. Of these six remaining VCBH households facing homelessness, five were eligible for and granted mainstream housing vouchers under the

Coronavirus Aid, Relief, and Economic Security (CARES) Act. However, one household was not eligible

The prorated HEAP funding amount from the County CoC for the term of June 1, 2020 to April 30, 2021 is \$59,989. Since the six households facing homelessness are VCBH clients, VCBH has agreed to administer HEAP funding for the six households for two months while waiting for the CARES Act mainstream vouchers to be issued to the five eligible households. VCBH will continue to administer HEAP funding to maintain the housing benefit for the one household remaining without a permanent housing benefit. The balance of HEAP funding will be used for rental assistance for VCBH homeless clients until the end of the award term. At the end of the term for HEAP funding, County CoC and VCBH staff will work together to identify ongoing funding for the one household remaining without a permanent housing benefit.

VCBH recommended authorization for the Auditor-Controller to process the necessary accounting transactions to establish revenue and appropriations in the VCBH Budget Unit 3200-3203 as detailed above.

5. **FY 2018-19 ASC Treatment Group Bakersfield (ASC) Fourth Amendment to the Agreements and ASC Los Angeles Fourth Amendment to the Agreement for Adult Residential Treatment Services, Casa Pacifica Centers for Children and Families (Casa Pacifica) Eleventh Amendment to the Agreement for Residential/Campus Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services, and Telecare Corporation (Telecare) Sixth Amendment to the Agreement for Early Detection and Intervention for the Prevention of Psychosis (EDIPP) Program Services.**

This item recommended approval for the VCBH Director or designee to sign the FY 2018-19: (1) Fourth Amendment to the Agreement for adult residential services with ACS Bakersfield, increasing the maximum contract amount from \$885,676 to \$937,829 (an increase of \$52,153), (2) ASC Los Angeles Fourth Amendment to the Agreement, increasing the maximum contract amount from \$776,550 to \$824,812 (an increase of \$48,262), (3) Eleventh Amendment to the Agreement with Casa Pacifica for EPSDT services, with no change to the existing contract maximum amount of \$5,658,498, and (4) Sixth Amendment to the Agreement with Telecare for EDIPP services, in the existing maximum contract amount of \$900,000. The Agreement with ASC Bakersfield has an increase of \$52,153 and the Agreement with ASC Los Angeles has an increase of \$48,262, effective July 1, 2018 to June 30, 2019. There is no fiscal impact related to the Agreements with Casa Pacifica and Telecare. These agreements are funded by SD/MC FFP and 1991 Realignment (Trust N510-717C) funds.

ASC Bakersfield and Los Angeles, pursuant to an agreement with the County in FY 2018-19, provided adult residential treatment services, offering 24-hour staffing and a full range of clinical and rehabilitation services designed to assist clients in their mental health recovery. During the cost settlement process for the FY 2018-19 term, VCBH was informed by ASC that the submitted costs for each contract were higher than the contract maximums. ASC advised VCBH that the error on ASC's part had been made in not conveying the cost increase information to VCBH in the regularly scheduled contract evaluation meetings. VCBH, in analyzing ASC's submitted cost increases, determined that they were valid and largely due to

increased clinical oversight requirements. To pay ASC for its actual costs, VCBH recommends an increase to the two contracts, totaling \$100,415.

Casa Pacifica provided residential/campus EPSDT services through four programs: (1) Short Term Residential Treatment Program (STRTP), (2) Non-Public School Services (NPS), (3) Therapeutic Behavioral Services (TBS), and (4) Parent Child Interactive Therapy (PCIT), pursuant to an agreement with the County in FY 2018-19. The common goals of these programs were to transition children to lower levels of care and prevent further progression of mental health symptomology, deterioration and functioning. During the cost settlement process for FY 2018-19, VCBH analyzed Casa Pacifica's submitted costs and units of service and identified that based on the level of incurred costs and the low level of units of service provided, Casa Pacifica exceeded the units of service and the Ventura County Maximum Allowance (VCMA) rates specified in the contract. VCBH recommends an increase to the unit rate of each of the contracted service categories to pay Casa Pacifica for its actual costs, an amount above the VCMA rate in the agreement. This recommendation requests a one-time payment to be made to Casa Pacifica in the amount of \$111,840 to adjust for the insufficient rate and to fully pay Casa Pacifica for its FY 2018-19 costs. There are no other changes to the agreement.

Telecare provided educational support, supportive employment, case management, individual treatment, and psychiatric treatment services to transitional-aged youth (TAY) through the EDIPP program, pursuant to an agreement with the County in FY 2018-19. Upon expiration of the agreement on June 30, 2019, VCBH took the EDIPP program "in-house" and began providing the EDIPP program services. During the cost settlement process for the FY 2018-19 contract term, VCBH analyzed Telecare's submitted costs and units of service, discovering that based on the level of incurred costs and the low level of units of service provided, Telecare exceeded the units of service and VCMA rates specified in the contract. VCBH worked with Telecare to review all of Telecare's costs, units of service and referral numbers, determining that some challenges Telecare experienced in FY 2018-19 contributed to its fiscal issues. Specifically, in FY 2018-19, VCBH went out to bid for the EDIPP program services, creating a great deal of staff turnover for Telecare due to the uncertainty around its contract with VCBH. Therefore, Telecare did not have the level of staff needed to deliver client services and generate appropriate levels of services to stay within the contracted units of service and VCMA rates. Telecare's program census demonstrated the lack of a sufficient number of clients to generate the units of services needed to cover its actual program costs without exceeding the contracted rates. To pay Telecare for its actual costs, VCBH recommended an increase to the unit rate for each of the contracted service categories to an amount above the VCMA rate in the agreement, which required approval by the Board. This recommendation requests a one-time payment be made to Telecare in the amount of \$365,907 (\$195,381 due to the increase in rates and \$170,526 as the balance of the amount VCBH had yet to pay Telecare for the cost settlement) to fully pay Telecare for its costs. There are no other proposed changes to the agreement.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2018-19: (1) Fourth Amendment to the Agreement with ASC Bakersfield, (2) Fourth Amendment to the Agreement with ASC Los Angeles for Adult Residential Treatment Services, (3) Eleventh

Amendment to the Agreement with Casa Pacifica for residential/campus EPSDT services, and (4) Sixth Amendment to the Agreement with Telecare for EDIPP program services.

6. FY 2020-21 Memorandum of Understanding with Ventura County Special Education Local Plan Area (SELPA) and VCOE for Educationally Related Mental Health Services Provided to Local Schools.

This item recommended approval for the VCBH Director or designee to sign the MOU with SELPA and VCOE for the purpose of ensuring payment for educationally related mental health services provided to local schools, effective July 1, 2020 through June 30, 2021. There is no fiscal impact related to this MOU. These Agreements are funded by Short-Doyle/Medi-Cal (SD/MC) Federal Financial Participation (FFP), 2011 Realignment (Trust N520-719C), and SELPA.

Since Assembly Bill No. 114 (2010-2011 Reg.Sess.) was signed into law ending the state mandate on county mental health agencies to provide mental health services to students with disabilities on June 30, 2011, school districts and Ventura County SELPA have been solely responsible for ensuring that students with disabilities receive the special education related services needed to address their social, emotional and behavioral needs, in accordance with the Individuals with Disabilities Education Act (IDEA) and pursuant to Education Code sections 56195 *et seq.* and 56205. SELPA has joined with VCOE, and has designated VCOE as the responsible local agency to perform functions such as receipt and distribution of funds, provision of administrative support and coordination of implementation of the local plan, pursuant to Education Code section 46195.1(c)(2).

SELPA and VCOE, through the MOU, will continue to provide special education-related mental health services to students with disabilities and invoice SELPA and VCOE for costs not covered by SD/MC FFP and 2011 Realignment funds. Services may include, but are not limited to, assessments, individual therapy, group therapy, collateral services, case management, and other mental health services. The MOU delineates the roles and responsibilities of the parties and clarifies processes. The census of students requiring Educationally Related Social Emotional Services (ERSES) has increased since this MOU commenced in FY 2017-18, with 827 students in FY 2017-18, and increased to 970 students in FY 2019-20. Particular need has been identified in the North and South Oxnard Regions and Simi/Moorpark Region, with clinical staff increased from 53 in FY 2017-18 to 60 in FY 2019-20. Due to the increase in the number of clients and clinicians, the total number of billable services has increased, resulting in more revenue being generated through the SELPA, with each years' revenues as follows:

FY 2017-18 - \$5,795,155
FY 2018-19 - \$6,752,557
FY 2019-20 - \$7,366,008

VCBH recommended approval for the VCBH Director or designee to sign the MOU with SELPA and VCOE.

7. FY 2020-21 Fourth Amendment to the Organizational Provider Agreement with Golden Hillmont House Mental Health Rehabilitation Center LLC, (Golden MHRC), for Adult Residential Treatment Services.

This item recommended approval for the VCBH Director or designee to the Fourth Amendment to the Organized Provider Agreement with Golden MHRC, increasing the amount from \$1,819,644 to \$1,971,862 (an increase of \$152,218) over FY 2019-20 12-month period), and extending the term of the agreement, effective July 1, 2020 through June 30, 2021. This agreement is funded by SD/MC FFP and 1991 Realignment funds (Trust N510-717C).

Golden MHRC operates the MHRC “Hillmont House,” a 15-bed facility in Camarillo that provides housing and support for up to 18 months for individuals with severe and persistent mental illness to enable them to transition to independent or supported-living arrangements. The program uses a psychosocial rehabilitation model that provides a balance of activities, education, vocational services, therapy, health, and socialization to support physical, psychological and spiritual health. For the period of June 1, 2019 through March 31, 2020 the MHRC had an occupancy rate of 97% and served 22 unduplicated clients. The MHRC has discharged 11 clients, with 70% moving to a lower level of care.

The fourth amendment will: (1) extend the agreement through FY 2020-21, (2) change the billing method from a unit rate for service to a day rate, allowing more time to be spent with the client and reducing the amount of time spent on the Medi-Cal billing process, and (3) increase the agreement maximum by \$152,218. The cost increase is related to the staffing and benefits costs and not from the change in billing method. Golden MHRC is operating fully staffed with an appropriately licensed person in each position.

VCBH recommended approval for the VCBH Director or designee to sign the Fourth Amendment to the Organizational Provider Agreement with Golden MHRC.

8. FY 2019-21 Telecare Corporation (Telecare) Sixth Amendment to the Agreement for La Paz Geropsychiatric Center Skilled Nursing Facility (SNF) and Institution for Mental Disease (IMD) Services, and FY 2018-21 Interface Children and Family Services for the Push Technology Project.

This item recommended approval for the Purchasing Agent or designee to sign the Sixth Amendment to the Agreement for La Paz Geropsychiatric Center SNF and IMD services with Telecare, increasing the agreement maximum from \$420,520 to \$501,774 (an increase of \$81,254), effective July 1, 2019 through June 30, 2020, and (2) approval for the VCBH Director or designee to sign the Second Amendment to the Agreement with Interface Children and Family Services for Push Technology Project, to revise Exhibit B, Budget, to better align to actual program usage and needs, effective August 1, 2018 through June 30, 2021. The agreement with Telecare is funded by County General Fund, Tobacco Settlement Program, 1991 Realignment (Trust N510-717C). The agreement with Interface is funded with Innovation dollars.

Telecare provides 24-hour SNF and IMD service for seriously mentally ill clients who require

a high level of care due to the severity of their illnesses. In addition to the SNF and IMD services, clients placed at Telecare's La Paz Geropsychiatric Center receive the following services: (1) medication management, (2) care and supervision, (3) daily activities, and (4) food services. The FY 2019-20 agreement maximum was based on services for 4 clients for 12 months. Currently VCBH has 6 clients who have been at the facility since January 1, 2020 requiring an increase in the agreement maximum.

On October 9, 2018, the Board approved an agreement with **Interface Children and Family Services** to manage a multi-year MHSA "Push Technology Project," using Innovation dollars designated for research. This three-year project targets individuals exiting county inpatient psychiatric hospitals and residential and crisis stabilization units. Participants report their mental health status via text, receive appointment reminders, and are connected to additional assistance using 211 services. The program is designed to increase the quality of mental health services and improve post-discharge outcomes using Ecological Momentary Interventions. The Second Amendment to the Agreement, in Exhibit B, Budget, reduces Salaries & Benefits line items by \$15,866, increases the Contracted Services line item by \$15,075, and increases the Telephone/Texting/Network Management line item by \$791 for the period of July 1, 2019 through June 30, 2020. This recommendation better aligns to actual program usage and needs, and does not change the maximum contract amount.

VCBH recommended approval for the: Purchasing Agent or designee sign the Sixth Amendment to the Agreement with Telecare for La Paz Geropsychiatric Center SNF and IMD services with Telecare, and VCBH Director or designee to sign the Second Amendment to the Agreement with Interface Children and Family Services for the Push Technology Project,.