

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, September 21, 2020, 1:00 – 3:00 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

The following information referenced below and on page two of this Agenda is provided to you in support of your attending the upcoming BHAB General Meeting via Zoom:

Join the Zoom meeting in the following way:

Join Zoom Meeting: <https://us02web.zoom.us/j/83332714732?pwd=bE43OUJqRHhHa0ExSIR5L1VLMWMyQT09>

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

AGENDA

- I. Call to Order
- II. Roll Call
- III. Welcome and Introductions
- IV. Approval of the Agenda – **ACTION** (Roll Call)
- V. Approval of the August 17, 2020 Minutes – **ACTION** (Roll Call)
- VI. Public Comments (3 min. per speaker)
- VII. Chair Comments (5 min.)
- VIII. Director’s Report – Dr. Sevet Johnson (10 min.)
- IX. Board Member Comments and Announcements (10 min.)
- X. Secretary’s Report – Mary Haffner (3 min.)
- XI. BHAB Committee Reports (5 min. each)
 - A. Adult Services Committee – Nancy Borchard and Gane Brooking, Co-Chairs
 - B. Prevention Committee – Janis Gardner, Chair
 - C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair
 - D. Youth & Family Committee – Denise Nielsen, Chair
- XII. Old Business
 - A. Lanterman, Petris, Short (LPS) Reform Workgroup Update – Dr. Sevet Johnson/Jerry Harris – **ACTION** (Roll Call) (15 min.)
 - B. Amended Bylaws Follow-Up – Dr. Sevet Johnson (5 min.)
 - C. Housing Workgroup Revised Outreach Letter – Ratan Bhavnani - **ACTION** (Roll Call) (10 min.)
 - D. Performance Outcome Measures Collaborative Change to Workgroup – **ACTION** (Roll Call) (5 min.)
- XIII. New Business
 - A. Proposed Process to Identify Gaps in Service – **ACTION** (Roll Call) (15 min.)
 - B. Review Objectives – Discussion – **ACTION** (Roll Call) (10min.)

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

- C. Ombudsman / Peer Advocate for Assistance with Access or Service Issues – **ACTION** (Roll Call) (15 min.)
- D. Virtual New Member Orientation Update – Janis Gardner (5 min.)
- E. Develop Preliminary Plan for Fiscal Year 2019-20 Annual Report Preparation – Discussion – **ACTION** (Roll Call) (15 min.)

XIV. Contracts

- A. Board of Supervisors Approved Agreements – *No Contracts submitted in August 2020.*

XV. Adjourn

Next Meeting: Monday, October 19, 2020

Zoom Participation Information - continued

Please note the following important information related to supporting your participation in the upcoming meeting:

1. Zoom will initially start with a “waiting room”—you will be “admitted” into the meeting room when the meeting starts.
2. The meeting is recorded.
3. All participants are muted upon entry to minimize any unintended disruption of background sounds. Please keep yourself on mute unless you are speaking.
4. Note the following regarding the public comments portion of the agenda:
 - a. Public comments are made by “raising your hand” in one of the following ways:
 - i. If you are joining the meeting via video/audio, you join the comment cue by clicking on the participant window at the bottom of the Zoom screen and then click on the “raise hand” feature in that participant window. *Your raised hand will appear in the order it was received.*
 - ii. If you are joining the meeting by telephone only, you can join the comment cue by pressing *9. When it is your turn to make your comment, press *6 to unmute and then again to mute yourself.
 - b. Comments are taken in the order they are received in the cue/participant window.
 - c. When it is your turn to make a comment, you will be asked to unmute yourself.
 - d. Public comments may be up to 3 minutes during the public comment period, or before an agenda item, with a cumulative total time not to exceed 5 minutes.
 - e. Board members are asked to limit their comments on any agenda item to no more than 3 minutes.
 - f. The assigned timekeeper will track each public comment time as well as the total time per speaker. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum as well as when you have reached your total allotted time.
 - g. At the end of the three minutes and/or allotted time, the mic will be opened to the next person in the comment cue.

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County of Ventura Behavioral Health Advisory Board

09/21/20

Agenda Item XII A - Lanterman-Petris-Short (LPS) Reform Workgroup Update

Options to Resolve this Issue

1. Make changes to the report as recommended by County Counsel.
2. Send individual letters to BOS members attaching the report. Since this will not be a BOS Meeting agenda item, it should not require review by County Counsel.
3. Meet with County CEO Michael Powers to contest the review process for BHAB documents as not enabling the board to perform its functions.
4. Do nothing.



Ventura County Behavioral Health Advisory Board

DATE

Members:

Claudia Armann
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking
Kevin Clerici
Dr. Margaret Cortese
Jesse Finkbeiner
Cmdr. James Fryhoff
Janis Gardner, Chair Emeritus
Mary Haffner, Secretary
Jerry Harris, Chair
Carol J. Keavney
Patricia Mowlavi
Denise Nielsen
Linda Parks, Supervisor
Joe S. Ramirez, 2nd Vice Chair
Michael Rodriguez
Elizabeth R. Stone
Carol Thomas, Member At Large
Marlen Torres
Sheri Valley

Dr. Sevet Johnson, Director
Ventura County Behavioral Health

The Honorable (First and Last Name)
Title
Agency
Street Address
City, State and Zip

Dear Honorable (Recipient Name):

We are writing to request a meeting with you to discuss our initiative below, for local supportive housing for people living with mental illness.

The Ventura County Behavioral Health Advisory Board (BHAB) advocates for the development and expansion of mental health and addiction services that support the stabilization and recovery of people living with these conditions. One of the main objectives of the BHAB is to participate in all efforts to establish affordable and supportive housing with for people with mental health challenges. To accomplish this objective, the BHAB has established a Housing Workgroup. The current focus of this workgroup is the crisis in housing options, and specifically Board and Care facilities.

The attached Issue Briefs contain more information on the problem, and highlight the financial issues relating to most of these Board and Care facilities.

We believe you are in a position to help us with possible solutions, and to that end we would like to set up a meeting to explore this matter with you and to share the ideas we have for creating new supportive housing resources in Ventura County. Please contact us as shown below to arrange a meeting.

Sincerely,

Jerry Harris, Chair
Behavioral Health Advisory Board

Address:

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

Ratan Bhavnani
Behavioral Health Advisory Board
Housing Workgroup
(805) 732-9667
ratanbhavnani@yahoo.com

Gane Brooking
Behavioral Health Advisory Board
Housing Workgroup
(805) 861-7284
gane.brooking@gmail.com

Attachments: Housing Workgroup Issue Brief
CALBHB/C Issue Brief on ARFs



California Association of Local Behavioral Health Boards and Commissions

January 2020

www.facebook.com/CALBHBC

www.calbhbc.org

ISSUE BRIEF: Adult Residential Facilities

ADULT RESIDENTIAL FACILITIES (ARFs) – The critical need for “Board and Care” facilities.

Adult Residential Facilities (ARFs) are a critical component of California’s housing continuum. Lack of ARFs (and RCFEs) impacts individuals, families and local communities. **The social and financial cost is high** as adults with severe mental illness enter revolving doors between crisis facilities, psychiatric facilities, emergency rooms, homelessness and incarceration. Local budgets are impacted due to crisis management, expensive placements and incarcerations when the appropriate placement would be an ARF with service offerings for adults with severe mental illness.

What is an ARF?

Names and acronyms include:

- ARF: Adult Residential Facilities
- RCFE: Residential Care Facility for the Elderly
- Board & Care (often called “Enhanced” or “Augmented” Board & Care)
- Assisted Living

ARFs are licensed to provide care and services sufficient to support needs resulting from an inability to perform Activities of Daily Living or Severe Cognitive Impairment. ARFs provide services that allow people to maintain independence and receive individualized care in a home-like environment, to include:

1. 24 Hour Care
2. Trained Staff
3. Three meals/day (must accommodate special dietary needs)
4. Access to a physician/nurse in case of emergency
5. Assistance with managing medications

Three Key Challenges

1. **Financial:** ARFs cannot survive on a small scale without substantial subsidies. On a larger scale (45+ beds), a supplemental rate (known as ‘patches’) from counties ranging from \$64/day to \$125/day is required for fiscal stability.¹
2. **Staffing:** Providing and retaining a professional, trained and experienced staff requires proper management, appropriate salaries and ongoing training.
3. **“Not In My Backyard” (NIMBY)** opposition from communities for new construction or attempts to rezone a property for ARF (required for more than 6 beds).



Costly Consequences

- Psychiatric hospitals/facilities range from \$350 - \$775/day.
- Prison costs appr. \$222/day²
- County jail costs appr. \$155+ per day (Alameda County, 2014)³
- Transitional Programs cost appr. \$150/day per resident.

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy.

Hundreds of Beds Lost

Among 22 counties reporting to a 2016 CA Mental Health Planning Council survey, 907 beds were needed with 783 beds lost in the last 10 years. The respondents represented 1/3rd of the state. This trend has continued into 2020.

It is clear there is a high need for this housing option for facilities that provide board and care for adults with severe mental illness in every county.

CBHPC 2016 ARF Issue Paper:

www.dhcs.ca.gov/services/MH/Pages/CBHPC-Reports.aspx

Addressing Funding

Current ARF funding for adults with severe mental illness is limited to the SSI rate, approximately \$1069 per month. Some counties bolster this rate, providing “patches” to large-scale ARFs, often located hours away from the consumer’s community. These patches range from \$64/day to \$125/day.⁴

It is worth examining a different funding model, such as the one available for adults with developmental disabilities. This model provides **several tiers of funding based on the needs of the consumer**. Funding ranges from \$1,069 to \$9,288 per month per consumer, allowing for community-based, appropriately staffed ARFs. *Department of Developmental Services Community Care Facility Rates are at:* www3.dds.ca.gov/Rates/docs/CCF_Rates_January2020.pdf

A Call for Immediate and Long-Term Solutions

It is in the best interest of adults with mental illness, and in the best financial interest of the State of California to increase access to appropriate community-based, long-term residential options that include the necessary supports to address mental illness and other co-occurring physical health conditions. **ARFs (and RCFEs) are a critical component of this housing continuum.** Solutions must be both immediate and long-term:

- 1) Immediate—Funding to prevent closures and increase offerings
- 2) Long-Term—Address key challenges:
 - **Financial:** Changes to current licensing structure to accommodate a tiered level of care system
 - **Staff Support:** Technical assistance, training and support for staff and owners to: a) Successfully work with this complex population; b) Maintain fiscal stability; c) Sustain licensing.
 - **NIMBY:** Advocacy toolkit to increase understanding of mental illness and the effective use of ARFs/RCFEs in order to overcome NIMBY (Not in My Backyard) opposition.

End Notes:

1. RCFs that provide residential care to adults with mental illness survive at a larger scale (45+ beds), with “patches” provided by counties. Psynergy Programs, Inc. and Davis Guest Home offer examples of companies that operate RCFs with a financial model that works due to “patches” paid by counties (added to resident’s SSI). Even with the additional revenue, this financial model requires a minimum of 45 residents. These are considered “Enhanced” or “Augmented Board & Cares” as they provide needed supports to the residents, including team leaders, activities, dietary staff, access to a psychiatrist and more. Psynergy additionally provides: Medication Support, Mental Health Services, Crisis Intervention, Case Management and Collateral (all Medi-Cal billable.)
2. CA Legislative Analyst’s Office: http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost
3. *The Price of Jails: Measuring the Taxpayer Cost of Local Incarceration (Page 26, Vera Institute of Justice.)*
4. Rates found on-line from 2016-17 [San Luis Obispo County Contracts with Psynergy Programs, Inc](#) (page 9) and [Davis Guest Home](#) (page 6).

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy. www.calbhbc.org

COUNTY OF VENTURA
BEHAVIORAL HEALTH ADVISORY BOARD
Housing Workgroup, Issue Brief: Board and Cares
March 2020

THE PROBLEM

People living with serious mental illness receive treatment from one or more of several resources: Ventura County Behavioral Health (VCBH), Hillmont Psychiatric Center, Vista Del Mar Hospital, and private providers. Many clients often are deemed disabled by Social Security and receive a small income. The amount of this Supplemental Security Income (SSI) depends on their living arrangement: their own place, or with family, or in a group home.

While VCBH provides access to step down rehabilitation facilities, these are intended to be transitional or short-term programs. A large number of clients need extended residential support, as offered by:

- Adult Residential Facilities (**ARFs**).
- Residential Care Facilities for the Elderly (**RCFEs**), for adults over age 60.

Both are commonly known as “Board and Cares” (**B&Cs**).

These care facilities are licensed by the Community Care Licensing agency and provide 3 meals a day, dispense medications, and usually have a visiting nurse, on-call doctor and psychiatrist. But in addition they provide on-site programs that help clients in their recovery. But both types of facilities have been gradually closing, primarily for financial reasons.

Ventura County numbers:

In 2014 there were 21 B&Cs/RCFEs with 337 beds, which were sorely inadequate at that time.

In 2020 there are 7 B&Cs/RCFEs with about 200 beds contracted to serve mentally ill clients.

It is estimated that we currently need between 600 and 700 beds.

This lack of appropriate housing causes bottlenecks upstream at treatment centers, and raises overall costs.

- When clients are discharged from Hillmont Psychiatric Center or Vista Del Mar, the hospitals often have difficulty finding suitable placements. Hillmont Psychiatric Center remains full at all times and new patients, some of whom are experiencing a mental health crisis, are held for hours in Emergency Rooms without treatment, or sent out of county.
- Casa De Esperanza (60 beds, short term rehab program) cannot accept new clients till they have graduated and discharged existing residents.
- Ventura Crisis Residential Treatment center (15 beds), which offers treatment for one to four weeks to people in crisis, is often unable to discharge for lack of housing even when a client has stabilized.
- VCBH sometimes has to send clients to Board and Care facilities in Los Angeles County and beyond. This causes great hardship to the client who is in unfamiliar and sometimes unsafe surroundings, away from their family support system which is proven to be crucial to recovery.

Eventually the lack of placements result in clients isolating, decompensating and ending up homeless, in the hospital or even jail. This ends up costing the County additional revenue and wasting badly needed resources.

FINANCIAL ISSUES

The problem of affordable housing in California is all too evident. In Ventura County, the average rent for a one bedroom apartment in 2020 is \$1,740 per month. If housing is supposed to consume 1/3 of a person’s income, then people will need to net \$5,220 per month. A person with social security or disability benefits living with mental illness receives a maximum of \$1,206.37 per month. This person will also need necessary supportive services such as medication management, meals, transportation and quality of life activities. B&Cs and RCFEs provide most of these services, and are reasonable and practical housing options.

The standard B&C rate for SSI recipients is: \$1,069.37 per month
 SSI income for B&C residents is: \$1,206.37 per month
 Which leaves for personal and incidental needs: \$137.00 per month

As noted before, these facilities are closing at an alarming rate. The majority of B&Cs and RCFEs in the state are family run businesses that serve 6 or fewer clients in a 3 or 4 bedroom home. To illustrate the reason why these facilities are closing we have developed a sample proforma as follows:

A six-bed Board & Care serving SSI clients will receive \$1,069 monthly from each resident, or a total monthly income of \$6,414 for the operator. This type of facility is licensed by Community Care Licensing (CCL) and requires 24 hour staffing.

Following is a very basic sample budget for a 6 bed Board and Care:

Description	Estimated Monthly Expense
24/7 Staffing @ \$15 per hour	\$10,800.00
25% employee benefits	\$2,700.00
Mortgage or rent	\$3,000.00
Utilities	\$400.00
Insurance	\$150.00
Food for 6 @ \$250 per person	\$1,500.00
Incidentals for 6 @ \$5 per day	\$840.00
Transportation for 6 @ \$100 per person	\$600.00
MONTHLY EXPENSE	\$19,990.00
Total Monthly Income	\$6,414.00

With a total available monthly income of \$6,414 and total expenses of nearly \$20,000, it becomes apparent why these types of housing facilities are closing. The few surviving smaller B&Cs likely no longer have a mortgage, and a family member is able to provide the 24/7 care required.

Larger Board & Cares (45+ beds) bring economies of scale, but even then are not able to keep up with rising costs.

The number of facilities willing to accept people with serious mental illness who receive disability benefits is diminishing rapidly, thereby creating the current community crisis.

POTENTIAL SOLUTIONS

Local

Note that B&Cs and RCFEs are not run by VCBH or other County agencies; they are operated by private individuals, non-profits or businesses. Several operators have shown interest, and there is the potential of opening new B&Cs if the financial considerations can be overcome. These may include the following actions:

- Encourage local hospital systems to work together to establish supportive housing or a fund for supportive housing for mentally ill clients with medical needs.
- Develop corporate partnerships to provide funding or reduced cost properties
- Work with Cities or the County to identify unused properties that can be leased at low rates

State, Legislative

- Increase the reimbursement rates to Board and Cares by upping California's supplement to federal SSI rates. The standard rate in 2020 for Non-Medical Out of Home Care (NMOHC) includes a federal SSI amount of \$783 and a State Supplementary Payment (SSP) of \$423, for a total of \$1,206.
- Consider a different funding model, such as the one in use for adults with developmental disabilities. Multiple tiers of funding based on the needs of individual clients range from \$1,069 to \$9,288 per month, allowing for community based, appropriately staffed B&Cs.
- Expand California's Assisted Living Waiver (ALW) program to include Ventura County. The ALW allows additional services, reimbursed by Medi-Cal, for eligible seniors in RCFEs. Currently this program is limited to residents of Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.
- Require new and existing assisted living facilities to set aside a certain number of beds for low-income and mentally ill seniors.
- Require the State of California to maintain data on ARF and RCFE residents to better understand their needs and the demand for housing.