

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

February 24, 2020

NEXT MEETING:

Monday, March 16, 2020

1:00 p.m. – 3:30 p.m.

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

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

BHAB Members Present

Claudia Armann
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Margaret Cortese
Cmdr. James Fryhoff
Monique Garcia
Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez
Michael Rodriguez
Carol Thomas
Sheri Valley

BHAB Members Absent

Jamie Banker
Kevin Clerici
Marlen Torres

Others Present

William Foley, Health Care Agency
Barry Zimmerman, Health Care Agency
Stuart E. Fiedler, Client Network
Vivian Cirricione
Sherri Pendlebury
Lori Litel, United Parents
Roberta Griego, NAMI Ventura County
Shirley Brandon, NAMI Ventura County
Mark Schumacher, Turning Point Foundation
Jennifer Goble, Pacific Clinics
Carole Shelton
Arcenio J. López, MICOP
Lorri Santamaria, MICOP
Patricia Frausto, MICOP
Vanessa Teran, MICOP
Heather Davidson, First 5 Ventura County
Kate Mills
Mark Stadler, Crisis Intervention Team
Sally Harrison, County Executive Office
Lidia Lopez
Joana Peterson

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Leisa Donovan, Fiscal Manager
Narcisa Egan, Assistant Chief Financial Officer
Dina Olivas, Youth & Family Division Chief
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
David Tovar, Alcohol & Drug Programs Prevention Services
Susan White Wood, Housing Manager
Terri Yanez, Administrative Division Chief
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:05 p.m. Jerry Harris led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	Approval of the Agenda Ms. Gardner asked the Board to review and approve today's agenda. Claudia Armann moved to approve, Ratan Bhavnani seconded. The motion carried unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the January 15, 2020 Special meeting. Mr. Bhavnani moved to approve, Ms. Armann seconded. Sheri Valley noted she did not attend. The motion carried as amended, with Jerry Harris and Ms. Valley abstaining. Ms. Gardner asked the Board to review and approve the minutes of the January 27, 2020 General Meeting. Ms. Armann moved to approve, Mr. Harris seconded. The motion carried unanimously.	Special Meeting minutes approved as amended. M/S/C General Meeting minutes approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked BHAB members to introduce themselves.		
V.	Public Comments Carole Shelton shared information about her loved ones, who are covered by private insurance and have intellectual and developmental disabilities (IDD) and mental illness. She spoke about the challenges that parents of adults with IDD face and the inability to obtain mental health services for their adult children. She shared details about her child, who is on limited conservatorship. She stated that community leaders do not have an answer when she asks them about accessing the mental health care the adult children need. "What can parents do?" Roberta Griego introduced herself as NAMI Ventura County's operations manager. She noted that the NAMI Walk will take place on May 2 nd ; it is a fundraiser. Also, a free seminar, Family and Friends, will be offered at NAMI's office in Camarillo, on February 29. Vivian Cirricione spoke about her recent hospitalization. She feels that the Crisis Stabilization Unit (CSU) staff could not provide her with her correct medication. One staff made a negative remark. She thanked her VCBH psychiatrist and her therapist for their help.		
VI.	Recognition: Arcenio J. López, Executive Director, MICOP Ms. Gardner presented Mr. López of MICOP with a Certificate of Appreciation for his work in support of indigenous immigrant rights, anti-discrimination campaign, and launching two mental health studies, "Healing the Soul" and "Living with Love". <ul style="list-style-type: none"> o Ms. Armann, Dr. Lorri Santamaria, Dr. Sevet Johnson and Supervisor Parks thanked Mr. López for his work, including making sure that the indigenous community has a voice, for using the MICOP radio station to get the word out about mental health, for helping with the census and for having a strong cooperation with VCBH. o Mr. López thanked the board for the recognition. The work of MICOP is being done by a team. A lot of work is still needed to eliminate the exclusion of indigenous people and inequality in the systems. Mental health is a problem in the migrant community. 		
VII.	Time Certain 1:45 p.m.: Health Care Agency (HCA) Update – William Foley, HCA Director Mr. Foley introduced Barry Zimmerman, the new Chief Deputy of the Health Care Agency, who will focus, among other things, on the redesign of the Medi-Cal delivery system. Under Medi-Cal Healthier California for All, Medi-Cal is moving to a more consistent and seamless system. The goal is to improve care for specific high-need populations, including the homeless, behavioral health, children, the justice-involved population, and the aging population. The County is working closely with Gold Coast Health Plan. HCA and the County have joined the BHAB in supporting the Institution for Mental Diseases (IMD) Waiver. Dr. Johnson added that Medi-Cal Healthier California for All will reduce barriers to services. Under the IMD Exclusion waiver, the state will require that VCBH look at enhancing its continuum of care, including adequate step-down facilities. Mr. Zimmerman added that with the behavioral health payment reform, reimbursement of services will switch from a unit/minute		

	<p>basis to an inter-government transfer system. An initiative is reviewing the definition of medical necessity, especially for children with complex needs. A holistic approach will be used to integrate physical and mental health and address the underlying social determinants of health.</p> <p>Mr. Foley noted that HCA has met with local hospitals and introduced the ideas of expanding the Inpatient Psychiatric Unit (IPU) and Crisis Stabilization Unit (CSU) and of the other hospitals participating in the cost of that expansion. A follow-up meeting will take place on February 28.</p> <p>HCA held town hall meetings in Fillmore and Santa Paula to inform the community of the services provided at the Santa Paula Hospital and clinics. Both meetings were well attended and included table discussions about current and future services. The information is being included into the HCA strategic planning. HCA will report back through the Blue Ribbon Committee.</p> <p>BHAB members asked questions and commented on various topics:</p> <ol style="list-style-type: none"> 1. Gaps in the continuum of care: Dr. Johnson noted that the Mental Health & Safety Task Force Report addresses this. Part of Medi-Cal Healthier California for All reform is to review comprehensive long-term care for the Severely Mentally Ill, and the County is having internal discussions about this. When an application for a 5150 involuntary hold is written, the person is not on a hold but is requested to be evaluated. 2. Increasing capacity at the IPU and CSU: Mr. Foley noted that the county recognizes the need for more beds in the IPU and chairs at the CSU. The county needs to develop a plan to increase capacity, with or without public-private partnerships. 3. The use of community hospital emergency rooms for medical clearance needs to be addressed; it is a statewide issue. 4. Barriers to bed expansion: Mr. Foley identified funding and staffing as barriers. 5. Including bed expansion into the HCA budget. Work with Licensing, which closed the CSU several years ago: Mr. Foley will follow up on this. 6. HCA Strategic Plan: Mr. Foley noted that it will be presented toward the end of the fiscal year. <p>Ms. Gardner thanked Mr. Foley for his update.</p>		
<p>VIII.</p>	<p>Chair's Report – Janis Gardner</p> <ol style="list-style-type: none"> A. Ms. Gardner congratulated Mr. Zimmerman on his new position. B. The TAY Tunnel is in need of clothes for the youth that it serves. C. The Walk for Kids event will be on April 5. Proceeds will benefit the future Ronald McDonald Room at the Ventura County Medical Center (VCMC). <p>Mr. Bhavnani provided brief information on:</p> <ol style="list-style-type: none"> A. The Rotary Club and Turning Point Foundation's Mardi Gras fundraiser on March 1st; B. The Annual Carpe Diem Conference on April 27. 		
<p>IX.</p>	<p>Board Members Comments and Announcements</p> <p>Nancy Borchard referred to an article in the Los Angeles Times of February 20, which discusses Governor Newsom's ideas on homelessness; Governor Newsom has also called for changes to Proposition 63/Mental Health Services Act (MHSA). Ms. Borchard also noted that NAMI has brand-new clothes available for donation to non-profit organizations.</p> <p>Jerry Harris noted the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) will hold a meeting on April 17 in Oakland, followed by a training for board members on April 18. CALBHB/C will cover the cost associated with one BHAB member's attendance.</p> <p>Mr. Bhavnani thanked NAMI for inviting Ms. Borchard and him to present on the BHAB. Ms. Gardner commended them for their presentation.</p> <p>Monique Garcia noted that Community Action will close at the end of March due to a lack of funds. It provides services for homeless, such as showers, mail and hot meals. Cmdr. Fryhoff commented that it is a terrible loss as the organization provides much-needed services.</p>		

<p>X.</p>	<p>Director’s Report – Dr. Sevet Johnson</p> <p>A. The first External Quality Review Organization (EQRO) audit of the Alcohol & Drug Programs’ Drug Medi-Cal Organized Delivery System (DMC-ODS) in January went very well. Work is already being done to implement EQRO’s recommendations.</p> <p>B. ADP Prevention Services launched a new phase of contract services in January.</p> <p>C. The Adult Division, in collaboration with various county agencies, has submitted a grant application for pre-trial felony Mental Health Diversion; the grant is for \$2.4 million.</p> <p>D. VCBH has ongoing collaboration with three private partners: St. John’s Hospital is looking for a location for its own CSU; a private entity is working on a conditional use permit to open a Crisis Residential Treatment (CRT) in Santa Paula; and a private entity has approached VCBH to open a second local Mental Health Rehabilitation Center (MHRC).</p> <p>E. The Youth Carpe Diem was held on February 8.</p> <p>F. VCBH Youth & Family managers are providing trainings on the continuum of care and crisis services in Ventura county to help parents and the community learn how to access services.</p> <p>G. Dr. Strout is providing Trauma-informed training; deportation is one trauma that staff need to be aware of.</p> <p>H. VCBH will host a forum at the Government Center one evening in late April to educate the community on the services that VCBH provides and receive input from the community.</p> <p>I. VCBH’s mid-year budget includes therapeutic transport vehicles; they will be used to stabilize people in crisis and transport them to appropriate facilities as needed.</p> <p>Cmdr. Fryhoff noted that he sat on the Mental Health & Safety Task Force’s Kaizen workgroup. The County is well aware of the need for beds at IPU and CSU. Law enforcement has seen a significant shortening of wait time at emergency rooms since the reopening of Vista del Mar Psychiatric Hospital. Ms. Gardner noted that copies of the Mental Health & Safety Task Force Report are available at the front desk.</p>		
<p>XI.</p>	<p>Secretary’s Report – Gina Petrus</p> <p>The BHAB has one opening in District 4. Ms. Petrus will contact Supervisor Huber about this.</p>		
<p>XII.</p>	<p>BHAB Committee Reports</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Ms. Brooking noted that the committee heard a presentation from the Housing Authority of the City of San Buenaventura. Ms. Borchard added that they advocate to maintain people with a mental illness in their housing. The Housing Authority is hiring a social worker. Sheri Valley related that the Housing Authority stated that it did not get a response when calling VCBH about some disruptive tenants. Dr. Johnson noted that VCBH has a documented history of providing services to help prevent evictions.</p> <p>B. Prevention Committee – Janis Gardner, Chair The committee heard a presentation by BRITE, which educates youth and parents on binge drinking and health concerns. A youth leadership conference will be held on March 14, and Claudia Armann attended a youth leadership conference in Santa Barbara.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair The committee continues to focus on homelessness. During its meeting on February 27, Interface will present on its services.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair Diversity Collective presented on its services to the LGBTQ community and the presentations it gives in schools, businesses and the community. In March, the committee will hear an update on the Continuum of Care Reform, given by Dina Olivas.</p>		
<p>XIII.</p>	<p>Old Business</p> <p>A. Progress on BHAB Objectives for Fiscal Year 2019-20</p> <ol style="list-style-type: none"> Ms. Borchard and Ms. Brooking noted that beds currently available are routinely full. The Adult Services Committee advocates for the Crisis Residential Treatment (CRT) to be used for crisis prevention and as a stepdown, and tuberculosis (TB) test is a deterrent for law enforcement to take clients to the CRT. Ms. Cortese noted that the committee has better participation from the TAY youth when the meetings are held out in the community. The committee needs more participation 		

from BHAB members. Community participation is strong, and VCBH MHSA staff Greg Bergan is very helpful.

3. Ms. Nielsen noted that services are very limited for children who are covered by private insurance. One committee member, Dr. Shaw, has started a group with private pediatricians and psychiatrists to discuss the problems they face. Ms. Petrus added that she has attended these meetings; they provide opportunities to share what works and brainstorm possible solutions.
4. Ms. Gardner noted that the Prevention Committee is a good place for agencies and providers to disseminate information. The committee supports the Board of Supervisors resolution for the adoption of an emergency ordinance prohibiting the sale of certain flavored vaping products.
5. Ms. Borchard noted that a lot of good programs are available in the county that are not available in the private system.

B. Special Meeting on January 15, 2020/Mental Health Services Act (MHSA) Community Input Session

Ms. Gardner noted that there was not a quorum of BHAB members, so the meeting was held as an MHSA meeting. It was well attended by community members; many spoke.

C. Site Visit Schedule

1. Mr. Bhavnani noted that a site visit to the Crisis Residential Treatment (CRT) will take place on March 2nd.
2. Ms. Cortese noted that Joe Ramirez and she will do a site visit of the Wellness Center in South Oxnard; the date is to be determined.
3. Ms. Petrus noted her interest in doing a site visit of the children's CSU in Oxnard; she has contacted Seneca about this. Anyone interested in joining her should contact her.

D. Appointment of Carol Thomas as Member At Large for a Six-Month Term

Ms. Gardner thanked Mr. Ramirez for having served as Member At Large. Ms. Borchard moved to approve the appointment of Carol Thomas as Member At Large, Patricia Mowlavi seconded. The motion carried unanimously. Ms. Thomas thanked the board.

Appoint C.
Thomas as
Member At Large
M/S/C

E. BHAB Assistant Responsibilities – Dr. Johnson

Dr. Johnson noted that Ms. Gardner, Edith Pham and she met to discuss streamlining the BHAB Assistant responsibilities. They agreed on the following, which was presented to the BHAB Executive team in January:

1. BHAB members who cannot attend a meeting of the BHAB General or committee of their choosing are asked to email the Secretary and cc the BHAB Assistant.
2. Requests to forward documents and newspaper articles to the BHAB members will be added to the monthly General Meeting announcements unless time-sensitive.
3. For newspaper articles, links will be provided rather than the articles.
4. Minutes of meetings will focus on the main points discussed or presented. They will not include every detail or information shared or discussed.
5. When presenters use a PowerPoint and/or handouts, the minutes will include only a brief overview as the PowerPoint and/or handouts will be attached to the minutes.

Dr. Johnson noted that when a large workgroup is brought together, a discussion will take place regarding how VCBH can provide clerical support.

Mr. Bhavnani noted that not everyone has subscriptions to view online articles, and he offered to help with the formatting of online articles.

F. Future Presentations

Ms. Gardner reminded all that no presentation is scheduled in March so that there will be time for discussions. Mr. Harris suggested inviting Dr. Streeter of Dignity Health to present on St. John's planned CSU. Ms. Cortese suggested inviting Emilio Ramirez of the City of Oxnard; he has made presentations in the community about building a homeless residence.

G. Future Recognitions

Dr. Elliott, psychiatrist at the Ventura Adult Clinic, Bobbi Hogan of the Older Adult Clinic, and clerical staff at the clinics were suggested during the last BHAB Executive meeting.

	Ms. Gardner reminded all that those who suggest names are responsible for gathering information that can be included on the certificates of recognition.		
XIV.	<p>New Business</p> <p>A. Cal/AIM/Medi-Cal Healthier California for All – Patricia Mowlavi Ms. Mowlavi referred all to a five-page handout from the Department of Health Care Services (DHCS), titled “Medi-Cal Healthier California for All, High Level Summary.” Ms. Mowlavi noted that DHCS is looking at revising mental health medical necessity, with the goal of having Medi-Cal be inclusive and similar in all counties. Ms. Gardner noted that she has asked Ms. Mowlavi to update the BHAB on the IMD. Mr. Harris noted that the DHCS document contains ideas that the BHAB has been pushing for for a long time.</p> <p>B. Approval of BHAB Annual Report Cover Letter to the Board of Supervisors Mr. Bhavnani moved to approve the cover letter to the Board of Supervisors, Ms. Thomas seconded. Ms. Armann noted that her last name is misspelled. The motion carried unanimously.</p> <p>C. Approval of Letter to Request VCBH Establish a BHAB Budget Ms. Gardner noted that the BHAB would like to request MHSA funds for a BHAB budget. Mr. Harris moved to approve, Ms. Garcia seconded. The motion carried unanimously. Dr. Johnson noted that the request needs to go to the Board of Supervisors, and the BOS can direct VCBH to set aside the funds. A discussion took place regarding the proposed budget. Mr. Harris noted his concern over consumers serving on the BHAB and struggling to get reimbursed for the cost of transportation. Ms. Armann asked about adding lobbying or advocacy; it was agreed that only individuals can do this, but VCBH would not cover those costs as it would not be official business. Mr. Bhavnani and Mr. Harris agreed to redraft the letter and resubmit at the next General Meeting.</p> <p>D. BHAB Bylaws Update to Purpose and Authority to Reflect Welfare & Institutions Code (WIC) Changes Ms. Gardner noted that the Welfare & Institutions Code (WIC) has made some changes to the Duties of local mental health boards, and the BHAB Bylaws should reflect these changes as highlighted in the “DUTIES: Related to Mental Health” handout. Mr. Harris moved to approve, Ms. Thomas seconded. Mr. Bhavnani asked about the process for updating the bylaws, and Ms. Gardner explained that VCBH will take this to County Counsel, who will review before the Board of Supervisors votes on the changes. Cmdr. Fryhoff asked about amending the bylaws to reflect changes in the WIC in perpetuum for state-mandated changes. Mr. Harris and Ms. Gardner noted this would not be possible. The motion to implement the WIC changes into the bylaws per VCBH, County Counsel and the Board of Supervisors carried unanimously.</p> <p>E. Request Special Meeting on Mental Health Services Act (MHSA) Data Healthcare Information Exchange (HIE) Innovations Project Ms. Gardner and Dr. Johnson provided information about this MHSA Innovation project, which will help with the sharing of information between VCBH and HCA. The project needs to be presented to the Board of Supervisors for their approval on April 7. Ms. Sahota noted that the 30-day public comment period will be from 2/28 to 3/28. After a discussion, Ms. Gardner asked to have a special meeting on Monday, March 30 at 2:00 p.m. and confirmed that there will be a quorum of the Executive Team. Mr. Harris introduced a motion from the board to instruct the Executive team to represent the board on March 30 at 2:00 p.m., Ms. Thomas seconded. The motion carried unanimously.</p>	<p>Approve the cover letter to the BOS M/S/C</p> <p>Approve the letter requesting a BHAB budget M/S/C</p> <p>Redraft the letter and submit at the April General Meeting</p> <p>Implement WIC changes into the bylaws. M/S/C</p> <p>Hold a Special Meeting on March 30, 2:00 p.m. with Executive Team quorum - M/S/C</p>	<p>R. Bhavnani, J. Harris</p>
XII.	<p>Contracts</p> <p>Ms. Gardner encouraged BHAB members to ask questions regarding the VCBH contracts that the Board of Supervisors approved during the previous month (see Executive Summary for details):</p> <p>A. Board of Supervisors Approved Agreements – January 14, 2020</p> <ol style="list-style-type: none"> 1. California Mental Health Services Authority (CalMHSA) Inter-Member Transfer Program Resolution 2. Fiscal Year (FY) 2019-21 Traditions Psychology Group (Traditions) and National University Memorandum of Agreement (MOA) 3. FY 2019-20 Traditions Second Amendment to the Agreement for Psychiatric Services 		

	B. Board of Supervisors Approved Agreements – January 21, 2020 4. FY 2019-20 Telecare Corporation (Telecare) Fourth Amendment to the Agreement for La Paz Geropsychiatric Center Skilled Nursing Facility and Institution for Mental Disease Services No questions were asked.		
XIV.	Public Comments None.		
XV.	Adjourn The meeting adjourned at 3:35 p.m.		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2019-20	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann	X	X	X	e	X		X	X				
District 2	1/8/19 – 1/7/22	Jamie Banker	e	e	X	X	X		X	e				
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X	X				
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	e	X	X		X	X				
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X				
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X		X		X	e				
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X				
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	X	X	e	e	e		X	X				
District 5	10/17/17 – 9/23/20	Monique Garcia	e	X	X	X			X	X				
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X		X	X				
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X	X	X		X	X				
District 4	9/17/19 – 9/17/22	Jerry Harris	x	X	X	X	X		X	X				
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	e	X	X	X	X		e	X				
District 4	9/18/18 – 9/17/21	Denise Nielsen		e	X	X	X		X	X				
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X		X	X		x	X				
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	e	X	X		e	X				
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X	X	e	X	X		e	X				
District 5	1/25/20 – 1/24/23	Michael Rodriguez							X	X				
District 2	9/17/19 – 9/16/22	Carol Thomas				X	X		X	X				
District 5	1/11/20 – 1/24/23	Marlen Torres	X	e	X		e			e				
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X				
District 4		vacant												

Present = X

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

CONDADO DE VENTURA DEL COMPORTAMIENTO SALUD ASESOR JUNTA

REUNIÓN GENERAL

MINUTOS

24 de febrero de 2020

SIGUIENTE JUNTA:

Lunes 16 de marzo de 2020

1:00 pm - 3:30 pm

Administración de Salud del Comportamiento del Condado de
Ventura

1911 Williams Drive , Sala de entrenamiento ♦ Oxnard, CA 93036

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

Miembros BHAB presentes

Claudia Armann
Ratan Bhavnani, ^{1er} Vicepresidente
Nancy Borchard
Gane Brooking, ^{2º} Vicepresidente
Margaret Cortese
Cmdr . James Fryhoff
Monique Garcia
Janis Gardner, presidente
Mary Haffner
Jerry Harris, presidente emérito
Patricia Mowlavi
Denise Nielsen
Supervisora Linda Parks
Gina Petrus, Secretaria
Joe S. Ramirez
Michael Rodriguez
Carol Thomas
Sheri Valley

Miembros de BHAB ausentes

Jamie Banker
Kevin Clerici
Marlen Torres

Otros presentes

William Foley, Agencia de Atención Médica
Barry Zimmerman, Agencia de Atención Médica
Stuart E. Fiedler, red de clientes
Vivian Cirricione
Sherri Pendlebury
Lori Litel, padres unidos
Roberta Griego, NAMI Ventura County
Shirley Brandon, Condado de NAMI Ventura
Mark Schumacher, Fundación Turning Point
Jennifer Goble, Clínicas del Pacífico
Carole Shelton
Arcenio J. López, MICOP
Lorri Santamaria, MICOP
Patricia Frausto, MICOP
Vanessa Teran, MICOP
Heather Davidson, Primeros 5 Condado de Ventura
Kate Mills
Mark Stadler, equipo de intervención en crisis
Sally Harrison, Oficina Ejecutiva del Condado
Lidia Lopez
Joana Peterson

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

Dr. Sevet Johnson, Director de VCBH
Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas
Leisa Donovan, Gerente Fiscal
Narcisa Egan, Subdirectora Financiera
Dina Oliv as, Jefa de la División de Juventud y Familia
Kiran Sahota, Gerente de MHSA
Dr. John Schipper, Jefe de División de Adultos
David Tovar, Servicios de prevención de programas de alcohol y drogas
Susan White Wood, Gerente de Vivienda
Terri Yáñez, Jefe de División Administrativa
Edith Pham, Asistente BHAB

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar Presidente Gardner llamó la reunión a las 1: 17:00 Jerry Harris le d la audiencia en recitar el juramento de lealtad a la bandera de Estados Unidos.		
II	Aprobación de la agenda La Sra. Gardner le pidió a la Junta que revisara y aprobara la agenda de hoy. Claudia Armann hizo una moción para aprobar, Ratan Bhavnani lo secundó. La moción fue aprobada por unanimidad.	La agenda fue aprobada como está escrita. M / S / C	
III.	Aprobación del acta La Sra. Gardner solicitó a la Junta que revise y apruebe las actas de la reunión especial del 15 de enero de 2020 . El Sr. Bhavnani se movió para aprobar, la Sra. Armann lo secundó. Sheri Valley señaló que no asistió . La moción fue aprobada en su forma enmendada, con Jerry Harris y la Sra. Valley absteniéndose . La Sra. Gardner solicitó a la Junta que revise y apruebe el acta de la Asamblea General del 27 de enero de 2020. La Sra. Armann hizo una moción para aprobar, el Sr. Harris secundó. La moción fue aprobada por unanimidad.	Acta de la reunión especial aprobada en su forma enmendada . M / S / C Acta de la Junta General aprobada como está escrita. M / S / C	
IV.	Bienvenida y Presentaciones La Sra. Gardner dio la bienvenida a todos y pidió a los miembros de BHAB que se presentaran .		
V.	Comentarios públicos Carole Shelton compartió información acerca de su ser querido s , que están cubiertos por un seguro privado y tener discapacidad intelectual y de desarrollo (IDD) y la enfermedad mental . Ella habló sobre los desafíos que enfrentan los padres de adultos con IDD y la incapacidad de obtener servicios de salud mental para sus hijos adultos . Ella compartió detalles sobre su hijo, que está bajo tutela limitada . S que se indica que los líderes de la comunidad no tienen una respuesta cuando se les pregunta sobre acceso cantar la atención de la salud mental de los hijos adultos necesitan. "¿Qué pueden hacer los padres?" Roberta Griego se presentó como gerente de operaciones del condado de NAMI Ventura. Observó que el NAMI Walk se llevará a cabo el 2 de mayo nd ; que es una recaudación de fondos. Además, un seminario gratuito , Familia y Amigos, wi ll ser ofrecido en la oficina de NAMI en Camarillo, el 29 de febrero . Vivian C ir ricione habló sobre su reciente hospitalización. Ella siente que el personal de la Unidad de Estabilización de Crisis (CS U) no pudo proporcionarle su medicación correcta . Un miembro del personal hizo un comentario negativo . Agradeció a su psiquiatra VCBH y a su terapeuta por su ayuda.		
VI.	Reconocimiento: Arcenio J. L ó pez, Director Ejecutivo, MICOP La Sra. Gardner presentó al Sr. L ó pez de MICOP con un Certificado de agradecimiento por su trabajo en apoyo de los derechos de los inmigrantes indígenas , la campaña contra la discriminación y el lanzamiento de dos estudios de salud mental, "Sanando el alma" y "Viviendo con amor" . <ul style="list-style-type: none"> La Sra. Armann, el Dr. Lorri Santamaria, el Dr. Sevet Johnson y el Supervisor Parks agradecieron al Sr. L ó pez por su trabajo, incluyendo asegurarse de que la comunidad indígena tenga voz, por usar la estación de radio MICOP para correr la voz sobre salud mental , por ayudar con el censo y por tener una fuerte cooperación con VCBH. El Sr. L ó pez agradeció a la junta por el reconocimiento. El wo rk de MICOP está siendo realizado por un equipo . Todavía se necesita mucho trabajo para eliminar la 		

exclusión de los pueblos indígenas y la desigualdad en el sistema . La salud mental es un problema en la comunidad migrante.

VII. Ti me Certain 1:45 pm : Actualización de la Agencia de Atención Médica (HCA) - William Foley, Director de HCA

El Sr. Foley presentó a Barry Zimmerman, el nuevo Jefe de Departamento de la Agencia de Atención Médica, que se centrará, entre otras cosas, en el rediseño del sistema de entrega de Medi-Cal.

Bajo Medi-Cal Healthier California for All, Medi-Cal se está moviendo hacia un sistema más consistente y sin interrupciones . El objetivo es mejorar la atención para poblaciones específicas de alta necesidad, incluidas las personas sin hogar, la salud del comportamiento, los niños, la población involucrada en la justicia y el envejecimiento de la población. El Condado está trabajando en estrecha colaboración con Gold Coast Health Plan. HCA y el Condado se han unido al BHAB para apoyar la Exención de la Institución para Enfermedades Mentales (IMD) .

El Dr. Johnson agregó que Medi-Cal Healthier California for All reducirá las barreras a los servicios. Según la exención de exclusión de IMD, el estado requerirá que VCBH busque mejorar su atención continua, incluidas las instalaciones adecuadas para la reducción . El Sr. Zimmerman agregó que con la reforma del pago de la salud del comportamiento , el reembolso de los servicios cambiará de una unidad / minuto a un sistema de transferencia intergubernamental . Una iniciativa está revisando la definición de necesidad médica, especialmente para niños con necesidades complejas. Se utilizará un enfoque holístico para integrar la salud física y mental y abordar los determinantes sociales subyacentes de la salud.

Foley señaló que el HCA se ha reunido con los hospitales locales e introdujo la idea es de la ampliación de la Unidad de Hospitalización Psiquiátrica (UIP) y la Unidad de Estabilización de Crisis (CSU) y de los otros hospitales participantes en el costo de esa expansión . Una reunión de seguimiento tendrá lugar el 28 de febrero.

HCA celebró reuniones del ayuntamiento en Fillmore y Santa Paula para informar a la comunidad sobre los servicios prestados en el Hospital y las clínicas de Santa Paula. Ambas reuniones contaron con una buena asistencia e incluyeron mesas de debate sobre los servicios actuales y futuros. La información se está incluyendo en la planificación estratégica de HCA. HCA informará a través del Comité Blue Ribbon .

Los miembros de BHAB hicieron preguntas y comentaron sobre varios temas:

1. Lagunas en la continuidad de la atención: el Dr. Johnson señaló que el Informe del Grupo de Trabajo sobre Salud Mental y Seguridad aborda esto. Parte de la reforma de Medi-Cal Healthier California for All es revisar la atención integral a largo plazo para los enfermos mentales graves , y el Condado está teniendo discusiones internas sobre esto . Cuando una solicitud de una involuntaria 5150 bodega está escrito, la persona no está en una bodega, pero no requiere ser evaluado.
2. Aumento de la capacidad en la UIP y la CSU: el Sr. Foley señaló que el condado reconoce la necesidad de más camas en la UIP y sillas en la CSU. La necesidad del condado s para desarrollar un plan para aumentar la capacidad , con o sin la colaboración público-privada.
3. Se debe abordar el uso de salas de emergencia de hospitales comunitarios para la autorización médica ; que es un problema en todo el estado.
4. Barreras a la expansión de la cama: el Sr. Foley identificó la financiación y la dotación de personal como barreras .
5. Incluyendo la expansión de la cama en el presupuesto de HCA. Trabajar con licencias, que cerró la CSU hace varios años: el Sr. Foley hará un seguimiento de esto.
6. Plan estratégico de HCA: el Sr. Foley señaló que se presentará hacia el final del año fiscal.

La Sra. Gardner agradeció al Sr. Foley por su actualización.

V II Presidente 's Informe - Janis Gardner

<p>I.</p>	<p>A. La Sra. Gardner felicitó al Sr. Zimmerman por su nuevo puesto. B. El túnel TAY está en necesidad de clothes para la juventud que sirve. C. El evento Walk for Kids será el 5 de abril. Las ganancias beneficiarán a la futura sala Ronald McDonald en el Centro Médico del Condado de Ventura (VCMC).</p> <p>El Sr. Bhavnani proporcionó información breve sobre: A. El Rotary Club y Turning Point recaudación de fondos de la Fundación de carnaval el 1st de marzo ; B. La Conferencia Anual de Carpe Diem el 27 de abril.</p>		
<p>IX.</p>	<p>Comentarios de los miembros de la Junta y Anuncios</p> <p>Nancy Borchard se refirió a un artículo en el Los Angeles Times del 20 de febrero , que analiza las ideas del gobernador New som sobre la falta de vivienda; El Gobernador Newsom también ha pedido cambios a la Propuesta 63 / Ley de Servicios de Salud Mental (MHSA). La Sra. Borchard también señaló que NAMI tiene ropa nueva disponible para donar a organizaciones sin fines de lucro.</p> <p>Jerry Harris señaló la Asociación de Locales de Salud del Comportamiento B California oards y Comisiones (CALBHB / C) llevará a cabo una reunión el 17 de abril en Oakland, seguido de una formación fo r miembros de la junta el 18 de abril CALBHB / C cubrirá el costo asociado con uno BHAB miembro de asistencia 's .</p> <p>El Sr. Bhavnani agradeció a NAMI por invitar a la Sra. Borchard y a él a presentarse en el BHAB. La Sra. Gardner los felicitó por su presentación.</p> <p>Monique García señaló que la acción comunitaria se cerrará a finales de marzo debido a una falta de fondos. IT proporciona servicios para personas sin hogar, tales como duchas, correo y comidas calientes. Cmdr. Fryhoff comentó XX en que es una pérdida terrible como la organización Provid es mucho- servicios necesarios.</p>		
<p>X.</p>	<p>Dir del ector Informe - Dr. Johnson Sevet</p> <p>A. La primera auditoría de la Organización de Revisión de Calidad Externa (EQRO) del Sistema de Entrega Organizada de Medicamentos y Medicamentos (DMC-ODS) de los Programas de Alcohol y Drogas en enero fue muy buena. Ya se está trabajando para implementar las recomendaciones de EQRO .</p> <p>B. ADP Prevention Services lanzó una nueva fase de servicios por contrato en enero.</p> <p>C. La División de Adultos, en colaboración con varias agencias del condado, ha presentado una solicitud de subvención para el desvío de salud mental antes del juicio ; la donación es por \$ 2.4 millones .</p> <p>D. VCBH tiene una colaboración continua con tres socios privados: el Hospital St. John's está buscando una ubicación para su propia CSU; una entidad privada está trabajando en un permiso de uso condicional para abrir un Tratamiento Residencial de Crisis (CRT) en Santa Paula; y una entidad privada se ha acercado a VCBH para abrir un segundo Centro de Rehabilitación de Salud Mental (MHRC) local.</p> <p>E. La Juventud Carpe Diem se celebró el 8 de febrero.</p> <p>F. VCBH Juventud y la Familia gerentes están proporcionando cursos de formación sobre la continuidad de la c son y servicios de crisis en el condado de Ventura para ayudar a los padres y la comunidad aprenden a servicios de acceso.</p> <p>G. El Dr. Strout está brindando capacitación informada sobre el trauma ; la deportación es un trauma que el personal debe tener en cuenta.</p> <p>H. VCBH organizará un foro en el Centro de Gobierno una tarde de abril para educar a la comunidad sobre los servicios que brinda VCBH y recibir información de la comunidad.</p> <p>I. El presupuesto de mitad de año de VCBH incluye vehículos de transporte terapéutico ; que serán utilizados a s tabilize personas en crisis y los transportan a instalaciones apropiadas según sea necesario .</p> <p>Cmdr . Fryhoff señaló que se sentó en el grupo de trabajo Kaizen del Equipo de Tareas de Salud y Seguridad Mental . El Condado es muy consciente de la necesidad de camas en IPU y CSU. Aplicación de la ley ha visto una reducción significativa del tiempo de espera</p>		

	<p>en las salas de emergencia desde la reapertura de Vista del Hospital del Mar de Psiquiatría . Sra. Gardner señaló que las copias de la salud mental y Seguridad Grupo de Trabajo Report están disponibles en la recepción.</p>		
XI .	<p>Informe secreto de Ary - Gina Petrus El BHAB tiene una apertura en el Distrito 4. La Sra. Petrus se comunicará con el Supervisor Huber sobre esto .</p>		
XII	<p>Informes del Comité BHAB</p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes La Sra. Brooking señaló que el comité escuchó una presentación de la Autoridad de Vivienda de la Ciudad de San Buenaventura. La Sra. Borchard agregó que abogan por mantener a las personas con enfermedades mentales en sus viviendas. La Autoridad de Vivienda está contratando a un trabajador social. Sheri Valley relató que la Autoridad de Vivienda declaró que no recibió una respuesta cuando llamó a VCBH sobre algunos inquilinos perjudiciales. El Dr. Johnson señaló que VCBH tiene un historial documentado de prestación de servicios para ayudar a prevenir los desalojos.</p> <p>B. Comité de Prevención - Janis Gardner, Presidenta El comité escuchó una presentación de BRITE, que educa a los jóvenes y a los padres sobre las borracheras y los problemas de salud. El 14 de marzo se realizará una conferencia de liderazgo juvenil, y Claudia Armann asistió a una conferencia de liderazgo juvenil en Santa Bárbara.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) - Margaret Cortese, Presidenta El comité continúa enfocándose en la falta de vivienda. Durante su reunión del 27 de febrero, Interface presentará sus servicios.</p> <p>D. Comité de Juventud y Familia - Denise Nielsen, Presidenta Diversity Collective presentó sus servicios a la comunidad LGBTQ y las presentaciones que ofrece en las escuelas, las empresas y la comunidad. En marzo, el comité escuchará una actualización sobre la Reforma del Cuidado Continuo, dada por Dina Olivas.</p>		
XIII	<p>Viejo negocio</p> <p>A. Progreso en los objetivos de BHAB para el año fiscal 2019-20</p> <ol style="list-style-type: none"> 1. La Sra. Borchard y la Sra. Brooking señalaron que las camas disponibles actualmente están habitualmente llenas. T defensores del Comité de Servicios para Adultos que para el Residencial Crisis Tratamiento (CRT) que se utilizarán para la prevención de crisis y como un reductor, y la tuberculosis (TB) es un elemento disuasorio para la policía para llevar a los clientes a la CRT. 2. La Sra. Cortese señaló que el comité tiene una mejor participación de los jóvenes TAY cuando las reuniones se llevan a cabo en la comunidad. El comité necesita más participación. 		
	<p>de los miembros de BHAB. La participación comunitaria es fuerte, y el personal de VCBH MHSA Greg Bergan es muy útil.</p> <ol style="list-style-type: none"> 3. La Sra. Nielsen señaló que los servicios son muy limitados para los niños que están cubiertos por un seguro privado. Un miembro del comité, el Dr. Shaw, comenzó un grupo con pediatras y psiquiatras privados para discutir los problemas que enfrentan. La Sra. Petrus agregó que ella ha asistido a estas reuniones; que proporcionan la oportunidad de compartir lo que funciona y soluciones de una lluvia de ideas posible. 4. Sra. Gardner señaló que el Comité de Prevención es un buen lugar para las agencias y proveedores de t o difundir información. El comité apoya la resolución de la Junta de Supervisores para la adopción de una ordenanza de emergencia que prohíbe la venta de ciertos productos de vapeo con sabor. 5. La Sra. Borchard señaló que hay muchos buenos programas disponibles en el condado que no están disponibles en el sistema privado. 		

B. Reunión especial el 15 de enero de 2020 / Sesión de información comunitaria de la Ley de Servicios de Salud Mental (MHSA)

La Sra. Gardner señaló que no había quórum de miembros de BHAB, por lo que la reunión se celebró como una reunión de MHSA. Fue bien atendido por miembros de la comunidad ; Muchos hablaron .

C. Programa de visitas al sitio

1. El Sr. Bhavnani sin ted que una visita al lugar para el Tratamiento Residencial de Crisis (CRT) se llevará a cabo el 2 de marzo nd .
2. La Sra. Cortese señaló que Joe Ramírez y ella harán una visita al Centro de Bienestar en South Oxnard; La fecha debe ser determinada.
3. La Sra. Petrus señaló su interés en hacer una visita al sitio de la CSU de niños en Oxnard; ella ha contactado a Séneca sobre esto. Cualquier persona interesada en unirse a ella debe contactarla.

D. Nombramiento de Carol Thomas como miembro en general por un período de seis meses

La Sra. Gardner agradeció al Sr. Ramírez por haber servido como miembro en general. La Sra. Bo rchard hizo una moción para aprobar el ungüento de Carol Thomas como miembro en general, Patricia Mowlavi secundó. La moción fue aprobada por unanimidad. La Sra. Tomás agradeció a la junta.

E. Responsabilidades del asistente de BHAB - Dr. Johnson

El Dr. Johnson señaló que la Sra. Gardner, Edith Pham y ella se reunieron para discutir la racionalización de las responsabilidades del Asistente BHAB . T oye acordó el siguiente , que fue presentado al equipo BHAB Ejecutivo en enero :

1. Los miembros de BHAB que no puedan asistir a una reunión del BHAB General o del comité de su elección deberán enviar un correo electrónico al Secretario y al Asistente de BHAB.
2. Las solicitudes para reenviar documentos y artículos de periódicos a los miembros de BHAB se agregarán a los anuncios mensuales de la Junta General, a menos que sean urgentes .
3. Para artículos periodísticos, se proporcionarán enlaces en lugar de los artículos.
4. Las minutas de las reuniones nos enfocarán en los puntos principales discutidos o presentados. El y no incluirá todos los detalles o información compartida o discutida.
5. Cuando los presentadores usan un PowerPoint y / o folletos, las actas incluirán solo una breve descripción general ya que el PowerPoint y / o los folletos se adjuntarán a los minutos.

El Dr. Johnson señaló que cuando se reúne un gran grupo de trabajo, se llevará a cabo una discusión sobre cómo VCBH puede proporcionar apoyo administrativo.

Bhavnani señaló que no todos tienen suscripciones para ver artículos en línea , y se ofreció a ayudar con el formato de los artículos en línea.

F. Presentaciones Futuras

La Sra. Gardner recordó a todos que no hay una presentación programada para marzo, por lo que habrá tiempo para las discusiones. El Sr. Harris sugirió invitar al Dr. Street er de Dignity Health a presentar la CSU planificada de St. John . La Sra. Cortese sugirió invitar a Emilio R amirez de la Ciudad de Oxnard; h e ha realizado presentaciones en la comunidad sobre la construcción de un hogar residencia .

G. Reconocimientos futuros

El Dr. Elliott, psiquiatra de la Clínica de Adultos de Ventura, Bobbi Hogan de la Clínica de Adultos Mayores , y el personal administrativo de las clínicas fueron sugeridos durante la última reunión ejecutiva de BHAB.

La Sra. Gardner recordó a todos que quienes sugieren nombres son responsables de recopilar información que pueda incluirse en los certificados de reconocimiento.

Designar C .
Thomas como
miembro en
general **M / S /**
C

<p>XIV</p>	<p>Nuevo negocio</p> <p>A. Cal / AIM / Medi-Cal California más saludable para todos - Patricia Mowlavi La Sra. Mowlavi se refirió a todo a un folleto de cinco páginas del Departamento de Servicios de Atención Médica (DHCS), titulado "Resumen de alto nivel de California para todos más saludable de Medi-Cal". La Sra. Mowlavi señaló que DHCS está buscando revisar la necesidad médica de salud mental, con el objetivo de que Medi-Cal sea inclusivo y similar en todos los condados. La Sra. Gardner señaló que le había pedido a la Sra. Mowlavi que actualizara el BHAB en el IMD. El señor Harris señaló que el documento contiene ideas DHCS que el BHAB ha estado presionando para que por un largo tiempo.</p> <p>B. Aprobación de la carta de presentación del informe anual de BHAB a la Junta de Supervisores El Sr. Bhavnani hizo la moción de aprobar la carta de presentación a la Junta de Supervisores, la Sra. Thomas secundó. La Sra. Armann señaló que su apellido está mal escrito. La moción fue aprobada por unanimidad.</p> <p>C. Aprobación de la carta para solicitar VCBH Establecer un presupuesto BHAB La Sra. Gardner señaló que a BHAB le gustaría solicitar fondos de MHSA para un presupuesto de BHAB. El Sr. Harris se movió para aprobar, la Sra. García la secundó. La moción fue aprobada por unanimidad. El Dr. Johnson señaló que la necesidad solicitadas para ir a la Junta de Supervisores y la BOS puede dirigir VCBH a un lado los fondos. Se debatió el presupuesto propuesto. El señor Harris señaló su preocupación por los consumidores que sirven en el BHAB y que luchan para obtener el reembolso de los gastos de transporte - acción . La Sra. Armann preguntó sobre agregar cabildeo o defensa ; se acordó que solo los individuos pueden hacer esto , pero VCBH no cubriría esos costos ya que no sería un negocio oficial . El Sr. Bhavnani y el Sr. Harris acordaron volver a redactar la carta y volver a presentarla en la próxima Junta General.</p> <p>D. Actualización de los Estatutos de BHAB para el Propósito y Autoridad para Reflejar los Cambios del Código de Bienestar e Instituciones (WIC) La Sra. Gardner señaló que el Código de Bienestar e Instituciones (WIC) ha realizado algunos cambios en los Deberes de las juntas locales de salud mental, y los Estatutos de BHAB deben reflejar estos cambios como se destaca en el folleto "DEBERES: relacionados con la salud mental". El Sr. Harris se movió para aprobar, la Sra. Thomas la secundó. El Sr. Bhavnani preguntó sobre el proceso para actualizar los estatutos, y la Sra. Gardner explicó que VCBH lo llevará al Consejo del Condado, quien lo revisará antes de que la Junta de Supervisores vote sobre los cambios. Cmdr. Fryhoff preguntó acerca de la modificación de los estatutos para reflejar los cambios en el WIC en perpetuu m para los cambios exigidos por el estado. El Sr. Harris y la Sra. Gardner señalaron que esto no sería posible. La moción para implementar el WIC cambia a los estatutos por VCBH, el Consejo del Condado y la Junta de Supervisores aprobada por unanimidad.</p> <p>E. Solicite la Reunión Especial sobre el Proyecto de Innovación de Datos de la Ley de Servicios de Salud Mental (MHSA) para el Intercambio de Información de Atención Médica (HIE) La Sra. Gardner y el Dr. Johnson proporcionaron información sobre este proyecto de innovación de MHSA, que ayudará a compartir información entre V CBH y HCA. El proyecto debe ser presentado a la Junta de Supervisores para su aprobación el 7 de abril . La Sra. Sahota señaló que el período de comentarios públicos de 30 días será del 2/28 al 3/28. Después de una discusión, la Sra. Gardner solicitó una reunión especial el lunes , 30 de marzo a las 2:00 pm y confirmó que habrá un quórum del Equipo Ejecutivo . El Sr. Harris presentó una moción de la junta para instruir al equipo Ejecutivo a representar a la junta el 30 de marzo a las 2:00 pm, la Sra. Thomas la secundó. La moción fue aprobada por unanimidad.</p>	<p>Aprobar la carta de presentación a la BOS M / S / C</p> <p>Aprobar la carta solicitando un presupuesto BHAB M / S / C</p> <p>Vuelva a redactar la carta y envíela en la Junta General de abril</p> <p>Implemente los cambios de WIC en los estatutos. M / S / C</p> <p>Mantenga una reunión especial el 30 de marzo a las 2:00 pm con el quórum del equipo ejecutivo - M / S / C</p>	<p>R. Bhavnani, J. Harris</p>
<p>XII</p>	<p>Contratos La Sra. Gardner alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que la Junta de Supervisores aprobó durante el mes anterior (ver Resumen Ejecutivo para más detalles):</p>		

	<p>A. Acuerdos aprobados de la Junta de Supervisores - 14 de enero de 2020</p> <ol style="list-style-type: none"> 1. Resolución del programa de transferencia entre miembros de la Autoridad de Servicios de Salud Mental de California (CalMHSA) 2. Año Fiscal (FY) 2019-21 Tradiciones Grupo de Psicología (Tradiciones) y Nacional Memorando de Acuerdo Universitario (MOA) 3. Tradiciones del año fiscal 2019-20 Segunda enmienda del Acuerdo para servicios psiquiátricos <p>B. Acuerdos aprobados de la Junta de Supervisores - 21 de enero de 2020</p> <ol style="list-style-type: none"> 4. FY 2019-20 Telecare Corporation (Telecare) Cuarta Enmienda al Acuerdo para el Centro de Geropsiquiatría de La Paz Centro e Institución de Enfermería Especializada para Servicios de Enfermedades Mentales <p>No se hicieron preguntas.</p>		
XIV	Comentarios públicos Ninguna.		
XV	Aplazar Se levanta la sesión a las 3:35 p.m.		

Junta Asesora de Salud del Comportamiento GENERAL Asistencia a la reunión

2019-20	Condiciones	Miembros	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Distrito 1	11/03/18 - 10/03/21	Claudia Armann	X	X	X	mi	X		X	X				
Distrito 2	1/8/19 - 1/7/22	Jamie Banker	mi	mi	X	X	X		X	mi				
Distrito 2	24/02/19 - 23/02/22	Ratan Bhavnani	X	X	X	X	X		X	X				
Distrito 3	27/01/18 - 26/01/21	Nancy Borchard	X	X	mi	X	X		X	X				
Distrito 3	13/1/19 - 1/12/22	Gane Brooking	X	X	X	X	X		X	X				
Distrito 1	10/7/18 - 10/6/21	Kevin Clerici	X	X	X		X		X	mi				
Distrito 5	1/11/18 - 1/10/21	Margaret Cortese	X	X	X	X	X		X	X				
LE	9/10/19 - 9/10/22	Cmdr. James Fryhoff	X	X	mi	mi	mi		X	X				
Distrito 5	17/10/17 - 23/09/20	Monique Garcia	mi	X	X	X			X	X				
Distrito 3	15/4/18 - 14/04/21	Janis Gardner	X	X	X	X	X		X	X				
Distrito 1	8/4/18 - 4/7/21	Mary Haffner	X	X	X	X	X		X	X				
Distrito 4	17/09/19 - 17/09/22	Jerry Harris	X	X	X	X	X		X	X				
Distrito 2	14/03/17 - 14/03/20	Patricia Mowlavi	mi	X	X	X	X		mi	X				
Distrito 4	18/09/18 - 17/09/21	Denise Nielsen		mi	X	X	X		X	X				
BOS	1/1/19 - 31/12/21	Supervisora Linda Parks	X	X		X	X		X	X				
Distrito 1	8/05/18 - 7/5/21	Gina Petrus	X	X	mi	X	X		mi	X				
Distrito 3	4/9/19 - 12/1/20	Joe S. Ramirez	X	X	mi	X	X		mi	X				
Distrito 5	25/01/20 - 24/01/23	Michael Rodriguez							X	X				
Distrito 2	17/09/19 - 16/09/22	Carol Thomas				X	X		X	X				
Distrito 5	1/11/20 - 1/24/23	Marlen Torres	X	mi	X		mi			mi				
Distrito 4	6/2/18 - 2/6/21	Sheri Valley	X	X	X	X	X		X	X				



ROTARY CLUB OF VENTURA SOUTH 2020 MARDI GRAS PARTY & AUCTION

Let the Good Times Roll!

**Rotary Club Ventura South Mardi Gras is comin' to town
Sunday March 1st, from 3 – 7PM
At the elegant Tower Club
300 E. Esplanade Dr.
Penthouse**

Your sponsorship of the Rotary Club of Ventura South Mardi Gras fundraiser will make a lasting impact on our community and our world. Not only will it help to provide much-needed mental health services to those in need here in Ventura County through Turning Point Foundation, but it will also help to fuel the Rotary Club's global efforts to promote peace, fight disease, provide clean water, save mothers and children, support education, and grow local economies.

Sponsors of our 5th Mardi Gras Party gain visibility and increased awareness with your branding featured at an event that is always full of fun, music, good food and fellowship! And you address positive change in our community helping those who have overcome the challenges of mental health and homeless to live healthy and productive lives.

Turning Point is a local agency, that like Rotary, that is deeply committed to building a healthier community by offering compassionate and proactive essential services to adults struggling with mental illness, many of them homeless and/or veterans.

Thank you in advance for your generosity and for your support of Rotary Club of Ventura South and Turning Point Foundation. Businesses like yours help make our community the best in the nation and help Rotary eradicate polio around the globe!

**You are invited to join our club for lunch on Mondays at
The Tower Club, 300 E. Esplanade Dr., Oxnard CA.
The food is great – the view amazing – and the fellowship is awesome!**

Supporting Students With Emotional Challenges

Norman & Ellen Linder

carpe diem 
conference
for parents and professionals who care about children with emotional challenges

Theme:

Building Resilience

Keynote Speaker:

Ricky Robertson, M.Ed.

**Including Practical Strategies to Cultivate
Resilience for Youth and Adults.**

**Monday, April 27, 2020
8:00 AM – 4:00 PM**

Ventura County Office of Education
Conference Center
5100 Adolfo Road, Camarillo, CA 93012

Spanish Translation available with 10 Day Notice
There are a limited number of scholarships for families served by
Tri-Counties Regional Center



Online Registration Required at <http://vcoe.k12oms.org/1630-180737>

your mother, tu esposa, your cousin, your son, your fiancé, tu padre, your brother, your grandmother, your partner, your mom, your roommate, your grandfather, your sister, your stepfather, your neighbor, tus padres, your doctor, your grandparent, your girlfriend, tu primo, tu madre, your bestie, your parent, your wife, your student, your scout leader, your hubby, your grandson, your barista, your children, your veterinarian, tu tío, your granddaughter, your physical therapist, your godfather, your nurse, your army buddy, tus parientes, your librarian, your boyfriend, your coach, your daughter, your fraternity brother, your hairdresser, your significant other, your grandchild, your best friend's brother, your banker, your mother-in-law, your classmate, your stepmother, your aunt, your spiritual guru, tu abuelo, your teammate, your uncle, your manicurist, your godmother, your buddy, your niece, your ex-husband, your sorority sister, tu abuela, your co-parent, your pharmacist, tu prima, your teacher, tu nietos, your father, your friend, your stepdaughter, your pastor, your cousin, your masseuse, tu hijo, your husband, your waitress, tu hermano, your accountant, your frienemy, your stepson, tu hijastro, your ex-wife, your boss, your sister-in-law, your babysitter, your dad, your neighbor's kid, tu esposo, your brother-in-law, your nephew, your father-in-law, your partner, your attorney, your fiancée, your yoga instructor, tu bisabuelo, your amazon delivery guy, your mother, your teammate, your uncle, your pastor, your cousin, your neighbor, your wife, your student, your daughter, tu prima, your teacher, your co-parent, your kid's friend, your fiancé, your mother, tu esposa, your cousin, your son, your fiancé, tu padre, your brother, your grandmother, your partner, your mom, your roommate, your grandfather, your sister, your stepfather, your neighbor, tus padres, your doctor, your grandparent, your girlfriend, tu primo, tu madre, your bestie, your parent, your wife, your student, your scout leader, your hubby, your grandson, your barista, your children, your veterinarian, tu tío, your granddaughter, your physical therapist, your godfather, your nurse, your army buddy, tus parientes, your librarian, your boyfriend, your coach, your daughter, your fraternity brother, your hairdresser, your significant other, your grandchild, your best friend's brother, your banker, your mother-in-law, your classmate, your stepmother, your aunt, your spiritual guru, tu abuelo, your teammate, your uncle, your manicurist, your godmother, your buddy, your niece, your ex-husband, your sorority sister, tu abuela, your co-parent, your pharmacist, tu prima, your teacher, tu nietos, your father, your friend, your stepdaughter, your pastor, your cousin, your masseuse, tu hijo, your husband, your waitress, tu hermano, your accountant, your frienemy, your stepson, tu hijastro, your ex-wife, your boss, your sister-in-law, your babysitter, your dad, your neighbor's kid, tu esposo, your brother-in-law, your nephew, your father-in-law, your partner, your attorney, your fiancée, your yoga instructor, tu bisabuelo, your amazon delivery guy, your mother, your teammate, your uncle, your pastor, your cousin, your neighbor, your wife, your student, your daughter, tu prima, your teacher, your co-parent, your kid's friend, your fiancé, your mother, tu esposa, your cousin, your son, your fiancé, tu padre, your brother, your grandmother, your partner, your mom, your roommate, your grandfather, your sister, your stepfather, your neighbor, tus padres, your doctor, your grandparent, your girlfriend, tu primo, tu madre, your bestie, your parent, your wife, your student, your scout leader, your hubby, your grandson, your barista, your children, your veterinarian, tu tío, your granddaughter, your physical therapist, your godfather, your nurse, your army buddy, tus parientes, your librarian, your boyfriend, your coach, your daughter, your fraternity brother, your 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co-parent, your kid's friend, your fiancé,

MENTAL ILLNESS DOESN'T

DISCRIMINATE.

EDUCATION. SUPPORT.

ADVOCACY.

START HERE.



NAMI

Ventura County

NAMI Family & Friends Ventura County

NAMI Ventura County's Family & Friends Seminar is a 4-hour program designed to introduce evidence and experience-based mental health education with a focus on empathy, action, and hope. Trained seminar leaders have personal experience navigating mental illness within their own immediate family. Whether you have a close friend or relative living with mental illness or are interested in learning to address needs within your community, NAMI Ventura County's Family & Friends Seminar is a great place to start.

Mental Illness Effects Relationships & Communities.

1 in 5

US adults
experience
mental illness

17%

of youth (6-17 years)
experience a mental
health disorder.

1 in 8

of all visits to U.S.
emergency departments
are related to mental
health and/or substance
use disorders

Suicide is the

2nd

leading cause of
death for people
ages 10-34

Be Part of The Solution.

WHAT PEOPLE ARE SAYING:

"Hearing personal experiences and how relatable my experiences are to them was very helpful. Hearing specific strategies to communicate and specific traits that people with mental illness have. Know that the illness is what can cause "cruelty" and poor decisions rather than the person."

"I have a better understanding of how mental illness impacts the person affected... it was nice to hear the stories of the instructors and their paths. The handbook (eBook) given has a lot of helpful information which I did not know about."

FAMILY & FRIENDS SEMINARS INCLUDE INFORMATION ON:

- Mental Health Diagnoses
- Brain Biology
- Communication Skills
- Treatment & Recovery Strategies
- Crisis Preparation
- Self-Care Techniques
- Community Resources

Register for an upcoming Family & Friends Seminar now at www.namiventura.org/classes or call 805-641-2426 to schedule a program for your business, organization, or community group.

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

Adult Services Committee

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

Transitional Age Youth (TAY) Committee

Advocate for increased housing options for TAY.

Youth & Family Committee

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

Prevention Committee

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



RICHARD FIGUEROA
ACTING DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Medi-Cal Healthier California for All High Level Summary

The Department of Health Care Services (DHCS) has developed a framework for the upcoming waiver renewals that encompasses broader delivery system, program and payment reform across the Medi-Cal program, called Medi-Cal Healthier California for All (formerly known as CalAIM: California Advancing and Innovating Medi-Cal). This initiative advances several key priorities of the Administration by leveraging Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as homelessness, insufficient behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population. This proposal recognizes the opportunity to provide for non-clinical interventions focused on a whole-person care approach via Medi-Cal that target social determinants of health and reduce health disparities and inequities. Furthermore, the broader system, program, and payment reforms included in the initiative allow the state to take a population health, person-centered approach to providing services and puts the focus on improving outcomes for all Californians. Attaining such goals will have significant impact on an individual's health and quality of life, and through iterative system transformation, ultimately reduce the per-capita cost over time. DHCS intends to work with the Administration, Legislature and our other partners on these proposals and recognizes the important need to discuss these issues and their prioritization within the state budget process. These are initial proposals whose implementation will ultimately depend on whether funding is available.

Background and Overview

Medi-Cal has significantly expanded and changed over the last ten years, most predominantly because of changes brought by the Affordable Care Act and various federal regulations as well as state-level statutory and policy changes. During this time, the DHCS has also undertaken many initiatives and embarked on innovative demonstration projects to improve the beneficiary experience. In particular, DHCS has increased the number of beneficiaries receiving the majority of their physical health care through Medi-Cal managed care plans. These plans are able to offer more complete care coordination and care management than is possible through a fee-for-service system. They can also provide a broader array of services aimed at stabilizing and supporting the lives of Medi-Cal beneficiaries.

Depending on the needs of the beneficiary, some may need to access six or more separate delivery systems (managed care, fee-for-service, mental health, substance use disorder, dental, developmental, In Home Supportive Services, etc.). As one would expect, need for care coordination increases with greater system fragmentation, greater clinical complexity, and/or decreased patient capacity for coordinating their own care. Therefore, in order to meet the behavioral, developmental, physical, and oral health needs of all members in an integrated, patient centered, whole person fashion, DHCS is seeking to integrate our delivery systems and

align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals.

To achieve such outcome, the initiative proposals offer the solutions to ensure the stability of Medi-Cal program and allows the critical successes of waiver demonstrations such as Whole Person Care, the Coordinated Care Initiative, public hospital system delivery transformation, and the coordination and delivery of quality care to continue and be expanded to all Medi-Cal enrollees. The initiative seeks to build upon past successes and improve the entire continuum of care across Medi-Cal, ensuring the system more appropriately manages patients over time through a comprehensive array of health and social services spanning all levels of intensity of care, from birth to end of life. To do this, we must change the expectations for our managed care and behavioral health systems. Holding our delivery system partners accountable for a set of programmatic and administrative expectations is no longer enough. We must provide a wider array of services and supports for complex, high need patients whose health outcomes are in part driven by unmet social needs and make system changes necessary to close the gap in transitions between delivery systems, opportunities for appropriate step-down care and mitigate social determinants of health, all hindering the ability to improve health outcomes and morbidity.

Key Goals

Medi-Cal Healthier California for All has three primary goals:

- Identify and manage member risk and need through Whole Person Care Approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

The reforms are comprehensive and critical to the success of the delivery system transformation necessary to improve the quality of life for Medi-Cal members as well as long-term cost savings/avoidance that will not be possible to achieve absent these initiatives. Furthermore, these reforms are interdependent and build off one another; without one, the others are not either possible or powerful. Below is an overview of the various proposals and recommendations that make up Medi-Cal Healthier California for All.

Identify and Manage Member Risk and Need through Whole Person Care Approaches and Addressing Social Determinants of Health

- Require plans to submit local population health management plans.
- Implement new statewide enhanced care management benefit.
- Implement in lieu of services (e.g. housing navigation/supporting services, recuperative care, respite, sobering center, etc.).
- Implement incentive payments to drive plans and providers to invest in the necessary infrastructure, build appropriate enhanced care management and in lieu of services capacity statewide.
- Evaluate participation in Institutions for Mental Disease Serious Mental Illness/Serious Emotional Disturbance Section 1115 Expenditure Waiver.
- Require screening and enrollment for Medi-Cal prior to release from county jail.

- Pilot full integration of physical health, behavioral health, and oral health under one contracted entity in a county or region.
- Develop a long-term plan for improving health outcomes and delivery of health care for foster care children and youth.

Moving Medi-Cal to a More Consistent and Seamless System by Reducing Complexity and Increasing Flexibility

Managed Care

- Standardize managed care enrollment statewide
- Standardize managed care benefits statewide
- Transition to statewide managed long term services and supports
- Require Medi-Cal managed care plans be National Committee for Quality Assurance accredited
- Implement annual Medi-Cal health plan open enrollment
- Implement regional rates for Medi-Cal managed care plans

Behavioral Health

- Behavioral health payment reform
- Revisions to behavioral health inpatient and outpatient medical necessity criteria for children and adults
- Administrative behavioral health integration statewide
- Regional contracting
- Substance use disorder managed care program renewal and policy improvements

Dental

- New benefit: Caries Risk Assessment Bundle and Silver Diamine Fluoride for young children
- Pay for Performance for adult and children preventive services and continuity of care through a Dental Home

County Based Services

- Enhance oversight and monitoring of Medi-Cal Eligibility
- Enhance oversight and monitoring of California Children's Services and the Child Health and Disability Prevention program
- Improving beneficiary contract and demographic information

For detailed descriptions of the Medi-Cal Healthier California for All proposals please refer to the full proposal document located on the [DHCS website](#).

Advancing Key Priorities

Medi-Cal Healthier California for All aligns with and advances several key priorities of the Administration. At its core, the initiative recognizes the impact of Medi-Cal on the lives of its beneficiaries well beyond just accessing health services in traditional delivery settings. The initiative establishes a foundation where investments and programs within Medicaid can easily integrate, complement and catalyze the Administration's plan to impact the State's homelessness crisis, support reforms of our justice systems for youth and adults who have

significant health issues, build a platform for vastly more integrated systems of care and move toward a level of standardization and streamlined administration required as we explore single payer principles through the Healthy California for All Commission. Furthermore, the initiative will advance a number of existing Medi-Cal efforts such as Whole Person Care and the Health Homes Program, the prescription drug Executive Order, improving screenings for kids, proliferating the use of value-based payments across our system, including in behavioral health and long-term care. The initiative will also support the ongoing need to increase oversight and monitoring of all county-based services including specialty mental health and substance use disorder services, Medi-Cal eligibility, and other key children's programs currently administered by our county partners.

Below is an overview of the impact the initiative could have on certain populations, if enacted and funded as proposed:

Health for All: In addition to focusing on preventive and wellness services, the initiative will identify patients with high and emerging risk/need and improve the entire continuum of care across Medi-Cal, ensuring the system more appropriately manages patients over time, through a comprehensive array of health and social services spanning all levels of intensity of care, from birth and early childhood to end of life.

High Utilizers (top 5%): It is well documented that the highest utilizers represent a majority of the costs in Medi-Cal. The initiative proposes enhanced care management and in lieu of services benefits (such as housing transitions, respite and sobering centers) that address the clinical and non-clinical needs of high-cost Medi-Cal beneficiaries, through a collaborative and interdisciplinary whole person care approach to providing intensive and comprehensive care management services to improve health and mitigate social determinants of health.

Behavioral Health: The initiative's behavioral health proposals would initiate a fundamental shift in how Californians (adults and children) will access specialty mental health and substance use disorder services. It aligns the financing structure of behavioral health with that of physical health, which provides financial flexibility to innovate, and enter into value-based payment arrangements that improve quality and access to care. Similarly, the reforms in the initiative simplify administration of, eligibility for, and access to integrated behavioral health care.

Vulnerable Children: The initiative would provide access to enhanced care management for medically complex children to ensure they get their physical, behavioral, developmental and oral health needs met. It aims to identify innovative solutions for providing low-barrier, comprehensive care for children and youth in foster care and furthers the efforts already underway to improve preventive services for children including identifying the complex impacts of trauma, toxic stress and adverse childhood experiences by, among other things, a reexamination of the existing behavioral health medical necessity definition.

Homelessness and Housing: The addition of in lieu of services would build capacity to clinically linked housing continuum via in lieu of services for our homeless population, including housing transitions/navigation services, housing deposits, housing tenancy and sustaining services, short-term post hospitalization housing, recuperative care for inpatient transitions and day habilitation programs.

Justice Involved: The Medi-Cal pre-release application mandate, enhanced care management and in lieu of services would provide the opportunity to better coordinate medical, behavioral health and non-clinical social services for justice-involved individuals prior to and upon release from county jails. These efforts will support scaling of diversion and reentry efforts aimed at keeping some of the most acute and vulnerable individuals with serious medical or behavioral health conditions out of jail/prison and in their communities, further aligning with other state hospital efforts to better support care for felons incompetent to stand trial and other forensic state-responsible populations.

Aging Population: In lieu of services would allow the state to build infrastructure over time to provide Managed Long-Term Services and Supports (MLTSS) statewide by 2026. MLTSS will provide appropriate services and infrastructure for home and community-based services to meet the needs of aging beneficiaries and individuals at risk of institutionalization and should be a critical component on the State's Master Plan on Aging.



Ventura County Behavioral Health Advisory Board

(DATE)

Members:

Claudia Armanan
Jamie Banker
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Kevin Clerici
Margaret Cortese
Cmdr. James Fryhoff
Monique Garcia
Janis Gardner, Chair
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Jerry Harris, Chair Emeritus
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez
Michael Rodriguez
Carol Thomas
Marlen Torres
Sheri Valley

County of Ventura Board of Supervisors
800 S. Victoria Avenue
Ventura, CA, 93009

Dear Supervisors:

The Ventura County Behavioral Health Advisory Board (BHAB) is pleased to submit its Fiscal Year 2018-19 Annual Report (Attached). The report provides you with an overview of the BHAB members' achievements, advocacies and collaborations. The Annual Report describes the hard work and effort of the board's dedicated and committed committee Chairs, committee members and the BHAB as a whole. We are appreciative to the Board of Supervisors for appointing individuals to the board who have the skills, empathy and caring attitudes to represent and support the needs of all of Ventura County's residents who have mental and behavioral health challenges. These include, but are not limited to, persons who have serious and persistent mental illness and individuals with substance use concerns.

I wish to thank you for supporting our board. The BHAB is dedicated to improving the lives of the residents in Ventura County in all communities. We take our work and the oath of office seriously.

I would also like to thank the Director of the Ventura County Behavioral Health Department, Dr. Sevet Johnson, and her staff. It would have been a difficult task to have achieved the BHAB's mission and objectives were it not for the positive working relationship with the dedicated Behavioral Health Department.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Dr. Sevet Johnson, Director
Ventura County Behavioral Health

Janis Gardner-
Chairperson

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



Ventura County Behavioral Health Advisory Board

February 14, 2020

Members:

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Jamie Banker
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Nancy Borchard
Gane Brooking, 2nd Vice Chair
Kevin Clerici
Margaret Cortese
Cmdr. James Fryhoff
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Janis Gardner, Chair
Mary Haffner
Jerry Harris, Chair Emeritus
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Gina Petrus, Secretary
Joe S. Ramirez
Michael Rodriguez
Carol Thomas
Marlen Torres
Sheri Valley

Dr. Sevet Johnson
Director
Ventura County Behavioral Health
1911 Williams Drive
Oxnard, CA 93036

Dear Dr. Johnson,

As discussed at the Executive Committee on February 10, 2020, pursuant to WIC Code 5604.3, the BHAB will be requesting that a budget be established to enable the Behavioral Health Advisory Board and its members to pursue its duties to their fullest extent. To accomplish this, an action item will be placed on the agenda of the board's general meeting that will take place on February 24, 2020.

As you know, the California Welfare & Institutions Code has been updated to allow such expenses related to MHSA Community Program Planning (CPP). WIC 5604.3 now reads:

The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the Mental Health Board of a Community mental health services incurred incident for the performance of their official duties and functions. The expenses may include travel, lodging, child care and meals for the members of an advisory board while on official business as approved by the director of mental health programs."

(b) Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.

Per your request, a proposed budget is attached for your review.

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

Thank you for your time and consideration in this matter.

Sincerely,

Dr. Sevet Johnson, Director
Ventura County Behavioral Health

Janis Gardner
Chair, Behavioral Health Advisory Board

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

**BUDGET REQUEST
BEHAVIORAL HEALTH ADVISORY BOARD
FY 2020-21**

	ITEM	DESCRIPTION	AMOUNT
1	Registration Fees	Fees for BHAB members to attend relevant conferences. Average \$300 each, not to exceed 8 registrations per year.	\$2,400.00
2	Travel Expenses	Expenses to permit BHAB members to travel and attend conferences and meetings. May include travel, lodging and meals.	\$6,400.00
3	Food and Beverages	Snacks and beverages as appropriate, to better engage community members at regular or special BHAB meetings.	\$1,200.00
	TOTAL BUDGET		\$10,000.00

DUTIES: **Related to Mental Health**

Items in **bold** reflect October 2019 CA legislative update.

The local mental health board shall do all of the following:

1. Review and evaluate the community's **public** mental health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**
2. Review any county agreements entered into pursuant to [Section 5650](#). **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.**
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.**
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

In addition, pursuant to W&I Code Section 5848, the local mental health board conducts a public hearing on the county's MHS Three Year Program and Expenditure Plan and Annual Update.

**Proposed Changes to the BHAB Bylaws
To Reflect Changes in the Welfare & Institutions Code (WIC)**

Discussed at BHAB General Meeting of February 24, 2020

ARTICLE II

PURPOSE AND AUTHORITY

The BHAB exists under the authority of the California Legislature by its enactment of Section 5604 of the Welfare and Institutions Code. The purpose of the BHAB, provided in Welfare and Institutions Code Section 5604.2, includes, but is not limited to, the following:

- A. All appointed members to the BHAB will have the authority to vote on all issues presented to the BHAB.
- B. Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
- C. Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
- D. Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.
- E. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
- F. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- G. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
- H. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
- I. This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.
- J. It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

FSP MULTI-PLATFORM DATA SHARING INNOVATION PROJECT SPECIAL MEETING REQUEST

Overview

Program Goal: To collect valid, real time, data for improved services and outcomes on all FSP clients in Ventura County.

Program Approach: VCBH will work across agencies to develop a web of shared data platforms so VCBH can track FSP clients across law enforcement encounters, hospital stays, health care services, and the homeless management system to increase the quality of mental health services.

As published in the Three year planning documents and community feedback meetings that took place in January VCBH is proposing to link databases through a new Care Management system with the Healthcare Agency, Sheriff's Office, and our Homeless Management Information System. The plan is for all systems to be bridged to alert and track hospitalizations, ER mental health emergencies, arrests, bookings, and homelessness.

BHAB Request:

Typically an Innovation project sits for 30 days, holds a public hearing at the regular BHAB meeting, moves on to the Board of Supervisors for approval and up to the State. Given that BOS approvals can take weeks the MHSOAC usually allows the BOS approval and MHSOAC approval process to take place concurrently. However given that many counties are facing reversion the MHSOAC sent the following and an email:

1. *Counties must complete their three local processes (30 day public comment, Local Mental Health Board hearing and BOS approval) and submit a FINAL version of their plan before it can be considered for approval through Delegated authority (those projects under a million dollars) or consent (those projects over a million dollars).*
2. *For this FY, the deadlines are as follows:*
 - a. *To be considered in May 2020-all the above must be completed by APR 10th*

Action: Therefore in order not to revert **\$600,000** Innovation dollars back to the state we are requesting a special meeting to take place **MARCH 30, 2020.**

Proposed Timeline:

- Posting for 30 days February 28, 2020 –March 28th, 2020
- Special Meeting for Public Hearing: March 30th 2020
- BOS April 7th, 2020
- Sent to the State April 8th 2020

Ventura County Behavioral Health

Board Letter Summary of Contracts for January 2020

Board Date	Contractor	Amount	Term	Description
1/14/2020	California Mental Health Services Authority (CalMHSA)	\$0		CalMHSA provided a fiscal administrative solution to the effects of AB-1220, which requires the transfer of foster children and their specialty mental health services from the county of original jurisdiction to the county in which the foster child is placed and resides. CalMHSA created a centralized banking pool, the Inter-Member Transfer Program (IMTP), and will act as the fiscal agent to coordinate the transfer of money between placing and receiving counties. The IMTP results in leveraging resources more efficiently at a multi-county and statewide level. This resolution authorizes VCBH to participate in the CalMHSA IMTP, sign and submit CalMHSA IMTP documents, and make future deposits in the CalMHSA IMTP as needed.
1/14/2020	Traditions Psychology Group (Traditions) and National University	\$0	1/14/2020 to 6/30/2021	VCBH currently collaborates with a number of educational institutions to provide volunteer internship opportunities for students enrolled in various mental health related educational programs. This Memorandum of Agreement (MOA) with Traditions and National University creates a volunteer student internship program for National University nurse practitioner students, with clinical psychiatric training and supervision provided by Traditions. VCBH is also seeking approval to enter into future student intership MOAs and to extend the terms of the Traditions/National University MOA and any future MOAs.

1/14/2020	Traditions	\$0	1/14/2020 to 6/30/2021	<p>Traditions provides medical psychiatric physician services at various clinics and program sites throughout the VCBH system. The Second Amendment to the Agreement revises the scope of work to: (1) adjust the VCBH Youth & Family, Adults, and Alcohol and Drug Program (ADP) divisions full time equivalent (FTE) physician and nurse practitioner program coverage schedules, (2) increase the Adults Medical Director FTE from .75 to 1.00 FTE to allow VCBH to align with the Department of Health Care Services (DHCS) coverage requirements, and (3) adjust the Youth & Family and ADP Divisions program coverage schedules to include "Lead" physicians (.25 for Youth & Family and .125 for ADP), and call out the A New Start for Moms program services more clearly. The coverage schedules are being adjusted to better align with clinic service needs. The Medical Director FTE is being increased by an additional .25 FTE to better meet clinic service needs and department management needs. The Lead Physician designations/FTEs are being created to allow VCBH to align with the DHCS service and coverage requirements. The compensation terms are also being revised to (1) add new bilingual competency assessment requirements of Traditions, (2) adjust the compliance incentive payment provisions to align with recent DHCS Network Adequacy Certification Tool (NACT) compliance requirements (the NACT tool is DHCS' method of determining counties' compliance with all state-required service access requirements), and (3) add a new rate of \$45.71 per hour for A New Start for Moms, Casa de Esperanza, Hillmont House, and Early Detection and Intervention for the Prevention of Psychosis (EDIPP) services.</p>
1/21/2020	Telecare Corporation (Telecare)	\$420,520	7/1/2020 to 6/30/2020	<p>Telecare provides 24-hour skilled nursing and institution for mental disease services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed in the Telecare La Paz Geropsychiatric Center receive: (1) medication management, (2) care and supervision, (3) assistance with daily activities, and (4) food services. The FY 2019-20 agreement maximum was based on services for 2 clients for 12 months. Currently there are 4 clients at this facility since July 1, 2019, requiring an increase to the agreement maximum. This Fourth Amendment to the agreement increases the agreement maximum by \$211,452, for a contract maximum of \$420,520.</p>

MEMORANDUM

DATE: February 17, 2020
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Approved January Agreements/Board Items

Board of Supervisors Approved Agreements – January 14, 2020

1. **California Mental Health Services Authority (CalMHSA) Inter-Member Transfer Program Resolution.**

This item recommended the Board of Supervisors (Board): (1) adopt the resolution authorizing: Ventura County Behavioral Health (VCBH) to participate in the CalMHSA Inter-Member Transfer Program (IMTP), including the transfer of funds in the initial amount of \$16,564, (2) authorize the VCBH Director or designee to sign and submit CalMHSA documents, including the Plan Participation Agreement, and (3) authorize VCBH make future deposits as needed in the CalMHSA Inter-Member Transfer Program. There is no fiscal impact related to this resolution.

CalMHSA, at the request of the County Behavioral Health Directors Association and Department of Health Care Services (DHCS), was requested to provide a fiscal administrative solution to the effects of implementation of AB-1299 (Welf. and Inst. Code §14717.1). AB-1299 addresses the transfer of foster children and their specialty mental health services from the county of original jurisdiction to the county in which the foster child is placed and resides, referred to as a “presumptive transfer.”

As a result, CalMHSA created a centralized banking pool called the Inter-Member Transfer Program (IMTP), and will act as the fiscal agent to coordinate the transfer of money between placing and receiving counties. County Mental Health Plans (MHP) are required to assure covered Medi-Cal beneficiaries have access to medically necessary specialty mental health services. With presumptive transfers, the county of residence assumes additional Medi-Cal administrative and claims reimbursement responsibilities not factored into the current tax fund transfers or historical claims for federal reimbursement, resulting in insufficient non-federal funds available to meet these obligations. The IMTP results in leveraging resources more

efficiently at a multi-county and statewide level.

VCBH recommended: (1) adoption of the resolution authorizing VCBH to participate in the CalMHSA IMTP, (2) authorization to transfer funds, and (3) authorization to sign/submit CalMHSA required documentation that is required to participate in the CalMHSA IMTP.

2. FY 2019-21 Traditions Psychology Group (Traditions) and National University Memorandum of Agreement (MOA).

This item recommended approval for the VCBH Director or designee to: (1) sign the MOA to establish a volunteer student internship program for nurse practitioner students with Traditions and National University, effective January 14, 2020 through June 30, 2021, (2) enter into future volunteer nurse practitioner student internship MOA(s) with other educational institutions and Traditions, and (3) extend the term of the Traditions and National University MOA and any future MOA(s). There is no fiscal impact related to these recommendations.

VCBH currently collaborates with a number of educational institutions to provide volunteer internship opportunities for students enrolled in various mental health related educational programs. These educational programs typically require fieldwork or internship experiences within a behavioral health setting as part of their academic training. This MOA with Traditions and National University will create a volunteer student internship program for National University nurse practitioner students. Clinical psychiatric training and supervision will be provided by our psychiatric physician services contractor, Traditions. Traditions will receive a total of \$1,500 from National University to provide training and supervision services. By establishing this volunteer student internship program, VCBH is participating in the development of future nurse practitioner professionals, and creating a potential pool of nurse practitioner professionals to recruit to Traditions to serve in our behavioral health system in the future.

VCBH and Traditions may wish to collaborate with other educational institutions in the future to create and provide volunteer student internship opportunities. To do so, VCBH will use a standardized board-approved MOA template.

VCBH recommended approval for the VCBH Director or designee to: (1) sign the FY 2019-21 MOA Agreement with Traditions and National University, (2) enter into future student internship MOAs, and (3) extend the Traditions and National University MOA and any future MOAs.

3. FY 2019-20 Traditions Second Amendment to the Agreement for Psychiatric Services.

This item recommended approval for the VCBH Director or designee to: (1) sign the Second Amendment to the Agreement, modifying the existing scope of work and compensation terms within the existing maximum contract amount of \$15,036,191, effective July 1, 2019 through June 30, 2020, (2) extend the term of the agreement up to two times, for a period of no more than one year per extension, with the same or more favorable terms and conditions, and at a rate that does not exceed the pro rata amount, and (3) sign future amendments within the term

of the Traditions agreement to make corrections, clarifications and technical changes provided that the County Executive Office (CEO) and County Counsel approve of the changes. There is no fiscal impact related to these recommendations.

Traditions provides medical psychiatric physician services at various clinic and program sites throughout the VCBH system. The Second Amendment to the Agreement revises the scope of work to: (1) adjust the VCBH Youth & Family, Adults, and Alcohol and Drug Program (ADP) divisions full time equivalent (FTE) physician and nurse practitioner program coverage schedules, (2) increase the Adults Medical Director FTE from .75 to 1.00 FTE to allow VCBH to align with the DHCS and coverage requirements, and (3) adjust the Youth & Family and ADP Divisions program coverage schedules to include "Lead" physicians (.25 for Youth & Family and .125 for ADP), and call out the A New Start for Moms program services more clearly. The coverage schedules are being adjusted to better align with clinic service needs. The Medical Director FTE is being increased by an additional .25 FTE to better meet clinic service needs and department management needs. The Lead Physician designations/FTEs are being created to allow VCBH to align with the Department of Health Care Services (DHCS) service and coverage requirements. The compensation terms are also being revised to (1) add new bilingual competency assessment requirements of Traditions, (2) adjust the compliance incentive payment provisions to align with recent DHCS Network Adequacy Certification Tool (NACT) compliance requirements (the NACT tool is DHCS' method of determining counties' compliance with all state-required service access requirements), and (3) add a new rate of \$45.71 per hour for A New Start for Moms, Casa de Esperanza, Hillmont House, and Early Detection and Intervention for the Prevention of Psychosis (EDIPP) services.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2019-20 Traditions Second Amendment to the Agreement for psychiatric services.

Board of Supervisors Approved Agreements – January 21, 2020

4. FY 2019-20 Telecare Corporation (Telecare) Fourth Amendment to the Agreement for La Paz Geropsychiatric Center Skilled Nursing Facility and Institution for Mental Disease Services.

This item recommended: (1) approval of and authorization for the Purchasing Agent or designee to sign the FY 2019-20 Fourth Amendment to the Agreement for La Paz Geropsychiatric Center skilled nursing facility (SNF) and institution for mental disease (IMD) services with Telecare Corporation, increasing the agreement maximum from \$209,068 to \$420,520, an increase of \$211,452, and (2) authorization for the Auditor Controller to process the necessary accounting transactions to increase appropriations and revenue for La Paz Geropsychiatric Center SNF and IMD Services. This Amendment is funded by County Resources, Vehicle License Fee (VLF) Realignment, and Fund N510 Local Health and Welfare Mental Health funding.

Telecare provides 24-hour SNF and IMD services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. In addition, to these two services, clients placed at Telecare's La Paz Geropsychiatric Center receive: (1) medication

management, (2) care and supervision, (3) assistance with daily activities, and (4) food services. The FY 2019-20 agreement maximum was based on services for 2 clients for 12 months. Currently VCBH has 4 clients who have been at the facility since July 1, 2019, requiring an increase in the agreement maximum.

VCBH recommended the approval of and authorization for the Purchasing Agent or designee to sign the FY 2019-20 Telecare Fourth Amendment to the Agreement for La Paz Geropsychiatric Center SNF and IMD services with Telecare Corporation.