

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, February 22, 2021, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

The following information referenced below and at the end of the agenda is provided to you in support of your attending the upcoming BHAB General Meeting via Zoom:

Join the Zoom meeting in the following way:

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

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

AGENDA

- I. Call to Order
- II. Roll Call
- III. Welcome and Introductions
- IV. Moment of Silence - Georgia Perry (Growing Works Project)
- V. Approval of the Agenda – **ACTION** (Roll Call)
- VI. Approval of the January 25, 2021 Minutes – **ACTION** (Roll Call)
- VII. Public Comments (3 min. per speaker)
- VIII. Recognition: Pete Pringle, Division Chief – Special Projects
- IX. Chair Comments (5 min.)
- X. Director’s Report – Dr. Sevet Johnson (15 min.)
- XI. Board Member Comments and Announcements (10 min.)
- XII. Secretary’s Report – Mary Haffner (5 min.)
- XIII. Old Business
 - A. Review and Approve Revisions to the Lanterman, Petris, Short (LPS) Reform Workgroup Report and Cover Letter for Submission to the BOS - Jerry Harris **ACTION** (Roll Call) (10 min.)
 - B. Review Four Highest Priority Gaps in Service Containing VCBH Comments
- XIV. New Business
 - A. Quality Management Advisory Committee (QMAC) Quarterly Update – Sloane Burt, VCBH Behavioral Health Manager, Quality Improvement (10 min.)
 - B. Psychiatric Advance Directives Overview – Elizabeth R. Stone (15 min.)
 - C. Confirm Appointment of Chair of the Youth & Family Services Committee – Jerry Harris – **ACTION** (Roll Call) (5 min.)
 - D. Therapeutic Inmate Management Unit Update – Jerry Harris - (5 min)
 - E. Board of Supervisor’s Resolution No. 19-107 Dated September 2019 – Stepping Up Initiative – Progress Report – Dr. Sevet Johnson (10 min.)

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

F. Presentation Requests

G. Recognition Award Recommendations

XV. Contracts

A. No agreements were submitted to the Board of Supervisors in January 2021.

XVI. Public Comments (3 min. per speaker)

XVII. Adjourn

Next Meeting: Monday, March 15, 2021

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

1. Zoom will initially start with a “waiting room”—you will be “admitted” into the meeting room when the meeting starts.
2. The meeting is recorded.
3. All participants are muted upon entry to minimize any unintended disruption of background sounds. Please keep yourself on mute unless you are speaking.
4. Note the following regarding the public comment portions of the agenda:
 - a. Public comments are made by “raising your hand” in one of the following ways:
 - i. If you are joining the meeting via video/audio, you join the comment queue in the following ways:
 1. If you are running an older version of Zoom, you can “raise your hand” by clicking on the participant window at the bottom of the Zoom screen and then click on the “raise hand” feature in that participant window.
 2. If you are running the most current version of Zoom (5.4.9 and above) you can “raise your hand” by clicking on the Reactions button and then clicking on “raise hand” feature. Your hand will appear in the upper left-hand corner of your individual Zoom window as well as the participant window.
 3. Note that your raised hand will appear TO THE HOST in the order it was received.
 - ii. If you are joining the meeting by telephone only, you can join the comment queue by pressing *9. When it is your turn to make your comment, press *6 to unmute and then again to mute yourself.
 - b. Comments are taken in the order they are received in the queue/participant window.
 - c. When it is your turn to make a comment, you will be asked to unmute yourself.
 - d. Public comments may be up to 3 minutes during the public comment periods, or before an agenda item, with a cumulative total time not to exceed 5 minutes.
 - e. The assigned timekeeper will track each public comment time as well as the total time per speaker. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum as well as when you have reached your total allotted time.
 - f. At the end of the three minutes and/or allotted time, the mic will be opened to the next person in the comment queue.



Ventura County

Behavioral Health Advisory Board

Members:

February 22, 2021

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Soledad Barragán

Ratan Bhavnani, 1st Vice Chair

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Kevin Clerici

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Elizabeth R. Stone

Carol Thomas

Marlen Torres

Dr. Sevet Johnson, Director
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MEMBERS OF THE BOARD OF SUPERVISORS

RE: **LPS REFORM WORKGROUP REPORT**

Dear Supervisors,

The members of the Behavioral Health Advisory Board (BHAB) would like to take this opportunity to thank your Board and the County management team for the outstanding job that has been done to protect the citizens of our county from COVID-19. This has not been an easy task. Please express our appreciation to all that has been involved.

Attached you will find a report on the need to reform provisions of the Lanterman-Petrus-Short (LPS) Act. The members of the LPS Reform Workgroup spent seven months reviewing pertinent documents, personal family member experiences and public comments made over the past several years at BHAB meetings. The BHAB believes the members of the Board of Supervisors should have an opportunity to review the report to understand some of the problematic provisions of the LPS Act that create difficulties for people with serious mental illness and their families in Ventura County. Most of the members on the Workgroup were consumers and family members that have personally experienced the frustration associated with being confronted by these problematic issues.

The primary motivation of the BHAB and the LPS Reform Workgroup members in pursuing this subject area is the belief that people with serious mental health issues deserve to receive high quality, appropriate care when that care is needed. Delays in the receipt of service, unfortunately results in increasing the amount of time required for these individuals to achieve wellness and recovery.

Background

In early 2019, the Behavioral Health Advisory Board received and reviewed the LPS Reform Task Force II Report (March 2012) that was developed by an independent group in Los Angeles County. After reviewing the report, the Behavioral Health Advisory Board approved the creation of an LPS Reform Workgroup at its regular meeting on June 17, 2019, since it was believed that many of the areas of concern contained in the 2012 Report were currently being experienced by clients and families in Ventura County.

The BHAB Workgroup met from July 2019 through January 2020. A report was prepared and adopted by the full BHAB at its regular Meeting on April 27, 2020 with the intent that the report be sent to the Board of Supervisors (BOS) by the Behavioral Health Department (VCBH) immediately thereafter. The BHAB report was not, however, received back from County Counsel until July 2020. Although the BHAB believed this delay was excessive, it understood that business as usual was no longer possible due to COVID-19.

It was County Counsel's opinion that the Welfare and Institution code does not give the BHAB authority to engage in legislative matters or to advocate in support of legislation. Based on that opinion, the BHAB was asked to revise its report to eliminate anything relating to legislation. Many of the BHAB members do not agree with County Counsel's opinion for a variety of reasons. The BHAB asked to meet with County Counsel to get a better understanding as to why its report needed to be revised prior to being placed on the BOS Agenda and, more specifically, understand why the BHAB does not have the authority to address legislative issues or to support specific pieces of legislation directly dealing with behavioral health matters. The BHAB's request to meet was, however, denied. The BHAB is aware of, and clearly understand the provisions of the County's Legislative Coordination and Advocacy Policy (Policy No. Chapter 11-7). It has always been the BHAB's intent to strictly adhere to this policy and have, in fact, done so several times in the past.

The BHAB does not agree with County Counsel's opinion for the following reasons:

- Although Section 5604.2 does not specifically give Behavioral Health Boards and Commissions the authority to address legislative matters, it does not specifically state that they do not have the ability to do so. The BHAB Bylaws states, "The purpose of the BHAB, provided in the Welfare and Institutions Code (W&I Code) Section 5604.2, includes, but is not limited to..." A through J as contained in the BHAB Bylaws and W&I Code.
- WIC 5604.2 (a) describes the duties of mental health boards. Number 3 under this section states, in part, "Advise the governing body and the local mental health director as to any aspect of the local mental health program. Furthermore, Number 1 states, "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." There are no limitations placed on mental health boards identified in either of these sections that excludes legislative issues impacting mental health services.
- The County's Administrative Policy on Legislative Coordination and Advocacy Policy (Policy No. Chapter 11-7) provides guidelines for County Boards to make recommendations to the Board of Supervisors relative to supporting or not supporting legislation. So, on the one hand County Counsel says that the BHAB does not possess this authority, but County Policy clearly states that the BHAB does have this authority so long as it complies with the County's Policy on legislative matters.
- Item number 8 in the Welfare and Institutions Code, Section 5604.2(a) states, "Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board."

Members of the BHAB strongly believe that behavioral health legislation is an integral part of its ability to address and work to resolve the needs of the behavioral health system of care in Ventura

County. This is particularly important in today's environment as State and Federal Legislators are receptive to the unmet needs of people with mental health challenges. Adopted legislation has recently included enhancements to behavioral health funding, delivery and support services which, are in desperate need of financial assistance and improvement. To this extent, the BHAB is asking that your Board consider giving the BHAB the authority to review legislation that directly impacts behavioral health services in Ventura County and report its findings to your Board in accordance with the County's Legislative Coordination and Advocacy Policy (Policy No. Chapter 11-7) as it has done several times in the past.

Summary and Conclusion

The BHAB is providing your Board with copies of the BHAB's LPS Reform Workgroup Report for your information. Members of the BHAB hope you find the content of the report to be enlightening. The report has been revised to comply as much as possible with County Counsel's recent opinion on this matter. In so doing, the BHAB has substantially modified its recommendations since the six-month delay in providing the report to your Board has made some of the BHAB's recommendations no longer valid following the release of the State Auditor's report on the LPS Act. Despite the fact that the conclusion of the State Audit team was that the LPS Act does not need to be changed, many counties throughout the state do not concur with this conclusion.

Recommendations

The BHAB recommends that the following actions be taken by your Board:

1. Adopt the provisions of Welfare and Institutions Code § 5270.10 et seq. (Article 4.7 of Chapter 2 of the Lanterman-Petris-Short [LPS] Act) (hereinafter WIC § 5270) in order to provide better care for people requiring acute psychiatric treatment longer than that currently afforded under Welfare and Institutions Code § 5250, and to avoid the costly and unnecessary filings of Temporary Conservatorship petitions. If adopted, a WIC § 5270 hold allows an individual with serious mental illness to be held for up to an additional 30 days, but if the person in question is stabilized, the hospital can discharge that person earlier without approval from the court or a conservator.
2. Instruct the Health Care Agency, working in collaboration with the Behavioral Health Department, to develop a co-occurring disorder treatment program at Hillmont Psychiatric Hospital.
3. Continue to actively support the need for the State to apply for a waiver to the Institutions of Mental Health Disease (IMD) Exclusion that would allow Medicaid to pay for in-hospital beds at psychiatric hospitals and facilities beyond the current 16-bed limitation.
4. Instruct the Health Care Agency to develop an innovative approach to performing screening/clearances of individuals being evaluated for involuntary holds that is based on the use of qualified staff who are specifically trained to evaluate and treat people who are experiencing a mental health crisis, while at the same time seek a waiver from the State Licensing Agency to be able to perform these functions on site at the IPU/CSU.
5. Intensify efforts to increase the number of Crisis Stabilization and/or Psychiatric Emergency Service chairs/slots to a total of 15 in the east county and 15 in the west county as quickly as possible utilizing either county resources or public/private partnerships.

February 22, 2021

LPS REFORM WORKGROUP REPORT

Page 4

6. Instruct the Health Care Agency to develop an estimate of the number of inpatient Psychiatric Hospital beds needed in Ventura County to effectively treat people having serious mental illness within the county.
7. Develop and implement a data reporting system that includes performance outcome measures and client dispositions for inpatient facilities, clinics, community hospital emergency departments and people with mental illness in county jails.
8. To the extent that proposed legislation is inextricably intertwined with behavioral health planning, oversight and service delivery, consider assigning an additional duty and responsibility to the BHAB to review and report back to your Board on proposed legislation that directly and significantly impacts the provision of behavioral health services in Ventura County as provided in the Duties and Responsibilities section of the Welfare and Institutions code (W & I Code Section 5604.2 number 8). Applicable County Policy will be followed by the BHAB in performing this additional responsibility.

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

Jerry M. Harris, Chair

c: Michael Powers, County Executive Officer

COUNTY OF VENTURA
BEHAVIORAL HEALTH ADVISORY BOARD

Lanterman Petris Short (LPS) Reform Workgroup
Report and Recommendations
February 3, 2021

Background

The LPS Workgroup was established by the Ventura County Behavioral Health Advisory Board at its regular meeting held in June 2019. The Workgroup began meeting in July 2019 and met on a monthly basis through January 2020. The initial task of the Workgroup members was to develop a mission statement which is as follows:

The mission of the LPS Reform Workgroup is to review the recommendations contained in the “LPS Reform Task Force II Report (March 2012)” in order to identify which recommendations specifically apply to Ventura County. Based on the Workgroup’s findings, a draft report containing recommendations will be developed for the Behavioral Health Advisory Board’s (BHAB) review and approval.

The Workgroup members have very serious concerns and wish to convey those concerns about certain provisions of the law that are believed to adversely affect people with serious mental illness and family members in Ventura County and, as a result, serve to delay needed treatment to this population. The primary motivation of the BHAB and the Workgroup members is that everything possible be done to ensure that people with serious mental illness receive the treatment they need, when then need it, without unnecessary delay since delays in the receipt of effective treatment results in delays in achieving recovery. The report concludes with eight specific recommendations to the Board of Supervisors for their consideration. The conclusions and recommendations contained in this report are based on a review of pertinent documents, personal family member experiences, and public comments made over the past several years at Behavioral Health Advisory Board meetings.

The LPS Reform Task Force II Report (March 2012) was developed over a period of 30 months and is as valid today as it was in 2012. A copy of the report is included as Attachment I. The report’s primary finding was that inpatient psychiatric beds have been significantly reduced since the closure of the State Hospitals and that the community hospital emergency rooms are now the primary focal point of individuals experiencing a mental health crisis who are in need of treatment. It further concluded that a person who is severely mentally ill is four times more likely to be incarcerated than provided with a psychiatric hospital bed. Finally, the LPS Act, signed into law in 1967 and took effect in 1969, was designed to govern involuntary civil commitment to psychiatric hospitals in California. The Act, however, was based on then current political, legal

and social ideas of the 1960s. This is despite the fact that our society and science have drastically changed and the treatment modalities and approach have also greatly evolved since the 1960's.

The legislative intent of the LPS Act when it was enacted was to:

- End inappropriate, indefinite, involuntary commitments.
- Provide prompt evaluation and treatment.
- Safeguard individual rights through judicial review.
- Protect mentally ill individuals from criminal acts.
- Protect the public from dangerous individuals.
- Guarantee and protect public interests.
- Provide individualized treatment for conserved individuals.

Looking at what is currently taking place in our communities, it is unfortunate that not all of these expectations have been achieved, leaving large numbers of people with serious mental illnesses in dire need of services and supports. The result of which has been that this vulnerable population is subject to incarceration, suicide, homelessness, victimization, acts of violence, and death to a degree that is much higher than the general population.

Given the above, the State's counties currently find themselves in a crisis when it comes to meeting the treatment needs of people who are severely mentally ill and who are most vulnerable in terms of lacking the ability or insight to respond to treatment in a voluntary behavioral health system of care within our communities.

Results of Review

Following the review of the LPS Reform Task Force II Report, Workgroup members concluded that the following recommendations contained in the report also applied to Ventura County:

Task Force Recommendation #7:

Develop local systems of interagency coordination to ensure timely transportation and placement in facilities appropriate to the person's needed level of care.

Task Force Recommendation #8:

Ensure MediCal definitions for voluntary and involuntary hospitalization are consistently defined, monitored and applied. Appeals should be conducted by a neutral third party.

Task Force Recommendation #9:

Prioritize services to the most seriously disabled adults with a mental illness whether those services are needed on a voluntary or involuntary basis in the community or a hospital setting.

Task Force Recommendation # 12:

Conform local emergency response capability in each county under a legislative framework that requires standardized training for all designated response entities.

It is the consensus of the Workgroup members that, taken together, reform of the LPS Act, based on the above Task Force recommendations, would go a long way to significantly improve service

delivery to people who are seriously mentally ill in Ventura County as well as providing needed support to family members and loved ones trying to get help for their significant others.

In terms of specific behavioral health system of care areas needing improvement in Ventura County, the Workgroup members focused on the following: the need to implement Welfare and Institutions Code Section 5270; the need to implement co-occurring disorder treatment within psychiatric inpatient settings; the significant reduction of inpatient psychiatric beds that has taken place in the past; the need for an adequate number of Crisis Stabilization Units (CSUs) and/or Psychiatric Emergency Services (PESs) slots/chairs to meet the needs of the residents of Ventura County; the need to increase the number of inpatient beds in the County based on actual data provided by CSUs/PESs; and the implementation of an innovative approach to conducting medical screening/clearances for clients on involuntary holds that are not dependent upon the use of community hospital emergency rooms.

Having a system that provides for timely medical screening/clearances, the Crisis Residential Treatment facility, located on the grounds of the Ventura County Medical Center, could potentially serve to help avoid hospitalizations as well as serving as a step down for patients leaving the IPU and requiring further support. This asset has never been able to demonstrate its full potential and the purpose for which it was originally developed. Doing so, would, however, further reduce the pressure occurring in community hospital emergency rooms who must try to serve those individuals having mental health issues. People with serious mental health issues need to have those issues addressed and treated in mental health facilities that have the necessary staff expertise to assess and treat behavioral health conditions rather than emergency rooms that place a high priority on transferring these individuals to an inpatient psychiatric hospital as quickly as possible to make room for those with life threatening medical emergencies. Data suggests that 50 to 65 percent of people experiencing a mental health crisis would not require inpatient psychiatric hospitalization had they been seen in an CSU/PES.

WELFARE AND INSTITUTIONS CODE § 5270

For people with serious mental illness who are unwilling to voluntarily consent to inpatient treatment, Welfare and Institutions Code § 5270.10 et seq. provides for up to an additional 30 days of acute inpatient commitment above the current maximum of 17 days (a 72-hour observation period under WIC § 5150 plus an additional 14-day treatment period under WIC § 5250) for grave disability, short of imposing LPS conservatorship.

Adoption of WIC § 5270 would allow Ventura County LPS-certified psychiatric hospitals to treat patients to a level of stability that would reduce the number of patients requiring rapid re-hospitalization after discharge, the number of conservatorships filed, the incidences of premature discharge of psychiatric patients from acute treatment facilities and the number of temporary conservatorships granted that do not result in trial or LPS Conservatorship. Currently, the only mechanisms in Ventura County for inpatient psychiatric treatment if someone is unwilling to accept voluntary treatment are a WIC § 5150 hold for up to 72 hours, then a WIC § 5250 hold for up to an additional 14 days, followed by discharge or a temporary conservatorship period of 30 days. The 17 days of acute treatment provided for by WIC §§ 5150 and 5250 may

not be enough time for a patient in treatment to reach a baseline level of stability to be ready for discharge. Presently, at the end of the 14-day WIC § 5250 treatment period, psychiatrists must decide whether to discharge a patient who may not be ready, or to pursue a conservatorship.

Often an additional 30-day treatment period is enough to adequately restore a person to stability and allow for discharge without going through a conservatorship. The first step in establishing an LPS conservatorship (WIC § 5352) is a 30-day temporary conservatorship, during which time the hospital is authorized to continue to hold and treat the patient. This period of time is generally considered by Utilization Review staff as Administrative Days, which are not subject to reimbursement by MediCal. At the end of this 30-day temporary conservatorship, the hospital can either recommend withdrawing the conservatorship petition or moving forward with it. Often, this additional 30-day period of treatment is sufficient for an individual to reach a level of stability that allows friends or family to be able to offer meaningful third-party assistance that obviates the need to pursue a full LPS conservatorship.

Furthermore, a conservatorship is much costlier in terms of resources, requiring the involvement of the Public Guardian and County Counsel's offices, and is more restrictive of patients' rights, as well as taking a significant emotional toll on patients and their families. Patients on conservatorship can be held involuntarily in locked facilities for a year or more—a demoralizing experience that some liken to being in prison. The deprivation of liberty is so great that a patient facing an LPS conservatorship is entitled to a trial by jury where the patient's grave disability must be found unanimously and proven beyond a reasonable doubt—the same burden of proof of criminal cases where a person faces punitive incarceration. In addition, the process of conducting a conservatorship investigation can be intrusive into patients' private lives as it involves contacting and interviewing many family members. An LPS conservatorship is a drastic measure, and although it is meant to help patients, it can also carry a significant stigma. These negative effects can all be avoided with a WIC § 5270 hold that makes conservatorship unnecessary. Moreover, the hospital can help arrange an aftercare placement for the patient with fewer obstacles, without the need to seek approval from the Public Guardian.

Many other counties have been successfully employing WIC § 5270 holds for patient treatment, including Contra Costa, El Dorado, Fresno, Los Angeles, Merced, Orange, Placer, Sacramento, San Francisco, San Diego, Santa Barbara, Sonoma, Tulare, and others. Four of the largest counties that have implemented this alternative (Los Angeles, Orange, Sacramento, and Fresno) have reported reductions in conservatorships and related costs, as well as benefits from gaining an effective treatment tool that provides patients with the most effective care. The availability of a WIC § 5270 hold providing for up to 30 days of additional treatment to further stabilize a patient before discharge has the potential to reduce the number of rehospitalizations, temporary conservatorship petitions, and LPS conservatorship petitions that patients required due to premature discharges in Ventura County. Attending psychiatrists at Ventura County's LPS-licensed facilities believe that WIC § 5270 holds would allow them to better care for their patients, and they support the adoption of WIC 5270.10 et seq.

CO-OCCURRING DISORDERS TREATMENT

Ventura County should provide effective treatment for people having co-occurring disorders, primarily serious mental illness and substance use disorders, including alcohol, cannabinoid, opioid, opiate, and amphetamine abuse, which often results from patients' attempts to self-medicate. There are few treatment centers in Ventura County that are accredited to treat both mental health and substance use addictions, however the two LPS-designated facilities (Aurora Vista Del Mar and Hillmont Hospitals) are not licensed for that purpose. Accordingly, these acute treatment facilities, aside from medication management, do not provide persons with co-occurring disorders any treatment for their co-occurring disorders, likely exacerbating and/or triggering psychiatric episodes. Many of these people would be better served if their substance use issues (and not just their withdrawal symptoms from substance use) could be treated while they are detained for treatment on psychiatric holds. They should be provided more meaningful and varied treatment at the acute psychiatric facilities (Hillmont and Aurora Vista Del Mar Hospitals). Currently, aside from medication, there is no real substantial treatment available for patients. Patients must find their own ways to fill their time, which they primarily do with art projects, watching television, wandering the hallways, staying in their rooms, and being outdoors for limited periods. Patients need more treatment beyond just medical management and three meals a day. Perhaps more therapists/psychologists and/or a psychology doctorate intern program (such as the psychiatry residency program that is in place at the Ventura County Medical Center) would be beneficial.

DRASTIC REDUCTION OF INPATIENT PSYCHIATRIC BEDS

In the past, there were three or four community hospitals that had inpatient psychiatric units in Ventura County. These units have, however, all closed while the population of Ventura County increased and the need for inpatient psychiatric beds dramatically increased. Currently, the only remaining acute care facility which accepts Medi-Cal insurance is the Inpatient Psychiatric Unit (IPU) at the Ventura County Medical Center, which is operating at a capacity of 36 beds. In 2004-05, this unit was operating at a capacity of 60 beds. Attachment II provides a brief history of changes in the inpatient bed capacity at the IPU, the A&R, the PES, OPOS, and the CSU. It is absolutely essential that the IPU, CSU and/or PES, have the ability to conduct medical screening/clearances on site and receive clients on involuntary holds directly from law enforcement. Aurora Vista Del Mar Hospital has reopened following the Thomas Fire, with 38 adult beds, but only for clients with private insurance or Medicare; this hospital serves patients from several counties. The bottom line, however, is that a psychiatric bed crisis currently exists in Ventura County.

THE USE OF NON-LPS DESIGNATED COMMUNITY HOSPITAL EMERGENCY ROOMS TO RECEIVE INDIVIDUALS EXPERIENCING A MENTAL HEALTH CRISIS

The critical inpatient psychiatric bed crisis and the lack of a sufficient number of LPS Designated Hospitals in Ventura County has resulted in the use of non-LPS designated community hospital emergency rooms (ERs) to provide medical screening/clearances. The primary mission of

emergency rooms is, however, the treatment of life-threatening medical emergencies and not individuals experiencing a mental health crisis. This has resulted in these hospital ERs placing a high priority on transferring these individuals out of their ERs to psychiatric inpatient units in distant counties when data clearly indicates that 50 to 65 percent of these individuals more than likely could have returned home with behavioral health linkage and community supports had they been seen in a CSU or PES.

Non-designated community hospital emergency room staff generally lack the skills and expertise to provide the necessary assessment and treatment required by voluntary and involuntarily detained individuals with mental health issues. These hospitals generally do not have a Psychiatrist on staff and ER staff are not adequately trained to appropriately treat and evaluate patients on 72-Hour Holds. It has been reported that many involuntary holds expire before a psychiatric bed can be located resulting in these people being released. Unfortunately, the vast majority of these individuals are referred to inpatient psychiatric hospitals in distant counties making it nearly impossible for families to visit them or provide information to the clinical staff. Furthermore, community hospitals do not keep specific workload data or outcome data on people experiencing a mental health crisis that they admit to the ERs or their dispositions. This makes it impossible to evaluate the effectiveness of the current system within the Ventura County system of care. To address this need, Workgroup members developed data elements required to assess what is actually occurring with individuals in community hospital emergency rooms, the IPU, and the CSU located in the IPU (see Attachment III).

Given the lack of behavioral health resources in community hospital emergency departments, there are several negative consequences that impact the patient care provided to mental health clients in this type of setting. The primary result is that these people are being boarded in ERs waiting for psychiatric inpatient beds in distant communities when inpatient care might not even be needed had an appropriate assessment been performed in a CSU/PES. As a direct concomitant to this, appropriate treatment is delayed, which increase the length of time required for client recovery. Several families have provided testimony to the BHAB that their loved ones are sent off repeatedly from ERs to distant acute care psychiatric hospitals in Los Angeles, Riverside and Kern Counties, making it nearly impossible to provide advocacy and support to help these individuals achieve wellness. Attachment IV is an Evidence Brief entitled, "Delayed and Deteriorating: Serious Mental Illness and Psychiatric Boarding in Emergency Departments" that describes the impact of delayed treatment and boarding on individuals who are seriously mentally ill and are experiencing a mental health crisis as well as their families.

Moreover, law enforcement has reported that their officers are frequently asked to stay in the ERs to provide security for the patients on 72-Hour Holds that they bring in for evaluation since the community hospitals do not employ or contract with on-site security officers. This has resulted in law enforcement units being taken out of service for up to a full shift or more providing security within the ERs. Removing law enforcement units from their community patrol duties has the potential of negatively impacting community safety.

In a letter dated April 2015, Sheree Kruckenberg, Vice President of Behavioral Health, California Hospital Association stated the following in regard to access to timely Psychiatric Emergency Services (see Attachment V):

“The increasing dependence on medical/surgical hospital EDs to provide behavioral evaluation and treatment is not appropriate, not safe, and not an efficient use of dwindling community emergency resources. This includes not only hospitals, but emergency transportation providers and law enforcement. More importantly, it impacts the patient, the patient’s family, other patients and their families, and of course the hospital staff.”

This statement holds true today as it did in 2015 and given the fact that the psychiatric inpatient bed crisis has continued, the ER problems have more than likely worsened over time. The bottom line is that everyone, even people who are experiencing a mental health crisis, deserves to receive appropriate, high-quality, timely healthcare services specific to their needs.

CRISIS STABILIZATION UNITS/PSYCHIATRIC EMERGENCY SERVICE

There is a critical shortage of Crisis Stabilization Unit chairs/slots in Ventura County to reduce the need to take clients on involuntary holds to community hospital ERs. Crisis Stabilization Units are staffed with mental health professionals who are able to provide the appropriate level of care to evaluate, treat, refer for inpatient care and develop alternative treatment plans for these clients. The Ventura County Medical Center (VCMC) Psychiatric Hospital has the only CSU within the County. It is currently licensed for 12 chairs but is only staffed for 8. Licensing issues do not allow the CSU to perform medical clearance exams or accept individuals on involuntary holds directly from law enforcement agencies. Furthermore, this has resulted in negatively impacting the Ventura County Medical Center Emergency Room because it has to perform medical screening/clearance exams on a significant number of people who are mentally ill when they could be done more efficiently in the IPU.

The need in Ventura County for additional CSU chairs is currently much greater than the maximum licensed capacity of 12 chairs at the CSU. There is a potential for a public-private partnership between the Ventura County and the community hospitals that could help alleviate many of the current problems being experienced within the County’s Behavioral Health System of Care. It is imperative, however, that a public-private partnership be vigorously pursued and that the number of chairs at the CSU be increased to the maximum licensed capacity as quickly as possible to help address the behavioral health inpatient bed crisis. It has been estimated that the need for CSU/PES chair/slots in Ventura County is 15 in the east county and 15 in the west county. Once a system of effective assessments is in place, an accurate determination of the number of inpatient beds actually needed can be more appropriately determined. Unfortunately, the need for inpatient beds is so acute that waiting for this to happen is not acceptable, necessitating the development of an estimate as quickly as possible.

Concurrent with increasing the number of CSU chairs at VCMC, it is also imperative that the number of beds at the IPU be increased to its licensed capacity. The VCMC Psychiatric Hospital is licensed for 45 beds but is only staffed and operating at a capacity of 36 beds. This, however, does not come close to addressing the need for acute psychiatric beds in Ventura County. It is important that the County pursue increasing the number of acute inpatient beds as quickly as possible while still pursuing public-private partnerships and increasing the chairs at the CSU. Every possible avenue must be pursued without further delay to address the critical psychiatric inpatient bed crisis in Ventura County.

On a related issue, the delivery of timely and effective behavioral health services necessitates that medical screening/clearances and the receipt of individuals on Involuntary Holds be performed at the IPU. This is done in other counties within the State and can be accomplished by the State licensing agency granting VCMC a waiver to permit this to be done. It is the understanding of the Workgroup members that the local State licensing office has been reluctant to grant such waivers. Given this, the County must begin negotiations on this matter as soon as possible.

MEDICAID IMD EXCLUSION WAIVER

Although the issue urging the State of California to submit an application for an Institutions of Mental Disease (IMD) Exclusion Waiver to the federal government does not directly relate to the need for LPS Reform, it does directly impact the County's ability to somewhat relieve the mental health bed shortage crisis and does provide additional needed services to severely mentally ill County residents. On April 8, 2019, the Ventura County Behavioral Health Advisory Board (BHAB) sent a letter to the Board of Supervisors (Attachment VI) recommending that the Board send a letter to the California Department of Health Care Services requesting that the State of California apply for an IMD Exclusion Waiver to allow Medicaid to pay for in-hospital beds at psychiatric hospitals and facilities having a limit of no more than a 16-bed capacity that is currently in place. The BHAB continues to view this as an extremely high priority issue that must be pursued with deliberate speed. Also attached (Attachment VII) is a County of Santa Barbara draft Board of Supervisors Resolution in support of the Medicaid IMD Exclusion Waiver.

Recommendations

The LPS Reform Workgroup recommends that the following actions be taken by the Ventura Board of Supervisors:

1. Adopt the provisions of Welfare and Institutions Code § 5270.10 et seq. (Article 4.7 of Chapter 2 of the Lanterman-Petris-Short [LPS] Act) (hereinafter WIC § 5270) in order to provide better care for people requiring acute psychiatric treatment longer than that currently afforded under Welfare and Institutions Code § 5250, and to avoid the costly and unnecessary filings of Temporary Conservatorship petitions. If adopted, a WIC § 5270 hold allows an individual with serious mental illness to be held for up to an additional 30 days, but if the person in question is stabilized, the hospital can discharge that person earlier without approval from the court or a conservator.

2. Instruct the Health Care Agency, working in collaboration with the Behavioral Health Department, to develop a co-occurring disorder treatment program at Hillmont Psychiatric Hospital.
3. Continue to actively support the need for the State to apply for a waiver to the Institutions of Mental Health Disease (IMD) Exclusion that would allow Medicaid to pay for in-hospital beds at psychiatric hospitals and facilities beyond the current 16 bed limitation.
4. Instruct the Health Care Agency to develop an innovative approach to performing screening/clearances of individuals being evaluated for involuntary holds that is based on the use of qualified staff who are specifically trained to evaluate and treat people who are experiencing a mental health crisis, while at the same time seek a waiver from the State Licensing Agency to be able to perform these functions on site at the IPU/CSU.
5. Intensify efforts to increase the number of Crisis Stabilization and/or Psychiatric Emergency Service chairs/slots to a total of 15 in the east county and 15 in the west county as quickly as possible utilizing either county resources or public/private partnerships.
6. Instruct the Health Care Agency to develop an estimate of the number of inpatient Psychiatric Hospital beds needed in Ventura County to effectively treat people having serious mental illness within the county.
7. Develop and implement a data reporting system that includes performance outcome measures and client dispositions for inpatient facilities, clinics, community hospital emergency departments, and people with mental illness in county jails.
8. To the extent that proposed legislation is inextricably intertwined with behavioral health planning, oversight and service delivery, consider assigning an additional duty and responsibility to the BHAB to review and report back to your Board on proposed legislation that directly and significantly impacts the provision of behavioral health services in Ventura County as provided in the Duties and Responsibilities section of the Welfare and Institutions Code (W & I Code Section 5604.2, number 8). Applicable County Policy will be followed by the BHAB in performing this additional responsibility.

SUBMISSION NUMBER	GAP IN SERVICE ITEM	SUBMISSION FREQUENCY	RESPONSE FROM ADULTS DIVISION	RESPONSE FROM YOUTH AND FAMILY DIVISION
9	Additional Psychiatric Inpatient Beds	7	Additional HPC beds are scheduled to come online 1/4/21. Also engaged in very early discussions about the development of a Psychiatric Health Facility through a public/private partnership. VCBH is partnering with Alvarado Parkway Institute to open a CRT in Santa Paula with the capacity to take direct, voluntary admits from the community.	Currently for youth (12-17), Vista del Mar has up to 17 beds at any given time—this was an increase since over the years following the Thomas Fire. There have been some out of County Placements based on age specific needs (below age 12) that Vista is not at times able to provide.
8	Additional CSU Chairs/Slots	5	Additional County CSU chairs are scheduled to come online 1/4/21. VCBH is partnering with Dignity/St. John's to open a 8-chair CSU in Oxnard and with Alvarado Parkway Institute to open a CRT in Santa Paula with the capacity to take direct, voluntary admits from the community.	A youth CSU has been established for over 3 years and is responding to the need. The Y&F CSU has a four bed capacity and it is rare to need to divert from it due to it being at maximum census.
22	Keep People with Serious Mental Illness Out of Jail	5	RISE and Assist (and the Crisis Team in some instances) with their focus on engaging clients with serious mental illnesses, who are not typically engaged in treatment, indirectly seek to reduced the likelihood of arrest. Mental Health Court and Mental Health Diversion provide the opportunity for psychiatric treatment as an alternative to incarceration. VCBH contracts with Telecare to provide mental health treatment upon release from jail via the VISTA program in an effort to reduce recidivism. Similarly, VCBH contracts with Telecare to provide mental health treatment to AB109 Probation referrals via the VOICE program in an effort to reduce recidivism.	
2	Timeliness in Service Delivery	3	VCBH has contracted with Behavioral Assessment Inc. to conduct an evaluation of the (pre-COVID) STAR process; timeliness being among the issues under review. Adaptations to COVID restrictions have prompted remote/virtual assessments which seem to have created greater ease of access and improved timeliness.	Upon calling the Youth & Family clinic, a new appointment is scheduled within 10 days. If the case had been closed w/n the year the case is re-opened, and an intake is scheduled within 10 days.