

**BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting**

Monday, December 18, 2023, 1:00PM – 3:30 PM

Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Training Room (first floor) • Oxnard, CA 93036

IN-PERSON & 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

Under AB 2449 New Teleconferencing Rules:

The Ventura County Behavioral Health Advisory Board General Committee may take action at the beginning of the meeting regarding requests for “Just Cause” or “Emergency” allowances provided that related Brown Act guidelines are met. (Guidelines are listed on the last page of this agenda.)

AGENDA

- I. Call to Order
- II. Quorum Roll Call & Introductions
- III. Roll Call of Members with Just Cause
 - a. State others present in the room over the age of 18
- IV. Requests for Emergency Circumstances – **ACTION** (Roll Call)
- V. Approval of the Agenda – **ACTION** (Roll Call)
- VI. Approval of the November 20, 2023 Minutes – **ACTION** (Roll Call)
- VII. Public Comments (3 min. per speaker)
- VIII. Recognition of Scott Walker, VCISO COSSUP Grant Coordinator – James Espinoza (10 min.)
- IX. Time Certain Presentation – (Overview of Legislation AB 531, SB 326 (Proposition 1) & SB 43) – Dr. Loretta Denering, Acting Director (20 min.)
- X. Chair Announcements – Janis Gardner, Chair (5 min.)
- XI. Secretary’s Report – Jennifer Morrison (5 min.)
- XII. VC Continuum of Care - Point in Time Homeless Count Announcement – Alicia Morales-McKinney (5 min.)
- XIII. BHAB Committee Reports (5 min. each)
 - A. Youth & Family Committee (October 11 & December 13) – Kevin Clerici, Chair
 - B. Prevention Committee (November 28) – Janis Gardner, Chair
- XIV. Board Member Comments and Announcements (3 min. per speaker) (Round Robin)

XV. Old Business

- A. Site Visits Resumption – BHAB Members (5 min.)
- B. Data Notebook Workgroup – Liz Warren, Chair
- C. Ombudsman Workgroup – Liz Warren, Chair

XVI. New Business

- A. Presentation Requests
- B. Recognition Award Recommendations

XVII. Contracts

Board of Supervisors Approved Agreements – November 7, 2023

- 1. FY 23-24 Amada Enterprises, Inc. First Amendment for Skilled Nursing Facility Mental Health Services.

XVIII. Public Comments (3 min. per speaker)

XIX. Adjourn

Next Meeting: Monday, January 22, 2024 (4th Monday due to Holiday)

All agenda reports and supporting data, including those filed in accordance with Government Code Section 54957.5 (b) (1) and (2) are available from the Behavioral Health Advisory Board Assistant at bhabadmin@ventura.org or in person at Ventura County Behavioral Health, 2nd Floor, 1911 Williams Drive, Oxnard, California. The same materials will be available and attached with each associated agenda item, when received, at the following website: www.vcbh.org/en/behavioral-health-advisory-board-meetings.

Welcome to the meeting of the Behavioral Health Advisory Board of the County of Ventura. The following information is provided to help you understand, follow, and participate in the Board meeting:

Join the Zoom meeting by clicking the link provided on the agenda at the scheduled time and date. Zoom will initially start with a **waiting room** — you will be admitted into the meeting room when the meeting starts. All participants are muted upon entry to minimize any unintended disruption of background sounds. Please keep yourself mute unless you are speaking.

Note: The meeting is recorded.

Public Comments

- The Behavioral Health Advisory Board (BHAB) welcomes comments from the community, consumers, and family members.
- The BHAB operates under the Brown Act. This requires that all meetings be open meetings, with the agenda and minutes posted. A public comment period will be provided on all meeting agendas.
- Due to confidentiality laws, the Board is unable to respond directly to a public comment or to discuss client-specific issues without proper releases from the individuals concerned.
- At all BHAB meetings, the BHAB Assistant provides a Grievance Form for individuals who have concerns. The form is reviewed promptly by VCBH Quality Management. Individuals can also contact the BHAB Assistant to request a VCBH Grievance Form outside a BHAB meeting or call 1-888-567-2122.

Public comments on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker. Public comment periods are limited to no more than (20) minutes total for all speakers. 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.

- Individuals who have further concerns are welcome to return to the BHAB for assistance.

Public comments may be provided using one of the following options:

1. Email or Mail Public Comment in Advance of the Meeting

To make a written public comment, you must send an email to bhabadmin@ventura.org, with the specific agenda item or topic, if a general comment, by no later than 10:00 AM on the day of the BHAB meeting. Your written public comment may also be mailed to the following address and must be received by the BHAB Assistant no later than 10 AM on the day of the meeting:

BHAB Assistant, 1911 Williams Drive, Suite 200, Oxnard, CA 93036

Please indicate in the subject line the agenda item number (e.g., Item No. 9) on which you are commenting. Your written public comment sent via email or regular mail will be distributed to the BHAB Members and placed into the item's record of the meeting.

Or

2. In-Person Public Comment

If you are attending in-person, you may provide public comment when the Chair invites public comment.

Or

3. Video Public Comment using Zoom

You may use the raise hand feature when the Chair invites public comments in the following ways:

If you are running an older version of Zoom, you can raise your hand by clicking on the Participant button at the bottom of the Zoom screen and then click on the raise hand feature in that participant window.

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 the raise hand feature. Your hand will appear in the upper left-hand corner of your individual Zoom window as well as the participant window.

Call-In Public Comment using Zoom

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 after speaking.

Note: Your raised hand will appear TO THE HOST in the order it was received.

Comments are taken in the order they are received in the queue/participant window. When it is your turn to make a comment, you will be asked to unmute yourself. **Public comments on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker.** Public comment periods are limited to no more than (20) minutes total for all speakers. The assigned timekeeper will track each public comment time. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum. At the end of the three minutes, the next person in the comment queue will be invited to speak.

REMINDER: In order to minimize distractions during public meetings, all personal communication devices should be turned off or put in a non-audible mode.

Brown Act “Just Cause” or “Member Emergency” Allowance Guidelines for Board Members:

Requirements: A local board/commission member may participate remotely without posting their physical location on the agenda if all the following requirements are met:

1. Quorum at Physical Location - At least a quorum of the members of the board/commission participates in person from a singular physical location clearly identified in the agenda.
2. Public Access - (Both Remote and In-Person) The public may access the meeting through:
 - A two-way audiovisual platform or
 - A two-way telephonic service and a live webcasting of the meeting
 - In-Person Public Access to the physical location.

Circumstances: One of the following circumstances applies:

1. **“Just Cause”** - The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year. **or**
2. **“Emergency Circumstances”** - The member requests to participate in the meeting remotely due to emergency circumstances and the board/commission takes action to approve the request. The board/commission shall request a general description of the circumstances relating to the member’s need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information.

Procedures:

1. Member Request - A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The members shall make a separate request for each meeting in which they seek to participate remotely.
2. Board/Commission Response - The board/commission may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.
3. Disclosure - The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
4. BOTH Audio & Visual Participation - The members shall participate through both audio and visual technology.
5. Limits to Remote Participation - The provisions of this subdivision [of the Brown Act] shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

DEFINITIONS:

“Emergency circumstances”: A physical or family medical emergency that prevents a member from attending in person.

“Just cause” means any of the following:

1. A childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.
2. A contagious illness prevents the member from attending the meeting in person.
3. A need related to defined physical or mental disability that is not otherwise accommodated for.
4. Traveling while on official business of the Brown Act Bode or another state or local agency.
5. Just Cause is limited to two instances per calendar year.

For additional information, see pages 4+ of the Brown Act Guide: calbhbc.org/brown-act

GREG FRIEDMAN

gregf9@icloud.com

November 27, 2023

Janis Gardner
Chair, Executive Committee
Ventura County Behavioral Health Advisory Board
1911 Williams Drive
2nd Floor
Oxnard, CA 93036

Dear Ms. Gardner:

I am writing to you as the Chair of the Behavioral Health Advisory Board to accept this letter in its entirety as a public comment to get it on record and distribute to relevant Board members. This letter is regarding my objection to the reinstatement of the County's authorization for Vista del Mar Hospital to treat involuntary patients under the Lanterman-Petrus-Short Act.

As you will read below, there is a travesty playing out before our very eyes surrounding the apparent decision to reinstate Vista del Mar's LPS authorization. This includes:

- A long history of Vista del Mar's owner and his abhorrent business scheme that's resulted in a decades long pattern of deaths, negligence and abuse, two resulting hospital closures, and repeated known failures at many of his other hospitals in California and other states.
- Complicity in the ongoing failures at Vista del Mar Hospital on the part of the County as it chooses to ignore the systemic nature of these failures in its apparent intent to reinstate Vista del Mar's LPS authorization.

Referring directly to BHAB's stated mission in bold italics, these issues have everything to do with the ***"review, and evaluation of treatment services provided and/or coordinated through the Ventura County Behavioral Health Department"*** specifically related to Vista del Mar Hospital. Further related to BHAB's mission, I am posing it as a ***"special problem to ensure that services are provided that promote wellness and recovery, improving and maintaining the health and safety of individuals, families and communities affected by mental health and/or substance use issues."*** As a formally sanctioned yet independent advocate BHAB is ideally situated to evaluate the information and allegations in this letter and champion appropriate action within the County. This is why I chose to address this letter to you as the Chair, and request that you accept it as a formal Public Comment to get it on the record and distribute it to your staff and other members.

INTRODUCTION

This letter is in reaction to the 10/9/23 Notice of Action letter to the CEO of Vista del Mar Hospital (VDM) from Dr. Loretta Denering, Acting Director of Ventura County Behavioral Health

Department, and certain circumstance described later that related to Dr. Denering's letter having occurred since her letter was issued.

I am the father of Reilly Friedman whose death last year on the Martin Luther King holiday was referred to in the third bullet of Dr. Denering's letter. That letter temporarily suspended VDM's authorization to treat involuntary hold patients under the Lanterman-Petris-Short Act (LPS). In that letter Dr. Denering stated that on December 5, 2023 she intends to ask the County's Board of Supervisors to confirm the suspension decision and to fully terminate the authorization. Since then and referring to an October 17, 2023 VC Star article stating that Dr. Denering informed the Ventura County Behavioral Health Advisory Board that VDM had been presented with a "plan forward" if it chooses to accept it. This is a rather sudden and stunning shift in sentiment given the severity, history and circumstances surrounding the failures of Vista del Mar Hospital so clearly presented in her letter.

This public comment is to object to the reinstatement of VDM's authorization in the strongest possible terms in an effort to protect future LPS patients from becoming victims of the disgraceful and reprehensible business scheme of the owner of Vista del Mar with his decades long history of patient neglect, abuse and failures in California and other states.

LONG HISTORY OF DR. SOON KIM AND HIS NETWORK OF COMPANIES

Dr. Soon Kim is the sole owner of Signature Healthcare Services and a network of related companies. Signature owns 19 hospitals including Vista del Mar and eight others in California, and ten more in Arizona, Nevada, Texas, and Massachusetts. Dr. Kim's network of other companies provide a variety of paid services to these hospitals which is a huge business in itself. In VDM's case for example, in the 21 years that Dr. Kim has owned VDM, from 2002 - 2022, over 25% of VDM's Total Operating Revenue has been redirected to Signature and Dr. Kim's other companies in profits and services. More on this shortly.

More importantly, there is an abhorrent history and pattern of derelict failures of the same nature as those listed in Dr. Denering's letter throughout Dr. Kim's hospitals going back three decades that is well documented in public records.

In California alone the history of these failures goes back to at least 2006 with a long sequence of notorious deaths and other failures at Signature's Las Encinas Hospital in Pasadena. Additionally, according to deficiency reports available on the CDPH website going back to 2020 Signature's Santa Rosa Hospital and Bakersfield Behavioral Health Hospital both have their own troubling pattern of recent failures also of this same nature. I obtained CDPH deficiency reports for Vista del Mar going back to 2015 and there again the pattern continues. I encourage anyone reading this public comment to also read the CDPH deficiency reports regarding the failures cited in Dr. Denering's letter. I have no doubt that the reader will infer as I do that VDM is a hospital that is effectively out of control, as I suspect Dr. Denering knows all too well and was the basis of her intent to request termination of VDM's authorization.

In Detroit and Chicago Signature's hospitals were permanently shuttered. The circumstances behind these closures are horrendous. Chicago Lakeshore Hospital was closed in 2020 after the ACLU of Illinois successfully in November 2018 filed suit in federal court against the Illinois Department of Children and Family Services to have children under its care removed from the hospital due to a history of abuse and neglect. The Cook County Public Guardian

has an active federal civil rights case on behalf of some of those children against Signature and Dr. Kim. The court's opinion rejecting Dr. Kim's and Signature's motion to dismiss the case against them is particularly instructive in its similarities with what I suggest in this public comment regarding Dr. Kim's business scheme. (Refer to Golbert v. Chicago Lakeshore Hospital: Section C. Signature and Kim - Case #: 19-cv-08257 in the Northern Illinois District Court.) The 2002 closure of Greater Detroit Hospital was the tail end of what was also a horrendous past that began when Dr. Kim purchased the facility in 1994 which was his first acquisition after retiring as a physician. Here again, there was an extensive two-part investigative report in the Detroit Metro Times in January of 2003 also highlighting an obscene business scheme and ongoing neglect and abuse that ultimately lead to the hospital's closure.

DR. KIM'S BUSINESS SCHEME

As I will discuss in further detail shortly, the true source of all of these failures and history do not originate in the hospitals themselves, but with Dr. Kim himself through his business scheme to use his hospitals as vehicles to generate revenue that he in turn redirects as much of that revenue as possible to his other companies and ultimately into his own pocket. The net result of this are hospitals that are under-staffed, under-managed, under-capitalized, and generally exploited to whatever degree Dr. Kim can get away with. Think of the implications of how this type of environment impacts the employees and in turn their ability to provide quality care to the patients. This issue comes through very clearly in all the CDPH deficiency reports.

Dr. Denering's letter alludes to a systemic pattern effectively applying window dressings and bandaids to remedy the failures, and only after an agency gives VDM notice of the failures. But as I suggest this practice goes far beyond just Vista del Mar and at it's core this behavior originates with Dr. Kim. Dr. Denering states:

"Instead, it appears that the facility is opting to take a reactive strategy, and only wait until inappropriate situations and conditions reach the notice of an agency with jurisdiction, and at that point VDM will draft a plan of correction describing policy changes and one-time educational efforts."

This is precisely how Dr. Kim's hospitals have done business since Signature's inception. And again if one looks at the history just in California this has been happening as far back as you look.

I want to offer some hard numbers I obtained through analyzing and consolidating VDM's Hospital Disclosures that are publicly available on the website of the California Department of Healthcare Access and Information. As I mentioned earlier, between 2002 and 2022, \$91.7M (25.6%) of \$357.5M in Total Operating Revenue has been redirected to Signature and Dr. Kim's other companies that do business with VDM. About a third of that redirected cash is VDM's net profit that signature has extracted over the years, with the other two-thirds paid to Signature and Dr. Kim's other companies for hospital management, data processing services, and rent for the VDM facility. Additionally, in 2017 Dr. Kim sold and leased back six hospital properties including VDM for just over \$380M. The allocation the buyer assigned for the VDM property is \$51.7M.

It appears from these disclosures that one of Dr. Kim's other companies called Vista Del Mar Mental Health Network is the middleman entity leasing the facility from the company it was

sold to in 2017 and in turn this entity relets the facility back to VDM. VDM's annual rents in 2022 were nearly \$5.2M which is 3.5 times what they were in 2016 before the properties were sold. As a percentage of Total Operating Revenue rents increased from 7% in 2016 to 29% in 2023.

I am not alleging that this financial brinkmanship is or is not illegal in and of itself. But the amount of money involved is staggering. Given Mr. Kim's horrendous history, track record of failures, sub-standard patient care, and everything known from prior CDPH investigations, one is compelled to question the motivations and business scheme of Dr. Kim.

DR. KIM'S FAILURES AND ABUSE MUST BE STOPPED

Dr. Kim has continued enriching himself at the expense of his hospitals' (as Dr. Denering thoughtfully stated) "uniquely vulnerable" patients long enough and it must stop here and now. On a personal level I remain confounded how VDM's actions so clearly lead to the death of my daughter yet there's never been any direct penalty or action from any oversight agency despite a conclusive CDPH investigation. While I can't bring Reilly back, it is my hope that this information fully exposing Dr. Kim might help prevent more tragedies from occurring.

Any punitive action is left to the patients and their families to pursue in civil and federal court. Despite numerous successful cases against Dr. Kim and many more pending against he and his companies, he continues operating the same way and the failures continue to mount and even accelerate. How in the world has he gotten away with this for thirty years? At some point this seems like criminal behavior although I'm not making that allegation.

Nevertheless Dr. Kim is a very bad actor with a mountain of history to show it. If Vista del Mar's authorization is reinstated without sufficient investigation it would in effect be yet another in a long string of free passes to continue stuffing his pockets with dirty money at the expense of his patients and their families.

Let's not forget that these "uniquely vulnerable" LPS patients have every right to expect to receive an appropriate degree of specialized mental health care that the County is obligated to deliver. First and foremost that obligation includes the right to receive care in a safe venue. Vista del Mar's long history of repeated failures proves over and over that it fails the County and its patients on both counts of patient safety and quality care. This is one important factor that leads one to suspect that the county may well be complicit in these ongoing failures. It would be nothing short of reckless to place these patients in Signature's proven unsafe facilities prior to a full investigation of the motives and practices of Dr. Kim, Signature, and his other companies. Again, I object to a reinstatement of LPS authorization in the strongest possible terms.

VENTURA COUNTY IS COMPLICIT IN VISTA DEL MAR'S FAILURES

Dr. Denering's 10/9/23 letter is extremely well crafted in laying out the case to justifiably suspend and terminate VDM's LPS authorization. Yet a week after it was sent, as I described earlier, VDM very surprisingly and for unexplained reasons was offered a "plan forward".

This sudden change in sentiment needs to be explained and I think that explanation has surfaced over the last few weeks. It appears likely that her decision to suspend and request

termination of VDM's authorization has already been overridden and that decision effectively has already been made in advance of the Board of Supervisors meeting on 12/5/23.

Something happened in the last week that not only brings clarity to the sudden change in sentiment but in my mind shows that Ventura is both complicit in Vista del Mar's failures and I would argue that VDM may effectively be an agent of the Ventura County Healthcare agency that's central to it's strategy and execution of part of that strategy. At last week's General Meeting of the Behavioral Health Advisory Board on 11/20/23, Barry Zimmerman used what is normally Dr. Denering's slot in that meeting to offer higher level perspective of what the Agency is focused on. Mr. Zimmerman is the person Dr. Denering directly reports to and the Director of the Ventura County Healthcare Agency which oversees Ventura County's entire healthcare system including Ventura County Behavioral Health.

At that meeting, Mr. Zimmerman discussed the VDM suspension in the overall context of how important VDM is in the Agency's strategic plans and how they and VDM are working together on corrective action in order to continue their relationship. Among Mr. Zimmerman's comments were:

"...and the reason I bring that up is as you know you've been informed that the designation associated with this and their LPS activities has been withdrawn from them at this point in time..."

and

"...however there are efforts working with them we see them as part of our network and services so we are working and they are working with us on corrective action and bringing it up to the standards that are appropriate for continuing our relationship with them."

Mr. Zimmerman's comments completely trivialize Dr. Denering's letter to the point that it is to become irrelevant and forgotten. His comments show just how embedded VDM is within the County and how the County has already decided that cozy relationship will continue and grow. This to me not only explains Dr. Denering's sudden change in sentiment but also is a very strong indication of the County's long history of complicity and explains how VDM has gotten away with so many failures for so many years with minimal recourse.

A YouTube video of Mr. Zimmerman's comments is available at this link: <https://www.youtube.com/watch?v=Jo7MOv86H2A>. The topic starts about 3:36:45. Mention of VDM's suspension is around 3:40:40 and concludes about 3:42:20.

There is another potentially important aspect of the County's complicity that may also be playing out that I feel compelled to point out since hearing Mr Zimmerman's comments.

After a little more than a year on the job, Scott Gilman who was hired last year as the new Director of VCBH, was placed on a leave of absence in August of this year with no reason given. In speaking with people in various advocacy capacities in the area there is a sense that Mr. Gilman's leave of absence may well be related to the action he was taking against Vista del Mar which I am told began only months into his tenure. He was then put on leave just days before that action was to advance to the next level. Admittedly this is hearsay and speculative but I think it's relevant and a reasonable concern given the overall circumstances, the lack a stated reason for, and the timing of the leave of absence. Consider that in the

overall context of what is presented in this public comment. If it is shown the leave of absence is for other reasons, then so be it and people will be aware of that as well.

CONCLUSION

This is a travesty of many dimensions playing out right before our eyes. It is my hope this public comment will help raise the awareness with individuals and agencies that might influence the ultimate disposition of VDM's authorization despite the County's apparent decision that was made in advance of the 12/5 Board of Supervisors meeting. It should be clear that there is a much bigger picture to the failures and deficiencies that only begins with Vista del Mar. At it's core the failures and responsibility lies with Dr. Kim and his network of companies. Dr. Kim and his companies are further enabled through the complicity of the County and others in Dr. Kim's long history of egregious practices. Even if as Mr. Zimmerman remarks that the County will work with VDM to bring them up to appropriate standards, it does nothing to truly resolve the longstanding and ongoing issues as Dr. Denering describes in her letter. Nor does it in any way change Dr. Kim's motivations and business scheme.

I realize the implications of what's presented here with respect to Dr. Kim and his nine California hospitals goes well beyond Ventura County. I'm sure many people reading this are well aware of all the recent legislation in the State to expand and genuinely reform the mental healthcare system in California. Dr. Kim's California facilities include 1020 licensed beds and I can only imagine the difficulty these issues present for the State. But real mental healthcare reform must necessarily include removing bad actors such as Dr. Kim. For me it's unfathomable to think this travesty playing out with Vista del Mar in Ventura County will be allowed to continue and extend throughout the State. I hope BHAB and others will join me in watching how this plays out and rise up to prevent further abuse and wrongdoings.

This public comment CCs the same people and oversight agencies as Dr. Denering's letter. Also added were the ACLU of Southern California and the Division of Medicaid Fraud and Elder Abuse both of which I have submitted formal complaints with.

Virtually everything stated in this public comment is supported by publicly available information. Feel free to contact me for any of the source information or further details regarding the analysis of the HCAI financial data.

Very sincerely, and with all my heart as it bleeds for my daughter and all the others victimized by Dr. Kim over many years. Let's not let this continue.

Greg Friedman
gregf9@icloud.com

Attachment: Dr. Denering's 10/9/23 Notice of Action Letter

Cc: Tyler Sadwith
Deputy Director, Behavioral Health
Department of Health Care Services
Mail Stop 4100
P.O. Box 997413
Sacramento, CA 95899-7413

Henry Omoregie
Chief, Mental Health Licensing Section
Licensing and Certification Division
Department of Health Care Services
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Dari Bracamonte, RN, BSN
District Administrator
California Department of Public Health
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Ventura District Office
1889 N. Rice Avenue
Oxnard, CA 93030

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

California Department of Justice
Division of Medi-Cal Fraud and Elder Abuse
P.O. Box 944255
Sacramento, CA 94244-2550

ACLU of Southern California
1313 W 8th St
Suite 200
Los Angeles, CA 90017

October 9, 2023

VIA U.S. CERTIFIED MAIL AND ELECTRONIC MAIL

Colton Reed, MBA
Chief Executive Officer
Vista del Mar Hospital
801 Seneca Street, Ventura, CA 93001
Colton.Reed@signaturehc.com

Dear Mr. Reed:

I recently assumed the position of Acting Behavioral Health Director and Mental Health Director for the County of Ventura (the "County"). In that position it is my responsibility to continue with the follow-up to the Notice of Violation you received in June 2023 (Exhibit A, the "Notice of Violation") detailing the County's serious concerns about repeated failures by Vista del Mar Hospital ("VDM") regarding patient rights amounting to neglect.

I have reviewed the information collected and presented to Director Scott Gilman, including VDM's July 24, 2023 response to the County's Notice of Violation (Exhibit B); I was also advised of additional concerning information and incidents that have become known to the County in the interim, discussed below. Based on this information and a lack of progress by VDM to remedy these concerns, it is necessary to suspend your facility's designation and authorization to evaluate and treat involuntary patients under the Lanterman-Petris-Short (LPS) Act effective 8 a.m. on October 16, 2023. This suspension will be in place on a temporary basis until December 5, 2023, when I intend to ask for confirmation of this decision and termination of our LPS designation by the County's Board of Supervisors.

As noted above, this decision is based on all of the information I have reviewed. In addition to the violations cited in the Notice of Violation, the information substantiates the following patterns since at least 2021 to present:

- Negative outcomes ***directly after discharge*** from inpatient psychiatric hospitalization, as evidenced by:
 - Suicide attempt after discharge without assessment (August 2021)
 - Involuntary patient discharged without outpatient coordination – died within 3 days (September 2021)
 - Involuntary patient discharged without housing prior to the expiration of their Welfare & Institutions Code Section 5250¹ hold before a 3-day holiday weekend. Patient found in a motel room on the holiday Monday having completed suicide by overdose on the medications prescribed by VDM (January 2022)
 - Adult patient received "unsafe discharge" with minimal same day collaboration with the VCBH outpatient team. Patient is accused of murdering and dismembering his mother the day after discharge (May 2022)
 - Patient discharged via UBER without coordination for housing, treatment or plan for obtaining prescribed medications (August 21, 2023)
 - Patient discharged with and took medications belonging to another patient (August 31, 2023)

¹ All section references are to the Welfare & Institutions Code unless otherwise stated.

- Negative outcomes and non-compliance with requirements **during inpatient psychiatric hospitalization**, as evidenced by:
 - Patient received another patient’s discharge orders and medical information (November 25, 2022)
 - Minor patient completed their second suicide attempt on the VDM inpatient psychiatric unit during weekday daytime hours (May 2022)
 - Five patients restrained or secluded without physician orders (June to August 2022)
 - Patient allegation of rape in the facility not reported (July 22, 2022)
 - Patient committed self-harm with a razor blade, after incomplete “safety check” and failure to implement ordered 1:1 monitoring (September 26, 2022)
 - Patient-to-patient assault when overnight rounds not conducted as ordered by physician (October 13, 2022)
 - “Kissing, assault, biting and fighting” between two minor patients because physician order for observation not implemented (November 12, 2022)
 - Patient was able to drink the contents of a chemical ice pack due to non-implementation of physician order for 1:1 observation (November 15, 2022)
 - 30 out of 36 patients receiving psychotropic medications did not give documented informed consent to administration of those medications (November 11, 2022)
 - Mental Health Worker used unprovoked excessive force against a patient (November 18, 2022)
 - Four units operated without mandated licensed staffing (December 2 and 3, 2022)
 - Licensed Nurse escalated verbal altercation with patient to physical confrontation (December 11, 2022)
 - Sedated patient not observed 1:1 as ordered, fall with rib fractures (December 17, 2022)
 - Covid outbreak (3 patients) not reported to California Department of Public Health and Ventura County Department of Public Health (April 2023)
 - Inappropriate sexual touching between two adolescent patients not reported to Child Protective Services (May 5, 2023)
 - Patient physically restrained twice in violation of facility policy (June 12, 2023)

- **Chronic and continuing errors with section 5150s, 5250s, Reize petitions and 5260s**, as evidenced by:
 - Six patients that physicians sought to retain being released because of errors, despite 2021 plan of correction
 - Patients discharged “Against Medical Advice” while still on section 5150 or 5250 holds

It is my understanding that in response to Director Gilman’s Notice of Violation you provided the document attached as Exhibit B.

Having reviewed Exhibit B as well as information that we continue to receive about the practices at your facility, we cannot find evidence of a detailed, reliable and routinely monitored plan to protect the rights of patients receiving care at VDM. Instead, it appears that the facility is opting to take a reactive strategy, and only wait until inappropriate situations and conditions reach the notice of an agency with jurisdiction, and at that point VDM will draft a plan of correction describing policy changes and one-time educational efforts. Frequent changes in staff at your facility result in deficiencies being blamed on someone no longer employed there. Requests for necessary equipment go unanswered or are deferred to decisions by “corporate” not those, like yourself, charged with operating the facility day to day. We have not received any information that VDM is taking proactive measures to address the types of issues cited in the County’s Notice of Violation or herein.

Patients cared for under the Lanterman-Petris-Short Act's involuntary treatment provisions are uniquely vulnerable. They usually have not sought out treatment and enter your facility in a stage of their illness that prevents them from being effective advocates for their own rights and needs.

I have therefore determined that it is necessary to suspend your facility's LPS designation and authorization to evaluate and treat involuntary patients effective 8 a.m. October 16, 2023. This suspension will be in place on a temporary basis until December 5, 2023 when I intend to ask for confirmation of this decision by the County's Board of Supervisors.

Suspension means:

- Your facility may not admit, evaluate or treat involuntary patients while its LPS designation is suspended. This includes patients whose involuntary evaluation or treatment started outside of Ventura County.
- Involuntary patients located in your facility at the time of your suspension should continue to receive clinically appropriate care until the time of their appropriate discharge.
- Your facility's license to operate and treat voluntary patients is not affected by the suspension.

If you have any questions about the suspension, please contact me. If you wish to present additional information before December 5, 2023, I am willing to review it and meet with you.

Sincerely,



Loretta L. Denering, DrPH, MS
Acting Mental Health Director

Cc: Soon K. Kim, MD
1450 W Long Lake Road, Suite 340
Troy, MI 48098

Tyler Sadwith - tyler.sadwith@dhcs.ca.gov
Deputy Director, Behavioral Health
Department of Health Care Services
Mail Stop 4100
P.O. Box 997413
Sacramento, CA 95899-7413

Henry Omoregie - Henry.Omoregie@dhcs.ca.gov
Chief, Mental Health Licensing Section
Licensing and Certification Division
Department of Health Care Services
Mail Stop 4100
P.O. Box 997413
Sacramento, CA 95899-7413

Dari Bracamonte, RN, BSN - dari.bracamonte@cdph.ca.gov
District Administrator
California Department of Public Health
Licensing and Certification Division
Ventura District Office
1889 N. Rice Avenue
Oxnard, CA 93030

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Notice of Action

Suspension of Lanterman Petris Short (LPS) Facility Designation

Ventura County Local Mental Health Director

Effective Date: 8 a.m. Pacific Standard Time on October 16, 2023

Involuntary detention under the Lanterman Petris Short (LPS) Act constitutes a significant deprivation of civil liberties that is supported under limited circumstances described in law and regulation. Involuntary detention and treatment is deemed necessary to protect the safety of certain individuals and the community in circumstances

Authority to involuntarily detain and treat mental health patients is vested by state law in each County's Local Mental Health Director. The Local Mental Health Director may designate one of more facilities to provide evaluation and treatment services for persons who, as a result of a mental disorder, are judged to be dangerous to self or others and/or gravely disabled. The

Local Mental Health Director may also investigate any alleged or suspected violation of the rights of patients detained and treated at such facilities and take action to protect and preserve those rights and the safety of such patients.

ACCORDINGLY, UNDER THE AUTHORITY OF THE CALIFORNIA CONSTITUTION, CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5008(n), 5150, 5152, 5206, 5213, 5250, 5250.1, 5266, 5325, 5326.9, 5400, and 5404, TITLE 9 CALIFORNIA CODE OF REGULATIONS SECTIONS 821 THE VENTURA COUNTY LOCAL MENTAL HEALTH DIRECTOR HEREBY ORDERS:

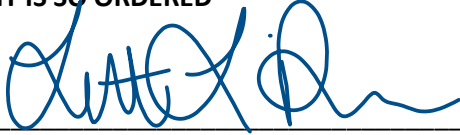
That **the designation and authorization of Aurora Vista Del Mar** (aka "Vista del Mar Hospital", "Vista del Mar Behavioral Healthcare Hospital"), **801 Seneca Street, Ventura, CA 93001** to evaluate, detain and treat persons detained involuntarily under the **Lanterman Petris Short Act (LPS)** (Welfare and Institutions Code Section 5000 ff.) **is hereby suspended as of the effective date and time above.**

- (a) after that time and date individuals meeting LPS criteria for care under the Welfare and Institutions Act must be admitted to other designated facilities within Ventura County or other Counties;
- (b) that patients located in Aurora Vista del Mar at the that time will continue to receive clinically appropriate care until the time of their appropriate discharge;
- (c) Aurora Vista del Mar continues to be licensed by the State of California as a psychiatric hospital, but it may no longer detain, evaluate, or treat involuntary patients receiving care under the LPS Act.

LPS detention and treatment cannot be provided at non-LPS-designated facilities. Effective 8 a.m. Pacific Standard Time on October 16, 2023, Aurora Vista Del Mar will no longer be an LPS designated facility and cannot admit involuntary patients.

* * *

IT IS SO ORDERED



Loretta L. Denering, DrPH, MS
Acting Local Mental Health Director

Exhibit A



A Department of Ventura County Health Care Agency

Scott Gilman, MSA
Director

Jason Cooper, MD
Medical Director

June 22, 2023

VIA U.S. CERTIFIED MAIL AND ELECTRONIC MAIL

Colton Reed, Chief Executive Officer
Aurora Vista Del Mar Hospital
801 Seneca Street
Ventura, CA 93001
colton.reed@signaturehc.com

**RE: NOTICE OF PATIENTS' RIGHTS VIOLATION
[WELFARE AND INSTITUTIONS CODE SECTION 5326.9]**

Dear Mr. Reed:

I write in my role as the local Mental Health Director for Ventura County.

The California Welfare and Institutions Code ("WIC") provides that persons involuntarily detained for evaluation and treatment shall continue to have certain rights, including but not limited to the right to prompt medical care and treatment and the right to be free from harm, abuse, and neglect. (See WIC §§ 5325, 5325.1.) Local mental health directors, in addition to the California Department of Health Care Services, are tasked with protecting these patients' rights. Specifically, local mental health directors are required to investigate alleged or suspected violations and issue notices of violation where violations have occurred. (WIC § 5326.9 (a)) Upon issuance of a notice of violation, local mental health directors are authorized to, among other things, (i) require that violations be corrected within a specified period of time and (ii) revoke a health facility's designation and authorization to evaluate and treat persons detained involuntarily. (WIC § 5326.9 (b)(1) and (3))

Over the past two years, Ventura County Behavioral Health ("VCBH") has investigated a number of incidents where Aurora Vista Del Mar Hospital ("VDM") was alleged or suspected of violating patients' rights. These incidents include several separately investigated and substantiated by the California Department of Public Health's Licensing and Certification Program. During 2022 - 2023 alone Licensing and Certification has substantiated rights violations resulting in patient on patient assaults, disclosure of patient protected health information, patient injury requiring transfer to an acute care facility, administration of antipsychotic medication without consent or Court Order, and the inappropriate discharge of a patient who is accused of murdering a family member. Upon review of VCBH's and CDPH's investigations, I have determined that the incidents evidence repeated VDM failures that have amounted to violations of patients' rights to be free from harm and neglect, to prompt care and treatment, and to privacy. (WIC, § 5325.1(b)-(d)) Moreover, because discharge planning and care coordination have been issues in almost all incidents that VCBH itself has investigated I have determined that VDM's failure to ensure proper discharge planning and care coordination demonstrates a history and pattern of VDM neglect.

Mr. Reed, Aurora Vista Del Mar CEO
RE: Notice of Violation of Patients' Rights
June 22, 2023
Page 2 of 2

Accordingly, I am issuing this Notice of Violation ("NOV"). (WIC, § 5326.9, subd. (a))

As explained above, I am authorized to (i) require VDM to take actions to correct violations and/or (ii) revoke VDM's designation and authorization under WIC Section 5404 to evaluate and treat patients detained involuntarily. (WIC, § 5326.9, subd. (b)(1), (3)) Given the seriousness of the past violations and their effect on patients I am requiring that VDM provide no later than July 24, 2023, a detailed written plan to prevent future patient rights violations, including identification and copies of the facility's related policies and procedures, methods for monitoring compliance with those policies and the individual's assigned responsibility for both compliance and monitoring each. Beginning on August 1, 2023, each component of your plan must be able to be confirmed to my satisfaction. During this period my staff will be visiting with you frequently to review your progress. If VDM fails to make a good faith effort to document and implement its plan within the next 30 days, then I will consider all available options to protect Ventura County's mental health patient population, including but not limited to revoking VDM's designation and authority to evaluate and treat involuntary patients.

If you have any questions regarding this NOV, please contact me.

Sincerely,



Scott Gilman
Mental Health Director
Ventura County

Cc: Soon K. Kim, M.D.
1450 W. Long Lake Rd., Ste 340
Troy, MI 48098

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Exhibit B

Identified Area	Corrective Measures Taken or to be Taken	Monitoring	Assigned Person Responsible	Date Completed or will be Completed.
Patient Rights Audit Findings	<ol style="list-style-type: none"> 1. Section 1 Policy Review <ol style="list-style-type: none"> a. The policy revisions and clarifications have been completed and the drafted changes are ready for review by VCBH PRA. 2. Section 2 Form Review <ol style="list-style-type: none"> a. Section is still in progress and will be completed and submitted to VCBH PRA by 8/1/2023. 3. Section 3 Staff Interviews <ol style="list-style-type: none"> a. Patient Rights training sessions are currently being coordinated with the VCBH PRA. Sessions will be scheduled by August 1st and all staff will attend trainings during the month of August. 4. Section 4 Facility Review <ol style="list-style-type: none"> a. Section is still in progress and will be completed and submitted to VCBH PRA by 8/1/2023. 5. Section 5 Chart Review <ol style="list-style-type: none"> a. Section is still in progress and will be completed and submitted to VCBH PRA by 8/1/2023. 		Quality Improvement Director	Pending Review 8/1/23 8/1/23 8/1/23 8/1/23
Discharge Planning	<ol style="list-style-type: none"> 1. AMA Discharge Policy <ol style="list-style-type: none"> a. Updated and submitted to PRA for review. 2. AMA Discharge Process Training <ol style="list-style-type: none"> a. Training was provided regarding the requirement of provider order for the discontinuation of a legal hold, prior to patient discharge. Education included necessary documentation if patient no longer meets hold criteria. 	The nursing department monitors compliance through monthly audits of 30 closed records. Results and any necessary action plans are reviewed by leadership in the monthly QAPI meetings	Quality Improvement Director Chief Nursing Officer	Pending Review 1/26/23

	<p>Physician education occurred during MEC 1/26/23.</p> <ul style="list-style-type: none"> b. Retraining of all RNs regarding discharge process including AMA form documentation was completed by February 19, 2023. c. QI Coordinator collaborates with physician and nurse to ensure appropriate process is followed for changes or discontinuation of legal holds. d. QI coordinator tracks and reports legal hold status changes to leadership Monday-Friday in morning FLASH meetings, weekend projection occurs on Fridays. <p>3. Aftercare Planning</p> <ul style="list-style-type: none"> a. Director of Clinical Services provided training to all social services staff on 1/25/23 reviewing facility policy that the discharge planning process starts within 24 hours of admission, and is then reviewed frequently prior to discharge. <ul style="list-style-type: none"> i. Case Managers will engage patients with discharge planning with 24 hours of admission, 7 days a week. b. Director of Clinical Services conducted in-services for all therapists on 12/7/22, 12/28/22, 1/19/23, and 1/23/23, education included requirement to include Discharge Planning in the Treatment Plan Review weekly. 	<p>The Clinical Services Director monitors compliance through monthly audits of 30 closed records. Results and any necessary action plans are reviewed by leadership in the monthly QAPI meetings</p> <p>Ongoing monthly staff meetings are held with the social services team to educate and train on any identified areas of need from the monthly audits.</p>	<p>Director of Clinical Services</p>	<p>1/25/2023</p>
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	<ul style="list-style-type: none"> i. Any changes to the original discharge plan should be reflected in the treatment plan or the treatment plan review. c. The Facility restructured the case management team and implemented a lead case manager May 21, 2023 to support all units with discharge planning, aftercare completion and submission to the next level provider. 			
Informed Consent	<p>1. Informed Consent for Psychotropic Medication: Policy</p> <ul style="list-style-type: none"> a. Revised to reflect current practice, on 9/23/22. b. Physician training occurred on 9/22/22, reviewing the following details; MD is required to complete consent form in EHR at time of order entry of new psychotropic medication, Consent form must include medication name and dosage range. Medication form must be signed by MD and patient or guardian as appropriate c. Nurse meetings for all staff occurred on 9/22-9/23/2022. Topics reviewed included: Medication consent policy review- including MD requirement to complete informed consent / telephone consent process. Medication cannot be given to patients without confirmation of signed informed consent. EHR process for confirming informed consent is complete. 	<p>The quality department tracks compliance through monthly audits of 30 closed records. Results and any necessary action plans are reviewed by leadership in the monthly QAPI meetings.</p>	<p>The Chief Medical Officer</p>	<p>9/23/22</p>

	<p>3. HIPPA</p> <ul style="list-style-type: none"> a. All staff receive training related to patient confidentiality and Protected health information upon hire. b. All belongings and patient's own medication are inventoried at admission, labeled, and stored per policy. Paperwork, belongings, and medication are returned to the patient at discharge. 	<p>Any reported or known potential HIPPA violations are investigated and reported to the appropriate agencies per policy/regulation.</p> <p>Retraining of all RN's regarding discharge process and documentation was completed by February 19, 2023. A checklist was created for the nursing team to ensure that the correct documents / items are given to the correct patients at time of discharge. This checklist is reviewed by the house supervisor. Any concerns are reported to the CNO immediately.</p>	<p>Chief Nursing Officer</p>	<p>2/19/23</p>
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Overview of Legislation
AB 531, SB 326
(Proposition 1) & SB 43



VENTURA COUNTY
BEHAVIORAL HEALTH

Board of Supervisors

December 5, 2023

Primary Responsibilities

Behavioral Health Department

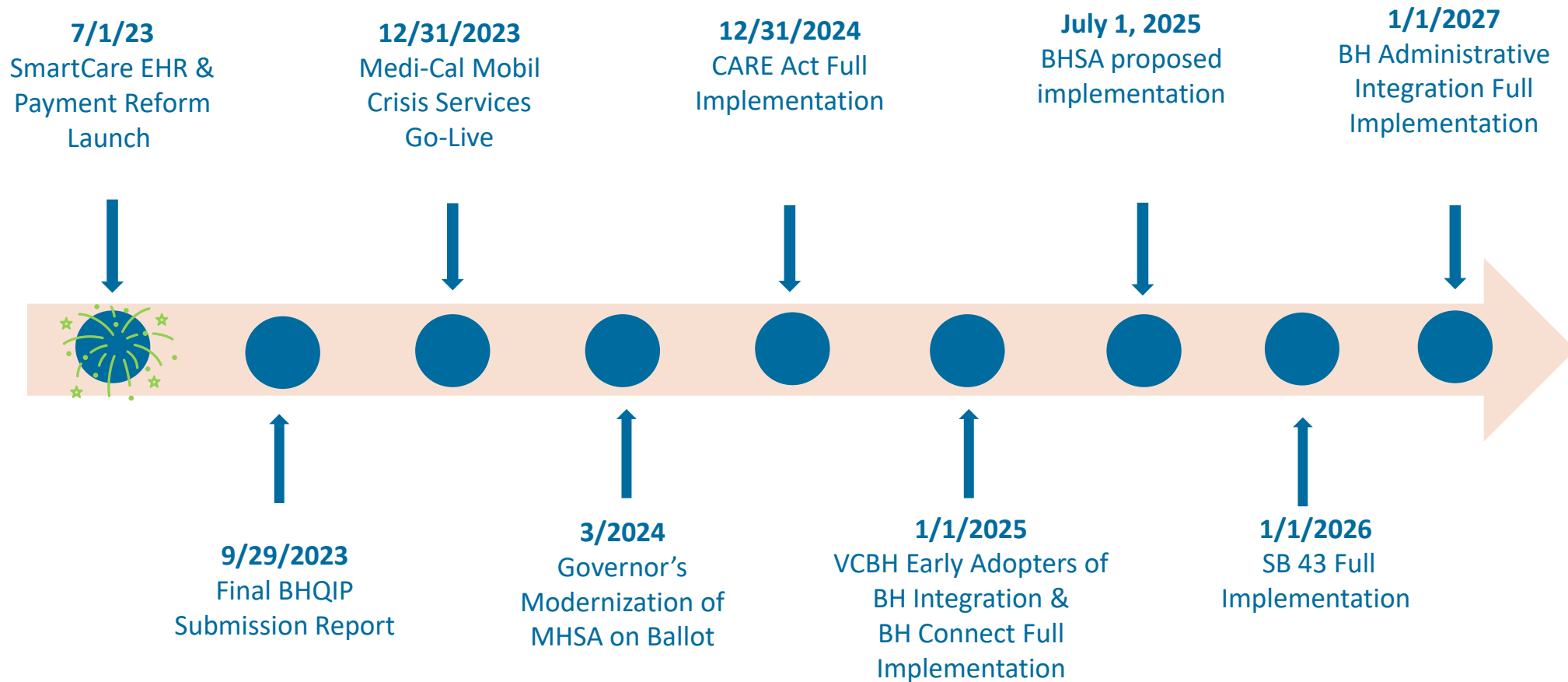
Main Organizational Responsibilities:

- Mental Health Plan Administrator
- Specialty Provider Network for Seriously Mentally Ill (SMI)
 - Direct Provider of Services
 - Contracted Network of Providers
- Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan Administrator
 - Provider Network of Substance Use Disorder Service
 - Contracted Network of Providers

Major Program Areas:

- Specialty Mental Health Services – Medi-Cal
- Mental Health Services Act
- Substance Use Disorder
- Managed Care Services

Changes to the Behavioral Health System



Major Legislation

AB 531 – Enacts the Behavioral Health Infrastructure Bond Act of 2023, a major component of the Governor’s behavioral health modernization proposal. The measure includes \$6.38 billion for housing and treatment, including acute psychiatric beds.

SB 326 – Revises and recasts the Mental Health Services Act (MHSA) as the Behavioral Health Services Act (BHSA), representing the second major component of the Governor’s behavioral health reform package.

AB 531 / SB 326

SB 43 – Expands the definition of “gravely disabled,” for purposes of involuntarily detaining an individual, to include a condition in which a person, as a result of a severe substance use disorder (SUD) or co-occurring mental health disorder with severe SUD, is unable to provide for their personal needs. Includes personal safety and necessary medical care as “personal needs.”

**Proposition 1
(March Ballot)**

Other Legislation & CalAIM

AB 1412 – Removes borderline personality disorder as an exclusion from the Pretrial Prison Diversion program, allowing individuals to be eligible for pretrial diversion, including that individual’s mental disorder.

Behavioral Health Specific CalAIM System Changes

Policy Implementations - CalAIM	Go-Live
Criteria for Specialty Mental Health Services (SMHS)	Jan. 2022
Drug Medi-Cal Organized Delivery System Policy Improvements	Jan. 2022
Drug Medi-Cal American Society of Addiction Medicine Level of Care	Jan. 2022
Documentation Redesign for SUS & SMHS	July 2022
No Wrong Door (open access)	July 2022
Standardized Screening and Transition Tools	Jan 2023
Behavioral Health Payment Reform (CPT Codes and IGT Funding)	July 2023
Behavioral Health Connect	Jan. 2025
Behavioral Health Administrative Integration	Jan. 2027

AB 531 – Proposition 1

Assembly Bill 531 includes a \$6.38 billion general obligation bond to build 11,150 new treatment beds and supportive housing units as well as outpatient capacity to help serve tens of thousands of people annually – from intensive services for unhoused people with severe mental illness, to expanding infrastructure under the Behavioral Health Continuum Infrastructure Program.



\$4.4 billion: Treatment beds and sites – community-based clinical care.

\$1.5 billion will be specific for local governments.



\$2.0 billion: Permanent supportive housing units with *\$1.065 billion set aside for veteran's housing.*

SB 326 – Proposition 1

Modernizes and reforms the Mental Services Act (MHSA), which was passed as Proposition 63, 2004. The proposed reforms are summarized as follows:

- Expand services to include treatment for those with substance use disorder.
- Prioritizes care for those with most serious mental illness
- Provide ongoing resources for housing and workforce
- Continue MHSA programs for prevention, early intervention, and innovative pilot programs
- Implement new and increased accountability from the State for all services performed by Counties

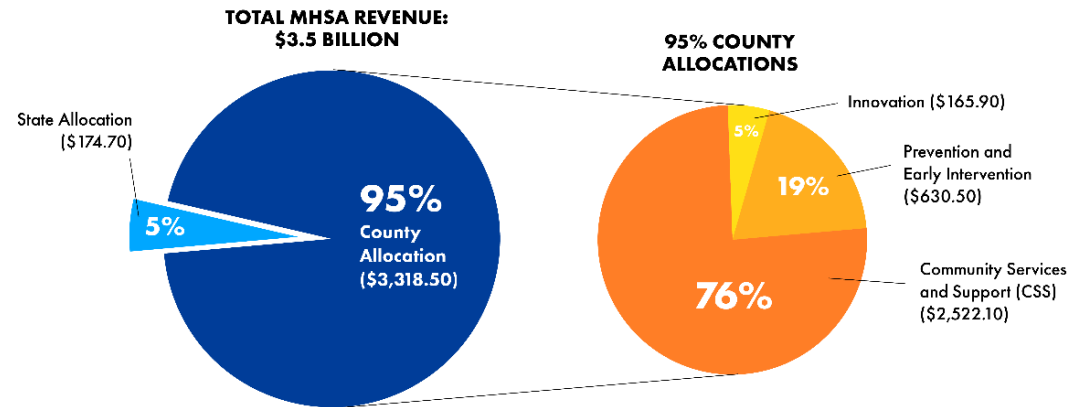
SB 326 - Funding Proposition 1

Revises and recasts the Mental Health Services Act (MHSA) as the Behavioral Health Services Act (BHSA).

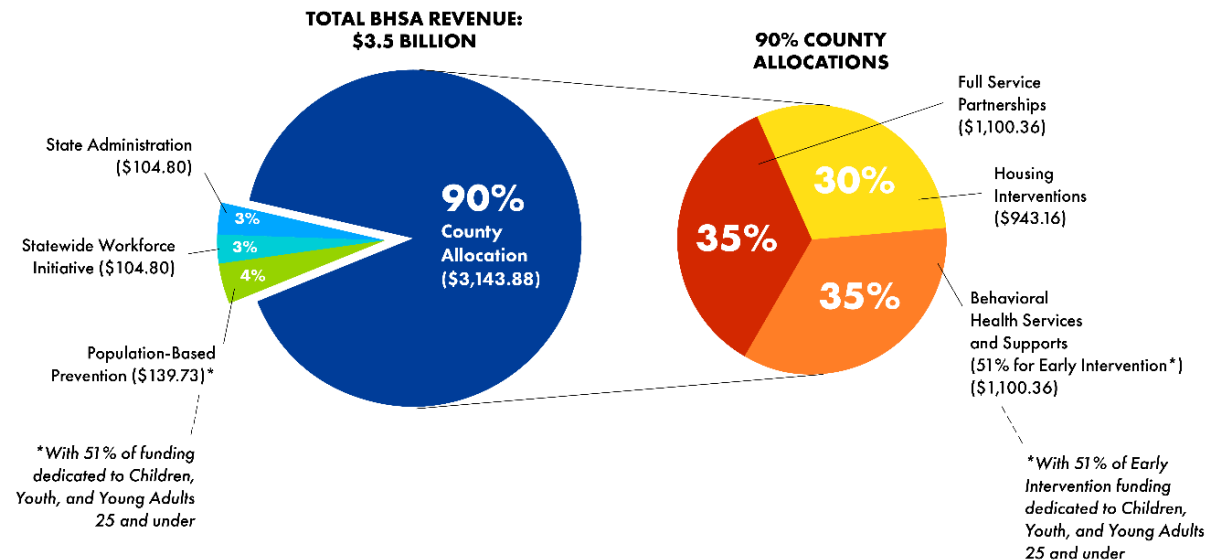
Re-prioritizes the use of MHSA Funding and shifts oversight and accountability to the State.

Total County allocation State-wide decreases by 5% and shifts 30% of the available funding to housing as a new service line.

CURRENT ALLOCATION

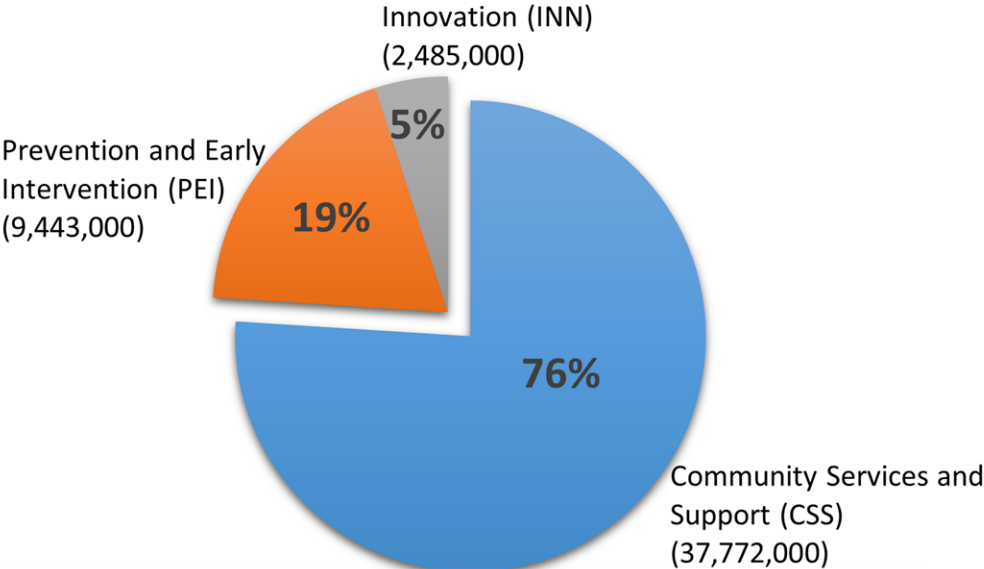


PROPOSED ALLOCATION

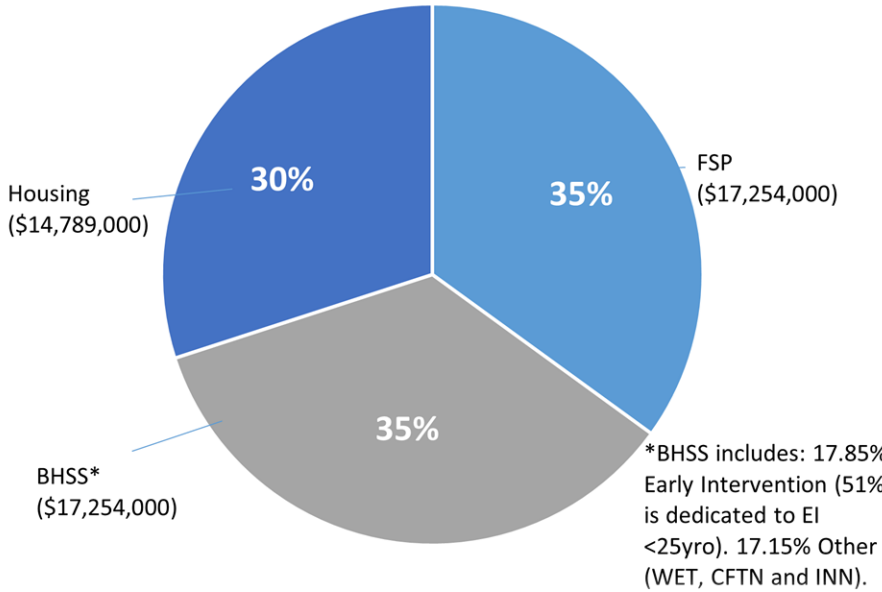


Current Budgeted Use of MHSA Funds

FY 23-24 MHSA Adopted Budget



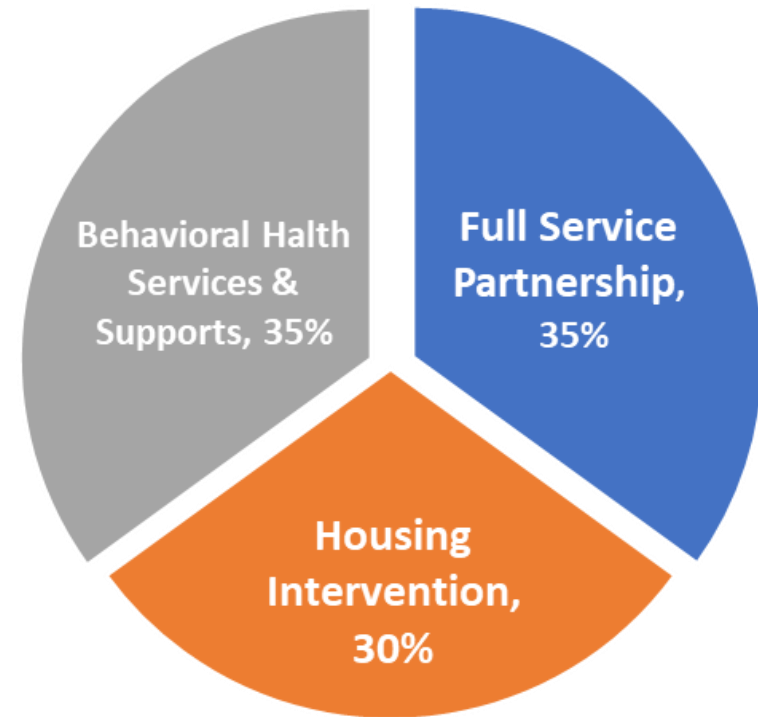
FY 22-23 Actual Costs New Category



SB 326 – Mental Health Reform Details

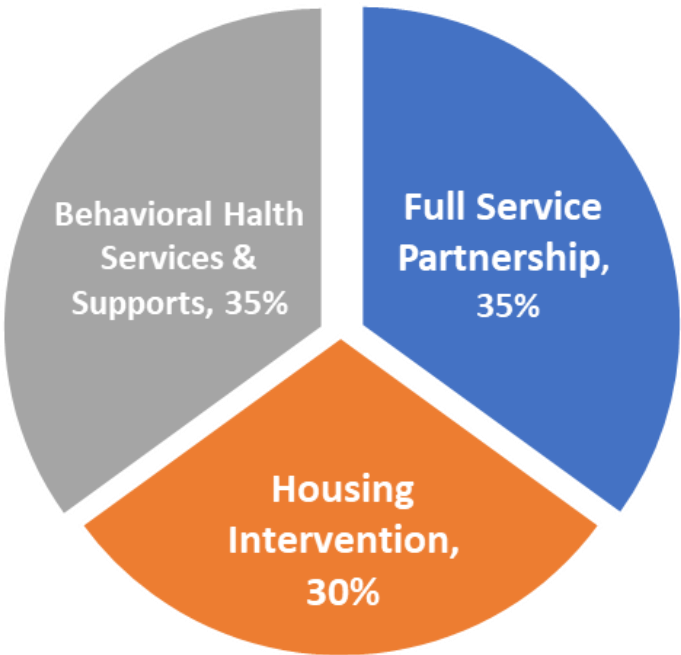
- **Adds treatment for substance use disorders (SUD) without a co-occurring Mental Health diagnosis.** County funds are to be used to access additional state and federal funds to expand SUD services.
- **New focus Housing:** 30% of the total funds to be used for housing interventions for children and families, youth, adults, and older adults living with SMI/SED or SUD conditions
 - Housing Interventions: rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, non-federal share for transitional rent.
 - 50% of all housing intervention is prioritized for chronically homeless.
 - Up to 25% may be used for capital development

BHSA Funding at County Level



SB 326 – Mental Health Reform Details

BHSA Funding at County Level



- **35% of the total allocation to be focused on Full-Service Partnerships (FSP)**
- **35% remains for Behavioral Health Services and Support**
(51% for Early Intervention, with majority for people 25 or younger)
- **Flexibility in funding to be moved from one category to another up to 7% with a maximum of 14% to any one category.**
- **State-Wide Investment (10% of total state-wide allocation)**
 - 4% Prevention programs
 - 3% Workforce investment, culturally-competent and trained behavioral health workforce
 - 3% Statewide Oversight and Accountability
 - Statewide outcomes
 - Conduct oversight of county outcomes, (all uses of funds and plans for services to reviewed by the State)
 - Train and provide technical assistance, research and evaluate.

New Statewide Oversight and Accountability



Authorizes Department of Health Care Services (DHCS) to impose corrective action plan on counties that fail to meet the requirement of BHSA.



Authorizes BHSA funding to be used to improve planning, quality, outcomes, data reporting, and subcontractor oversight (2%).



Reduces local prudent reserve amounts.



Strengthens the independent Mental Health Services Oversight and Accountability Commission (MHSOAC) by increasing scope of advisory review to all behavioral health funding.

SB 43 Lanterman- Petris-Short Act

Significant changes to the state's involuntary detention and conservatorship laws under the Lanterman-Petris-Short (LPS) Act

- Expanding the state's "gravely disabled" criteria to allow for the involuntary detention and conservatorship of individuals based on a standalone "severe" substance use disorder or co-occurring mental health disorder and severe SUD;
- Expanding the definition of grave disability to include individuals who are unable to provide for their basic personal need for personal safety or necessary medical care;
- Defining "necessary medical care" to mean care that a licensed health care practitioner determines to be necessary to prevent serious deterioration of an existing medical condition which is likely to result in serious bodily injury if left untreated;
- Requiring counties consider less restrictive alternatives such as assisted outpatient treatment (AOT) and CARE Court in conducting conservatorship investigations.

Key Issues and Concerns

SB 43

Implementation

- Expansion of the involuntary treatment and conservatorship criteria are unprecedented.
- Counties will need time to develop an extensive array of new policies, procedures, workforce, and treatment capacity with no new state funding and counties will need time to secure staffing and resources necessary to support implementation.
- New criteria to capture severe Substance Use Disorder (SUD); significantly expands the population potentially subject to detention and conservatorship from *1% up to 10%* of the population.
- Peace officers and individuals designated by the county may, with probable cause, detain a person and take them into custody for an assessment.
 - Counties will need to develop criteria assess for “severe SUD” grave disability; **no assessment currently exists. Currently no clinical standards to determine when to end involuntary SUD treatment/hold.**
 - Counties will need to develop criteria and policies, as well as protocols for designating individuals to perform severe SUD grave disability assessments.
 - Very few treatment settings across the state have the capacity to serve individuals with complex co-occurring medical, SUD and mental health treatment needs.
 - By adding physical health conditions as a basis for conservatorship, the state would require counties **to develop a new set of medical services to evaluate and assess physical health risks and status.**

SB 43 Financial Risks & Impacts

- LPS law changes do not trigger new state funding. State does not provide funding for public guardians, designated individuals to conduct assessments, or the Patient's Rights Advocates needed to make determinations and conduct investigations and manage conservatorships. In fact, county behavioral health often funds these functions within their existing resources and county general fund dollars.
- No additional funding for expanded treatment services, including SUD, mental health, or new physical health providers necessary to evaluate grave disability on the basis of failing to meet basic medical needs.
- Federal and state governments provide no reimbursement for long-term residential and inpatient drug treatment under Medi-Cal.
 - Drug Medi-Cal ODS waiver allows for limited Medi-Cal coverage (up to 30 days only) of these services if they maintain a 30-day average length of stay for residential and inpatient treatment.

SB 43 Financial Risks & Impacts

- Commercial insurance plans often deny counties' requests for reimbursement for mobile crisis, crisis, and inpatient residential SUD treatment services. If courts were to order involuntary SUD treatment, they would not be bound by what Medi-Cal or other insurance payers would cover, leaving counties with a significant unfunded mandate.
- Involuntary long-term inpatient and residential care, which would not be reimbursed through Medi-Cal or other payers, particularly those in locked settings, would need to be addressed in to ensure adequate access to humane treatment.
- State needs to invest more in consistent, sustainable reimbursement for longer-term residential and inpatient SUD treatment to both prevent the deterioration of individuals and to assist with long-term treatment and recovery.



Questions



VENTURA COUNTY

BEHAVIORAL HEALTH

Director's Report

BHAB General Meeting 12.18.2023

General Updates:

- **December has the following days of significance to highlight:**
 - International Day of Persons with Disability – December 3
 - Human Rights Day – December 10
 - International Migrants Day – December 18

****Due to Smart Care, there will be no Active Consumers Data Report****

Access and Outreach Division:

- Access & Outreach Division participated in the Integrated MH/DMC-ODS EQRO, the week of 12/4/23. We were excited to talk about our newly created Division, it being in it's second year, and the many changes we have done. Also, discussed the upcoming Mobile Crisis Benefit and changes that are happening within our department to ensure we are aligned with state requirements.
- We continue to collaborate with our community partners – to ensure a streamlined approach to access into the appropriate level of care.

Adult Services Division:

- VCBH hosted more than 400 clients and their loved ones at Winter Party on Thursday, December 7, 2023. This proved to be a happy “problem” to solve since the RSVPs had prompted planning (and seating!) for only 300. Party-goers and the more than 50 VCBH staff volunteers, alike, responded in the spirit of the season with great flexibility and by all indications, a good time was had by all. Much appreciation is due the Elks for providing both the venue and the delicious turkey dinner enjoyed by all. There were door prizes, music & dancing, and gifts for all guests (including toys for all the children in attendance). However, the surprise hit of the night was the opportunity to get a picture with Santa. More than 150 people took home printed pictures that will serve as a lasting memory of a fun evening.
- Ideas for MHSA Innovation projects are being sought. In addition to having its own planning and approval process, the criteria for MHSA-funded Innovation projects pose a challenge experienced throughout the state when it comes to identifying/developing viable projects. Once again, VCBH is hoping to meet the challenge by putting out the call for proposed ideas and offering technical support for all interested parties. All those interested are encouraged to attend a “Town Hall-style” informational session being held on January 10th at noon and /or submit ideas through the <https://www.wellnesseveryday.org/> website directly.



Call for Mental Health Innovation Projects

TOWN HALL MEETING

January 10, 2024 • 12:00pm

Please join Ventura County Behavioral Health for a Town Hall meeting to discuss the call for Mental Health Innovation Project submissions. We will review submission qualifications, how to apply, what the reporting requirements will be if selected, as well as conduct a Q&A.

JOIN US IN-PERSON
Ventura County Behavioral Health
Upstairs Lobby
1911 Williams Drive
Oxnard, CA 93036

OR JOIN US ONLINE VIA ZOOM
For Zoom access, visit:
www.WellnessEveryDay.org/innovation

For more information, contact: MHSA@ventura.org
Interpretation will be provided.

To find out how to apply for a grant, visit:
www.WellnessEveryDay.org/innovation

VENTURA COUNTY BEHAVIORAL HEALTH

Made possible through the Mental Health Services Act.



Llamado para Proponer Proyectos de Innovación de Salud Mental

REUNIÓN COMUNITARIA

10 de enero de 2024 • 12:00pm

Acompáñenos en esta reunión comunitaria para discutir el llamado para proponer Proyectos de Innovación de Salud Mental. Revisaremos los requisitos de presentación, cómo aplicar, los requisitos de reporte y habrá una sesión de preguntas y respuestas.

ACOMPÁÑENOS EN PERSONA
Ventura County Behavioral Health
Lobby del segundo piso
1911 Williams Drive
Oxnard, CA 93036

ACOMPÁÑENOS A TRAVÉS DE ZOOM
Para detalles de Zoom, visite:
www.SaludSiempreVC.org/innovacion

Para más información, contacte a: MHSA@ventura.org
Se brindará interpretación.

Para información sobre cómo aplicar para una beca, visite: www.SaludSiempreVC.org/innovacion

VENTURA COUNTY BEHAVIORAL HEALTH

Hecho posible a través de la Ley de Servicios de Salud Mental.

Youth and Family (Y&F) Services Division:

Division Highlights

- The new Seneca Mobile Response Team has been receiving an increased number of calls and has been able to respond to crises in the field. This has freed up clinician time to provide pre-scheduled mental health services to Plan Members.

Initiatives and Progress

- The Y&F Division is continuing to develop the Enhanced Care Management (ECM) benefit program. We are working with Gold Coast on application of ECM and development of an MOU. We are also implementing internal division meetings to support the structure of ECM benefit for SED/SUD Y&F population.
- Ventura Region has been approved to hire and train a nurse. They are in the process of setting up interviews, identifying the needs for space and equipment and developing a training plan. Clinic Administrators Laura Nagle (Ventura) and Kat Leanos Baca (Santa Paula-Fillmore) are collaborating on this plan. The main office for the nurse will be in Ventura, however, the expectation is that this staff will also provide support to Santa Paula and Fillmore clinics.
- Ventura Y&F clinic continues to provide therapeutic services at the West Ventura Medical Center, every other Monday. There is significant interest from additional families, who would also like to obtain services at that location once additional space is attained.

Collaborations

- Insights FSP has begun high level discussions with agency partners to support expanding populations of focus and thus supporting more youth in getting off probation.
- On 11/13/23, Santa Paula and Fillmore Clinic Administrator Kat Baca-Leanos met with the Santa Paula School District special education team. She provided training and information regarding both ERSES and clinic services, as well as sharing how to coordinate services and help families get connected to VCBH in a more efficient and client-centered way.

Training & Conferences

- n/a

Other

- n/a

Substance Use Services (SUS) Division:

Prevention:

- Prevention Services staff have ramped up community outreach and public awareness significantly this fiscal year, especially with respect to parent education and video podcasts. **Since July staff recorded more than 110 community events, meetings and presentations, resulting in a total of 16,631 encounters to date.**
- The Substance Use Services Division completed the first phase of a competitive bid process for Prevention Services earlier this month, when the **Board of Supervisors unanimously approved new agreements.** New contracted services begin January, addressing (a) Opioid and Illicit Drug misuse, (b) Addressing Health Disparities in Substance Use, (c) Youth Cannabis Harms, (d) Underage Drinking, (e) Media and Messaging Services, and (f) Research and Evaluation needs.
- With growing demand for prevention efforts to meet the needs of school-aged youth, the Division will be launching a Request for Proposals (RFP) in early 2024 for organizations to provide School-Based Prevention Services as well.

Treatment Services:

- The VCBH FY23-24 DMC-ODS and SMH EQRO took place between December 5th – 7th. 16th
 - The focus was on MediCal plan member services.
 - We did well and expect to receive a full report in 30 days.
- Sublocade started Dec. 6th at the Oxnard SUTS clinic.

- A MediCal Peer Specialist started at A New Start for Moms and past her peer certification exam.

DUI Services:

- The DUI RFP closed and there were two bidders selected to complete a DHCS DUI licensing application.
- Once the applications are received by VCBH, they will be reviewed and presented to the BOS for approval.
- After BOS approval, the providers can start the DUI licensing process which can take up to six months.

Quality Division:

Quality Assurance:

- QA provides consultation to Operations Teams related to project planning/implementations such as the Mobile Crisis Benefit and Contingency Management. QA SmartCare SuperUsers continue to test and authorize use of SmartCare screens to guide Operations. QA developed and continues to update the Payment Reform Reference Guide to aid providers. The QA Team hosts monthly virtual Office Hours for Mental Health (MH) and Drug Medi-Cal Organized Delivery Service (DMC-ODS) providers. QA receives varied questions from Community Based Organizations (CBOs) and internal VCBH teams on topics such as regulation clarification, policy, and compliance concerns. Our staff facilitate clarification for complex operational inquiries that involve multiple units (e.g. QA, EHR, Billing etc.). In addition, QA staff attend meetings with other counties to communicate about current best practices.
- QA liaises with the California Department of Health Care Services (DHCS) to ensure the most up to date practices are identified and communicated to teams. The Site Certification Team is collaborating with Fiscal Department to achieve Medicare provider status for VCBH. Medicare application has been submitted and awaiting review and approval. QA reviews SUS Treatment Authorization Requests for approval. We are working closely with Operations to clarify authorization submission requirements for residential providers. QA supervises the Medical Records Unit related to subpoenas, records requests, and records maintenance. Currently QA is working closely with Policy Team on updating Medical Records Policy related to records retention/safeguarding records. Grievances and appeals from beneficiaries are being tracked and resolved. QA communicates key grievance/appeal data to Quality Improvement Team for reporting and quality improvement.
- **VCBH Policy Office:** Policy Office continues to lead the Fiscal policy development workgroup to support Fiscal and Billing teams in further development of policies to support Payment Reform roll out effective July 1st, 2023, and Fiscal operations thereafter, in compliance with regulatory and contractual obligations. The third Fiscal policy (Contractor Professional Fees) was published, and a fourth one (Rates and Billing Codes) is being finalized. Additionally, Policy Office has been providing continued project and policy development support to the Mobile Crisis Benefit implementation and Recovery Incentives efforts. Policy Office continues the development of its public-facing accessible and ADA-compliant policy library. The site is 25% complete. The

intended implementation date for this effort that would upgrade the existing library in the VCBH Policy Portal is March 1, 2024. Finally, Policy Office led a successful and timely implementation of the latest Beneficiary Handbooks and the associated mailing of notification to beneficiaries, as approved by DHCS.

- **Utilization Review:** The UR team continues to evaluate and monitor the challenges and issues after the CalAIM and SmartCare implementation. UR collaborates with stakeholders (including VCBH and CBO providers) and acute inpatient psychiatric hospitals to make informed decisions about patient care, resource allocation, and documentation compliance that adhere to relevant clinical guidelines, policies, and regulations. In addition, UR ensures that the resources are used effectively and efficiently while maintaining the quality of care. Also, UR addresses identified documentation issues or problems in collaboration with the QM team to ensure documentation accuracy and minimize the risk of errors that could impact client care and lead to financial losses.

Training:

- VCBH is honored to be recognized for our efforts in Year 1 of The Mentored Internship Program (MIP) grant by being welcomed back as a Year 2 awardee, commencing October 1, 2023. VCBH received the official award letter and memorandum of understanding (MOU), which will be presented to the Board of Supervisors on December 19, 2023, for approval. A component of the DHCS Behavioral Health Workforce Development (BHWD) efforts, the “MIP’s overarching goal is to enhance the professional development of diverse talent to help meet California’s urgent need for BH workforce in the near-term, ... expand California’s future BH workforce, ... and develop ongoing partnerships VCBH Internship Program.” This 2023-2024 academic year, VCBH has placed 34 students (undergraduate, graduate, and doctoral) to support services county wide and promote recruitment efforts. VCBH currently has 9 active fully executed MOUs with educational partners. In an effort to grow and expand this opportunity to give to the next generation of professionals and to grow our own workforce, VCBH is hoping to expand its Internship Program in 2024-2025. Recruitment for additional educational partnerships is now open to local Southern California Educational Partners.
- In partnership with LA LGBT Center, VCBH is offering a 2-part evidence informed training to help all staff learn about LGBTQ+ identities and terminology regarding sexual orientation, gender identify and expression SOGIE. In a foundational training offered to all staff, participants will be taught to identify biases faced by the LGBTQ+ community. This training will be followed by a best practices focused training, which is available in separate trainings for service providers and support staff to address role specific needs.

Quality Improvement:

- **Audits & Reviews:** The QI team is leading all audits, reviews, and corrective action plans (CAPs) for the department. The MHSA Program Review occurred September 26-28; we received the finding report and a small number of corrections requiring CAP (corrective action plan). The DHCS MHP Triennial and DMC-ODS/SABG Annual Review, now referred to as the DHCS County-Specific Engagement occurred October 16-27; report is expected early 2024. The FY 23-24 MHP and DMC-ODS External Quality Review (EQRO) occurred December 5-7. This was the first in-person review since prior to the pandemic.

- **Quality Improvement Committee:** Initial Quality Improvement Committee (QIC) meetings and subcommittee meetings have occurred under this new/revised structure for ongoing quality management monitoring and use of data-driven decision making across the department. This process involves 7 different focus areas and includes VCBH staff at all levels as well as contractor and community partners. Soon, the main committee and subcommittees will be focused on developing Key Performance Indicators (KPIs).
- **PIPS:** QI now has 5 performance improvement projects (PIPs) that address various areas for improvement. We have developed interventions for 3 new PIPs specific to CalAIM-related shifts in measuring specific items to follow-up after an emergency room visit and adherence to Medication Assisted Treatment (MAT). In addition, we are developing a new MH PIP to support identification of individuals who should be enrolled in VCPOP and a SUS PIP on engagement in services continues.
- **Performance Metric Tracking:** QI is building out ongoing tracking and reporting of key performance metrics and is working with VC-Information Technology Services to design a public-facing, data dashboard. The initial phase of development will be completed soon, with further metrics added in the future.

Electronic Health Record:

- **CalMHSA EHR SmartCare:** SmartCare has been live for 5 months. Front end users are becoming more familiar and comfortable with the use of SmartCare and issues are being addressed through VCBH or CalMHSA support. VCBH's Service Now issues/tickets have declined significantly from 120 to about 60-70 at a time. IT is rolling out a self-service portal to enter issues. This will automate entering tickets and streamline issue resolution buckets while eliminating the AskSmartCare email and manual assigning of tickets. VCBH has partnered with CalMHSA and Streamline (creators of SmartCare) to ensure all required State reports are fully functional in SmartCare and great progress has been made. Focus is now shifting to building reports for monitoring and data reporting, as well as ongoing trainings.

Strategy, Planning, and Administrative Services:

- **Behavioral Health Administrative Integration:** Identified VCBH representatives continue to attend and actively participate in the DHCS workgroup meetings for Integrated Contract Early Implementers. VCBH representatives provide updates/insights gained from these meetings to relevant stakeholders within VCBH.
- **Care Act:** VCBH continues to monitor Cohort I Counties' implementation of CARE Act. VCBH is preparing to launch countywide discussions at the beginning of the new year.
- **SB 43:** SB 43 makes several significant changes to the state's involuntary detention and conservatorship laws under the Lanterman-Petris-Short (LPS) Act by expanding the state's 'gravely disabled' criteria and expanding reporting requirements to align with the new criteria. VCBH will begin working on an overarching project plan to ensure smooth implementation by January 2026.
- **MHSA Modernization (Prop 1):** VCBH has been closely monitoring the Governor's proposal to modernize the Mental Health Services Act and its proposed impact. This bill

would recast the MHS Act by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. This bill is set to go on the March 2024 ballot.

- BH-CONNECT: DHCS recently submitted its application for a new Medicaid Section 1115 Demonstration to increase access to and improve mental health services for Medi-Cal members statewide. The goal of the BH-CONNECT Demonstration is to leverage this opportunity to expand a robust continuum of community-based behavioral health care services for Medi-Cal members living with significant behavioral health needs. At the start of the year, CBHDA will prioritize BH-CONNECT as a key focus area. VCBH will actively engage in meetings, aiming to gain insight into the upcoming state requirements and offer valuable feedback.

Veterans

From: CDPH Suicide.Prevention <Suicide.Prevention@cdph.ca.gov>

Sent: Thursday, November 30, 2023 12:55 PM

Cc: Mast, Mary@CDPH <Mary.Mast@cdph.ca.gov>; Bradley, Renay@CDPH <Renay.Bradley@cdph.ca.gov>; Mann, Sara@CDPH <Sara.Mann@cdph.ca.gov>; Chun, Katie@CDPH <Katie.Chun@cdph.ca.gov>; Cox, Jonah@CDPH <Jonah.Cox@cdph.ca.gov>; CDPH Suicide.Prevention <Suicide.Prevention@cdph.ca.gov>

Subject: Information on Veterans Administration's (VA) Community Engagement and Partnerships Coordinator (CEPC) Program

Hello Partners,

The Office of Suicide Prevention recently met with the Veterans Administration's (VA) Community Engagement and Partnerships Coordinator (CEPC) Program. We are excited to share that this program provides free support for suicide prevention efforts focused on Veterans in California!

The CEPC Program is part of the Veteran's Health Administration Community Based Interventions for Suicide Prevention initiative and can provide the following resources:

- Support focused on the formation of coalitions, workgroups, and other entities that may serve Veterans or have Veterans as their population of focus.
- Support for existing groups that focus on suicide prevention among Veterans.
- Provision of suicide prevention tools, resources, and trainings, such as gunlocks, gatekeeper trainings (VA SAVE), and Counseling on Access to Lethal Means (CALM), which includes additional information on Veteran related issues.

The VA is focusing on three priority areas for Community Based Interventions (please see attached for more details on these areas):

1. Identify Service Members, Veterans, and their families and screen for Suicide Risk

2. Promote Connectedness (e.g., connectedness to others) and Improve Care Transitions (e.g., non-directive follow-up letters after hospitalizations/intensive services)
3. Increase Lethal Means Safety and Safety Planning

We've attached the contact information for the VA CEPC Program, for your reference. The program has contacts for every county in California. Please review the attached roster and reach out to the CEPC contact in your area to learn more about how you can access their resources to help strengthen your efforts to prevent suicide among Veterans.

Thank you!

Best,

CDPH Suicide Prevention Team
California Department of Public Health
Suicide.Prevention@cdph.ca.gov

MHSA Innovations 2024

Newspaper Ads



Call for Mental Health Innovation Projects

TOWN HALL MEETING

January 10, 2024 • 12:00pm

Please join Ventura County Behavioral Health for a Town Hall meeting to discuss the call for Mental Health Innovation Project submissions. We will review submission qualifications, how to apply, what the reporting requirements will be if selected, as well as conduct a Q&A.

JOIN US IN-PERSON

Ventura County Behavioral Health
Upstairs Lobby
1911 Williams Drive
Oxnard, CA 93036

OR JOIN US ONLINE VIA ZOOM

For Zoom access, visit:
www.WellnessEveryDay.org/innovation

For more information, contact: MHSA@ventura.org
Interpretation will be provided.

To find out how to apply for a grant, visit:
www.WellnessEveryDay.org/innovation



Made possible through the Mental Health Services Act.



Llamado para Proponer Proyectos de Innovación de Salud Mental

REUNIÓN COMUNITARIA

10 de enero de 2024 • 12:00pm

Acompáñenos en esta reunión comunitaria para discutir el llamado para proponer Proyectos de Innovación de Salud Mental. Revisaremos los requisitos de presentación, cómo aplicar, los requisitos de reporte y habrá una sesión de preguntas y respuestas.

ACOMPÁÑENOS EN PERSONA

Ventura County Behavioral Health
Lobby del segundo piso
1911 Williams Drive
Oxnard, CA 93036

ACOMPÁÑENOS A TRAVÉS DE ZOOM

Para detalles de Zoom, visite:
www.SaludSiempreVC.org/innovacion

Para más información, contacte a: MHSA@ventura.org
Se brindará interpretación.

Para información sobre cómo aplicar para una beca, visite: www.SaludSiempreVC.org/innovacion



Hecho posible a través de la Ley de Servicios de Salud Mental.

Focused Priority Areas Across CBI-SP Unifying Model



Identify Service Members, Veterans, and their Families and Screen for Suicide Risk

- Identifying Veterans — "Ask the Question" — enables culturally competent care and access to resources; allows community members, families, and community service providers to connect individuals to appropriate care
- Suicide risk screening in healthcare settings allows providers to recognize and prevent self-harm



Promote Connectedness and Improve Care Transitions

- Connectedness to others (including family members, co-workers, community organizations, and social institutions) is an important protective factor
- Providing caring contacts upon discharge from one setting to another can reduce suicide attempts and increase compliance with treatment recommendations



Increase Lethal Means Safety and Safety Planning

- Limiting access to lethal means during periods of crisis can make it more likely that the person will delay or survive a suicide
- Completing a personal safety plan is a clinical intervention that can help individuals manage and decrease suicidal feelings and help them stay safe when these feelings reoccur

	Community Engagement and Partnerships Coordinator (CEPC) Coordinador de Participación y Asociaciones Comunitarias
San Luis Obispo	Alex - alexandra.robinson-norris@va.gov
Santa Barbara	Alex
Ventura	Alex
Los Angeles	Alex
Kern	Alex
Lake	Amanda.Lopez3@va.gov
Marin	Amanda
Sonoma	Amanda
Imperial	Andrew.Hall3@va.gov
San Diego	Andrew
Orange	Benjamin.Monroy@va.gov
Riverside	Briana.Green@va.gov
San Bernardino	Briana
Amador	Cassandra.Meredith@va.gov
Calaveras	Cassandra
Contra Costa	Cassandra
El Dorado	Cassandra
Napa	Cassandra
Nevada	Cassandra
Placer	Cassandra
Sacramento	Cassandra
San Joaquin	Cassandra
Solano	Cassandra
Sutter	Cassandra
Tuolumne	Cassandra
Yolo	Cassandra
Stanislaus	Cassandra
Butte	Deborah.Taylor1@va.gov
Colusa	Deborah
Glenn	Deborah
Shasta	Deborah
Sierra	Deborah
Siskiyou	Deborah
Tehama	Deborah
Trinity	Deborah
Yuba	Deborah
Fresno	Derric.Brown@va.gov
Kings	Derric
Madera	Derric
Mariposa	Derric
Merced	Derric
Tulare	Derric
Humboldt	Elizabeth.Rose-Marini@va.gov
Mendocino	Elizabeth/Amanda
Monterey	LaShelle.burch@va.gov
San Benito	LaShelle
Santa Cruz	LaShelle
Santa Clara	LaShelle
San Mateo	LaShelle
Alameda	LaShelle
San Francisco	UNINCORPORATED

VA Sierra Pacific Network (VISN 21)

VA Suicide Prevention Community Engagement and Partnership Coordinators (CEPC)

VA San Francisco

Northern (Eureka)

Elizabeth Rose-marini, LCSW

Cell: 707 269-2841

elizabeth.rose-marini@va.gov

Southern (Santa Rosa)

Amanda Lopez, LCSW

Cell: 415-619-2903

Amanda.lopez3@va.gov

VA Palo Alto

Lashelle Burch, LCSW

Cell: 650-512-6463

lashelle.burch@va.gov

VA Pacific Islands

Hawaii Neighbor Islands, Northern Mariana Islands & Guam

Wendy Schwartz, LCSW

Cell: 808-758-4129

wendy.schwartz@va.gov

American Samoa & Oahu

Christopher Lopa, LCSW

Cell: 808- 260-6632

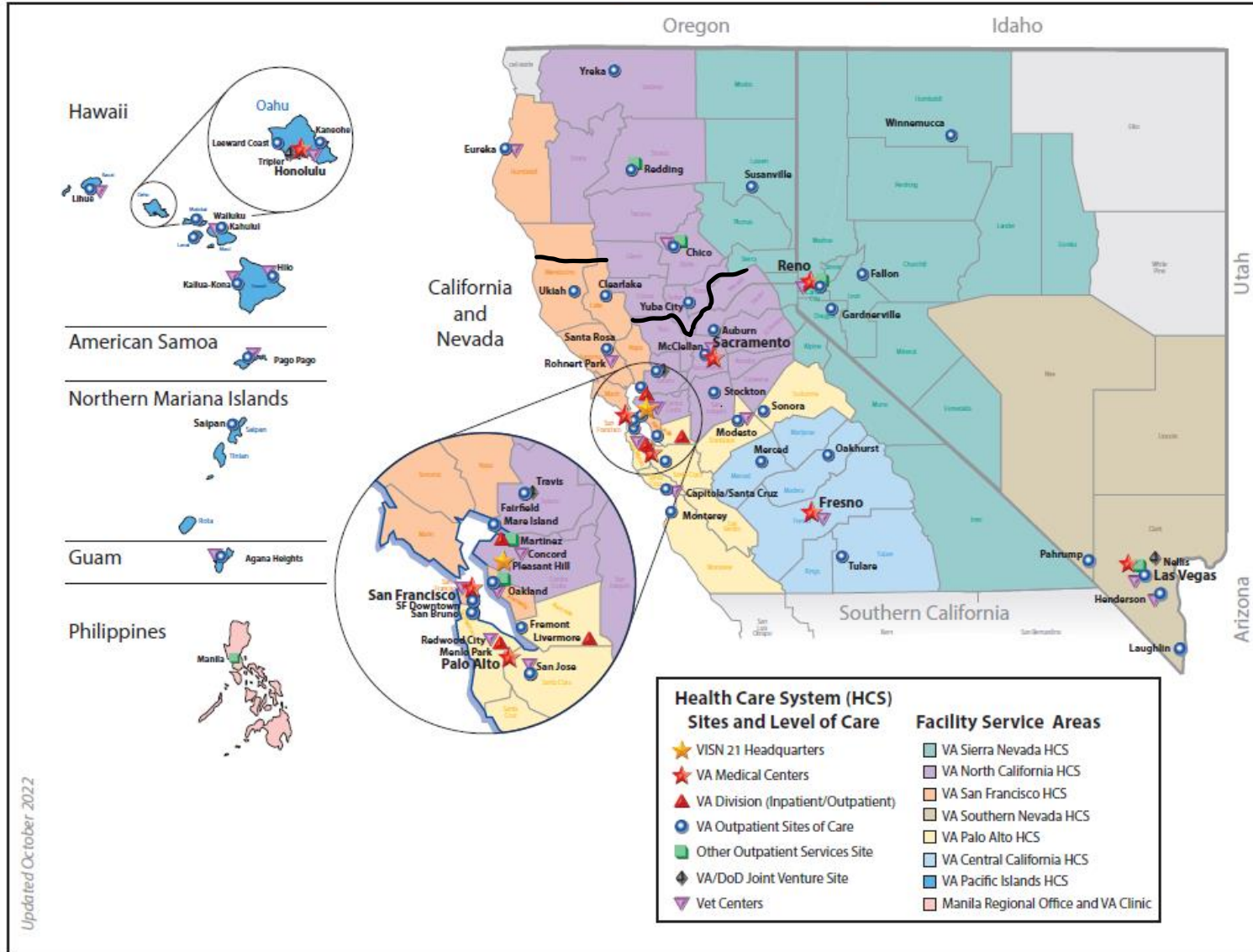
christopher.lopea@va.gov

VA Central California

Derric Brown, LCSW

Cell: 559-554-5529

derric.brown@va.gov



VA Sierra Nevada

Reno

Spring Myers, LCSW, BCD, Ph.D

Cell: 775- 326-2978

spring.myers@va.gov

Reno

Christine Powers, LCSW

Cell: 713-791-1414

christine.powers2@va.gov

VA Northern California

Northern (Chico)

Deborah Taylor, LCSW

Cell 916-291-9544

Deborah.taylor1@va.gov

Southern (Sacramento)

Cassandra Meredith, LCSW, BCD

Cell: 916-717-3479

Cassandra.meredith@va.gov

VA Southern Nevada

Alphonso Gibbs, LCSW-C

Cell 702-600-6526

Alphonso.gibbsjr@va.gov

2024 POINT IN TIME HOMELESS COUNT

Wednesday
January 24, 2024



Why: This effort helps to obtain a snapshot census of people experiencing homelessness in Ventura County and allows our community to gain access to state and federal funding.

What: Volunteers canvass the community in pairs and collect survey data by interviewing unhoused persons. A smart phone or device will be needed to access the online survey.

Who: Volunteers must be 18 years or older and have the ability to walk distances in designated locations. You may select preferred city locations when you register.

Volunteer training will be offered in
mid-January 2024.

For more information email:
VenturaCoC@ventura.org

Let's Make
EVERYONE
Count!

**Register to
Volunteer Here!**

<https://ventura.pointintime.info>



VENTURA COUNTY
CONTINUUM OF
CARE ALLIANCE

Ventura County Behavioral Health

Board Letter Summary of Contracts for November 2023

Board Date	Contract	Amount	Term	Description
11/7/2023	Amada Enterprises, Inc. (View Heights Convalescent Hospital)	\$15,526	July 1, 2023 Through June 30, 2024	<p>FY 23-24 Amada Enterprises, Inc. First Amendment for Skilled Nursing Facility Mental Health Services. Amada Enterprises, Inc., which operates under the name of View Heights Convalescent Hospital, is designated as an Institution for Mental Disease and provides Skilled Nursing Facility services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients receive the following services at View Heights Convalescent Hospital: (1) medication management (2) care and supervision (3) daily activities, and (4) food services. Due to an increased need for services near the end of FY 2022-23, Ventura County Behavioral Health (VCBH) authorized Amada Enterprises Inc. to provide additional services which resulted in the contractor exceeding the maximum agreement amount for that fiscal year. The one-time payment set forth in the proposed amendment will compensate the contractor for the additional services provided to VCBH clients.</p> <p>The First Amendment to the agreement with Amada Enterprises, Inc. increases the maximum contract amount to \$3,266,321 to compensate the contractor for the additional services provided to VCBH clients. This agreement is funded with Tobacco Settlement; 2011 Realignment; 1991 Realignment; and County General Funding.</p>

COMMUNITY SURVEY UPDATE – VENTURA COUNTY HEALTH CARE AGENCY NEEDS ASSESSMENT

As part of the Ventura County Health Care Agency Behavioral Health Systems Continuum of Care Needs Assessment, we have been working to engage Ventura County residents to gather their feedback and perspectives relative to needed mental health and substance use services countywide.

To date, we have heard from 413 respondents and are asking for your assistance in continuing to reach more community members in the next several weeks. The survey is available in Spanish and English and can be found at: <https://survey.alchemer.com/s3/7285783/VCHCA-NA-Community-Member-Survey>

We are wanting to hear from **an additional 200 community** members and would greatly appreciate your assistance in sharing the survey with your family, friends, colleagues and communities. We would very much like to hear from more persons **from the following subgroups:**

- Veterans
- LGBTQIA+ community members
- Persons who are Latino/Hispanic
- Persons who are Spanish or Mixteco speaking
- Persons who identify as Black or African American
- Persons who identify as Asian
- Individuals experiencing mental health and/or substance use issues

DATA COLLECTION PROGRESS

Column 1	December 11 2023
OVERALL RESPONSE RATE	
Total Overall Submissions	413
Complete Submissions	390
Partial Submissions	23
ETHNIC IDENTITY	
Latino/Hispanic	147
Non-Latino/Hispanic	227
RACIAL IDENTITY (select all that apply)	
American Indian or Alaska Native	9
Asian	15
Black or African American	10
Hispanic or Latino	118
Native Hawaiian or Pacific Islander	7
White	221
Multiracial	30
Another race/ethnicity	16
LANGUAGE SPOKEN AT HOME	
English	314
Spanish	15
Both English and Spanish	50
GENDER IDENTITY	
Female	250
Genderqueer	3
Male	116
Questioning/unsure	3
Transgender	1
Other	5
OTHER IDENTITIES (select all that apply)	
Alcohol or substance use disorder	9
Caregiver of adult family member	33
Currently is or at risk of being unhoused	9
Disability	20
Family member of someone with serious mental or emotional illness	104
LGBTQ+	21
Other	75
Parent of child under 18	137
Self or live with someone without immigration status	8
Severe mental or emotional illness	22
Veteran	21

SURVEY DISTRIBUTION SUPPORT

We are wanting to hear from **an additional 200 community** members and would greatly appreciate your assistance in sharing the survey with your family, friends, colleagues and communities. We would very much like to hear from more persons **from the following subgroups:**

- Veterans
- LGBTQIA+ community members
- Persons who are Latino/Hispanic
- Persons who are Spanish or Mixteco speaking
- Persons who identify as Black or African American
- Persons who identify as Asian
- Individuals experiencing mental health and/or substance use issues

Below you will find several resources to help you share the survey. If you have any questions, please reach out to Dr. Alex Ycaza Herrera at aycazaherrera@evalcorp.com.

- 1) Surveys to print and share (English)
- 2) Surveys to print and share (Spanish)
- 3) Survey link to complete survey online
- 4) Social media posting to pair with the survey link (contains description in English and Spanish)
- 5) Flyer with QR code linked to the survey for printing (contains description in English and Spanish)
- 6) Text to use in emails, listservs, newsletters, etc.

Please reshare this survey as widely as is possible. Post to your social channels, share on your listservs, put in your newsletters, print for placement in your lobbies and waiting rooms. We want to make sure we hear from as many community members as possible, particularly those that are often underrepresented. The survey takes approximately 5 minutes to complete. All responses will be treated with the utmost confidentiality and anonymity. Your help with this effort is invaluable and we appreciate your assistance so much!

1) Survey to Print and Share (English):

https://www.dropbox.com/scl/fi/iawl3kk92q99agssb39jn/VCHCA-NA-Community-Member-Survey_English.docx?rlkey=gshkalyvvugyhro0uatz5yhn0&dl=0

Use this link to print the English version of this survey and ask clients to complete in person. You can then scan the completed surveys and send a complied PDF to me, or we can coordinate other pick-up or mail options to retrieve completed surveys.

2) Survey to Print and Share (Spanish):

https://www.dropbox.com/scl/fi/xskj9cjgdis8k52kenekn/VCHCA-NA-Community-Member-Survey_Spanish.docx?rlkey=uiy6kucso79d95a6baxeueppx&dl=0

Use this link to print the Spanish version of this survey and ask clients to complete in person. You can then scan the completed surveys and send a complied PDF to me, or we can coordinate other pick-up or mail options to retrieve completed surveys.

3) Survey Link for sharing (to complete survey online):

<https://survey.alchemer.com/s3/7285783/VCHCA-NA-Community-Member-Survey>

To post this link to your social media channels, please download and post the Social Media Flyer (item #4) together with the above survey link.

4) Social Media image for posting with Survey Link:

<https://www.dropbox.com/scl/fi/8pb3644tu5b3z04f50atc/SOCIAL-MEDIA-VC-HCA-Social-Media-Flyer.png?rlkey=ejidaggsryhkm8y55nm9eqq5j&dl=0>

You can also include this Social Media Flyer and the survey link in any digital newsletters your organization may share with community members!

5) Flyer with QR code for printing:

<https://www.dropbox.com/s/dsdfphmoe52sumu/PRINT%20-%20VC%20HCA%20Full-Page%20Flyer.pdf?dl=0>

This full-page flyer can be printed and placed in your waiting rooms, lobbies, and message boards (if applicable). You can also include this flyer in any printed newsletters your organization may share with community members!

6) Text for sharing the survey link through emails, listservs, and elsewhere (please feel free to edit as best suited for your clients):

Para leer este mensaje en español, desplácese hacia abajo:

Good [morning/afternoon],

Ventura County Health Care Agency is committed to providing cost-effective and compassionate health care for the diverse Ventura community, especially those facing barriers. The Agency is working with EVALCORP to better understand the mental health and substance use service needs of the community.

Please use the following link to share your perspectives and experiences with the Agency through an anonymous survey. Through this survey, you will be able to share your thoughts and experiences to help enhance the quality and effectiveness of mental health and substance use services. The survey will take about 5 minutes to complete.

All responses will be confidential and anonymous. To participate in the survey please click on the following link: <https://survey.alchemer.com/s3/7285783/VCHCA-NA-Community-Member-Survey>

If you know of any friends or family who might also be interested in sharing their perspectives, we would greatly appreciate if you could forward this email to them. The more diverse perspectives we can gather, the better our understanding will be.

Warm regards,

[insert name/organization here]

Buenos días/Buenas tardes,

La Agencia de Atención Médica del Condado de Ventura quiere brindar la mejor atención médica posible a la diversa comunidad de Ventura, especialmente a aquellos que tienen dificultades para recibir atención. La Agencia está trabajando con EVALCORP para comprender mejor las necesidades de servicios de salud mental y uso de sustancias de la comunidad.

Utilice el siguiente enlace para compartir sus experiencias con la Agencia a través de una encuesta anónima. Sus respuestas permitirán ayudar a mejorar la calidad y utilidad de los servicios de salud mental y uso de sustancias en el condado. La encuesta toma unos 5 minutos en completarse.

Todas las respuestas serán confidenciales y anónimas. Para participar en la encuesta, haga clic en el siguiente enlace: <https://survey.alchemer.com/s3/7285783/VCHCA-NA-Community-Member-Survey>

Comparta esta encuesta con sus amigos y familiares para que ellos también puedan compartir sus experiencias. Cuantas más personas escuchemos, mejor comprenderemos lo que necesita la comunidad.

Un cordial saludo,

[insert name/organization here]

Future Presentations for BHAB – General Meeting 2024

Depending on the presenter's availability, following are the BHAB presentations being scheduled thus far from January until May 2024. Remaining presentation requests in the queue may be discussed during BHAB meetings and scheduled from June 2024 onward.

1. EvalCorp – Quarterly Updates – January
2. Continuum of Care – February
3. Public Defenders Office – March
4. Pacific Clinics TAY Tunnel – April
5. Stepping Up program – VC Sheriff's Department – May
6. CIT Awards Ceremony – February
7. VCTC CalTrans
8. Crisis Mobil Team
9. Peer Services & Bridge Housing – VCBH
10. Kate Wilson Bolton Recognition

Acronyms & Abbreviations (Mental/Behavioral Health in California)

Acronym/ Abbreviation	Description	Comment/ Explanation
504 Plan	School accommodations for students with disabilities	
5150	Welfare & Institutions Code re: 72 Hour Hold	Gravely disabled/danger to self/others
24/7	24 hours/day—7 days/week	
AAA	Area Agency on Aging	Federal/State Funded
AB 109	Corrections Realignment	Legislation
AB 1234	Ethics Training Requirements	https://localethics.fppc.ca.gov/login.aspx
ACT	Assertive Community Treatment (Wrap-Around)	Team-based treatment model, providing multidisciplinary, flexible treatment 24/7
ADHD	Attention-deficit/hyperactivity disorder	
ANSA	Adult Needs & Strengths Assessment	
AOD	Alcohol & Other Drugs	Also known as Substance Use
BH	Behavioral Health	Mental Health & Substance Use
BOS	Board of Supervisors	
EQRO	External Quality Review Organization	Conducts annual Medi-Cal audits
CALBHB/C	California Association of Local Behavioral Health Boards / Commissions	
CANS	Child, Adolescent Needs & Strengths Association	
CARE Act	Community Assistance, Recovery & Empowerment Act	
CF/TN	Capital Facilities & Technology Needs	
CIT	Crisis Intervention Team	Officers trained in crisis response
CDEP	Community Defined Evidence Practices	www.calbhbc.org/cultural-issues
CMHC	Community Mental Health Centers	
CBHDA	County Behavioral Health Directors Association of	
CBHPC	California Behavioral Health Planning Council	State Advisory & Advocacy Council
CMS	Centers for Medicare & Medicaid Services	
ConRep	Conditional Release Program	State-Funded Outpatient Services
CR	Crisis Residential	
CS or CSU	Crisis Stabilization (Unit)	
CPP	Community Program Planning	MHSA Component
CSS	Community Services and Support	MHSA (76% of MHSA programs)
CWS	Child Welfare Services	
DHCS	California's Department of Health Care Services	
DSM-5	Diagnosis & Statistical Manual of Mental Disorders	
EPSDT	Early & Periodic Screening, Diagnosis & Treatment	Children's Medi-Cal benefit
EQRO	External Quality Review Organization	Conducts annual Medi-Cal audits
FFP	Federal Financial participation	Federal portion paid for Medi-Cal
FQHC	Federally Qualified Health Center	
FSP	Full Service Partnership (at least 51% of MHSA CSS)	MHSA CSS Wrap-Around Services
FY	Fiscal Year	
HHSA	Health & Human Services Agency	
HIPAA	Health Insurance Portability and Accountability Act	
HMO	Health Management Organization	
HUD	Housing & Urban Development (Federal)	
IEP	Individual Education Plan	For students with disabilities
IMD	Institution for Mental Diseases	
INN	Innovations (MHSA Component)	MHSA (5% of MHSA)
IST	Incompetent to Stand Trial	Penal Code PC 1370
Locum Tenens	Providers (such as a doctor) on temporary contracts	
LPHA	Licensed Practitioner of the Healing Arts	
LPT	Licensed Psychiatric Technician	

LVN	Licensed Vocational Nurse	
MAT	Medically Assisted Treatment	Treatments for SUD
MC	Medi-Cal	Term for "Medicaid" in California
MCP	Managed Care Plan	Medi-Cal health care delivery system
MH	Mental Health	
MHAC	Mental Health America California	Stakeholder Group
MHB	Mental Health Board	
MHD	Mental Health Division	
MHDRC	Mental Health Rehabilitation Center	
MHP	County Mental Health Plan	SMHS to Medi-Cal beneficiaries
MHS	Mental Health Services	
MHSA	Mental Health Services Act	Proposition 63 passed in 2004
MHSOAC	MH Services Oversight and Accountability	State Commission
MOE	Maintenance Of Effort	
MOU	Memorandum of Understanding	
NAMI	National Alliance on Mental Illness	Advocacy Organization
OA	Older Adult	
OAC	Abbreviation for MHSOAC	State Commission
OT	Occupational Therapist	
PATH	Projects for Assistance in Transition from Homeless	SAMHSA Grant-Funded
PC 1370 IST	Penal Code: Incompetent to Stand Trial (IST)	
PCP	Primary Care Physician	
PEI	Prevention & Early Intervention (MHSA Component)	At least 51% of PEI is to serve
PHI	Protected Health Information	
PIP	Performance Improvement Plans	Medi-Cal Requirement
Prop 63	State Proposition establishing the MHSA	
PTSD	Post-traumatic Stress Disorder	
QIC	Quality Improvement Committee	
RFA	Request for Application	
RFI	Request for Information	
RFP	Request for Proposal	
SAD	Seasonal Affective Disorder	
SAMHSA	Substance Abuse & Mental Health Services Agency	Block Grant program
SD/MC	Short-Doyle Program for MH Services (1957)	Linked w/Medi-Cal benefits (1971)
SED	Serious Emotional Disturbance	A diagnosable mental, behavioral, or emotional disorder that results in functional impairment that substantially interferes with or limits a child's role or functioning in family, school, or community activities
SELPA	Special Education Local Plan Area	Ensures special education in counties
SLP	Supported Living Programs	
SMHS	Medi-Cal Specialty Mental Health Services	Provided through County MHPs
SNF	Skilled Nursing Facility	Pronounced "Sniff"
SMI	Serious Mentally Illness	A mental, behavioral or emotional disorder that results in serious functional impairment which substantially interferes with or limits one or more major life activities
STP	Specialized Treatment Program	

SUD	Substance Use Disorder	
TA	Technical Assistance	
TAY	Transitional Age Youth	This ranges, but usually ages 16 - 25
TDD/TTY	Telecommunication Device for the Deaf / TeleTYpe	
W&I or WIC	Welfare & Institutions Code (State)	
WET	Workforce Education & Training	An MHSA Component
Wrap Around	Wrap-Around Services (such as Mental Health, Social Services, Vocational, Housing)	