

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, January 25, 2021, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

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

Join the Zoom meeting in the following way:

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

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

REVISED AGENDA

- I. Call to Order
- II. Roll Call
- III. Welcome and Introductions
- IV. Approval of the Agenda – **ACTION** (Roll Call)
- V. Approval of the December 14, 2020 Minutes – **ACTION** (Roll Call)
- VI. Public Comments (3 min. per speaker)
- VII. Recognition: David Tovar, Program Administrator – Substance Use Services Division
- VIII. Behavioral Health Department Budget Presentation – Leisa Donovan, Senior Accounting Manager (30 min.)
(Note: PowerPoint materials will be provided at the meeting.)
- IX. Chair Comments (5 min.)
- X. Director’s Report – Dr. Sevet Johnson (15 min.)
- XI. Board Member Comments and Announcements (10 min.)
- XII. Secretary’s Report – Mary Haffner (5 min.)
- XIII. BHAB Committee Reports (5 min. each)
 - A. Youth & Family Services Committee – Denise Nielsen, Chair
 - B. Transitional Age Youth Committee – Elizabeth R. Stone, Chair
 - C. Adult Services Committee – Nancy Borchard, Co-Chair / Gane Brooking, Co-Chair
 - D. Prevention Committee – Janice Gardner, Chair
- XIV. Old Business
 - A. 2020 Data Notebook – Review and Approve Finalized Report for Submission – Elizabeth R. Stone **ACTION** (Roll Call) (15 min.)
 - B. Lanterman, Petris, Short (LPS) Reform Workgroup Report and Cover Letter Update – Jerry Harris (10 min.)

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

XV. New Business

- A. Request for Update on the Progress from Board of Supervisor's Resolution No. 19-107 of September 2019 - Stepping Up Initiative – Mary Haffner – (10 min.)
- B. Confirm New Member-At-Large to a Six-Month Term – Jerry Harris – **ACTION** (Roll Call) (5 min.)
- C. Appoint Chairs of the Disparities Reduction and Peer Specialist Workgroups – Jerry Harris – **ACTION** (Roll Call) (10 min.)
- D. Update on Mental Health COVID Relief and Federal and State Budgets – Ratan Bhavnani (10 min.)
- E. Quality Management Advisory Committee (QMAC) Quarterly Update – Elizabeth R. Stone (10 min.)
- F. Gaps in Services – Status Report on VCBH's Review to Identify What the Department is Already Working On – Dr. Sevet Johnson (15 min.)
- G. Presentation Requests
- H. Recognition Award Recommendations

XVI. Contracts

- A. Board of Supervisors Approved Agreements – December 8, 2020
 1. Fiscal Year 2020-21 Ventura County Office of Education Memorandum of Understanding
 2. Fiscal Year 2020-21 Ventura County Medi-Cal Managed Care Commission, dba Gold Coast Health Plan Memorandum of Understanding
- B. Board of Supervisors Approved Agreements – December 15, 2020
 1. Fiscal Year 2020-21 Gold Coast Health Plan Memorandum of Understanding
 2. Fiscal Year 2020-21 Evalcorp, VCOE, Idea Engineering, Inc., Catalyst Ventura Church, One Step a La Vez, and Interface Children and Family Services Multi-Year Amendments
 3. SUS Division: Fiscal Year 2018-21 Substance Abuse Prevention and Treatment Block Grant Performance Standard Agreement Amendment

XVII. Public Comments (3 min. per speaker)

XVIII. Adjourn

Next Meeting: Monday, February 22, 2021***(4th Monday versus 3rd Monday)*****Please note the following important information related to supporting your participation in the upcoming meeting:**

1. Zoom will initially start with a “waiting room”—you will be “admitted” into the meeting room when the meeting starts.
2. The meeting is recorded.
3. All participants are muted upon entry to minimize any unintended disruption of background sounds. Please keep yourself on mute unless you are speaking.
4. Note the following regarding the public comment portions of the agenda:
 - a. Public comments are made by “**raising your hand**” in one of the following ways:
 - i. If you are joining the meeting via video/audio, you join the comment queue in the following ways:
 1. If you are running an older version of Zoom, you can “raise your hand” by clicking on the participant window at the bottom of the Zoom screen and then click on the “**raise hand**” feature in that participant window.
 2. If you are running the most current version of Zoom (5.4.9 and above) you can “raise your hand” by clicking on the Reactions button and then clicking on “raise hand” feature. Your hand will appear in the upper left-hand corner of your individual Zoom window as well as the participant window.
 3. Note that your raised hand will appear TO THE HOST in the order it was received.

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

- ii. If you are joining the meeting by telephone only, you can join the comment queue by pressing *9. When it is your turn to make your comment, press *6 to unmute and then again to mute yourself.
- b. Comments are taken in the order they are received in the queue/participant window.
- c. When it is your turn to make a comment, you will be asked to unmute yourself.
- d. Public comments may be up to 3 minutes during the public comment periods, or before an agenda item, with a cumulative total time not to exceed 5 minutes.
- e. The assigned timekeeper will track each public comment time as well as the total time per speaker. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum as well as when you have reached your total allotted time.
- f. At the end of the three minutes and/or allotted time, the mic will be opened to the next person in the comment queue.

CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions



Compiler's note:

The document that follows has been reformatted from the version sent to counties to complete. That version was copied from an online survey. This document has been modified so that explanatory text has been moved to the rear, and is referenced at the point it was originally placed, where the reader is directed to the page in the appendix with the accompanying explanation. All footnotes in the original narrative have been moved to the final page of this document.

Furthermore, most answers to the survey were offered as a list of choices. To preserve that structure, when applicable, the list of choices follows the question. If an answer option is **BOLD, ITALIC** and **LARGER FONT**, that indicates the County has selected that answer option as relevant, or in the case of a prompt for "OTHER," the wording has been provided by staff or the identified respondent and has been supplied verbatim.

Thank you to the numerous VCBH staff who gave their time to gather and share the data and to complete the translation into Spanish (coordinated by Cynthia Salas, Equity Services Manager), as well as BHAB and community members who offered their opinions on the concerns within. (ers)

(please see *Cover Page and Introductory information* at Appendix p. 16)

Part I:
Standard Annual Questions for Counties and
Local Advisory Boards

(please see *Standard Annual Questions* information at Appendix p. 18)

1.
Please identify your County / Local Board or Commission.

Ventura County Behavioral Health Advisory Board (BHAB)

Adult Residential Care (ARFs)

(please see *Adult Residential Care* information at Appendix p. 18)

2.
For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year? **UNDUPLICATED**

347 individuals

3.
What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

94,792 ARF bed-days

4.
Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

250 individuals

5.
Does your county have any "Institutions for Mental Disease" (IMDs)?

- **No**
- Yes (If Yes, how many IMDs?)

6.
For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

UNDUPLICATED

- In-County: **0**
- Out-of-County: **15 individuals**

7.

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

3949 total IMD bed-days

Homelessness

(please see *Homelessness: Your County's Programs and Services* information at Appendix p. 19)

8.

During the most recent fiscal year (2019-2020), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark *all that apply*)

all comments from SWW, VCBH Housing Manager

- Emergency Shelter
VCBH refers to the County's 4 year-round shelters and provides motel subsidies for clients as needed
- Temporary Housing
VCBH offers temp housing in the form of rental assistance for sober living facilities. This program, however, is not new nor was it expanded in FY 2019-20.
- Transitional Housing
VCBH refers to TPF, RAIN and Salvation Army
- ***Housing/Motel Vouchers***
VCBH provided over \$400,000 in hotel subsidies for clients in FY 2019-20 owing to a large grant from the State. Following the completion of that project, VCBH has developed practice guidelines for motel subsidy requests
- ***Supportive Housing***
VCBH added 7 new units of PSH for families in FY 2019-20
- Safe Parking Lots
VCBH does not operate any safe parking lots. I believe the cities of Santa Paula and Ventura may.
- Rapid re-housing
VCBH offered some rapid re-housing assistance in FY 2019-20 in the form of rental assistance. This program was not new or expanded.
- ***Adult Residential Care Patch/Subsidy***
VCBH developed a BHAB Housing Sub-committee who has focused on advocacy for ARFs. The number of ARFs that VCBH contracts with decreases each year.

Other (please specify):

- ***VCBH established a “living situation” field in the electronic health record so that we can quantify homelessness among our clients.***
- ***VCBH referred 66 clients to Project Roomkey, a Covid-related program for high-risk individuals experiencing or at risk of homelessness (info link!!)***

STRTP: Short-Term Residential Treatment Program (Foster Children in Congregate Care)

(please see *Child Welfare Services: Foster Children in Certain Types of Congregate Care* information at Appendix p. 19)

9.

Do you think your county is doing enough to serve the children/youth in group care?

- **Yes**

from DO, VCBH manager:

- ***VCBH has a long history of collaborating and contracting with Group Care via STRTPs to provide comprehensive mental health services for youth needing this level of care. In addition, Ventura youth have access via referral to psychiatric assessment and treatment, Wraparound services, Therapeutic Behavioral Services and Intensive Home Behavioral Services which augment the treatment services. In addition, Ventura has a specialized group care provider linked to a Crisis Stabilization Unit which allows for a smooth transition into a STRTP; this ensures continuity of care for our highest risk youth. In addition, a Joint Management & Governance is in place with Behavioral Health, the Human Service Agency and Probation Department that place youth in group care to receive mental health services; this allows for cross system coordination and intensive care coordination. An Interagency Placement Committee is also in place for all agencies to participate in placement decisions as youth***

and their families often intersect all the county agencies. Key to the success of additional contracting of additional providers as per CCR legislative mandates, are standing quarterly Group Home meetings with providers and on-going technical assistance to group homes transitioning into STRTPs.

from JG, BHAB member:

- ***Yes, VCBH has an entire division devoted specially to Children/Youth and their needs.***

- ***No***

(If No, what is your recommendation? Please list or describe briefly):

from CA, BHAB member:

- ***County services needed for young people who are diagnosed with both a mental illness and developmental disorders.***
- ***In conjunction with school districts, parents of teens should receive education about the early signs of mental illness. This could offered during Back to School nights and provided in multiple languages as needed.***
- ***Mental health services should be available on high school campuses.***

(please see *STRTP* information at Appendix)

10.

Has your county received any children needing "group home" level of care from another county?

- No
- ***Yes***

(If Yes, how many?): ***209 children***

comment from DO, VCBH manager:

- ***Ventura County has several Group Homes and STRTPs with capacity that exceed our local youth's needs due to low out of home placement. There are nine Group Home/STRTP in Ventura with a total capacity of 192 beds at any given time.***

During fiscal year 2019-2020, over 209 children were placed in Ventura from other Counties including Los Angeles, Riverside, Sacramento, San Bernardino, and Santa Barbara. (source = STRTP External Tracking/State Dashboard).

11.

Has your county placed any children needing "group home" level of care into another county?

- No
- **Yes**

(If Yes, how many?): **14 children**

comment from DO, VCBH manager:

- ***Ventura County has a low number of youth placed outside the county due to efforts related to the Pathways to Wellbeing initiative and Congregate Care Reform efforts; keeping youth local to remain connected with family and their local community is always a priority. For fiscal year 2019-2020, Human Service Agency/Child & Family Services placed 11 youth out-of-county and the Probation Department placed 3 youth out-of-county. (information provided by HSA/CFS and Probation Administration)***

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**Part II:**

**Telehealth Technology for Behavioral Health**

(please see *Background and Context, What is Telehealth?, The History of Telehealth, Telehealth and Health Equity, and Telehealth in Behavioral Health* information at Appendix pps. 20-23)

12.

Was your County using telehealth to provide behavioral health services prior to the Covid-19 public health emergency?

No

**Yes\***

(If yes, how were telehealth services funded prior to the Covid-19 public health emergency?):

- **Medi-Cal**
- **Mental Health Specialty \$\$**

\*If Yes, skip to Question 14

13. (skipped)

Did your county decide to offer telehealth services after the Covid-19 public health emergency began?

Yes / No

14.

Did the Covid-19 public health emergency cause your county to modify or adapt your service in any way?

**Yes**

No\*

\*If No, skip to Question 16.

15.

Which of the following changes to your services were made? (Please *select all that apply*)

- **Increased availability of telehealth services**
- **Expansion of the kinds of services provided via telehealth (esp. Crisis Team assessments)**
- **Telehealth training for staff and providers (HIPPA training)**
- **Changes to staffing to facilitate telehealth coordination (reorganization)**
- **Changes to technology/software to facilitate telehealth (Zoom accounts, additional cameras, adding MS Team platform)**
- **Community outreach to promote telehealth services**

Other (please specify):

- **capacity -> add'l MDs**
- **Crisis Team conducting assessments for individuals at medical hospitals exclusively by telehealth**

16.

Is your county able to serve both adults and children with behavioral health telehealth services?

Adults only

Children only

**Both**

17.

Are telehealth services in your county provided by an "in house" provider that is either on contract or an employee of Behavioral Health Services?

**Yes**

No

18.

Does your county have a contract with an organizational provider out of your area to provide behavioral health telehealth services?

**No (SUS)**

**Yes (MH)**

(If Yes, what is the name of the provider organization?):

- **additional psychiatrists (MH)**

19.

How are consumers able to receive behavioral health telehealth services in your county? (please *select all that apply*)

- **On personal home computers**
- **On mobile devices such as a cell phone or tablet**
- **On a landline phone**
- **At community clinics or wellness centers**

Other (please specify)

- **Crisis Team using county cell phones (MH)**
- **Medical hospital staff providing tablets to individuals on-site for Crisis Team assessments**

20.

What challenges do consumers in your county have regarding accessing and utilizing telehealth services? (please *select all that apply*)

- **Lack of computer or mobile devices to access telehealth services**
- **Lack of availability of internet services in the area (issues of reliability - MH)**
- **Inadequate internet connection/bandwidth to use telehealth services**
- **Cannot afford internet service or mobile data plan**
- **Lack of privacy in the home**
- **Distrust of telehealth services (MH only)**
- **Lack of knowledge regarding the availability of telehealth services (SUS only)**

• Difficulty filling/receiving prescriptions that are prescribed via telehealth services  
Other (please specify)

- ***decrease in billed minutes as number of contacts have increased, but length of contact has decreased (MH)***
- ***difficulty accessing meds when out of county (MH)***

21.

Does your county provide any of the following accommodations to assist consumers who have barriers to accessing telehealth services? (please *select all that apply*)

- ***Language interpretation for telehealth services***
- ***Text-based services for consumers who are deaf or hard of hearing (TTY)***
- ***Clinic, wellness center, or community-based telehealth access sites***
- ***Assistance in securing a mobile device or internet connection, including equipment loans***

Other (please specify)

- ***in the field during crisis situations (MH)***

22.

Which of the following does your county have difficulty with when it comes to providing behavioral health telehealth services to consumers? (please *select all that apply*)

- ***Technology/software***
- ***Network bandwidth to support secure and quality connection***
- Telehealth training for staff and providers
- Scheduling and coordinating telehealth services
- ***Getting provider buy-in (VCMC: MS Teams vs. Zoom security concerns for crisis assessments)***
- ***Encouraging consumer/community adoption and utilization (SUS)***
  - Difficulty navigating regulations regarding telehealth

Other (please specify)

- ***Privacy concerns at working site (MH)***
- ***Bilingual capacity (MH)***

23.

Who normally schedules and coordinates telehealth services in your county? (please *select all that apply*)

- Dedicated telehealth coordinator
- **Case manager**
- **Social worker, counselor, or other licensed mental health professional**
- **Nurse**
- **Individual medical providers**

Other (please specify)

- **Office Assistants (OA = administrative staff) (MH)**
- **Medical hospital staff for crisis assessments**

24.

While your county has been using telehealth to provide behavioral health services, have you noticed any changes in your no-show/cancellation rates for the following age groups?

|                              | Increase in no-shows/cancellations | Decrease in no-shows/cancellations | No change       |
|------------------------------|------------------------------------|------------------------------------|-----------------|
| Children (age 15 or below)   |                                    |                                    | <b>MH / SUS</b> |
| Transition-Age Youth (16-21) |                                    |                                    | <b>MH / SUS</b> |
| Adults (22-64)               |                                    | <b>MH / SUS</b>                    |                 |
| Older Adults (65+)           |                                    | <b>MH / SUS</b>                    |                 |

25.

Has the use of telehealth increased access to behavioral health services for any of the following groups? (please *select all that apply*)

- **Rural or distant communities**
- **Low-income communities**
- **Racial/ethnic minorities (MH)**
- **Older adults**

Other (please specify)

- **Individuals who are at an Inpatient facility (MH)**
- **By reducing response time for Crisis Team, staff availability is greater and more people have been served**

26.

Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please *select all that apply*)

- **Increased consumer outreach and engagement**
- **Increased appointment attendance**
- **Improved case-management for consumers with high needs**  
(providing this has been challenging on the MH side due to social distancing requirements)
- **Improved clinical workflow and overall practice efficiency (SUS)**
- Providers can serve more patients
- **Easier to connect with families with small children**
- Increased staff morale/decreased burnout

Other (please specify)

- **Logrando Bienestar ('Achieving Wellbeing' program \*\* removed location info) has benefitted (MH)**

27.

Is your county having any billing/reimbursement issues regarding behavioral health telehealth services?

**No**

Yes (if yes, please explain):

28.

How confident is your county that behavioral health services provided via telehealth are being billed in an appropriate and accountable manner?

- **Very confident (SUS)**
- **Somewhat confident (MH)**
- Neutral/unsure
- Not so confident
- Not at all confident

29.

When the Covid-19 public health emergency is over, do you expect your county will want to continue with telehealth to deliver behavioral health services?

- **Yes**
- No

30.

Please explain why or why not:

- ***Clients like it (MH)***
- ***More effective access (MH)***
- ***Client preference (SUS)***
- ***Improved access (SUS)***
- ***Client appointment flexibility (SUS)***
- ***Median response time for Crisis Team has been reduced by 20-30 minutes, allowing greater number of people needing services greater access***
- ***Efficiency has been enhanced within the Crisis Team so fewer people are waiting or choose to call 911 in situations perceived to be more urgent***
- ***Safety has increased for Crisis Team, especially by eliminating the need for physical presence in some situations, thereby mitigating the potential for spreading Covid***

31.

Does your county have any additional input concerning the use of telehealth to deliver behavioral health services?

- ***Long-term outcomes remain to be ascertained; especially since the quality of the therapeutic relationship is the key to healing (MH & SUS staff)***
- ***VCBH has done a remarkably nimble pivot, especially given its size and historical challenges to shifting***

***from CA, BHAB member:***

- ***Telehealth is a great strategy, but barriers remain for those who lack access to technology and wifi. In particular, the County has a substantial population of indigenous farm workers and their families, many of whom do not use e-mail, do not speak English or Spanish, and some of whom are illiterate. Telehealth strategies should adapt to include technologies immigrants are already familiar with, such as WhatsApp using cell phones.***

*from JF, BHAB member:*

- *At Aspire Counseling Services, Inc (In which I serve as the Executive Director of Behavioral Health Services), we recognize that telehealth presents many challenges in the delivery of behavioral health services. We use a hybrid model upon which some clients attend onsite (utilizing universal precautions) while others participate through telehealth. Although I am certainly grateful for the telehealth option, I do recognize that therapeutic work, interventions, getting a visceral feel for what clients are going through, building rapport, etc....have all been challenging with telehealth. However, it is not without benefit in that it is a communication medium that seems to have potential and is better than nothing.*

*from JG, BHAB member:*

- *VCBH uses Telehealth for online mental health care, but have noticed that clients do not enjoy staying online for as long as it takes for a therapy session.*

### Post-Survey Questionnaire

(please see *Post-Survey Questionnaire* information at Appendix 26)

32.

What process was used to complete this Data Notebook? (please select all that apply)

- *MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions*
- *MH Board completed majority of the Data Notebook*
- *Data Notebook placed on Agenda and discussed at Board meeting*
- *MH board work group or temporary ad hoc committee worked on it*
- *MH board partnered with county staff or director*
- *MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function*
- Other (please specify):

33.

Does your board have designated staff to support your activities?

- No
- **Yes**  
(if Yes, please provide their job classification):
  - Management Assistant III
  - Program Administrator III
  - Office Assistant III
  - Management Assistant II (x4)

34.

Please provide contact information for this staff member or board liaison.

- Name : **Vickie Poliquin**, Management Assistant III
- County : **Ventura** BHAB Members' support, and BHAB General and BHAB Executive Meetings support
- Email Address : [victoria.poliquin@ventura.org](mailto:victoria.poliquin@ventura.org)
- Phone Number : 805-981-6830
  
- Name : **Courtney Lubell**, Program Administrator III
- County : **Ventura** BHAB General Meeting Zoom Engineer
- Email Address : [Courtney.Lubell@ventura.org](mailto:Courtney.Lubell@ventura.org)
- Phone Number : 805-981-5453
  
- Name : **Mariella Aguilar**, Office Assistant III
- County : **Ventura** BHAB General Meeting Zoom Engineer
- Email Address : [Courtney.Lubell@ventura.org](mailto:Courtney.Lubell@ventura.org)
- Phone Number : 805-981-5453
  
- Name : **Joanna Peterson**, Management Assistant II
- County : **Ventura** BHAB Executive Meeting Zoom Engineer/Alternate Engineer for BHAB Committee Meetings
- Email Address : [joanna.peterson@ventura.org](mailto:joanna.peterson@ventura.org)
- Phone Number : 805-981-1881
  
- Name : **Kayla Fisher**, Management Assistant II
- County : **Ventura** BHAB Adults Services Committee support
- Email Address : [kayla.fisher@ventura.org](mailto:kayla.fisher@ventura.org)
- Phone Number : 805-981-2294

- Name : **Gracie Lopez**, Management Assistant II
- County : **Ventura** BHAB Youth and Family Services Committee support
- Email Address : [gracie.lopez@ventura.org](mailto:gracie.lopez@ventura.org)
- Phone Number : 805-981-2240
  
- Name : **Cari Kawell**, Management Assistant II
- County : **Ventura** BHAB Prevention Services Committee support
- Email Address : [cari.kawell@ventura.org](mailto:cari.kawell@ventura.org)
- Phone Number : 805-981-6831

35.

Please provide contact information for your Board's presiding officer (Chair, etc).

- Name : Jerry Harris
- County : Ventura
- Email Address : [jmharris007@roadrunner.com](mailto:jmharris007@roadrunner.com)
- Phone Number : 805-990-7433

36.

Do you have any feedback or recommendations to improve the Data Notebook for next year?

**from ERS, BHAB member:**

- ***While entering data online to transmit to CBHPC may be easier as a survey, the regulation to review and share information among numerous parties rendered the PDF version supplied by CBHPC unusable, resulting in an unnecessarily onerous process of reformatting and copying the form and data.***
- ***It is unconscionable that a statewide agency of such major responsibility would fail to have available to Counties, nor for statewide consumption, a version of the survey and statewide results in Spanish in addition to English.***

# **APPENDIX**

## **CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions**

*Prepared by the Performance Outcomes Committee of the California Behavioral Health Planning Council*

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive, and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

For information, you may contact the following email address or telephone number:

DataNotebook@CMHPC.ca.gov  
(916) 701-8211

Or, you may contact us by postal mail at:

Data Notebook  
California Behavioral Health Planning Council  
1501 Capitol Avenue, MS 2706  
P.O. Box 997413  
Sacramento, CA  
95899-7413



## **Introduction: Purpose and Goals: What is the Data Notebook?**

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the CBHPC. The discussion questions seek input from the local boards and their departments.

These responses are analyzed by Council staff to create an annual report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates<sup>1</sup> to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

The 2020 Data Notebook is focusing on telehealth and other strategies to provide services during the COVID-19 public health emergency. This topic comprises only part of the Data Notebook. We also have developed a section (Part I) with questions that are addressed each year to help us detect any trends. Monitoring these trends will assist in identification of unmet needs or gaps in services which may occur due to changes in population, resources available, or public policy.

The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify important issues in their

community. This work informs county and state leadership about local behavioral health programs, needs, and services. This information is used in the Planning Council's advocacy to the legislature and for input to the state mental health block grant application to SAMHSA<sup>2</sup>.

**Part I:**  
**Standard Annual Questions for Counties and Local Advisory Boards**

In recent years, major improvements in data availability now permit local boards and other stakeholders to consult extensive Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services and Substance Use Disorder Treatment. Similar data are analyzed each year to evaluate county programs and those reports can be found at *www.CalEQRO.com*. Additionally, Mental Health Services Act (MHSA) data can be found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.

In addition, members of the Planning Council would like to examine some county-level data that are not readily available online and for which there is no other publicly-accessible source. The items of interest include data that are collected by the counties because they need to know how much they are spending in these service categories and for how many clients. Collecting these data will help us analyze aspects of the behavioral health system that are not currently tracked.

Please answer these questions using information for fiscal year (FY) 2019-2020 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.'

**Adult Residential Care**

There is little public data available about who is residing in licensed facilities on the website of the Community Care Licensing Division at the CA Department of Social Services. This makes it difficult to determine how many of the licensed

Adult Residential Care Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2019, legislation was introduced that would authorize and require collection of data from licensed operators about how many residents have SMI and whether these facilities have services these clients need to

support their recovery or transition to other housing. This bill has been passed by the Legislature and is on the Governor's desk for action.

The Planning Council would like to know about the ARFs and Institutions for Mental Diseases (IMDs)<sup>3</sup> located in your county to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs.

### **Homelessness: Your County's Programs and Services**

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that approximately only 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. While the Council does not endorse the idea that homelessness is caused by mental illness nor that the public behavioral health system is responsible to fix homelessness, financially or otherwise, we know that recovery happens when an individual has a safe, stable place to live.

The past several months have been like no other we have seen in recent history. We understand that the public behavioral health system has had to drastically change how it does business and possibly halt a number of activities that may have been in the works for implementation this year. That said, we are interested in what types of actions counties may be taking to assist individuals who are homeless and have serious mental illness and/or a substance use disorder.

### **Child Welfare Services: Foster Children in Certain Types of Congregate Care**

About 60,000 children, under the age of 18, in California are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receives foster children but a small number of the children need a higher level of care and are placed in a 'Group Home'. California is striving to move away from the use of long-term group homes, and prefers to place all youth in family settings, if possible. California has

revised the treatment facilities for children whose needs cannot be safely met initially in a family setting. Group homes are to be transitioned into a new facility type called Short-Term Residential Treatment Program (STRTP). STRTPs will provide short-term, specialized, and intensive treatment individualized to the need of each child in placement.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting or who are in a family setting and experience a crisis which requires short-term intensive treatment. Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

## **Part II: Telehealth Technology for Behavioral Health**

### **Background and Context**

Another goal of this 2020 Data Notebook is to examine the role of telehealth technology to deliver behavioral health services. The COVID-19 public health emergency has led to a swift change in the methods of the healthcare delivery model to meet the needs of consumers, providers, and communities. Adoption of remote technology has been necessary to provide healthcare services in a way that is safe for both patients and staff.

The Centers for Medicare and Medicaid Services (CMS) have instituted time-limited policy changes that expand the definition of medical visits to include telemedicine visits, allowing for much greater freedom in reimbursement of such services<sup>4</sup>. CMS has also relaxed limitations on using video and text-based applications to communicate and conference with clients. This freedom has allowed local behavioral and mental health departments to expand the use of telehealth services very quickly. Gathering data on the prevalence, benefits, and challenges of telehealth delivery methods will help inform practice and policy at the local and statewide levels as California continues to deal with the COVID-19 public health emergency – and beyond.

### **What is Telehealth?**

The terms “telehealth” and “telemedicine” are closely related, and sometimes still used interchangeably. “Telemedicine” most often refers to traditional clinical diagnosis and remote monitoring using technology. “Telehealth” is becoming a more commonly used

term and encompasses a wider range of health care services that includes diagnosis, care management, education, counseling, and other care that is delivered by technology and telecommunications<sup>5</sup>.

Definitions of telehealth vary by agency and organization. California law defines telehealth as:

“The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”<sup>6</sup>

Telehealth methods can incorporate a broad range of telecommunications technology, including but not limited to:

- Telephone communications
- Mobile device communications, including text messages and smartphone applications
- Real-time video conferencing for remote consultation and counseling
- Digital patient education via text, images, and video
- "Remote Monitoring", a method by which providers can track patient’s health in real time using technology like heart-rate monitors or glucose monitors
- “Store and forward” telemedicine, also called “asynchronous telemedicine”, wherein providers can share patient information in a secure manner

## **The History of Telehealth**

The use of technology to extend health care into the home setting is an older idea than one might think. It extends as far back as the mid to late 19th century when telephone wires were used to transmit electrocardiograph data.<sup>7</sup> In 1879, an article in a medical journal called *The Lancet* discussed using the telephone to reduce the number of office visits. The radio has been used to provide medical advice to clinics on ships since the 1920s, and an image on the cover of *Science and Invention* imagined using devices for video examination of patients in 1925.<sup>8</sup>

The modern form of telemedicine emerged in the 1960s, with some of the first instances of telemedicine initially developed for the Mercury space program, allowing NASA to monitor physiological health at a distance. The use of telemedicine in psychiatry goes

back to this time as well. In fact, one of the earliest milestones of modern telehealth was the use of closed-circuit television to allow for psychiatric consultations between the Nebraska Psychiatric Institute and the Norfolk State Hospital. This shows just how central mental/behavioral health has been in the development of technology-based healthcare delivery<sup>5</sup>.

Since then, technology has advanced dramatically, creating many possibilities for remote health care delivery. Digital methods of communication and a drop in the cost of these technologies in the past decade has resulted in advancements around the world, including in developing countries and underserved regions. The development of the internet in particular has expanded the scope of telemedicine into a broader realm of telehealth, allowing for remote consultations and conferences, and multimedia approaches to education<sup>4</sup>.

## **Telehealth and Health Equity**

Telehealth has the potential to increase access to quality healthcare to underserved communities. Rural and remote communities have well-documented health disparities, including worse health outcomes and lower-quality health care services than communities with higher populations. Rural communities also often have larger populations of older adults, and higher poverty rates<sup>9</sup>. Properly implemented, telehealth can overcome access barriers in rural areas and reduce costs associated with transportation and lost work time. It can also extend the reach of existing behavioral health providers to bring services to areas with workforce shortages<sup>10</sup>.

However, there are also new challenges to be addressed regarding telehealth as a delivery model. There are existing disparities regarding digital literacy and access to technology that need to be acknowledged and addressed. These disparities are found more frequently in rural communities, racial/ethnic minority populations, lower income communities, and among older adults<sup>11</sup>. If these barriers are not addressed, a telehealth approach could end up reinforcing existing disparities rather than reducing them.

Broadband internet access is a key resource that makes telehealth services possible. Advocating for expanded access to broadband internet and assisting patients in acquiring affordable internet services and digital devices are key strategies to increasing the accessibility of telehealth services<sup>12</sup>. Digital literacy can be increased by providing resources and assistance to patients who are new to the devices or platforms being used. Every possible effort should be made to accommodate patients' accessibility needs. Language interpretation, including sign-language interpretation, and accessibly formatted materials should be made readily available<sup>11</sup>.

## **Telehealth in Behavioral Health**

As previously mentioned, the use of telehealth in psychiatry goes back to the 1960s. In 1969, remote psychiatric consultations for adults and children at a Logan International Airport Clinic were conducted by providers at Massachusetts's General Hospital. Telepsychiatry became more common in the 1970s-90s and became particularly common in Australia in the 1990s to overcome geographical distance. Research in the 1990s and 2000s indicated the effectiveness of these methods and led to practice guidelines from organizations such as the American Psychiatric Association (APA) and American Telemedicine Association (ATA)<sup>13</sup>.

According to the APA, telepsychiatry is equivalent to in-person care when it comes to patient satisfaction, treatment effectiveness, and diagnostic accuracy, and can save time, money, and other valuable resources. A growing body of evidence also demonstrates the effectiveness of telehealth for the delivery of psychotherapy, patient education and outreach, social support, and medication adherence. A systemic review of research on the effectiveness of telehealth for behavioral/mental health since 2000 found that it is cost-effective and adaptable, and is "the next logical step to delivering state-of-the-art care to mental patients alongside the conventional care, especially in under-developed communities and nations"<sup>14</sup>.

Barriers to the implementation of telehealth for behavioral/mental health services have been identified as well, such as the cost of starting and maintaining telehealth services. The need for workforce training and technical assistance is also a common obstacle, as are regulatory and compliance-related barriers. On the client side, lack of technology and resources can be barriers to accessing telehealth services.[3] Perhaps the largest barrier however is reimbursement. Until recently, provider reimbursement from CMS has been highly limited.

The recent policy changes have created an opportunity to explore the potential of telehealth to bring behavioral health services to the home<sup>15</sup>.

In conclusion, the implementation of telehealth as a delivery method for behavioral health services presents unique opportunities, advantages, and challenges. While telemedicine and telehealth have been advancing for decades, the COVID-19 public health emergency has led to an extremely rapid expansion in development and adoption. Telehealth can be an effective method of providing quality behavioral health services and has the potential to increase access to rural and remote communities. However, barriers to patient access needs to be considered and addressed.

## **Post-Survey Questionnaire**

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

## **References (foot notes)**

**1** W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

**2** SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For more information and reports, see [www.SAMHSA.gov](http://www.SAMHSA.gov)

**3** Institution for Mental Diseases (IMD) List:  
[https:// www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD\\_List.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx)

**4** Centers for Disease Control and Prevention, The Influence of Telehealth for Better Access Across Communities.

**5** Center for Connected Health Policy, About Telehealth.

**6** Business and Professions Code section 2290.5(a)(6).

**7** World Health Organization, Telemedicine: Opportunities and Developments in Member States.

**8** The Evolution of Telehealth: Where have we been and where are we going?

**9** American Association of Medical Colleges, Telehealth Helps Close Health Care Disparity Gap in Rural Areas.

**10** National Conference of State Legislatures, Increasing Access to Health Care Through Telehealth.

**11** Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic.

**12** American Academy of Family Physicians, Study Examines Telehealth, Rural Disparities in Pandemic.

**13** American Psychiatric Association, History of Telepsychiatry.

**14** Telemental Health Care, an Effective Alternative to Conventional Mental Care: A Systemic Review.

**15** University of Michigan, The use of Telehealth Within behavioral Health Settings: Utilization, Opportunities, and Challenges.



MEMBERS OF THE BOARD  
STEVE BENNETT  
Chair

LINDA PARKS  
KELLY LONG  
BOB HUBER  
JOHN C. ZARAGOZ

## **BOARD OF SUPERVISORS COUNTY OF VENTURA**

GOVERNMENT CENTER, HALL OF ADMINISTRATION  
800 SOUTH VICTORIA AVENUE, VENTURA, CALIFORNIA 93009

September 24, 2019

Board of Supervisors  
800 S. Victoria Ave.  
Ventura, CA 93009

**SUBJECT: Recommendation of Supervisor Long and Supervisor Parks to Adopt a Resolution in Support of the National Association of Counties - Stepping Up Initiative Intended to Reduce the Number of Adults with Mental Illnesses and Co-occurring Substance Use Disorders in Local Jails.**

### **RECOMMENDED ACTION:**

Adopt the attached Resolution to support a "Call to Action" to reduce the number of people with mental illnesses in our county jail; commit to sharing lessons learned with other counties in our state and across the country as part of a national initiative to encourage all county officials, employees and residents to participate in Stepping Up for people with mental illness.

### **DISCUSSION:**

Recent data released by the National Alliance on Mental Illness (NAMI) indicates that 2 million people with mental illness are booked into jails each year and nearly 15% of men and 30% of women booked into jails have a serious mental health condition. The vast majority of these individuals are non-violent criminals and serve relatively short sentences for minor crimes. Unfortunately, once incarcerated, some individuals do not receive the treatment they need, stay longer than their counterparts without mental illness and are at risk of victimization by others in the system. Furthermore, once released many find themselves homeless, without access to mental health services and support and are often re-arrested.

Recognizing the critical role local and state officials play in supporting systems change, the National Association of Counties (NACO), the American Psychiatric Association Foundation and the Council of State Governments Justice Center launched the Stepping Up initiative in May 2015. Stepping Up is a national movement to provide counties with the tools they need to develop cross-systems, data-driven strategies that can lead to measurable reductions in the number of people with mental illnesses and co-occurring disorders in jail.

To date, more than 360 counties have passed a resolution or proclamation indicating their willingness to participate in the Initiative. We are asking this Board to join these counties and pass the attached resolution which incorporates the framework of screening, assessments, data collection, process analysis and prioritized policies and practices with the expressed goal of reducing this vulnerable population.

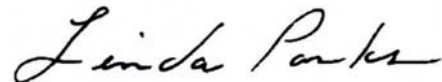
Prior to moving this board letter forward, we reached out to our Sheriff's Office, Behavioral Health and Probation Departments who were all very supportive of moving this Initiative forward. In fact, many departments stated they were very familiar with Stepping Up and have already adopted many of the Initiative's policies and goals as their own.

We can all agree that jailing people with mental illness is not conducive to providing effective mental health care. It creates huge burdens on law enforcement, corrections and state and local budgets and so takes its toll on our society. Please take a stand today by supporting this national initiative.

Sincerely,



KELLY LONG  
Supervisor, District 3



LINDA PARKS  
Supervisor, District 2

RESOLUTION NO. 19-107

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF VENTURA  
STEPPING UP INITIATIVE TO REDUCE THE NUMBER OF PEOPLE  
WITH MENTAL ILLNESSES IN JAILS**

**WHEREAS**, counties routinely provide treatment services to the estimated 2 million people with serious mental illnesses booked into jail each year; and

**WHEREAS**, prevalence rates of serious mental illnesses in jails are three to six times higher than for the general population; and

**WHEREAS**, almost three-quarters of adults with serious mental illnesses in jails have co-occurring substance use disorders; and

**WHEREAS**, adults with mental illnesses tend to stay longer in jail and upon release are at a higher risk of recidivism than people without these disorders; and

**WHEREAS**, county jails spend two to three times more on adults with mental illnesses that require interventions compared to those without these treatment needs; and

**WHEREAS**, without the appropriate treatment and services, people with mental illnesses continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families; and

**WHEREAS**, Ventura County and all counties take pride in their responsibility to protect and enhance the health, welfare and safety of its residents in efficient and cost-effective ways; and

**WHEREAS**, Ventura County has developed the Adult Mental Health Diversion Court and the Insights Court Program for our juvenile population; and

**WHEREAS**, through *Stepping Up*, the National Association of Counties, the Council of State Governments Justice Center and the American Psychiatric Association Foundation are encouraging public, private and nonprofit partners to reduce the number of people with mental illnesses in jails;

**THEREFORE, BE IT RESOLVED**, that the Ventura County Board of Supervisors does hereby sign on to the Call to Action to reduce the number of people with mental illnesses in our county jail, commit to sharing lessons learned with other counties in my state and across the country to support a national initiative and encourage all county officials, employees and residents to participate in *Stepping Up*. We resolve to utilize the comprehensive resources available through *Stepping Up* to:

- Convene or draw on a diverse team of leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.
- Collect and review prevalence numbers and assess individuals' needs to better identify adults entering jails with mental illnesses and their recidivism risk, and use that baseline information to guide decision making at the system, program, and case levels.
- Examine treatment and service capacity to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.
- Develop a plan with measurable outcomes that draws on the jail assessment and prevalence data and the examination of available treatment and service capacity, while considering identified barriers.
- Implement research-based approaches that advance the plan.
- Create a process to track progress using data and information systems, and to report on successes.

Upon motion of Supervisor Long, seconded by Supervisor Zaragoza, and duly carried, the Board hereby approves and adopts this resolution on the 24<sup>th</sup> day of September, 2019.

  
 Steve Bennett  
 Chair, Board of Supervisors  
 County of Ventura

ATTEST:  
 Michael Powers,  
 Clerk of the Board of Supervisors  
 County of Ventura, State of California.

By: Lou Harris  
 Deputy Clerk of the Board



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

|    |                                                                |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----|----------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 23 | Insufficient Housing Options for Clients in Diversion Programs | 3 | Placement/housing is a requirement to which all participants in either Mental Health Diversion or Mental Health Court must agree. It is a precondition for participation; VCBH, the Court, and Probation are in agreement on this point. None of these clients are without placement/housing due to insufficient resources.                                                                                                                                                                                                                                                       |  |
| 24 | Insufficient Housing Options for Clients in the Assist Program | 3 | Placement/housing is a goal VCBH holds for all Assist clients. That said, Assist clients cannot be placed or housed without their agreement. None of these clients are without placement/housing due to insufficient resources.                                                                                                                                                                                                                                                                                                                                                   |  |
| 25 | Insufficient Housing Options for Clients Released from Jail    | 3 | VCBH's contract with Telecare to operate the VISTA and VOICE programs provides for treatment and placement/housing upon release from custody for those willing to accept these voluntary services. None of these clients are without placement/housing due to insufficient resources. VCBH has developed two new contracts with locked out-of-county facilities to accommodate conserved clients requiring that level of care. Additionally, VCBH is working in a public/private partnership for the purpose of developing a 120-beds locked mental health rehabilitation center. |  |
| 15 | Streamline Medical Screening Process                           | 2 | I feel at something of a loss in this area. Not sure what it rue of CDPH versus what is attributed to them.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

|    |                                                                                                                                                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 26 | Insufficient Supportive Housing Options for Mental Health Clients Discharged from Psychiatric Hospitals                                            | 2 | Among California counties, VCBH has a unique contractual relationship with local board and cares which endeavors to provide economic support for a struggling industry while incentivizing these private owner-operators to make improvements to their physical plants which will benefits the clients. In the case of two board and cares which were sold and at risk of ceasing to operate, VCBH intervened and helped broker a deal between the new owner and contracted provider which has preserved 60 beds in-county. VCBH opened its own locked mental health rehabilitation center (MHRC) three years ago. VCBH has developed two new contracts in the past years with locked out-of-county facilities to accommodate conserved clients requiring that level of care. Additionally, VCBH is working in a public/private partnership for the purpose of developing a 120-beds locked mental health rehabilitation center. |  |
| 34 | The County Should Articulate a Strong Commitment to Early and Effective Treatment in Order to Strive for the Highest Level of Functioning Possible | 2 | By bringing the EDIPP program in-house (i.e., discontinued the use of an outside contractor), adopting and training staff in the Pfleger Institute of Environmental Research (PIER) model, and seeing the program grow, VCBH has communicated it strong commitment to the early detection and intervention to prevent psychosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 37 | Streamline Access to Crisis Services                                                                                                               | 2 | Mostly appear to be a restatement of discontent around the use to EDs as part of the crisis/LPS response. The exception is the call for specialized response for those with intellectual/developmental disabilities which is debatable in terms of the mandate for specialty mental health. Safety Alert/CSS (TCRC contractor) which should operate in this area is said to be narrow in scope/ability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

|    |                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 40 | Increase the Availability of Timely Services County-wide                                                                                                                  | 2 | In contrast to #2, this may be read as timeliness of services for those already enrolled. This may be a true gap in light of the increasing clinic enrollment without added staff.                                                                                                                 |                                                                                                                                                                                                                               |
| 51 | Increase collaboration between VCBH and law enforcement to assist with de-escalation during a crisis response for those with intellectual/developmental disabilities with | 2 | This is a singular call for a more specialized response for those with intellectual/developmental disabilities which is debatable in terms of the mandate for specialty mental health. Safety Alert/CSS (TCRC contractor) which should operate in this area is said to be narrow in scope/ability. |                                                                                                                                                                                                                               |
| 1  | Case Management Workload                                                                                                                                                  | 1 | This may be a true gap in light of the increasing clinic enrollment without added staff.                                                                                                                                                                                                           |                                                                                                                                                                                                                               |
| 3  | Impact of Frequent Staff Changes on the Ability to Establish Therapeutic Relationships                                                                                    | 1 | This is something of a gap that has as much to do with the inconsistency of psychiatry staffing (if not more) as VCBH staffing.                                                                                                                                                                    | There has been limited turn-over in staffing in Youth & Family with a core of clinicians working at the same clinic or regional program for years. Changes in clinical providers are generally made only upon client request. |
| 4  | Review EQRO Recommendations                                                                                                                                               | 1 | Considerable effort is made in response to both State and EQRO guidance/recommendations                                                                                                                                                                                                            |                                                                                                                                                                                                                               |

|    |                                                                     |   |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----|---------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5  | Increase Focus on Prevention (MH and SUD)                           | 1 | As stated the focus in on educating youth.                                                                                                                                                                                                                                    | VCBH has a long standing and robust presence on campus through local clinics extending services on site, school-based programming (ERSES) which includes 60 clinicians and 130 schools, outreach and engagement programming through Logrando Bienestar, and the planning for Wellness Centers on school campuses willing to create these centers. In these programs, trauma informed services for children will prevent further deterioration of their mental health and the need to have higher levels of care. Additionally, Collaborative Educational Services (COEDS), TBS/IHBS, Wraparound and the Child Welfare Subsystem work extensively at school sites. VCBH also provides training of the crisis continuum and trauma to education staff in addition to an annual School Conference "Carpe Diem" and "Agency 101" on access to services county-wide. |
| 6  | List of Services Offered to be Sent from VCBH to Community (every 6 | 1 | Given ever present demand for VCBH services and treatment, it is not clear if lack of regularly updated description of services is a gap.                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7  | Continue Education for Law Enforcement Following CIT                | 1 | CIT is ran and under the purview of the Sheriff's Office. Not stated as a gap, but nonetheless points to an area for improvement and greater collaboration/coordination. It seems CIT "refresher" courses are being planned.                                                  | Youth & Family staff continue to participate in the CIT training to share developmental information about children, youth, and mental health access and treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10 | Improved Veterans' Services                                         | 1 | Maybe a gap, veterans are a group deserving of our concern and VA service and treatment in our area do not appear to be entirely adequate. We have recently connected the County's interim VA liaison with VCBH staff and manager; purpose being to enhance mutual awareness. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | Create Ongoing Collaborative and Coordination Between               | 1 | Very diffusely stated by Jesse Finkbeiner; no clear gap                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12 | Additional Substance Use Disorders (SUD) Residential Facilities     | 1 |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| 13 | Additional CSU Chairs with Ability to Medically Screen Clients and Receive Clients Directly from Law Enforcement | 1 | Addressed above under #8                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 14 | Need to Conduct In-Field Medical Screening                                                                       | 1 | Could be combined with #15                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 16 | Need to Evaluate Staffing Ratios at Hillmont IPU                                                                 | 1 | Specified by licensing with some disciplines, but also determined by funding. Mostly outside of the direct purview of VCBH.                                                                                                                                                                                                                                                                                                                                              |  |
| 17 | Reduce/Eliminate Arrest of Clients at Hillmont IPU                                                               | 1 | Mental status is already said to be considered in making the determination about arrests out of HPC. The rights of staff, as victims, has to garner some consideration as well.                                                                                                                                                                                                                                                                                          |  |
| 18 | Critical Need for Step-Down Facilities                                                                           | 1 | While more is almost always better, the current continuum of care is notable: a CRT (15 beds) on the hospital grounds with a second under development, a locked MHRC in-county (Horizon View at 16 beds), the State's only unlocked MHRC (Hillmont House at 15 beds), an adult residential care facility (Casa de Esperanza at 45 beds), 200+ B&C/RCFE beds under contract, and access to all these same types beds (plus SNFs) contracted from out-of-county providers. |  |
| 19 | ACT Level Case Management for Clients Requiring a Higher-Level Engagement and Support                            | 1 | Assist, EPICS, Older Adults, a portion of Transitions, and Telecare's VISTA/VOICE provide all provide ACT-level services and treatment                                                                                                                                                                                                                                                                                                                                   |  |

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| 20 | Insufficient Warm Hand-Offs and Tracking to Determine Effectiveness of Hand-Offs and Supports                                 | 1 | A purported gap vaguely identified; clarity requested to address.                                                                                                                                                                                                              | The Crisis Team and Youth CSU provide near real-time updates on their contacts to Y&F programs/clinics on their contacts and interventions with enrolled clients. Clinical information is entered in the electronic health record for access by relevant providers and allows for collaborations and warm hand-offs for clients to their treating providers. The Juvenile Facility / Insights FSP also coordinates within the EHR and actively with the home clinic and treating provider for the incarcerated youth for follow up, collaboration and warm hand-off. Generally, the treating provider remains constant for the youth to avoid disruption in the therapeutic relationship and connection to the home clinic. Collaboration with family members who may have relevant and important information about their loved one with a serious mental illness and who want to be involved in their care should be happening. For youth up to age 21, there has been an adoption of the use of Child and Family Team Meetings to further engage family members and the support network. Over 350 CFTMs have been held since Feb. 2020. |
| 21 | Increased Collaboration with Family Members to Identify Relevant and Important Information About Clients                      | 1 | The clients' consent (as per HIPPA) determine information shared (i.e., nature extent of "involvement"); might be an area where clinic culture could addressed. We could explore both staff and community training around the use of the Family Member Information Input Form. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 27 | Additional Community Services and Supports for People with Mental Illness Issues and Individuals with Substance Use Disorders | 1 | Broadly stated with unclear implications for the 60-70% of Adult clients with a co-occurring disorder.                                                                                                                                                                         | Services for children, youth and families are provided in the community with many services provided in the home, school or any setting the family chooses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| 28 | Increase Overall Housing Options and Case Management for People with Mental Illness                                                                                                                  | 1 | Generally speaking more housing would be desirable. No Place Like Home has had a limited local impact.                                                                                                                               |  |
| 29 | Clients in Jails Deteriorate and Decompensate in Jail Due to Lack of Best Practice Treatment                                                                                                         | 1 | Mostly outside of VCBH purview. The jail-based competency program has barely begun to operate.                                                                                                                                       |  |
| 30 | Lack of Support for Families Whose Loved Ones Need to be Conserved                                                                                                                                   | 1 | Support for families around conservatorship is somewhat outside of VCBH purview. We primarily identify the client as the focus of our attention. However, working more emphatically with families is a perpetual goal.               |  |
| 31 | When a Conservator Directs Authorization to Provide Involuntary Medication for Someone with Serious Mental Illness, VCBH and Hillmont IPU Should Articulate Protocols Regarding These Authorizations | 1 | Confused/misunderstood and misstated.                                                                                                                                                                                                |  |
| 32 | The County Needs to Identify the Cost Associated with Untreated Mental Illness                                                                                                                       | 1 | Laudable and interesting challenge, not easily completed, more the kind of work for a think-tank, outside entity, etc. as opposed to a provider of specialty mental health services.                                                 |  |
| 33 | There are No Established Goals for Services/Outcomes for People with Mental Illness                                                                                                                  | 1 | This gap would seemingly be addressed by the work being done with Third Sector. Work towards capturing homeless, hospital and jails days is ongoing with decent progress in the methodologies related to hospital and homeless days. |  |

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| 35 | Eliminate the Use of Community Hospital Emergency Rooms to Evaluate, Treat and Medically Clear People Who Are Experiencing Mental Health Emergencies | 1 | Could be combined with #15                                                                                                                                                          |                                                                                                      |
| 36 | Reduce the Number of People with Mental Illness that are Incarcerated                                                                                | 1 | Addressed under #22                                                                                                                                                                 |                                                                                                      |
| 38 | Consider the Unique Needs of TAY and Increase Outreach to TAY to Avoid Severe Mental Illness                                                         | 1 | Addressed under #34                                                                                                                                                                 | Y&F teams collaborate directly with TAY teams for direct referrals for clinically appropriate youth. |
| 39 | Focus on Healing, Recovery and Job Placement                                                                                                         | 1 | Employment services is a gap-outside of the work done with Department of Rehabilitation and TAY Clinic for job preparedness and training as well as Growing Works and job training. |                                                                                                      |
| 41 | In-County Psychiatric Inpatient Beds for Older Adults who are in Mental Health Crisis and Frail Medically                                            | 1 | Gero-psych, inpatient unit is a gap                                                                                                                                                 |                                                                                                      |
| 42 | More bilingual staff needed for STAR, and access to STAR services on Saturdays.                                                                      | 1 | More is better whether it is language capacity or days of operation; increasing the number of days without increasing staffing could have a diminishing effect                      |                                                                                                      |
| 43 | Need to reduce wait times between STAR evaluation and clinic appointments.                                                                           | 1 | Addressed under #2                                                                                                                                                                  |                                                                                                      |

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| 44 | Need to streamline referral process within Logrando Bienestar. In the past, clients could contact coordinators directly to begin intake process. Now, referrals are sent through managers, adding an extra step. | 1 | As per Cynthia Salas this is a perceived issues that has been addressed/dispelled. | No change to referral process; clients and the community can call staff directly or call main office                                                                                                                                                                                                                                                                                                                                                                                    |
| 45 | Access to mental health services for those with developmental disabilities.                                                                                                                                      | 1 | Obviously a delicate balance with TCRC                                             | For children and youth with developmental disabilities and an Individualized Educational Plan (IEP) in place , there is an MOU with VCOE/SELPA for VCBH to provide Mental Health services to 22 school districts; currently there are 60 clinical staff, 130 schools served and over 900 students receiving services. In the clinics, children with disabilities and are Medi-cal recipients, can access Psychiatry services or other clinical services to address Mental Health needs. |
| 46 | Significantly increase IPU capacity, including increasing the number of IPU beds and increased / improved programming.                                                                                           | 1 | Addressed under #9                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 47 | Significantly increase CRT beds/facilities.                                                                                                                                                                      | 1 | Addressed under #8                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 48 | Establish inpatient alcohol treatment programs.                                                                                                                                                                  | 1 |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 49 | Significantly increase supportive housing.                                                                                                                                                                       | 1 | Similar to #28                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| 50 | Establish and/or significantly increase dual diagnosis treatment (mental illness and drug/alcohol).                                                | 1 | Similar to #27      |  |
| 52 | Increase VCBH support to students with intellectual disabilities (ID) who may not benefit from traditional cognitive behavioral therapies.         | 1 | Addressed under #45 |  |
| 53 | Past meetings with TAY present pointed to homelessness.                                                                                            | 1 |                     |  |
| 54 | De-escalation when a crisis situation goes beyond any one group; no one wants to be in a situation with coercion.                                  | 1 | Similar to #51      |  |
| 55 | Training in de-escalation for first responders, especially in dangerous situations. Review of crisis intervention training aimed at de-escalation. | 1 | Similar to #51      |  |

## Ventura County Behavioral Health

### Board Letter Summary of Contracts for December 2020

| Board Date | Contractor                                                                         | Amount      | Term               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| 12/8/2020  | Ventura County Office of Education (VCOE)                                          | \$4,475,228 | 12/8/20 to 6/30/25 | Ventura County Behavioral Health (VCBH) will partner with VCOE to add eight (8) on-site Wellness Centers on specific high school campuses with "at risk" determinants. These determinants may include high drop-out and suspension rates, areas of poverty, high Adverse Childhood Experiences Scores or cultural priority schools. The goals of the Wellness Centers are to: (1) prevent mental illness from becoming severe and disabling, (2) reduce risk factors that negatively affect mental health and academic success, and (3) improve access to school-based mental health services. Collaboration with VCOE will include the provision of school sites and memoranda of understanding (MOU) with individual high schools, as well as community collaboration, which may include the Probation Agency, the Public Health Department and the Human Services Agency. To achieve the Wellness Center goals, collaboration between VCBH and VCOE is required to ensure that vulnerable high school youth can seek and receive mental health services and support at the Wellness Centers. The MOU between VCBH and VCOE will enable VCOE to hire the necessary employees to operate the Wellness Centers, as outlined in VCBH's Mental Health Student Services Act (MHSSA) grant application. These employees will include: Program Manager, Operations Specialist, Administrative Assistant, Wellness Coordinators, and Wellness Peers. VCOE will be reimbursed for all services rendered using MHSSA grant funds. VCBH expects to reimburse VCOE \$4,475,228 for services rendered. |
| 12/8/2020  | Ventura County Medi-Cal Managed Care Commission, dba Gold Coast Health Plan (GCHP) | \$6,311,295 | 1/1/21 to 12/31/22 | In January 2020, the Health Care Agency (HCA) submitted applications to the Department of Health Care Services (DHCS) for Behavioral Health Integration (BHI) Incentive Program funding for VCBH and Ambulatory Care projects, in the amount of \$11,755,949. HCA was notified that it's grant applications were approved by DHCS in the amount of \$6,311,295. Since this amount was less than originally requested, HCA needed to adjust its proposals to stay within the approved grant amount. Due to delays related to the COVID-19 public health emergency, the grant term was moved to January 1, 2021 and will continue through December 31, 2022. VCBH will receive \$1,344,128 in grant funding for two projects: (1) medication management for beneficiaries with co-occurring chronic medical and behavioral diagnoses and (2) improving follow-up after hospitalization for mental illness. Ambulatory Care will receive \$4,967,167 in grant funding for one project related to basic behavioral health integration. To accept the BHI Incentive Program grant funding and conduct the grant duties, HCA is engaging in an MOU with GCHP that delineates the term of the relationship, roles/responsibilities of the parties, reporting/monitoring requirements, and payment terms.                                                                                                                                                                                                                                                                                           |

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| 12/15/2020 | GCHP                                      | \$0         | 7/1/2020 to 6/30/2021 | VCBH presented an MOU to the Board of Supervisors that replaces a pre-existing MOU with GCHP. The new MOU defines the roles and responsibilities of VCBH and GCHP with respect to providing specialty mental health services, outpatient mental health services, and Substance Use Disorder (SUD) services (including the process for screening, referring, coordinating services, clinical consultation and dispute resolution). In addition, language in the MOU updates the reference to DMC-ODS with SUD due to the transition to the new California Advancing and Innovating Medi-Cal waiver and incorporates changes to the Medi-Cal Rx system, which will be managed outside of the Medi-Cal Managed Care Plan (MCP) between prescribers and pharmacies, who will all be enrolled in a new management system. Finally, MCPs are required to provide Alcohol Misuse Screening and Behavioral Counseling Interventions to members ages 18 years or older who misuse alcohol at least annually.                                                                                                                                                                                                                                                                                                                                                                                             |
| 12/15/2020 | Evalcorp                                  | \$38,013    | 7/1/20 to 6/30/21     | Evalcorp provides Mental Health Services Act (MHSA) data collection and analysis services for the Push Technology Project and Bartenders as Gatekeepers program. Through the agreement, Evalcorp collects data, facilitates meetings between stakeholders and VCBH staff, has created and developed data tools specific to both projects, such as the client history tool and self-report and follow-up tool, and other data collection forms, including stakeholder interview protocols, to recommend best practices for these three-year projects. The amendment revised the timeline of the scope of work and reallocated \$1,081 in unused funds from year two to year three of the budget. The scope of work is revised to move the year two evaluation report to year three to allow the full year two data to be analyzed and included in the report. In addition, assistance with required reports to the State will shift from year two to the final project year. Also, an additional series of key stakeholder interviews that will be used to glean key lessons learned and recommendations from primary project stakeholders will be conducted near the end of the final project year, along with corresponding transcription, analyses and summary report development. The year three budget was increased from \$36,932 to \$38,013. This agreement is funded with MHSA funding. |
| 12/15/2020 | Ventura County Office of Education (VCOE) | \$2,356,148 | 7/1/20 to 6/30/22     | VCOE provides Prevention and Early Intervention (PEI) services that align with the MHSA PEI component of the VCBH MHSA Plan. The goal of this project is to expand access to PEI mental health services in schools and to increase recognition of signs of mental illness through collaboration with other Local Educational Agencies (LEAs). The amendment modified and added certain contract language and reallocated \$353,607.64 in unused funds from year one to year two of the budget. A portion of the unused funds will be reallocated back into the LEAs/Districts, who provide direct service to students. VCOE will increase consultant services to provide additional trauma informed practices and vulnerable populations trainings. The year two budget was increased from \$2,002,540.47 to \$2,356,148.11. This agreement is funded with MHSA funding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| 12/15/2020 | Idea Engineering, Inc. (Idea Engineering) | \$46,692  | 7/1/20 to 6/30/21 | Idea Engineering has developed a media campaign on suicide prevention for the Bartenders as Gatekeepers program. The amendment modifies the existing agreement to revise the scope of work and reallocate \$9,178 in unused funds plus \$30,214 dollars in additional funding (savings from county paid expenses from the overall budget approved by the MHSOAC) to the year three budget to fund: (1) additional VCBH website content development, (2) the creation of additional messaging videos, and (3) the creation of educational materials for the development of a tool kit. The year three budget was increased from \$7,300 to \$46,692. This agreement is funded with MHSA funding.                                                                                                                                                                                                                                                                                                                                                              |
| 12/15/2020 | Catalyst Ventura Church (Catalyst)        | \$162,896 | 7/1/20 to 6/30/23 | Catalyst provides Conocimiento: Addressing Adverse Childhood Experiences Scale (ACES) through Core Competencies services through its Ignite program. The Ignite program is an afterschool program that serves teens ages 13-19 in Santa Paula. Through this program, at-risk Santa Paula youth are recruited and provided prevention services that are designed to utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACES by increasing core competencies and building resilience. The program offers tutoring and support to students who require extra support in order to graduate on time. This program also ensures that at-risk youth caregivers receive support and assist in building community. The amendment reallocated \$48,419 in unused funds from year one to year two of the budget. The year two budget was increased from \$114,477 to \$162,896. This agreement is funded with MHSA funding.                                                                                            |
| 12/15/2020 | One Step A La Vez                         | \$149,120 | 7/1/20 to 6/30/23 | One Step A La Vez provides Conocimiento: Addressing ACES through Core Competencies services through its afterschool program. The One Step A La Vez afterschool program serves teens ages 13-19 in Fillmore. Through this program, similar to the services provided by Catalyst, at-risk Fillmore youth are recruited and provided prevention services that are designed to reduce adverse outcomes in adolescents living in poverty or with ACES by increasing core competencies and building resilience. This program teaches teens leadership skills, communication skills, how to plan and implement activities and how to reach out to youth from another city (Santa Paula) and allows them to begin their journey to a better future. This program also ensures that at-risk youth caregivers receive support and assist in building community. The amendment reallocated \$43,482 in unused funds from year one to year two of the budget. The year two budget was increased from \$105,638 to \$149,120. This agreement is funded with MHSA funding. |

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| 12/15/2020 | Interface Children and Family Services (Interface)          | \$127,576 | 7/1/20 to 6/30/21 | <p>Interface oversees the management of the Push Technology Project which is a three-year project that focuses on reducing re-hospitalization rates by using text messaging to offer bridge support and mini-assessments during the first 90 days post-hospitalization. This project targets individuals exiting county inpatient psychiatric hospitals and residential and crisis stabilization units and is designed to increase the quality of mental health services and improve post-discharge outcomes using Ecological Momentary Interventions (EMI). Project participants report their mental health status via text message/EMI, receive appointment reminders, and are able to be connected to additional services using 211 services. The project evaluates participants' satisfaction, recovery status, any improvement in first appointment attendance, and re-hospitalization rates after one year. The amendment reallocated \$26,717 in unused funds from year one and two to year three of the budget. The year three budget was increased from \$100,859 to \$127,576. This agreement is funded with MHA funding.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 12/15/2020 | DHCS Performance Standard Agreement (Performance Agreement) | \$0       | 7/1/18 to 6/30/21 | <p>DHCS allocates Substance Abuse Prevention and Treatment Block grant (SABG) funding to counties to establish or expand state and local alcohol and other drug abuse prevention, care, treatment, and rehabilitation programs. In order to improve the administration of the SABG and streamline the contracting process for behavioral health federal block grants, DHCS is transitioning SABG to the Mental Health Block Grant (MHBG) model and integrating it into the existing Performance Agreement applicable to MHA, Lanterman-Petris-Short Act (LPS Act), Projects for Assistance in Transition from Homelessness (PATH), MHBG, Crisis Counseling Assistance and Training Program (CCP), and Bronzan-McCorquodale Act programming/mental health services, starting in FY 2020-21. The Performance Agreement's term is July 1, 2018 through June 30, 2021. This transition will provide DHCS with greater flexibility and agility in responding to the needs of the counties and improve effectiveness of the state's administration of the grant and end the practice of there being two different contract models for grants under similar federal laws and regulations. On October 12, 2020, DHCS notified VCBH that our grant application of \$4,872,488 was approved. The start date of the grant term is July 1, 2020 and the end date is June 30, 2021. The FY 2020-21 SABG funding consists of the following set-asides: Discretionary, Prevention, Friday Night Live, Perinatal and Adolescent/Youth. The FY 2020-21 SABG funding will be used for Substance Use Services (SUS) Division provider contracts and to cover Salary &amp; Benefits and Services &amp; Supplies used in support of programs identified in the budget submitted with the SABG Grant Application. The Agreement is in zero dollar amounts as funds for the programs in the agreement are allocated to VCBH through other allocation methods.</p> |