

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

August 17, 2020

NEXT MEETING:

Monday, September 21, 2020
1:00 p.m. – 3:00 p.m.

VIRTUAL MEETING VIA ZOOM

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

BHAB Members Present

Claudia Armann
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking
Dr. Margaret Cortese
Jesse Finkbeiner
Janis Gardner, Chair Emeritus
Mary Haffner, Secretary
Jerry Harris, Chair
Carol J. Keavney
Patricia Mowlavi
Denise Nielsen
Supervisor Linda Parks
Joe S. Ramirez, 2nd Vice Chair
Marlen Torres
Sheri Valley

BHAB Members Absent

Kevin Clerici
Cmdr. James Fryhoff
Michael Rodriguez
Carol Thomas, Member-At-Large

Others Present

Christine Bae
Brian Brennan, Board of Supervisors
Marika Collins, Casa Pacifica
Vannessa Cortez, Pacific Clinics
Cindy Doutt, Telecare
Sylvie Garcia
Sally Harrison, County Executive Office
Mike Hartmann
Karen Anne Morris
Jennifer Morrison
Dave Murray
Carole Shelton
Mark Stadler, Crisis Intervention Team
Elizabeth R. Stone, MHSOAC-CFLC
Dr. Casey Wake
Scott Walker, Crisis Intervention Team
Liz Warren, Client Network
Jerry Weaver

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Clara Barron, Mental Health Services Act Senior Program Administrator
Hilary Carson, Mental Health Services Act-Innovations Program Administrator
Dr. Loretta Denering, Substance Use Services Division Chief
Leisa Donovan, Senior Accounting Manager
Jennifer Dougherty, Youth & Family Services Sr. BH Manager
Dan Hicks, Substance Use Services Prevention Manager
Martha Johnson, AOT Grant Coordinator-Program Administrator
Courtney Lubell, Policy & Procedure Unit Program Administrator
Esperanza Ortega, Mental Health Services Act Community Services Coordinator
Joanna Peterson, MHSa Management Assistant
Dan Powell, Inpatient Psychiatric Unit/Crisis Stabilization Unit (IPU/CSU)
Kiran Sahota, Mental Health Services Act-Senior Manager
Cynthia Salas, Equity Services Manager
Dr. John Schipper, Adult Services Division Chief
David Tovar, Substance Use Services -Prevention Program Manager
Susan White Wood, Housing Manager
Terri Yanez, Administrative Services Division Chief
Vickie Poliquin, Temporary BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:01 pm.		
II.	Roll Call Secretary Mary Haffner conducted the calling of the roll and Chair Harris identified that a quorum of the Board members was present.		
III.	Welcome and Introductions Chair Harris welcomed all attendees.		
IV.	Approval of the Agenda Mr. Harris asked the Board to review and approve the agenda. Ms. Valley moved to approve; Ms. Gardner seconded. The motion carried unanimously through roll call.	Agenda approved as written. M/S/C	
V.	Approval of the Minutes Mr. Harris asked the Board to review and approve the minutes of the July 20, 2020 meeting. Ms. Armann moved to approve; Ms. Gardner seconded. The motion carried by majority vote through roll call.	General Meeting minutes approved as written. M/S/C	
VI.	Public Comments <ul style="list-style-type: none"> Carole Shelton spoke in favor of having more services available to adults with Intellectual/Development Disabilities (I/DD), particularly crisis services. Jennifer Morrison expressed concern about people on a 5150 involuntary hold who are transferred out of county due to lack of local beds. She offered to volunteer her time to provide family input to VCBH during its upcoming review of services. Sylvie Garcia spoke on behalf of a loved one with mental illness who had been in and out of outpatient programs. She expressed concern regarding both being asked to minimize her involvement with their care and what she felt were limited crisis team services. 		
VII.	Presentation: Jail Based Competency Treatment Program at the Pre-Trial Detention Facility (PTDF) – Commander Mike Hartmann <ul style="list-style-type: none"> Commander Hartmann provided information about the program which provides competency treatment to defendants charged with a felony who have been deemed incompetent to stand trial due to a mental disorder. 		
VIII.	Chair Comments <ul style="list-style-type: none"> Mr. Harris welcomed new BHAB member Carol J. “C.J.” Keavney who introduced herself and thanked the members of the BHAB. Mr. Harris recognized the people that presented public comments noting that the BHAB hears the comments and are doing their best to identify issues and make recommendations to VCBH and to the Board of Supervisors (BOS). Mr. Harris noted that a Correspondence File will be sent out along with monthly meeting announcements containing information on training opportunities and community services. 		
IX.	Presentation of Recognition Certificates – Dr. Gina Petrus, Dr. Jamie Banker, Monique Garcia Mr. Harris read Certificates of Commendation to members of the BHAB who had recently resigned.		
X.	Director’s Report – Dr. Sevet Johnson <ul style="list-style-type: none"> VCBH was selected by the State Department of Health Care Services (DHCS) to participate in the Behavioral Health Integration (BHI) Incentive Program facilitated by Gold Coast Health Plan. DHCS’s Triennial Review was held online August 11-13. Extremely positive feedback was provided by DHCS. Dr. Johnson provided a detailed presentation highlighting statistical information on VCBH’s work since the COVID-19 outbreak. Acknowledged Felicia Skaggs, Alexis Villegas, Susan White Wood and Mark Stadler who made presentations on VCBH programs impacting the community at the California Institute of Behavioral Science’s Virtual Symposium. 		
XI.	Board Members Comments and Announcements <ul style="list-style-type: none"> Ms. Gardner - Attended DHCS’s Triennial Review and detailed the positive comments. Announced September is Suicide Prevention month. Noted that the Transitional Aged Youth (TAY) Tunnel is open for youth services by appointment. 		

	<ul style="list-style-type: none"> Ms. Valley - Inquired about the status of the Assist program grant. Ms. Haffner – Referenced a September 9, 2019 study that approximately 70% of the jail-based population had been identified as having a mental illness. <p>Nancy Borchard – Questioned the 70% statistic within the September 19, 2019 study referenced by Ms. Haffner and referenced an earlier study that provided a much lower percentage.</p>		
XII.	Secretary’s Report – Mary Haffner Ms. Haffner reported on BHAB member’s attendance at the last Executive and General meetings. She has reached out to Supervisor Zaragoza’s office regarding the BHAB vacancy in District 5.		
XIII.	Old Business A. Lanterman, Petris, Short (LPS) Reform Workgroup Report – Jerry Harris Mr. Harris and Dr. Johnson noted it is County Counsel’s opinion that the Mission Statement and wording related to the BHAB’s reference to legislative issues be modified since these areas are determined to be out of the BHAB’s scope of responsibility included in the Welfare & Institutions Code (WIC). B. Bylaws Amendments – Status Update Mr. Bhavnani summarized the BOS’s July 21 motion and read the proposed revisions to remove the two thirds vote requirement and add that all officers need a majority vote. Ms. Gardner moved to approve the proposed revisions as amended; Mr. Ramirez seconded. The motion carried by majority vote through roll call. Mr. Harris abstained. C. Mental Health Services Act (MHSA) and Performance Outcome Measure Workgroups - Update Mr. Harris noted that as previously discussed, four dates were designated for the MHSA Workgroup members in September and October and the meeting dates would be announced soon. D. Housing Workgroup Update – Ratan Bhavnani Mr. Bhavnani provided an update from the Housing Workgroup noting that two additional board and cares were scheduled to close. Mr. Harris stated the Housing Workgroup revised letter will be placed on the September meeting agenda for action.	No action was taken. Bylaws Amendments approved as amended. M/S/C Revised letter to September 21 General Meeting agenda.	
XIV.	New Business A. Best Practice - Conduct Mr. Harris highlighted the proposed best practice/Board Policy - Conduct item developed by the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) and summarized the purpose of the proposed practice. Ms. Gardner moved to approve; Ms. Brooking seconded. The motion carried unanimously through roll call. B. Establishment of a Mentor Program for New Members Mr. Harris summarized the Mentor Program concept and noted the item was discussed at CALBHB/C’s last Governing Board Director’s meeting. Ms. Gardner moved to approve; Ms. Haffner seconded. The motion carried unanimously through roll call. C. Review BHAB Mission & Vision – Discussion Mr. Harris asked for any suggested revisions to the BHAB Mission & Vision, noting that the Board previously spent a lot of time with its development. No changes were suggested. Ms. Armann moved to approve the BHAB Mission & Vision as written; Ms. Gardner seconded. The motion carried unanimously through roll call. D. Review BHAB Objectives – Discussion Mr. Harris suggested the BHAB focus over the next year on reviewing gaps in service. Due to lack of a quorum, this action item will be continued to the September 21 BHAB General meeting agenda. E. Develop Preliminary Plan for Fiscal Year 2019-20 Annual Report Preparation - Discussion Due to lack of a quorum, this action item will be continued to the September 21 BHAB General meeting agenda. Dr. Johnson provided a response to Ms. Haffner’s previous request to provide the costs associated with out-of-county hospitalizations noting that for FY 2019-20 the cost was \$141,720.	Board Policy – Conduct guidelines approved. M/S/C Mentor Program for New Members approved. M/S/C Mission & Vision approved with no revisions. M/S/C No action taken due to lack of a quorum. No action taken due to lack of a quorum.	

XV. Contracts	There were no questions or comments regarding the contracts from July 2020.		
XIV. Adjourn	The meeting adjourned at 3:42 pm.		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2020-21	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann	X	X										
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X										
District 3	1/27/18 – 1/26/21	Nancy Borchard		X										
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X										
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	e										
District 5	1/11/18 – 1/10/21	Dr. Margaret Cortese	X	X										
District 4	4/7/20 - 10/13/21	Jesse Finkbeiner	X	X										
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	X											
District 5	10/17/17 – 9/23/20	Monique Garcia		X										
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X										
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X										
District 4	9/17/19 – 9/17/22	Jerry Harris	X	X										
District 2	3/14/17 – 3/14/20	Patricia Mowlavi	X	X										
District 4	9/18/18 – 9/17/21	Denise Nielsen		X										
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X										
District 3	4/9/19 – 12/1/20	Joe S. Ramirez	X	X										
District 5	1/25/20 – 1/24/23	Michael Rodriguez	e	e										
District 2	9/17/19 – 9/16/22	Carol Thomas	X	e										
District 5	1/11/20 – 1/24/23	Marlen Torres	X	X										
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X										

Present = X

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



Ventura County Sheriff's Office

Jail Based Competency Program

Competency To Stand Trial

The California standard for competency to stand trial states that a criminal defendant cannot be tried or adjudged to punishment “if, as a result of a mental disorder or developmental disability, the defendant is unable to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a rational manner.” (Pen. Code, § 1367, subd. (a).)

Current Felony IST Process

Court Determines
Defendant Is
Incompetent To Stand
Trial (IST)



Defendant is Ordered
To The Department of
State Hospitals (DSH)
For Treatment

Defendant Remains In
County Custody Until
DSH Has An Opening
(1 to 1 Swap)



Current IST Process

DSH Restores
Defendant's
Competency

Defendant Remains In
County Custody and
Awaits Court Trial To
Begin.



Defendant Transported
Back To County Jail



Current Process Issues

There is an increasing number of defendants found to be Incompetent To Stand Trial (IST), and a significant lack of bed space capacity in DSH.

This has lengthened waitlist times for patient transfer to DSH. During these delays, the patients remain in County Jail without the required restorative mental health treatment.

As of August 4, 2020, the Ventura County Sheriff's Office has in custody a total of 17 Inmates awaiting to be transferred to DSH for treatment.

Ventura County Statistics

Between May 2019 to May 2020 a total of **81** inmates were committed to the Department of State Hospitals. Average Placement Time: **2.6 Months**

Placement Times

Number of Inmates	Placement Time
6 Inmates	1 Month
28 Inmates	2 Months
20 Inmates	3 Months
11 Inmates	4 Months
5 Inmates	5 Months
11 Inmates	Still Awaiting Placement
81 TOTAL	

What is Jail Based Competency Treatment (JBCT)

The Department of State Hospitals (DSH) is the primary entity responsible for providing competency treatment to defendants charged with a felony who have been deemed incompetent to stand trial due to a mental disorder.

The Jail Based Competency Treatment (JBCT) program, increases DSH capacity by providing restoration treatment services similar to that provided in the State Hospitals in a county jail setting.

JBCT Philosophy

JBCT provides individual and milieu-based competency restoration services to defendants for the purpose of restoring adjudicative competence. The restoration treatment services are individually tailored and delivered according to the results of standardized assessments of trial competency, semi-structured interviews, and the treatment plan approved by the defendant's treatment team.

JBCT Simply Put

Jail Based Competency Treatment (JBCT) is a partnership between DSH and the county to provide competency restoration treatment in the county jail, eliminating the need to transfer the patients to DSH.

It is important to note that the modality of the JBCT treatment is established by DHS, in cooperation with our medical provider, Wellpath. We have very little, local control over the actual mechanics of the treatment program.

Advantages to JBCT

The JBCT program provides the ability to more quickly admit patients declared IST and ordered to State Hospital.

JBCT typically restores competency to patients within 60-90 days of the IST declaration. Ventura County patients often wait that long before being transferred to DSH to begin restorative treatment.

As a patient's treatment progresses, the Jail Therapeutic Inmate Management Team can work closely with the courts to minimize court delays once competency is restored.

JBCT Responsibilities

Ventura County Sheriff's Office

Provide the facility space within the Ventura County Jail and provide sworn staff to provide security for JBCT Program employees.

Wellpath

In partnership with DSH, Wellpath will provide approved JBCT program within the Ventura County Jail.

DSH Quality Assurance

Liaison site visits will be conducted by DSH to provide support to the program and to ensure that all program functions relevant to safe and effective assessment and treatment are being implemented.

A DSH clinical review team will conduct a formal program review through analysis of relevant program data, interviews, patient chart reviews, observation, and inspection of facilities and treatment program sites.

JBCT Treatment

- Daily psychoeducational and competency training groups;
- Daily medication management;
- Daily free time in the milieu or outside yard, including games, movies, and mind-body exercises.
- Weekly individual sessions with the Clinician;
- Weekly individual tutoring with the Trainer/Educator;
- Weekly psychiatric consultations;
- Weekly incentives;
- Monthly psychological assessment and evaluation.

JBCT Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0850	Staff Member 1: Therapeutic Movement	Staff Member 2: Wake-up Activity	Staff Member 2: Wake-up Activity	Staff Member 2: Wake-up Activity	Staff Member 3: JBCT Incentive Store
0900-0950	Staff Member 3: Wellness Education	Staff Member 4: My Life, My Choice	Staff Member 2: Arts & Crafts	Staff Member 4: What Would You Do?	Deputy: Activity of Daily Living Groups
1000-1050	Staff Member 5: Current Events	Staff Member 3: Wellness Education	Staff Member 2: Life Skills	Staff Member 3: Wellness Education	
	Staff Member 6: Competency Education	Staff Member 2: Life Skills	Staff Member 3: Wellness Education	Staff Member 2: Table Games	
1100-1150	Lunch	Lunch	Treatment Team Meeting: Grand Rounds	Lunch	Lunch
1200-1250	Individual Contacts	Staff Member 2: Brain Fitness		Staff Member 2: Brain Fitness	Individual Contacts
1300-1350	Staff Member 6: Competency Education	Staff Member 4: Court Activity	Lunch	Staff Member 4: My Life, My Choice	Staff Member 5: Outdoor Activity
	Staff Member 2: Table Games		Staff Member 4: Competency Education		
1400-1450	Staff Member 5: Trivia Challenge	Individual Contacts	Staff Member 7: Working with Your Attorney	Individual Contacts	JBCT Cinema
1500-1530	Individual Contacts	Chaplain: Bible Study	Individual Contacts	Individual Contacts	

Questions?



Ventura County Sheriff's Office

Jail Based Competency Program

Director's Report General BHAB Meeting

COVID – 19 UPDATE

August 17, 2020

Compliance/Quality Management

- **COVID Related Operational Support**

- Continual monitoring of Additional/New State Guidelines related to services provided during pandemic
- Developed and distributed Telehealth guidance letter to all providers
- Conducted follow up provider Q & A webinar and ongoing email support
- Created Telehealth Best Practices Guideline
- Consent for MH Services/SUS Admission & Intake policies
- New Consent for MH & SUS Telehealth Services form
- Shared updated and pertinent DHCS, BBS and telehealth training information to management and providers

Compliance/Quality Management

- **Ongoing Operations**

- Researched and facilitated implementation of teleconferencing platforms
- Coordinated Healthcare and Pro Zoom account access for all clinics/programs
- Modified UR operations to electronic formats
- 24-hour notifications; TARs; Concurrent reviews
- Modified enrollment & other ongoing forms into fillable format
- Integrated additional forms into the Avatar (EHR) system
- VCBH and CBO with Avatar UR reviews
- MH and SUD TAR approvals
- Grievance and Appeals
- Concurrent review
- Triennial Audit, DMC-ODS CAP and NACT support
- PnP development/revision

Contracts Administration

- Modified Medi-Cal Contracts for COVID Impact Related Payment Adjustments
- Distribution to contractors of County, State and Federal Regulatory and Informational Guidance Related to COVID
- Prepared FY20-21 4-month contract extensions pending Fiscal Impact of COVID
- Ongoing contractor support related to COVID Guidance
- Ongoing Compliance Monitoring of Contracts

VCBH Administration

- Immediate support to County Human Resources for the reassignment of staff to support VCMC, Public Health, and Project Roomkey
- Established protocols and reassigned staff to provide operational support for staff that are Telecommuting
- Determining ongoing requirements to support telecommuting staff and the provision of telehealth services, and securing funding to support technology needs
- Providing staffing for screening at Williams Drive and staffing reception for all visitors and calls
- Facilitated Town Halls to inform staff and answer questions/concerns

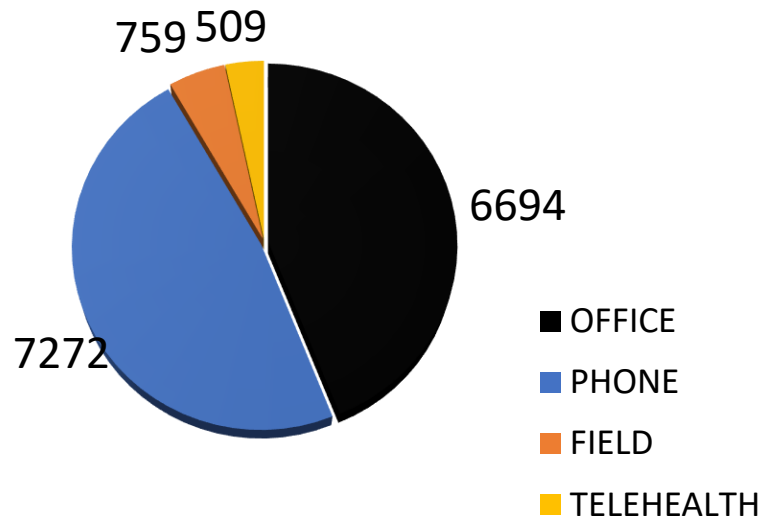
Safety and Facilities

Preparation/Distribution of:

- Health & Safety Postings per CDC Guidelines
- Health and Safety Reopening Plan
- Operational Guidelines to screen before entering facilities
- Operational Guidelines for screening of clients
- COVID-19 Health & Safety Training
- Department Worksite and Risk Assessment
- Employee training and Communication
- Work Environment Protocols
- Workflow Guidelines
- Consumer Health & Safety Education and Accommodations
- Use of County Vehicles
- Consumer Transportation
- Field Based Activities
- Co-Located Facility Coordination
- Cash Handling Procedures

Adult Division

Service location, Total Contacts July 2020



- Providing a combination of In-Person, Phone, and Telehealth services.
 - A small team is maintained at each site with more than half of the staff Telecommuting which has been a vital option in order to continue client services.
 - 87 Adult Division Staff are providing some Telehealth services (mostly via Zoom): 43 BHC, 2 CA, 3 psychologists, 10 MHA, 4 RN, 5 PsychTech, and 20 Psychiatrists
 - Increase in overall Contacts by 13.4% and Decrease in overall Billable Service by 1.6 %.

Adult Division

- COVID Services
 - Adult Clinics & Programs are currently providing 23 groups via Telehealth, and 2 by phone.
 - Examples include; COD, WRAP, Social Wellness, Seniors, 2 Spanish groups in S. Oxnard
 - Crisis Team continues to provide 24/7 in-person response to the community and Telehealth services to Hospitals
 - TOTAL 494 Telehealth Assessments so far, 38.3% of clinical services
 - Ongoing collaboration with our Law Enforcement partners continues with our clinics and Crisis Team

Adult Division

- Working closely with in-county Board & Care facilities to support clients and operators that are struggling due to COVID restrictions
 - Deployed additional contract services, “quality of Life” to the B&C sites
 - VCBH amended all B&C contracts to allow the use of comfort funds for COVID expenses (PPE, Staffing, etc.)
 - VCBH housing manager developed increased collaboration and relationship with Community Care Licensing. CCL conducted virtual visits with the B&Cs and worked with housing manager to support B&C operators.
- Continue to evaluate in custody clients and determine appropriate level of care and treatment
 - Collaboration with Courts, Jail, Probation, PAPG, DA, PD,

Adult Division

- Project RoomKey
 - Temporarily housed a total of 113 current mental health VCBH Homeless clients in Motels (Total 300 clients VCBH history inc. SUTS)
 - Worked collaboratively on this project with PH, WPC, HSA, CoC and Health Care for the Homeless
 - Multiple VCBH staff were reassigned to this project (4 nurses, 2 clinicians, 1 CSC)
 - Utilization of HEAP funding to provide rental assistance to homeless clients.
- HEAP (Homeless Emergency Assistance Program) funding has also been provided to aid Homeless VCBH clients during this pandemic, \$14,293 to date.

Youth & Family Outpatient Clinics

Six Clinics with Skeletal Teams in addition to Telehealth Services



Assessment & Referral



Individual, Collateral
Case Management
& Group



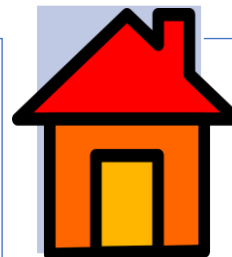
Medication Services and
Monitoring



Crisis Services



Specialty Services



Residential-STRTP

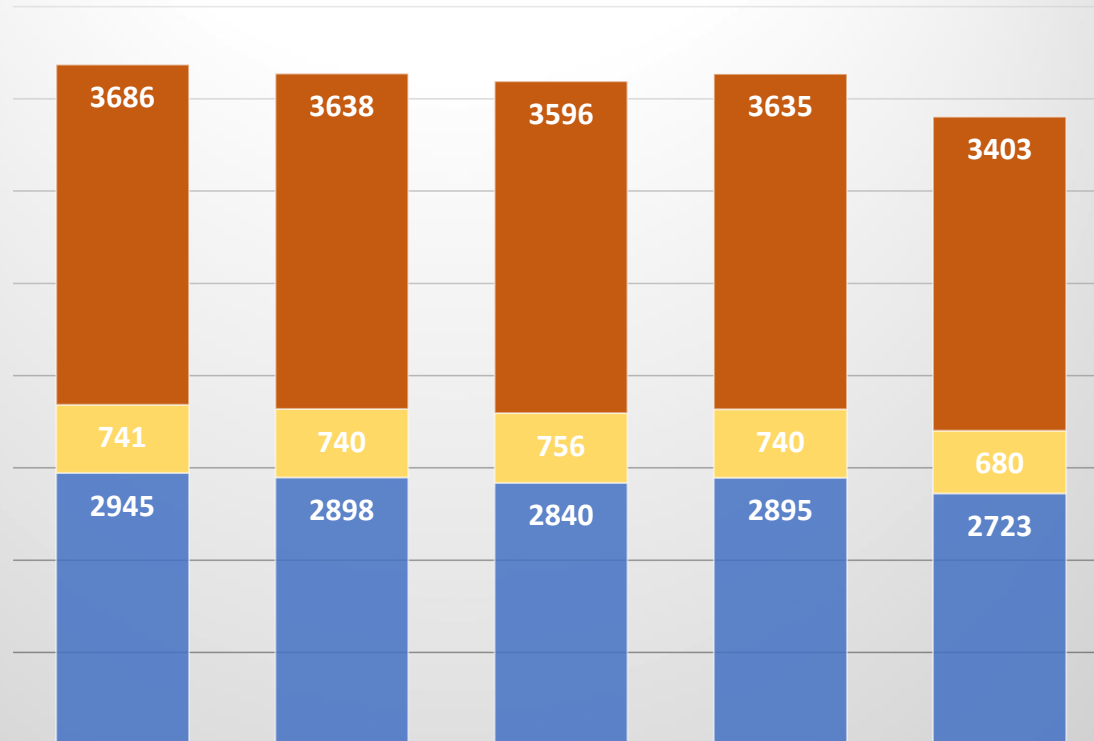
Number of Children Served by Month

VCBH and CBO Contract Providers

*AVATAR Basic Demographics Report for Served Consumers by Division

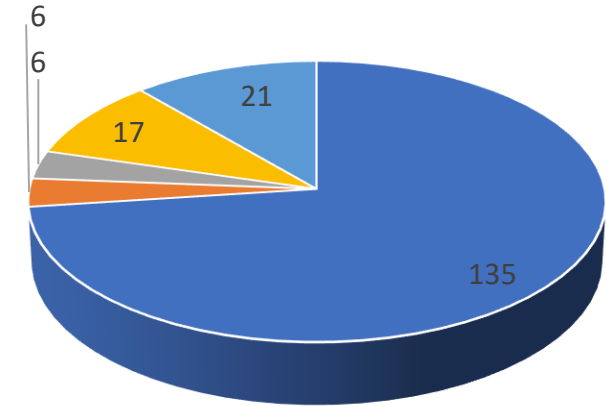
Unduplicated Client Count by Month

VCBH and Contract Providers



	March	April	May	June	July
Total	3686	3638	3596	3635	3403
Contractors	741	740	756	740	680
VCBH	2945	2898	2840	2895	2723

Youth & Family VCBH Staff



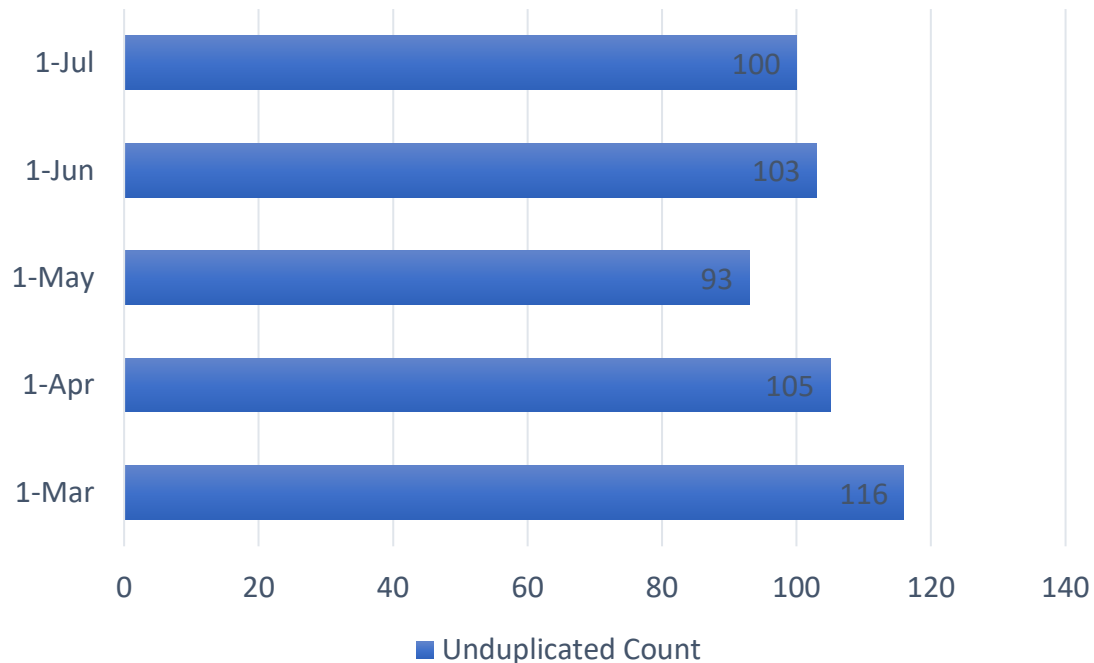
- Clinicians 135
- Psychologist 6
- Mental Health Associates 6
- Administrators & Managers 17
- Office Professionals 22

Child Welfare Subsystem

- Children's Accelerated Assessment to Treatment and Services (CAATS Team) remained busy
- 552 Referrals Screened (March-July)
- 243 New Assessments and Re-Assessments Completed
- STRTP Technical Assistance occurred with Providers & State
- Certified new STRTP
- State-wide CFT/CANS Pilot
- AB2083 Children's System of Care MOU planning

Probation Youth

Youth Served in the Juvenile Facility



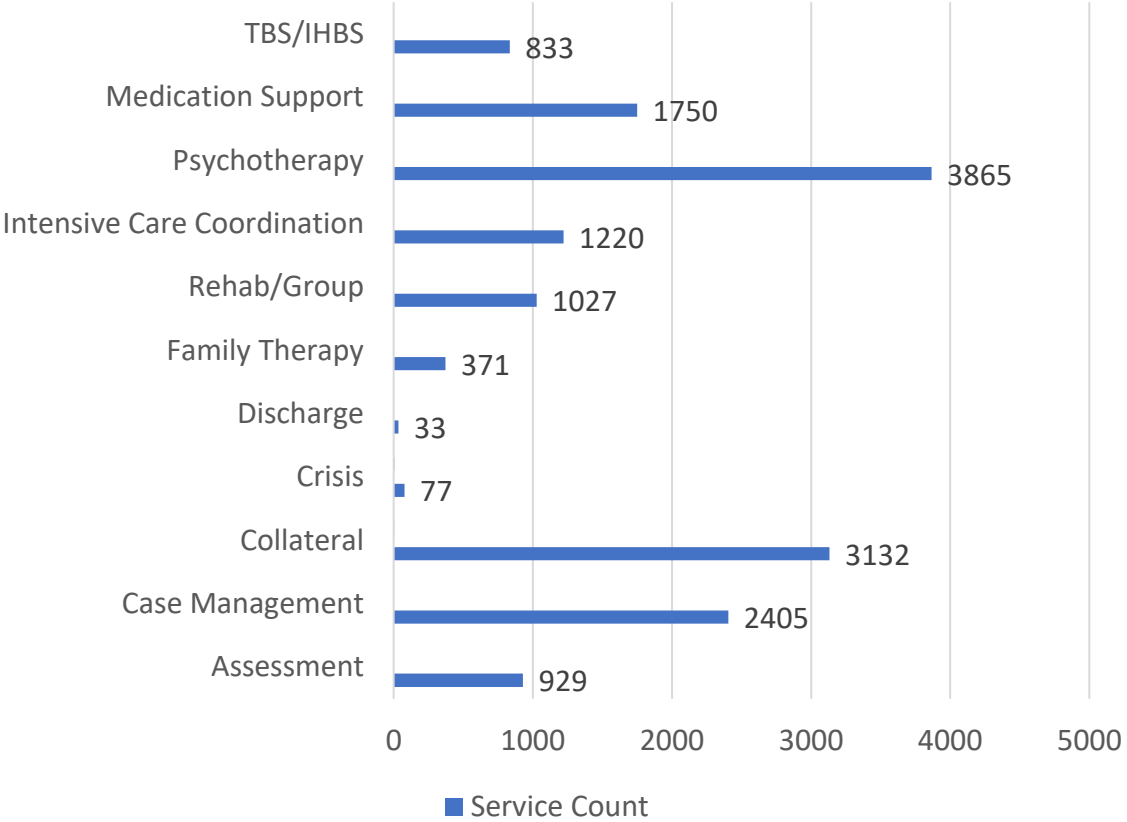
Juvenile Justice Facility

- Mental Health Treatment
- Psychiatric Services and Medication Support
- INSIGHTS Court Resumed
- INSIGHTS Community Services Continued
- Crisis Assessments and Consultations
- Mental Health Assessments
- Engagement of Parents and Families

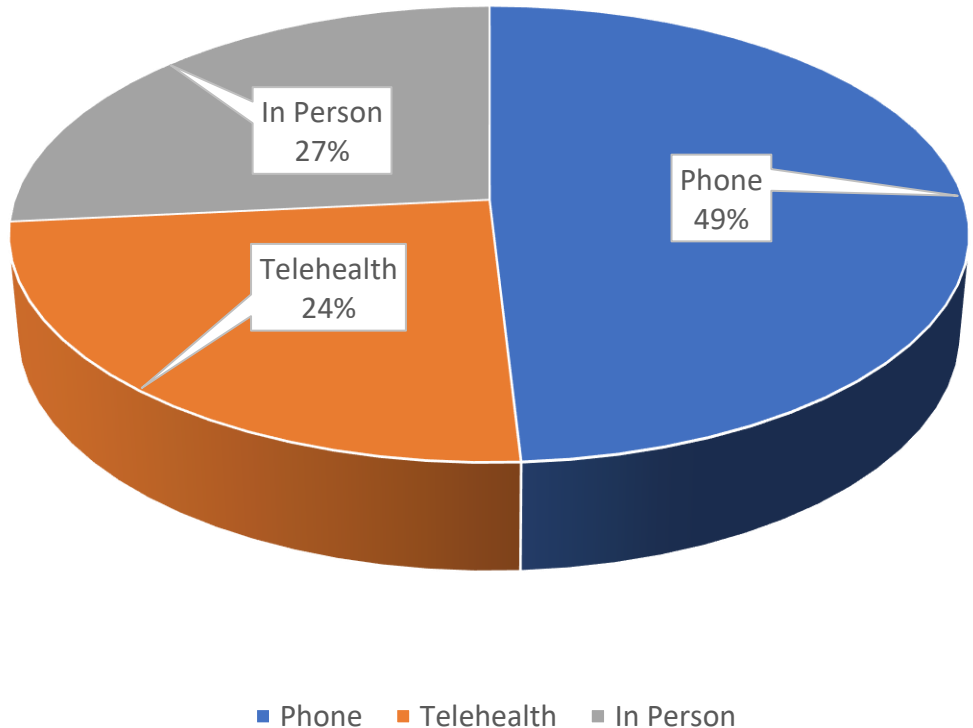
Contacts for Youth & Family Month of July 2020

Requested Service Report from Billing

Sum of Total Contacts
16,262



Sum of Total Contacts by Percent
16,262



Youth and Family Collaboration



VCOE/SELPA

- Safety & Service Planning: *60 School-based Clinicians*
- Zoom Training for Teachers/Staff: 4 in Spring, 4 Fall, additional for Parents
- County-wide Regional Meetings to coordinate services: *970 Special Education Students*
- District Meetings to meets unique local needs: *120 School sites*



Human Services

Child and Family Services

- Co-facilitate weekly Zoom to provide support sharing of information & resources with CBOs
- Coordination with Education on training and resource needs

CALWORKs

- Family Dependency Court
- Coordination of support for Adults with children in Dependency

Substance Use Treatment Services (VCBH Outpatient Clinics)

Service Provided via Telehealth Between 3/23/2020-7/31/2020	Number of Sessions
Assessments	485
Case Management	1,785
Discharge Planning	95
Family Therapy/Collateral	73
Group	345
Individual Counseling	1,951
Treatment Planning	399
Total Services	5,133

- Across 6 clinics, **4 Behavioral Health Clinicians and 12 Alcohol Drug Treatment Specialists** provided services via telehealth.
- Community collaborations have continued with Insights Court, Family Treatment Court, Perinatal Task Force, Repeat Offender Prevention Program, and Juvenile Probation.

VCBH Driving Under the Influence (DUI) Programs

Service Provided via Telehealth Between 3/23/2020-7/31/2020	Number of Sessions
Education	167
Face-to-Faces (Individual)	7,846
Group	1,229
Total Services	9,242

**627 Successful Program Completions During this Period*

- Across 4 clinics, **15 Alcohol Drug Treatment Specialists** provided services via telehealth.
- Community collaborations have continued with Probation, Courts, CalWORKs, and CORE-Interface.

SUS Access and Care Coordination (DMC-ODS and AB 109)

Service Provided via Telehealth Between 3/23/2020-8/4/2020	Number of Activities
Access Line Calls	2,137
Assessments	105
Care Coordination (Case Management)	1175
Requests for Service Screenings	430
Warm Transfers to Providers	166
Total Services	4,013

- Across 9 clinic and telework sites, **4 Behavioral Health Clinicians and 5 Alcohol Drug Treatment Specialists** provided services via telehealth.
- Community collaborations have continued with quarterly AB 109 Probation, Contracted Providers, Re-entry Court, Mental Health, Whole Person Care, and Ambulatory Care.

SUS Prevention – Community Outreach

- ***Community Connections Newsletter***

Bi-monthly Newsletter; Six issues Published Through July

- **Social Media Metrics April 1 – June 30:**

- 2,277,059 Impressions, reach of 235,456 residents, with 10,104 click-thrus!

- | Remote Trainings/Meetings for SUS Community Outreach Between 3/23/2020-7/31/2020 | Number |
|--|------------|
| Agency Contacts/Partnership Collaborations Made | 17 |
| Individualized Overdose Prevention Trainings Conducted | 15 |
| Phone & Virtual Contacts w/CBOs | 350 |
| Zoom Meetings/Webinars | 44 |
| Total Contacts | 426 |

- Across 9 telework sites, **4 Program Administrators, 5 Community Service Coordinators, and 1 Administrative Assistant** have delivered prevention services remotely in coordination with 11 contracted agencies.



VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

August 11, 2020

2020 TRIENNIAL REVIEW

ENTRANCE PRESENTATION

Dr. Sevet Johnson, Director

Welcome DHCS Review Team



DHCS Team Reviewers

Trang Huynh

Lanette Castleman

Dr. Jerry Balaban

Mayumi Hata

Ami Perry-Donaldson

Martine Carlton

Tessa Robinette

Suzanne Ladson

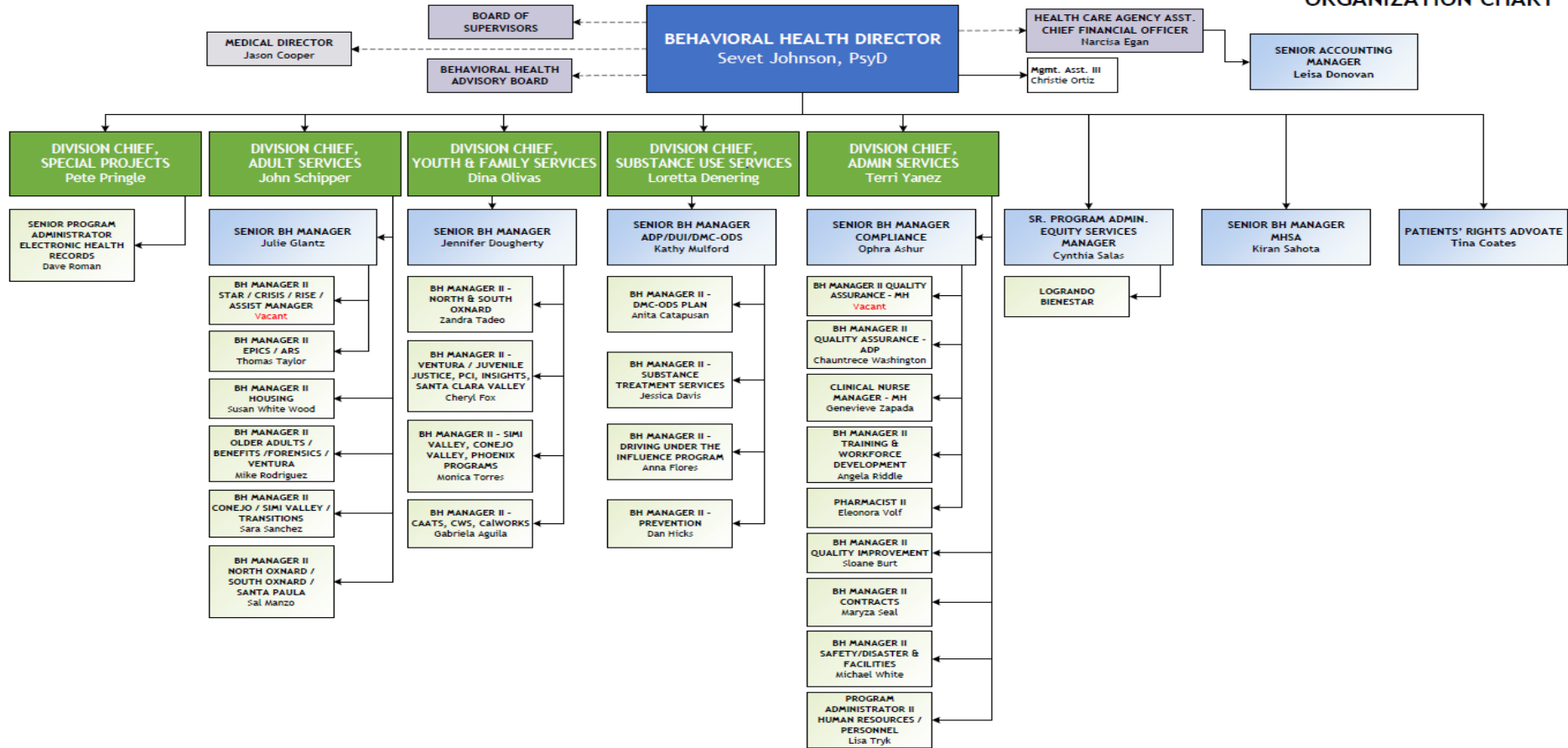
Ayesha Smith

VCBH Executive Leadership Team

- **Dr. Sevet Johnson** Behavioral Health Director
- **Dr. Jason Cooper** Medical Director
- **Narci Egan** Chief Financial Officer
- **Terri Yanez** Administration Division Chief
- **Pete Pringle** Special Projects Division Chief
- **Dr. John Schipper** Adult Services Division Chief
- **Dina Olivas** Youth and Family Division Chief
- **Dr. Loretta Denering** Substance Use Services Division Chief

Organizational Chart

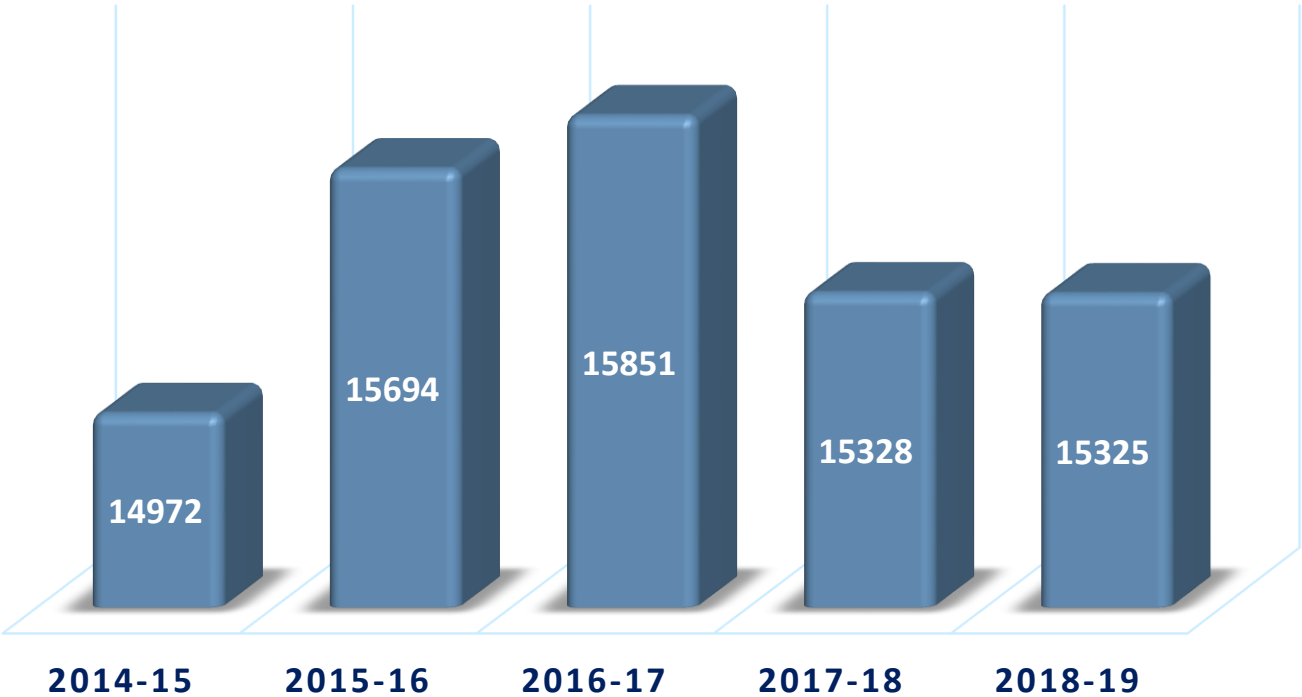
VCBH EXECUTIVE LEADERSHIP ORGANIZATION CHART



Modified 8/10/20

Mental Health Consumers FY 2018-2019

UNDUPLICATED CLIENT COUNT



Consumer Characteristics - FY 2018-2019



Age

- 4% 0-5
- 34% 6-17
- 13% 18-25
- 45% 25-64
- 4% 65+

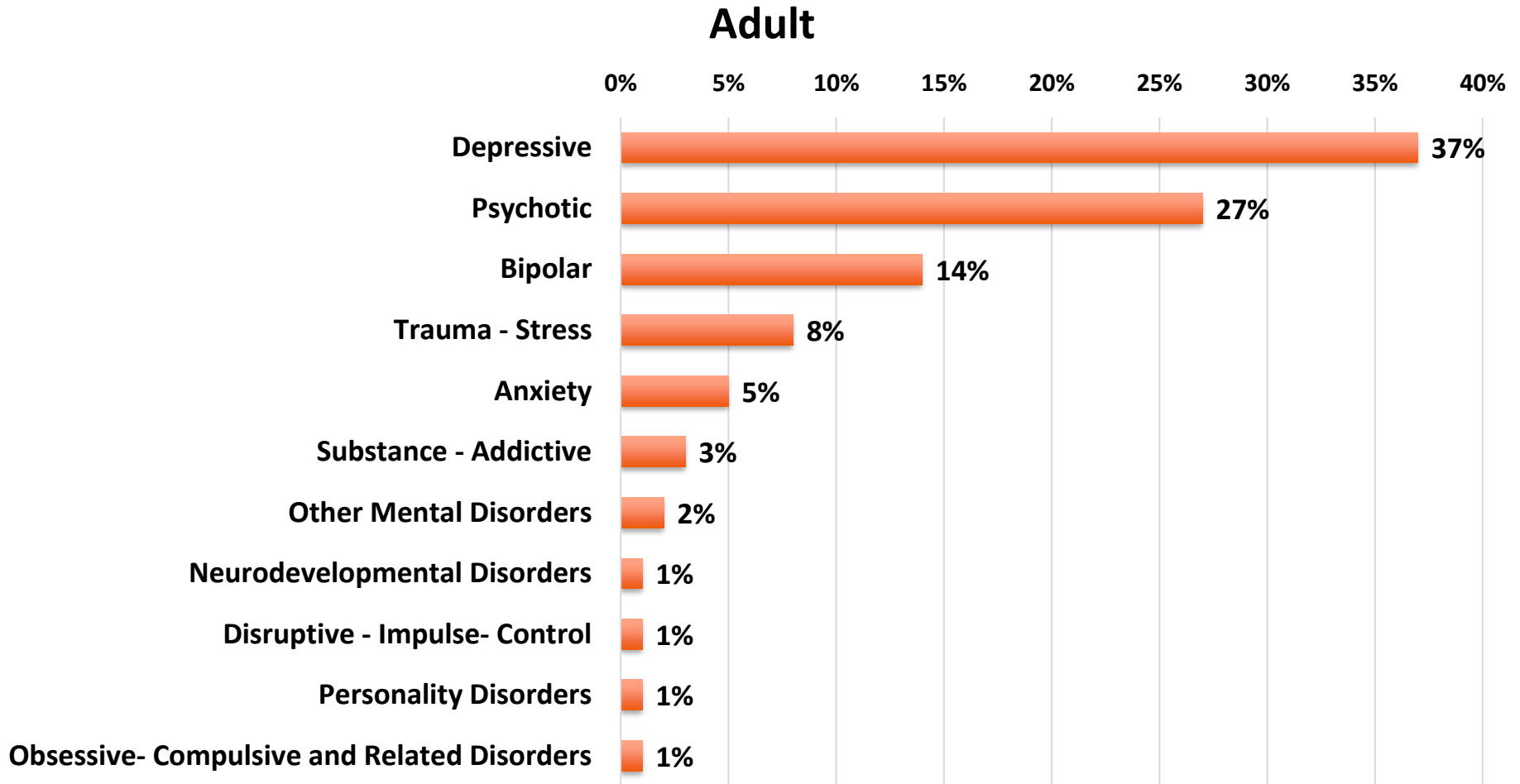
Gender

- 50% Female
- 50% Male

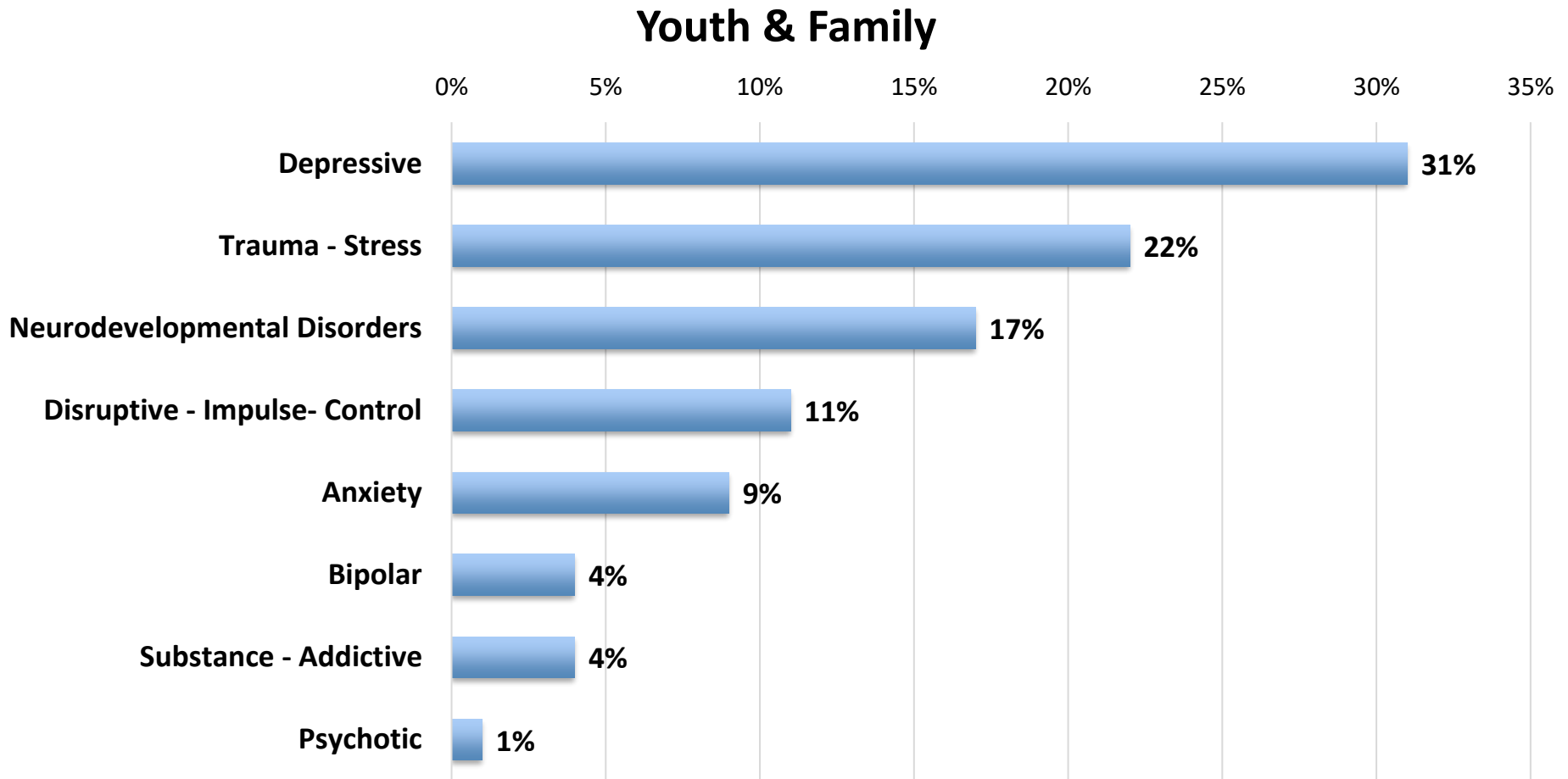
Demographics

- 45% Latino Ethnicity
- 9% Spanish Preferred

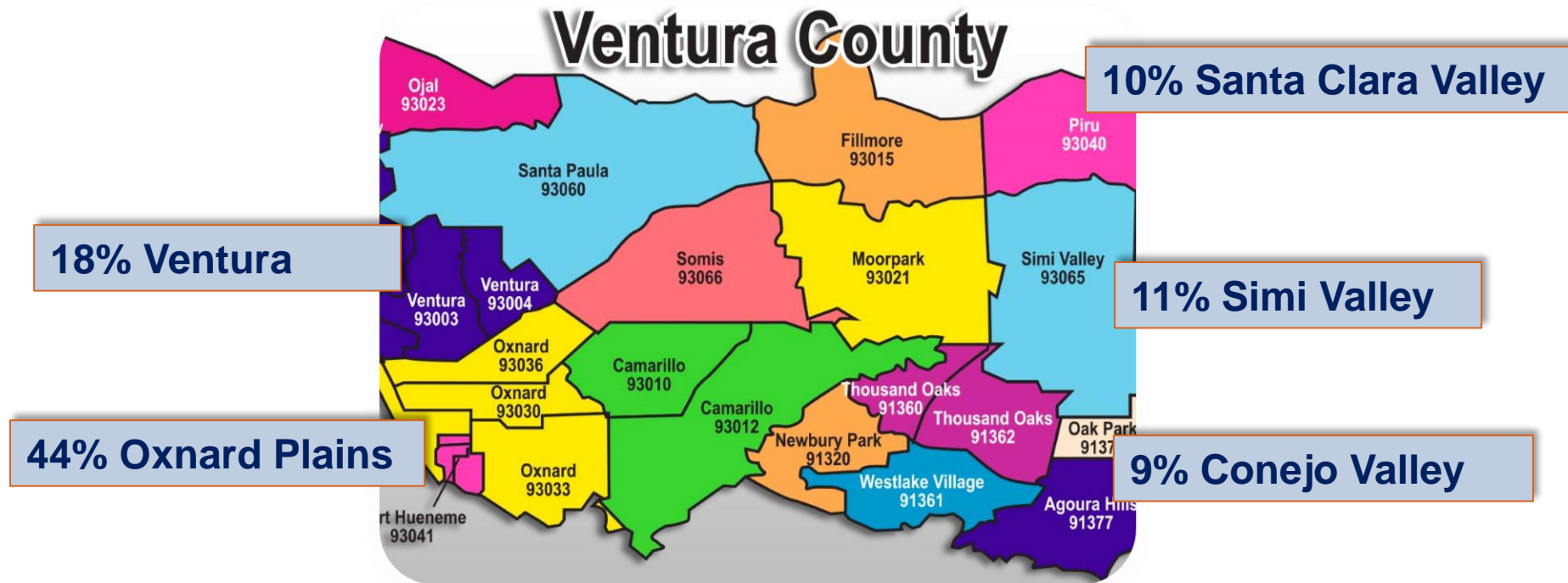
Consumers Primary Diagnoses Adult FY 2018-2019



Consumers Primary Diagnoses Youth & Family FY 2018-2019

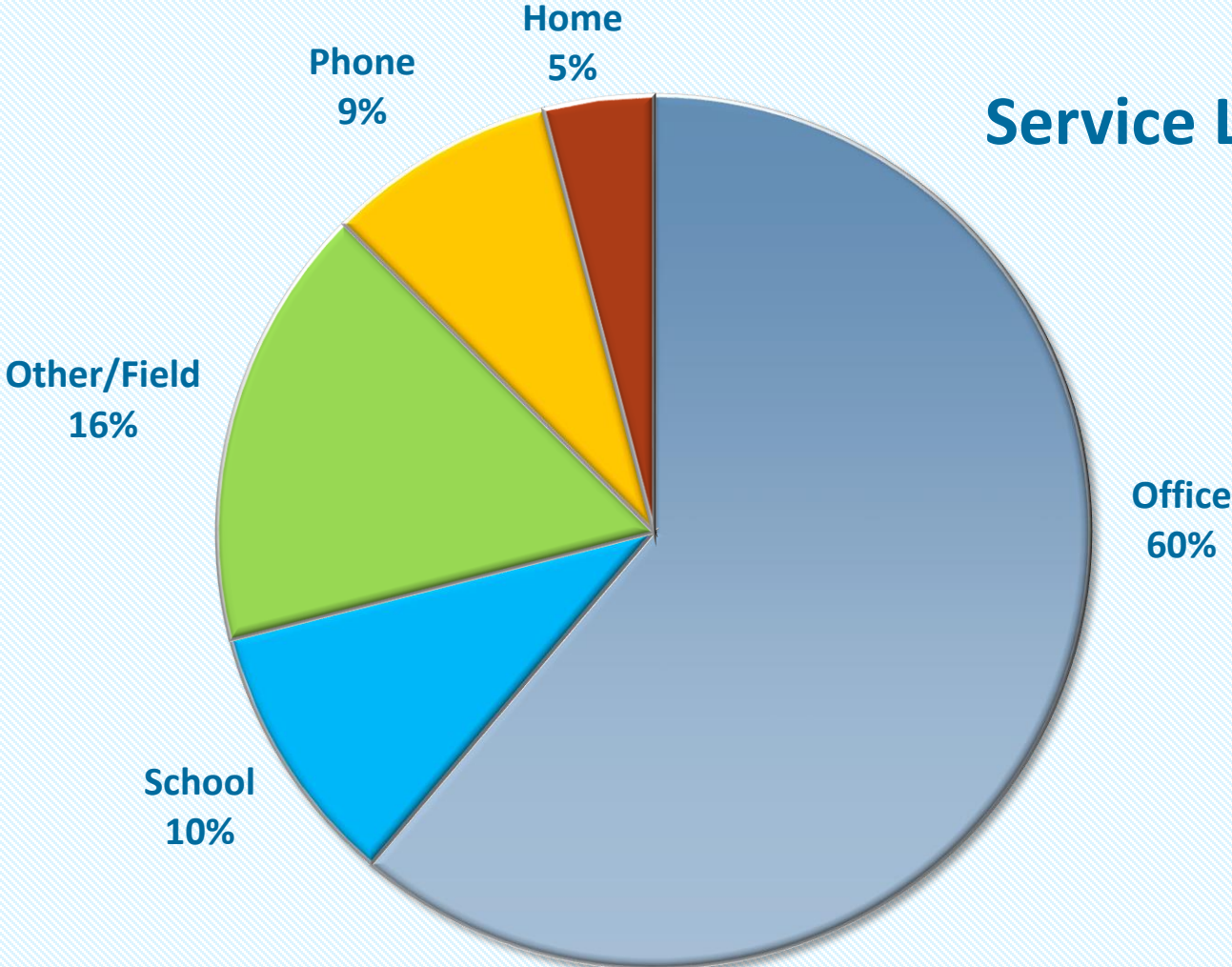


Consumers By Region FY 2018-2019

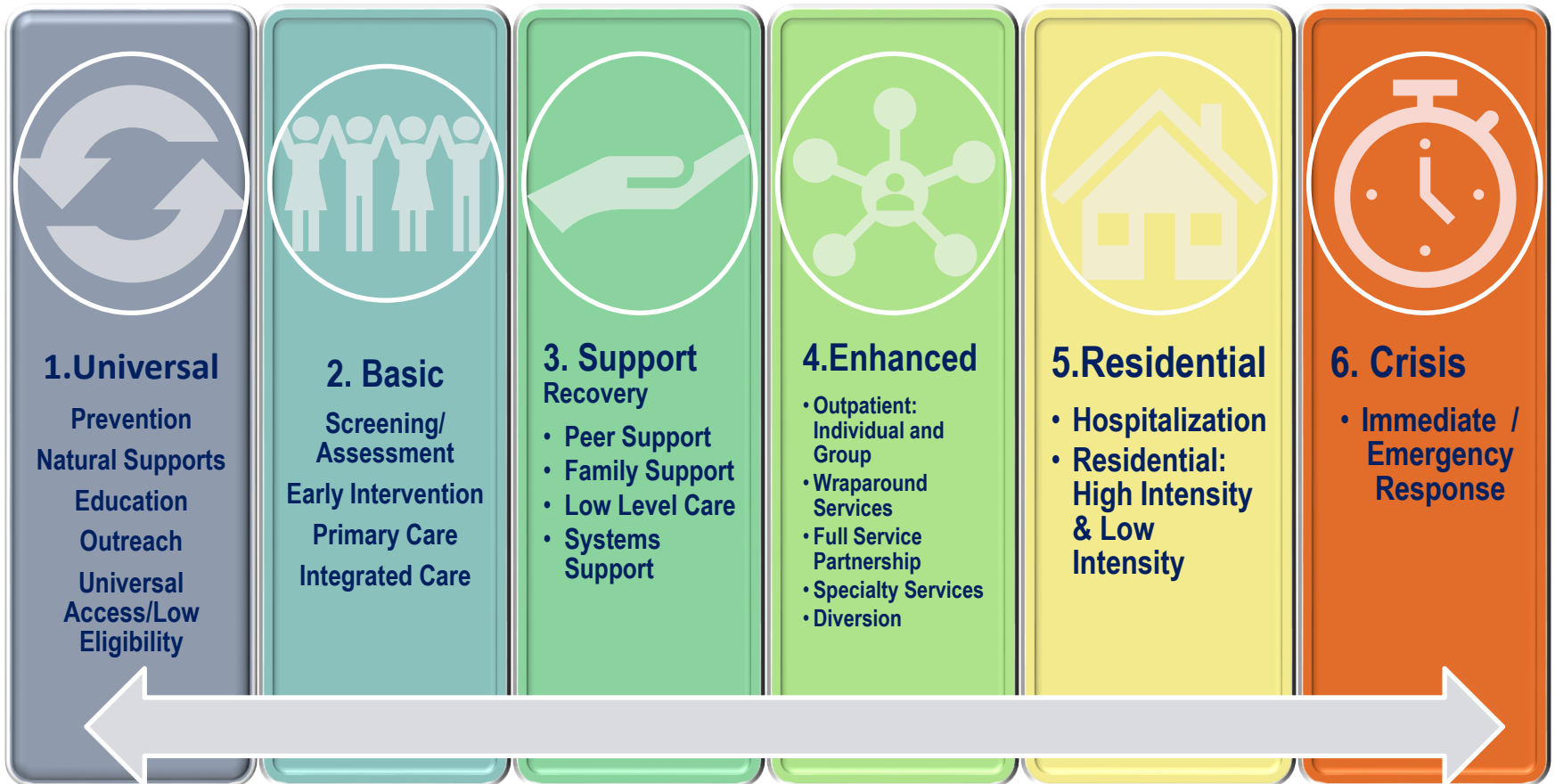


Services By Location FY 2018-2019

Service Location



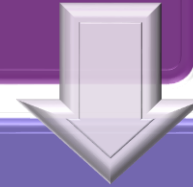
Services: Continuum of Care



Accessing Services: *No Wrong Door*

STAR Program

- Screening, Triage, Assessment and Referral
- Centralized Point of Access
- 24/7 Access Line



Regional Clinics

- Direct access for consumers
- Collaboration with STAR to expedite access



Contracted Providers

- Embedded in communities
- Assessments and Services

County Operated Programs: Adult Services



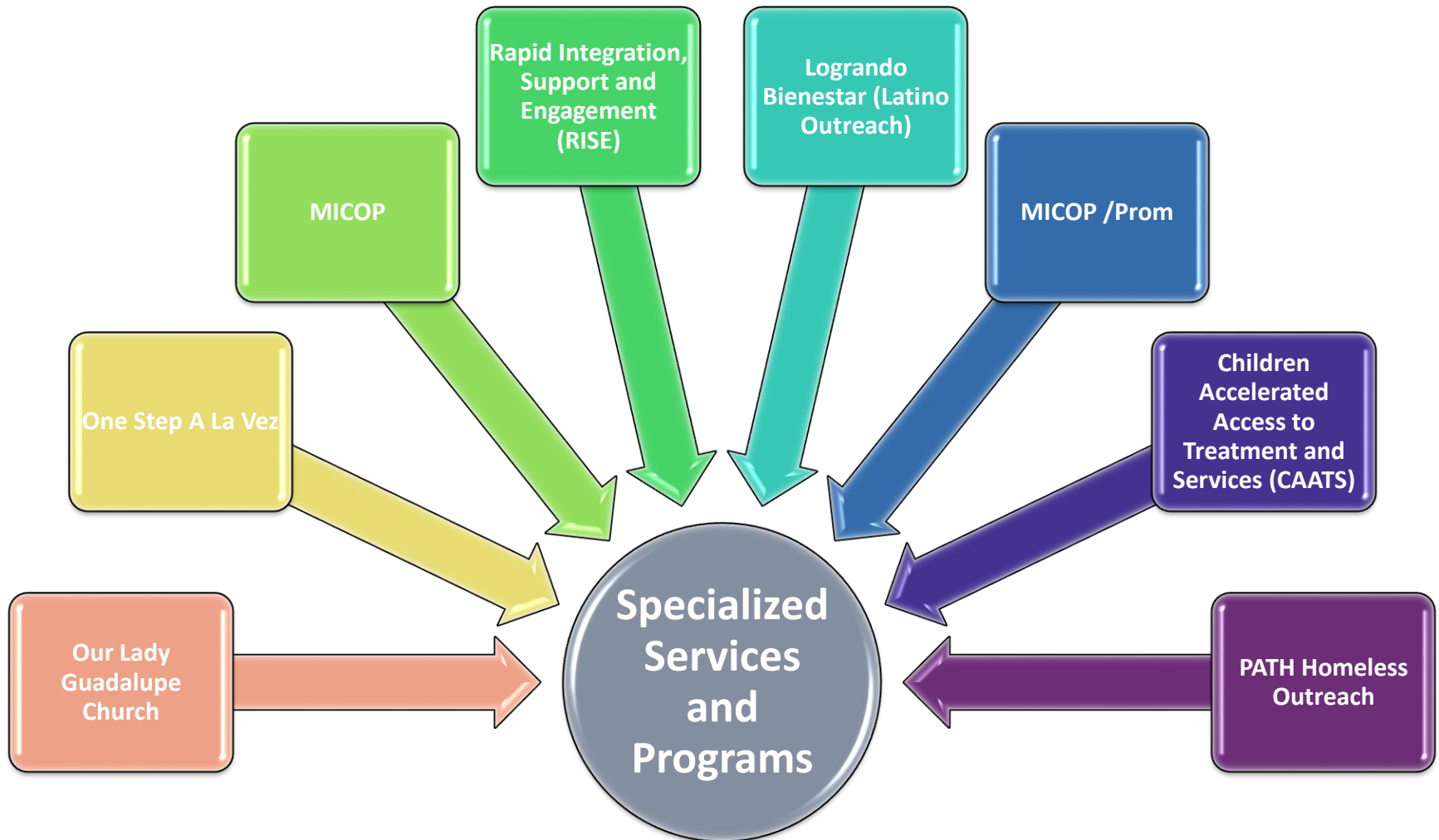
County Operated Programs: Youth Services



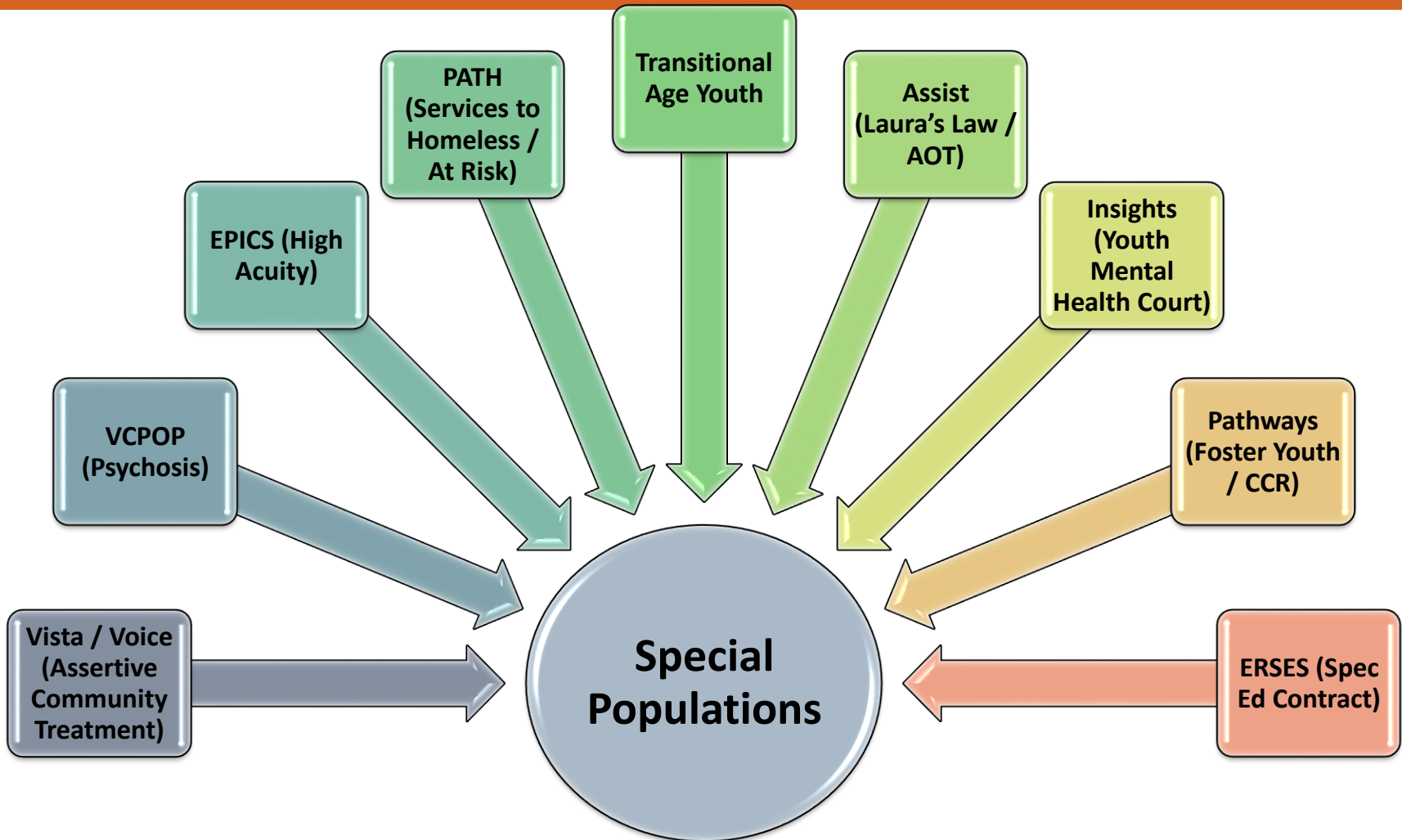
Services through Contracted Providers

- **Adult Rehabilitation Centers**
- **Adult Residential Treatment Programs**
- **Adult Crisis Residential Treatment Center**
- **TAY / Adult Wellness Centers**
- **Youth Crisis Stabilization Units (CSU, Crisis STRTP)**
- **Youth Short Term Residential Therapeutic Programs (3)**
- **Youth SMHS through Community Based Organizations (7)**

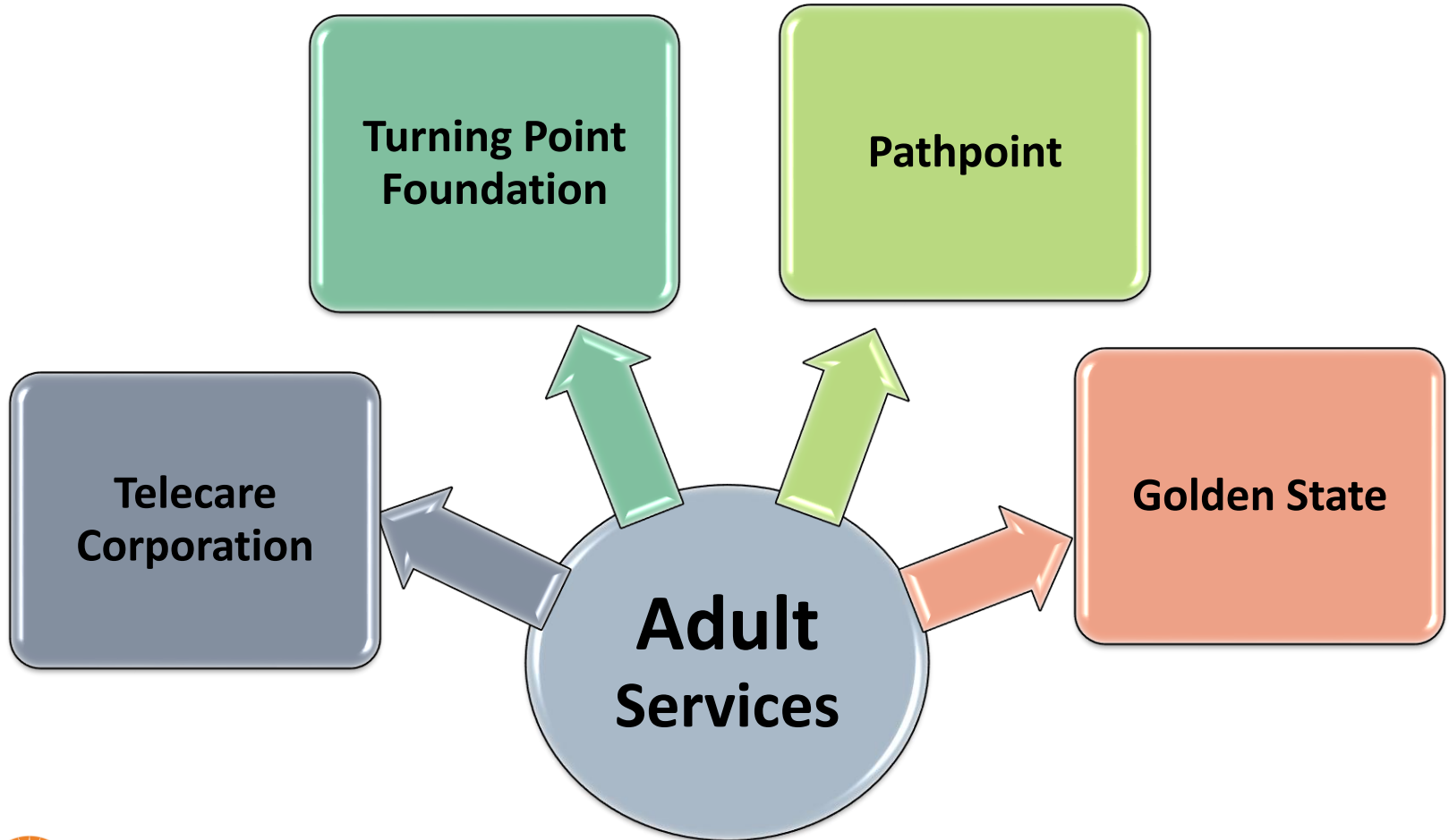
Specialized Services and Programs



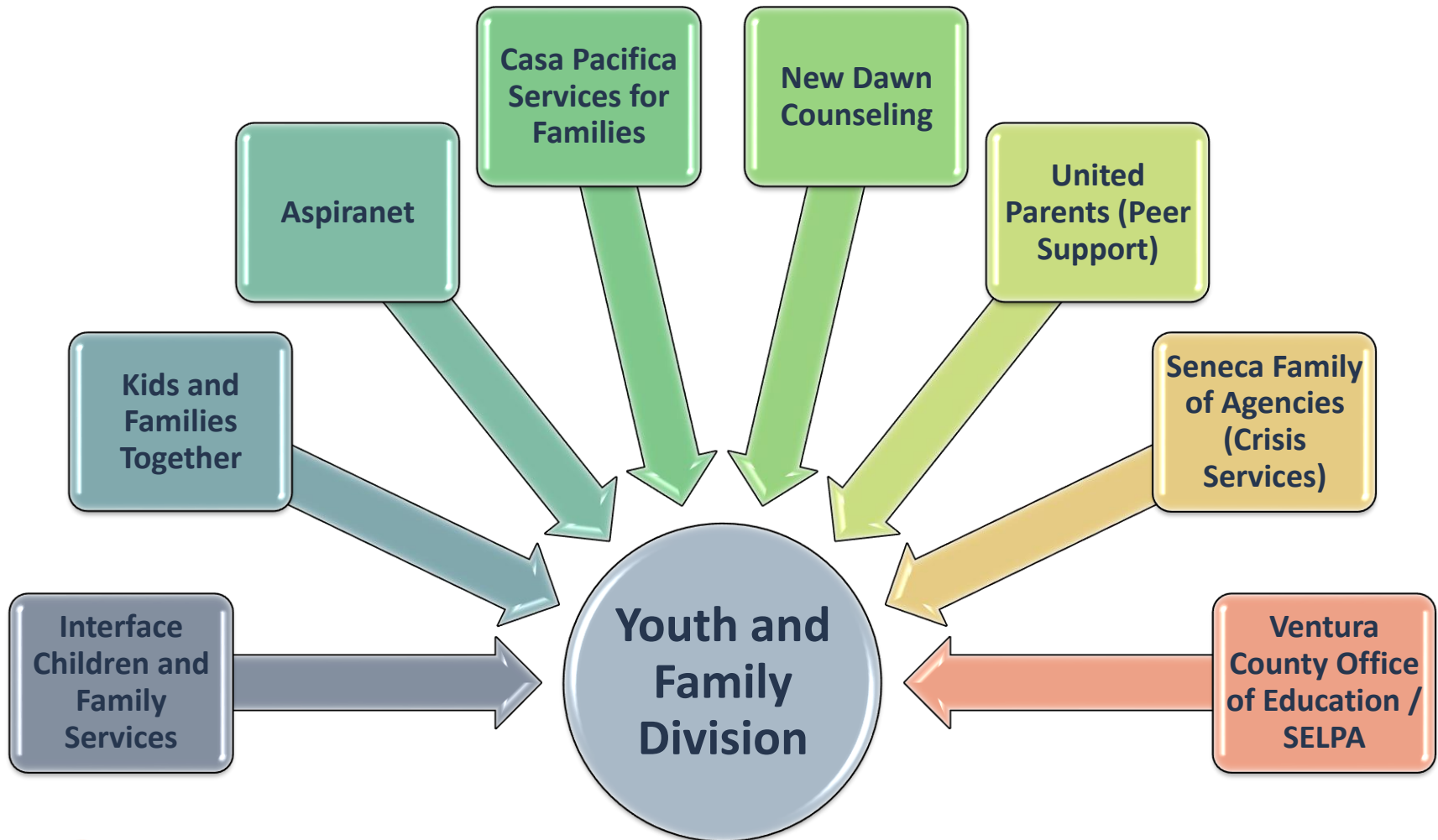
Specialized Services and Programs



Our Valued Partnerships – Adult Services



Our Valued Partnerships – Youth and Family Services



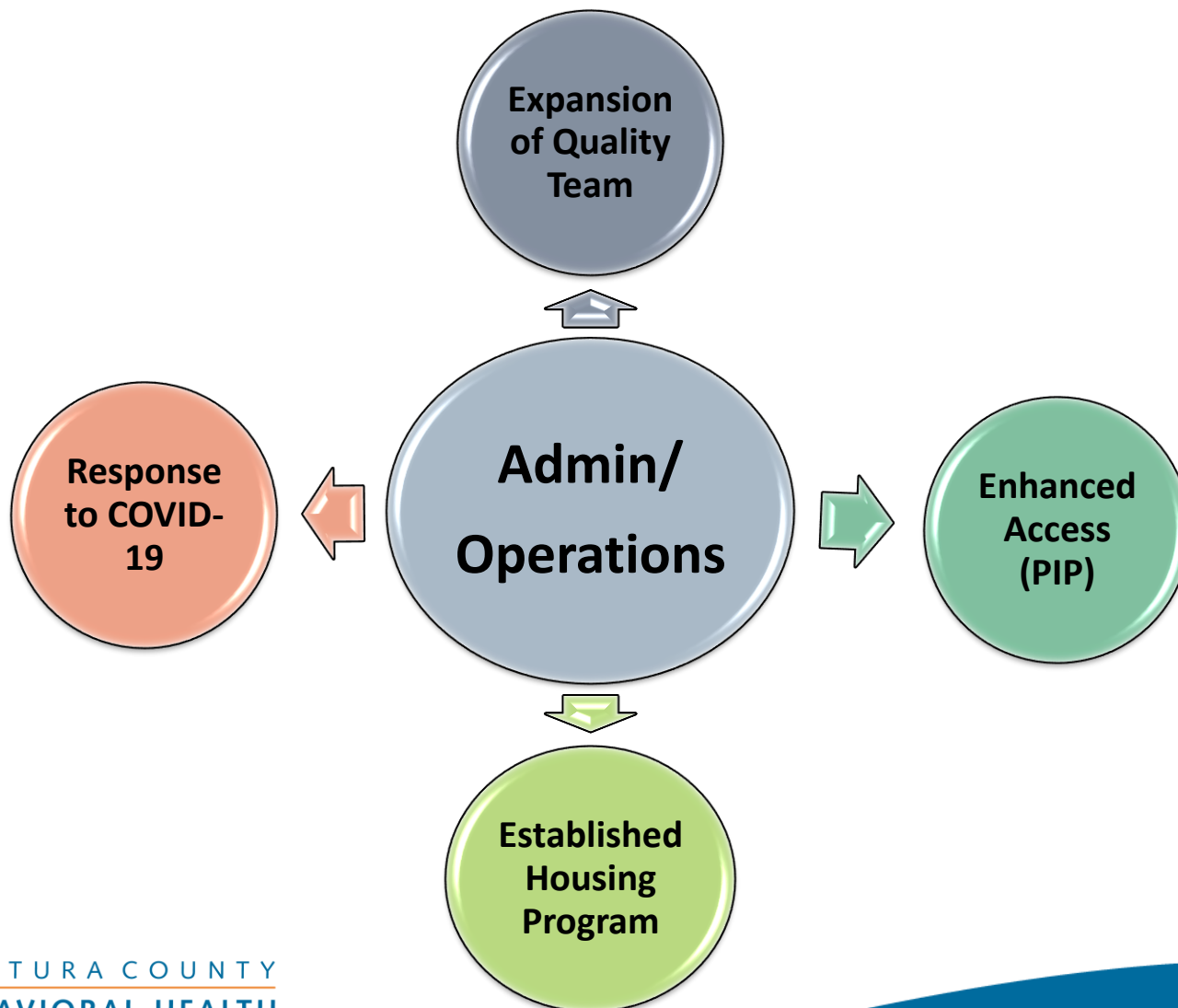
Fiscal and Budget Concerns

- ❖ **Costs/demand increasing while resources stagnant or declining**
 - ❖ **Increasing hospitalizations putting pressure on limited resources**
 - ❖ **Contract Providers cost increases resulting in the need for increases in contract maximums**
 - ❖ **Struggling to keep up with funding the demand for additional crisis services such as CSU or Crisis Residential Treatment facility**
 - ❖ **Housing providers leaving industry – very tough work with limited financial gains**

Fiscal and Budget Successes

- ❖ **Increase in grant funding helping to expand services**
 - ❖ **Triage Grant: Expanding outreach**
 - ❖ **SAMHSA AOT Grant: supporting the implementation of Laura's Law**
 - ❖ **New Grants for FY20-21:**
 - ❖ **MHSA Grant for school based services (\$6M over four years)**
 - ❖ **DSH Grant to enhance services for diversion programs (\$2.4M over three years)**
- ❖ **Increase in Medi-Cal FFP**
 - ❖ **Focus on billing**
 - ❖ **Increase in FMAP**
 - ❖ **MH MAA helping to cover cost of outreach**

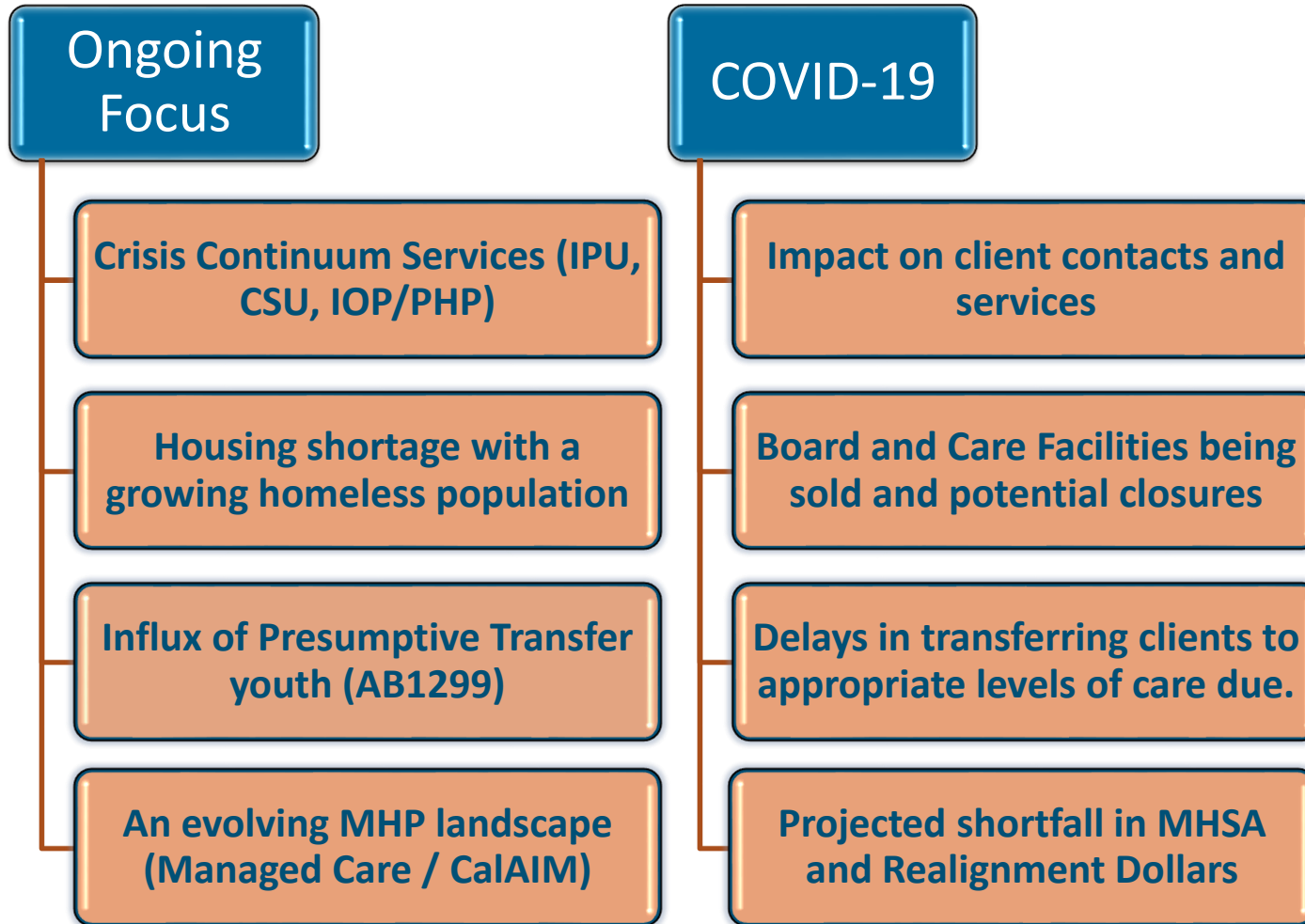
Recent Developments and Initiatives



Recent Developments and Initiatives



Recent Challenges



MHP Strengths



Thank You!

VENTURA COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD
BYLAWS

At the Board of Supervisors Meeting on July 21, 2020:

Item 18. Approval of an Amendment to the Bylaws of the Behavioral Health Advisory Board.

Motion was approved:

“Return to the BHAB for their review whether to add a requirement for a majority of the votes for Chair.”

(Current Bylaws)

ARTICLE V, OFFICERS, MEMBER-AT-LARGE AND MEMBER EMERITUS

Item B, Qualifications of Officers

- 1) Must have been a member of the BHAB for at least one year, or if a member for less than a year, must be elected by a two-thirds vote of the BHAB.**
- 2) Must possess good leadership qualities.**
- 3) Must be able to devote sufficient time to carry on the duties of their elected positions.**

(Proposed Change) – *delete two-thirds requirement for all officers, add #3 to reflect BOS motion.*

- 1) Must possess good leadership qualities.
- 2) Must be able to devote sufficient time to carry on the duties of their elected positions.
- 3) The Chair must be elected by a majority of the votes of the members of the BHAB.



Ventura County Behavioral Health Advisory Board

Members:

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

DATE

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

DRAFT

Dear Honorable (Recipient Name):

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

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

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

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

Sincerely,

Janis Gardner, Chair
 Behavioral Health Advisory Board

Dr. Sevet Johnson, Director
 Ventura County Behavioral Health

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

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

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

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

CONDUCT

In addition to following the Brown Act, and abiding by adopted meeting rules (e.g. Roberts Rules), the following guidelines are provided to help local mental health boards (MHBs) function as effective advisory bodies.

A. Conduct Agreement – A listing can be printed on agendas and/or read at the beginning of each meeting. The following list is an example:

1. Active Listening
2. Focus on Issues
3. Person-First Language (see below)
4. No Swearing
5. No Personal Attacks or Criticism (of self or others)
6. One person speaks at a time—no side bars
7. Keep comments short if possible—do not monopolize discussion
8. Limit the Use of Acronyms—“When in doubt, spell it out.”
9. Turn Off or Silence Cell Phones

B. Person-First Language

When talking about people with mental illness, it is important to be mindful and use "person-first language". MHB members should set an example and lead the way in using terminology when speaking or writing that is positive and reflective of the person first.

Generic phrases such as "the mentally ill" or "psychologically disturbed" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder," or "people with mental illnesses," communicates first that they are people and second that they have a disability. Use of person-first language, although sometimes awkward, is important and requires that we be mindful of what we present to the public.

Language to Avoid

• Mentally defective or disturbed • Mentally ill • Mentally or emotionally handicapped • Crazy, nuts, etc. • Emotionally challenged • Differently-abled • Victim or sufferer

Person-First Language:

• Person with a psychiatric or psychological disability • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Individual living with mental illness

C. Unconscious Bias **Training:** www.calbhbc.org/training

- Avoid Micro-Aggressions (Inequalities): Comments or actions that are subtly and often unintentionally hostile or demeaning to a member of a minority or marginalized group. (Such as looking at your cell phone while someone is speaking.)
- Be intentional about treating everyone with dignity and respect. (The Public, Speakers, MHB Members, Staff, Contractors, etc.)

Ventura County Behavioral Health
Board Letter Summary of Contracts for July 2020

Board Date	Contractor	Amount	Term	Description
7/21/2020	California Mental Health Services Authority (CalMHSA)	\$593,412	Upon execution and through 11/30/2021	The Participation Agreement with CalMHSA for the Third Sector Multi-County Full Service Partnership (FSP) Innovation Project Program will designate CalMHSA to: (1) provide administrative and fiscal oversight for the FSP Innovation Project and (2) contract with Third Sector, a nonprofit organization, to serve as the lead contractor assisting a collaborative of counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura), to create a data-driven FSP using data to better design, implement, and manage FSP services across various age groups. The ultimate goal is to better understand important client outcomes and continuously work to improve them.
7/21/2020	Mental Health Services Oversight and Accountability Commission (MHSOAC)	\$6,000,000	7/2020 to 6/30/2024	The MHSOAC administers programs under the Investment in Mental Health Wellness Act, providing local assistance funds to expand mental health crisis services. The MHSOAC recognizes that the effects of mental health crises are evident on school campuses, and reaching pupils in the school setting is practical for a first point of contact for mental, behavioral, and substance use disorder services for youth. A Mental Health Student Services Act (MHSSA) grant application in the amount of \$5,999,930 for a four-year term was submitted in early 2020, requesting funding for VCBH to partner with the Ventura County Office of Education (VCOE) to expand our current collaboration by adding Wellness Centers at specific high school campuses with "at risk determinants." In April 2020, VCBH was notified by the MHSOAC that the grant application was approved in the amount of \$6,000,000. In support of MHSSA grant-funded activities, VCBH will need to hire two (2) additional staff : (1) Behavioral Health Clinician III - Fixed Term and (2) Community Service Coordinator. Both positions funded by and in support of the MHSSA grant-funded activities.

7/21/2020	Turning Point Foundation Adult Wellness and Recovery Center (AWRC) and Growing Works	\$268,616	7/1/2020 to 10/31/2020	<p>Turning Point Foundation operates AWRCs in Oxnard and Ventura with programs focusing on outreach to and engagement with individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. The AWRCs use group and 1:1 interaction, engage clients in various programs and serve as portals to other mental health, medical, dental, housing, and employment services. Turning Point Foundation operates the Growing Works program based on a logic model built into the scope of work, delineating specific activities, outputs and outcomes. Throughout the duration of the program, 61 clients have participated in this program. This agreement is based on the FY 2019-20 terms for a four-month period to provide VCBH with additional time to review potential Medi-Cal revenue generating opportunities for a lower net County cost.</p>
7/21/2020	Turning Point Foundation Quality of Life (QLI) Improvement Program	\$191,094	7/1/2020 to 10/31/2020	<p>Turning Point Foundation's QLI services program includes peer recovery coaches serving as essential client advocates. These coaches perform outreach to clients in jail/juvenile facilities, the Crisis Stabilization Unit (CSU) and Psychiatric Inpatient Unit in order to build trust and to connect clients with clinical teams. Connection with the client is maintained through continued outreach after discharge in order to help with transportation, service coordination and decreasing barriers to connect clients with the "home" VCBH outpatient clinic. Peer recovery coaches provide an array of services to ensure barriers to mental health and supportive services are mitigated, including transportation, making appointments and facilitating timely services. The program also serves clients in board and care homes, supported housing and transitional housing, with over 200 individuals served at the various facilities. In March 2020, due to COVID-19, outreach to homeless individuals living in hotels/motels was added to tTerm and (2) Community Service Coordinator. Both positions funded by and in support of the MHSSA grant-funded activities. lopment (OSHPD) for \$15,340,829. This grant will fund programs that oversee training and support to the public mental health system workforce in the southern counties region, consist</p>

7/28/2020	Mental Health Services Act (MHSA)	\$233,715	7/1/2020 to 6/30/2021	<p>The MHSOAC oversees programs funded by the MHSA, with the mission of the MHSOAC collaborating with non-MHSA service providers to catalyze transformational changes across service systems so everyone who needs mental health care has access to and receives effective and culturally competent care. The MHSA Innovations category of funding seeks to improve the quality of mental health services. In June 2020, the MHSOAC approved the Full Service Partnership (FSP) Multi-Platform Data Exchange Work Plan, through which VCBH will work with the Ventura County Health Care Agency, Human Services Agency, and Sheriff's Office to develop a network of legally-sanctioned, shared data streams focused on the most at-risk individuals in our FSP programs. This collaboration enables enhanced data collection and data sharing across law enforcement encounters, hospital stays, health care services, and homeless management information systems, allowing improved services and quality of care VCBH FSP clients receive. Board approval was sought to support MHSA Innovation FSP Data Exchange Work Plan-related activities with the addition of one FTE fixed term Program Administrator III position. This position will provide proper managerial oversight and support for the demanding and complex collaboration, as well as essential knowledge and skills relevant to both Quality Improvement and EHR functions.</p>
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7/28/2020	Southern Counties Regional Partnership (SCRCP)	\$227,857	12/2/2014 to 6/30/2026	<p>Regional partnerships are an important workforce strategy to assist the public mental health system in its efforts to expand outreach to multicultural communities, increase the diversity of the workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies and distance learning techniques. In January of 2019, the 2020-2025 Workforce Education and Training Five-Year Plan (WET Plan) was approved by the California Behavioral Health Planning Council. The WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level. The WET Plan also serves as a guide for WET programming in FY 2020-21 through FY 2025-26. On May 13, 2020 the SCRCP members, consisting of county and city mental health agencies, voted in favor of County of Santa Barbara Behavioral Wellness (BeWell) submitting a grant application on behalf of the SCRCP for a grant opportunity Term and (2) Community Service Coordinator. Both positions funded by and in support of the MHSSA grant-funded activities. Development (OSHPD) for \$15,340,829. This grant will fund programs that oversee training and support to the public mental health system workforce in the southern counties region, consisting of \$11,534,457 in grant funds and a match by the SCRCP members in the amount of \$3,806,357, of which \$227,857 is VCBH's share. This proposed First Amendment to the MOU reaffirms the collaborative relationship between all of the southern counties to conduct the activities outlined in the SCRCP grant application. It will also support four regional programs and associated administrative costs.</p>
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MEMORANDUM

DATE: August 12, 2020
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Approved July Agreements/Board Items

Board of Supervisors Approved Agreements – July 21, 2020

- 1. Fiscal Year (FY) 2020-21 Third Sector Multi-County Full Service Partnership (FSP) Innovation Project Participation Agreement with the California Mental Health Services Authority (CalMHSA).**

This item recommended approval for the Ventura County Behavioral Health (VCBH) Director or designee to sign the Participation Agreement for the Third Sector Multi-County FSP Innovation Project with CalMHSA, in the amount of \$593,412, effective upon execution of the Agreement and through November 30, 2021. This Agreement is funded by the Proposition 63 Mental Health Services Act (MHSA).

Since 2004, MHSA funded FSP programs have been designed to apply a “whatever it takes” approach to serving and partnering with individuals living with severe mental illness. In many counties, FSP programs are effectively improving life outcomes and staff can point to success stories. However, the flexibility inherent in the FSP programs has hindered the development of meaningful county comparisons for evaluation purposes. In response to the need for county consensus on FSP eligibility, program elements and performance measures, VCBH sought and received approval from the Board of Supervisors (Board) on March 10, 2020 of the FY 2019-20 to FY 2023-24 FSP Innovation Work Plan to create a collaborative comprised of six counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura), with a goal of working together to develop a performance-based model for FSP data collection, services utilization, and outcomes evaluation. To move forward with this model, VCBH needed to execute a Participation Agreement with CalMHSA for the Third Sector Multi-County FSP Innovation Project. Through the Participation Agreement, CalMHSA will provide administrative and fiscal oversight for this FSP Innovation Project and will contract with Third Sector, a nonprofit organization, to serve as lead contractor assisting the collaborative of counties in creating a data-driven FSP, which will use data to better design, implement and manage FSP

services across various age groups and populations, with the goal of better understanding important client outcomes and continuously working to improve them.

As a participant in the Participation Agreement, VCBH will need to: (1) transfer the full funding amount for this program (\$593,412, inclusive of a one-time CalMHSa administrative fee of \$53,407) within 30 days of execution of the Agreement, (2) provide CalMHSa, and any other parties deemed necessary, with the requested information and assistance needed to fulfill the purpose of the project, (3) be responsible for any and all assessments, creation of individual case plans, and provider or arrange for services, and (4) comply with all applicable laws, regulations, contractual agreements, CalMHSa Partnership Agreement, Restated Joint Exercise of Powers Agreement, Bylaws, indemnification requirements, and Health Insurance Portability and Accountability Act (HIPAA) requirements.

VCBH recommended approval for the VCBH Director or designee to sign the Participation Agreement for the Third Sector Multi-County FSP Innovation Project with CalMHSa.

2. **FY 2020-24 Mental Health Services Oversight and Accountability Commission (MHSOAC) Grant Agreement.**

This item recommended authorization for the VCBH Director or designee to sign and submit the MHSOAC Grant Agreement for Mental Health Student Services Act (MHSSA) funding in the amount of \$6,000,000 for four years, for a tentative period of July 2020 through June 2024. This Agreement is funded by the MHSOAC MHSSA Grant.

The **MHSOAC** administers programs under Senate Bill 82, the Investment in Mental Health Wellness Act, providing local assistance funds to expand mental health crisis services. The MHSOAC recognizes that the effects of mental health crises are evident on school campuses, and reaching pupils in the school setting is practical for a first point of contact for mental, behavioral, and substance use disorder services for youth. Schools provide an opportunity for early identification and early intervention to address behavioral health issues which can undermine learning and health development. The 2019 Budget Bill, Senate Bill 75, which included the MHSSA, made grant funding available through the MHSOAC to fund partnerships between county behavioral health departments and educational agencies to provide personnel or peer support for the purpose of increasing access to mental health services in easily accessible location to students and their families.

In February 2020, the Board granted approval to submit an MHSSA Grant Application in the amount of \$5,999,930 for a four-year term to the MHSOAC. The grant application requested funding for VCBH to partner with the Ventura County Office of Education (VCOE) to expand our current collaboration by adding on-site Wellness Centers at specific high school campuses that match “at risk” determinants. Determinants may include high drop-out and suspension rates, areas of poverty, high Adverse Childhood Experiences Scores (ACES), or cultural priority schools. Collaboration includes provision of school sites and memoranda of agreement with individual high schools, as well as community collaboration, which may include the Probation Agency, the Public Health Department and the Human Services Agency. Students

could receive services through VCBH's existing Youth and Family and Transitional-Aged Youth programs.

In April 2020, VCBH was notified by the MHSOAC that the grant application was approved in the amount of \$6,000,000, with the grant agreement from the MHSOAC yet to be received. When it is received, VCBH will provide the agreement to County Counsel for review and approval prior to the VCBH Director's signature. Should the final work plan and grant agreement differ materially from the County's plan, VCBH will return to the Board for additional approval.

VCBH recommended approval for the VCBH Director or designee to accept and sign the grant agreement for MHSSA grant funding, subject to County Counsel approval

3. **FY 2020-21 Turning Point Foundation Agreements for Adult Wellness and Recovery Center (AWRC) Growing Work, and Quality of Life Improvement (QLI) Services.**

This item recommended approval for the VCBH Director or designee to sign the Agreements for (1) AWRC and Growing Works services with Turning Point Foundation in the amount of \$268,616 effective July 1, 2020 through October 31, 2020 and (2) QLI services with Turning Point Foundation, in the amount of \$191,094, effective July 1, 2020 through October 31, 2020. These agreements are funded by Proposition 63 MHSA Funds and MHSOAC Triage Grant.

Turning Point Foundation operates AWRCs in Oxnard and Ventura with programs focusing on outreach to and engagement with individuals with serious and persistent mental illness who have been unserved or underserved by the traditional mental health system. The AWRCs use group and 1:1 interaction, engage clients in various programs and serve as portals to other mental health, medical, dental, housing, and employment services. Turning Point Foundation's Growing Works program is a nursery/horticultural peer job readiness program using established recovery principles to provide job readiness training to VCBH clients. Turning Point Foundation operates the Growing Works program based on a logic model built into the scope of work, delineating specific activities, outputs and outcomes. The terms of this agreement are based on the FY 2019-20 terms for a four-month effective period to provide VCBH with additional time to review potential Medi-Cal revenue generating opportunities for a lower net County cost. This agreement is funded by MHSA Community Services and Support (CSS) funds.

Turning Point Foundation's QLI services program includes peer recovery coaches serving as essential client advocates. These coaches perform outreach to clients in jail/juvenile facilities, the Crisis Stabilization Unit (CSU) and Psychiatric Inpatient Unit in order to build trust and to connect clients with clinical teams. Connection with the client is maintained through continued outreach after discharge in order to help with transportation, service coordination and decreasing barriers to connect clients with the "home" VCBH outpatient clinic. Peer recovery coaches provide an array of services to ensure barriers to mental health and supportive services are mitigated, including transportation, making appointments and facilitating timely services. The program also serves clients in board and care homes, supported housing and transitional housing, with over 200 individuals served at the various facilities. In March 2020,

due to COVID-19, outreach to homeless individuals living in hotels/motels was added to the program, with over 500 hours spent working with the homeless population during April and May 2020.

VCBH recommended approval for the VCBH Director or designee to sign the Turning Point Foundation agreements for (1) AWRC and Growing Works services, and (2) QLI services.

Board of Supervisors Approved Agreements – July 28, 2020

4. FY 2014-26 Southern Counties Regional Partnership (SCRP) First Amendment to the Memorandum of Understanding (MOU).

This item recommended approval for the VCBH director or designee to sign the First Amendment to the MOU for Workforce Education and Training (WET) activities with SCRCP, in the amount of \$227,857, for the period of December 2, 2014 through June 30, 2026. This MOU is funded by Proposition 63 MHSA.

Regional partnerships, as described in Welfare and Institutions Code section 5822, are an important workforce strategy to assist the public mental health system in its efforts to expand outreach to multicultural communities, increase the diversity of the workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies and distance learning techniques. On August 4, 2009, the Board provided approval and authorization for the VCBH Director to sign an MOU between VCBH and the SCRCP to establish a WET Partnership. The following county and city mental health agencies are members of the SCRCP: Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Tri-City Mental Health (Claremont, La Verne and Pomona), and Ventura, with the County of Santa Bernardino serving as the fiscal agent. The SCRCP MOU has been in effect since that time, automatically renewing on an annual basis subject to the funding availability. In December 2014, the County of Santa Department of Behavioral Wellness (BeWell) became the new fiscal agent.

In January of 2019, the 2020-2025 MHSA WET Five-Year Plan (WET Plan) was approved by the California Behavioral Health Planning Council. The WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level. The WET Plan also serves as a guide for WET programming in FY 2020-21 through FY 2025-26. On May 13, 2020 the SCRCP members voted in favor of BeWell submitting a grant application on behalf of the SCRCP for a grant opportunity which, if awarded, will result in a six-year agreement between the SCRCP and the Office of Statewide Health Planning and Development (OSHPD) for \$15,340,829. This grant will fund programs that oversee training and support to the public mental health system workforce in the southern counties region, consisting of \$11,534,457 in grant funds and a match by the SCRCP members in the amount of \$3,806,357, of which \$227,857 is VCBH's share. The First Amendment to the MOU reaffirms the collaborative relationship between all of the southern counties to conduct the activities outlined in the SCRCP grant application, and also makes the following revisions to the existing agreement terms: (1) changes the term of the MOU to December 2, 2014 through June 30, 2026; (2) modifies the

funding described in the MOU to include \$800,000 remaining SCRP funds and the new SCRP funding, which shall not exceed \$15,340,829 inclusive of \$11,534,457 in grant funds and a match by the SCRP members in the amount of \$3,806,371; (3) adds that by July 31, 2024 the SCRP members shall contribute their predetermined share of the matching funds as set forth in the OSHPD calculation used for allocation of funding; and (4) makes minor non-substantive changes in contract language.

The grant funding will support the following four regional programs:

Loan Repayment Program - \$5,752,914: Awards of an average of \$7,500 for approximately 765 recipients for financial assistance to public mental health services professionals.

Stipend Program - \$2,940,000: Awards set at \$6,000 for approximately 490 recipients for financial support to graduate level students completing clinical training related to their degree program.

Pipeline Programs - \$575,291: Peer Employment Program and Outreach and Educational Programs stipends for 400 recipients at \$500 each, peer training programs at \$2,500 per training for 800 attendees, career development activities at \$55,000 per year for 2,500 participants, and high school and undergraduate sponsored events and activities.

Retention Strategies - \$2,238,374: Retention approaches focusing on staff training in evidence-based practices and in staff wellness programs.

The remaining funding, \$3,834,250, will pay for administrative costs including payroll/staffing expenses for program managers, contact managers, fiscal staff, research and data analysis team members in addition to expenses for basic work site expenses of day-to-day operations such as rent, utilities, equipment, and monitoring of staff involved in the various programs. There will be additional administrative costs incurred in establishing contracts with various organizations utilized to facilitate some of the larger, more complicated program.

VCBH recommended approval for the VCBH Director or designee to sign the First Amendment to the SCRP MOU for WET activities.