

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**November 16, 2020**

**NEXT MEETING:**

Monday, December 14, 2020  
1:00 p.m. – 3:30 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, 1<sup>st</sup> Vice Chair  
Nancy Borchard  
Gane Brooking  
Kevin Clerici  
Dr. Margaret Cortese  
Jesse Finkbeiner  
Cmdr. James Fryhoff  
Janis Gardner, Chair Emeritus  
Mary Haffner, Secretary  
Jerry Harris, Chair  
Carol J. Keavney  
Patricia Mowlavi  
Denise Nielsen  
Supervisor Linda Parks  
Joe S. Ramirez, 2<sup>nd</sup> Vice Chair  
Michael Rodriguez  
Elizabeth R. Stone  
Marlen Torres  
Sheri Valley

**BHAB Members Absent**

Soledad Barragán  
Carol Thomas, Member-At-Large

**Others Present**

Claudia Bautista, Chief Public Defender  
David Deutsch, Cal State University-Northridge  
Cindy Doutt, Telecare  
Roberta Griego, NAMI Ventura County  
Sally Harrison, County Executive Office  
Lorraine Kaiser, La Ventana Treatment Programs  
Lori Litel, United Parents  
Margaret Macala  
Gina Petrus  
Ezequiel A. Sanchez  
Carole Shelton  
Mark Stadler, Crisis Intervention Team  
Scott Walker, Crisis Intervention Team  
Liz Warren, Client Network  
Barry Zimmerman, Health Care Agency

**Ventura County Behavioral Health (VCBH) Managers and Staff Present**

Dr. Sevet Johnson, VCBH Director  
Dr. Loretta Denering, Substance Use Services Division Chief  
Narci Egan, Health Care Agency – Assistant Chief Financial Officer  
Courtney Lubell, Policy & Procedure Unit Program Administrator  
Kathy Mulford, Alcohol & Drug Program/Driving Under the Influence/DMC-ODS Sr. Behavioral Health Manager  
Dina Olivas, Youth & Family Services Division Chief  
Esperanza Ortega, Mental Health Services Act Community Services Coordinator  
Joanna Peterson, MHA Management Assistant  
Dr. John Schipper, Adult Services Division Chief  
Susan White Wood, Housing Manager  
Terri Yanez, Administrative Services Division Chief  
Vickie Poliquin, Temporary BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Chair Harris called the meeting to order at 1:01 pm.		
II.	<b>Roll Call</b> Secretary Mary Haffner conducted the calling of the roll and reported that a quorum of the Board members was present.		
III.	<b>Welcome and Introductions</b> Chair Harris welcomed members of the community, VCBH staff and Board members. Mr. Bhavnani provided protocol information on how public comments are heard during meetings.		
IV.	<b>Approval of the Agenda</b> Mr. Harris asked the Board to review and approve the agenda. Mr. Finkbeiner moved to approve; Ms. Armann seconded. Ms. Gardner advised that she will be leaving the meeting early and requested that agenda item XIV.H. under New Business be moved up. The maker of the motion and the second agreed to the amendment of the agenda. Mr. Harris agreed to move the agenda item to XIV.A. under New Business. The motion was restated to approve the agenda as amended and carried unanimously through roll call.	Agenda approved as amended. <b>M/S/C</b>	
V.	<b>Approval of the Minutes</b> Mr. Harris asked the Board to review and approve the minutes of the October 19, 2020 meeting. Ms. Gardner moved to approve; Ms. Borchard seconded. Ms. Stone made comments and recommendations to make corrections to the minutes for three typographical errors and on page 4, agenda item XIII, requesting clarification regarding the second sentence that referenced “public safety reports”. The audio recording will be reviewed to determine the intent of the statement.  Ms. Gardner restated the motion to approve the minutes with corrections. Ms. Borchard seconded. The motion carried by majority vote through roll call. Ms. Valley abstained.	General Meeting minutes approved as amended. <b>M/S/C</b>	
VI.	<b>Public Comments</b> <ul style="list-style-type: none"> <li>Carole Shelton spoke to advocate for an MOU between Tri-Counties Regional Center and VCBH and for crisis services for people with mental health challenges and Intellectual/Development Disabilities (I/DD).</li> <li>Sona Gray spoke to comment on agenda item XIII.F. from the October General meeting expressing support for VCBH to hire an Ombudsman / Peer Advocate.</li> </ul>		
VII.	<b>Review Ongoing Collaboration Between VCBH &amp; the Human Services Agency – Discussion – Barry Zimmerman, Health Care Agency Chief Deputy Director</b> Mr. Zimmerman provided a detailed overview of collaboration between VCBH and the Human Services Agency (HSA) noting that a collaborative environment exists between all county agencies, however the one between VCBH and HSA is unique in that various formal and informal agreements exist that establish roles and responsibilities between the two agencies. BHAB members made several positive comments, asked questions and thanked Mr. Zimmerman for his informative overview.		
VIII.	<b>Chair Comments</b> <ul style="list-style-type: none"> <li>Mr. Harris thanked Supervisor Parks and her staff for providing the BHAB members with a copy of the 2<sup>nd</sup> Annual Borderline Memorial video. He noted that the video was very powerful and expressed appreciation to Dr. Sevet Johnson for her contributions to the video.</li> </ul>		
IX.	<b>Director’s Report – Dr. Sevet Johnson</b> <ul style="list-style-type: none"> <li>Revised BHAB Bylaws were presented to the Board of Supervisors on November 10 and were approved as written.</li> <li>VCBH is working on a Memorandum of Understanding (MOU) with Tri-Counties Regional Center (TCRC).</li> <li>Pete Pringle, Special Project Division Chief and previous Youth &amp; Family Division Chief retired after nearly 30 years of service.</li> <li>Three efforts are in progress for expanding and enhancing the county’s Continuum of Care: <ul style="list-style-type: none"> <li>❖ Alvarado Parkway Institute has obtained a conditional use permit to open a Crisis Residential Treatment Center (CRT) in Santa Paula in Fall 2021;</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>❖ Working with Dignity Health/St. John’s Regional Medical Center to open a Crisis Stabilization Unit (CSU) with eight chairs in May 2021;</li> <li>❖ Working with a developer to bring a 100 to 120-bed Mental Health Rehabilitation Center (MHRC) to the county, now in the early planning stages; and</li> <li>❖ Working with the Chief Executive Office to onboard a Therapeutic Crisis Response Team to enhance VCBH’s Crisis Team with assistance to individuals who call but do not meet criteria for intervention.</li> </ul> <ul style="list-style-type: none"> <li>• Youth &amp; Family Services Clinic Administrators will conduct a workshop entitled “Put Your Oxygen Mask on First” highlighting the importance of self-care and mindfulness during difficult times.</li> <li>• MHSAs Virtual Suicide Prevention Conference will be held December 10 at 9:00 AM.</li> <li>• The Substance Use Services Division is working with a potential developer/provider for in-county residential services.</li> <li>• VCBH’s Grant Award funding for Behavioral Health Integration through Gold Coast Health Plan has been significantly decreased due to State funding.</li> </ul>		
X.	<p><b>Board Members Comments and Announcements</b></p> <ul style="list-style-type: none"> <li>• Ms. Gardner announced that Growing Works will host plant sales on November 28, December 13 and December 14 and encouraged BHAB members and the public to stop by. Mentioned that alcohol, substance use and suicide continue to be a concern and encouraged BHAB members and the public to attend the upcoming virtual Suicide Conference on December 10.</li> <li>• Ms. Stone requested an agenda item to reconsider hosting presentations at General meetings and, if approved, to consider adding the following presentation from the October BHAB Youth &amp; Family Services Committee to the January 2021 agenda: <ul style="list-style-type: none"> <li>❖ Children’s System of Care AB2083 – David Swanson-Hollinger, Sr. Manager, Human Services Agency – Child &amp; Family Services.</li> </ul> <p>Ms. Stone proposed creating a BHAB Workgroup to collaborate and facilitate a discussion with VCBH to evaluate the use of Peer Specialists Mr. Harris stated the BHAB would need to vote to approve the creation of the proposed Workgroup and will place an item on the December agenda for action.</p> </li> <li>• Supervisor Parks expressed appreciation for reconsidering bringing presentations back to the BHAB General meetings. She advised that the BOS would receive a report back on the performance measures of the Mental Health &amp; Safety Task Force on November 17.</li> <li>• Ms. Haffner advised that an ASSIST stakeholders meeting was held on October 28 consisting of a progress report on the program along with successful outcomes noting that the meeting included hearing from family members and clients who had benefited from the program. She described the program as essential in meeting the needs of people with serious mental illness and reducing recidivism.</li> <li>• Mr. Bhavnani welcomed Claudia Bautista, recently appointed Chief Public Defender. Ms. Bautista thanked the BHAB for its recognition. Mr. Harris also welcomed Ms. Bautista.</li> </ul>	<p>Add agenda item to re-reconsider presentations at General meetings.</p> <p>Add agenda item to consider creating a Peer Specialist Collaboration Workgroup.</p>	<p>Mr. Harris</p> <p>Mr. Harris</p>
XI.	<p><b>Secretary’s Report – Mary Haffner</b></p> <p>Ms. Haffner reported on BHAB member attendance at the last Executive and General meetings and reminded members to try and attend the various BHAB Committee meetings at least once per month. Ms. Gardner requested clarification on members’ terms. Ms. Haffner noted that one member’s term will expire in December and two other members’ terms will expire in March and April. Mr. Rodriguez announced that he has been reappointed to the BHAB for a three-year term ending in 2023.</p>		
XII.	<p><b>BHAB Committee Reports</b></p> <p>A. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair</p> <p>Ms. Cortese formally announced her term will end in January 2021 and that she will not request to be reappointed to the BHAB. She noted she has contacted her appointing Supervisor and discussed the need to fill the upcoming vacancy.</p> <p>Ms. Cortese noted that the October 22 TAY Committee was canceled due to lack of a quorum and urged all members of the TAY Committee to attend future meetings as much as possible. The TAY Committee will hold a special meeting on November 19. Ms. Cortese suggested that Committee Chairs request membership rosters in the beginning of each year to assist with verifying Committee membership. Following a brief discussion regarding the</p>		

	<p>process to appoint a new Chair for the TAY Committee, Mr. Harris suggested that the new appointee attend the November 19 TAY Committee to assist in the transition.</p> <p>B. Youth &amp; Family Committee – Denise Nielsen, Chair Ms. Nielsen noted that the Committee will meet on December 9 with its primary objective to review and approve an Annual Report for submission. Ms. Nielsen provided a note of information that United Parents will host an on-going workgroup that involves the Child/Youth/Parents Peer Specialist and has forwarded this information to Ms. Stone.</p>		
<b>XIII.</b>	<p><b>Old Business</b></p> <p>A. Lanterman, Petris, Short (LPS) Reform Workgroup Report – Wrap-Up Discussion Mr. Harris stated that members of the BHAB Executive Committee felt that the LPS Reform Workgroup Report did not receive a fair hearing. Mr. Harris noted that the Report could be re-reviewed and sent to the BOS as an Informational Report.</p> <p>Following additional discussion and a suggestion from Supervisor Parks to watch the LPS Hearing on LPS Reform to view the perspective of legislator’s issues and concerns regarding the recommendations, Mr. Bhavnani and Ms. Haffner suggested the Workgroup meet one more time along with Mr. Rodriguez to remove legislative items or any other confusing or misleading information and decide on how to move the LPS Report forward. Supervisor Parks suggested that, for collaboration, Ms. Stone be part of the Workgroup. Mr. Harris agreed to include Ms. Stone.</p> <p>B. Submission of Amended Bylaws to the Board of Supervisors (November 10, 2020) – Report on Action – Dr. Sevet Johnson Bylaws were approved by the BOS as written on November 10.</p> <p>C. New Member Orientation Update – Janis Gardner Ms. Gardner noted that all new members have had their orientations and thanked Ms. Armann for assisting.</p>	<p>Schedule an LPS Workgroup meeting to discuss LPS Report.</p>	<p>Mr. Harris</p>
<b>XIV.</b>	<p><b>New Business</b></p> <p>A. Annual Report Preparation – Discussion – Janis Gardner/Jerry Harris Ms. Gardner provided the status of the work that the Committees are completing to draft, review and finalize their Annual Reports for submission to Mr. Harris by January 31, if possible.</p> <p>B. Expansion to Current Continuum of Care – Summary Report – Dr. Sevet Johnson Provided by Dr. Johnson under the Director’s Report.</p> <p>C. Appoint and Confirm New Transitional Age Youth (TAY) Committee Chair – Jerry Harris Mr. Harris noted that interest has been expressed by Ms. Stone to Chair the TAY Committee and asked if there were any other BHAB members interested in serving as the Chair. With no other BHAB members voicing an interest, Mr. Harris requested a motion to confirm the appointment of Ms. Stone as TAY Committee Chairperson. Dr. Cortese moved to approve; Ms. Borchard seconded. The motion carried unanimously through roll call.</p> <p>Dr. Cortese asked for clarification on the effective date of the appointment and Mr. Harris advised January 2021.</p> <p>D. County’s Annual Behavioral Health Legislative Platform – Review and Discuss – Supervisor Linda Parks Mr. Harris noted Supervisor Parks needed to leave the meeting and recommended that this agenda item be carried forward to the December meeting for discussion.</p> <p>E. Housing Workgroup Report – Ratan Bhavnani Mr. Bhavnani reported that the Housing Workgroup met on November 9 via Zoom along with Mr. Clerici, Ms. Stone and Liz Warren who rejoined the Workgroup. They received an update on Board &amp; Cares and noted the decrease over the past several years in the number of Board &amp; Cares. The Workgroup will meet again to brainstorm meeting with legislators or key people to look for sources of funding and to gain knowledge regarding the development of Board &amp; Cares.</p>	<p>Ms. Stone appointed and confirmed as new BHAB TAY Committee Chair effective January 2021.</p> <p>Agenda item carried forward to December BHAB meeting for discussion.</p>	

	<p>Ms. Stone requested information regarding the MHSA funding being used to keep the Board &amp; Cares in operation. Dr. Johnson noted that this information, including trends and allocations, would be provided in January 2021 during the BHAB’s fiscal review presentation.</p> <p>Ms. Borchard requested more information regarding the County’s potential leaseback of the Board &amp; Care properties and Mr. Bhavnani provided a detailed summary. Dr. Johnson advised discussions are still in progress.</p> <p>F. 2020 Data Notebook – Update – Elizabeth R. Stone Ms. Stone thanked Dr. Johnson for connecting her with the appropriate VCBH staff to acquire the Data Notebook information that she has received thus far. She advised that a request to extend the submission deadline from November 30 to January 31 has been approved.</p> <p>Mr. Harris thanked Ms. Stone for the work she has accomplished and asked that a draft be sent to him for distribution to the BHAB members for their review and input.</p> <p>G. Review Gaps in Services Submissions from BHAB Members - Discussion Mr. Harris noted that two documents were provided which list of gaps in services submitted by BHAB members and submissions from the Adult Services Committee. He noted that Ms. Armann has also submitted a list of items that will be added. Mr. Harris asked if any BHAB members were interested in reviewing and prioritizing the items for the BHAB’s review in determining the top five or six priorities.</p> <p>Ms. Stone responded to Mr. Harris’ concern about how to prioritize the gaps in services and suggested the use of either Survey Monkey or Zoom’s voting feature to assist with prioritization. Ms. Lubell noted that Zoom has a polling function that could be used anonymously. Mr. Harris agreed and noted that if this process does not work, he will request BHAB members to volunteer to prioritize the gaps in services list. Mr. Harris advised that BHAB members are welcome to submit additional items to include on the list.</p> <p>H. Submission Deadlines for BHAB Documents – Overview – Dr. Sevet Johnson Dr. Johnson noted that VCBH is proposing that all BHAB documents be received by no later than one week prior to the distribution deadline to allow time for English to Spanish translation. Mr. Harris requested that VCBH provide a process to access the Zoom meeting recording links and Dr. Johnson noted that the link will be referenced on the agendas.</p>	Provide Zoom meeting recording link reference on BHAB General meeting agendas.	Vickie Poliquin
XV.	<p><b>Contracts</b> Mr. Harris asked if there were any questions regarding contracts. No questions were raised.</p>		
XVI.	<p><b>Public Comments</b> Ezequiel Sanchez requested information on the process to apply to become a BHAB member. Mr. Harris advised that Vickie Poliquin will send him the BHAB member application.</p>	Send BHAB Member application to Ezequiel Sanchez.	Vickie Poliquin
XVII.	<p><b>Adjourn</b> The meeting adjourned at 3:25 pm.</p>		

## 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	X	X	X							
District 5	9/15/20 – 9/15/23	Soledad Barragán			X	X	e							
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X							
District 3	1/27/18 – 1/26/21	Nancy Borchard		X	X	X	X							
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X							
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	e	X	X	X							
District 5	1/11/18 – 1/10/21	Dr. Margaret Cortese	X	X	e	X	X							
District 4	4/7/20 - 10/13/21	Jesse Finkbeiner	X	X	X	X	X							
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	X		X	X	X							
District 3	4/15/18 – 4/14/21	Janis Gardner	X	X	X	X	X							
District 1	4/8/18 – 4/7/21	Mary Haffner	X	X	X	X	X							
District 4	9/17/19 – 9/17/22	Jerry Harris	X	X	X	X	X							
District 2	7/21/20 – 1/7/22	Carol J. Keavney		X	X	X	X							
District 2	3/15/17 – 3/15/20	Patricia Mowlavi	X	X	X	X	X							
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X	X	X							
BOS	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X							
District 3	12/1/20 – 12/1/23	Joe S. Ramirez	X	X		X	X							
District 5	1/25/20 – 1/24/23	Michael Rodriguez	e	e	X	X	X							
District 1	9/1/20 – 5/7/21	Elizabeth R. Stone			X	X	X							
District 2	9/17/19 – 9/16/22	Carol Thomas	X	e	X	e	e							
District 5	1/11/20 – 1/24/23	Marlen Torres	X	X	e	X	X							
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X		X							

Present = X

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

**Behavioral Health Advisory Board**  
**Lanterman, Petris, Short (LPS) Workgroup**

Meeting Dates

1. August 19, 2019
2. September 16, 2019
3. October 21, 2019
4. November 18, 2019
5. January 27, 2020

All meetings were held in person, following the BHAB General Meeting

LPS Workgroup Report

Was approved by the BHAB at the April 27, 2020 General Meeting

Workgroup Participants

Jerry Harris  
Ratan Bhavnani  
Janis Gardner  
Nancy Borchard  
Gane Brooking  
Mary Haffner  
Dr. John Schipper

Guest Participants

Mark Gale, Los Angeles County  
Dan Powell, IPU

## County of Ventura

### 2020 STATE LEGISLATIVE AGENDA AND PLATFORM

#### I. OVERALL STATE LEGISLATIVE PRINCIPLES AND POLICIES

***REDACTED VERSION TO PROVIDE THE ITEMS THAT RELATE TO MENTAL HEALTH AND SUBSTANCE USE DISORDER ISSUES ONLY.***

##### **Area Agency on Aging**

The County supports legislation and efforts to make Ventura County Dementia Friendly and Age Friendly designated, to include efforts to develop an evidence-based core training program for staff of area agencies on aging relating to Alzheimer's Disease and related dementias, connecting diagnosed individuals and their caregivers to critical resources that will allow diagnosed individuals to maintain as much independence as possible and provide connection to resources that will help sustain the physical and mental stability of the caregiver.

##### **County Executive Office**

The County supports funding for locally accessible health care, mental health services, and other programs that provide support for military veterans.

##### **District Attorney**

The County supports funding for local agencies, including Behavioral Health, the District Attorney, and the Public Defender, to implement the mandate of Mental Health Diversion pursuant to SB 215 (Statutes of 2018, Chapter 1005).

##### **Health Care Agency**

The County opposes any diversion or supplantation of any County Mental Health Services Act (MHSA) funding.

The County supports funding to help address housing and residential treatment services for people with mental illness as well as funding for local inpatient psychiatric units and hospitals.

The County supports funding for mental health and substance use disorder programs for foster youth and at-risk families.

The County supports budget actions that would protect and provide additional funds to mental health program funding and alcohol and drug programs. These include, but are not limited to, MHSA, EPSDT and Short Doyle programs.

**Human Services Agency**

Additional funding and program support is sought to ensure the success of foster children and former foster children who continue to participate in the extended foster care program after reaching the age of 18. Efforts to increase funding and program support for nutrition benefits, transitional housing, career development, job training, integrated case management, mental health and other services for all foster youth will be supported.

The County supports policies and legislation that support progressive integration and sharing of records that increase transparency and interoperability in adult protective services, behavioral health, public health, and child welfare cases.

The County supports programs and funding that support foster and child welfare families, the Commercial Sexual Exploitation of Children (CSEC) program, Katie A. settlement mental health services for at-risk youth, Child Welfare Continuum of Care Reforms, and other initiatives.

**Probation**

The County supports revenue opportunities for local jurisdictions to establish evidence-based programs targeting mentally ill and domestic violence offenders.

**Public Defender**

The County supports a multi-agency approach to implementing the Stepping Up Initiative in order to reduce the number of adults with mental illness and co-occurring substance use disorders in local jails.

**Sheriff's Department**

The County supports State and Federal assistance to address the treatment needs of those with serious mental illness who are detained in County facilities.

# County of Ventura

## 2020 FEDERAL LEGISLATIVE AGENDA AND PLATFORM

***REDACTED VERSION TO PROVIDE THE ITEMS THAT RELATE TO MENTAL HEALTH AND SUBSTANCE USE DISORDER ISSUES ONLY.***

### **I. OVERALL FEDERAL LEGISLATIVE PRINCIPLES AND POLICIES**

#### **County Executive Office**

The County supports stronger gun control legislation including: a ban on modifications that make a semi-automatic gun work like an automatic; strict restrictions on the size of magazines and the sale of guns like the AR-15; background checks for all gun buyers; prohibition of gun shows at state-owned fairgrounds; prevention of the mentally ill from buying guns; a ban on the sale of guns to people convicted of violent crimes, including domestic violence; and implementation of a mandatory waiting period on all gun purchases.

The County advocates support and funding for access to local-level health care, mental health services, and programs that provide support for military veterans.

#### **Health Care Agency**

The County seeks expanded funding support for publicly operated health care safety-net services. Continuation and expansion is sought for the federally funded State Children's Health Insurance Program (CHIP). Continued expansion and funding support is also sought for development and expansion of locally sponsored safety-net programs to provide health services, such as Oral Health, the Medical Home Model, Integrated Medical & Mental Health Services, and Case/Care Management Services.

The County supports expansion and continued funding of both mental health and health care services for the homeless.

The County supports proposals which allow for Medicare and Medicaid reimbursement for individuals who are excluded from participation in the Medicaid program as a result of their mental health placements, such as patients at Institutions for Mental Disease (IMDs), which are hospitals, nursing facilities, or other institutions with more than 16 beds that are primarily engaged in the diagnosis, treatment, or care of persons with mental diseases.

#### **Human Services Agency**

The County supports efforts to increase funding and program support for transitional housing, career development, job training, integrated case management, mental health, and other services for all foster youth.

#### **Public Defender**

The County supports a multi-agency approach to implementing the Stepping Up Initiative in order to reduce the number of adults with mental illness and co-occurring substance use disorders in local jails.

**VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD**  
**IDENTIFIED GAPS IN SERVICE**  
**11/16/20**

**NANCY BORCHARD**

1. Case management is seriously impacted with too many clients per case worker. Being connected usually just means checking in with doctor or nurse practitioner for a medical check every 3 months. No time allowed for talk therapy which is proven to be a key component to long term recovery. Are we spending money where it counts the most?
2. How timely, or if clients already enrolled receive services if having difficulty in between appointments. How soon can they be seen by someone who knows them?
3. Frequent changes in staff is extremely difficult for clients. Mental Health treatment is predicated on trust—same as medical treatment.
4. Review External Quality Review Organization (EQRO) Report as to recommendations for improvement. What are efforts to comply?

**JESSE FINKBEINER**

1. Prevention – I believe that early prevention is the key to any successful undertaking. We must be able to educate young people as to mental health challenges, substance use pressure and amelioration of pain by way of chemical use and the dangers contains therein. Hence, more active school involvement, greater budget for more school therapists, counselors, etc. I also believe that we can insert (for lack of a better term) ourselves into the general curriculum so that young people have a greater understanding of their feelings, thoughts, identity, etc. and have a language/technology for effectively navigating not only the academic process, but more importantly their own internal process with respect to feelings, self-esteem, values building, and the things that truly matter in life.
2. I am not sure if this is already being done, but I think that every 6 months, an updated amalgamation of all services offered in Ventura County disseminated to all Ventura County residents in a number of different mediums (internet, paper by way of mail, etc.). This would not just be a list of services, but in-depth examinations of each including addresses, phone numbers, funding sources, programmatic descriptions with all pertinent information, etc. This way, consumers or potential consumers can always have updated lists of all services available to maximize effectiveness in navigating the already complex system. This could even have suggestions as to whom to call given specific situations that we could illuminate. This also seems like something that would not cost a lot of money.
3. Ongoing training of law enforcement as to how to work with, encounter, and better serve those with mental illness and substance use challenges. I like the roll out of the CIT training and the high response that it has garnered (something like 87% of all law enforcement have this training).
4. Additional CSU and IPU beds (this is obviously a hot topic and requires funding). In Riverside there are 24/7 Mental Health Urgent Care Centers that help in keeping ER rooms less full and helping to manage mental health crises and can provide an important bridge to adjunct services without overburdening already burdened systems. In other words, this provides an entry way/transition/bridge into various aspects of the mental health services community, resources, etc. Forgive my ignorance if we have this already—have not seen anything like this on the East End of Ventura County.
5. Improvement of Veteran’s Services—not even sure where to begin. In our clinic, we see suffering veterans frequently and it appears as if this is an underserved, particularly sensitive, segment of our population who have been left feeling generally unsupported.

6. Greater collaboration and an invitation for members of any group to work together. I specify this as a gap because we can only, as a group and as subgroups, achieve maximum effectiveness if our common purpose remains the guiding light of our cause. It is easy to get bogged down in political structures, ego contests, minutia of language and particulars harming the greater objective, lack of focus on the larger objective, infighting, etc. In other words, how can we all become our best selves and keep our focus on the challenges without being coopted in the same kind of reactivity that permeates our focus. How can we pull together as a group and be of best service? I am not certain that we are there yet and believe that we need to refocus our efforts. I may be way off or going out on a limb by saying this, but maybe some time could be focused on team building, appreciation of different ideas, and working on one thing at a time to see it through to completion. Again, maybe I am naïve or too new to see the broader picture. However, it appears that there are some systemic, foundational communication skills that would be useful in helping to coordinate what we are doing, who is doing what, and how we can constructively come together to elicit the greatest good for all concerned.

### **JANIS GARDER**

1. Substance Use Services (SUS)

Men's Residential Facility

Last year, Khepra House for men closed. Men are now sent to Tarzana Treatment Center/Hospital instead. I imagine the cost per person is higher. The women have Prototypes Residential Living for Women—the men do not have a residential living facility. Is there a plan for a new men's residential facility?

2. Mental Health Services

IPU Beds, CSU Chairs

Have these been implemented? In not, when?  
What is the current capacity at the IPU/CSU's?

### **MARY HAFFNER**

1. CRISIS SERVICES – GAPS

- a. Ventura County does not have a facility that can directly accept adults experiencing a psychiatric emergency because it does not have the capacity to conduct medical screening, nor does it conduct "field screening". Instead, individuals in psychiatric crisis are taken to hospital emergency departments where they can wait days before being evaluated and treated. Sometimes, individuals on a 5150 have to be released prior to evaluation or treatment because it takes longer than 72 hours to get help in an emergency department.
- b. No in-the-field screening. Ambulance services should be able to perform a "field screening" of the person looking only for medical stability issues. If deemed medically stable, they could be brought directly to the CSU/PES. This is being done in other counties.
- c. Ventura County does not have a streamlined medical clearance process. Like other counties, Ventura County could institute a process whereby no specific lab tests are required (similar to Alameda County) to facilitate transfer to a CSU/PES and to prevent hospital boarding.
- d. An individual should be accepted by the CSU/PES without regard to their psychiatric diagnosis or history or whether they have medical insurance or access to a psychiatric hospital bed.

- e. A severe shortage of inpatient psychiatric beds. The county should conduct a needs assessment to determine how many inpatient psychiatric beds will be required to serve the subgroup of approximately 1-3% of the county's adult population with a serious mental illness who are often brought into hospital emergency departments or the CSU in psychiatric crisis, including those under a 5150. Many individuals who enter the hospital emergency department in psychiatric emergency are sent out of the county to other facilities, away from family support.
- f. Inadequate and/or inappropriate staffing at Hillmont IPU. While at Hillmont, individuals with serious mental illness should be provided best practice treatment with a goal of wellness and function. Staffing should reflect an understanding that it is foreseeable that some untreated individuals, while psychotic, can exhibit hostile or violent behaviors. Individuals with serious mental illness should not be arrested while at Hillmont for conduct that is foreseeable given their state of psychosis.
- g. A shortage of appropriate step-down facilities. It would be helpful if the county could analyze the data it has to determine the number and types of step-down facilities required to serve individuals exiting both Hillmont IPU and the out-of-county placements. Currently, individuals who do not require acute inpatient care at Hillmont IPU cannot leave the IPU and are occupying beds because there is no place for them to go; there are not enough step-down options, creating a logjam in emergency departments. These step-down facilities should be commensurate with the level of need and consistent with a goal toward long-term stabilization and treatment so individuals can regain function.

2. ENGAGEMENT AND SUPPORT – GAPS

- a. ACT level case management for people with serious mental illness who require this level of engagement and support.
- b. Insufficient warm hand-offs and no tracking mechanism or benchmarks to determine whether these warm hand-offs and supports are working. Individuals with serious mental illness require follow-up to prevent falling through the cracks and cycling through homelessness, incarcerations, 5150s, emergency rooms, and hospitalizations. Keep families and loved ones in the communication loop to help stem the cycling.
- c. 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.

3. KEEPING PEOPLE WITH SERIOUS MENTAL ILLNESS OUT OF JAIL – GAPS

- a. The county does not have an Intercept Model pre-arrest and pre-trial Diversion Program. The county has a diversion program but, it is missing critical components, including housing and support upon exiting the program. Other counties have implemented, or are in the process of implementing, effective Intercept Model pre-arrest and pre-trial diversion programs.

4. HOUSING – GAPS

- a. Insufficient housing options for individuals enrolled in and exiting the current diversion program.
- b. Insufficient housing options for individuals in, and exiting, the Assist (Laura's Law) program.
- c. Insufficient housing options for individuals with serious mental illness exiting jails.
- d. The county needs more housing overall, with case management, for people with serious mental illnesses.

5. JAILS – GAPS

- a. People with serious mental illness in our jails deteriorate and decompensate because they are not receiving best practice treatment for their illness in a therapeutic setting. There are very limited slots for the JBCR program for individuals deemed IST.

6. CONSERVATORSHIP – GAPS

- a. There is no service or help for families trying to conserve their loved ones. For their long-term health, some individuals with serious mental illness will require conservatorship. If they are not conserved, many of these individuals will end up homeless or incarcerated.
- b. If a conservator directs authorization to provide involuntary medication to someone with a serious mental illness, including long-acting antipsychotic injections, VCBH and Hillmont IPU should articulate protocol regarding these directives. It appears that the county will not do this. This county is missing a clear understanding of the roles of both VCBH and Hillmont IPU regarding this conservatorship issue.

7. GOALS – GAPS

- a. The county has not identified the costs associated with untreated serious mental illness. Because there is a percentage of people with serious mental illness who interface with numerous county agencies and departments, it would serve the county, from both a healthcare and fiscal perspective, to create a comprehensive plan to provide treatment and supports for this population so that they do not inefficiently utilize numerous resources. Investment on the front end for their care and treatment can result in better health outcomes and less cost and resource utilization.
- b. No goals have been articulated for the services we provide for individuals with serious mental illness. Goals regarding promptness and efficacy of treatment, long-term function, recidivism rates, housing, and diversion from jails should be specific.
- c. The county should articulate a commitment to early and effective treatment with the goal of helping them to attain the highest function possible.

**JERRY HARRIS**

1. Sufficient number of CSU slots to address the community need (15 in the east county and 15 in the west county).
2. Elimination of the use of community hospital emergency rooms to evaluate, treat and medically clear people who are experiencing mental health emergencies.
3. Additional inpatient psychiatric hospital beds to address the needs of the county's population.
4. Additional supportive housing facilities to address the needs of mental health clients discharged from inpatient psychiatric hospitals.
5. Additional supportive housing facilities to address the needs of mental health clients released from jails.
6. Drastically reducing the number of people with mental health issues that end up incarcerated as opposed to receiving needed services.
7. Additional community services and supports for people with mental health issues and individuals with substance use disorders.

**SUPERVISOR LINDA PARKS**

1. More psychiatric beds.
2. More supportive housing.
3. Streamline access to crisis services.
4. Decriminalize mental illness.
5. Increase outreach to Transitional Age Youth (TAY) to avoid severe mental illness.
6. Focus on healing, recovery and job placement.

**BHAB ADULT SERVICES COMMITTEE INPUT (VIA NANCY BORCHARD / GANE BROOKING)**

1. Availability, county wide, of timely services in order to avoid issues of not sick enough to qualify for services until a major episode happens. Explore alternatives.
2. No inpatient facility for older adults who are in mental health crisis and are also frail medically. Typically sent out of County. Does Ventura County need to pay for such placement?
3. Review Needs Assessment Study done by MHSA in 2018-19. Have recommendations been followed?
4. Consider special needs of Transitional Age Youth (TAY) and discuss with them what they see. How to access services is one area that they see as important especially in the STARR Program.

**VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD  
IDENTIFIED GAPS IN SERVICE  
11/16/20**

PRIORITY NUMBER	GAP IN SERVICE ITEM	SUBMISSION FREQUENCY
	Case Management Workload	1
	Timeliness in Service Delivery	2
	Impact of Frequent Staff Changes on the Ability to Establish Therapeutic Relationships	1
	Review EQRO Recommendations	1
	Increase Focus on Prevention (MH and SUD)	1
	List of Services Offered to be Sent from VCBH to Community (every 6 months)	1
	Continue Education for Law Enforcement Following CIT	1
	Additional CSU Chairs/Slots	5
	Additional Psychiatric Inpatient Beds	6
	Improved Veterans' Services	1
	Create Ongoing Collaborative and Coordination Between Public and Private Agencies	1
	Additional Substance Use Disorders (SUD) Residential Facilities	1
	Additional CSU Chairs with Ability to Medically Screen Clients and Receive Clients Directly from Law Enforcement	1
	Need to Conduct In-Field Medical Screening	1
	Streamline Medical Screening Process	2
	Need to Evaluate Staffing Ratios at Hillmont IPU	1
	Reduce/Eliminate Arrest of Clients at Hillmont IPU	1
	Critical Need for Step-Down Facilities	1
	ACT Level Case Management for Clients Requiring a Higher-Level Engagement and Support	1
	Insufficient Warm Hand-Offs and Tracking to Determine Effectiveness of Hand-Offs and Supports	1
	Increased Collaboration with Family Members to Identify Relevant and Important Information About Clients	1
	Keep People with Serious Mental Illness Out of Jail	5
	Insufficient Housing Options for Clients in Diversion Programs	2
	Insufficient Housing Options for Clients in the Assist Program	2
	Insufficient Housing Options for Clients Released from Jail	2
	Insufficient Supportive Housing Options for Mental Health Clients Discharged from Psychiatric Hospitals	1
	Additional Community Services and Supports for People with Mental Illness Issues and Individuals with Substance Use Disorders	1
	Increase Overall Housing Options and Case Management for People with Mental Illness	1
	Clients in Jails Deteriorate and Decompensate in Jail Due to Lack of Best Practice Treatment	1
	Lack of Support for Families Whose Loved Ones Need to be Conserved	1

**VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD  
IDENTIFIED GAPS IN SERVICE  
11/16/20**

<b>PRIORITY NUMBER</b>	<b>GAP IN SERVICE ITEM</b>	<b>SUBMISSION FREQUENCY</b>
	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
	The County Needs to Identify the Cost Associated with Untreated Mental Illness	1
	There are No Established Goals for Services/Outcomes for People with Mental Illness	1
	The County Should Articulate a Strong Commitment to Early and Effective Treatment in Order to Strive for the Highest Level of Functioning Possible	2
	Eliminate the Use of Community Hospital Emergency Rooms to Evaluate, Treat and Medically Clear People Who Are Experiencing Mental Health Emergencies	1
	Reduce the Number of People with Mental Illness that are Incarcerated	1
	Streamline Access to Crisis Services	2
	Consider the Unique Needs of TAY and Increase Outreach to TAY to Avoid Severe Mental Illness	1
	Focus on Healing, Recovery and Job Placement	1
	Increase the Availability of Timely Services County-wide	2
	In-County Psychiatric Inpatient Beds for Older Adults who are in Mental Health Crisis and Frail Medically	1

## MEMORANDUM

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**DATE:** November 16, 2020

**TO:** Behavioral Health Advisory Board

**FROM:** Contracts Administration

**SUBJECT:** Board of Supervisors Approved October Agreements/Board Items

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### Board of Supervisors Approved Agreements – October 6, 2020

1. **Fiscal Year (FY) 2020-21 California Department of State Hospitals (DSH) Memorandum of Understanding (MOU) and California Mental Health Services Authority (CalMHSA) Participation Agreement Amendments.**

*This item recommended approval for the Ventura County Behavioral Health (VCBH) Director or designee to sign the: (1) Amendment to the MOU for the Purchase of State Hospital Beds between DSH, CalMHSA and participating counties and (2) Amendment to the CalMHSA Participation Agreement authorizing CalMHSA to contract on behalf of participating counties with DSH for state hospital bed utilization, in the existing amount of \$1,402 per fiscal year, extending the terms of both agreements an additional one-year term, effective July 1, 2020 through June 30, 2021. The CALMHSA Agreement is funded by 1991 State Realignment.*

The **DSH** has jurisdiction over all state hospitals, which provide services to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) section 4100, et. Seq. Under WIC section 4330, counties must reimburse DSH for their use of state hospital beds and services. **CalMHSA** is a joint powers authority comprised of counties and cities with mental health programs, and is responsible for negotiating an agreement with DSH for the purchase of state hospital bed space and associated services. It serves as a liaison agency for ensuring compliance with the terms and conditions of the MOU. The MOU between the DSH, CalMHSA and participating counties defines the patient referral process, bed types and uses, admission and discharge procedures, treatment coordination procedures, compensation requirements, and other requirements related to patient and records management. The DSH amendment extends the term of the agreement for an additional one-year period, effective July 1, 2020 through June 30, 2021, with no other changes to the terms of the MOU.

The CalMHSA Participation Agreement authorizes CalMHSA to contract with DSH for state hospital bed utilization on behalf of the participating counties. Goals of the Participation Agreement include: (1) contracting with the DSH for access to and use of state hospital beds, (2) ensuring DSH compliance with the CalMHSA contract, (3) analyzing cost containment strategies, (4) establishing standardization of and consistency in services, (5) identifying and determining feasibility of alternatives to state hospital services, and (6) evaluating opportunities for the development of programs for special populations requiring 24-hour treatment services. Under the terms of the Participation Agreement, VCBH will be charged \$1,402 per fiscal year by CalMHSA, which is the same charge as the previous term.

VCBH recommended approval for the VCBH Director or designee to sign the: (1) Amendment to the MOU between DSH, CalMHSA and participating counties, and (2) Amendment to the CalMHSA Participation Agreement.

**2. FY 2020-21 Maxim Healthcare Services Holdings, Inc. (Maxim) First Amendment to the Agreement.**

*This item recommended authorization for the VCBH Director or designee to sign the First Amendment to the Agreement with Maxim for medical personnel staffing and recruiting services, increasing the maximum agreement from \$5,000 to \$500,000 (an increase of \$495,000), and increasing the hourly service rate from \$52 to \$60 for certain positions and services, effective July 1, 2020 through June 30, 2021. This Agreement is funded by the Short Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP), State General Fund, and 2011 Realignment and 1991 Realignment, and Proposition 63 Mental Health Services Act (MHSA).*

**Maxim** provides certified and licensed temporary staff to help fill vacant positions within VCBH due to the difficulty in finding qualified and appropriately certified and licensed staff and to help backfill existing positions due to unexpected leaves of absence. While VCBH takes appropriate steps to expedite recruitments for qualified, certified and licensed staff, until staff can be hired VCBH needs temporary staff to maintain services for their clients. This First Amendment to the Agreement increases the agreement maximum to allow VCBH to: (1) backfill vacant positions due to unexpected leaves of absence and (2) meet ongoing critical staffing needs in positions VCHB has been unable to fill. The amendment also includes an increase in the hourly rate for Behavioral Health Clinician III, Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, and Licensed Marriage and Family services from \$52 to \$60, retroactive to July 1, 2020. VCBH agreed to this increase in order to keep their recruiting competitive with neighboring counties and ensure sufficient staffing to maintain services for their clients.

VCBH recommended approval for the Purchasing Agent or designee to sign the First Amendment to the Agreement with Maxim.

## **Board of Supervisors Approved Agreements – October 20, 2020**

- 3. FY 2020-21 PathPoint, ASC Treatment Group (Bakersfield) (ASC Bakersfield), ASC Treatment Group (Los Angeles) (ASC Los Angeles), Telecare Corporation (Telecare) AB 109, Telecare Vista XP2/XP3, Telecare Horizon View Mental Health Rehabilitation Center (MHRC), Telecare Casa B, Telecare Casa C, Telecare Casa D, Telecare Casa E, Turning Point Foundation (Turning Point), and For the Future, Inc. (For the Future) Amendments.**

*This item recommended approval for the VCBH Director or designee to sign the Amendment and Agreements with (1) PathPoint, in the amount of \$476,739, (2) ASC Bakersfield, in the amount of \$911,758, (3) ASC Los Angeles, in the amount of \$825,927, (4) Telecare AB 109, in the amount of \$884,042, (5) Telecare Vista XP2/XP3, in the amount of \$815,217, (6) Telecare Horizon View MHRC, in the amount of \$2,550,178, (7) Telecare Casa B, in the amount of \$891,775, (8) Telecare Casa C, in the amount of \$940,512, (9) Telecare Casa D, in the amount of \$881,782, (10) Telecare Casa E, in the amount of \$791,027, (11) Turning Point, in the amount of \$1,097,230, and (12) For the Future, in the amount of \$238,600, for the provision of Medi-Cal mental health services, effective July 1, 2020 through June 30, 2021 for all providers except For the Future which has a contract effective date of November 1, 2020 through June 30, 2021. These Agreements are funded by 2011 Realignment, 1991 Realignment, SD/MC FFP, and AB 109, and MHSA funds.*

Each year VCBH contracts with a variety of contractors for the provision of various Medi-Cal mental health services, to assist in meeting the needs of the various target populations served by VCBH. Throughout the fiscal year, contractor performance is reviewed to ensure compliance with the agreement goals and outcomes. These contractors have complied with the terms and conditions of the agreements and performed satisfactorily in the delivery of agreed-upon services. VCBH is satisfied with the performance of these contractors and anticipates services provided under the renewed contracts will continue to meet or exceed expectations for service delivery in this next term. Ongoing monitoring will continue to be conducted to review contractor compliance and ensure the provision of appropriate high-quality program services.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2020-21 Amendment and Agreements with PathPoint, ASC Bakersfield, ASC Los Angeles, Telecare AB 109, Telecare Vista XP2/XP3, Telecare Horizon View MHRC, Telecare Casa B, Telecare Casa C, Telecare Casa D, Telecare Casa E, Turning Point, and For the Future.

- 4. FY 2020-21 Sylmar Health & Rehabilitation Center, Inc. (SHRC), Crestwood Behavioral Health, Inc. (Crestwood), Telecare La Paz Geropsychiatric Center, Vista Woods Health Associates, LLC (Vista Woods), Parkside Healthcare, Inc. (Parkside), and View Heights Convalescent Hospital, Inc. (View Heights) Amendments to the Agreements.**

*This item recommended approval for the VCBH Director or designee to sign the Amendments to the Agreements with: (1) SHRC, in the amount of \$1,008,150, (2) Crestwood, in the amount*

of \$429,387, (3) *Telecare*, in the amount of \$685,853, (4) *Vista Woods*, in the amount of \$347,610, (5) *Parkside*, in the amount of \$647,710, and (6) *View Heights*, in the amount of \$607,882, for the provision of various institution for mental disease (IMD), skilled nursing facilities (SNF), and mental health recovery center (MHRC) services, effective July 1, 2020 through June 30, 2021, for all providers except *View Heights*, which has a contract effective date of August 1, 2020 to June 30, 2021. These agreements are funded by Tobacco Settlement, 2011 Realignment and 1991 Realignment funds.

Each year, VCBH contracts with a variety of contractors for the provision of various IMD, SNF and MHRC services to assist in meeting the needs of the various target populations served by VCBH. These six agreements are being renewed based on successful performance under the current year agreements and having performed satisfactorily in the delivery of the agreed upon services. When necessary, technical assistance has been provided to resolve any contractual issues. VCBH is satisfied with and anticipates that services to be provided under the renewed agreements will continue to meet or exceed expectations for service delivery in the next term. Ongoing monitoring will continue to be conducted throughout the coming fiscal year to review contractor compliance and ensure provision of appropriate high-quality program services.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2020-21 Amendments to the Agreements with SHRC, Crestwood, Telecare La Paz, Vista Woods, Parkside, and View Heights.

**5. FY 2020-21 Pacific Clinics, Evalcorp and Idea Engineering, Inc. (Idea Engineering) Amendment and Agreements.**

*This item recommended approval for the VCBH Director or designee to sign the Amendment and Agreements with (1) Pacific Clinics, in the amount of \$590,800, (2) Evalcorp, in the amount of \$159,501, and (3) Idea Engineering, in the amount of \$246,400, for the provision of Wellness Recovery Center Transitional Age Youth (TAY) “TAY Tunnel,” Data Collection and Analysis, and Prevention and Early Intervention (PEI) Support Services, effective July 1, 2020 through June 30, 2021. These agreements are funded by MHSAs funds.*

**Pacific Clinics** manages a Wellness and Recovery Center focused on assisting TAY ages 19 to 25 years in developing linkages to and accessing community resources. As of June 2020, they served 2,070 people and 179 members with 64 individuals completing a Wellness Recovery Action Plan (WRAP). The FY 2020-21 agreement amount is the same as the 2019-20 agreement. This First Amendment extends the current four-month agreement, effective July 2020 through October 31, 2020, an additional eight months to the end of the fiscal year, with no other substantive changes to the agreement.

**Evalcorp** provides MHSAs data collection and analysis services for VCBH. Through this agreement, Evalcorp will continue to work in collaboration with VCBH to enhance evaluation infrastructure and capacity, refine data collection tools, create new evaluation tools, conduct required data entry for providers, create data analysis plans, develop the FY 2019-20 Evaluation Summary Report, provide evaluation support, consultation and analysis for Community Services Support Programs, and provide data analysis, reports and presentations

for MHSAs Innovation programs. During FY 2019-20, Evalcorp developed and implemented a new referral process that follows Mental Health Services Oversight and Accountability Commission regulations, developed and administered a revised program survey to capture data related to COVID-19, and compiled data for various MHSAs programs. The FY 2020-21 agreement amount is the same as the FY 2019-20 agreement. This FY 2020-21 agreement replaces the previous four-month agreement, which was effective July 1, 2020 through October 31, 2020, and is effective for all of FY 2020-21. While this agreement is below the Purchasing Agent's purchasing threshold, when combined with several other Evalcorp agreements for similar services being processed through General Services Agency Procurement Services, the total amount exceeds the Purchasing Agent's purchasing authority. Therefore, this agreement required Board approval.

**Idea Engineering** provides MHSAs PEI support services for VCBH. Through this agreement, Idea Engineering will continue to work in collaboration with VCBH to provide assistance with: ongoing creative development, support, and dissemination of online communications to support PEI messaging, ongoing development and dissemination of outreach materials supporting PEI goals of suicide prevention and mental illness stigma reduction, strategic consultation and project management, and purchasing media and materials supporting MHSAs community-wide communications. This FY 2020-21 agreement includes an MHSAs community-wide mental health stigma reduction campaign, with the primary purpose of reducing stigma related to mental health, encouraging awareness and early care for serious mental illness, and normalizing mental health as part of overall healthcare and self-care. In FY 2019-20, Idea Engineering developed monthly themes covering topics such as "Coping with Tragic Events," "Text. Talk. Help.," and "Coping During Coronavirus." Social media and targeted website ads had 3,718,689 impressions in FY 2019-20, and the WellnessEveryDay.org/SaludSiempreVC.org website had over 15,000 visitors with over 34,000 page views. This agreement amount of \$246,400 includes an increase of \$146,400 over the FY 2019-20 agreement which will pay for the new MHSAs community-wide mental health stigma reduction campaign. This agreement replaces the current four-month agreement that was in effect from July 1, 2020 through October 31, 2020, and is effective for all of FY 2020-21.

VCBH recommended approval for the VCBH Director or designee to sign the FY 2020-21 Pacific Clinics, Evalcorp and Idea Engineering Amendment and Agreements.

**6. FY 2020-21 Turning Point Foundation (Turning Point) Adult Wellness and Rehabilitation Centers (AWRC) and Mobile Wellness Services, Turning Point Quality of Life Improvement (QLI) RISE Program Services, and Turning Point Growing Works Services Agreements.**

*This item recommended approval for the VCBH Director or designee to sign the Agreements with: (1) Turning Point AWRC and Mobile Wellness Program, in the amount of \$579,264, (2) Turning Point QLI RISE Program, in the amount of \$239,936, and (3) Turning Point Growing Works Program, in the amount of \$200,000, effective November 1, 2020 through June 30, 2021 for all providers except QLI RISE Program, which has a contract effective date of July 1, 2020 through June 30, 2021. These agreements are funded with MHSAs, SD/MC FFP, and*

*Mental Health Services Oversight and Accountability Commission (MHSOAC) Triage Grant funds.*

**Turning Point** operates AWRCs in Oxnard COVID-19 Vulnerable Persons Project locations, additional mutually agreed upon service provision locations within Ventura County, and through online service methods. The AWRC programs focus 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. 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. As an extension of the on-site wellness centers, Turning Point also provides mobile wellness center services, which provide Wellness Recovery Action Plan (WRAP) services, recovery groups and socialization opportunities at assisted living and board and care facilities, and VCBH clinics. Staff serve as a bridge for participants needing support to step down from a higher level of treatment, or who might be uncomfortable participating in clinical treatment. Staff partners with VCBH clinical staff, wellness and recovery centers and other programs to promote transition for those ready to participate in other programs. The FY 2020-21 agreement includes the program formerly known as the QLI Housing Placements/Outreach program. This agreement was reorganized to meet the needs the community while also being more cost-effective.

**Turning Point's QLI** services program includes peer recovery coaches serving as essential client advocates who perform outreach to clients in jail/juvenile facilities, the Crisis Stabilization Unit, and the Inpatient Psychiatric Unit to build trust and connect with clients with clinical teams. Connection is maintained with clients through continued outreach after discharge to help with transportation, service coordination and decreasing barriers to connect clients with their VCBH "home" clinic. Peer recovery coaches provide an array of services including transportation, making appointments, and facilitating timely services. The program also serves clients in board and care homes, supported housing, and transitional housing. Over 200 individuals have been served at the various facilities. Due to COVID-19, in March 2020, outreach to homeless individuals living in hotels/motels was added to the program, with over 500 hours spent working with the homeless population in April and May. The FY 2020-21 agreement includes what was formerly known as the QLI Peer Services program. This contract been reorganized to meet the needs of the community while also being more cost effective. This agreement replaces the current four-month agreement that was in effect from July 1, 2020 to October 31, 2020, and is effective for all of FY 2020-21.

**Turning Point's Growing Works** program is a nursery/horticultural peer job readiness program using established recovery principles to provide job readiness training to VCBH clients. This program is based on a logic model built into the scope of work, delineating specific activities, outputs, and outcomes. In FY 2019-20, Growing Works served 212 clients. This agreement represents a transition from an agreement that was fully MHSA funded to a Medi-Cal agreement that will leverage SD/MC FFP and MHSA funding to support these services.

VCBH recommended approval for the VCBH Director or designee to sign the Agreements for:  
(1) Turning Point AWRC and Mobile Wellness services, (2) Turning Point QLI services, and  
(3) Turning Point Growing Works services.

## Ventura County Behavioral Health

### Board Letter Summary of Contracts for October 2020

Board Date	Contractor	Amount	Term	Description
10/6/2020	Department of State Hospitals (DHS)	\$0	7/1/2020 to 6/30/2021	The DSH has jurisdiction over all state hospitals which provide services to persons with mental disorders. Under Welfare and Institution Code (WIC) section 4330, counties must reimburse DSH for their use of state hospital beds. The Amendment to the Memorandum of Understanding (MOU) for the purchase of state hospital beds extends the term for an additional one-year period, with no other changes, effective July 1, 2020 through June 30, 2021.
10/6/2020	California Mental Health Services Authority (CalMHSA)	\$1,402	7/1/2020 to 6/30/2021	The CalMHSA is a joint powers authority comprised of counties and cities with mental health programs. They are responsible for negotiating an agreement with DSH for the purchase of state hospital bed space and associated services, and ensuring compliance with the MOU. The Participation Agreement authorizes CalMHSA to contract with DSH for state hospital bed utilization on behalf of the participating counties. Goals of the agreement include: (1) contracting with DSH for access and use of state hospital beds, (2) ensuring DSH contract compliance, (3) cost containment strategies analysis, (4) standardization and consistency of services, (5) identifying the feasibility of alternatives to state hospitals, and (6) evaluating opportunities for special populations program services. Under the terms of the Participation Agreement, VCBH will be charged \$1,402 per fiscal year by CalMHSA, which is the same amount as the previous term.
10/6/2020	Maxim Healthcare Services (Maxim)	\$500,000	7/1/2020 to 6/30/2021	Maxim provides certified and licensed temporary staff to help fill vacant positions within VCBH due to difficulty in finding qualified, appropriately certified and licensed staff, and to help backfill existing open positions due to unexpected leaves of absence. While VCBH takes appropriate steps to expedite recruitments for qualified, certified and licensed staff, temporary staff is necessary to maintain services for VCBH clients. The first amendment to the agreement increases the agreement maximum to back fill vacant positions and meet ongoing critical staffing needs VCBH has been unable to fill. It includes an increase in the hourly rate from \$52 to \$60 for certain positions to keep VCBH's recruiting competitive with other neighboring counties and to ensure sufficient staffing to maintain services for VCBH clients. This agreement is funded with Short Doyle Medi-Cal Federal Participation (SD/MC FFP), State General Fund, 2011 Realignment and 1991 Realignment funding.

10/20/2020	PathPoint	\$476,739	7/1/2020 to 6/30/2021	PathPoint provides rehabilitation services to adults suffering from severe and persistent mental illness using an evidenced-based psychiatric rehabilitation model. This program provides structured skill-building groups, support groups, and activities six days per week, and is designed to enhance independent living skills and to develop and practice coping, social and communication skills. In FY 2019-20, PathPoint served 52 unduplicated clients, the majority residing in the Conejo Valley, with an average attendance of 10.8 before March 2020, and 6-7 clients from March forward, with the reduction due to COVID 19, with an average of 39 members at any point in time. The FY 2020-21 fourth amendment with PathPoint for rehabilitation services increases the agreement maximum by \$71,297 due to an increase in operational costs. This agreement is funded with SD/MC FFP and Realignment funding.
10/20/2020	ASC Treatment Group (ASC) Bakersfield	\$911,758	7/1/2020 to 6/30/2021	ASC Bakersfield provides adult residential treatment services, offering 24-hour staffing, and a full range of clinical and rehabilitation services, including psychiatry and medication support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of this program is to assist clients in being able to live in less restrictive environments upon discharge. In FY 2019-20 ASC Bakersfield served 16 unduplicated clients. The FY 2020-21 agreement increases the agreement maximum by \$8,066 due to increased operational costs. This agreement is funded with SD/MD FFP and Realignment funding.
10/20/2020	ASC Treatment Group (ASC) Los Angeles	\$825,927	7/1/2020 to 6/30/2021	ASC Los Angeles provides adult residential treatment services, offering 24-hour staffing, services with a full range of services, including psychiatry and medical support, individual and group therapy, therapeutic recreation/community activities, and case management. The goal of this programs is to assist clients in being able to live in a less restrictive environment upon discharge. In FY 2019-20, ASC Los Angeles served 11 unduplicated clients. The FY 2020-21 agreement is for a one-year term and increases the agreement maximum by \$7,190 due to increased operational costs. This agreement is funded with SD/MC FFP and Realignment funding.

10/20/2020	Telecare Corporation (Telecare)	\$884,042	7/1/2020 to 6/30/2021	<p>Telecare provides assertive community treatment (ACT) services to Assembly Bill (AB) 109 parolee consumers who have significant mental health and/or alcohol and drug issues requiring treatment in order to live safely and productively in the community and to reduce recidivism. Treatment needs fall into two main categories: (1) high intensity ACT services, which are available 24/7 and 365 days per year and (2) low intensity services (ACT-lite) such as case and medication management. In FY 2019-20, there were 23 unduplicated clients, with an average daily census of 11 for the high intensity clients, and 62 unduplicated clients, with an average daily census of 25 for the ACT-lite clients. This agreement is funded with AB 109 and SD/MC FFP funding.</p>
10/20/2020	Telecare	\$815,217	7/1/2020 to 6/30/2021	<p>Telecare provides ACT program services to Ventura Innovative Services Telecare (VISTA) (XP2/XP3) adult consumers who have been released from local jails. These individuals receive community-based support to ensure independent living and wellness. ACT services include mental health treatment, psychiatric care and management education, alcohol and substance abuse treatment, life skills and vocational training, and advocacy for criminal justice, social services and social security issues, with linkage to peer support programs, wellness and recovery centers, and housing supports. For FY 2019-20 the average daily census for the program was 25, and the total unduplicated clients served were 55. This agreement is funded with MHSA and SD/MC funding.</p>
10/20/2020	Telecare	\$2,550,178	7/1/2020 to 6/30/2021	<p>Telecare Horizon View Mental Health Rehabilitation Center (Horizon View MHRC) provides locked MHRC services for individuals with a history of severe mental illness who cannot be treated at lower levels of care. These individuals are Medi-Cal eligible, 18 years or older, and on conservatorship pursuant to Welfare and Institutions Code (WIC) section 5350, et seq. (the Lanterman-Petris-Short Act). They are transferring from an acute psychiatric hospital, state hospital or another locked MHRC. They receive supervision, guidance and personal assistance in performing and acquiring daily living skills, and accessing community resources and educational/vocational resources. In FY 2019-20 the average daily census was 15.7, with a total of 28 unduplicated clients at the MHRC. The agreement is funded by SD/MC FFP and Realignment funding.</p>

10/20/2020	Telecare	\$891,775	7/1/2020 to 6/30/2021	Telecare operates and manages Casa B (Brighter Tomorrows), a 15-bed long-term social rehabilitation facility. Program duration is approximately 12 months and transitional age youth (TAY) and adults are served in a home-like, nurturing environment to facilitate growth and recovery. Structured day and evening services are provided to assist consumers in performing and acquiring daily living skills, and accessing community and educational/vocational resources. In FY 2019-20, the average daily census was 14, with a total of 30 unduplicated clients. This agreement is funded with Realignment, SD/MC FFP, and MHSA funding.
10/20/2020	Telecare	\$940,512	7/1/2020 to 6/30/2021	Telecare operates and manages Casa C (House of Transitions), a long-term social rehabilitation 15-bed facility. Program duration is approximately 12 months and TAY and adults are served in a home-like nurturing environment to facilitate growth and recovery. Supervision, guidance and personal assistance are provided in performing their activities of daily living. Structured day and evening services are provided to assist consumers in acquiring daily living skills, and accessing community and educational/vocational resources. In FY 2019-20, the average daily census was 14, with a total of 30 unduplicated clients. The FY 2020-21 agreement represents a decrease of \$34,551 in the agreement maximum due to consolidation of operational costs within the Casas. This agreement is funded with Realignment, SD/MC FFP, and MHSA funding.
10/20/2020	Telecare	\$881,782	7/1/2020 to 6/30/2021	Telecare operates and manages Casa D (Starship), a long-term social rehabilitation 15-bed facility. Program duration is approximately 12 months and TAY and adults are served in a home-like nurturing environment to facilitate growth and recovery. Structured day and evening services are provided to assist consumers in acquiring daily living skills, and accessing community and educational/vocational resources. In FY 2019-20, the average daily census was 14, with a total of 25 unduplicated clients. The FY 2020-21 agreement is for a one-year term and represents an increase of \$1,428 in the agreement maximum due to operational cost increases. This agreement is funded with Realignment, SD/MC FFP, and MHSA funding.
10/20/2020	Telecare	\$791,027	7/1/2020 to 6/30/2021	Telecare operates and manages Casa E (Stonehenge), a 15-bed adult residential facility. While there is no limit on length of stay at this program, staff work with residents using Telecare's Recovery Centered Clinical System to begin to identify their hopes and dreams for the future with the goal of reducing residents' use of acute care facilities. Residents range in age from 18 to 59 years. In FY 2019-20, the average daily census was 15 with a total of 15 unduplicated clients. The FY 2020-21 agreement represents an increase in the agreement maximum of \$24,571 due to increased operating costs. This agreement is funded with Realignment and SD/MC funding.

10/20/2020	Turning Point Foundation (Turning Point)	\$1,097,230	7/1/2020 to 6/30/2021	Turning Point provides rehabilitation services to adults suffering severe and persistent mental illness at the New Visions Center and Oxnard Clubhouse. Using an evidence-based psychiatric rehabilitation model integrating day treatment services with peer support and licensed professional supervision, clients are provided structured skill-building, support groups, and activities six days per week. In FY 2019-20, the two locations combined to serve 114 unduplicated individuals, with an average daily attendance of 28, and an average of 57 members at any point in time. The FY 2020-21 agreement increases the agreement maximum by \$28,174 due to increased operating costs. This agreement is funded with SD/MC FFP and Realignment funding.
10/20/2020	For the Future, Inc. (For the Future)	\$238,600	7/1/2020 to 6/30/2021	For the Future will provide Short Term Residential Treatment Program (STRTP) services for youth, who will receive structured group activities focused on supporting and improving behavior management skills, impulse control, feelings identification and regulation, and interpersonal and relationship skills. The STRTP includes mental health services, case management, medication support, and crisis intervention services that are offered to youth when returning from school each day through the early evening. The FY 2020-21 agreement provides STRTP services for an eight-month term (November 1, 2020 through June 30, 2021). This agreement is funded with SD/MC FFP and Realignment funding.
10/20/2020	Sylmar Health & Rehabilitation Center, Inc. (SHRC)	\$1,008,150	7/1/2020 to 6/30/2021	SHRC is an Institution for Mental Diseases (IMD) designed to facilitate recovery in a restricted environment. It is VCBH's primary residential treatment provider for legal competence restoration services for alleged misdemeanants. It also provides residential treatment for Murphy conservatees (defendants charged with a felony involving death, great bodily harm or serious threat to another person's well-being). The FY 2020-21 fourth amendment represents a reduction to the agreement maximum by \$236,909 due to a reduction in the number of clients from eleven to nine, and an increase of 3% in the service rate. This agreement is funded with Realignment, Tobacco Settlement, and County Resources funding.
10/20/2020	Crestwood Behavioral Health, Inc. (Crestwood)	\$429,387	7/1/2020 to 6/30/2021	Crestwood provides MHRC services to seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients placed there receive medication management, training and support with skills related to daily living activities, daily rehabilitation groups, individual psychotherapy, and various other non-clinical services designed to support recovery. The FY 2020-21 fourth amendment represents an increase to the agreement maximum of \$222,067 due to the increase in the number of clients served (from two to four), and an increase of 3% in the service rate. This agreement is funded with Realignment and Tobacco Settlement funding.

10/20/2020	Telecare	\$685,853	7/1/2020 to 6/30/2021	Telecare provides 24-hour IMD and skilled nursing facility (SNF) services at their La Paz Geropsychiatric Center for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients also receive medication management, care and supervision, daily activities, and food services. The FY 2020-21 eighth amendment represents an increase in the number of clients served (from four to six) and an increase of 3% in the service rate. This agreement is funded with Realignment funding.
10/20/2020	Vista Woods Health Associates, LLC (Vista Woods)	\$347,610	7/1/2020 to 6/30/2021	Vista Woods provides 24-hour SNF services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients also receive medication management, care and supervision, daily activities, and food services. The FY 2020-21 first amendment represents an increase to the agreement maximum of \$233,000 due to an increase in the number of clients services (from two to four). This agreement is funded with Realignment funding.
10/20/2020	Parkside Healthcare, Inc. (Parkside)	\$647,710	7/1/2020 to 6/30/2021	Parkside provides 24-hour SNF and MHRC services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients also receive medication management, care and supervision, daily activities, and food services. The FY 2020-21 second amendment represents an increase to the agreement maximum of \$467,710 due to an increase in number of clients served (from one to four). This agreement is funded with Realignment funding.
10/20/2020	View Heights Convalescent Hospital, Inc. (View Heights)	\$607,882	7/1/2020 to 6/30/2021	View Heights provides 24-hour IMD services for seriously mentally ill clients who require a high level of care due to the severity of their illnesses. Clients also receive medication management, care and supervision, daily activities, and food services. The FY 2020-21 first amendment represents an increase to the agreement maximum of due to an increase in the number of clients services (from one to four). This agreement is funded with Realignment funding.
10/20/2020	Pacific Clinics	\$590,800	7/1/2020 to 6/30/2021	Pacific Clinics manages a Wellness Recovery Center focusing on Transitional Age Youth (TAY) ages 19 to 25 years, in developing linkages to and accessing community resources. As of June 2020, Pacific Clinics served 2,070 people and 179 members: 64 individuals completed a Wellness Recovery Action Plan (WRAP). The FY 2020-21 agreement amount is the same as the FY 2019-20 agreement. This first amendment extends their previous four-month agreement, effective July 1, 2020 through October 31, 2020, an additional eight months to the end of the fiscal year, June 30, 2021. This agreement is funded by MHSA funds.

10/20/2020	Evalcorp	\$159,510	7/1/2020 to 6/30/2021	<p>Evalcorp provides MHSa data collection and analysis services for VCBH. Through this agreement, Evalcorp will continue to work in collaboration with VCBH to enhance evaluation infrastructure and evaluation capacity, refine data collection tools, create new evaluation tools, conduct required data entry for providers, create data analysis plans, develop the FY 2019-20 Evaluation Summary Report, provide evaluation support, consultation and analysis for Community Services Support Programs, and provided data analysis, reports and presentations for MHSa Innovation programs. While this agreement is below the Purchasing Agent's purchasing threshold, when combined with several other Evalcorp agreements for similar services being processed through General Services Agency Procurement Services, the total amount exceeds the Purchasing Agent's purchasing authority. Therefore, this agreement required Board approval. This FY 2020-21 agreement replaces Evalcorp's previous four-month agreement, effective July 1, 2020 through October 31, 2020, and is funded by MHSa funds.</p>
10/20/2020	Idea Engineering, Inc. (Idea Engineering)	\$246,400	7/1/2020 to 6/30/2021	<p>Idea Engineering provides MHSa Prevention and Early Intervention (PEI) support services for VCBH. Through this agreement, Idea Engineering will continue to work in collaboration with VCBH to provide assistance with ongoing creative development, support and dissemination of online communications to support PEI messaging, provide assistance with ongoing development and dissemination of outreach materials supporting PEI goals of suicide prevention and mental health stigma reduction, provide strategic consultation and project management, and purchase media and materials supporting MHSa community-wide communications. This agreement includes a new project for FY 2020-21, an MHSa community-wide mental health stigma reducing campaign directed at reducing stigma related to mental health, encouraging awareness and early care for serious mental illness, and normalizing mental health as part of overall healthcare and self-care. This agreement is funded with MHSa funds.</p>

10/20/2020	Turning Point	\$579,264	11/1/2020 to 6/30/2021	Turning Point operates Adult Wellness and Rehabilitation Centers (AWRC) and mobile wellness centers in Oxnard, COVID-19 Vulnerable Persons Project locations, at additional mutually agreed upon service provision locations within Ventura County, and through online service methods. The AWRC program focuses 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 also provides mobile wellness center services as an extension of the on-site wellness centers, which provide Wellness Recovery Action Plan (WRAP) services, and recovery groups and socialization opportunities at board and care facilities, assisted living facilities and VCBH clinics. This agreement is funded with MHSAs funding.
10/20/2020	Turning Point	\$239,936	7/1/2020 to 6/30/2021	Turning Point's Quality of Life Improvement (QLI) RISE Program services include peer recovery coaches serving as essential client advocates. Peer recovery coaches perform outreach to clients in jail/juvenile facilities, the Crisis Stabilization Unit, and the Inpatient Psychiatric Unit in order to build trust and connect clients with clinical teams. Connection is maintained with clients through continued outreach after discharge to help with transportation, service coordination, and decreasing barriers to connecting clients with their "home" VCBH outpatient clinic. Peer recovery coaches provide an array of services to ensure barriers to mental health and support services are mitigated. The program also serves clients in board and care homes, supported housing, and transitional housing. This agreement is funded with MHSAs and Mental Health Services Oversight and Accountability Commission (MHSOAC) Triage Grant funding.
10/20/2020	Turning Point	\$200,000	11/1/2020 to 6/30/2021	Turning Point'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 operates the Growing Works program based on a logic model built into the scope of work, delineating specific activities, outputs, and outcomes. This agreement represents a transition from an agreement that was fully MHSAs funded to a Medi-Cal agreement that will leverage SD/MC FFP and MHSAs funding to support these services.