

BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, October 18, 2021, 1:00 – 3:30 PM
VIRTUAL MEETING VIA ZOOM

Zoom Participation

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

Join the Zoom meeting in the following way:

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

Meeting ID: 833 3271 4732

Password: 149553

Dial-In: 669-900-9128

AGENDA

- I. Call to Order
- II. Board Member Roll Call
- III. Welcome and Introductions
- IV. Approval of the Agenda – **ACTION** (Roll Call)
- V. Approval of the September 20, 2021 Minutes – **ACTION** (Roll Call)
- VI. Public Comments (3 min. per speaker)
- VII. Presentation: Homelessness Solutions Update/County of Ventura’s Work Under the Continuum of Care to Fight Homelessness – Tara Carruth, Program Management Analyst (15 min.)
- VIII. Presentation: Transition of the Disparities Reduction Workgroup to BHAB Committee – Gane Brooking and Marlen Torres (20 min.)
- IX. Presentation: Board Letter Procedure – Sue Hughes, County Administrative Office (10 min.)
- X. Presentation: An Overview of BHAB Duties and Scope to be in Compliance with the Welfare & Institutions Code (WIC) – Tiffany North, County Counsel (10 min.)
- XI. Chair Comments (5 min.)
- XII. Director’s Report – Dr. Sevet Johnson (10 min.)
- XIII. Board Member Comments and Announcements (10 min.)
- XIV. Secretary’s Report – Janis Gardner (5 min.)
- XV. BHAB Committee Reports (5 min each)
 - A. Youth & Family Services Committee (reporting on October 13 meeting) – Kevin Clerici, Chair
- XVI. Old Business
 - A. Revision to BHAB Bylaws – Discussion – **ACTION** (Roll Call) (10 min)
- XVII. New Business
 - A. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions – Michael Rodriquez, Chair – **ACTION** (Roll Call) (5 min.)

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

- B. Transition of the Disparities Reduction Workgroup to BHAB Committee – Gane Brooking and Marlen Torres – **ACTION** (Roll Call) (10 min.)
- C. Establish a Workgroup to Complete the 2021 Data Notebook (due November 30) – Michael Rodriguez
- D. Needs Assessment Funding Sources Review Workgroup Report – Claudia Armann, Chair
- E. Needs Assessment Board Letter Workgroup Report – Michael Rodriguez, Chair
- F. Data Elements Workgroup Report – Jennifer Morrison, Chair
- G. Announcements – Janis Gardner (5 min.)
- H. Presentation Requests
- I. Recognition Award Recommendations

XVIII. Contracts

- A. Board of Supervisors Approved Agreements – September 14, 2021
 1. Statewide Prevention and Early Intervention (PEI) Services Participation Agreement.
 2. Fourteenth Amendment for Children’s Stabilization Unit (CSU) Services with Seneca.
 3. Department of Health Care Services (DHCS) Performance Agreement.
 4. Drug Medi-Cal Organized Delivery System (DMC-ODS) Standard Agreement #21-10037.

XIX. Public Comments (3 min. per speaker)

XX. Adjourn

Next Meeting: Monday, November 15, 2021

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

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

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

Note: The meeting is recorded.

Public Comments

- The Behavioral Health Advisory Board (BHAB) welcomes comments from the community, consumers and family members.
- The BHAB operates under the Brown Act. This requires that all meetings be open meetings, with the agenda and minutes posted. A public comment period will be provided on all meeting agendas.

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- Due to confidentiality laws, the Board is unable to respond directly to a public comment or to discuss client-specific issues without proper releases from the individuals concerned.
- At all BHAB meetings, the BHAB Assistant provides a Grievance Form for individuals who have concerns. The form is reviewed promptly by VCBH Quality Management. Individuals can also contact the BHAB Assistant to request a VCBH Grievance Form outside a BHAB meeting or call 1-888-567-2122.
- Individuals who have further concerns are welcome to return to the BHAB for assistance.

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

Email or Mail Public Comment in Advance of the Meeting

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

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

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

Video Public Comment using Zoom

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

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

If you are running the most current version of Zoom (5.4.9 and above) you can raise your hand by clicking on the Reactions button and then clicking on raise hand feature. Your hand will appear in the upper left-hand corner of your individual Zoom window as well as the participant window.

Call-In Public Comment using Zoom

If you are joining the meeting by telephone only, you can join the comment queue by pressing *9. When it is your turn to make your comment, press *6 to unmute and then again to mute yourself after speaking.

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

Comments are taken in the order they are received in the queue/participant window. When it is your turn to make a comment, you will be asked to unmute yourself. **Public comments may be up to 3 minutes during the public comment periods, or before an agenda item, with a cumulative total time not to exceed 5 minutes.** The assigned timekeeper will track each public comment time as well as the total time per speaker. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum as well as when you have reached your total allotted time. At the end of the three minutes and/or allotted time, the next person in the comment queue will be invited to speak.

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

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Homelessness in Ventura County



VENTURA COUNTY
CONTINUUM OF
CARE ALLIANCE

ENDING HOMELESSNESS
IN VENTURA COUNTY



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY



**COUNTYWIDE
COLLABORATION**



BEST PRACTICES



FOCUS ON EQUITY

VC Plan to Prevent & End Homelessness

Homeless Prevention

Homeless Diversion Strategy

Expanding Street Outreach & Engagement

Promoting Housing Search

Augmenting Housing Navigation

Increasing Number of Low Barrier Emergency Shelter Beds

Augmenting Rapid ReHousing Assistance

Increasing Supportive Housing & Affordable Units

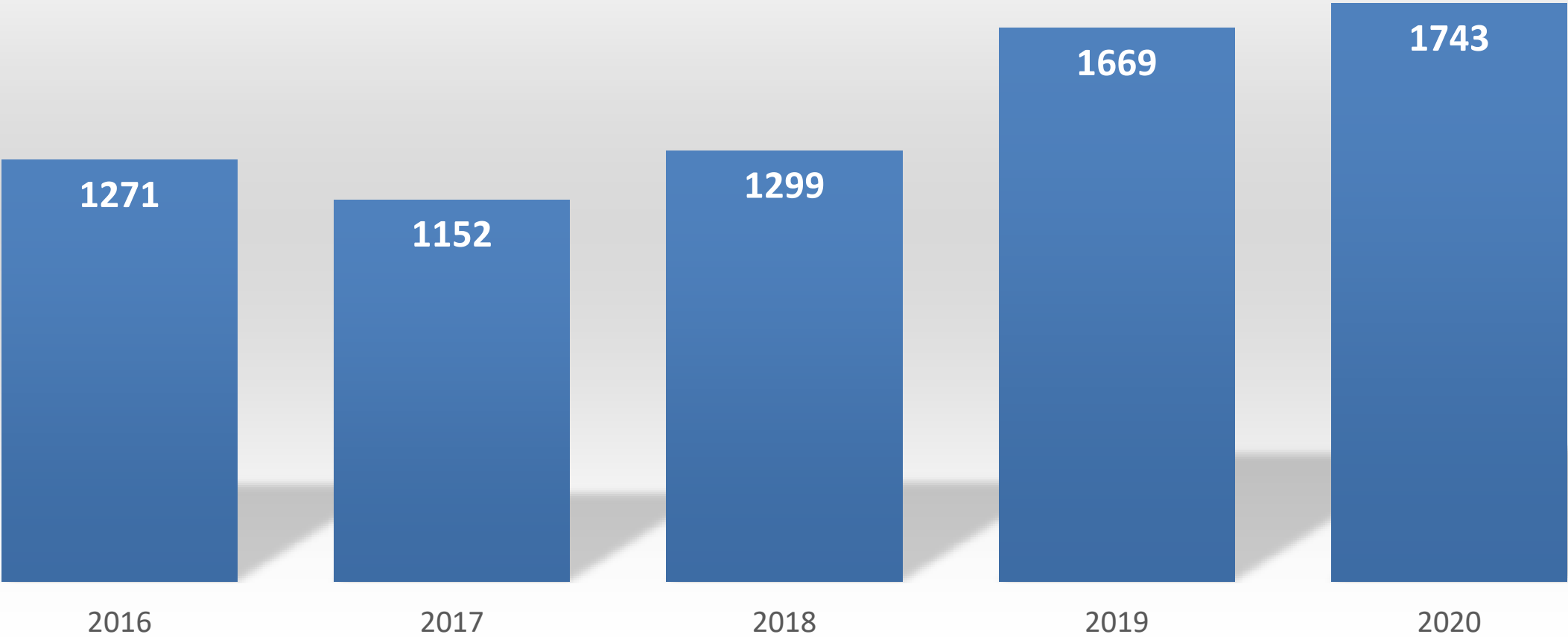
Ensuring wrap around services & home-based case management

Housing is Key to Accessing Services

- In 2016, California passed SB1380 making all State funded programs align with the Housing First model
- In Ventura County local data demonstrates that Housing First is effective with fewer than 5% of persons placed returning to homelessness



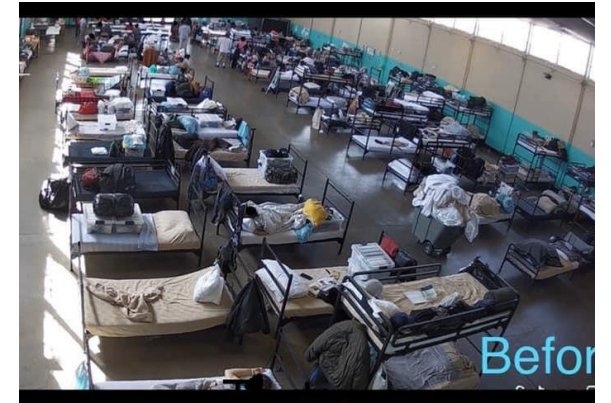
Homeless Count Totals 2016-2020



Emergency Shelter Comparisons 2020-2021

- 45% increase in number of persons in congregate and non-congregate shelter
- Project Roomkey and other non-congregate shelter contributed significantly to this increase
- Data includes Domestic Violence shelter programs as well as emergency shelter programs.

	2020	2021
Camarillo	4	13
Fillmore	0	0
Moorpark	0	0
Ojai	13	6
Oxnard	188	344
Port Hueneme	3	3
Santa Paula	21	25
Simi Valley	12	14
Thousand Oaks	22	119
Unincorporated County	14	0
Ventura	63	221
Totals	340	745



COVID-19 Response

2020 System Data

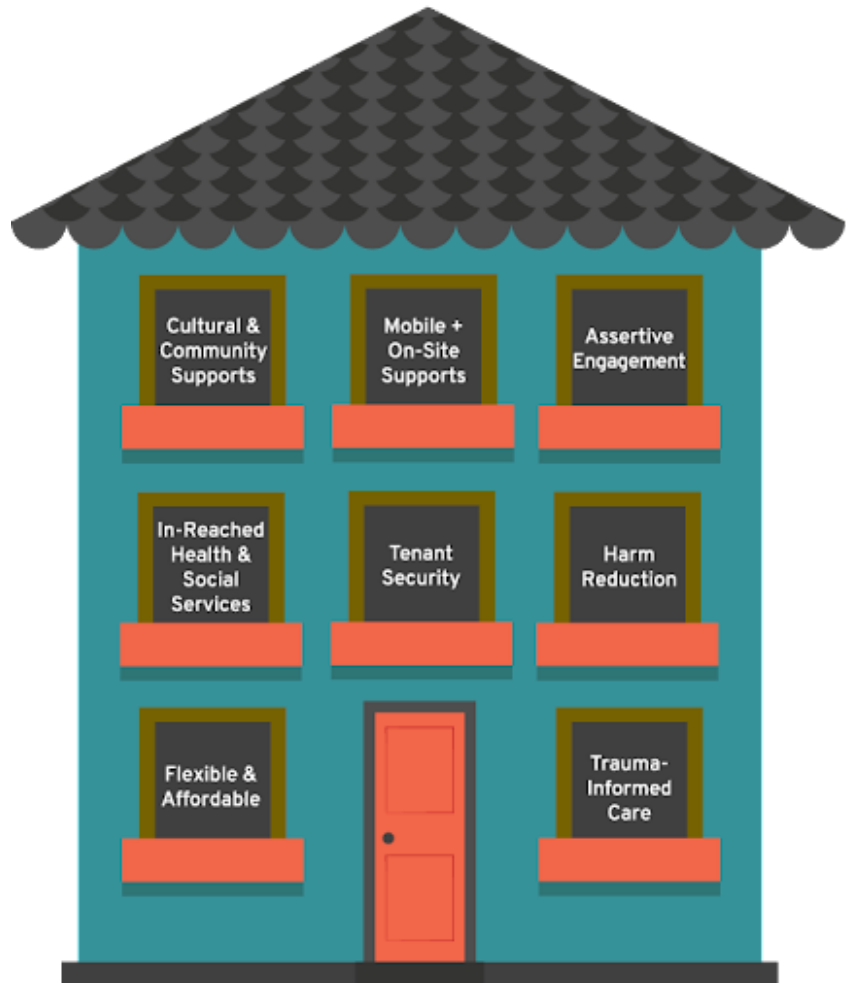
Who is Homeless in Ventura County?

2,336 persons were identified as homeless in the service system

10% of adults identified as Veterans

20% of adults reported experiencing domestic violence

52% of adults reported a disabling condition



Behavioral Health & Homelessness

Data from the Homeless Management Information System(HMIS)

10/1/20-9/30/21

- 27% of persons report a mental health condition
- 17% of persons served report substance use



Pathways to Home

Starting with just one phone call, the *Pathways to Home* program allows individuals and families to access homeless services through a coordinated process. The program includes a collaborative network of service providers who coordinate and connect people to resources to meet their needs. Any of the providers listed below can assist clients with the intake assessment for referrals through HMIS (Homeless Management Information System). There's no need to call multiple agencies. A phone call to any of the providers listed below is all it takes.

Homeless Individuals & Families

Harbor House
(805) 464-3533
430 E. Avenida De Los
Arboles, #203a
Thousand Oaks

**Health Care Agency
Homeless Services**
(805) 652-6694
3147 Loma Vista Road
Ventura

HELP of Ojai
(805) 640-3320
108 Fox Street
Ojai

**Human Services Agency
Homeless Services**
(805) 385-1800
4245 Market Street, #201
Ventura

Lutheran Social Services
(805) 497-6207
80 E. Hillcrest Drive, #101
Thousand Oaks

Project Understanding
(805) 231-2299
2734 Johnson Drive, #201
Ventura

The Salvation Army
(805) 648-4977
155 S. Oak Street
Ventura

The Samaritan Center
(805) 579-9166
280 Royal Avenue
Simi Valley

The Spirit of Santa Paula
(805) 340-5025
1498 Harvard Blvd.
Santa Paula

Turning Point Foundation
(805) 652-2151 ext.304
536 E. Thompson Blvd.
Ventura

**Ventura County
Area Agency on Aging**
(805) 477-7300
646 County Square Drive
Ventura

**Ventura County
Behavioral Health**
(805) 981-6830
1911 Williams Drive
Oxnard

Homeless Veterans

**Gold Coast Veterans
Foundation**
(805) 482-6550
4001 Mission Oaks Blvd.
Camarillo

**The Salvation Army
Supportive Services for
Veteran Families (SSVF)**
(310) 948-0611

**Turning Point Foundation
Veterans Transitional
Housing Program**
(805) 321-0545

Homeless Youth

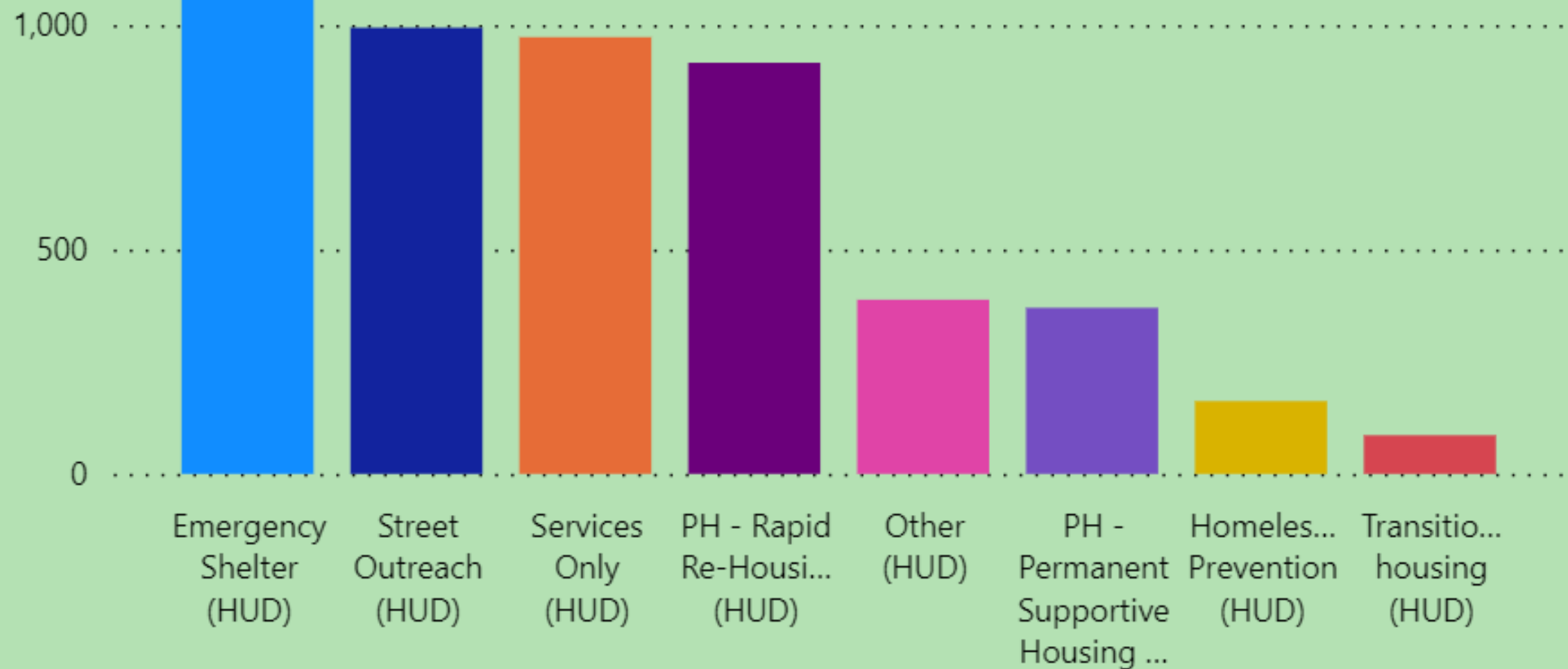
**Human Services Agency
Homeless Services**
(805) 385-1800

**Interface Children &
Family Services
Youth Outreach Line**
(805) 469-5882

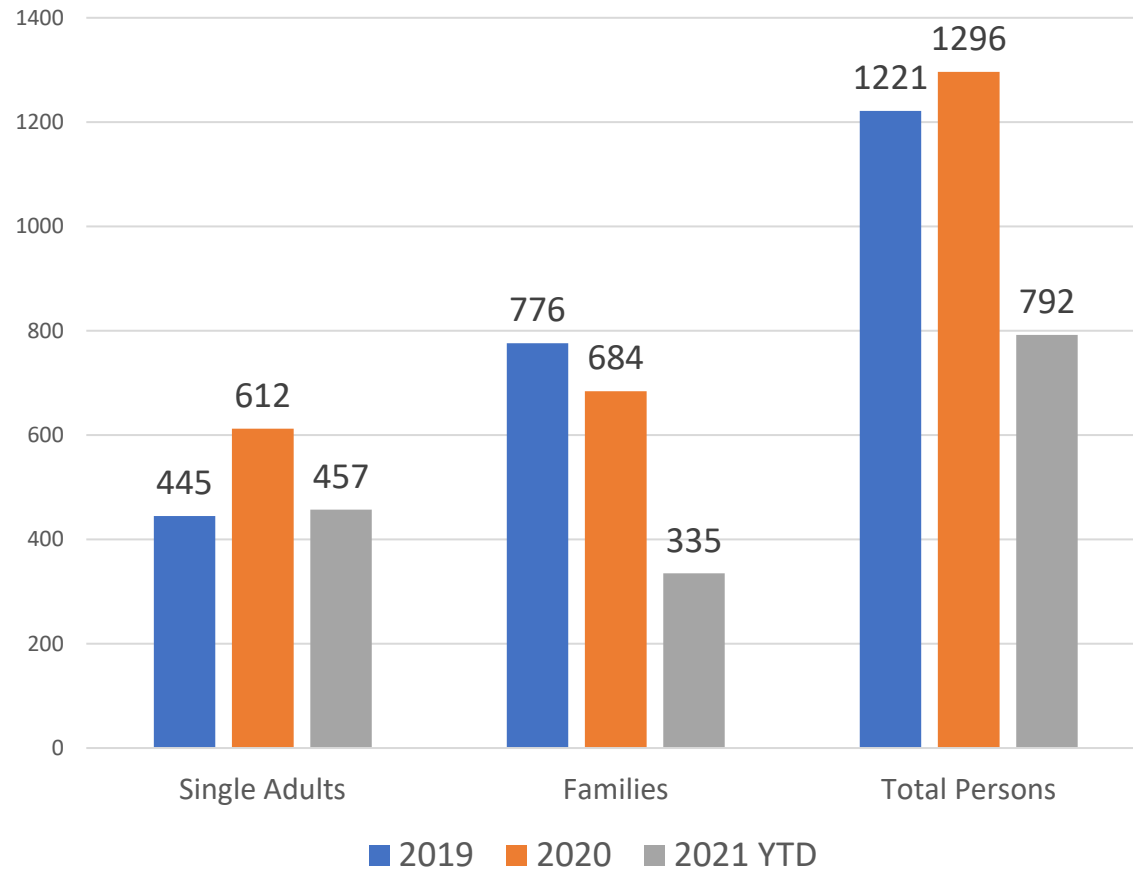
TAY Tunnel
(ages 18 - 25)
141 W. Fifth Street
(805) 240-2538

**Clients may also
contact 2-1-1
to reach the
Pathways to Home
program**

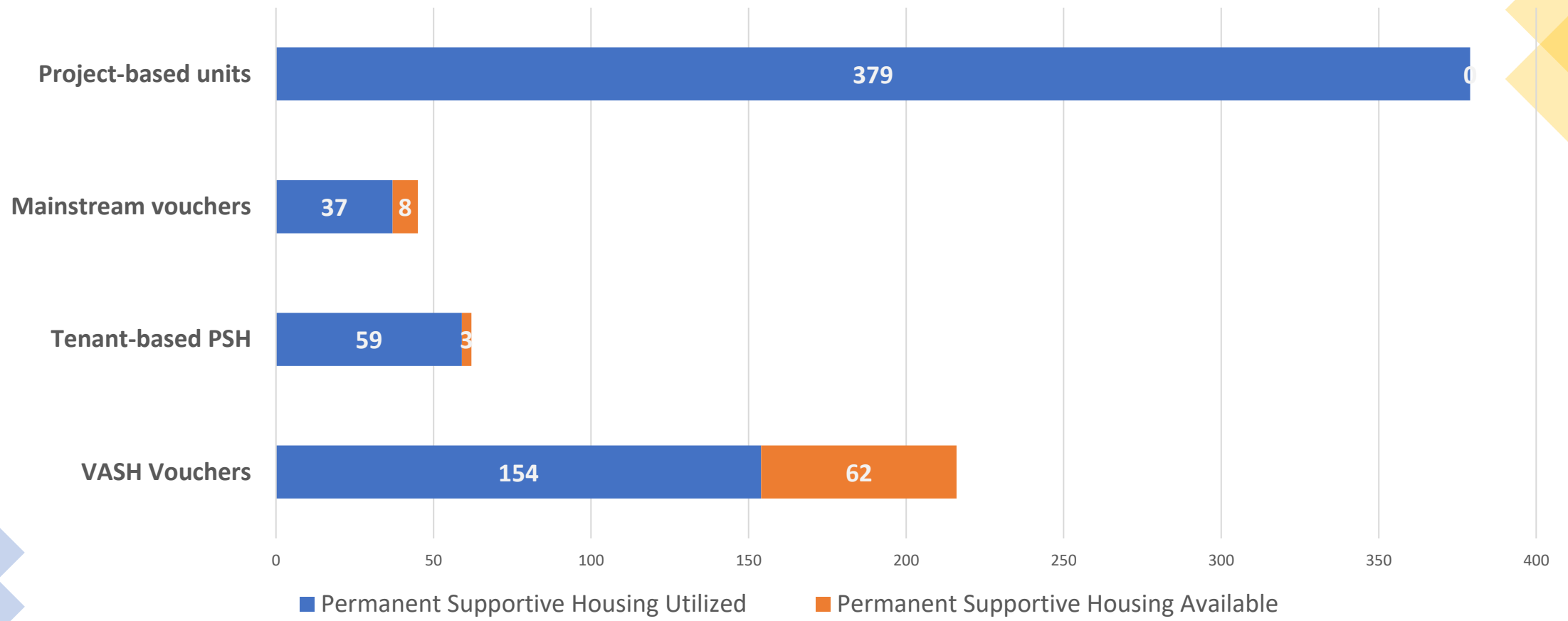
Total Number of Clients Served by Program Type from 7/1/2020-6/30/2021



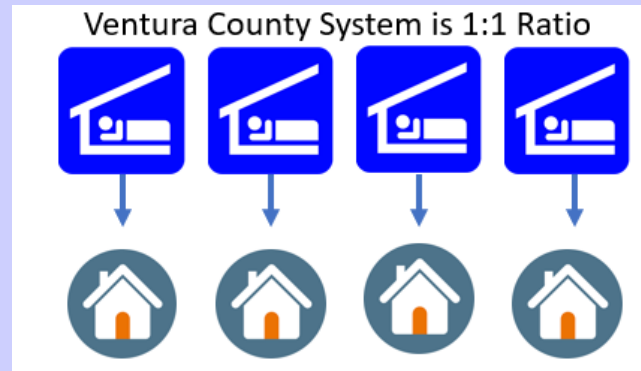
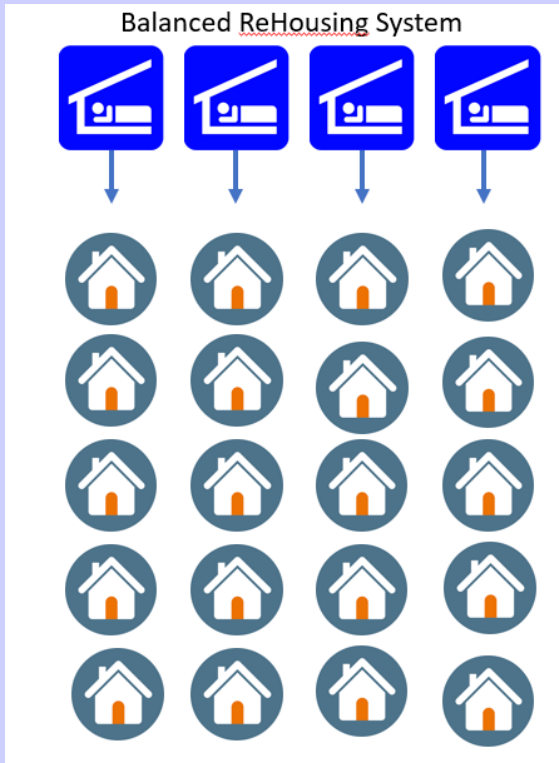
Housing Placements



Permanent Supportive Housing Inventory



Striving for a Balanced Rehousing System



- National best practices show that a balanced system has 5 housing resources for every emergency shelter bed to quickly transition people out of homelessness.
- In Ventura County, we have 1 housing resource for every shelter bed.

Housing Under Development in Ventura County



Affordable Housing

17 pending developments

- ~1115 affordable units



Permanent Supportive Housing

12 pending developments

- ~280 supportive housing units



Estimated occupancy between 2021-2025

Tara Carruth, MSW
VC CoC Director
805-654-3838
Tara.Carruth@ventura.org

www.venturacoc.org

Questions?



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY

BHAB General Meeting – 10/18/21

AGENDA VIII. Presentation: Transition of the Disparities Reduction Workgroup to BHAB Committee – Gane Brooking and Marlen Torres (20 min.)

**THE PRESENTATION MATERIALS FOR THIS ITEM WILL BE PROVIDED
AT THE MEETING
AND WILL BE MADE A PART OF THE MEETING MINUTES.**

Director's Update --- BHAB General Meeting 10.18.21

California Advancing and Innovating Medi-Cal

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots (including but not limited to the Whole Person Care Pilots (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative) from the previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance.

CalAIM has three primary goals:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

DHCS formally released the CalAIM proposal on October 29, 2019, at the [Stakeholder Advisory Committee \(SAC\)](#) and [Behavioral Health Stakeholder Advisory Committee \(BH-SAC\)](#) meetings. Between November 2019 and February 2020, DHCS conducted extensive stakeholder engagement for both CalAIM and the renewal of the federal authorities under which Medi-Cal operates (i.e. 1115 and 1915b waivers).

DHCS postponed the planned implementation of the CalAIM initiative, originally scheduled for January 1, 2021 so that both DHCS and all of our partners could focus their limited resources on the needs arising from the public health emergency due to COVID-19.

DHCS released a revised CalAIM proposal on January 8, 2021. [Revised CalAIM Proposal](#).

Adult Services Division:

- The SAMHSA grant funding for AOT in Ventura County concluded on 9/30/21 with the close of the federal fiscal year. This wrapped up four years of program development/operation and an additional "no cost" extension year. A final report has been submitted to SAMHSA. Ongoing operation of the program continues with MHSA funding.
- Happy to announce after more than two years of planning, development, and construction that the Jackson House Crisis Residential Treatment (CRT) facility in Santa Paula is expected to start receiving VCBH clients on November 1st. To mark this milestone and to give everyone who is interested an opportunity see this newest addition to VCBH's continuum of care, an open house will be held on November 4th from 2-4 at 811 Telegraph Rd in Santa Paula. All members of the public are welcome, and people will be able to tour the facility.

Youth and Family Services Division:

Division Highlights

- As of Friday, 10/15/21, Dina Olivas will retire from her position as Youth and Family Services Division Chief after over 20 years of service with VCBH. She will be greatly missed and to ensure there is no gap in leadership for the Youth and Family Division, I would like to announce that Jennifer Dougherty has agreed to step into the role of Interim Youth and Family Services Division Chief and will begin in that role on Monday, 10/18. Jennifer has served the Youth and Family Division as a Social Worker, Clinic Administrator, Manager and has been the Senior Manager for the Division since early 2020, so we are grateful to her for bringing her extensive experience, knowledge and her willingness to serve, to ensure that all the good work Dina supported her team in doing continues after she has left.

Initiatives and Progress

- Child Welfare Subsystem has initiated the new Federal Mandate as of October 1st to assess all children and youth referred for Short Term Residential Treatment Programs (STRTP). *The Qualified Individual Assessment* of all dependency youth is done in coordination with the Probation Department and the Human Service Agency.

Collaborations

- On October 7th, Stephanie Cowie and Laura Nagle, CAs presented at the CIT Academy Training on Youth Mental issues, interventions, and resources. In addition, they, discussed brain development and the impact on decision making and high-risk behaviors.
- Youth & Family and the Adult Division Sr. Leadership are partnering with Law Enforcement and VCOE regarding Threat Assessment training October 26th-28th. This opportunity will allow for a deeper understanding of how to develop threat assessment.

Training & Conferences

- The Ventura County Early Start Program will be presenting “Walking the Path Together, The Road Back to School” for families of young children with disabilities (0-5 years) and the professionals who support them.

Our CalWORKs clinical staff will be providing a breakout session on Self-care and resiliency for parents. Session will be offered separately in both English and Spanish and most will be co-presented by a parent and a professional. There is no cost for the conference: please go to the VCSELPA.org website and the event will be held **Saturday, October 23rd**.

Substance Use Services Division:

Prevention:

- Please see attached PPT slide regarding our **successful Suicide Prevention Efforts**—excellent metrics, and expanded resources at www.NotAloneVC.org
- Our SUS Prevention team has redoubled efforts to reach vulnerable groups and engage systems in Overdose Prevention and Response training:
 - In September we partnered with Public Health to expand outreach, providing more than 100 kits in September alone to vulnerable individuals (many homeless).
 - Crisis Team & ACCESS Line staff completed Fentanyl awareness and Overdose Response training, including effective use of Naloxone.
 - Continuing our information sharing and prevention planning with EMS, law enforcement and the DEA, to counter the rise in Fentanyl use. For more information you can visit www.VenturaCountyResponds.org
 - As many of you know, alcohol and drug consumption has risen during the pandemic, increasing risky behavior, including drinking under the influence. Our Prevention team continues to collaborate with Law Enforcement, traffic safety experts, and local businesses – through the City of Ventura’s Alcohol Enforcement

program—to prevent and deter Impaired Driving. In the month of October, you will see enhanced messaging in the community under the tag line **“Get a Ride. Not a DUI”**.

To learn more, visit www.NotADUI.org

Suicide Prevention Videos • Sept. 2021 • SUS Collaboration



IMPRESSIONS

Targeted Website Advertising	264,766
Streaming Video	195,162
Total Impressions	459,928

 1

Driving Under the Influence (DUI):

- 80% of clients exiting the DUI Program are successful completions
- We are collaborating with CalWORKs Mental Health to continue to track the higher-than-average completion rates (90%) for CalWORKs clients. This may be a reflection of telehealth reducing childcare and transportation barriers.
- 92% of the successful completions have been completed on time.
- We continue to collaborate with our partners (DA/VCPA/CalWORKs/Interface-CORE) to address barriers to participation and to address a large cohort of clients who failed to enroll in 2020.
- We have our DUI Annual (virtual) All-Staff in October and are looking forward to a reorientation to the Place of Last Drink Survey (POLD), as well as POLD outcomes.

Substance Use Treatment Services (SUTS):

- Expanding perinatal services to adolescent female ages 12-18 at A New Starts for Mom. Youth who are pregnant, parenting, or gaining custody of children can access specialized perinatal substance use disorder (SUD) treatment

Drug Medi-Cal-Organized Delivery System (DMC-ODS):

- In the month of October Substance Use Services (SUS)-Care Coordination have been providing community outreach and education about SUS Case Management to Oxnard College alcohol and drug studies students.
- SUS-MH Access Line integration is continuing to progress. In the month of October all Crisis Team staff were trained on the SUS Request for Services process and are actively implementing.
- In the month of October, our treatment provider for Justice Involved clients, Alternative Action Program, started providing Medication Assisted Treatment (MAT) Services in their Outpatient Services and are collaborating with the Probation Department to assist meeting medical necessity for these services.

- Staff are busy preparing for the DHCS DMC-ODS and Substance Abuse Block Grant (SABG) Monitoring tools November submission for the review period of 2020-2021. The on-site review for 2019-2020 period was just completed on September 22nd.

Mental Health Services Act (MHSA):

- The Suicide Prevention Forum, Conversations about Suicide was held on September 23, 2021. We received very positive feedback. The survey results will be presented at the next Suicide Prevention Council meeting on Dec 1st. 342 people registered, and 188 zoom links were utilized. A video of the forum will be available to the community once edited. The video can be utilized for ongoing suicide prevention efforts and education. For National Suicide Awareness Month staff conducted community and clinical outreach at 14 libraries and 50 community agencies.
- The INN Bartenders as Gatekeepers Final Project Report has been completed and will be ready to publish in November
- Push Tech and Healing the Soul Innovation final reports will be posted in December
 - All interim and final reports get posted to the wellness everyday.org website in addition to the MHSA Annual Update.
- Will be requesting to extend the Third Sector contract work for the Multicounty Innovation project that project and scope of work will be presented in November. In this extension we will be finalizing the service guidelines and translating those requirements into policies and procedure documents, expanding the eligibility and graduation requirements to be specific for the youth and family division as well as dig into cultural competence requirements for FSP services, clients, family members, and providers.
- MHSA will be holding a Community Update via zoom in November. The dates and times will be posted on social media and community newspapers.
- In October, CIT held their 40-hour training for officers and dispatch. MHSA staff were involved in the training and practice scenarios. Participant Surveys review and summary will be completed within 30 days.

Administration:

Overall:

- Ongoing collaboration and coordination with County Partners, Gold Coast Health Plan and the Department of Health Care Services (DHCS) on California Advancing and Innovating Medi-Cal (CalAIM) implementation <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>.
- Safety and Facilities – monitoring and compliance with DCHS IN-043 that requires all healthcare staff to be vaccinated or have an approved exemption and be tested weekly. Employees not in compliance with either of those requirements were placed on leave effective 10-1-2021. They must come into compliance the requirements or may face further action related to continued employment.
- Contracts Team: Fall Provider meetings will be held in October and November to monitor contractors' operational and fiscal performance. In addition to the Fall Provider meetings, the Contracts Team will also be conducting desk audits and site reviews of contractors to further review their adherence to the provisions in their contracts. Preparations are under way to complete these three monitoring tasks.

Quality Management

- Ongoing preparation and coordination for DMC-ODS EQRO (November 2021) and Mental Health EQRO (February 2021). Major revisions to policies, procedures and forms will be taking place over the next two months to implement DHCS changes to Medical Necessity criteria for SMHS. A cross unit taskforce has been established to ensure that all required changes are in place and staff and CBOs are trained before January 1, 2022.
- Quality Management continues to hold quarterly contracted provider meetings. These meetings go over essential updates, policy and procedure reminders, quality improvement updates, and other key areas related to compliance, contracts, fiscal, cultural competency, etc. The next meeting will take place in November.
- DHCS has initiated a new annual compliance monitoring requirement with major documents due November 23. Preparations are in place to meet this deadline. The monitoring requirements have increased significantly which impacts both the department internally and Community Based Organizations (CBO's). Cross system collaboration is occurring to ensure that the department is compliant.
- The care coordination team is working closely with Vista Del Mar and Hillmont Inpatient Psychiatric Unit (IPU) during inpatient hospital stays to increase post-hospitalization follow-up to reduce inpatient recidivism. This is a new team funded by a DHCS Grant. The long-term goal is to expand the care coordination to out of county facilities as well.

Quality Improvement:

- Preparations are underway for the upcoming External Quality Reviews (EQRO) for DMC-ODS in late November 2021 and Mental Health in February 2022. We continue to implement 4 performance improvement projects (PIPs) that address areas for improvement such as no-show rates, initial and ongoing client engagement in services, and post-hospitalization follow-up. We also are continuing to build out ongoing tracking and reporting of key performance metrics and are working with VC-Information Technology Services to design a public-facing data dashboard. Estimated completion is 2-3 months.

BHAB GENERAL MEETING – ACTION ITEM

10/18/21

(Requires 2/3 vote of members present at the General meeting)

BHAB BYLAWS

PROPOSED AMENDMENTS:

ARTICLE III

MEMBERSHIP

- N. Each member is required to join at least one of the following five standing committees: Youth and Family, Transitional Aged Youth, Adult Services, Prevention or Disparities Reduction.

ARTICLE VI

COMMITTEES

- G. Disparities Reduction Committee

Chaired by an appointed BHAB member, and reporting directly to the BHAB, this committee shall advocate for improved access to appropriate mental health services, substance use disorder services and co-occurring disorder services by eliminating disparities in service delivery to and access by underrepresented and underserved communities, including but not limited to those based on race, ethnicity, language, age, sex, gender, gender identity and sexual identity.

To: Board of Supervisors
County Executive Office
Clerk of the Board

From: Dr. Robert Levin, Ventura County Health Officer

Date: September 21, 2021



Re: Recommendation regarding Social Distancing and Continued Remote Meetings of
Legislative Bodies

I strongly recommend that physical/social distancing measures continue to be practiced throughout our Ventura County communities to minimize the spread of COVID-19, including at meetings of the Board of Supervisors and meetings of other legislative bodies of the County of Ventura.

California Department of Public Health ("CDPH") and the federal Centers for Disease Control and Prevention ("CDC") caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>). Additionally, the CDC has established a "Community Transmission" metric with 4 tiers designed to reflect a community's COVID-19 case rate and percent positivity. Ventura County currently has a Community Transmission metric of "high" which is the most serious of the tiers.

Whether vaccinated or not, positive individuals are contracting the Delta variant and infecting others in our communities. Social distancing and masking are crucial mitigation measure to prevent the disease's spread. Remote meetings of legislative bodies of the County, including but not limited to the Board of Supervisors, are a recommended form of social distancing that allows for the participation of the community, staff, presenters, and legislative body members in a safe environment, with no risk of contagion. It is recommended that legislative bodies of the County continue to implement 100% remote meetings.

If you have any questions regarding this recommendation, please do not hesitate to contact me.

BHAB GENERAL MEETING – 10/18/21

REF: AGENDA ITEM XVII.F. – DATA ELEMENTS WORKGROUP REPORT

BHAB Requests for DATA for first four identified “Gaps In Service”

Additional Psychiatric Inpatient Beds (IPU)

(In addition to assessing the appropriate number of IPU beds needed, IPU facilities should be shown to administer sufficient best practice treatments with the goal of helping patients to recover long-term function)

1. How many days a year was the IPU at capacity in 2020?

Number of days in relation to HPC patient census levels (i.e., “midnight census”)

	2019	2020
Greater than 30 patients	10	15
30 patients	145	162
29 patients	66	84
Less than 29 patients	144	105
Total Days	365	366

2. How many 5150s expire in hospital EDs each year before a bed is found and individual transferred to appropriate facility?

The emergency departments in the private hospitals vary in their data collection practices and as a result this data not available.

3. How many out-of-County placements are made for adults per year? Children?

Given the “fluid” nature of adult placements, *annual* numbers are difficult to report. What follows is a point-in-time count (or a “snap shot”) as of 6/30/21 which gives an indication of the number/nature of out-of-county placements for adults.

Level	Facility	Location	Available beds	Clients in placement
Locked	Metropolitan State Hospital	Norwalk	n/a	0
	Horizon View	Camarillo	16	16
	Sylmar Health & Rehabilitation Center	Sylmar	n/a	10
	California Psychiatric Transitions	Delhi	n/a	1
	Crestwood MHRC	Bakersfield	n/a	1
	Parkside Healthcare	El Cajon	n/a	13
	View Heights	Los Angeles	n/a	8
Total				49
Unlocked	Hillmont House	Camarillo	15	15
	Crestwood The Bridge	Bakersfield	n/a	1
	Ann Sippi Clinic, Bakersfield	Bakersfield	12	12
	Ann Sippi Clinic, Los Angeles	Los Angeles	12	11
	Casa de Esperanza (Casas B, C, and D)	Camarillo	45	45
Total				84
Board & Cares	Casa de Esperanza (Casa E)	Camarillo	15	15
	Brown's Board & Care	Oxnard	10	8
	Cottonwood	Saticoy	24	16
	Saundra Jarmon's	Oxnard	6	4
	Sunrise Manor	Oxnard	60	49
	Thompson Place (formerly La Siesta)	Ventura	26	0
Total				92
Residential Care for the Elderly	The Elms	Ventura	54	46
	Hickory House	Camarillo	34	26
Total				72
Skilled Nursing Facilities	Telecare La Paz	Paramount	n/a	5
	Pasadena Senior Living	Pasadena	n/a	1
	Vista Knoll	Vista	n/a	7
Total				13
Out-of-County Placements	Various Board & Cares, Room & Boards, SNFs	Los Angeles	n/a	49

The Y&F Division does not have any out-of-county placements to report.

4. Rate of **recidivism** for people placed in acute hospitalizations out-of-county compared to people placed at Hillmont?

It was observed 71.1% of ALL inpatient admissions (2,359 of 3,319) recorded in AVATAR during the three-year period under observation (2018-2020) were singular, no re-hospitalizations occurred during that same period. There was no significant difference in re-hospitalization for out-of-county facilities versus HPC (i.e., 116 had three or more admissions originating exclusively through out-of-county hospitals versus 112 through HPC).

	Number of Discharges	Number of Clients	Cumulative %
1		2,359	71.08%
2		530	87.04%
3		198	93.01%
4		101	96.05%
5		40	97.26%
6		27	98.07%
7		28	98.92%
8		7	99.13%
9		12	99.49%
10		4	99.61%
11		4	99.73%
12		2	99.79%
13		1	99.82%
16		1	99.85%
17		1	99.88%
18		1	99.91%
19		1	99.94%
21		1	99.97%
44		1	100.00%
		3,319	

5. Please identify the number and amounts of any and all fines levied against Hillmont IPU and the reasons for these fines.

Per Dr. John Fankhauser and Diana Zenner (COO) there were no fines levied against the IPU (over the past five years plus).

6. For each of the past five years, how many people who enter hospital emergency departments pursuant to a psychiatric crisis are transferred to an out-of-county psychiatric IPU/ acute care facility?

Data related to out-of-county hospital admission has only been captured in AVATAR since mid-way through 2018. (Note the unduplicated client count is *by year*; duplicated clients occur across the reported calendar years.)

	2018	2019	2020	Totals
HPC				
Unduplicated Clients	805	813	594	2,212
Discharges	1,020	1,010	724	2,754
Other Inpatient Units				
Unduplicated Clients	106*	828	924	1,752*
Discharges	111*	1,135	1,395	2,530*

* the data for 2018 is incomplete

7. For each of the past five years, what is the maximum number of days a patient in the IPU who was deemed no longer in need of acute care waited to be transferred to an appropriate step-down facility?

“Custodial” days are non-billable days that account for the time typically spent waiting for placement.

	2016	2017	2018	2019	2020
Unduplicated clients with custodial days	299	301	284	272	206
Number of HPC stays with custodial days	355	377	327	340	236
Total number of custodial days	6,344	5,494	6,062	5,886	6,444
Average number of custodial days per stay	17.9	14.6	18.5	17.3	27.3
Maximum custodial days for one stay	1,035	142	293	201	576

8. Please provide a breakdown (by percentage) where individuals were discharged to from the IPU.

	2018		2019		2020	
	Number of Clients	% of Total	Number of Clients	% of Total	Number of Clients	% of Total
VCBH O.P. Program Adults	535	52%	511	51%	317	44%
Other / Unknown	224	22%	198	20%	170	23%
Community	69	7%	61	6%	105	15%
Residential Facility – Adult	31	3%	53	5%	35	5%
No Referral Out / Client Met Goals	11	1%	69	7%	32	4%
O.P. Medical Provider - Non VCMC	32	3%	18	2%	6	1%
Hospital/ER – VCMC	9	1%	8	1%	24	3%
O.P. medical Provider – VCMC	19	2%	4	0%	9	1%
Courts/ Corrections/ Law Enforcement	15	1%	14	1%	6	1%
Mental Health Service Provider – Private	17	2%	13	1%	1	0%
Crisis Services	12	1%	7	1%	4	1%
Alcohol and Drug Programs - Non VCBH	7	1%	7	1%	1	0%
Psychiatric Facility – VCMC	5	0%	2	0%	2	0%
VCBH Contracted Provider	5	0%	5	0%	2	0%
Alcohol and Drug Programs VCBH	5	0%	5	0%	3	0%
Veterans Admin (VA)	5	0%	1	0%	1	0%
Shelters	4	0%	10	1%	1	0%
Outreach and Engagement Program (PEI)	3	0%	1	0%	0	0%
Unplanned Discharge	3	0%	0	0%	2	0%
VCBH O.P Program YF	2	0%	1	0%	0	0%
Psychiatric Facility – Private	1	0%	8	1%	1	0%
Psychaitric Facility – Unknown	2	0%	2	0%	0	0%
Hospital/ER - Non VCMC	0	0%	1	0%	1	0%
Comm Agency and Counseling Centers	1	0%	2	0%	0	0%
Residential (Non Psych) Facility – Adult	2	0%	0	0%	0	0%
State Hospital	1	0%	0	0%	0	0%
Advocacy / Recovery Organization	0	0%	4	0%	0	0%
MH Locked Facility	0	0%	4	0%	0	0%
Developmental Disabilities	0	0%	1	0%	0	0%
Children's Crisis Stabilization Unit	0	0%	0	0%	1	0%
Total	1020		1010		724	

9. Please provide a breakdown (by percentage) of how an individual's costs were covered (i.e., type of insurance, self-pay, etc.)

Note the number of “claims” differs from the number of hospital stays for a few different reasons (i.e., not all stays are associated with a payor sources, claims for 2020 are still being process and as such this data should be considered incomplete, etc.)

	2016		2017		2018	
	Number of Patients	% of Total	Number of Patients	% of Total	Number of Patients	% of Total
SD/MC MH Payment	590	71%	642	75%	631	74%
Medicare A Payment	135	16%	148	17%	144	17%
Insurance Payment	97	12%	59	7%	73	9%
Out of Co SDMC PYMT	5	1%	2	0%	0	0%
Self-Pay Payment	0	0%	0	0%	0	0%
Self-Pay Credit Card	0	0%	1	0%	1	0%
Total	827		852		849	

	2019		2020*		Total	
	Number of Patients	% of Total	Number of Patients	% of Total	Number of Patients	% of Total
SD/MC MH Payment	646	80%	151	60%	2,660	74%
Medicare A Payment	113	14%	57	23%	597	17%
Insurance Payment	46	6%	42	17%	317	9%
Out of Co SDMC PYMT		0%		0%	7	0%
Self-Pay Payment	2	0%	1	0%	3	0%
Self-Pay Credit Card		0%		0%	2	0%
Total	807		251		3,586	

*claims are still being processed for 2020; this data is incomplete

10. What is the staffing ratio (and credentials of staff) on a typical day? How about on the weekend? Holidays? Overnight?

IPU

1. Psychiatry
 - a. Two (2) psychiatrists, each cover fifteen (15) inpatients, seven (7) days a week, 8am to 6pm.
 - b. The CSU psychiatrist covers six (6) inpatients, seven (7) days a week, 7am to 11pm.
 - c. There is a psychiatrist on-call seven (7) days a week, 11pm to 7am for urgent issues/admissions.
2. Nursing Staff
 - a. Ratio is 1 (one) licensed nurse per 6 (six) patients—California Code of Regulations (CCR)/A Licensed Nurse is defined as a Registered Nurse (RN), Licensed Psychiatric Technician (LPT) or Licensed Vocational Nurse (LVN).
 - b. For 36 patients we typically have 1 (one) charge nurse/RN, 4 (four) RNs and 2 (two) LPTs
 - c. Additionally, 4 (four) MHTs ensure that both every 15 (fifteen) minute and variable interval checks are completed for all patients
 - d. Additional Nursing Staff are scheduled to meet the need of 1:1 patients requiring continual monitoring (average is 2-4 such patients per shift)
 - e. Nursing staffing for Night Shift and Holidays is the same as outlined above
2. Ancillary/Support Staff
 - a. Licensed Clinical Social Worker/Psychiatric Social Worker (LCSW), 1 (one)/available Sunday – Thursday (Day Shift)
 - b. Social Service/Case Manager employees, 2 (two) --Associate Marriage and Family Therapist (AMFT)/Associate Professional Clinical Counselor (APCC)/Monday-Friday (Day Shift—1/2 assists with the CSU)
 - a. Social Service/Case Manager employee, 1 (one)—unlicensed/Monday-Friday (Day Shift)
 - b. Drug & Alcohol Counselor, 1 (one)/Monday-Friday (Day Shift)
 - c. Activities Therapist/Occupational Therapist, 2 (two) Full-Time/1 (one) Temporary/1 (one) Per Diem status who rotate weekday, weekend and Holiday coverage
 - d. Unit Secretary/Receptionist, 1 (one)/Monday-Friday (Day Shift)
 - e. Unit Intake/Call Center Coordinator, 1 (one)/Monday-Friday (Day Shift) and 1, (one) Variable Full-Time schedule to rotate weekday/weekend (Night Shift)

11. Please share a schedule of activities/services for a typical week.

A current schedule of activities/event is not available.

12. What percentage of people are admitted who presented voluntarily vs. on a hold?

	2018	2019	2020
Voluntary	23%	24%	11%
Involuntary	77%	76%	89%

13. Please delineate FROM where individuals were admitted into the IPU (i.e., which EDs, private/public referrals, etc.)

	2018		2019		2020	
	Number of Clients	% of Total	Number of Clients	% of Total	Number of Clients	% of Total
Hospital / ER - VCMC	505	51%	412	41%	261	36%
Hospital / ER - Non VCMC	112	11%	203	20%	142	20%
Crisis Services	40	4%	145	14%	111	15%
Courts/ Corrections/ Law Enforcement	176	18%	91	9%	68	9%
Psychiatric Facility - VCMC	41	4%	41	4%	61	8%
Other / Unknown	59	6%	40	4%	53	7%
Self	53	5%	54	5%	13	2%
O.P. Medical Provider - VCMC	3	0%	6	1%	3	0%
VCBH O.P. Program Adults	0	0%	7	1%	3	0%
O.P. Medical Provider - Non VCMC	1	0%	3	0%	3	0%
Community	1	0%	2	0%	2	0%
Children's Crisis Stabilization Unit	0	0%	0	0%	1	0%
VCBH Contracted Provider	0	0%	0	0%	1	0%
Family	0	0%	1	0%	1	0%
Residential Facility - Adult	0	0%	3	0%	1	0%
MH Locked Facility	0	0%	0	0%	0	0%
Psychiatric Facility - Private	0	0%	2	0%	0	0%
Total	991		1010		724	

Additional CSU Chair/Slots

14. How many 5150s expire each year before a bed is found and individual transferred to appropriate facility?

Psychiatric hospital admission (when it is warranted) is facilitated in response to every 5150 that comes to the VCMC CSU.

15. How long have individuals typically stayed in our CSUs?

The following pertain to the adult CSU:

Lengths of stay (days) in CSU	2019		2020	
	Number of Clients	% of Total	Number of Clients	% of Total
0	211	26%	301	28%
1	473	58%	577	54%
2	99	12%	132	12%
3	34	4%	41	4%
4	3	0%	7	1%
5	2	0%	2	0%
13	0	0%	1	0%
	822		1,061	

The following pertain to the youth CSU:

Lengths of stay (days) in CSU	2019		2020	
	Number of Clients	% of Total	Number of Clients	% of Total
0	225	38%	195	42%
1	308	52%	204	44%
2	42	7%	32	7%
3	12	2%	13	3%
4	5	1%	4	1%
5	1	0%	7	2%
6	0	0%	1	0%
7	2	0%	4	1%
8	1	0%	0	0%
	596		460	

16. What is the staffing ratio and credentials of staff in both the adult and young adult CSUs?

Adult CSU

1. Psychiatry
 - a. The CSU psychiatrist covers 8 patients, seven (7) days a week, 7am to 7pm.
 - b. There is a psychiatrist on-call seven (7) days a week, 11pm to 7am for urgent issues/admissions.
2. Nursing Staff
 - a. Ratio is 1 (one) licensed nurse per 4 (four) patients --Department of Health Care Services (DHCS)/California Code of Regulations (CCR)
 - b. For 8 (eight) CSU Chairs we typically schedule 1 (one) Registered Nurse (RN) and 1(one) Licensed Psychiatric Technician (LPT)/Licensed Vocational Nurse (LVN)
 - c. A Mental Health Technician (MHT) is also staffed who is cross trained in patient care activities and security measures
 - d. Nursing staffing for Night Shift and Holidays is the same as outlined above
2. Ancillary/Support Staff
 - a. A Social Service/Case Manager employee --Associate Marriage and Family Therapist (AMFT)/Associate Professional Clinical Counselor (APCC)/Monday-Friday (Day Shift)
 - b. Licensed Clinical Social Worker/Psychiatric Social Worker (LCSW), 1 (one)/available Sunday – Thursday (Day Shift)

Youth CSU

1. The California Department of Mental Health, Division 1, outlines under Title 9, 1840.348 crisis stabilization unit staffing requirements.
2. Seneca CSU Staffing Ratios 24/7 for 4 bed CSU:
 - a. 1 Registered Nurse
 - b. 1 Masters level clinician, licensed or registered associate
 - c. 2 Bachelors level Mental Health Counselors (we typically maintain at least a 2:1 youth to staff ratio, and utilize on call staff as needed if acuity dictates additional staff are needed)
 - d. 1 RN on call, 1 Clinician on call, 1-3 Mental Health Counselors on call
 - e. 1 Psychiatrist on call 24/7

17. How do rates of return to either CSU vary (if they do) from those of individuals who spent time in the IPU?

The following pertain to the adult CSU:

	2019	2020
Unduplicated adult clients	636	781
Number of discharges	822	1,061
Adult clients with one admission	526 (82.7%)	641 (82.1%)
Maximum admissions (per single adult client per year)	7	14

The following pertain to the youth CSU:

	2019	2020
Unduplicated youth clients	447	339
Number of discharges	596	460
Youth clients with one admission	370 (82.8%)	275 (81.1%)
Maximum admissions (per single youth client per year)	13	8

18. Is there a difference in where individuals who are discharged to from the IPU and the CSUs?

See above (#8) for IPU adult discharges. The following pertain to the adult CSU:

	2019		2020	
	Number of Clients	% of Total	Number of Clients	% of Total
Psychiatric Facility – VCMC	257	31%	290	27%
VCBH O.P. Program Adults	204	25%	299	28%
Outreach and Engagement Program (PEI)	96	12%	153	14%
No Referral Out / Client Met Goals	58	7%	70	7%
Alcohol and Drug Programs VCBH	51	6%	113	11%
Residential Facility – Adult	17	2%	32	3%
Mental Health Service Provider – Private Community	39	5%	27	3%
Other / Unknown	31	4%	0	0%
Psychiatric Facility – Private	14	2%	12	1%
Hospital/ER – VCMC	7	1%	17	2%
VCBH Contracted Provider	13	2%	12	1%
Courts/ Corrections/ Law Enforcement Shelters	12	1%	7	1%
Veterans Admin (VA)	2	0%	8	1%
Alcohol and Drug Programs - Non VCBH	4	0%	2	0%
O.P. Medical Provider - Non VCMC	4	0%	5	0%
Comm Agency and Counseling Centers	2	0%	7	1%
Human Services Agency	3	0%	2	0%
Residential (Non Psych) Facility – Adult	1	0%	3	0%
Residential Facility – Youth	1	0%	1	0%
Developmental Disabilities	3	0%	1	0%
Psychiatric Facility – Unknown	0	0%	1	0%
Unplanned Discharge	1	0%	0	0%
Total	822		1061	

The following pertain to the youth CSU:

	2019		2020	
	Number of clients	% of Total	Number of clients	% of Total
Community	332	55.7%	218	47.4%
Psychiatric Facility – Private	229	38.4%	207	45.0%
Residential Facility – Youth	24	4.0%	19	4.1%
Psychiatric Facility – Unknown	8	1.3%	7	1.5%
Hospital/ER - Non VCMC	0	0.0%	7	1.5%
Courts/ Corrections/ Law Enforcement	1	0.2%	1	0.2%
Other / Unknown	0	0.0%	1	0.2%
Hospital/ER – VCMC	1	0.2%	0	0.0%
Insurance Carrier	1	0.2%	0	0.0%
Total	596		460	

19. Is there a difference in follow up engagement for individuals who are discharged from the IPU and the CSUs?

The referral data currently combines IPU and CSU so the difference in follow up engagement is not available. As a result of this request, the methodology for tracking follow-ups is under review.

Keeping people with Serious Mental Illness Out of Jail

20. A timeline over 5 years (or more) with the number of **average monthly inmates with mental illness in the County jail**. In the timeline, it would be useful to indicate when **implementation** of **RISE, Assist, Vista, and Voice** began to gauge if these programs are having any impact on reducing number of mentally-ill people in jail.
21. How many individuals with a serious mental illness are **arrested** and jailed each year for the following offenses (please differentiate by individuals who are symptomatic and/or who are under the influence of substances at the time of encounter with law enforcement):
- Disturbing the peace
 - Trespassing
 - Public intoxication
 - Petty theft
22. Compared to the general inmate population (with comparable resources to post bail), how long do people with serious mental illness wait in jail prior to conviction (for similar charges)?
23. Rate of recidivism for incarceration of people with serious mental illness (differentiating for those who present as under the influence of substances)?
24. Number of clients in the MH Court program (please denote by private or public representation)

As per Chief Deputy Public Defender Michael Rodriguez:

- Total MHC Clients: 34
 - Public Defender Clients: 29
 - Private Attorney: 5

25. Number of clients in the Diversion program (please denote by private or public representation)

As per Chief Deputy Public Defender Michael Rodriguez:

- Total MHD Clients: 56
 - Public Defender Clients: 43
 - Private Attorney: 13

Timeliness in Service Delivery

26. For **STAR**, what is the average number of days from a prospective clients' first contact and completion of STAR assessment -for all populations? For STAR, what is the average number of days from a prospective Latino clients' first contact and completion of STAR assessment?

		2019	2020
		Number of Days	Number of Days
RFS to STAR Assessment	Latino	21.53	9.09
	All others	21.22	16.93
RFS to STAR Assessment Completion	Latino	31.15	20.52
	All others	28.97	24.65

27. What is the average number of days from referral to first appointment - for all populations? What is the average number of days from referral to first appointment for Latino clients?

This question appears to be inquiring about the “first appointment” with a clinic or treatment team, if so, this data is difficult to ascertain. Data in AVATAR is collected with reference to site-specific “episodes” (i.e., treatment/services rendered by the clinics/programs). RFSs are recorded in the STAR episode and the first appointment in the receiving clinic is recorded in a separate episode. Establishing a timeline across episodes is complicated and time-consuming.

28. Is there a waiting list for the **Assist** program?

There is no waiting list for Assist.

29. How many calls does the Assist Program receive and how many of those result in an intake and referral into the program?

See attached.

30. How many **psychiatric emergencies**, including 5150s, present at hospital emergency departments in Ventura County each year for the last 5 years (please differentiate by which parties accompanied individuals to ED)?

The emergency departments in the private hospitals vary in their data collection practices and as a result this data not available.

31. Average wait time prior to **evaluation** for psychiatric emergencies in hospital emergency rooms (please delineate by hospital type)?

The emergency departments in the private hospitals vary in their data collection practices and as a result this data not available.

32. Of the people enrolled in **Assist**, how many are homeless/unsheltered?

What follows is a point-in-time count (or “snap shot”) as of 4/14/21:

Most recent living situation	Number of Clients	Percentage of Clients
Paying to reside in a room/house/apt	31	34.8%
Staying in a rm/hse/apt w/o paying rent	23	25.8%
Congregate shelter	22	24.7%
Unsheltered outdoors	13	14.6%
Grand Total	89	

33. Of people **conserved**, how many are homeless/unsheltered?

None of the VCBH clients on conservatorship are unsheltered.

From Law Enforcement/CIT: (per year?)

- 34. Number of mental health related calls/contacts
- 35. Number of these calls/contacts resulting in arrests? citations?
- 36. Total number of 5150 applications written
- 37. Number of 5150 applications leading to a 5150 hold

From Vista Del Mar:

38. Total number of Ventura County resident adults and adolescents are admitted annually? How has this shifted due to Covid? How does this relate to capacity?

As per Dan Powell, Vista del Mar's CEO:

270 Adults 70 Adolescent,

No changes to admitting.

One 17 bed Adolescent unit

3 Adult units (16,12,10 beds

39. Number of indigent and/or Medi-Cal adults who are residents of Ventura County are admitted?

As per Dan Powell, Vista del Mar's CEO:

81

40. Total requests vs total admitted (by referral source, differentiating for in-county and out-of-county resident requests)

Ventura County Behavioral Health
 Board Letter Summary of Contracts for September 2021

Board Date	Contractor	Amount	Term	Description
9/14/2021	California Mental Health Services Authority (CalMHSA)	\$81,186	July 1, 2021 through June 30, 2022	<p>Statewide Prevention and Early Intervention (PEI) Services Participation Agreement. CalMHSA is a Joint Powers Authority, an independent government agency created by California counties and cities, focused on the efficient delivery of California mental health projects for its members. Through the Participation Agreement for Statewide PEI, CalMHSA collaborates with participating members to promote mental health and wellness, suicide prevention, and health equity to reduce the likelihood of mental illness, substance use, and suicide among Californians, particularly among diverse and underserved communities. Specifically, the program will: (1) implement social media and public education activities to expand and develop emotional wellbeing for California's communities, (2) expand stakeholder partnership networks and promote grassroots stakeholder engagement, (3) increase outreach and dissemination of programs and resources, including mental health educational materials, (4) support and engage a network of mental health leaders and advocates to outreach and disseminate resources and programs, with priority of increasing help-seeking behaviors among younger age individuals, (5) provide resource, technical assistance, and capacity building support to County Behavioral Health Agencies and their partners to support local PEI and leverage resources, (6) implement the annual Directing Change Program, which educates young people about critical health topics like suicide prevention and mental health and wellbeing through the medium of film and art, and (7) provide data and evaluation of the reach of programs within counties and statewide. CalMHSA acts as the fiscal and administrative agent for the program and contracts with subject matter experts to support the goals and efforts of the program. Ventura County Behavioral Health (VCBH) is required to transfer funding in the amount of \$81,186 to CalMHSA.</p>
9/14/2021	Seneca Family of Agencies (Seneca)	\$0	July 1, 2020 through June 30, 2021.	<p>Fourteenth Amendment for Children's Stabilization Unit (CSU) Services with Seneca. Seneca provides CSU program services for VCBH. The CSU is the front-end of the continuum of care for children's mental health crisis services in Ventura County, providing a multi-disciplinary risk assessment to youth experiencing a mental health crisis and interventions to promote stabilization, family involvement, and safety planning to access the least restrictive, most appropriate level of care. The CSU provides mental health interventions that are necessary to divert minors from hospitalization and safely discharge the minors to community services. The CSU is certified as a Crisis Stabilization Unit. Crisis stabilization means a service lasting less than 24 hours. The primary objective of the CSU is to promptly evaluate and/or stabilize minors presenting with acute symptoms or distress without hospital admission. In FY 2020-21, additional costs arose to keep Seneca facilities in compliance with COVID regulations. Supplemental costs included those for cleaning supplies, sanitation procedures, and cleaning crews, as well as treatment materials and personal protective equipment for clients. This amendment increases budget line items Building Management and Treatment Supplies by \$3,600 each and decreases Staff Travel and Airfare by \$4,500 and \$2,700, respectively. These adjustments do not affect the contract maximum. This agreement is funded with Short Doyle Medi-Cal Financial Participation (SD/MC FFP) and Mental Health Services Act (MHSA) funding.</p>

				<p>Performance Agreement. DHCS administers the MHSA, Lanterman-Petris-Short Act (LPS Act), Projects for Assistance in Transition from Homelessness (PATH), Mental Health Services Block Grant (MHBG), and Crisis Counseling Assistance and Training Program (CCP). Also, DHCS oversees VCBH's provision of the Bronzan-McCorquodale Act community mental health services that are provided with realignment funds as well as Substance Abuse and Prevention and Treatment Block Grant (SABG) alcohol and drug abuse prevention, care, treatment, and rehabilitation services with SABG funds. DHCS' annual Performance Agreement specifies the conditions and requirements that VCBH must meet to receive MHSA, LPS Act, PATH, MHBG, CCP, Bronzan-McCorquodale Act and SABG funding for these programs and community mental health services. The Agreement requirements include: (1) program and funding expenditure requirements, (2) reporting and data submission requirements, (3) audit and record retention requirements, (4) dispute resolution process requirements, (5) various requirements associated with Laura's Law, prohibiting health facilities from admitting minors into psychiatric treatment with adults, and the Americans with Disabilities Act, (6) various requirements associated with conducting business with the State of California, (7) information confidentiality and security requirements, and (8) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act). There is no fiscal impact related to this Agreement. DHCS provides the funding for these programs through the Realignment, MHSA, SABG and DHCS allocations process, as well as all other DHCS pass-through reimbursements.</p>
9/14/2021	Department of Health Care Services (DHCS)	\$0	July 1, 2021 through June 30, 2024	<p>Drug Medi-Cal Organized Delivery System (DMC-ODS) Standard Agreement #21-10037. The Standard Agreement with DHCS is for the purpose of identifying and providing covered DMC-ODS services for substance use disorder (SUD) treatment for Medi-Cal beneficiaries within VCBH's service area. The Standard Agreement with DHCS is the established mechanism for the County to receive federal and state allocated funds for the array of SUD services that are provided under the DMC-ODS waiver. This Agreement specifies the conditions and requirements that VCBH must meet to receive federal and state allocated funds. Specifically, the Agreement details the: (1) program offerings and system access requirements, (2) program integrity requirements, (3) beneficiary protection requirements, (4) data and information submission requirements, (5) approved county proposed rates for all services, (6) revenue and expenditure reporting requirements, (7) funding usage and reimbursement requirements, (8) audit and record requirements, (9) various requirements associated with conducting business with the State of California, (10) information confidentiality and security requirements, (11) privacy and information security provisions (as defined under the Health Insurance Portability and Accountability Act of 1996 and California Information Practices Act) and (12) Social Security Administration and DHCS Information Exchange Agreement requirements. The Source of Funding is Drug Medi-Cal Federal Financial Participation Funds-93.778 and State General Fund.</p>
9/14/2021	DHCS	\$109,062,000	July 1, 2021 through June 30, 2024	

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

Open episodes in September 2021 with billing activity in prior 12 months (methodology updated October 2021)

As of 10/12/2021

All VCBH	VCBH Treatment Programs
SUS - County & Contractor	County & Contractor
MH Adult - County & Contractor	Includes outpatient and residential
MH Y&F - County & Contractor	
VCBH STAR	
Adult Crisis	

**VCBH enrolled clients only

	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Total Clients With Open Episode	10,959	1,133	5,599	3,713	658	635	40	49

**VCBH enrolled clients only

Total Clients With Open Episode Age Group *	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
0-15	2,668	13		2,515	174	43		
16-25	2,074	210	705	1,089	143	137	12	9
26-59	4,985	851	3,811	109	302	365	25	31
60+	1,232	59	1,083		39	90	3	9
Grand Total	10,959	1,133	5,599	3,713	658	635	40	49

* Client age as of September 30, 2021

**VCBH enrolled clients only

Total Clients With Open Episode Preferred Language	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
English	9,616	1,056	4,911	3,219	561	570	38	47
Spanish	1,085	64	547	424	74	31	2	1
Other	97	4	64	21	6	8		1
Unknown / Not Reported	161	9	77	49	17	26		
Grand Total	10,959	1,133	5,599	3,713	658	635	40	49

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Latinx	5,530	594	2,456	2,339	340	202	21	17
Non-Latinx	4,107	410	2,689	864	215	244	15	30
Unknown / Not Reported	1,322	129	454	510	103	189	4	2
Grand Total	10,959	1,133	5,599	3,713	658	635	40	49

**VCBH enrolled clients only

Total Clients Served At Each Location ***	VCBH Program Group							
	Program Service Location	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**
CAMARILLO	503		91	413				
FILLMORE	135	45		91				
MOORPARK	15			15				
OXNARD	5,819	898	2,545	1,480	658	635		
SANTA PAULA	734		487	247				
SIMI VALLEY	1,213	70	719	447				
THOUSAND OAKS	1,204	51	830	335				
VENTURA	2,214	65	1,125	1,043			40	49
Outside Ventura County (Contractor)	204	183	21					
Grand Total	12,041	1,312	5,818	4,071	658	635	40	49

*** Clients may be counted under multiple locations