

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

**GENERAL MEETING**

MINUTES

**October 18, 2021**

**NEXT MEETING:**

Monday, November 15, 2021  
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  
Soledad Barragán  
Ratan Bhavnani  
Nancy Borchard, Member-At-Large  
Gane Brooking  
Kevin Clerici  
Jesse Finkbeiner  
Janis Gardner, Secretary  
Jerry Harris, Member (Chair) Emeritus  
Cheryl Heitmann  
Supv. Matt LaVere  
Jennifer Morrison  
Patricia Mowlavi  
Michael Rodriguez, Chair  
Chris Tejeda, 2<sup>nd</sup> Vice Chair  
Carol Thomas  
Marlen Torres

**BHAB Members Absent**

Jose Estrada  
Genevieve Flores-Haro  
Cmdr. James Fryhoff  
Carol J. Keavney  
Joe S. Ramirez, 1<sup>st</sup> Vice Chair

**Others Present**

Karyn Bates  
Sherri Block, VCMC/Inpatient Psychiatric Unit  
Brian Brennan, Supervisor LaVere's Office  
Tara Carruth, County Executive Office  
Vannessa Cortez, TAY Tunnel  
Stacy Dagleish, LA County Mental Health Commission  
David Deutsch, Cal State University-Northridge  
Cindy Doutt, Telecare  
Suzanne Freiberg, Mindfulness Life Coach & Consultant  
Tracy Gallaher, Supervisor Ramirez's Office  
Angel Garcia, Supervisor Ramirez's Office  
Roberta Griego, NAMI Ventura County  
Melissa Hannah, United Parents  
Jeffery Hayden, Hayden Consultants  
Priscila Hazrun, Homeland Language Services  
Sue Hughes, County Executive Office  
Martha Johnson, Health Care Agency  
Pete Lafollette  
Tiffany North, County Counsel  
Erin Olivera, VCMC/Inpatient Psychiatric Unit  
Chrissy Ortega, County Executive Office  
Gina Petrus, Petrus Psychology  
Scott Powers, County Executive Office  
Elizabeth R. Stone  
Scott Walker, Crisis Intervention Team  
Tina Wang, County Executive Office  
Barry Zimmerman, Health Care Agency Director

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

Dr. Sevet Johnson, VCBH Director  
Dr. Loretta Denering, Substance Use Services Division Chief  
Dan Hicks, Substance Use Services Prevention Manager  
Joanna Peterson, Management Assistant/Zoom Engineer  
Dr. Jamie Rotnofsky, MHSA Senior Behavioral Health Manager  
Cynthia Salas, Equity Services Manager – Office of Health Equity & Cultural Diversity  
Dr. John Schipper, Adult Services Division Chief  
Terri Yanez, Administrative Services Division Chief  
Vickie Poliquin, Temporary BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<p><b>Call to Order</b> Chair Rodriguez called the meeting to order at 1:02 pm.</p> <p>Joanna Peterson provided specific details on how meeting attendees can access interpretation services.</p>		
II.	<p><b>Board Member Roll Call</b> Ms. Gardner conducted the calling of the roll and confirmed that a quorum of the Board members exists.</p>		
III.	<p><b>Welcome and Introductions</b> Mr. Rodriguez welcomed everyone to the General meeting.</p> <p>Mr. Rodriguez provided an overview of the BHAB’s Code of Conduct approved last year to remind BHAB members of its importance.</p> <p>Mr. Rodriguez provided clarity on the Code of Conduct noting that respectful disagreement with someone is not a violation of the Code and welcomed the robust, rational and respectful debate and discussion of issues. He further reminded the BHAB of its duties, empowerment and obligation to review and advise the local behavioral health agency and Director under the Welfare and Institutions Code (WIC) 5604.2, including the review of County agreements after they have been entered into.</p> <p>All BHAB members briefly introduced themselves.</p>		
IV.	<p><b>Approval of the Agenda</b> Mr. Rodriguez asked BHAB members whether they had the opportunity to review the agenda. Ms. Armann moved to approve the agenda; Ms. Thomas seconded. Mr. Harris requested that agenda items XVII.D. &amp; XVII.E. be moved to follow agenda item X. Mr. Rodriguez noted that agenda item XVII.A. needs be heard before XVII.D &amp; XVII.E. Ms. Armann revised her motion to approve the amended agenda as stated. Ms. Thomas seconded the revised motion. The motion to approve the agenda as amended carried unanimously through roll call.</p>	Agenda approved as amended. <b>M/S/C</b>	
V.	<p><b>Approval of the Minutes</b> Mr. Rodriguez asked the Board to review and approve the minutes of the September 20, 2021, meeting. Mr. Bhavnani moved to approve; Ms. Heitmann seconded. Ms. Gardner requested an amendment to the minutes on page 5, under the Prevention Committee Report to add, “Jeanne Spencer’s presentation included, amongst other pertinent information, marketing efforts of the upcoming Suicide Prevention Forum, crisis resources information and the introduction of two Suicide Prevention video Public Service Announcements (PSA’s) shown in both English and Spanish.” Mr. Harris requested a correction to agenda item XI., first bullet noting that it was misstated and requested to revise the language to read: “Voiced his thoughts on the important work of the BHAB and urged the BHAB <u>and VCBH</u> to solidify and re-establish trust...”. Mr. Bhavnani approved the amendments and restated the motion to approve the amended minutes. Ms. Heitmann seconded the revised motion. The motion to approve the minutes as amended carried by majority vote through roll call. Ms. Barragán and Ms. Torres abstained.</p>	General Meeting minutes approved as amended. <b>M/S/C</b>	
VI.	<p><b>Public Comments</b> Mary Haffner made a public comment stating that her comments were regarding agenda item XVII.F. – Data Elements Workgroup Report.</p>		
VII.	<p><b>Presentation</b> Mr. Tejada introduced Tara Carruth, the County Executive Office’s staff lead for the Ventura County Continuum of Care Alliance, who provided a comprehensive presentation on Ventura County’s plan to prevent and end homelessness.</p>		
VIII.	<p><b>Presentation</b> Ms. Torres expressed gratitude to the Disparities Reduction Workgroup members for their work during the Workgroup meetings and for VCBH’s work within the community to address disparities issues. Ms. Torres provided a detailed presentation outlining the Workgroup’s purpose, provided comprehensive background information and the recommendation to amend the Bylaws to create a standing Disparities Committee to go in depth to look at issues and provide feedback to VCBH and the Behavioral Health Advisory Board.</p>		

IX.	<b>Presentation</b> Sue Hughes from the County Executive Office provided a presentation (requested by Mr. Harris at the September General meeting) to outline to the BHAB the Board Letter procedure for the Board of Supervisors, noting the source of the information is from the 2018 Administrative Policy Manual, General Information Chapter II and 12, which can be provided to BHAB members along with the website link.		
X.	<b>Presentation</b> Tiffany North, County Counsel, provided a presentation (requested by Mr. Harris at the September General meeting) highlighting the BHAB advisory duties for compliance under the Welfare & Institutions Code (WIC).		
XI.	<b>Chair Comments</b> Due to lack of time, this agenda item was tabled to the November agenda.	Tabled to November.	
XII.	<b>Director's Report</b> A copy of the Director's update and September 2021 data on VCBH clients served and open episodes is attached for reference. Due to lack of time, Mr. Rodriguez asked that Dr. Johnson not summarize the report.		
XIII.	<b>Board Members Comments and Announcements</b> <i>(This agenda item was heard prior to adjourning the meeting)</i> Ms. Heitmann advised that Suz Montgomery, an advocate for those with mental illness, passed away last week and asked that the BHAB adjourn the meeting in her memory.		
XIV.	<b>Secretary's Report</b> Due to lack of time, this agenda item was tabled to the November agenda.	Tabled to November.	
XV.	<b>BHAB Committee Reports</b> A. Youth & Family Services Committee (October 13 meeting) – Kevin Clerici, Chair Due to lack of time, this agenda item was table to the November agenda.	Tabled to November.	
XVI.	<b>Old Business</b> <i>(This agenda item was heard following the tabled agenda item XVII.F.)</i> A. Revision to BHAB Bylaws - Discussion Mr. Bhavnani made a motion to approve the amendments to the Bylaws as reflected in the presentation slide provided under agenda item VIII. Mr. Tejada seconded. Due to lack of a quorum, this item was tabled to the November agenda.	Tabled to November.	
XVII.	<b>New Business</b> <i>(This agenda item was moved up and heard following agenda item X.)</i> A. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions Mr. Rodriguez noted that this agenda item is a result of recent legislation under AB 361 effective October 1, 2021, which allows for exemptions from the Brown Act in-person requirements. Mr. Rodriguez paraphrased Dr. Robert Levin's September 21 memorandum included in the agenda packet that highly recommends legislative bodies continue to implement 100% remote meetings and noted that AB 361 requires that this agenda item be placed on the General meeting agenda each month for re-examination and action accordingly. The action taken by the BHAB will represent action on behalf of all BHAB Committees, therefore, Committees do not need to place this item separately on their agendas for action.  Mr. Rodriguez asked for a motion for the BHAB to continue virtual meetings while the current state of emergency due to the COVID-19 pandemic exists and re-examine the current findings every 30 days. Supv. LaVere moved to approve the motion as stated. Mr. Bhavnani seconded the motion. The motion carried unanimously through roll call.  B. Transition of the Disparities Reduction Workgroup to BHAB Committee Due to lack of a quorum, this agenda item was tabled to the November agenda.  <i>(This agenda item was heard following the tabled agenda item XVII.F.)</i> C. Establish a Workgroup to Complete the 2011 Data Notebook (due November 30) Mr. Rodriguez asked for volunteers for the Data Notebook Workgroup.  Elizabeth R. Stone made a public comment to volunteer to be a member of the Workgroup.	Motion to continue with virtual meetings over the next 30 days under AB 361 approved. <b>M/S/C</b>  Tabled to November.	

	<p>Ms. Brooking expressed interest in being on the Workgroup and noted that, in general, the deadline for submission of the data is extended for many California counties. Mr. Rodriguez advised that an extension will be requested and will request for additional volunteers via email.</p> <p><i>(This agenda item was moved up and heard following agenda item XVII.A.)</i></p> <p>D. Needs Assessment Funding Sources Review Workgroup Report Ms. Armann reported that the Workgroup conducted some preliminary research and met last week. The Workgroup is scheduled to meet again the first week of November.</p> <p><i>(This agenda item was moved up and heard following agenda item XVII.D.)</i></p> <p>E. Needs Assessment Board Letter Workgroup Report Mr. Rodriguez advised that the Workgroup met and noted the Needs Assessment Funding Sources Review Workgroup met which provided an opportunity for additional input regarding attracting funders and defining the scope of work within the draft Board Letter. Mr. Rodriguez advised that with the two presentations scheduled for today's meeting related to Board Letter Procedure and roles and responsibilities for compliance with the WIC, a final draft was not submitted with today's agenda for review and action with the need to further refine the Board Letter and to ensure that it is written in a manner to provide the best possible chance for approval. Mr. Rodriguez recommended to move forward with either circulating a revised draft or hold another Workgroup meeting next week to move this item forward.</p> <p>Ms. Borchard asked Mr. Rodriguez for specific information regarding the anticipated changes to the draft Board Letter. Mr. Rodriguez noted that instead of going through a bullet point list of programs and services that broader language will be used to convey the areas that need to be assessed and consideration also be made, based upon what has been learned today from the Board Letter Procedure presentation, to not include other agencies to prevent further delays in the review of the Board Letter. Ms. Borchard and Ms. Heitmann agreed with taking the time to broaden the Board Letter to obtain the best results.</p> <p>F. Data Elements Workgroup Report Ms. Morrison request this agenda be tabled to the next meeting due to lack of time.</p> <p>G. Announcements Due to lack of time, this agenda item was tabled to the November agenda.</p> <p>H. Presentation Requests Due to lack of time, this agenda item was tabled to the November agenda.</p> <p>I. Recognition and Award Recommendations Due to lack of time, this agenda item was tabled to the November agenda.</p>	<p>Tabled to November.</p> <p>Tabled to November.</p> <p>Tabled to November.</p> <p>Tabled to November.</p>	
<b>XVIII.</b>	<b>Contracts</b> Due to lack of time, this agenda item was tabled to the November agenda.	Tabled to November.	
<b>XIX.</b>	<b>Public Comments</b> There were no public comments.		
<b>XX.</b>	<b>Adjourn</b> The meeting adjourned at 3:59 PM in memory and honor of Suz Montgomery, who was a tireless advocate for many issues, particularly County of Ventura seniors. She was the Chair of the Ventura County Area Agency on Aging and one who advocated for resources through Behavioral Health for people with mental illness and substance abuse issues and for services that we all care about in the community.		

## Behavioral Health Advisory Board GENERAL Meeting Attendance

2021-22	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/21 – 3/10/24	Claudia Armann	e	X	X	X								
District 5	9/15/20 – 9/15/23	Soledad Barragán	e	X	X	X								
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X								
District 3	1/26/21 – 1/26/24	Nancy Borchard	X	X	X	X								
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X								
District 1	10/7/21 – 10/6/24	Kevin Clerici	X	X	X	X								
District 5	3/23/21 – 3/22/24	Jose Estrada	X	X										
District 4	10/14/21 - 10/13/24	Jesse Finkbeiner	X	X	X	X								
District 1	4/27/21 – 4/26/24	Genevieve Flores-Haro	X	X	X	e								
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	e	X	X	e								
District 3	4/15/21 – 4/14/24	Janis Gardner	X	X	X	X								
District 4	9/17/19 – 9/17/22	Jerry Harris	X	X	X	X								
District 1	5/11/21 – 5/10/24	Cheryl Heitmann	X	X	X	X								
District 2	7/21/20 – 1/7/22	Carol J. Keavney	X	X	X									
BOS	1/1/21 – 12/31/21	Supervisor Matt LaVere	X	e	X	X								
District 4	2/9/21 – 2/9/24	Jennifer Morrison	X	X	e	X								
District 2	3/15/20 – 3/15/23	Patricia Mowlavi	X	X	X	X								
District 3	12/1/20 – 12/1/23	Joe S. Ramirez	X	X	X	e								
District 5	1/25/20 – 1/24/23	Michael Rodriguez	X	X	X	X								
District 4	9/18/21 – 9/17/24	Christopher Tejeda	X	X	X	X								
District 2	9/17/19 – 9/16/22	Carol Thomas	X	X	X	X								
District 5	1/11/20 – 1/24/23	Marlen Torres	e	X		X								
Optional: Practicing Psychiatrist		VACANT												

Present = X

District 1: Supervisor LaVere

District 2: Supervisor Parks

District 3: Supervisor Long

District 4: Supervisor Huber

District 5: Supervisor Ramirez

# 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*

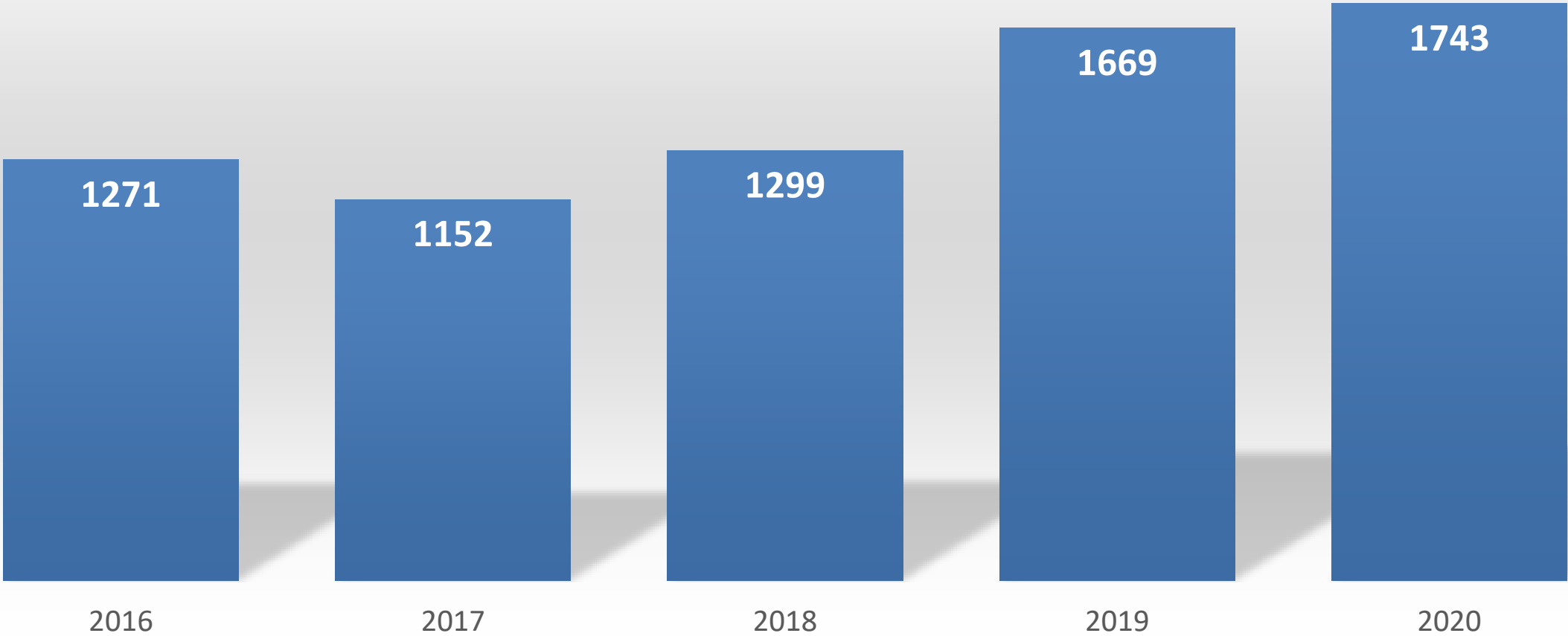
*Ensuring wrap around services & home-based case management*

# 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



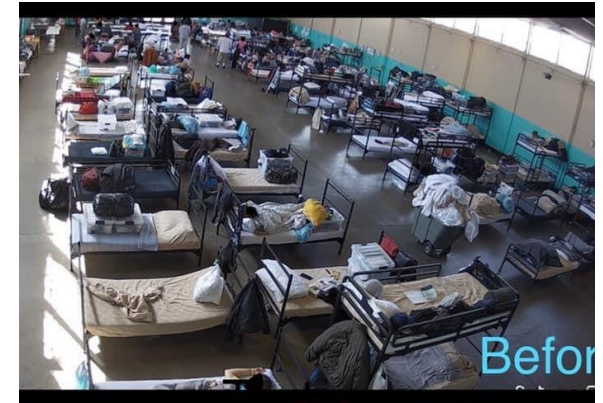
# Homeless Count Totals 2016-2020



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



# COVID-19 Response

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# 2020 System Data

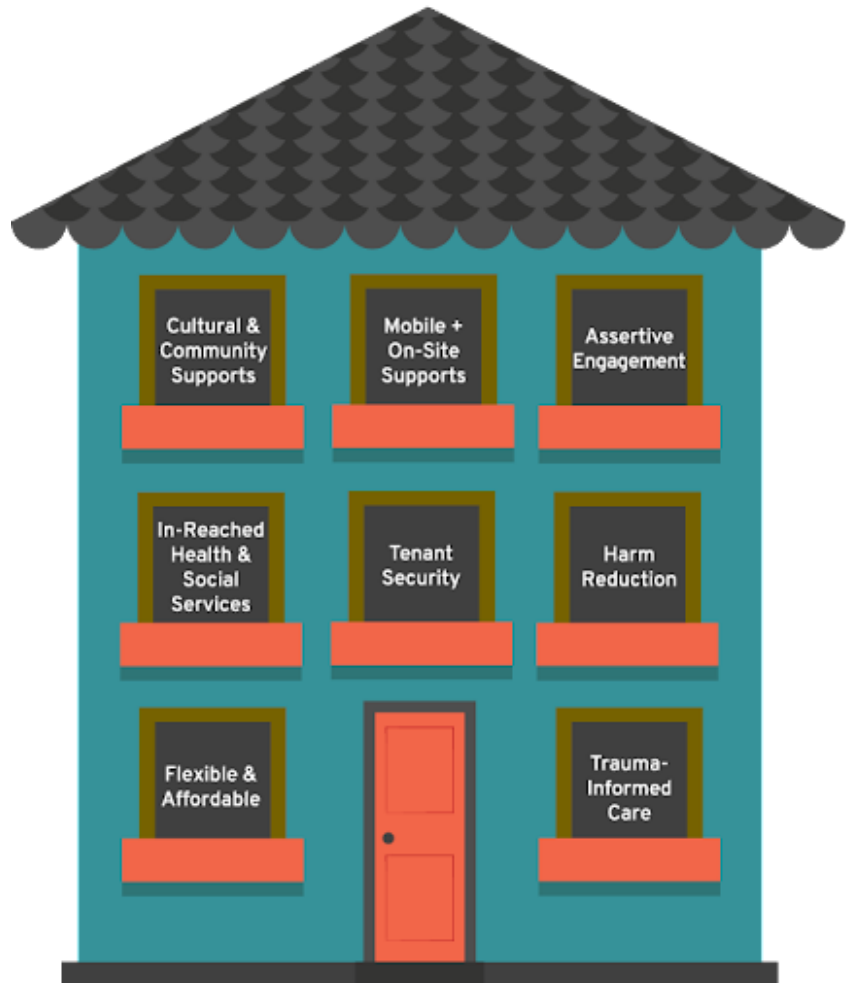
## Who is Homeless in Ventura County?

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

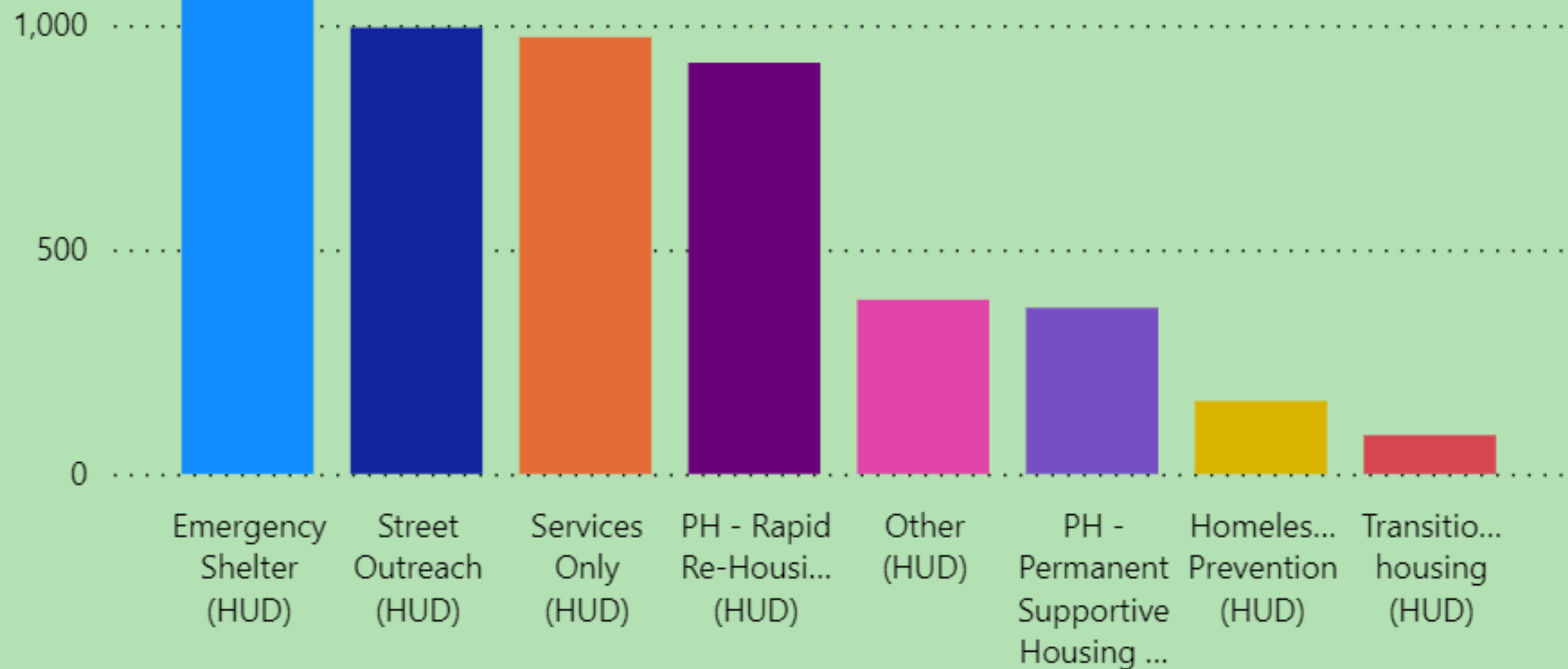
**Interface Children &  
Family Services  
Youth Outreach Line**  
(805) 469-5882

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

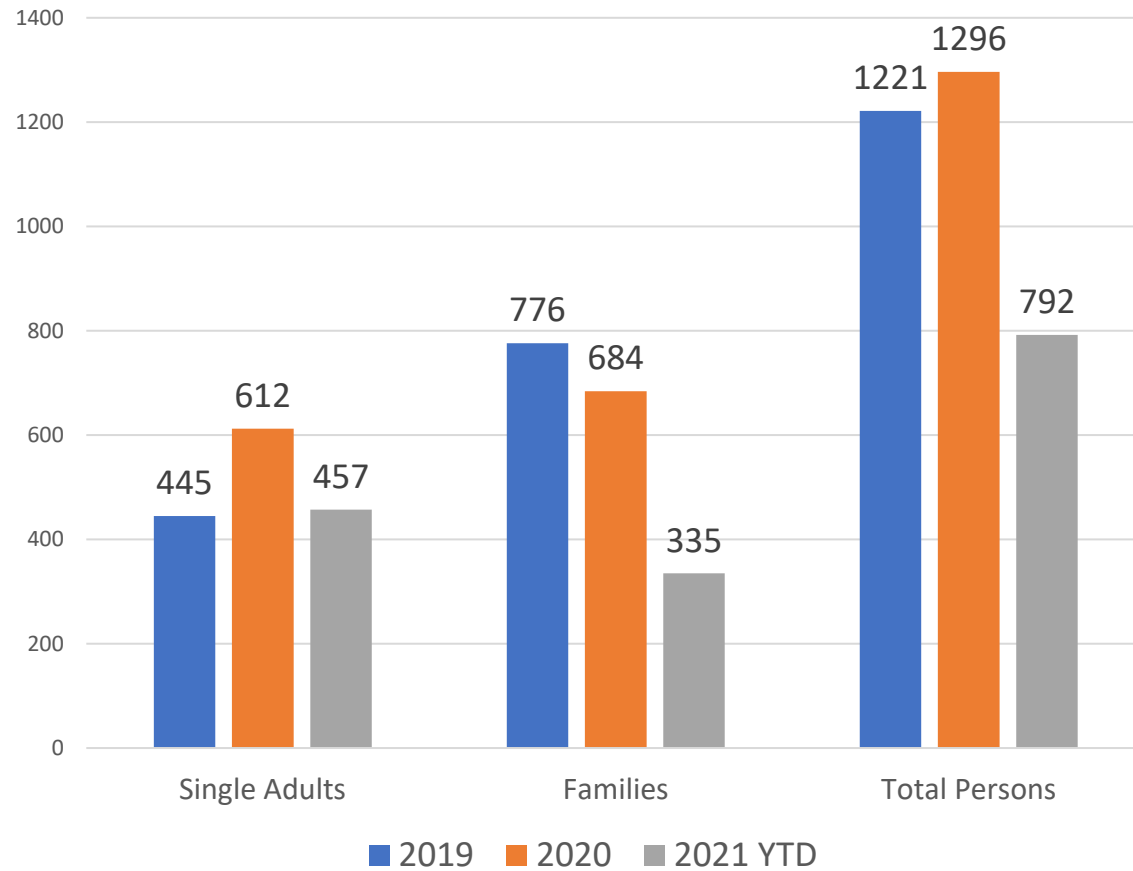
**Clients may also  
contact 2-1-1  
to reach the  
*Pathways to Home*  
program**



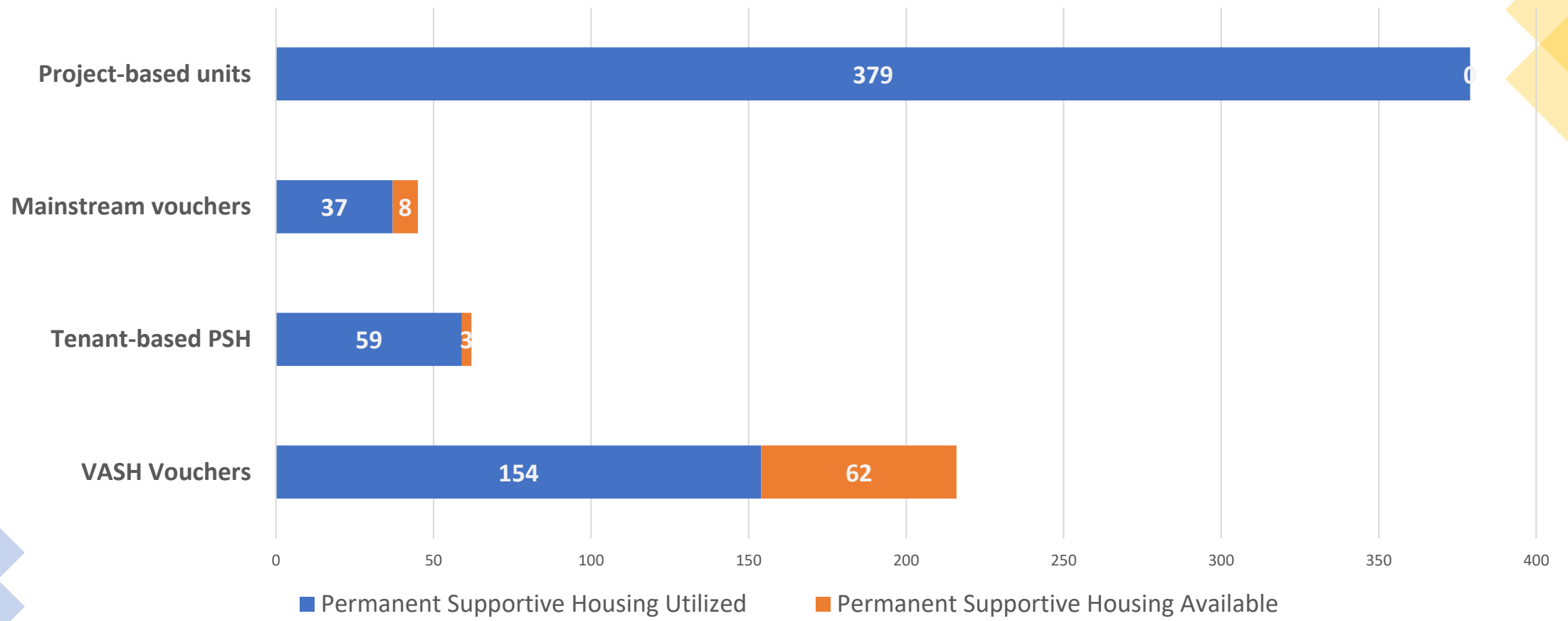
Total Number of Clients Served by Program Type from 7/1/2020-6/30/2021  



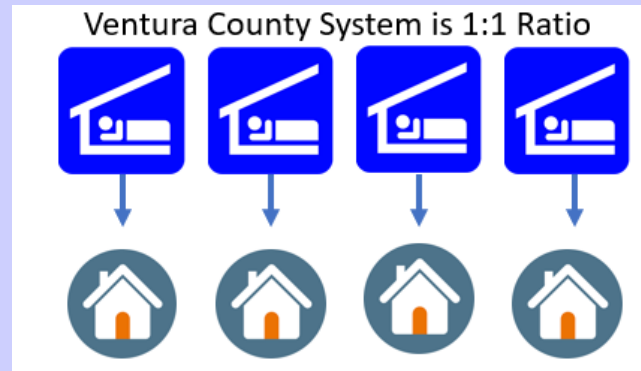
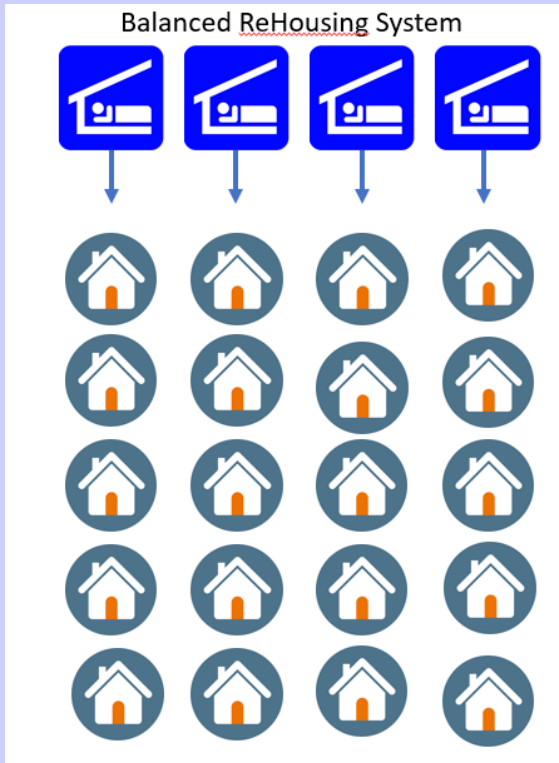
# Housing Placements



# 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](mailto:Tara.Carruth@ventura.org)

[www.venturacoc.org](http://www.venturacoc.org)

Questions?



VENTURA COUNTY  
**CONTINUUM OF  
CARE ALLIANCE**

ENDING HOMELESSNESS  
IN VENTURA COUNTY

# BHAB Disparities Reduction Workgroup

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October 18, 2021

# Agenda

- Introduction
- Workgroup members
- Purpose of BHAB Disparities Workgroup
- Background
- Recommendation
  - Amendment of Bylaws



# Workgroup Members

Members	
Gane Brooking (Co-Chair)	Jose Estrada
Genevieve Flores-Haro	Janis Gardner
Patricia Mowlavi	Ezequiel Sanchez
Elizabeth Stone	Joe Ramirez
Michael Rodriguez	Marlen Torres (Co-Chair)

# Purpose

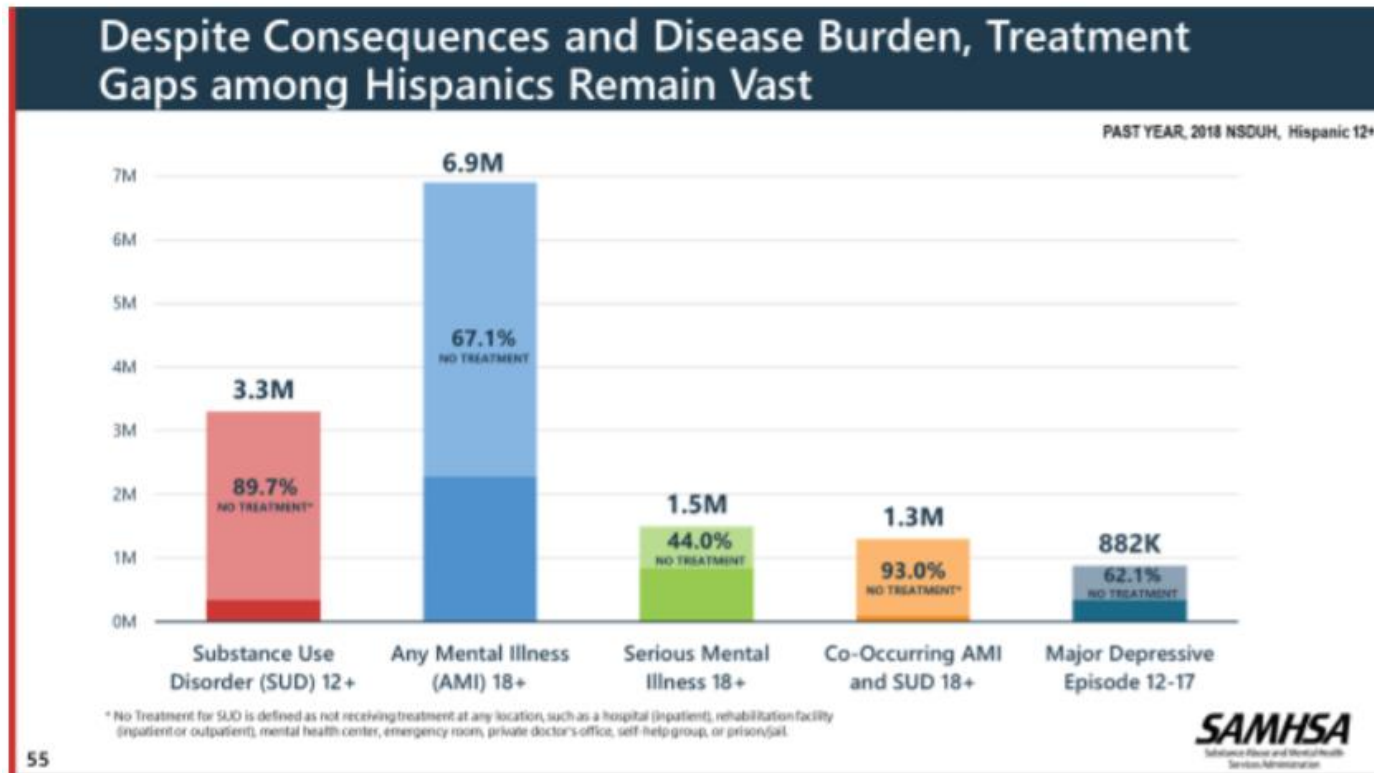
Determine if a standing committee is needed to address disparities experienced by individuals served by the Ventura County Behavioral Health Department.

Background

# Substance Abuse and Mental Health Services Administration (SAHMSA)

- According to SAHMSA, “Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.”
- In conjunction with quality services, **this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – all of which have an impact on behavioral health outcomes.**
- Office of Behavioral Health Equity is organized around key strategies:
  1. The **data strategy** utilizes federal and community data to identify, monitor, and respond to behavioral health disparities.
  2. The **policy strategy** promotes policy initiatives that strengthen the impact of SAMHSA programs in advancing behavioral health equity.
  3. The **quality practice and workforce development strategy** expands the behavioral health workforce capacity to improve outreach, engagement, and quality of care for minority and underserved populations.
  4. The **communication strategy** increases awareness and access to information about behavioral health disparities and strategies to promote behavioral health equity.

# Substance Abuse and Mental Health Services Administration (SAMHSA)



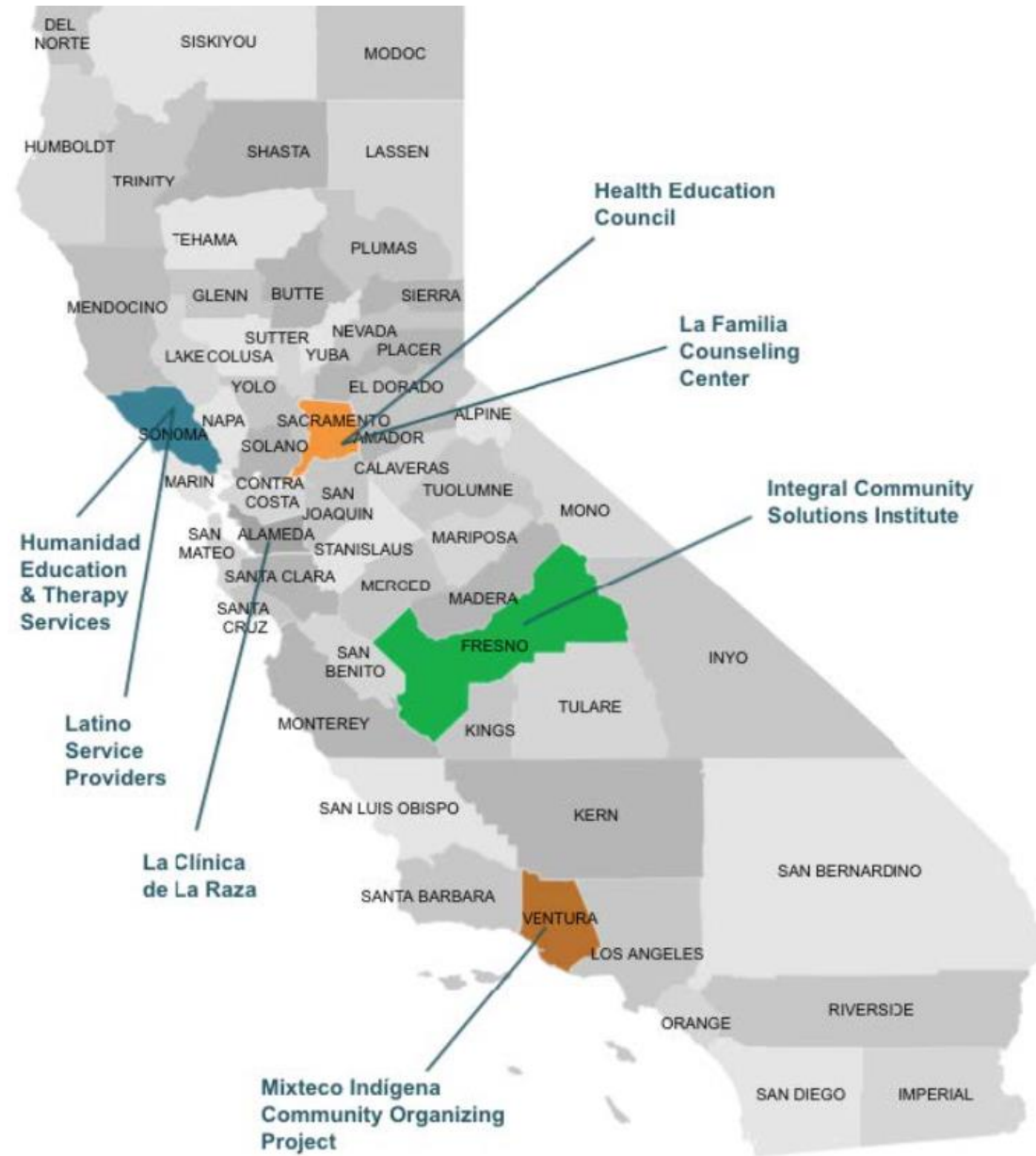
- Issue Brief: Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.
- The COVID-19 pandemic has spotlighted racial and ethnic disparities in access to behavioral health care. While their rates of behavioral health disorders may not significantly differ from the general population, Blacks and Latinos have substantially lower access to mental health and substance-use treatment services as shown (NSDUH, 2020).

# Department of Health Care Services (DHCS)

- DHCS is committed to eliminating disparities in health care and continues to align health equity efforts with the federal Centers for Medicare and Medicaid Quality Strategy and the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Disparities.
- DHCS' vision is to preserve and improve the overall health and well-being of all Californians.
- County Mental Health Plans
  1. County mental health plans develop and implement cultural competence plans that include objectives for reducing disparities by tailoring best practices in mental health services to beneficiaries' cultural and ethnic background and language preferences.
  2. The County Drug Medi-Cal-Other Delivery System (DMC-ODS) aims to improve access to culturally competent substance use disorder services.
  3. The Medi-Cal Behavioral Health Division is working on a website - Cultural Humility - that will contain information on the Cultural Competence Plan Requirements, Community Mental Health Equity Project, and other resources that will provide helpful information to county behavioral health departments, state staff, and interested stakeholders.

# California Reducing Disparities Project

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# California Reducing Disparities Project



## *Living with Love (Viviendo con Amor)*

*Living with Love (Viviendo con Amor)* is a Community Defined Evidence Program (CDEP) from Mixteco Indígena Community Organizing Project (MICOP), an Oxnard-based organization. MICOP's mission is to aid, organize and empower the indigenous community.

*Living with Love* is a prevention and early intervention curriculum that was created to address mental health issues such as, depression, anxiety, stress, among others. *Living with Love* also helps to detect early the risk factors that are associated with mental health issues. For example, domestic violence, isolation from community life, stigma associated with mental health, and lack of information and resources about mental health treatment.

To learn more about the project, review MICOP's *Living with Love (Viviendo con Amor)* summary.



The California Reducing Disparities Project (CRDP) is a statewide prevention and early intervention effort to reduce mental health disparities in underserved communities.



# Strategic Plan to Reduce Mental Health Disparities

- The Strategic Plan is a community-driven and community authored document that provides a roadmap for reducing mental health disparities in unserved, underserved, and inappropriately served communities.
- **Goals**
  1. Increase **Access** to Mental Health Services for Unserved, Underserved, and Inappropriately Served Populations
  2. Improve the **Quality** of Mental Health Services for Unserved, Underserved, and Inappropriately Served Populations
  3. Build on **Community** Strengths to Increase the Capacity of and Empower Unserved, Underserved, and Inappropriately Served Communities
  4. Develop, Fund, and Demonstrate the Effectiveness of **Population-Specific** and Tailored Programs
  5. Develop and Institutionalize Local and Statewide **Infrastructure** to Support the Reduction of Mental Health Disparities

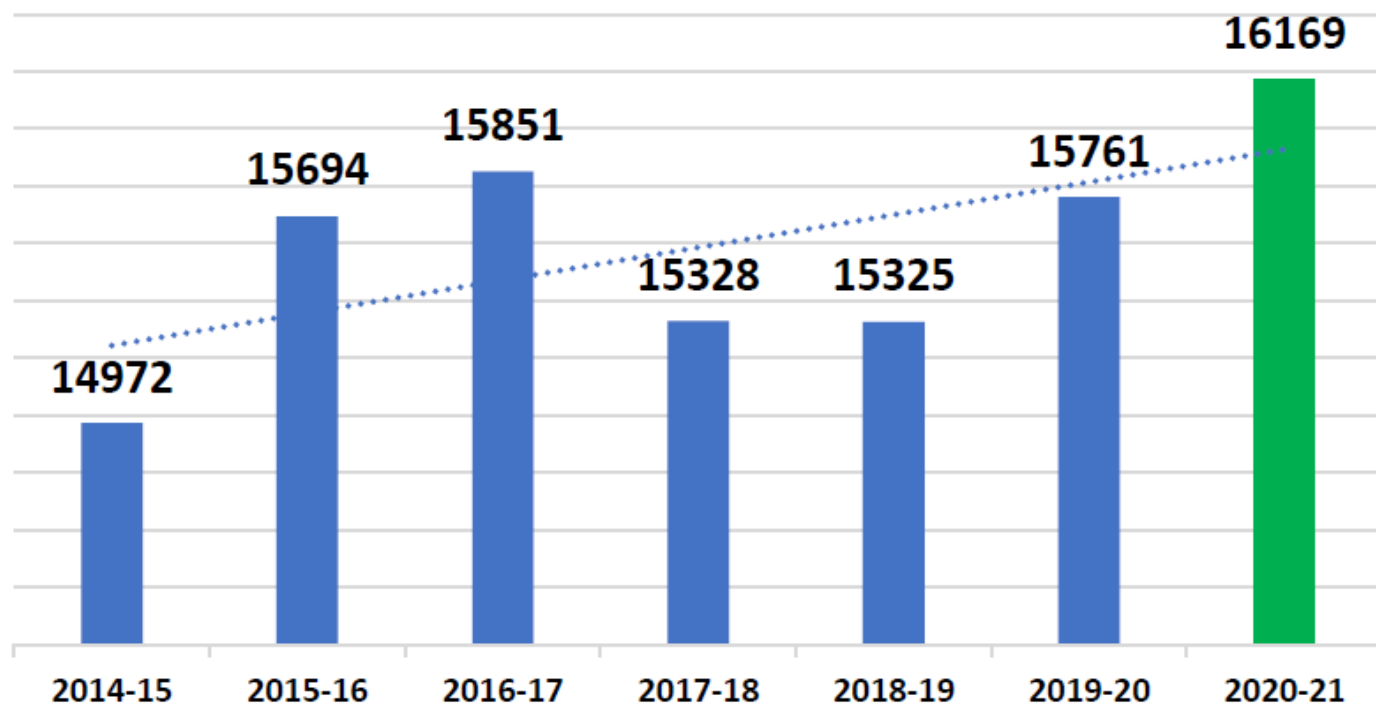
# Ventura County Board of Supervisors Resolution Declaring Racism a Public Health Crisis

1. To endorse the Task Force's work to review policies and procedures to prevent racism and further develop equity, inclusion, and diversity in County service and incorporating these components in the Strategic Plan
2. To collaborate with community members and law enforcement agencies in establishing an advisory group to foster communication and identify public concerns related to policing policies and procedures
3. To establish a health care working group with community stakeholders to study delivery and improvement of health care services to underserved populations
4. To incorporate equity, inclusion, and diversity into County organizational practices to guide County employees in best serving the community in a culturally competent manner
5. To advocate for policies that improve the health of the community
6. To encourage similar resolutions by other governmental entities

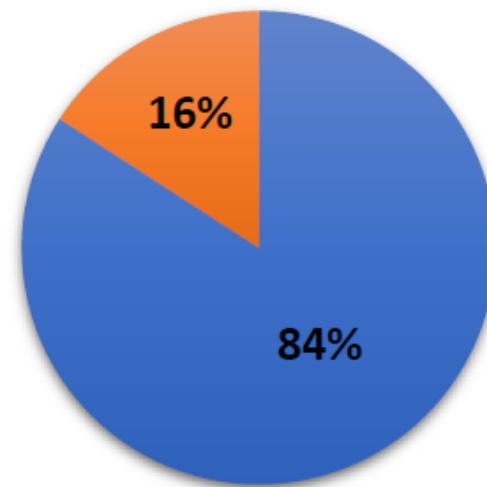


# VCBH Mental Health Consumers Served FY 2020-21

## Unduplicated Client Count

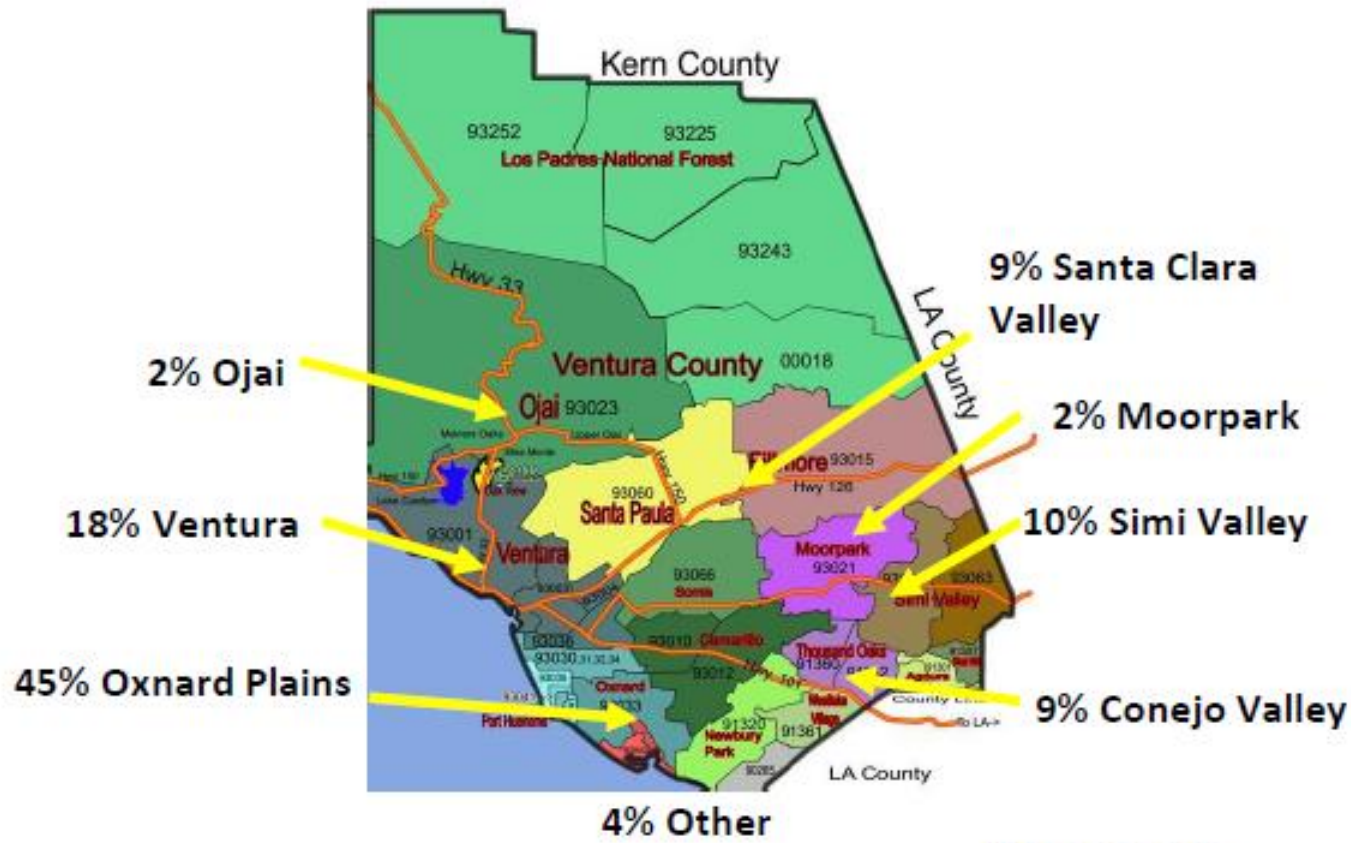


## Medi-Cal Eligibility



- Medi-Cal Eligible
- Other Payor Source

*Unduplicated Client Count includes clients with Medi-Cal and other payor sources*



### Diagnosis



### Ethnicity

Latinx	51%
Non-Latinx	41%
Unknown	8%



### Age

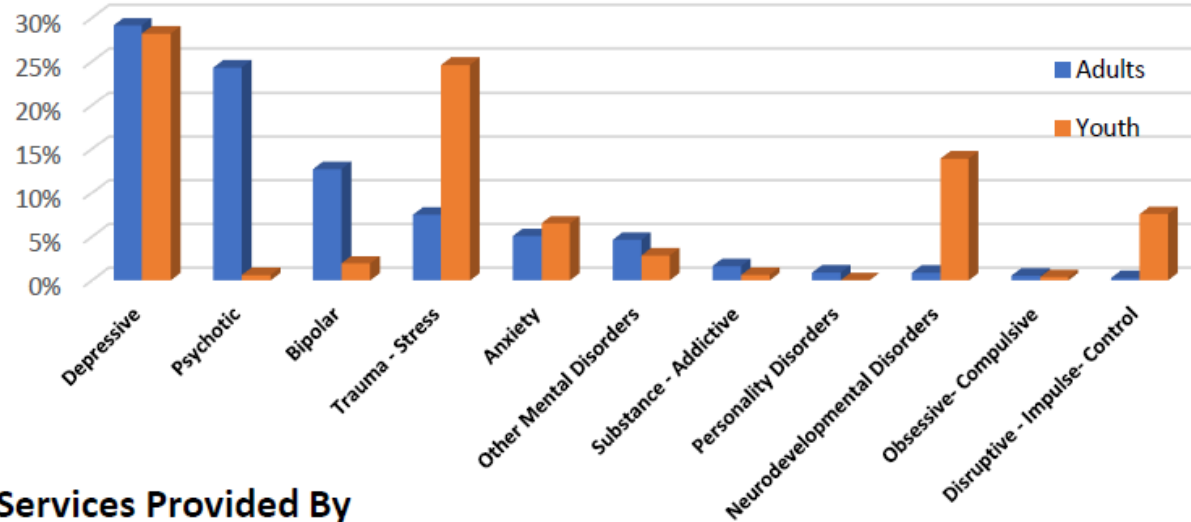
0-5	4%
6-17	34%
18-25	12%
26-64	45%
65+	5%



### Gender

Female	52%
Male	48%

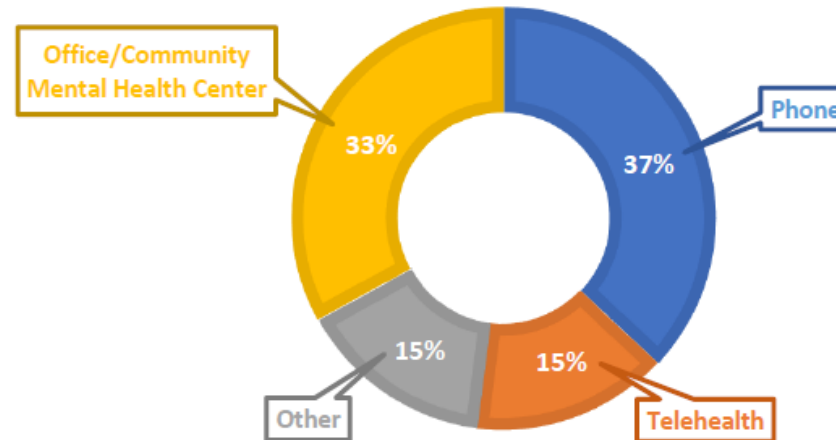
## Diagnosis



## Services Provided By

VCBH Adult	48%
VCBH Youth & Family	31%
VCBH STAR	19%
Adult Crisis	19%
Youth & Family Contractors	11%
IPU	4%
CSU Adult	4%
Adult Contractors	4%

## Service Location



# State Legislation

# Legislation

- [AB 1038 California Health Equity Program. Gipson](#) Summary: This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity.  
The bill would establish the California Health Equity Fund in the State Treasury. The bill would also establish the California Health Equity Fund Oversight and Accountability Committee to monitor the distribution, implementation, and impact of local and regional grants and make reports about the program's status.
- [AB 1130 California Health Care Quality and Affordability Act. Wood](#) Summary: This bill creates an Office of Health Care Affordability in the Office of Statewide Health Planning and Development (OSHPD) with broad authority to collect and report on health care data, to monitor health care spending trends and to establish and enforce health care cost targets. It also establishes a nine-member Health Care Affordability Advisory Board comprised of gubernatorial and legislative appointees to advise the Office on its activities. The Office of Health Care Affordability would in part: Promote, measure, and publicly report performance on quality and health equity through the adoption of a priority set of standard quality and equity measures for assessing health care service plans, health insurers, hospitals, and physician organizations, with consideration for minimizing administrative burden and duplication.
- [SB 17 Office of Racial Equity. Pan](#) Summary: This bill establishes, until January 1, 2029, the Office of Racial Equity, which would develop statewide guidelines for inclusive policies and practices that reduce racial inequities, promote racial equity, address individual, institutional, and structural racism, and establish goals and strategies to advance racial equity and address structural racism and racial inequities.

# Recommendation-Amend the Bylaws and Create a Standing Committee

## ARTICLE III

F. 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**.

## ARTICLE VI

### COMMITTEES

#### G. Disparities 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 **working towards and advocating for 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, gender, disability, gender identity and sexual identity.



# References

1. California Department of Public Health:  
<https://www.cdph.ca.gov/Programs/OHE/pages/crdp.aspx#>
2. California Health Care Foundation: <https://www.chcf.org/publication/mental-health-disparities-race-ethnicity-adults-medi-cal/>
3. California Pan-Ethnic Health Network: <https://cpehn.org/california-reducing-disparities-project/>
4. The Department of Health Care Services:  
<https://www.dhcs.ca.gov/dataandstats/reports/Pages/HealthDisparities.aspx>
5. Substance Abuse and Mental Health Services Administration:  
<https://www.samhsa.gov/behavioral-health-equity>
6. UC Davis Health: Center for Reducing Health Disparities:  
<https://health.ucdavis.edu/crhd/crdp.html>

# Board Letter Procedure

## Source:

- 2018 Administrative Policy Manual, General Information Chapter II, Policy No. Chapter II-11: Operating Procedures for Board of Supervisors Meetings and Agendas
- 2018 Administrative Policy Manual, General Information Chapter II, Policy No. Chapter II-12: Board Letter Procedures



# Board Letter Procedure

- All prospective items are routed through the CEO's office for review and placement on the agenda
- Board letters must originate from a Board Member or County Agency/Department
- Board letters must be on official Agency/Department letterhead, signed by authorized representative
- Board letter must go through Review and Approval Process
  - CEO's Office, County Counsel, Auditor-Controller's Office
  - Minimum 20 days prior to planned Board meeting



# Board Letter Procedure

- Consent Agenda
  - Routine and non-controversial
  - Reviewed and approved together
  - Item(s) can be pulled by a Board Member for separate action
- Regular Agenda
  - Items not included in the Consent Agenda or not Time Certain, are heard as Regular Agenda items.
- Time Certain, Presentations, Hearings
  - Items heard as close to the listed time as possible, but no sooner than the listed

# Board Letter Procedure

- Receive and File – an established, regularly used recommendation on Consent, Regular, and Time Certain Items.
  - Receive and File a Report
  - Receive and File an Update
  - Receive and File an Unscheduled Vacancy Notice
  - Receive and File a Presentation



# Board Letter Procedure

Questions



# VHAB Duties Under Welfare and Institutions Code section 5604.2:

1. Review and evaluate the County's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided
  - a. Includes such places as schools, emergency departments, and psychiatric facilities
  - b. State legislators' intent, that this shall include evaluation/assessment of the impact of the realignment of services from the State to the county, on services delivered to clients and on the local community

# VHAB Duties Under Welfare and Institutions Code section 5604.2:

2. Review County agreements entered into under Section 5650
  - a. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements
  - b. Section 5650 addresses performance contracts between the State Department of Health Care Services and the County for community mental health services, the Mental Health Services Act, the Projects for Assistance in Transition from Homelessness grant, the Community Mental Health Services Block Grant, and other federal grants or other county mental health programs



# VHAB Duties Under Welfare and Institutions Code section 5604.2:

3. Advise the Board of Supervisors and the Behavioral Health Director as to any aspect of the local mental health program
  - a. May request assistance from local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access

# VHAB Duties Under Welfare and Institutions Code section 5604.2:

4. Review and approve procedures to ensure citizen and professional involvement at all stages of the planning process
  - a. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals
  - b. Involvement shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans

# VHAB Duties Under Welfare and Institutions Code section 5604.2:

5. Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system
6. Review and make recommendations on applicants for the appointment of a Behavioral Health Director – must be included in the process prior to vote by Board of Supervisors
7. Review and comment on the County's performance outcome data and communicate its findings to the California Behavioral Health Planning Council
8. Any other duties or authorities delegated to the BHAB by the Board of Supervisors
9. In all actions, the BHAB serves in an advisory role to the Board of Supervisors

# VHAB Duties Under Welfare and Institutions Code section 5648 (Mental Health Services Act)

1. BHAB shall conduct a public hearing on the draft three-year program and expenditure plan prepared and annual updates at the close of the 30-day comment period required by Section 5648
2. BHAB shall review the adopted plan or update and make recommendations to VCBH for revisions
3. VCBH shall provide an annual report of written explanations to the Board of Supervisors and the State for any substantive recommendations made by BHAB that are not included in the final plan or update

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## Director's Update --- BHAB General Meeting 10.18.21

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### 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 1<sup>st</sup>. 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 4<sup>th</sup> 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 1<sup>st</sup> 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 7<sup>th</sup>, 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 26<sup>th</sup>-28<sup>th</sup>. 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](http://VCSELPA.org) website and the event will be held **Saturday, October 23<sup>rd</sup>**.

### ***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](http://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](http://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](http://www.NotADUI.org)



### **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 22<sup>nd</sup>.

### **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 1<sup>st</sup>. 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.

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.

**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><b>Statewide Prevention and Early Intervention (PEI) Services Participation Agreement.</b> 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><b>Fourteenth Amendment for Children's Stabilization Unit (CSU) Services with Seneca.</b> 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><b>Performance Agreement.</b> 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	
9/14/2021	DHCS	\$109,062,000	July 1, 2021 through June 30, 2024	<p><b>Drug Medi-Cal Organized Delivery System (DMC-ODS) Standard Agreement #21-10037.</b> 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>

**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

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

\*\*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
<b>Grand Total</b>	<b>10,959</b>	<b>1,133</b>	<b>5,599</b>	<b>3,713</b>	<b>658</b>	<b>635</b>	<b>40</b>	<b>49</b>

\* 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		
<b>Grand Total</b>	<b>10,959</b>	<b>1,133</b>	<b>5,599</b>	<b>3,713</b>	<b>658</b>	<b>635</b>	<b>40</b>	<b>49</b>

\*\*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
<b>Grand Total</b>	<b>10,959</b>	<b>1,133</b>	<b>5,599</b>	<b>3,713</b>	<b>658</b>	<b>635</b>	<b>40</b>	<b>49</b>

\*\*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					
<b>Grand Total</b>	<b>12,041</b>	<b>1,312</b>	<b>5,818</b>	<b>4,071</b>	<b>658</b>	<b>635</b>	<b>40</b>	<b>49</b>

\*\*\* Clients may be counted under multiple locations