BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, November 15, 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=bE43OUJqRHhHa0ExSlR5L1VLMWMyQT09
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 October 18, 2021 Minutes – **ACTION** (Roll Call)

VI. Public Comments (3 min. per speaker)

VII. Chair Comments (5 min.)

VIII. Director's Report – Dr. Sevet Johnson (10 min.)

IX. Board Member Comments and Announcements (10 min.)

X. Secretary's Report – Janis Gardner (5 min.)

XI. BHAB Committee Reports (5 min each)

- A. Youth & Family Services Committee (reporting on October 13 meeting) – Kevin Clerici, Chair
- B. Adult Services Committee (reporting on November 4 meeting) – Nancy Borchard and Gane Brooking, Co-Chairs.
- C. Prevention Committee (reporting on November 9 meeting) – Janis Gardner, Chair

XII. Old Business

- A. Revision to BHAB Bylaws – Discussion – **ACTION** (Roll Call) (10 min.)
- B. 2021 Data Notebook – Establishment of Workgroup – Michael Rodriguez, Chair (5 min.)

XIII. New Business

- A. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions – Michael Rodriguez, Chair – **ACTION** (Roll Call) (5 min.)
- B. Open 30-day Public Comment Period on the Mental Health Services Act (MHSA) Innovation Multi-County Full Service Partnership (FSP) Project Extension – Hilary Carson, MHSA – Sr. Program Administrator – **ACTION** (Roll Call) (10 min.)

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

C. Transition of the Disparities Reduction Workgroup to BHAB Committee – Gane Brooking and Marlen Torres – **ACTION** (Roll Call) (10 min.)

D. Needs Assessment Board Letter Workgroup Report and Board Letter Review and Approval – Michael Rodriguez, Chair – **ACTION** (Roll Call) (10 min.)

E. Needs Assessment Funding Sources Review Workgroup Report – Claudia Armann, Chair (5 min.)

F. Data Elements Workgroup Report – Jennifer Morrison, Chair (5 min.)

G. BHAB Membership Identification Assessment – Michael Rodriguez, Chair (5 min.)

H. Announcements – Janis Gardner (5 min.)

I. Presentation Requests

J. Recognition Award Recommendations

XIV. Contracts

A. Board of Supervisors Approved Agreements – October 19, 2021

1. BH-VC OPCO SP, LLC DBA Jackson House Santa Paula Agreement (Jackson House).

XV. Public Comments (3 min. per speaker)

XVI. Adjourn

Next Meeting: Monday, December 20, 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.
- 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:

1. Email or Mail Public Comment in Advance of the Meeting

To make a written 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 written public comment may also be mailed to the following address and must be received by the BHAB Assistant no later than 10 AM on the day of the meeting:

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 written public comment sent via email or regular mail will be distributed to the BHAB Members and placed into the item's record of the meeting.

Or

2. 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.

Director's Update Information for the BHAB General Meeting 11.15.21

November has the following days of significance to highlight:

- National Native American Heritage Month
- International Survivors of Suicide Loss Day 11/20
- Transgender Awareness Week November 13-19th
- Transgender Day of Remembrance, November 20th for more information: Transgender Day of Remembrance | GLAAD

Adult Services Division:

- Happy to announce after more than two years of planning, development, and construction that the Jackson House Santa Paula, a Crisis Residential Treatment (CRT) facility, celebrated with an open house and ribbon-cutting last week. There was a good turn-out, including BHAB Chair Michael Rodriguez. Everyone in attendance had the opportunity to tour the 16-bed, unlocked facility that will address the needs of folks stepping down from an inpatient stay and those who are able to avoid an inpatient admission by voluntarily accepting the 24/7 treatment offered. They are still awaiting state inspection, but will open for business as soon they are licensed, hopefully before the end of the month.

Youth and Family (Y&F) Services Division:

- Educationally Related Social Emotional Services (ERSES) services in JF continue to be highly utilized, with a full caseload much of time. This ensures continuity of care for youth to receive their Individual Education Program-related mental health services without interruption.
- INSIGHTS Full-Service Partnership (FSP) - continues to serve highest acuity youth with MH & SUS needs and graduated another youth this week!
- Y&F Manager Monica Torres participates in the Ventura County SELPA Community Advisory Committee (CAC). The CAC facilitates communication between districts and families, has regular meetings to discuss issues with Social Education Local Plan Area (SELPA) leadership, and provides parent trainings on topics such as the IEP process, behavior strategies, life after high school and social skills. The CAC is made up of parents/guardians of individuals with disabilities *(the majority),* representatives of agencies that serve people with disabilities, and school staff. The CAC promotes services and resources for special education students and their families. Y&F Leadership has participated on the CAC for over 20 years.
- Eating Disorder Collaborative Treatment Team is held on a monthly basis, with the effort to assess risk level (level of care) and provide adjust support/resources, and treatment recommendations for clients presenting with eating disorders. In collaboration with the Training department, we are actively identifying training modalities that will meet the needs of our clients including cultural needs
- VCBH Wellness Center Program actively providing linkage, prevention and early intervention mental health services, in eight school sites throughout Ventura County (Fillmore, Santa Paula, Buena, Moorpark, Oxnard, Hueneme High, Pacifica and Channel Island High School). Received a total of 82 referrals between August 2021and Nov. 2021. VCBH staff attending collaborative meetings with VCOE and continuously working on building a partnership, that promotes communication, collaboration and support of the students.

- As part of Assembly Bill 2083, we are working closely with Human Services Agency, Probation, Public Health, Regional Center and Ventura County Office of Education, to explore, expand and refine collaboration amongst agencies to improve client care.
- Department of Juvenile Justice realignment discussions continue with Probation about trainings, team and staffing needs to serve 18-24 y/o young adults that are now in the facility.
- Y&F is working on developing the next youth division-wide FSP with a particular focus on the 0-15 age range. We are working in collaboration with MHSA team with support from 3rd Sector for program development and implementation.

Substance Use Services (SUS) Division:

Substance Use Prevention:

SUS Prevention has launched the Safe Choices campaign, a set of agency contacts and services to better meet the needs of people experiencing homelessness. Small resource cards in both Spanish and English include direct contact phone numbers, as well as a QR Code to reach a site that is optimized for mobile devices. This suite of resources is being used by Oxnard Police, Gold Coast Transit, Public Health and others. And while it provides helpful links and links to agencies for those who are unsheltered, it is a resource for all residents of Ventura County. Check it out at www.SafeChoicesVC.org or in Spanish, at www.decisionesseguras.com

- Please see the below update on Naloxone distribution:
    - Total kits distributed to kit recipients in 2020: 896
    - Total kits distributed to date to kit recipients in 2021: 840
    - We are on track to distribute more than 1,000 kits to residents at risk of overdose and their families/partners.
        - These are now THREE dose kits (not 2 doses), to better respond to the risks of Fentanyl, found in many drugs of abuse.
- SUS Prevention now has two (2) Student Workers who are aiding in the continued expansion of Overdose Prevention education.

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

- The DMC-ODS-DHCS Monitoring Tool Audit Review for FY 2019-2020 was completed on 9/30/21. The Division is now working on the 2020-2021 Audit Review which is due on 12/1/21.
- The DMC-ODS EQRO will be on 11/30/21 to 12/2/21 via zoom.
- The DHCS Behavioral Health Integration 3.3 project is now testing use cases in our care management software environments. A reminder that the purpose of the project is to coordinate mental health, physical health, and substance use disorder services using new care management clinical tools and software.

Substance Use Treatment Services (SUTS):

- Several Clinic Administrators and Clinicians are attending the Southern Counties Regional Conference. Dr. Linda Gertson and Diane Reynolds are presenting the 'Mindful Parenting' program and the preliminary outcome data of implementation at our A New Start for Moms program.

- In collaboration with the Youth and Family Division, we are blending MOUs with the Probation Agency to have integrated mental health and substance use disorder team members embedded in the Juvenile Facility.

MHSA:

- **MHSA Community Update** meetings – The first meeting was conducted on November 9th and an upcoming meeting via Zoom is on November 18th from 11am-12:30pm. Email MHSA@ventura.org to register.

Administration:

Overall Administration:

- Coordination of CalAIM (California Advancing and Innovating Medi-Cal) efforts across the department. A VCBH task force has been established and is meeting weekly to implement a project plan and discuss project deadlines and updates. VCBH continues to engage contracted providers to ensure that they are ready for a January 1st launch of the SMHS Medical Necessity criteria changes. VCBH will facilitate provider trainings from the end of November through the beginning of December. Additionally, ongoing collaboration and coordination with County Partners, Gold Coast Health Plan and DHCS on CalAIM implementation.
- 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 will be 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 are being 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

- Major revisions to policies, procedures and forms are taking place over the next two months to implement DHCS changes to Medical Necessity criteria for SMHS and Substance Use Services. A cross unit taskforce has been established to ensure that all required changes are in place and that staff and CBOs are trained prior to January 1, 2022. Quality Management continues to hold quarterly meetings with contracted provider representatives and has begun quarterly meetings with VCBH management staff as well to review essential updates, policy and procedure reminders, quality improvement updates, and other key areas related to compliance, contracts, fiscal, cultural competency, etc. The care coordination team is working closely with Vista Del Mar and Hillmont IPU during inpatient hospital stays and throughout the discharge process 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 continue 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, and recently received positive feedback on all PIPs from the state reviewers. We continue 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.

Electronic Health Records

- We are quickly completing changes to clinical records as mandated by DHCS requiring Telehealth and Phone service delivery methods to be captured in the claiming process. These changes should be completed shortly.
- The Electronic Health Records (EHR) Team is engaging with our business partners to plan and implement the many aspects of the CalAIM initiative. Currently, the client assessment record is being modified to conform to changes in the definition of medical necessity. These changes are required by 12/31/2021.

BHAB GENERAL MEETING – ACTION ITEM

11/15/21

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

BHAB BYLAWS

PROPROSED 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.

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.

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Robert Levin, MD
Health Officer/Medical Director

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
A Department of Ventura County Healthcare Agency

November 15, 2021

VENTURA COUNTY INNOVATIONS:

FSP Multi County Project-Extension

Hilary Carson INN Administrator

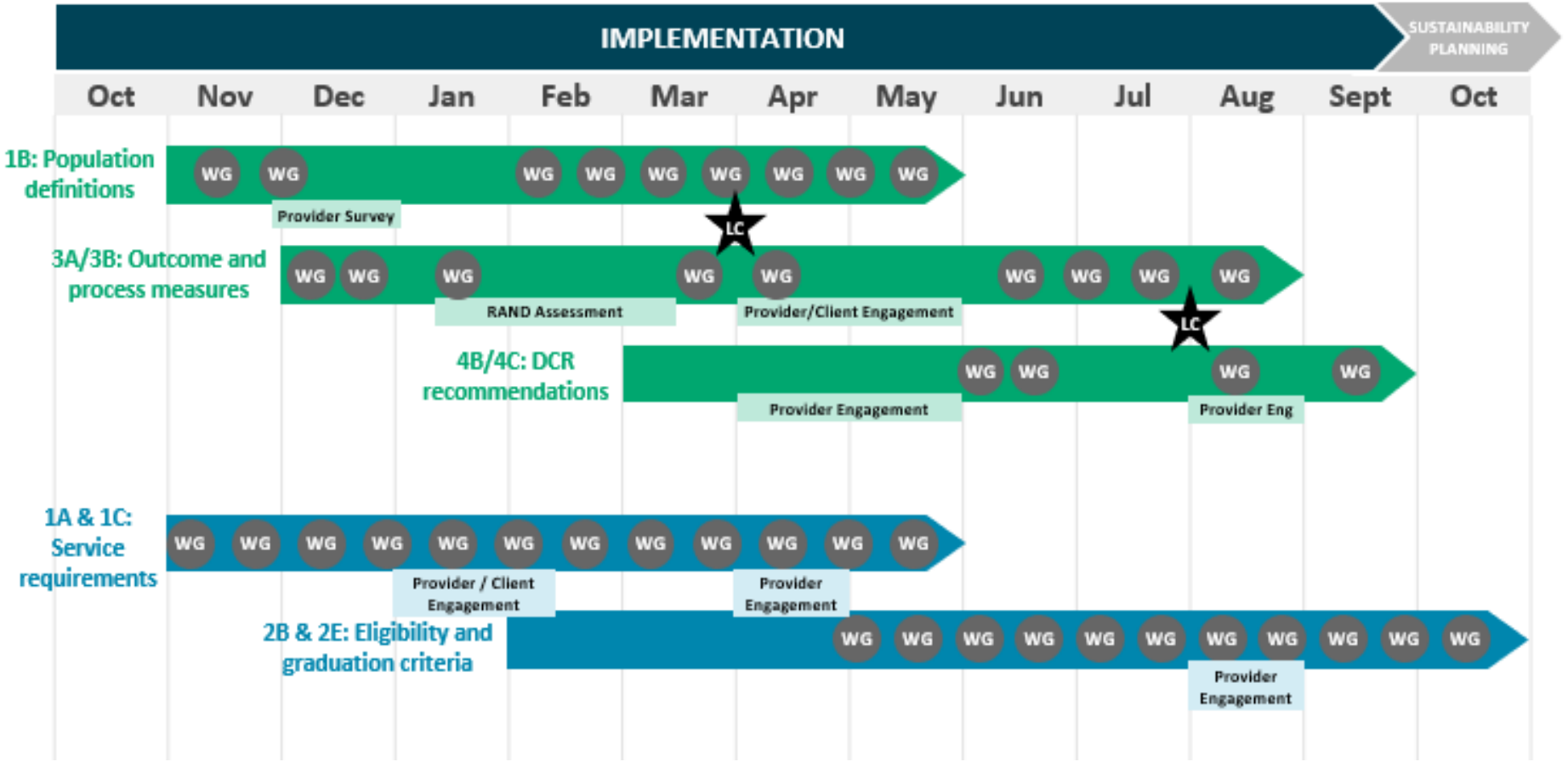
Program Overview and Current State

Primary Purpose: Increases the quality of mental health services, including measured outcomes and Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Time Limited: Years from 2020-2024

Overarching Goal: This project will reframe FSP programs around meaningful outcomes and the partner (client) experience. This multi-county Innovation Project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

Multi-County Project Goals vs. VCBH Goals



VENTURA COUNTY BEHAVIORAL HEALTH

Rationale

Activities: in-depth feedback from consumers and providers, defining person-centered outcomes, identifying data-informed and evidence-based program adjustments and developing guidelines to support a unified standard of care across eligibility, services, and graduation.

- Ventura and Third Sector pursued a collaborative, client-centric process, designing changes with feedback and participation from **over 60 stakeholders**, including FSP clients and family members.

Hindrances: Many of these improvements are still in the early stages of implementation and will require additional time to operationalize, for two primary reasons:

- The simultaneous COVID-19 pandemic reduced Ventura's capacity, as staff were reassigned to crisis response teams and vaccine clinics.
- The scope of these changes is significant and system-wide, involving further integration with referral processes and data collection, staff hiring and training, and policy and procedure documentation.

Additional Needs: Through this transformative process, Ventura realized that its Child programs would benefit from a similar undertaking.

Proposal

Extension Support Goals and Timeline

VENTURA COUNTY BEHAVIORAL HEALTH

Budget

EXPENDITURE TOTALS	FY 21/22	FY 22/23	FY 23/24	Total
Personnel	$19,749	$28,478	$0	**$48,227**
Direct Costs	$272,500	$381,500	$0	**$654,000**
Indirect Costs	$0	$0	$0	**$0**
Total Individual County Innovation Budget*	**$292,249**	**$409,978**	**$0**	**$702,227**

VENTURA COUNTY BEHAVIORAL HEALTH

Questions?

Hilary Carson, MSW
Program Administrator, MHSA INN
805-981-8496
hilary.carson@ventura.org

VENTURA COUNTY
BEHAVIORAL HEALTH

BHAB Disparities Reduction Workgroup

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

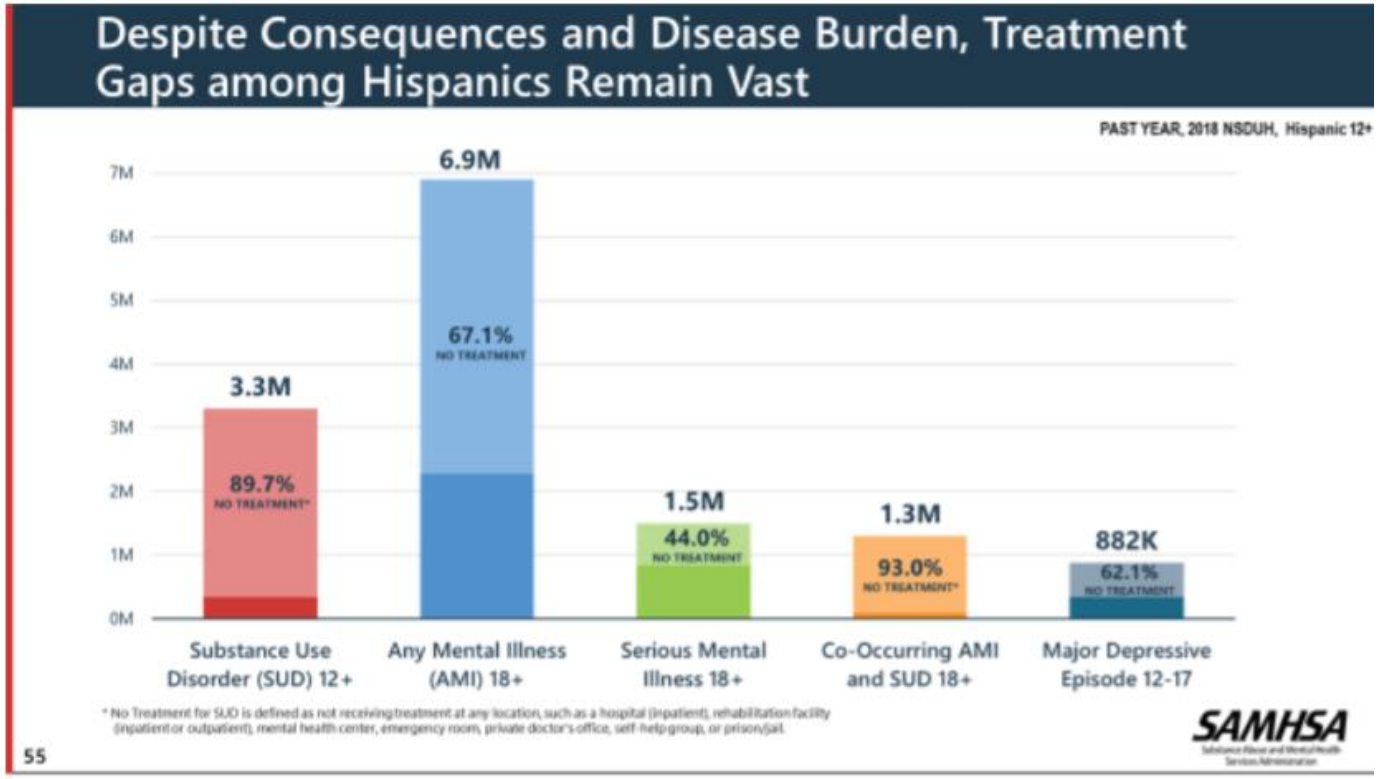
Substance Abuse and Mental Health Services Administration (SAHMSA)

- 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 (SAHMSA)



- 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.

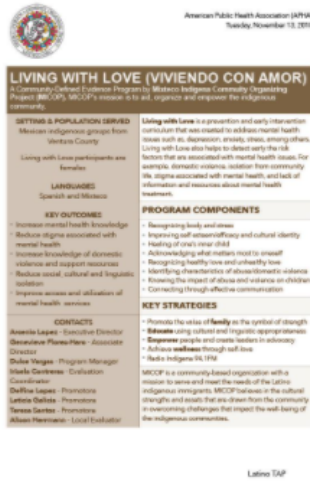
- County Mental Health Plans
    1. County mental health plans develop and implement cultural competence plans that include objectives for reducing disparities by tailoring best practices in mental health services to beneficiaries' cultural and ethnic background and language preferences.
    2. The County 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

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

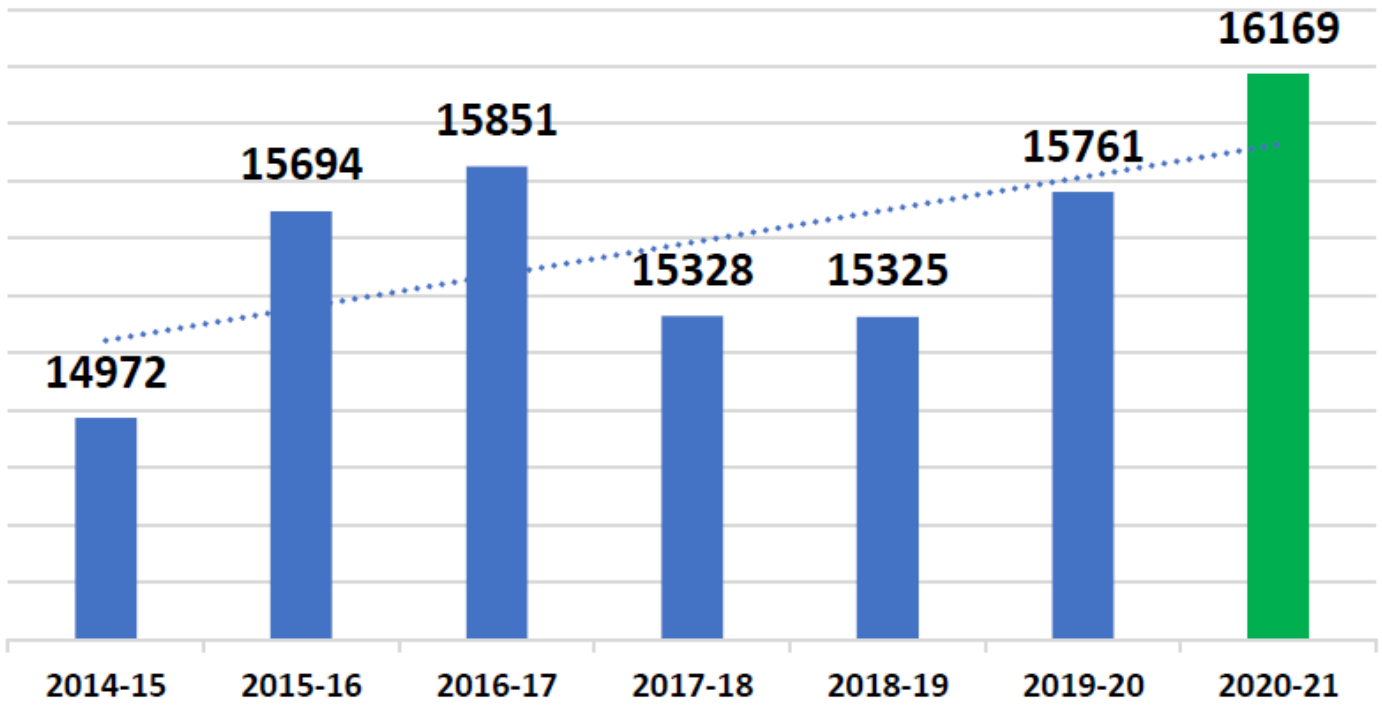
Ventura County Board of Supervisors Resolution Declaring Racism a Public Health Crisis

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

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

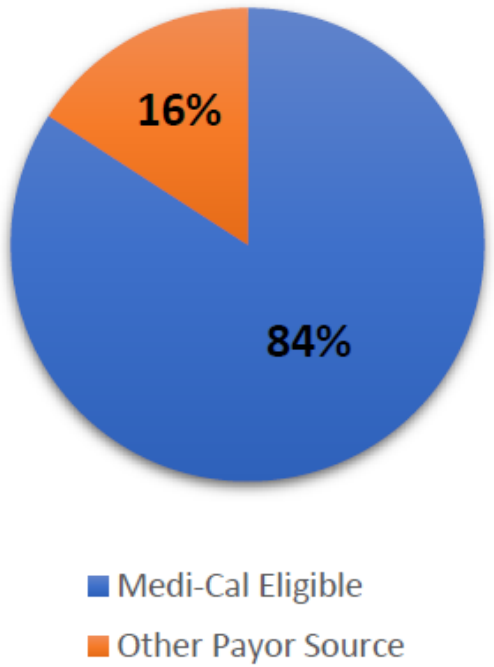
VCBH Mental Health Consumers Served FY 2020-21

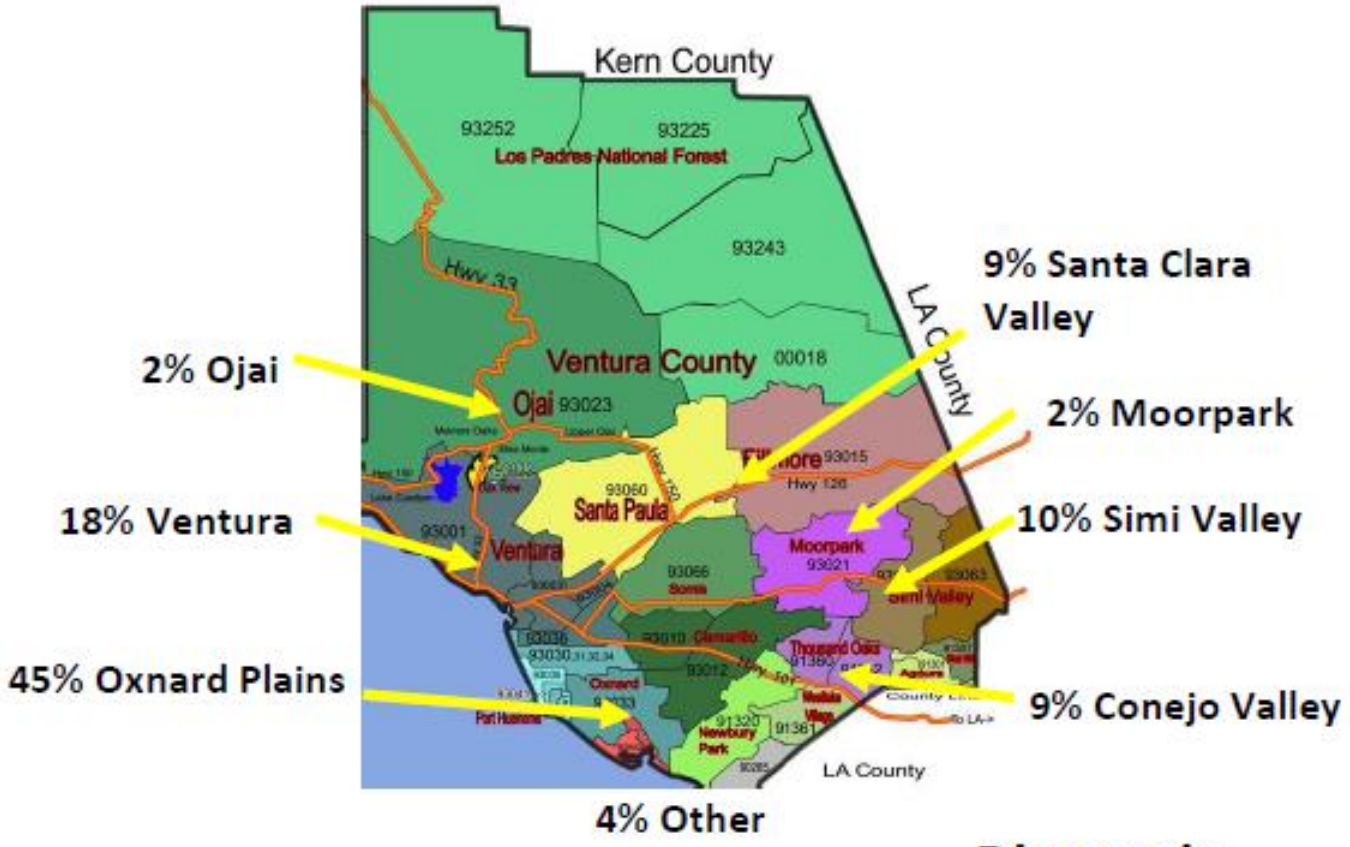
Unduplicated Client Count



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

Medi-Cal Eligibility





Ethnicity

Latinx	51%
Non-Latinx	41%
Unknown	8%

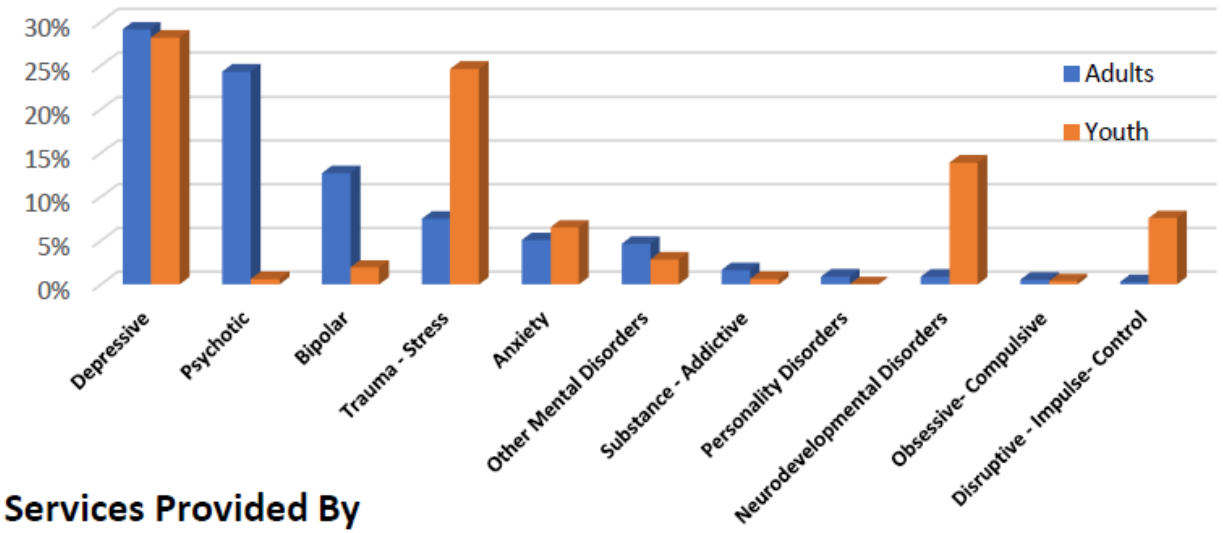
Age

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

Gender

Female	52%
Male	48%

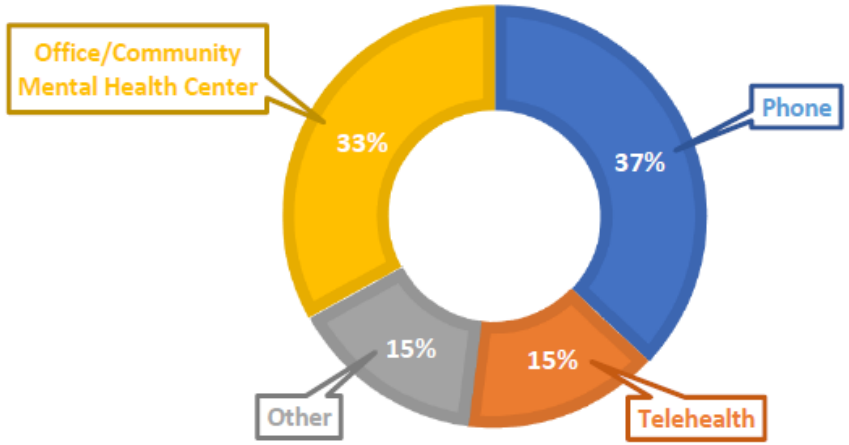
Diagnosis



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

Ventura County
Behavioral Health Advisory Board

November **, 2021

DRAFT

Address:

1911 Williams Drive, Suite 200
Oxnard, CA 93036
Phone: 805-981-1115

Board of Supervisors
County of Ventura
800 S. Victoria Avenue
Ventura, CA 93009

Re: Comprehensive Mental Health Needs Assessment

Dear Ventura County Supervisors:

The Ventura County Behavioral Health Department has effectively and creatively utilized existing resources to provide behavioral health services to Ventura County residents. However, far too many people suffering from severe mental illness cycle through the revolving doors of rehospitalization and incarceration, thereby traumatizing them and their families. Furthermore, effective pre-crisis treatment throughout the behavioral health continuum of care significantly reduces the need for crisis care. As you may know, the continuum of care includes treatment, programs, facility and staffing infrastructure to provide appropriate treatment, as well as transitional and long-term housing supports.

To improve mental health services, we respectfully request the County of Ventura engage a qualified independent entity to conduct a comprehensive needs assessment of the behavioral health services continuum of care. An independent entity will provide global and outside third-party perspectives~~, without consuming resources allocated for mental health services~~. Moreover, a comprehensive needs assessment should include every level of care required by people affected by severe mental illness to ensure early identification and appropriate treatment while supporting recovery and independence.

DRAFT

Areas assessed may include:

- Recommended number of residential treatment beds, including Intensive Psychiatric Units (IPU), Crisis Residential Treatment (CRT), Board and Care and other step-down facilities.

- Evaluation of programs offered in Ventura County for those experiencing severe mental illness and recommend other evidence-based programs used elsewhere.

RECOMMENDATIONS: The BHAB formally requests the Board of Supervisors to take the following actions:

1. Approve and implement the recommendation for the County of Ventura to engage a qualified independent entity to conduct a comprehensive needs assessment of the behavioral health continuum of care pertaining to individuals experiencing severe mental illness and substance use disorders;

2. Instruct the Health Care Agency to develop a request for proposal to hire a qualified independent entity to conduct the needs assessment; and

3. The costs associated with this comprehensive needs assessment ~~should not consume resources intended for existing and prospective behavioral health services but~~ may be augmented by grants, foundation or additional local, state or federal funding.

If you have any questions, comments or concerns please do not hesitate to contact me at your earliest convenience.

Sincerely,

Michael Rodríguez, Chair
Ventura County Behavioral Health Advisory Board

cc: Michael Powers, County Executive Officer

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 Number of Clients	2019 % of Total	2020 Number of Clients	2020 % 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 Number of Clients	2019 % of Total	2020 Number of Clients	2020 % 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	39	5%	27	3%
Community	31	4%	0	0%
Other / Unknown	14	2%	12	1%
Psychiatric Facility – Private	7	1%	17	2%
Hospital/ER – VCMC	13	2%	12	1%
VCBH Contracted Provider	12	1%	7	1%
Courts/ Corrections/ Law Enforcement	2	0%	8	1%
Shelters	4	0%	2	0%
Veterans Admin (VA)	4	0%	5	0%
Alcohol and Drug Programs - Non VCBH	2	0%	7	1%
O.P. Medical Provider - Non VCMC	3	0%	2	0%
Comm Agency and Counseling Centers	1	0%	3	0%
Human Services Agency	1	0%	1	0%
Residential (Non Psych) Facility – Adult	3	0%	1	0%
Residential Facility – Youth	0	0%	1	0%
Developmental Disabilities	1	0%	0	0%
Psychiatric Facility – Unknown	1	0%	0	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 in 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?

RFS to STAR Assessment	2019 Number of Days	2020 Number of Days
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	**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.
9/14/2021	Seneca Family of Agencies (Seneca)	$0	July 1, 2020 through June 30, 2021.	**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.

9/14/2021	Department of Health Care Services (DHCS)	$0	July 1, 2021 through June 30, 2024	**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.
9/14/2021	DHCS	$109,062,000	July 1, 2021 through June 30, 2024	**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.

Ventura County Behavioral Health

Board Letter Summary of Contracts for October 2021

Board Date	Contractor	Amount	Term	Description
10/19/2021	BH-VC OPCO SP, LLC DBA Jackson House Santa Paula	$611,600	November 1, 2021 through June 30, 2022	**BH-VC OPCO SP, LLC DBA Jackson House Santa Paula Agreement (Jackson House).** Jackson House is the second 24/7 Short-Term Crisis Residential Recovery Treatment Program (CRT) facility of its kind within Ventura County to provide a short-term, voluntary, and licensed social rehabilitation program. Jackson House is located in the City of Santa Paula and provides services for up to sixteen (16) adults who are experiencing increased psychiatric symptoms or a behavioral health crisis. VCBH reimburses costs incurred for clients, ages 18 years and older, who are referred by Ventura County Behavioral Health. The CRT facility services will be used by clients to avoid acute hospitalization or to assist clients in stepping down from an acute hospital stay. Treatment services include assessment, community functioning evaluation, mental health counseling (including individual and group therapy and peer support) treatment for co-occurring substance abuse disorders, Wellness and Recovery based group interventions, case management, medication services, and successful linkages to community support services with the goal of minimizing the risk of hospitalization or return to routine crisis-based care. Most clients will have a serious mental illness and significant functional impairment and be at risk of psychiatric hospitalization. These individuals do not require care in a locked treatment setting but may require an intensive level of support. Clients may also be stepping down from a locked treatment program and require an intensive level of support. Admissions to the CRT may also include persons with short-term mental health disorders who are at imminent risk of psychiatric hospitalization. Clients receive services on a voluntary basis or as authorized by a court appointed conservator. The Agreement with Jackson House is funded by Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP) and Proposition 63 Mental Health Services Act (MHSA) funds.

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

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

As of 11/04/2021

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	**11,098**	**1,175**	**5,546**	**3,769**	**734**	**640**	**33**	**41**

**VCBH enrolled clients only

Total Clients With Open Episode	**VCBH Program Group**							
Age Group *	**All VCBH**	**SUS**	**MH Adult**	**MH Youth and Family**	**VCBH STAR**	**VCBH Crisis**	**CSU****	**IPU****
0-15	2,732	19		2,544	201	51		
16-25	2,144	216	708	1,110	179	130	8	9
26-59	4,996	884	3,758	115	317	364	23	27
60+	1,226	56	1,080		37	95	2	5
Grand Total	**11,098**	**1,175**	**5,546**	**3,769**	**734**	**640**	**33**	**41**

* Client age as of October 31, 2021

**VCBH enrolled clients only

Total Clients With Open Episode	**VCBH Program Group**							
Preferred Language	**All VCBH**	**SUS**	**MH Adult**	**MH Youth and Family**	**VCBH STAR**	**VCBH Crisis**	**CSU****	**IPU****
English	9,738	1,092	4,873	3,258	626	574	32	39
Spanish	1,113	69	539	439	95	37	1	1
Other	96	4	65	20	5	9		
Unknown / Not Reported	151	10	69	52	8	20		1
Grand Total	**11,098**	**1,175**	**5,546**	**3,769**	**734**	**640**	**33**	**41**

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							
Ethnicity	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Latinx	5,607	620	2,438	2,374	388	194	16	16
Non-Latinx	4,113	428	2,666	856	216	239	16	21
Unknown / Not Reported	1,378	127	442	539	130	207	1	4
Grand Total	**11,098**	**1,175**	**5,546**	**3,769**	**734**	**640**	**33**	**41**

**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**	IPU**
CAMARILLO	488		91	398				
FILLMORE	135	44		92				
MOORPARK	15			15				
OXNARD	5,961	918	2,496	1,585	734	640		
SANTA PAULA	723		480	243				
SIMI VALLEY	1,205	71	712	446				
THOUSAND OAKS	1,200	48	838	322				
VENTURA	2,174	61	1,124	1,009			33	41
Outside Ventura County (Contractor)	224	202	22					
Grand Total	**12,125**	**1,344**	**5,763**	**4,110**	**734**	**640**	**33**	**41**

*** Clients may be counted under multiple locations