

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

December 20, 2021

NEXT MEETING:

Monday, January 24, 2022

1:00 p.m. – 3:30 p.m.

VIRTUAL MEETING VIA ZOOM

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

BHAB Members Present

Claudia Armann
Ratan Bhavnani
Nancy Borchard, Member-At-Large
Kevin Clerici
Genevieve Flores-Haro
Cmdr. James Fryhoff
Janis Gardner, Secretary
Jerry Harris, Member (Chair) Emeritus
Cheryl Heitmann
Supv. Matt LaVere
Jennifer Morrison
Patricia Mowlavi
Michael Rodriguez, Chair
Chris Tejada, 2nd Vice Chair

BHAB Members Absent

Soledad Barragán
Gane Brooking
Jose Estrada
Carol J. Keavney
Carol Thomas
Marlen Torres

Others Present

Sherri Block, VCMC/Inpatient Psychiatric Unit
Brian Brennan, Supervisor LaVere's Office
Lucrecia Campos-Juarez, Clinicas
Vannessa Cortez, TAY Tunnel
David Deutsch, Cal State University-Northridge
Roberta Griego, NAMI Ventura County
Mary Haffner, Haffner Law Group
Priscila Hazrun, Homeland Language Services
Sue Hughes, County Executive Office
Martha Johnson, Health Care Agency
Dina Olivas, Recognition Award Recipient
Erin Olivera, VCMC/Inpatient Psychiatric Unit
Patti Pape, NAMI Ventura County
Gina Petrus, Petrus Psychology
Elizabeth R. Stone, Peer Advocate
Dr. Casey Wake, Psychologist
Scott Walker, Crisis Intervention Team
Tina Wang, County Executive Office
Liz Warren, Client Network
Barry Zimmerman, Health Care Agency Director

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Hilary Carson, MHSA Sr. Program Administrator
Dr. Loretta Denering, Substance Use Services Division Chief
Jennifer Dougherty, Youth & Family Services Interim Division Chief
Cheryl Fox, Youth & Family Services Behavioral Health Manager
Dan Hicks, Substance Use Services Prevention Manager
Gracie Lopez, Youth & Family Services Management Assistant
Joanna Peterson, Management Assistant/Zoom Engineer
Dr. Jamie Rotnofsky, MHSA Senior Behavioral Health Manager
Dr. John Schipper, Adult Services Division Chief
Zandra Tadeo, Youth & Family Services Behavioral Health Manager
Monica Torres, Youth & Family Services Behavioral Health Manager
Terri Yanez, Administrative Services Division Chief
Vickie Poliquin, Temporary BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Rodriguez called the meeting to order at 1:01 pm. Joanna Peterson provided details on how meeting attendees can access interpretation services.		
II.	Board Member Roll Call Ms. Gardner conducted the calling of the roll and confirmed that a quorum of the Board members exists.		
III.	Welcome and Introductions Mr. Rodriguez welcomed everyone to the General meeting and noted that because several BHAB members need to leave the meeting early, member introductions will be skipped to ensure a quorum exists for action items.		
IV.	Approval of the Agenda Mr. Rodriguez asked for a motion to approve the agenda. Mr. Harris moved to approve; Ms. Armann seconded. Mr. Rodriguez requested agenda items XV.A. and XV.B. be moved up to follow agenda item VII. to ensure a quorum exists for the roll call vote with several BHAB needing to leave the meeting early. Ms. Gardner advised she will include the announcements (agenda item XV.C.), under the Secretary's Report (agenda item XII). Mr. Harris and Ms. Armann accepted the agenda as amended. The motion to approve the agenda as amended carried unanimously through roll call.	Agenda approved as amended. M/S/C	
V.	Approval of the Minutes Mr. Rodriguez asked the Board to review and approve the minutes of the November 15, 2021, meeting. Ms. Gardner moved to approve; Mr. Tejada seconded. Mr. Harris requested an amendment to the minutes under agenda item XIII.D. that read, "Mr. Harris moved to approve the Board Letter and asked for minor changes. Ms. Gardner and Mr. Tejada accepted the minutes as amended. The motion to approve the minutes as amended carried unanimously through roll call.	General Meeting minutes approved as amended. M/S/C	
VI.	Public Comments There were no public comments.		
VII.	Recognition: Dina Olivas, Division Chief – Youth & Family Services Mr. Rodriguez presented a Certificate of Commendation on behalf of the BHAB honoring Dina Olivas, Licensed Clinical Social Worker and Youth & Family Services Division Chief who recently retired from VCBH with over 20 years of service.		
VIII.	Presentation: Transforming Peers Lives: Senate Bill No. 803 and the Department of Health Care Services' Expanding Peer Organization Capacity Grant Elizabeth R. Stone provided a presentation regarding SB 803 (Peer Support Specialist Certification Program Act of 2020) and DHCS's Expanding Peer Organization Capacity Grant initiative. A copy of Ms. Stone's presentation is attached for reference.		
IX.	Chair Comments Mr. Rodriguez thanked everyone for their collaboration in trying to expand and improve meaningful access to behavioral health services and encouraged people to attend the California Association of Local Behavioral Health Boards & Commission's January 18 training session in San Diego either remotely or in-person. Detailed information regarding the training was provided in the Correspondence file.		
X.	Director's Report Dr. Johnson highlighted some of the activities that occurred over the past month and a copy of her Director's update and the November 2021 data on VCBH clients served and open episodes is attached for reference.		
XI.	Board Members Comments and Announcements There were no BHAB member comments or announcements.		
XII.	Secretary's Report Ms. Gardner mentioned that there are currently two openings on the BHAB. She reminded BHAB members who have not completed the State and County mandated Ethics Training to complete the Training. Ms. Gardner announced that on December 7, the Board of Supervisors approved an increase in beds at the Inpatient Psychiatric Unit (IPU) from 36 to 43 beds and maximum funding of \$4,331,988 effective December 1, 2021.		

<p>XIII.</p>	<p>BHAB Committee Reports</p> <p>A. Youth & Family Services Committee (October 13 and December 8 meetings) – Kevin Clerici, Chair Mr. Clerici reported:</p> <ul style="list-style-type: none"> • Dina Olivas received a well-deserved recognition for her work over the years and Committee members had the opportunity to meet Jennifer Dougherty, Interim Youth & Family Services Division Chief and expressed appreciation for her willingness to serve as Interim. • The Committee robustly discussed last month’s United States Surgeon General’s public statement regarding the many mental health challenges facing youth, particularly in the COVID environment and reported that the County continues to plan to grow its mental health services presence through wellness support staff, both peers and trained professionals, on school campuses through its Wellness Centers and will continue to discuss and advocate for an expansion of the Wellness Centers on school campuses. <p>B. Adult Services Committee (November 4 meeting) – Nancy Borchard and Gane Brooking, Co-Chairs Ms. Borchard reported:</p> <ul style="list-style-type: none"> • Continuing with discussions about activities within the jails’ special units that facilitates care and treatment for people unfit to stand trial and are waiting for responses to a variety of questions. Responses will be shared with the BHAB. • Initial contact has been made to jail staff and BHAB Executive Committee members to tour the special jail units. Additional BHAB members interested in the tour(s) will be invited. Mr. Harris cautioned people about gathering on a tour in the next month or two due to the corona virus variant. Ms. Borchard agreed and stated that the tours will take place as soon as safe to do so. <p>Mr. Bhavnani offered the following additional information:</p> <ul style="list-style-type: none"> • Commander Fryhoff presented on jail-related issues and talked about the Therapeutic Inmate Management Unit (TIMU), the Jail Based Competency Treatment Program (JBCT) and how assessments are completed by the jail staff and Dr. Casey Wake. • Noted that the 64-bed MHRC originally scheduled to open in early 2021 may not open until late 2022. <p>C. Transitional Age Youth (TAY) Committee (reporting on November 18 meeting) Mr. Rodriguez reported in the absence of Joe S. Ramirez, Chair, who has resigned from the BHAB:</p> <ul style="list-style-type: none"> • No meeting was held on November 18. • Will be recruiting for a Chair of this important Committee that advocates for mental health wellness for people at a critical age juncture transitioning into adulthood. • The Committee has been in transition for many months and Mr. Rodriguez noted that the BHAB is hopeful to recruit a Chair that can reestablish and invigorate the Committee meetings. <p>Elizabeth R. Stone made a public comment noting that the Committee had been trying to move the meeting time and possibly the location to better serve those that are unable to attend during daytime hours and to include TAY youth.</p>		
<p>XIV.</p>	<p>Old Business</p> <p>A. Revision to BHAB Bylaws – Update on Status to Board of Supervisors Mr. Rodriguez reported that the revisions to the BHAB Bylaws is scheduled as a Consent item on the January 11 Board of Supervisor’s agenda. Once the revisions are approved, the Disparities Reduction Workgroup will transition to a Committee and begin its work.</p> <p>B. Needs Assessment Board Letter – Update on Status to Board of Supervisors Mr. Rodriguez reported that the Board Letter is working its way through the process and is expected to be presented to the Board of Supervisors in early 2022 noting that a date certain is pending and that BHAB members will be advised of the date when it is determined.</p>		

	<p>C. 2021 Data Notebook Workgroup Composition Mr. Rodriguez announced that there has been a slight change to the composition of the Workgroup noting that the following people will be on the Workgroup:</p> <ol style="list-style-type: none"> 1. Gane Brooking – Co-Chair; 2. Michael Rodriguez – Co-Chair; 3. Jennifer Morrison; and 4. Elizabeth R. Stone. <p>Mr. Rodriguez advised that the Workgroup members will be working with VCBH to acquire the data needed to compile and submit the 2021 Data Notebook.</p> <p>D. BHAB Membership Identification Assessment – Update on Number of Responders Mr. Rodriguez asked Terri Yanez for an update on how many BHAB members have responded to the Survey. She advised that 13 of 22 BHAB members have responded and that the deadline to respond was extended to December 31.</p>		
<p>XV.</p>	<p>New Business <i>(This agenda item was moved up and heard following agenda item VII.)</i></p> <p>A. Brown Act Public Emergency Allowances / Teleconferences – Requirements for Local Boards and Commissions Mr. Rodriguez noted Dr. Robert Levin’s recommendation that physical/social distancing measures be practiced to minimize the spread of COVID-19, including at meetings of legislative bodies remains in place and has not been modified. Mr. Rodriguez asked for a motion to continue, as a result of the public health crisis, to continue to hold BHAB meetings remotely. Mr. Harris moved to approve; Ms. Heitmann seconded. The motion carried unanimously through roll call.</p> <p><i>(This agenda item was moved up and heard following agenda item VII.)</i></p> <p>B. Public Hearing to End 30-day Public Comment Period on the Mental Health Services Act (MHSA) Innovation Multi-County Full Service Partnership (FSP) Project Extension Mr. Rodriguez announced the Public Hearing ends the 30-day public comment period and asked for a motion to end the public comment period. Ms. Gardner moved to close the 30-day public comment period; Mr. Harris seconded. The motion carried unanimously through roll call.</p> <p><i>(This agenda item was combined with the Secretary’s Report under agenda item XII.)</i></p> <p>C. Announcements Ms. Gardner provided information under agenda item XII.</p> <p>D. Presentation Requests No presentation requests were made. Mr. Rodriguez advised if there are any that arise, to contact him.</p> <p>E. Recognition Award Recommendations 1. Elizabeth R. Stone – Peer Advocate.</p>	<p>Motion to continue with virtual meetings over the next 30 days approved. M/S/C</p> <p>Motion to End 30-day Public Comment Period on the MHSA Innovations Multi-County FSP Project Extension approved. M/S/C</p>	
<p>XVI.</p>	<p>Contracts Mr. Rodriguez invited pertinent Committees to review the contract from the November 9 BOS meeting and report their feedback to the BHAB.</p> <p>Mr. Harris commented that it appears that the system that has been developed for Committees to review Contracts is not working and suggested that it may be more meaningful for the contract review process be a made a part of the site visit process. Ms. Borchard agreed however noted that there are many contracts that are not tied to site visits and that the BHAB should continue reviewing those contracts. Mr. Rodriguez agreed that augmenting the site visits with contractual review and continuing to review all other contracts at the Committee level is a good idea.</p>		
<p>XVII.</p>	<p>Public Comments Liz Warren asked Ms. Gardner for specific information regarding the two vacancies on the BHAB. Ms. Warren commented on Mr. Harris’ suggestion and Ms. Borchard’s point regarding the contract review process noting that several years ago valuable site visits were conducted at</p>		

	<p>all Board and Care facilities by the BHAB, members of the Adult Services Committee and a consumer group to address facility operations and management issues.</p> <p>Ms. Borchard commented on funding designated for the purpose of increasing housing for persons with dual diagnosis and asked whether there may be any facilities and any viable programs ready to start up when funding becomes available. Dr. Johnson noted the December 14 Board of Supervisors meeting advised that 235 affordable housing units were approved and are in the pipeline. Supervisor LaVere added additional information regarding the approved MESA Project for Transitional Age Youth and Dr. Johnson added information regarding the Casa Caliente shovel ready project.</p>		
XVIII.	<p>Adjourn The meeting adjourned at 3:20 PM</p>		

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	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	X	X						
District 3	1/26/21 – 1/26/24	Nancy Borchard	X	X	X	X	X	X						
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X							
District 1	10/7/21 – 10/6/24	Kevin Clerici	X	X	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	X	X						
LE	9/10/19 – 9/10/22	Cmdr. James Fryhoff	e	X	X	e	X	X						
District 3	4/15/21 – 4/14/24	Janis Gardner	X	X	X	X	X	X						
District 4	9/17/19 – 9/17/22	Jerry Harris	X	X	X	X	X	X						
District 1	5/11/21 – 5/10/24	Cheryl Heitmann	X	X	X	X	X	X						
District 2	7/21/20 – 1/7/22	Carol J. Keavney	X	X	X		X	e						
BOS	1/1/21 – 12/31/21	Supervisor Matt LaVere	X	e	X	X	X	X						
District 4	2/9/21 – 2/9/24	Jennifer Morrison	X	X	e	X	X	X						
District 2	3/15/20 – 3/15/23	Patricia Mowlavi	X	X	X	X	X	X						
District 3	12/1/20 – 12/1/23	Joe S. Ramirez	X	X	X	e	X							
District 5	1/25/20 – 1/24/23	Michael Rodriguez	X	X	X	X	X	X						
District 4	9/18/21 – 9/17/24	Christopher Tejeda	X	X	X	X	X	X						
District 2	9/17/19 – 9/16/22	Carol Thomas	X	X	X	X	e							
District 5	1/11/20 – 1/24/23	Marlen Torres	e	X		X	X	e						
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

BEHAVIORAL HEALTH ADVISORY BOARD
December 20, 2021

Agenda Item VIII.

Transforming Peers Lives:
SB803 & DHCS's EPOC Grant

The implementation of SB803, which created a pathway for statewide certification of Peer Support Specialists, is underway. At the statewide level, DHCS (the Department of Health Care Services) is actively involved in crafting the details and has funded multiple initiatives to enhance the quality of - and expand the numbers of - peers who may be able to become certified, as is required to have their employers reimbursed for the services they provide under Medi-Cal.

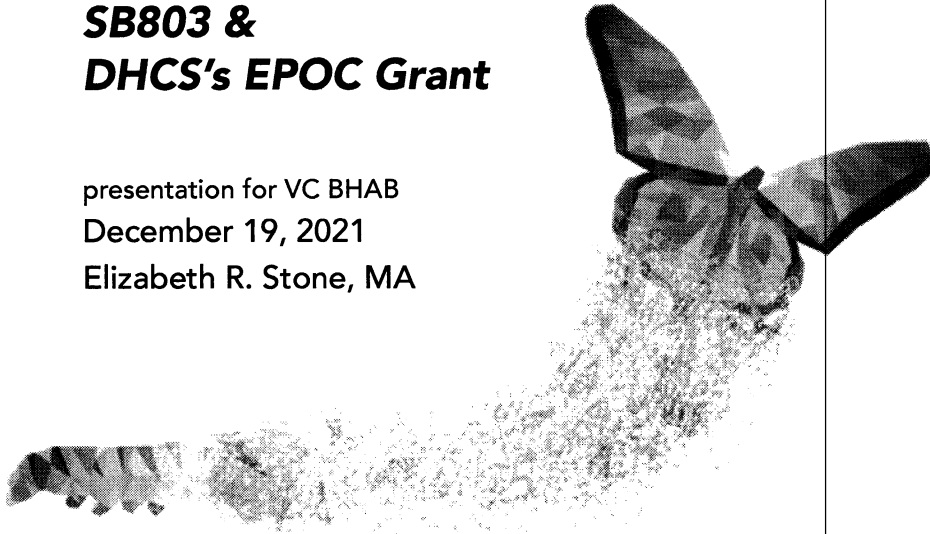
In Ventura County, a newly emerging organization, Transforming Peers Lives, received major seed money from DHCS under the EPOC grant program. Project Coordinator, Elizabeth R. Stone, will share some of the broad objectives of this grant, details about the process and requirements for earning state-recognized Certifications under the new regulations, and current and future services and developments that Transforming Peers Lives has begun and will be undertaking.

Included will be information about receiving training, advocacy options supported by stipends, and multiple part-time employment and on-the-job training opportunities to support individuals with lived experience of challenging mental health and/or substance use issues, especially those who've navigated homelessness, involvement with the justice system, and/or crisis services with the final goal (if desired) of becoming state Certified, with related additional varied employment options.

Additional information: elizabeth@downtownventura.org

Transforming Peers Lives:
SB803 &
DHCS's EPOC Grant

presentation for VC BHAB
December 19, 2021
Elizabeth R. Stone, MA



1

SB803 =
Peer Support Specialist Certification Program Act of 2020

Article 1.4 (commencing with *Section 14045.10*) is added to Chapter 7 of Part 3 of Division 9 of the **Welfare and Institutions Code** (WIC)

In September of 2020, **Senate Bill (SB) 803** (Beall, Chapter 150, Statutes of 2020) was chaptered, requiring DHCS to **seek federal approval to establish Peer Specialist as a provider type and to provide distinct peer support services** under the SMHS and DMC-ODS programs.

While services provided by peers can currently be claimed under the provider type "other qualified provider" within the **SMHS program**, and recovery services provided by peers can be claimed within the **DMC-ODS programs**, DHCS is proposing to **add peers as a unique provider type within specific reimbursable services** and to **allow counties to opt-in** to provide this valuable resource.

2



Timeline of Responsibilities

November 2020 - Disseminate BHIN 20-056 on funding sources currently available for Peer Support Services

January 22, 2021 / March 2, 2021 / June 28, 2021- Peer Support Listening Sessions

April 2021 - Behavioral Health - Stakeholder Advisory Committee Meeting

June/July 2021 - Disseminate initial BHIN (21-041 & 21-045) on Peer Support Specialist Certification Program Standards

August -> December 2021 - State technical assistance for Peer Support Specialist Certification Program Standards available

July 2022 - Obtain federal approvals (**CMS**) for Peer Support Services reimbursement

<https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

Key Terms Defined:

(g) “**Peer support specialist**” means an individual who is **18** years of age or older, who has **self-identified** as having lived experience with the **process of recovery** from mental illness, substance use disorder, or both, either as a **consumer** of these services or as the **parent or family member** of the consumer, and who has been **granted certification** under a county peer support specialist certification program.

(h) “**Peer support specialist services**” means **culturally competent** services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Peer support specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is **individualized** and is conducted by a certified peer support specialist.

(i) “**Recovery**” means a **process of change** through which an individual **improves** their health and wellness, lives a **self-directed life**, and **strives** to reach their full potential. This process of change **recognizes cultural diversity and inclusion**, and honors the **different routes to resilience and recovery** based on the **individual** and their **cultural community**.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB803

Certified Peers meet the following qualifications:

1. Be at least **18 years** of age.
2. Possess a high school **diploma** or equivalent degree.
3. Be **self-identified** as having **experience with the process of recovery** from mental illness or substance use disorder, either as a **consumer** of these services or as the **parent, caregiver or family member** of a consumer.
4. Be willing to **share their experience**.
5. Have a **strong dedication to recovery**.
6. Agree, in writing, to adhere to a **code of ethics**.
7. Successfully complete the **curriculum and training** requirements for a peer support specialist.
8. Pass a **certification examination** approved by DHCS for a peer support specialist.

5

For individuals who are employed as a peer as of January 1, 2022 and seek certification under these standards, known as **grandparenting**:

Either:

- 1 year of paid or unpaid work experience (**1550 hours**) as a peer specialist AND **20 hours of continuing education (CEs), including law and ethics**. CE's can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums.

OR

- 1550 hours in 3 years, with 500 hours completed within the last 12 months, working as a peer specialist AND **20 hours of continuing education (CEs), including law and ethics**. CE's can be in relevant professional competencies obtained via relevant in-state, out of state or national educational forums.

AND has all of the following:

- Completion of a peer training(s)
- 3 Letters of Recommendation as outlined:
 - o One from a supervisor
 - o One from a colleague/professional
 - o One self-recommendation describing their current role and responsibilities as a peer support specialist
- Pass the Medi-Cal Peer Support Specialist Certification Program Exam

Peers employed as a peer January 1, 2022 and seeking certification through the grandparenting process must complete/begin the process by December 31, 2022.

6

The training curriculum must incorporate the following core competencies:

- | | |
|---|---|
| 1. The concepts of hope, recovery, and wellness. | 10. Conflict resolution. |
| 2. The role of advocacy. | 11. Professional boundaries and ethics. |
| 3. The role of consumers and family members. | 12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment. |
| 4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices. | 13. Safety and crisis planning. |
| 5. Cultural and structural competence trainings. | 14. Navigation of, and referral to , other services. |
| 6. Trauma-informed care. | 15. Documentation skills and standards. |
| 7. Group facilitation skills. | 16. Confidentiality. |
| 8. Self-awareness and self-care. | 17. Digital literacy. |
| 9. Co-occurring disorders of mental health and substance use. | |

7

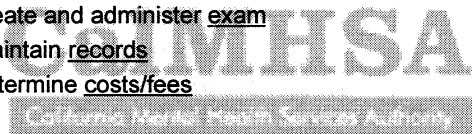
CalMHSA

(California Mental Health Services Authority)

will be the coordinating body for statewide administration (decisions subject to DHCS approval)

*** convening stakeholder advisory meetings bimonthly**

- 1 – curricula
- 2 – approve trainers
- 3 – create and administer exam
- 4 – maintain records
- 5 – determine costs/fees



*all decisions and actions are **pending** and **under development** at this time !!*

Compassion. Action. Change.

8

CalAIM

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

includes:

Behavioral Health Delivery System Transformation

DHCS will strengthen the state's behavioral health continuum of care for all Californians and promote better integration with physical health care. CalAIM will streamline policies to improve access to behavioral health services, simplify how these services are funded, and support administrative integration of mental illness and substance use disorders treatment.

and ...

Peer support specialists and **community health workers** will advance California's effort to promote health equity by providing culturally competent services.

CalAIM will support **crucial transitions**, including the path from **homelessness** to housing, from **incarceration** to community re-entry, and from institutional to home-based care. It will extend Medi-Cal services to people who are incarcerated before their release from county jails, state prisons, and youth correctional facilities, and who are disproportionately people of color.

<https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>

Certified Peer Support Specialists

* **General** (2022)

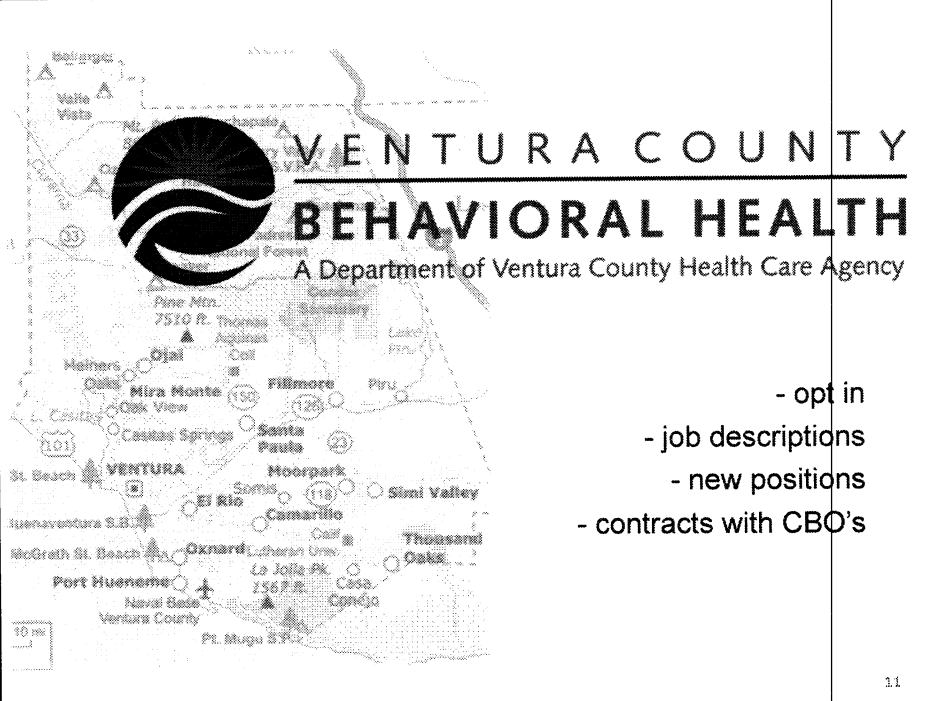
* **Specializations**

+ Parent/Caregiver/Family Member (2022)

+ Homelessness (2023)

+ Justice System (2023)

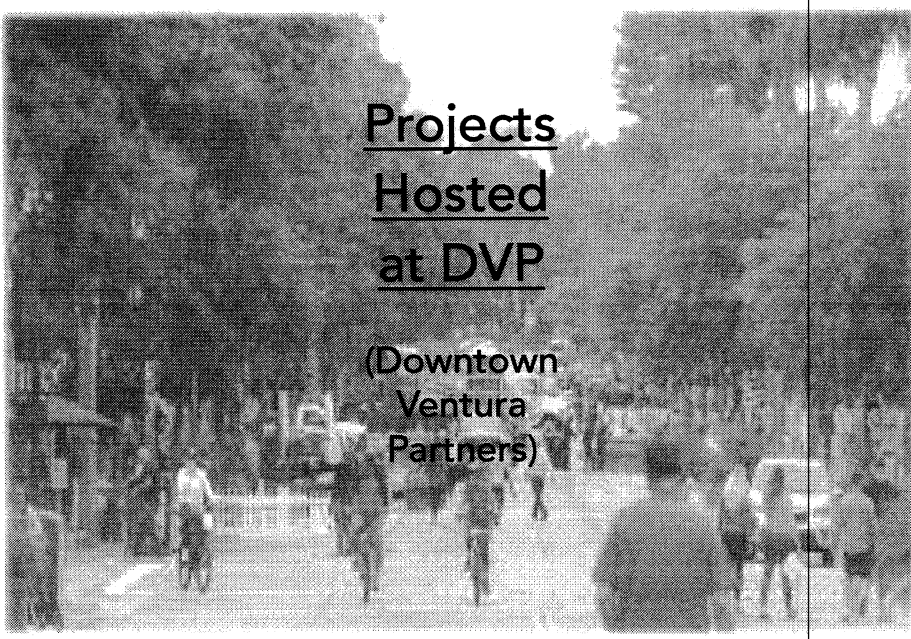
+ Crisis (2023)



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

- opt in
- job descriptions
- new positions
- contracts with CBO's

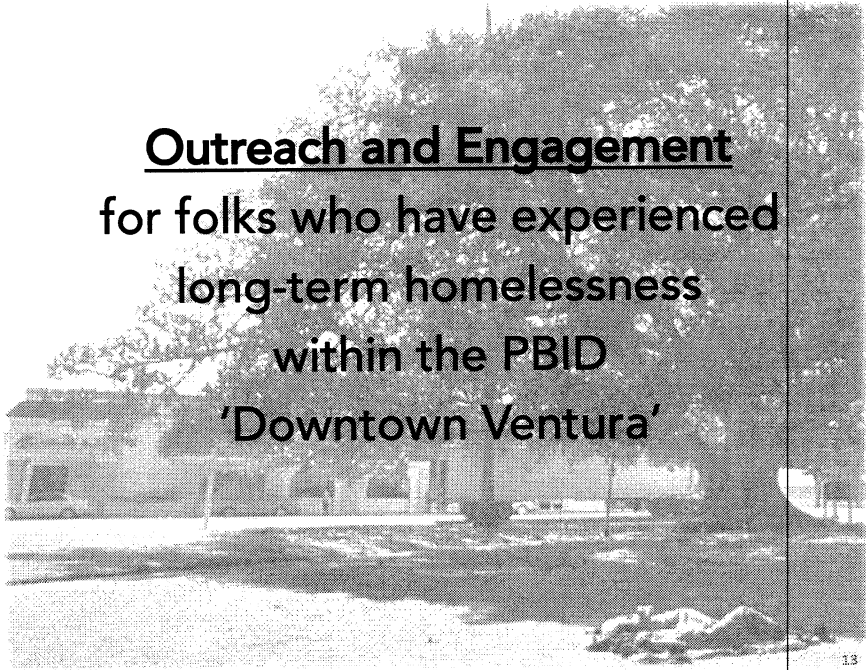
1.1



Projects
Hosted
at DVP

(Downtown
Ventura
Partners)

12



Outreach and Engagement
for folks who have experienced
long-term homelessness
within the PBID
'Downtown Ventura'



Outreach Worker

goal = assist with reducing the number of
unsheltered folks staying in the BID

constraints =

- trauma histories
- distrust
- hatred of authority
- accommodated to discomfort
- personal benefits (e.g., friends, freedom, etc.)

=> 30 hours per week

method = 'guerilla engagement'

Guerilla Engagement

tools

attitude
invitation
curiosity
respect
irregular hours
incidentals
non-coercion

relationship-focused

1.5

Guided By Evidence-backed Practices

- ✓ Intentional Peer Support (IPS)
(Shery Mead)
- ✓ Psychiatric Rehabilitation
(Boston University, CASRA)
- ✓ 8 Dimensions of Wellness
(Peggy Swarbrick, SAMHSA)
- ✓ True Livelihood:
Workforce/Job Development
(Denise Bissonnette)

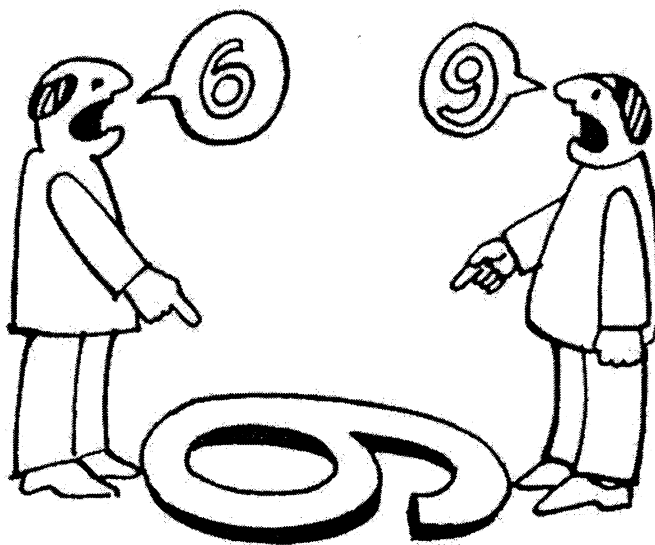
16

Downtown Ventura Partners
was chosen as the consultant to provide
Peer Support Outreach Services
to the City of Buenaventura.

Funding for the agreement
is through the subrecipient award of the
Homeless Housing Assistance
& Prevention Program grant
from the
Ventura County Continuum of Care.

October 01, 2021 – September 30, 2023

17



18

The Clash of Perception

(from Pat Deegan)

Psychiatrist

You are getting better
Your symptoms are gone
You are more in control
You are stable
You are functioning again

Me (client)

*Your cure is disabling me
My symptoms no longer bother you
Haloperidol is controlling me
I can't think or feel
My life is without meaning or passion*

It is important to remember that this clash of perceptions I am describing went **largely unspoken and unacknowledged**. The psychiatrist and I did not sit down and have a thorough discussion of our divergent perspectives. It is also important to see there is a terrible **power imbalance** here. This clash of perception occurred between a psychiatrist and myself during one of my most vulnerable times.

Because of his enormous power in relation to me,
the psychiatrist's interpretation of me became the only valid story.
His story about me became the truth and my story,
my experience and my voice were silenced.

19

What I (Elizabeth) bring to this:

MA: Education (TESOL)
graduate studies in

- Social Work
 - Psychology
 - Community Psychology
- Certified Addictions Counselor

Work in BH (20+ years)

- case manager
- residential counselor
- co-occurring disorders counselor
- trainer
- consultant
- advocate

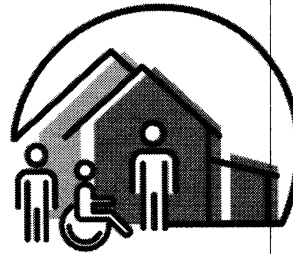
'expert' via lived experience

- homeless with children
- multiple mental health diagnoses
- multiple psych hospitalizations
- > 1 suicide attempts

20



Focused on addressing critical gaps across the **community-based behavioral health continuum** by providing **\$2.2 billion** in 6 grant rounds to construct, acquire and expand **properties** and invest in **mobile crisis infrastructure**.



COMMUNITY CARE EXPANSION PROGRAM

For adults who are or are at risk of homelessness and/or with behavioral health conditions, provides **\$805 million** for acquisition, construction, and rehabilitation to preserve and expand **adult and senior care facilities** that serve **SSI applicants and recipients**

21

Behavioral Health Workforce Development



Statewide expansion of California's **behavioral health peer-run workforce**, as well as all other behavioral health professions, to improve consumer **access to and productive participation in behavioral health services**.

22

Expanding Peer Organization Capacity

grant
awarded
09/01/2021
through
02/14/2023

23

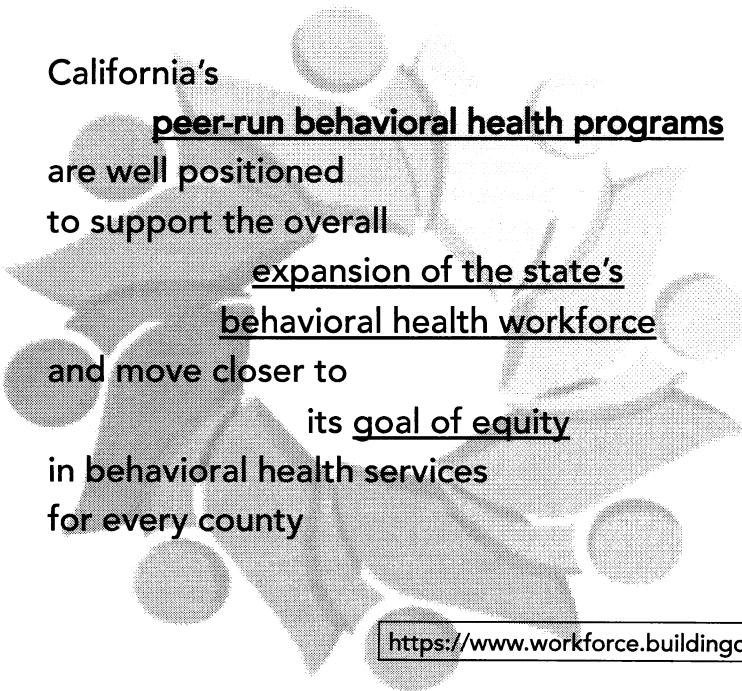
The
Expanding Peer Organization Capacity
grant was awarded to 14 emerging
behavioral health peer organizations across
the entire state of California.
This grant is part of the
Behavioral Health Workforce
Development Project to
expand, elevate, enhance, and empower
behavioral health peer-run programs
in every California community.

24

The Behavioral Health Workforce Development
(BHWD)
project is funded by the
California Department of Health Care Services
(DHCS)
Community Services Division
and administered by
Advocates for Human Potential, Inc.
(AHP)

<https://www.buildingcalhhs.com/>

25



California's
peer-run behavioral health programs
are well positioned
to support the overall
expansion of the state's
behavioral health workforce
and move closer to
its goal of equity
in behavioral health services
for every county

<https://www.workforce.buildingcalhhs.com>

26

Through their
pivotal role of

- facilitating access to care,
 - retention of services,
 - delivery of recovery supports, and
 - advocacy for fellow consumers throughout recovery,
- and*

The expansion of
and enhanced collaboration
with health care,
social services,
and other systems.

<https://www.workforce.buildingcalhs.com>

person-centered

from a
tool box
of resources,
opportunities
are crafted
to meet
individual
interests and needs

Transforming Peers Lives

- current office in Downtown Ventura
- hours by appointment

Peer-led Support Groups

group topics include:

- ✧ exploring sobriety
- ✧ creative works (art, music, writing – rotating)
- ✧ navigating conflict
- ✧ introduction to peer support
- ✧ advocating as a service user
- ✧ GED prep
- ✧ reentry support

Participation in County & State policy forums

meetings include:

- ✧ Board of Supervisors
- ✧ Continuum of Care
- ✧ CFLC / MHSOAC
- ✧ CalMHSA

Targeted Support Services

- ✧ Transportation
- ✧ Essential Needs
- ✧ Case management

-> on-going and on-the-job training

29

Transforming Peers Lives

- current office in Downtown Ventura

Next Steps

Drop In Center

- ✧ 4:30-7:30pm
- ✧ 7 days a week
- ✧ concurrent groups

Presentations

- ✧ community groups
- ✧ provider agencies
- ✧ libraries

Additional groups

- ✧ Mad Studies reading group
 - ✧ Alternatives to Suicide
- ✧ Dual Recovery Anonymous
 - ✧ Men's Support group

Storage Project

- ✧ Designed/Managed by Advisory Council
 - ✧ 7 days a week

-> on-going and on-the-job training

30

Transforming Peers Lives

- current office in Downtown Ventura

Aspirational Plans

Certification Training for Specializations:

- ◇ Experiences of Homelessness
- ◇ Justice System Involvement
- ◇ Used Crisis Services

Peer Warmline

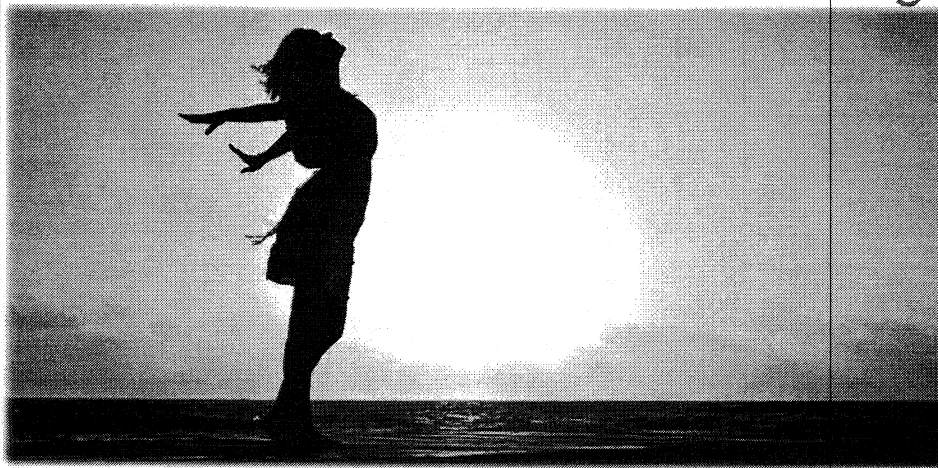
- ◇ 4:30-7:30pm
- ◇ 7 days a week
- ◇ concurrent with Drop In Center

Peers Where We NEED Them!

- ◇ Emergency Departments
- ◇ Locked facilities: hospitals, jails
- ◇ Peer Respite

**-> on-going and
on-the-job training**

for more information:
elizabeth@downtownventura.org



32

Director's Update

BHAB General Meeting 12.20.21

December has the following days of significance to highlight:

- International Day of Persons with Disabilities-December 3rd
- Human Rights Day- December 10th
- International Immigrants Day- December 18th

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](#).

General Updates:

- Expansion of the Mobile Crisis Unit with the Crisis Care Mobile Unit for Transitional Age Youth Rapid Response Team through a grant program with the California Department of Health Care Services. Mobile teams will provide crisis and non-crisis services throughout the County of Ventura.
- Attached, please find the recent press release regarding the County Board of Supervisors support for the creation of more than 235 affordable housing units filling critical gap in housing needs for the most vulnerable and expanding behavioral health support.

- 180 affordable units and 69 are for individuals with a mental health challenge and supported through No Place Like Home; Fillmore Terrace, Cypress Place at Garden City Phase II and Casa Aliento.
- The Rancho Sierra Senior Apartments that will be developed off Lewis Road in Camarillo will have 50 units- 24 NPLH units (of the 50) must be very low-income residents, at least 62 years of age, homeless or at risk of homelessness & have a mental health diagnosis-a total add of 74 units.
- A HUGE THANK YOU to NAMI Ventura, Roberta Griego, Executive Director and all of the NAMI volunteers that planned and worked to bring to life the NAMI Holiday Party in a Box- delivering gift bags, delicious meals and a “Party in a Box” to residents and Behavioral Health clients at 15 Board & Cares across the County. Thank you also to the various Fire Departments and Law Enforcement that helped and provided escorts for the whole day.

Adult Services Division:

- We are happy to announce that Nancy Springer, LCSW, has accepted a promotion to the position of Behavioral Health Manager II and will begin overseeing operations in the Adult East County Clinics (Conejo and Simi) and Transitions/VCPOP in the coming weeks. Nancy began her career with VCBH as a Crisis Team member in 2012 and in more recent years, she has been a part of the Ventura Clinic team, first, as a Behavior Health Clinician and then as one of the two Clinic Administrators. East County and Transition are happy to be welcoming Nancy and are sure to benefit from the experience she is bringing to the position of Behavioral Health Manager.
- I want to thank NAMI and Patti Pape for including Dr. Schipper in the recent Family-to-Family class. It gave VCBH an opportunity to describe our treatment and services to a very interested and appreciative audience. The hope is to make this Q&A session a standing part of NAMI’s Family-to-Family class going forward.
- The state has announced several rounds of pending grant funding under the title “Behavioral Health Continuum Infrastructure Program” – A link to review additional details on this is provided here: <https://www.infrastructure.buildingcalhhs.com/apply/>
- The Board of Supervisors have approved our Round 1 \$633K grant for Crisis Care Mobile Unit. I can also report VCBH has submitted a proposal for a Round 2 planning grant which identifies the development of a Crisis Stabilization Unit (CSU) in East County as its’ objective.

Youth and Family (Y&F) Services Division:

Division Highlights

- The Y&F Division was fortunate to have the Spark of Love meet our request to help 218 youth who might have otherwise gone without gifts this holiday. Staff from throughout the department joined in to assure pick-up and delivery of gifts to families. A special Thank you to Angela Riddle for her heartfelt dedication in ensuring those in need from our community are supported in their holiday celebrations.

Initiatives and Progress

- As part of FFPSA (Family First Prevention Services Act), we continue to work closely with our placing agencies to implement and streamline new level of care determination as required by the State. As of October 1, 2021, any recommendations for a higher level of care placement will

need to be made by the Child and Family Team, followed by a Qualified Individual Assessment and finally, reviewed and approved by the Courts.

- We continue to support transition of local group homes to STRTP (Short Term Residential Therapeutic Facilities). We are currently supporting four STRTP' through the transition process of obtaining contracts with our Department.

Collaborations

- The Y&F, Adults and SUTS teams have been invited back to the Ventura Office of Education to provide a training next semester on the Mental Health Continuum of Services in Ventura County. This has become a twice-yearly opportunity to provide this training to teachers, school psychologists, school nurses and other related personnel. The presentation provides updated information for access and navigation to the breadth of available services and supports for students experiencing mild to severe mental health and substance use challenges.

Training & Conferences

- The Wellness Center staff of BHC Alfonso Gutierrez and CSC Angeles Small are providing workshops for students at their school sites. Current workshops are focusing upon coping strategies for stress and anxiety during the Holidays.

Substance Use Services (SUS) Division:

Award of SABG Funds:

- On December 16th 2021, the California Department of Health Care Services awarded VCBH \$3,175,694.43 in supplemental funding from the Substance Abuse Prevention and Treatment Block Grant (SABG). We have been allocated this amount from two different sources of federal funding: the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA).
- The \$981,806.42 allocated from CRRSAA will be used in the next 18 months to support direct and media outreach around Fentanyl and Naloxone to highest risk populations, purchasing software for advanced data collection on overdoses in the County, the expansion of recovery housing, perinatal-specific peer support for pregnant and parenting persons with substance use disorders, and additional substance use prevention education programs in Ventura County schools.
- The \$2,193,888.01 allocated from ARPA will be used over the next 5 years to upgrade telehealth infrastructure and create more options for hybrid services, to purchase clinic vans to provide mobile response and more field-based services, and will bring on additional staff to perform increasing work related to electronic health record management. ARPA funds will also go towards adolescent prevention efforts such as the "Teen Intervene" early intervention and referral program, contracted school-based services and student assistance programs, and continuing the Naloxone kit distribution with enhanced data integration work initiated by the County Opioid Abuse Suppression Task Force (COAST) grant which recently sunset.
- Our staff worked diligently under a very tight application timetable to put together thoughtful and highly detailed applications for this grant, which is why we were awarded the maximum total amount of funds in every category. We are excited to share the news of this award and ready to put the funds to meaningful use for Ventura County.

EQRO Review of DMC-ODS:

- The 3rd annual External Quality Review (EQR) of Ventura County's Drug Medi-Cal Organized Delivery System (DMC-ODS) was held from November 30th to December 2nd, 2021. This review marks the end of a year-long process involving input from over 100 county and contracted provider staff across the delivery system. During the review, the Behavioral Health Concepts (BHC) team held discussion sessions to review activities related to: access, timeliness, and quality of care; conducted focus groups with county and contracted provider clients and staff members; and provided technical assistance for continuous quality improvement of services. While the formal report is not yet complete, feedback from the BHC review team was very positive overall. A few noted strengths were: the high penetration rates (i.e. percentage of those needing services who were served); effective care coordination; strong client satisfaction scores; and fast and efficient intake process. Review findings will be shared in greater detail when the final report is received, which is anticipated in early March of 2022.

MHSA:

- **Suicide Prevention Efforts and Resources:**
 - The Surgeon General recently issued a [public health advisory](#) that noted symptoms of depression and anxiety have doubled during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms. According to the advisory, in early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys, compared to the same time period in early 2019. In response, Dr. Jamie Rotnofsky has been leading a series of suicide prevention webinars in December, and will host a webinar on Grief and Loss in January. These webinars are geared for the general public, no previous knowledge or training is needed to join. Please see the attached flyer for registration information.

Community Education and Support

WEBINAR
Suicide Awareness and Prevention

- Learn about crisis signs and symptoms
- How to help someone who is suicidal and connect them to resources
- Ask questions and gain support

Please join us on:
MONDAY, DECEMBER 6th
 1:00 – 2:30 PM
 or
MONDAY, DECEMBER 20th
 10:00 – 11:30 AM

WEBINAR
Grief and Loss

Grief is a natural response to various losses we will experience in our lifetime. Learn about the stages of grief and how to best care for yourself.

Please join us on:
WEDNESDAY JANUARY 12th
 3:00 – 4:00 PM

REGISTER NOW FOR THESE FREE ZOOM EVENTS VIA EMAIL:
MHS@ventura.org

Interpretation available upon request.

Educación y Apoyo Comunitario

SEMINARIO WEB
Conciencia y Prevención del Suicidio

- Aprenda sobre las señales y los síntomas de crisis
- Cómo ayudar a alguien que tiene tendencias suicidas y conectarlo con recursos
- Haga preguntas y consiga apoyo

Por favor acompañenos:
LUNES 6 DE DICIEMBRE
 1:00 – 2:30 PM
 o
LUNES 20 DE DICIEMBRE
 10:00 – 11:30 AM

SEMINARIO WEB
Duelo y Pérdida

El duelo es una respuesta natural a las varias pérdidas que tendremos en nuestra vida. Aprenda sobre las etapas del duelo y cómo cuidar de sí mismo de la mejor manera.

Por favor acompañenos:
MIÉRCOLES 12 DE ENERO
 3:00 – 4:00 PM

REGÍSTRESE AHORA PARA ESTOS EVENTOS DE ZOOM GRATUITOS A TRAVÉS DE CORREO ELECTRÓNICO:
MHS@ventura.org

Interpretación disponible bajo solicitud.



For suicide prevention resources, visit www.WellnessEveryDay.org

Funding is made through Ventura County Behavioral Health, Mental Health Services Act.



Para recursos de prevención del suicidio, visite www.SaludSiempreVC.org

Financiamiento brindado por Ventura County Behavioral Health, Ley de Servicios de Salud Mental.

- **Innovation:**
 - Three of the MHS Innovation projects ended in June 2021. The final outcome reports for the Bartenders as Gatekeepers, Healing the Soul, and Push Tech programs will be available on the Wellness Everyday site later this month.

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 for ongoing CalAIM initiative implementation. VCBH continues to engage all providers to ensure that they are ready for the changes to criteria for access to SMHS. VCBH has facilitated provider trainings, 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: The Contracts Team is in the process of conducting contractor desk audits and site reviews to determine their adherence to the provisions/terms in their contracts. The desk audits are currently in process, and the submitted information is currently being audited for compliance. The site review preparations are currently in process, and the site reviews are scheduled to be conducted with the contractors from January through February of 2022. Contract amendments are also being completed to incorporate needed changes that arose from the Fall Provider meetings and additional contract language adjustments.

Quality Management

- Major revisions to policies, procedures and forms are taking place over the next month to implement DHCS changes to criteria for access to SMHS and Substance Use Services. 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.

Quality Improvement:

- The External Quality Reviews (EQRO) for DMC-ODS was held in late November 2021 and preparations are underway for the Mental Health EQRO 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. QI is currently working closely with the MHS team to prepare the Annual Update and are focused on building out data elements for each of the programs. We are also supporting efforts to enhance MHS funded FSP, with attention focused on data collection, monitoring, and reporting. 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 staging modifications to the Progress Note entry forms in Avatar in preparation for the mandated January 1, 2022 changes to support DHCS requirements for collecting Telehealth and Telephone service delivery encounters.
- Currently working to ensure that the Electronic Health Record will be able to meet the requirements of CalAIM through modifications to the system and the purchase of new modules (if needed) to support payment reform and managed care components.
- Another modification being staged for January 1 cut-over involves changes to the medical necessity definition used on our client assessment records. We are planning for a smooth transition scheduled over the New Year's weekend in preparation for the first clinical workday of 2022.
- Finishing touches are being applied to an iPad-based client-oriented treatment perception survey which will be rolled out in our adult mental health outpatient clinics. This survey will collect client feedback regarding their recent treatment session. Information gathered from this platform will be combined with other client survey data for quality review purposes.



FOR IMMEDIATE RELEASE

December 15, 2021

County Board of Supervisors supports the creation of more than 235 affordable housing units filling critical gap in housing needs for the most vulnerable and expanding behavioral health support

Ventura, CA – On December 14, the County Board of Supervisors approved actions that support the creation of more than 235 units of new affordable, permanent supportive housing and transitional housing. “Homelessness and mental illness are our two most pressing social issues, and so I’m delighted that our last board meeting of 2021 capped a year of stepping up to provide shelter and affordable housing and services to these vulnerable populations,” said Chair of the Board Linda Parks.

The projects support those experiencing homelessness, at risk of becoming homeless, transition aged youth (age 18-24) and seniors. The Board also supported the expansion of Behavioral Health Mobile Crisis Care Units and the development of a Transitional Age Youth Rapid Response Team to provide mental health support services throughout the County.

“There is a critical need for housing in our communities. The Board action is a huge step in helping to fill that gap,” said County Executive Officer Mike Powers. “In addition to housing, these community members will also have access to supportive services to help meet their needs.”

The County Board of Supervisors approved the following projects during Tuesday’s meeting:

- A land lease with Many Mansions and the Area Housing Authority of the County of Ventura for the purpose of developing 49 units of affordable senior housing, with 24 units set aside for seniors experiencing homelessness.
- A co-application with Peoples’ Self Help Housing Corporation and Community Development Partners/Mercy House to the State of California for No Place Like Home Funding to support 3 affordable housing developments with units set-aside as Permanent Supportive Housing for persons experiencing homelessness. Additionally, the board approved a local contribution of \$1.6 million in County discretionary No Place Like Home Funding.
- A co-application with Mesa Independent Living and Peoples’ Self Help Housing to the State of California for Homekey 2.0 funding to acquire, rehabilitate and potentially add tiny homes on a 10-acre property in the unincorporated areas of the county near Ojai to provide transitional housing for Transition Aged Youth (18-24) who are homeless or at-risk of homelessness. The



FOR IMMEDIATE RELEASE

Board also approved a local contribution of \$2 million in American Rescue Plan Act State and Local Fiscal Recovery Funds and HOME-ARP funding to this project.

- The County’s HOME-American Rescue Plan Act Allocation Plan, which allocates approximately \$3.9 million to supporting capital investment and operating subsidies for newly created units of housing, with a priority for units dedicated to persons experiencing homelessness.
- Expansion of the Mobile Crisis Care Units and development of a Transitional Age Youth Rapid Response Team through a grant program with the California Department of Health Care Services. Mobile teams will provide crisis and non-crisis services throughout the County of Ventura.

The net result of the above actions supports the creation of 128 units of permanent supportive housing for persons experiencing or at-risk of homelessness; 98 units affordable to households at or below 60% the area median income; and between 8-11 transitional housing units for transition aged youth.

“We typically see 5-10 units in new development set aside for special need populations such as people experiencing homelessness. The Board action is a very significant step forward in creating housing solutions that will help us in our regional progress to prevent and end homelessness,” said Tara Carruth, Countywide Continuum of Care Program Manager, County Executive Office.

###

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

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

As of 12/3/2021

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

**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	11,091	1,171	5,529	3,793	786	574	29	50

**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	2,757	21	1	2,569	222	39		
16-25	2,134	208	718	1,101	196	140	3	12
26-59	4,963	879	3,726	123	323	311	25	33
60+	1,237	63	1,084		45	84	1	5
Grand Total	11,091	1,171	5,529	3,793	786	574	29	50

* Client age as of end of reporting period

**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	9,687	1,093	4,844	3,253	662	519	26	47
Spanish	1,153	64	547	469	106	34	3	2
Mixteco	9		4	5	2			
Other	85	4	61	14	4	6		
Unknown / Not Reported	157	10	73	52	12	15		1
Grand Total	11,091	1,171	5,529	3,793	786	574	29	50

**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**
Ethnicity								
Latinx	5,647	630	2,461	2,386	420	183	17	25
Non-Latinx	4,082	429	2,639	853	225	203	12	22
Unknown / Not Reported	1,362	112	429	554	141	188		3
Grand Total	11,091	1,171	5,529	3,793	786	574	29	50

**VCBH enrolled clients only

Total Clients Served At Each Location ***	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Program Service Location								
CAMARILLO	485		90	395				
FILLMORE	136	43		94				
MOORPARK	14			14				
OXNARD	5,953	872	2,495	1,651	786	574		
SANTA PAULA	720		481	240				
SIMI VALLEY	1,213	78	717	441				
THOUSAND OAKS	1,198	44	835	324				
VENTURA	2,131	71	1,105	975			29	50
Outside Ventura County (Contractor)	235	214	21					
Grand Total	12,085	1,322	5,744	4,134	786	574	29	50

*** Clients may be counted under multiple locations

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

From: Dr. Robert Levin, Ventura County Health Officer



Date: November 15, 2021

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

I continue to recommend that physical/social distancing measures 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 in the County of Ventura.

The California Department of Public Health ("CDPH") and the 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>). While the Delta variant is the currently circulating variant, the Delta-2 variant, its likely successor, is 10 to 15% more transmissible. Current case and hospitalization rates have remained stubbornly higher than they were in the days leading up to the most recent surge. In some counties in our state, these rates are starting to climb again. We are facing the winter holidays and the opportunities these holidays present to promote transmission of COVID-19 infection. The winter season and its associated cold weather drives people indoors and provides another opportunity to spread the highly transmissible COVID-19 virus. Associated with these events last year our county experienced a surge in COVID-19 cases.

Whether vaccinated or not, positive individuals are contracting the Delta variant and infecting others in our communities. Social distancing and masking are crucial mitigation measures to prevent the disease's spread. Remote meetings of legislative bodies in 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, county staff, presenters, and legislative body members in a safe environment, with no risk of contagion. It is recommended that legislative bodies in the County continue to implement 100% remote meetings. Just as it is likely that the current County order requiring the use of face coverings indoors will be in place beyond the first of the year,

though driven by good intentions, lifting the remote meetings policy at this time would be premature.

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 November 2021

Board Date	Contractor	Amount	Term	Description
11/9/2021	California Mental Health Services Authority	\$0	July 26, 2020 Through December 31, 2024	<p>First Amendment to the Participation Agreement for the Third Sector Multi-County Full Service Partnerships Innovation Project with the California Mental Health Services Authority (CalMHSA).</p> <p>Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. Full Service Partnerships (FSP) programs support people with the most severe and often co-occurring mental health needs. These MHSA funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. While the state's MHSA-FSP programs promote a flexible "whatever it takes" approach to serving individuals with the most severe mental health needs, the flexibility inherent in an FSP program has hindered the development of meaningful county comparisons for evaluation purposes. In response to the need for county consensus on FSP eligibility, program elements, and performance measures, VCBH sought and received approval from the Board on March 10, 2020 of the FY 19-20 to FY 23-24 Multi-County FSP Innovation Work Plan. This work plan created a collaborative comprised of six counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) whose goal is to work together to develop a performance-based model for FSP data collection, services utilization, and outcomes evaluation. With approval from the Board on July 21, 2020, VCBH executed the Participation Agreement with CalMHSA for the Third Sector Multi-County FSP Innovation Project. Through this Participation Agreement, CalMHSA provides administrative and fiscal oversight for this FSP Innovation Project and contracted with Third Sector, a nonprofit organization, to serve as the lead contractor that assists the collaborative of counties in creating a data-driven FSP that uses data to better design, implement, and manage FSP services across various age groups and populations, with the ultimate goal of better understanding important client outcomes and continuously working to improve them. The First Amendment extends the Agreement with CalMHSA through the end of the project term and enables VCBH and CalMHSA to continue working together to achieve the project objectives. Source of Funding is Proposition 63 Mental Health Services Act (MHSA).</p>