

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

August 15, 2022

NEXT MEETING:

Monday, September 19, 2022

1:00 p.m. – 3:30 p.m.

IN-PERSON & VIRTUAL MEETING VIA ZOOM

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

BHAB Members Present

Claudia Armann
Soledad Barragán
Nancy Borchard, 2nd Vice Chair
Kevin Clerici
Genevieve Flores-Haro
Janis Gardner, Secretary
Jerry Harris
Cheryl Heitmann
Carol J. Keavney
Michael Rodriguez, Chair
Elizabeth R. Stone, Member-At-Large
Chris Tejada, 1st Vice Chair
Liz Warren

BHAB Members Absent

Gane Brooking
Cmdr. James Fryhoff
Supv. Matt LaVere
Jennifer Morrison
Patricia Mowlavi
Carol Thomas
Marlen Torres

Others Present

Ratan Bhavnani, NAMI Volunteer
Sherri Block, VCMC/Inpatient Psychiatric Unit
Ronna Bright, Ventura County Sheriff's Office
Roberta Griego, NAMI Ventura County
Mary Haffner, Haffner Law Group
Melissa Hannah, Parents and Caregivers for Wellness
Priscila Hazrun, Homeland Language Services
Sue Hughes, County Executive Office
Justin Nguyen, Community Memorial Health System
Erin Olivera, VCMC/Inpatient Psychiatric Unit
Timothy Ragan, Ventura County Sheriff's Office
Carole Shelton, Rainbow Connection
Lorena Suarez, Homeland Language Services
Dr. Joseph C. Vlaskovits, Community Memorial Health System
Scott Walker, Crisis Intervention Team
Tina Wang, County Executive Office
Barry Zimmerman, Health Care Agency Director

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Loretta Denering, Assistant Director
Patricia Alamillo, Management Assistant/Zoom Engineer
Cheryl Fox, Youth & Family Services Division Chief
Dan Hicks, Prevention Behavioral Health Manager
Joanna Peterson, Management Assistant/Zoom Engineer
Dr. Jamie Rotnofsky, MHSA Senior Behavioral Health Manager
Cynthia Salas, Office of Health Equity and Cultural Diversity, Equity Services Manager
Sara Sanchez, Access & Outreach Services Division Chief
Dr. John Schipper, Adult Services Division Chief
Vickie Poliquin, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<p>Call to Order Chair Rodriguez called the meeting to order at 1:01 pm. Joanna Peterson provided detailed instructions on how to access interpretation services.</p> <p>Mr. Rodriguez addressed all members of the BHAB, VCBH staff, County staff and members of the public regarding the tragic loss of the Honorable Chair of the Board of Supervisors, Supervisor Carmen Ramirez who passed away on Friday, August 12. Mr. Rodriguez expressed heartfelt words regarding the loss of his friend and mentor of over 30 years and called for a moment of silence to recognize Carmen Ramirez for her unwavering guidance who challenged and inspired all of us to “stand up and show up” in service to the community.</p>		
II.	<p>Board Member Roll Call Ms. Gardner conducted the calling of the roll and confirmed that a quorum of the Board members exists.</p>		
III.	<p>Welcome and Introductions Mr. Rodriguez welcomed all attendees and all BHAB members introduced themselves.</p>		
IV.	<p>Approval of the Agenda Mr. Rodriguez asked for a motion to approve the agenda. Ms. Warren moved to approve; Ms. Gardner seconded. Mr. Rodriguez advised agenda item XIV.A. will be tabled to the September General meeting at the request of VCBH staff. Following a brief discussion regarding the requested one-month delay to open the 30-day Public Comment Period, Dr. Denering provided clarification that the State advised that Counties have been asked to delay opening their 30-day Public Comment Period until additional information is published. Ms. Warren restated her motion to approve the agenda as amended. Ms. Gardner seconded. The motion to approve the agenda as amended carried unanimously through roll call.</p>	Agenda approved as amended. M/S/C	
V.	<p>Approval of the Minutes Mr. Rodriguez asked for a motion to approve the minutes of the July 18, 2022 meeting. Ms. Gardner moved to approve; Ms. Warren seconded. The motion to approve the minutes as written carried by majority vote through roll call with one abstention.</p>	General Meeting minutes approved as written. M/S/C	
VI.	<p>Public Comments There were no public comments.</p>		
VII.	<p>Presentation: Psychiatry Residency Program Overview & Update Dr. Joseph C. Vlaskovits, Psychiatry Residency Training Director provided a detailed presentation, overview and update on the Psychiatry Residency Program. Dr. Vlaskovits encouraged people to view the Program’s website at https://GME.CHMSHEALTH.ORG/PROGRAMS/PSYCHIATRY and advised that further questions can be directed to Ms. Makayla Endo, Psychiatric Residency Coordinator at mendo@cmhshealth.org (805) 948-6755 on his behalf.</p> <p>Comments were made in appreciation of the presentation and for the agencywide collaboration efforts contributing to the Program’s success. Additional comments and a variety of questions were addressed and answered by Dr. Vlaskovits.</p>		
VIII.	<p>Chair Comments Mr. Rodriguez spoke about the candlelight vigil held in remembrance of Supervisor Carmen Ramirez commenting on the diverse group of hundreds of people who attended to honor her legacy of service and genuine belief in diversity equity and inclusion.</p> <p><i>(Mr. Rodriguez added the following announcement following agenda item XI.)</i> Mr. Rodriguez reminded BHAB members of the California Association of Local Behavioral Health Board and Commissions’ (CALBHB/C) hybrid Superior Region Meeting and Training being held in Chico on Saturday, August 20, from 9:00 AM to 3:00 PM and to reach out to him for any additional information needed about the meeting and training.</p>		
IX.	<p>Assistant Director’s Report Dr. Denering echoed the comments of Mr. Rodriguez regarding the legacy of Supervisor Carmen Ramirez.</p> <p>Dr. Denering highlighted items from her update (attached to the minutes for reference) and received comments and questions from BHAB members.</p>		

	<p>Ms. Stone encouraged consideration be made to include Peer Respite in the Crisis continuum and advised she would like to organize a site visit to Los Angeles to tour a large Peer Respite project run by Project Return that is one of the finalists for a national Innovations Award through Substance Abuse and Mental Health Services Administration’s (SAMHSA) Recovery Innovations.</p> <p>Ms. Stone asked questions regarding South Oxnard’s Youth & Family collaboration with the Mental Health Services Act (MHSA) for the Public Health Needs Assessment. Dr. Denering provided clarification.</p> <p>Ms. Stone requested an update on the Full Service Partnership (FSP) Client Key Events Tracking System Innovations project. Dr. Denering advised that the MHSA team can provide Ms. Stone with the information and an update if what is available on the MHSA website under Innovation Projects does not sufficiently answer her questions.</p>		
<p>X.</p>	<p>Board Members Comments and Announcements</p> <p>Ms. Warren shared that the Client Network participated in the Mixteco Indigena Community Organizing Project’s (MICOP) backpack drive for school supplies and were able to donate dozens of backpacks filled with paper, pens and binders, donated portfolios for high school students and complimented MICOP on their successful backpack drive event.</p> <p>Ms. Stone advised the next Transitional Age Youth (TAY) Committee meeting is scheduled for Wednesday, August 17, at 3:30 PM and advised that the agenda includes standing agenda items such as a report on countywide housing from the person who directs the Continuum of Care as well as an update on initiatives from the Diversity, Equity & Inclusion (DEI) Officer.</p> <p>Ms. Stone asked that the BHAB explore returning to conducting in-person site visits to view services and programs.</p>		
<p>XI.</p>	<p>Secretary’s Report / Announcements</p> <p>Ms. Gardner expressed comments on the passing of Supervisor Carmen Ramirez.</p> <p>Ms. Gardner advised that there are openings in Supervisor Long and Supervisor Huber’s districts due to two resignations and that a qualified candidate for the practicing Psychiatrist opening may have been identified and may attend the next General meeting to observe.</p> <p>Ms. Gardner announced MICOP’s Night in Oaxaca event was very successful and raised over \$116,000 in support for its programs.</p> <p>Ms. Gardner mentioned that a discussion was held at the August 8 Executive Committee meeting regarding BHAB members excused Leave of Absences (LOA’s) which the Committee asked to be brought to the full BHAB for discussion noting that past practice allows for a LOA for reasonable amounts of time. She advised that the BHAB has no plans to revise its Bylaws to include protocol information related to LOA’s, however the Executive Committee had requested feedback from the full BHAB. Following a brief discussion, Mr. Rodriguez advised that discussions would resume with the full BHAB only if issues arise with granting LOA’s for BHAB members that might affect member attendance.</p>		
<p>XII.</p>	<p>BHAB Committee Reports</p> <p>A. Disparities Reduction Committee (July 19 meeting) – Michael Rodriguez for Marlen Torres, Chair</p> <ul style="list-style-type: none"> • The Committee met without a quorum and discussed some items with no action taken. • The DEI Council advised they were scheduled to provide their annual report, including the work of the Public Safety / Racial Equity Councils, to the Board of Supervisors on Tuesday, July 26. • Discussed the Social Justice Fund (SJF) who is working on addressing food insecurities in Saticoy and a possible future presentation from the SJF. • Discussed community outreach and addressing underserved communities including monolingual Spanish and other languages, including indigenous languages. • Cynthia Salas is reaching out to East County areas as part of the work of the Office of Health Equity and Cultural Diversity to promote BHAB meetings. • Discussed the low attendance for meeting in-person and the possibility of discussing moving back to either all virtual or only in-person meetings to increase attendance. 		

	<p>B. Youth & Family Services Committee (August 10 meeting) – Kevin Clerici, Chair</p> <ul style="list-style-type: none"> • Mr. Clerici echoed and expressed appreciation to Mr. Rodriguez for his sentiments regarding Supervisor Carmen Ramirez noting that it’s heavy in all our hearts with her loss. • Conveyed support and excitement for Dr. Sevet Johnson being named the CEO for the County particularly with her intimate knowledge of Behavioral Health. • Discussed the efforts by the County to apply for grant funds to develop and build a wellness center for youth and families. • Shared the efforts that are being made by private and public professionals in the county who are seeking to broaden the eligibility for those youth with fetal alcohol syndrome and fetal alcohol spectrum disorder that is in State legislation that if passed would broaden the eligibility and provide more services for those individuals and their families. 		
<p>XIII.</p>	<p>Old Business</p> <p>A. Needs Assessment Status Update Mr. Rodriguez advised that a contract award letter was sent out to Evalcorp and progress is being made for the contract to be submitted and signed for work to begin.</p> <p>Ms. Armann inquired whether the selected contractor has done similar needs assessment reports and if so wanted to know if copies of those reports might be made available. Mr. Rodriguez advised that according to CALBHB/C, Ventura County is breaking new ground on its request for a comprehensive needs assessment of this type and scope and although Evalcorp has done comprehensive needs assessment evaluations on different delivery systems, none were completed at the level that Ventura County has requested.</p> <p>B. Program Administrator III/Navigator/Ombudsman Discussion: Board Letter from VCBH to the Board of Supervisors dated April 26, 2022 states in pertinent part: “Access & Outreach Division: One (1) Program Administrator III is requested to develop and work independently as the Ombudsman for VCBH and assist clients in navigating through services. This addition is offset by the deletion of one (1) Program Administrator I. One (1) Management Assistant II position is requested to support the new Access & Outreach Division Chief.”</p> <p>Mr. Rodriguez suggested an approach to request two separate positions—one as a Navigator position reporting directly to VCBH that assists consumers and families with navigating various services and programs and with the grievance process and another as an Ombudsman position reporting independently of VCBH that assists with mediating between VCBH and consumers and family members.</p> <p>Further discussion took place about the tasks involved if a Workgroup is established to create a Board Letter for the County to create the Ombudsman position. Mr. Rodriguez advised that this item will be placed on the September Executive Committee meeting agenda for discussion and placement on the September General meeting for action to establish a Workgroup.</p>		
<p>XIV.</p>	<p>New Business</p> <p>A. Open 30-day Public Comment Period on the California Mental Health Services Authority (CalMHSA) Innovation Semi-Statewide Electronic Health Record (EHR) Project - ACTION This item was tabled to the September General meeting agenda.</p> <p>B. 2022 Data Notebook BHAB Workgroup Update Mr. Rodriguez advised that the Workgroup met in July and are currently meeting with subject matter experts within VCBH to retrieve the necessary data to complete the 2022 Data Notebook and are hopeful to present the information to the BHAB at its September General meeting.</p> <p>C. Presentation Requests Mr. Rodriguez announced the following schedule for upcoming presentations and asked for any other submissions to be email to him:</p> <ol style="list-style-type: none"> 1. September 19 - MICOP’s Living with Love Program – Findings from Five-Year Evaluation 2. September 19 - Stepping Up Initiative from the Ventura County Sheriff’s Office 3. October 17 – Rosenberg’s Rules of Order from County Counsel 4. October 17 – Overview of Administrative Policy Manual Updates (Code of Conduct) from County Counsel <p>Mr. Harris asked for either a presentation or report regarding the Arroyo Simi Overpass related to the critical issue of suicide incidents occurring at the overpass. Mr. Rodriguez</p>	<p>Item tabled to the September 19 General meeting.</p>	

	<p>asked Mr. Harris to provide him with proposed language to develop a formal request for data from VCBH, the Sheriff's Office and the Medical Examiner's Office. Ms. Stone reminded the BHAB of her previous suggestion to consider reaching out to the Chairperson of the Suicide Prevention Council who may also have pertinent data available on this issue.</p> <p><u>CARRY OVER ITEMS – FOR REFERENCE & TRACKING</u></p> <ol style="list-style-type: none"> 1. Mental Health Diversion – Effects of Law Changes as of January 1 – Public Guardian's Office or Multi-Agency (requested by Mr. Bhavnani) Mr. Rodriguez will provide additional information and Agenda placement TBD. 2. Homeless Court and Mental Health Diversion – Public Defender's Office (requested by Mr. Tejada) Agenda placement TBD. 3. Writ Process for People on LPS Conservatorships / Overview of Training Sessions Held to Improve Adherence to WIC Guidelines – Public Guardian's Office (requested by Ms. Morrison who will contact Public Guardian's Office) Agenda placement TBD. 4. Mental Health Diversion Overview and Process – Public Defender's Office (requested by Mr. Rodriguez) Agenda placement TBD. 5. Wellness Centers Presentation (requested by Ms. Gardner) Agenda placement upon completion of additional Wellness Centers and when updated presentation is available. 6. Gold Coast Health Plan Presentation on Expanded Services under CalAIM – Ms. Torres or colleague representative. (requested by Ms. Stone) Agenda placement TBD. 7. Shared Decision-Making Workshops Overview from June Conference Presentation in Sacramento – Ms. Stone (requested by Ms. Keanvey). Agenda placement TBD. 8. Inpatient Psychiatric Unit (IPU) & VCBH Outpatient Clinics – Update from the Medical Director, Dr. Jason Cooper (requested by Ms. Morrison) Agenda placement TBD. <p>E. Recognition Award Recommendations</p> <p>Mr. Rodriguez advised that any new recommendations for awards can be emailed to him along with detailed background information to consider them for the award.</p> <p>Ms. Warren suggested an award for Supervisor Carmen Ramirez be given posthumously for her outstanding community service to the County of Ventura and the city of Oxnard as well as her pursuit of social justice and environmental conservation. The details for an award were discussed.</p>		
XV.	<p>Contracts</p> <p>Mr. Rodriguez deferred the contracts to each of the Committees for their additional review and to bring any questions, feedback or input back to the full BHAB.</p> <p>Ms. Borchard asked for more information on the California Department of State Hospitals contract regarding the Pre-trial Mental Health Diversion Program and the available \$600,000 to fund housing for Diversion clients. Mr. Rodriguez provided a detailed response. Further discussion ensued regarding the difficulties with developing proper infrastructure for housing associated with many of the State issued programs such as Care Court.</p>		
XVI.	<p>Public Comments</p> <p>There were not public comments.</p>		
XVII.	<p>Adjourn</p> <p>The meeting adjourned at 3:28 PM</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2022-23	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	03/11/21 – 03/10/24	Claudia Armann	X	X										
District 5	09/15/20 – 09/15/23	Soledad Barragán	e	X										
District 3	01/26/21 – 01/26/24	Nancy Borchard	e	X										
District 3	01/13/22 – 01/12/25	Gane Brooking												
District 1	10/07/21 – 10/06/24	Kevin Clerici	X	X										
District 3	03/22/22 – 12/01/23	Stephanie Escoto												
District 1	04/27/21 – 04/26/24	Genevieve Flores-Haro	X	X										
LE	09/10/19 – 09/10/22	Cmdr. James Fryhoff												
District 3	04/15/21 – 04/14/24	Janis Gardner	X	X										
District 4	09/17/19 – 09/17/22	Jerry Harris	X	X										
District 1	05/11/21 – 05/10/24	Cheryl Heitmann	X	X										
District 2	01/08/22 – 01/07/25	Carol J. Keavney	e	X										
District 4	07/12/22 – 10/13/24	Carla Kurachi	e											
BOS	01/01/22 – 12/31/24	Supervisor Matt LaVere	X											
District 4	02/09/21 – 02/09/24	Jennifer Morrison	X	e										
District 2	03/15/20 – 03/15/23	Patricia Mowlavi	X											
District 5	01/25/20 – 01/24/23	Michael Rodriguez	X	X										
District 2	03/01/22 – 02/28/25	Elizabeth R. Stone	X	X										
District 4	09/18/21 – 09/17/24	Christopher Tejada	X	X										
District 2	09/17/19 – 09/16/22	Carol Thomas	X	e										
District 5	01/11/20 – 01/24/23	Marlen Torres		e										
District 5	04/21/22 – 03/22/24	Liz Warren	X	X										
Optional: Practicing Psychiatrist		VACANT												

Present = X

District 1: Supervisor LaVere

District 2: Supervisor Parks

District 3: Supervisor Long

District 4: Supervisor Huber

District 5: Vacant

CMHS (VENTURA COUNTY) PSYCHIATRY RESIDENCY

BHAB PRESENTATION 8/15

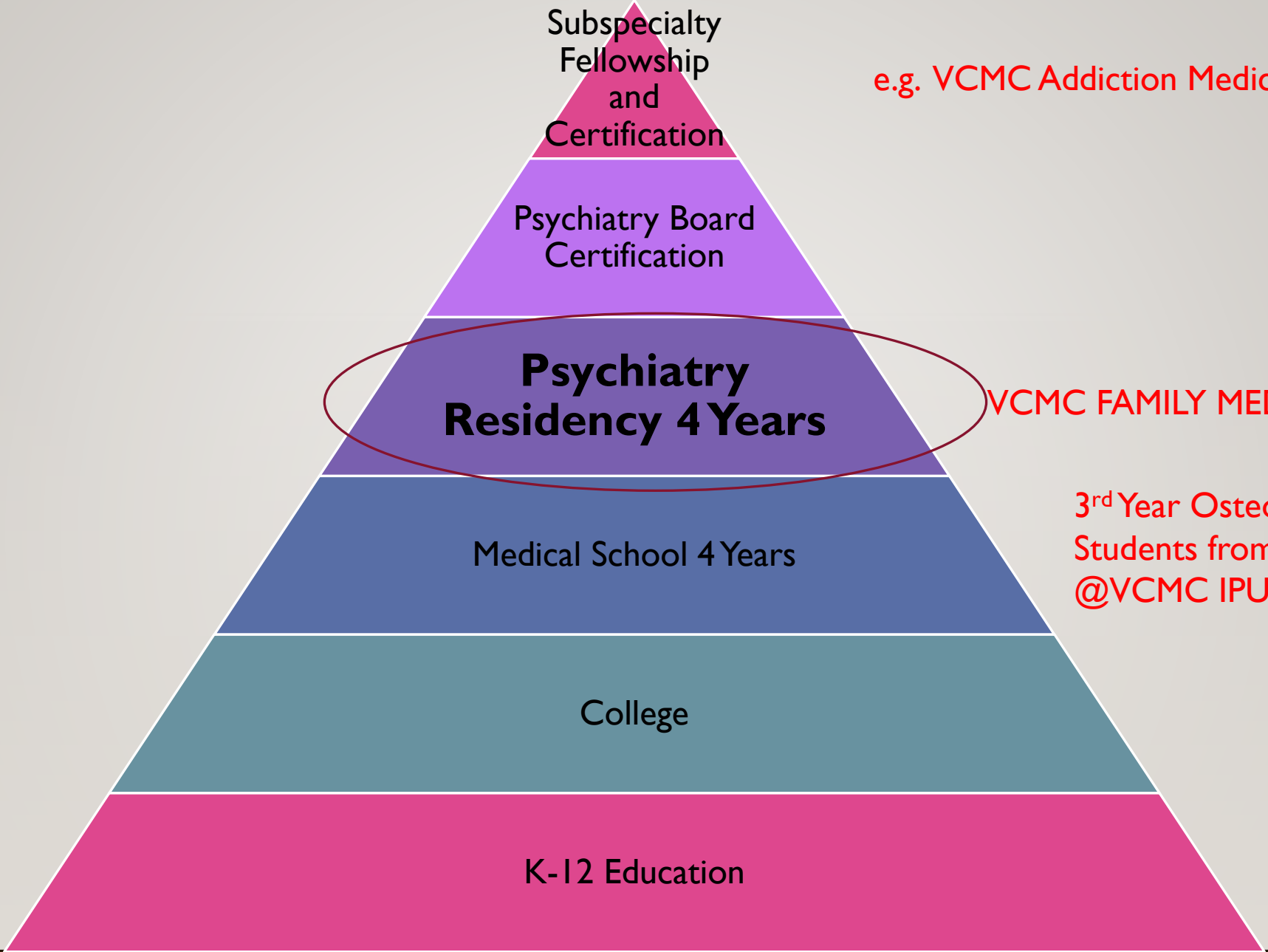
JOSEPH VLASKOVITS, M.D.

FULL DISCLOSURE – I WEAR MANY HATS

- Program Director, CMHS Psychiatry Residency
- Adjunct Faculty, VCMC Addiction Medicine Fellowship
- Medical Director, VCBH SUS
- Staff Psychiatrist, VCBH
- Chair of Credentials Committee, VCMC
- Ventura Region Councilor, Southern California Psychiatric Society
- Forensic Psychiatrist, Private Practice

OBJECTIVES

- What is a Psychiatry Residency?
- History
- What is our Psychiatry Residency?
- Future goals



Subspecialty
Fellowship
and
Certification

e.g. VCMC Addiction Medicine Fellowship

Psychiatry Board
Certification

**Psychiatry
Residency 4 Years**

VCMC FAMILY MEDICINE – 3 YEARS

Medical School 4 Years

3rd Year Osteopathic Medical
Students from Western COMP
@VCMC IPU

College

K-12 Education

CAMARILLO STATE HOSPITAL PSYCHIATRY RESIDENCY – CLOSED IN 1995



BENEFITS OF OUR PSYCHIATRY RESIDENCY, GRADUATE MEDICAL EDUCATION COLLABORATION

- “GROWING OUR OWN” FOR THE FUTURE,
ESPECIALLY WITH LOCAL AND NATIONAL TRENDS
IN PSYCHIATRY
- IMPROVED EXISTING SERVICES FOR OUR PATIENTS



BENEFITS OF OUR PSYCHIATRY RESIDENCY, GME COLLABORATION

- EXPANSION OF SERVICES, ESPECIALLY FOR THE UNDERSERVED
- EXPANSION/RETENTION OF PHYSICIAN WORKFORCE
- IN SOME CASES, REDUCED COST OF CARE

BENEFITS OF OUR PSYCHIATRY RESIDENCY, GRADUATE MEDICAL EDUCATION COLLABORATION

- SCHOLARLY ACTIVITY
 - REQUIRED RESEARCH AND QUALITY IMPROVEMENT INITIATIVES
 - GRAND ROUND PRESENTATIONS
 - GENERAL EDUCATIONAL ACTIVITIES



Community Memorial Health System



VENTURA COUNTY

MEDICAL CENTER



VENTURA COUNTY

BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency



Cottage
Health



Accreditation Council for
Graduate Medical Education

Initial Accreditation – April 2020

Continued Accreditation – April 2022

OUR APPLICATION REQUIREMENTS

- Requires medical degree (MD/DO) or if international medical graduate, recognized international equivalent (e.g. MBBS) with ECFMG Eligibility/Certificate
- Successful completion of licensing (USMLE/COMLEX) examinations with high pass scores and no failures (except Step/Level 3; often taken intern year)
- Must be eligible for a California Medical Board/Osteopathic Medical Board Post-Graduate Training License
- U.S. Work Eligibility
- Demonstrated Interest in medical school or after in Psychiatry and especially Community Psychiatry

SOME OF THE THINGS WE LOOK FOR IN APPLICANTS

- Well rounded, high performance in medical school
- Broad interest in society (extracurricular activities)
- Psychological mindedness
- Personal characteristics
- Bicultural, Bilingual Spanish Applicants
- Local ties

Our Selection Process

Total Applications	~700
Number that meet our initial screening criteria and are fully reviewed	200-400
Number of Interviews	40-50
Positions in Match	4

THE MATCH[®]
NATIONAL RESIDENT MATCHING PROGRAM[®]

POST GRADUATE YEAR (PGY) I RESIDENTS

- Nathalie Herrera, MD (Pontifical Xavierian University, Columbia)
- Janet Lee-Coomes, MD, MS (California Northstate) Thousand Oaks
- Payal Khengar, DO (NYITCOM – Arkansas)
- Jeffrey Kerr, DO (Western – Oregon)
- Ariella Maghen, MD (Technion, Israel)

PGY I - “INTERNSHIP”

- 4 MONTHS PRIMARY CARE AT CMHS
 - 2 MONTHS INTERNAL MEDICINE HOSPITALIST SERVICE
 - 1 MONTH AMBULATORY FAMILY MEDICINE
 - 1 MONTH, SELECTIVE: EMERGENCY MEDICINE, INTERNAL MEDICINE OR PEDIATRICS
- 2 MONTHS NEUROLOGY AT VCMC & AFFILIATED CLINIC
- 6 MONTHS VCMC INPATIENT PSYCHIATRY

PGY2 RESIDENTS

- Anu Bodla, MBBS
- Justin Nguyen, DO MPH (Oxnard)
- Alyssa Tate MD (not pictured)
- Paul Zimmer, DO



PGY2

- 6 MONTHS VCMC INPATIENT PSYCHIATRY AS SUPERVISOR/TEACHER TO MEDICAL STUDENTS AND INTERNS
 - INCLUDES EMERGENCY PSYCHIATRY AT VCMC CSU/EMERGENCY DEPARTMENT
- 3 MONTHS CONSULT/LIAISON PSYCHIATRY AT COTTAGE HOSPITAL & VCMC
- 1 MONTH CHILD & ADOLESCENT PSYCHIATRY AT VCBH YOUTH & FAMILY
- 1 MONTH ADDICTION MEDICINE, WITH ADDICTION FELLOWS AT VCMC, PROTOTYPES AND VCBH SUS MAT
- 1 MONTH GERIATRIC PSYCHIATRY AT VENTURA OLDER ADULTS

PGY3 RESIDENTS

- Nassi Navid, MD, MPH, MBA
- Alexander Horwitz, MD, MS
- Jonathan Rapps, MD



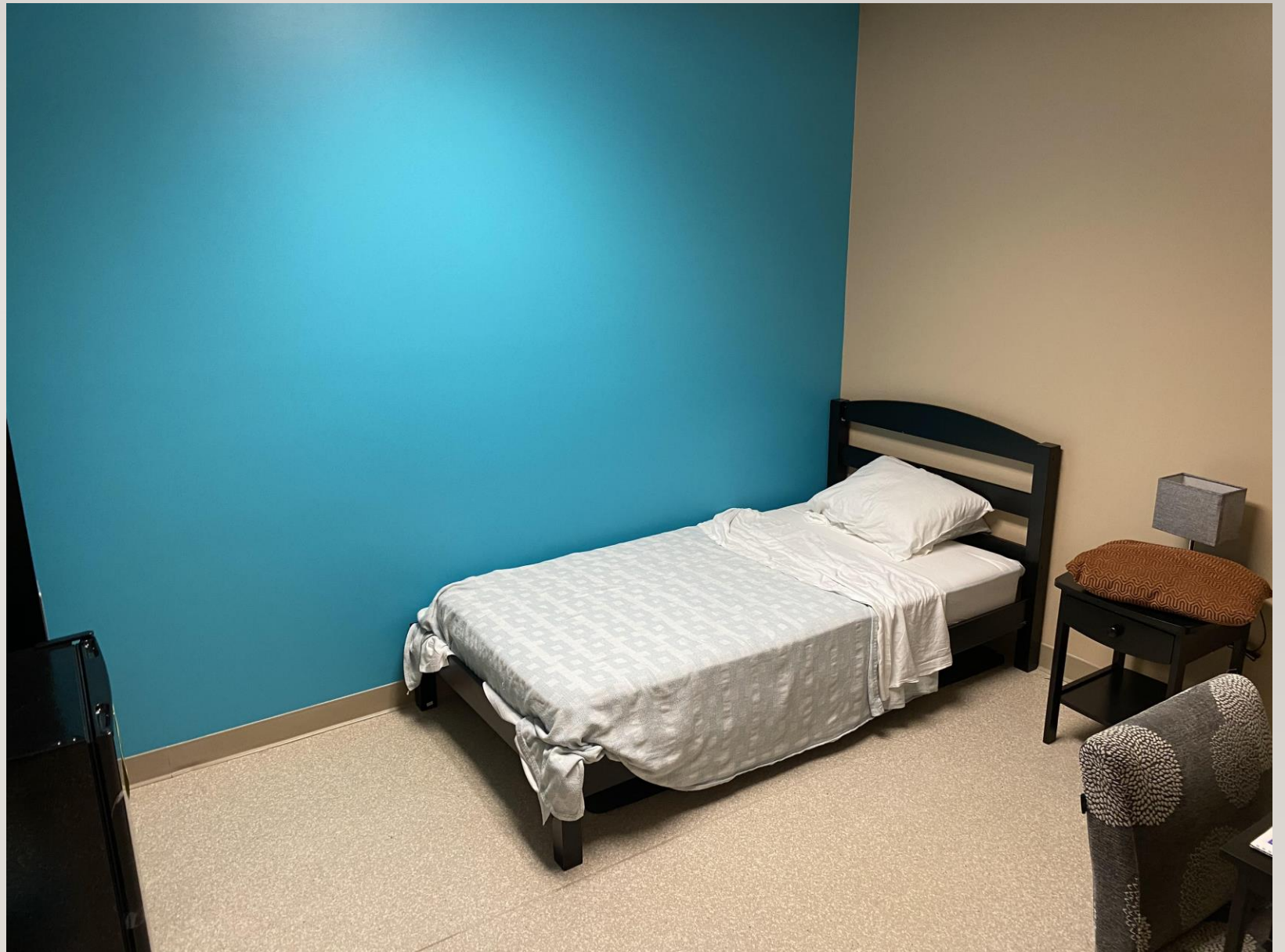
PGY3 – CONTINUOUS OUTPATIENT YEAR

- LARGELY AT CMHS MIDTOWN MEDICAL GROUP TEACHING CLINIC
 - OUTPATIENT CASES IN MILD TO MODERATE SPECTRUM
 - INCLUDING PSYCHOTHERAPY, BOTH SHORT AND LONG-TERM
 - ADDITIONAL CHILD & ADOLESCENT PSYCHIATRY
- FRIDAYS AT VCBH VENTURA ADULT MH CLINIC
- INCLUDES ELECTIVE TIME FOR SPECIAL INTERESTS
 - Dr. Navid – RISE/Backpack Medicine
 - Dr. Rapps – Additional Child/Adolescent at Ventura Y&F
 - Dr. Horwitz – Forensics & Additional Psychotherapy Training

PGY4 – CHIEF RESIDENT YEAR

- Inpatient Psychiatry Chief
- Outpatient Psychiatry Chief
- Additional Consult/Liaison at VCMC
- Additional Geriatric Psychiatry
- Electives

**OVERNIGHT ON-CALL AT
VCMC IPU; FRI, SAT, SUN**



“MOONLIGHTING”

- ADDITIONAL COVERAGE AT VCMC IPU, ONCE FULLY LICENSED AND WITH PROGRAM PERMISSION ON WEEKENDS AS PGY3 AND ABOVE.

FUTURE DIRECTIONS

- PRELIMINARY PLANS: IN COLLABORATION WITH VCMC/CMHS/VCBH AND SUPPORT FROM MEDICAL FOUNDATIONS, ESTABLISH A SCHOLARSHIP FOR 4th YEAR SPANISH SPEAKING BILINGUAL/BICULTURAL MEDICAL STUDENTS TO COME FOR AN “AUDITION ROTATION”

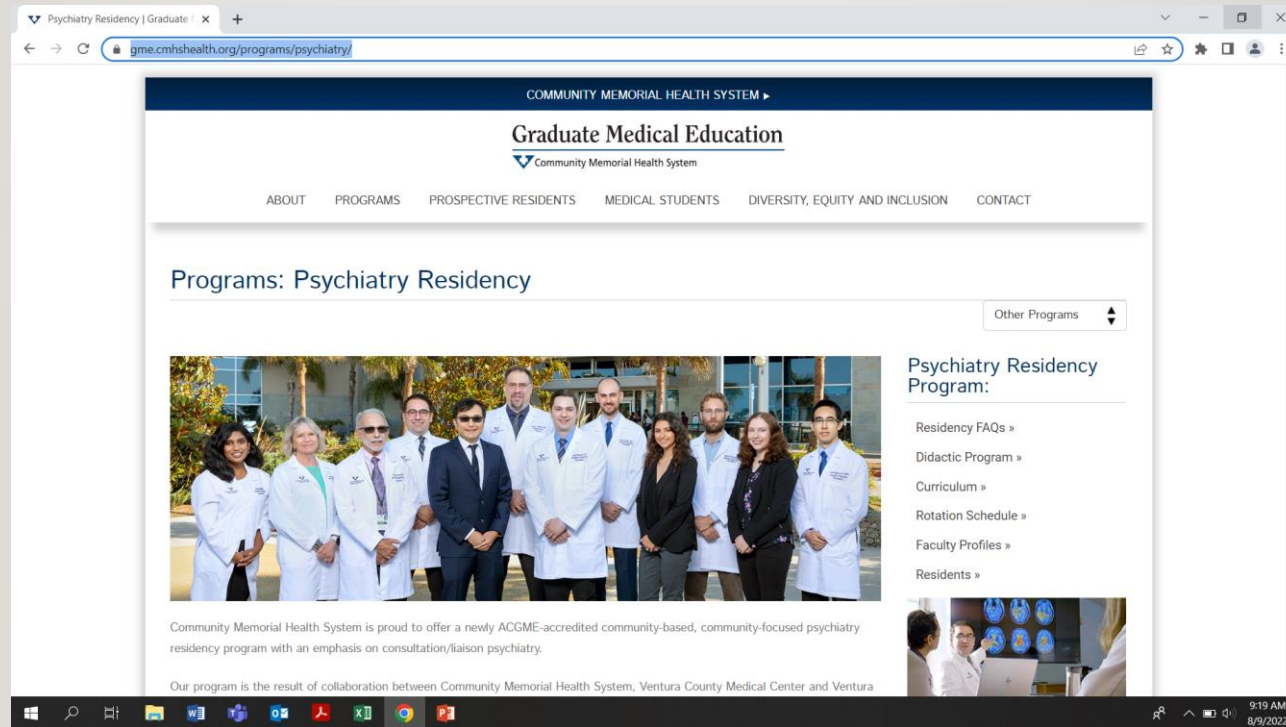
FUTURE DIRECTIONS

- DISCUSSION WITH VCBH LEADERSHIP REGARDING ESTABLISHING AN ACADEMIC TREATMENT RESISTANT DEPRESSION CLINIC
 - WITH OUTPATIENT rTMS, KETAMINE
 - INPATIENT ECT SERVICE FOR SEVERE OTHERWISE TREATMENT RESISTANT CASES

FUTURE DIRECTIONS

- COLLABORATION WITH VENTURA VETERAN'S ADMINISTRATION CLINIC REGARDING GERIATRIC PSYCHIATRY AND OUTPATIENT ROTATIONS
- PRELIMINARY DISCUSSIONS REGARDING FOUNDING A CHILD/ADOLESCENT PSYCHIATRY FELLOWSHIP
- EXPAND ON-CALL OVERNIGHT PRESENCE TO 7 DAYS/WEEK

OUR WEBSITE; HTTPS://GME.CMHSHEALTH.ORG/PROGRAMS/PSYCHIATRY/



REFERENCES

- ACGME WEBSITE ON PSYCHIATRY:
<https://www.acgme.org/specialties/psychiatry/overview/>
- National Resident Matching Program: <https://www.nrmp.org>
- Alweis R, Donato A, Terry R, Goodermote C, Qadri F, Mayo R. Benefits of developing graduate medical education programs in community health systems. J Community Hosp Intern Med Perspect. 2021 Sep 20;11(5):569-575. doi: 10.1080/20009666.2021.1961381. PMID: 34567443; PMCID: PMC8462840.

FURTHER QUESTIONS?

Psychiatry Residency Coordinator

Ms. Makayla Endo

mendo@cmhshealth.org

(805) 948-6755

Assistant Director's Update

BHAB General Meeting 8.15.22

August has the following days of significance to highlight:

August 21, Senior Citizen's Day

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.

Regarding County Mental Health Plans, the primary focus areas are:

- Behavioral health payment reform
- Revisions to behavioral health inpatient and outpatient medical necessity criteria for children and adults
- Administrative behavioral health integration statewide
- Regional contracting
- Substance use disorder managed care program renewal and policy improvements

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:

- The Administration introduced a CARE Courts Proposal in early March. Community Assistance, Recovery and Empowerment (CARE) Court is a new framework to get people with mental health and substance use disorders the support and care they need. CARE Court is aimed at helping

the thousands of Californians who are suffering from untreated mental health disorders leading to homelessness, incarceration or worse. California is taking a new approach to act early and get people the support they need and address underlying needs. To learn more about this proposal, please visit: <https://www.chhs.ca.gov/care-court/>

- The Quality Management Action Committee (QMAC) meeting schedule and format has been updated to allow for more in-depth data review and discussions. Now, in addition to large group meetings, smaller work groups will take place bi-monthly. The first smaller, QMAC Work Group will be towards the end of March. A Doodle poll to request participation and gather date preferences from QMAC members will be sent soon. The next all member QMAC meeting will be in September, TBD. If anyone is interested in joining or would like to recommend someone, please email vcbh.quality@ventura.org.
- We would like to provide the link to the webpage where the most recent VCBH EQRO reports can be viewed: <https://vcbh.org/en/about-us/reports-performance>

Adult Services Division:

- Happy to report the initial recruitment for Peer Specialists has resulted in a list of applicants to be interviewed. Those interviews are being scheduled and will be conducted by VCBH managers and staff with lived experience. Three full-time positions have been approved to work in STAR, RISE, and Assist and another three have been slated for work across the six physical-plant Adult Clinics.
- Round 5 of DHCS's Behavioral Health Continuum Infrastructure Plan (BHCIP) has been introduced under the title "Crisis Continuum". This round of funding was introduced with a "listening session" intended to elicit feedback on what could be characterized as fairly broad topic. Several local representatives from both VCBH and other local agencies were in attendance. More information will follow.

Youth and Family (Y&F) Services Division:

Division Highlights

- The Y&F Division is pleased to be working with the Training Department on the **Mentored Internship Program (MIP)**. The Conejo Clinic will be supporting graduate level students in their training at VCBH while also receiving education and support for the mentors to ensure quality and standardization of training.
- **BHCIP Round 4 focused on Youth and Family:** VCBH is looking at future BH needs expressed by the community, and the positive reception of the **Wellness Center model** evidence by school collaborations to apply for Infrastructure Funding/Bricks and Mortar for a Youth (up to age 25) focused Wellness Center.

Initiatives and Progress

- The Y&F Division is continuing to make progress toward development of the **Youth FSP**. Services are slated to begin by the end of the year. In addition to overall program development, hiring has begun, office space has been located and a vehicle has been repurposed and obtained for FSP use.

Collaborations

- Our Child Welfare Subsystem (CWS) Program in collaboration with Children and Family Services (CFS) has been participating on the **Court Appointed Special Advocates (CASA) Training Panel** over the past few years. The panel participants include CFS social workers, attorneys and CWS management. The purpose of the panel is to provide an overview of court dependent processes and services to youth and families in dependency. All VCBH services to foster youth are field

based, county wide and culturally sensitive. VCBH has been completing universal assessments for all youth coming into dependency since 2017.

- South Oxnard Y&F is collaborating with MHSA for the Public Health Needs Assessment. Youth and their parents are being invited to participate in a focus group the week of Aug. 15 to provide their perspective and input for the Community Planning Process.

Training & Conferences

- Key leaders of the Y&F management team participated in the **FSP Training and Feedback Session** on 7/21/22. The training provided an overview of the FSP development and training elements to be launched for all FSP-referring staff in the Fall.
- ICPM-The entire eighteen-person leadership team in the Youth and Family Division attended the Integrated Core Practice Model Multi-day training in late June 22 & 23 and July 14, 2022. The focus for Inter-agency partners, will lead the integration of principles of building and expanding our Child, Youth and Family Wellness System of care. Leadership teams from the Human Service Agency, Probation, County Office of Education, Health Care Agency, Tr-Counties Regional Center and Behavioral Health attended and next step include train the trainers across agencies and training service delivery staff.

Substance Use Services (SUS) Division:

Prevention - Community Outreach Highlights

- During the last three months, we attended and participated in *many* outreach events, to spread the word about current drug risks, and inform residents of available resources. These included:
 - Jacqui Irwin- 911 Emergencies in the 805 Event in Thousand Oaks. On Saturday, July 9th, the prevention staff attended the event and offered information about being prepared to respond effectively to Opioid Overdose with Naloxone, as well as Suicide Prevention information. More than 100 event participants visited the VCBH table, and several attendees were issued OD Rescue kits for a family member at risk.
 - Santa Paula PRIDE Picnic and Resource Fair in Santa Paula. We attended Santa Paula's first PRIDE picnic and Resource Fair event. The focus was to offer LGTB youth of Santa Paula, Fillmore and Piru a safe place and friendly environment where they were able to come and get resources and enjoy a day full of activities. Health promotion and drug awareness were very prominent.
 - Cabrillo Economic Development Corporation (CEDC) in Ventura. We presented for the residents of CEDC Snapdragon location in Ventura. The presentation was about medication safety, Fentanyl and overdose prevention and marijuana and the teen brain.
 - Outreach at Mexican Consulate - Ventanilla de Salud in Oxnard. Presented in-person to the Spanish speaking community of the Mexican Consulate

FEATURED: Just Not Worth It Prevention Campaign

- The "Just Not Worth It" prevention campaign is targeted toward teens and young adults who may be at risk for trying and continuing to use drugs illegally.
 - This encompasses both illicit drugs (like fentanyl and meth) and legal drugs taken illegally—typically cannabis and prescription medications.
 - The goal is to inform teens and young adults of risks to their health, well-being, life opportunities, and relationships.
 - Instead of shame and blame, the campaign addresses the issue from the perspective of friends that love and miss the person that is currently using. By showing only love and despondence on their friends' part, there is no accusation to push back against. As a secondary goal, the campaign serves as a discussion platform for adults to discuss illegal drug use with young adults in their care.

MHSA:

- The MHSA department will present at the next BHAB- general meeting regarding Electronic Health Record- Innovations Project and open the 30-day public comment period. This is an innovative project supported by CalMHSA and is a multi-county project to assist with the development of a new EHR that is Human Centered, will decrease the amount of time staff is completing documentation by 30 %, (having more time to provide essential clinical services) and will be designed to meet the new regulations as required by CalAIM.
- On Wednesday September 21- Ventura County Behavioral Health and the Suicide Prevention Council, VCOE, Brite and Ventura College will be hosting the 7th Annual Suicide Prevention Forum at Ventura College. The event will begin at 9:30 am. All are welcome. An online virtual event will be held on Thursday September 29th from 4:00 pm – 5:30 pm. A flyer with registration for both events and additional details to follow.
- Reminder that the new 988 Suicide and Crisis phone number is in effect; making it easier for the community to reach out.

Administration:

CalAIM

- The CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. A CalAIM Implementation lead team, which includes managers from various functional areas, continues to meet on an ongoing basis to support implementation of the policy changes that went into effect 07/1/22.
- VCBH staff and contracted providers have received access to CalMHSA's Learning Management System and have access to all nine (9) training courses provided. VCBH-Specific training modules have been developed to provide staff with the necessary tools needed for a smooth integration of the CalAIM changes, including specific EHR changes. The CalAIM and QA teams will also begin to offer weekly office hours for staff and contracted providers. On-going communication and collaboration with contracted county partners and the local managed care health plan continue to help facilitate a smooth implementation experience.

Safety and Facilities

- Continued compliance with CDPH order that requires all healthcare staff to be vaccinated, have a booster shot or have an approved exemption and be tested weekly. Conducting reviews of facility space and vehicle needs to address upcoming program changes. Assisting with set up of new service facility in Ventura in coordination with VUSD. Updated new Cal/OSHA and CDPH COVID-19 workplace health requirements and implementing throughout the department. Continued oversight of staff COVID-19 contact tracing and associated notifications and documentation. Conducted annual health and safety reviews of all BH locations.

Contracts Team

- FY 2021-22 Contractor site review Corrective Action Plans that remain open are continuing to be monitored by VCBH Contracts Administration, Operations, Utilization Review, and Fiscal staff to ensure compliance and proper closure. The VCBH Contracts Administration team will be scheduling the FY 2022-23 Contractor site reviews and Fall Provider Meetings in August.

Quality Assurance

- **CalAIM:** QA has facilitated all staff access to CalMHSA provided CalAIM training modules. QA has created additional modules to train on VCBH specific implementation of CalAIM documentation reform within Avatar. QA staff have attended various provider meetings to help orientate toward ongoing changes, communications and assigned trainings. Updated policies aligning with

CalAIM changes have been created, assigned for training and activated. Ongoing weekly “Office Hours” for Q & A on all things CalAIM have been established.

- **VCBH Policy Office** has worked closely with the Office of Health Equity on the integration of cultural and linguistic competency integration into policies. 38 policies have been revised including the newly established cultural and linguistic competency paragraph. As each policy is revised, it is assessed for the addition of the Cultural Competency language.
- **Utilization Review** conducts quarterly reviews and administrative exit reviews. In alignment with CalAIM changes, the focus is on identifying and remediating inaccurate billing, and provision of guidance and training to improve the quality of clinical documentation, along with ongoing identification of instances of Fraud, Waste and Abuse.
- QA continues to review, monitor and track implementation of and compliance with **DHCS Information Notices** in collaboration with inter-departmental stakeholders.
- The QA **Care Coordination** team collaborates and supports client access to network and out-of-network providers (inpatient facilities, single case agreements, Managed Care Plan via No Wrong Door, etc.)

Quality Improvement:

- The FY 2021-22 DMC-ODS External Quality Reviews (EQRO) report is now available on CalEQRO’s website and VCBH’s; the final Mental Health report is now has posted as well.
- In FY 2022-23, the Mental Health and DMC-ODS external quality reviews will take place at the same time November 8th-10th. This is the first joint, or side-by-side review, and plans are underway.
- QI continues to implement 4 performance improvement projects (PIPs) that address various areas for improvement, some will be ending soon. We are currently developing 3 new PIPs specific to CalAIM-related shifts in measuring specific items like follow-up after an emergency room visit.
- QI is building out ongoing tracking and reporting of key performance metrics and are working with VC-Information Technology Services to design a public-facing data dashboard.
- The Quality Management Action Committee (QMAC) meeting schedule and format has been updated to allow for more in-depth data review and discussions. Now, in addition to large group meetings, smaller work groups will be regularly convened. QI continues to recruit consumer/family/peer and community stakeholders for the QMAC. Names can be sent to vcbh.quality@ventura.org
- QI is coordinating the submission of the network adequacy certification tool (NACT) required by DHCS annually to demonstrate compliance with the state’s standards for access to services. This process will involve data collection from VCBH and CBO programs regarding provider capacity and services, as well as timeliness data. The NACT is expected to be due in late summer.
- To support VCBH Strategic Plan efforts, QI has analyzed and prepared baseline data that will be used to monitor and report progress. For key outcomes that do not yet have baseline data, QI will be working with department leads to develop methods for future reporting.

Electronic Health Record

- CANS (Children’s Assessment of Needs & Strengths) Process Improvement - VCBH has completed an agreement with Opeeka, a leader in CANS assessment analysis systems. Opeeka P-CIS is a vendor-hosted application which provides overall management and analysis of the CANS admission process. The EHR Team continues to work with Opeeka to securely move CANS historical data into the P-CIS environment. Training of VCBH clinicians and management team regarding usage of the P-CIS application is scheduled to begin during the month of August.
- FSP (Full-Service Partnership) Client Key Event Realtime Tracking System - The population-health system design for capturing real-time notifications of specific community encounters involving FSP clients has been launched! Through close collaboration with other county partners,

information regarding FSP client contacts with other agencies are being forward to Behavioral Health and loaded into the new FSP Client Key Event Tracking System. As event notifications are entered into the system, an alert is sent to the respective FSP client care team notifying them of the event. This system is designed to increase the awareness of FSP client encounters with various agencies such as hospitals, emergency rooms, law enforcement, and homeless management initiatives.

- CalMHSA - The CalMHSA electronic Health Record (EHR) proposal has been approved by the Board of Supervisors. We are in the early stages of project development in coordination with CalMHSA in preparation for the implementation project launch.
- CalAIM - CalAIM planned changes include the establishment of a Standardized Screening Tool, plus a Transition of Care Tool. We continue to await details of these tools from DHCS. Once DHCS guidance has been finalized we will consider whether to develop these tools in our EHR in-house or await a vendor-developed version later in the year. These tools are scheduled to be in production on January 1, 2023. The entire CalAIM initiative proposes an implementation strategy lasting 5 years.
- Avatar - Transition from the Avatar EHR to the new CalMHSA EHR will be planned in the coming months. Avatar will remain in use long after the CalMHSA EHR has gone LIVE in order to facilitate the ongoing claims submissions process which generally runs many months after the actual date of service. It is a viable assumption the Avatar EHR will be in limited use for at least 12-18 months after the conversion to the CalMHSA EHR has been accomplished.

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

Open episodes in July 2022 with billing activity in prior 12 months

As of 8/4/2022

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	11,616	1,104	5,802	4,192	794	522	24	45

**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	2,937	28		2,755	220	46		
16-25	2,310	187	802	1,246	173	100	4	5
26-59	5,060	838	3,828	191	363	284	18	39
60+	1,309	51	1,172		38	92	2	1
Grand Total	11,616	1,104	5,802	4,192	794	522	24	45

**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	9,874	1,033	4,987	3,424	651	464	23	42
Spanish	1,191	55	539	535	94	31	1	3
Mixteco	7	1	2	3	1			
Non-Threshold Language	80	1	60	14	3	3		
Not Reported	464	14	214	216	45	24		
Grand Total	11,616	1,104	5,802	4,192	794	522	24	45

**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	6,134	597	2,633	2,719	440	179	11	14
Non-Latinx	4,031	426	2,648	837	225	176	13	30
Not Reported	1,444	81	518	636	128	164		1
Declined to State	7		3		1	3		
Grand Total	11,616	1,104	5,802	4,192	794	522	24	45

**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	495		98	397				
FILLMORE	163	27		140				
MOORPARK	17			17				
OXNARD	6,196	818	2,621	1,895	794	522		
SANTA PAULA	840		548	292				
SIMI VALLEY	1,296	87	727	509				
THOUSAND OAKS	1,274	50	910	331				
VENTURA	2,172	72	1,134	994			24	45
Outside Ventura County (Contractor)	179	155	24					
Grand Total	12,632	1,209	6,062	4,575	794	522	24	45

*** Clients may be counted under multiple locations

**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**
Residence Region - City								
Conejo Valley	986	87	554	275	69	69	2	5
Conejo Valley-Newbury Park	245	20	134	68	15	23	1	2
Conejo Valley-Oak Park	29	4	7	18		2		
Conejo Valley-Thousand Oaks	651	60	382	171	47	35	1	3
Conejo Valley-Westlake Village	61	3	31	18	7	9		
Moorpark	351	27	136	182	13	13		1
Moorpark	351	27	136	182	13	13		1
Ojai	230	21	108	78	14	23	1	2
Ojai	181	19	89	54	11	20	1	1
Ojai-Oak View	49	2	19	24	3	3		1
Oxnard Plains	5,258	469	2,585	1,994	374	200	7	10
Oxnard Plains-Camarillo	797	46	445	259	45	38	2	1
Oxnard Plains-Oxnard	4,066	379	1,960	1,576	302	143	5	8
Oxnard Plains-Port Hueneme	374	43	170	151	24	19		1
Oxnard Plains-Somis	21	1	10	8	3			
Santa Clara Valley	1,158	79	472	558	81	26	3	5
Santa Clara Valley-Fillmore	338	28	132	165	22	10	2	2
Santa Clara Valley-Piru	38	3	12	23	2			
Santa Clara Valley-Santa Paula	782	48	328	370	57	16	1	3
Simi Valley	1,300	137	645	463	71	73	2	3
Simi Valley	1,300	137	645	463	71	73	2	3
Ventura	2,026	246	1,151	555	154	96	9	17
Ventura	2,026	246	1,151	555	154	96	9	17
Not Reported	307	38	151	87	18	22		2
Not Reported	307	38	151	87	18	22		2
Grand Total	11,616	1,104	5,802	4,192	794	522	24	45

Residence cities do not reflect client service location.

**California Mental Health Services Authority (CalMHSA)
Innovation Semi-Statewide Electronic Health Record (EHR) Project**

APPENDIX: VENTURA COUNTY

1. COUNTY CONTACT INFORMATION:

Hilary Carson: MHSA Innovations Hilary.Carson@ventura.org

2. KEY DATES: *(Include actual dates and/or expected dates, as per your local timeline)*

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	08/15/22- 09/19/22
Public Hearing by Local Mental Health Board	09/19/22
County Board of Supervisors' Approval	10/22

This INN Proposal is included in: *(Check all that apply)*

Title of Document	Fiscal Year(s)
MHSA 3-Year Program & Expenditure Plan	
MHSA Annual Update	21-22
Stand-alone INN Project Plan	FY22 – FY25

3. DESCRIPTION OF THE LOCAL NEED(S)

Existing Electronic Health Records (EHR) impacts the delivery of Behavioral Health Community Services due to the time involved in documentation. It is estimated that 40% of healthcare staff time is spent on this activity instead of providing essential direct care services. The community expresses their frustration of not having more immediate access to care due to high caseloads and crucial demand for behavioral health services. Direct staff are impacted by stress and burnout due to the high demands of the work and the excessive amount of time spent on documenting within the existing EHR, versus spending time on direct client care.

Additionally, the COVID-19 pandemic has increased the demand for behavioral health services, has disproportionately impacted communities of color, and is a major factor contributing to the workforce shortages faced by our County. The existing EHR is not designed in a manner that efficiently serves the community or behavioral health employees.

The community often asks the question, “How do you know the services you are providing are making a difference?” The EHR needs to provide better outcome measures and tools to better assess the impact of services provided.

The impact of California Advancing and Innovating Medi-Cal (CalAIM) creates the need for an EHR that can meet the new requirements requiring redesign of the EHR including payment reform and data exchange, mandates California Behavioral Health programs new measurement tools and outcome measures and new billing protocols. These numerous changes require a major re-design of the EHR to meet these new goals, standards, and outcome measures.

4. DESCRIPTION OF THE RESPONSE TO LOCAL NEED(S) AND REASON(S) WHY YOUR COUNTY HAS PRIORITIZED THIS PROJECT OVER OTHER CHALLENGES IDENTIFIED IN YOUR COUNTY

Ventura County’s highest priority is client care and addressing the needs of our community. By redesigning the existing EHR to be client and provider focused, services can be enhanced by decreasing the amount of time (estimated 30%) providers are required to document, which allows additional time to provide direct service and enhance services provided to the community. Ventura County’s existing EHR will not be compliant with the impact of CalAIM without a major redesign.

More importantly, Ventura County has an opportunity to be a part of a Multi-County Collaborative lead by CalMHSA This collaborative will capitalize on the strength and resources of 20 counties. The new EHR main design will be client focused, decreasing staff time on entering required information, and decreasing workload associated with the EHR by an estimated 30%, providing additional time for the provision of direct clinical services.

The new EHR will meet the new standards and will quickly adapt to the ever-changing State requirements, collect and report on meaningful outcomes, and provide tools for direct service staff that enhance rather than hinder care to the clients they serve.

This is an opportunity for Ventura County to benefit from this larger collaborative bringing expertise, knowledge, and experience to this project under CalMHSA leadership and the Behavioral Health Counties participating in this project.

This project is highly Innovative due to this unique opportunity to create a new EHR in the above manner.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

This project was announced in the Behavioral Health Advisory Board (BHAB) meeting on 08/15/22 and a 30-day public comment period followed. This project was included in the MHSA 21-22 Annual Update which also went through a 30-day public comment period and was reviewed in the BHAB meeting held on May 16, 2022.

CONTRACTING

CalMHSA will be the lead agency collaborating with 20 counties on this project who will participate in the various stages involved with initiating a new EHR. Ventura County will fully participate and contract with CalMHSA on this Semi-Statewide Enterprise Health Records project. CalMHSA will serve as the Administrative Entity and Project Manager. CalMHSA will execute participation agreements with Ventura County and the other participating counties, and contract with the selected EHR vendor and Evaluator. The vendor will be responsible for the development, implementation, and maintenance of the Semi-Statewide EHR.

The Human-Centered Design (HCD) approach is supported by research and is a key component of this project. Enlisting our Behavioral Health provider's knowledge and expertise of their daily operations will inform solutions in the Design Phase, vital to ensuring the new EHR is responsive to the needs of the Behavioral Health workforce as well as the clients we serve. The HCD will ensure a positive impact for both the behavioral health workforce as well as the client.

Ventura county will be part of the ongoing stakeholder process from inception to completion, including research conducted by RAND (a non-profit research organization) who will conduct formative assessments of the user experience during the design, development, and pilot implementation phases, including post-implementation assessment of key indicators such as time spent completing tasks, cognitive load/burden and satisfaction.

Ventura County Staff will participate at each level of this project, providing ongoing feedback, pilot of program and completing surveys, and assessments of the new EHR as outlined by RAND.

7. COMMUNICATION AND DISSEMINATION PLAN

The results of the project will be provided during BHAB meetings and questions responded to during this time. Ventura County also provides online MHSA Updates. Ventura Community Members are encouraged to contact the Innovations Manager via phone, or email to ask questions, or provide feedback. Ventura County will continue to be part of the CalMHSA collaborative and share results with local, state, community, and other Behavioral Health Programs.

8. COUNTY BUDGET NARRATIVE

The County is requesting to spend up to \$2,948,980 for MHSa Innovation fund for this project over a period of three (3) years. Additionally, the County is also estimating that it will use \$315,930 of FFP and \$250,000 other funding (BHQP/MHSA CSS). The total cost for the innovation portion of this project is estimated at \$3,514,910.

PERSONNEL COSTS

Personnel costs, including employee benefits, direct and indirect costs for a 0.5 FTE BH Manager II, 0.5 FTE Accounting Assistant, 0.5 FTE Manager, Accounting, 1.25 FTE Program administrator III, 1.00 FTE Sr. Program administrator, and 0.75 FTE Behavioral Clinician IV

A 5% increase is planned for FY23/24.

15% indirect cost for administration support.

Total personnel cost: \$871,629

OPERATING COSTS

Operating cost includes rent, office supplies, internet, phone, computers: Total \$19,367

A 5% increase is planned for FY23/24.

15% indirect cost for administration support.

Total operating costs: \$45,655

CONSULTANT COSTS/CONTRACTS

Project implementation and development cost for 2 years (performed by Streamline Healthcare Solution): Total \$2,097,626

Project evaluation cost (performed by RAND): Total \$500,000

Total consultant costs/contracts: \$2,597,626

9. BUDGET & FUNDING CONTRIBUTION BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

Please see the attached excel file for County's budget.

10. TOTAL BUDGET CONTEXT: EXPENDITURES BY FUNDING SOURCE & FISCAL YEAR

Please see the attached excel file for County's budget.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

COUNTY: *Ventura County*
EXPENDITURES

		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
	PERSONNEL COSTS (salaries, wages, benefits)						
1	Salaries	245,605.0	257,885.0	-	-	-	503,490.0
2	Direct Costs (Benefit)	124,121.0	130,327.0	-	-	-	254,448.0
3	Indirect Costs (15% of Salaries and Benefit)	55,459.0	58,232.0	-	-	-	113,691.0
4	Total Personnel Costs	425,185.0	446,444.0	-	-	-	871,629.0
	OPERATING COSTS*						
5	Direct Costs	19,366	20,334	-	-	-	39,700
6	Indirect Costs (15% of Direct Cost)	2,905	3,050	-	-	-	5,955
7	Total Operating Costs	22,271	23,384	-	-	-	45,655
	NON-RECURRING COSTS (equipment, technology)						
8							
9							
10	Total non-recurring costs	0	0	0	0	0	\$ -
	CONSULTANT COSTS/CONTRACTS						
11	Direct Costs	2,211,472	236,154	150,000	-	-	2,597,626
12	Indirect Costs						-
13	Total Consultant Costs	2,211,472	236,154	150,000	-	-	2,597,626
	OTHER EXPENDITURES (explain in budget narrative)						
14							0
15							0
16	Total Other Expenditures	0	0	0	0	0	\$ -
	EXPENDITURE TOTALS						
	Personnel (total of line 1)	245,605	257,885	-	-	-	503,490
	Direct Costs (add lines 2, 5, and 11 from above)	2,354,959	386,815	150,000	-	-	2,891,774
	Indirect Costs (add lines 3, 6, and 12 from above)	58,364	61,282	-	-	-	119,646
	Non-recurring costs (total of line 10)	-	-	-	-	-	-
	Other Expenditures (total of line 16)	-	-	-	-	-	-
	TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET	2,658,928	705,982	150,000	-	-	3,514,910

CONTRIBUTION TOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
County Committed Funds	2,658,928	705,982	150,000	-	-	3,514,910
Additional Contingency Funding for County-Specific Project Costs						-
TOTAL COUNTY FUNDING CONTRIBUTION	2,658,928	705,982	150,000	-	-	3,514,910

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

COUNTY: *Ventura County*

ADMINISTRATION:

Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
A.	1 Innovation (INN) MHSA Funds	37,353	39,220	-	-	-	76,573
	2 Federal Financial Participation	21,011	22,062				43,073
	3 1991 Realignment						
	4 Behavioral Health Subaccount						
	5 Other funding						
	6 Total Proposed Administration						

EVALUATION:

Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
B.	1 Innovation (INN) MHSA Funds	200,000	150,000	150,000			500,000
	2 Federal Financial Participation						
	3 1991 Realignment						
	4 Behavioral Health Subaccount						
	5 Other funding						
	6 Total Proposed Evaluation						

TOTALS:

Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:		FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
C.	1 Innovation(INN) MHSA Funds*	2,379,816	419,164	150,000	-	-	2,948,980
	2 Federal Financial Participation	154,112	161,818				315,930
	3 1991 Realignment						-
	4 Behavioral Health Subaccount						-
	5 Other funding** (BHQP/MHSA CSS)	125,000	125,000				250,000

6 Total Proposed Expenditures

2,658,928

705,982

150,000

-

-

3,514,910

* INN MESA funds reflected in total of line C1 should equal the INN amount County is requesting approval to spend.

** If "other funding" is included, please explain within budget narrative.

Ventura County Behavioral Health
Board Letter Summary of Contracts for July 2022

Board Date	Contractor	Amount	Term	Description
7/12/2022	Advocates for Human Potential, Inc. (AHP)	\$149,916	January 3, 2022 through December 31, 2022	FY 2021-23 Agreement with AHP to Plan for and Establish an East Ventura County Adult Crisis Stabilization Unit (CSU). The Behavioral Health Continuum Infrastructure Program (BHCIP) is a joint effort with the California Department of Social Services (CDSS) Community of Care Expansion Program (CCE) to provide \$805 million in funding for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Social Security Income (SSI) applicants and recipients, including those who are homeless or at risk of homelessness and people with behavioral health conditions. These BHCIP funds are a portion of the \$2.2 billion in funding that California Department of Health Care Services (DHCS) is authorized to release to construct, acquire, and expand properties and invest in the mobile crisis infrastructure related to behavioral health. The BHCIP funds were released through six rounds targeting various gaps in the state's behavioral health facility infrastructure. The second round of funding is intended to support preparation activities to plan for the acquisition and expansion of behavioral health infrastructure throughout the state. Planning grants were made available up to \$150,000. On November 30, 2021, Ventura County Behavioral Health (VCBH) submitted an application to DHCS, for a BHCIP County and Tribal Planning Grant in the amount \$149,916 to plan for the establishment of an east Ventura County Adult CSU. Currently, there is no existing CSU in the east county. The need for an east county CSU was identified by the 2019 Ventura County Mental Health Community Assessment. This planning grant targets the gaps identified by the Behavioral Health Advisory Board (BHAB) through the following infrastructure goals: (1) Client and Community Engagement by guiding stakeholder engagement activities so that infrastructure planning serves the needs of the client populations, (2) Service Excellence and Innovation to ensure that mental health services are not fragmented and offer access to the appropriate level of care/services in a diverse region, (3) Growth and Access by providing additional services along the continuum in an area of the county where services do not currently exist, and (4) Financial Stability and Performance by providing an appropriate and least restrictive level of care and reducing hospitalizations and inappropriate impact to other types of professionals and services (e.g., police, medical staff, emergency departments, jails). On January 4, 2022, the DHCS released the Notice of Award notifying VCBH that its grant application was awarded BHCIP funding in the amount of \$149,916 for the term of January 3, 2022 through December 31, 2022. The Subcontract Agreement is with AHP, a private corporation that DHCS selected and contracted with to administer the BHCIP grant application, award, and program processes. Source of funding is the BHCIP Grant.
7/12/2022	California Mental Health Services Authority (CalMHSA)	\$9,653,150	Effective Upon Execution of the Agreement through March 18, 2029	FY 2021-22 Participation Agreement with CalMHSA for Semi-Statewide Enterprise Health Record (EHR) Services. CalMHSA, a joint powers authority created by California counties in 2009 to jointly develop and fund mental health services and education programs for its members, has entered into a participation agreement with interested counties to provide EHR program services related to their implementation of several behavioral health programs and initiatives. California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal beneficiaries. Over the course of several years, CalAIM will implement a broad delivery system, program and payment reform across the Medi-Cal system, and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. Effective July 1, 2023, VCBH transformed its EHR system to support payment reform under CalAIM. To ensure that this transition is successful, VCBH is pursuing a Participation Agreement with CalMHSA to assist with development of a California-central EHR that will be implemented across multiple counties to support core business requirements and address regulatory requirements implicated by the sharing of protected health information required by Cal-AIM/Medi-Cal. The EHR, developed by CalMHSA's selected contractor, Streamline Healthcare Solutions, LLC (Streamline), establishes consistent workflows, configuration, and functionality that supports: 1) centralized application administration, 2) standardized training and end-user support, 3) shared technical services, 4) a common baseline against which new updates for state and federal mandate can be defined/applied, 5) the creation of a learning community across the participating counties, 6) clinical best practices and state objectives, and 7) better use of data to drive performance outcomes. Under the Participation Agreement, CalMHSA acts as the fiscal and administrative agent for the EHR program. On behalf of participating counties, CalMHSA implements and administers all components of the EHR program, including: 1) invoicing and managing funds from the participants, 2) working closely with Streamline to coordinate the development and implementation of the EHR, 3) assuring Streamline completes and passes all applicable system testing requirements, 4) completing required data collection and submission to DHCS, 5) monitoring Streamline contracted services, and 6) coordinating with and reporting to participating agencies. The Participation Agreement includes a "not to exceed" limit of \$9,653,150, which is inclusive of \$8,459,261 for participant specific committed funding for EHR development costs and \$1,193,889 in contingency funding to account for user growth, development, and professional services related to future projects anticipated to be implemented within the term of this agreement. VCBH is required to remit \$1,063,780 to CalMHSA within 30 days of execution of this Participation Agreement for development services that have been provided to CalMHSA. These services are funded with Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP) and Mental Health Services Act (MHSA) funds.
7/12/2022	New Dawn Counseling and Consulting Inc. (New Dawn)	\$1,212,484	July 1, 2022 through June 30, 2023	FY 2022-23 Second Amendment to the Agreement with New Dawn for Specialty Mental Health Services. New Dawn provides Early and Periodic Screening Diagnostic Treatment (EPSDT) Specialty Mental Health services to children and their families. New Dawn is being contracted to provide mental health, case management and crisis intervention services. In FY 2021-22, New Dawn provided services to 97 unduplicated clients (July to December). The FY 2022-23 agreement with New Dawn for EPSDT Specialty Mental Health services is for a one-year term and represents an increase of \$162,840 from the prior fiscal year due mainly to an increase in staffing costs. This agreement is funded with SD/MC FFP and Realignment funding.
7/12/2022	Aspiranet	\$942,980	July 1, 2022 through June 30, 2023	FY 2022-23 Fourth Amendment to Agreement with Aspiranet for Specialty Mental Health Services. Aspiranet provides EPSDT/Intensive Services Foster Care (ISFC) specialty mental health care services. Services are targeted at children younger than 21 years of age who are EPSDT Medi-Cal beneficiaries. Aspiranet has been contracted to provide mental health, case management and crisis intervention services. Many of the children/youth whom Aspiranet is serving have complex trauma histories which make them vulnerable to mental health challenges, circumstances and/or conditions that require a more timely response. In these cases, more intensive services such as crisis intervention are required. The unduplicated client count in FY 2021-22 was 104 for EPSDT and 17 for ISFC (July through April). The FY 2022-23 agreement with Aspiranet for EPSDT/ISFC services is for a one-year term and represents an increase of \$24,740 from the prior fiscal year due mainly to an increase in staffing costs. This agreement is funded by SD/MC FFP, Realignment, and other County resource funding.
7/12/2022	Seneca Family of Agencies (Seneca)	\$1,749,753	July 1, 2022 through June 30, 2023	FY 2022-23 Third Amendment to Agreement with Seneca for Specialty Mental Health Services. Seneca provides Comprehensive Assessment and Stabilization Services (COMPASS) program services for VCBH. The COMPASS program is a licensed six bed Short-Term Residential Therapeutic Program (STRTP). The program is designed to provide voluntary residential treatment for minors who are not able to be stabilized in less than 24 hours but who do not meet criteria required under Welfare and Institutions Code section 5585.50 for psychiatric hospitalization. On average, these youth will typically stay at the STRTP for ten days. The focus of this program is to stabilize the minor to assure safety, develop safety planning with the family, introduce therapeutic and psychiatric interventions and establish linkages to aftercare treatment, reducing the likelihood of recurring crisis situations and potential psychiatric hospitalization. Seneca staff also provide transitional community-based services to promote a successful transition from the COMPASS program back to minors' homes. Such services can be provided up to 60 days from the date of discharge. In FY 2021-22, the COMPASS program provided continued crisis stabilization services to 11 youth (July through April). The FY 2022-23 agreement with Seneca for COMPASS services is for a one-year term and represents an increase of \$73,363 from the prior fiscal year due mainly to an increase in staffing costs. This agreement is funded with SD/MC FFP and MHSA funding.

Board Date	Contractor	Amount	Term	Description
7/12/2022	Telecare Corporation (Telecare)	\$2,895,208	July 1, 2022 through June 30, 2023	FY 2022-23 Fourth Amendment to Agreement with Telecare for Specialty Mental Health Services. Telecare provides locked mental health rehabilitation center (MHRC) (Horizon View) services for individuals who have a history of severe mental illness who cannot be properly treated at lower levels of care. These consumers are: (1) Medi-Cal eligible, (2) 18 years of age or older, and (3) have been conserved pursuant to Welfare and Institutions Code section 5350, et seq. (the "Lanterman-Petris-Short Act") and are transferring from an acute psychiatric hospital, a state hospital, or another locked MHRC. Consumers receive supervision, guidance, and personal assistance in performing their daily living activities. In addition, structured day and evening services are also provided to assist consumers in acquiring living skills, accessing community resources, and accessing educational or vocational resources. In FY 2021-22 Telecare Horizon View served 28 clients. The FY 2022-23 agreement with Telecare for Horizon View services is for a one-year term and represents an increase of \$117,649 from the prior fiscal year due mainly to an increase in 1 full time equivalent (Recovery Specialist) and an increase in staffing costs. This agreement is funded with SD/MC FFP Funds, Realignment, and other County resource funding.
7/26/2022	AHP	\$758,848	April 15, 2022 through February 14, 2023	FY 2022-23 Agreement with AHP for Crisis Care Mobile Units (CCMU) Program Augmented Funding. DHCS made \$18.5 million in additional funds from the Substance Abuse and Mental Health Services Administration Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) available for CCMU Implementation grantees in March of 2022 primarily for CCMU direct services. These funds were designated to be used for one or both of the following: (1) additional CCMU team(s) and/or (2) additional staff and activities to enhance the direct services for CCMU teams. On April 13, 2022, VCBH submitted an application to DHCS in the amount of \$125,458 to enhance its existing CCMU direct services. On May 31, 2022, AHP, the private corporation that DHCS selected and contracted with to administer the CCMU grant application, award, and program processes, notified VCBH that that it was awarded \$125,458 in additional funding. VCBH will use this additional funding to: (1) support the existing grant funded CCMU team in the provision of direct client services and (2) offset the other funding source (MHSA funding) that VCBH would have needed to use had this additional funding not been made available. Due to the additional funding augmentation, VCBH's CCMU grant agreement will increase from \$633,390 to \$758,848. In addition to the funding augmentation for the CCMU services, the amendment with AHP also updates the Business Associate Agreement terms. These services are funded with BHCIP CCMU grant funding.
7/26/2022	California Department of State Hospitals (DSH)	\$3,596,200	July 1, 2022 through June 30, 2024	FY 2022-23 First Amendment to the Agreement with DSH for Pre-Trial Felony Mental Health Diversion Program Services. VCBH submitted a Letter of Intent and program plan in February of 2022 to DSH to apply for an expansion of funding: (1) to serve additional clients and (2) for housing funding for these additional clients. VCBH was approved for this additional funding, and the First Amendment to the Agreement revised the Agreement terms to establish two (2) categories of unduplicated Felony Mental Health Diversion clients to be served by VCBH. Category 1 includes VCBH providing diversion services to eighteen (18) Felony Mental Health Diversion clients found Incompetent to Stand Trial (IST) or likely to be found IST with diagnosis of schizophrenia, schizoaffective-disorder, or bipolar disorder and as established in the original VCBH Diversion Grant Agreement that is in the amount of \$2,428,200. Category 2 represents the expansion of services/new category of client services under the First Amendment to the Agreement with DSH. This new category includes VCBH providing diversion services to four (4) additional Felony Mental Health Diversion Clients found IST and ordered to DSH with any diagnosis allowed under Penal Code 1001.36 and in the amount of \$568,000. In addition, for these four (4) additional clients, VCBH received \$600,000 in housing funding to house diversion clients in the most appropriate level of care. The new proposed maximum agreement amount with DSH will be \$3,596,200. VCBH will also contribute a 20% match in local county funds for Category 1. The in-kind contribution will be delivered by VCBH staff that will dedicate a portion of their time to the Diversion Grant, along with other overhead costs specific to the grant. Match funds are not required for housing or 0Category 2 funds. These services are funded with DSH Diversion grant, MHSA, and SD/MC FFP funding.
7/26/2022	Gold Coast Health Plan	\$0	July 1, 2022 through June 30, 2023	FY 2022-23 Memorandum of Understanding (MOU) with Gold Coast Health Plan Specifying the Terms and Conditions Applicable to the Provision of Mental Health, Substance Use Disorder, and Eating Disorder Services to Medi-Cal Beneficiaries. On December 15, 2020, the Board approved an MOU between the County of Ventura and GCHP regarding the provision of mental health and substance use disorder (SUD) services for Medi-Cal beneficiaries in Ventura County. That MOU clarified and further defined the roles and responsibilities, access, and care coordination of specialty mental health, non-specialty mental health services, and SUD services. Under the MOU, VCBH provides or arranges for specialty mental health services for eligible individuals, and GCHP provides or arranges for non-specialty mental health services for eligible individuals, as specified in the GCHP Medi-Cal Managed Care contract with DHCS. Non-specialty mental health services covered by GCHP are for individuals with mild to moderate impairment of mental, emotional or behavioral functioning resulting from a mental health disorder. Specialty mental health services provided by VCBH are for individuals with a serious and persistent mental illness. DHCS has established the criteria for eligibility and the provision of services under both the specialty mental health and non-specialty mental health service programs. The 2020 MOU also included provisions related to SUD services and specifically clarified definitions, roles, access, care coordination, and the timelines requested by DHCS. In addition to this information, care coordination with GCHP through the 24/7 Beneficiary Access Line schedule was also delineated. This new MOU, is substantially similar to the 2020 MOU, but will replace it and further define the roles and responsibilities of VCBH and GCHP with respect to providing specialty mental health services, non-specialty mental health services, SUD services, and eating disorder services. Specifically, the new MOU includes: (1) revisions to the criteria for access to specialty mental health services, non-specialty mental health services, and SUD services, (2) revisions to the dispute resolution requirements, (3) addition of new eating disorder service requirements, roles, and responsibilities, (4) revision of various care coordination, grievance and appeal, and policies and procedures requirements, and (5) deletion of Exhibit A, Attachment 2 (Drugs Excluded from MCP Coverage). These various revisions are required per DHCS and some as part of the California Advancing and Innovating Medi-Cal, a DHCS initiative.