BEHAVIORAL HEALTH ADVISORY BOARD
General Meeting
Monday, September 19, 2022, 1:00 – 3:30 PM
Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Training Room (first floor) • Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Zoom Participation
The following information referenced below and at the end of the agenda is provided to you in support of your attending the upcoming BHAB General Meeting via Zoom:
Join the Zoom meeting in the following way:
Join Zoom Meeting: **https://us02web.zoom.us/j/83332714732?pwd=bE43OUJqRHhHa0ExSlR5L1VLMWMyQT09**
Meeting ID: 833 3271 4732
Password: 149553
Dial-In: 669-900-9128

AGENDA

I. Call to Order

II. Board Member Roll Call

III. Welcome and Introductions

IV. Approval of the Agenda – **ACTION** (Roll Call)

V. Approval of the August 15, 2022 Minutes – **ACTION** (Roll Call)

VI. Public Comments (3 min. per speaker)

VII. Presentation: Mixteco Indigena Community Organizing Project (MICOP) Living with Love Program – Victor Espinosa - Wellness Programs Director, Dulce Vargas - Project Manager, Irisela Contreras – Evaluation Coordinator, Leonor Hernandez – Community Advisory Board Member (20 min.)

VIII. Presentation: Stepping Up Initiative – Ronna Bright, MSW, Sr. Program Administrator, Ventura County Sheriff's Office (20 min.)

IX. Chair Comments (10 min.)

X. Director's Report – Scott Gilman (10 min.)

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

XII. Secretary's Report / Announcements – Janis Gardner (10 min.)

XIII. BHAB Committee Reports (5 min each)

A. Transitional Age Youth (TAY) Committee (August 17 meeting) – Elizabeth R. Stone, Chair

B. Adult Services Committee (September 1 meeting) – Nancy Borchard and Gane Brooking, Co-Chairs

C. Prevention Committee (September 13) – Janis Gardner, Chair

XIV. Old Business

A. Needs Assessment – Status Update – Michael Rodriguez, Chair (5 min.)

Public comments on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker. Public comment periods are limited to no more than (20) minutes total for all speakers. In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Behavioral Health Administration at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

XV. New Business

A. Open 30-day Public Comment Period on the California Mental Health Services Authority (CalMHSA) Innovation Semi-Statewide Electronic Health Record (EHR) Project – Hilary Carson, MHSA – Sr. Program Administrator – Mental Health Services Action (MHSA) **ACTION** (Roll Call) (10 min.)

B. Ombudsman and Client Navigator - Discuss the Establishment of a BHAB Workgroup to Conduct Research on the Specific Duties and Funding Sources for an Ombudsman and Client Navigator – Michael Rodriguez, Chair **ACTION** (Roll Call) (10 min.)
(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.")

C. Freeway Overpass Suicides and Suicide Attempts Data Request – Michael Rodriguez, Chair – **ACTION** (Roll Call) (15 min.)

D. 2022 Data Notebook BHAB Workgroup Update – Michael Rodriguez, Chair

E. Presentation Requests

F. Recognition Award Recommendations

XVI. Public Comments (3 min. per speaker)

XVII. Adjourn

Next Meeting: Monday, October 17, 2022

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

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

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

Note: The meeting is recorded.

Public Comments

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

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

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

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

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

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

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

Or

2. Video Public Comment using Zoom

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

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

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

Call-In Public Comment using Zoom

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

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

Comments are taken in the order they are received in the queue/participant window. When it is your turn to make a comment, you will be asked to unmute yourself. **Public comments on agenda items can be made prior to or during consideration of agenda items and are limited to 3 minutes per speaker.** Public comment periods are limited to no more than (20) minutes total for all speakers. The assigned timekeeper will track each public comment time. When your time is up, the timekeeper will interrupt to let you know that you have reached the 3-minute maximum. At the end of the three minutes, the next person in the comment queue will be invited to speak.

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

Living with Love: Reducing Mental Health Disparities for Migrant Indigenous Communities

Victor Espinosa, Irisela Contreras, Dulce Vargas
Mixteco Indigena Community Organizing Project (MICOP)

Co-Authors:
MICOP: Genevieve Flores-Haro, Teresa Santos, Leticia Galicia, Leonidez Aguilar
UCLA Kaiser Permanente Center for Health Equity: Alison Herrmann & Beth Glenn
Consultant Educator: Barbara Marquez

Migrant Indigenous Communities

- **Historically oppressed communities in Mexico**
  - Mental health and domestic violence awareness are non-existent
  - Governed by traditional norms and customs where strict gender roles, religious beliefs, and the patriarchal system is reinforced, affecting largely women who at a young age experience domestic abuse leading to mental health problems and isolation
- **DV is an ongoing concern in this population rooted in multiple risk factors**
  - Extreme poverty
  - Inequity
  - Lack of access to education
- **These practices and beliefs remain while in the U.S, AND barriers to report DV increases due to:**
  - Fear of deportation and family separation
  - Economic barriers
  - Unfamiliarity with the system
  - Language barriers

- Program of California DPH Office of Health Equity, Funded by Prop. 63, The Mental Health Services Act (MHSA)
- A culturally responsive mental health initiative
  - Funds **35** culturally responsive, innovative Implementation Pilot Projects (IPPs) across the state of California
  - **Five** population groups: African American; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+.
- Demonstrate the effectiveness of Community Defined Evidence-based Practices (CDEP) to reduce mental health disparities as opposed to traditionally funded mental health services based on Western clinical models.
- Validate through a rigorous evaluation
  - Local & Statewide Evaluation

CDPH California Department of PublicHealth

Living with Love (LwL)

Direct Prevention and Early Intervention mental health and domestic violence program for migrant indigenous women

- The Curriculum was **written** by MICOP's **Mexican indigenous Promotora** and Consultant Educator in response to the observed community's needs
- **Implemented** by two **migrant indigenous promotoras** (Zapotec and Mixtec origin)
- Eight-week bilingual (Spanish and Mixtec) program delivered throughout different community settings
- Group vs. 1-1 Approach
- Authentic grassroots outreach strategies
- Guided by a Community Advisory Board
- **UCLA Kaiser Permanente, Center for Health Equity**
  Subcontract from MICOP
  Technical Assistance and Consulting in evaluation

Community Mental Health Equity Project (CMHEP)

- **One-year supplemental funding from the California Department of Public Health, Office of Health Equity**
  - **Goal:** Expand the access to culturally and linguistically responsive behavioral health care in California.
- Allowed MICOP to provide, for the first time, professional mental health services for migrant indigenous communities, in collaboration with a local mental health agency
  - 12-free individual therapy sessions
  - Must participate in LwL first (reducing the stigma of mental health)

STUDY DESIGN & FINDINGS

- Mixed-methods, quasi-experimental, pre/post design
  - Surveys at 3 Time-Points
    - Start of Program, End of Program, (2-3 Months Post-Program)
  - Focus Groups (or Interviews)
    - 2-3 Months Post-Program
- Participation & Retention
  - Baseline surveys = 210
  - Follow-up surveys = 168
  - 2-3 Month Follow-Up Survey and Focus Group or Interview (n=75)

Table 1. Baseline Characteristics of Evaluable Participants

Characteristic	Overall N = 168[1]	Cohort (Group vs 1:1) 1:1 N = 39[1]	Group N = 129[1]	p-value[2]
		N(%); Mean(SD)		
Demographics				
Age	39 (11)	37 (10)	39 (11)	.154
Missing Values	4	0	4	
Years Lived in US	16 (9)	14 (8)	16 (10)	.264
Missing Values	7	0	7	
Marital Status (Married or Living w/ Partner)	109 (66%)	15 (38%)	94 (75%)	**<.001**
Missing Values	3	0	3	
Household size (number of children @ home + number of adults @ home + participant)	6.51 (2.44)	6.23 (2.51)	6.60 (2.43)	.430
Missing Values	8	0	8	
Language				.285
Spanish Only	64 (39%)	13 (33%)	51 (40%)	
Mixteco Only	44 (27%)	12 (31%)	32 (25%)	
Spanish + Other	40 (24%)	7 (18%)	33 (26%)	
Any English	18(11%)	7 (18%)	11(8.7%)	
Missing Values	2	0	2	
Domestic Violence Variables				
Knowledge	4.86 (1.75)	5.08 (1.06)	4.79 (1.91)	.233
Consequences	4.99 (1.76)	5.38 (1.29)	4.87 (1.86)	.053
Awareness (sum of consequences and knowledge)	9.8 (3.2)	10.5 (2.0)	9.7 (3.4)	.071

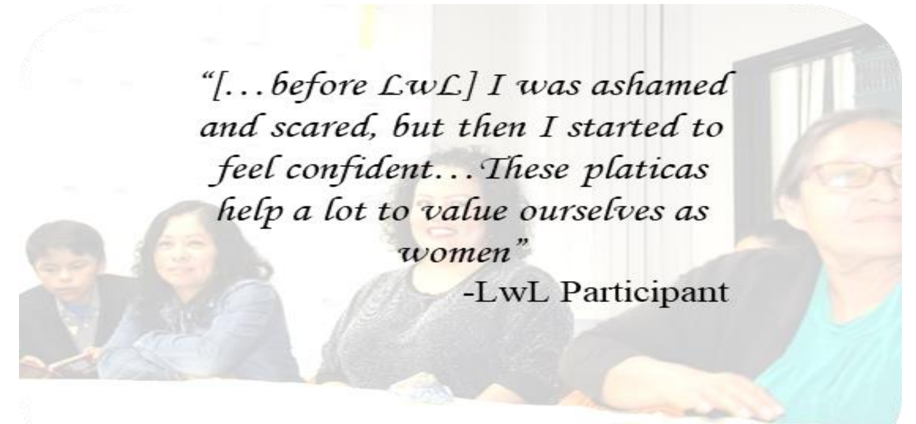
[1]Mean (SD); n (%)

[2] Welch Two Sample t-test; Pearson's Chi-squared test; Fisher's exact test

- **Statistically Significant Changes in ALL Study Outcomes!**
  - Perceived *Social Support* & Strength *of Family Relationships*
  - *Cultural Identity*
  - *Religion/Spirituality*
  - *Knowledge*: Depression; Anxiety; Domestic Violence
  - Familiarity w/ *Local Services*
  - Confidence in using ***coping skills/tools*** – GREATEST IMPROVEMENT

Focus Groups—Key Findings

- **Theme 1: Strengthening the family structure**
  - Improved communication and healthy expressions of love and warmness through words and affection.
- **Theme 2: Reducing social, cultural, and linguistic isolation**
  - A safe and welcoming space to learn, share, and connect with other DV survivors and not feel judged or ashamed.
- **Theme 3: Attaining self-love and emotional healing**
  - Learned to recognize their self-worth, acceptance, and connection with themselves for their own personal and family wellbeing
- **Theme 4:Strengthening one's capacity to practice coping skills**
  - Learned abilities and techniques to cope with stressful situations, such as deep breathing, mindfulness, positive affirmations, establishing goals, etc. Participants found happiness and meaning with simple activities such as going out for a walk, watering the plants, listening to the birds, and observing nature.



Leaving our past behind, as well as our sad and bad moments, [we learned] to look at the present and hope for a better future. We learned to stay positive and eliminate negativity in what is to come...if there are negative things, you [Promotoras] showed us how to overcome them so that they do not affect us, and to let them go from our lives.

-LwL Participant

Testimony—Community Advisory Board member

Leonor Hernandez

Community Advisory Board Member

Former LwL Graduate

To summarize, it is important to

- Support culturally and linguistically appropriate initiatives and programs that reflect the needs of the community they serve.
- Value and recognize the work of community Promotoras/es.
- Support, value, and respect indigenous healing practices.
- Advocate and support the access to linguistically appropriate mental health treatments

THANK YOU

Victor Espinosa victor.espinosa@mixteco.org

Dulce Vargas dulce.vargas@mixteco.org

Irisela Contreras Irisela.Contreras@mixteco.org

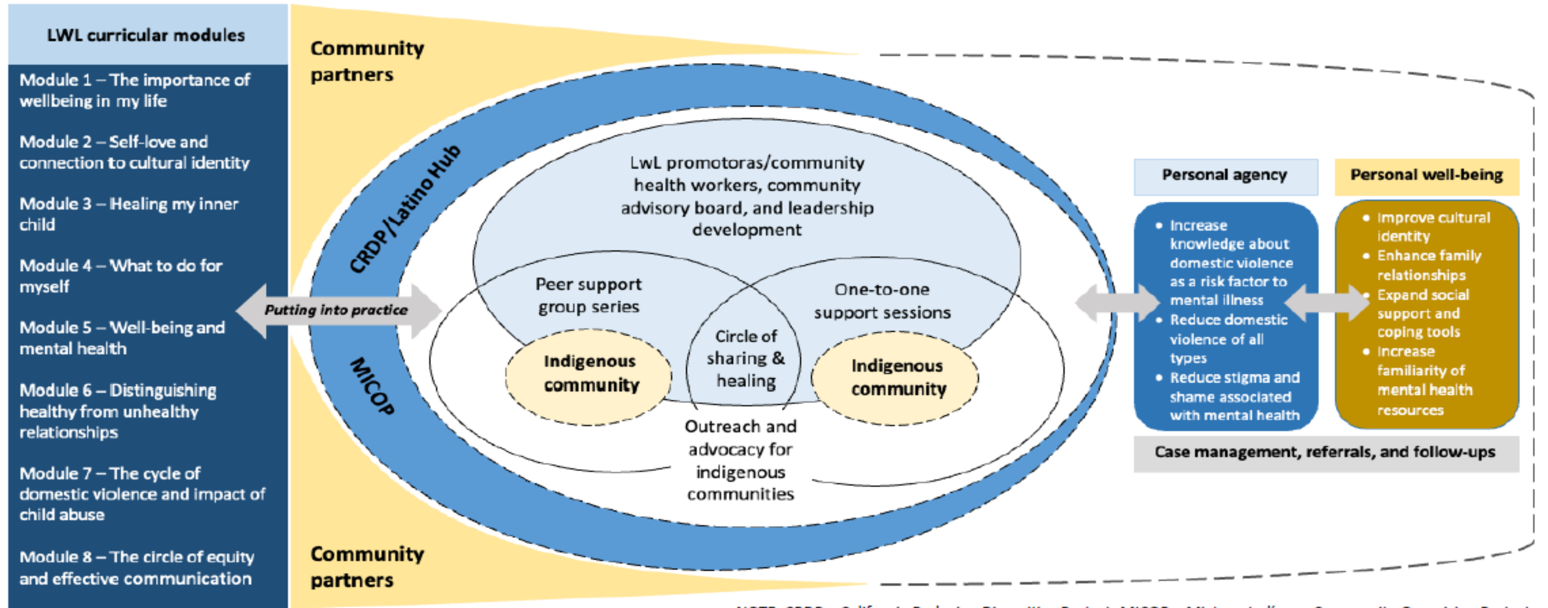
Mixteco/Indigena Community Organizing Project (MICOP)
135 Magnolia Ave.
Oxnard, CA 93033
805-483-1166
www.mixteco.org

Living with Love (LwL) or Viviendo con Amor is MICOP's direct prevention and early intervention mental health and domestic violence program developed to address depression, anxiety, and other mental health issues linked to the impact of domestic violence that Mexican Migrant Indigenous women experience. Practicing sense of autonomy or feeling in charge of one's life circumstances that strengthens resilience and personal well-being is the foundation of LwL. A total of 168 women participated in LwL between 2017 and 2021. Of the 168 women, 51% were born in Oaxaca, Mexico, 14% in Michoacan, Mexico, and the rest from other regions of Mexico. In terms of language spoken at home, nearly half of participants reported speaking an indigenous language or variant (i.e., Mixteco, 42%; Zapoteco, 3%), 40% Spanish, 10% English, and 5% other. These numbers indicate that LwL served the intended Mexican Indigenous population. The strength and robustness of effects observed in this evaluation, illustrate the power of LwL for improving mental health and wellbeing among Mexican migrant women of varied ages, marital status, and family size, including those who speak indigenous languages only or in combination with Spanish.

The LwL 8-module curriculum is the mode of practice for participants to recognize the negative impact of domestic violence, confront their perpetrator, and reconnect with their self—self-love, self-respect, self-worth, and self-empowerment—to achieve well-being and full participation in family and community life. In general, combining in-person peer support groups and one-to-one support sessions with real-life experiential learning (putting into practice) under the guidance of a promotora resulted in improved personal agency and well-being among LwL participants. Figure 1. shows a model that conceptualizes the key components of LwL and evaluated to determine a level of effectiveness. This model and evaluation is guided by community-based participatory research approach to increase the efficacy in the implementation of LwL.

The LwL Mental Wellness Model

FIGURE 1. LwL Model for Addressing domestic Violence and Achieve Well-being



NOTE: CRDP = California Reducing Disparities Project; MICOP = Mixteco Indígena Community Organizing Project

The key to the effectiveness of LwL is the trained promotoras facilitating the 8-module group series. The promotoras are trusted members of the indigenous community and former participants of LwL. The LwL promotoras were successful in connecting with LwL participants by sharing their lived/life experiences and spoken language (Spanish and Mixteco) during LwL's circle of sharing and healing. The promotoras remain current with the cultural and language needs of the LwL participants and making necessary modifications to the LwL instruction and activities. With COVID-19, the LwL staff and promotoras changed to one-to-one support sessions (both virtual and later in-person) that led to a different intervention dynamic yet produced effective results.

KEY FINDINGS — QUALITATIVE

Theme 1. Strengthening the family structure — LwL participants highlighted the healthy changes they made in their homes by communicating healthy expressions of love with their children. This finding means that participants were able to recognize the long-lasting effects of trauma from domestic violence. One participant who left an abusive relationship recalls, "I can see my children's reactions differently when I express them verbal affection like saying, 'I love you'".

Theme 2. Reducing social, cultural, and linguistic isolation — Participants described LwL as a safe and welcoming space to learn, share, and connect with other domestic violence survivors and not feel judged or shamed. "[...before LwL] I was ashamed and scared, but then I started to feel confident... These *pláticas* help a lot to value ourselves as women," said one LwL participant. These interactions based on cultural, language, trust, empathy, and shared lived experiences led people to feel more connected and understood.

Theme 3. LwL during COVID-19 — in response to the pandemic's restrictions with in-person interactions, LwL adopted a one-to-one peer support format that allowed for a more private and quality space for participants to express and share in a more personalized manner their struggles with domestic violence. "There was more intimacy, I was able to release what I was carrying without exposing myself to other people," said one participant.

Theme 4. Attaining self-love and emotional healing — The mental and emotional growth that participants gained through LwL was evident in their active participation in the circle of sharing and healing. The participants credit LwL module 3 (healing my inner child) session. One participant expressed "a deep sadness within myself as a child... I need to heal to enjoy what I have now [and love myself]". Participants recognized the importance of healing their traumas that were contributing to their mental health.

Theme 5. Knowledge gaps on mental wellness and the impact of domestic violence — LwL participants' knowledge (health literacy) regarding barriers for accessing mental health and domestic violence support and resources improved. "We don't seek help because of fear to talk [or] that [providers] won't understand us... or due to the lack of [knowing] and insurance," reported on participant. Domestic violence is a risk factor affecting migrant indigenous communities and ultimately their health and mental well-being.

Theme 6. Strengthening one's capacity to practice coping skills — LwL participants gained important tools to better manage daily stressors. Simply being mindful (mindfulness) of one's own behaviors, thoughts, and emotions were central to recognizing the value of "going for a walk... the beauty of [nature]... thank God for everything we have," said one participant. LwL's education and tools functions as a protective factor for addressing life's stressors.

KEY FINDINGS — QUANTITATIVE

95% OF PARTICIPANTS REPORTED THAT THEY WOULD CONTINUE THEIR PARTICIPATION IN A SMALL PEER SUPPORT GROUP SIMILAR TO LWL. ALSO, 84% SAID THEY WOULD SEEK SERVICES FROM A PSYCHOLOGIST. THIS FINDING CAN INFORM PRACTICES AROUND REDUCING STIGMA.

92% OF PARTICIPANTS AT THE POSTTEST SHOWED GROWTH IN THEIR KNOWLEDGE ABOUT DEPRESSION COMPARED TO PARTICIPANTS AT BASELINE (56%). THIS FINDING COULD MEAN THAT PARTICIPANTS ARE MORE LIKELY TO ACCESS AND USE SERVICES DUE TO THE INCREASE IN HEALTH LITERACY.

54% OF PARTICIPANTS AT THE POSTTEST SHOWED GROWTH IN THEIR KNOWLEDGE ABOUT ANXIETY COMPARED TO PARTICIPANTS AT BASELINE (36%). THE GROWTH IS SIGNIFICANT AND COULD MEAN THAT PARTICIPANTS FEEL LESS ANXIOUS OR LESS NERVOUS SEEKING SERVICES WHEN THEY NEED THEM.

54% OF PARTICIPANTS AT THE POSTTEST REPORTED AN INCREASE IN BEING MORE AWARE OF A DOMESTIC VIOLENCE SAFETY PLAN COMPARED TO 10% AT BASELINE. THIS FINDING IS IMPORTANT IN SHOWING THAT PARTICIPANTS RECOGNIZE DOMESTIC VIOLENCE AS A RISK FACTOR TO THEIR WELL-BEING.

In conclusion, the stories and date captured throughout the program implementation and evaluation speak to the community's satisfaction with LwL, elevating the cultural appropriateness of the program for its empathy, sense of community and respect and resilience building. Moreover, the strength, robustness and duration of effects observed illustrate the power of LwL for improving health and mental health well-being among Mexican immigrant women. Furthermore, these data provide considerable evidence that adapting the program delivery approach to meet the changing needs of the community does not negatively impact effectiveness. As has been noted, community-based practices are more likely to be successful in reducing mental health disparities for our migrant indigenous communities if the solutions and strategies appropriately reflect the cultural and linguistic uniqueness of this historically underserved population.

For more information, please contact us at 805-302-1503 or 805-744-0440
victor.espinosa@mixteco.org ; dulce.vargas@mixteco.org ; Irisela.contreras@mixteco.org

VENTURA COUNTY SHERIFF'S OFFICE

Stepping Up Initiative

Presented by:

Ronna Bright, MSW, Senior Program Administrator

Ventura County Sheriff's Office

A National Initiative Reducing Overincarceration of People with Mental Illnesses

- The Stepping Up initiative was launched in 2015 as a partnership between the Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation.

- Utilizes a data-driven framework that assists counties through training, resources, and support that are tailored to local needs.

STEPPING UP

The Stepping Up Framework
Six Questions

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?

The Stepping Up Key Measures

1. Reduce # of those with Serious Mental Illnesses (SMI) booked into jail
2. Shorten Average Length of Stay (ALOS) of those with SMI
3. Increase Connections to Community Based Organizations
4. Lower # of re-bookings of those with SMI

STEPPINGUP

Our Background

1. Board of Supervisors Resolution #19-107 accepted Stepping Up Call to Action on September 24, 2019.

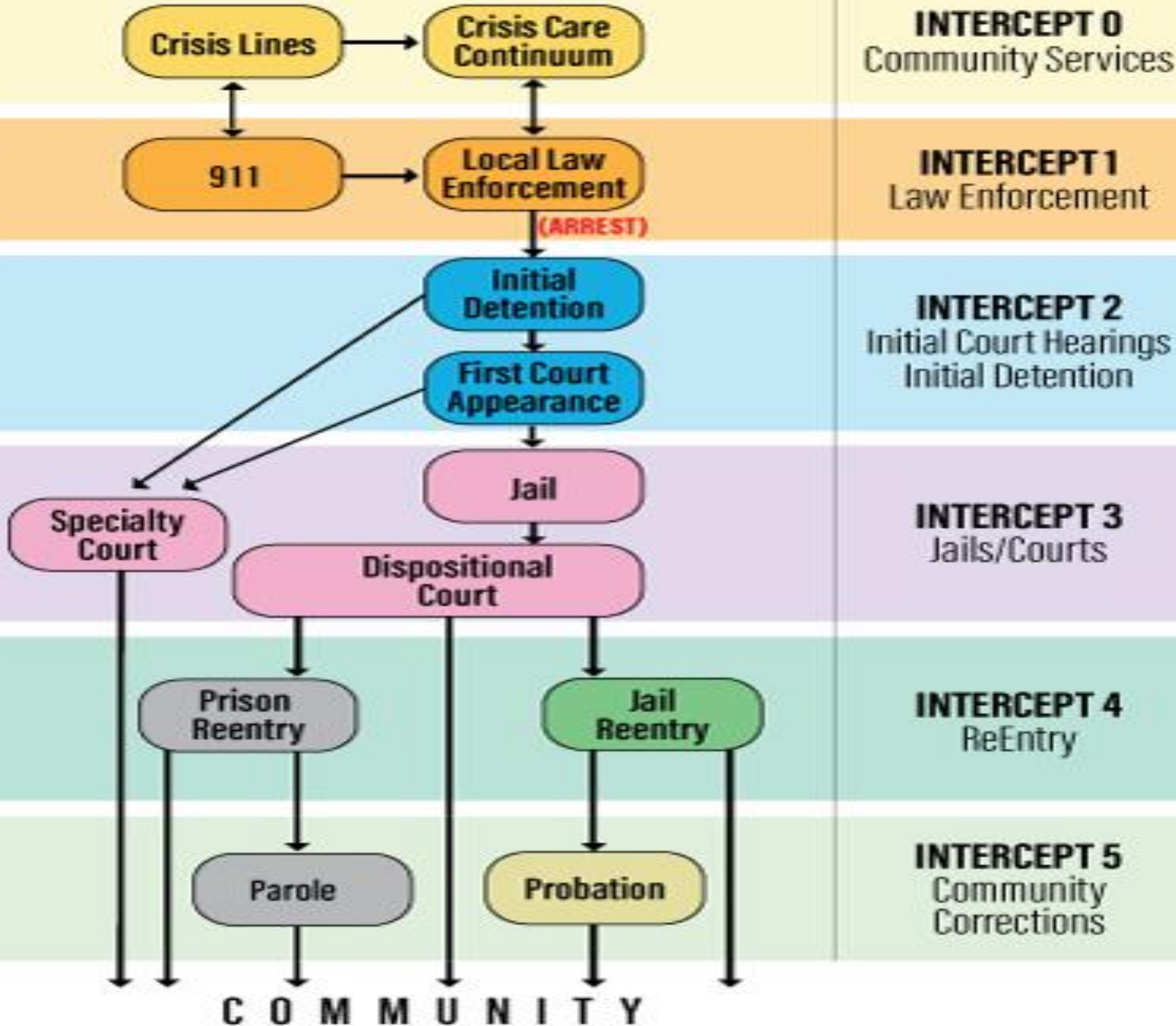
2. Notes do exist from a preliminary scan of local (SO, BH, Probation) Mental Health-related program elements and procedures.

3. Sheriff's Office chose to incorporate Stepping Up Coordinator into Detention Services Administration with the intent that the Stepping Up Coordinator would work on behalf of collaborative partners. A new position was established.

4. Stepping Up Coordinator and a Crime Analyst represent Ventura Co. on Set Measure Achieve Community of Practice to obtain information and resources related to the key measures.

Factors Associated with Key Measures

	REDUCE # BOOKED	SHORTEN AVERAGE LENGTH OF STAY	INCREASE CONNECTIONS	LOWER RE-BOOKINGS
CalAim			X	X
Collaboration and Coordination	X	X	X	X
Community Based Resources			X	X
Crisis Intervention Team	X			
Discharge Planning		X	X	
Diversion	X			
Early Access		X		
Evidenced Based Screening	X	X	X	X
Inmate Services			X	X
Jail Based Competency Training (JBCT)		X		
Medication Assisted Treatment (MAT)		X		
Therapeutic Inmate Mgmt. Unit (TIMU)		X		



Sequential Intercept Model (SIM)

Mapping out process of how individuals with mental and/or substance use disorders move through the criminal justice system.

- Assists in identification of resources and gaps.
- Assists in developing a plan of action.
- Assists in collaborative learning and commitment across disciplines.

https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

On the Horizon

- Convene planning team or workgroup.
- Establish a shared definition of SMI.
- SIM Mapping of current mental health/justice involved procedures and resources.
- Consistent screening process at jail booking with evidence-based screening tool.
- Referrals for assessment by Wellpath QMHP for all positive screening at booking.

FURTHER QUESTIONS AND INFORMATION

Ronna Bright Sr. Program Administrator
Ventura Co. Sheriff’s Office
(805) 933-8517
ronna.bright@ventura.org

https://stepuptogether.org/#/

STEPPINGUP

Director's Update

BHAB General Meeting 9.19.22

September has the following days of significance to highlight:

Suicide Prevention Month
Hispanic Heritage Month
National Recovery Month
September 10, World Suicide Prevention Day
September 21, National Opioid & Substance Awareness 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:

- The Peer Workgroup that brought together community stakeholders and VCBH managers and line staff has concluded its work for the time being. The group met for six times and covered a range of topics that included the distinction between peers, family peers, and parent peers, the role and associated tasks of peers, and oversight and guidance of their work. The process of interviewing and hiring both peers and a Clinic Administrator to work with them is ongoing. The Peer Workgroup has reserved the option to reconvene as needed.
- I am happy to report after three years in which in-person meetings were made difficult, if not impossible by COVID, the combine Adult and Access & Outreach Divisions were able to come together for an all-staff gathering. Nearly, 200 VCBH staff convened at the beach for an afternoon retreat that included, lunch, raffles, and games. All in attendance welcomed the opportunity to reconnect with friends and colleagues from across the department.

Youth and Family (Y&F) Services Division:

Division Highlights

- Youth & Family teams have been using the summer months for team-based retreats. These activities promote staff wellness and team cohesion which allows for ongoing skilled service delivery to our community.

Initiatives and Progress

- The Youth and Family Division, with the support of the many within the department and Inter-Agency Partners has submitted a grant application for possible funding through the Behavioral Health Continuum Infrastructure Project. This project, if funded, is looking to harness the synergy of the very well received school-based wellness centers, providing a community-based option to serve youth up to the age of 25 and their families.

Collaborations

- Educationally Related Social-Emotional Services (ERSES) leadership in collaboration with the Special Education Local Plan Area (SELPA) are providing ERSES Multi-Tiered Systems of Support ERSES training - to all districts in the SELPA. The training is focusing upon the continuum of tiered mental health supports available for students, including appropriate referrals for ERSES and the step-down process.
- A Community Youth Focus Group was held Aug. 16 from 5:30-6:30pm at the South Oxnard Y&F outpatient clinic. Youth participants included community-based organizations and advocacy groups from South Oxnard and the greater Oxnard region at large. Agencies outreached included Inlakech, Future Leaders of America, United Farm Worker (UFW), Padres Juntos, The Port of Hueneme, Aire (South Winds) and Oxnard College. Twenty-three youth up to age 25 participated and highlighted issues from the community. Feedback included accessibility to services such as mental health, the importance of culture, the barrier of stigma and the great need of resources and programs in their community inclusive of mental health, arts, and music. This information will be utilized to further inform future programming.
- VCBH CalWORKs will be facilitating a presentation for Employment Specialist Workers with the H.S.A CalWORKs program on Sept 15. These presentations focus on various topics from Stress and Self Care, Dealing with Difficult Personalities, to communication. These presentations are held on a quarterly basis with Employment Specialist Workers throughout the county.

Training & Conferences

- Child Welfare Subsystem leadership and select staff will be attending the annual Transformational Collaborative Outcomes Management Conference (TCOM) on Sept. 26 – 27. This international conference provides the conceptual framework for the use of CANS and other TCOM tools. TCOM is used to manage systems, organizations, and programs whose mission is to help people change their lives in an important way.

Substance Use Services (SUS) Division:

Driving Under the Influence (DUI) Program

- DUI has been collaborating with the Training Department to support MHA field practicum students in DUI.
- This has allowed DUI to hire ADTS interns.
- DUI has a DHCS approved intern plan, which allows DUI to hire registered counselors (not to exceed 20% of the workforce).
- During this nationwide shortage of counselors, this has been a fruitful collaboration!

Substance Use Treatment Services (SUTS)

- A New Start for Moms is revamping the Mindful Parenting Study with a start date in October.
- 4 clinicians from the SUS Division have volunteered to take part in the program.

- The intervention is conducted via weekly groups for moms and their infants and toddlers.
- The research protocol developed at A New Start for Moms evaluates the women's history of childhood trauma and utilizes multiple measures to assess the extent to which the MOMs who participate in these weekly groups show improvement in:
  - Emotional regulation
  - Interpersonal behavior
  - Reflective functioning
  - And parent/child bonding
- Since the majority of women in the program have open cases with Children and Family Services, the research will examine whether Mindful Parenting Groups improves successful resolution of CFS cases.

Prevention

- Overdose deaths, AND REVERSALS, have been on the rise - As the Board heard previously, Ventura County has seen an increase in fentanyl overdose deaths from 87 in 2020, to 164 in 2021 -- an 88.5% increase in fentanyl overdose deaths over just one year. As in other counties, fentanyl has dramatically increased overdose risk, and given the trends at the national and regional levels, we do, unfortunately expect a rise in overdose deaths in 2022. However, working together with other agencies and the public, we also expect to *reverse more* overdoses as well. This is because we continue to expand our OD prevention efforts.
- Since the program began:
  - 7,523 OD Rescue Kits have been distributed to residents of our county
  - We have seen at least 2,023 documented reversals using these kits. It's important to note that these are "layperson reversals," meaning these lives saved are IN ADDITION to the great efforts of law enforcement, fire departments and other first responders.
- Suicide Prevention efforts in cooperation with MHSA - During the months of April, May and June of 2022, many of you noticed enhanced media to promote mental health and prevent suicide. These media metrics include broadcast TV, streaming video, website and website ads, and add up to more than 6 million impressions countywide (see below and in attachment).
  - Broadcast TV = 1,699,900
  - Streaming Video = 764,877
  - Targeted Website Ads = 2,621,680
  - Online Video = 1,175,700
  - TOTAL: 6,262,157
- Spanish language Community Outreach services expanding - Substance Use Services Prevention has an impressive Community Outreach Team—reaching out like never before, including during Latinx Heritage Month. Our CSCs
  - Speak at community events and attend health fairs,
  - Work closely with agencies, to educate parents, families and the community, and
  - Provide fully bi-lingual services to engage residents in need, often among underserved populations in our community.

MHSA:

- The Suicide Prevention Forum- Community Connections, in person event on September 21 is now full. There is still space for the Virtual event on September 29th from 4-5:30pm. More information can be found on the Wellness Everyday Web site. Video from both the in person event and virtual event will be available on the Wellness Every day web site as well.

- The MHSA Community Planning Process is underway for the upcoming three-year plan and the results from the Community Health Needs Assessment will be reviewed at the end of November. More information to follow.

Administration:

- **Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2: Planning Grant -** The final agreement was sent by AHP end of May and approved by BOS on July 12th. VCBH continues to work with the CEO's office on assessing potential properties for a CSU/PHF in East County.

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 mangers 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 now received access to all five (5) of VCBH-Specific training modules that address the operational impact of CalAIM, including EHR form changes. Weekly CalAIM office hours are also being provided for staff and contracted providers to address any CalAIM related questions. VCBH has begun attending CalMHSA's Semi-Statewide Shared EHR "Kick-Off" meetings for the counties participating in the "Phase I" implementation phase. On-going communication and collaboration with contracted county partners and the local managed care health plan continue to help facilitate a smooth implementation experience.

Facilities, Safety & Disaster

- Continued compliance efforts related to Cal/OSHA and CDPH COVID prevention and response. Conducting program moves to address new program space needs and increasing staff size. Working on department vehicle use and pool options to better provide accessible transportation and increased utilization of department vehicles. Assisting with development of possible new service facility in Ventura in coordination with VUSD. Preparing to implement new workplace violence prevention training program. Developing an annual code grey drill training program to begin year end. Creating a safety training component for new Clinic Administrators in coordination with the Adult Division.

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. FY 2022-23 Contractor site reviews are being scheduled for mental health Medi-Cal providers that are new this fiscal year and for SUS treatment Medi-Cal providers. Fall Provider Meetings, to monitor provider performance, are scheduled to begin at the end of October. Contract language updates are being made to the mental health Medi-Cal and Substance Abuse Prevention and Treatment Block Grant funded contracts to align to recently received agreements from the California Department of Health Care Services. Various contracts are being revised to include Peer Support Services.

Quality Assurance

- **CalAIM:** QA/Training has facilitated staff access to CalMHSA provided CalAIM training modules. QA created additional training modules targeting 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 are being conducted, and a VCBH CalAIM FAQ document is being rolled out.

- **VCBH Policy Office** continues to create and update policies, procedures and operational guidelines to operationalize implementation of DHCS BH Information Notice and CalAIM integration.
- **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** facilitates provider credentialing and Medi-Cal site certification and is currently working on the creation of operational guides and flow charts to memorialize and standardize protocols.

Quality Improvement:

- 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. The agenda is being finalized and invitations will be sent out later this month.
- 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) has its next all-group meeting on September 15th; this meeting will provide and allow for in-depth data review and discussions. 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 coordinated the recent 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 involves data collection from VCBH and CBO programs regarding provider capacity and services, as well as timeliness data.
- 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

- CalMHSA EHR - The Kickoff for the CalMHSA EHR Implementation began on September 7th. The goal of this project is the replacement of the Netsmart Avatar EHR with a CalMHSA provided EHR named SmartCare. The initial phase of this application will be operational on July 1, 2023, and cover Payment Reform requirements along with core-operational functionality. Future project phases will include the Client Portal and Interoperation capabilities.
- CalAIM Documentation Reform - CalAIM-based Avatar EHR modifications were placed into operation September 1st. Updates include, but are not limited to:

    - A New MH Assessment Model
    - Development of Separate MH & SUS Problem List Tracking Tools
    - Revision of Rules regarding the use of Treatment Plan Documents
    - Revised Progress Note data capture features.
- Opeeka P-CIS - The implementation of P-CIS, the Youth & Family CANS Assessment Analysis Tool continues. Most CANS data has been successfully securely imported into P-CIS, a vendor-hosted System developed by Opeeka. Current efforts are focused on developing a Daily Update process to export recently updated CANS data to the P-CIS environment.
- DHCS Data Feed - The DHCS Monthly Data Feed Operational Process has been completed. This new DHCS initiative provides a rolling 12-month history of paid claims for Ventura County Medi-Cal clients. This data is being provided by DHCS for the purpose of calculating HEDIS performance metrics and other future data analysis needs.
- SELPA ERSES Student Population - In coordination with the Ventura County Office of Education (VCOE), a cross-reference of County Education students receiving Educationally Related Social and Emotional Services (ERSES) from Behavioral Health has been developed. This information will be sent by the Education Office to Behavioral Health on a Monthly basis. The overall system will be useful for verifying the ERSES students census as well as record accuracy regarding schools of attendance for the students.
- FSP Client Key Event Tracking - The MHSA Data Coordination Project implementation continues. The purpose of this system is to collect Key Event notifications pertaining to the Full-Service Program (FSP) client population group. Notifications are received from the VCMS and Santa Paula hospitals regarding Emergency Room visits and hospital admissions. Future notification services will include Law Enforcement engagements and Homeless system (HMIS) interactions for this client population. The goal of this initiative is to provide timely notice to clinicians treating the FSP client community regarding client interactions with in-scope Key Event Incidents. Formerly, these events were only self-reported by FSP clients, causing many actual Key Events to go unreported. This operational system is being housed in the Netsmart CareManager Population Health System.
- TAY Housing Grant Funded System - New functionality was developed within the Avatar EHR to support the grant-funded TAY Housing Support initiative. This system became operational in early September.

VENTURA COUNTY BEHAVIORAL HEALTH

Clients Served

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

As of 9/7/2022

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

**VCBH enrolled clients only

	VCBH Program Group							
	All VCBH	**SUS**	**MH Adult**	**MH Youth and Family**	**VCBH STAR**	**VCBH Crisis**	**CSU****	**IPU****
Total Clients With Open Episode	**11,376**	**1,082**	**5,846**	**4,011**	**769**	**463**	**17**	**49**

**VCBH enrolled clients only

Total Clients With Open Episode	**VCBH Program Group**							
Age Group *	**All VCBH**	**SUS**	**MH Adult**	**MH Youth and Family**	**VCBH STAR**	**VCBH Crisis**	**CSU****	**IPU****
0-15	2,801	24		2,627	196	45		
16-25	2,256	187	809	1,193	200	85	7	5
26-59	5,021	830	3,848	191	332	259	9	42
60+	1,298	41	1,189		41	74	1	2
Grand Total	**11,376**	**1,082**	**5,846**	**4,011**	**769**	**463**	**17**	**49**

**VCBH enrolled clients only

Total Clients With Open Episode	**VCBH Program Group**							
Preferred Language	**All VCBH**	**SUS**	**MH Adult**	**MH Youth and Family**	**VCBH STAR**	**VCBH Crisis**	**CSU****	**IPU****
English	9,728	1,021	5,046	3,307	647	426	17	46
Spanish	1,090	49	512	466	86	22		2
Mixteco	4	1	1	1	2			
Non-Threshold Language	84	2	64	15	3	3		1
Not Reported	470	9	223	222	31	12		
Grand Total	**11,376**	**1,082**	**5,846**	**4,011**	**769**	**463**	**17**	**49**

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							
	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Ethnicity								
Latinx	5,969	580	2,629	2,602	425	149	8	16
Non-Latinx	3,984	414	2,673	804	216	169	8	30
Not Reported	1,416	86	540	603	127	145	1	3
Declined to State	7	2	4	2	1			
Grand Total	**11,376**	**1,082**	**5,846**	**4,011**	**769**	**463**	**17**	**49**

**VCBH enrolled clients only

Total Clients Served At Each Location ***	VCBH Program Group							
Program Service Location	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
CAMARILLO	479		99	380				
FILLMORE	169	29		144				
MOORPARK	15			15				
OXNARD	5,933	827	2,640	1,688	769	463		
SANTA PAULA	849		564	285				
SIMI VALLEY	1,306	73	726	527				
THOUSAND OAKS	1,305	60	934	327				
VENTURA	2,185	68	1,128	1,015			17	49
Outside Ventura County (Contractor)	176	152	24					
Grand Total	**12,417**	**1,209**	**6,115**	**4,381**	**769**	**463**	**17**	**49**

*** Clients may be counted under multiple locations

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							
Residence Region - City	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Conejo Valley	**982**	**78**	**566**	**274**	**63**	**56**	**2**	**4**
Conejo Valley-Newbury Park	251	22	137	76	16	11	1	
Conejo Valley-Oak Park	27	3	7	18		1		
Conejo Valley-Thousand Oaks	653	52	389	168	42	41	1	4
Conejo Valley-Westlake Village	51	1	33	12	5	3		
Moorpark	**338**	**25**	**133**	**167**	**19**	**15**		**1**
Moorpark	338	25	133	167	19	15		1
Ojai	**210**	**16**	**105**	**77**	**12**	**8**		**1**
Ojai	162	14	86	51	10	8		1
Ojai-Oak View	48	2	19	26	2			
Oxnard Plains	**5,119**	**486**	**2,603**	**1,869**	**353**	**175**	**5**	**20**
Oxnard Plains-Camarillo	775	50	448	249	28	42		3
Oxnard Plains-Oxnard	3,958	389	1,976	1,468	302	116	3	15
Oxnard Plains-Port Hueneme	362	46	169	144	18	16	2	2
Oxnard Plains-Somis	24	1	10	8	5	1		
Santa Clara Valley	**1,135**	**74**	**476**	**528**	**80**	**33**	**3**	**3**
Santa Clara Valley-Fillmore	344	31	137	158	22	13	1	1
Santa Clara Valley-Piru	37	1	14	22	3		1	
Santa Clara Valley-Santa Paula	754	42	325	348	55	20	1	2
Simi Valley	**1,277**	**126**	**646**	**468**	**72**	**65**	**1**	**2**
Simi Valley	1,277	126	646	468	72	65	1	2
Ventura	**2,007**	**238**	**1,158**	**533**	**158**	**96**	**6**	**13**
Ventura	2,007	238	1,158	533	158	96	6	13
Not Reported	**308**	**39**	**159**	**95**	**12**	**15**		**5**
Not Reported	308	39	159	95	12	15		5
Grand Total	**11,376**	**1,082**	**5,846**	**4,011**	**769**	**463**	**17**	**49**

Residence cities do not reflect client service location.

Multi-County Innovation Project: Impact of Human-Centered Design Principles on Behavioral Health Workforce Effectiveness, Satisfaction, and Retention

Background: Why this, why now?

The Mental Health Services Oversight & Accountability Commission (MHSOAC) has long been a key facilitator of investments in the California Public Behavioral Health System. These investments are tuned to deliver on the promise of the Mental Health Services Act (MHSA), which envisioned transforming a fragmented and under-resourced safety net system into a holistic, well-functioning and responsive array of services to meet the current and emerging needs of California residents. The MHSOAC has identified levers for enabling transformational change, many of which will rely on robust technology and data systems. Of utmost importance among county data systems is the Electronic Health Record (EHR). These records are used to document and claim Medi-Cal service that county Behavioral Health Plans (BHP) provide and if properly enhanced, can capture vital data and performance metrics across the entire suite of activities and responsibilities shouldered by BHPs.

Until now, BHPs have had a limited number of options from which to choose when seeking to implement a new EHR. The majority of EHR vendors develop products to meet the needs of the much larger physical health care market, while the few national vendors that cater to the behavioral health market have been disincentivized from operating in California by the many unique aspects of the California behavioral health landscape. This has resulted in the majority of county BHPs largely dissatisfied with their current EHRs, yet with few viable choices when it comes to implementing new solutions. The pervasive difficulties of 1) configuring the existing EHRs to meet the everchanging California requirements, 2) collecting and reporting on meaningful outcomes for all of the county BH services (including MHSA-funded activities), and 3) providing direct service staff and the clients they serve with tools that enhance rather than hinder care have been difficult and costly to tackle on an individual county basis.

Clearly, this current moment provides both the opportunity and the imperative for counties to take a substantial leap forward with regard to EHRs. California Advancing and Innovating Medi-Cal (CalAIM) changes target documentation redesign, payment reform and data exchange requirements bringing California BH requirements into greater alignment with national physical healthcare standards, thereby creating a lower-barrier entry to EHR vendors seeking to serve California. At the same time, the COVID-19 pandemic has increased the demand for behavioral health services, had disproportionately impacted communities of color, and has factored into the staggering workforce shortages faced by counties throughout California. BHPs need to foundationally revamp their primary service tool to meet the challenges and opportunities of this moment. BHPs, in partnership with CalMHSA are positioned to do just that through the Semi-Statewide EHR initiative.

Currently, EHRs have been identified as a source of burnout and dissatisfaction among healthcare direct service staff. EHRs, which were first and foremost designed as billing engines, have not evolved to prioritize the user experience of either the providers or recipients of care. The impact of this design issue is telling – an estimated 40% of a healthcare staff person's workday is currently spent in documenting encounters, instead of providing direct client care. This estimate does not consider the full breath of the BHP workforce, which relies on a wide diversity of provider types needed to respond to the Medi-Cal population.

Proposed Solution: Semi-Statewide Enterprise Health Record

CalMHSA is currently partnering with 23 California Counties to enter into a Semi-Statewide Enterprise Health Record project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and into the intermediate future. The key principles of the EHR project include:

- **Enterprise Solution**: Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of County Behavioral Health Plans.

- **Collective Activism**: Moving from solutions developed within individual counties to a semi-statewide scale allows counties to achieve alignment, pool resources, and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.

- **Leveraging CalAIM**: CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (clinical documentation and Medi-Cal claiming) while data exchange and interoperability with physical health care towards improving care coordination and client outcomes are being both required and supported by the State.

Optimizing EHR platforms used by providers to meet their daily workflow needs can enhance their working conditions, increase efficiencies, and reduce burnout. This increased efficiency translates into more time to meet the needs of Californians with serious behavioral health challenges, while improving overall client care and increasing provider retention.

Multi-County Innovation (INN) Project

In October 2021, CalMHSA administered a survey to 20 BHPs who had previously expressed interest in participating in the Semi-Statewide EHR. Subsequent to the survey, there has been additional interest in the project. This survey gathered preliminary data related to current EHR system usage, such as the total number of active EHR users, active users by staff classification, service provision, and interoperability capabilities. Survey participants reflect the diverse populations across California counties, with representation from each of the five (5) state regions (Bay Area, Central, Southern, Superior, Los Angeles) as well as county sizes (small-rural, small, medium, large, very large). Based on responses from all 20 counties, it is anticipated that this project could potentially impact more than 20,000 EHR users, depending upon the number of counties choosing to participate.

The proposed INN Project will include the initial cohort of counties who are scheduled to "go live" with the Semi-Statewide EHR during Fiscal Year 2022/2023. A foundational goal of this project is to engage key stakeholders and human-centered design experts *prior to* the new EHR implementation and include their experience and feedback to optimize the user experience and layout of the incoming EHR.

The INN project will have three (3) phases:

1) **Formative Evaluation**: Prior to implementation of the new EHR, the project will measure key indicators of time, effort, cognitive burden, and satisfaction while providers utilize their current or “legacy” EHR systems. The data collected by direct observation of staff workflows currently in use will then be assembled and analyzed using quantitative scales. Objective data for example, length of time moving between screens, number of mouse clicks, and amount of time required, as well as subjective data to measure user satisfaction, will be incorporated into the evaluation process.
2) **Design Phase**: Based on data gathered from the initial phase, Human-centered design (HCD) experts will assist with identifying solutions to problems identified during the evaluation of the legacy products. This process will help ensure the needs of service providers, inclusive of licensed professionals, paraprofessionals, and peers, and in turn their clients, will be at the forefront of the design and implementation of the new EHR. In order to create as many efficiencies as feasible, the design phase will be iterative, to assure feedback from users and stakeholders is incorporated throughout the process.
3) **Summative Evaluation**: After implementation of the new EHR, the same variables collected during the Formulative Evaluation will be re-measured to assess the impact of the Design Phase interventions.

The HCD approach is supported by research and is a key component of this project. Enlisting providers’ knowledge and expertise of their daily clinical operations in order to inform solutions in the Design Phase is vital to ensuring the new EHR is responsive to the needs of the BHP workforce as well as the clients they serve.

Project Management and Administration

- **CalMHSA**: CalMHSA will serve as the Administrative Entity and Project Manager. CalMHSA will execute Participation Agreements with each respective county, as well as contracts with the selected EHR Vendor and Evaluator.
- **Streamline Healthcare Solutions**: This vendor will be responsible for the development, implementation, and maintenance of the Semi-Statewide EHR.
- **RAND**: As the evaluation vendor, RAND will assist in ensuring the INN project is congruent with quantitative and qualitative data reporting on key indicators, as determined by the INN project. These indicators include, but may not be limited to, impacts of human-centered design principles with emphasis on provider satisfaction, efficiencies, and retention. In addition, RAND will subcontract with a subject matter expert in the science of human-centered design to ensure the project is developed in a manner that is most congruent to the needs of the behavioral health workforce and the diverse communities they serve.

Project Objectives

CalMHSA will partner with RAND to achieve the following preliminary objectives:

- **Objective I**: *Shared decision making and collective impact*. Over the course of the EHR project, RAND will evaluate stakeholder perceptions of and satisfaction with the decision-making process as well as suggestions for improvement.
- **Objective II**: *Formative assessment*. RAND will conduct formative assessments to iteratively improve the new EHR’s user experience and usability during design, development, and pilot implementation phases. This will include:

- A discovery process identifying key challenges that the new EHR is aiming to improve and establish strategic areas for testing (e.g., efficiency, cognitive load, effectiveness, naturalness, satisfaction).
  - Testing EHR usage with core workflows (e.g., writing progress notes; creating a new client records) as well as common case scenarios (e.g., potential client calls an "Access Center" for services, before or after hours; sending referrals to other agencies or teams) in order to identify opportunities for increased efficiencies / standardization.
  - Iterative testing and feedback of new EHR vendor's design (wireframes and prototypes) using agreed-upon scenarios, including interviews and heuristic evaluation workshops as appropriate.
  - Identifying performance indicators to gauge success, such as measures of efficiency (e.g., amount of time spent completing a task; number of clicks to access a needed form or pertinent client information), provider effectiveness, naturalness of a task, and provider cognitive load / burden and satisfaction.
- **Objective III**: *Summative assessment*. Conduct a summative evaluation of user experience and satisfaction with the new EHR compared to legacy EHRs, as well as a post-implementation assessment of key indicators.

Project Learning Goals

1. Using a Human Centered Design approach, identify the design elements of a new Enterprise Health Record to improve California's public mental health workforce's job effectiveness, satisfaction, and retention.

2. Implement a new EHR that is more efficient to use, resulting in a projected 30% reduction in time spent documenting services, thereby increasing the time spent providing direct client care.

3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

EHR Multi-County Innovation (INN) Project

Appendix and Budget Template – Guidelines

APPENDIX: **VENTURA COUNTY**

1. **COUNTY CONTACT INFORMATION**

   Project Lead: Scott Gilman, MSA, VCBH Director, Scott.Gilman@ventura.org
   Secondary Project Lead: Dr. Loretta Denering, Dr. PH, MS, VCBH Assistant Director, loretta.denering@ventura.org
   Information Systems (I.S.) Project Leads – Dave Roman, Manager, Electronic Health Record Systems, Dave.Roman@ventura.org

2. **KEY DATES:**

Local Review Process	**Dates**
30-day Public Comment Period (begin and end dates)	*09/19/22 -10/17/2022*
Public Hearing by Local Mental Health Board	*10/17/2022*
County Board of Supervisors' Approval	*11/1/2022*

This INN Proposal is included in:

	Title of Document	**Fiscal Year(s)**
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	*FY 21-22*
X	Stand-alone INN Project Plan	FY 22-25

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 has expressed their frustration with not having more immediate access to care due to high caseloads and crucial demand for

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

behavioral health services. Direct staff also relayed how they 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 disproportionally impacted communities of color, and is a major factor contributing to the workforce shortages the County is currently facing. The existing EHR system is not designed in a manner that efficiently serves the community or behavioral health employees.

California Advancing and Innovating Medi-Cal (CalAIM) has created the need for an EHR that can meet the new CalAIM goals, standards, and outcome measure requirements. Specifically, to be compliant with the CalAIM requirements, a re-design of the EHR is needed that includes payment reform, data exchange, and the mandated use of new measurement tools and outcome measures and new billing protocols by California Behavioral Health programs.

Ventura County Behavioral Health's (VCBH) existing EHR system is not designed to address all the above noted concerns. Specifically, the VCBH EHR: (1) workflow is disruptive to client care, (2) increases user burden and stress, (3) does not provide essential outcome criteria, (4) does not have mechanisms in place to easily identify the need to transition clients to the most appropriate services based upon their current need, (5) requires a significant amount of time to input information into the EHR is not necessarily meaningful to the clients or staff, and (6) would not meet the CalAIM requirements.

Below is a list of the direct feedback from community, contractors, and staff that utilize the current VCBH EHR system:

- Stakeholders expressed frustration with duplicative data entries throughout the current EHR system. For example, a diagnosis must be entered in each client episode rather than for the client's file.
- Double entry is required for some of the largest contracted agencies since current EHRs do not talk to each other.
- Current system does not have an active client portal for clients to immediately see their records to manage their care. Instead, clients must make a formal request to receive a copy of their records and wait for receipt of those records to inform their decision making.
- Data and reporting stakeholders described frustration with the fact that a third-party application is needed to design and automate ongoing reporting and data entry analysis.
- Accessing the current EHR is expensive especially for a new or large contractor to get set up.
- EHR entry and pulling data can take substantial time to process and load reports, sometimes up to twenty (20) minutes for a routine report.

- Client data is currently episodic so tracking the most up to date challenges or problems that a client is experiencing can be difficult. Often, staff have to dig through multiple tabs to ensure they know what the most pressing issues are for a client.
- The episodic set up can also mean that an important client update does not have a specified place in the record if it is not directly related to the current client episode.

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 priorities are client care and addressing the needs of our community. By joining CalMHSA in creating a new Semi-Statewide Enterprise Health Record, using Streamline Healthcare's SmartCare platform, VCBH can do both. The new EHR will be more person and provider centered, services can be enhanced by decreasing the amount of time (estimated 30%) providers are required to document. The project will include a robust process of input from participant counties to ensure the system will allow VCBH stakeholder feedback to be incorporated and for staff to have additional time to provide enhanced services to the community.

This multi-county collaborative will capitalize on the strength, knowledge, and experiences of over twenty (20+) counties in formulating a new EHR. The new EHR will meet the new CalAIM standards and will quickly adapt to the ever-changing State requirements. Additionally, it will allow staff to 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's 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. The County will have the ability to participate in an evaluation of the project inclusive of stakeholder perceptions of and satisfaction with the decision-making process, as well as formative assessments to iteratively improve the design and usability of the new EHR by utilizing Human-Centered Design approaches that include summative assessments of the user experience and satisfaction with the new EHR as compared to the existing EHR and user burden. Below is a list of local stakeholder feedback on ideal EHR project goals:

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

- "Patient Advanced Directives (PADs) should be integrated into the new EHR". Currently staff must dig through uploaded documents in the client record to even know if they have one completed.
- "I think we're very behind on this front, I'd like to see parody with the medical health records system. I shouldn't have to explain my experiences to every new clinician. Retelling my history can be retraumatizing."
- Patient access is a key component. The client and the treating provider should agree on what has transpired in treatment and on the treatment which is planned. As Pat Deegan established, there must be common ground between the client and the practitioner for shared decision making to be successful.
- "Clients should be able to have an active role in their care, direct conversations with their doctor."
- There should be a way to summarize the critical issues that a client is experiencing, especially for clients who have been in treatment for many years.
- Treatment planning takes place together, the client should be able to see what the clinician is documenting.
- "I think it's essential to match our records system to the social determinants of care. I want to know if a client is living in a food desert or doesn't have access to public transportation, these things shouldn't just be in the assessment but should be highlighted in the record so I can treat the person and I can understand the circumstances they are impacted by."
- Better identification of primary language for a client as well as tracking if their session took place with a bilingual clinician of if an interpreter was needed.
- One stakeholder discouraged using innovation funding noting it should be used for community treatment and care not software design.
- Design the system to align across the participating counties and based on DHCS requirements – less variation in the data being captured will allow for state reporting to be competed more easily.
- Built in analytics (that can be customized) to save staff time across counties from creating and monitoring the development of data required by the state.
- Demographic data that matches the Counties populations as well as State and Federal guidelines.

5. DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

The proposed statewide EHR project was originally presented as a possibility resulting from changes being made through CalAIM during the community planning process of November 2021. At that point it was not

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

yet decided if the project would utilize Mental Health Services Act (MHSA) Innovation funding. Later in the year pursuit of the project began in earnest and included going to the Board of Supervisors with a CalMHSA Participation Agreement and was included in the County's MHSA 21-22 Annual Update. At that time with few details, the project was listed as being planned for an INN project which also went through a thirty (30) day public comment period and was reviewed in the Behavioral Health Advisory Board (BHAB) meeting held on May 16, 2022. The participation agreement was also reviewed by the BHAB at the August 15th, 2022, board meeting. A department wide survey took place as a part of the larger project planning process though CalMHSA and locally a series of nine (9) key stakeholder interviews took place from August - September 2022 and a public discussion took place at the Adult BHAB subcommittee meeting on September 1, 2022.

The Local review process began September 19th, 2022, with the INN project brief and Ventura County Appendix being posted for the thirty (30) day public posting. The Public hearing is planned for October 17th, 2022, and the Board of Supervisors' approval is calendared for November 1st, 2022

During the interview process and at the public meeting two (2) questions were asked: What drawbacks do you feel currently exist with the existing EHR system and what would your ideal EHR system entail? Responses have been summarized in the sections above.

Sustainability Plan

The initial innovation component of the Semi-Statewide Enterprise Health Record project will primarily be funded with MHSA INN funds. The non-innovation and subsequent cost component of this project (which is majorly the on-going subscription costs for EHR contract) will primarily be funded by MHSA CSS funds, which is expected to take place in the first year. It is estimated that MHSA CSS funds will cover 70% of the cost and Short Doyle Medi-Cal Federal Financial Participation (SD/MC FFP) and other funding will be leveraged to help cover the cost of the remaining 30% moving forward.

6. CONTRACTING

CalMHSA will be the lead agency collaborating with twenty (20)-plus (+) counties on this project who will participate in the various stages involved in designing, implementing, and evaluating the new EHR. Ventura County has engaged in a contract with CalMHSA and will fully participate in the development of the Semi-Statewide EHR project. CalMHSA will serve as the Administrative Entity and Project Manager.

Ventura County will provide project management, data analysis, technical support, regulation compliance and ensure ongoing stakeholder input throughout the project though the following staff resources:

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

- VCBH Director and Assistant Director
- MHSA Innovations Program Administrator
- Manager over current Electronic Health Records Department
- Contracts Administrator

7. COMMUNICATION AND DISSEMINATION PLAN

Communication for this project will be provided through regular MHSA BHAB meeting updates as well as MHSA webinar updates. Stakeholders will have the opportunity to ask questions, provide feedback and comments.

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. These reports will be posted to the VCBH website, Wellness Everyday, and as a part of the Annual Update or three (3) Year Plan.

Annual updates will report on the ongoing local process towards the project's learning goals, with a final report submitted to the State at the project's conclusion. Ongoing presentation updates will be provided to the BHAB annually.

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

Information about the MHSA EHR innovation project could be found by going to:
https://www.wellnesseveryday.org/mhsa/innovation-projects
https://www.saludsiempreve.org/mhsa/proyectos-de-innovacion

https://www.vcbh.org/en/about-us/mental-health-services-act
https://www.vcbh.org/es/sobre-nosotros/mental-health-services-act

8. COUNTY BUDGET NARRATIVE

Ventura County is requesting to spend up to $2,948,980 of MHSA Innovation funding for this project over a period of three (3) years. Additionally, Ventura County is also estimating that it will use $315,930 of SD/MC FFP and $250,000 in other funding (Behavioral Health Quality Improvement Program

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

(BHQIP)/MHSA Community Supportive Services). The total cost for the innovation portion of this project is estimated at $3,514,910.

Expenditure Category	*Expenditure Item*	*Description/Explanation of Expenditure Item*	*Total Project Cost*
Personnel Costs (Local cost/Internal Staffing)	*Salaries*	***Billing Team:*** *-0.5 FTE Senior Program Administrator* *-0.5 FTE Program Administrator III* *-0.5 FTE Accounting Assistance* *The billing team will perform testing, data validation, and review testing result from the billing perspective as part of the implementation of the new EHR system.*	*$62,338* *$55,067* *$28,872*
		EHR Team: *-0.5 FTE BH Manager II* *-0.75 FTE Program Administrator III* *The Electronic Health Record (IT) team will provide configuration and technical support of the implementation process.*	*$69,968* *$84,428*
		Finance/Accounting: *0.5 FTE Accounting Manager II: The Accounting manager will oversee and manage the data review*	*$74,006*

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

		and validation from the finance perspective.	
		Operation/Program: *0.5 FTE Senior Program Administrator: The Senior Program Administrator will oversee and manager the implementation process with vendor and county staff.*	*$60,904*
		Clinician: *0.75 FTE Behavioral Health Clinician IV: The clinician will test the new system from the end user's perspective.*	*$67,907*
	Direct Cost	*Payroll taxes and benefits for the internal staffing above*	*$254,448*
	Indirect Cost	*15% of the above salaries and benefit cost for administration support*	*$113,691*
Personnel Costs	*Total*		*$871,629*
Operating Cost (Local cost)	*Direct Cost*	*rent, office supplies, internet, phone, computers*	*$39,700*
	Indirect Cost	*15% of the above operating direct cost for administration support*	*$5,955*
Operating Cost	*Total*		*$45,655*
CONSULTANT COSTS/CONTRACTS (Contract cost)	*Direct Cost*	*Project implementation and development cost for 2 years (performed by Streamline Healthcare Solution):*	$2,097,626

California Mental Health Services Authority
1610 Arden Way
STE 175
Sacramento, CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

	Direct Cost	*Project evaluation cost (performed by RAND)*	$500,000
CONSULTANT COSTS/CONTRACTS	*Total*		*$2,597,626*
TOTAL COUNTY's INNOVATION BUDGET	*Total*		*$3,514,910*

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

Please see attached excel file.

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

Please see attached excel file.

COUNTY OF VENTURA
BEHAVIORAL HEALTH ADVISORY BOARD

Suicides and Suicide Attempts on Freeway Overpasses in Ventura County

Problem Statement

A continuing problem has existed over the past decade involving people that commit suicide or attempt suicide from freeway overpasses in Moorpark and Ventura. The problem is exacerbated when the media covers these events, which results in the copycat effect. These events involve both Ventura County residents and residents from other counties. Attempted suicides occur to a greater extent than most people are aware of. Each time these events occurs, first responders become involved. The impact on our county's first responders has been dramatic and has caused extreme emotional distress in most instances.

The barriers on these bridges are inadequate to prevent anyone from easily climbing over them and successfully jumping to their deaths. The involved local city governments have determined that mitigation efforts are necessary in order to quickly address public safety concerns and to save lives. Caltrans, who is responsible for these overpasses, has been reluctant to do anything and very slow to develop and implement plans to resolve the problems associated with these overpasses. As a result, attempted suicides continue to take place on the involved overpasses.

Action Needed

In order to assess the extent of this problem, data from a variety of government agencies is needed. If this turns out to be a significant problem, it may qualify as a Public Health problem.

The agencies involved are:

- Moorpark Police Department
- Ventura Police Department
- The Medical Examiner's Office
- Ventura County Medical Center Emergency Department
- Community Hospital Emergency Departments in Ventura County
- Ventura County Behavioral Health

Data to be Requested Involving Suicides and Attempted Suicides on Freeway Overpasses

- The number of incidents of successful suicides in the past year
- The number of incidents of attempted suicides in the past year
- The emotional/psychologic impact on first responders resulting from dealing these events

- The emotional/psychologic impact on people living in the vicinity of these events
- The number of Coroner Cases involving suicide as the cause of death in the past year
- The number of patients seen in community emergency departments associated with suicide attempts involving freeway overpasses in the past year
- The number of patients seen in the Ventura County Medical Center Emergency Department associated with suicide attempts involving freeway overpasses in the past year
- Any and all information Venture Behavioral Health has on this matter

Recommendation

Place an agenda item on the next BHAB General Meeting to discuss this issue and finalize the data being requested.

(JMH 8/22/2022)