BEHAVIORAL HEALTH ADVISORY BOARD

General Committee Meeting Minutes

Ventura County Behavioral Health (VCBH)

1911 Williams Dr, Training Room (first floor) · Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Monday, November 21, 2022, 1:00 – 3:30PM

BHAB Members Present:

Michael Rodriguez, Chair
Janis Gardner, Secretary
Liz Warren
Carol J. "C.J" Keavney
Genevieve Flores-Haro
Gane Brooking
Nancy Borchard, 2nd Vice Chair
Elizabeth R. Stone, Member-At-Large
Patricia Mowlavi
Cheryl Heitmann
Kevin Clerici

Guests:

Sandra Alvarado, Clinicas
Mary Haffner, NAMI Member
Scott Powers, CEO
Maria-Felix Ryan
April Breis, Access California
Priscila Hazrun, SP Interpreter
Mark Stadler, CIT
Chris Ames, Growing Works Volunteer
Cindy Doutt, Telecare
Tina Wang, CEO
Martha Johnson, HCA
Pete Lafollette, Client Network/CalVoice
Lorena Suarez, SP Interpreter
Sherri Block, VCMC/Inpatient Psychiatric Unit
Scott Walker, CIT

Ventura County Behavioral Health (VCBH) Staff Present:

Scott Gilman, Director
Ophra Ashur, Compliance Sr. BH Manager

Cynthia Salas, Office of Health Equity and Cultural Diversity, Equity Services Manager

Dr. Jamie Rotnofsky, MHSA

Hilary Carson, MHSA Sr. Program Administrator

Cheryl Fox, Youth & Family Services Division Chief

Daniel Hicks, Prevention Behavioral Health Manager

Vickie Poliquin, BHAB Assistant

Joanna Peterson, Management Assistant/Zoom Engineer

Jakeline De Leon, Management Assistant/Zoom Engineer

I. **Call to Order –** The meeting was called to order at 1:05PM by Chair Michael Rodriguez. Lorena Suarez and Priscila Hazrun, Spanish Interpreters, introduced themselves and provided instruction on the interpretation services available for the meeting.

II. **Board Member Roll Call –** Secretary Gardner conducted the roll call, a quorum of the board members was not present at this time, and they decided to proceed without taking any actions.

III. **Welcome & Introductions –** All BHAB members introduced themselves.

IV. **Approval of the Agenda –** The approval of the agenda occurred after a quorum was presented, at 1:20PM. The Behavioral Health Advisory Board General Committee agenda for November 21, 2022, was approved (Gardner/Stone/Passed). It was motioned to approve as written carried by majority vote through roll call.

V. **Approval of the October 17, 2022, Minutes –** The Behavioral Health Advisory Board General Committee minutes for October 17, 2022, were approved (Borchard/Gardner/Passed). Minutes were motioned to approve as written carried by majority vote through roll call.

VI. **Public Comments –** A written comment via email was presented by Ms. Poliquin from Pete Lafollette. The comment will be attached to these minutes. No other public comments were made.

VII. **Chair Comments –** Chair Rodriguez first introduced himself and thanked Ms. Poliquin and Ms. Peterson for their work. He then announced Nancy Borchard will be resigning as co-chair of the Adult Services Committee and in her

stead, he is appointing Chris Tejeda. At this point in time, 1:20PM, 2 other BHAB members joined, and a quorum was confirmed.

VIII. Director's Report – Director Gilman presented his report. He began with CalAim's payment reform; it is a steppingstone to capitation. If there is a need for advocacy, he would like to make presentations at the BHAB general meetings and keep everyone informed. Regarding Medical, CalAim did have their EQRO visit, they will be receiving a full written report. Director Gilman also commented on the surge plan. He mentioned the historical number of 15,000, they are currently up to 17,000 but the dashboard in the meeting packet (pages 12-14) demonstrates 11,000. The 17,000 is how many people they served in a year. The report in the meeting packet demonstrates how many individuals are open during that month. Soon, they will be able to see the monthly increase or decrease of the numbers. In addition, the chiefs/managers are reviewing the surge plan and part of the next phases are directing clients to the right resources. Lastly, Director Gilman provided an overview of Crisis Now, SAMSHA, Substance Abuse and Mental Health Administration, a tool kit to go through a comprehensive planning process. Ms. Stone commented on Director Gilman's report and suggested the Peer-Run Warm Line from MHSF, it is a 24/7 line, (855) 845-7415, the website is mentalhealthsf.org. It is funded by the State of California, and they have trained staff. Ms. Stone also asked if there could please be more information provided about CalAim, more clarification on the DUI Program, clarification on the Internship program, and more clarification on FSP Client Key Event Tracking. Ms. Warren commented on Ms. Stone's FSP comment and reassured they keep track of "major life events" and suggested they have a presentation done by the individuals who are doing the FSP and to present at the BHAB General meeting. Ms. Warren will be reaching out to the FSP department.

IX. Board Member Comments & Announcements – Ms. Gardner thanked both Ms. Poliquin and Ms. Peterson for their work on BHAB. Ms. Stone commented she continually hears from many individuals that are part of the system, that departments are not communicating with one another and individuals who use these services are not able to contact these departments due to the lack of communication. Ms. Stone also announced the Transitions Mental Health Association is doing a presentation on Care Court and the main speaker will be Matt Gallagher, it will be December 16, 2022, from 3:00 – 4:30 PM via Zoom. Ms. Warren commented she believes that everyone on the board understands the issues Ms. Stone presented and believes clients can have multiple people as parts of their treatment plan and there is a lack of communication within that team. She hopes this will be addressed soon; they also need to remember the number of individuals that have left the

department as well as case managers having large caseloads. They are working on hiring peer support specialists to support case managers and the department overall as well. Lastly, Ms. Warren suggested looking at giving clients a smaller treatment team and a peer support specialist.

X. Secretary's Report / Announcements – Ms. Gardner provided her report. There are currently 3 openings on the Behavioral Health Advisory Board, two in Supervisor Huber's district and one in Supervisor Park's office. Carol Thomas has resigned from BHAB and is taking on a new opportunity. MHSA is having a virtual and in-person meeting in Oxnard and Santa Paula to review the results of the community needs assessment. The Oxnard in-person event is Tuesday, November 29th from 6PM-7:30PM in the board room of the Oxnard School District, 1051 S A St, Oxnard, CA, and the Oxnard virtual meeting is the same day from 1:00 PM-2:30 PM. The Santa Paula in-person meeting is Wednesday, November 30th from 6:00 PM-7:30 PM at the Community Center, 530 W Main St, Santa Paula, CA, and the Santa Paula virtual meeting is the same day from 1:00 PM-2:30 PM. To register for the meetings, an email can be sent to mhsa@ventura.org. Cal Trans has drawn up plans for an arch fence to be built on the freeway bridge at highways 23 and 118, on the area where there have been attempted suicides and the California Transportation Commission has allocated funds for the building of the arch fence. Finally, the Dedication of the Veterans Affairs Clinic in Ventura took place on Wednesday, November 9th.

XI. BHAB Committee Reports

A. Youth & Family Services Committee (October 12) – No report was provided.

B. Transitional Age Youth (TAY) Committee (October 19) – Ms. Stone provided an update on the TAY Committee. They received an update from Jennifer Harkey, who is on staff at the Continuum of Care, regarding housing. Different agencies reported and shared information on the services they provide. They also discussed the 500+ youth that are unhoused and they are looking for ways to support and be more involved.

C. Disparities Reduction Committee (November 1) – No report was provided.

D. Prevention Committee (November 8) – Ms. Gardner provided an update on the Prevention Committee. They received a report from Mark Stadler, the CIT Senior Program Administrator and Scott Walker, the CIT Program Administrator. The presentation was titled *Ventura County Law Enforcement's Crisis Intervention Team*. They discussed their services,

how law enforcement is involved, and CIT's collaborations. Ms. Gardner requested to have a copy of the PowerPoint presentation be sent to all BHAB members. Chair Rodriguez approved this request. VCBH Services Prevention held an institutional Naloxone program event for school administrators, nurses, and staff that may be interested in overdose prevention. They also offered naloxone training. There were 29 schools in Ventura County who participated.

XII. Old Business

A. Needs Assessment: Status Update – Chair Rodriguez provided an update. Contracts have been signed and Eval Corp has begun work on the comprehensive needs assessment. Pursuant to his conversation with the California Local Behavioral Health, Board and Commissions, it is the most comprehensive needs assessment to be conducted by any county in the state. Director Gilman added that he will be setting a meeting with the staff from the vender and a BHAB member.

XIII. New Business

A. 2022 Data Notebook: Review & Approve Finalized Report for Submission – Chair Rodriguez submitted a PDF version of the data notebook electronically. The 2022 Data Notebook was approved (Warren/Borchard/Passed). Ms. Borchard thanked Chair Rodriguez for his work and asked if there is a comprehensive report, Chair Rodriguez responded yes but more information is to come when that is available. The 2022 Data Notebook was motioned to approve as written carried by majority vote through roll call, with authority for the Chair to make minor, non-substantive corrections.

B. Freeway Overpass Suicides & Suicide Attempts Data Request – Chair Rodriguez provided an update. This is still a work in progress, they are working on providing data meanwhile protecting individual's privacy. More information is to come.

C. Site Visits Resumption Discussion – Ms. Gardner provided an overview on the Site Visits Resumption. Under the current protocol, anyone who would like to request a site visit on the BHAB committee, needs to send it via email, it can be discussed in the committee meetings and the chairs can send an email asking for a site visit with the facility's name. Next, a BHAB member would take the lead on the specific site visit and the administrative assistant would provide copies of the program contracts to review the scope of work. Up to 3 BHAB members can go on the site visit and no one outside of BHAB members (the community) can go on the site visits since BHAB members are representing the Board of Supervisors

and they asked not to have the public be a part of them. Ongoing, the BHAB site visit leader will call the facility to discuss the site visit: identify the visiting BHAB members, the purpose for the site visit (identify and evaluate Behavioral Health services in Ventura County and identify the areas of need and/or gaps in service). The BHAB site visit leader will also advise the contact person for the site that a visit report form will be sent to the facility via email and ask them to complete sections 1 – 2 and 5 - 9. Lastly, ask the contact person at the facility to return the completed form via email at least 5 days prior to the visit, which will be distributed amongst the other BHAB members. BHAB members will clarify responses in person to learn more about the facility. Finally, on the date of the visit, BHAB members should arrive on time, enter through the main entrance, identify themselves, ask to see the facility contact person, conduct a tour of the facility, allowing time for discussion. The discussion will be facilitated to assess what the clients think about the facility, what the staff says about the facility and what services are provided there. At the end of the visit, they will ask the facility contact person if there were any concerns that should be shared with the BHAB and the information or impressions from BHAB members can be used to develop appropriate recommendations. BHAB members will submit copies of the report to the BHAB Chair and board Secretary as well as share their findings at the BHAB general meeting. Ms. Borchard suggested the committees considering what is the most important thing to review and then bring it back to the general meeting to discuss and decide. She also suggested discussing it amongst one another at BHAB general meetings. Ms. Warren commented she believes it is important to consider doing it in the early spring due to the pandemic and a new surge arising. Ms. Stone has asked that the protocols be emailed to the BHAB members. Ms. Warren commented that in the past site visits, they would discuss with the facility programs that can be developed and maintenance was addressed prior to renewing the contract as well. She also suggested discussing their approach prior to the visits. Ms. Gardner asked Ms. Poliquin if she can send site visit report documents to Chair Rodriguez and have it approved to send to all BHAB members.

D. **Schedule of Meetings for the Holiday Season: Going "Dark" for December Executive Committee –** At 3:01 PM, there was no longer a quorum, the meeting continued without any actions. Due to no quorum, the next meeting will continue to be December 19 from 1:00 PM – 3:30 PM.

E. **January & February 2023 General Meeting Dates (4th Monday due to the Holidays) –** Chair Rodriguez reminded all members, there will be

legal holidays on the 3rd Monday of January and February, therefore, the general meetings will be January 23rd and February 27th.

F. **Presentation Requests –** Ms. Warren made a request for Full-Service Partnerships; she will be the lead contact and will coordinate for the BHAB meeting. For any presentation requests, please contact Chair Rodriguez with a description of the request at Michael.rodriguez@ventura.org.

G. **Recognition Award Recommendations –** All recognition recommendations can be sent to Chair Rodriguez with a description of the recommendation as well as the reason behind the recommendation at Michael.rodriguez@ventura.org.

XIV. **Contracts -** Chair Rodriguez mentioned there are 5 contracts that were approved by the Board of Supervisors. He asked the committees to please review the contracts and if there are any questions or concerns, to bring them to the board to discuss appropriately.

Board of Supervisors Approved Agreements – October 4, 2022

1. **Telecare Corporation (Telecare) Sixth Amendment to the Agreement with Telecare for Assertive Community Treatment (ACT) Services (Vista/XP2/XP3 Program).**
2. **Telecare – Fifth Amendment to the Agreement with Telecare for ACT Services (Voice/AB109 ACT Program).**
3. **Ventura County Local Education Agencies (LEA) (Various) – Memorandum of Understanding (MOU) Template Between Ventura County Behavioral Health (VCBH) and Various LEA for Educationally Related Social Emotional Services (ERSES).**

Board of Supervisors Approved Agreements – October 11, 2022

1. **Turning Point Foundation (TPF) – Fourth Amendment to the Agreement with TPF Thompson Place for Augmented Board and Care Services.**
2. **Mental Health Services Oversight and Accountability Commission (MHSOAC) – Second Amendment to the Mental Health Student Services Act (MHSSA) Round Three Grant Agreement with the MHSOAC.**

XV. **Public Comments –** Chris Ames commented on being a volunteer at the Growing Works Turning Point Foundation Nursery located in Camarillo, the requirements for being an employee, them wanting to hire 2 employees who completed the requirements but are unable to due to a conflicting billing issue with the County and Telecare corporation. These 2 individuals who have been

working for Growing Works have not been able to receive a paycheck due to Telecare submitting their billing services to the county and they will be told they cannot get hired.

XVI. Adjournment – The meeting was adjourned at 3:33PM by Chair Michael Rodriguez.

Next Meeting Date – December 19, 2022, from 1:00 – 3:30PM.

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	E	X	E							
District 5	09/15/20-09/15/23	Soledad Barragan	E	X	X	X	E							
District 3	01/26/21-01/26/24	Nancy Borchard	E	X	X	X	X							
District 3	01/13/22-01/12/25	Gane Brooking				X	X							
District 1	10/07/21-10/06/24	Kevin Clerici	X	X	X	X	X							
District 1	04/27/21-04/26/24	Genevieve Flores-Haro	X	X	X	X	X							
LE	09/10/19-09/10/22	Cmdr. James Fryhoff			E									
District 3	04/15/21-04/14/24	Janis Gardner	X	X	X	X	X							
District 1	05/11/21-05/10/24	Cheryl Heitmann	X	X	X	X	X							
District 2	01/08/22-01/07/25	Carol J. Keavney	E	X	X	E	X							
BOS	01/01/22-12/31/24	Supervisor Matt LaVere	X		X	X	E							
District 3	09/13/22-12/01/23	Naomi (nomi) Marrufo			X	X	E							
District 4	02/09/21-02/09/24	Jennifer Morrison	X	E	X	E	E							
District 2	03/15/20-03/15/23	Patricia Mowlavi	X		X	X	X							
District 5	01/25/20-01/24/23	Michael Rodriguez	X	X	X	X	X							
District 2	03/01/22-02/28/25	Elizabeth R. Stone	X	X	X	X	X							
District 4	09/18/21-09/17/24	Christopher Tejeda	X	X	X	X	E							
District 5	01/11/20-01/24/23	Marlen Torres		E			E							
District 5	04/21/22-03/22/24	Liz Warren	X	X	X	X	X							
District 2		VACANT												
District 4		VACANT												
District 4		VACANT												
Optional Practicing Psychiatrist		VACANT												

Present = X

District 1: Supervisor LaVere
District 2: Supervisor Parks
District 3: Supervisor Long
District 4: Supervisor Huber
District 5: Supervisor Lopez

From: pete lafollette
To: bhabadmin
Subject: NOV 21 General Mtg Public Comment/CARE Court
Date: Sunday, November 20, 2022 4:02:10 PM

I am sending you this email to provide you with an update on SB 1338, CARE Court.

August 2022 the SB 1338, CARE Court Bill was heard on the Assembly Floor and was passed by a vote of 62-2. Only Assemblymembers Kalra and Stone voted against the bill.

Video of the Vote

https://url.avanan.click/v2/___https://www.assembly.ca.gov/media/assembly-floor-session-20220830/video___.YXAzOnZlbnR1cmE6YTpvOjIxMzg1NjNmNTUyMWU2MzJhNzQ3YmUzYzAyYmQwYzVlOjY6MjAwMjoxZTJkNWQ0NzVkYWMxMzMzNzMzMzA1OGNlOWQ3OTQ5MzAyZDY1ZWU5Y2FkMTg3NDI2MDQxNDVhOWRmMjk2YWRiOnQ6VA

A video of the vote can be found by clicking on the link above. The discussion on CARE Court begins at 9:42 on the video time stamp and the bill is presented by Assemblymember Gibson.

Content Warning

Watching this video may upset you. The language and statements made by members of the Legislature is upsetting. There are references to SB 1338 being a "great bill," "doing the Lords work," and the "first step" in more bills like CARE Court. Please keep your own mental health in mind if you watch this video and be warned that the video may trigger you.

Next Steps

Now that the bill has passed the Assembly, it went to the Senate Floor for Concurrence in the Assembly amendments, with "unanimous" support for SB 1338 in Senate and that vote took place AUG 31 as the Legislative Session ended at Midnight.

After that, the bill went to Governor Newsom's desk. The Governor has never vetoed his own Legislative proposal and we anticipate this becoming law very soon.

Questions, Comments, or Concerns

If you have any questions, please feel free to reach out. We have opposed this bill since its inception and will continue to do so. A more through report on the bill will be discussed at ongoing policy meetings.

Pete LaFollette
Client Network/CalVoice
657.888.3143

Director's Update

BHAB General Meeting 11.21.22

1. ***November has the following days of significance to highlight:***

Native American Heritage Month
National Family Caregivers Month
International Stress Awareness Day – Nov. 3rd
Veterans' Day – Nov. 11th
World Kindness Day – Nov. 13th
International Survivors of Suicide Loss Day – Nov. 20th
Transgender Awareness Week – Nov. 13-19th
Transgender Day of Remembrance – Nov. 20th
Thanksgiving – Nov. 25th

2. ***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 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.

CalAIM

- The CalAIM unit (California Advancing and Innovating Medi-Cal) continues to coordinate CalAIM efforts across the department. A CalAIM dedicated team, which includes managers from various functional areas, continues to meet on an ongoing basis to provide technical assistance to providers regarding the policy changes that went into effect on 07/1/22. The CalAIM team will continue to provide technical support in a variety of ways to both 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.
- VCBH continues to attend weekly CalMHSA's Semi-Statewide Shared EHR "Kick-Off" meetings for the counties participating in the "Phase I" implementation phase, as well as collaboratively working alongside a CalMHSA EHR project manager to ensure a smooth transition.
- VCBH is also starting to prepare for the implementation of the Standardized Screening tool and Transition of Care tool that will go into effect on January 1, 2023. The Screening and Transition of Care Tools for Medi-Cal Mental Health Services aim to ensure all Medi-Cal beneficiaries receive coordinated services across Medi-Cal mental health delivery systems and improve health outcomes. The goal is to ensure beneficiary access to the right care, in the right place, at the right time.

3. ***Access and Outreach Division:***

- We continue to expand our team that are dedicated to support our Mental Health and Substance Use Services Access Line – to ensure we are connecting and supporting individuals/families wanting to access service, in a timely manner.
- We continue to move forward in looking how to best streamline workflows, to reduce delays in accessing care.

4. ***Adult Services Division:***

- Happy to report VCBH's first three Peer Specialists are making their way through the county hiring process and are expected to be starting work before the end of the month. They will be at work at the South Oxnard Clinic, the Conejo Clinic, and the Mobile Crisis Outreach for TAY (MCOT). Recruitment for additional peers remains ongoing.
- Given the expansion and growing complexity of housing options, Housing Manager Susan White Wood has launched quarterly training sessions for VCBH staff. It aims to address the training needs of both new and more senior case managers. All staff are being oriented and trained on how to access the recently developed Housing Information Repository. This growing digital compendium holds more than 10 years of history of VCBH housing efforts made on behalf of more than 3,200 clients (i.e., including monies loaned, repaid, etc.).

- The California Department of Social Services (CDSS) made non-competitive awards in July to all the California counties for the purpose of funding repairs and subsidizing operating costs at Adult Residential Facilities. VCBH contracts with eight facilities of this type and is working with them to address much needed repairs and operational support. The total Ventura County award is $2.1 million.

5. Youth and Family (Y&F) Services Division:

Division Highlights

- Members of the Y&F leadership team along with invitees from youth serving Community Based Organizations, the Adult Division, Substance Use Division and Access & Outreach Divisions of VCBH attended the Integrated Core Practice Model Action Summit on November 2, 2022. The summit, co-sponsored by our AB2083 partnering agencies including VCOE, Probation, Tri Counties Regional Center, Public Health, and the Human Service Agency, fully support the implementation of the wellness system. Family centered ICPM is the basis of our work with youth and their families across Ventura County.

Initiatives and Progress

- The Santa Paula and Fillmore Y&F teams are launching a TAY group to address anxiety and stress as well as potential connection to the case management team for independent living skills support.
- Multiple Ventura and Santa Clara Valley staff are working to obtain certification in the Seeking Safety EBP recently offered by the Training Department. This EBP will be offered in both individual and group treatment.

Collaborations

- The Juvenile Facility team continues to collaborate with Probation in the evaluation of MH and SUS services. VCBH and Probation will utilize input from the consultant to inform programming with the in-depth look at the current JF youth populations and those operations.
- The Santa Paula/Fillmore Y&F teams are working with United Parents to re-establish parent support groups.
- On Nov. 1 the Y&F, Adult and SUS Division leadership and Beacon Health Options co-presented the twice-yearly Mental Health Continuum in-service to VCOE administrative staff from across the county. This presentation highlights access to treatment, services available, crisis response and community supports available to the community.

Training & Conferences

- Monica Torres, BH Manager and Mental Health First Aid Trainer from Y&F co-presented the Adult Mental Health First Aid training to county employees from the CEOs office on November 2, 2022.
- Y&F ERSES Leadership in partnership with VCOE provided comprehensive review of the Multi-Tiered Systems of Support Training to eight school districts in Ventura County. The intention is to provide all school districts the training emphasizing the utilization of the full array of mental health interventions available to special education students in the SELPA; VCBH ERSES services being the most intensive.

6. ***Substance Use Services (SUS) Division:***

Prevention Services:

Responding to Fentanyl

- OD Rescue Kit Distribution – MONTH OF OCTOBER 2022
  Collaboration with Public Health Syringe Replacement Program (SRP) to Reach Active Users
  - Kits Distributed – 172 (up 53 from September)
  - Documented Reversals – 71 (up 43 from September)
- Sites Include:
  - Oxnard Salvation Army; Oxnard Saviers Road
  - Santa Paula
  - Simi Valley
  - Ventura - Loma Vista; Ventura - Catholic Charities; and Ventura - River Haven

- When comparing Public Health SRP operations to the rest of our distribution channels, our collaboration accounted for 68.5% of all kits distributed, and 75% of all reported reversals.

- Institutional Training and Overdose Rescue Kits for Schools
  In collaboration with local school districts, Prevention Services has completed training for many school nurses, and more trainings are upcoming in collaboration with contractor *GiveAnHour*. Districts having implemented or currently pursuing the "Institutional Kit Program" include:
  - Oxnard Union High School District,
  - Fillmore Unified,
  - Conejo Valley Unified,
  - Moorpark Unified, and
  - Santa Paula Unified.
- Schools can get help with training and OD rescue kits from VCBH.
- The Overdose Prevention training and Institutional Kit Program now includes the community colleges, California Lutheran University, and CSU Channel Islands, as well.
- Questions about OD Rescue Kits can be directed to the NO-OD phone line, (805) 667-6663

FEATURED: "Fake Pills, Real Danger" Campaign

- The "Fake Pills, Real Danger" message has been launched online and on bus signs countywide.
- The ads can create an opportunity to have honest and open dialogue with friends and family about the dangers of drugs and the *risks of taking any pill* that was not prescribed for them.

  For more information, visit www.VenturaCountyResponds.org

Treatment Services:

- EQRO: Operations staff participated in this year's EQRO and received positive feedback regarding the MAT program, A New Start for Moms, and the high penetration rate for SUTS.
- Clinics: All clinic intakes and most assessments are happening in person and staff are working to encourage clients to attend in person groups by offering a hybrid option (some clients on telehealth and some in person). The response from clients in hybrid groups has been positive and clients want to patriciate in person, when possible, for the comradery and universality of being with other people experiencing the same issues.

DUI Program:

- New Enrollments: 203 (approx. up 50 participants from six-month trend)
- Collections: Revenue is up. Third time since March of 2020 that the program is over their benchmark.
- Rate of non-compliance remains under 20%.
- October saw an increase in the census and a net growth of approx. 40 clients.

7. Administration:

Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2: Planning Grant

- January 1, 2022, VCBH was awarded by Department of Healthcare Services (DHCS) $149, 916 to conduct its infrastructure planning for the CSU/PHF expansion. Since then, staff have been further assessing the CSU/PHF needs and visiting potential sites that meet the site specifications outlined in our grant application. The County (CEO's Office) is in the process of evaluating a short-list of potential locations.

Facilities, Safety & Disaster

- Continued compliance efforts related to Cal/OSHA and CDPH COVID prevention and response. Conducting program moves and office builds to address new program space needs and increasing staff size. Assisting with development of possible new service facility in Ventura in coordination with VUSD. Preparing to implement new workplace violence prevention training program. FS&D manager will be trained in December with plans to begin staff training the beginning of 2023. Continuing annual code grey drill trainings. Conducting end of the year fire drills at all BH locations. Continuing to update department health and safety policies. Working to gain quotes for Williams building panic button system.

Contracts Team

- Fall Provider Meetings, to monitor provider performance, are currently being conducted by the Contracts Team. A site review of the Vista Del Mar facility was conducted by VCBH the first week of November. The VCBH site review team identified various areas that need improvement at Vista Del Mar and is in the process of drafting a Corrective Action Plan. Contracts Management training was offered to VCBH staff in October to assist staff in understanding the procurement regulations and how to properly manage their assigned contracts.

Quality Management

- QM-CalAIM Collaboration: QA and Training continue to collaborate with CalAIM team on the implementation plan of CalAIM changes. The current areas of focus are Peer Support Services, Screening Tools, and the support of documentation redesign compliance.
- VCBH Policy Office: Latest policy updates integrate CalAIM's impact on utilization review including authorization and concurrent processes. Other policy revision includes programmatic changes in Substance Use Services, Access and Outreach, Adverse Events and Sentinel Incidents and Safety policies.
- Utilization Review (UR): Continuing quarterly reviews and administrative exit reviews. In alignment with CalAIM changes, the focus is shifting toward training, coaching and providing support through Technical Assistance (TA) meetings.
- Quality Assurance (QA): Supports both MH and DMC-ODS providers through compliance efforts. Dedicated QA staff serves as point persons to communicate and support clinic level staff with CalAIM changes. Works with providers to track and update licensing and credentialing requirements. Improves workflow for Medi-Cal site certification. Participates in site reviews to ensure compliance.
- Training: Continues to implement and monitor the Mentored Internship Program (MIP) grant. All 12 students with their VCBH mentors meet regularly to enhance professional learning. Data reporting on the grant was submitted timely for review. Other responsibilities of Training support CalAIM implementation, clinical supervision training, updating of annual training plan to ensure opportunities for professional enrichment for staff and promote treatment modalities that address equity, diversity and inclusion for our client population.

Quality Improvement:

- The FY 2022-23 Mental Health and DMC-ODS external quality reviews happened November 8th-10th, our first joint, or side-by-side review. The sessions went well; we will receive a draft report several months after the review.
- QI now has 5 performance improvement projects (PIPs) that address various areas for improvement. The initial plans for 3 new PIPs specific to CalAIM-related shifts in measuring specific items to follow-up after an emergency room visit and adherence to Medication Assisted Treatment (MAT) were recently submitted and implementation is underway. One current PIP is continuing, and one new PIP is in development.
- 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 initial phase of development will be completed soon, with further metrics added in the future.
- The Quality Management Action Committee (QMAC) will have its next small group meeting to allow for focused conversation about a topic in December. QI continues to recruit consumer/family/peer and community stakeholders for the QMAC. Names can be sent to vcbh.quality@ventura.org
- To support VCBH Strategic Plan efforts, will be preparing year 1 data summaries as follow-up baseline data previously provided. 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
  - CalMHSA trainings are underway. Trainings are projected to run through end of January 2023. We are currently in the discovery phase and identifying gaps as well as reviewing the conversion files. A test environment is projected to be available by end of November.
- CalAIM Documentation Reform
  - Standardized Screening tools are nearly complete and due to be installed in Avatar Testing environment by end of November. Once tested they will be ready for training and release prior to January 1, 2023.
- Opeeka P-CIS
  - The implementation of P-CIS, the Youth & Family CANS Assessment Analysis Tool continues. We are currently in the Training phase, Supervisors and Clinical Staff have completed training; Admin staff are scheduled. CANS data is now successfully submitted to Opeeka on daily basis.
- 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. Currently, notifications are received from the VCMC and Santa Paula hospitals regarding Emergency Room visits. 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.

8. ***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

VENTURA COUNTY BEHAVIORAL HEALTH

Total Active Consumers In The Month Of October

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

As of 11/7/2022

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	**11,622**	**1,110**	**5,920**	**4,017**	**928**	**469**	**28**	**54**

**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	2,881	37		2,620	292	40		
16-25	2,316	199	833	1,223	208	90	7	9
26-59	5,087	822	3,882	174	380	256	19	43
60+	1,338	52	1,205		48	83	2	2
Grand Total	**11,622**	**1,110**	**5,920**	**4,017**	**928**	**469**	**28**	**54**

**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	9,885	1,042	5,080	3,296	777	417	26	51
Spanish	1,140	57	521	483	115	29	1	3
Mixteco	4	1	2	1	2			
Non-Threshold Language	79		64	12	2	2		
Not Reported	514	10	253	225	32	21	1	
Grand Total	**11,622**	**1,110**	**5,920**	**4,017**	**928**	**469**	**28**	**54**

**VCBH enrolled clients only

Total Clients With Open Episode	VCBH Program Group							
Ethnicity	All VCBH	SUS	MH Adult	MH Youth and Family	VCBH STAR	VCBH Crisis	CSU**	IPU**
Latinx	6,045	624	2,673	2,555	484	142	14	23
Non-Latinx	3,964	400	2,680	781	224	163	12	28
Not Reported	1,605	86	563	680	218	163	2	2
Declined to State	8		4	1	2	1		1
Grand Total	**11,622**	**1,110**	**5,920**	**4,017**	**928**	**469**	**28**	**54**

**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	455		96	359				
FILLMORE	177	32		148				
MOORPARK	5			5				
OXNARD	6,246	868	2,675	1,778	928	469		
SANTA PAULA	858		573	285				
SIMI VALLEY	1,313	72	738	521				
THOUSAND OAKS	1,265	59	934	292				
VENTURA	2,205	87	1,146	998			28	54
Outside Ventura County (Contractor)	168	144	24					
Grand Total	**12,692**	**1,262**	**6,186**	**4,386**	**928**	**469**	**28**	**54**

*** 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	**974**	**92**	**561**	**241**	**80**	**54**	**1**	**1**
Conejo Valley-Newbury Park	246	27	135	64	27	11	1	
Conejo Valley-Oak Park	25	1	6	15	3			
Conejo Valley-Thousand Oaks	656	61	393	151	47	39		1
Conejo Valley-Westlake Village	47	3	27	11	3	4		
Moorpark	**350**	**21**	**135**	**171**	**27**	**17**	**1**	
Moorpark	350	21	135	171	27	17	1	
Ojai	**215**	**20**	**103**	**76**	**15**	**11**	**2**	
Ojai	167	18	84	52	11	11	2	
Ojai-Oak View	48	2	19	24	4			
Oxnard Plains	**5,232**	**511**	**2,644**	**1,872**	**429**	**186**	**12**	**22**
Oxnard Plains-Camarillo	760	47	447	238	30	44	1	4
Oxnard Plains-Oxnard	4,082	421	2,019	1,478	362	124	11	17
Oxnard Plains-Port Hueneme	365	42	167	148	32	17		1
Oxnard Plains-Somis	25	1	11	8	5	1		
Santa Clara Valley	**1,153**	**93**	**484**	**531**	**81**	**26**	**1**	**7**
Santa Clara Valley-Fillmore	339	32	138	157	24	7		1
Santa Clara Valley-Piru	37	4	13	20	3			
Santa Clara Valley-Santa Paula	777	57	333	354	54	19	1	6
Simi Valley	**1,312**	**104**	**660**	**472**	**99**	**58**	**1**	**2**
Simi Valley	1,312	104	660	472	99	58	1	2
Ventura	**2,074**	**239**	**1,177**	**564**	**176**	**92**	**9**	**18**
Ventura	2,074	239	1,177	564	176	92	9	18
Not Reported	**312**	**30**	**156**	**90**	**21**	**25**	**1**	**4**
Not Reported	312	30	156	90	21	25	1	4
Grand Total	**11,622**	**1,110**	**5,920**	**4,017**	**928**	**469**	**28**	**54**

Residence cities do not reflect client service location.

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Prepared by the Performance Outcomes Committee of the California Behavioral Health Planning Council

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family-member driven, recovery oriented, culturally and linguistically responsive, and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

For information, you may contact the following email address or telephone number:
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California Behavioral Health Planning Council
Advocacy • Evaluation • Inclusion

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Introduction: Purpose and Goals: What is the Data Notebook?

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the CBHPC. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Council staff to create an annual report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

In 2019, we developed a section (Part I) with standard questions that are addressed each year to help us detect any trends in critical areas affecting our most vulnerable populations. These include foster youth, homeless individuals, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assist in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy.

[1]W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health (BH) programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual 'Overview Report', which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions. The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA[3].

[2]See the annual Overview Reports on the Data Notebook posted at the California Association of Local Mental Health Boards and Commissions, https://www.CALBHBC.org.
[3]SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Part I: Standard Yearly Data and Questions for Counties and Local Boards

In recent years, changes in data availability permit local boards and other stakeholders to consult some Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) treatment. Standard data are analyzed each year to evaluate the quality of county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data are found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.[4]

The Planning Council would like to examine some county-level data that are not readily available online and for which there is no other public source. Please answer these questions using information for fiscal year (FY) 2021-2022 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.' We acknowledge and appreciate the necessary time and effort provided by local boards and their behavioral health departments to collect and discuss these data.

Adult Residential Care

There is little public data available about who is residing in licensed facilities listed on the website of the Community Care Licensing Division[5] at the CA Department of Social Services. This lack of data makes it difficult to know how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires collection of data from licensed operators about how many residents have SMI and whether these facilities have services to support client recovery or transition to other housing. The response rate from facility operators does not provide an accurate picture for our work.

The Planning Council wants to understand what types of data are currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)[6] available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs. 'Bed day' is defined as an occupancy or treatment slot for one person for one day. One major difference is that IMDs offer mental health treatment services in a psychiatric hospital or certain types of skilled nursing home facilities. In contrast, a non-psychiatric facility such as an ARF is a residential facility that may provide social support services like case management but not psychiatric treatment.

[4]www.mhsoac.ca.gov, see MHSA Transparency Tool, under 'Data and Reports'
[5]Search for Adult Residential Facilities using the following Department of Social Services link: https://www.ccld.dss.ca.gov/carefacilitysearch/
[6]Institution for Mental Diseases (IMD) List: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx.

* 1. Please identify your County / Local Board or Commission.

Ventura

2. For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

387

3. What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

98,866

4. Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

250

5. Does your county have any "Institutions for Mental Disease" (IMDs)?

- ◯ No
- ☑ Yes (If Yes, how many IMDs?)

In-county: 1; out-of-county: 6

Type text here

6. For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	0
Out-of-County	28

7. What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

7,748

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Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Homelessness: Programs and Services in California Counties

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that only one in three individuals who are homeless also have serious mental illness and/or a substance use disorder. The Planning Council does not endorse the idea that homelessness is caused by mental illness, nor that the public BH system is responsible to fix homelessness, financially or otherwise. However, we do know that recovery happens best when an individual has a safe, stable place to live.

The issue of homelessness is very complex and involves multiple systems and layers of interaction. Therefore, the Council will continue to track and report on the programs and supports offered by counties to assist homeless individuals who have SMI and/or SUD. Causes and contributory factors are complex, and thus our solutions will need to address numerous multidimensional and multi-systemic challenges.

Every year, the states, counties, and many cities perform a "Point-in-Time" count[7] of the homeless individuals in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. The pandemic disrupted both the methods and the regular schedule for the count in 2021.

Preliminary data for January, 2021 had been posted in early February 2022, but those only contained data for the individuals in shelters or other temporary housing. There was no data collected for California's unsheltered population due to Covid-19 protocols. Those preliminary data were taken down subsequently for further review before re-posting. The count for 2022 took place in many communities during the last week in February. The federal analysis and publication of that data will not be available for at least six to twelve months. Therefore, we are presenting the previous year's data for January 2020 in Table 3 as a baseline reference for comparison to the most recent year's data for 2021 and/or 2022, whenever that data becomes available. (Please refer to your 2022 Data Notebook pdf document for Table 3.)

[7]Link to data for yearly Point-in-Time Count:
https://www.hudexchange.info/programs/coccoc-homeless-populations-and-subpopulations-reports/?filter_Year=2018&filter_Scope=CoC&filter_State=CA&filter_CoC=&program+Coc&group=PopSub

8. During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

- [x] Emergency Shelter
- [ ] Temporary Housing
- [ ] Transitional Housing
- [x] Housing/Motel Vouchers
- [ ] Supportive Housing
- [ ] Safe Parking Lots
- [ ] Rapid re-housing
- [ ] Adult Residential Care Patch/Subsidy
- [ ] Other (please specify)

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Child Welfare Services: Foster Children in Certain Types of Congregate Care

In California, about 60,000 children under the age of 18 are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receive foster children, but a small number of the children need a higher level of care and are placed in a setting with more sophisticated services.

California is striving to move away from facilities formerly known as long-term group homes, and prefers to place all youth in family settings, if possible. Regulations have revised the treatment facilities for children whose needs cannot be met safely in a family setting. The new facility type is called a Short-Term Residential Treatment Program (STRTP). STRTPs are designed to provide short-term placement that includes intensive behavioral health services.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting, or who are in a family setting and experience a crisis that requires short-term intensive treatment.

Some counties do not yet have STRTPs and may place children/youth in another county or even out-of-state. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

Examples of the foster care CDSS data for Q4, 2020, in CA:

- **Total foster youth and children: 53,180**
- **Total placed in an STRTP: 2,444 (or 4.6% of foster youth)**
- **Total STRTP placed out-of-county: 1174 (or 2.2% of foster youth)**
- **Total STRTP placed out-of-state: 66 (or 0.12 % of foster youth)**

9. Do you think your county is doing enough to serve the children/youth in group care?

- [x] Yes
- [ ] No (If No, what is your recommendation? Please list or describe briefly)

STRTP capacity: 96
Youth in foster care (WIC § 300) and on probation needing STRTP level of care: 22

Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

10. Has your county received any children needing "group home" level of care from another county?

- ◯ No
- ☑ Yes (If Yes, how many?)

Youth on probation: 12; Youth in WIC § 300 foster care: 111

11. Has your county placed any children needing "group home" level of care into another county?

- ◯ No
- ☑ Yes (If Yes, how many?)

Youth on probation: 7; Youth in WIC § 300 foster care: 7

Type text here

Part II: Impact of the Covid-19 Public Health Emergency on Behavioral Health Needs and Services

Background and Context

The Planning Council selected this year's special topic for the Data Notebook to focus on questions regarding the impact of the Covid-19 public health emergency on the behavioral health system during 2020 through 2021. Our goal for the choice of this topic is to evaluate effects of the pandemic on (1) the behavioral health of vulnerable populations in California, and (2) the impact on county behavioral health departments' ability to provide mental health and substance use disorder (SUD) treatment services in 2020 and 2021.

The major themes are as follows:

1. **The major effects on behavioral health in the vulnerable populations of adults, children and youth served by California's public mental health system. We will present some national data that describes some of the major effects.**
2. **The effects of the Covid-19 pandemic on the ability of county behavioral health departments to provide mental health and substance use treatment services.**
3. **The lessons learned and successes achieved during a time when everyone was challenged to be flexible and to devise new ways to support mental health while implementing Covid-19 public health protocols.**

This 2022 Data Notebook includes questions about effects of the pandemic on BH needs and services for children and youth, adults, and finally, some questions about potential county staffing challenges. To provide background and context for this part, we will discuss some of the limited public health data available thus far. The national data show that reports of serious behavioral health challenges were already trending upward in the two years prior to 2020. Further, the numbers of children, youth, and adults who need BH services appear to have increased further during both 2020 and 2021. Newer reports from California agencies that address similar issues have evaluated data collected in 2020 and 2021. Reports containing analyses of the most recent data are expected sometime in the second half of 2022.

In the strictest sense, we may not be able to establish that any of the changes in 2020-2021 were due to effects of the pandemic itself. Nonetheless, the continuing trends in 2020 and 2021 are cause for concern and attention, regardless of the difficulty of distinguishing cause from correlation and mere chance. Note that in our questions and discussion we often use the shorthand of speaking about the effects of Covid-19 on clients' mental health or on a county system's ability to respond to the larger challenges of the pandemic. We are not speaking in the biologic sense of what this virus does to a person's body, but rather the totality of the pandemic experience as we face this ongoing public health emergency.

We may find from the data we plan to collect through this Data Notebook that the pandemic had significant effects on system capacity to provide quantity, quality, or timeliness in the provision of many types of services, especially during the transition to online and telehealth services. Efforts to maintain Covid-19 protocols, (including social distancing), and limited access to technology may have increased barriers to access and impaired service delivery to our most vulnerable populations and to historically disadvantaged communities.

What were the Behavioral Health Impacts of the Covid-19 Pandemic on Children and Youth?

Behavioral health challenges faced by children and youth have been presented in news stories and medical, pediatric, or psychology journal reports. Most recently, this urgency led the U.S. Surgeon General to issue a special health advisory[8]:

"Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade." said Surgeon General Vivek Murthy. "The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis."

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019. Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, - PDF and early estimates show more than 6,600 suicide deaths - PDF among this age group in 2020.

The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This Fall, a coalition of the nation's leading experts in pediatric health declared a national emergency in child and adolescent mental health.

The Surgeon General's Advisory on Protecting Youth Mental Health outlines a series of recommendations to improve youth mental health across eleven sectors, including young people and their families, educators and schools, and media and technology companies.

[8]"Protecting Youth Mental Health: The Surgeon General's Advisory", by Dr. Vivek Murthy, M.D., U.S. Public Health Service, pages 1-53. December 7, 2021. https://www

Challenges, Resilience, and Possible Lessons Learned while Addressing Behavioral Health Impacts during the Covid-19 Pandemic

Many agencies of the state have held discussions regarding the challenges and lessons learned from our collective experiences of continuing to provide services or a variety of administrative supports for those involved in provision of direct services. These discussions or assessments are an ongoing process at multiple levels.

In the 2020 Data Notebook, the Planning Council asked questions about the use of telehealth for mental health therapy to adults during early stages of the pandemic. Some service providers and clients encountered problems of access, such as technology issues, lack of home internet, or lack of adequate bandwidth, especially in rural areas. Other issues included the challenges of learning to work with the virtual therapy platform for both providers and clients. Some individuals had disabilities with impaired hearing and/or impaired vision (hard to see keys to type), which led to difficulties in access or to being completely unable to access telehealth. Also, there were language challenges for some individuals.

However, as we saw in the analyses of the responses collected from the 2020 Data Notebook, for clients who were able to overcome any technology barriers to access, they reported a fair degree of success in being able to improve their handling of mental health issues. Some clients were also able to get tele-health appointments for medication evaluation and prescriptions. Tele-health is an example of a rapid system-wide adaptation enabled by rapid policy changes for Medicaid/Medi-Cal at the federal and state levels, and rapid adaptation by local government and care providers.

The Planning Council advocates for a behavioral health system that can meet the needs of vulnerable populations and historically disadvantaged groups. Systemic, economic, or other societal factors that can reduce access to behavioral health services likely overlap with those factors that reduce access to medical care and preventative public health measures.

For example, during the pandemic, the hardest-hit communities for Covid-19 cases, hospitalizations, and deaths were Hispanic/Latino, African-American, and Native-American people.[9] Some of these individuals were also the most difficult to reach by the public health Covid-19 teams. And due to the prevalence of misinformation, significant numbers were hesitant to get vaccinations, even though many work in 'front-line' positions exposed to the public, and many live in multi-generational households. Thus, any exposure to Covid-19 put entire families at risk of Covid-19. There are those who distrust governmental agencies for health and social services. Data reported in early 2022 also found problems in access to specialized treatment for "long Covid"[10] symptoms for some African Americans and other persons of color when compared to white people. Numerous cross-cultural challenges affect access to services for both physical and mental health, including better adapting our outreach and messaging.

Next we turn to the discussion questions for Part II regarding the provision of behavioral health services in your community during the Covid-19 pandemic. Two questions ask for optional comments about either services for Children and Youth, or those for Adults. These 'open comment' questions could address unique county successes, continuing challenges, or lessons learned to aid future resilience, or any other com

12. Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic (mark all that apply)

- [x] Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
- [x] Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
- [x] Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.
- [ ] Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.
- [ ] Increased Emergency Department visits related to misuse of alcohol and drugs among youth.
- [ ] Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).
- [ ] Decreased access/utilization of mental health services for youth.
- [ ] None of the above
- [x] Other (please specify)

Staff shortage.
Emergency department data is unavailable; data sharing agreements & systems are under development.

13. Of the previously identified stressors, which are the top three concerns for your county for children and youth services? (Please select your county's top three points of impact in descending order)

Top concerns for children and youth services

1st: Increased number of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
2nd: Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit.
3rd: Other

14. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

The Youth & Family division has sought to be responsive, nimble and creative in continuing to create access for youth and their families during the COVID-19 pandemic.
All programs and staff have been available in-person throughout the last fiscal year. Telehealth therapy, case management and psychiatry remain options as clinically appropriate for youth and family members that have transportation challenges, or other barriers or are not comfortable with in-person services. During the pandemic there has been a significant increase in youth served in our clinics and programs. Likely factors include expansion of Medical Necessity, increased outreach efforts and the on-going stressors of the COVID-19 pandemic. The Division continues to receive trauma-informed and evidence-based training to meet the complex needs of the client population. Staffing of our programs and clinics is a current concern. There is a shortage of mental health workers nationwide and we are impacted in Ventura County, as well.

15. Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic (mark all that apply)

- [x] Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
- [x] Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
- [x] Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
- [ ] Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.
- [ ] Increased Emergency Department visits related to misuse of alcohol and drugs among adults.
- [ ] Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
- [ ] Decreased access/utilization of mental health services for adults.
- [ ] None of the above
- [ ] Other (please specify)

Emergency department data is unavailable; data sharing agreements & systems are under development.

16. Of the previously identified stressors, which are the top three concerns for your county for all adults services? (Please select your county's top three points of impact in descending order)

Top concerns for all adults

1st: Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
2nd: Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
3rd: Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.

17. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

Ventura County Behavioral Health continued to provide direct mental health services and treatment to throughout the pandemic, including in-person contacts when the circumstances warranted (i.e., crises/5150, administration of injectable medication, and administration of benefits).

18. Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

- [x] Yes
- [ ] No

19. Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

- [x] Yes
- [ ] No

20. Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

- [x] Yes
- [ ] No
- [ ] Not applicable (if your board does not oversee SUD along with mental health)

21. Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?

- [x] Yes
- [ ] No
- [ ] Not Applicable (if your board does not oversee SUD along with mental health)

If Yes, how has this been useful in promoting successful outcomes?
If No, do you have alternatives to help clients succeed?

Testing promotes candor. If client tests positive, clinician may adjust treatment and medication. Whereas negative tests provide positive reinforcement to continue recovery.

22. Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)

- [ ] Increase in funding for crisis services
- [ ] Decrease in funding for crisis services
- [x] Issues with staffing and/or scheduling
- [ ] Difficulty providing services via telehealth
- [ ] Difficulty implementing Covid safety protocols
- [ ] None of the above
- [ ] Other (please specify)

23. Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

negative impacts on staffing as a result of the pandemic

1st	Staff out to quarantine for self
2nd	Staff out to care/quarantine due to family member's contracting Covid-19
3rd	Staff out due to burnout
4th	Other

24. Has your county used any of the following methods to meet staffing needs during the pandemic? (please mark all that apply)

- [x] Utilizing telework practices
- [ ] Allowing flexible work hours
- [x] Bringing back retired staff
- [x] Facilitating access to childcare or daycare for worker
- [x] Hiring new staff
- [ ] Increased use of various types of peer support staff and/or volunteers
- [ ] None of the above
- [x] Other (please specify)

Utilized temporary employment agencies.

25. Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)

- [x] Asian American / Pacific Islander
- [x] Black / African American
- [x] Latino/ Hispanic
- [x] Middle Eastern & North African
- [x] Native American/Alaska Native
- [x] Two or more races
- [ ] None of the above
- [ ] Other (please specify)

Type text here

26. Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

- [x] Children & Youth
- [x] Foster Youth
- [x] Immigrants & Refugees
- [x] LGBTQ+ people
- [x] Homeless individuals
- [x] Persons with disabilities
- [x] Seniors (65+)
- [x] Veterans
- [ ] None of the above
- [ ] Other (please specify)

27. Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)

- [ ] Difficulty with or inability to utilize telehealth services
- [ ] Concerns over Covid-19 safety for in-person services
- [ ] Inadequate staffing to provide services for all clients
- [ ] Lack of transportation to and from services
- [ ] Client or family member illness due to Covid-19
- [ ] Client disability impairs or prevents access
- [ ] Mistrust of medical and/or government services
- [ ] Language barriers (including ASL for hard-of-hearing)
- [x] None of the above
- [x] Other (please specify)

Although there were no significant barriers, some populations had difficulty utilizing telehealth services.

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

28. What process was used to complete this Data Notebook? (please select all that apply)

- [ ] MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
- [x] MH Board completed majority of the Data Notebook
- [x] Data Notebook placed on Agenda and discussed at Board meeting
- [ ] Other (please specify)
- [x] MH board work group or temporary ad hoc committee worked on it
- [x] MH board partnered with county staff or director
- [x] MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

29. Does your board have designated staff to support your activities?

- ( ) No
- (x) Yes (if Yes, please provide their job classification)

Management Assistant, Behavorial Health Administration

30. Please provide contact information for this staff member or board liaison.

Name	Victoria Poliquin
County	Ventura
Email Address	bhabadmin@ventura.org
Phone Number	805-981-1881

31. Please provide contact information for your Board's presiding officer (Chair, etc.)

Name	Michael Rodriguez
County	Ventura
Email Address	Michael.Rodriguez@ventura.org
Phone Number	805-654-3199

32. Do you have any feedback or recommendations to improve the Data Notebook for next year?

Ventura County Behavioral Health

Board Letter Summary of Contracts for October 2022

Board Date	Contractor	Amount	Term	Description
10/4/2022	Telecare Corporation (Telecare)	$833,245	July 1, 2022 through June 30, 2023	**Sixth Amendment to the Agreement with Telecare for Assertive Community Treatment (ACT) Services (Vista/XP2/XP3 Program).** Telecare provides ACT program services to Ventura Innovative Services Telecare ACT (VISTA) (XP2/XP3) adult consumers who have been released from local jails. These individuals receive community-based support to ensure independent living and wellness. ACT services include: mental health treatment, psychiatric care and management, medication education, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. The FY 2022-23 Sixth Amendment to the Agreement with Telecare increases the maximum contract amount by $33,312 to a new not to exceed amount of $833,245. This increase is due to the addition of a Peer Support Specialist (.48 Full Time Equivalent (FTE)) and a Medical Records Technician (.24 FTE). Peer Support Services have been approved by the California Department of Health Care Services (DHCS) for Medi-Cal reimbursement and are being incorporated into this agreement to align with the Full-Service Partnership (FSP) model. This agreement is funded with Proposition 63 Mental Health Services Act (MHSA) and Short Doyle/Medi-Cal Federal Financial Participation (SD/MC FFP) funding.
10/4/2022	Telecare	$902,976	July 1, 2022 through June 30, 2023	**Fifth Amendment to the Agreement with Telecare for ACT Services (Voice/AB109 ACT Program).** Telecare provides ACT services to Assembly Bill (AB) 109 parolee consumers who have significant mental health and/or alcohol and drug issues that require treatment in order to live safely and productively in the community and reduce recidivism. ACT services include: mental health treatment, psychiatric care and management, medication education, alcohol and other substance abuse treatment, life skills training, vocational training and counseling, advocacy regarding criminal justice, social services, and social security issues, and linkage with peer support programs, wellness and recovery centers, and housing supports. Treatment needs fall into two main categories. The first category includes individuals who require high intensity ACT model wrap around support services, such as intensive case management, medication, crisis intervention, and housing/life skills support. These services are available 24/7 and 365 days per year using a "whatever it takes" approach. The second category includes individuals who require low intensity services (ACT-lite), such as case management and medication management. The FY 2022-23 Fifth Amendment to the Agreement with Telecare increases the maximum contract amount by $36,888 to a new not to exceed amount of $902,976. This increase is due to the addition of a Peer Support Specialist (.52 FTE) and a Medical Records Technician (.26 FTE). Peer Support Services were recently approved by DHCS for Medi-Cal reimbursement and are being incorporated into this agreement to align with the FSP model. This agreement is funded with AB 109 and SD/MC FFP funding.
10/4/2022	Ventura County Local Education Agencies (LEA) (Various)	$0	July 1, 2022 through June 30, 2023	**Memorandum of Understanding (MOU) Template Between Ventura County Behavioral Health (VCBH) and Various LEA for Educationally Related Social Emotional Services (ERSES).** On June 30, 2011, Assembly Bill No. 114 (2010-2011 Reg. Sess.) was signed into law. Under AB 114, several sections of Chapter 26.5 of the California Government Code were amended or rendered inoperative. This ended the state mandate on county mental health agencies to provide mental health services to students with disabilities. These services were provided to special education students via the Individualized Education Program (IEP) process, and may have included such things as individual or small group counseling, collateral services, medication monitoring, case management, and residential care. Since that time, school districts and the Ventura County Special Education Local Plan Area (SELPA) have been solely responsible for ensuring that students with disabilities receive the special education and related services needed to address their social, emotional, and behavioral needs, in accordance with the Individuals with Disabilities Education Act (IDEA) and pursuant to Education Code sections 56195 et seq. and 56205. VCOE SELPA was designated for direct receipt and distribution of funds, provision of administrative support, and coordination of implementation of the local special education plan, pursuant to Education Code section 56195.1(c)(2). Because it was designated the local agency responsible for special education and related services, during this time VCOE SELPA contracted directly with VCBH for the provision of ERSES to students with an IEP in the various LEAs (schools and school districts) within Ventura County. ERSES services may include, but are not limited to, assessments, individual therapy, group therapy, collateral services, case management, and other mental health services. Due to a recent change in law, VCOE SELPA is no longer the local agency that directly receives funding from the State for the provision of ERSES to students. Funding for these services is now channeled directly to each LEA in Ventura County. The MOU template will be used to contract with each LEA moving forward to facilitate the provision of ERSES and invoice the LEAs for costs not covered by SD/MC FFP or other insurance coverage. The MOU delineates the roles and responsibilities of each party to the MOU and clarifies processes such as invoicing and payment. All LEAs served under these MOU's will have access to bilingual and bicultural staff to meet the needs of the client population served. The source of funding for these MOU's is SD/MC FFP and LEA funding.
10/11/2022	Turning Point Foundation (TPF)	$476,112	July 1, 2022 through June 30, 2023	**Fourth Amendment to the Agreement with TPF Thompson Place for Augmented Board and Care Services.** The TPF Thompson Place facility provides augmented board and care services for adults ages 18 to 59 with serious and persistent mental illness that has resulted in significant functional impairments requiring 24-hour care and supervision. In July 2022, VCBH negotiated a three-month extension (July 1, 2022 through September 30, 2022) of the TPF Thompson Place Agreement to allow VCBH additional time to review and analyze the TPF Thompson Place budget and to negotiate with TPF a more complete extension of the Agreement. The Fourth Amendment to the Agreement with TPF Thompson Place: (1) extends the term of the agreement through June 30, 2023, (2) increases the number of beds from of 20 to 26 beds for VCBH clients, (3) adds two (2.0) full time equivalent (FTE) Care and Supervisor Techs, (4) increases the rate per client/per month from $1,305 to $1,526 for augmented board and care services, and (5) increases the maximum contract amount from $345,200 to $476,112 (an increase of $130,912) for the service period of July 1, 2022 through June 30, 2023. The source of funding for this Agreement is Tobacco Settlement, 1991 Realignment (Trust N520-717C), and MHSA funds.
10/11/2022	Mental Health Services Oversight and Accountability Commission (MHSOAC)	$7,619,314	September 1, 2020 through December 31, 2026	**Second Amendment to the Mental Health Student Services Act (MHSSA) Round Three Grant Agreement with the MHSOAC.** On June 17, 2022, VCBH submitted an application to the MHSOAC for $11,623,393 in additional MHSSA Round Three grant funding to fund the expansion of Wellness Centers to several school locations within Ventura County, using the VCOE Wellness Center model. The additional funding would have allowed VCOE, through an existing MOA with VCBH, to expand existing services within all their Wellness Centers, add high school Wellness Centers, hire additional staff, and expand into two (2) new School Districts (Conejo Valley and Oak Park). On July 6, 2022, the MHSOAC approved VCBH's grant application and awarded VCBH $1,619,384 in additional Wellness Center funding. The Second Amendment to the MHSSA grant Agreement with the MHSOAC provides VCBH with $1,619,384 in additional Wellness Center services funding increasing the existing agreement amount from $5,999,930 to $7,619,314 and extends the effective date of the existing MHSSA grant agreement an additional one year and four months, for a new term of September 1, 2020 through December 31, 2026. The source of funding for this Agreement is the MHSSA Grant.